Group Medical Visits in Residency and Beyond

Saturday, November 2nd, 2013: 10:00 am - noon

FMEC Northeast Regional Meeting, Philadelphia, PA

"How To Launch a Group Visit" Timeline and Task List

Date	Action	Who Owns It	Done
Three to four months before first session	Define the group's "target audience" Create a list/registry of potential patients Determine type of group visit Discuss plans and team member roles Review agenda and recruitment		▢
	Meet with clinic/operations leadership Meet with residency leadership Meet with support specialties (nutrition, physical therapy, pharmacist) Determine goals, measurement, billing		▢
	Group Visit Team meeting		▢
	Book out the conference room schedule Acquire necessary material supplies (e.g. BP cuff, portable scale, massage table for use as exam table, yoga mat, privacy screen, etc)		▢
	Schedule an ALL STAFF/PROVIDER meeting to discuss group visits		▢
	Schedule provider, RN and MA	Admin	▢
	Obtain list of potential participants	PCP	▢
	Review list for inappropriate invitees	Resident	▢
One to two months before first session	Group Visit Team check-in: - Review agenda and roles, attendees, patient notebooks/materials - Determine frequency of visits and timeline/calendar for future visits		▢
	Send out invitation letters; Call patients who received letter (2 wks later)		▢
	Arrange refreshments/snack schedule		▢
	Review patient records		▢
	Confirm scheduling for providers, particularly residents		▢
	Orient resident providers to mechanics of group visit facilitation		▢
One week before	Create attendee roster and sign-in sheet		▢
	Review charts for potential immediate needs	PCP; Resident	▢
	Call attendees to remind them of their appointment		▢
Day of Visit	Group huddle (resident led) Pharmacist, nutritionist, MA, RN, MD to set individual task lists	Resident	▢
	Set up room - U-shape around whiteboard/ easel or circle-of-chairs		▢
	Room Materials (handouts, charts, refreshments, medical equipment, nametags, calendar of upcoming visits)		▢
	Be in room early to greet patients		▢
	Elicit feedback, set next agenda, SMART Goal Setting, etc.		▢
	Meet individual patient needs		▢
	Debrief after visit: What went well? What didn't go as well?		▢
Monthly	Plan next group visit		▢

modified from GroupHealth's Improving Chronic Care Starter Kit. http://www.improvingchroniccare.org/downloads/group_visit_starter_kit_copy1.doc

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Final Checklist of items needed:
[ ] **Patients**: Recruitment, assistance & strategies to combat attrition
[ ] **Staff**: Front Desk/Scheduler, Medical Assistant, RN/LPN, NP/PA, Resident & Preceptor
[ ] **Orientation**: for residents' active role, role assignment/task lists
[ ] **Stable scheduling**: for participating staff/residents/Preceptors and appropriate orientation time for rotating residents
[ ] **Physical space**: clinic/conference room, supplies, storage between sessions
[ ] **Snacks**

Billing (Jaber 2006 FPM)

- Usually billed as usual office visits level 3 (99213) or level 4 (99214)
    - This is based on medical complexity, not time spent on group education (since it is not individual counseling/coordination of care)
- CPT editorial panel has suggested E/M code 99499 "Unlisted evaluation and management service" but this is a miscellaneous code and may not be reimbursed

A modifier 25 can be added and tagged with preventive medicine group counseling (99411/99412) or physician educational services in a group visit setting 99078, but this managed care companies mainly cover diabetes only and Medicare/Medicaid do not cover these codes

Sample Diabetes Group Checklist

	Diabetes Checklist	Time	Details
[ ]	Confirm conference room booking/location	Week before	Staffnet search "conference room"
[ ]	Call patients	Week before	Divvy list; call; EPIC message "yes" patients to Front Desk to book into schedule
[ ]	Agenda-setting	Week-of	Meet up with team (?Nutrition/RN/Pharmacy/Dental/Podiatry)
[ ]	DM Food/snacks	night before	Water, Healthy snacks, Full refund given by Pat
[ ]	Scrub list	Day before	snapshot the plan and put into excel task list
[ ]	Prework	Morning of	MA -prework, RN-shots, MD-labs/careplan/etc
[ ]	DM group		take notes of pt comments on task list
[ ]	Exam		in conf room A/B
[ ]	Feedback		with group, with attg/resident
[ ]	Notes		see DM template

Sample Diabetes Tasklist

Pt name	MA	RN	MD	Notes
RS			foot exam, med reconciliation and insulin restart?	A1c 11.5% 9/13, LDL 78 3/13
BM	PHQ-9, eye appt		foot	A1c 6.7% 8/13, LDL 45 7/13
EA	PHQ-9, eye appt, urine cup	flu shot	A1c, microalb, foot exam	A1c 7% 3/13, LDL 73 3/13

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Sample Diabetes Group template	Sample Wellness Group template
CC: **Diabetes Group Visit** Exercise: , Diet/weight: , Medications: , BG Checks: Hypoglycemia: No dizziness/shaky/irritability No HA, numbness/tingling/weakness, visual changes No chest discomfort, nausea/vomiting/diaphoresis, pain radiating to jaw/arm No shortness of breath, claudication, dyspnea on exertion **OBJECTIVE:** VS: GA: no acute distress, non toxic appearing HEENT: normocephalic, atraumatic, Mucous membranes are moist. CV: Lung: Neurologic: no focal deficits noted, alert, normal gait observed Monofilament test: sensation bilaterally Psychiatric: normal mood and affect. Judgement and thought content are normal A1C, LDL, MICROALBUMIN **Diabetes Assessment/Plan:** Control: Compliance: Complications: 1) Smoking Cessation Counseling: done / not applicable 2) Blood Pressure: controlled today 3) Lipids: on statin 4) Medications: on Metformin; on ASA. Glucose Control: counseled on diet and exercise 5) Microvascular complications: Foot exam . Ophthalmology . on ACE inhibitor. **Diabetes Group Agenda:** Discussed today, patient was an active participant in diabetes group. Patient self-management goals: I want to Medical team treatment goals: Important care providers for this condition: Self-management tools given: Barriers: Brief Action Plan: My confidence level that I am able to do this is: Referred to complex care management:	**Wellness group visit** **SUBJECTIVE:** What were your successes this last week? 1. 2. 3. What changes have you made since you started the group? Was there anything that you hoped to do this past week that you didn't? Y/N If yes: What was it? Why do you think you were not able to do it? Nutrition: - How many servings of fruits & veggies have you averaged per day in the last week? - Are you tracking your food? - Are you reading food labels? Exercise: - What exercise activities did you do last week? - How many days did you exercise last week? - Average duration: Behavior: - Do you smoke cigarettes ? - # of Alcoholic beverages last wk: Do you have any feedback about the group or topics that you want to discuss at upcoming groups? **OBJECTIVE:** VS Last 5 weights BMI Gen: NAD, interactive and appropriate **A/P:** ____ is a XX yo who presents for wellness group visit. Discussed a variety of nutritional, exercise, and behavioral concepts for wellness. Reviewed successes and challenges. Set goals. F/u 1 week for next group.

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Group Visit Patient Archetypes and Management

Dominant person

- *The Chatterbox*
  - Thank them for their contribution and move on
  - Let them help lead
    - Use as a resource
    - Give them small concrete tasks
  - Use body language and redirection to give others a chance to contribute
    - Hold up a hand, stand next to them and turn your body away
- *The Know-it-all*
  - Encourage their knowledge-base (solid or not)
  - Ask them to seek out advice of others
- *The Goofball*
  - Use their positive energy to encourage camaraderie and diffuse tension
  - Use their restlessness to determine appropriate break times
  - Gentle reminder about ground rules
  - Quell, but do not dwell

Negative person

- *The Complainer/Contradictor*
  - If private discussions break out, open the topic to the broader group
  - Summarize their valid points and turn “negatives” into “deltas”
  - Use body language and redirection
    - Point at another person to bring up alternate viewpoints
- *The Arguer/Angry person*
  - Summarize their valid points and turn “negatives” into “deltas”
  - Gentle reminder about ground rules
  - Quell, but do not dwell

Non-contributors

- *The Quiet/silent person*
  - Go around the group by name, use pairs or smaller group work
  - can use anonymous Q/A exercises
- *The Late/Absent/Distracted person*
  - Acknowledge their presence (or lack thereof) and minimize disruption
  - Gentle reminder about schedule

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Implementation:

- Diabetic Group Visit – Nuts and Bolts- American College of Physicians. http://www.camdenhealth.org/wp-content/uploads/2011/03/dm-grp-visits-pp.pdf
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