The Development and Evolution of Group Medical Visits at UW Health

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ABSTRACT

Introduction: Chronic disease management presents substantial challenges for both patients and health care providers, often limited by time, resources, and operational complexities. Group medical visits (GMVs) at UW Health have evolved as a collaborative intervention, combining clinician-led care with peer support to address chronic conditions such as chronic pain, heart disease, anxiety, and more.

Methods: This program evaluation explores the development and characteristics of GMVs at UW Health through a qualitative approach, utilizing interviews, observations, and questionnaires to analyze GMV practices across multiple UW Health clinics.

Results: The findings highlight key themes, including a sense of community through group support, clinician satisfaction, the innovative structure of GMVs, wellness-based content, integrative facilitation of care, and areas for improvement.

Conclusions: As GMVs continue to evolve, enhancing support mechanisms, refining recruitment strategies, and expanding access will be crucial for optimizing their impact on chronic disease management. These insights offer valuable learnings for UW Health and other institutions seeking to refine and expand GMVs.

INTRODUCTION

Chronic disease management and preventive health services present substantial challenges for both patients and health care providers because of constraints that include limited time, resources, and the operational complexities associated with delivering timely, effective care. In response to these challenges, group medical visits (GMVs), also known as shared medical appointments,[1] have emerged as a collaborative approach to enhancing patient care. GMVs provide a supportive environment in which patients receive guidance from clinicians and other experts while benefiting from shared experiences and peer support. A multidisciplinary expert, such as a health coach, nutritionist, chef, or mindfulness instructor, typically co-leads GMVs alongside a clinician. GMVs address preventive care and a broad spectrum of conditions, from chronic pain, addiction, and heart disease to anxiety, insomnia, irritable bowel syndrome, and stress.[2,3] GMVs consist of multiple sessions held over an extended period, enabling patients to make informed decisions and improve health behaviors and lifestyles through hands-on, experiential learning in a trusted medical setting under clinician supervision.

Compared with standard care appointments of 15 to 30 minutes, GMVs offer visits lasting 90 to 120 minutes over multiple weeks. This extended session time allows clinicians and multidisciplinary experts to teach effectively and tailor guidance and recommendations to individual patient circumstances. By collaborating with experts such as dietitians, health coaches, behavioral therapists, exercise physiologists, and medical educators, care teams can foster a more effective and tailored approach to chronic disease and health behavior management. These experiences allow patients to adopt healthier behaviors alongside peers facing similar challenges. The combination of extended clinician-patient interaction and group support may contribute to the health benefits reported in the literature.[4-7] In addition to potential patient benefits, GMVs may positively affect clinician productivity and the quality of patient interactions,[8] potentially enhancing clinician job satisfaction.[9]

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In a randomized controlled trial evaluating the effectiveness of GMVs for managing chronic pain and depression among a low-income, racially diverse population, participants in the intervention group experienced significant benefits compared with controls.[10] These included fewer emergency department (ED) visits during the active intervention phase and reduced pain medication use at the 21-week follow-up. These findings suggest that GMVs may improve health outcomes by integrating evidence-based education, hands-on practice, and community support within a clinician-led group setting, thereby improving access to care and empowering patients to manage their health more effectively. The GMV model also may support the financial viability of health care systems. For example, a study of patients with type 2 diabetes randomized to GMVs or standard care for 1 year found that participants in GMVs experienced fewer ED visits and lower total charges.[11]

Figure 1. Timeline of Group Medical Visits (GMVs) at UW Health

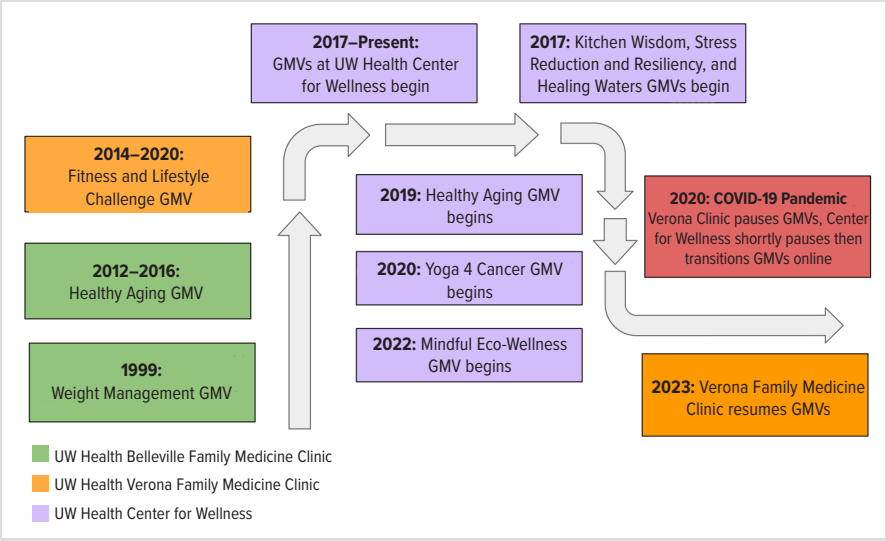


Figure highlights all GMVs held at the UW Health Belleville and Verona Family Medicine Clinics and a subset of GMVs held at the UW Center for Wellness. There was an extended gap between the initial GMV in Belleville and the resumption of the the GMV years later.

GMV Program at UW Health

GMVs have evolved substantially at UW Health during the past 25 years (Figure 1). The first GMV—a weight management program—was offered at the UW Health Belleville Family Medicine Clinic in Belleville, Wisconsin, in 1999. The UW Health Verona Family Medicine Clinic in Verona, Wisconsin, initiated GMVs in 2014 with sessions focusing on fitness and lifestyle. This program is designed to help adults with obesity improve their health through sessions featuring exercise, nutrition education, group discussions, and personalized goal setting, supported by community partnerships.[12] Beginning in 2017, UW Health expanded GMV programming, with much of the work coordinated by the UW Health Wellness Program and the Osher Center for Integrative Health, housed within the Department of Family Medicine and Community Health at the University of Wisconsin School of Medicine and Public Health. Over time, in addition to weight management, GMVs have addressed an array of health concerns, including chronic pain, stress management, nutrition, cancer survivorship, mindfulness, and cardiovascular health.

This paper explores the evolution and impact of GMVs at UW Health through a qualitative program evaluation that incorporates feedback from clinicians, administrators, multidisciplinary experts, and participants, along with an examination of GMV development and content over the past decade.

METHODS

This program evaluation employed a qualitative approach to examine the evolution and impact of GMVs at UW Health, the integrated academic health system affiliated with the University of Wisconsin-Madison. Methods included interviews with clinicians, administrators, multidisciplinary experts, and patients; direct observation of GMV sessions; and analysis of participant feedback questionnaires and clinician planning materials. Data were gathered from GMVs conducted across multiple sites, including the UW Health Belleville Family Medicine Clinic, UW Health Verona Family Medicine Clinic, and UW Health Center for Wellness. Interviews focused primarily on GMVs serving patients with chronic medical conditions, including diabetes, anxiety, and chronic pain. As a program evaluation and quality improvement initiative, the project was deemed exempt from institutional review board oversight.

Data collection involved semistructured interviews (Appendices A and B) with patients, clinicians, multidisciplinary experts, and administrators, including core developers and facilitators of the GMV experience. Direct observations of multiple GMV sessions were conducted to understand session dynamics and participant interactions. Additional evaluation included review of participant evaluation forms and questionnaires, as well as clinician planning documents.

The analysis involved independent reading and inductive thematic coding[13-15] of deidentified transcripts. Codes were refined through team discussions, resolution of discrepancies, and consensus-based identification and naming of themes. Each transcript was coded independently by 3 to 5 researchers, with the first and second authors reviewing all transcripts. This process aimed to identify the major characteristics of GMVs and key

themes related to patient experiences and health goals. Interviews with clinicians and administrative personnel were analyzed to identify themes related to job satisfaction and GMV design and implementation. Clinician planning documents and participant questionnaire responses were reviewed to characterize GMV structure, patient experiences, and outcomes. Observational notes from GMV sessions also underwent thematic coding.

RESULTS

Overview

Data were collected during 25 interviews with 10 patients and 15 UW Health personnel, including current GMV leaders and clinicians who conducted the first GMVs in Verona and Belleville. Thematic analysis of transcribed interview data was complemented by review of GMV planning materials, enrollment records, patient questionnaires, and direct participant observation of multiple GMVs.

As of the end of 2024, the UW Health Wellness Program completed at least 123 GMV sessions serving approximately 1021 patients (Table 1, Figure 2). The GMVs at the UW Health Belleville Family Medicine Clinic served approximately 38 participants, and the GMVs at the UW Health Verona Family Medicine Clinic served approximately 161 participants. Thus, GMVs throughout the UW Health system have served at least 1220 patients over the past 25 years, underscoring the program's evolution and growing impact.

Table 1. Overview of Group Medical Visits Held at the UW Health Center for Wellness, 2017–2024

Group Medical Visit Title	Year(s)	Total No. of Sessions	Health Issues Addressed
Battlefield Acupuncture	2024	3	Chronic pain (back, neck, knee, etc)
Cooking for Heart Health	2018–2020	5	Nutrition, heart health
Culinary Connections to Health	2019, 2020	2	High blood pressure, high cholesterol, prediabetes, diabetes, heart disease
Goodbye Nicotine	2024	3	Nicotine use
Healing Chronic Pain	2024	3	Chronic neck and low back pain
Healing Waters	2017–2020	8	Chronic pain
Healthy Aging	2019, 2021–2023	9	Chronic diseases
Healthy Sleep	2019–2022	8	Insomnia and substandard sleep, anxiety, depression
Kitchen Wisdom	2017–2024	19	High blood pressure, high cholesterol, prediabetes, diabetes, heart disease
Knee and Hip Osteoarthritis	2017–2020	6	Knee and hip osteoarthritis
Living Well with Afib	2023, 2024	6	Atrial fibrillation
Mind and Body	2017	1	Chronic pain, fibromyalgia, high blood pressure, anxiety, depression, insomnia, diabetes, ADHD, IBS
Mindful Eco Wellness	2022–2024	7	Heart disease, high blood pressure, high cholesterol, prediabetes, diabetes, anxiety, depression, insomnia, chronic pain, obesity
Mindfulness for Your Health	2022–2024	13	Chronic pain, fibromyalgia, high blood pressure, anxiety, depression, insomnia, diabetes, ADHD, IBS
Stress Reduction and Resiliency	2017–2020	8	Stress
Getting to the HEART of a Health Life	2021–2024	9	Heart disease, high blood pressure, prediabetes, diabetes, cholesterol problems, obesity
Healthy Self-care	2020	3	Stress, anxiety, depression, sleep issues
Whole Health Approach to Healthy Weight	2021	2	Heart disease, high blood pressure, high cholesterol, prediabetes, diabetes, anxiety, depression, insomnia, chronic pain, obesity
Yoga 4 Cancer	2020, 2022–2024	8	Cancer survivor support, cancer diagnosis, open to all patients during or after treatment

Abbreviations; ADHD, attention-deficit/hyperactivity disorder; IBS, irritable bowel syndrome.

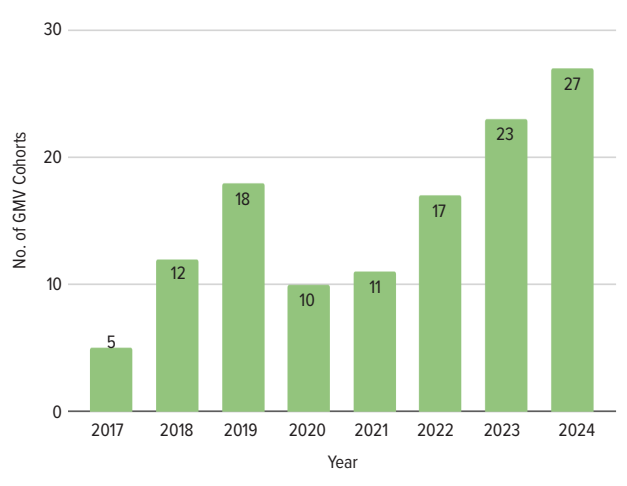
GMV Programs and Characteristics

The UW Health Center for Wellness typically offers a range of programs each year, including Yoga for Cancer, Goodbye Nicotine, Healing Chronic Pain, Getting to the Heart of a Healthy Life, Mindful Eco-wellness,[16] Living Well with AFib, Kitchen Wisdom, and Mindfulness for Your Health. Sessions last 4 to 8 weeks and average 6 to 12 patients per session. GMVs are divided by season, and scheduling varies based on provider availability and patient needs, with some programs occurring every season and others less frequently. (See https://www.uwhealth.org/treatments/group-medical-visits for a list of current offerings.)

Themes

Analysis of interviews, participant questionnaires, observational notes, and planning materials revealed several key themes (Tables

Figure 2. Number of Group Medical Visits (GMVs) Held per Year at the UW Health Center for Wellness, 2017–2024



Belleville Family Medicine Clinic and UW Health Verona Family Medicine are not shown, as each offered only a single GMV without year-to-year changes.

2 and 3), including a sense of community through group support, innovative program structure, wellness-based content, integrative facilitation of care, clinician satisfaction, and areas for improvement related to support, recruitment, and accessibility.

Table 2. Common Themes and Related Codes From Patient, Clinician, and Administrative Interviews

Theme/Definition	Codes
Community and Group Support	
The supportive environment created in GMVs, where patients and clinicians connect, share experiences, and learn from each other, fosters a sense of belonging and reduces isolation	Peer support, connection learning from others
Innovative Structure	
The unique design of GMVs features longer, interactive sessions that integrate education, peer support, and personalized care, allowing for real-time feedback and active practice of wellness and disease management	Interactive sessions, real-time feedback, peer-to-peer learning and practice
Wellness-based Content	
The integrative approach of GMVs incorporates diverse wellness practices such as stress management, integrative care, and practical health strategies, empowering patients to actively manage their conditions and improve their quality of life	Integrative health practices, personalized wellness tools, active health management
Integrative Facilitation of Care	
The multidisciplinary approach in GMVs involves collaboration between various health care providers to offer comprehensive care that addresses the diverse needs of patients with chronic conditions	Access to diverse expertise, integrated framework, team-based health care
Clinician Satisfaction	
The sense of fulfillment clinicians experienced in GMVs through deeper interactions, shared responsibility, and a collaborative, team-based approach to patient care	Deeper interactions, creative caregiving, collaborative approach
Areas for Improvement	
Key areas needing enhancement in GMVs include better follow-up support, recruitment strategies, and improved accessibility, particularly for underserved populations and through addressing insurance challenges	Recruitment challenges, expanded accessibility, follow-up support

Abbreviation: GMV, group medical visit.

Community and Group Support: Many participants emphasized that the group setting fostered a supportive environment where they could openly share their experiences with others facing similar challenges. This peer support contributed to feelings of connection and reduced the sense of isolation often associated with managing chronic conditions. Patients noted that learning from each other's experiences enhanced their own understanding of and motivation to improve their health.

Innovative Structure: Both patients and clinicians recognized the advantages of the longer, more interactive, and more frequent sessions that GMVs offer compared with standard medical appointments. GMVs provide the space for patients to engage in comprehensive discussions, learn new health behaviors, and actively practice wellness, lifestyle changes, and disease management under clinician guidance with real-time feedback and support. The integration of educational content, peer-to-peer learning and support, and personalized care within the group setting was perceived as a unique strength of the GMV model by clinicians, administrators, and patients alike.

Wellness-Based Content: Patients expressed appreciation for GMVs' wellness-based content, which extended beyond routine medical care to incorporate a range of integrative health practices. Sessions introduced diverse tools and approaches, including stress management techniques, the Whole Health Model,[17] intersectional care frameworks, and integrative practices such as mindfulness, meditation, yoga, and acupuncture. This integrative focus empowered patients by offering practical skills and strategies tailored to their individual needs. Access to such a variety of tools and approaches addressing aspects such as stress, chronic pain, healthy eating, sleep, wellness after cancer treatment, mindfulness, nicotine addiction, heart disease, aging well, and atrial fibrillation, allowed patients to make meaningful changes in their health and lifestyle.

Integrative Facilitation of Care: Clinicians, multidisciplinary experts, and administrators praised the integrated collaborative approach employed in GMVs. The involvement of licensed health care professionals, such as physicians, nurses, and mental health professionals, together with health behavior coaches, mindfulness instructors, and wellness experts, was viewed as a key benefit. This approach allowed for more comprehensive patient care that addressed the complex needs of individuals. Patients also appreciated having access to a range of expertise within a single session, which contributed to a more integrative health care experience.

Clinician Satisfaction: Clinicians reported that the group format allowed for deeper, more meaningful interactions with patients, enhancing job satisfaction. Driven by their synergistic and community-centered nature, the shared environment of GMVs helped reduce the traditional expectation for clinicians serve as the sole source of knowledge, alleviating some of the pressure that comes with one-on-one appointments. Clinicians described the group setting as enabling them to become active participants and learners, benefiting from the collective wisdom of the group. This sense of shared responsibility was further supported by the opportunity to work alongside other health care professionals, easing the burden on individual clinicians and fostering a more creative, team-based approach to care.

Areas for Improvement: Several areas for improvement were identified, particularly related to support, recruitment, and

accessibility. Support was a concern, with patients, clinicians, health coaches, and administrators emphasizing the need for additional follow-up opportunities to help patients sustain the benefits and skills gained through GMVs. Participants also recognized the need for enhanced support for clinicians and administrators, who face challenges managing GMVs because of the time and resources required. Recruitment emerged as a complex challenge, with respondents highlighting difficulties in identifying and reaching patients who could benefit from GMVs. Patients also reported challenges in learning about GMV opportunities and finding sessions that fit their schedules. Accessibility was identified as another challenge, particularly in efforts to serve vulnerable and underserved populations. Expanding access to rural communities, addressing issues related to insurance coverage and copayments, and increasing telemedicine opportunities were noted as challenges. (Getting to the HEART of a Healthy Life is the only GMV offered virtually at the time of evaluation.)

Table 3. Quotations From Clinicians, Administration, and Patients Regarding Each Theme Found From Patient, Clinician, and Administrative Interviews

Theme	Example Quotation (Participant)
Community and Group Support	"It is meaningful to witness patients being empowered to take charge of their health and make small sustainable changes. I enjoy encouraging and supporting people to be proactive and advocate for their own well-being. As the health coach we work with the group to help each individual understand why they are pursuing a healthier lifestyle. This focus on 'what matters most' allows us to align with their personal motivation for change. As part of the group model, patients engage in meaningful conversations and connect with one another through shared experiences. This relationship building and sharing wisdom with one another is a real benefit to the group model. It is gratifying to see the participants interacting with one another and supporting each other, as part of a group facilitating health and healing." (Health Coach)
	"I think it was huge having other cancer survivors there. You know, you're not going through it alone." (Patient)
Clinician Satisfaction	"We're really good at fixing broken pieces, broken bodies, but there's so much more we could offer to help people be healthy and whole and not just give them information, but let's show them how to do this... I think it's empowering for patients, but it was empowering I think for me to do it too." (Clinician)
	"If I had a one-on-one experience with one patient for an hour and a half, sometimes I would feel kind of drained. I would feel like kind of a lot. And I come out of these group medical visits feeling refreshed, maybe even more so than when I stepped into the group. So, this has really [...] made a positive impact. And I think the other thing that I would say too, is it feels like there is some sense of healing that happens in a group setting that just cannot happen in a one-to-one meeting. And, and I think part of that is the community, part of it is everybody sharing their learned, their lived experiences." (Clinician)
Innovative Structure	"You feel like you've got a timer on [during doctor appointments], but here your guard comes down, and the time is allotted." (Patient)
	"People want to eat healthy food and a lot of people have knowledge about it, some people have NO knowledge about healthy food, but it seems like so many of us have knowledge, but we don't really know how to put that knowledge into action, which is the wisdom where we call it kitchen wisdom, trying to turn that knowledge into something useful." (Clinician)
Wellness-based Content	"It just added more things to my so-called lifelong toolbox." (Patient) "It's neuroplastic pain and how using your mind and different steps can really help you not only manage the pain but actually alleviate it to a huge degree." (Patient)
Integrative Facilitation of Care	"Thinking about the whole person holistically, what are the different things in their life, bring in different aspects of that, and then (bringing in) other mind body techniques that I've learned from mindfulness meditation, yoga, and other things." (Clinician)
	"To have a space where there was connection, right? And connection between providers, connection between providers and patients and between patients themselves. I think that's a big part of it, not feeling alone." (Clinician)
Areas for Improvement	"I think about location. You know, are they driving 2 hours away? And this is a nighttime GMV, it's in the winter. I try to, you know, make that an appropriate step to consider." (Administrator)
	"We are finally creating awareness because I think that's our biggest issue. This UW Health system is so enormous. There are so many things happening all around it and great things happening, but none of us know what the other is doing. It's hard to really get this information out to everybody." (Administrator)

Abbreviation: GMV, group medical visit.

DISCUSSION

Our findings align with prior studies[16] describing the core characteristics of GMVs and contribute new insights into their evolution at UW Health while emphasizing the need for more rigorous, large-scale evaluation.

The observed trends highlight the progressive adaptation and enhancement of GMVs at UW Health. These changes emerged organically from the work of interested clinicians and tended to incorporate more integrative approaches, reflecting a broader movement toward integrated comprehensive care models. This evolution indicates a growing recognition of the need for multidisciplinary, patient-centered care that extends beyond traditional medical appointments. The innovative structure and content of GMVs may go beyond the limitations of conventional care, providing a model that accommodates the complexities of chronic disease management and offers patient empowerment through extended, interactive sessions and diverse wellness practices.

Implications for Clinicians, Patients, and UW Health

For clinicians: The evolution of GMVs at UW Health offers a collaborative and professionally rewarding practice model. Participants described greater job satisfaction resulting from deeper patient interactions, interdisciplinary teamwork, and shared learning within the group setting. They said they value the opportunity to participate actively, learning from both patients and peers, and making real-time adjustments based on immediate feedback. This continuous interaction supports creative problem-solving and

innovative care delivery while reducing burnout through a sense of shared responsibility and mutual learning. Closer communication within the group helped clinicians appreciate the common barriers to care and challenges patients face.

For patients: The evolution of GMVs at UW Health demonstrates a move towards more tailored and supportive care models that can better address patients' diverse needs. GMVs offer a unique model by combining evidence-based education, experiential learning, and peer support within a supportive group setting. Unlike traditional medical appointments, GMVs feature extended sessions that facilitate comprehensive discussions and hands-on practice of health behaviors. This extended format may promote patient engagement and provide additional opportunities for behavior change while fostering a sense of community among participants.

The community aspect of GMVs emerged as a central finding in this evaluation. Patients described the supportive group environment as helping to mitigate feelings of isolation and allowing them to share experiences, learn from one another, and enhance motivation and self-care. Integrative practices such as mindfulness, yoga, and acupuncture add options for care. This multifaceted approach caters to patients' health challenges and preferences and may promote more sustainable lifestyle changes and engagement in self-management. However, patients also reported challenges learning about GMV opportunities and finding sessions that fit their schedules.

The collaborative facilitation of care within GMVs enhances both the depth and breadth of patient care. The presence of multiple experts allows for a more comprehensive view of patient health by integrating different perspectives and areas of expertise. This model contrasts with traditional care settings, in which patients may see specialists separately, potentially leading to fragmented care. The collaborative nature of GMVs may strengthen care coordination while also creating opportunities for shared learning and professional satisfaction among clinicians and other health care professionals.

For UW Health: The continued development of GMVs reflects an institutional commitment to innovative approaches for chronic disease management, preventive care, and patient-centered care delivery. More broadly, the ongoing refinement and expansion of GMVs may contribute to a more adaptable and inclusive health care system capable of addressing the complex challenges of chronic disease and preventive care in a more comprehensive and patient-centered manner. However, recruitment remains a challenge, with both clinicians and administrators noting difficulties in identifying and reaching out to eligible patients who may benefit from GMV sessions.

Limitations

Because this evaluation was conducted within a single health system and reflects clinician-driven implementation of GMVs, the findings may not be generalizable to other settings. Additional evaluation across diverse health systems and patient populations is needed to better understand the transferability and broader impact of this care model.

Future Directions

The evolution of the group medical model presents several opportunities for future growth and refinement. Addressing the identified areas for improvement—including enhancing support mechanisms, refining recruitment strategies, and expanding accessibility—may help optimize the effectiveness and reach of GMVs.

Patients, clinicians, multidisciplinary experts, and administrators all emphasized the need for more follow-up opportunities to help patients sustain the benefits gained from GMV participation. Participants also identified a need for greater organizational support for clinicians and administrators responsible for developing, implementing, and coordinating GMVs, given the time and resources required for these activities.

Expanding accessibility will be vital for future GMVs, particularly for vulnerable and underserved populations. This includes reducing financial barriers related to insurance coverage, billing, and copayments to ensure broader and more equitable access. Future GMV models could increase accessibility for underserved areas by expanding telemedicine options and developing partnerships with local community organizations.[18]

Improving awareness of GMV offerings and strengthening recruitment strategies also may increase participation among patients who could benefit from these programs. Enhancing the capacity of clinics to use GMVs for chronic disease management and health promotion could be a key strategy. By addressing these challenges, health systems may improve the inclusivity and effectiveness of GMVs and expand opportunities for patients to access and benefit from this model of care.

CONCLUSIONS

As GMVs continue to evolve, enhancing support mechanisms, refining recruitment strategies, and expanding access will be crucial for optimizing their impact on chronic disease management. These insights offer valuable learnings for UW Health and other institutions seeking to refine and expand GMVs.

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Appendices: Available at www.wmjonline.org.

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