



# CLINICA FAMILY HEALTH

**Group Visit Workshop**

**Engaging Patients and Improving Health Outcomes through Group Care**



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# Introductions



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Clinic Operations  
Director



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VP of Clinical Services

# Objectives

- Demonstrate how utilizing the practice of engaging patients through facilitated groups and self management goal setting result in improved health outcomes
- Illustrate many ways in which group care can be applied across the spectrum of care to include chronic disease, prevention and acute care
- Detail the process for developing and managing groups in an integrated healthcare setting





# Today's Agenda

- Clinica Family Health Introductions, Overview & Tour
- Clinica's Group Visit Journey & the Group Visit Models
- Why Offer Groups?
- Clinica Group Visit Video
- Break
- Elements 1-6 of a Group Visit Program
- Lunch Break
- Elements 7-9 of a Group Visit Program
- Billing
- Sustainability





# Clinica Family Health

- 5 clinics with 15 Care Teams serving two county regions
- 61 Medical Provider FTE
- 11 Behavioral Health Provider FTE
- 6 Dental FTE, 11 Hygienist FTE
- 2 Pharmacies, 2 Pharmacy Outlets
- Ancillary clinics in the Homeless Shelter, Mental Health Center
- Total Staff of 530
- Admit to 2 community hospitals





# Clinica Family Health - 2017



- **201,750 medical visits**
  - Physical Health
  - Behavioral Health
  - Clinical Pharmacist
  - Dietician
  - Homeless
- **34,150 dental visits**
  - Dentist
  - Hygienist
- **54,000 active patients**
- **31% uninsured**
- **52% Medicaid**

# Clinic Tour!





# Clinica's Group Visit Journey

<b>2000</b>	<b>Attended IHI &amp; Began Office Redesign Process</b>
<b>2001</b>	<b>Diabetes and INP Group Visits</b>
<b>2003</b>	<b>Newborn Group Visits</b>
<b>2005/06</b>	<b>Centering Pregnancy &amp; Parenting</b>
<b>2008 - 2010</b>	<b>Increased GV access and spread model to other sites</b>
<b>2011/12</b>	<b>Chronic Pain &amp; INR groups</b>
<b>2013 to present</b>	<b>Back to School, Flu shot, Cold &amp; Flu, New Patient, Retinal, Healthy Hearts, Weight Loss</b>



# Clinica Group Visit Offerings



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## Continuity Groups

- Diabetes
- Embracing Pain
- Centering Pregnancy
- Centering Parenting
- INR
- Parenting Girls
- Healthy Weight at Low Cost

## Access Groups

- Back to School
- Cold & Flu
- Initial New Pregnancy (INP)
- Choose to Live Healthy
- Retinal Eye Exam
- Newborn
- Flu shot



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# Clinica's Group Visit Models



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## Access Groups

- Goal is to improve access to scarce resources during high demand
- Leadership focus is on didactic education
- Also known as Cluster groups

## Continuity Groups

- Goal is to improve access, continuity and clinical health outcomes – added benefit of building community and support amongst group members
- Stable group leadership
- Patients have ongoing visits as a group
- Group leadership focus is on facilitation, behavior change and self management support



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# Continuity Groups

- Used for on-going chronic disease such as OB, Pain, Pregnancy
- Facilitated setting with 5 or more patients
- Patients all arrive at same time and are together for the duration of the visit
- Seats are set up in a circle
- Always has a facilitator
- Provider sees patients in the group setting and functions as a co-facilitator
- Provider engagement is key!



# Access/Cluster Groups

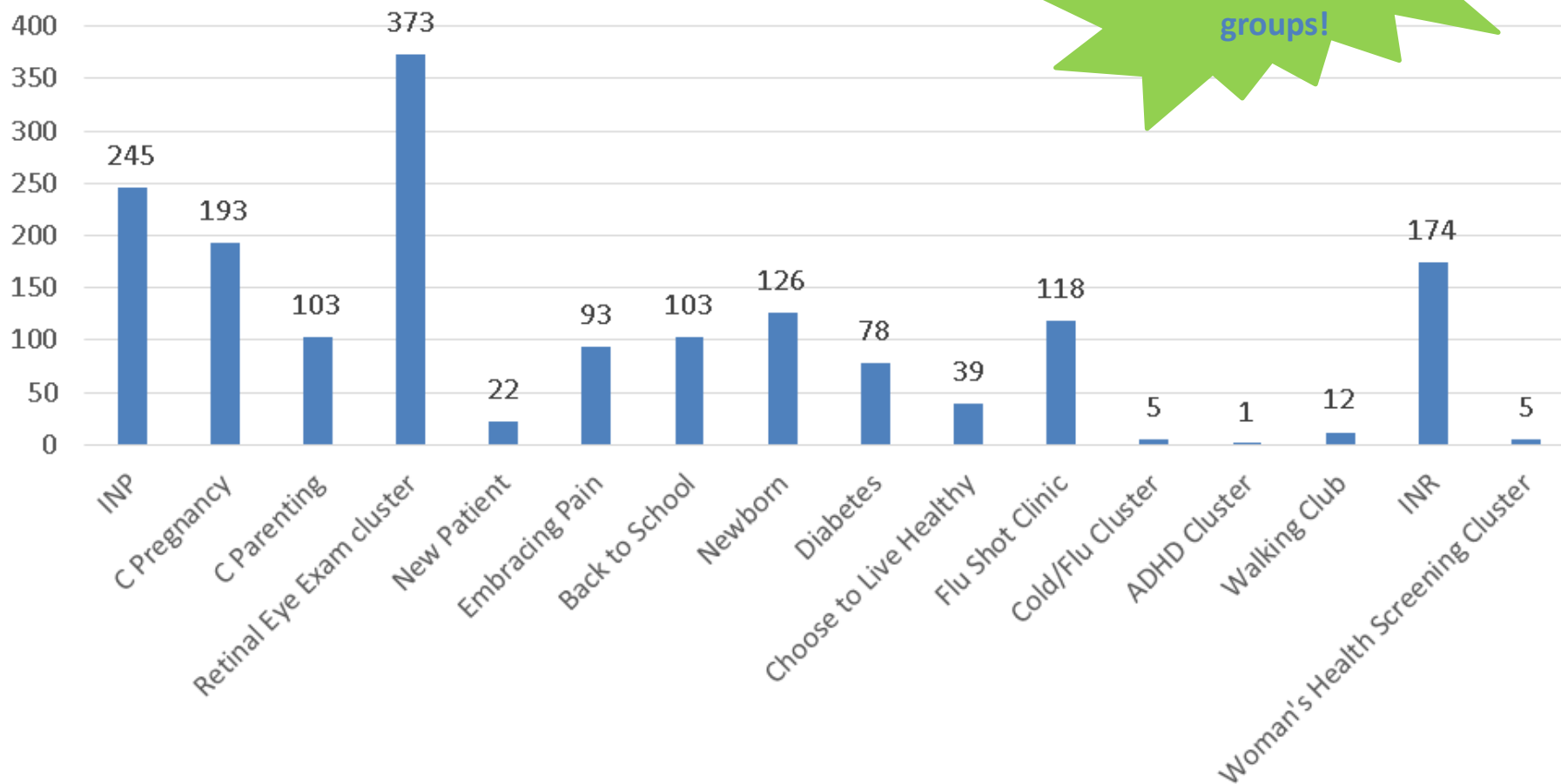
- Used to increase provider and patient access
- Examples include Cold & Flu, Back to School and Retinal Eye Exam
- Can be as few or as many patients as cluster can handle
- Patients arrive at different times during the blocked visit time
- Can be in a station-to-station set up
- Rarely has a facilitator
- Provider sees patients individually in exam room
- Patient participation is optional





## # Groups Conducted 2017

**8,500**  
patients  
served in  
groups!





# Diabetes Group Visit





# Centering Parenting Group Visit









# INR Group Visit





# How did we make it happen?

## Focus on Primary Care

- Continuity
- Patient engagement
- Prevention

## Resources Dedicated to Behavioral Health and Case Management

- Behavioral Health integration
- Chronic disease self-management

## Invest in the Development of High Functioning Teams

## PDSA Cycles

## Understanding it Didn't Have to be "Perfect"

# Strategy and Leadership

- Groups are strategic
  - Patient satisfaction
  - Increased patient engagement
  - Care team experience
  - Sometimes increased productivity
  - Sometimes better health outcomes
- Leadership buy-in
- Provider engagement is critical



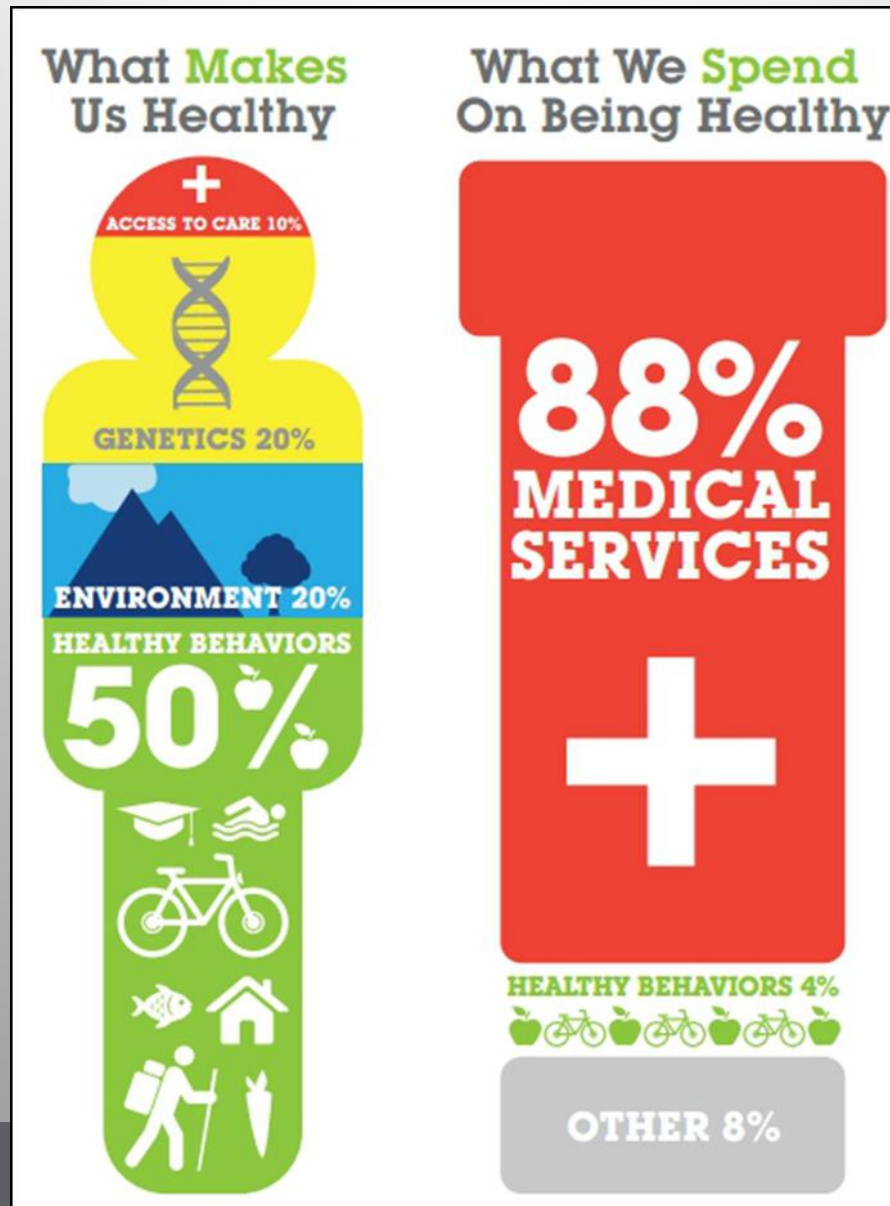
# Why Offer Groups?

1. Improve Health Outcomes
2. Increase Access to Care
3. Promote Patient and Staff Satisfaction
4. Engage Patients in Their Medical Care





# Determinants of Health in US



# Impact of Group Visits: The Kaiser Study



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- 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



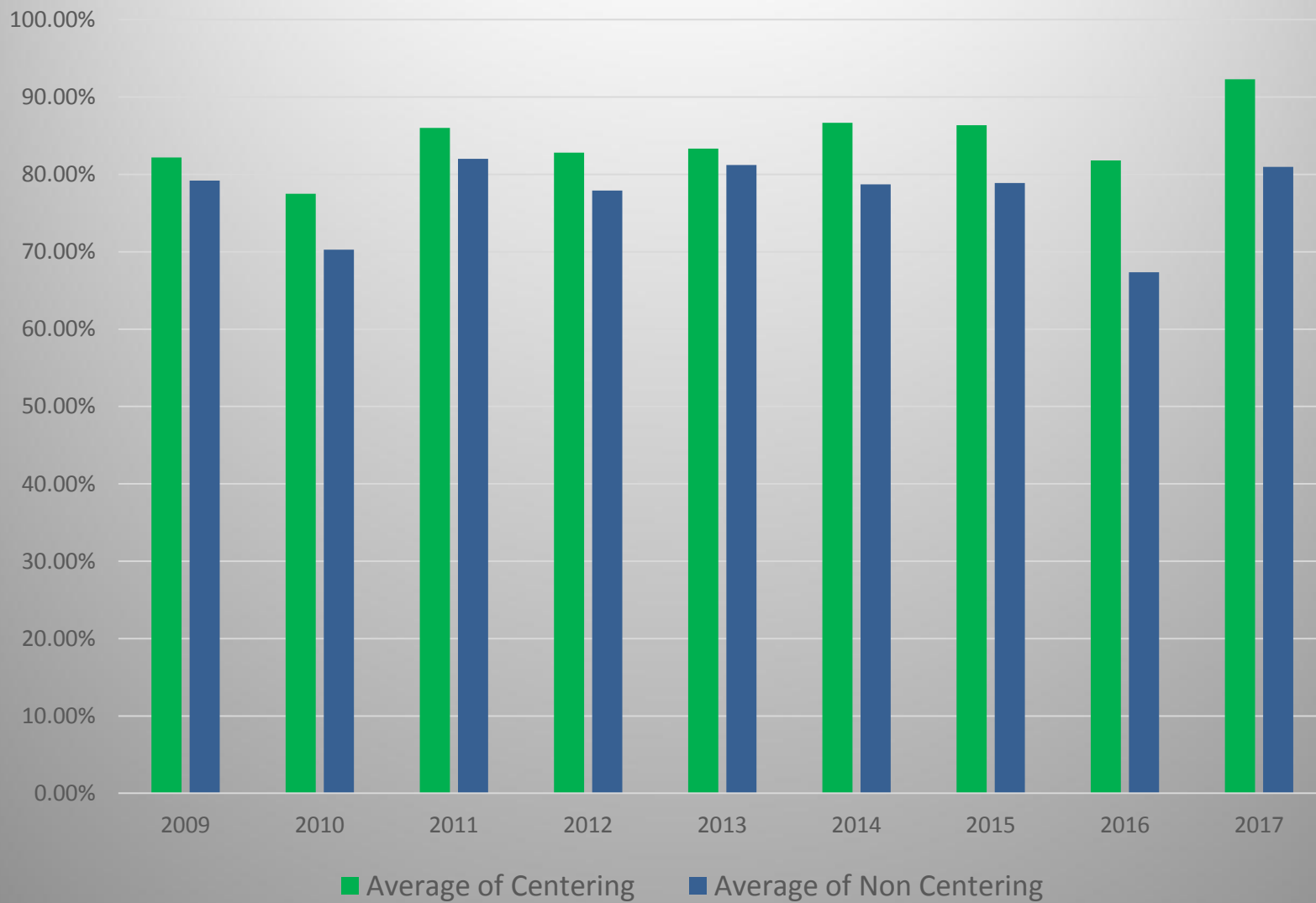
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**GOAL #1**

**IMPROVE HEALTH OUTCOMES**

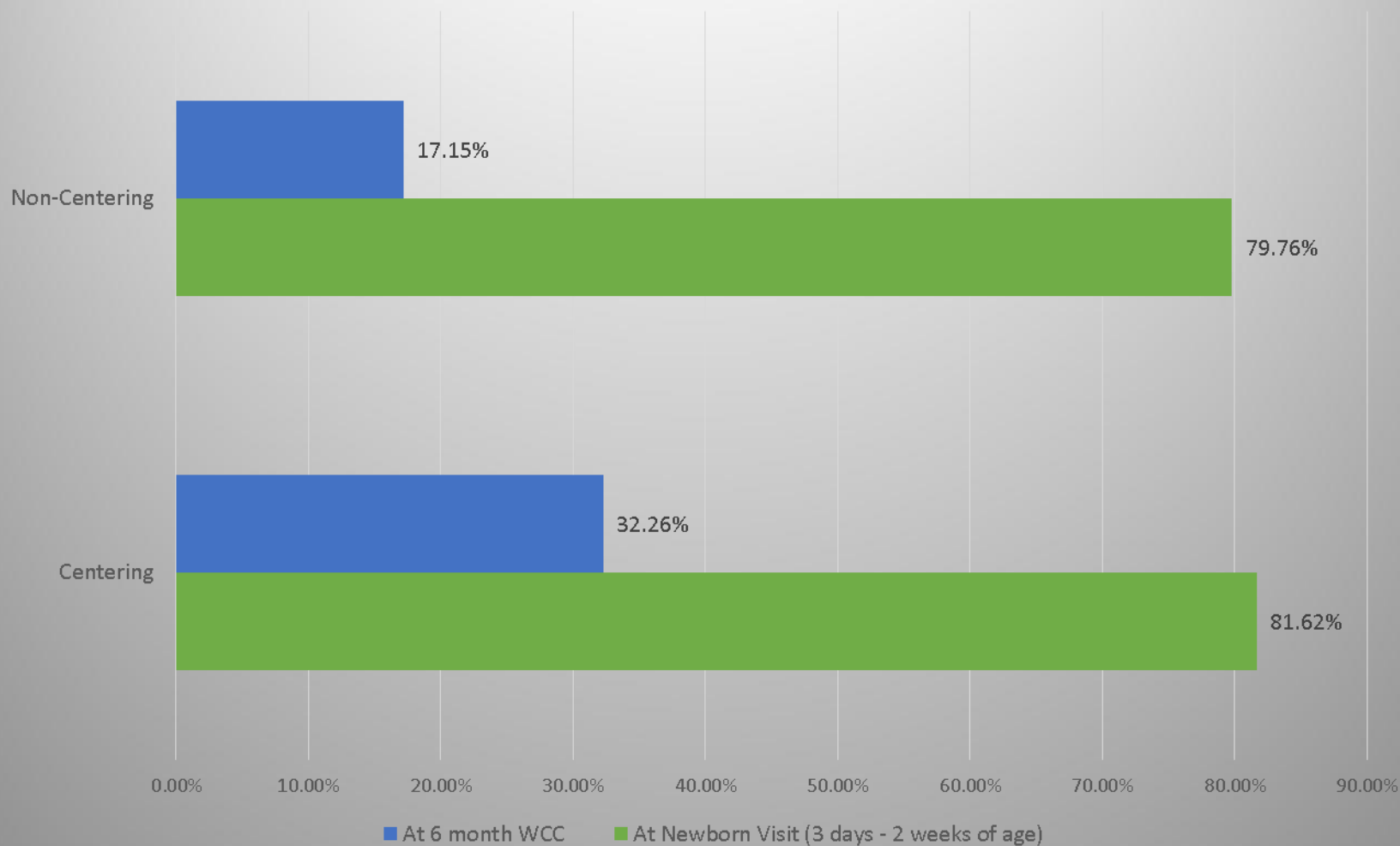


# Breastfeeding Initiation Rates

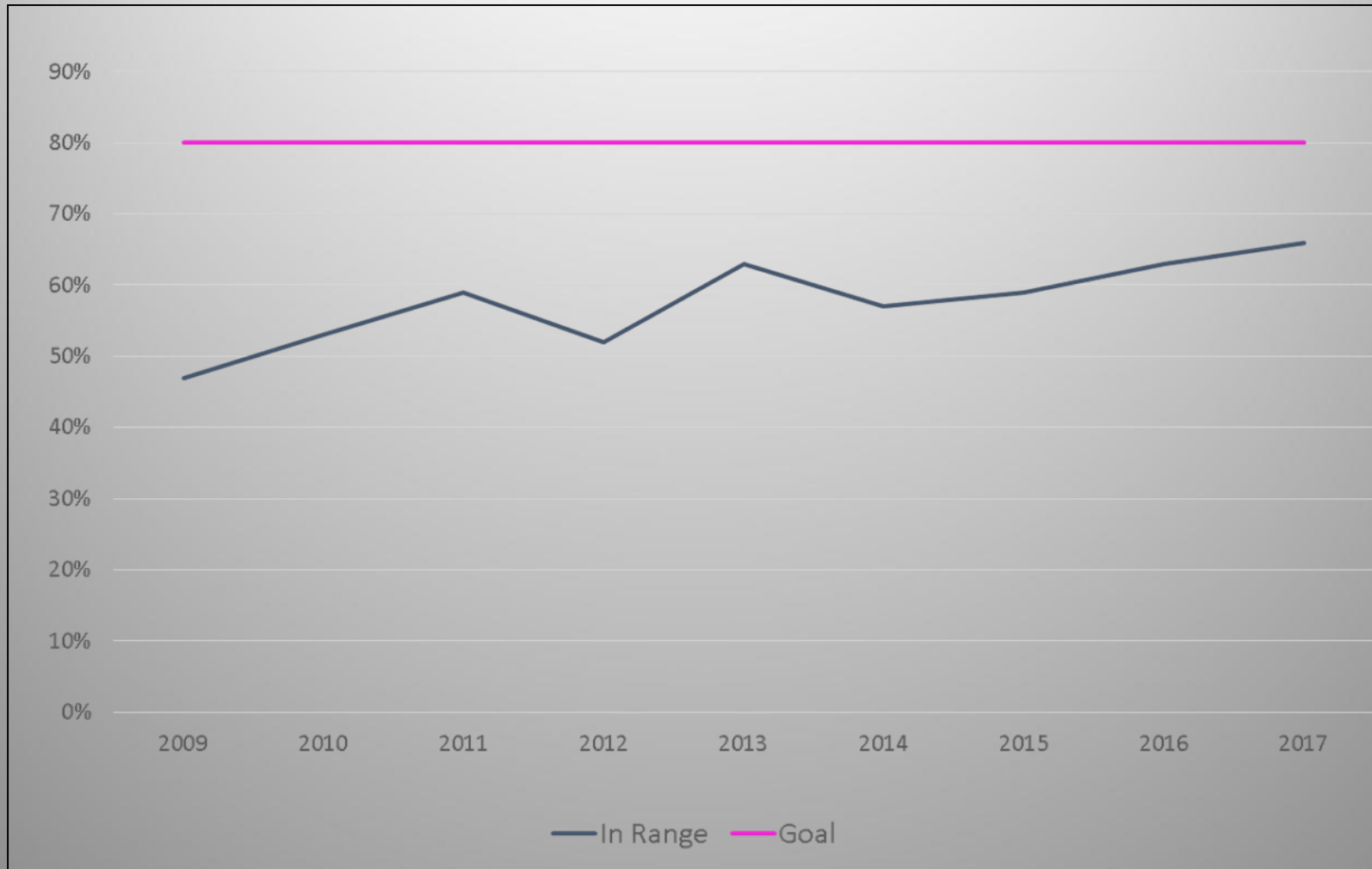




## Breastfeeding - 1st year 2017

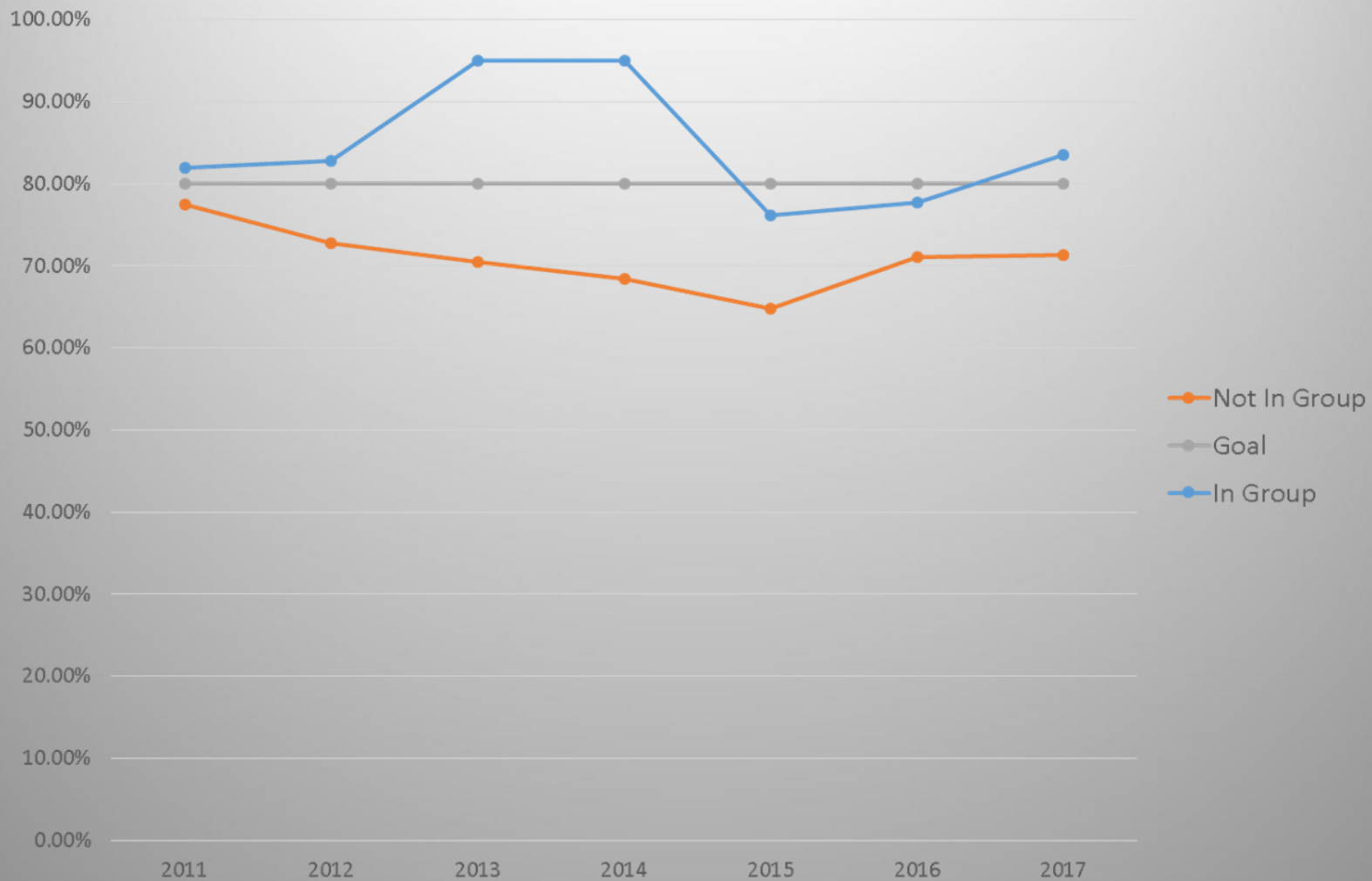


# Patients with Last INR in Goal Range



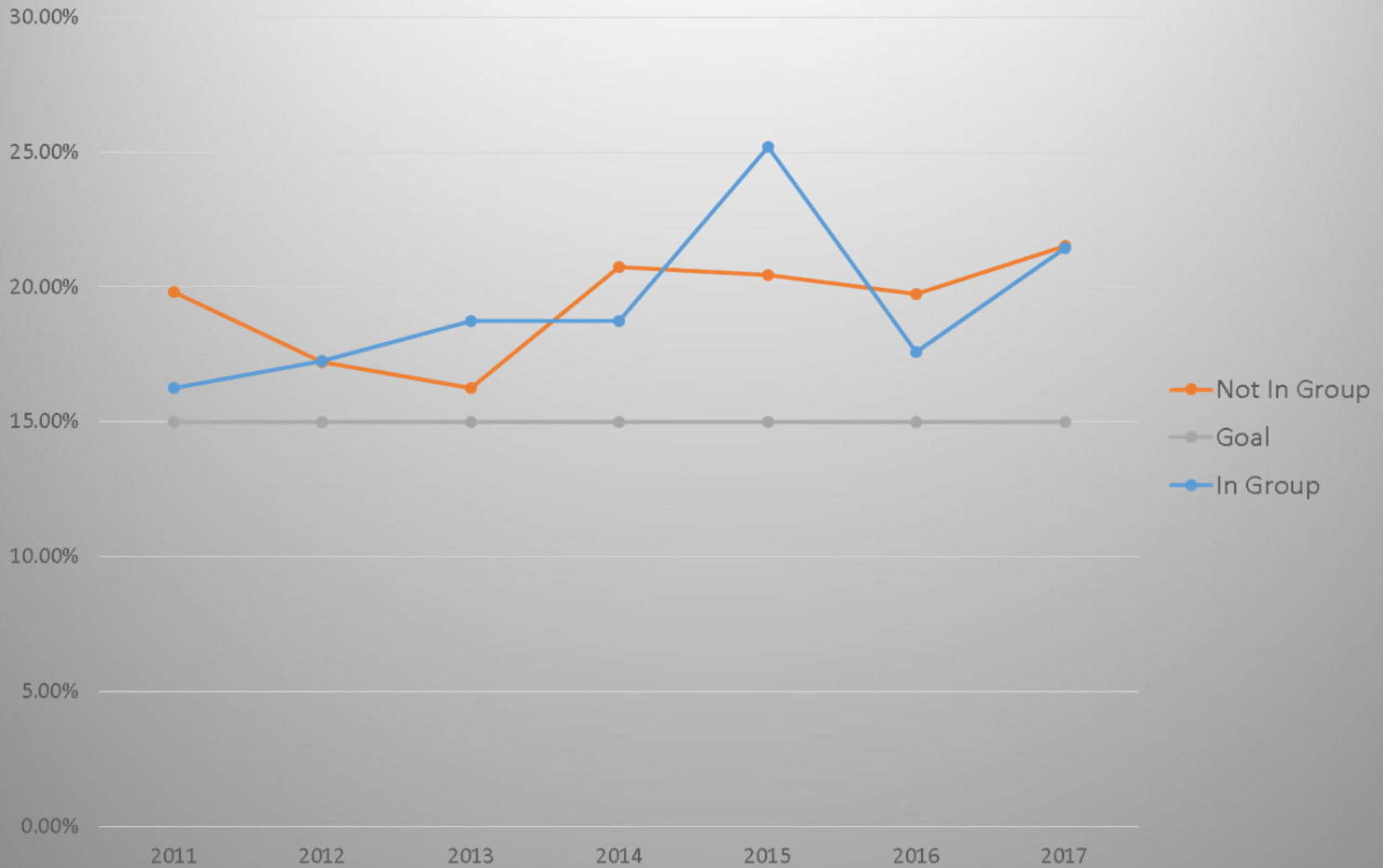


## Foot Exams





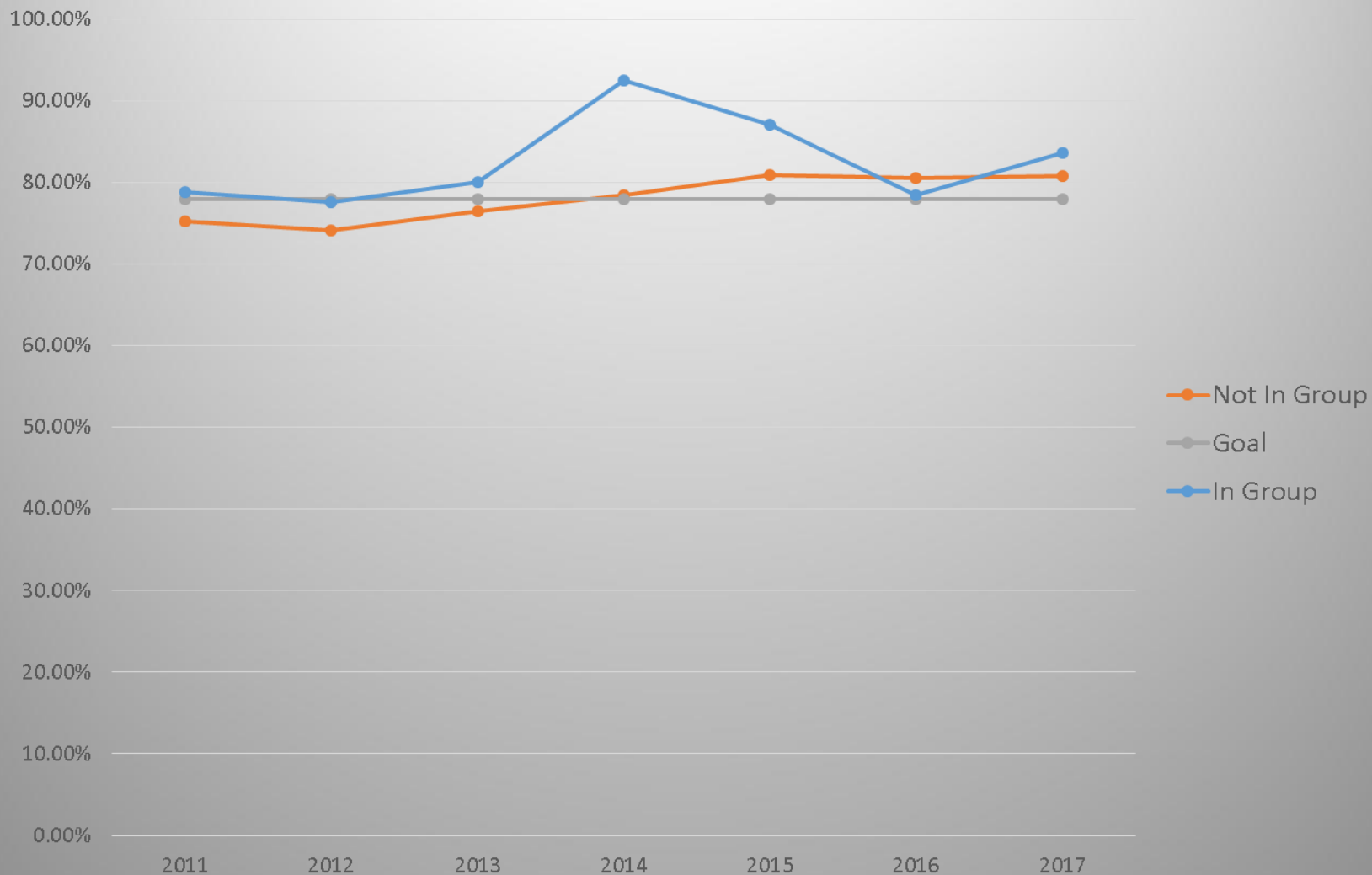
## HgA1c >9





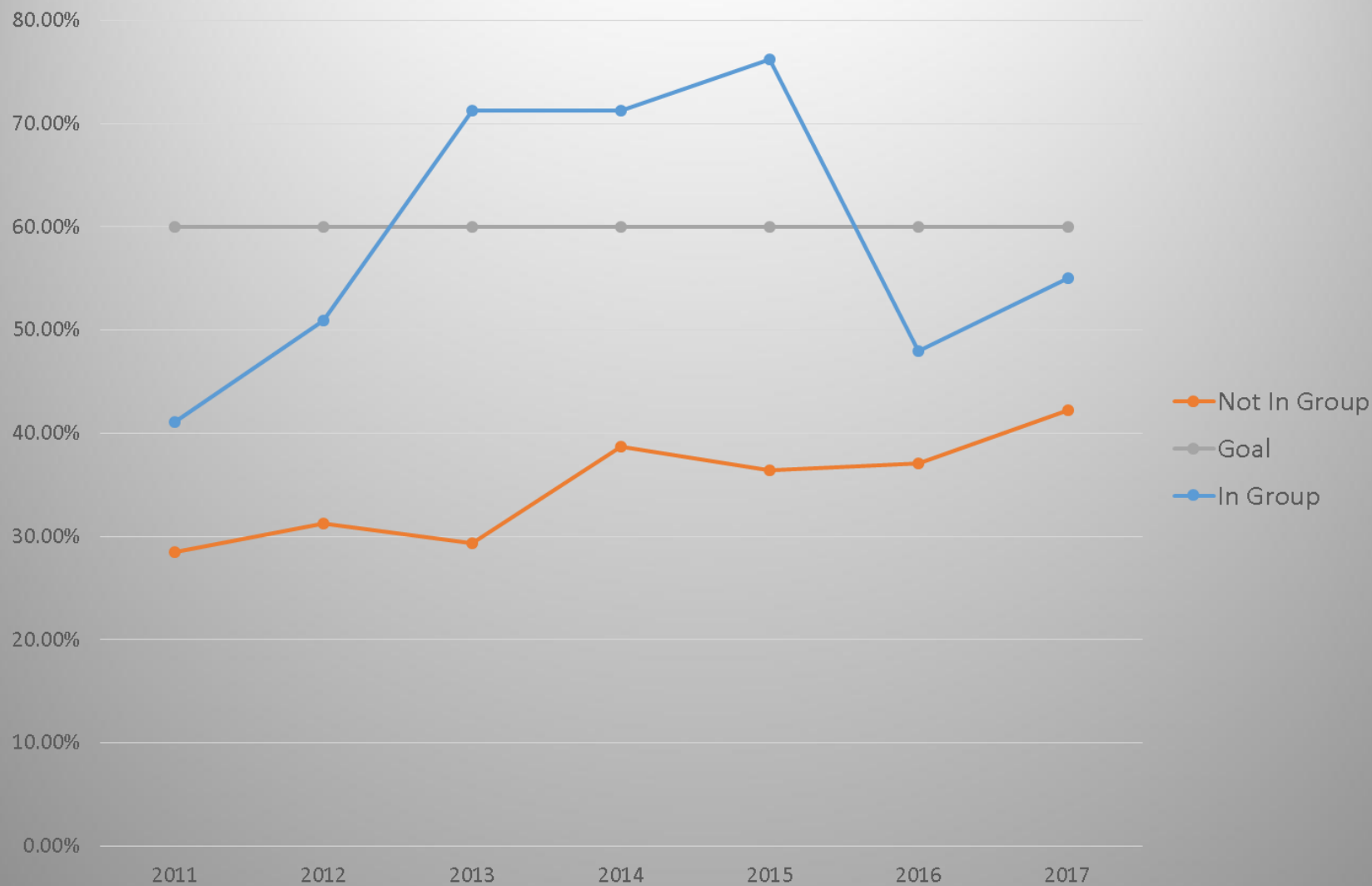


## BP < 140/90





# Retinal Exams

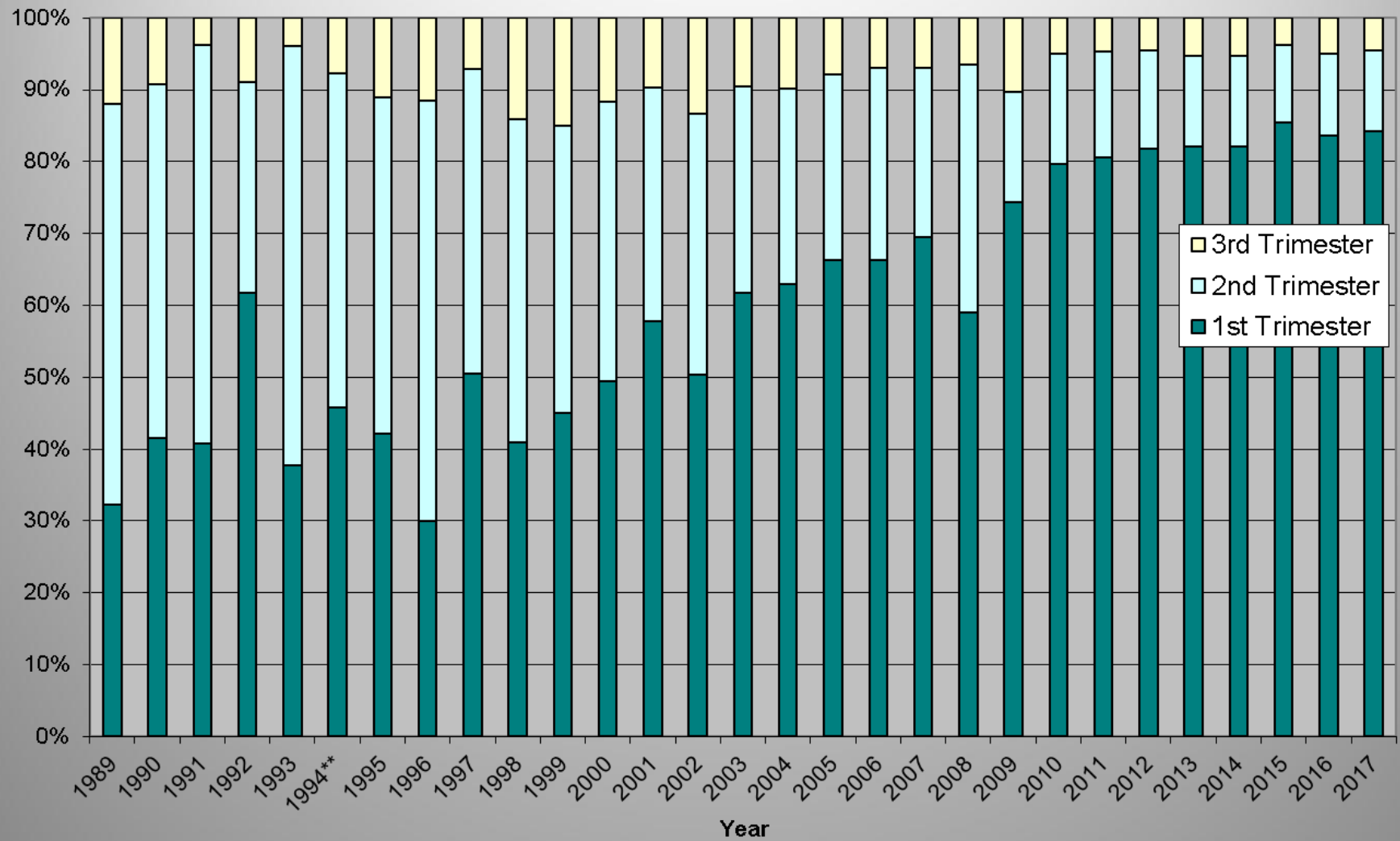


## **GOAL #2**

# **INCREASE ACCESS TO CARE**



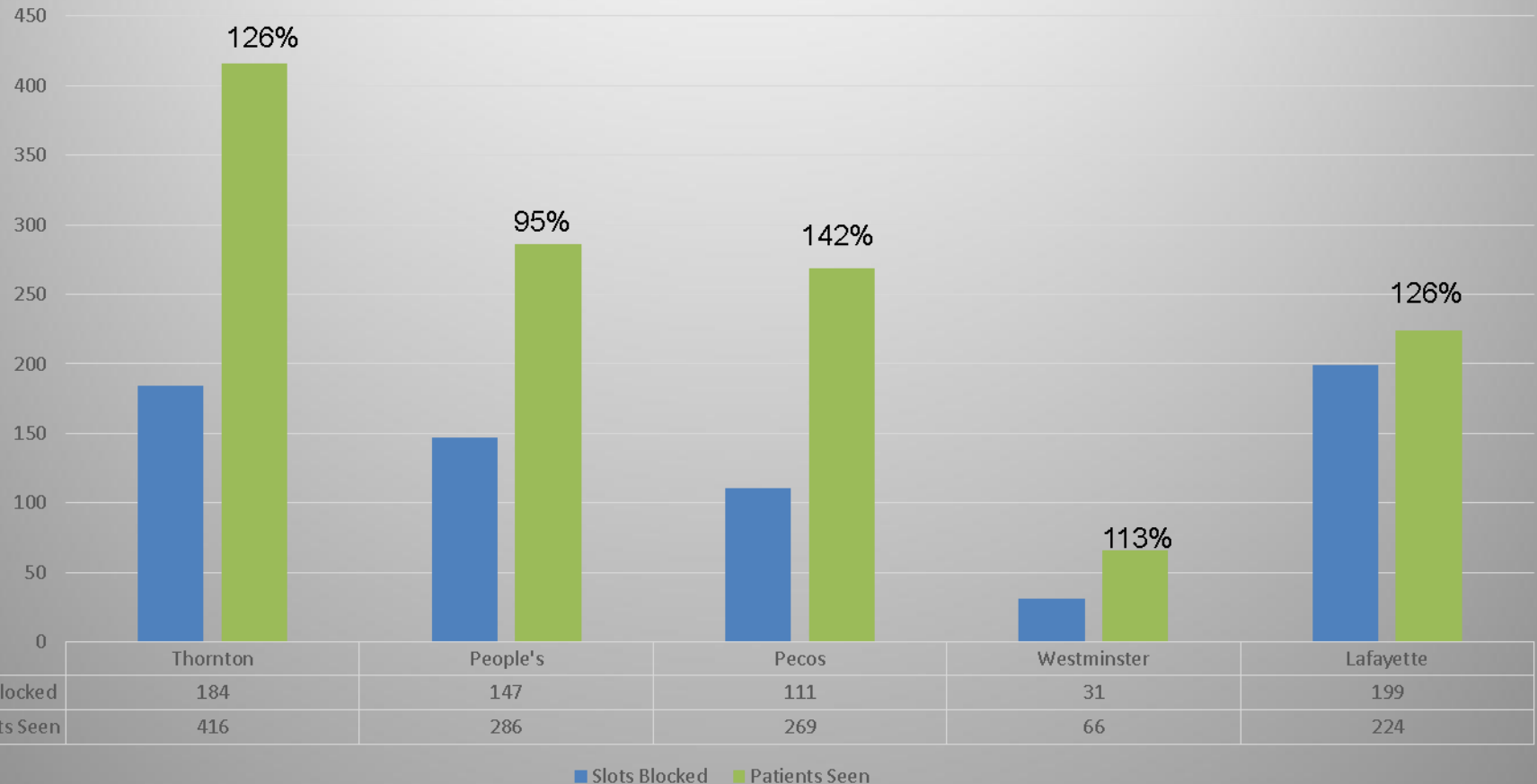
## Clinica Trimester of Entry to Prenatal Care





# Increase in Pod Access

Flu shot clinics  
October 2017

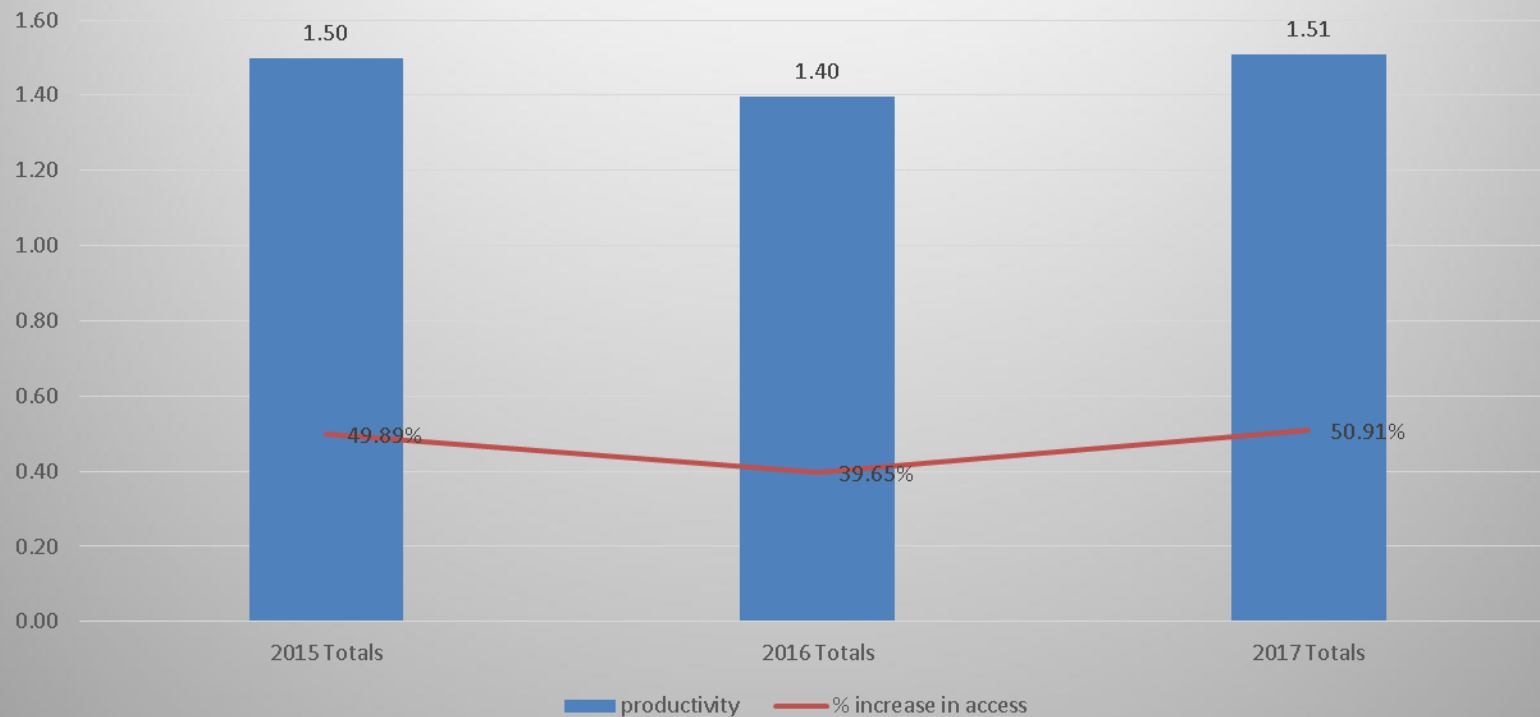






# Managing the rush

Back to School Clusters  
Impact on Access

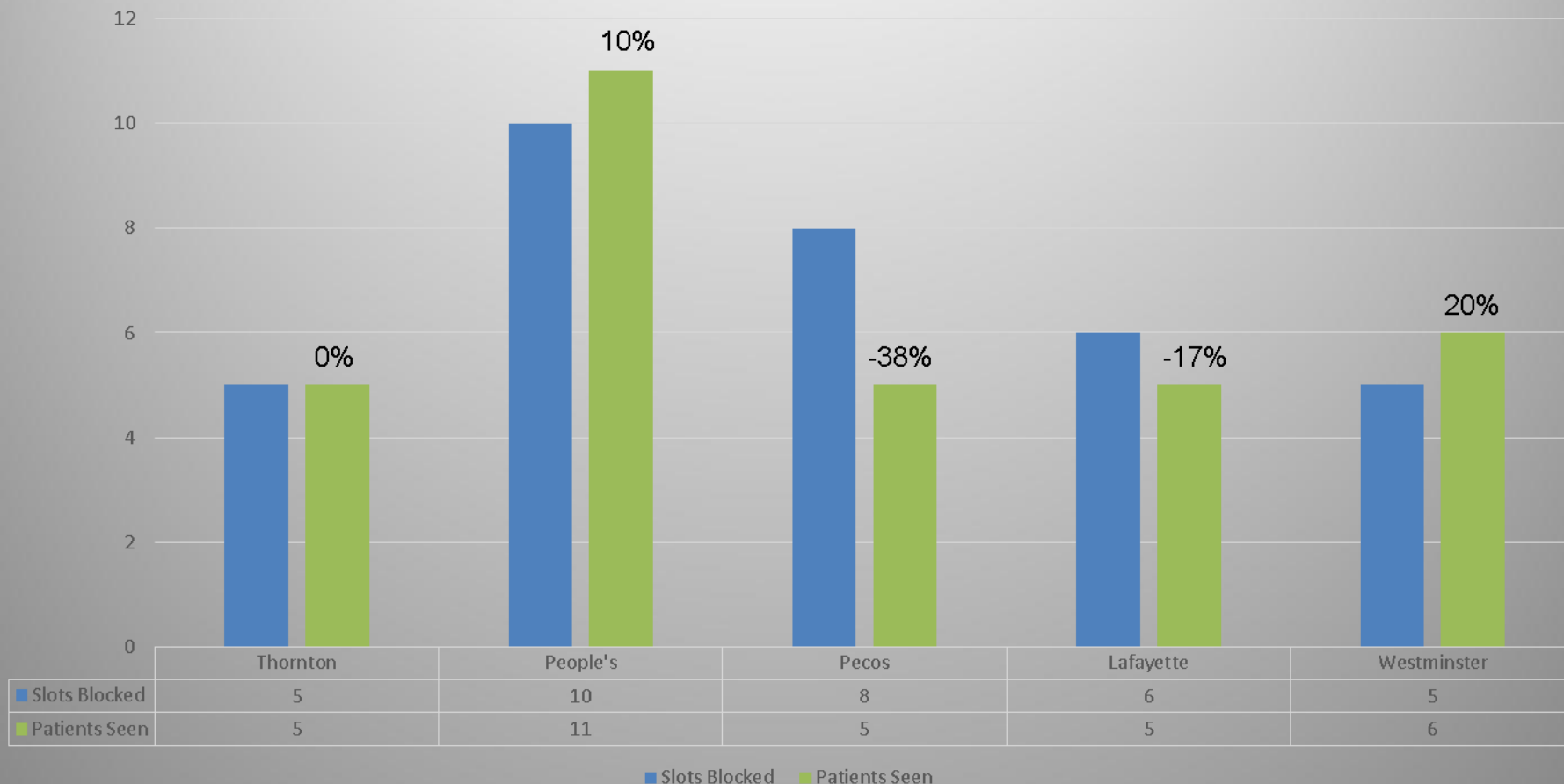


	# of groups	# patients seen	# slots blocked	productivity	% increase in access
2015 Totals	93	697	465	1.50	49.89%
2016 Totals	79	553	396	1.40	39.65%
2017 Totals	97	664	440	1.51	50.91%



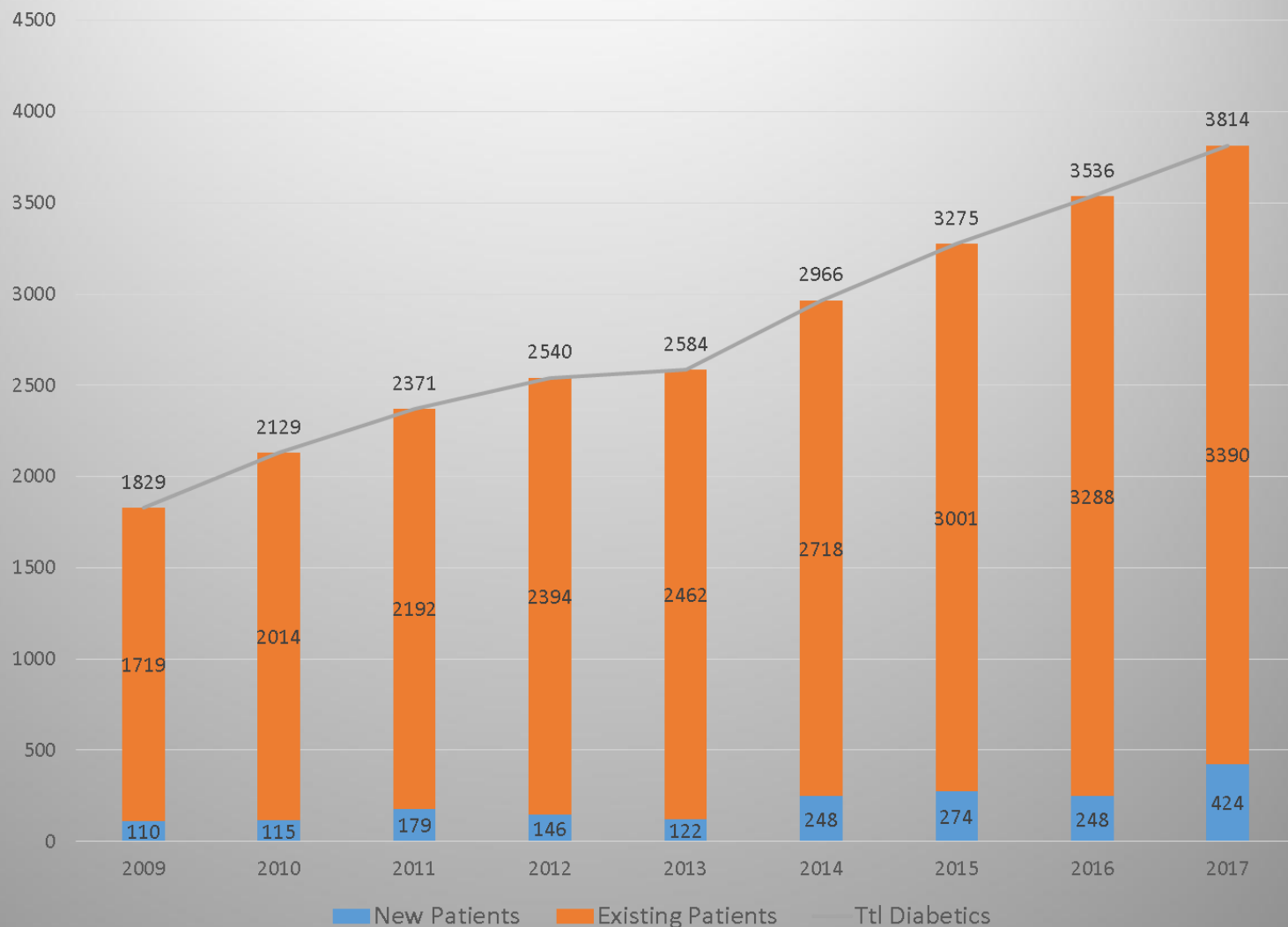
# Decrease in Pod Access

Embracing Pain Groups  
April 2017





# Number of Patients with Diabetes





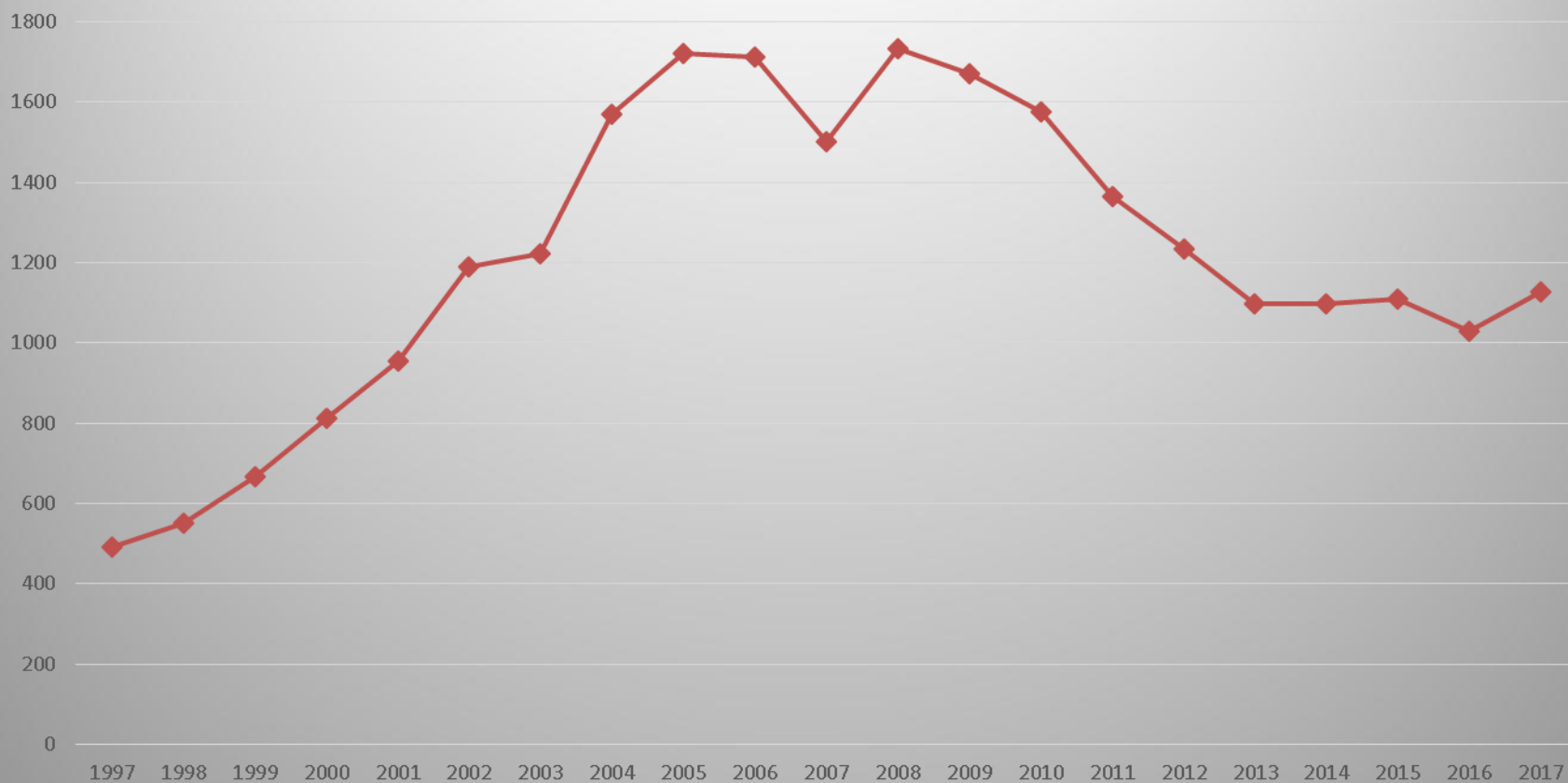
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2000

## Total Clinica Births



# **GOAL #3**

## **PROMOTE PATIENT & STAFF SATISFACTION**





# Staff Quote

*“I enjoy group visits because I have a different and more trusting relationship with my patients. I feel it is a great empowerment model and activates patients to take charge of their health.”*

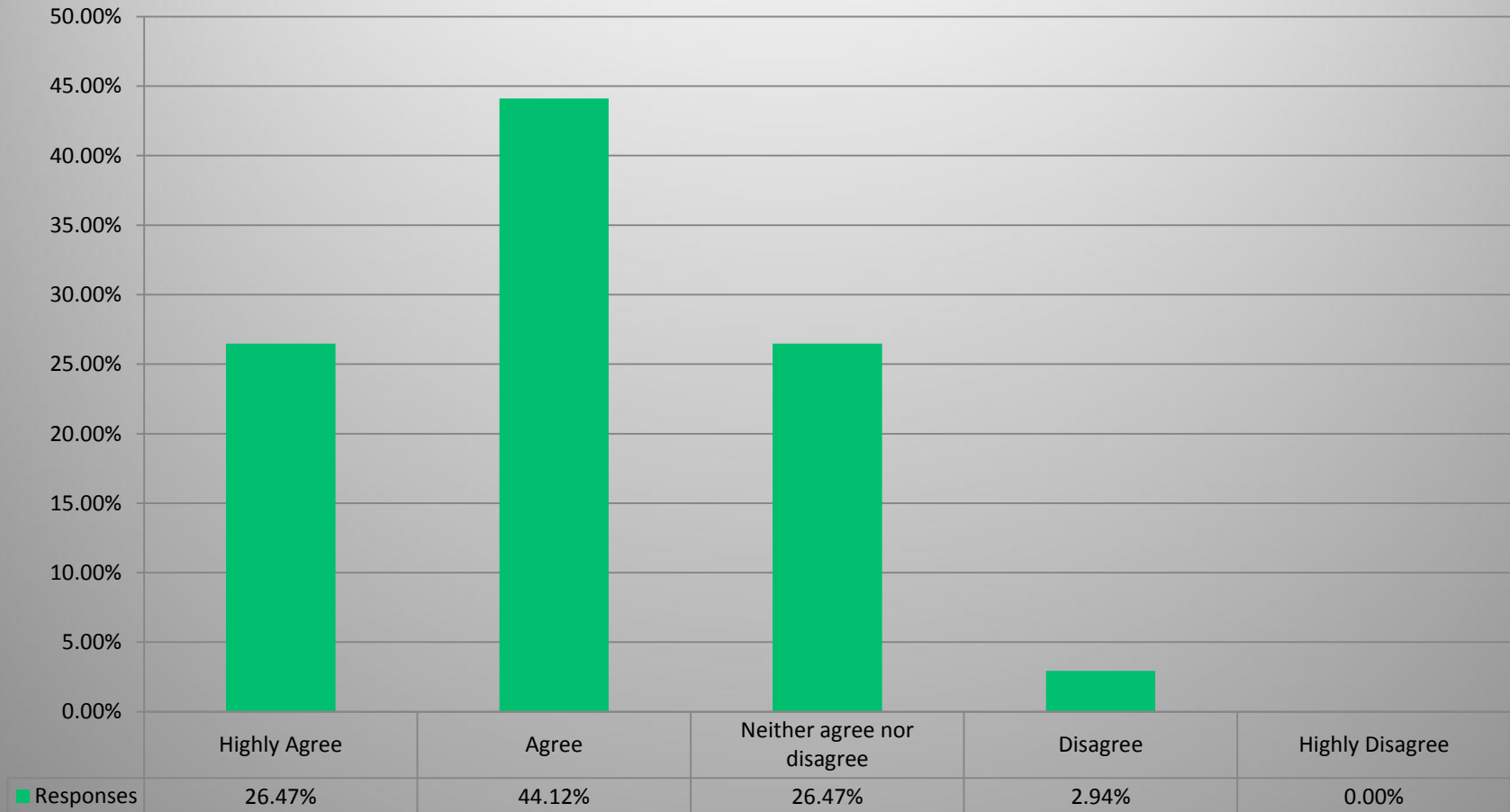
*Healthcare Provider – Pecos clinic  
2017*



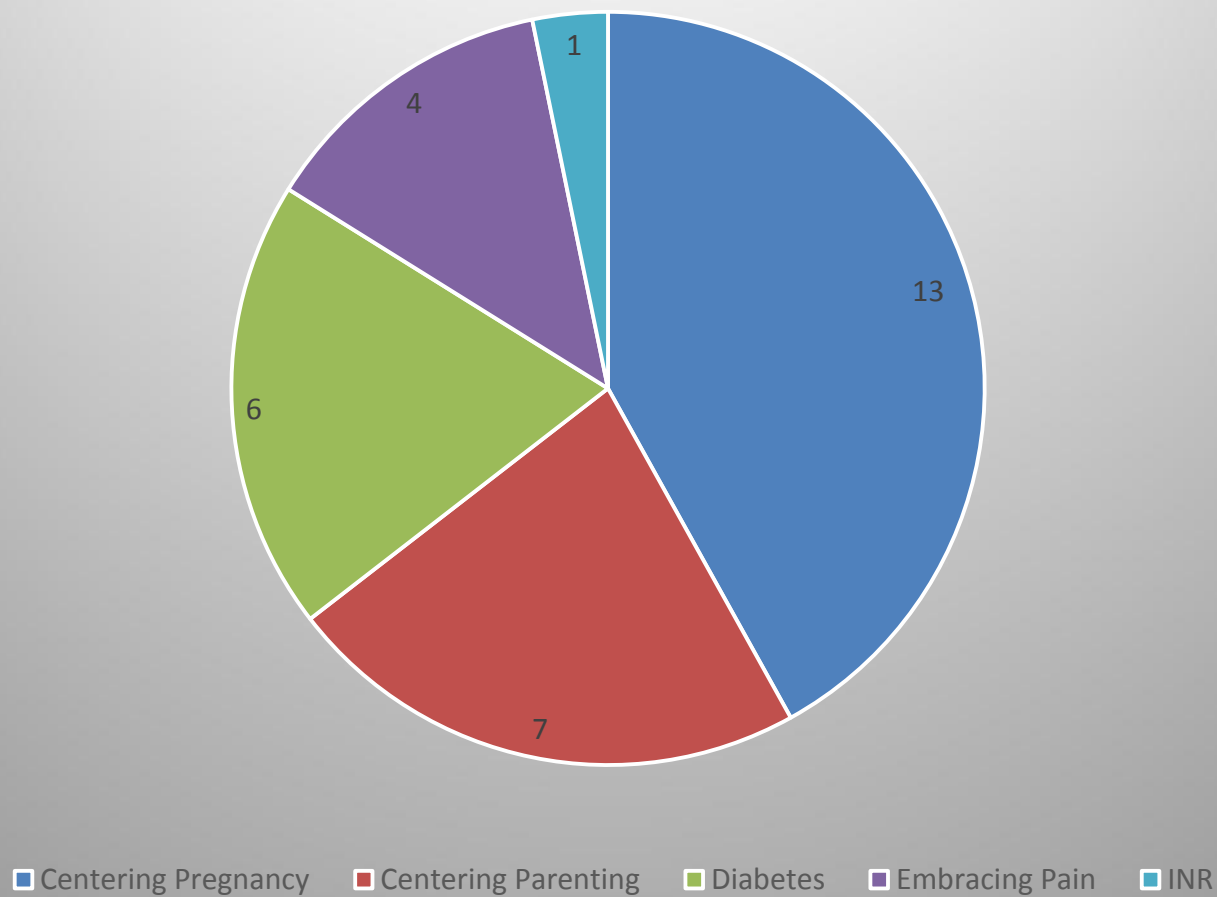


## Patients receive better care in a group setting.

34 responses



Which groups do you like participating in most?  
26 responses





# Impacts of Improved Staff Satisfaction

- Clinician recruitment
- Staff retention
- Staff development



# Our Experience – Story time





# Patient Satisfaction

- Sense of camaraderie
- More time with their providers
  - Strengthen rapport
  - Increase patient education
- Forum for sharing ideas and concerns



# Patient Experience

- Centering Pregnancy patient survey:

*On a scale of 1 to 5, where 1 is the worst and 5 is the best, I give this group care the overall rating...*

*106 of 107 Centering patients surveyed in 2017 gave a score of 5!*



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

*Patient Voice*







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A stage setup with four spotlights. Two spotlights are on the left, and two are on the right. They are all directed towards a central area on the floor, creating a bright, circular pool of light. The background is dark, and the spotlights have a blue and silver design.

Clinica Group Visit Video



# **GOAL #4**

## **ENGAGE PATIENTS IN THEIR MEDICAL CARE**

# The Group Offers Opportunity for Engagement

“Interaction is the heart of planned care”

Levels of patient and team engagement:

- Transactional
- Acknowledgement of psychosocial context
- Reflection, goal setting, and coaching
- Transformation: relationship of mutual influence



# Staff Quote

*“I know my patients better and feel that they get more education and information than they would in an individual visit. They are more likely to make behavior changes based on what is discussed in group, especially among their peers. It is an empowerment model that works.”*

*PCP, 2015*



Patient

Patient

Patient's vital  
themselves!



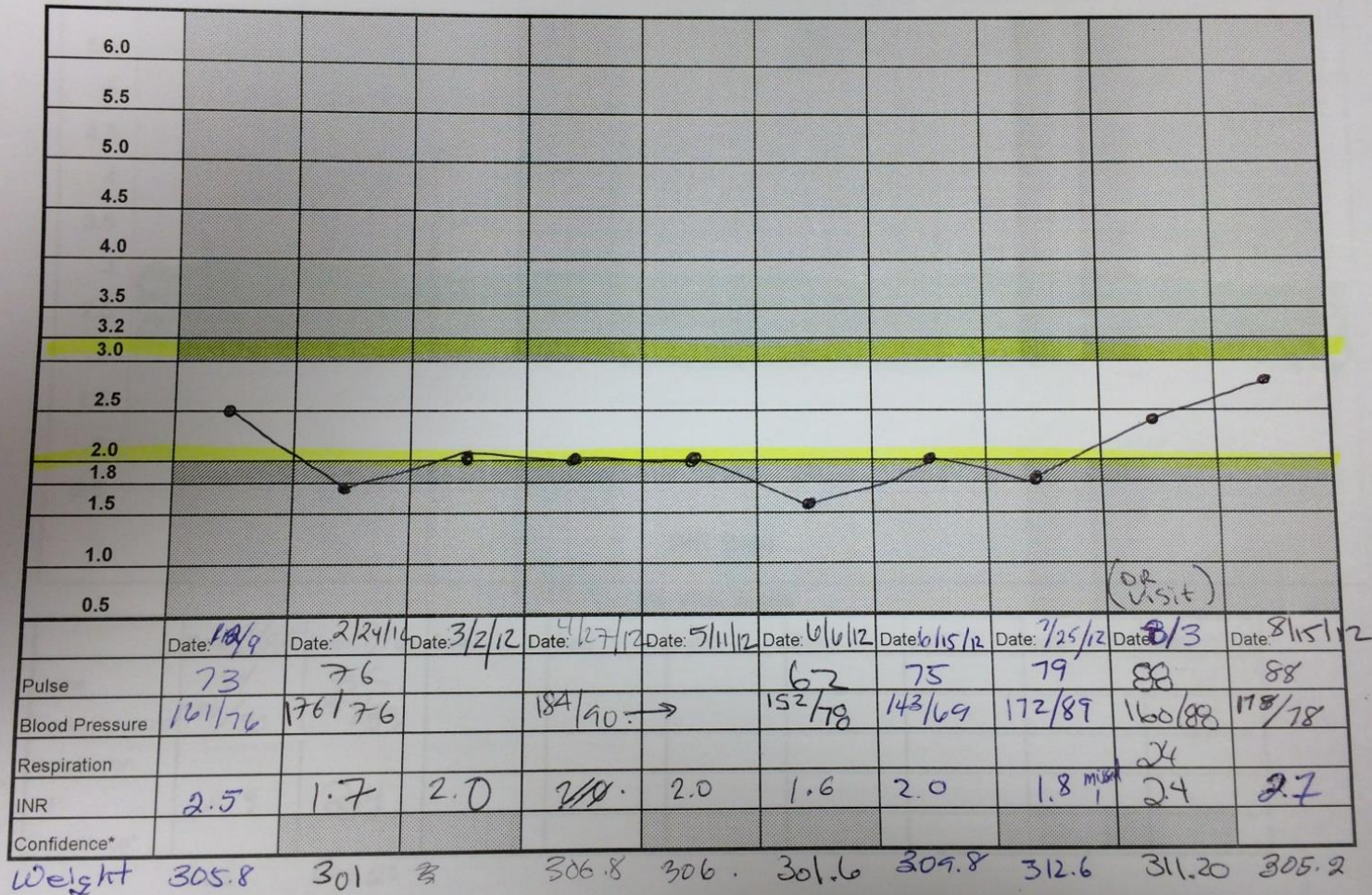
# Group Visit Patient Folders

Group Visit Start Date:  
Patient Name:  
DOB:

My INR Graph  
(INR Goal Range: 2.0-3.0)



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\*Confidence Scale: From 1-10, please rate how confident you are that you can manage your blood thinner therapy?

# Self Assessment Tool



## Self-Assessment Sheet: Medications

1. I know the names and amounts of all my medications.
  - a. True
  - b. False
2. I have a list of my medications and the amounts I take in case of emergency.
  - a. True
  - b. False
3. I take my medications
  - a. Regularly
  - b. Sometimes I forget
4. I sometimes skip doses of my medications because:
  - a. They're too expensive
  - b. I forget to take them
  - c. I don't like how they make me feel
  - d. I think I'm taking too many medications
  - e. I'm afraid they will harm me
  - f. I'm afraid of needles
5. When I suffer side effects of my medications:
  - a. I tell my provider
  - b. I stop taking my medications without telling my provider
  - c. I continue to take the medications and hope the symptoms go away
6. I use herbal medications or supplements along with my diabetes medications.
  - a. True
  - b. False
7. With herbal medications:
  - a. I have told my provider about my herbs.
  - b. I gave my provider a list of my herbal medications and supplements.
  - c. I showed my provider the containers.
  - d. I have questions about possible benefits of herbal medications and supplements
  - e. I have questions about whether herbal medications and supplements will interact with my diabetes medications
8. The herbal medications or supplements I'm interested in are:
9. I would like help with:
  - a. Purchasing less expensive medications
  - b. Remembering to take my medications
  - c. Making a list of medications
  - d. Talking to my provider about my medications
  - e. Preventing reactions between herbs and medication













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# Facilitative Leadership







# Education vs. Facilitation

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

# Facilitation

## Facilitate:

- To make easier; to help cause
- To help run more smoothly and effectively

## A facilitative leader:

- Affirms
- Good listener
- Shares expert knowledge appropriately

## Group members:

- Share and contribute to conversation as they desire
- Value the contribution of each member



DISAGREE

AGREE

DISAGREE

AGREE

DESACUERDO

DE ACUERDO





Angry

Nurtured

Depressed

CONTENT

Miserable

Overwhelmed

Cans

Lon

Happy

a









# Nutrition





# Nutrition



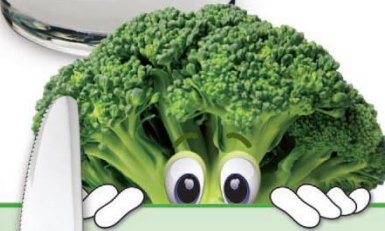


# My Plate Planner

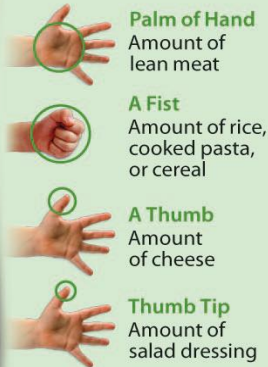


Give children a small plate (or small portions on a big plate).

Split the plate into 3 parts, the largest for fruits and vegetables.



Use your hand to measure the right amount of food to eat. Use an adult hand for adult portions. Use a child's hand for children's portions.



◀ 7-inch plate for children



◀ 9-inch plate for teens and adults



# Group Facilitation Activities



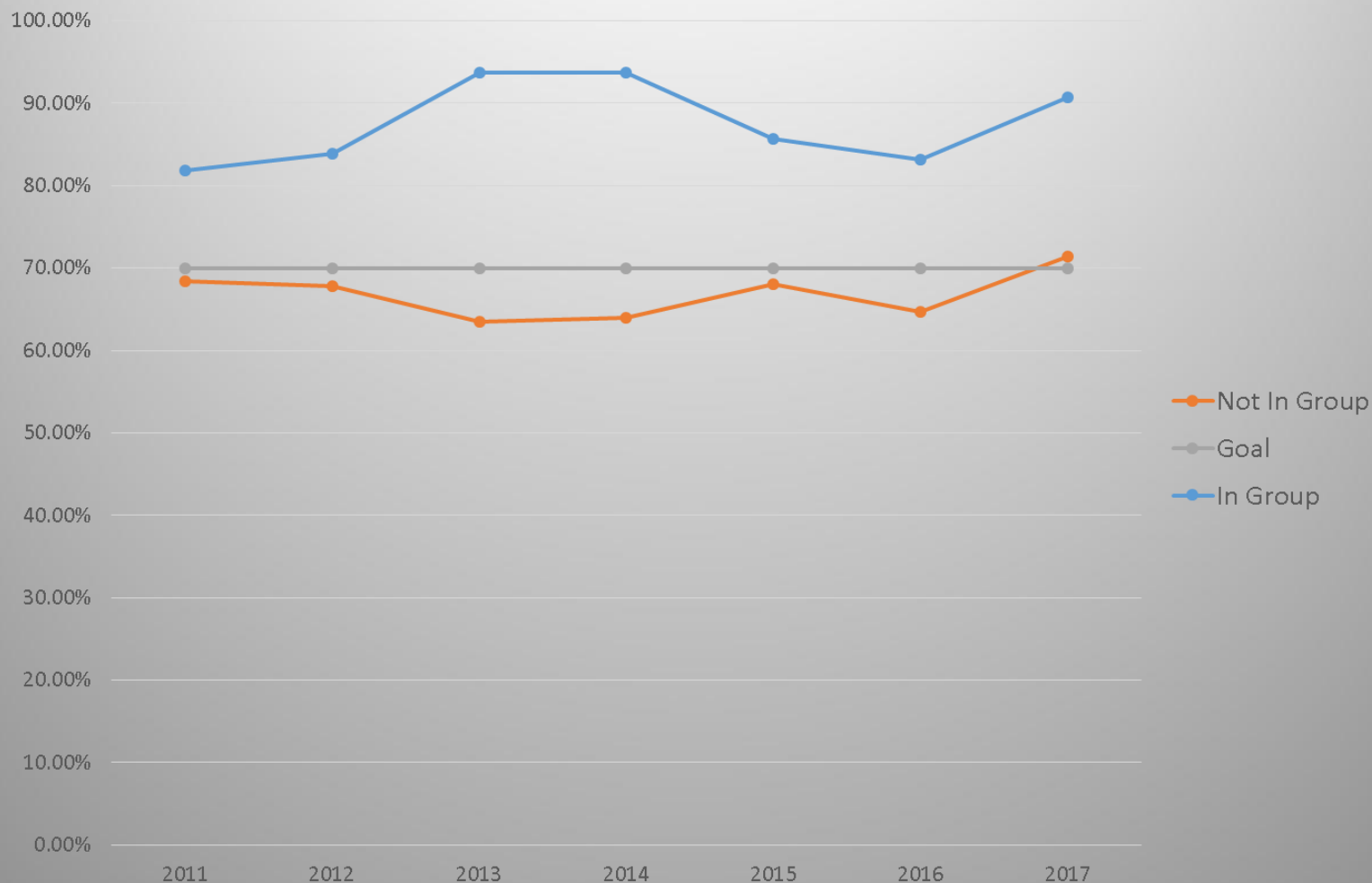






# Success in setting goals

## Yearly Self-Management Goal



# Setting Goals: Chronic Disease Self-Management Program

- Developed and studied by Kate Lorig and colleagues at Stanford University
- Lay-leaders, 6 sessions, 2 1/2 hours each
- Includes planning and problem solving, skill acquisition
- Outcomes: improved health behaviors and health status, fewer hospitalizations (Lorig, Med Care 1999;37;5-14)



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# Steps in Self-Management Support

- Collaborative goal setting
- Identification of barriers and challenges
- Personalized problem-solving
- Group Follow-up support





# Perceived Self-Efficacy



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No Confidence 1 2 3 4 5 6 7 8 9 10 Totally Confident







# Elements of a Successful Group Visit Program



# The 9 Essential Elements

- 1) Creation of a group visit committee
- 2) Understanding what it is you are trying to accomplish
- 3) Creation of a group visit design tool
- 4) Planning and preparation prior to the group visit
- 5) Communication
- 6) Tracking and scheduling group visits
- 7) Patient recruitment
- 8) Staff training
- 9) Measuring goals and objectives



# #1 Create a Group Visit Committee

- ✓ Designing group visits should not be done in isolation.
- ✓ Group visits impact all areas of the clinic and require input from a cross functional team.







# The Group Visit Committee

## Team Members and Areas of Representation:

- Operations Manager (Front Office)
- Nurse Manager (Back Office)
- Medical Assistant (Back Office)
- Case Manager (Care Provider/Group Facilitator)
- Provider (Care Provider)
- Behavioral Health Provider (Care Provider)
- Call Center Attendant (Scheduling/Call Center)
- Committee Facilitator
- Minute Taker
- ad hoc: billing, patient enrollment





# The Group Visit Committee

## Key Components of a Successful Group Visit Committee:

- Supportive organizational leadership
- Cross-functional committee membership
- Allocated time for committee meetings
- Continuity of committee members
- Dedicated committee facilitator/organizer
- Have an agenda
- Have a tool to assist you in designing group visits



# Role of the Group Visit Committee

- Group visit data
  - Productivity
  - Patient and staff satisfaction
  - Clinical measures
- Staff group visit training
  - Training plan, orientation, checklist
- New group visits
  - PDSA any new GVs, start any approved GVs, checklist
- Feedback
  - GV successes
  - GV concerns
  - GV questions
- Support needed from leadership

# #2 Understand what it is you are trying to accomplish

- Are you dealing with supply/demand and want to improve access for your patient population?

(Access Groups)

- Do you want to improve the health outcomes of a specific patient population?

(Continuity Groups)



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# Understand what it is you are trying to accomplish

Knowing what you want to accomplish by developing a group helps the design process:

- How to structure group content
- The schedule/frequency of the group meetings
- How best to recruit patients for the group
- Staffing requirements
- Supplies/room requirements

# #3 Create a Tool to Help You Design

## Designing a Group Visit: CenteringPregnancy

### SECTION 1: Intake

#### Instructions

GV Clinical Review Ad Hoc Committee or Subject Matter Expert (SME) please complete all questions in Section 1 as able.

*\*Note: Responses to questions 1 – 30 must be standardized across sites. Responses to questions 31 – 42 may vary for site implementation of Access Group Visits based on site needs and resources.*

1. Name of Group Visit	CenteringPregnancy
2. Will this group be a Continuity, Access, or Cluster group visit?	Continuity
3. How does the group improve or hold steady the following four priorities:	
• <b>Patient Health Outcomes</b>	Enhanced education, increased time with providers, patient empowerment
• <b>Patient Access</b>	Increased access with Providers, frees up exam rooms if needed
• <b>Patient Activation</b>	This is a gold standard for patient activation
• <b>Organization Revenue</b>	Typically increases revenue, but at minimum it is cost neutral
4. What are the specific outcomes to be measured for this Group Visit?  Please specify SMART Goals: Specific, Measurable, Achievable, Realistic, Timely. High level overview. Please refer to Section 4: Outcomes Measurement.	Measures: <ol style="list-style-type: none"> <li>1. Lower PT (preterm) deliveries: &lt; or = to 10%</li> <li>2. Initiation of BF (breastfeeding) rates: &gt; or = to 66%</li> <li>3. Entry of Care Trimester (Inadequate Care not receiving care in 1st Trimester): &lt; or = to 27%</li> </ol> <p>All goals based on Centering Healthcare Institute Research.</p>
5. How will the outcomes be measured? High level overview. Please refer to Section 4: Outcomes Measurement.	All measures available on BI Report: PN Summary Report
6. Please identify content threads:  Bulleted list of topics to cover in group visit. Plus, link to entire	See facilitator guide (only available in print form). Each CM should have a guide (CM and PCP guide is the same. Need to inform PCPs where guide is kept/site.)

# Key Components of a Good Group Visit Design Tool

- The tool needs to be specific with roles and responsibilities for each member before, during, after the group visit
- Maps patient flow through the group visit
- Supplies needed for group
- What information will be measured



# Oversight of the New Group Process

- Develop a process for monitoring new groups
  - Site level: Group Visit Committee
  - Org level: Cross-departmental/site team
- Closely manage groups that are being developed
- Need a plan for spreading new groups to all providers or sites



# Developing Group Visit Content



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## Lesson Plans



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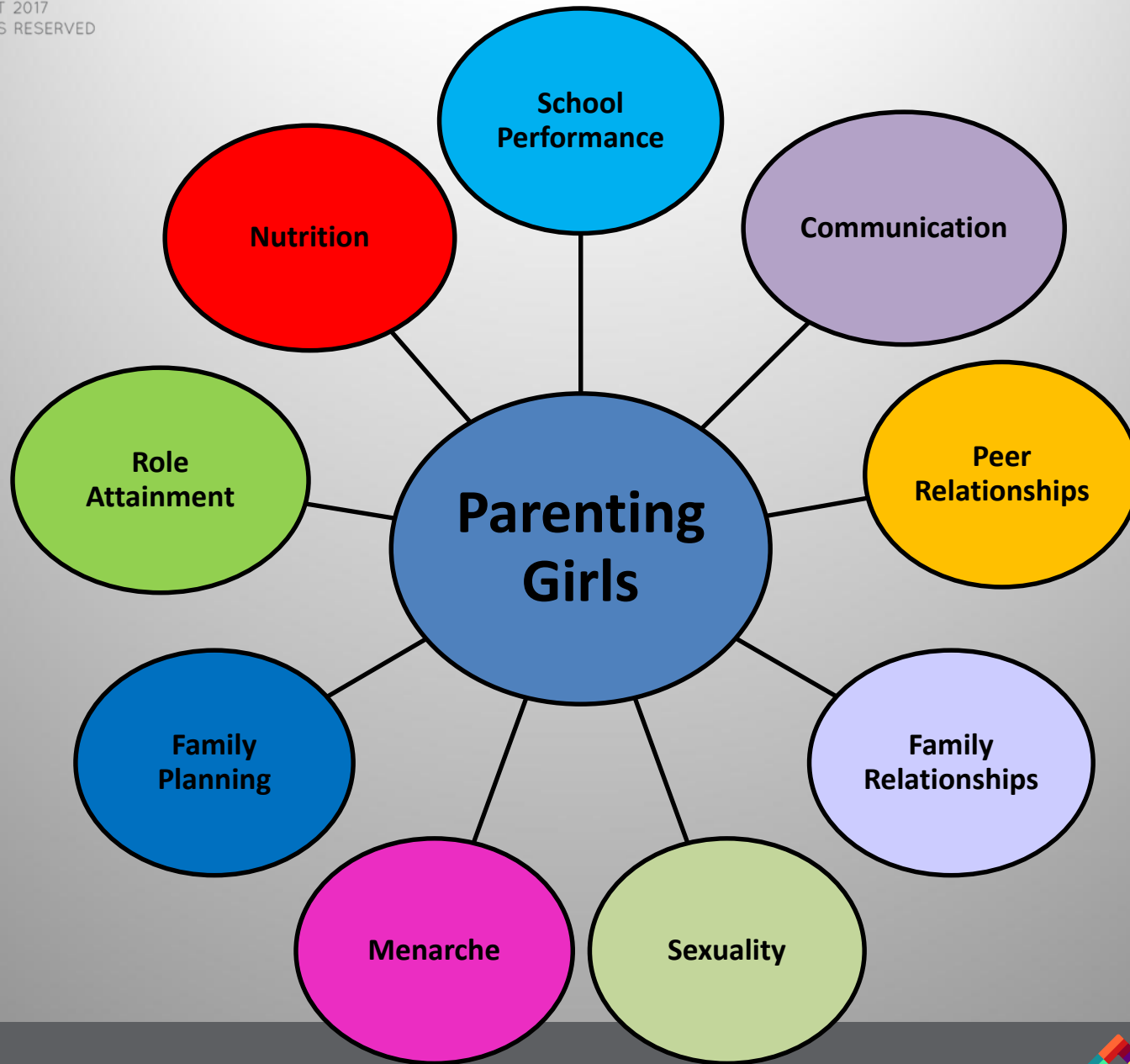
# Creating Group Visit Content Focused on Improving Outcomes

- Start with goals
- Create content
- Develop patient self assessments
- Incorporate activities that engage patients



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# Clinica's Diabetes Curriculum

- Curriculum - 1st Group Visit

Patient handouts needed for this class	Name tags Patient Diabetes Log ( <a href="#">English</a> and <a href="#">Spanish</a> ) <a href="#">Confidentiality Form and Photo Consent</a> <a href="#">Group Guidelines</a>		
		Goal setting	I will eat one new vegetable before the next meeting (have patient's name which vegetable and when).  SMG Goal Sheet: <a href="#">English</a> or <a href="#">Spanish</a>
Welcome Activity (provide examples of: introductions, ice breaker, opening activity)	Partner Interview: Divide group into pairs. Partners interview each other. After spending 5 minutes interviewing, the group comes back together and forms a circle. Each person takes a turn (clockwise around circle) introducing his or her partner sharing the information gained from the interview.		
	Sample Questions: First and last name Nickname Home town Number of siblings Special talent hobby or interest Favorite type of music Favorite type of book Favorite movie	Special supplies needed for this class	White board or Easel Note Pad Dry eraser marker or sharpies Pens <a href="#">Room Set Up</a>

# **#4 Plan and Prep Prior to the Start of Each Group Visit**

Being prepared for the group visit is  
**ESSENTIAL** to the success of the  
group visit!



# Preparation Needs Planning

- Who is responsible for what?
- Do we have everything we need?
- When will planning and prep occur?

These details should be included in your group visit planning tool

# What supplies are needed?

18. What supplies are needed in the group visit room?

Lab draw equipment, vaccines, vitals chart, HgbA1c machine, patient folders, name tags, patient handouts specific to topic, file folder/filing cabinet/ for Patient Folders.

- DM GV kit and handouts: [Staff Materials\Group Prep Material\Nutrition Tool Kit](#)
- Food models can be purchased online @ <http://westerndairyassociation.org/downloads/>
- The cost of 200 life-size cardboard photographs is \$20. Apparently you get a \$10 dollar discount for the first purchase of the year.



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Site:

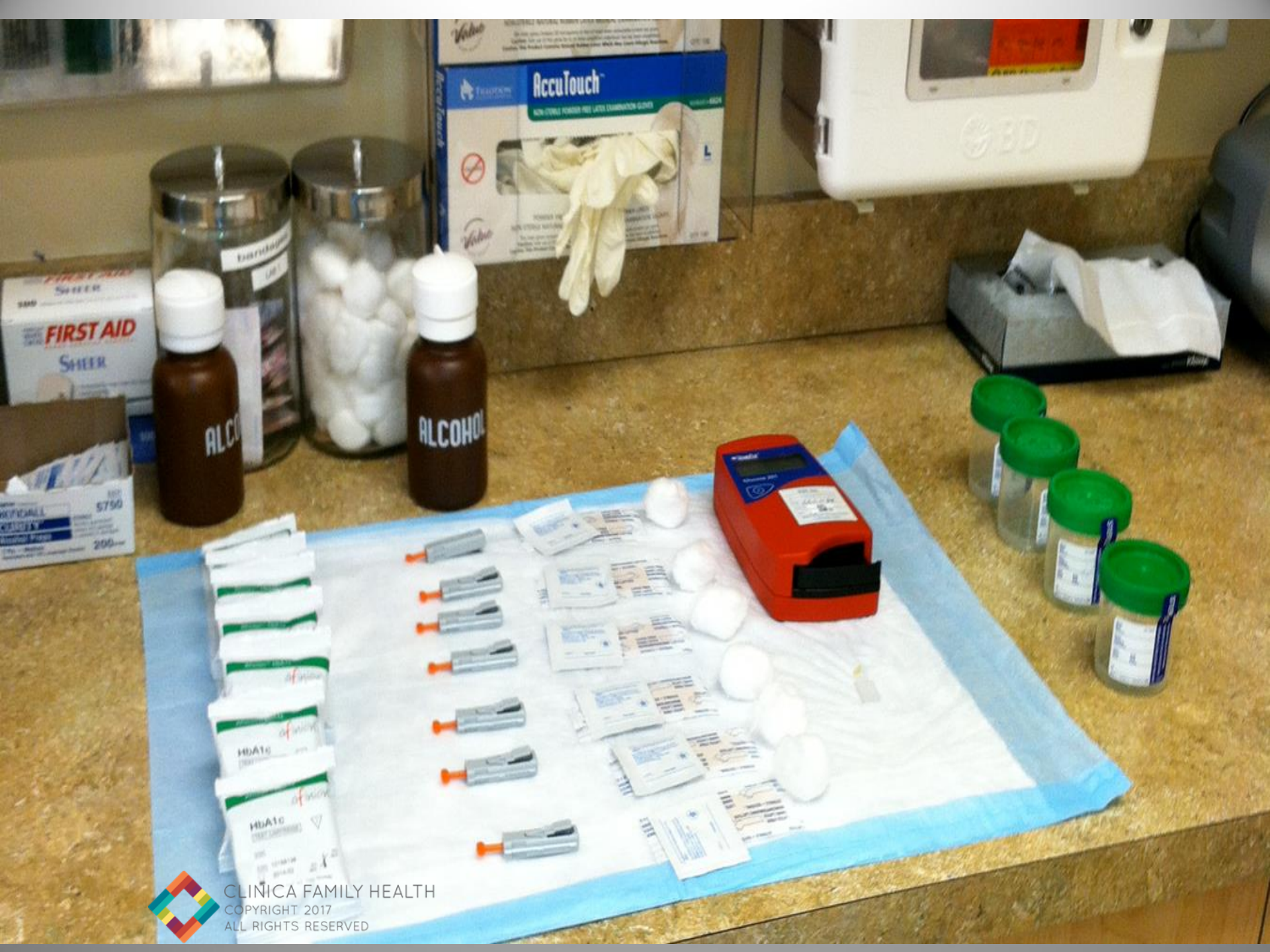
Provider:

Co-Facilitator(s): GV Date/Time:

## DIABETES GROUP VISIT PLANNING CHECKLIST

WHO	WHEN	WHAT	CHECK! ✓
COM/Group Visit Coordinator	At least 1-2 months prior to group	Choose a provider to start a DMGV based on provider interest, panel size and access, and provider schedule	
COM/Group Visit Coordinator	At least 1 month prior to group	Meet with PCP to review DMGV <a href="#">training materials</a> , location of DMGV materials, and recruiting process	
COM/Group Visit Coordinator	At least 1 month prior to group	Discuss training needs for staff (MA, CM, and OT) at site's GV Committee	
COM/Group Visit Coordinator	1 month prior to group	Ensure that CM has reviewed the <a href="#">DMGV CM Training PowerPoint</a>	
MATM/ COM	1 month prior to group	If support staff (MA, CM, OT, Provider, RN, RD, Clin Pharm, BHP) have never participated in a DM group visit arrange a time to shadow a DMGV session <a href="#">Shadowing &amp; Training Recommendations</a>	
CM	1 month prior to group	Start recruiting for the group (print <a href="#">flyers</a> to hang in exam rooms and give to provider and MA)– see the <a href="#">Recruitment Training</a> for more info	
CM	1 month prior to group	Meet with the PCP to discuss best days and times for group and recruiting plan	
CM	1 month prior to group	Start calling DM patients on PCP's panel to invite to the group and identify best day and time for group – see <a href="#">script</a> in P-Drive	
COM/Group Visit Coordinator	3 weeks prior to group	Update the GV Schedule in the P-Drive for Wendy to use to block the PCP's schedule	
COM/Group Visit Coordinator	3 weeks prior to group	Block a group visit room	

Site:







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# #5 Communication

For each group visit determine:

- Who needs to know about the group visit
- What do people need to know about the group visit
- At what point do we need to provide communication
- How will communication will occur

# Communication With Staff

- How will site staff know which groups are happening?
  - When is the group?
  - Where is the group?
  - Who is participating in the group?
- Who will communicate with staff?
- How much notice do staff need in order to prepare?




# Internal Communication

## DAILY SCHEDULE Thursday, September 22, 2016

BLUE POD				Blue Pod	RED POD				Red Pod	ORANGE POD				Orange Pod	GREEN POD				Green Pod	
	Morning	Afternoon	Evening	Group Visits		Morning	Afternoon	Evening	Group Visits		Morning	Afternoon	Evening	Group Visits		Morning	Afternoon	Evening	Group Visits	
NTM:	Gaby	Gaby		<b>GV: CP#6</b>	NTM:	Karina	Karina		GV:	NTM:	Ira	Ira		GV:	NTM:	Delfina	Delfina	Delfina	GV:	
Admin				<b>Time: 11:20-1</b>	Admin				Time:	Admin				Time:					Time:	
Misae Vela	OFF	OFF	OFF	<b>Prov: Miche</b>	Kim Benago	OFF	OFF	OFF	Prov: Miche	<b>Carolyn</b>	<b>Elias</b>	<b>Elias</b>	OFF	Prov:	<b>Stephani</b>	<b>Brymat</b>	<b>Brymat</b>	OFF	Prov:	
				<b>MA: Norma</b>					MA:		Damaris @ 10			MA:					MA:	
<b>Zack W</b>	Admin	<b>SS</b>	<b>Karla</b>	<b>MA: N/A</b>	<b>Reth Gar</b>				MA:		<b>KL</b>	OFF	OFF	MA:		<b>Ariella J.</b>	<b>Valeria</b>	<b>Valeria</b>	<b>Valeria</b>	MA:
				<b>FD: Selene</b>		Marisol @ 10			FD:					FD:		<b>Kimberly @</b>	<b>Leslie</b>		FD:	
Kaitlin P.	Off	Off	Off	<b>Fac: Martha</b>	<b>Devon W</b>	<b>Karina</b>	<b>Lesley</b>	OFF	Fac:	<b>Devon Sam</b>					<b>Taylor Ely</b>	<b>Yoselin</b>	<b>Yoselin</b>	<b>Yoselin</b>	Fac:	
				<b>Rm # : Teal</b>					Rm #:							<b>Brissa @ 10</b>			Rm #:	
Michelle C.	<b>Norma</b>	<b>Norma</b>	<b>Norma</b>		<b>Rachel L</b>	<b>Erika</b>	<b>Erika</b>	<b>Erika</b>		<b>Malia Davis</b>	Admin	Admin	OFF		<b>Jon Feng</b>	OFF	<b>Brissa</b>	<b>Brissa</b>		
	<b>Valeria</b>		<b>Valeria</b>	GV:					<b>GV: Pain</b>					GV:					<b>GV: INP</b>	
Crystal E.	<b>Damaris</b>	<b>Damaris</b>	OFF	Time:					<b>Time: 3:40-4</b>	<b>Emily G.</b>	<b>Juan</b>	<b>Juan</b>	<b>Juan</b>	Time:					<b>Time: 3-5p</b>	
	3:20/ 3:40 only			Prov:		<b>Carolina ADMIN PM</b>			<b>Prov: Ruth</b>		<b>Ana @ 10</b>			Prov:					<b>Prov: Ariella</b>	
		<b>Valeria</b>		MA:		<b>Olivia M MAPC AM/PM</b>			<b>MA: Denise</b>	<b>Layla</b>	<b>Yesica</b>	<b>Yesica</b>	<b>Yesica</b>	MA:					<b>MA: Claudia</b>	
	<b>Marisol MAPC PM/EVE</b>			MA:					<b>MA: N/A</b>		<b>til 10</b>			MA:					<b>Kimberly, Kar</b>	
				FD:	<b>HOP: Tena / Maria Teresa 8:20-4:20</b>				<b>FD: Veronica</b>	<b>HOP: Tena / Maria Teresa 8:20-4:20</b>				FD:	<b>HOP: Tena / Maria Teresa 8:20-4:20</b>				<b>FD: Brenda</b>	
<b>HOP: Tena / Maria Teresa 8:20-4:21</b>				Fac:					<b>Fac: Sarah</b>	<b>Daniela Admin PM</b>				Fac:		<b>Alina Admin AM/PM/EVE</b>			<b>Fac: Martha</b>	
				Rm #:					<b>Rm # : Teal</b>	<b>Ana MAPC PM</b>				Rm #:					<b>Rm # : Purple</b>	
<b>Rhianna</b>	In Clinic	In Clinic			<b>Maria Bote</b>	In Clinic	In Clinic	til 6												
<b>Emily Vel</b>	Mtgs	In Clinic	OFF	GV:	<b>Sarah Wi</b>	In Clinic	In Clinic	OFF	<b>GV: Healthy Heart</b>	<b>Danielle</b>	In Clinic	In Clinic	In Clinic	<b>GV: Retinal</b>	<b>Matt Day</b>	In Clinic	In Clinic	OFF	GV:	
				Time:					<b>Time: 5-6p</b>					<b>Time: 5:40pm - 6:40pm</b>					Time:	
MA Visits:				Prov:	MA Visits:				Prov: n/a	MA Visits:				<b>Prov: Emily</b>	MA Visits:				Prov:	
Med Recs:	Page Med Recs		<b>Victoria</b>	MA:	Med Recs:	<b>Susana @</b>	<b>Susana</b>		<b>CM: Julia</b>	Med Recs:	<b>Laurie</b>	<b>Laurie</b>		<b>MA: Juan</b>	Med Recs:	<b>Clara @ 3</b>	<b>Clara</b>		MA:	
Front Desk	<b>Elizabeth</b>	<b>Elizabeth</b>	<b>Eli/Crystal</b>	MA:	Front Desk	<b>Veronica</b>	<b>Veronica</b>	Blue Pod	<b>CM: Mo</b>	Front Desk	<b>Debanhi</b>	<b>Debanhi</b>	<b>Debanhi</b>	<b>MA: Karina O</b>	Front Desk	<b>Diana</b>	<b>Diana/Crys</b>	<b>Luis</b>	MA:	
Front Desk	<b>Selene</b>	<b>Luis</b>		FD:	Front Desk	<b>Nancy</b>	<b>Selene</b>	<b>Selene</b>	<b>FD: Luis</b>	Front Desk	<b>Nora</b>	<b>Nora</b>		<b>FD: Selene</b>	Front Desk	<b>Brenda</b>	<b>Brenda</b>		FD:	
CM	<b>Irene</b>	<b>Irene</b>		Fac:	CM	<b>Eli @ 8:15</b>	<b>Eli til 2:45</b>		<b>Esc: Maria</b>	CM	<b>Mara</b>	<b>Mara</b>		<b>Fac: N/A</b>	CM	<b>Mo</b>	<b>Mo</b>	<b>Mo</b>	Fac:	
CM Float				Rm #:	CM Float	<b>Julia</b>	<b>Julia</b>	<b>Julia</b>	<b>Rm # : Trng Rm</b>	CM Float				<b>Rm # : Yellow</b>	CM Float	<b>Martha</b>	<b>Martha</b>		Rm #:	

GV Info indicated on daily schedule

	Unavailable Pecos - Exc Monday, Oct 24	Unavailable Pecos - Exc Tuesday, Oct 25	Unavailable Pecos - Exc Wednesday, Oct 26	Unavailable Pecos - Exc Thursday, Oct 27
8:00 A	 <b>CLINICA FAMILY HEALTH</b> COPYRIGHT 2017 ALL RIGHTS RESERVED			
8:20 A				
8:40 A				
9:00 A				
9:20 A				
9:40 A				
10:00 A				
10:20 A				
10:40 A				
11:00 A				
11:20 A				
11:40 A				
12:00 P				
12:20 P				
12:40 P				
1:00 P				
1:20 P				
1:40 P				
2:00 P				
2:20 P				
2:40 P				
3:00 P				
3:20 P				
3:40 P				
4:00 P				
4:20 P				
4:40 P				
5:00 P				
5:20 P				
5:40 P				
6:00 P				
6:20 P				

Appt Start Time: 8:40 A  
 Resource: Pecos JJ Hutcheson DO  
 Category: GV Diabetes Block  
 Location: Clinica Campesina Pecos

Different colors indicate different GV types

Type of GV indicated in popup

GV appt slots in different color

[Daily](#)
[Weekly List](#)
[Weekly Schedule](#)
[Monthly](#)



**From:** Jessica Martinez  
**Sent:** Thursday, July 14, 2016 9:11 AM  
**To:** All Staff Thornton <[Staff.Thornton@clinica.org](mailto:Staff.Thornton@clinica.org)>  
**Subject:** Groups at Thornton week of July 18th

## July 2016

Monday 18	Tuesday 19	Wednesday 20	Thursday 21	Friday 22
No GV	INP with Ashley CM Eric CP with Julie CM Jessica	INP with Katie CM Steve	BS with Katie CM Eric DM with Darren CM Elizabeth	No GV

CP = Centering Pregnancy	CPA = Centering Parenting
INP = Initial Parental	P = Embracing Pain
HWLC = Healthy Weight @ Low Cost	CLH = Choose To Live Healthy
R = Retinal	DM = Diabetes
CF = Cold And Flu	F = Flu Cluster
BS = Back To School	

Thank you,

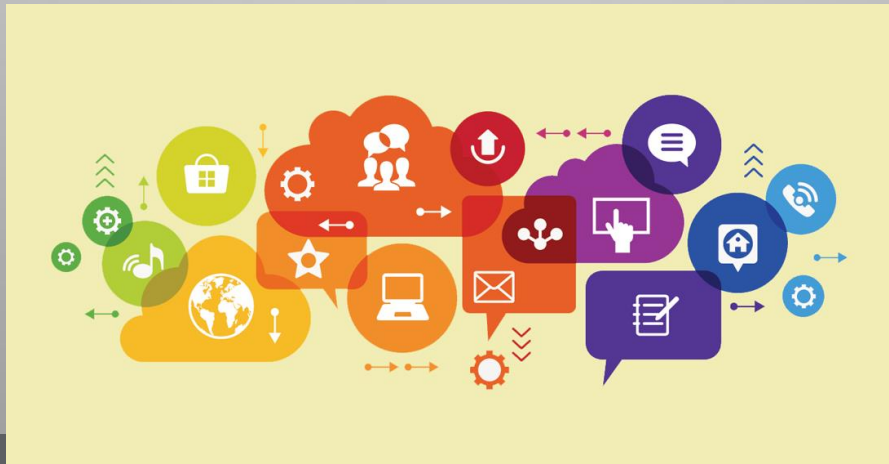
Jessica Martinez  
 Group Visit Coordinator/Case Manager  
 Thornton, Teal Pod

# Communication with the Patient

- What does the patient need to know?
- Who will tell the patient what they need to know?
- When will the patient be informed?
- How will the patient be informed?

# Ways We Communicate

- Printed group schedules (continuity groups)
- Reminder calls
- Mailed or emailed group invitations
- Confirmation calls/texts



## Centering Pregnancy



Due Dates- mid December 2016 – mid February 2017  
Tuesdays 2:20-4:20

- Session 1 – July 12, 2016
- Session 2 – August 9, 2016
- Session 3 – September 6, 2016
- Session 4 – October 4, 2016
- Session 5 – November 1, 2016
- Session 6 – November 15, 2016
- Session 7 – November 29, 2016
- Session 8 – December 13, 2016
- Session 9 – December 20, 2016
- Session 10 – January 3, 2017
- Session 11 – January 17, 2017
- Session 12 – January 24, 2017

Emily Barnak, PA  
Lynn Scheidenhelm, LCSW

## Centering Pregnancy



Due Dates- mid February 2017 – mid April 2017  
Mondays 2:20 - 4:20

- Session 1 – September 12, 2016
- Session 2 – October 10, 2016
- Session 3 – November 7, 2016
- Session 4 – December 5, 2016
- Session 5 – December 19, 2016
- Session 6 – January 2, 2017
- Session 7 – January 16, 2017
- Session 8 – January 30, 2017
- Session 9 – February 13, 2017
- Session 10 – February 27, 2017
- Session 11 – March 13, 2017
- Session 12 – March 27, 2017

Kevin Dryden, MD  
Emma Cook, CM

## Grupo del embarazo



Fechas de parto: Los fines de Marzo a los primeros de Mayo  
Lunes 10:30 – 12:30

- Sesión 1 – octubre 10, 2016
- Sesión 2 – noviembre 7, 2016
- Sesión 3 – diciembre 5, 2016
- Sesión 4 – enero 2\*, 2017
- Sesión 5 – enero 16, 2017
- Sesión 6 – enero 30, 2017
- Sesión 7 – febrero 13, 2017
- Sesión 8 – febrero 27, 2017
- Sesión 9 – marzo 13, 2017
- Sesión 10 – marzo 27, 2017
- Sesión 11 – abril 10, 2017
- Sesión 12 – abril 24, 2017

Rachel Hess, PA  
Ronald Funes, Educador



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# #6 Tracking and Scheduling Group Visits

Tracking of the group schedule is one of the more complicated elements of the group visit process



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# Things to consider when creating a tracking system for group visits:

- What are your limiting factors on how many group visits you can conduct in a given day/week/month/year?
- Will one person have oversight of the group visit process or will multiple people manage it?
- When possible, create permanent group dates/time schedules
- Have a process for group visit room reservation

# Scheduling New Groups

- Ensure facilitator continuity



- Pair new facilitators with experienced facilitators



# Tracking Provider Rotation

GROUP EDD MONTH	PROVIDER	RECRUIT	MONTH GV STARTS		Provider	Pod
OCTOBER '16	Kim Benage   Julia	Mid Feb--Mid March	April '16		Kaitlin Prinsen	Blue
	RUNNING				Kelley Creamer	Blue
NOVEMBER '16	Michelle Conklin   Martha	Mid March--Mid April	May '16		Michelle Conklin	Blue
	BEGINS 6/2				Misae Vela Brol	Blue
DECEMBER '16	Carolyn Chen   Mara	Mid April--Mid May	June '16		Zach Wachtl	Blue
	BEGINS 6/17				Devon Gershaneck	Red
JANUARY '17	Ariella Jolly   Mo	Mid May--Mid June	July '16		Kim Benage	Red
					Rachel Laaff	Red
FEBRUARY '17	Rachel Laaff   Julia	Mid June--Mid July	August '16		Ruth Garcia	Red
					Carolyn Chen	Orange
MARCH '17	Misae Vela   Irene	Mid July--Mid Aug	September '16		Devon Swartz	Orange
					Emily Greene	Orange
APRIL '17	Devon Swartz   Mara	Mid Aug--Mid Sept	October '16		Krista Klaehn	Orange
					JJ Hutcheson	Green
MAY '17	Stephanie Smith   Mo	Mid Sept--Mid Oct	November '16		Stephanie Smith	Green
					Taylor Ely (NT)	Green
JUNE '17	Ruth Garcia   Eli	Mid Oct--Mid Nov	December '16		Ariella Jolly (Training 2/2016)	Flt/Grn
JULY '17	Zach Wachtl   Martha	Mid Nov--Mid Dec	January '17		*(NT) = Needs Trained Matt P not doing CPs	
AUGUST '17	Malia Davis   Mara	Mid Dec--Mid Jan	February '17			







## Centering Pregnancy - Provider Group Schedules

### BLUE POD

#### Misae's 4/2016 (Irene)

Session	Day	Date	Time	Room	Notes
1	Wednesday	10/21/2015	10:40am-11:40am	Teal	
2	Wednesday	11/18/2015	10:40am-11:40am	Teal	
3	Wednesday	12/16/2015	10:40am-11:40am	Teal	
XX	Wednesday	12/30/2015	10:40am-11:40am	Teal	CANCEL
4	Wednesday	1/13/2016	10:40am-12:20pm	Teal	
5	Wednesday	1/27/2016	10:40am-12:20pm	Teal	
6	Wednesday	2/09/2016	10:40am-12:20pm	Teal	Date Change from 2/10
7	Wednesday	2/24/2016	10:40am-12:20pm	Teal	
8	Wednesday	3/9/2016	10:40am-12:20pm	Teal	
9	Wednesday	3/23/2016	10:40am-12:20pm	Teal	
10	Wednesday	4/6/2016	10:40am-12:20pm	Teal	
11	Wednesday	4/13/2016	10:40am-12:20pm	Teal	
12	Wednesday	4/20/2016	10:40am-12:20pm	Teal	
13	Wednesday	4/27/2016	10:40am-12:20pm	Teal	If needed

#### Kaitlin's 9/2016 (Irene/Maria)

Session	Day	Date	Time	Room	Notes
1	Tuesday	3/22/2016	10:40am-12:20pm	Yellow	
2	Tuesday	4/19/2016	10:40am-12:20pm	Yellow	
3	Tuesday	5/17/2016	10:40am-12:20pm	Yellow	
4	Tuesday	5/31/2016	10:40am-12:20pm	Yellow	
5	Tuesday	6/14/2016	10:40am-12:20pm		
6	Tuesday	6/28/2016	10:40am-12:20pm	Yellow	
7	Tuesday	7/12/2016	10:40am-12:20pm	Yellow	



# PECOS DMGVs



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GV typ	Pod	Provider	CM	Covering	Date	Day	Time	Room	Blocking	Eng/Spa
DM	Blue	Misae	Virginia	Vir and Mara	2/5/2014	1st Wed	11:20-12:20	Yellow	4 slots	Span
DM	Blue	Misae	Virginia		5/7/2014	1st Wed	8:40-10:00	Yellow	4 slots	Span
DM	Blue	Misae	Virginia		8/6/2014	1st Wed	8:40-10:00	Yellow	4 slots	Span
DM	Blue	Misae	Virginia		11/5/2014	1st Wed	8:40-10:00	Yellow	4 slots	Span
DM	Blue	Misae	Virginia		2/4/2015	1st Wed	8:40-10:00	Yellow	4 slots	Span
DM	Blue	Matt P	Virginia		3/21/2014	3rd Fri	11:20-12:20	Yellow	5 slots	Span
DM	Blue	Matt P	Virginia		6/13/2014	2nd Fri	8:20-9:40	Yellow	5 slots	Span
DM	Blue	Matt P	Virginia		9/12/2014	2nd Fri	8:20-9:40	Yellow	5 slots	Span
DM	Blue	Matt P	Virginia		12/12/2014	2nd Fri	8:20-9:40	Yellow	5 slots	Span
DM	Blue	Bentrott	Virginia		3/6/2014	1st Thurs	11:20-12:20	Yellow	5 slots	Span
DM	Blue	Bentrott	Virginia		6/5/2014	1st Thurs	8:20-10:20	Yellow	5 slots	Span
DM	Blue	Bentrott	Virginia		9/4/2014	1st Thurs	8:20-10:20	Yellow	5 slots	Span
DM	Blue	Bentrott	Virginia		12/4/2014	1st Thurs	8:20-10:20	Yellow	5 slots	Span
DM	Blue	Creamer	Virginia		5/2/2014	1st Fri	8:00-9:40	Yellow	5 slots	Span
DM	Blue	Creamer	Virginia		8/1/2014	1st Fri	8:00-9:40	Yellow	5 slots	Span
DM	Blue	Creamer	Virginia		11/7/2014	1st Fri	8:00-9:40	Yellow	5 slots	Span
DM	Blue	Creamer	Virginia		2/6/2015	1st Fri	8:00-9:40	Yellow	5 slots	Span
DM	Blue	Matt P #2	Mara		12/12/2013	2nd Thurs	11:00-12:20	Yellow	5 slots	Span
DM	Blue	Matt P #2	Mara		3/13/2014	2nd Thurs	11:00-12:20	Yellow	5 slots	Span
DM	Blue	Matt P #2	Mara		6/12/2014	2nd Thurs	11:00-12:20	Yellow	5 slots	Span
DM	Blue	Matt P #2	Mara		9/11/2014	2nd Thurs	11:00-12:20	Yellow	5 slots	Span
DM	Blue	Matt P #2	Mara		12/11/2014	2nd Thurs	11:00-12:20	Yellow	5 slots	Span
DM	Blue	Bentrott	Jessica		2/11/2014	2nd Tues	8:20-10:00	Yellow	5 slots	Eng
DM	Red	Benage	Elisabeth		3/5/2014	1st Wed	8:20-10:00	Yellow	5 slots	Span
DM	Red	Benage	Elisabeth		6/4/2014	1st Wed	8:20-10:00	Yellow	5 slots	Span



Centering Pregnancy Evaluations Due Session #6 (Yellow) and Session #10 (Green)		Jan '17	Feb '17	March '17	Apr '17	May '17	June '17
<b>FEBRUARY 2017</b> <b>Rachel Laaff, NP</b> <b>Julia</b> <b>Thursdays</b> <b>3:40   5 Slots</b> <b>Teal</b>	<b>CM:</b>	<b>1/5/2017 #8</b>	<b>2/2/2017 #11</b>				
			<b>2/9/2016 #12</b>				
	<b>2:20- Room:</b>	<b>1/19/2017 #9</b>	<b>2/16/2017 #13</b>				
		<b>1/26/2017 #10</b>	<b>2/23/2017 #14</b>				
<b>March 2017</b> <b>Misae Vela Brol</b> <b>CM: Irene</b> <b>Wednesday</b> <b>10:20 - 12:20   7 Slots</b> <b>Room: Teal</b>			<b>2/1/2017 #7</b>				
		<b>1/4/2017 #5</b>	<b>Yellow</b>	<b>3/1/2017 #10</b>			
				<b>3/8/2017 #11</b>			
		<b>1/18/2017 #6</b>	<b>2/22/17 #9</b>	<b>3/15/2017 #12</b>			
				<b>3/22/2017 #13</b>			
<b>JUNE 2017</b> <b>Garcia, NP</b> <b>Tuesdays</b> <b>- 12:20 pm   6 Slots</b> <b>Room: Teal</b>				<b>3/29/2017 #14</b>			
	<b>Ruth</b>						<b>6/6/2017 #11</b>
	<b>CM: Eli</b>						
	<b>10:40</b>	<b>1/10/2017 #2</b>			<b>4/11/2017 #7</b>	<b>5/9/2017 #9</b>	<b>6/13/2017 #12</b>
				<b>3/14/2017 #5</b>			<b>6/20/2017 #13</b>
					<b>4/25/2017 #8 Yellow</b>	<b>5/23/2017 #10</b>	<b>6/27/2017 #14</b>

◀ ▶ October 17 - 21, 2016

Search Pec-Purple GV - Calendar (Ctrl+E)



**Pec-Purple GV** ✕

	MON	TUE	WED	THU	FRI
	17	18	19	20	21
8 <sup>AM</sup>		8:00a INP GV ORAI POD PG#1	8:00a INP GV BLUE POD PG#1		
9					
10					
11					
12 <sup>PM</sup>					
1					
2			Embr Pain - Carol	INP GV	Carol CP # 7 Dec 2016 (Mari
3					

◀ **Pec TealGV** ✕

	MON	TUE	WED	THU	FRI
	17	18	19	20	21
8 <sup>AM</sup>					
9			Judy Troye Pec TealG Judy		
10				Mich - CP #8 Nov 2016 (Marl	Kim - Oct 2016 CP#1 (Julia
11					
12 <sup>PM</sup>			Judy Troye Pec TealG Judy		
1					
2				Embr Pain - Ruth,	
3					

◀ **Pec-Yellow GV** ✕

	MON	TUE	WED	THU	FRI
	17	18	19	20	21
8 <sup>AM</sup>					Zach DM grou CM: Elisat
9					
10					
11					
12 <sup>PM</sup>					
1					
2					
3					



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# Blocking for Group Visits

OB/PreGV (1)
GV CParenting (1)
GV CParenting Block (1)
GV CParenting Block (1)
GV CParenting Block (1)
GV CParenting Block (1)
GV CParenting Block (1)

GV Diabetes Spanish (1)
GV Diabetes Block (1)
GV Diabetes Block (1)
GV Diabetes Block (1)

OB/PreGV (1)
GV Block NB GV (1)
GV Block NB GV (1)
GV Block NB GV (1)
GV Block NB GV (1)

OB/PreGV (1)
GV Back To School (1)
GV Back To School (1)
GV Back To School (1)
GV Back To School (1)

OB/PreGV (1)
GV Embracing Pain (1)
GV Embracing Pain Block (1)
GV Embracing Pain Block (1)
GV Embracing Pain Block (1)

OB/PreGV (1)
GV Retinal English (1)
GV Retinal English (1)
GV Retinal Spanish (1)
GV Retinal Spanish (1)

# Scheduling Standards and Expectations



- Slots blocked for group care will never exceed the number of patients scheduled into the group
- Scheduled group visits should be monitored for cancellation and necessary appt slots opened in advance so slots can be filled
- Designate someone to monitor schedules (office manager, front office team, etc...)





# #7 Plan for Patient Recruitment

Depending on the group visit type, recruitment can occur various ways:

- Provider and care team recruitment
- Flyers/postings
- Registries/reports that generate cohorts that the clinic can solicit by calling/mailing
- “Opt Out”
- Call Center Attendant or triage nurse offers group visit when patient calls for an appointment





# Recruiting for Continuity groups

- Do not wait until the last minute when recruiting for a new group
- Communicate with the team so everyone can help recruit and is knowledgeable
- Recruit from within the provider's panel (whenever possible)



# Recruitment Script

## Diabetes recruitment Script for calling patients

Good Afternoon my name is \_\_\_\_\_, I am calling on behalf of your provider \_\_\_\_\_. Your provider has asked me to call you personally to invite you to be one of the patients who participate in his/her diabetes group visit.

Your provider (Name of provider) feels very confident that you will benefit from coming to the group visit. Many studies have been done that show that patients who attend and participate in the groups have a better understanding about the disease and are more involved with their care. Also it shows that their general health is improved when they participate in groups. We have done these groups now for several years in this Clinic with great results! We will offer different diabetes topics to discuss and learn, and how to manage them. Things like: What is Diabetes, the difference between type I and II Diabetes, what parts of the body are affected by Diabetes (feet, eyes, kidneys, nerves), how can you help yourself by preventing these complications. What is an A1C? All of the patients who attend the group have diabetes and you will learn from each other. We are hoping to start a group in (Month), which of the options below work better for you: *Option 1: Tuesdays 8:20am, Option 2: Wednesdays 10:00am, or Option 3: Thursdays 2:20pm.*

Centering Pregnancy  
"Opt Out" form



## CENTERING PREGNANCY



### GROUP VISIT PARTICIPATION SLIP

I have had the Centering Pregnancy Group Visit explained to me and I understand that I will receive my pregnancy care based on the Centering Pregnancy model unless I indicate below that I am not able to participate in group care. I understand that I can cancel my participation in the group at any time in the future.

In which group do you prefer to participate in?

☐ Group in English    ☐ Group in Spanish    ☐ Either

☐ Check here if you **cannot** participate in a Centering Pregnancy Group

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date



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# Flyers & Postings



## **Lo Invitamos a Usted y a su Familia a la Clase:**

### **"Elije Vivir Sano"**

Si desea tener un peso más saludable, bajar su colesterol, evitar o controlar mejor la diabetes, bajar los triglicéridos, bajar la presión arterial, tener más energía... Inscribase ya en la clase **"Elije Vivir Sano"**

#### **Cómo puedo inscribirme?:**

Con cualquiera de los miembros de su equipo médico o en la recepción.

También puede inscribirse llamando a la clínica

**Quién dicta la clase?:** La Nutrióloga

**Cuándo?:** Jueves de 5 a 8 pm, por favor llegue 15 min antes (4:45 pm)

**Lugar?:** Clínica Pecos, primer piso

**Debo pagar para atender esta clase?:** No, la clase es gratis!

### **Testimonios**

"Me gusto mucho la clase porque aprendimos como comer y que cantidades comer. Se le recomendaría a todas las personas que pudieran venir a tomar la clase. Este excelente"

"Me gusto la manera en que se desarrolló la clase. Fue explicada de manera sencilla. Entendí lo explicado. Gracias!"

"Muchas gracias por su tiempo y tan valiosa información. Gracias por sus consejos. Siguen educándonos porque eso es lo que necesitamos. Dios los bendiga."

"Me encanta mucho. Me voy aprendiendo de lo que aprendí."

"Gracias! Muy informativo y entretenido. Me invitan a la próxima sesión."



**Los Esperamos!!**



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## **Grupo Educativo sobre la Diabetes**



Su proveedora, Claire le invita a participar en su grupo educativo sobre la diabetes. Los cursos se darán cada tres meses comenzando en Marzo del 2016. Por favor indique cual horario sería preferible para contar con su presencia. Estaremos en contacto con usted cuando tengamos todos los datos exactos para comenzar el curso.

#### **Opción 1**

Martes comenzando a las 8:00am

#### **Opción 2**

Miércoles comenzando a las 10:00am

#### **Opción 3**

Jueves comenzando a las 2:00pm



# Pamphlets & Handouts



## WELCOME TO YOUR DIABETES GROUP VISIT

**Location of Group:** Yellow Group visit room

**Time:**

**Provider:**

**Case Manager:**

**Dates of group:** Your group will meet every 3 months on the

2016 group dates

Diabetic Nutrition

Difference between type I and type II Diabetes.

Diabetes and how it affects your body.

Educational topics discussed

What is an A1c?

How can you prevent complications?

Glucose meter teaching



# Are Handouts and Flyers Enough?

- Employee engagement is important!
- Provider engagement is key!
- Facilitators recruit for their own groups – establishing a relationship with patient

# Communicate Clearly

- The patient must understand that their visit is in a group setting
- Explain that their chronic condition group visit will replace all other 1:1 visits with their PCP for that condition

# #8 Staff Training

All of the hard work put into the group visit planning process will not impact group success unless the staff participating in the group have the proper training on their roles and expectations



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# Staff Training

- Train all involved in the group process, including providers
- Incorporate the expectations related to group visits into the employee job description and evaluation tools
- Have and keep up to date training materials for each group visit type
- Meet with staff prior to a new group visit type, in the area where the group will occur, and review the flow and materials related to the group

# Training Requirements

- Develop training guidelines for managers which includes:
  - Training guidelines based on role
  - When training should occur
  - What needs to occur prior to starting groups

# Clinica's GV Training Program

- Each type of group visit has training materials available: [Centering All Staff General Training](#)
- On-going formal GV trainings occur throughout the year:
  - GV Facilitation (offered 2 times/year)
  - Centering Training (offered 2 times/year)
  - GV Operations (offered 4 times/year)

Other trainings that support groups: anticipatory guidance, Case Manager content training, Motivational Interviewing

# Post Training

SO...  
HOW DID IT GO?

- Check-in with staff once they start supporting/facilitating groups
- Plan to debrief with new facilitators
  - How did your first group go?
  - What can we do differently last time?
  - Did enough patients show up?



# #9 Measure Your Goals and Objectives

How will you know if the group is successful?



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# Consider what the purpose of the group is and why you created it?

- Are there specific health outcomes you want to achieve?
- Are there visit/access numbers you want to achieve?
- How will you measure the patient's satisfaction with the group?
- How will you measure the staff's satisfaction with the group?
- How and how often will you measure success?
- How will data get collected, compiled and reported?



# What We Measure at Clinica

- Clinical health outcomes
  - Continuity group patients are flagged
  - Medical Director leadership team and GVO reviews
- Productivity data
  - Are we at a 1:1 ratio
  - # groups offered/# patients helped
- Satisfaction
  - Annual staff GV survey
  - Continuity groups surveyed once/year

## Patient Questionnaire

1) Did the care you received today meet your expectations?

Please circle: Yes    No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



1. The staff met my expectations and I found them to be helpful and interested in my health. Please circle your response for each staff member listed in bold.

<b>Provider</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>Medical Assistant</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>Nurse</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>Case Manager</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>BHP</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>Nutritionist (RD)</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>Dental Hygienist</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>Clinical Pharmacist</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
<b>Other</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable

The education I received during this group visit (including verbal education and written handouts) were helpful.

**Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree**

I would recommend group visits to a family member or friend.

**Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree**

What changes would you suggest we make so that attending group visits is a more enjoyable and valuable way to received care at Clinica Family Health?



**GROUP VISIT- DIABETES**  
**Post-Visit Evaluation**

We value your feedback!! Please take a few minutes to give us your comments.

1. Was the topic of today's Group Visit interesting and useful in managing your diabetes? <i>Suggestions for future topics:</i>	1 Not Very	2	3	4	5 Very
2. Did the doctor effectively meet your needs? <i>Suggestions for improvement:</i>	1 Strongly Disagree	2	3	4	5 Strongly Agree
3. Did the other staff (health educator, nurse, nutritionist, medical asst.) meet your needs? <i>Suggestions for improvement:</i>	1 Strongly Disagree	2	3	4	5 Strongly Agree
4. How important was the interaction with other patients? <i>Suggestions for improvement:</i>	1 Not Very	2	3	4	5 Very
5. Are the educational materials/handouts helpful?	1 Not Very	2	3	4	5 Very
6. Was there enough time to address your needs and answer your questions?	1 Not Enough	2	3 Adequate	4	5 Too Much
7. How does the Group Visit compare to an individual doctor appointment?	1 Much Less Beneficial	2	3 Equal Value	4	5 Much More Beneficial
8. How was the length of the Group Visit?	1 Too Long	2	3 Good	4	5 Too Short
9. Would you participate in a Group Visit in the future?	Yes	No			
10. What did you like best about the Group Visit? (Mark all that apply)	11. What did you like least? (Mark all that apply)				
<input type="checkbox"/> Question & Answer Session	<input type="checkbox"/> Question & Answer Session				
<input type="checkbox"/> Patient interaction	<input type="checkbox"/> Patient interaction				
<input type="checkbox"/> Consult with provider	<input type="checkbox"/> Consult with provider				
<input type="checkbox"/> Schedule/Flow/Time Allotment	<input type="checkbox"/> Schedule/Flow/Time Allotment				
<input type="checkbox"/> Blood draw/foot exam	<input type="checkbox"/> Blood draw/foot exam				
<input type="checkbox"/> Facilitator	<input type="checkbox"/> Facilitator				
<input type="checkbox"/> Gift Bags	<input type="checkbox"/> Gift Bags				
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____				



### Sample Staff Survey questions:

- ✓ Patients receive better care in a group setting.
  - Agree → Disagree
- ✓ Have you attended group visit training?
  - Yes/No
- ✓ When I participate in a group visit, I have all of the materials, supplies and resources I need.
  - Agree → Disagree
- ✓ When I participate in a group, I feel like I get the support I need to prepare for and arrive to the group on time.
  - Agree → Disagree
- ✓ Which type of group visit do you enjoy participating in the most? Why?
- ✓ Share reasons why you enjoy group visits.
- ✓ What is your number one challenge related to conducting group visits?
- ✓ In what areas can Clinica's GV program be improved? (i.e., better training, more staff support, etc...)



# Ready to Start!

Your group visit has been developed

Your staff have been trained

Patients are recruited



# Day of Group!

- Patients arrive and check in for the group visit
- Patients are brought to the GV Room by the Medical Assistant
- Patients sit at center table where nametags and patient folders are set-up
- Case Manager (co-facilitator) introduces themselves, welcomes patients, and reviews confidentiality agreement



# Diabetes Group Flow Continued

- Medical Assistant:
  - Teaches patients to take vitals and assists in documenting vitals in the “Patient Care Log” in their patient folder
  - Completes A1C, medication reconciliation, and foot exam (when due)
- Case Manager – Begins facilitated group discussion and activities

\*Case Manager may begin facilitated discussion while Medical Assistant is still working with patients. Ideally the provider and any other guest facilitators (Nurse, Dietician, Clinical Pharmacist, Behavioral Health) are present when the facilitated discussion begins



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# Diabetes Group Flow Continued

- Primary Care Provider:
  - Participates in group discussion and addresses group's clinical questions
  - Meets individually with each patient in group setting

\*Provider moves around the table from patient to patient; reviewing Diabetic Patient Care Log (vitals), discussing care needs on CarePlanner report, reviewing medications



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# CarePlanner

Report Generated: 8/25/2016

## CarePlanner

### REPORT SPECIFICATIONS

Person Nbr	Patient Name	PCP/ Status	Phone Number	Age/ DOB	Gender	Last Visit	ACO
		PCP: Corcoran, Michelle PDP: Missing PDP Hygienist: Status: ZPay Payer: Clinica ZPAY Group Visits: MCC Status: Enrolled MCC Used in Calendar Yr: No		20 Year(s)	F	Bezdek Benage, K Last WCC: CarePlan Rvw:	

Alerts	Appts	Active Problem List
BMI: Abnormal BMI Was 30.89 on 07/13/2016 BMI: PN Patient / No Pre Preg BMI Recorded Global: Currently Pregnant: Gravida 3 at 15 wks Global: Past Due - Self Management Goal (Prenatal, ) Prenatal: PNPlus Status is Not Eligible Prenatal: Prenatal Risk Assessment Incomplete	1 at 03:00PM for OB -14 Weeks OB checkup with Corcoran, Michelle	

Active Medications						
Start Date	Stop Date	Prescribed Elsewhere	Brand Name	Generic Name	Dose	Instructions
07/05/2016	07/04/2017		PREPLUS	PNV WITH CA,NO.72/IRON/FA	27 mg iron-1 mg	take 1 tablet by oral route every day
07/05/2016			PREPLUS	PNV WITH CA,NO.72/IRON/FA	27 mg iron-1 mg	take 1 tablet by oral route every day
11/05/2015	01/10/2017		NITROFURANTOIN MONO-MACRO	NITROFURANTOIN MONOHD/M-CRYST	100 mg	take 1 capsule by oral route every 12 hours with food for 5 days

Prenatal
<ul style="list-style-type: none"><li>Obesity: NORMAL Early 1hr OGTT at INP.</li><li>Poor dating: Not sure of LMP.</li><li>Chlamydia, syphilis, or GC:</li></ul>

Open Referrals	Future Labs	Diagnostics
		07/13/2016 - completed - Ultrasound OB, limited - normal



# End of Group Session

- Case Manager:
  - Facilitates self-management goal setting
  - Distributes evaluations (when due)
  - Reminder about next session (every 3 months)
  - Reminder about any handouts/homework
  - Leads closing activity
- Provider and Case Manager – debrief post group and discuss topic(s) for next session



# PCP GV Documentation

- Group Visit billing is *based solely on the documented services provided in a direct one-on-one encounter.*

# What Is “Face to Face?”

- Acceptable.....
  - Evaluate the patient individually face to face without separating the patient from the group
- Unacceptable....
  - Evaluating the patient while sitting in the group **without** any individual face to face time

# PCP GV Documentation

Data	Face to Face With Provider	From Group
History of Present Illness	X	
Review of Systems		X
Past Family and Social History		X
Physical Exam <i>*Note: vital signs can be recorded by MA and reviewed by provider</i>	X	
Assessment and Medical- Decision Making	X	
Plan	X	



# PCP GV Documentation

Clear Physical Exam	Without Clear Physical Exam
<i>Chart as you would with a normal non-group visit.</i>	<i>Need to be clear/state in your HPI and Plan that you met face to face with the patient to review his/her history and establish a plan. Document as much physical exam as you are able (i.e. general, psychiatric).</i>
<b>Continuity Groups</b> <ul style="list-style-type: none"><li>• Diabetes</li><li>• CenteringPregnancy</li><li>• CenteringParenting</li></ul>	<b>Continuity Groups</b> <ul style="list-style-type: none"><li>• Anticoagulation</li><li>• Embracing Pain</li><li>• Healthy Weight at Low Cost (formerly Weight Loss GV, run by RD, currently non-billable)</li><li>• Parenting Girls</li></ul>
<b>Access Groups</b> <ul style="list-style-type: none"><li>• Back to School</li><li>• Cold and Flu</li><li>• Newborn</li><li>• Choose to Live Healthy (formerly Healthy Hearts, run by RD, currently non-billable)</li><li>• Retinal</li></ul>	<b>Access Groups</b> <ul style="list-style-type: none"><li>• Flu Shot</li><li>• INP</li></ul>

# Sustaining the Model

## Clinica's Lessons Learned

- We are currently working on improving our GV program!
- Group program grew quickly without proper oversight
  - 5 sites, 5 different group programs
  - Handouts, materials, flow, patient experience
- Time to re-evaluate and standardize



# Group Visit Oversight Committee (GVO)

- As we have grown, we realized better oversight is needed
- All roles and departments are represented
- GVO Responsibilities
  - Standardize curriculum and training
  - Centralize all group visit materials
  - Monitor clinical and productivity outcomes
    - [GV Productivity Data](#)
  - Support Site GV Committees
  - Ensure implementation and sustainability
  - Develop and oversight of new group and content approval process

# Thank you!

## Questions?

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