Community as Medicine: Qualitative Evaluation of the Open Source Wellness Model at Stanford Health Care Family Medicine Associates of San Jose

Vivian Lou[1], Benjamin Emmert-Aronson[2], Meagan Moroney[2], Julie Alvarez[2], Elizabeth Markle[2], Annie Chern[3], Lisa G. Rosas[1]

Stanford University[1], Open Source Wellness[2], Stanford Health Care[3]

Background

- Improving lifestyle behaviors such as physical activity, healthy eating, and stress reduction is critical for effective prevention and management of chronic conditions including diabetes, cardiovascular disease, and depression.

- Open Source Wellness (OSW) facilitates group visits that give critical social support to improve lifestyle behaviors, thus providing "community as medicine".

Community Partner

- Open Source Wellness (http://opensourcewellness.org) is a non-profit community based organization that provides transdiagnostic wellness programming, using an integrative health model that combines exercise, nutrition, mindfulness, and social connection.

Objective

- To evaluate the virtual implementation of OSW since July 2020 at Stanford Health Care Family Medicine Associates of San Jose (FMA)

Project Description & Methods

- In-depth structured interviews with 35 participants (FMA patients), 6 OSW staff, and 2 FMA physicians based on the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance)

- Interviews evaluated RE-AIM domains including reach (representativeness of participants), effectiveness (impact of the intervention), adoption (program initiation in various settings), and implementation (consistency of delivery). The maintenance domain (long term outcomes) was not assessed given the recency of program initiation.

- Interviews were transcribed via Zoom and coded via nVivo with an inductive and deductive approach

Outcomes

Preliminary findings supported the success of OSW along the reach, effectiveness, adoption, and implementation domains. Qualitative thematic analysis revealed that participants valued the social support and accountability provided by group-based goal-setting activities, while OSW health coaches and physicians emphasized a notable increase in patient participation and motivation.

RE-AIM	Themes	Findings	Quotes
Reach	- Barriers to participation	- Timing and scheduling was of greatest concern to participants. - Diverse subgroups of participants may experience the program differently but still benefit.	- "The levels and the amount of interaction definitely varies by by participant. But I think in the end they all really want that same connection."
Effectiveness	- Effectiveness compared to other wellness strategies - Behavioral changes	- Accountability provided by the supportive group setting was helpful for many participants. - Wide range of activities in each session benefitted diverse aspects of wellness. - Coaches and providers saw notable improvements in participants' motivation, confidence, and overall well being.	- "I kept that encouragement, like, 'no, I don't want to do bad things'; I want to be good because I want to share positive results that I've had while I was in the group." - "I feel like exposure and variety gave you access to things you could try out…. In that way, I think it's attainable."
Adoption	- Financial barriers	- Funding is the greatest concern. - Only minimal organizational efforts are required to engage providers to recruit participants.	- "If they wanted to do this at other private clinics, there would have to be a grant."
Implementation	- Communication - Provider involvement	- Consistent communication between a provider champion and program staff is the most important link.	- "A champion in the office that embraces it and introduces it so that other people will send their patients."

Lessons Learned

- The OSW model at FMA has been successful along the reach, effectiveness, adoption, and implementation domains, from the perspective of all key stakeholders including participants, program staff, and physicians.

- One recurring theme was the simple incorporation of the OSW model into the primary care setting, made possible only through close collaboration between staff and physicians.

- A leader who champions the program plays a key role in its success, which highlights the role of healthcare providers in working closely with community organizations.

Recommendations

- Detailed qualitative analyses require more comprehensive coding of specific themes and experiences.

- With continued utilization of the OSW model, evaluation of the maintenance domain and application of changes based on participant feedback may be considered next.