

# How to Setup and Run Patient Wellness Groups for Physical and Mental Health in Ontario Family Practice





# Presenters & Disclosures

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# Disclosure

I (we?) have mental health  
Problems





# PHYSICIAN-LED GROUP VISITS





# Overview of the Setting

Family Health Organization (Capitation Model Ontario)

Downtown Ajax: Priority neighbourhood of Durham -low income

6000+ patients

4 physicians

8 support staff





# Learning Objectives

- 1) Learn why Wellness Groups might be useful in primary practice.
- 2) Learn to integrate Wellness Groups into primary practice.
- 3) Learn to facilitate Wellness Groups



# Groups at AHC



# A Week at A Glance at AHC

# Dr. Maria's running/walking group



# Wellness Thursdays



# Wellness Wednesday: Self-management for Chronic Pain



# Wellness Tuesdays!





# EatWell PLATE

A recommendation for each meal based on your plate size.

Dairy



Vegetables



Starches/Grains

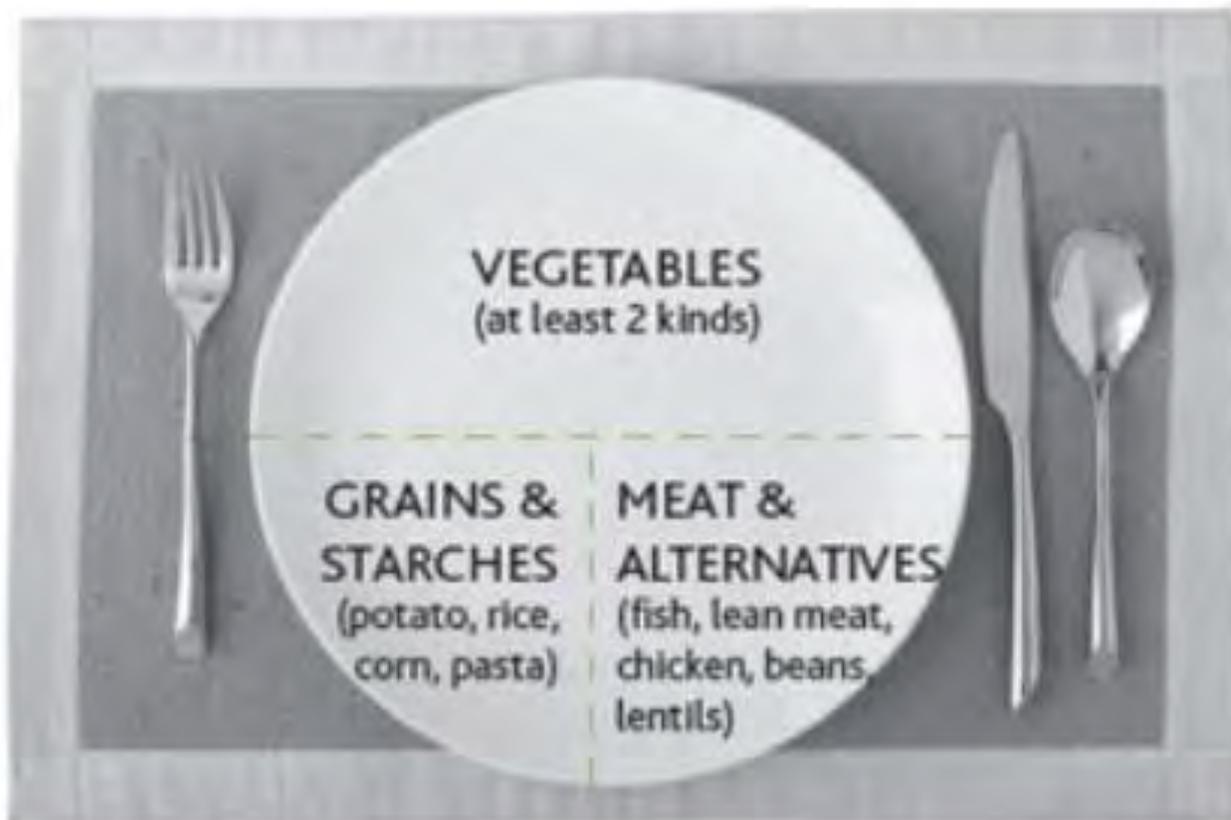


Fruit



Meat/Meat Alternatives





# My Breakfast Ideas



# Mindfulness Training Groups



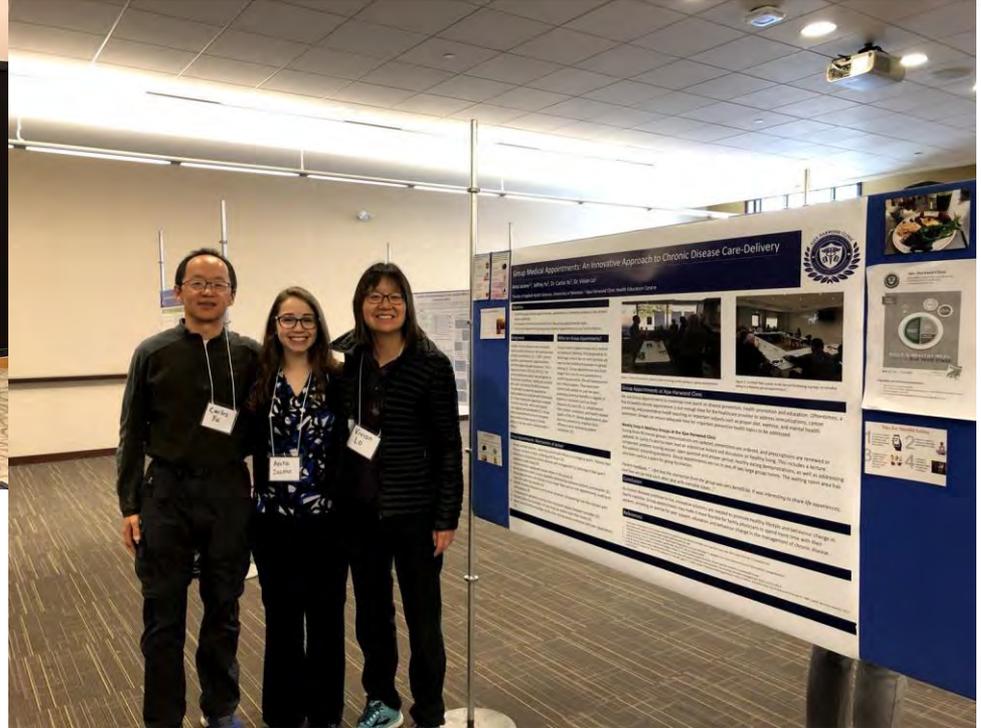
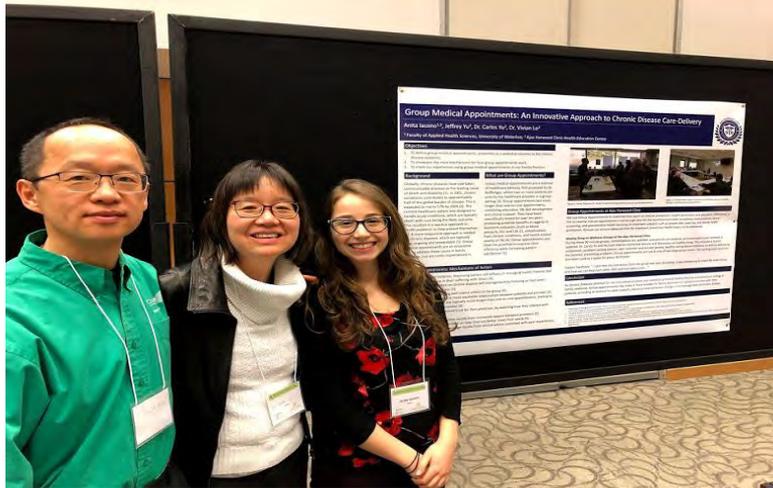
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# Operation Central



# We can all do this!!



# Experiential Group



**I want to be well because:**





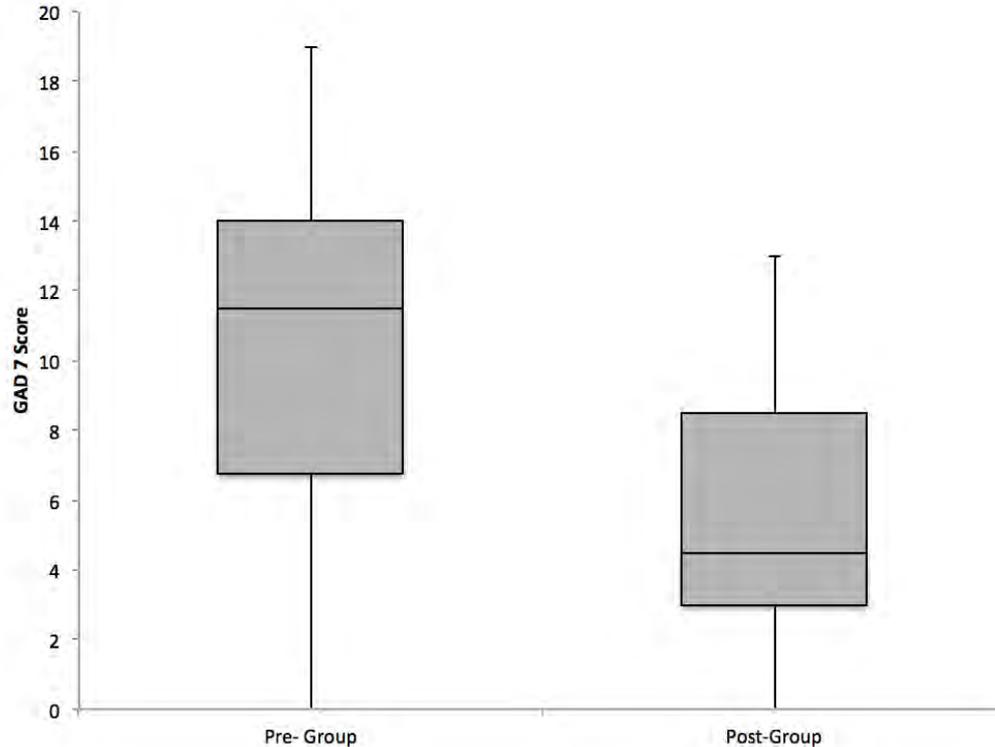
# Enrollment Process: Wellness 1

Step 4: Patients are encouraged to come back to the class each week to report back on their goals for follow-up. Patients are invited to join the mindfulness class if they feel they need tools for stress reduction.

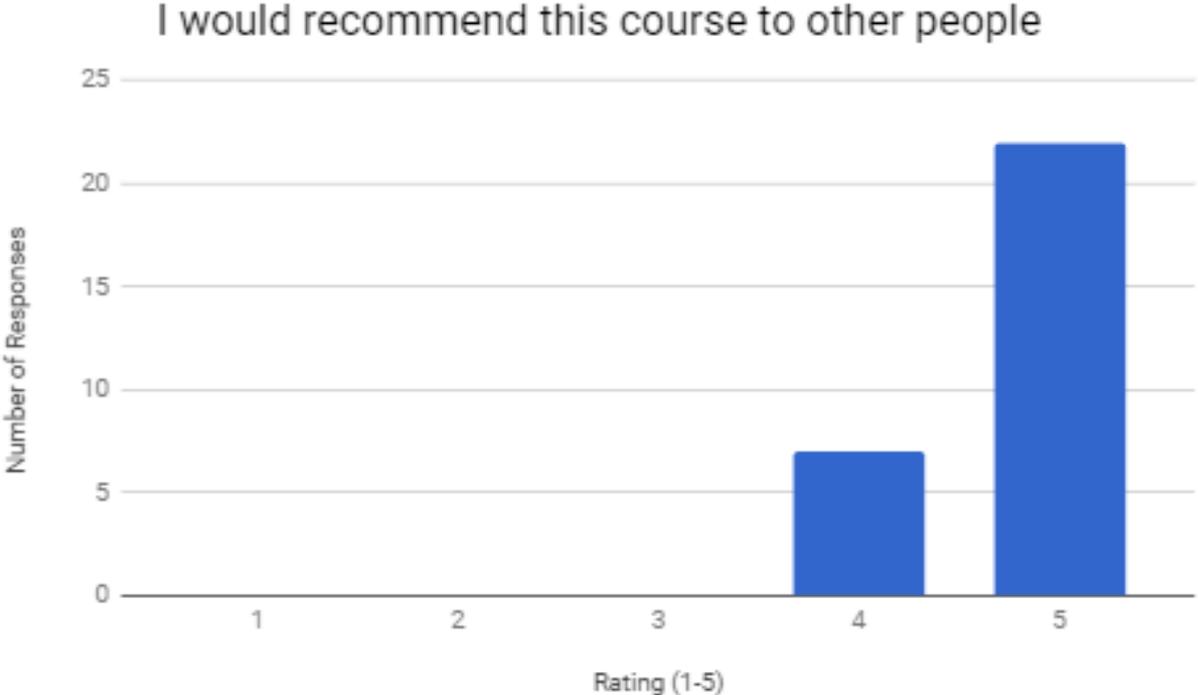




# Anxiety Measures, pre- and post-intervention



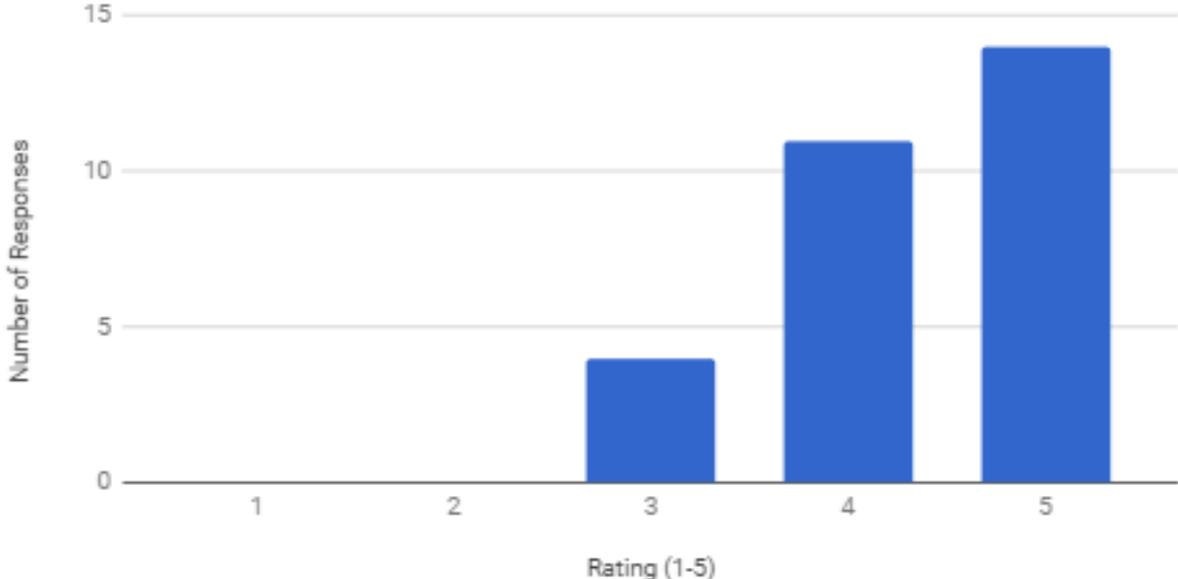
# Mindfulness Course Feedback



# Mindfulness Course Feedback



This course made me feel more confident in coping with life challenges



# Patient Testimonials



# Patient Testimonies



# We can all do this!!



# Gratitude Circle





Self-Management is a Grade A  
recommendation





# CANMAT Guidelines on Depression

## CONCLUSIONS:

The burden attributed to MDD remains high, whether from individual distress, functional and relationship impairment, reduced quality of life, or societal economic cost. Applying core principles of care, including comprehensive assessment, **therapeutic alliance**, **support of self-management**, evidence-informed treatment, and measurement-based care, will optimize clinical, quality of life, and functional outcomes in MDD.

First-line psychological treatments for maintenance include CBT and **mindfulness-based cognitive therapy (MBCT)**.

# Recommendations CDA 2018



1. People with diabetes should be offered **timely self-management education** that is **tailored** to enhance self-care practices and behaviours [Grade A, Level 1A]
4. SME interventions may be offered in **small group** and/or **one-on-one** settings [Grade A, Level 1A for type 2 diabetes; Grade D, Consensus for type 1 diabetes]
8. Technologies, such as **internet-based computer programs** and **glucose monitoring systems**, brief **text messages** and **mobile apps** may be used to support self-management in order to improve glycemic control [Grade A, Level 1A for type 2 diabetes; Grade B, Level 2 for type 1 diabetes]
9. **Culturally appropriate** SME and SMS, which may include **peer or lay educators**, may be used to increase diabetes-related knowledge and self-care behaviours and to improve glycemic control [Grade A, Level 1A]



## How should SME be delivered?



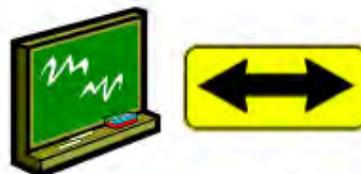
Interprofessional team  
and/or peer-education



Personal contact with  
health-care workers



Combination of group and  
individual sessions



Combination of didactic  
and interactive

# Week at a glance at Ajax Harwood Clinic



Wellness Tuesdays:

Wellness 1: Help patients set SMART goals towards healthy eating and physical activities.

Mindfulness Training: help patient experiencing difficulties develop mindfulness and wellbeing.

Wellness Wednesdays: Self-Management for Chronic Pain

Wellness Thursdays: Dr. Maria's Diabetes Group; Senior's Wellness Group



# Enrollment Summary

- All patients in need of behaviour modification are invited to attend one of the wellness groups held at the clinic: Wellness 1, which focuses on healthy eating and exercise, and an 8 week rolling enrollment mindfulness group, all run by a family physician and assistant/student at their clinic.
- Patients are invited to the groups by their physician. Some patients self-enroll.
- Queries are used to generate lists of patients who are taking certain medications to help with depression, anxiety, pain, etc. These patients are called and invited to attend the groups for self-management education and support.



# Enrollment Process: Wellness 1

Step 1: Physician sees patient for regular appointment.

Step 2: Physician inquires about patient's diet. If the physician thinks the diet could be improved, he gives on-the-spot education and refers patient to the Wellness 1 group. This group is drop-in, and runs every week.





# Enrollment Process: Wellness 1

Step 3: Patient attends the group, which is 1.5 hours in length. The patient learns tips from the physician and from peers in the group about strategies to implement healthy eating and increase/maintain physical activity levels.



# Enrollment Process: Wellness 1



Wellness 1 serves many purposes in addition to healthy behaviour change. Patients support and encourage each other in adopting a healthier lifestyle. These groups also combat isolation and promote community.

Increased skills in self-efficacy and self-management is facilitated through repeated success with achievable goal-setting.

Patients learn the most through their peers.





# Enrollment Process: Mindfulness Class

Step 1: Physician sees patient for regular appointment. Patient mentions that they are stressed. Physician counsels, then invites them to the mindfulness group at the clinic.

OR

Step 1 : Physician calls patients who may be in need of mental health support by generating a list (e.g. patients on antidepressants). Physician invites them to the mindfulness group at the clinic.



# Enrollment Process: Mindfulness Class



Step 2: Patient attends the mindfulness group, which runs every week. Patients can join at any time in the sequence, and are asked to attend 8 sessions in a row to receive full benefit. This provides timely access to group psychotherapy. Meditation resources are sent to all via email, in case a patient cannot attend an in-person session. Anxiety and depression scales (PHQ9, GAD7) are administered for every patient at every session.





# Enrollment Process: Mindfulness Class

Topics covered:

- Introduction to Mindfulness and the Body Scan
- Attention and the Brain, Sitting/Breathing Meditation
- Dealing with Thoughts
- Stress: Responding and Reacting
- Dealing with Difficult Emotions and Sensations
- Mindfulness and Compassion
- Mindfulness and Communication
- Developing a Mindfulness Practice of your Own

# Enrollment Process: Mindfulness Class



Step 3: After the patient attends at least 4 (out of the 8) in-class sessions, they are congratulated and receive a certificate of accomplishment. They are welcome to return if they feel they still need the service.



# Testimonials (to be completed)



# Wellness 1



# Mindfulness Training Group



# Dr. Maria's Diabetes Group



# Mindfulness Graduating Class





# Proposed Toolkit

Short video to promote Physician-led Wellness Groups in Family Practice in Ontario

Short slidedeck promote Physician-led Wellness Groups in Family Practice in Ontario

Wellness 1.1 & 1.2 Slidedeck

Palouse Mindfulness Training Slide decks: 8 modules.

Insight Timer and Groups ( Ajax Harwood Clinic Mindfulness Group)

Meditation soundtracks writable to CD to distribute to patient without smartphones

Printable Mnemonic Cards



# Questions

How best to share our model with other physicians? What obstacles do you see in our attempt to share this model with other physicians?

What could be the major obstacles in getting physicians to start implementing groups?

In regards to the group appointments: who would benefit the most, who would enrol, who would stay, who would carry the group, who would be a risk to the group dynamics?

# References

[OHIP Billing codes](#)

[Sickness from contaminated vegetable is rare in Canada](#)



# Not Just Knowledge: Work on Behaviour!

- Cognitive-behavioural interventions improve self-management and metabolic outcomes
- They may involve:
  - Cognitive re-structuring
  - Problem-solving
  - Cognitive-behavioural therapy (CBT)
  - Stress management
  - Goal setting
  - Relaxation



# Steps to Success



# Proposed Measures and Current Assessment



PHQ9 (validated to monitor depression)

GAD7 (validated to monitor anxiety)

Sleep and Wellness Questionnaire (unvalidated but serves to monitor changes in quality of life)

Attendance (Monitor drop-out)

Biometrics are measured as needed (We believe healthy behaviour leads to improved biometrics)

Patient, staff and physician testimonials

# Overview / Framework

Audience: 45 physicians and ancillary care providers interested in groups

Key messages: Group teaching by family physician has many benefits

Experiential learning

Wellness 1.1 SMART

Palouse: Meditation





# The Relationship between Mental Health, Mental Illness and Chronic Physical Conditions

Mental health and physical health are fundamentally linked. People living with a serious mental illness are at higher risk of experiencing a wide range of chronic physical conditions. Conversely, people living with chronic physical health conditions experience depression and anxiety at twice the rate of the general population. *(December, 2008)*

# Context



10 min appointment: Acute care, cancer prevention, immunization

Self-management is class A recommendation for bulk of chronic metabolic and mental illness; how do we make it happen?

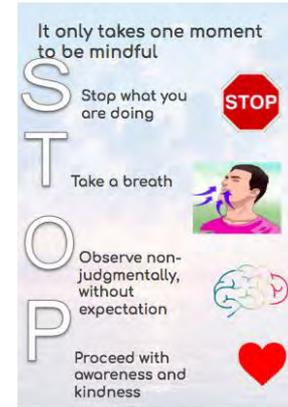
1-1 takes too long; referral barriers...

At Ajax Harwood Clinic: we run Physician-led Group Medical Appointments

Wellness 1: Eat Well Plate & Mindfulness exercises & SMART Goal setting

Wellness 2: Mindfulness Training & allow the development of self-compassion and kindness.

# Vegetable



# SMILES: Dietary vs Social Support

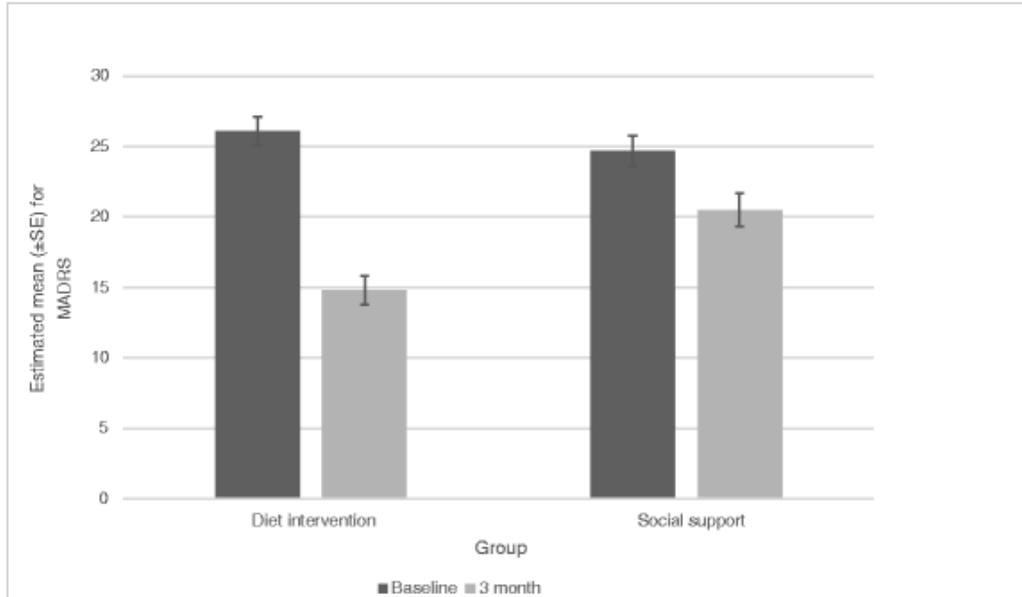


Fig. 2

MADRS scores for dietary support and social support control groups at baseline and endpoint. Effect size: Cohen's  $d = -1.16$  (95% CI  $-1.73, -0.59$ ). Baseline data  $n = 67$ ; 12 week data  $n = 56$

