



# Group Medical Visits; The case “for” ...



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# 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...

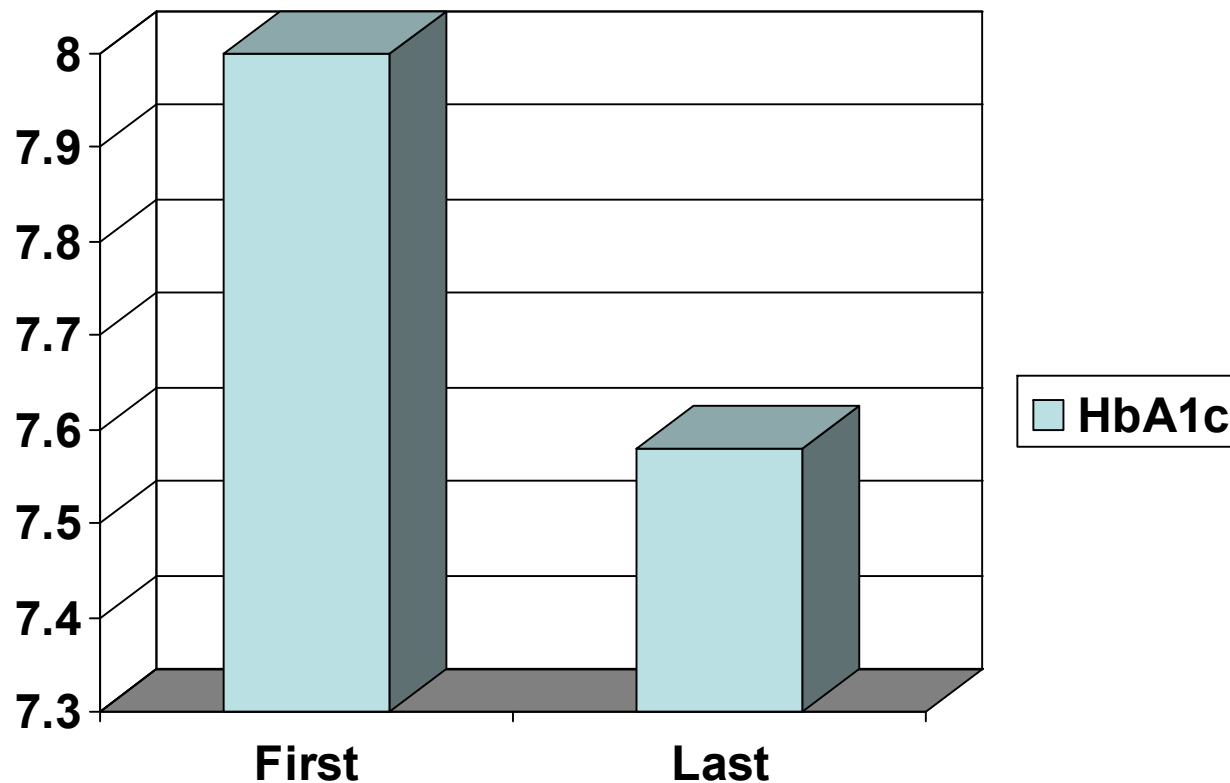
# Self-Management: What works?

- 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  $\geq 4$  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

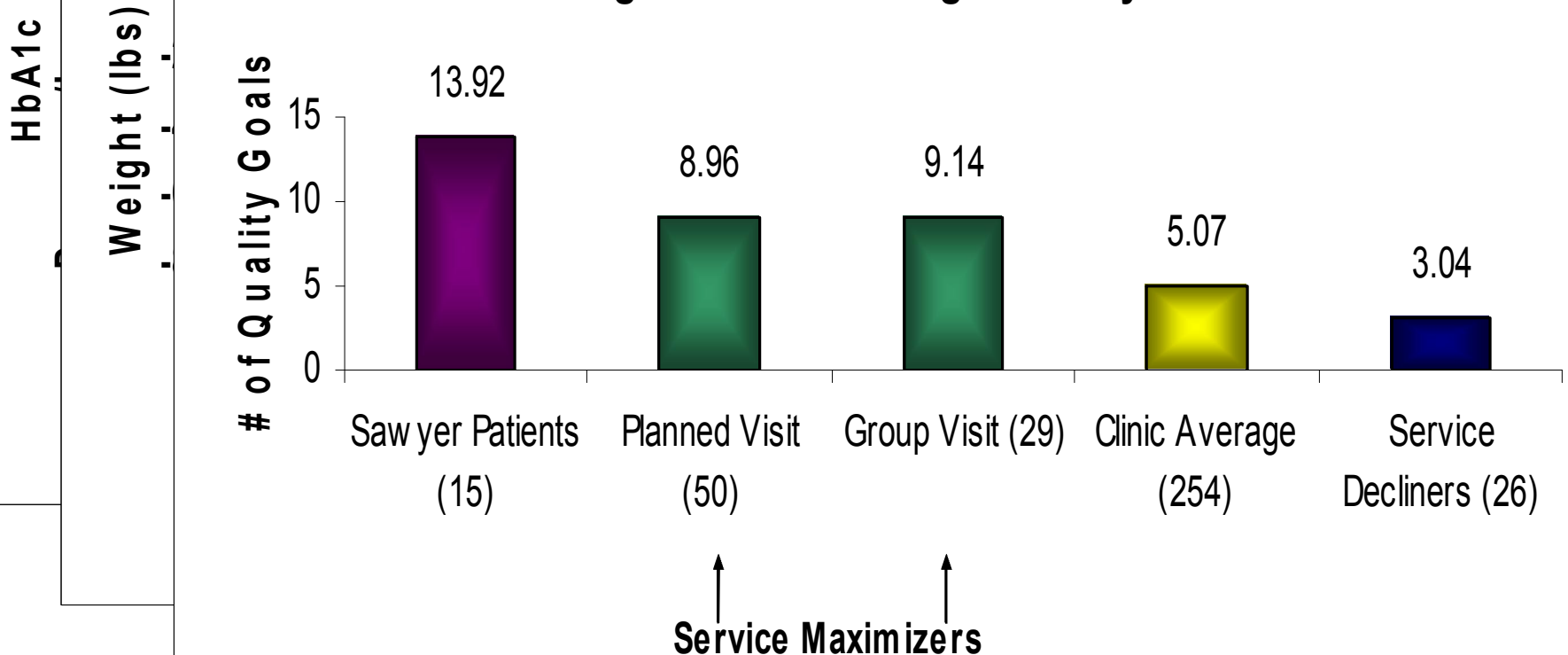


# Phase II “Snap Shot”...

Average HbA1c Change by Population

Average Weight Change by Population

Average Number of High Quality Goals



# End of Phase II: HbA1c

% with most recent HbA1c < 6.5

% with most recent HbA1c < 8.0

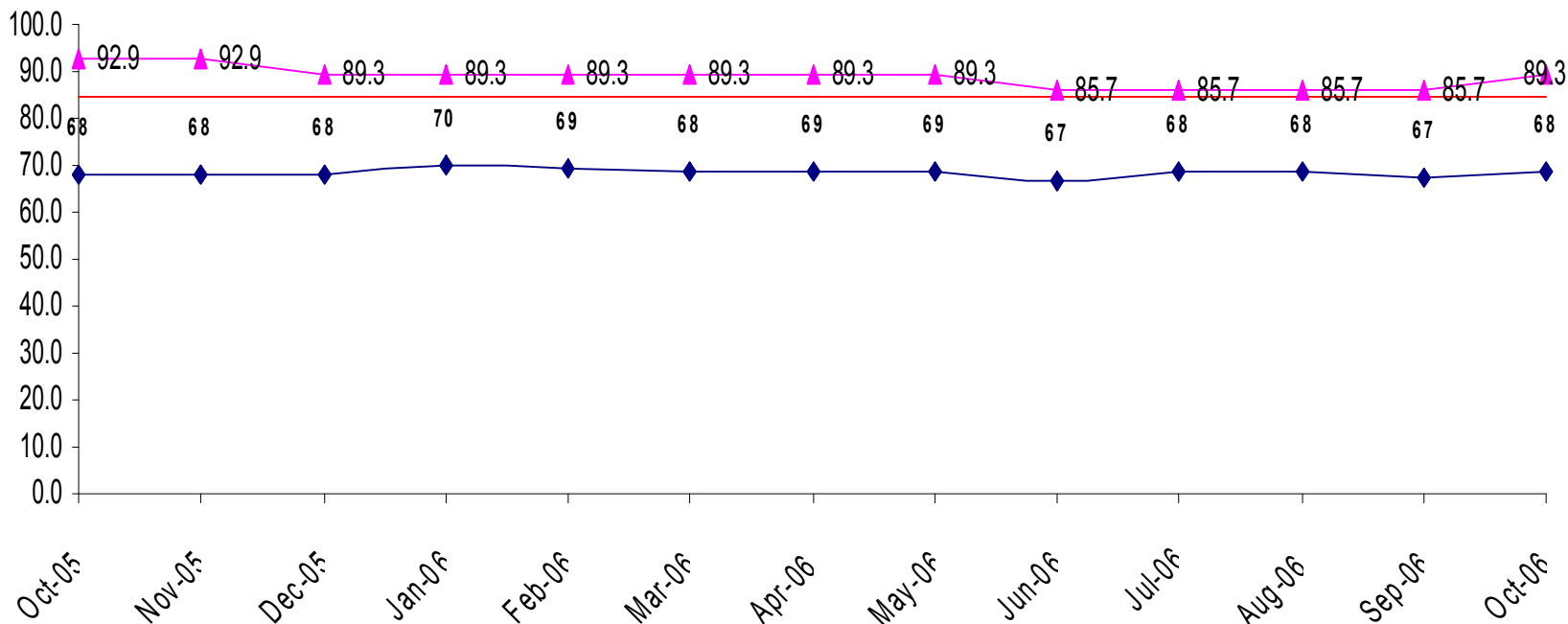
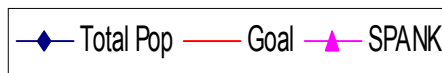
Percent of Patients with HbA1c < 9.5%

Goal = 85%

Percent

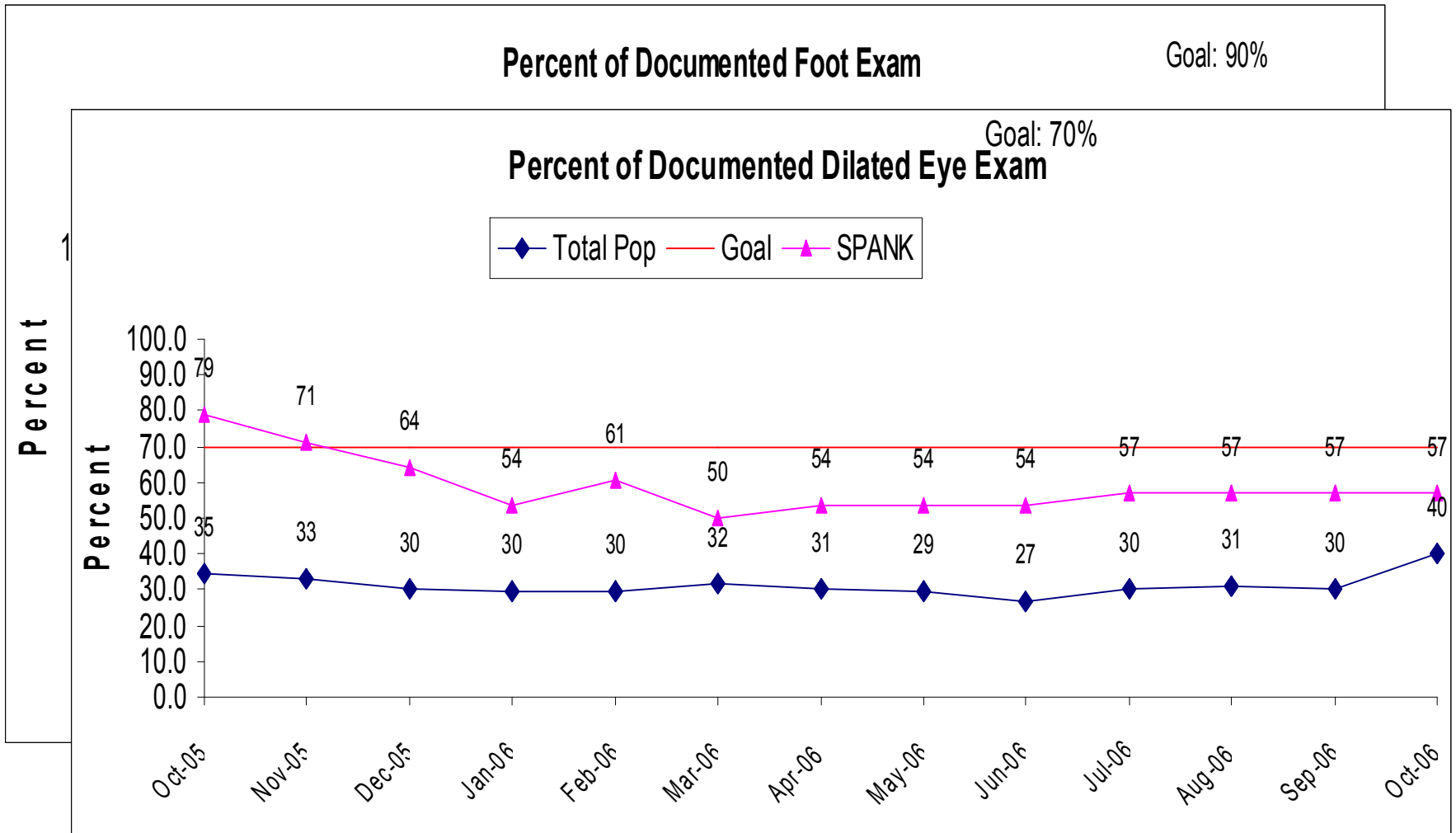
Percent

percent

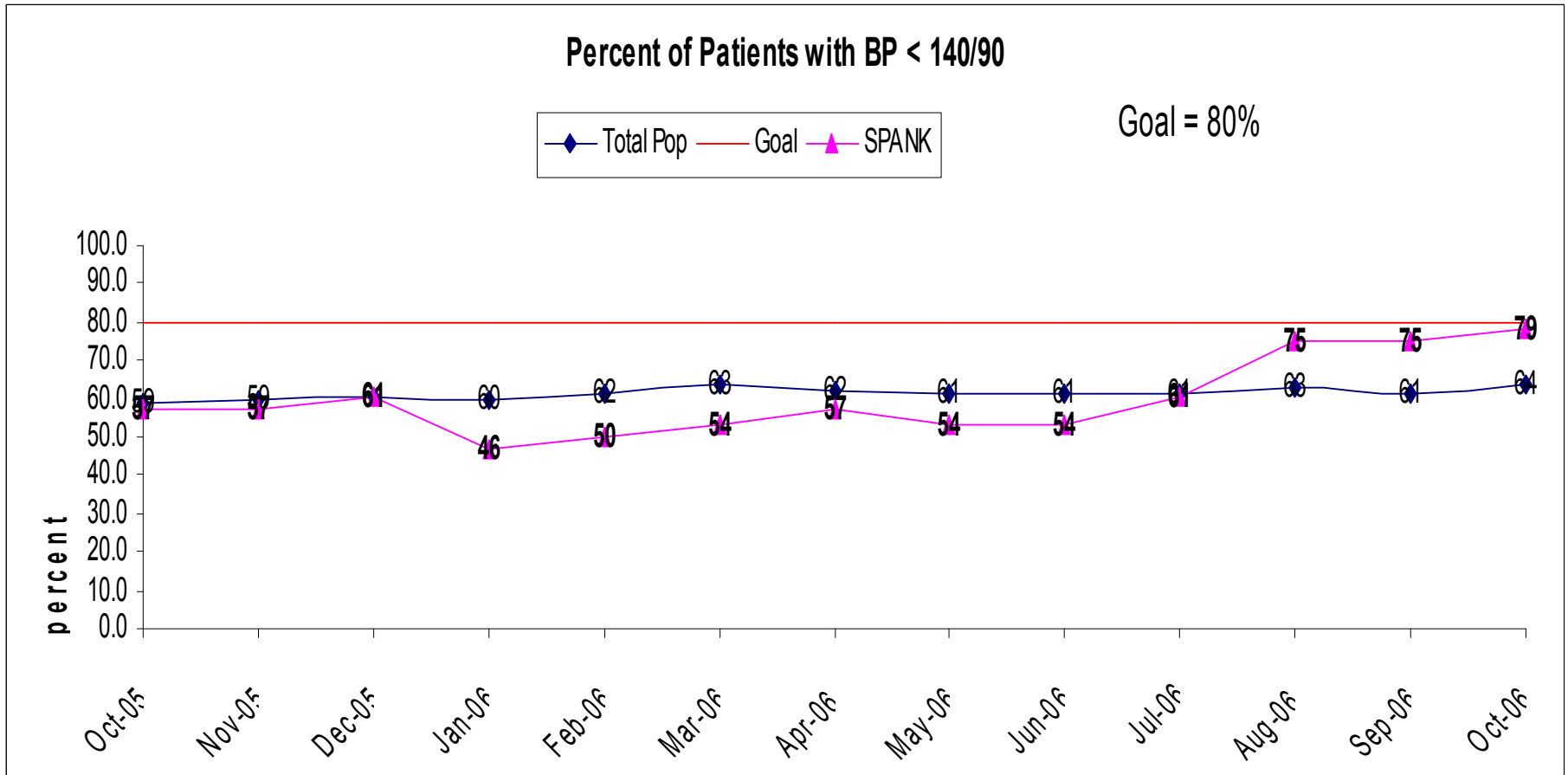




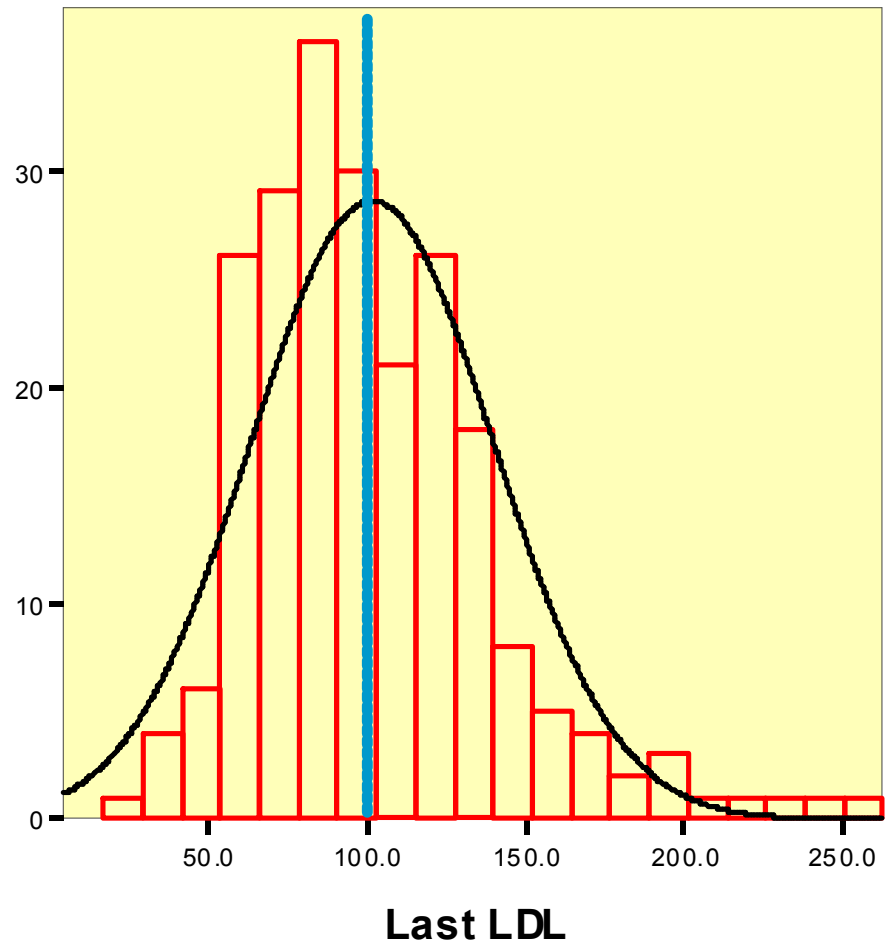
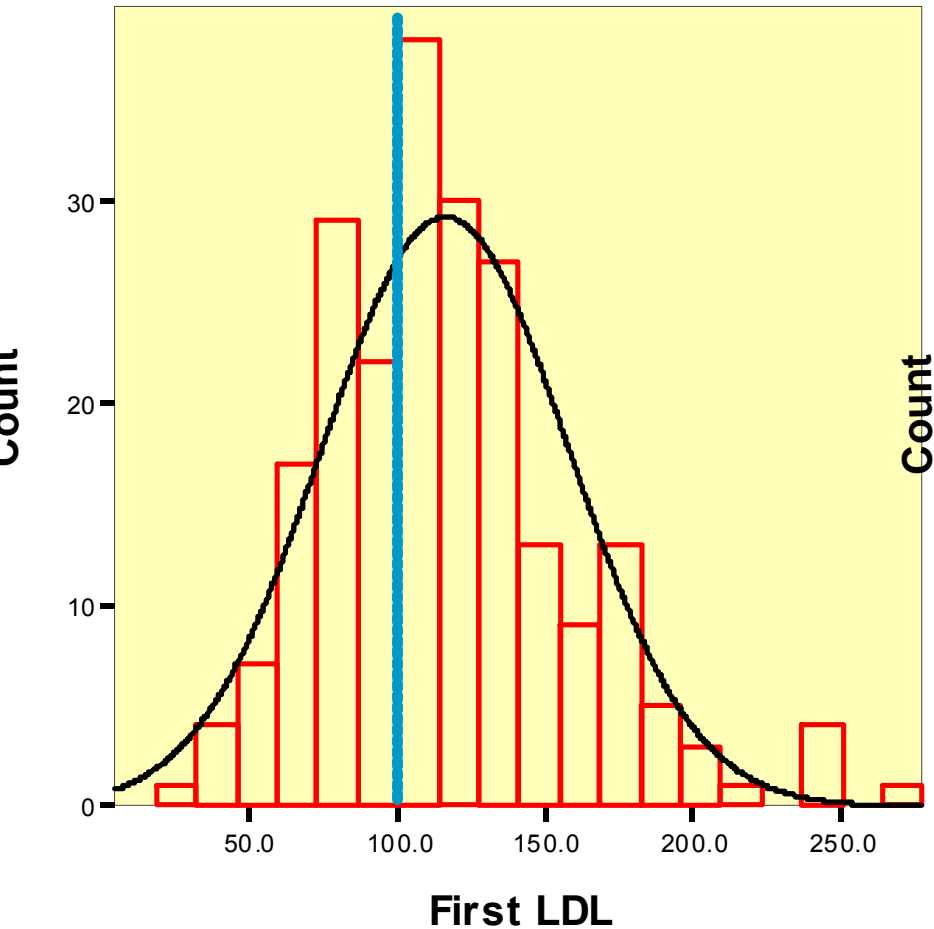
# Foot exam and eye referral...



# Blood Pressure

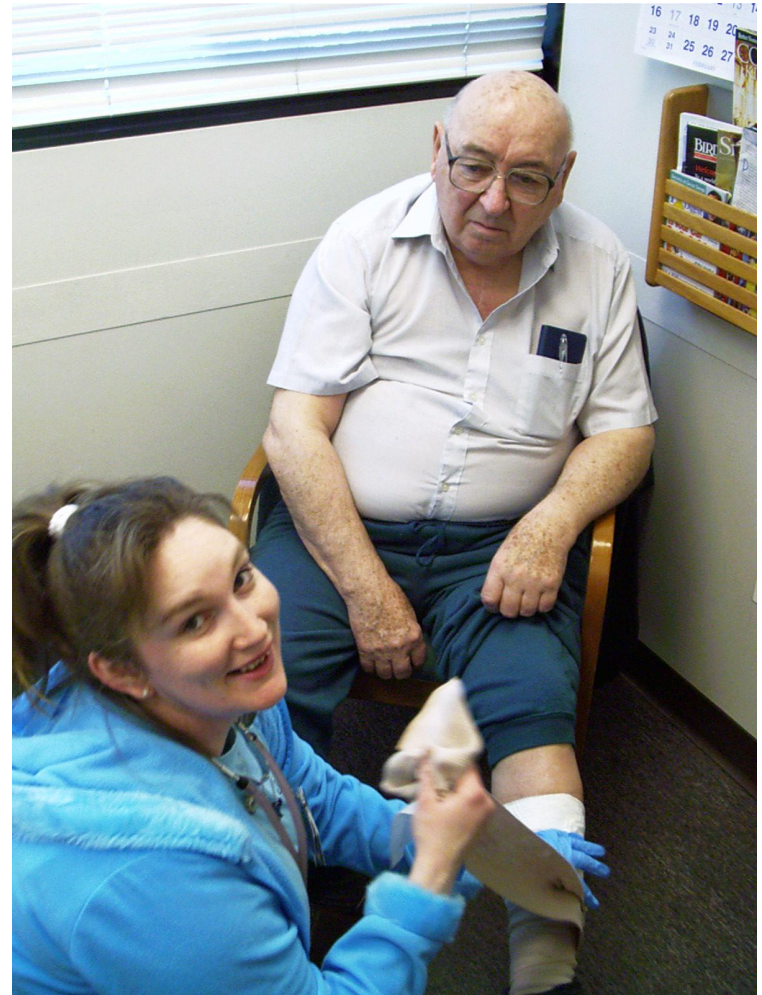


# LDL beginning to end...



# 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



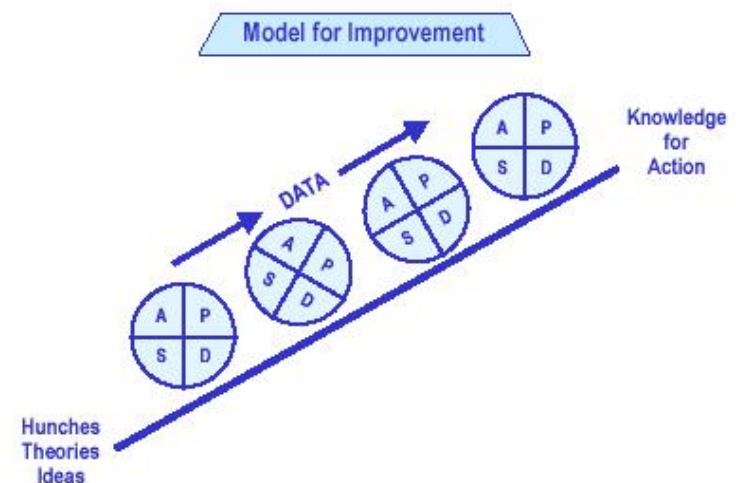
# Step One; how to get started-

- 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





***"Show Me The Money"***

# 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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