

Chapter 9

Group Visits 101

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Increasingly, physicians are considering innovative alternatives to traditional one-on-one visits. Group visits offer one solution to the “treadmill” of office practice and the isolation of individual visits for patients with chronic disease and their physicians. Group visits also help reduce backlogs in schedules that are crowded with low-acuity, recheck appointments. The model also works well with uncooperative patients.

While most group visit models are ongoing, some meet for a limited period of time. Group Health Cooperative of Puget Sound has successfully launched a group visit series to improve obesity patient self-management. They’ve also been utilized in Orthopedics pre-operatively for total hip replacement patients.

The two most common types of group visits are Co-operative Health Care Clinics (CHCCs) and Drop In Group Medical Appointments (DIGMAs). First initiated by John

Noffsinger, PhD, DIGMAs are 90-minute appointments co-led by a physician and behavioral health professional, typically held at a designated time every week.

The CHCC is the more common group visit model, which is the primary focus of this discussion. Initiated by Dr. John Scott at Kaiser Permanente, Denver, in the early 1990s, the concept has spread to a number of practices nationwide. Participating patients are very enthusiastic. Common comments heard from patients after the visits include, “I’m not so dumb,” and “It’s nice to know I’m not the only one dealing with these kinds of health problems.” One of the most effective results of group visits is their ability to validate and expand patient self-care. In fact, because patients deliver the vast majority of all “healthcare,” why not enlist and develop them as resources in the care process? At several sites, including Kaiser Permanente in Boulder, Colorado, patients can be seen perusing their own medical records during a group visit—definitely a departure from business as usual!

Primary care practices commonly use group visits for patients with chronic diseases as well as for older patients and overutilizers. The concept has also been successful in specialty practices, including neurology, cardiology, and oncology. Between one third and one half of all invited patients usually participate in group visits. Family members or caregivers are commonly invited and attend about 50% of visits.

Initial preparation can be significant to launch group visits. Typical activities include:

- Deciding on an appropriate group of patients, high-utilizers such as patients with hypertension, obese or older patients with numerous co-morbidities, patients who’ve had six or more visits within the past year
- Determining visit frequency and whether it will be ongoing or for a limited period of time
- Enlisting strong nursing and administrative staff support as well as resources during the visits
- Identifying potential patients, based on ICD-9 codes, registries, or available prescription data
- Developing a “message” to enlist patients. This can be delivered by physicians during an office visit, via mailers, or with structured calls by nursing support staff. (See also Sample Handout.) Be sure callers let patients know that “your physician asked me to invite you” to attend a visit with other patients. Follow-up initial discussion with a letter that reinforces the personal invitation and benefits of attending.

A two-year randomized clinical trial of 400 older patients with chronic illnesses enrolled in Kaiser Permanente in Colorado found that compared to a control group, group visit patient hospitalizations dropped from 39% to 27%. In addition, there were fewer calls to physicians, an increase in the number of calls to nurses, and a drop in annual per patient ED visit rates from 53% to 35%. Kaiser also found a reduction in same-day visits to

primary care. Urgent care visits fell from 0.3 to 0.24 per patient per year (Beck, A., Scott, J., & Williams, P., 1997).

Another group found a 32% reduction in total cholesterol/HDL ratios, a 30% drop in Hb A1c levels and a 7% reduction in healthcare expenses in a group of patients with poorly controlled type II diabetes (Masley, S., Sokolof, J., & Hawes C., 2000, June).

Visit Format

The common format for a group visit begins with an initial check-in and greeting period. (See Table 9.1.) This is typically followed by self-care discussion and education regarding overall management of a disease such as diabetes or a specific topic such as insomnia. Next, the group takes a break, when refreshments are frequently served while the physician and a nurse or medical assistant complete vital signs and confer with each patient in the group individually about specific health problems. This is followed by a question-and-answer period and finally one-on-one visits as needed or with two to three patients.

Table 9.1 Sample Group Visit Schedule

15 Minutes	30 Minutes	30-40 Minutes	15 Minutes	30-45 Minutes
Introductions and welcome	Self-care education regarding common problems encountered by attendees: diabetes foot care, insomnia in seniors, pre- and post-op care planning	Break for interactive nurse and physician time (e.g., vital signs, refills, individual advice)	Question-and-answer time as well as planning next group visit	Individual 1:1 visit time with MD after group visit. Patients may self-select or physician may determine need for 1:1 visit time.

Patients are seated in a circle or semicircle to promote interaction. Name tags also help promote interaction in new groups and for new members. Patients are encouraged but not required to use first names. A common pitfall of group visits that we’ve observed is the tendency for physicians to assume a didactic role when clinical questions arise. In more successful groups, physicians will frequently refer clinical questions to the group for discussion and feedback. This builds self-care confidence and helps patients shift from a dependent to a more independent role in their own care. Acknowledging the value of patients who share their experience also opens up group visit “space” for attendee participation. In short, physicians participate but don’t dominate the discussion.

Nursing staff typically spend about two hours of preparation time before a group visit, reviewing and documenting medical records as well as completing forms for diagnostic tests and lab work.

Based on observations at several sites, providers report greater satisfaction with group visits when charting is completed at the end of each visit. Templates can be used to quickly and thoroughly document visit findings.

In identifying individual group visit topics, providers are encouraged to select content based on instructions that they find themselves repeating to patients during a typical day. Brenda Stidham, RN, Department of Veterans Affairs Hospital in Lake City, Florida, reports that her group selects topics from the patients' problem list. She also selects topics from patients' responses to questions regarding their greatest problems in living with different illnesses.

Sample Handout

Use the following handout as a sample to reinforce initial physician discussions to enlist patients for group visits. The handout is designed to reinforce the concept of group visits and also serves as a tangible reference for patients and family members. It can be slightly modified for use as a mailer to prospective participants after nursing staff calls them to assess their interest.

You are invited to join Dr. Jones for a group physician visit. It's an idea that other doctors around the country have found helps patients and physicians to spend time together in more ways than just the usual office visit. When Dr. Jones researched this idea, he was amazed at how much patients also enjoyed group visits.

This is how it works. Doctor Jones and his nurse will visit with you in a group along with 15-20 of his other patients for about one and one half hours in a conference room here at the office. During the visit there will be time for talking with other patients as well as education about specific health problems. Then Dr. Jones will go around the group and spend time talking with patients individually about their health problems and concerns. If you have additional health concerns that you need to talk about and don't want to discuss in the group, there will also be time to meet alone with Dr. Jones after the group visit. This idea got started because Dr. Jones feels that the usual 15-20 minute scheduled office visit times just aren't enough to give the kind of care that he wants to provide to you. Of course, the visits are completely voluntary.

The program was set up to provide an additional opportunity for patients to meet with their doctor on a regular basis and to learn how to deal with common health problems. Patients at other group visits say that they've learned a lot from other patients who are dealing with similar health problems.

You don't need to make an appointment for this time together. The group doctor visits also help patients to get their health needs met and their questions answered. From time to time, other health professionals like pharmacists or health educators may join your doctor and nurse at the visits.

When you come in for your group visit, just check in as usual for the visit and pay your usual co-pay. You'll be instructed by the receptionist at the desk regarding where to go.

Patients who attend group visits are also invited to participate in selecting the kinds of health issues that are discussed. If you decide to attend, please feel free to bring a family member with you to the group visit. If you think that you would be interested in the program, simply let your physician or his nurse know and we will contact you regarding the next visit time.

We welcome your possible interest in this new opportunity for you and Dr. Jones to participate in your healthcare. Of course, if you decide not to participate, Dr. Jones will continue to see you at the office as he has in the past.

Next visit date and time: _____

Our phone number: _____

Space for Group Visits

Group visits require space for checking in as well as for seating patients, family members, and caregivers who may attend. While some sites carve out office visit time for use of the waiting room, this can be problematic. When remodeling one of its sites near Denver, staff at Clinica Campesina located the lunch room next to a conference room with a sliding door partition that can be opened for group visits. (See Figure 9.1.)

Figure 9.1 Group Visit Meeting Space at Clinica Campesina

Coding for Group Visits

Because there are no specific CPT codes for group visits, E/M visit codes have been used to document and bill for the encounters. Todd Welter of Denver's RT Welter Associates, advises that individual group visits should be coded according to the E/M criteria that are met. The most common E/M code that we have seen used for group visits is 99212. The activities required to be completed and documented for each patient include:

1. A problem-focused history
2. A problem-focused exam
3. Straightforward medical decision making

Remember E/M coding may be used only if the physician is present during the entire group visit and either documents the care or reviews and signs off on the documentation.

One-on-one patient encounters after the group visit should be coded according to the CPT guidelines for that visit only because a department can assign only one E/M code for a patient on the day of the group visit. The ICD-9 diagnostic code that reflects the primary reason for the visit should be used.