

Group Medical Visits:

Summary Overview for Physicians & Nurse Practitioners

What are Group Medical Visits?

GMVs are extended medical appointments delivered to multiple patients in a group setting that facilitate efficient and quality health care. GMVs address common issues among complex patients, ranging from physical health and medications to emotional well-being and psychosocial concerns. They can be delivered in-person or virtually.

- **Efficiency** is increased by enabling providers to see (e.g.) six or more patients in a 1.5 hour GMV rather than in six 15-minute visits.
- **Quality** is improved in a group format for patients with chronic conditions by enabling collaborative learning and facilitating incremental health improvements via peer support. This enables providers to have more meaningful interactions with patients.

How are they structured?

- Generally, there are three components: 1) Brief Personal Exam, 2) Patient-Led Education and 3) Group Interaction.
- Established structures available for condition-focused GMVs, e.g. for diabetes, hypertension, obesity, prenatal & postpartum, congestive heart failure, COPD, male & female wellness, osteoporosis, chronic pain, HIV, hepatitis, mental health issues.

Who's Involved?

GMVs are generally co-led by a **provider** (physician or NP) and a **facilitator** (e.g., interdisciplinary health care provider/team member –nurse, dietitian, pharmacist, physiotherapist, occupational therapist, recreation therapist, diabetes educator, medical office assistant, etc.). Other allied health professionals and guest speakers may also be involved.

Key Facts

- GMVs **improve patient self-management** through a deeper knowledge and understanding of their condition, and what they can do about it.
- Patients with historically stigmatized health conditions (HIV, hepatitis, obesity, mental health) have shown significant **benefits in peer group settings** from open discussion of personal experiences and shared barriers.
- Promotes trust and culturally competent care in minority populations – demonstrated with US Hispanic families in pediatric T1DM GMVs, as well as Aboriginal/Torres Strait Islander men's groups in Australia. **In both cases, patients felt GMVs were a "better fit" than usual care.**
- Used prominently at Mayo Clinic, Kaiser Permanente, Cleveland Clinic, Harvard Vanguard, and the US Veterans Administration.
- Telemedicine and GMVs each represent a significant innovation to the world of healthcare, and early results have been promising.

Benefits of GMVs

For Providers:	For Patients:	For Health Care System:
<ul style="list-style-type: none"> • Increased productivity (efficiency & effectiveness) • Optimized use of healthcare team • Reduced information repetition • Better clinical outcomes • Opportunity to provide more holistic care & address psychosocial issues • Improved patient-provider relationships • Increased medication adherence and self-care from GMV patients 	<ul style="list-style-type: none"> • Increased satisfaction with care • Increased self- management • Improved access • Improved health behaviours and outcomes (eg. Blood pressure, cholesterol, Hb A1c, weight, quality of life,) • Improved patient-provider relationships • Increased self-efficacy 	<ul style="list-style-type: none"> • Fewer ER visits and urgent care visits • Fewer repeat hospitalizations • Fewer referrals and visits to specialists



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Roles & Responsibilities

Health Care Provider (e.g. GP/NP)	Facilitator	Administrative Staff
<ul style="list-style-type: none">• Performing medical assessments• Ordering tests• Starting or changing medications• Sending referrals to specialist• Other clinical functions that cannot be performed by other health care providers who may be involved.• Questions outside of the scope of practice of the facilitator are held for the physician or nurse practitioner and answered when the entire group comes back together.• Identifying patients to attend• Invite patients who will function well in a group setting.	<ul style="list-style-type: none">• Set up the session• Make participants feel welcome• Provide “process” for the session• May manage technology aspects of virtual GMVs• Answer questions within their scope of practice / knowledge• Guide group discussions• Regulate group dynamics• Close the session	<ul style="list-style-type: none">• Support planning the GMV• Act as a champion for the GMV (e.g., answering questions, “selling” the idea to patients)• Booking meetings and appointments• Inviting participants (by phone or mail)• Pull patient information before the GMV begins• Help organize patients when they arrive for their appointment, in-person or virtually

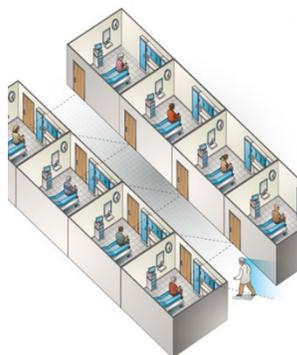
Billing and Documentation

There is no standard billing code for GMVs. After consulting with Doctors Nova Scotia and MSI the following was established as a process for moving forward:

- Each patient is billed for a unique visit. Billing codes used depend on the content of the brief personal exam performed.
- To support GMV claims submitted to MSI, physicians are to use the same ethical billing practices used for other visits. Documentation should include the W5 approach (what, when, where, why and who).
- For virtual GMV delivery, providers should follow documentation requirements for [MSI virtual care service claims](#) by specifying how the care was delivered, as well as [Nova Scotia Health Guidelines for Health Care Providers](#).

To remain cost neutral, it is encouraged that a physician or NP would see at least the same number of patients they would normally see individually within the time frame of the scheduled GMV. For example, if they typically see 4 patients within 60 minutes, they would want at least 6 patients attending a 90 minute GMV.

Traditional Primary Care Delivery:



Group Medical Visit:



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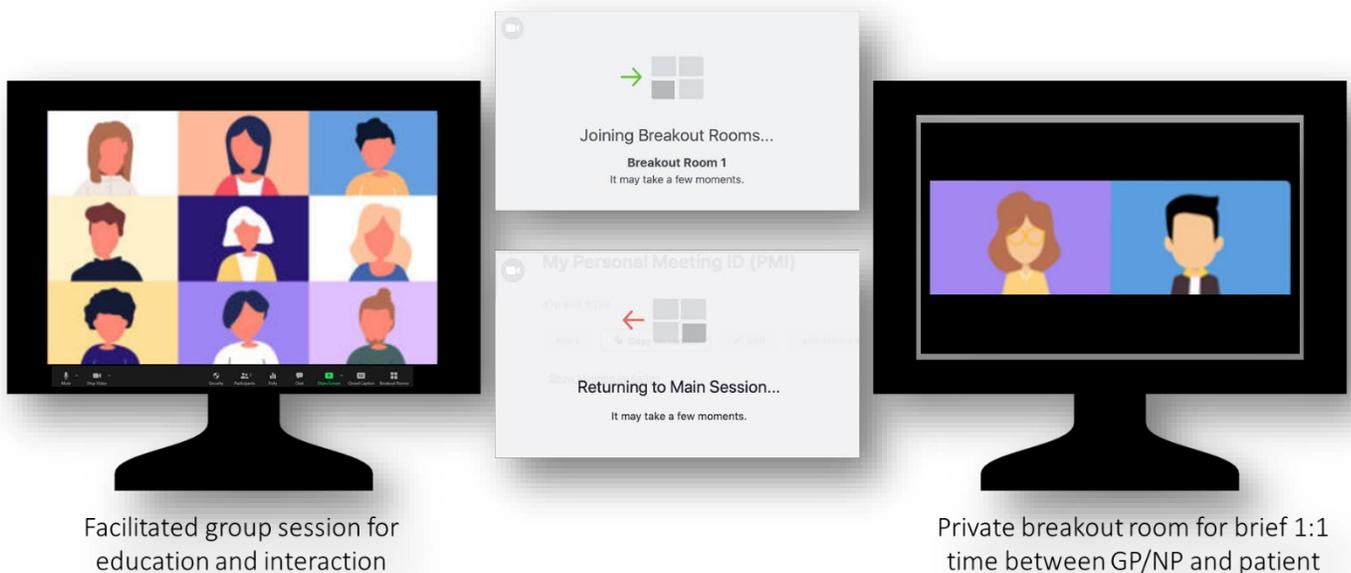
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Virtual GMV Delivery

Nova Scotia Health Primary Health Care teams have been successfully delivering programs and services virtually via Zoom for Healthcare, including GMVs, with positive response. Private virtual breakout rooms provide opportunity for providers to complete confidential individual patient assessments while the facilitator manages group education and interaction in the main session. For patients who have access to technology and are comfortable trying a virtual platform, virtual GMVs are a convenient, effective way to receive high-quality patient-centered care.

“In these challenging COVID-19 times, the [virtual GMV] experience is one exhibiting the best aspects of preparation, execution and professionalism in the delivery of this highly important medical service!”

- Virtual GMV Patient



Supporting Documents

Nova Scotia Health has a variety of supporting documents available to get you started. For more information, visit PHCQuality.ca, contact a Primary Health Care leader in your area or email PHCPracticeSupport@nshealth.ca.

