Group Visits Can Enhance Diabetes Treatment

BY MARY ELLEN SCHNEIDER

BOSTON — Struggling to help your diabetic patients stay in control? The answer may be to get those patients together for a group visit, said Dr. Edward Shahady, medical director of the Diabetes Master Clinician Program at the Florida Academy of Family Physicians in Jacksonville.

During a traditional one-on-one office visit, physicians generally assess the patient and give out instructions. But diabetes is a self-management disease that requires patients to change their behavior, something that isn’t likely to happen based solely on advice received during an office visit, Dr. Shahady said at the annual meeting of the American Academy of Family Physicians. The evidence is in the U.S. statistics on diabetes: Less than half of diabetic patients achieve recommended hemoglobin A1c goals, and about a third reach their LDL cholesterol and blood pressure goals. “Just the simple office visit is not working,” he said.

Dr. Shahady and his colleagues at the foundation have developed a model for group visits that has improved satisfaction among diabetic patients, while allowing physicians to get paid for seeing complex patients.

Groups should be kept to about 10 patients. Most of the members should be patients whose diabetes is not well controlled, since they will benefit the most. But it’s also valuable to include a couple of patients who are in good control, since they can offer advice to other group members.

If properly documented, most group visits will qualify for billing with a 99214 code, Dr. Shahady said. It’s not necessary to conduct a physical exam to use the 99213 or 99214 codes for established patients. Clinicians need only collect vital signs, provided that they have already satisfied the history and level of complexity requirements. The ICD-9 code should reflect the level of control, the type of diabetes, and any complications.

Dr. Shahady has developed an 18-page manual with instructions on how to set up group visits for diabetes, including sample documents. The manual is available online at http://www.fafp.org/PDF_Diabetes/P2%20Group%20visit%20focus%20on%20diabetes.pdf.

This interaction is much more effective than getting suggestions from the physician, he added.

If a patient gets emotional, ask the group if anyone else feels the same way. The other patients generally jump in with their thoughts and advice.

Groups should be kept to about 10 patients. Most of the members should be patients whose diabetes is not well controlled, since they will benefit the most. But it’s also valuable to include a couple of patients who are in good control, since they can offer advice to other group members.

If properly documented, most group visits will qualify for billing with a 99214 code, Dr. Shahady said. It’s not necessary to conduct a physical exam to use the 99213 or 99214 codes for established patients. Clinicians need only collect vital signs, provided that they have already satisfied the history and level of complexity requirements. The ICD-9 code should reflect the level of control, the type of diabetes, and any complications.

Dr. Shahady has developed an 18-page manual with instructions on how to set up group visits for diabetes, including sample documents. The manual is available online at http://www.fafp.org/PDF_Diabetes/P2%20Group%20visit%20focus%20on%20diabetes.pdf.

This interaction is much more effective than getting suggestions from the physician, he added.

If a patient gets emotional, ask the group if anyone else feels the same way. The other patients generally jump in with their thoughts and advice.

Groups should be kept to about 10 patients. Most of the members should be patients whose diabetes is not well controlled, since they will benefit the most. But it’s also valuable to include a couple of patients who are in good control, since they can offer advice to other group members.

If properly documented, most group visits will qualify for billing with a 99214 code, Dr. Shahady said. It’s not necessary to conduct a physical exam to use the 99213 or 99214 codes for established patients. Clinicians need only collect vital signs, provided that they have already satisfied the history and level of complexity requirements. The ICD-9 code should reflect the level of control, the type of diabetes, and any complications.

Dr. Shahady has developed an 18-page manual with instructions on how to set up group visits for diabetes, including sample documents. The manual is available online at http://www.fafp.org/PDF_Diabetes/P2%20Group%20visit%20focus%20on%20diabetes.pdf.

This interaction is much more effective than getting suggestions from the physician, he added.

If a patient gets emotional, ask the group if anyone else feels the same way. The other patients generally jump in with their thoughts and advice.

Groups should be kept to about 10 patients. Most of the members should be patients whose diabetes is not well controlled, since they will benefit the most. But it’s also valuable to include a couple of patients who are in good control, since they can offer advice to other group members.

If properly documented, most group visits will qualify for billing with a 99214 code, Dr. Shahady said. It’s not necessary to conduct a physical exam to use the 99213 or 99214 codes for established patients. Clinicians need only collect vital signs, provided that they have already satisfied the history and level of complexity requirements. The ICD-9 code should reflect the level of control, the type of diabetes, and any complications.

Dr. Shahady has developed an 18-page manual with instructions on how to set up group visits for diabetes, including sample documents. The manual is available online at http://www.fafp.org/PDF_Diabetes/P2%20Group%20visit%20focus%20on%20diabetes.pdf.

This interaction is much more effective than getting suggestions from the physician, he added.

If a patient gets emotional, ask the group if anyone else feels the same way. The other patients generally jump in with their thoughts and advice.

Groups should be kept to about 10 patients. Most of the members should be patients whose diabetes is not well controlled, since they will benefit the most. But it’s also valuable to include a couple of patients who are in good control, since they can offer advice to other group members.

If properly documented, most group visits will qualify for billing with a 99214 code, Dr. Shahady said. It’s not necessary to conduct a physical exam to use the 99213 or 99214 codes for established patients. Clinicians need only collect vital signs, provided that they have already satisfied the history and level of complexity requirements. The ICD-9 code should reflect the level of control, the type of diabetes, and any complications.

Dr. Shahady has developed an 18-page manual with instructions on how to set up group visits for diabetes, including sample documents. The manual is available online at http://www.fafp.org/PDF_Diabetes/P2%20Group%20visit%20focus%20on%20diabetes.pdf.