Welcome to “Community as Medicine- Virtual Group Medical Visits”
https://healthcarecommunities.org
Housekeeping

Please stay on mute until Q&A.

Be an active learner and contributor - chat in!

No conflicts of interest to disclose - Speakers were not paid fees for this presentation.

Slides and recording will be available in the Telehealth community resource center. https://healthcarecommunities.org/telehealth
Group Visits Go Virtual!

Kathy Reims, MD
CSI Solutions
Overview

- Group visits basics
- Things to think about when transitioning to virtual group visits
- Examples to consider
- References and resources at the end of the deck
What is a Group Visit or Shared Medical Appointment?

- Clinically relevant group of patients
- Receive one or more services, including one that can be billed with an E/M code
- May be one time or over a period of time
- Duration varies from one hour to half days
Benefits of Group Visits

- Improves access to care
- Often improves productivity
- High level of satisfaction for clinicians and patients
- High-leverage opportunity for existing resources
- Some evidence of improved outcomes
- Patients get to know each other and support each other
- Patients get to spend more time with the care team
- Efficient way to share educational resources – one to many

Making Group Visits Work

 Patient choice
 Enough patients – calculate typical productivity for group visit length
 Scheduled when patients can attend
 Engaging, accessible, high quality content
 High value visit for patients – instead of, not in addition to
 Measure and respond to patient experience
 Measure clinical effectiveness
 Team sport!
What types of Group Visits exist?

**Multiple models and creative interpretations**

**Examples:**
- Diabetes and many other chronic diseases
- Prenatal – initial and blended models
- Newborn
- Flu shot
- Depression
- Financial screening
- Chronic pain
- Wellness
- Advanced Directive Planning
- Psychological support ....
How do we Transition to Virtual Group Visits?

- Processes can be fundamentally the same
- Patients and care team can be anywhere, connected by a platform
- Billing is still based on E/M code
- If your group visits include the services of nutritionists or a behavioral health specialist, contact payers to determine if that portion of the group visit can be directly billed by the non-physician provider. This typically would include codes for medical nutrition therapy (97804) or health and behavior intervention (96153).
During the pandemic, CMS rules have facilitated the growth of telehealth visits by removing geographic and site-of-service restrictions.

Many payers cover telehealth services at the same rate as in-person visits for now.

Credentialing has been simplified but still required to bill. Reciprocity of licensure for most states right now.

Even though HIPAA rules are relaxed, use a secure platform and follow security guidance.

Just as with telehealth visits, ensure that participants are identified and that safety precautions are in place.

Evidence of virtual group visit efficacy is limited.
Facilitators of Telehealth Group Visits

- Platforms that integrate multiple clinicians and team members
- Patients that want to be in a virtual group and benefit from socialization
- Need for access! What could you do in a group that would open precious appointment slots?
- In certain situations, consider protocols to withhold identity and disguise voices or having patient video made visible only to the clinician
Examples of Group Telehealth Visits

- Tele behavioral Health for Children with Obesity (Baidal, et al.)
- Group-based psychiatric care (Childs, et al.)
- Group telehealth visits to educate patients about Covid-19
- Stress reduction groups
- Substance Use Disorder Support Groups
- Physical Therapy Groups
- Surgical post operative care and education
- Anything that requires education and support is possible!

Cleveland Clinic has a long list of SMA’s, some of which are now done via telehealth

References

- Bailal, Jennifer A. et al. **Zooming toward a Telehealth solutions for vulnerable children with Obesity during Coronavirus Disease 2019** Obesity | VOLUME 28 | NUMBER 7 | JULY 2020


- Li Yang, Liangxiu Li, Dan Cui, Yanni Wu, Lili Qiu, Junhua Qin, Xuemei Zhu,


- Raja Jaber, Amy Braksmajer, Jeffrey S. Trilling **Group Visits: A Qualitative Review of Current Research** The Journal of the American Board of Family Medicine May 2006, 19 (3) 276-290; https://www.jabfm.org/content/19/3/276
Resources

- Group Visit Starter Kit: http://www.improvingchroniccare.org/downloads/group_visit_starter_kit_copy1.doc
OPEN SOURCE WELLNESS: VIRTUAL COMMUNITY AS MEDICINE

Ben Emmert-Aronson, Ph.D.

Elizabeth Markle, Ph.D.
GOOD LUCK
WITH THAT,
I’LL SEE YOU
IN 6 MONTHS!

DIRECTIONS:

Exercise more!
Eat better!
Reduce your stress!
Get some social support!
OPEN SOURCE WELLNESS

PHYSICAL ACTIVITY

HEALTHY MEALS

SOCIAL SUPPORT

STRESS REDUCTION

MOVE

NOURISH

CONNECT

BE
SEE IT IN ACTION!

IN PERSON  VIRTUAL
WHAT’S DIFFERENT?

1. Experiential!
2. Trans-diagnostic and Comprehensive
3. Culturally-flexible: Turnkey implementation
4. Powered by Connection
Behavior Change

Daily Servings
Fruits and Vegetables

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Weekly Minutes
Exercise

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All p's < .001, full sample, n = 212
Social Support

Social Connectedness Scale

Pre: 41.8
Post: 46.2

WHO 5-item Wellbeing Index

Pre: 13.1
Post: 17.3

All p’s < .001, full sample, n = 212
Mental Health
(PHQ-9, GAD-7, UCLA 3-Item Loneliness)

All p < .001, depressed subsample, n = 66
Blood Pressure

Systolic BP: Pre = 148, Post = 127
Diastolic BP: Pre = 84, Post = 79

Systolic BP p < .001, Diastolic BP p = .10, hypertensive subsample, n = 78
Acute Care
(ED visits/unplanned hospitalizations)

p = .14, clinical subsample, n = 49
VIRTUAL GROUP MEDICAL VISITS: PARTNERSHIP STRUCTURE

**OSW Provides:**
- HIPAA-Compliant Zoom platform and “driving”
- Weekly experiential group facilitation and curriculum
- Coaching and support between weekly groups
- Patient Onboarding to Zoom
- Measures/Outcomes tracking and reporting

**Clinic Provides:**
- 1 Clinical Provider
- Charting/Billing
- Referrals
**FUNDING OSW IN CLINICAL ENVIRONMENTS: COST ANALYSIS IN ONE FQHC:**

Avg # patients billed in individual visits, 4-hour clinical shift: **7.5**

Avg # patients billed in OSW Group Medical Visit: **16.2**

Average Additional # billed = **8.7**

8.7 x PPS reimbursement rate of $250/visit = **$113,000 extra revenue/year**

Minus OSW Cost ( ~ 86,000/year) = **$27,000 Additional Revenue Generated/year**
“COMMUNITY IS MEDICINE”

Open Source Wellness
LET’S CONNECT!

Explore Clinical partnership or Consulting/Training Support:

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