

A Guide to Conducting Shared (i.e. Group) Medical Visits

Why offer shared medical visits in your Practice?

Well-organized group visits provide better access at lower costs. Shared medical visits (SMV) were identified in the “Future of Family Medicine” project as one of ten features that have the potential to generate increased revenue.¹ Research indicates group visits can also provide an improved quality of care and a higher level of patient and physician satisfaction.² They empower patients and also the physician and staff. SMVs allow for more time for education and relationship building.

SMVs have proven to be an effective way to improve patients’ dietary compliance and intermediate markers for diabetes and coronary artery disease.³ They’ve also been shown to improve childhood overweight and inactivity.⁴ SMVs for conditions caused or affected by poor nutrition and activity habits offer an opportunity to provide patients with accurate information on nutrition, physical activity and emotional well-being. The group format provides an ideal venue for overweight and obese patients to join together to learn about health consequences from obesity and make incremental changes that will improve their health.

What are SMVs?

There are several models for SMVs. The Cooperative Health Care Clinic concept, which was developed by Kaiser Colorado, as well as the High Risk Cohort model developed by Masley et al.,³ are the bases for this guide. SMVs include a group educational session plus most components of individual visits, including one-on-one medical evaluations conducted by a physician or nurse practitioner. A group visit is NOT a class or a group therapy session.



Conducting WatchWT SMVs

Have staff greet patients and collect co-payments. Ask patients to write their first names on name tags, complete the HIPAA and confidentiality forms and (see samples). Start the session on time. Begin with a sincere welcome and explain the expectations for confidentiality. Introduce your staff, then ask patients to introduce themselves, giving their first names and a brief overview of why they are there. Introductions should not take more than 5 minutes.

Next, provide educational information on obesity and health. Give tips on how practical lifestyle changes, emphasizing energy balance. Explain the benefits of keeping a food and activity journal. Give ideas for healthy foods patients can add to their diets. Talk about the emotional aspects of eating. Ask patients to provide input on when and why they eat. You can find information and handouts at:

- www.familydoctor.org — Patient education materials in English and Spanish.

If needed, you could invite a guest speaker to about various topics related to weight management (i.e. cooking, stress management, exercise prescription etc.). However, WatchWT provides a complete didactic program for core weight management topics and could be delivered by any of your clinical staff. Encourage questions and interaction. To help with interaction, refer questions to the group when possible. The educational portion of the visit should take approximately 30 minutes.

Before your break, explain what’s going to happen next. While patients break for refreshments, begin your individual visits. Have patients meet first with your medical assistant or nurse who should:

- Weigh patients, take blood pressure, calculate BMI, etc.

Conducting WatchWT SMVs (cont.)

Patients should advance from the MA station to the doctor's station. Here, you should spend time with each patient to:

- Clarify your assessment (your _____ is being negatively affected by your weight. I recommend that you follow your personalized nutrition and activity plan from your WatchWT "Your Personalized Weight Management Program" assessment.
- Discuss individual self-management goals. Write prescriptions if necessary. Have staff available to schedule appointments for those who have issues outside of the topic of the group visit.

After the break, reconvene the group for a final question and answer session. Thank the attendees for coming and congratulate them on their commitment to better health.

How often should you hold SMVs?

Frequency of SMVs should be based on the needs of your patients. To effectively monitor changes in physical activity and eating behaviors, you should probably schedule visits at least every six to eight weeks. This will also give you the opportunity to provide positive reinforcement and also appropriately monitor patients with poorly controlled type 2 diabetes³ and other conditions negatively affected by overweight and obesity. Medicare and some private payers will pay for up to nine SMVs for diabetes self-management training in one calendar year.

How much time do you need for a WatchWT SMV?

- 30 minutes for chart review.
- 15-minutes to review WatchWT didactic materials and to coordinate with your staff.
- 5 minutes for introductions
- 30 minutes for presentation/interaction
- 10 minutes for questions and answers.
- 30 minutes for a medical assistant to collect data, and for the provider to meet with patients and document specific plans

Tips for Conducting SMVs

1. You don't need to address your patients in a group any differently than you would normally address them as individuals because:

- Your patients already like you or they would not be going to you for care. You don't have to be a standup comic. Just be yourself.
- Your patients will value getting to spend much more time with you than they would in a one-on-one visit.

2. The more you practice the role of facilitator, the more you will enjoy the SMV and the more your patients will gain from them. Facilitation involves:

- Fostering questions and discussion.
- Encouraging patients to answer other patients' questions, when appropriate.
- Encouraging all patients to participate in discussions, including asking quiet patients to offer their thoughts and questions.
- Politely correcting patient answers that are incorrect. If someone gives an incorrect answer, first thank him or her for the input. Then give several patients the opportunity to answer the question and stop after one gives the right (or nearly right answer). You should restate the correct answer in simple language.
- Periodically quizzing patients about material already covered to test retention and to reinforce important information.
- Repeating important information to reinforce retention.

Studies of SMVs have reported:

- Increased patient satisfaction
- Improved health behaviors
- Improvement in ADA standards of care
- Improved doctor-patient relationships
- Reduction in obesity
- Improved quality of life
- Improved control of mean blood glucose
- Reduction in blood pressure and cholesterol
- Decrease in emergency and urgent care visits
- Decreased referrals to specialists
- Decrease in HbA1c levels
- Better medication compliance
- Increased self-efficacy

Billing for WatchWT SMVs.

In most instances, SMVs are not specifically covered by Medicare or most private health insurance plans. However, Masley et al. has been successful in documenting and billing for services performed for individual patients.³ Recent documentation from the Medicare point out that a physician can provide a medically necessary face-to-face E/M visit that is observed by other patients. The physician must not allow any activities associated with the presence of the observers, or with any subsequent group counseling encounter, to impact the level of service reported for the history, exam, counseling, instruction, or medical decision making furnished during the face-to-face encounter with the patient.

To bill for evaluation and management services provided to individual patients, use an appropriate level office visit code (99212-99215) based on the individual patient's diagnosis, history, exam, and the medical decision making you document.

Most payers do not pay for treatment of overweight or obesity alone. Report codes for applicable conditions such as diabetes, metabolic syndrome, coronary artery disease, hypertension, and elevated blood pressure that are evaluated and managed in the visit, followed by codes for overweight or obesity if they affect patient management.

If your SMV include services provided by nutritionists or behavioral health specialists, check with your payers to find out if these health professionals can bill directly for services such as medical nutrition therapy (97804) or health and behavior intervention (96153).

Medicaid

Additionally, at least one state's Medicaid program will pay for SMVs (CPT code 99078) in addition to any individual E/M service provided to a participant in a group medical visit related to management of certain chronic conditions such as diabetes and asthma. The Medicaid administrator for your state should be able to provide coverage information where such policies exist.

Medicare and some private payers do pay for diabetes self-management training in a group setting. For these patients, you may be able to bill for both the group education and the individual medical visit. To receive payment for these services, you or your educator must be accredited in diabetes education.

To bill for diabetes self management training in a group setting, use the HCPCS code G0109: Diabetes self-management training services, group session (2 or more), per 30 minutes.

For more information on requirements and conditions of coverage for diabetes self-management training, see www.aafp.org/fpm/20010400/14bill.html.

For more information on coding for SMVs, see www.aafp.org/online/en/home/practicemgt/codingresources/groupvisitcoding.html.

Key Points

- Do not bill based on time.
- Rely upon the complexity of the diagnosis and your documentation.
- Spend individual time with each patient, briefly review the data collected and the diagnosis, and ensure that individual questions are addressed.
- Document diagnoses for all conditions addressed in the visit especially those potentially exacerbated by overweight and obesity.

Patient Confidentiality.

Although HIPAA doesn't prevent patients from voluntarily discussing personal health information, it's probably a good idea to have patients sign a confidentiality form and HIPAA disclosure form prior to the SMV. You should have these reviewed by your compliance officer or legal counsel before using them. Attach your Notice of Privacy Practices to the form. You and your staff should not discuss any patient's medical history or conditions with the group as a whole. Patients may choose to share this information on their own.

References:

AAFP Policy on Shared Medical Appointments/Group Visits. <http://www.aafp.org>

AAFP: AIM Group Visit Guide. <http://www.aafp.org/>

1 Spann SJ. Task Force Six. Report on financing the new model of family medicine. *Ann Fam Med*. 2004;2 Suppl 3:S1-S21.

2 Jaber R, Braksmajer A, Trilling JS. Group visits: a qualitative review of current research. *J Am Board Fam Med*. 2006 May-Jun;19(3):276-90.

3 Masley S, Sokoloff J, Hawes C. Planning group visits for high-risk patients. *Fam Pract Manag*. 2000 Jun;7(6):33-7.

4 Fanburg J. Using Group Visits Within a Practice to Treat Children with Overweight or at Risk for Overweight. Accelerating Improvement in Childhood Obesity: NICHQ 2006 National Congress. September 20, 2006.



Sample Shared Medical Visit Payment and Confidentiality Form

I have read and I agree to the following statements:

- I agree to meet with a group of patients and my doctor. I understand that I have the choice to be seen by my physician in this group or individually.
- I agree to keep all information regarding other patients attending the WatchWT SMV (group) visits private and confidential.
- Like any doctor's appointment, I agree to be responsible for the bill and/or co-payment associated with this doctor's visit.

Signed _____

Date _____

Sample Shared Medical Visit HIPAA Notice

During a WatchWT SMV, it is possible that some of my individually identifiable health information will be disclosed. For example, at a WatchWT SMV for overweight and related diseases, it might be assumed that everyone attending has a medical condition that could be improved by better wellness habits. I have read and I understand the following statements about my rights:

- I realize that I have the option to be seen individually.
- I understand that I am not required to sign this form to receive health care treatment.
- I understand that discussions may occur regarding individually identifiable health information during a WatchWT group visit.
- It is possible that the information that is used or disclosed in a group visit may be redisclosed by other participants in the WatchWT group visit.
- I have been notified of this potential disclosure, and I voluntarily wish to participate in the WatchWT group visit.

This WatchWT Shared Medical Visit HIPAA Notice Regarding Use and Disclosure supplements the Notice of Privacy Practice originally provided to me, a copy of which is attached.

Signed _____

Date _____