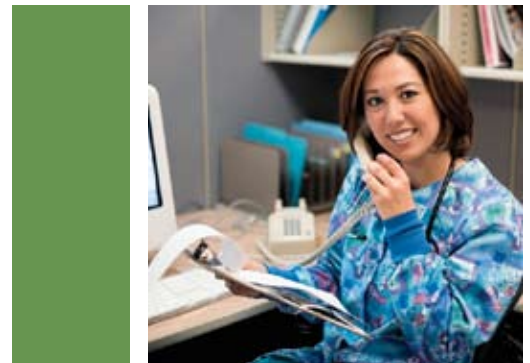


# A Guide to Group Visits for Chronic Conditions Affected by Overweight and Obesity

*Encourage your patients to eat healthy foods, become more physically active and improve their emotional well-being.*

By Mary Theobald, MBA and Steven Masley, MD, FAAFP, CNS

Reviewed by: Sarah McMullen, MEd, CHES; Deb Barnett, RN, MS, FP; and Cindy Hughes, CPC



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*Fitness includes three interconnected components:  
physical activity, healthy eating and emotional well-being.*



# A Guide to Group Visits for Chronic Conditions Affected by Overweight and Obesity

## Why offer group visits to promote better fitness?

Well-organized group visits provide better access at lower costs. Group visits were identified in the Future of Family Medicine project as one of ten features that have the potential to generate increased revenue.<sup>1</sup>

Research indicates group visits can also provide an improved quality of care and a higher level of patient and physician satisfaction.<sup>2</sup> They empower patients and also the physician and staff. Group visits allow for more time for education and relationship building.

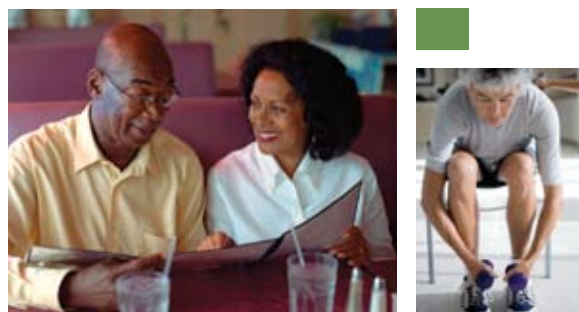
Group visits have proven to be an effective way to improve patients' dietary compliance and intermediate markers for diabetes and coronary artery disease.<sup>3</sup> They've also been shown to improve childhood overweight and inactivity.<sup>4</sup>

Group medical visits for conditions caused or affected by poor fitness habits offer an opportunity to provide patients with accurate information on nutrition, physical activity and emotional well-being. The group format provides an ideal venue for patients with chronic conditions to join together to learn about their diseases and make incremental changes that will improve their health.

## What are group visits?

There are several models for group medical visits. The Cooperative Health Care Clinic concept, which was developed by Kaiser Colorado, as well as the High Risk Cohort model developed by Masley et al.,<sup>3</sup> are the bases for this guide.

Group visits include a group educational session plus most components of individual visits, including one-on-one medical evaluations conducted by a physician or nurse practitioner. A group visit is NOT a class or a group therapy session.



## Studies of group medical visits have reported:

- Increased patient satisfaction
- Improved health behaviors
- Improvement in ADA standards of care
- Improved doctor-patient relationships
- Reduction in obesity
- Improved quality of life
- Improved control of mean blood glucose
- Reduction in blood pressure and cholesterol
- Decrease in emergency and urgent care visits
- Decreased referrals to specialists
- Decrease in HbA1c levels
- Better medication compliance
- Increased self-efficacy<sup>5</sup>

## How often should you hold group visits?

Frequency of group visits should be based on the needs of your patients. To effectively monitor changes in physical activity and eating behaviors, you should probably schedule visits at least every six to eight weeks. This will also give you the opportunity to provide positive reinforcement and also appropriately monitor patients with poorly controlled type 2 diabetes<sup>3</sup> and other conditions negatively affected by overweight and obesity. Medicare and some private payers will pay for up to nine group visits for diabetes self-management training in one calendar year. (See Billing for Group Visits on page 12 for more information on billing for diabetes self-management training).

## How much time do you need for a group visit?

- 1 hour to prepare didactic materials and to coordinate with your staff
- 1 hour for chart reviews prior to the visit
- 15 minutes for introductions
- 30 minutes for presentation/interaction
- 30 minutes for two to three nurses/physician assistants to collect data, and for you to meet with patients and document specific plans
- 30 minutes for wrap-up and answering questions

# Preparing for a Group Visit

## Eight to twelve weeks in advance:

1. Choose a time and date that suits your audience and staff:
  - Mid-afternoon for seniors
  - Early evenings for working adults
  - Tuesday, Wednesday and Thursday appear to be the most popular days
  - Saturday mornings work for about a quarter of those willing to participate in group visits
2. Meet with your team and administrative/clinical manager to develop an implementation plan delineating roles for staff and providers. Assign responsibilities and determine who will:
  - Develop a recruitment plan (letter, notice in the office, phone calls from receptionist, 1-page flier).
  - Reserve the space for the session. Reserve your room well in advance.
  - Invite outside speakers (if you choose to), such as a dietitian.
3. Arrange a back-up clinical coverage plan.

## One month in advance:

1. Create a template to register patients.
2. Identify and invite potential participants:
  - Pull diagnosis codes from billing data. You can invite patients with multiple diagnoses, or focus on patients with a specific condition.
  - Empower your staff to enroll patients.
  - Review pharmacy prescription data.
  - Create an Excel file or a Registry file of patients whose health is negatively affected by being overweight or obese.
  - Write a letter – postal or e-mail – to patients encouraging them to schedule an appointment for the group visit (see sample, page 3).

## Three weeks in advance:

1. Call to schedule appointments (see sample, page 3).
2. Determine whether you will create a satisfaction survey for the group visit. If yes, ask someone to create.

## One week in advance:

Have receptionist call to remind patients of their appointment.

1. Make plan for/order healthy refreshments.
2. Make signs, name tags and sign in sheet.
3. Obtain or organize teaching materials for your presentation. You don't have to overdo this part.

## One or two days in advance:

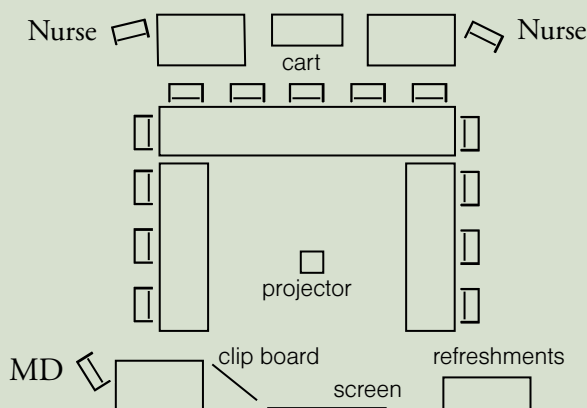
1. Pull and review charts/medical records for those who will be attending.
2. Create progress notes. An office nurse can gather the data and the doctor can review the completed progress notes (see sample, page 10).
3. Create a list of targets for your patients to achieve.
4. Prepare a supply cart. Include:
  - Name tags for all members and staff
  - Sign in sheets
  - Agenda outline
  - Calendar
  - Patients' medical records (or computers for EHR systems)
  - AIM Fitness Inventories
  - Educational materials
  - Portable blood pressure cuffs (including large size)
  - Stethoscope
  - Syringes, alcohol wipes, Band-Aids®, sharps container
  - Radiology request forms
  - Lab request forms
  - Tape, markers, 3 hole punch, pens, pencils
  - Scale
  - BMI calculator
  - Monofilaments for foot exams

## Day of event:

- Have at least two medical assistants or other staff arrive early to place signs and set up the room. They should bring cart, a sign-in sheet and refreshments.

## Group Visit Room Layout

Privacy curtains are optional



## Sample Script for Recruitment Calls for Group Visits

Hello Mr. Johnson,

Dr. \_\_\_\_\_ is offering a group visit in three weeks, and he/she asked me to call and invite you to attend. The group visit is for patients whose medical conditions could be improved through healthy lifestyle changes. The appointment will last about two hours, which will give Dr. \_\_\_\_\_ ample time to review specific changes you might want to make to address your \_\_\_\_\_.

Dr. \_\_\_\_\_ feels it would benefit you to attend this session. Would you like me to schedule you for the appointment?

Of course you always have the option of continuing to see Dr. \_\_\_\_\_ in a one-on-one setting. Attending a group visit will not change this in any way.

I also want you to understand that this visit will be charged just like any other doctor's appointment, and the usual co-pays and insurance submission will apply. I also need you to know that since everyone attending this appointment has a medical condition affected by lifestyle behaviors, it's possible that some of your personal health information, such as your diagnosis, could be disclosed during the appointment.

Your spouse, or another friend or family member, is welcome to attend this visit with you. We look forward to seeing you.

## Sample Invitation Letter to Patients

Date \_\_\_\_\_

Dear \_\_\_\_\_,

I would like to invite you to participate in a new concept in the delivery of medical care. To assist my patients whose health would benefit from better fitness practices, I am scheduling a group medical appointment.

Many studies have shown that by participating in a group visit you can markedly increase your success in making lifestyle changes. Of course, you have the option of being seen individually without changing our relationship in any way. Patients who choose to be seen in a group appointment can also continue to be seen individually and may drop out of the group format at any time.

Since this is a new concept, we have selected a limited number of patients to participate in this program. By choosing to become a participant you will:

- Participate in a two-hour medical visit with me. The group and I will address issues both medical and non-medical that are related to better fitness.
- Pay for services, just as you do with any regular office visit.
- Keep in mind that it is possible for personal health information to be disclosed at a group visit, such as the diagnosis of \_\_\_\_\_ or health problems associated with this condition. You will be asked to sign a HIPAA disclaimer acknowledging this during the visit.

Our first group medical appointment will be held on \_\_\_\_\_. I plan to have 15-25 patients participate in this group. If you are interested, please reply by calling us at \_\_\_\_\_. The meeting will be held at our office from \_\_\_\_\_ until \_\_\_\_\_. Light refreshments will be provided.

If you have any questions, please call \_\_\_\_\_, at \_\_\_\_\_. I anticipate this session will greatly enhance your ability to make healthy lifestyle changes.

To your health,

Dr. \_\_\_\_\_

# Conducting a Group Visit

Have staff greet patients and collect co-payments. Ask patients to write their first names on name tags, find a chair and complete the HIPAA and confidentiality forms and an AIM-HI Fitness Inventory (see samples).

Start the session on time. Begin with a sincere welcome and explain the expectations for confidentiality. Introduce your staff, then ask patients to introduce themselves, giving their first names and a brief overview of why they're there. Introductions shouldn't take more than 15 minutes.

Next, provide educational information on fitness including the health benefits of losing even a small amount of weight. Give tips on how to make practical lifestyle changes, emphasizing a non-diet approach. Explain the benefits of keeping a food and activity journal. Give ideas for healthy foods patients can add to their diets. Talk about the emotional aspects of eating. Ask patients to provide input on when and why they eat. You can find information and handouts at:

- [www.americansinmotion.org](http://www.americansinmotion.org) — Click on Patient Education for a variety of resources for patients of all ages.
- [www.familydoctor.org](http://www.familydoctor.org) — Patient education materials in English and Spanish.

You could invite a guest speaker to give a cooking demonstration or talk about nutrition or exercise.

Encourage questions and interaction. To help with interaction, refer questions to the group when possible. The educational portion of the visit should take no longer than 30 minutes. Before your break, explain what's going to happen next.

While patients break for refreshments, begin your individual visits. Have patients meet first with nurses or physician assistants who should:

- Weigh patients, take blood pressure, calculate BMI, etc.
- Give immunizations, flu shots, foot exams, etc.

Patients should advance from the nurses' stations to the doctor's station. Here, you should spend time with each patient to:

- Clarify your assessment (your \_\_\_\_\_ is being negatively affected by your weight. I recommend that you make changes to the way you eat and your level of daily activity).
- Discuss a treatment plan including individual self-management goals. Write prescriptions if necessary, including personalized fitness prescriptions (see sample page 9).

Have staff available to schedule appointments for those who have issues outside of the topic of the group visit.

After the break, reconvene the group for a final question and answer session. Thank the attendees for coming and congratulate them on their commitment to better health.

## Tips for Conducting Group Visits

1. You don't need to address your patients in a group any differently than you would normally address them as individuals because:
  - Your patients already like you or they would not be going to you for care. You don't have to be a stand-up comic. Just be yourself.
  - Your patients will value getting to spend much more time with you than they would in a one-on-one visit.
2. The more you practice the role of facilitator, the more you will enjoy the group visits and the more your patients will gain from them. Facilitation involves:
  - Fostering questions and discussion.
  - Encouraging patients to answer other patients' questions, when appropriate.
  - Encouraging all patients to participate in discussions, including asking quiet patients to offer their thoughts and questions.
  - Politely correcting patient answers that are incorrect. If someone gives an incorrect answer, first thank him or her for the input. Then give several patients the opportunity to answer the question and stop after one gives the right (or nearly right answer). You should restate the correct answer in simple language.
  - Periodically quizzing patients about material already covered to test retention and to reinforce important information.
  - Repeating important information to reinforce retention.



## Patient Confidentiality

Although HIPAA doesn't prevent patients from voluntarily discussing personal health information, it's probably a good idea to have patients sign a confidentiality form and HIPAA disclosure form prior to the group medical visit. You should have these reviewed by your compliance officer or legal

counsel before using them. Attach your Notice of Privacy Practices to the form.

You and your staff should not discuss any patient's medical history or conditions with the group as a whole. Patients may choose to share this information on their own.

### Sample Group Visit Payment and Confidentiality Form

I have read and I agree to the following statements:

- I agree to meet with a group of patients and my doctor. I understand that I have the choice to be seen by my physician in this group or individually.
- I agree to keep all information regarding other patients attending the group visits private and confidential.
- Like any doctor's appointment, I agree to be responsible for the bill and/or co-payment associated with this doctor's visit.

Signed \_\_\_\_\_

Date \_\_\_\_\_

### Sample Group Visit HIPAA Notice

During a group visit, it is possible that some of my individually identifiable health information will be disclosed. For example, at a group visit for fitness and related diseases, it might be assumed that everyone attending has a medical condition that could be improved by better fitness habits. I have read and I understand the following statements about my rights:

- I realize that I have the option to be seen individually.
- I understand that I am not required to sign this form to receive health care treatment.
- I understand that discussions may occur regarding individually identifiable health information during a group visit.
- It is possible that the information that is used or disclosed in a group visit may be redisclosed by other participants in the group visit.
- I have been notified of this potential disclosure, and I voluntarily wish to participate in the group visit.

This Group Visit HIPAA Notice Regarding Use and Disclosure supplements the Notice of Privacy Practice originally provided to me, a copy of which is attached.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## AIM Fitness Inventory and Fitness Prescription

The AIM Fitness Inventory captures patients' confidence about their personal fitness. It also provides a snapshot of their readiness to change and desire for help.

Whether a patient is underweight, overweight, suffers from a chronic disease, or even appears to be healthy, he or she should be encouraged to consider choices that will lead to a healthier lifestyle. The AIM Fitness Prescription can help you and your patient create a plan for better fitness.

### How to Use the Fitness Prescription and Fitness Inventory In a Group Visit Setting

1. Have the patient fill out the AIM Fitness Inventory before the session starts.
2. During the group portion of the visit, after your presentation, give each patient an AIM Fitness Prescription.
3. Have the patients refer back to their Fitness Inventory as you ask open ended questions such as "What are you interested in focusing on at this time? Physical activity? Healthy eating? Your emotional well-being?"
4. Ask each patient to make a note of one or two small changes they'd like to make. Give examples of realistic, actionable and sustainable changes.
5. Allow each patient to fill out the Fitness Prescription in his or her own words. Emphasize that they don't have to have goals in all three areas.
6. During your one-on-one time with the patient, review the Prescription, sign it and have the patient sign it as a statement of your mutual commitment to working together.
7. Record what was discussed and what was written on the Fitness Prescription including the plan for follow up in the patient's record.
8. Keep a copy of the Fitness Inventory with the patient's record. Have the patient complete a new inventory at least once a year.



## Staff Task Checklist

### BEFORE MEETING

- Get sign in sheet.
- Prepare, post and make copies of agenda.
- Make sure charts are available. Review medical records, with progress notes in mind.
- Stamp progress note form with group visit stamp. Write or stamp names of attendees on each form.
- Bring group visit cart.
- Put meeting signs up outside room.
- Set up tables.
- Set up refreshments.
- Notify ancillary staff as appropriate.

### AS PATIENTS ARRIVE

- Greet patients; triage for special needs or MD appointment after meeting; answer questions.
- Have patients sign in or mark attendance on roster.
- Start taking vital signs if time allows.
- Pass out handouts/forms to patients.

### DURING THE MEETING

- Look for missing charts if needed.
- Help with presentation as needed.
- Book appointments as needed.

### AFTER THE MEETING

- Make chart notes on patients who attended.
- Take down meeting signs.
- Note "show" or "no show" attendance for follow-up.
- Review who needs health maintenance, etc. and make a list for next meeting.
- Return completed charts.
- Work on coordinating follow-up group visits.
- Maintain file of completed attendance rosters and speaker handouts, etc.
- Submit coding/billing.

# AIM Fitness Inventory

Name: \_\_\_\_\_ Date: \_\_\_\_\_

We understand that physical activity, healthy eating and emotional well-being are an important part of your health. We want to partner with you to achieve your goals in these areas.

Please answer the following questions to help us better understand your interests and needs in these areas. (Please note: we will work with you on these issues over time and may not attempt to address all of them in this office visit.)

## How Active Are You?

Please select the one choice that best describes you:

- I'm physically active already and don't need help to be more active.
- I'm ready to get more active and would like help.
- I'm not sure if I'm ready to be more active, but I'm ready to talk about it.
- I'm not very active and not interested in being more active at this time.

1) How many hours each day do you spend watching TV or videos or on the computer?

- less than 1       1-2       more than 2

2) How many times a week do you do yard or house work or duties on the job that cause you to work up a sweat?

- 4 or more       1-3       Less than 1

3) How many times a week do you get out for a brisk walk of 10 minutes or more?

- 4 or more       1-3       Less than 1

4) How many times a week do you participate in sports or an exercise program?

- 4 or more       1-3       Less than 1

## How Happy or Satisfied Are You?

Please select the one choice that best describes you:

- I'm happy and satisfied with my life at this time.
- I'm ready to make some changes to be happier and would like help.
- I'm not sure if I'm ready to work on being happier, but I'm ready to talk about it.
- I'm not interested in working on my happiness or satisfaction at this time.

In the last week, how often did poor physical or emotional health keep you from doing your usual activities?

- Not at all       Some days       Most days       Every day

How often does stress or depression affect your ability to pursue healthy lifestyle changes?

- Rarely       Sometimes       Often       All the time

How many days per week do you participate in some form of a spiritual or cultural activity that gives you emotional strength?

- Daily       3-6 days       1-2 days       None



Please turn over and complete reverse side.

---

## AIM Fitness Inventory (page 2)

### How Well Do You Eat?

Please select the one choice that best describes you:

- I'm eating healthy at this time.**
- I'm ready to make some changes to eat healthier and would like help.**
- I'm not sure if I'm ready to change the way I eat, but I'm ready to talk about it.**
- I'm not interested in changing the way I eat at this time.**

A serving of food is the amount that would fit in the palm of your hand.

1) How many servings of fruits or vegetables do you eat each day?

- 5 or more       3-4       2 or less

2) How many servings of whole grains (like whole grain bread or cereal, oatmeal, brown rice, etc.) do you eat each day?

- 3 or more       2       1 or less

3) How many times a week do you eat lean protein like chicken, turkey, fish, tofu or beans?

- 6 or more       3-5       2 or less

4) How many times a week do you eat high fat foods like fried food, pastries or chips?

- 1 or less       2-3       4 or more

5) How many times a week do you eat fast food meals or snacks?

- 1 or less       2-3       4 or more

6) How much margarine, butter or meat fat (lard) do you use in your cooking or put on bread, potatoes or other vegetables?

- very little       some       a lot

7) How many sugary drinks (like regular soft drinks, sweet tea or fruit flavored drinks) do you drink each day?

- none       1-2       3 or more

8) How many times a week do you eat desserts or other sweets?

- 3 or less       4-6       7 or more

9) How often do you eat when you are not hungry, for example out of habit or for emotional reasons?

- Rarely       Sometimes       Often       All the time

## AIM Fitness Prescription (front)

Patient name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

	Physical Activity	Healthy Eating	Emotional Well-Being
<b>Opportunity</b> (What do I want to do?)			
<b>Goal</b> (My target)			
<b>Dose</b> (How much how often)			
<b>Benefits</b> (What's in it for me?)			

**Personal Goal(s):** \_\_\_\_\_

Next follow-up visit scheduled for: \_\_\_\_\_

Physician signature: \_\_\_\_\_

Patient signature: \_\_\_\_\_

For more information visit  
[www.familydoctor.org](http://www.familydoctor.org).



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## Your Personalized Fitness Prescription (back)

<p>Just like any other prescription, individuals should know what is being prescribed, why, how to take it and any side effects or warnings. With this in mind, consider these points.</p>
<p><b>BRAND NAME:</b> Fitness</p>
<p><b>GENERIC NAMES:</b> Physical activity, healthy eating, emotional well-being</p>
<p><b>INDICATIONS:</b> Effective for treating low energy, stress and boredom; prevents undesired weight gain; helps manage a healthy weight; helps improve long-term health conditions like high blood pressure or high cholesterol; helps prevent potential chronic health problems like diabetes and heart disease.</p>
<p><b>BENEFITS:</b> Increased energy, manage or maintain weight, more mindful decision-making, improved eating habits and appetite, better self-image and confidence, improved sense of well-being.</p>
<p><b>SIDE EFFECTS:</b> Be in charge of your life; feel stronger, healthier and more youthful; have a more positive outlook; find balance in all areas of your life; develop lasting, long-term changes for improved health.</p>
<p><b>PRECAUTIONS:</b> Talk to your family doctor before making any major changes.</p>
<p><b>DOSAGE:</b> Start small, increase slowly and repeat often. Adjust to fit your needs.</p>
<p><b>WARNING:</b> Likely to become habit-forming when used regularly!</p>

Adapted with permission from Am I Hungry? What To Do When Diets Don't Work  
May M, Galper L and Carr J. 2005 Copyright by Michelle May, MD.

# Sample Progress Note

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

## Subjective

See AIM-HI Fitness Inventory

## Past Medical History

See chart for details

## Current Medications

See med list for details

## Objective (labs with month/year):

Weight \_\_\_\_\_ Change since last visit \_\_\_\_\_

BMI \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_

Last monofilament foot exam (date \_\_\_\_ / \_\_\_\_): \_\_\_\_\_ or  N/A

Recent lipid profile (date \_\_\_\_ / \_\_\_\_):

TC/HDL \_\_\_\_\_ / \_\_\_\_\_

LDL \_\_\_\_\_ TG \_\_\_\_\_

FBS (date \_\_\_\_ / \_\_\_\_): \_\_\_\_\_ or HbA1c (date \_\_\_\_ / \_\_\_\_): \_\_\_\_\_

Creatinine (date \_\_\_\_ / \_\_\_\_): \_\_\_\_\_

Urine microalbumin (date \_\_\_\_ / \_\_\_\_): \_\_\_\_\_

Last retinal screening: (date \_\_\_\_ / \_\_\_\_): \_\_\_\_\_ or  N/A

Smoker?  Yes  No

New Symptoms? \_\_\_\_\_



## Assessment (History of present illness, review of systems, exam)

### Plan:

- Reviewed management of HbA1c.
- (New Rx: \_\_\_\_\_)
- (Labs due: \_\_\_\_\_)
- Encouraged activity.
- Encouraged healthier eating.
- Reviewed med options: risks, benefits and side effects.
- Discussed targets and management of lipids, HTN and proteinuria.
- Provided foot exam.
- Other \_\_\_\_\_.

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Billing: (circle) 99212 99213 99214 99215 G0109 99078

# Addressing Challenging Group Participants

Participant Style	Response Options
<b>The Too-Talkative Person</b>	<ul style="list-style-type: none"> <li>- Establish norms early. Clarify purpose, process and time limits.</li> <li>- Refocus by summarizing the relevant point and move on.</li> <li>- Privately spend time listening to person. Praise. Ask for help in getting others involved.</li> <li>- Assign a buddy.</li> <li>- Don't look at the person. Use body posture to engage or not.</li> <li>- Say "I'm not going to call on someone twice until all have had a chance."</li> </ul>
<b>The "Yes, but..." Person</b>	<ul style="list-style-type: none"> <li>- Acknowledge concerns.</li> <li>- Recruit. Ask "Has anyone else experienced this situation?"</li> <li>- After three "Yes, buts", state the need to move on and offer to talk after group.</li> <li>- Remind the person that the intent is to generate ideas, not critique them.</li> </ul>
<b>The Arguer</b>	<ul style="list-style-type: none"> <li>- Be conscious of your reactions. Keep your temper. Don't let the group get too excited.</li> <li>- Recruit. Call on others to contribute.</li> <li>- Privately ask the person how they think the group is going and ask for suggestions for improvement.</li> <li>- Ask for an information source or for them to share their reference later.</li> <li>- Offer to discuss the concern after session.</li> </ul>
<b>The Angry or Hostile Person</b>	<ul style="list-style-type: none"> <li>- Keep in mind that fighting fire with fire will only escalate the situation.</li> <li>- Get on the same physical level, preferably sitting down.</li> <li>- Speak in a low quiet voice.</li> <li>- Actively listen. Validate perceptions, interpretations and/or emotions when you can.</li> <li>- Listen and paraphrase.</li> <li>- Disarm. Ask "At this time, what would you like us to do?" or "What would make you happy?"</li> </ul>
<b>The Questioner</b>	<ul style="list-style-type: none"> <li>- Don't bluff. If you don't know, just say "I don't know, but will find out."</li> <li>- Redirect. Say "That's an interesting question. Who would like to respond?"</li> <li>- Offer to discuss the question later.</li> <li>- Acknowledge "You have lots of good questions that we don't have time to address."</li> </ul>
<b>The Know-It-All</b>	<ul style="list-style-type: none"> <li>- Limit contributions by not calling on the person.</li> <li>- Establish guidelines at the start of the session.</li> <li>- Thank the person for positive comments.</li> <li>- Evoke the rules of debate: Each person has the right to speak two times on an issue but cannot make a second comment until other members have spoken.</li> </ul>
<b>The Misinformed</b>	<ul style="list-style-type: none"> <li>- Validate the information. Say "I've heard that as well."</li> <li>- Ask "Could you investigate and come back next visit and report on this with sources and how you reached your conclusion?"</li> <li>- Provide evidence. Say "My understanding is _____, based on _____."</li> </ul>

# Billing for Group Visits

In most instances, group visits are not specifically covered by Medicare or most private health insurance plans.

However, Masley et al. have been successful in documenting and billing for services performed for individual patients.<sup>3</sup> Recent documentation from the Centers for Medicare & Medicaid Services point out that a physician can provide a medically necessary face-to-face E/M visit that is observed by other patients. The physician must not allow any activities associated with the presence of the observers, or with any subsequent group counseling encounter, to impact the level of service reported for the history, exam, counseling, instruction, or medical decision making furnished during the face-to-face encounter with the patient.

To bill for evaluation and management services provided to individual patients, use an appropriate level office visit code (99212-99215) based on the individual patient's diagnosis, history, exam, and the medical decision making you document. Most payers do not pay for treatment of overweight or obesity alone. Report codes for applicable conditions such as diabetes, metabolic syndrome, coronary artery disease, hypertension, and elevated blood pressure, that are evaluated and managed in the visit, followed by codes for overweight or obesity if they affect patient management.

## Medicaid

Additionally, at least one state's Medicaid program will pay for group education (CPT code 99078) in addition to any individual E/M service provided to a participant in a group medical visit related to management of certain chronic conditions such as diabetes and asthma. The Medicaid administrator for your state should be able to provide coverage information where such policies exist.

## Services by Other Health Professionals

If your group visit includes services provided by nutritionists or behavioral health specialists, check with your payers to find out if these health professionals can bill directly for services such as medical nutrition therapy (97804) or health and behavior intervention (96153).

## Diabetes Self-Management

Medicare and some private payers do pay for diabetes self-management training in a group setting. For these patients, you may be able to bill for both the group education and the individual medical visit. To receive payment for these services, you or your educator must be accredited in diabetes education. To bill for diabetes self management training in a group setting, use the HCPCS code G0109: Diabetes self-management training services, group session (2 or more), per 30 minutes.

For more information on requirements and conditions of coverage for diabetes self-management training, see <http://www.aafp.org/fpm/20010400/14bill.html>.

For more information on coding for group visits, see <http://www.aafp.org/online/en/home/practicemgt/codingresources/groupvisitcoding.html>.

### Billing issues (key points):

- Do not bill based on time.
- Rely upon the complexity of the diagnosis and your documentation.
- Spend individual time with each patient, briefly review the data collected and the diagnosis, and ensure that individual questions are addressed.
- Document diagnoses for all conditions addressed in the visit especially those potentially exacerbated by overweight and obesity.



# For more information:

## More About Group Visits

AAFP Policy on Shared Medical Appointments/Group Visits. <http://www.aafp.org/online/en/home/policy/policies/s/sharedmedapptsgrpvisits.html>

Dreffer D. Group visits hit the road. *Fam Pract Manag.* 2004 Sep;11(8):39-42.

GroupVisits (Shared Medical Appointments): An AAFP Resource for Designing Your Practice. <http://www.aafp.org/online/en/home/practicemgt/quality/qitools/pracredesign/january05.html>.

Houck S, Kilo C, Scott JC. Group visits 101. *Fam Pract Manag.* 2003 May;10(5):66-8.

Jaber R, Braksmajer A, Trilling J. Group visits for chronic illness care: models, benefits and challenges. *Fam Pract Manag.* 2006 Jan;13(1):37-40.

Jensen P. Coding routine office visits: 99213 or 99214? *Fam Pract Manag.* 2005 Sep;12(8):52-7.

Masley S. Dietary therapy for preventing and treating coronary artery disease. *Am Fam Physician.* 1998 Mar 15;57(6):1299-1306, 1307-9.

Masley S, Sokoloff J, Hawes C. Planning group visits for high-risk patients. *Fam Pract Manag.* 2000 Jun;7(6):33-7.

## Americans in Motion Resources

Visit [www.americansinmotion.org](http://www.americansinmotion.org) for tools for your office and continuing medical education including:

- **Overcoming Barriers to Better Fitness** — An audio podcast that offers strategies for addressing patient and practice obstacles related to overweight and obesity; up to 2 Prescribed CME credits available.
- **AIM to Change: Encouraging Fitness for All** — An audio Webcast that helps family physicians talk to their patients about improved fitness choices; up to 2 Prescribed CME credits available.
- **Be Active, Eat Smart, Feel Good** — A bulletin that outlines a family-centered approach to fitness including individualized patient steps for achieving and maintaining a healthy lifestyle; up to 0.75 Prescribed CME credits available.
- **Healthy Steps to Treating Childhood Obesity** — A Discovery Health CME program featuring AAFP member Michelle May, M.D. on an expert panel discussing recent data on childhood obesity, early intervention and optimal ways to overcome barriers.

## References

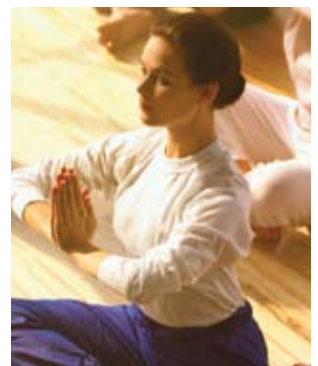
<sup>1</sup>Spann SJ. Task Force Six. Report on financing the new model of family medicine. *Ann Fam Med.* 2004;2 Suppl 3:S1-S21.

<sup>2</sup>Jaber R, Braksmajer A, Trilling JS. Group visits: a qualitative review of current research. *J Am Board Fam Med.* 2006 May-Jun;19(3):276-90.

<sup>3</sup>Masley S, Sokoloff J, Hawes C. Planning group visits for high-risk patients. *Fam Pract Manag.* 2000 Jun;7(6):33-7.

<sup>4</sup>Fanburg J. Using Group Visits Within a Practice to Treat Children with Overweight or at Risk for Overweight. Accelerating Improvement in Childhood Obesity: NICHQ 2006 National Congress. September 20, 2006.

<sup>5</sup>Jaber R, Braksmajer A, Trilling J. Group visits: a qualitative review of current research. *J Am Board Fam Med.* 2006 May-Jun;276-90.





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