Group Medical Visits;
The case “for”…

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December 6th, 2006
Group Visits; defined...

• Patients connected in some way, meeting together with their health care team to take care of their health care needs, the same needs that are currently met with traditional primary care

• (Not a support group, not education classes)
Group Visits; why try?

- Improved disease outcomes
- More efficient, planned care
- If planned right can help $$
- Patient self-management better supported
- Patient satisfaction is high and improves patient psychosocial wellbeing
- Provider/staff satisfaction can be higher
- Diversify services and give patients CHOICES
Who has done what…the literature

• Noffsinger- DIGMA model improves patient, staff, and provider satisfaction
• Scott- Kaiser Colorado showed decreased visits to sub-spec., ER, admits to hospital, overall cost reduction PMPM of $14.79
• Trento et al- found patients in groups maintained HbA1c reductions, thought to be related to “inducing…healthier behaviors”
• Brodenheimer, Glasgow, Lorig, etc…
Self-Management: What works?

- Meta-analysis of effects of self management on HBA1c
- Relative to controls, self management results in improvement of HBA1c:
  - .76 point at immediate follow up
  - .26 point at follow ups ≥ 4 months after treatment
- Only predictor of success: Duration and frequency of contact “Interventions with regular reinforcement are more effective than one-time or short-term education”
What do we have to show…

- RWJ Phase I: The mean change = -0.42
  P-value = 0.0012
Phase II “Snap Shot”…

Average HbA1c Change by Population

- Sawyer Patients (15)
- Planned Visit (50)
- Group Visit (29)
- Clinic Average (254)
- Service Decliners (26)

Average HbA1c Decrease/Increase:
- Sawyer Patients: -1.79
- Planned Visit: -0.39
- Group Visit: -0.42
- Clinic Average: 0.49
- Service Decliners: 0.5

Average Weight Change by Population

Average Weight Change:
- Sawyer Patients: -1.93
- Planned Visit: -6.48
- Group Visit: -6.44
- Clinic Average: -2.09
- Service Decliners: -1.24

Average Number of High Quality Goals

- Sawyer Patients (15): 13.92
- Planned Visit (50): 8.96
- Group Visit (29): 9.14
- Clinic Average (254): 5.07
- Service Decliners (26): 3.04

# of Quality Goals

- Sawyer Patients: Service Maximizers
- Planned Visit: Service Maximizers
- Group Visit: Service Maximizers
- Clinic Average: Service Maximizers
- Service Decliners: Service Maximizers
End of Phase II: HBA1c

% with most recent HbA1c < 6.5

% with most recent HbA1c < 8.0

Percent of Patients with HbA1c < 9.5%

Goal = 85%

- Total Pop
- Goal
- SPANK
Blood Pressure

Percent of Patients with BP < 140/90

Goal = 80%
LDL beginning to end…

First LDL

Count

Last LDL

Count
Group Visits; not just DM

- Chronic disease
- Well Child Care
- Pregnancy
- Adult health main.
- Adolescent health
- Families
- Family group visits
- …etc…
Group Visits; which patients?

• Any patient or group of patients where you already know what it is you need to do as their PCP
• Any patient who visits without a symptom
• Any patient who would benefit from meeting others with the same problem or issue
Step One; how to get started-

- Need a provider willing to try something new
- Need support staff to work harder than they already are (and get rewarded for their efforts)
- Need a creative team willing to break from the traditional 1:1 patient:doctor, 15 minute, patient focused but provider driven visit
- Need “support from above”
- Lastly, need willing patients whose needs you understand
Group Visits: step two…

• Identify the need, identify the patients (patient registry, EMR, searchable database)
• Start small (PDSA cycles- start with just a few patients, one visit, minimal staff, use existing documentation and space)

• STUDY the experience and plan for the next
Step 3: The Medical Assistant

Typical Practice

• Traditionally involved in rooming and ‘vitaling’ a patient
• Respond to the PCP
• Relationship with patient typically not well developed
• Job performance measured by ability to perform tasks and keep the provider moving

New MA role

• Invite the MA in to “care” for patient
• Patient will trust the MA if you trust the MA
• Teach the MA to help PLAN for the visit
• If successful…more time, better care, better outcomes, better patient satisfaction, better MA AND provider satisfaction
Group Visits: Our experience

- Diabetes Group visits - many PDSA’s to get to our current offerings...
  - Open Office
  - “Mini” visit
DGV - started with “traditional”
DGV- morphed to Open Office
DGV- “Mini” visits mirror routine visit
Group Visits: Our experience

• Adolescent OB Group Visit
Group Visits: Our experience

- Group Well Child Care
  - Matched by age
  - Matched by family (the group family health maintenance visit)
Group Visits: Our experience

• The Group Family Home Visit
Group Visit: getting paid

• Provide the same care you would otherwise, document appropriately, and bill

• Grant money is available, is very helpful, but be careful what you ask for
  – You need to do the added work of grant work
  – You need to plan for life after grant money
Group Visits: teaching Residents
Group Visits at SPFM

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