

CHRONIC DISEASE MANAGEMENT WITH GROUP VISITS

Integrative Primary Care Case Study

An estimated 60 to 70 percent of chronic disease is behavior- and lifestyle-based. Thus, most patients need information and help to promote healthy behaviors.

Group visits enable physicians to work with patients in a supportive group environment to manage chronic diseases. They offer clinical, financial, and operational benefits, and contribute to integrative primary care.

Integrative primary care is the coordinated delivery of evidence-based conventional medical care, complementary medicine, and lifestyle medicine within a primary care practice.

FEATURED PRIMARY CARE PROVIDER



Shilpa P. Saxena, MD, IFMCP

Dr. Saxena is founder and president of SaxMD, a nationally recognized expert and educator on functional and integrative medicine, and a pioneer in lifestyle-based group visits.

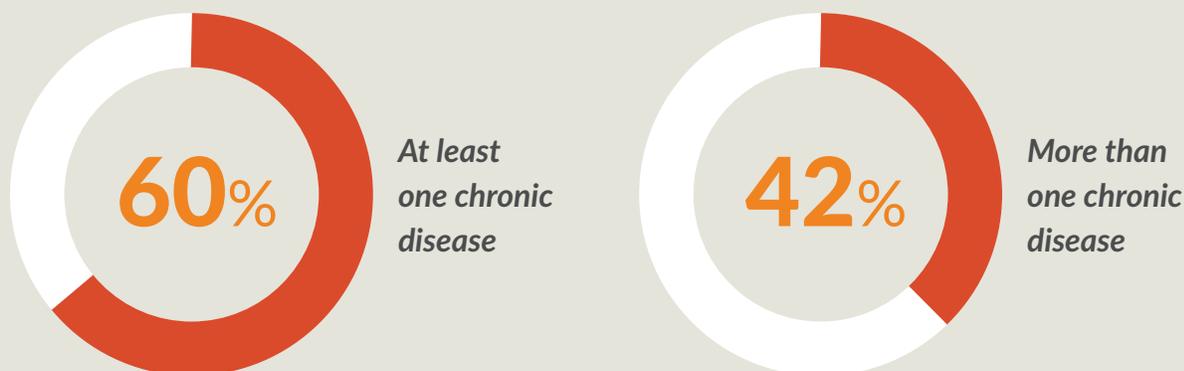
She works with her patients to identify the source of disease symptoms and develop a personalized care plan that addresses the underlying root causes of the disease. The plan includes all appropriate therapies, based on current evidence.

THE CHALLENGE:

Finding Time for Quality Care and Chronic Disease Management

Physicians today are managing more patients with chronic disease and doing so in less time and for less money. Increasing physician workloads and administrative requirements, increasing patient expectations, and decreasing patient access to appointments have led to a lower quality of care and lower satisfaction for patients and physicians.¹

American Adults with Chronic Diseases (2014)²



Lack of Time Hinders Optimal Chronic Disease Management

Proper chronic disease management requires thorough attention to the determinants of health of the whole person. This includes behavior and lifestyle choices as well as the social factors that increase risk and reduce self-care capacity. In the typical one-on-one medical appointment, physicians often lack the time to provide the medical services needed to teach patients how to live a healthier life and develop a therapeutic partnership that facilitates behavior change.¹

THE JOURNEY: *A Busy Primary Care Practice Must Meet Patient Demand*

After adding integrative and functional medicine to her busy primary care practice in Lutz, Fla., Shilpa P. Saxena, MD, IFMCP began seeing about 80 new patients each month. “People were coming out of the woodwork when they understood I could personalize their care,” says the board-certified family physician.

Necessity Drives Innovation

Dr. Saxena brought in a physician’s assistant, and the two providers were seeing up to 50 patients each day. When the physician’s assistant went out on maternity leave for three months, Dr. Saxena knew she needed to find a way to continue to care for all of her patients. “I went to the *Family Practice Management* journal looking for solutions and learned about the group medical appointment model,” she says.

In these group medical appointments, also called “group visits” or “shared medical appointments,” 15 patients talked about their medical problem. “That didn’t make sense to me,” she says. “It occurred to me that I could bring people together based on the solution rather than their diagnoses.” So that is what she did.

About Shilpa P. Saxena, MD, IFMCP

Dr. Saxena is founder and president of SaxMD, a nationally recognized expert and educator on functional and integrative medicine, and a pioneer in lifestyle-based group visits.

She works with her patients to identify the source of disease symptoms and develop a personalized care plan that addresses the underlying root causes of the disease. The plan includes all appropriate therapies, based on current evidence.

THE SOLUTION:

Group Visits Foster Patient Learning and Provider Productivity

In 2008, Dr. Saxena began offering one or two group visits each month. “People loved the group visits. They received 90 minutes with me and learned so much more. I did four visits worth of care in one visit and was able to maintain my productivity,” she says.

Most of Dr. Saxena’s group visits focused on solutions, such as diet or stress management. “People share more when it’s about solutions,” she says. When there weren’t enough patients for solution-based group visits, Dr. Saxena did diagnosis-based group visits.

Group visits are billable insurance visits for chronic disease.³ They are easy to implement, Dr. Saxena says.

“I did four visits worth of care in one visit.”

Dr. Saxena’s Definition of a Group Visit

“An extended clinical encounter that allows physicians and their patients to exchange valuable information regarding optimal chronic disease management within a supportive group format.”¹

The Role of Group Visits in Integrative Primary Care

Group visits provide two qualities of high-value integrative primary care:

1. **Expanded access to care**—care available when needed with fewer barriers
2. **Integrative care**—coordinated delivery of conventional medicine combined with evidence-based complementary and lifestyle medicine designed to enhance health, healing, and well-being

High-Value Health Care for Payers

High-value integrative primary care enables providers to respond to incentives that reward high-value health care from Medicare and other payers.

 **34%**
LOWER SPENDING

High-value practices compared to average value practices.⁴

Qualities of High-Value Integrative Primary Care

1. Expanded access to care
2. Integrative health care
3. Standing orders and protocols
4. Upshifted staff roles
5. Careful selection of specialists, including specialists in complementary medicine
6. Decision support for evidence-based medicine
7. Patient engagement in care decisions
8. Comprehensive primary care

The Evidence Behind and Outcomes of Group Visits

Group visits have clinical, financial, and operational benefits.¹ Leading medical institutions and payers, such as Harvard Vanguard, Kaiser Permanente, Cleveland Clinic, and Yale Health use group visits—some have been using them since the mid-1990s.^{1, 3} Group visits benefit patients, providers, employers, and payers.¹

Benefits of Group Visits¹

Clinical Benefits:

- Superior patient knowledge
- Increased patient self-efficacy
- Better outcomes
- Higher patient satisfaction

Operational Benefits:

- Reduced appointment wait times
- Improved adherence to recommended medical monitoring
- Expanded access to care through more available appointments
- Higher provider satisfaction

Financial Benefits:

- At least 200 percent more productivity

Clinical Benefits of Group Visits

Dr. Saxena says that group visits can “reduce symptomatology and reverse disease progression without expensive medications, procedures, and technologies.”¹ Studies of group visits have shown a variety of clinical results.

In a urology practice, group visits resulted in:

- Superior knowledge for participants in posttests compared with controls (P<.02)
- An increase in new patients who received nutrition education from approximately 50 percent to nearly 75 percent
- 85 percent of patients rating their satisfaction with group visits as excellent or very good⁵

In Hispanic patients with diabetes, group visits resulted in significant increases in quality-of-life and diabetes knowledge scores.⁶

In patients with chronic cardiac diseases, group visits improved patient access, enhanced outcomes, and promoted patient satisfaction.⁷

“A patient may listen to another patient going through the same problem more so than a provider. Knowing that you’re not alone is part of the healing.”

Providing patients with an opportunity to share their successes and struggles with others experiencing similar challenges increases self-efficacy and is a key reason that group visits improve outcomes and increase satisfaction.³

Operational Benefits of Group Visits

Studies of group visits have shown many operational results.

In a urology practice, group visits:

- Reduced appointment wait time from 180 days to 84 days (a 53 percent reduction)
- Increased by 43 percent the number of patients seen per month⁵

Another study showed improved adherence to the recommended 3.8 visits per year for medical monitoring.⁸

Group visits also improve provider satisfaction.¹ “Physicians get fulfillment from actually talking with their patients. Group visits reduce burnout,” Dr. Saxena says.

Financial Benefits of Group Visits

Group visits are reimbursed in the same way as individual appointments, enabling physicians to enhance productivity by at least 200 percent.¹

Possible Adverse Effects of Group Visits

Loss of confidentiality is a possible adverse effect of group visits; however, this can be handled by honoring the spirit of the Health Insurance Portability and Accountability Act (HIPAA) and using a medical authorization disclosure form with a HIPAA clause. The next section in the case study covers this.

Whether group visits have other adverse effects, such as unnecessary testing or treatment, has not been adequately studied.

THE IMPLEMENTATION:

Strategic Planning Facilitates Group Visits

Two group visits per month can positively impact the clinical, financial, and operational aspects of a primary care practice, Dr. Saxena says.³ CMS, Medicare, and the American Academy of Family Physicians all promote group visits.⁹

Two group visits per month provide clinical, financial, and operational benefits.

Challenges in Implementing Group Visits

Despite the clear evidence about the benefits, many physicians perceive two major obstacles to implementing group visits: confidentiality as well as billing and reimbursement.

But Dr. Saxena says there are solutions to both of these challenges.

Confidentiality

HIPAA does not address group visits. Dr. Saxena recommends honoring “the spirit of HIPAA with some basic principles of confidentiality.”¹

Personal information shared by patients is not a HIPAA violation; however, if a provider or other medical staff member shares personal information in front of others, this could be noncompliant.

Most practices require patients to sign a medical authorization disclosure form for group visits with a HIPAA clause, either annually or for each visit. Typically, the form states that:

- Much of the medical care is delivered in the group setting
- The patient accepts that issues will be discussed in front of others
- The group visit is a safe setting, and attendees do not need to identify themselves
- Once the group visit is over, no one will discuss other patients¹

Billing and Reimbursement

Reliable reimbursement strategies exist for group visits. Dr. Saxena suggests viewing group visit billing as “a series of individual visits with other patients as observers in a supportive group setting.”¹

A short-targeted physical exam with each patient during a group visit validates the billing.

Just like individual billing, selection of the Current Procedural Terminology (CPT) code for a group visit is based upon:

- Face-to-face time (the short-targeted physical exam)
- Documentation complexity
- Medical necessity requirements¹

Appropriate documentation complexity for a short-targeted physical exam (e.g., five minutes) may qualify for billing using the CPT code 99213 or 99214.¹ Time spent counseling the group is not billable.¹

Implementing Group Visits

In typical 90-minute group visits, 10 to 16 patients receive lifestyle education along with support for behavior modification from providers and their peers.¹

The 90-Minute Group Visit

- Prescribed by the physician during a typical office visit
- Includes 10 to 16 patients
- Contains a specific topic or set of topics
- Includes a brief targeted physical exam with each patient (five minutes or less)
- Teaching: 30 minutes
- Q&A: 60 minutes

Strategic Planning

Group visits require an appropriate meeting room and a team that can work together to design and deliver a seamless experience to each group. The meeting room must be large enough for 10 to 16 patients and available without interfering with normal clinic operations. Using a conference room or the lobby at the beginning or end of a clinic day works for many practices, Dr. Saxena says.¹

The Group Visit Team

- Two leaders: a billable provider and an educator
- Medical assistant
- Group visit administrator/champion

Designing the Group Visit

Each group visit focuses on a topic or set of topics related to managing chronic diseases. General topics, which can be customized to different patient populations, include:

- Nutrition
- Exercise
- Weight management
- Stress management
- Sleep optimization¹

Pain management is another good topic for group visits.¹⁰

Group visits should be designed to be easily repeated many times.¹

Video Teaching Makes Group Visits Easier

Instead of live teaching, physicians can use ready-made videos or create videos to use in multiple group visits.

Dr. Saxena suggests creating a patient-driven visit documentation form for group visits, with a separate form for each topic. The form can serve as the legal documented note and be put into the electronic medical record as the official visit note. The form can include a medical authorization disclosure and HIPAA clause, or patients can complete a separate form for this annually.¹

Recruiting Patients for Group Visits

A personal request by the physician during a typical office visit, considered a “prescription,” is the best way to encourage patients to participate in group visits, Dr. Saxena says. Patients can also be recruited through fliers, e-mails, and so forth.¹

Delivering the Group Visit

The administrator/champion ensures that administrative tasks, such as collecting copays, updating demographics, and signing the necessary forms are handled before the start of the group visit. She/he also informs patients that referrals, scheduling, and laboratory and provider appointments will be handled outside the group visit.¹

The medical assistant can collect each patient’s vitals before the group visit or during the teaching in a quiet part of the room. Automated vital measurement technology can be used to speed the process or even engage the patient in collecting his/her own vital signs or other biometrics. The vitals should be documented in the visit documentation form.¹

During the teaching, the billable provider performs the targeted physical exam with each patient. The provider and the educator work together to engage patients in the discussion.¹

After the group visit, the administrator/champion or medical assistant collects the visit documentation forms before the patients leave. The administrative team then processes the forms. A billing or coding specialist should work with the provider to ensure compliance with guidelines.¹

Getting Started on Group Visits

Use available resources, such as a group visit toolkit or free webinars on group visits, to implement group visits in your primary care practice.

Dr. Saxena developed [Group Visit Toolkits](#), available through the Lifestyle Matrix Resource Center at LifestyleMatrix.com, to help physicians easily implement group visits. Each toolkit includes:

- Visit forms
- Patient handouts
- Multimedia education by Dr. Saxena or presentation slides for customizable education
- A 45-minute call with an implementation specialist to walk through implementation of a group visit in your practice

“Do the first one and get over the fear. Once you do one, it’s not so bad,” Dr. Saxena says. Patients will be understanding as you learn how to deliver group visits if you’re humble. Let them know that they’re helping you better serve all your patients.

Evaluate group visits the way you evaluate any other intervention. “If it seems like the benefits outweigh the risks, go for it,” Dr. Saxena says.

Dr. Jonas does not profit from any of the tools featured in this summary. The goal is to share evidence-based resources to help providers and patients use integrative health approaches to improve health and wellbeing.

Conclusions

Most individual medical care should be provided through individual medical appointments; however, group visits are an effective way to leverage the time that is necessary for optimal management of chronic diseases that involve common issues.

“When you leverage time by putting 16 people in a room for 90 minutes, you’re seeing 16 patients and giving them 90 minutes of education. Group visits allow you to do the volume, but still provide quality care and education,” Dr. Saxena says.

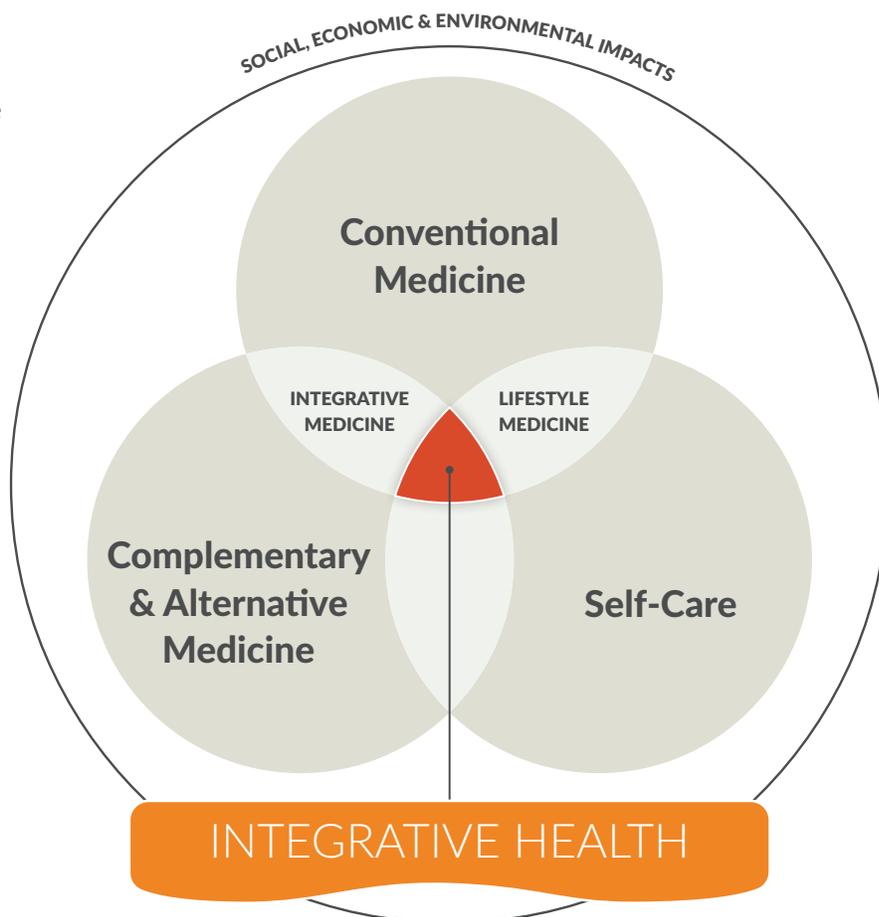
Group visits leverage time so physicians can provide quality care and education.

THE INTEGRATIVE HEALTH MODEL

Integrative health is the pursuit of personal health and well-being foremost, while addressing disease as needed with the support of a health team dedicated to all proven approaches—conventional, complementary, and self-care.

Optimal health and well-being arises when we attend to all factors that influence healing, including:

- Medical treatment
- Personal behaviors
- Social and emotional dimensions
- Mental and spiritual factors
- Social, economic, and environmental determinants of health



Integrative medicine is the coordinated delivery of evidence-based conventional medical care, complementary medicine, and lifestyle medicine for producing optimal health and well-being.

Integrative primary care is the coordinated delivery of evidence-based conventional medical care, complementary medicine, and lifestyle medicine within a primary care practice.

Lifestyle medicine incorporates healthy, evidence-based self-care and behavioral approaches into conventional medical practice to enhance health and healing.

Integrative health redefines the relationship between the practitioner and patient by focusing on the whole person and the whole community. It is informed by scientific evidence and makes use of all appropriate preventive, therapeutic, and palliative approaches, health care professionals, and disciplines to promote optimal health and well-being. This includes the coordination of conventional medicine, complementary/alternative medicine, and lifestyle/self-care.

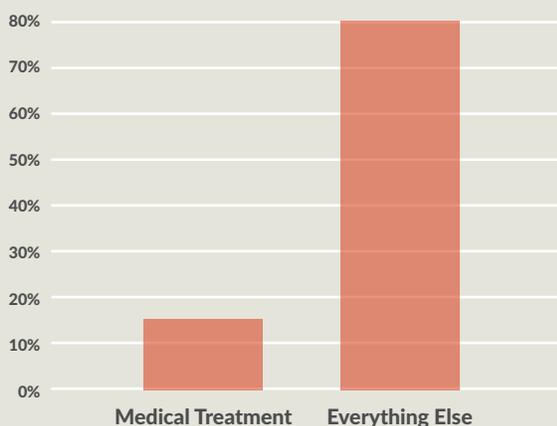
Improve Care Quality and Patient Outcomes and Satisfaction

Incorporating integrative medicine into mainstream primary care practices enables physicians and other health care providers to:

- Deliver higher quality care
- Improve patient outcomes and satisfaction ¹¹
- Lower costs
- Reduce burnout

Balance Healing and Curing in Chronic Diseases

As currently practiced, modern medicine, which is so powerful in treating acute disease, is missing nearly 80 percent of what contributes to healing for chronic disease. Even optimal medical treatment contributes only 15 to 20 percent to the health of a population.¹⁰



The rest comes from:

- Lifestyle and behavior
- Environment
- Social determinants of health¹⁰

Integrative health balances healing and curing. It goes beyond treating disease to helping patients thrive by tapping into their inherent healing capacity.¹⁰

Guide Patients on their Healing Journey

Integrative health starts with the physician or other primary care provider listening to the patient to understand his/her needs and values. Providers then match the patient's goals with good practices to promote healing and improve health and well-being.

Ways to Guide Patients

- Promote lifestyle, behavioral, and self-care changes
- Promote proven conventional practices and proven complementary practices
- Protect patients from dangerous, disproven, or toxic practices
- Permit practices that may work and have no harmful side effects
- Partner with patients. Be willing to research and discuss the evidence for conventional, complementary, and self-care.

THE RESOURCES

Resources About Group Visits

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Resources about Integrative Primary Care

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ABOUT THE AUTHOR – DR. WAYNE JONAS

Dr. Jonas is a practicing family physician, an expert in integrative health and health care delivery, and a widely published scientific investigator. Dr. Jonas is the Executive Director of Samueli Integrative Health Programs, an effort supported by Henry and Susan Samueli to increase awareness and access to integrative health. Additionally, Dr. Jonas is a retired lieutenant colonel in the Medical Corps of the United States Army. From 2001-2016, he was president and chief executive officer of Samueli Institute, a nonprofit medical research organization supporting the scientific investigation of healing processes in the areas of stress, pain, and resilience.

Dr. Jonas was the director of the Office of Alternative Medicine at the National Institutes of Health (NIH) from 1995-1999, and prior to that served as the Director of the Medical Research Fellowship at the Walter Reed Army Institute of Research. He is a Fellow of the American Academy of Family Physicians.

His research has appeared in peer-reviewed journals such as the *Journal of the American Medical Association*, *Nature Medicine*, *Journal of Family Practice*, *Annals of Internal Medicine*, and *The Lancet*. Dr. Jonas received the 2015 Pioneer Award from the Integrative Healthcare Symposium, the 2007 America's Top Family Doctors Award, the 2003 Pioneer Award from the American Holistic Medical Association, the 2002 Physician Recognition Award of the American Medical Association, and the 2002 Meritorious Activity Prize from the International Society of Life Information Science in Chiba, Japan.

To access more information on integrative health, including tools and resources for patients and providers, visit DrWayneJonas.com

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