

## Pharmacist-Led Group Appointments

### A how-to guide for organizing group appointment services in your community

#### What are Group Appointments?

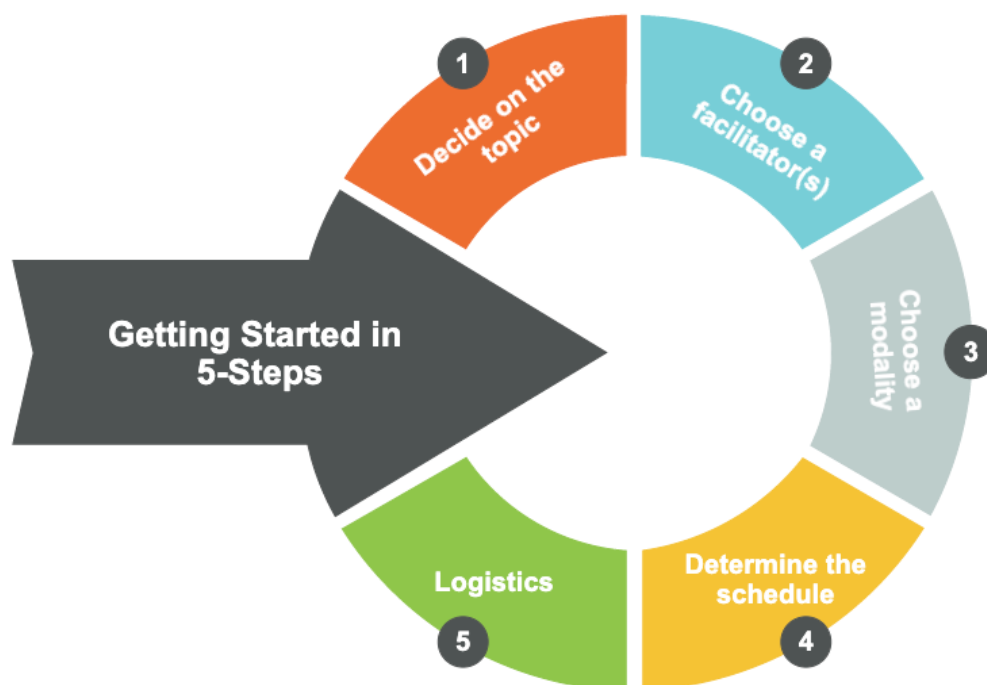
- **Also known as:** group medical visits, group medical appointments or shared medical visits
- A hybrid education session and support group
- People with similar medical conditions come together to learn from and with each other
- **Formats can vary but usually include:**
  - Led by a skilled facilitator(s) → you or someone with the desired skillset
  - Self-management focused → provide skills and tools for participants to act
  - Emphasis on peer-to-peer learning → not just lecturing participants
  - Holistic approach to wellness and chronic disease management → not just medication focused

#### Group Appointments vs. Group Education:

	Group Appointment (Our focus)	Group Education (Standard approach)
Content	Set by participant	Set by the facilitator
Professional-led education	May be a component	Primary learning mode
Learning from interactions, experiences, and questions	Key feature	May be a feature

#### Benefits of Group Appointments:

Patients	Pharmacists/Providers	Healthcare System
<ul style="list-style-type: none"><li>• Increased satisfaction with care</li><li>• Enhanced self-management</li><li>• Improved quality of life</li><li>• Improved health outcomes</li></ul>	<ul style="list-style-type: none"><li>• Increased efficiency and productivity</li><li>• Rewarding experience</li><li>• Increased awareness of pharmacist role and services</li></ul>	<ul style="list-style-type: none"><li>• Fewer ED visits</li><li>• Reduced hospitalizations</li><li>• Decreased specialist visits</li></ul>
<p><b>Evidence suggests</b> that people can learn well from others who are experiencing similar conditions and issues. They have the unique ability to challenge and support each other in ways that differ from usual health care provider/patient communication.</p> <p><b>This approach may be particularly useful to support high-needs patients.</b></p>		



<u>Decide on the topic:</u>	<u>Choose a facilitator:</u>	<u>Choose a modality</u>	<u>Determine the schedule</u>	<u>Logistics</u>
<ul style="list-style-type: none"> <li>• Requests from patients or providers</li> <li>• Health issues that are prevalent in your community (local priorities)</li> <li>• Observations from your practice (common conditions)</li> </ul> <p>Particular benefit for cardiovascular and endocrinology topics (HTN, AF, HF, Obesity, Diabetes, CV risk reduction). However, you are encouraged to explore any area considered to be a priority in your community and/or with an unmet need.</p>	<ul style="list-style-type: none"> <li>• Pharmacist-led vs. multi-disciplinary</li> <li>• If working with MD, they will likely be billing for the service. If this is the case, then consider an attendance list with participant name and PHNs</li> <li>• Opportunity to involve students</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Virtual</b> → More difficult to foster relationships and requires technical abilities. Attendance will be easier for those who are geographically isolated or with mobility challenges</li> <li>• <b>In-person</b> → Easier to foster relationships but more planning required and possibility of lower turnout</li> <li>• <b>Hybrid</b> → A mix of positives and negatives listed above.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of sessions offered (suggest minimum of 3) and the dates/times</li> <li>• Daytime events typically preferred by people who are not working or retired and usually overlap with pharmacist work hours</li> <li>• Evening events are preferred by people who work during the day but may require pharmacist to stay late/work overtime</li> </ul>	<ul style="list-style-type: none"> <li>• Advertising, recruiting, enrolment, communication to participants, handouts, homework, location/ supplies needed (if in-person), confidentiality forms</li> <li>• Will any specific metrics be tracked?</li> <li>• Seek support from any administrative staff available to you, to help with communication and booking participants if possible</li> </ul>

Adapted from “Group Appointments 101 for PCCPs” by Adam Bleik, PY3, PharmD Candidate and Dr. Jillian Reardon, BSc(Pharm), RPh  
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Group	Facilitator
<ul style="list-style-type: none"><li>• <b>Ideal group size is 6-8 participants</b><ul style="list-style-type: none"><li>• Suggest a minimum of 4 participants and a maximum 14</li><li>• Plan for 30-50% no-show rate; for this reason, recommend opening bookings for 20 spots</li><li>• Larger numbers increase the risk of becoming didactic education session</li></ul></li></ul>	<ul style="list-style-type: none"><li>• See yourself as a facilitator with knowledge to share but <b>NOT</b> as <i>the</i> expert</li><li>• Guide and keep focus to the session, encourage participation</li><li>• Try to let go of the need to work through a specific agenda/session outline</li><li>• Knowledge transfer may be less important than building participant motivation, skills, and confidence to take-action</li><li>• Okay to jump in and correct misinformation and ensure important topics/education points are not missed</li><li>• Place ideas/questions outside of session scope into 'parking lot' and follow-up at future session or 1 on 1 with individual</li><li>• Some group appointments could involve 1-on- 1 appointment time (e.g., large group education/discussion paired with 10-15 min solo appointments with one of the facilitators)</li></ul>
<ul style="list-style-type: none"><li>• <b>Each session ~60-120 min in length</b><ul style="list-style-type: none"><li>• Consider whether additional time is required for individual consultation or physical assessment.</li></ul></li></ul>	
<ul style="list-style-type: none"><li>• <b>3+ sessions (1 per month)</b><ul style="list-style-type: none"><li>• Need time to build rapport, trust within the group</li><li>• Build on each session and review/discuss any “homework” assigned at the previous session (i.e., using a headache diary)</li><li>• Recommended to schedule each session ~1 month apart</li><li>• Could consider an ongoing drop-in format</li></ul></li></ul>	
<ul style="list-style-type: none"><li>• <b>Set yourself up for success</b> → Consider starting with a smaller group. Select patients you already know and/or who you think will do well in a group setting. Once you are more comfortable you can expand</li><li>• The goal for the facilitator is to set expectations of the session and <b>keep things fluid/dynamic</b>, not to be all-knowing</li><li>• <b>Be open to questions</b> → If unsure of the correct answer/response, write down the question, research the topic and prepare an answer for following appointment (or share the answer via email)</li></ul>	

## General approach to structuring a group appointment session



Setting the stage/self  
assessment



Education



Group interaction



Goal setting/action  
planning

Set the stage/self-assessment	Education	Group Interaction	Goal setting/action planning
<ul style="list-style-type: none"> <li>• Introduce yourself and give everyone the chance to do so as well.</li> <li>• Have participants explain the reasons why they are here and what they would like out of the session.</li> <li>• Plan an ice-breaker e.g., challenge group to find 3 things everyone has in common.</li> <li>• As a group set ground rules and record them where everyone can see (i.e., respect, confidentiality, trust, etc.).</li> <li>• Outline what the series of sessions will look like generate interest and promote future attendance.</li> </ul> <p><b>Expect ~1/3<sup>rd</sup> of your time allotted to this during the first session!</b></p>	<ul style="list-style-type: none"> <li>• Slides and information hand-outs should be simple and easy to understand.</li> <li>• Focus on infographics with language at a grade 6 reading level.</li> <li>• Avoid talking for more than 5 minutes without a break for questions or an interactive component.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that everyone has a chance to speak/contribute to discussion as they are comfortable.</li> <li>• Read the room and scout out those people who are not talking or those who may be taking over, and redirect discussion accordingly.</li> <li>• You don't need to have all the answers to every question that is asked.</li> </ul>	<ul style="list-style-type: none"> <li>• Remember <a href="#">Brief Action Planning</a> and <a href="#">SMART goal setting</a>.</li> <li>• <b>Set SMART Goals</b> <ul style="list-style-type: none"> <li>○ Specific</li> <li>○ Measurable</li> <li>○ Attainable</li> <li>○ Realistic</li> <li>○ Timely</li> </ul> </li> <li>• <b>Example:</b> "I want to reduce my pain from 7/10 to 5/10 so I can walk my dog around the block within 2 months"</li> <li>• Conclude sessions with goal setting or 'homework'.</li> <li>• Provide a closing slide with the following: <ul style="list-style-type: none"> <li>○ Key Take-Aways</li> <li>○ Debrief of Session</li> <li>○ Homework (e.g., Goal setting, 3 things they want for next session, BP log, symptom diary)</li> </ul> </li> <li>• Consider a pre/post survey to capture thoughts. Participants can write their take-aways here as a form of active learning.</li> </ul>