Group Visit Workshop
Engaging Patients and Improving Health Outcomes through Group Care
Introductions

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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

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

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
Clinica’s Group Visit Models

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
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
8,500 patients served in groups!
Diabetes Group Visit
Centering Parenting Group Visit
Embracing Pain 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

- 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
GOAL #1
IMPROVE HEALTH OUTCOMES
Breastfeeding Initiation Rates

Average of Centering  Average of Non Centering
Patients with Last INR in Goal Range

- In Range
- Goal
Foot Exams

- Not In Group
- Goal
- In Group

HgA1c >9

- **Not In Group**
- **Goal**
- **In Group**
GOAL #2
INCREASE ACCESS TO CARE
Increase in Pod Access

Flu shot clinics
October 2017

<table>
<thead>
<tr>
<th>Location</th>
<th>Slots Blocked</th>
<th>Patients Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thornton</td>
<td>184</td>
<td>416</td>
</tr>
<tr>
<td>People's</td>
<td>147</td>
<td>286</td>
</tr>
<tr>
<td>Pecos</td>
<td>111</td>
<td>269</td>
</tr>
<tr>
<td>Westminster</td>
<td>31</td>
<td>66</td>
</tr>
<tr>
<td>Lafayette</td>
<td>199</td>
<td>224</td>
</tr>
</tbody>
</table>
### Managing the rush

Back to School Clusters

Impact on Access

<table>
<thead>
<tr>
<th></th>
<th># of groups</th>
<th># patients seen</th>
<th># slots blocked</th>
<th>productivity</th>
<th>% increase in access</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 Totals</td>
<td>93</td>
<td>697</td>
<td>465</td>
<td>1.50</td>
<td>49.89%</td>
</tr>
<tr>
<td>2016 Totals</td>
<td>79</td>
<td>553</td>
<td>396</td>
<td>1.40</td>
<td>39.65%</td>
</tr>
<tr>
<td>2017 Totals</td>
<td>97</td>
<td>664</td>
<td>440</td>
<td>1.51</td>
<td>50.91%</td>
</tr>
</tbody>
</table>
Decrease in Pod Access

Embracing Pain Groups
April 2017

<table>
<thead>
<tr>
<th></th>
<th>Thornton</th>
<th>People's</th>
<th>Pecos</th>
<th>Lafayette</th>
<th>Westminster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slots Blocked</td>
<td>5</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Patients Seen</td>
<td>5</td>
<td>11</td>
<td>5</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Number of Patients with Diabetes

Year | New Patients | Existing Patients | Total Diabetics
-----|--------------|-------------------|------------------
2009 | 110          | 1719              | 1829             
2010 | 115          | 2014              | 2129             
2011 | 146          | 2192              | 2371             
2012 | 122          | 2394              | 2540             
2013 | 248          | 2462              | 2584             
2014 | 248          | 2718              | 2966             
2015 | 274          | 3275              | 3536             
2016 | 248          | 3288              | 3536             
2017 | 424          | 3390              | 3814             

Total number of patients with diabetes increased from 1829 in 2009 to 3814 in 2017.
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

- Highly Agree: 26.47%
- Agree: 44.12%
- Neither agree nor disagree: 26.47%
- Disagree: 2.94%
- Highly Disagree: 0.00%
Which groups do you like participating in most?
26 responses

- Centering Pregnancy: 13
- Centering Parenting: 7
- Diabetes: 6
- Embracing Pain: 4
- INR: 1
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
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
“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’s vital themselves!
Group Visit Patient Folders

<table>
<thead>
<tr>
<th>Date</th>
<th>INR</th>
<th>Pulse</th>
<th>Blood Pressure</th>
<th>Respiration</th>
<th>INR</th>
<th>Confidence*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/18/20</td>
<td>2.5</td>
<td>73</td>
<td>141/76</td>
<td>18/40</td>
<td>2.0</td>
<td>305.8</td>
</tr>
<tr>
<td>3/2/20</td>
<td>2.0</td>
<td>76</td>
<td>152/79</td>
<td>152/79</td>
<td>2.0</td>
<td>306.8</td>
</tr>
<tr>
<td>3/10/20</td>
<td>1.7</td>
<td>75</td>
<td>143/69</td>
<td>172/89</td>
<td>1.6</td>
<td>306.8</td>
</tr>
<tr>
<td>3/16/20</td>
<td>2.0</td>
<td>79</td>
<td>160/88</td>
<td>160/88</td>
<td>2.0</td>
<td>301.6</td>
</tr>
<tr>
<td>3/23/20</td>
<td>1.8</td>
<td>88</td>
<td>118/18</td>
<td>24</td>
<td>1.8</td>
<td>312.6</td>
</tr>
<tr>
<td>3/30/20</td>
<td>2.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>311.20</td>
</tr>
</tbody>
</table>

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

DISACUERDO

ACUERDO
Nutrition
Nutrition
My Plate Planner

6 oz. Fat-free or 1% milk

Water

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

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

1/2 fruits and vegetables

1/4 protein

1/4 starch

9-inch plate size for teens and adults

7-inch plate for children

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.

Palm of Hand
Amount of lean meat

A Fist
Amount of rice, cooked pasta, or cereal

A Thumb
Amount of cheese

Thumb Tip
Amount of salad dressing

9-inch plate for teens and adults
Group Facilitation Activities
Success in setting goals

Yearly Self-Management Goal

- Not In Group
- Goal
- In Group

Years: 2011 to 2017
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)
Steps in Self-Management Support

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

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)
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.*

<table>
<thead>
<tr>
<th>1. Name of Group Visit</th>
<th>CentringPregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Will this group be a Continuity, Access, or Cluster group visit?</td>
<td>Continuity</td>
</tr>
<tr>
<td>3. How does the group improve or hold steady the following four priorities:</td>
<td></td>
</tr>
<tr>
<td>• Patient Health Outcomes</td>
<td>Enhanced education, increased time with providers, patient empowerment</td>
</tr>
<tr>
<td>• Patient Access</td>
<td>Increased access with Providers, trees up exam rooms if needed</td>
</tr>
<tr>
<td>• Patient Activation</td>
<td>This is a gold standard for patient activation</td>
</tr>
<tr>
<td>• Organization/Revenue</td>
<td>Typically increases revenue, but at minimum it is cost neutral</td>
</tr>
<tr>
<td>4. What are the specific outcomes to be measured for this Group Visit?</td>
<td>Measures:</td>
</tr>
<tr>
<td>Please specify SMART Goals: Specific, Measurable, Achievable, Realistic, Timely. High level overview. Please refer to Section 4: Outcomes Measurement.</td>
<td>1. Lower PT (preterm) deliveries: &lt; or = to 10%</td>
</tr>
<tr>
<td>2. Initiation of BF (breastfeeding) rates: &gt; or = to 66%</td>
<td>3. Entry of Care Trimester (Inadequate Care not receiving care in 1st trimester): &lt; or = to 27%</td>
</tr>
<tr>
<td>5. How will the outcomes be measured? High level overview. Please refer to Section 4: Outcomes Measurement.</td>
<td>All goals based on Centering Healthcare Institute Research.</td>
</tr>
<tr>
<td>6. Please identify content threads: Bulleted list of topics to cover in group visit. Plus, link to entire</td>
<td>All measures available on BI Report: PN Summary Report</td>
</tr>
</tbody>
</table>

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

lesson Plans
Creating Group Visit Content Focused on Improving Outcomes

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

- School Performance
- Nutrition
- Communication
- Peer Relationships
- Family Planning
- Role Attainment
- Family Relationships
- Menarche
- Sexuality
Clinica’s Diabetes Curriculum

- Curriculum - 1st Group Visit

**Patient handouts needed for this class**
- Name tags
- Patient Diabetes Log (English and Spanish)
- Confidentiality Form and Photo Consent
- Group Guidelines

**Goal setting**
- I will eat one new vegetable before the next meeting (have patient’s name which vegetable and when).
- SMG Goal Sheet: English or Spanish

**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
- Room Set Up
#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?

<table>
<thead>
<tr>
<th>18. What supplies are needed in the group visit room?</th>
<th>Lab draw equipment, vaccines, vitals chart, HgbA1c machine, patient folders, name tags, patient handouts specific to topic, file folder/filing cabinet for Patient Folders.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- DM GV kit and handouts: <a href="http://www.eyenetonline.com">Staff Materials\Group Prep Material\Nutrition Tool Kit</a></td>
</tr>
<tr>
<td></td>
<td>- Food models can be purchased online @ <a href="http://westerndairyassociation.org/downloads/">http://westerndairyassociation.org/downloads/</a></td>
</tr>
<tr>
<td></td>
<td>- The cost of 200 life-size cardboard photographs is $20. Apparently you get a $10 dollar discount for the first purchase of the year.</td>
</tr>
</tbody>
</table>

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# Diabetes Group Visit Planning Checklist

<table>
<thead>
<tr>
<th>WHO</th>
<th>WHEN</th>
<th>WHAT</th>
<th>CHECK!</th>
</tr>
</thead>
<tbody>
<tr>
<td>COM/Group Visit Coordinator</td>
<td>At least 1-2 months prior to group</td>
<td>Choose a provider to start a DMGV based on provider interest, panel size and access, and provider schedule</td>
<td></td>
</tr>
<tr>
<td>COM/Group Visit Coordinator</td>
<td>At least 1 month prior to group</td>
<td>Meet with PCP to review DMGV training materials, location of DMGV materials, and recruiting process</td>
<td></td>
</tr>
<tr>
<td>COM/Group Visit Coordinator</td>
<td>At least 1 month prior to group</td>
<td>Discuss training needs for staff (MA, CM, and OT) at site’s GV Committee</td>
<td></td>
</tr>
<tr>
<td>COM/Group Visit Coordinator</td>
<td>1 month prior to group</td>
<td>Ensure that CM has reviewed the DMGV CM Training PowerPoint</td>
<td></td>
</tr>
<tr>
<td>MATM/COM</td>
<td>1 month prior to group</td>
<td>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 Shadowing &amp; Training Recommendations</td>
<td></td>
</tr>
<tr>
<td>CM</td>
<td>1 month prior to group</td>
<td>Start recruiting for the group (print flyers to hang in exam rooms and give to provider and MA)– see the Recruitment Training for more info</td>
<td></td>
</tr>
<tr>
<td>CM</td>
<td>1 month prior to group</td>
<td>Meet with the PCP to discuss best days and times for group and recruiting plan</td>
<td></td>
</tr>
<tr>
<td>CM</td>
<td>1 month prior to group</td>
<td>Start calling DM patients on PCP’s panel to invite to the group and identify best day and time for group – see script in P-Drive</td>
<td></td>
</tr>
<tr>
<td>COM/Group Visit Coordinator</td>
<td>3 weeks prior to group</td>
<td>Update the GV Schedule in the P-Drive for Wendy to use to block the PCP’s schedule</td>
<td></td>
</tr>
<tr>
<td>COM/Group Visit Coordinator</td>
<td>3 weeks prior to group</td>
<td>Block a group visit room</td>
<td></td>
</tr>
</tbody>
</table>
#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**

<table>
<thead>
<tr>
<th>BLUE POD</th>
<th>BLUE POD</th>
<th>RED POD</th>
<th>RED POD</th>
<th>ORANGE POD</th>
<th>ORANGE POD</th>
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**GV Info indicated on daily schedule**
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<td>Unavailable Pecos · Exc</td>
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**Appt Start Time:** 8:40 A  
**Resource:** Pecos, JJ Hutcheson DO  
**Category:** GV Diabetes Block  
**Location:** Clinica Campesina Pecos
From: Jessica Martinez  
Sent: Thursday, July 14, 2016 9:11 AM  
To: All Staff Thornton <Staff.Thornton@clinica.org>  
Subject: Groups at Thornton week of July 18th

**July 2016**

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<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
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<td>No GV</td>
<td>INP with Ashley CM Eric CP with Julie CM Jessica</td>
<td>INP with Katie CM Steve</td>
<td>BS with Katie CM Eric DM with Darren CM Elizabeth</td>
<td>No GV</td>
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<table>
<thead>
<tr>
<th>CP = Centering Pregnancy</th>
<th>CPA = Centering Parenting</th>
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<tbody>
<tr>
<td>INP = Initial Parental</td>
<td>P = Embracing Pain</td>
</tr>
<tr>
<td>HWLC = Healthy Weight @ Low Cost</td>
<td>CLH = Choose To Live Healthy</td>
</tr>
<tr>
<td>R = Retinal</td>
<td>DM = Diabetes</td>
</tr>
<tr>
<td>CF = Cold And Flu</td>
<td>F = Flu Cluster</td>
</tr>
<tr>
<td>BS = Back To School</td>
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</tbody>
</table>

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 23, 2017
Sesión 5 – enero 16, 2016
Sesión 6 – enero 30, 2016
Sesión 7 – febrero 13, 2016
Sesión 8 – febrero 27, 2017
Sesión 9 – marzo 27, 2017
Sesión 11 – abril 10, 2017
Sesión 12 – abril 24, 2017

Rachel Hess, PA
Ronald Funes, Educador
#6 Tracking and Scheduling Group Visits

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

  Continuity → Better Attendance
  Engagement → Satisfaction
  Better Health → Outcomes!

• Pair new facilitators with experienced facilitators
<table>
<thead>
<tr>
<th>GROUP EDD MONTH</th>
<th>PROVIDER</th>
<th>RECRUIT</th>
<th>MONTH GV STARTS</th>
<th>Provider</th>
<th>Pod</th>
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</thead>
<tbody>
<tr>
<td>OCTOBER '16</td>
<td>Kim Benage</td>
<td>Julia</td>
<td>Mid Feb--Mid March</td>
<td>April '16</td>
<td>Kaitlin Prinsen</td>
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<td>NOVEMBER '16</td>
<td>Michelle Conklin</td>
<td>Martha</td>
<td>Mid March--Mid April</td>
<td>May '16</td>
<td>Kelley Creamer</td>
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<td>Carolyn Chen</td>
<td>Mara</td>
<td>Mid April--Mid May</td>
<td>June '16</td>
<td>Michelle Conklin</td>
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<tr>
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<td>Ariella Jolly</td>
<td>Mo</td>
<td>Mid May--Mid June</td>
<td>July '16</td>
<td>Misae Vela Brol</td>
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<td>Rachel Laaff</td>
<td>Julia</td>
<td>Mid June--Mid July</td>
<td>August '16</td>
<td>Zach Wachtl</td>
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<td>Misae Vela</td>
<td>Irene</td>
<td>Mid July--Mid Aug</td>
<td>September '16</td>
<td>Devon Gershaneck</td>
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<td>Devon Swartz</td>
<td>Mara</td>
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<td>Mo</td>
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*(NT) = Needs Trained
Matt P not doing CPs
### BLUE POD

#### Misae’s 4/2016 (Irene)

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<th>Time</th>
<th>Room</th>
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#### Kaitlin’s 9/2016 (Irene/Maria)

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<tr>
<td>DM</td>
<td>Red</td>
<td>Benage</td>
<td>Elisabeth</td>
<td></td>
<td>6/4/2014</td>
</tr>
<tr>
<td></td>
<td>Jan '17</td>
<td>Feb '17</td>
<td>March '17</td>
<td>Apr '17</td>
<td>May '17</td>
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<tr>
<td><strong>FEBRUARY 2017</strong></td>
<td>CM:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Rachel Laaff, NP</td>
<td>1/5/2017 #8</td>
<td>2/2/2017 #11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Julia</td>
<td></td>
<td></td>
<td></td>
<td>2/9/2016 #12</td>
<td></td>
</tr>
<tr>
<td>Thursdays</td>
<td>1/19/2017 #9</td>
<td>2/16/2017 #13</td>
<td></td>
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<tr>
<td>3:40</td>
<td>5 Slots</td>
<td>1/26/2017 #10</td>
<td>2/23/2017 #14</td>
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<tr>
<td>Teal</td>
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<tr>
<td><strong>MARCH 2017</strong></td>
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<td>3/1/2017 #10</td>
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<tr>
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<td>1/4/2017 #5</td>
<td>2/1/2017 #7 Yellow</td>
<td>3/8/2017 #11</td>
<td></td>
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<tr>
<td>CM: Irene</td>
<td></td>
<td></td>
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</tr>
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<td>1/18/2017 #6</td>
<td>2/22/2017 #9</td>
<td>3/15/2017 #12</td>
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<tr>
<td>10:20 - 12:20</td>
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<td>3/22/2017 #13</td>
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</tr>
<tr>
<td><strong>JUNE 2017</strong></td>
<td>Ruth</td>
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<td></td>
<td>6/6/2017 #11</td>
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<td>Garcia, NP</td>
<td>CM:</td>
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<td>3/29/2017 #14</td>
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<td>4/11/2017 #7</td>
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<td>6/20/2017 #13</td>
</tr>
<tr>
<td>1:20 pm</td>
<td>6 Slots</td>
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<td>5/9/2017 #9</td>
<td></td>
<td></td>
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<tr>
<td>Room: Teal</td>
<td>3/14/2017 #5</td>
<td></td>
<td>6/13/2017 #12</td>
<td></td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td>4/25/2017 #8 Yellow</td>
<td>6/27/2017 #14</td>
</tr>
</tbody>
</table>
October 17 - 21, 2016

**Pec-Purple GV**
- MON: 8:00a INP GV ORAL POD PG#1
- TUE: 8:00a INP GV BLUE POD PG#1
- WED: 
- THU: Judy Troye
- FRI: Judy Troye

**Pec-Teal GV**
- MON: 
- TUE: 
- WED: Mich - CP #8 Nov 2016 (Marl)
- THU: Kim - Oct 2016 CP#1 (Julia)
- FRI: 

**Pec-Yellow GV**
- MON: Zach DM group CM: Elisat
- TUE: 
- WED: 
- THU: Ariell - CP #5 Janu. 2017 (Mo)
- FRI: An N Pec-Y An N

---

**Embr Pain - Carol**
- MON: 
- TUE: 
- WED: INP GV
- THU: Carol CP #7 Dec 2016 (Marl)
- FRI: Embr Pain - Ruth

---

**New Born GV**
- MON: 
- TUE: 
- WED: 
- THU: 
- FRI: 

---

**Amb - Pec-Y An**
- MON: 
- TUE: 
- WED: 
- THU: 
- FRI: 

---

**NB GV**
- MON: 
- TUE: 
- WED: 
- THU: 
- FRI: 

---
## Blocking for Group Visits

<table>
<thead>
<tr>
<th>OB/PreGV (1)</th>
<th>OB/PreGV (1)</th>
</tr>
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<tbody>
<tr>
<td>GV Block NB GV (1)</td>
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<td>GV Back To School (1)</td>
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<td>GV Block NB GV (1)</td>
<td>GV Back To School (1)</td>
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<th>OB/PreGV (1)</th>
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<td>GV Back To School (1)</td>
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<td>GV Embracing Pain Block (1)</td>
<td>GV Back To School (1)</td>
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<tr>
<td>GV Embracing Pain Block (1)</td>
<td>GV Back To School (1)</td>
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<tr>
<td>GV Embracing Pain Block (1)</td>
<td>GV Back To School (1)</td>
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<table>
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<th>OB/PreGV (1)</th>
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<tbody>
<tr>
<td>GV Retinal English (1)</td>
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<tr>
<td>GV Retinal Spanish (1)</td>
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<tr>
<td>GV Retinal Spanish (1)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>OB/PreGV (1)</th>
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</thead>
<tbody>
<tr>
<td>GV Diabetes Spanish (1)</td>
</tr>
<tr>
<td>GV Diabetes Block (1)</td>
</tr>
<tr>
<td>GV Diabetes Block (1)</td>
</tr>
<tr>
<td>GV Diabetes Block (1)</td>
</tr>
</tbody>
</table>
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...).
Take a break!
#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)
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 1 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

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 ___________________________
Lo Invitamos a Usted y a su Familia a la Clase:
“Elige 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... Inscríbase ya en la clase “Elige 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 Nutricionista

Cuándo: Jueves de 5 a 6 pm, por favor llegue 15 min antes (4:45 pm)

Lugar: Clínica Pacos, primer piso

Debo pagar para atender esta clase?: ¡No, la clase es gratuita!

Testimonios

“Me gusto mucho la clase porque aprendimos como comer y qué cantidades comer. Se la recomendaría a todas las personas que pudieran venir a tomar la clase. Esta excelente”

“Me gusto la manera en que se desenvolvía la clase. Fué explicada de manera sencilla. Entendi lo explicado. Gracias”

“Muchas gracias por su tiempo y tan valiosa información. Gracias por sus consejos. Sigamos educándonos porque eso es lo que necesitamos. Dígaselo a todos.”

“Me encanto mucho. Me voy sorprendida de lo que aprendí.”

“Excelente! Muy informativo y orientador. Me invitan a la próxima sesión.”

Los Esperamos!!

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 cuál 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
- Differences between type 1 and type 2 Diabetes
- Diabetes and how it affects your body
- How can you prevent complications?
- Educational topics discussed
- What is an A1C?
- Glucometer 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.
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

• 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?
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.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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</thead>
<tbody>
<tr>
<td>Medical Assistant</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Nurse</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Case Manager</td>
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<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
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</tr>
<tr>
<td>BHP</td>
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<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
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</tr>
<tr>
<td>Nutritionist (RD)</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Dental Hygienist</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
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<tr>
<td>Other</td>
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<td>Neutral</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
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?
<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>1. Was the topic of today’s Group Visit interesting and useful in managing your diabetes?</td>
<td>Not Very</td>
<td></td>
<td></td>
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<tr>
<td>Suggestions for future topics:</td>
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<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>2. Did the doctor effectively meet your needs?</td>
<td>Strongly Disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suggestions for improvement:</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>3. Did the other staff (health educator, nurse, nutritionist, medical asst.) meet your needs?</td>
<td>Strongly Disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suggestions for improvement:</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. How important was the interaction with other patients?</td>
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<td></td>
<td></td>
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<tr>
<td>Suggestions for improvement:</td>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Are the educational materials/handouts helpful?</td>
<td>Not Very</td>
<td></td>
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<tr>
<td>Suggestions for improvement:</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Was there enough time to address your needs and answer your questions?</td>
<td>Not Enough</td>
<td></td>
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<td></td>
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<tr>
<td>Suggestions for improvement:</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>Adequate</td>
</tr>
<tr>
<td>7. How does the Group Visit compare to an individual doctor appointment?</td>
<td>Much Less Beneficial</td>
<td></td>
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<tr>
<td>Suggestions for improvement:</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>Equal Value</td>
</tr>
<tr>
<td>8. How was the length of the Group Visit?</td>
<td>Too Long</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Suggestions for improvement:</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

| 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)  
    - Question & Answer Session  
    - Patient interaction  
    - Consult with provider  
    - Schedule/Flow/Time Allotment  
    - Blood draw/foot exam  
    - Facilitator  
    - Gift Bags  
    - Other: ________________

11. What did you like least? (Mark all that apply)  
    - Question & Answer Session  
    - Patient interaction  
    - Consult with provider  
    - Schedule/Flow/Time Allotment  
    - Blood draw/foot exam  
    - Facilitator  
    - Gift Bags  
    - 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...)

CLINICA family health
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
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
# CarePlanner

## REPORT SPECIFICATIONS

<table>
<thead>
<tr>
<th>Person Nbr</th>
<th>Patient Name</th>
<th>PCP/ Status</th>
<th>Phone Number</th>
<th>Age/DOB</th>
<th>Gender</th>
<th>Last Visit</th>
<th>ACO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PCP: Cororan, Michelle&lt;br&gt; PDP: Missing PDP&lt;br&gt; Hygienist: Status: ZPay&lt;br&gt; Payer: Clinica ZPAY&lt;br&gt; Group Visits: MCC Status: Enrolled&lt;br&gt; MCC Used in Calendar Yr: No</td>
<td></td>
<td></td>
<td>20 Year(s)</td>
<td>F</td>
<td>Bezdek Benage, K</td>
<td>Last WCC: CarePlan Rvw:</td>
</tr>
</tbody>
</table>

## Alerts

- 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: PNPPlus Status is Not Eligible
- Prenatal: Prenatal Risk Assessment Incomplete

## Active Problem List

- Checkup with Cororan, Michelle at 03:00PM for OB -14 Weeks OB

## Active Medications

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

## Prenatal

- Obesity: NORMAL Early 1hr OGTT at INP.
- Poor dating: Not sure of LMP.
- Chlamydia, syphilis, or GC:

## 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

<table>
<thead>
<tr>
<th>Data</th>
<th>Face to Face With Provider</th>
<th>From Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Present Illness</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Review of Systems</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Past Family and Social History</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Physical Exam</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><em>Note: vital signs can be recorded by MA and reviewed by provider</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment and Medical-Decision Making</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Plan</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
## PCP GV Documentation

<table>
<thead>
<tr>
<th>Clear Physical Exam</th>
<th>Without Clear Physical Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Chart as you would with a normal non-group visit.</em></td>
<td><em>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).</em></td>
</tr>
</tbody>
</table>

### Continuity Groups
- Diabetes
- CenteringPregnancy
- CenteringParenting

### Continuity Groups
- Anticoagulation
- Embracing Pain
- Healthy Weight at Low Cost *(formerly Weight Loss GV, run by RD, currently non-billable)*
- Parenting Girls

### Access Groups
- Back to School
- Cold and Flu
- Newborn
- Choose to Live Healthy *(formerly Healthy Hearts, run by RD, currently non-billable)*
- Retinal

### Access Groups
- Flu Shot
- INP
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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sroquemore@clinica.org