

Introduction to Group Medical Appointments

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Both patients and providers suffer from time constraints that limit their face-to-face time. With increasing limitations in reimbursement, office (and hospital) visits tend to become more condensed. This leads to dissatisfied patients and unfulfilled providers.

In an effort to remedy this situation, many practices have adopted group medical appointments. This article outlines the concept, mechanics, responsibilities of the parties, and the reimbursement features of this relatively novel and seemingly paradoxical initiative.

Key words: Group medical appointments; group practices.

A group medical appointment (GMA) is a customized, extended appointment with a patient's doctor and a behavioral health professional. Patients best served by GMAs are those who have chronic conditions (i.e., arthritis, diabetes, hypertension, asthma, depression) and require regular follow-up. The monitoring and support components of GMAs also make them excellent vehicles for patients with new diagnoses or new medications. In addition, patients wanting to know their physicians better or to speak with their physicians about nonemergency issues are good GMA candidates. The optimal group size for a GMA is approximately 8–12 patients, depending on activity level.

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A GMA provides a supportive, give-and-take environment for both patients and physicians, enabling interaction and a flow of information to occur over a much longer period of time and in a much more open setting than what typically occurs in a standard, brief, one-on-one consultation.

Patients need to schedule GMAs just as they would any other medical appointment so that their charts/labs may be retrieved and brought to the group. The ap-

pointments typically last from one to two hours; private, individual medical exams are provided separately from the group as needed after the session.

RATIONALE FOR ESTABLISHING A GMA PROGRAM

It is widely acknowledged that the current medical environment has placed tremendous pressure on physicians and institutions to reduce the cost of care without compromising its quality. Because of the demand for decreased utilization, many patients, particularly those with chronic illnesses and/or challenging psychosocial issues, find it increasingly frustrating to gain access to their physicians, and to spend quality time with them when they do get access.

GMAs directly address this critical issue by giving patients more time with their physicians, and physicians more insight into their patients' needs. Greater access provided by the group setting results in a better use of time in the treatment of demanding psychological and social issues. In fact, results of current GMA programs have indicated an increase in patient and physician satisfaction, with economic outcomes in line with today's stringent requirements for cost reduction.

WHO BENEFITS?

GMAs offer substantial benefits to virtually everyone involved in the delivery and receipt of care. For example:

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- Patients get more time with their physicians along with extended access to a broad range of medical services in a supportive group setting.
- Patients get more guidance with lifestyle changes because they are able to come back more frequently. This can lead to better outcomes in chronic disease management.
- Physicians are better able to manage large patient panels, while extended, in-depth interaction with patients provides a more satisfying level of medical care for both patient and physician.
- Medical groups will see increases in physician productivity, patient access, and quality of care, using existing resources.

KEY PRINCIPLES

A GMA provides the following benefits:

- Gives patients the opportunity to be seen earlier than if they scheduled individual appointments.
- Gives the physician an opportunity to talk about things once and reach a number of people.
- Physicians can see more people per unit of time, without working harder.
- Physicians can work out of a treatment model of abundance rather than scarcity. For example, physicians can bring newly diagnosed patients back to the group more often and sooner than their typical schedule would allow because of issues of time.

Groups are successful if:

- There is active recruitment of patient participants by the physician. Physicians and staff must remain open to new ideas and concepts. The physician should encourage *every* patient to make his or her next appointment in-group and use statements such as “I want you to attend my GMA for your next appointment;” “I am excited about this opportunity and would appreciate your feedback;” “I would like my patients all to try this once to see if this may work for them;” “Many of my patients enjoy/benefit from the group;” “It gives me more time to answer questions and provide information.”
- There is purposeful scheduling. Schedulers should offer group appointments first to all of the physician’s patients before offering individual appointments. Letters are given to all patients of the participating physician after they check in. The physician, medical assistant, and scheduler should check to see that all patients leave with a flyer about the group. The physician should escort willing patients to the scheduler and ask that the next appointment be a GMA.
- Physicians find a place for GMAs in their practices. Successful physicians learn with time how to use this tool with the other tools in their practice to enhance and provide a quality service for their patients. They

learn that this tool is not a substitute for an individual visit, but often a more effective alternative. They see this tool as the first real change in the patient-physician relationship, requiring the physician to educate patients, staff, and themselves on best utilization.

GMAs provide an enhanced experience for patients:

- Patients don’t feel so alone. This is heard numerous times during group and after.
 - They learn from other patients’ health problems and experiences, even though the situations appear to be very different.
 - They feel like they have had 90 minutes with their physician even though their medical issues may have been specifically addressed for only 5-10 minutes.
 - They are able both to give and to receive help.
 - There is both laughter and tears, both of which are more therapeutic in a group.
 - They experience hope.
 - They don’t have to worry about getting a timely appointment, as this is available every week.
 - It is good, natural, and healthy for everyone to be able to make contributions to the lives of others.
- Physicians also have an enhanced experience:
- GMAs provide the opportunity to incorporate creativity, care, and compassion into the visit.
 - The workload is reduced as physician and staff learn to use the patients in the group to teach each other.
 - GMAs provide an opportunity to sit for 90 minutes with few, if any interruptions.
 - They open up the schedule and reduce access problems.
 - They are a wonderful way to accommodate problem or time-consuming patients.
 - They are fun.

After attending GMAs, patients often are easier to deal with in individual appointments, as the physician and patient are more relaxed with each other.

ROLES, RESPONSIBILITIES, AND REWARDS

First and foremost, a successful GMA program requires a project manager to help establish its rationale and facilitate its implementation within the organization. He or she also provides training to staff and physicians about this new group dynamics model. This person will be responsible for identifying physicians with patient panels suitable for the program.

The project manager may also recruit a behavioral health specialist with experience working in a group setting with medical patients exhibiting psychosocial dysfunction. Medical assistants and patient schedulers must also be selected based on their ability to interact well with patients and adapt to a change in their normal working routine.

Each person involved in the implementation of a GMA program plays a crucial, interactive role. Above all,

however, is the need to pay close attention to detail throughout the planning and implementation process while remaining flexible in the face of change and, at times, chaos as the new treatment model is introduced. By planning well and staying flexible GMA team members will find that the programs are a surprisingly simple, professionally rewarding, and highly productive way to make better use of existing resources.

Here are the key responsibilities to follow in developing a GMA program, by role:

Project Manager: Minimum Requirements

- Prior project management or management experience.
- Prior clinical program management and development.
- Understanding of group dynamics.
- Understanding of chronic disease management.
- Prior experience in multidisciplinary teams and team development.
- Excellent communication and conflict resolution skills.
- Individual and group therapy experience.
- Computer skills—word processing, spreadsheets, database, and e-mail.
- Supervisory experience.

Responsibilities

- Help identify physicians to participate in the GMA program.
- Meet with physician to design GMA (i.e., length of time, goals, types of patients).
- Identify all of the personnel involved with the starting and maintenance of the GMA.
- Spend time with staff to describe GMA and answer questions.
- Introduce group facilitator to staff and physician.
- Go over GMA job descriptions with all applicable positions.
- Collaborate with marketing to promote the group (i.e., posters, flyers, brochures).
- Locate space to hold the group that includes the following features: enough space to hold a minimum of 20 people, private space for vitals and more involved examinations, access to restroom facilities, good lighting, good ventilation, easy access for patients.
- Contact physicians weekly to monitor scheduling and answer questions. (This discontinues after three to four months, then contact physician as appropriate.)
- Track the number of participants signed up for each group.
- Motivate physician to ensure attendance goals are met (the average is 10–12 patients).
- Orient pertinent staff to documentation, scheduling, and billing procedures.
- Do tasks as needed to supervise facilitators and other positions specifically assigned to this program.

Common Issues in Group Medical Appointments

Although patient satisfaction with GMAs is very high, it can be difficult to keep the numbers up in the group. Some common issues are:

- It's a new experience and people can be reluctant to attend.
- The physician forgets or is uncomfortable directing patients into the group.
- Patients sometimes are concerned about the amount of time scheduled for the group.
- Sometimes, staffers think this is a bad idea and don't encourage patients to attend. After they have experienced a group, however, they usually change their perception about the value of GMAs.
- Sometimes inadvertently, the group is cast as second best or the last resort. For example, sometimes the schedulers may say, "I only have group available."

Good practices to remember are:

- Recommend the group as follow-up to the patient during an office visit, just as you would recommend a medication or other treatment. Remind patients that this is a *medical appointment*.
- Use the groups as a tool and direct your patients to them by saying, "I would like to see you in my group. I believe I can provide the best treatment to you in that forum," or "I am doing these groups because I believe they will enhance my ability to have more time with my patients. Please try it once. If you don't like it, I need to know as I don't want to do this if it isn't beneficial."
- Don't choose the patients for the group, tell everyone. (Common exceptions for the group are people with memory disorders or those who speak a language other than the one used in the group.)
- Use the patients in the group to help do your work for you. For example, if someone in the group has a successful exercise program, ask that person to share how he or she got started and what the benefits have been.

Consider patient's perceptions:

- In an individual 15-minute office appointment, patients feel as if they received three to five minutes of physician time. Physicians feel that they have given 15 minutes.
- In group medical appointments, patients feel as if they have 90 minutes with their physician. Physicians may feel that they gave the patient 5–10 minutes.

- Do outcome studies as determined by organizational needs.
- Give senior staff regular updates on program progress.
- Be flexible—anything can happen!

Physician: Minimum Requirements

- Applies and is chosen to participate.
- Is open, flexible, and most importantly, willing to learn new ways of doing things in treating patients.

Responsibilities

- Market group idea to both patients and staff.
- Encourage patients to make next appointment in the group (with the exception of first-time visits, physicals, and procedures).
- Physicians, office schedulers, and MAs will be responsible for keeping groups full.
- Initially, physician works closely with the program director to create a group to meet specific needs within the practice.
- Physician needs to develop relationship with facilitator as they co-facilitate the group. Allow facilitator to spend a day observing office practice.
- Plan to arrive at GMA as close to on time as possible.
- Be flexible—anything can happen!

Facilitator: Minimum Requirements

- M.S.W. (L.C.S.W. or Ph.D. in psychology preferred), R.N., or other health professional.
- Extensive experience with chronic disease management and general knowledge of signs/symptoms, diagnosis/treatment options, and psychosocial issues.
- Documented group facilitator experience.
- Documented experience in participation on multidisciplinary teams.
- Ability to work autonomously.
- Ability to use the following computer functions: e-mail, word processing, and spreadsheets.
- Prior experience in partnering with physicians a plus.

Responsibilities

- Learn to know the physician and how he or she likes to practice.
- Follow physician for at least one day during regular office visits (this will provide an idea of practice style and give the facilitator an opportunity to model to the physician effective ways to use the GMA and how to discuss this opportunity with their patients).
- Spend time getting to know all employees and physicians who practice in the same area as the physician involved with the GMA. (Because it's a new visit type, it can initially be viewed as threatening.)
- Keep track of group appointment scheduling and encourage the physician to keep the numbers up.
- Show up for appointment one-half hour early to ensure the room is ready.

- Greet patients as they come.
- Hand out nametags, releases, or any other documentation that patients need to complete prior to beginning the GMA.
- Start the group on time. The physician may be late, so use this time to give information about the group.
- Facilitate the group.
- Act as timekeeper so that all participants have the opportunity to have their issues addressed and to ensure that the GMA ends on time.
- Complete required documentation and review physician documentation to check for completion.
- Maintain regular contact with physician and staff outside of the GMA.
- Be flexible—anything can happen!

Medical Assistant: Minimum Requirements

- Meet the requirements listed in the MA job description.

Responsibilities

- Take patient vitals (start 15 minutes before the scheduled beginning of the GMA).
- Assist the physician with documents, lab slips, referral forms, etc., as needed.
- Participate in the group when appropriate and when time allows.
- Be flexible—anything can happen!

Scheduler: Minimum Requirements

- Same as scheduler job description.
- Excellent telephone skills.
- Ability to promote new patient visit type.

Responsibilities

- Schedule patients as requested by physician.
- Schedule patients as they call in.
- Offer GMA to patients who want to ask their doctor a question or receive a call back.
- Offer GMA to patients who are having a difficult time getting on the schedule in a timely manner.
- Visit a group for first-hand experience to use when speaking to patients.
- Pay attention to the numbers of participants signed up for each group and assist physician and MA in keeping the numbers up.
- Be flexible—anything can happen!

In conclusion, establishing a GMA component in a practice requires a clear vision of the goals, the dedication of staff participants, and a considerable investment in time and money. The rewards can be gratifying. ■