

Quality Improvement Leadership Council

Group Visits

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Encore at Wynn Las Vegas,
Las Vegas, NV



Benefits of Group Visits in Diabetes

- Improved patient satisfaction (1)
- Reduced use of ED (1,2)
- Improved learning, problem solving ability, and life style modification (3)
- Improved metabolic control (1,3,4)
- Strengthen trust between patient and physician (5)

1. Wagner, EH Diabetes Care April 2001
2. Scott, JC. J Am Geriatr Soc, Sep 2004
3. Trento, M. Diabetes Care, March 2004
4. Trento, M. Diabetes care, June 2001.
5. Davis, A. Clinical Diabetes, 2008.

Edward Shahady, MD, Diabetes Master Clinician Program Florida Academy of Family Physicians Foundation

Table 1. Selected Literature Review of Group Visits in Diabetes

| Study | Setting and Patient Demographics | Population and Duration | Intervention | Results |
|--|---|--|---|--|
| Wagner et al. ¹² | Staff model health maintenance organization; mean age 61 years; 44% female; 30% non-Caucasian; mean A1C 7.5% | 707 patients from general diabetes population in 14 primary care practices; 24 months | Half-day chronic care clinics involving primary care physician, registered nurse, and pharmacist | Improved microalbumin testing, fewer emergency department and specialty visits; A1C and patient satisfaction better in attendees |
| Trento et al. ¹³ Trento et al. ¹⁴ | Mean age 62 years; 46% female; hospital-based diabetes clinic in Torino, Italy; mean A1C 7.4% | 112 patients; analysis at 4 years | Systemic group education (physician and clinical educator) versus individual consultation education | A1C -0.3% versus +1.3% in usual care (UC). Weight decreased 2.6 versus 0.9 kg in UC; less retinopathy; better diabetes knowledge, problem-solving ability, and quality of life |
| Bray et al. ¹⁵ | Mean age 61 years; 54% female; 72% African American; rural North Carolina | 314 patients; 12 months | 4-session group visit with an advanced practice nurse, registry, and case management | Improved foot exams, lipid testing, and aspirin use; better billable visits; increased productivity |
| Boek et al. ¹¹ | Group model health maintenance organization in Colorado | 321 chronically ill older patients; 1 year | Health education, prevention measures, mutual support, and one-to-one consultations with physician as needed | Less emergency department use, fewer admissions, greater patient and physician satisfaction |
| Clancy et al. ¹⁶ | Academic internal medicine practice; mean age 56 years; 72% female; 83% African American; mean A1C 9.1% | 186 poorly insured patients; assessed at 12 months | Primary care physician- and registered nurse-led; groups of 14-17 patients met monthly | Greater concordance with ADA standards of care and women's preventive screenings |
| Sadur et al. ¹⁷ | Group model health maintenance organization; mean age 56 years; 41% female 71% white; mean A1C 9.3% | 185 patients 10-18 patients for each cluster visit; 6 months | 2-hour monthly cluster visits involving diabetes nurse educator, psychologist, and nutritionist | A1C -1.3 versus +0.2% in control subjects. Improved self-efficacy and reduced hospital and outpatient utilization |
| Look AHEAD: Pi-Sunyer et al. ¹⁸ | Large multicenter U.S. randomized controlled trial; mean age 59 years; 59% female; 63% white; 16% African American, 13% Hispanic; mean A1C 7.3% | 5,145 patients with type 2 diabetes with intensive lifestyle intervention compared to a diabetes support and education control group; 1 year | Group behavioral programs adapted from the Diabetes Prevention Program; months 1-6: three group visits; months 7-12: meetings every other week with dietitians, psychologists, and exercise specialists | A1C 7.3-6.6% in intervention group, 7.3-7.2% in control subjects; significant improvements in blood pressure, lipids, and microalbumin |
| INITIATE: Yki-Jarvinen et al. ¹⁹ | Multicenter study at academic clinics in Finland; mean age 58 years; 38% female; mean A1C 8.8% | 121 patients needing insulin initiation | Initiation of insulin; counseling in groups of four to eight patients versus individually | Equal drop in A1C -2%; counseling time 2.2 hours in group versus 4.2 hours individually |
| Kirsh S et al. ²⁰ | Cleveland VA primary care clinic; quasi-experimental design; mean age 61 years; 2% female; mean A1C 10.4% | 44 patients; 3 months | Up to eight patients seen by multidisciplinary team for 1-2 hours | Statistically greater improvements in A1C and blood pressure control relative to concurrent nonrandomized control subjects |

Group Visits offer health care professionals a new way to:

- 1) Interact with patients,
- 2) Make more efficient use of resources,
- 3) Improve access,
- 4) Use the group process to help motivate behavior change and improve outcomes,
- 5) Assess the value of peer coaching and learn how we can capitalize in other areas of care.

Perceived Barriers to Group Visits

- **Coding...is this legal? Would I get paid?**
 - Experts on group visits support coding 99213 and 99214 levels of service.
 - You do a complete physical evaluation.
 - Use additional resources such as Dietician, Diabetic Educator, Podiatrist
 - After documenting all of the above as well time spent in total, justifies the charge.

- **How would my patients respond?**
 - Patients like group visits – See patient comment later...

Barriers: Continued

- **Confidentiality concerns?**
 - Use a consent and confidentiality form
 - Stress the importance of privacy
 - Patients will open up and share.

- **Not sure if I will enjoy the experience...**

Growing number of physicians are doing group visits.
No attrition amongst physicians who started group visits.

Types of Group Visit

- **Diabetic Group Visits**
 - 6 to 8 patients
 - Family and caretakers welcome

- **Heart Failure Group Visits**
 - 3 to 4 patients
 - Family and caretakers welcome

Who was Involved in the Group Visit?

- **Front Desk** – Expedited Check-in
- **LPN** – Triage patients privately in exam room
- **Secretary** – To escort patients after triage to the meeting area.
- **Diabetic Educator or featured speaker** – Education around how to manage diabetes and preventive care.
- **Family Practitioner** - leads discussion among patients .
- **The Patient.**

Role of the Nurse

- Check vital signs
- Provide diabetic report card
- Medication reconciliation/refills
- Open the chart and begin patient history

Tools Used:

- Personal phone call to invite patient to group visit by the physician.
- Reminder phone call by staff.
- Consent and Confidentiality Agreement
- Patient Report Cards – Very effective communication tool
- Patient Survey

Sentara Medical Group
Small Group Visit Consent & Confidentiality Agreement
CONSENT TO ATTEND A GROUP VISIT

I, _____, hereby voluntarily consent to participate in a "Small Group Visit" at Sentara Medical Group, in which I and other patients may share personal health information on a purely voluntary basis. This information will be used to help educate the group about various health topics which may help improve their health. There may be publications written describing the group visits and their ability to improve diabetes care but my name will not be mentioned.

The group meeting will consist of discussions of current medical conditions, pertinent educational information, and open discussions with other patients and their family members on diabetes and other subjects of interest to the group. To the extent needed, I may be examined in the group for such things as blood pressure readings, foot exams, etc. If I wish to have portions of the exam done in a private examining room, I will let you know.

The group visit may replace some of my routine visits for diabetes but I will still have some privately scheduled appointments needed with my doctor in the future. I, of course, have the option to not come to the group visits.

The services you have elected to participate in implies a financial responsibility on your part. If you have insurance, we will bill your insurance carrier on your behalf.

I have read the above, understand what it says and agree to attend group visits. _____ Initials

CONFIDENTIALITY STATEMENT

Sentara Medical Group is committed to maintaining the highest standard of confidentiality for our patients. Sentara Medical Group believes that all medical, financial and personal information is confidential and is to be protected from unauthorized viewing, discussion and disclosure. We believe that all patients have the right of confidentiality regarding their medical record. I Patient's name understand that in order to assure and protect confidentiality, I will not discuss any other patient's medical information or personal business that I may be privileged to during the group visits (I may discuss what I learned but never disclose any information about an individual patient in our group).

I understand that I do not need to discuss any information concerning myself unless I choose to do so.

Name (Printed) _____ Date _____
 Signature _____

Age: 68 y.o. Sex: female

Report Card

| Blood Pressure | Less than 130/80 | | |
|---|-----------------------------|-----|------------|
| | Best 120/80 | | |
| Tests: | Goal | | |
| HbA1c (Sugar for 3 months) | Less than 7 Best if 6 | 7.6 | 11/19/2010 |
| LDL (Lousy or bad cholesterol) | Less than 100 Best if 70 | 84 | 11/19/2010 |
| HDL (Happy or good cholesterol) | Greater than 40 | 48 | 11/19/2010 |
| Triglycerides (another bad fatty substance) | Less than 150 | 167 | 11/19/2010 |

Health Maintenance

| Topic | Date Due |
|----------------------|------------|
| • DIABETIC EYE EXAM | 4/3/2010 |
| • FLU VACCINE | 9/1/2010 |
| • DIABETIC FOOT EXAM | 4/22/2011 |
| • CHOLESTEROL | 11/19/2011 |
| • URINE MICROALBUMIN | 11/19/2011 |
| • PNEUMONIA VACCINE | Completed |

History
 Tobacco Use Never

Group Visit Session

- 15 min: sit down, fill out forms
- 30 min:
 - Group 1: medications, diet, myths/facts/report cards
 - Group 2: exams medical chat,
- 30 min: swap
- 30 min: large group discussion
- 15 min: evaluations

14

8/31/08

Components of the Group Visits

- **Welcome/Introductions**
 - Introduce members of the team
 - Patient introductions
- **Topic of the Day**
 - Discuss session etiquette
 - Emphasize confidentiality
 - Give a short talk on the topic of the day (i.e., nutrition, exercise)
 - Ask members to share concerns and challenges

Outcomes:

- Clinical Outcomes: Too soon to report (Group visit population vs control group)
- Strong patient participation
- Strong attendance rate
- Excellent Patient Feedback
- Patients requesting more group visits

Evaluation Questions

1. What did you like the most about the Group visit?
2. What did you like the least about the Group visit?
3. What questions did you have that were not addressed during the Group visit?
4. What could we have done better to improve the Group visit experience?

Evaluation-Responses

1. What did you like the most about the Group visit?

- “The chance to meet and talk with other diabetics”
- “It was open and very educational”
- “Able to talk openly and freely about meds and food”
- “Interesting to hear others stories”
- “Learn how to control sugars”
- “Sharing information”
- “Learn a lot from talking to others that have similar problems”

Evaluation Responses

2. What did you like the least about the Group visit?

- “Nothing- Excellent class”
- “I feel good about the visit it helped me a lot”
- “Liked it all”
- “Liked the entire visit”

Advice to others?

- Your office layout is important to consider – Wheelchair may be necessary when there is a lot of walking.
- Patient Report Card is an important communication tool.
- Patients feel like they get a much longer visit with the provider even though there may be 6 other patients.
- Patient Selection – Very Deliberate – Mix some compliant patients in with the non-compliant.
- Patient Selection - Special Focus - Foot exams or moving a group of patients from Oral Meds to Insulin
- Try one...

Physician Feedback

Sentara Family Medicine Physicians – Anthony Hardt, M.D.

- “I love group visits! It is very satisfying to see patients motivating other patients.”

Sentara Internal Medicine Physicians – Daniel Dickinson, M.D.

- "You can effectively deliver more education in 1 group visit than in 2 or 3 routine office visits, and patients really seem to get it; how much it changes behaviors in the long run will have to be determined."

Physician Feedback: Continued

Sentara Family Medicine Physicians – Eric Lipton, M.D.

“My first group visit for diabetes was overall a gratifying experience for both the patients and myself. The feedback from the patients was positive and they all requested to return for a follow-up group visit.”

“It allowed me to address my patient's concerns and questions in a unique setting. I more clearly understand some of the barriers they have preventing better management of their diabetes.”

“It was extremely helpful and advantageous to have a Certified Diabetes Educator present to conduct the group sessions. She had some focused topics for discussion including Nutrition and I was able to observe and jump in with any suggestions.”

“One of my long term non adherent patients was actually the last to leave and picked up the most educational material prior to doing so. That may have been the highlight of the experience.”