



# MEDICAL GROUP VISITS IMPLEMENTATION GUIDE

An opportunity to improve patient  
outcomes, medical practice efficiency,  
and provider productivity

GREATER FLINT HEALTH COALITION | JUNE 2013



[gfhc.org](http://gfhc.org)

The goal of the Greater Flint Health Coalition's Group Visit Project is to develop strategies to expand the utilization of medical group visits (also known as "shared medical appointments") throughout Genesee County physician practices and provider organizations in order to reduce chronic disease morbidity, improve quality of life of individuals, increase patient education, and improve disease self-management. The primary disease focus of the Group Visit Project is diabetes, however other major chronic conditions such as heart failure, asthma, and obesity will also be addressed based on population need and provider interest. A broad group of local stakeholders, the Group Visit Project Workgroup, was created to collaboratively guide the initiative to ensure project support and success. Membership of the Group Visit Project Workgroup includes:

- McLaren Flint
- Genesee County Medical Society
- Genesys Health System
- Hurley Medical Center
- Greater Flint Health Coalition
- Blue Cross Blue Shield of Michigan
- HealthPlus of Michigan
- Genesee Health Plan
- Hamilton Community Health Network
- United Automobile Workers Community Health Initiatives

The Greater Flint Health Coalition is a Flint, Michigan-based 501(c)3 non-profit health coalition whose two-fold mission is to improve the health status of Genesee County residents and the quality and cost-effectiveness of the health care delivery system in the community. The power of partnership lies at the heart of the Greater Flint Health Coalition – a broad cross-sector collaboration between Genesee County's leadership in public health, physicians, hospitals, government, policymakers, foundations, labor, media, and committed citizens.

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# MEDICAL GROUP VISITS IMPLEMENTATION GUIDE

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## Why Group Visits?

Today's medical practices have to adapt to a changing healthcare landscape. Patient centered medical homes stress the need for a team based approach to care. Accountable care organizations are testing reimbursement models based on patient outcomes. Provider shortages are becoming more common given the increasing demand for healthcare services. Practitioners are looking for new ways to deliver health care that improve the health of the population, enhance the patient experience of care, and reduce, or at least control, the cost of care.

**Group visits are a best practice clinical care model addressing the requirements of the changing healthcare environment.**

## What are Group Visits?

Group visits are shared medical appointments that offer a one-on-one medical evaluation with

a group educational session that emphasizes self-management behaviors. Typically a group visit involves 7-12 patients with a common diagnosis meeting for a 1 ½ to 2 hour medical appointment with a physician and medical staff. Guest experts may be scheduled to present on topics such as nutrition, diet, exercise, and specialty services. Family members of patients may be invited to attend. Group visits are commonly used in the treatment of chronic conditions such as diabetes, asthma, heart failure, chronic pain, and obesity/overweight.

Group visits are not educational lectures, classes, or group therapy sessions. Physicians hosting group visits act as facilitators. Patients are encouraged to both ask and answer questions. The physician is present to make certain the information provided is correct and complete in meeting patient needs. Group visits are successful because of the benefit patients obtain from interacting with each other.

## Benefits of Group Visits

### RESEARCH HAS SHOWN GROUP VISITS:

- Increase patient and provider satisfaction
- Improve patient outcomes (HbA1c, blood pressure, cholesterol, BMI)
- Decrease emergency and urgent care utilization
- Decrease hospitalization rates
- Increase access to primary care providers
- Reduce referrals to specialists
- Improve patient health behaviors and self-efficacy
- Improve medication adherence
- Improve physician-patient relationships
- Increase provider productivity/practice efficiency

### GROUP VISIT PATIENTS REPORT:

- Have greater trust in their physician
- Value time with the providers
- Realize they are not alone with their illness
- Learn more from other patients
- Have a better understanding of their disease and how to control it

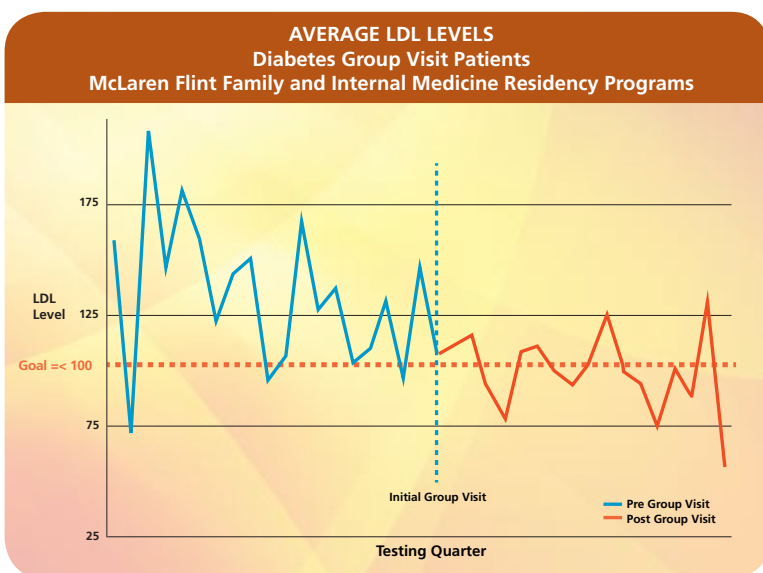
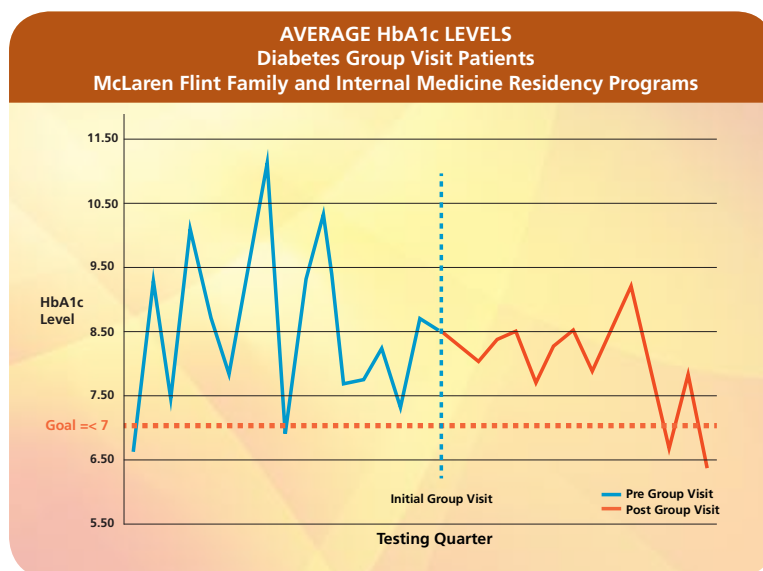
### WHAT MAKES GROUP VISITS SUCCESSFUL?

- Collaborative learning process – Group knowledge is a rich resource; patients learn from the experiences of others. Group visits promote imitative behavior and positive role modeling.
- Therapeutic nature – Group visits allow patients to express their feelings in a supportive environment. Seeing the success of others managing their health instills hope.
- Patient empowerment – Group visits focus on learning rather than teaching. Patient questions and concerns guide the dialogue. Patients gain insight into self-efficacy and are inspired to act.

## Successful Example

### DIABETES GROUP VISITS AT McLAREN FLINT

Locally in Genesee County, McLaren Flint Family and Internal Medicine Residency Programs have implemented diabetes group visits and successfully duplicated patient outcome improvements in Hemoglobin A1c (HbA1c) and low-density lipoprotein (LDL) levels as shown by the graphs below:





## Getting Started – A Planning Checklist

### BEFORE GETTING STARTED

- Obtain support of operational and clinical administration
- Design the group visit
  - Define disease/condition to be addressed
  - Develop patient recruitment process (Read Patient Recruitment Strategies)
  - Outline visit components
  - Specify staff roles and responsibilities
  - Define outcome measures and data collection tools

### 8-12 WEEKS IN ADVANCE

- Educate staff and assign responsibilities
- Determine group visit schedule
  - Set the schedule for multiple sessions
  - Tuesdays, Wednesdays, and Thursdays are preferred
  - If public transportation is used, consider bus schedules
  - Avoid major holidays
  - Remember to schedule staff time
- Reserve location/space for the visit
- Review charting procedures and documentation tools
- Invite guest presenters/speakers

### 6 WEEKS IN ADVANCE

- Design registration template
- Invite and enroll participants
  - Send invitation letters\*
- Develop a material list
  - Name tags
  - Sign-in sheet
  - HIPAA and confidentiality forms\*
  - Educational materials

- Lab & radiology order forms
- Action plan forms
- Satisfaction surveys\*
- Presentation flip chart
- Pens, pencils, markers

### 3 WEEKS IN ADVANCE

- Make phone calls to schedule appointments\*

### 1 WEEK IN ADVANCE

- Purchase/order healthy refreshments
- Make reminder phone calls

### 1-2 DAYS IN ADVANCE

- Confirm group visit appointments with follow-up phone call
- Review patient charts
- Prepare progress note for each individual patient
- Gather clinical supplies
  - Blood pressure cuff
  - Stethoscope
  - Scale
  - Monofilaments

### DAY OF VISIT

- Have staff prepare room
- Medical Assistant/Nurse may take vitals as patients arrive for visit

### POST VISIT

- Complete individual medical records
- Prepare and submit billing for reimbursement
- Debrief with staff on items to follow up on and preparation for next time

\*Samples provided

***At each point of contact to invite, schedule, or remind a patient of a group visit appointment, it is important to reinforce that the group visit is a medical appointment and insurances will be billed and patient co-pays collected. Patients should also be told that if they cannot attend a group visit, they are expected to phone the physician's office to cancel.***

## Defining the Treatment Focus of the Group Visit

A number of factors may be considered in defining the treatment focus of group visits to be offered:

- Identify the health conditions for which you have the largest case load of patients
- Identify the health conditions for which your patients have the poorest outcomes
- Determine individuals who are high utilizers of care and what health conditions they are being treated for
- Identify health conditions for which patients have lengthy scheduling waits

Disease registries may be of assistance in examining these factors.

## Patient Recruitment Strategies

The most challenging element of implementing group visits is recruiting patients. Group visits are a new concept that patients have no prior experience with or knowledge of. Initially, physicians should expect 30% to 50% of patients invited to a group visit to attend. A recruitment strategy should be discussed within the medical practice to facilitate the enrollment of group visit patients.

- **Educate all staff on the group visit model**
  - Everyone in the office should be able to answer basic patient questions
- **Share enrollment responsibilities**
  - All staff should be able to enroll patients in group visits
  - In multiple provider settings, have all providers refer to the group visit
- **Promote group visits through marketing techniques**
  - Display posters throughout exam and waiting areas
  - Have brochures readily accessible
  - Talk up the benefits of group visits

- **Open recruitment to all patients with the health condition of focus**
  - Patients with an uncontrolled health condition
  - Patients lacking clinical testing
  - Patients needing routine follow up
  - Patients scheduling frequent visits
  - Newly diagnosed patients
- **Be the physician champion**
  - Personally invite patients by signing letters and making phone calls
  - Express enthusiasm for group visits
- **Remember follow-ups and reminders**
  - A nurse may contact patients who do not respond to the physician invite
  - Staff confirms those scheduled at 5 days and 2 days prior to the group visit
- **Prescribe group visits**
  - Allow patients to opt-out rather than opt-in to the group visit program
- **Pay attention to the scheduling of the group visit**
  - Note public transportation schedules
  - Preference exists for mid-week appointments
  - Consider and avoid holidays
- **Enlist the assistance of health insurers**
  - Case managers can follow up with their members if asked
- **Make the group visit inviting**
  - Provide enticing, healthy refreshments
  - Invite interesting speakers
  - Offer small incentives

## Patients to Exclude from a Group Visit

Not all patients are suitable for group visit participation. Patients who should not be included in group visits include those who are terminally ill, have memory problems, suffer from severe hearing loss, have difficulty understanding English, or are out of the area for extended periods of time.

**SAMPLE**

## Patient Recruitment Tools

### GROUP VISIT PATIENT RECRUITMENT LETTER

< Date >

Dear < Patient Name >,

I would like to invite you to attend a new group visit program I am offering focused on the care of < condition/illness >. The group visit will give you an extended 90 minute to 2-hour medical appointment. The group includes other patients, other professionals, and me.

Most of the time you schedule an office visit when you are ill or have a specific problem you need to discuss. These short visits do not allow us to talk about managing or improving your health. The purpose of the group visit is to give us time to get to know each other better and discuss questions and concerns you have regarding your health. During each group visit, I will be able to answer questions, prescribe and refill medications, order tests, discuss test results, talk about side effects and treatment options, and provide brief exams. Group visits are another option for care and do not replace individual medical visits. There will be times when you will need a regular one on one appointment.

The group visit will take place on < day and date > from < time > to < time >. The group visit will be held at < location >. Please arrive 15 minutes before the start of the group visit to check in. Because this visit includes an exam, your regular co-pay will be collected.

You may register for the group visit by calling < (area code) phone number > to make an appointment. Please feel free to bring a family member or other support person with you. They will find the discussions helpful as well.

It is a pleasure to recommend this new program to you. It will be a warm, supportive, and rewarding experience. I look forward to participating in this group with you. Please call me at < (area code) phone number > if you have any questions.

Sincerely,

< Physician's Signature >

< Physician's Name >



**SAMPLE**

## SCRIPT FOR GROUP VISIT PATIENT RECRUITMENT CALLS

Hello < *Patient Name* > ,

Dr. < *Physician's Name* > is offering a medical group visit in three weeks and he/she asked me to invite you to attend. The group visit is a shared medical appointment for patients who have < *medical condition* >. The group visit appointment lasts about two hours which gives Dr. < *Physician's Name* > plenty of time to answer questions regarding your < *medical condition* > and review changes you might make to improve your health. As noted, this is a shared appointment so you will meet other patients with similar health concerns. You are welcome to bring a family member or a friend.

Dr. < *Physician's Name* > feels it would benefit you to attend this session. Are you interested in attending? The group visit is on < *day and date* > at < *time* >.

During the group visit, the physician will refill or prescribe medications, order tests you may need, discuss test results, talk about side effects and treatment options, and provide brief exams in addition to answering your questions. You are charged a co-pay just like with other doctor's appointments. Of course you always have the option to schedule at any time a traditional one-on-one office visit with Dr. < *Physician's Name* >.

If you cannot attend the group visit, we ask that you call and cancel your appointment just as you would with any visit.

Patients who participate in group visits enjoy them. We look forward to seeing you at our next group visit.



## Group Visit Meeting Space

Group Visits may be held in a conference room, break room, or waiting room (when other patient appointments do not occur). The group visit room must be large enough to accommodate all participants. Participants should be seated in a horseshoe shape to facilitate discussion and allow movement of providers. A whiteboard or flip chart for writing notes may be positioned so that everyone can see.

## Frequency of Group Visits

How often a physician offers or schedules group visits is dependent upon 1) the needs of the patients participating and 2) the numbers of patients wishing to participate in group visits. Initially it is recommended that group visits be scheduled at least quarterly (every three months). Since group visit patients are typically those who have uncontrolled conditions, need regular follow-up care, or are higher utilizers of care, they become part of a cohort attending multiple sessions.

Once a sufficient number of patients begin attending and requesting group visits, a provider may wish to consider scheduling group visits monthly to handle the volume.

When scheduling group visits it is important to be consistent with the day of the week and time offered for the appointment.



***Successful group visits do not require hours of material preparation. Patients require basic information about their condition/illness. More importantly, they need and want to hear how others have dealt with the situation. Group interaction is powerful.***

## Basic Group Visit Agenda

<b>Timeline</b>	<b>Objectives</b>
<b>15 MINUTES</b>	<b>WELCOME AND INTRODUCTIONS</b> Physician greets patients and explains the group visit All staff/team members present are introduced Patient confidentiality is discussed and needed agreements are signed Patients introduce themselves by first names and share briefly to encourage relationship building
<b>30 MINUTES</b>	<b>TOPIC DISCUSSION</b> Information is presented allowing for patient interaction Physician acts as facilitator Patients guide the conversation and are encouraged to do most of the talking
<b>20 MINUTES</b>	<b>BREAK/EXAMS</b> Physician explains the process for the break Patients socialize and have refreshments Physician and nurse complete individual assessments, foot exams, medication refills, immunizations, and action plans Physician and nurse identify patients needing private exams
<b>20 MINUTES</b>	<b>QUESTIONS AND ANSWERS</b> Physician and nurse present questions that arose during exams Patients are encouraged to answer questions Physician maintains role as facilitator
<b>15 MINUTES</b>	<b>WRAP UP</b> Patients are asked to suggest future topics Physician compliments patients on an excellent discussion, thanks everyone for coming and extends an invitation to another group visit
<b>20 MINUTES</b>	<b>PRIVATE PATIENT VISITS</b> as necessary

### HIPAA and Patient Confidentiality

During a group visit, the physician or staff members should not discuss any patient's medical history or conditions with the group as a whole. Patients may voluntarily share such information about themselves. It is important that group visit participants understand that the information they hear about their fellow

group visit patients is confidential and cannot be disclosed to others.

Patient privacy is addressed prior to the group visit by having all participants (patients, as well as present family members) sign a confidentiality agreement and having patients sign a HIPAA disclosure form. A HIPAA privacy notice may be attached to the forms. Sample forms are provided on the following page.



**GROUP VISIT CONFIDENTIALITY AGREEMENT**

Group visits involve patients disclosing personal medical and social information. That information is private and confidential.

I have read and agree to the following statements:

- I agree to participate in the group visit. I understand that I, or my family member, has the right to be seen by the physician in this group or individually.
- I agree to respect the confidentiality of personal information shared by other group visit participants and will NOT share that information with other parties.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**GROUP VISIT HIPAA NOTICE**

During a group visit, it is possible that some of my personal health information will be disclosed. For example, at a group visit for diabetes, it might be assumed all patients attending have diabetes.

I have read and understand the following statements:

- I realize I have the option of being seen individually.
- I understand that I am not required to sign this form to receive health care treatment.
- I understand that individually identifiable health information may be shared during group visit discussions.
- It is possible that information used or disclosed in a group visit may be redisclosed by other group visit participants.
- I have been notified of this potential disclosure, and I voluntarily wish to participate in the group visit.
- This Group Visit HIPAA Notice supplements the HIPAA Notice of Privacy Practice originally provided to me.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Discussion Topics/ Curriculum

While a successful group visit model allows for as much patient to patient interaction and patient guiding of the discussion as possible, certain topics should be covered:

- General information regarding the health condition being addressed
- Typical progression of the health condition
- Goals and targets
- Health maintenance and disease prevention
- Importance of disease monitoring
- Medications and how they work
- Nutrition and physical activity

## Discussion Topics for Prevalent Health Conditions

### DIABETES

- Blood Sugar Pattern Control
- Kidney Health
- Diabetic Eye Health
- Relaxation Techniques
- Foot Care
- Nutrition and Diet

### HEART DISEASE

- Blood Pressure
- Cholesterol
- Heart Attack/Stroke Awareness
- Exercise. What Now?
- Coumadin
- Dietary Fats

### ASTHMA

- What is Asthma?
- Asthma Control
- Preventing Asthma Attacks/Episodes
- Use of Medications and Peak Flow Meters
- Asthma and Exercise

### OBESITY/OVERWEIGHT

- Nutrition Related to Weight Management/  
Fad Diets
- Impact of Beverages
- Barriers to Weight Loss
- Goal Setting and Success
- Exercise

## Presenters

Depending on the group visit discussion topic, it is sometimes beneficial to arrange for a specialist or guest speaker to present. Suggested guest speakers include pharmacists, dieticians, nutritionists, behavioral health providers, or physical therapists. The dynamics of the group visit should be discussed with presenters prior to their participation. Guest speakers need to understand the importance of not lecturing group visit patients or providing them with excessive educational materials/handouts. They need to be prepared to answer the multiple questions group visit patients may have on the discussion topic.

## Facilitation of Group Visits – Addressing Different Patient Communication Styles

Communication styles differ from individual to individual. Sometimes, an individual's communication style has the potential to create challenges in the group visit setting. Being prepared ahead of time may help physicians prevent problems from arising. It is important to establish your group visit norms early by defining the purpose, process, and time limits of group participation. Use your judgment to select the facilitation suggestions offered on the following page that may be effective in your unique situation. Occasionally, it may be necessary to discuss group visit behavior with a participant privately outside of the group visit.

## Helpful Hints for Addressing Patient Communication Styles

*The following information is copyrighted by the Stanford Patient Education Research Center, Stanford University and has been used with their permission.*

### **The Too-Talkative Person**

- Remind group that we wish to give everyone the opportunity to participate equally.
- Refocus by summarizing the relevant point and move on.
- Assign a buddy as someone else the person can talk to.
- Use body language to engage or not. Do not look at the person.
- Inform group that someone will not be called on twice, until all have had a turn.
- Listen to the person outside of the group. Praise contribution and ask for help getting others involved.

### **The Silent Person or Non-Participant**

- Watch for any signs they wish to participate and engage them.
- Respect their styles and acknowledge that through listening they do benefit.
- Congratulate those that do participate.

### **The “Yes, but...” Person**

- Acknowledge concerns or situation.
- Open to others who have solved the situation.
- After three “Yes, buts,” state the need to move on and offer to address after the group.
- Remind person the goal is to generate ideas not critique them.

### **The Questioner**

- If you don’t know an answer, say so and offer to investigate.
- Pose the questions to the group.
- Offer to discuss later.
- Acknowledge you do not have time to address all the good questions.

### **The Know-It-All Person**

- Limit contributions by not calling on the individual.
- Thank the person for positive comments.
- Invoke the rules debate – each person has a right to speak twice on an issue, but may only make a second comment once other members have had a chance to speak.

### **The Misinformed**

- Validate their statement by acknowledging you have heard that also.
- Ask if the person could further investigate the information and source.
- Provide evidence for your understanding.

### **The Argumentative Person**

- Watch your reactions. Do not lose your temper or let the group get excited.
- Call on someone else to contribute.
- Ask for an information source or reference to share.
- Speak privately about person’s perceptions of the group and improvement suggestions.
- Offer to discuss concerns after the group visit.

### **The Angry or Hostile Person**

- Do not get angry as it will only escalate the situation.
- Get on the same physical level, preferably sitting down.
- Speak softly.
- Validate the person’s perceptions, interpretations, and emotions when you can.
- Listen and paraphrase person’s comments.
- Stop behavior immediately if anger is directed at another participant noting, “There is no place for such behavior in this group. We want mutual support and respect.”
- Disarm by asking, “What would you like us to do?”



## Group Visit Reimbursement

Group visits are recognized as a legitimate treatment method and insurers have approved reimbursement for group visits with the proper documentation. Distinct billing codes currently do not exist for medical group visits. Group visits are reimbursed utilizing the same evaluation and management (E/M) codes as traditional office visits. Group visits may provide increased reimbursement through quality incentive programs, pay for performance programs, or Patient Centered Medical Home payment for added value.

CPT codes 99212 through 99215 are the appropriate level office visit codes to utilize for group visits and have been supported by the Centers for Medicare and Medicaid Services as well as Blue Cross Blue Shield of Michigan, HealthPlus of Michigan, and the Genesee Health Plan locally. The code chosen for an individual patient is dependent upon that patient's individual diagnosis, problem-focused history, problem-focused exam, and medical decision making required by the provider. The literature notes that codes 99213 and 99214 are the codes most commonly used for diabetes group visits.

Medical practices need to note that only one E/M code may be billed for a particular patient on a given day. If a patient is scheduled for a one-on-one physician visit on the same day as the group visit, the group visit should not be coded or billed.

### Billing Guidelines:

- Spend individual time with each patient in the group visit to conduct a brief exam, review data, confirm diagnosis, and answer individual questions

- Rely on the complexity of the diagnosis and the documentation
- Do not bill based on time spent
- Industry-standard coding rules and standards of medical record documentation apply
- Suggest utilization of the *SOAP* Documentation Format



## Outcome Measures and Data Collection Tools

The effectiveness of group visits may be measured in a number of ways:

- Attendance
- Show rates
- Patient satisfaction
- Provider satisfaction
- Disease management indicators/patient clinical outcomes
- Impact on office efficiency

A sample patient satisfaction survey is provided for your use. Also provided is a patient knowledge survey that was developed for diabetes group visits. It may be modified for administration to group visit patients with other health conditions or disease states.



**GROUP VISIT PATIENT SATISFACTION SURVEY**

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Are you?  Male  Female

Have you ever attended a group visit appointment before?  Yes  No If yes, **how many?** \_\_\_\_\_

**Thinking about this visit only, please provide your rating for:**

	(Circle one)				
	Excellent	Very Good	Good	Fair	Poor
<b>Your Appointment:</b>					
1. Appointment available within a reasonable amount of time	5	4	3	2	1
<b>Your Visit With The Medical Team:</b>					
2. Willingness to listen carefully to you	5	4	3	2	1
3. Answers your questions	5	4	3	2	1
4. Amount of time spent with you	5	4	3	2	1
5. Explaining things in a way you could understand	5	4	3	2	1
6. Instructions regarding medication/follow-up care	5	4	3	2	1
7. The thoroughness of the examination	5	4	3	2	1
8. Advice given to you on ways to stay healthy	5	4	3	2	1
<b>Overall:</b>					
9. The quality of your medical care	5	4	3	2	1
10. Your health	5	4	3	2	1
11. Recommendation of group visits	5	4	3	2	1

**Please answer:**

What did you like about your group visit appointment?
What did you dislike about your group visit appointment?
Have you attended an education program about your condition or illness in the past? Please list.

**SAMPLE**

**GROUP VISIT PROJECT**

**PATIENT DIABETES KNOWLEDGE AND CONFIDENCE SURVEY (Page1)**

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Are you?  Male  Female

Is this visit a Diabetes Group Visit?  NO  YES

Have you attended Diabetes Group Visits in the past?  NO  YES If YES, **how many?** \_\_\_\_\_

Who do you talk to about your diabetes questions? (check all that apply)

Family  Friends  Doctor  Pharmacist  Other Diabetic Patients

**Diabetes Knowledge**

(Circle one)

	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>How do you rate your understanding of:</b>					
1. overall diabetes care	5	4	3	2	1
2. ways to cope with stress	5	4	3	2	1
3. meal plan for blood sugar control	5	4	3	2	1
4. the role of exercise in diabetes care	5	4	3	2	1
5. medications you are taking	5	4	3	2	1
6. how to use the results of blood sugar monitoring	5	4	3	2	1
7. how diet, physical activity, and medicines affect blood sugar	5	4	3	2	1
8. prevention and treatment of high blood sugar	5	4	3	2	1
9. prevention and treatment of low blood sugar	5	4	3	2	1
10. prevention of long-term complications of diabetes	5	4	3	2	1
11. taking care of your feet	5	4	3	2	1
12. benefits of improving blood sugar control	5	4	3	2	1

**GROUP VISIT PROJECT**  
**PATIENT DIABETES KNOWLEDGE AND CONFIDENCE SURVEY** (Page 2)



Having a condition like diabetes means doing different tasks and activities to manage your health. **(Circle** the number that corresponds to your confidence that you can do the tasks regularly at the **present time.**)

**How confident are you that you can,**

**1. do all the things necessary to manage your condition on a regular basis?**

Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
----------------------	---	---	---	---	---	---	---	---	---	----	----------------------

**2. keep stress and worry from interfering with the things you want to do?**

Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
----------------------	---	---	---	---	---	---	---	---	---	----	----------------------

**3. follow your meal plan when you have to prepare or share food with other people who do not have diabetes?**

Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
----------------------	---	---	---	---	---	---	---	---	---	----	----------------------

**4. choose the appropriate foods to eat when you are hungry (for example, snacks)?**

Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
----------------------	---	---	---	---	---	---	---	---	---	----	----------------------

**5. exercise at least 15 to 30 minutes a day, most days of the week?**

Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
----------------------	---	---	---	---	---	---	---	---	---	----	----------------------

**6. know what to do when your blood sugar level goes higher or lower than it should be?**

Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
----------------------	---	---	---	---	---	---	---	---	---	----	----------------------

**7. judge when the changes in your health mean you should visit the doctor?**

Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
----------------------	---	---	---	---	---	---	---	---	---	----	----------------------

**8. control your diabetes so that it does not interfere with the things you want to do?**

Not at all confident	1	2	3	4	5	6	7	8	9	10	Completely confident
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## Available Resources for Implementing Group Visits

The Greater Flint Health Coalition's Group Visit Project has a number of resources to assist physicians interested in implementing group visits:

- The **Group Visit Replication Manual** is a comprehensive document containing all the background information and tools needed to offer group visits including the documentation and coding necessary for receiving reimbursement of group visits. Supporting materials have been developed specifically for utilizing group visits to treat diabetes, asthma, heart failure, and chronic pain. The Group Visit Replication Manual is available online at [www.gfhc.org](http://www.gfhc.org).
- **Local experts Paul Lazar, M.D., and Andrew Duda, M.D.,** Co-Chairs of the Group Visit Project, are available to assist physicians and their staffs with the design, implementation, and initial facilitation of group visits within their own practices. Physicians are invited to attend and observe one of their diabetes group visits which have been conducted bi-monthly at the McLaren Flint Family Medicine Clinic since 2007. Drs. Lazar and Duda are also willing to meet individually with physicians and their practice staff to discuss group visit implementation.
- The **Group Visit Project Workgroup** meets regularly to support and engage physicians in the group visit concept. Membership includes representation from hospitals, physician practices, health insurance organizations, and other community organizations. The Workgroup periodically hosts Physician Champion Educational Events-dinner meetings with presentations and roundtable discussion on group visit



implementation. The Workgroup is available to problem solve the challenges or barriers physicians may encounter with group visit implementation.

- A **Diabetes Registry** is available for practices wishing to track key interventions and clinical parameters important in diabetes management. The registry is currently available in a Microsoft Access format and a web-based application is being developed. Limited staff support is available for initial data entry.
- **Limited financial support** is available for physician practices implementing group visits **to secure meeting space** rental and **guest presenters** to provide patient education.

Those physicians interested in learning more about the benefits of group visits and the resources available to assist with implementing group visits may contact the Greater Flint Health Coalition by phone at (810) 232-2228 or by email at [gfhc@flint.org](mailto:gfhc@flint.org).



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