



PCMH User Group Highlights 09/29/16

Slides from presentations are attached to email and on website (slides and highlights under PCMH User Group)

Deepa Nandamudi, LMSW/ACSW, Complex MIPCT Care Manager for CHC Fort Gratiot, Michigan, shared her practice's group visits processes. (Please note – this is a peds practice)

Processes

Visit Set-up

- Identify patients/families that would benefit – they started with constipation which was the major diagnosis for primary care sensitive emergency department visits for the practice. Now conduct visits for asthma, obesity (healthy snacks or exercise, for example), and ADHD. They do identify the topic or patient condition for the Group Visit *using practice data*.
- These are often just one session visits, not necessarily many sequential visits. Has worked well to have smaller topics that can be addressed in one session; can then repeat the session at a later date.
- Send letters out to parents explaining the group visit and ask them to bring child if that is the intent of the visit. Also have posters up in practice. They found that attendance was highest when they invited patients to the group visit during an appointment. Invitation by the provider yields the best attendance to the group visit.
- Have packets prepared with materials for class. Can include little word games on content to keep people busy until class starts. ADHD Packet included what is ADHD, what meds out there, basic questions such as is the patient in counseling already, tips for handling homework.
- Front desk keeps track of registrations for visit.

Visit Itself

- Have an agreement for parents and children to sign - “what happens in group visit, stays in group visit”
- If the physician is present, he/she can bill separately for a group visit, and then the nurse would take vitals and the physician would meet with the parents and child for about 5 minutes. This would take place during the group, with the physician pulling out each patient separately.
- Provider can address patient questions, share med info, discuss complications, etc.
- Does physician attend entire group visit? – depends on topic. At the sessions about constipation, there was a physician that was at the entire visit. At the session about Asthma, a respiratory therapist was at the entire visit. At the session about nutrition there was a dietician at the entire visit. Some group visits did not require a physician.
- At healthy snack class, had children build a yogurt parfait.
- At asthma visit, had a small collection of toys so child could pick toy to keep at end of visit. Toys from dollar store. This was started to help with the “barrier” of attendance.
- What does a Group Visit look like?
 - Sign in, nametags, confidentiality agreement, handout about what a group visit is, agenda and packet.
 - While settling in, if there were small children, gave them coloring pages etc. in order to make them feel more comfortable. 5-10 minutes to settle in
 - Discussion, presentations, etc.
 - Q and A for parents and children
 - At the end, give them their prize (dollar store toy etc.) and evaluation form

After the Visit

- During visit, patients came up with own self-management goals. A week or two later, follow up phone calls were made to the patients to see if they were meeting these goals. If the patients were not meeting their goals, why not, what could we do to help?
- The EMR was updated after the visit. If your EMR has a group visit template, great. They just free texted it saying who was present, date, time and duration, topic, what was covered and what the self-management goals were. They uploaded the self-management document in the patient's and parent's handwriting along with their signatures.

Practice Learnings

- **Getting the physicians on board is key.** There was a much better response/attendance at the group visits when it was discussed by the physician, rather than just the letter being sent out.
- Learn from each session. The first session did not have many patients however each session provided learning opportunities for the next session.
- Don't be discouraged by a low attendance session; just keep going.
- Each group visit was scheduled for 1 ½ hours. There were groups that were 3-4 people and up to 15 people. 15 is a good size as you can still address individual questions.
- They found that evening group visits worked better than afternoon, also picking the right day of the week – no sporting events in town etc.
- After the first meeting, realized that they needed to group similar age kids together. If the parents brought younger siblings, (to the patient), had to improvise and give them activities (coloring etc.) so they would not be a distraction.
- What topics are you thinking for future group visits? Looking at chronic conditions, and if something comes up they would address.
- Parents brought up other chronic conditions during the group visit. Be prepared.
- Did you have any patients/families that would not engage at all, or were over engaged? Not really, they were motivated to be there. Sometimes you could tell that the teenagers did not want to be there.

Other practice information

- Do place follow-up calls to the parents of patients who utilized the ER to remind them of available appointments during the day and extended access hours.

PLEASE NOTE: Kevin DeBruyn of ACCM has offered to help practices set up the group visits if they need the help, including Social Work Services.

2016 Meeting Dates – all meetings from 11:30 AM – 1PM:

- October 26, Wednesday – CANCELLED!!!