

Medical Group Visit Starter Kit Improving Chronic Illness Care



Developed at New River Health Association, Scarbro, WV
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Medical Group Visit Starter Kit

This Medical Group Visit Starter Kit is designed for health care teams who want to begin offering group visits for their patients. It contains sample information to guide the process of getting started and references about how others have conducted medical group visits.

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References

This toolkit has been prepared based on five years of Medical Group Visit experience at New River Health Association, Scarbro, WV in cooperation with Marshall University School of Medicine, Department of Family and Community Health, Huntington, WV. (2006)

Some information was adapted from the work of Collene Hawes of Group Health Cooperative and John Scott of Kaiser-Colorado.

What is a “Medical Group Visit”?

The term is applied to a wide variety of visits designed for groups of patients, rather than individual patient-provider appointments. This Starter Kit describes a model that has been evolving at New River Health Association, Scarbro, WV since May of 1999. The model began based loosely on the Cooperative Health Care Clinic (CHCC) model developed by John Scott, MD and staff of Kaiser-Colorado. We will refer to it simply as a “medical group visit.” The first team to initiate medical group visits at New River Health Association was Daniel Doyle, MD, his long-term nurse, Pat Samargo, RN with Sally Hurst, who served in the role of facilitator. The patients were Dr. Doyle’s elderly patients who were high utilizers of primary care with complicated chronic health conditions.

In the NRHA model, regularly scheduled medical group visits are an alternative to individual visits and the health care team facilitates an interactive process of care. The team empowers the patient, who is supported by information and encouraged to make informed health care decisions. The medical group visit can be conceptualized as an extended doctor’s office visit where not only physical and medical needs are met, but educational, social and psychological concerns can be dealt with effectively.

The health care team identifies and schedules patients on the basis of chronic disease history and utilization patterns. The patients typically remain in the same group but may not always be on the same MGV schedule with each other. Follow-up appointments are scheduled according to individual need. New members may be added to groups if the group size decreases.

Other variations of this medical group visit format have been used at New River Health Association for disease or condition specific populations, such as:

- Chronic conditions such diabetes, hypertension, hyperlipidemia
- Black Lung/Breathing problems
- Chronic Pain
- Depression
- Prenatal
- Peri-menopausal
- Workers Compensation

Most groups meet monthly but can be scheduled more or less often to meet the needs of the patient population and care team.

Why Medical Group Visits?

Top 10 Reasons to Consider Medical Group Visits

- # 10. **The power of group support** - Bringing people with chronic conditions together in a group setting provides an opportunity for patients to learn from and support each other.
- # 9. **Access** – MGVs become a regularly scheduled follow-up visit that patients know they can count on. For most chronic conditions it works well for patients to come every 3 months. More patients can have more thorough care in less time.
- # 8. **Productivity** - The team approach can be a cost effective use of clinical staff. The team prepares for the visit.
- # 7. **Provider satisfaction** - To make seeing more patients easier – providers get help from the team to prepare for the visit. MGVs become a break from the routine of the exam room.
- # 6. **Addresses preventive issues** – MGVs provide a routine to address preventive health care by auditing the charts and making appointments for preventive care.
- # 5. **Promotes self-management** - The format offers an opportunity to change the dynamics of the patient/provider interaction, an efficient use of resources and uses group process to help motivate behavior change and do collaborative goal setting.
- # 4. **Nutritious snacks** Opportunity for isolated patients to socialize
- # 3. **Patient satisfaction** – Patients like getting needs met, learning from each other, socializing, and having more time with medical provider.
- # 2. **Less idle wait time** - More time engaged with health care team and opportunity for question and discussion

And the # 1. Reason to consider adding Medical Group Visits to your practice:

Fun for all –MGVs provide a unique way to deliver high quality medical care in a fun format that breaks the routine and promotes a sense of community and overall well-being.

Planning and Implementing Group Visits

Two Months Before the First Group Visit

Initiating a group visit requires some planning and coordination. It is important to begin planning at least two months before the first visit is scheduled to occur. First, make sure that you have support from the senior leadership at your site. With the leadership, discuss what outcomes you want from your group visits and figure the number of patients needed to "make budget" – it's important to determine how many patients it takes to pay for number of team members involved.

Identify the team – The provider, a nurse and a person who can serve in the role of facilitator. This team should be committed to the defined schedule and to meeting to plan the process and agree on roles each member will play.

At the first team meeting, determine the population you would like to invite for group visits. Take a look at a medical provider's panel of patients and determine if a significant number of patients exist with the need for ongoing follow up about any health issue. The provider and nurse make recommendations of patients they think will do well in a group setting.

Census, Census, Census

- If you're going to do a monthly medical group visit of 10-12 patients that are going to return every 3-6 months for follow-up, you need of a pool of 50-60 patients.
- Remember that only about 50-percent of patients are amenable to participation in group visits so determine if the population you wish to include is at least 50 patients or the group that results from your invitation may be too small to make the visit efficient for your team.
- Chronic illness registries and reports of patients with frequent visits can be used for this purpose.

At this first team meeting, review the letters of invitation; plan an agenda for the first meeting, and the roles of the team members. A task list and timeline is provided in the following section. Give top priority to scheduling the primary care provider, the nurse and an MA or LPN to assist with vitals at the beginning in the group visit. Don't forget to schedule the room.

One Month Before the First Group

When a list of potential patients is obtained, the team should quickly review the list for patients who wouldn't be appropriate in a group. The typical exclusions are patients who have memory problems, severe hearing problems, or are out of the area for significant portions of the year. Create your mailing list and letters now. Plan to have letters reach patients about one month before the first session. Include a medical group visit brochure with the letter. The letter is viewed most positively if it is personally signed by the primary care provider, and followed up one or two weeks after the mailing with a personal phone call from the nurse or facilitator who will be attending the group visits.

It is a good idea to have a second team meeting during this time. The set-up and materials needed for the first session should be reviewed. Materials may include visit sheet, route slip, consent form, patient evaluation form, goal setting form, etc. At the visit each patient will be provided with clipboard with their own patient specific materials. This is where visit documentation is recorded such as vital signs, information about physical exam, patient specific provider notes, etc. Review any assessments or documentation tools you wish to use. Discuss how the calling is going (or went) and who is expected to attend. Review the agenda and roles of the team. Some clinics like to provide coffee or a healthy snack. Arrange this as needed, as well as other supplies and materials needed, BP cuffs, stethoscopes, scales, etc.

One Week Before the First Group

About one week before the first session, enlist someone to call the attendees and remind them of their appointment. These calls should describe the purpose of the visit, what is likely to occur at the visit and encourage the patient to attend. The caller should reinforce that this is an actual medical appointment, not a class or workshop, and people are expected to call and cancel if they cannot attend. Discuss the issues of co-pay and be sure they understand where the group will take place. Many teams request the charts of those who will be attending and review them for preventive care needs or other concerns.

Supplies for a Group Visit

- Charts
- BP cuffs & stethoscopes
- Scales
- Supplies (Blue pads for foot exams, exam gloves, tongue depressors, alcohol swabs,)
- Forms, etc. (consent forms, lab order forms, referral forms, handicap parking forms, appointment cards, etc.)
- Clipboard for each patient with pens
- Nametags (optional)
- Flip charts and markers
- Lab audit summary

The Day before the First Group Medical

Proper preparation is key to successful MGVs. Each team member should know their preparation tasks and do their preliminary work before every group visit. Once roles are defined, the process is refined and the system is in place, it is a relatively small investment that yields big rewards on the day of the group. This valuable preparation time spent makes the MGV more efficient and more effective at meeting the patient's needs.

Check census - Check the schedule a week prior to the medical group visit and be sure you have the number of patients needed to make budget. Fill in with other patients as needed and make reminder calls a few days before the visit.

Set up - Be sure the room is set up with all supplies, materials and refreshments lined up and ready to go.

Lab audit - Look up and record most recent lab results and preventive plan for each patient. (See example below) Preventive physical exam (PE) includes for women: annual Gyn; Mammogram; bone density and colon check. For men: PSA and colon check. This audit report is reviewed by the team to plan for individual patient needs. Follow-up needs from recent visits are noted.

Lab Audit (Example)

Medical Group Visit Date: _____											
Patient Initials	A1C	Total Chol.	Trig.	HDL	LDL	Date of Labs	Other Labs	Lab due	Last PE	PE Plan	FU

Day of the First Group Visit

On the day of the visit it's important to be ready as some patients will arrive early. A team member should be in the room at least ½ hour before visit is scheduled to begin to greet patients. Chairs should be set up in the shape of a horseshoe with the open end so people can freely move in and out. Offering simple healthy refreshments helps everyone feel welcome.

As patients are getting settled, they are given their clipboard and instructed to review their "Medication List" and "Problem List". Vital signs are taken and recorded on their clipboards as patients arrive and get settled.

A team member should open the meeting with a sincere welcome. All staff and team members are introduced. The patients are then given a format to follow for introductions. It is very important to include sharing in the introduction, as this will help to form the supportive relationships between the group members

Before the introductions, the facilitator gives an overview of the group visit and reviews the group guidelines or norms, which cover the expectation of confidentiality for the group.

Room Set-up

- Chairs in horseshoe
- Coffee table in the center for materials and supplies
- Exam stool for provider to roll around the circle
- Vital sign station with BP cuff, stethoscope, scales, etc.
- Computer (if EMR/other electronic system exist)
- Refreshments
- Bathroom nearby
- Private exam room nearby

Guidelines

- Leave it here – you can talk about what you learned but not personal information
- If you don't bring it up, we won't
- Private exams can be done afterward if needed
- Group visits are not your only option. You can choose regular one-on-one visits sometimes or all the time

The provider moves around the circle doing an exam on each patient, listening to heart and lungs and foot exams for patients with diabetes. During this time the nurse and facilitator are attending to the needs of individuals by refilling prescriptions, interpreting lab results, answering questions and promoting self care discussions. Each patient is encouraged to schedule any preventive care appointment at this time. Because this is a very lively and somewhat chaotic time, it is helpful to have one clipboard that keeps track of tasks that need to be done by the staff. This task clipboard helps give order to the chaos and prevents confusion about what needs to be done.

Group Interaction is Powerful

Health care professionals are often tempted to use group visits as an opportunity to lecture patients – to tell patients everything they think patients should know about the disease process, treatment, etc. This can seriously undermine the success of the group visit.

Resist the temptation to take over and lecture! Trust the group to lead the way. The role of the health care team is to facilitate the group interaction.

A group discussion then takes place. Depending on the nature of the group, this discussion can be preplanned or evolve from the needs presented by the group. A question and answer period allows the group to raise topics they would like to discuss. Writing down a list of all the ideas on a flip chart can be a very helpful technique. Providers find that patients typically bring up topics that the provider team also feels are important and rarely suggest frivolous topics.

The provider finishes going around attending to individual needs and as the patients feel their needs have been met and they have a clear follow-up plan the group begins to disperse. Make a quick closing statement so patients understand that when they feel they are ready, they can go. Thank the patients for coming and taking an active role in their health care.

This is when the provider finishes with individual private exams or private discussions. The team then completes tasks and after a quick debriefing process, the provider dictates notes.

MGVs Can Do

- Chronic disease follow-up and exam; questions
- Lab results
- Prescriptions
- Referrals
- Forms filled out (Comp, insurance, disability)
- X-rays, blood tests
- Medicine change
- Discuss medicine

Billing and Documentation are Very Important!

About billing:

- if adequately documented, MGv may be billed as intermediate visit (99213)
- If an individual exam takes place after the group, then it is possible, with adequate documentation, to bill as an extended visit (99214)
- At a time when it is difficult to get reimbursement for counselor or social work services, using the social worker or counselor as the facilitator, creates a billable way to offer their services to patients.

About documentation:

- Documentation needs to include all the components needed for an individual encounter.
- It also should include a templated section pasted into each patient note describing educational topics covered and services provided to all patients in the group

Patient Evaluation

It's important to end each session with a strong, clear closing statement.

"This was a great session. You all did a wonderful job discussing issues of medication management and thinking of creative solutions to the problems that some of you have experienced. I really appreciate your openness and your willingness to share."

Remind patients to fill out their simple evaluation form. Encourage them to comment about what they like or didn't like about the visit.

Medical Group Visit References

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Group Medical Visit Introduction New River Health Association

Welcome

- Brief history of group medical visits at NRHA
- Help yourself to refreshments
- Bathroom location
- Timeframe - Anybody that need needs to be somewhere else this morning

Benefits

- Almost no wait time
- More time with doctor-nurse
- Q & A
- Learn from others
- Coffee and snacks
- This is your regular doctors visit, should be "extra"
- You can schedule yourself, anytime you need to get in and out for something (1st and 3rd Thursday at 8 am). Just call and tell the switchboard

Can do

- Chronic disease follow-up and exam; questions
- Lab results
- Prescriptions
- Referrals
- Forms filled out (Comp, insurance, disability)
- X-rays, blood tests
- Medicine change
- Discuss medicine side effects

Guidelines

- Leave it here - you can talk about what you learned but not personal information
- If you don't bring it up, we won't
- Private exams can be done afterward; let us know
- Not for acute pain or infection or bleeding illness. These require private urgent care visit. This could still be 1st or 3rd Thursday.
- Group visits are not your only option. You can choose regular one-on-one visits sometimes or all the time

**Group Medical Visit
Evaluation Report**

Date: _____

Provider: _____

Nurse: _____

Facilitator: _____

Other staff: _____

Location: _____

Start time: _____

End time: _____

Number of patients: _____

Number of family/support: _____

Number of patients with diabetes: _____

Number of post group visit physical exams: _____

Education topics discussed:

Follow up needed:

Comments:

(Attach patient print out and attendance sheet)

Patient closing evaluation comments: (Something you liked...Something you'd change...)

- Like no billing
- Lots of good questions raised
- Good ideas
- Enjoyed listening to others
- Having test results would be better
- Very educational
- I need to know more about diabetes –Enjoyed it
- One person would bring up something that you forgot to mention so you learned from their questions (2)
- Too much commotion
- I like the one-on-one connection with Doc better—Lots of times you have personal things to talk about
- If we are in a group visit, are we going to be charged the same as a regular visit? I don't think that would be fair.
- Is it approved by Medicaid?
- Mildly chaotic
- I don't want to take my shoes off in front of the group
- Very interesting
- Won't work for me—I have too many problems
- I like the one-on-one, I liked this exchange too but I think it has to be separate.

Pat ask: What about the long wait time?

Response: As long as it takes...It's worth the wait.

- Give it a try!

Questions that were recorded on the flipchart:

- What is an ace inhibitor?
- Why are aspirin important to patients with diabetes? *
- Why are ace inhibitors important to patients with diabetes?
- Does Premerin raise your blood sugar?
- Does numbness in feet mean I have poor circulation? *
- Does tobacco make your sugar go up? *
- How high does your blood sugar have to go up before they put you on insulin? *
- How does the spouse of a person with diabetes get support? *
- How does an insulin pump work and who is a candidate for one?
- What is involved in a total cholesterol panel?*
- What about tips for diabetic people who live alone?



Medical Group Visit
Patient Evaluation Card

Today's date: _____

1. Were you satisfied with your medical care today?

Yes No Uncertain

If not, why not? _____

2. I feel that I have learned from other patients questions and the group discussions.

Agree Disagree Uncertain

3. Something I learned today: _____

4.

||

 Thank You!



Medical Group Visit
Patient Evaluation Card

Today's date: _____

1. Were you satisfied with your medical care today?

Yes No Uncertain

If not, why not? _____

2. I feel that I have learned from other patients questions and the group discussions.

Agree Disagree Uncertain

3. Something I learned today: _____

4.

||

 Thank You!

Benefits of the group medical visit —

- No long waits for an appointment
- Services begin when you arrive
- You will have a longer time with your doctor—at least an hour in the group
- More time for questions and answers.
- You will learn from others and you may be helpful to others
- Refreshments are served

Confidentiality is respected



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Patient Comments —

"Group Visits make getting medical care easy and interesting. I always learn from others — things I didn't know that will help with my own problems"

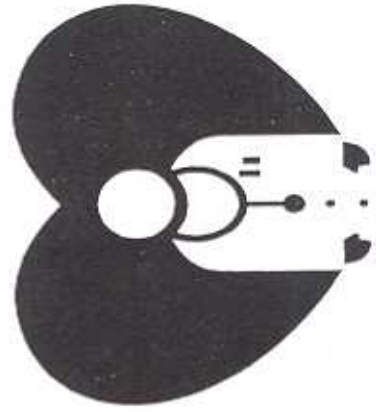
"I feel group visits are good. I also feel secure knowing that if I have a severe problem I can always see Dr. Doyle in a private visit"

"It makes the doctor visit go quicker and it is easier for me to do"

New River Health Association

MEDICAL GROUP VISITS

"It is a very convenient way to get everything taken care of. Yet I know if I need individual care I can get it."



Who can come to the Group Visit?

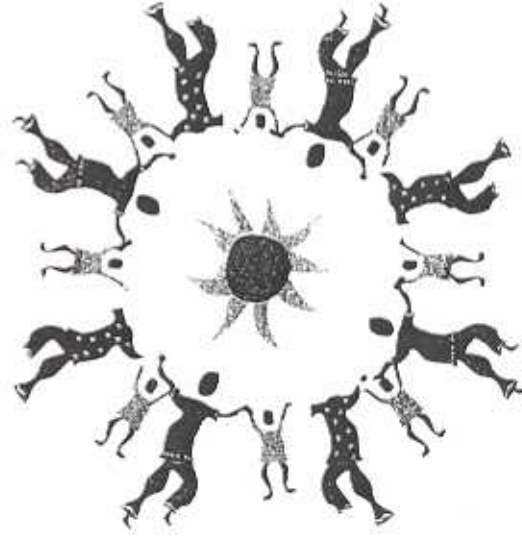
- ♦ People who are regular patients of Dr. Doyle and Susie Criss
- ♦ Patients with any chronic illness that needs regular follow-up
- ♦ You can bring a family member or friend

Who should not attend a group visit?

- ♦ A new patient
- ♦ A patient who has a contagious illness like the flu
- ♦ A patient who needs a complete physical exam

How many people will be in the group?

- ♦ Eight to 12 patients plus several family members will be in each group.
- ♦ The care team includes Dr. Dan Doyle, Susie Criss, Sally Hurst and a medical assistant who will take vital signs.



What will happen at the group visit?

Arrival:

8:00—8:30 AM check in.

- ♦ Vital signs will be taken
- ♦ Your main questions and needs will be noted
- ♦ The care team will discuss the group visit process

Group Visit: The care team will move around the room addressing patient needs. Referrals will be made, prescription renewed, questions answered, etc.

Group Discussion: Lab work will be reviewed and health education topics discussed.

10:00—10:30 Next appointment and check out with cashier.