

Classic Models of Group Medical Visits

GMV MODELS	Cooperative Health Care Clinic (CHCC)	Drop-in Group Medical Appointment (DIGMA)	Shared Medical Appointments (SMA)	Multi-station Group Visit	Programmed Shared Medical Appointments (PSMA)
Suggested Length	90-120 minutes (includes 1:1 exam time)	60-90 minutes	60-90 minutes	2-3 hours	1-2 hours
Basic Format	<ul style="list-style-type: none"> - Social time (10m) - Interactive learning (30m) - Group 1:1 routine care (25m) - Q&A (20m) - Planning next session/closing (5m) - Post group appt, 1:1 private appointments take place, 2-5 mins per patient (60m) 	<ul style="list-style-type: none"> - Drop in or booked appointments - Pre: Screening/ vitals, record health concerns, review confidentiality - Facilitator intros (5m) - Sequential 1:1 appts in front of group (70m) - Vitals/Screening, health maintenance continues by other health care provider, while facilitator manages group. - Wrap Up (5m) - Private exam option - 1:1 private appts (10m) 	<ul style="list-style-type: none"> - Pre: Vitals/Screening, record health concerns - Facilitator intros (5m) - Sequential 1:1 appts in front of group or side area (35-40m) - Questions usually asked in private - During this time, facilitator engages group in discussion - 1:1 discussion of results/plans in front of group (45-60m) - Facilitator manages group - Wrap Up (5m) 	<ul style="list-style-type: none"> - Patients rotate stations to have assessments (e.g., foot exam, eye exam, Rx, screening) 	<ul style="list-style-type: none"> - Same patient each visit (duration of program) - Same disease/condition - Booked for series of SMAs providing discrete sequential education and information relating to a specific topic - Combines sequential medical consultations and disease-specific curriculum with peer support and interaction
Ideal Census	15-20 patients	10-15 patients	6-10 patients	Dependent on physical space/ providers	10-20 patients
Target Patients	Frequent Health Care Users	Routine follow up care; relatively stable chronically ill patients; patients with challenging behaviours	Specialty / Physical Exams	Routine monitoring (e.g., diabetes)	Patient groups with highly complex or comorbid conditions – obesity, diabetes, smoking cessation, etc.
Health Care Needs	Same	Same or different	Same	Same	Same
Health Care Delivery		Given as is done in individual office visits. Most exams are done in the group.	Private physical exam, 2-3mins per person. All discussion is brought back to the group so all may benefit from questions asked.		Depends on program curriculum
Visit Frequency	Same patients; appts spaced a month apart, for a set period of time (e.g. 6 months) or ongoing. Cohort moves together, and some models add to the group as patients are discharged/ stop attending	Different patients attend each time. Appointments are offered daily to monthly. Open drop in for invited patients (may or may not be the same group from week to week.	Different patients each time, offered weekly to monthly. Patients with same diagnosis are seen at the same time.	Different patients, offered monthly to annually	Frequency/number of visits determined by program (4-8 sessions)
Formal Learning	Formal education and informal group discussion	Opportunistic, done in context of the health care provider working with the patient. No formal education/set agenda.	Opportunistic; throughout appointment. During 1:1 exams, facilitator supports conversation within their scope/ supports socialization. During 2 nd half, questions that have been held from 1:1s are addressed in the group.		Formal education and group discussion incorporated into program curriculum
Staff Involved (Traditional)	Healthcare provider(s) + facilitator. Guest speakers possible	Healthcare provider(s) + facilitator.	Healthcare provider(s) + facilitator.	Healthcare provider(s) + facilitator.	Healthcare provider(s) + facilitator.
Limitations		Initial Assessments			