

Lakeland PCN and the Multiple Sclerosis (MS) Society

TEAM UP

to Enhance Care for People Living with MS

It's been four years since Lakeland PCN and the Lakeland Multiple Sclerosis (MS) Society began collaborating to enhance access to services and resources for people living with MS in their area.

The relationship initially began when Robb Foote (Executive Director, Lakeland PCN) learned about a mobile neurologist clinic the MS Society was running. Knowing not all people living with MS were being reached through the PCN or the MS Society alone, he saw an opportunity to work together so all patients in the area could benefit. ***"Being in a rural area you don't have access to the same resources urban centres do. You have to be creative,"*** he shares.

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Now co-located, the PCN has also dedicated space and provides administrative support for the mobile clinic neurologists to work and see patients when they come to visit. In the future, they plan to welcome more visiting specialists to use the space.

Most recently, the two organizations teamed up to try group medical visits (GMVs) to further support people living with MS – a strategy developed as part of their participation in a MS Care Coordination Collaborative.

Overall everyone couldn't be happier with the results! The PCN and MS Society feel like they're on to something. Patients feel more supported and are more engaged in their care. Family physicians and neurologists are happy their patients' psychosocial needs are also being focused on.

Group medical visits not only add value to patients and physicians, they can offer the entire health care team a way to deliver patient care more efficiently and effectively.

Why Group Medical Visits

Everyone recognized the value GMVs could bring to people living with MS.

For Robb, GMVs were more than just a care coordination strategy. They would enhance patient access to needed care (physical and psychosocial), engage the broader healthcare team and would offer patients the opportunity to be involved in their own care – also key pieces of the Patient's Medical Home model.

Monica Joly (Director of Clinical Services, Lakeland PCN), Brenda Rosychuk (Senior Coordinator, Program Services and Development, MS Society of Canada, Lakeland Region) and Corinne Lotoski (Coordinator, Advocacy and Equipment Funding, MS Society of Canada, Lakeland Region) agreed - unlike group education sessions and patient support groups offered by the PCN and MS Society, GMVs had the same benefits and more. Patients learning through their shared experiences and developing their own solutions, with the added benefit of a physician or allied health care professional being present to add the educational pieces when needed, made a lot of sense.

"It's about delivering efficient care. We used to run group education sessions, but no one would come because they weren't beneficial. We needed to try something new. Group medical visits - patients get good, quality care because they're engaged."

Monica Joly | Director of Clinical Services | Lakeland PCN

For Dr. Louis van Wyk (Family Physician, Two Hills Medical Clinic/Physician Lead, Lakeland PCN) the value of GMVs can be summed up in a statement he made to the group - ***"no one knows this disease better than you."*** Not only did he witness the value to patients, he found value for himself as a physician.

"To have the opportunity to listen to MS patients sharing their experiences adds a whole new dimension to taking care of them. I thoroughly enjoy interacting with the group. [Group medical visits] are a paradigm shift that works."

Dr. Louis van Wyk | Family Physician, Two Hills Medical Clinic | Physician Lead, Lakeland PCN

For the patients the opportunity to share, to ask questions and to actively participate in their care has been ***"a breath of fresh air."***

"MS is such a broad disease that sometimes you feel like you're on your own. Without outside support you're often left to find solutions for yourself which heightens your stress load... having gone through what I've gone through up to now I think group medical visits can help - make it easier for people who live with MS to not feel so isolated."

Person Living with Multiple Sclerosis

About the MS Care Coordination Collaborative

To address care coordination gaps in MS care, Toward Optimized Practice invited stakeholders to participate in a structured, collaborative approach. The goal of the collaborative was to identify, discuss and test specific improvement strategies that would make a difference for those living with MS. Group medical visits were one strategy put forth.

What are Group Medical Visits?

Group medical visits are expanded appointments where patients meet with healthcare providers in a group that's co-led by a skilled facilitator. The health care provider is typically the patient's own physician, but can also be another healthcare professional. They often include brief one-on-one time with a provider, but the majority of the session is spent in the group. Group medical visits promote self-management, peer support, 'normalization' and trust in the health care team and support physical and psychosocial aspects of client needs.

How Group Medical Visits Foster Team Based Care

Often, when patients witness the trust and respect the physician has for the other healthcare team member(s) attending and facilitating, they are more likely to develop trust as well. When they are asked to come in to see that team member instead of the physician, they are likely to be more open to the concept.



“The goal of trying something like this is putting it to the test and seeing if it can work. It shows that we can deliver quality, patient care differently. You just have to be willing to take a chance.”

What's Next?

To date three GMVs will have been held for people living with MS. Monica will continue to facilitate the group with help from Brenda and Corinne. “Keeping the momentum going will be important,” shares Monica. The group will continue to lead the sessions and the PCN/MS Society will work behind the scenes supporting as needed - from arranging for different healthcare providers (e.g., exercise specialist) to co-lead the group to tasks like creating a contact information list for people to reach out to one another.

“I would like to see [group medical visits] across the province,” says Brenda who has already reached out to fellow MS Societies to share their success and to encourage them to develop relationships with PCNs in their areas.

As for the PCN, Robb and Monica are working to pilot GMVs for other chronic conditions. PCN staff who attended the one-day TOP facilitation training session will support three physicians who have agreed to try GMVs in their clinics. Bigger picture, the PCN will continue to “be creative,” shares Robb. “The goal of trying something like this is putting it to the test and seeing if it can work. It shows that we can deliver quality, patient care differently. You just have to be willing to take a chance.”



From left to right:

Brenda Rosychuk
Senior Coordinator, Program Services and
Development, MS Society of Canada, Lakeland
Region

Monica Joly
Director of Clinical Services, Lakeland PCN

Corinne Lotoski
Coordinator, Advocacy and Equipment Funding,
MS Society of Canada, Lakeland Region

Robb Foote
Executive Director, Lakeland PCN

How They Implemented the GMVs

Although GMVs are typically with the patient's own physician the PCN and MS Society knew they would have to try something a bit different. Unlike many chronic diseases, a relatively small proportion of family physicians' patient panels are made up of people living with MS. It was important to find both a physician and patients who would be open to trying GMVs, which meant the physician-patient relationship might not be established.

In addition to ensuring there was time for the patients to get to know Dr. Louis van Wyk, who volunteered to co-lead the first session, the PCN and MS Society ensured patients' physicians were aware of the plan and the purpose of the GMVs. While Monica reached out to local family physicians, Brenda did the same with neurologists. A local information session was held for physicians, staff and patients to learn more. Once the first session happened, Monica and Brenda also followed up with the patients' physicians to provide a summary of what was discussed and they continue to do so. **"Transparency is key,"** reflects Robb.

During the initial planning stages, the team wasn't quite sure which patients with MS to bring together. Was it people who were all newly diagnosed together or a mixture of people at different stages of the disease? In true quality improvement fashion the team weighed their options and came to the conclusion they just needed to try, see what happened and go from there.

Knowing facilitation was a key component to an effective GMV, the PCN worked with Sue Peters, their Improvement Advisor with Toward Optimized Practice (TOP). Sue brought fellow TOP staff Michele Hannay on board. The first visit was facilitated by Michele while Monica observed as a "facilitator-in-training." The TOP team later returned to hold a one-day GMV training session to further build facilitation capacity amongst the PCN and MS Society staff.

Common Concerns

I don't know if I have the space?

Locations to hold GMVs can vary, but they are often held in the clinic space – for example, the waiting room (after clinic hours), a larger exam room, the lunch room, etc. Small and intimate spaces are actually helpful in encouraging interaction. When clinic space is not possible, GMVs can be held in a community centre, local library, etc.

How are group medical visit different from group education sessions?

Sometimes providers identify what they are doing as GMVs, but in reality what they are offering is group education. Here are some key differences between the two approaches.

Group Medical Visits	Group Education
Agenda is set by participants	Agenda is set by facilitator
Professional-led education may be a component	Professional-led education as the primary learning mode
Learning from the experience and questions of the participants is a key feature	Learning from interactions and shared experience may be a feature

For the most part, when facilitators turn control of the agenda over to the group, the same information is covered over the duration of the sessions, but perhaps not in the order or on the timeline the facilitator would have set.

Resources & Tools

To learn more about GMVs and to access supports, resources and tools, visit the [TOP website](#).

"It was interesting to see the first session unfold. The patients didn't know one another, Dr. van Wyk or Michele. They were tentative to begin, but after the first 15-20 minutes the group started to get comfortable and they started to lead it."