

Grand Rounds Presentation

Title: Group medical visits: An innovative solution for chronic pain management in a rural context
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Date: March 28, 2019
Time: 11 am MT (10PT, 12CT, 1ET)

Learning Objectives

After this presentation, participants will be able to:

1. Identify the challenges and opportunities to treat opioid misuse and chronic pain in rural primary care settings.
2. Define group medical visits, their process and unique considerations in the rural setting.
3. Plan and execute group medical visits in their respective practice.

Pre-session Review Content

1. Watch "[Shared Medical Appointments: A Recipe for Success](#)"
2. Read the Schatman Interview (2012) "[Rural Pain Care Challenges](#)"
3. Read Jaber, Braksmajer, & Trilling's (2006) "[Group Visits for Chronic Illness Care: Models, Benefits and Challenges](#)"
4. Read Wong et al. (2013) "[Patient Confidentiality within the Context of Group Medical Visits: Is there Cause for Concern?](#)"

Pre-Session Activity

Bring a print-out of your responses to the Grand Rounds event.

1. According to the "Shared Medical Appointments" video, shared medical appointments have the following benefit/s for patients:
 - a. Education and communication
 - b. Personal support
 - c. Sharing tips for success
 - d. Wellness
 - e. All of the above
 - f. None of the above
2. According to Schatman (2012), the incidence and prevalence of chronic pain is higher in rural areas. Which of the following is NOT a contributing factor to this phenomenon?
 - a. Rural occupations tend to be physically demanding and hard on the body over time
 - b. Older populations
 - c. Nuclear families
 - d. Limited access to health insurance and transportation issues
 - e. Stigma about seeking mental health services for chronic pain management
3. According to Jaber, Braksmajer, & Trilling (2006), group medical visits are a useful adjunct to the usual chronic care model because of all of the following except:
 - a. increased physician satisfaction and financial productivity
 - b. better quality of care and quality of life for patients
 - c. decreased health care utilization
 - d. encouraging unmotivated patients
4. According to Jaber, Braksmajer, & Trilling (2006), it is ok to bill Group Medical Visits as an individual office visit, as long as the CPT codes are chosen based on the level of complexity of the individual visit, and not on the length of time spent with the patient.
 - a. True
 - b. False

5. According to Wong and colleagues (2013), The most common cause for patients declining an invitation to attend a group medical visit is due to:
 - a. The hassle of coordinating with other group members during the session
 - b. Their preference to individual office visits due to greater time with the provider
 - c. Billing issues
 - d. Concerns with confidentiality

6. According to Wong and colleagues (2013), Which of the following best describes the concept of the relational autonomy lens:
 - a. Individuals exercise their autonomy in choosing to attend what health information others share and committing to keeping their own health information confidential.
 - b. Individuals exercise their autonomy in choosing what health information they share and committing to keeping others health information confidential.
 - c. Individuals exercise their autonomy by sharing with healthcare providers, their own health information as well as the health information of other members in the group.
 - d. Individuals exercise their autonomy by not sharing any health information about anyone.