GROUP VISITS in PRIMARY CARE: Possible, Profitable & Pearls
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Introduction

- Managing chronic illness in the 21st century is time consuming in primary care (Jaber et al., 2006)
- Group Visits (GVs) are a physician mechanism to spend increased quality & quantity of billable time with patients
- GV offers patients with similar chronic conditions an opportunity to interact with & learn from one another (Spann, 2004)
- Utilizing the high-risk cohort model targets patients of all ages with similar chronic issues (Masley, 2000)
- In 2010, 13% of family physicians conducted GVs (Andrews, 2013)
- Meticulous planning of every aspect of the GV proactively streamlines the overall process

Benefits

- Provides a relaxing environment in which to interact with patients
- Allows time for health promotion and wellness discussion & counseling
- Elicits substantial effects on patients' behaviors (Andrews, 2013)
- Patients increase ownership of their chronic illness (Jaber et al., 2006)
- Quality care more accessible (Dontje et al., 2013)
- Can be profitable (Oliverez, 2014)

Preliminary Planning

- Determine patient inclusion & exclusion criteria
- Diagnosis of osteoarthritis (OA): male/female over the age of 65; Medicare beneficiary; established patient
- Determine location (practice office), frequency (once monthly x 4) & duration (120 minutes)
- Literature review for OA topics of importance based on Brummel-Smith work on Optimal Aging (2007)
- Educate, align & recruit current interprofessional staff for participation
- Case Manager (MSW or RN), MA, front-desk staff
- Develop GV consent, questionnaires, forms & topic content/activities; order free materials from National Institute on Aging (NIA)
- Clarify billing requirements with billing specialist
- Recruitment of qualified patients from: active patient panel, colleagues, informational posters

Geriatric OA Office Visit & Group Visit HPI / ROS

Name: ____________________ Birth Date: ____________________
What part of your body is most painful with arthritis?
When did this start?
Does anything make the pain better? If so, what?
Does anything make the pain worse? If so, what?
How would you describe the pain? Is it constant or comes and goes?
On a scale of 1-10 with 1 being minimal pain and 10 being intolerable severe pain, where would you rate your pain?
1 2 3 4 5 6 7 8 9 10
How does having arthritis affect your quality of life?
Do you smoke: Yes No Do you drink alcohol: Yes No
Please circle any of the following symptoms that you have recently had:
Numbness Muscle Weakness Lightheadedness Imbalance Tingling sensation Headache Constipation Diarrhea Stomach upset Heartburn Blood in your stool Black stools
Is there anything new or changed in your medical problems since you were last seen? If so, what?

Methodology

- Registration, distribution of documents & initiation of electronic medical record (EMR) office visit
- Consent, pre-questionnaire, HPI/ROS form completed in waiting room
- MA rooms patient, obtains vital signs, & initiation of electronic medical record (EMR) office visit
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Pearls

- Patients enjoyed extended time spent with physician
- Patients gained better understanding of OA & overall healthy lifestyle
- Proactive recruitment is essential
- Necessary to obtain IRB approval
- Focused, timely exams difficult
- Fixed income becomes an issue with consecutive monthly sessions
- 1:1 individual exam component essential for reimbursement

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