

Group Visits Improve Symptoms and Lower Utilization in Primary Care Patients with Anxiety

John R Schrom, Kareen Patterson, Allison Gilmore, Paul Cohen, Lenard I Lesser

Research Objective: Evaluate the effect of a group visit program for primary care patients with anxiety or stress on change in symptoms and health-care utilization.

Study Design: We developed a four-week, in-person, group visit program which emphasizes a skills-based approach to stress and anxiety management with integrated health coaching for sustainable behavior change. The program is co-led by a clinician and health coach, and teaches techniques informed by yoga, mindfulness meditation, and cognitive behavioral therapy. We administered symptom surveys, including the Generalized Anxiety Disorder-7 item scale (GAD-7), before and after the program; care utilization was monitored via our electronic health record. We evaluated change in anxiety symptoms and health-care utilization at three and six months, using a pre-/post- study design with paired t-tests. All participants who attended at least one session were included; only those with sufficient utilization data were included in the care utilization analysis.

Population Studied: Patients in a large primary care system in the San Francisco Bay Area, New York City, and Washington DC, from December 2012 through September 2017. Patients are referred by their provider when indicated: GAD-7 score above 5, availability for sessions, and openness to group. The program is contraindicated for patients with specific phobias, social anxiety or panic disorder, and severe mental illness.

Principal Findings: The total number of participants was 541. Of those, 529 (98%) attended at least three of four sessions. The median cohort size was 9 patients. The mean participant age was 35.5, and the majority (75%) identified as female.

Clinical Outcomes. Participants experienced a median decrease in GAD-7 score of 4 points or 43% of their initial value ($p < 0.0001$). 63% of patients dropped at least one severity level ($p < 0.0001$). The percent of patients with a GAD-7 score indicative of mild or below anxiety increased from 37% to 78% ($p < 0.0001$); of patients with severe anxiety, 64% improved to mild or below ($p < 0.0001$).

Care Utilization. There were 241 (45%) and 170 (31%) patients with at least three and six months of before and after utilization data, respectively. The average number of visits per patient per month dropped from 0.70 to 0.46 ($p < 0.0001$) in the three month follow-up period after participation in the program, and from 0.59 to 0.43 ($p < 0.0001$) in the six month follow-up. The program collectively saved an estimated 409 clinic visits in the six months after program completion. Referrals per 100 patients per month dropped from 17 to 10 ($p < 0.01$). No change in telemedicine encounters was observed (1.06 versus 2.35 per 100 patients per month).

Conclusions: A group visit program can effectively improve morbidity and decrease utilization among primary care patients with anxiety.

Implications for Policy or Practice: Stress and anxiety create substantial burden on the healthcare system both directly and indirectly, via increased care utilization for anxiety and anxiety-induced conditions (e.g., heart palpitations, back pain). Teaching stress management and coping techniques in a group setting appears to efficiently mitigate this burden.