Innovations in Osteoporosis Management:
The Potential Application of Shared Medical Visits

Faculty
Owen J. Dahl, MBA, FACHE, LSSMBB
Woodcock & Associates
Atlanta, GA
Learning Objectives

• Describe the benefits of shared medical visits (SMVs) in the care of patients with osteoporosis and implement shared visits into current practice

Session Agenda

1. Define SMVs and describe their benefits
2. Identify numerous options for SMVs and provide an example of how they work
3. Discuss implementation procedures to set up and manage your SMV
4. Discuss steps to determine whether your practice meets the requirements of successful SMVs
5. Describe educational offerings and activities to assist you with set up and management of your SMV
What Are Shared Medical Visits?

SMVs

- 90-minute (typically) medical visits with a doctor, nurse practitioner, or physician assistant, and a full multidisciplinary care team, in the company of other patients
- Patients participate as part of a small group of 8-15 who are scheduled for follow-up care or an annual physical
- During a visit, patients will still have the opportunity to be examined and to privately discuss personal issues with a caregiver
- As with traditional appointments, patients leave with prescriptions, vaccinations, referrals, test results, and a follow-up plan

SMVs: An Innovation

NCQA report “A Look to the Future: The Evolving Health Care System – March 2011”

New approaches to delivering care, such as SMVs, provide alternatives to business-as-usual that help patients become more involved in their own care and allow physicians to spend the time necessary to educate and support their patients.

Options

- Cooperative Health Care Clinics (CHCC)
  - Patient populations
  - Open to all patients in a group or large clinic
- Specialty-specific CHCC
  - Specific by diagnosis
- Drop-In Medical Group Appointments (DIGMA)
  - Entire patient panel of an individual physician

CHCC

- Serve high utilizing seniors who may see a provider twice or more a month
- Have multiple medical conditions
- Patients selected and grouped by provider
- Group size 20-25, never less than 15
- Meet once a month at regular time and place
- Daylight hours
- Set aside two and a half hours

Specialized CHCC

- For many chronic diseases
- Educational and emotional support
- Group may meet 2 or 3 times a year, more often if disease requires more frequent visits
- Efficiency in caring for time-consuming patients who don’t require procedures
- Do not have to repeat the same thing several times, participants hear and understand from others
DIGMA

• Patients may be scheduled or "drop-in"
• Manage large patient panels
• Combine extended medical appointment with effective group support
• 60, 90, 120 minutes scheduled weekly or bi-weekly
• 10-16 patients and 2-6 support staff attend
• Different patients attend each session

In All 3 Options

• Charts are reviewed
• Visits are documented
• Vital signs are monitored
• Prescriptions are changed or refilled as necessary
• Tests and procedures are ordered individually as necessary
• Results are discussed
• Referrals are made
• Medical questions are answered
• Treatment options are explained
• Routine health maintenance issues are addressed
• Individual examination if necessary

Common Features of SMVs

• Voluntary
• Interactive
• Care delivery systems – NOT CLASSES
• Intended to enlist and validate patients as their own caregivers
• Efficient and effective


Why Consider SMVs?
SMVs Most Appropriate for…

- Patients needing routine follow-up care
- Stable, chronically ill patients requiring total mind/body care
- Patients who typically require more time with their physician
- Patients who come for frequent return visits
- Patients with extensive emotional, informational, or psychosocial needs
- The “worried well”

Advantages

- Efficient use of time and other resources
- Improves doctor-patient relationship
- Improves patient retention
- Improves patient education
- Enhances questions and provides answers
- Helps patients cope better with their disease and circumstances
- Improved outcomes


Disadvantages

- Financial success depends on saving like hospitalization and ED visits
- Requires constant monitoring and coaching for staff and providers
- Requires skill in group building and management
- Benefits may be invisible to staff and others without adequate communication


Benefits to Patients

- Opportunity to set the agenda for what is discussed during the visit (e.g., the specific questions and concerns of each patient)
- Can schedule more frequent appointments with and get more time with providers
- Enjoy the provision of a comfortable setting for a support person to come along (a spouse, family member, caregiver, or friend)
- Receive help and support of other patients who may be dealing with the same issues; learn from one another and get answers to questions they forgot or didn’t know to ask
- Enjoy a more relaxed pace of care

Why Do They Work?

- Instill hope in patients by allowing them to see examples of success in managing a health issue
- Add universality by discomforting the uniqueness felt by patients regarding their conditions and/or health issues
- Impart information and allay patient anxiety
- Encourage an unselfish regard for welfare of others
- Promote imitative behavior and allow for positive role modeling among patient peers
- Offer interpersonal and cognitive learning within the group setting
- Provide group cohesiveness where peers can offer support among themselves

http://xnet.kp.org/permanent/panels/pracguid04/model.htm

Improved Outcomes

- Robert Wood Johnson Study:
  - CHCC “…associated with reduced use of ambulatory services such as acute and specialist visits, fewer emergency care center visits and fewer repeat hospitalizations”
  - “higher levels of patient and provider satisfaction”
  - “…two biggest cost savings…categories of hospital and SNF (skilled nursing facility) costs”

RWJF. www.rwjf.org/reports/gr/024738.htm
Improved Outcomes (cont.)

- Improved independence and functional ability
- Improved perception of quality of life
- Fewer hospital days
- Fewer ED visits – reduced need for ambulance services

Measurements

- Measure the results to insure optimal use of resources and goal achievement
- Individual patient:
  - Fewer emergency room visits or hospital admits/re-admits
  - Fewer disability days
  - Better general health status
  - Weight controlled
  - Exercise program
Cost Savings

• Improved use of physician time
• Reduced staffing needs
• Improved management leading to better outcomes


Financial Picture

• 90 minute example
• Normal
  – 6 patients seen, 15 minute schedule
  – 99213 level of service
  – ~$70 Medicare rates
  – Income = $420
• SMV
  – 15 patients seen
  – 99213
  – Income = $1,050
• Costs – optional: refreshments, facilitator (or facilitator training), printing
How SMVs Work

Prior to the SMV

- Call each scheduled patient to remind them of their visit
- Review patient charts
- Arrange room to accommodate the expected number
- Order refreshments
- Gather educational material
- Facilitator trained and/or reminded
Use the Reception Area

Layout of Room for Groups
At the SMV

- Arrange room layout
- Have all medical records available
- Have educational materials available
- Have refreshments available
- Be prepared to examine each patient

Session Format Options

<table>
<thead>
<tr>
<th>CHCC</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-15 minutes for socialization</td>
<td>15 minutes for introduction</td>
<td>15 minutes for introduction</td>
</tr>
<tr>
<td>30 minutes for education</td>
<td>30 minutes for education</td>
<td>7-8 minutes for individual patient contact, doctor to patient</td>
</tr>
<tr>
<td>15-20 minutes for break, vitals, specific issues, etc.</td>
<td>30 minutes for vitals, prescription refills, etc.</td>
<td>Facilitator asks group if they have similar issues</td>
</tr>
<tr>
<td>30 minutes plus for question and answer</td>
<td>30 minutes for wrap-up</td>
<td>Doctor updates chart and prepares to move to next patient</td>
</tr>
<tr>
<td>60 minutes for individual visits, 7-8 patients per monthly visit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AAFP. www.aafp.org/online/en/home/pracemgt/quality/qitools/pracredesign/january05/prep.html
How Will It Work? (Osteoporosis Example)

<table>
<thead>
<tr>
<th>10-15 Minutes</th>
<th>60 Minutes (30 Minutes each)</th>
<th>10-15 Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check-in, Introductions, Welcome</td>
<td>Group Education</td>
<td>Break for 1:1 Nurse and Physician Time</td>
</tr>
<tr>
<td>• Meet and greet</td>
<td>• Nutrition for better bone health</td>
<td>• Private consult</td>
</tr>
<tr>
<td>• Discuss and sign HIPAA/ confidentiality forms</td>
<td>• Tips for taking bisphosphonates properly</td>
<td>• Check vital signs</td>
</tr>
<tr>
<td></td>
<td>• Limiting alcohol intake</td>
<td>• Discuss BMD results</td>
</tr>
<tr>
<td></td>
<td>• Weight-bearing exercise for healthy bones</td>
<td>• Refills</td>
</tr>
</tbody>
</table>

Different Personalities in Groups

- Floundering
- Dominant participants
- Overbearing participants
- Negative “nellies”
- Opinions as facts
- Shy participants

- Jump to solutions
- Attributions
- Put-downs
- Wanderlust
- Feuding
- Risky-shift

Group Stages

- Most ongoing groups go through four development stages before they are able to be considered effective
- As individuals are added and/or removed from a group, they may go through these stages again

Facilitator

- "An individual who enables groups and organizations to work more effectively; to collaborate and achieve synergy. He or she is a 'content neutral' party who by not taking sides or expressing or advocating a point of view during the meeting, can advocate for fair, open, and inclusive procedures to accomplish the group's work"\(^1\)
- Hire an expert, eg, counselor\(^*\)
- Or train staff member to lead\(^*\)
- Not recommended that the provider facilitate\(^*\)

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\(^*\) The content on this slide represents faculty expert opinion.
Forms to Address Concerns

- Billing/claim forms
- Confidentiality
- HIPAA
- Checklists

Billing

- CMS states: “…under existing CPT codes and Medicare rules, a physician could furnish a medically necessary face-to-face E/M visit (CPT code 99213 or similar code depending on level of complexity) to a patient that is observed by other patients. From a payment perspective, there is no prohibition on group members observing while a physician provides a service to another beneficiary.”

AAFP: www.aafp.org/online/en/home/practicemgt/codingresources/groupvisitcoding.html
Billing Criteria

- An established patient
- Disease or condition specific
- Patient attendance is voluntary
- There are adequate facilities and time
- Staffing support is adequate

BlueCross BlueShield of North Carolina, Corporate Medical Policy, Group Visit (shared Medical Appointment) Guidelines
www.bcbsnc.com/content/services/medical-policy/updates/medical-policy-updates-2011-01-04.html

Billing Codes

- 99212 – 99215 – E/M established office visit
- 97804 – Nutrition
- 96153 – Behavior intervention (provided to a group)
- 99078 – Group education
Co-pay and Deductible

• The patient is still responsible for their co-pay and applicable deductible*
• The patient is informed of this expectation when asked about joining, scheduled, reminded, and at the actual visit!

*A patient’s personal health plan dictates the specific details regarding their financial responsibility, but most are responsible for co-pay, coinsurance and deductible, if applicable. Please review the patient’s insurance coverage, benefits eligibility and financial responsibility.

Is Your Practice Suited for Successful SMVs?
Implementing SMVs in Your Practice:
What to Consider

- Practice culture – willing to try, willing to commit
- Patient populations – open to idea of group involvement
- Space available – conference room or reception area for 2- to 3-hour time slot
- Resources available – nutritionist, facilitator, other education/counseling experts
- Ability to sell – doctor and staff “champion”

SMV Success Factors

SPACE  STAFFING  TRAINING
SUSTAINABILITY  SATISFACTION
METRICS
SCHEDULING

SMV Patient