

Guaranteed Treadmill Relief: Group Visits

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Growing Frustration With Status Quo

From the administrative demands and reimbursement hassles of managed care to endlessly clogged schedules, many physicians find themselves exhausted and wondering why medicine isn't "fun" anymore. In addition, the chronic disease care needs of an aging population often require repeating the same advice numerous times a day to diabetic and hypertensive patients. The result? Less and less satisfaction for physicians, patients and staff.

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 chronic disease patients and their physicians. Group visits also help to reduce backlogs in schedules that are crowded with low acuity, re-check 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 or CHCCs and Drop In Group Medical Appointments or 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, Denver in the early 90's, 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, patients deliver the vast majority of all "healthcare" so 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!

While usually utilized in primary care for chronic disease patients as well as older patients and over-utilizers, the concept has also been successful in specialty practices,

including neurology, cardiology, and oncology. Between one third and one half of all invited patients will usually participate in group visits. Family members or care givers are also commonly invited and will attend about fifty percent of visits.

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

- ? Deciding on an appropriate group of patients, high-volume, costly patients e.g. hypertensives, obese or older patients with numerous co-morbidities, patients with 6 or more visits in the last year
- ? Determining visit frequency and whether it will be ongoing or meet for 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. (We’ve included a prototype here.) 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 chronically ill older patients enrolled in Kaiser Permanente in Colorado, found that compared to controls, 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 visits rates from 53% to 35%. Kaiser also found a reduction in same day visits to primary. Urgent care visits went from .3 to .24 per patient per year.

Another group found a 32% reduction in total cholesterol/HDL ratios, a 30% drop in HBA_{1c} levels and a 7 percent reduction in healthcare expenses in a group of poorly controlled type 2 diabetics. (“*Planning Group Visits for High-Risk Patients,*” *FPM*, June 2,000)

Visit Format

The common format for a group visit begins with an initial check-in and greeting period. This is typically followed by self-care discussion and education regarding overall management of a disease, such as diabetes or specific topic such as insomnia. Next, the group takes a break, where refreshments are frequently served while the physician and a nurse or medical assistant complete vital signs and confer with each patient individually while in the group about specific health problems. This is followed by a question and answer period and finally one-on-one visits are conducted as needed, usually with 2-3 patients.

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 -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 semi-circle to promote interaction. Name tags also help to promote interaction for new groups and 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 questions to clinical questions back 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 again and again to patients during a typical day. Brenda Stidham, RN at the Department of Veteran Affairs hospital in Lake City, Florida reports that her group selects topics from the patient’s problem list. She also selects topics from patient responses to questions regarding their greatest problems in living with different illnesses.

Sample Hand-Out

The following handout reinforces initial physician discussions to enlist patients for group visits. It’s designed to reinforce the concept 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 they’re called by a nursing staff person to assess their interest in group visits.

Doctor Jones Invites You

Please Join Doctor Jones and Other Patients In Our Practice

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 a 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 participating 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: _____

Physician Productivity & Costs For Group Vs. Office Visit

During a group visit, between 15 and 20 patients can be seen within 2-2.5 hours vs. the usual 6-8 visits in that time period, significantly boosting physician productivity. While many physicians are paid an annual salary, the per-visit cost of physician time falls significantly with group visits. Table 1 estimates the per patient visit physician costs of group vs. traditional one-one-one office visits, assuming a total salary and benefit cost of \$200,000 per physician and an average of 21 visits per day and 3,000 visits per year.

Table 1		Group Vs. One-On-One Visits	
Assumptions			
Salary & Benefits	\$200,000	Physician Cost Per Patient Visit @ 3	
Office Visits/Yr	3,000	visits/hour	\$66.66
Physician Cost Per Patient Office Visit	\$66.66	Per Patient Visit Physician Cost @ 20	
Average Visits/Day	21	Group Visits/3.5 hours	\$46.66
Average One-On-One Visits/Hr	3		
Average Visits/3.5 Hr Group Visit	15		
While group visits commonly include 20 patients, Table 1 assumes a total of 15 patients per group visit in estimating physician costs per visit. It also assumes an additional hour of physician time per group visit to document findings.			

Coding for Group Visits

Since 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 RT Welter Associates, in Denver 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 only be used 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, since 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.

Despite the managed care backlash from consumers and providers, pressures on physician practices to “do more with less” will continue. Group visits offer a way to genuinely “work smarter, not harder” that satisfies patients and providers alike.