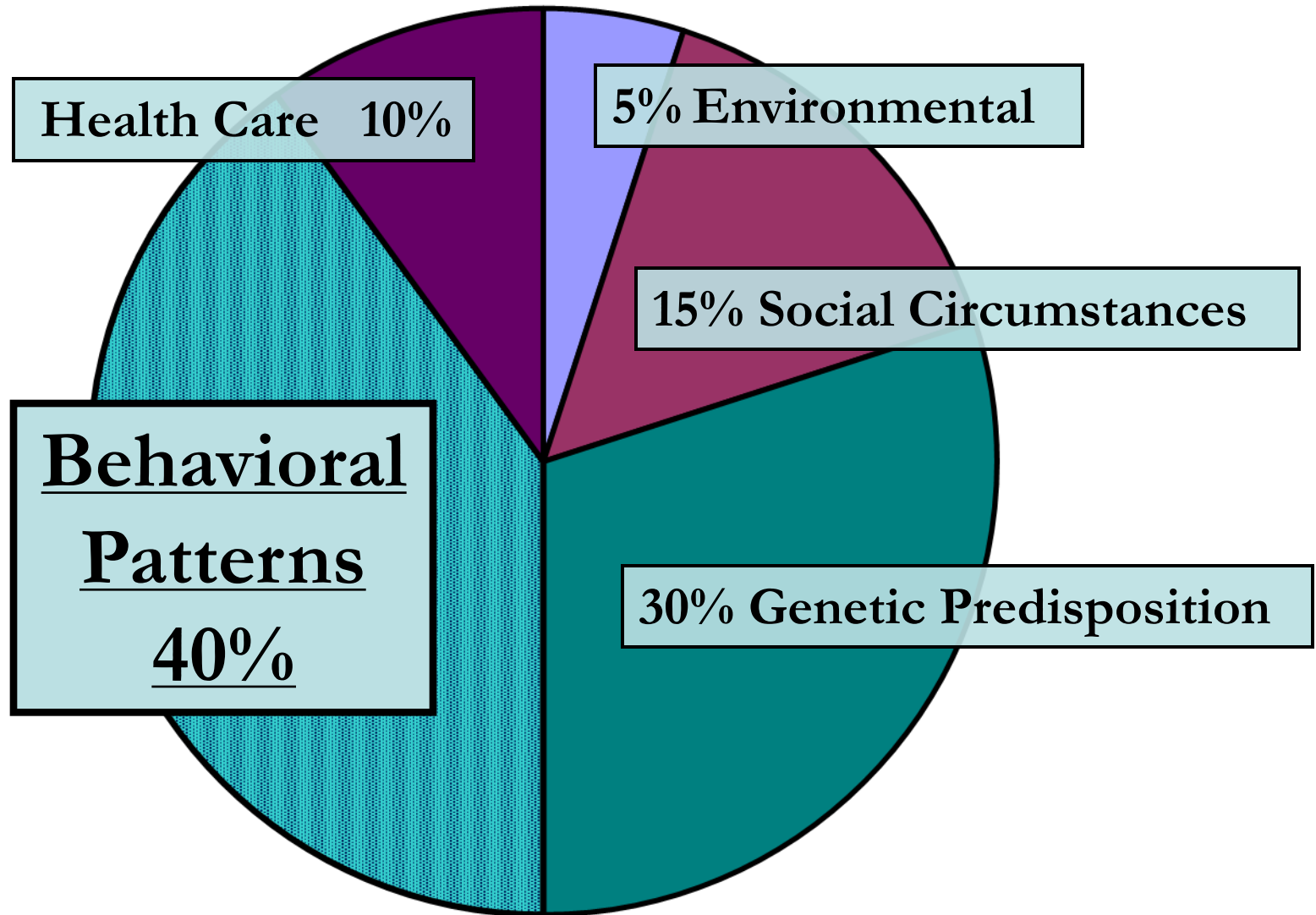


# Alternative Care: Group Visits as an Option



**Alternative Visits: Shared Medical Appointments**  
**Carolyn Shepherd, MD 12/6/16**

# Determinants of Health in US:







# Kaiser Study on Group Visits

- 30% decrease in emergency department use
- 20% decrease in hospital use/re-admissions
- Delayed entry into nursing facilities
- Decreased visits to specialists
- Increased total visits to primary care
- Decreased same-day visits to primary care
- Increased calls to nurses
- Fewer calls to physicians
- Increased patient satisfaction with care
- Increased physician satisfaction with care
- Decreased cost PMPM by \$14.79

1. Beck A, Scott J, William P, et al. Randomized trial of group outpatient visits for chronically ill older HMO members: the cooperative health care clinic. *J Am Geri Soc.* 1997;45:543–549.

# Group Visit Types

## 1. Access Groups-With PCP/Team

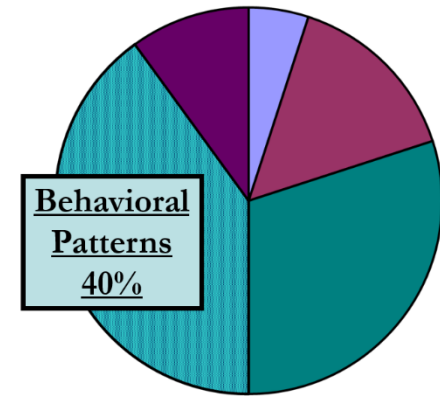
- Goal is to improve access
  - Episodic demand exceeds supply
- Leadership focus is on didactic education.
  - WCC, Newborn, Diabetes Eye Screening, Cold & Flu, Financial screening

## 2. Continuity Groups-Always with the PCP/Team



# Continuity Group Visits

- Goal-activation & engagement
- Replace a one-on-one visit
- Care setting in space designed for groups
- Patients remain in same group for continuity
- Target pts not thriving in traditional settings
  - Poorly controlled chronic disease
  - Unexpected utilization patterns
  - Social isolation and depression
- Facilitated group process





# Clinica Group Visit Offerings

## **Continuity Groups**

- Asthma
- ADHD
- Patients on Warfarin
- Prenatal care
- Newborn to 2 years
- Diabetes
- Parenting/Girls
- Depression
- Anxiety
- Heart Healthy
- Pain Management Groups

## **Access Groups**

- Back to School
- Sports Physicals
- Cold and Flu
- New Patient
- Initial Prenatal
- Eye Exam





# Group Visits at Clinica

- 1999 –Began office redesign-WCC GV pilot
- 2001 –Diabetes and 1<sup>st</sup> prenatal visit
- 2003 –Newborn group visits
- 2004 –Behavioral health groups
- 2005 –CenteringPregnancy™
- 2006 –CenteringParenting™, remodeled to include group visit space
- 2007 –More access groups, New patient, Parenting Girls groups
- 2008-12–Increased Group visit access & spread model to other sites. Added Chronic Pain Groups.
- 2013-Four groups every day, >1000 per yr









# Essential Elements

1. Teams create group visits-GV committee
2. Create, test, apply checklists to build effective group visits
3. Know what you want to accomplish-urgent temporary need for access or improving patient engagement in chronic disease
4. Create content threads
5. Incorporate activities that engage patients-design patient self-assessment tools
6. Create and use tools to walk you through the process-learn from your PDSAs



# Essential Elements, cont.

7. Plan how to recruit and engage the patients
8. Group visit communication plan-who, what, where, when
9. Ensure adequate staff training
10. Systematize tracking of visit logistics-date, locations, clinicians
11. Be prepared for the visit-plan and prep
12. Measure and compare outcomes
13. Ensure adequate staffing

# Engaging Patients in Self-Assessment





# Designing a Group Visit

Will this group be a Continuity Group Visit or an Access Group Visit?	Ask yourself: Will the patients in this group visit continue to meet with each other as a group (Continuity Group Visit) or will the patients that attend this group be together for a one time group visit session only (Access Group Visit)?
Which patients should be included in this group visit?	Ask yourself: For the group visit we are designing, which patients should we target to invite to the group visit? Example: what ages, gender, diagnosis, etc.
What employees need to be included in this group and how many of each type?	Ask yourself: What staff do we need in order to conduct the care that is being provided at the group visit? Based on the number of patients that will be scheduled, how many of each employee will we need at the group to ensure a smooth running group visit?
What is the minimum and maximum number of patients that should be included in the group visit?	Ask yourself: Based on the group visit type, what is the maximum number of patients the provider can handle efficiently? How few patients can be scheduled before the ratio drops below a one-to-one ratio, after which it would no longer warrant a group setting?
How often will the group visit occur?	Ask yourself: What are the needs of this group and how often do we want or need the group to be scheduled? Is there a clinical factor that dictates how often the group visit should occur or is it based on demand management? Is this a Continuity Group Visit or an Access Group Visit?
What is the total length of the group visit for the patient? (Arrival time – Departure time)	Ask yourself: How long do we anticipate that the patient will be at the group visit from arrival to departure. Are there clinical indicators that will dictate the length of this visit? How long will we need to reserve the group visit room?
What is the total length of the group visit for each staff member? (Arrival time – Departure time)	Ask yourself: Do all staff need to be at the group the entire visit or can some employees complete required tasks and leave the group visit?
At what point in the visit should each employee arrive to the group visit?	Ask yourself: If not all staff need to be there for the entire group visit, does it make sense to stagger the time that employee's arrive/depart the group visit? What is the flow of the group from patient check-in through patient departure and which staff need to be at the group and at

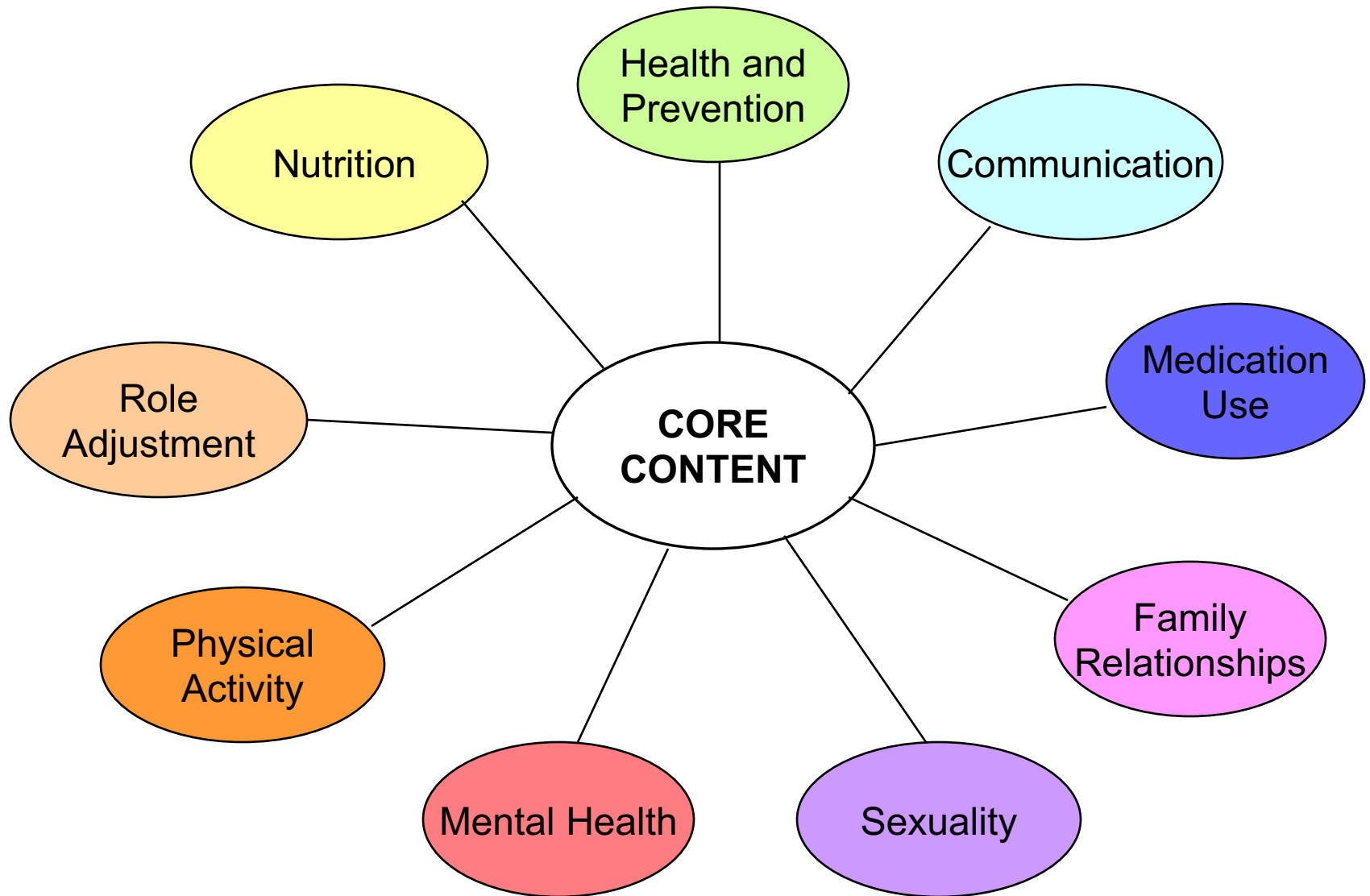


# Education Vs. Facilitation

- Leader is teacher
- Provider offers answers and support
- Expert opinion
- Educated advice
- Care based on provider assessment
- Provider directed
- Educational topics
- Leader is conductor
- Patients offer answers and support
- Peer opinion
- Personal experience
- Care based on patient self-assessment
- Patient directed
- Use content threads

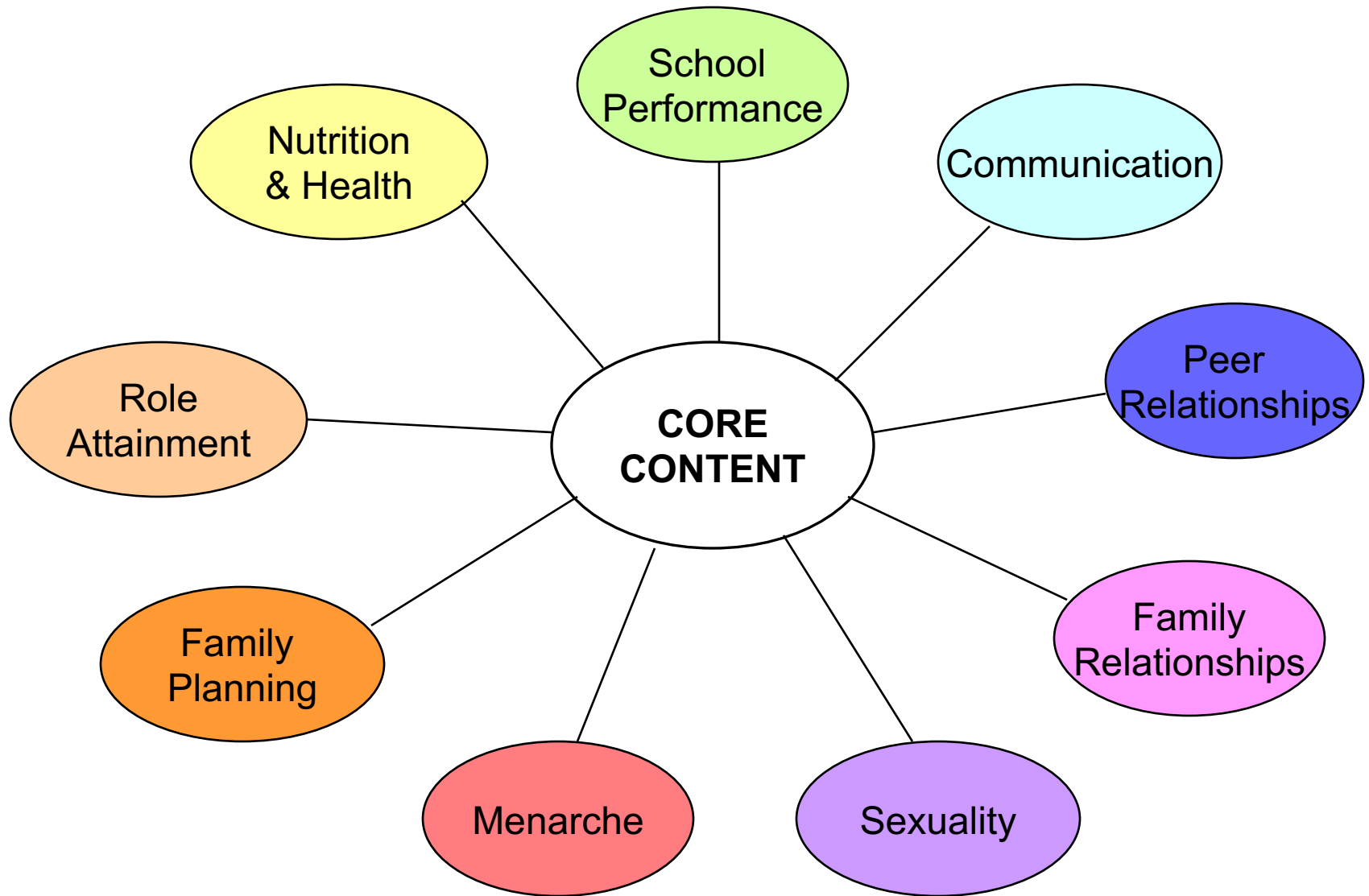


# Diabetes Content Threads

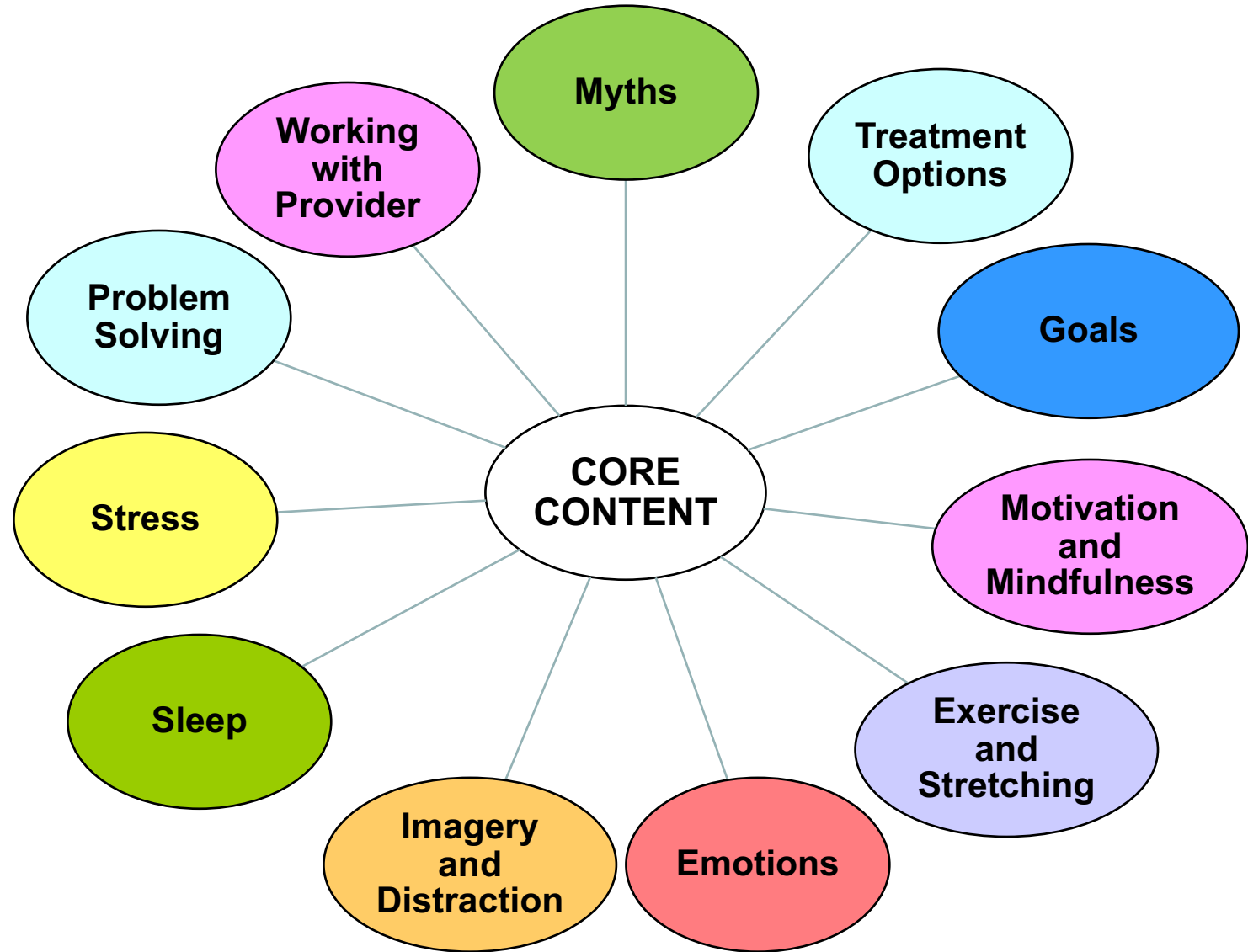




# Parenting Girls Group Content Threads



# Chronic Pain Group Content Threads



*Manage your pain: Practical and positive ways of adapting to chronic pain*  
(Nicholas, Molloy, Tonkin, & Beeston, 2000)

# Group visits: Prep is Everything



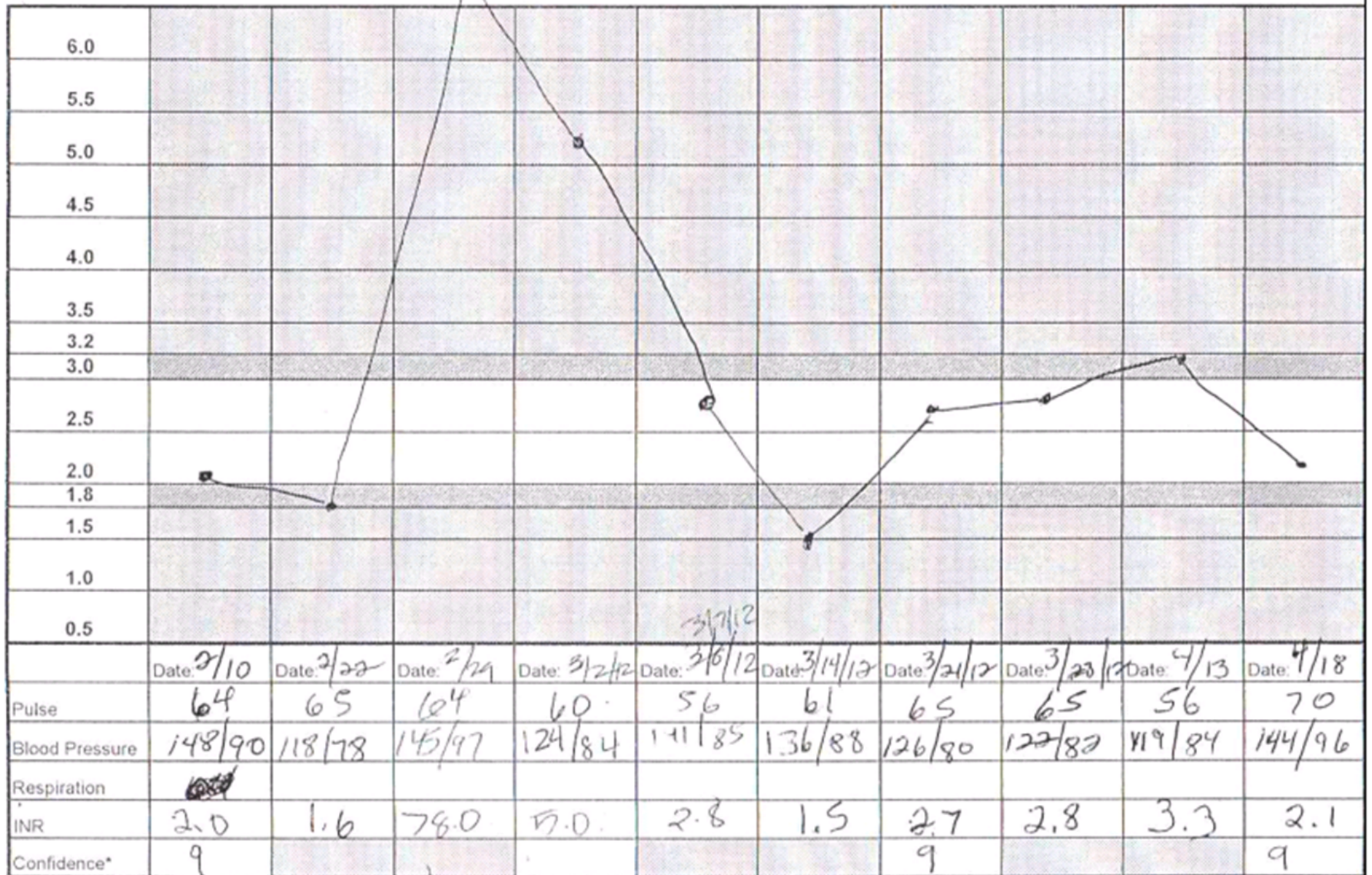




Group members learn self-care activities  
and their own health assessment



# My INR Graph (INR Goal Range: 2.0-3.0) 2-3



226.0

228.3

18 blood draw

228.0

227.6

224.8

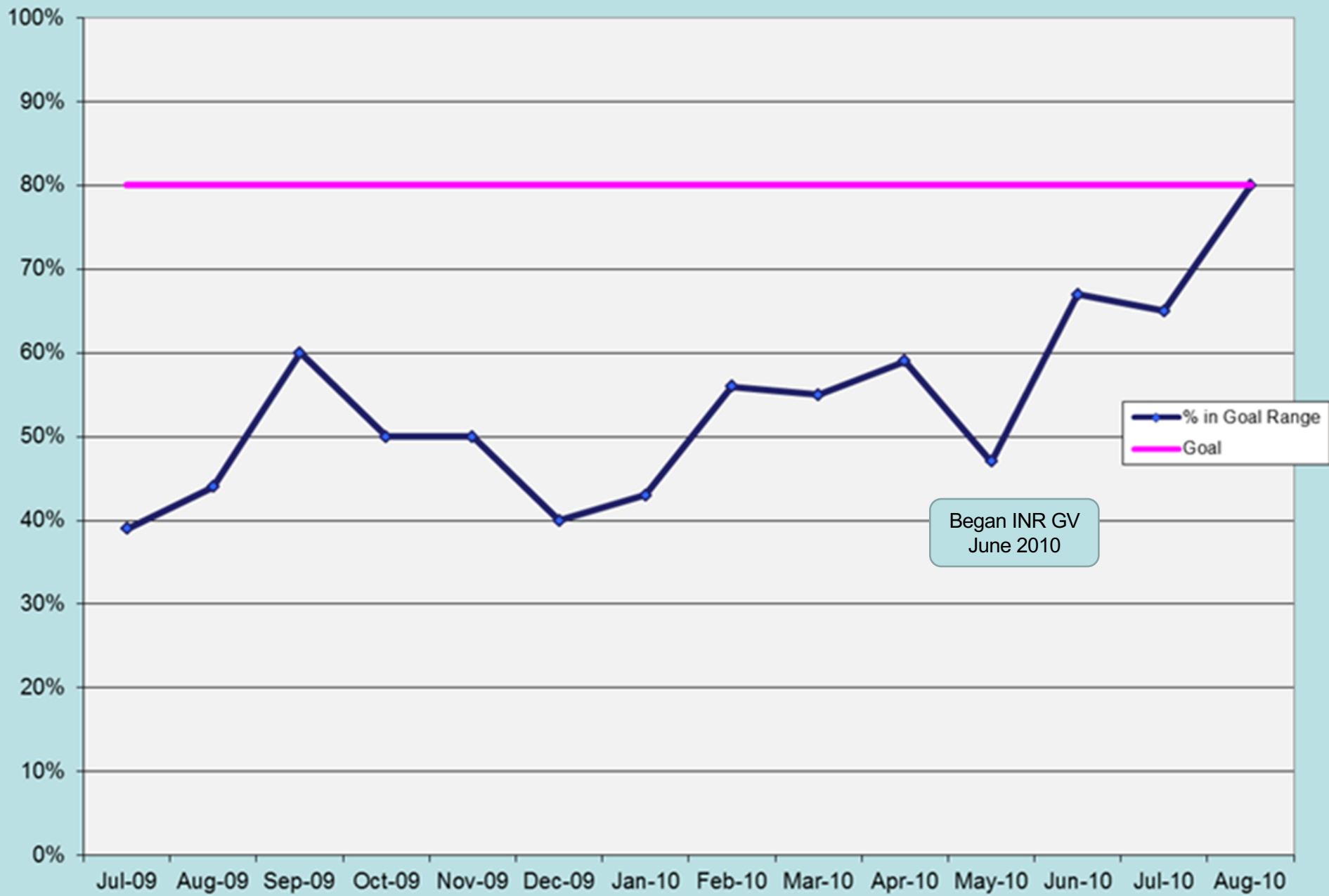
221.4

220.6

217.6

220.6

Percent of Patients with Last INR in Goal Range







- Better pt engagement & outcomes
- Sense of community
- Sharing ideas & concerns
- Longer visits strengthen rapport
- ↑ patient & provider satisfaction

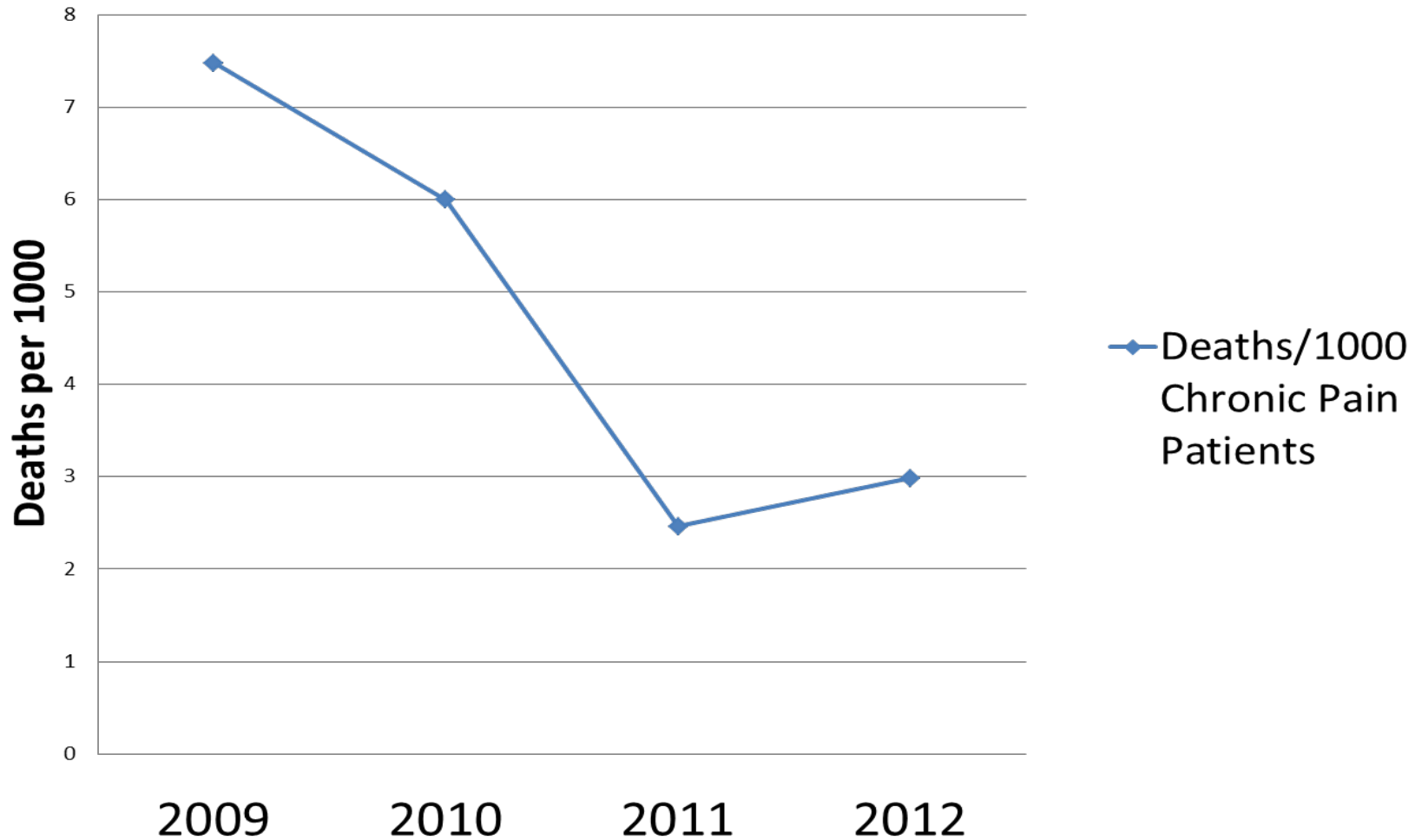




Outcomes!

# Outcomes

## Clinical Death Rate for Chronic Pain Patients







**Billing  
Confidentiality  
Clinician resistance**

# Billing for Group Visits

Chart and bill using E&M coding framework

1. History
2. Physical exam
3. Medical decision making
  - Prenatal (generally 99213)
  - Chronic disease (generally 99213, 99214)





# Face to face encounter-History





# Face to face encounter-Exam





# CMS on Group Visits

The response from CMS was, "...under existing CPT codes and Medicare rules, a physician could furnish a medically necessary face-to-face E/M visit (CPT code 99213 or similar code depending on level of complexity) to a patient that is observed by other patients. From a payment perspective, there is no prohibition on group members observing while a physician provides a service to another beneficiary."



# Confidentiality and PHI...

*“I like that I can share different experiences with other women such as sadness, emotion. I feel I am not alone.”*

*“Rosa” 2009*





# Group Visit Confidentiality Agreement

## Confidentiality Agreement

Privacy is something everyone is concerned about when they come for a group medical appointment. You have the right to expect that what is said here be private and confidential. Along with our commitment to maintain your privacy, you will also have a responsibility to respect and protect each other's privacy.

Please share useful information outside the group, but what you hear and learn about individual group members is private and should not be shared.

---

Patient Signature

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Date





Ongoing Clinician and  
Staff Training



# EMRs & Group Visits







# Centering Parenting® Group Visit





# Pain Management Group Visit





# ADHD Group Visit





# Why do Group Visits?

- Not because they are more productive (they are)
- Not because they are easier (they aren't)
- But because they are better for some of your patients





# “Interaction is the heart of planned care”

Levels of patient and team engagement.

- Brief transactional visit
- Acknowledgement of psychosocial context
- Reflection, goal setting and coaching
- Transformation—relationship of mutual influence.



# Transformational





# Questions?

