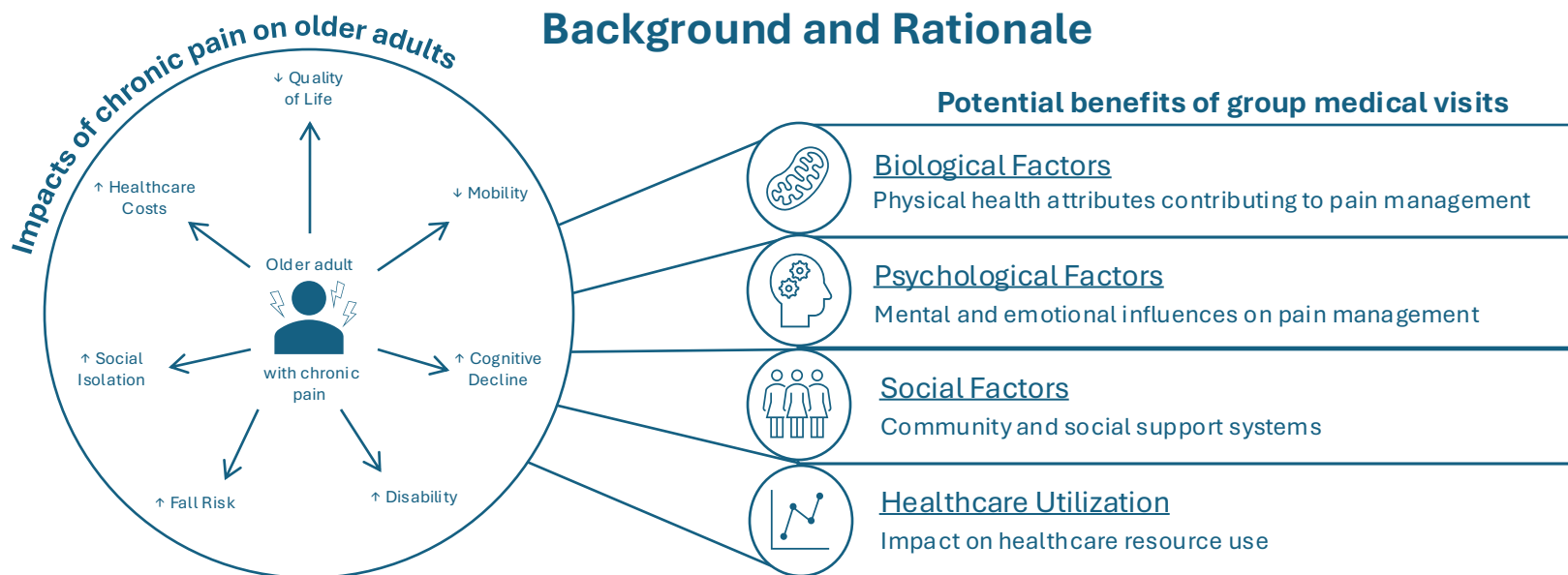


# Group medical visits for the management of chronic pain in older adults: a systematic review protocol and preliminary results

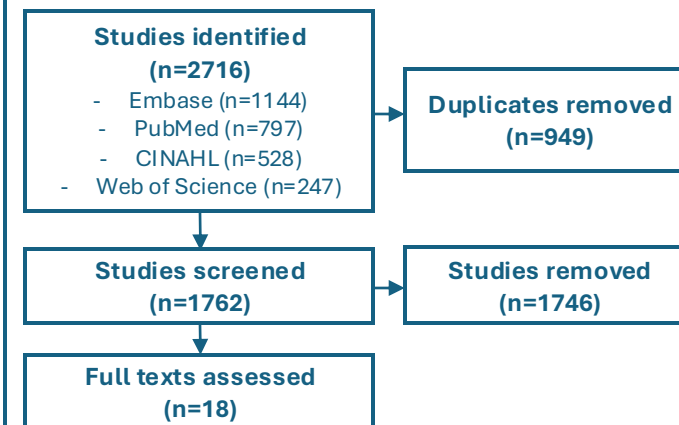
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1. Division of Preventive Medicine, Brigham and Women's Hospital, Harvard Medical School 2. Osher Center for Integrative Health, Brigham and Women's Hospital, Harvard Medical School 3. Division of Aging, Brigham and Women's Hospital, Harvard Medical School 4. Countway Library Harvard Medical School 5. Cambridge Health Alliance

## Background and Rationale



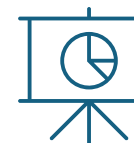
## Results



## Anticipated Contributions to Science



Provide information about integrating biopsychosocial factors



Gather knowledge on healthcare utilization and patient outcomes

## Methods

### Population



Adults aged 60+ with chronic pain rated  $\geq 3/10$ , lasting  $\geq 3$  months

### Intervention



Group medical visits delivered in a medical setting, facilitated by a billable provider

### Comparator



Education, waitlist control, standard medical care or other pain interventions

### Outcomes



Pain intensity and pain-related function. Quality of life, health care utilization



For full protocol scan above!

# Peer-Led Yoga as a Group Medical Visit Intervention for Patients with Chronic Health Conditions: A Pilot Study

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1. Cambridge Health Alliance, Center for Mindfulness and Compassion 2. Mandela Yoga Project 3. Department of Psychiatry, Harvard Medical School

## Background and Objectives

- People of color (POC) are at high risk for chronic health conditions (e.g., diabetes, hypertension, and pain) (CITE)
- Systemic barriers to healthcare in communities of color (e.g., medical mistrust, racism, lack of cultural resonance) perpetuate disproportionate health outcomes (CITE)
- Mandela Yoga Project (MYP) created a 45-min peer-led yoga sequence designed to treat stress, trauma, and illness in racially traumatized nervous systems of POC.
- We piloted a 6-week Mandela Yoga (MY) intervention (offered in English) as part of a group medical visit (MY-GMV) for patients at CHA Malden Care Center.

We hypothesized that this program would result in increased healthcare utilization, reduced stress, and improved health outcomes by resourcing patients to learn and practice behavior-changing and breathing techniques in a culturally-responsive setting.

## Methods

- MY-GMV was designed in collaboration with Primary Care Physician, Medical Assistant, Medical Director, and MY Peer Facilitator
- Participants were recruited using provider EPIC messages and patient flyers
- Feasibility was assessed through attendance record; Acceptability was assessed through weekly survey measures and post-program focus group.
- Brief demographic survey was distributed at baseline; health symptom surveys were distributed weekly; post-survey was distributed at Week 6.

## Results

### Participants & Attendance:

- A 6-week MY-GMV was offered at Malden Care Center Nov/Dec 2024
- Participants were adult patients with chronic pain and/or chronic health condition (total who attended: N=10)
  - Sex/gender: female (n=9); male (n=1)
  - Average age: 47 years (SD= 14.3)
  - Primary language: English (n=7); Portuguese (n=2); Spanish (n=1)
  - Diagnoses: chronic pain syndrome (n=10); other conditions include: type 2 diabetes, MDD, PTSD, carpal tunnel syndrome; high BP; tobacco use disorder; obstructive sleep apnea; breast cancer; hypothyroidism; POTS
- Median attendance was 5.5 sessions (SD=1.9)
- 2 patients attended 6/6 sessions; 6 patients attended >= 4/6 sessions
- 5 patients completed Week 6 post-class feedback form

**Acceptability:** 100% (5/5) of patients would recommend this program to a family member or friend

**Figure 1. Self-reported changes in the body as reported on weekly post-class survey**

	Week 1 (N=7)	Week 2 (N=4)	Week 4 (N=4)	Week 5 (N=5)	Week 6 (N=5)
Less stressed	4	3	4	5	4
Ability to focus	4		3	3	3
Less anxious	4	3	4	5	5
Less depressed	2	2	4	3	4
Better flexibility	1	1	3	2	3
Better posture	1	2	2	1	1
More energy	2	1	3	1	4
Less lonely	1	1	3	2	2
No change		1			

note: data is from participants completing post-class survey each week, respectively; survey was not distributed on Week 3.

**Table 1. Thematic Analysis of Post-Program Focus Group**

Theme	Quotes from participants
1. MY provides physical and mental health benefits	<i>For me my pain has diminished...it's helped me with my blood pressure as well.</i>  <i>It helps the pain to relax and focus on what the body is saying... The body needs this moment to relax, to stay focused on the body and enjoy the moment.</i>
2. Participants learned helpful tools and techniques to manage chronic pain and stress	<i>I do breathing and I'm not as combative.</i>  <i>I do the visualization...and I can finally fall asleep.</i>  <i>[The breathing] doesn't take carving out time, you can just take a few breaths and think, I'm okay.</i>
3. Weekly in-person schedule provides consistency and accountability	<i>It's a routine you get into... you know you have to be here every week, unless it's an emergency. I personally like that.</i>  <i>Anything you practice, you make it part of your life, your daily living, it has an effect.</i>
4. MY practice is gentle, accessible and inclusive	<i>The movements, it's so soft.</i>  <i>Even when you just do the visualization, it's just really really good. You can add just as much as you can. You're not being forced into a pose.</i>
5. Importance of group connection and community-building	<i>You're not alone, you feel like you know that everybody here is going through the same thing.</i>  <i>We can help each other, we can talk about the pain, about different situations we are going through.</i>
6. Group Medical Visit setting offers more responsive and patient-centered care	<i>When you come here, you can get an answer. [Dr. Paula] does her best to help you, and she's sincere. You know she cares about you, individually.</i>  <i>It's good just to feel this sense of protection.</i>  <i>It's so hard to get through [on MyChart/on the phone]...If it wasn't for this class, I wouldn't call.</i>

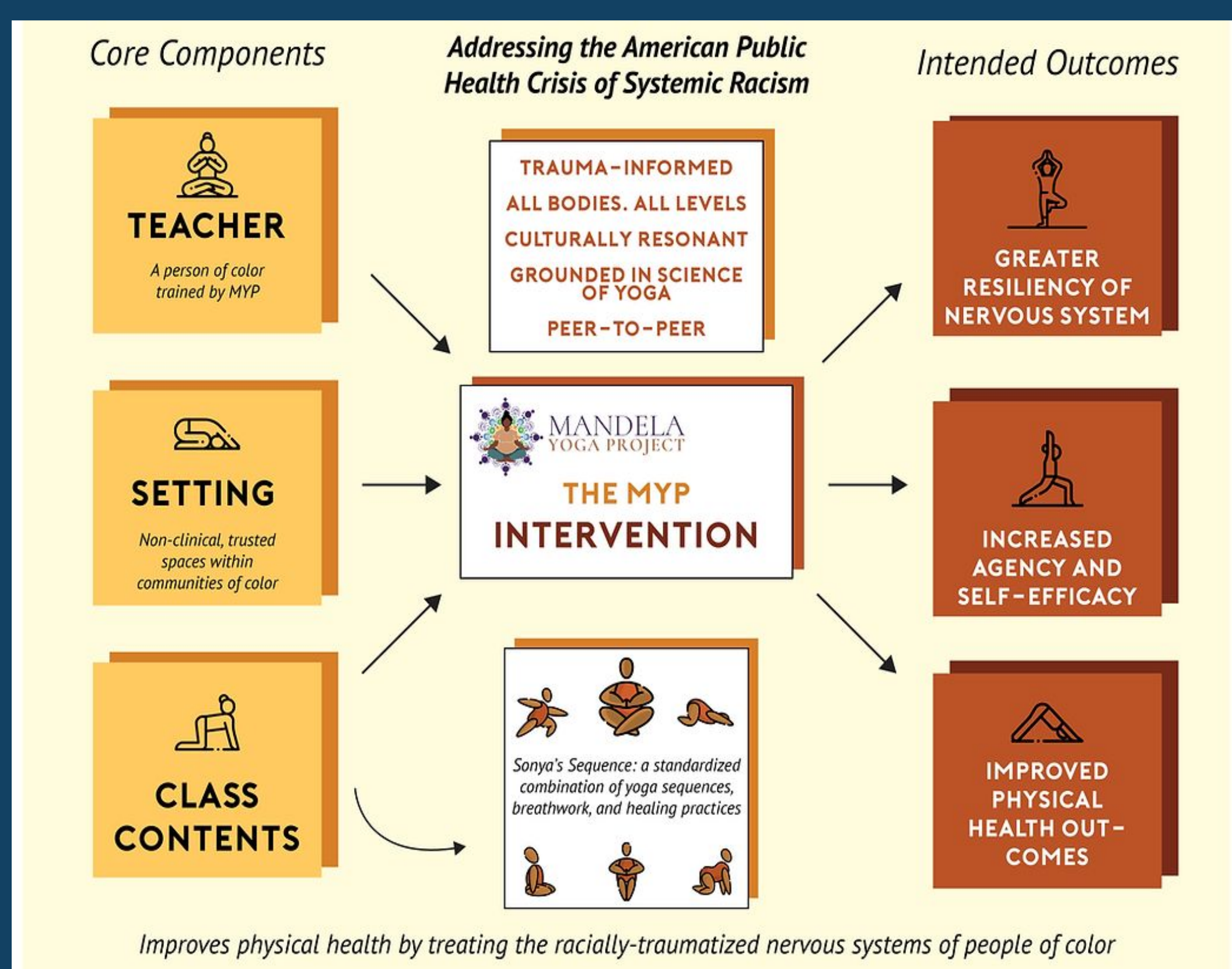
## What happens in a MY group medical visit?

**0-10 min:** Arrival, fill out check-in form, blood pressure measure

**10-15 min:** Check in with doctor and group

**15-60 min:** MY practice

**60-75 min:** Further check-in with doctor if needed



## Discussion

- Acceptability of MY was high; MY may be feasible for patients with chronic pain and complex medical conditions.
- Patients reported that time of day and childcare made is challenging to come to yoga.
  - Addressing barriers to attendance (e.g., childcare, internet access, transportation, etc.) will be a key consideration in future implementations
  - We will work closely with patients and community members to understand barriers to access and what would work to support their well-being
- Participant feedback/lessons learned from the pilot study:
  - Previous experiences and preconceived notions about “yoga” may be a barrier to participation; patients provided suggestions for title/description that may be more accurate and welcoming (e.g., “Movement for Mental Health”; “Gentle Chair Yoga”).
  - Patients prefer to attend in person but would appreciate zoom option; English offering was acceptable; patients prefer morning time.
  - Several patients showed interest in becoming a peer facilitator for the class
- Future implementations will focus on language access, a hybrid in-person and online model, and increasing recruitment, particularly for POC.

# A Different Philosophy of Care: Group Visits as Interdisciplinary Teamwork in an Acupuncture Clinic

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## OBJECTIVE

What makes a clinical space “work” for patients and clinicians? What are the factors that allow patients and providers to work as teams? Little is known about the implementation of interdisciplinary team-based acupuncture into medical group visits in allopathic settings. We used qualitative quality improvement methods to evaluate patients and clinicians’ experience in an acupuncture medical group visit. We used a method that allowed patients to define what made a clinic experience successful for them.

## BACKGROUND AND SETTING

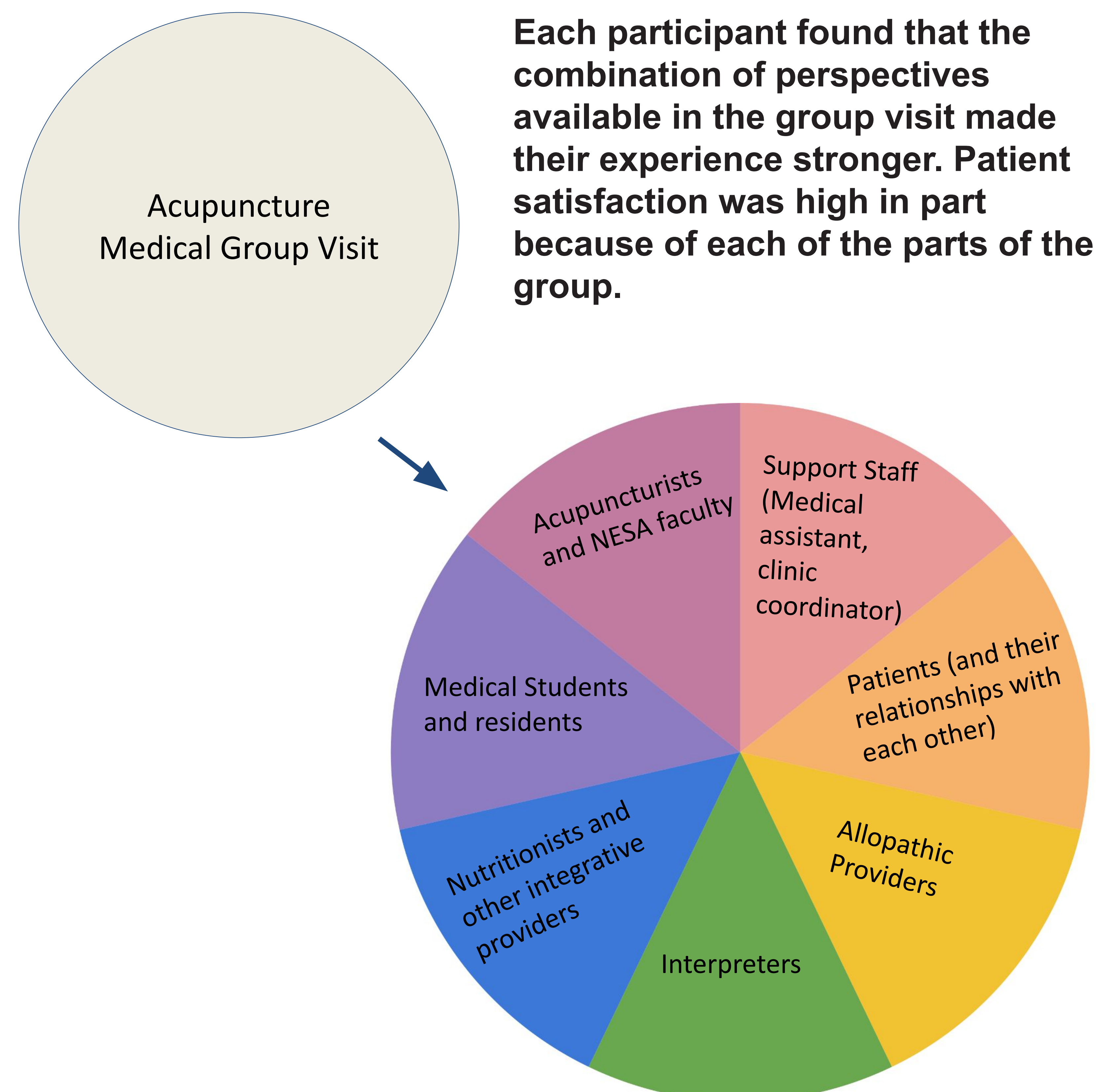
- Cambridge Health Alliance (CHA) Malden Care Center serves a low income, partially non-English speaking, diverse population.
- Acupuncture clinic formed in 2003, became a Medical Group Visit (MGV) in 2020
- Appointments allow patients to see an integrative medical physician and acupuncturists
- 16 patients per session
- Somewhere between 300-500 patients on the waitlist. Patients are referred by clinicians to the acupuncture clinic
- Billing: Based on CPT codes of medical complexity, and acupuncture students work for course credit

## METHODOLOGY

- CHA IRB certified this program as a quality Improvement project.
- 7 months of fieldwork in an acupuncture medical group visit
- Basic demographic survey completed along with interviews
- Interviews and fieldnotes were transcribed and analyzed using Nvivo.14 software

## RESULTS

- Reflects the time period from November 2023 to August 2024
- Semi-structured Interviews, 10 total
  - 6 with Medical Providers
    - 3 Allopathic-trained physicians
    - 3 Acupuncturists (1 supervisor, 2 students)
  - 4 with current and previous patients with complex medical conditions
    - 1 patient with fibromyalgia
    - 1 patient with chronic neck, back, knee, hip, and shoulder pain
    - 1 patient with migraines
    - 1 patient with nerve pain
  - 7 women, 1 man, and 2 non-binary people



Theme 1: Teamwork to focus on the whole person. Working as a team allows a holistic perspective of the patient. There is someone to answer acupuncture questions, take the time to listen to their stories, and discuss traditionally allopathic medicine questions. The group visit treatment model allows patients to socialize and gain group support and see others with similar conditions.

*I love having Dr XXX here to take care of folks' Western concerns at the same time. People have one body and one life experience, they don't sit down and go, Okay, what do I ask my acupuncturist about? What do I ask my doctor about? And quite often, people come in to the acupuncturist with questions that are best directed to a Western doctor. And here I can just say, go talk to Dr. XXX, she'll help you. And it's great, because then they get all their answers in one visit here. (Acupuncture Student)*

Theme 2: Synergy. All team members and working at their highest scope of practice to create a sum that is greater than its parts

*As I said, I don't think of it as just me. I think of it as this combination of a a therapeutic team, right? Like, I really feel like I'm on a team of acupuncturists. (Allopathic Doctor)*

## CONCLUSIONS AND RECOMMENDATIONS

- Interdisciplinary teamwork allows a holistic approach of the patient to be seen, allowing more time for individualized care.
- As acupuncture is implemented into other allopathic settings, additionally research is needed to understand the different factors that create successful interdisciplinary teams.

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