Delivery System Design: Group Visit Model Comparison

	Cooperative Health Care Clinic	**Drop-In Group Medical Appointment**	**Continuing Care Clinic**	**Cluster Visits for Diabetes Care**	**Chronic Disease Self-Management Program**	**Support Groups**
Patients	Elderly with one or more outpatient visits/month	Either mixed group or single diagnosis	Elderly with chronic condition OR diabetes on medication	Age 16-75 with HbA1c >8.5 % or none for 1 year	Ages 40 and up with heart disease, lung disease, stroke, or arthritis.	Widely used in all ages and many conditions for patients and/or caregivers.
Setting	HMO (Kaiser Colorado)	HMO (Kaiser Southern California)	HMO (Group Health Cooperative of Puget Sound)	HMO (Kaiser Northern California)	Community-based, (Churches, senior centers) or clinic	Community or Clinic based
Interval	Monthly group meetings of 25 patients	Set by provider team, depending on format. Weekly or monthly.	3 or 4 times/yr, 8 patients	monthly visits for 6 months with 10-18 patients	Seven weekly class sessions, 10-16 participants (revised version is six sessions)	Varies. Monthly is a typical interval. Most groups function well with between 8 and 20 members.
Staffing	Primary Care Provider RN Occas. Ancillary staff (pharmacy, PT, dietician)	Primary Care Provider, Medical assistant, Psychologist (some sites using SW or RN)	Primary Care Provider RN Pharmacist SW or RN for group	Diabetes nurse educator in consultation or by referral: podiatrist pharmacist psychologist nutritionist pharmacist primary care provider	Two volunteer lay leaders per course	Varies from peer led to professionally led. MSG=Mutual Support Group.
schedule	15 min. warm-up 30 min presentation 15 min “break” (providers circulate and triage) 15 min. Q&A	90 minutes total. MA does vitals, chart retrieval, Psychologist warm-up until provider arrives Interview pts in	½ day clinic with 45 minute group session in the middle. Patients spend 15 minutes each with pharmacist, MD,	two hour visit based on evidence-based protocol between-visit proactive phone calling	Each session is 2 ½ hours long, which includes a lengthy break. Sessions are interactive using return	Varies. Groups are typically considered either social support or educational with support. Some include

	30 min allotted for brief 1:1 with MD	room sequentially, provider does some "huddle" conversations with individuals while psychologist discusses topics with group.	and RN either before or after the group.	individual visits as needed (30% of patients used). Regular case review by primary care provider.	demonstration, modeling, brainstorming and problem solving. Telephone calls to encourage action plans by lay leaders, then between group members.	cognitive behavioral techniques (CBT).
Topics	Six topics determined by provider (evidence-based clinical priorities, such as immunizations, advanced directives), six topics determined by group.	Determined by attendees medical issues. Psychologist emphasizing commonalities, self-care, coping as much as possible.	Planned visit following evidence-based clinical priorities for geriatrics or diabetes. Group focused on self-management support.	Risk factor reduction, self-management, skills teaching (monitoring, insulin use) By patient request: exercise, sexual dysfunction, stress management, emotional concerns	Topics include exercise, cognitive sx mgmt techniques, nutrition, fatigue and sleep mgmt, use of comm. resources, use of meds, dealing with emotions, communicating with others, problem-solving, decision-making	Some offer no structure, some are highly structured.
Results	RCT and implementation data: decr. ER visits decr. specialist visits decr. hospital admits incr nurse visits and nurse calls decr. calls to MD decr. cost $14.79 PMPM	Anecdotal and non-comparison: impr. patient satisfaction impr. access impr. provider satisfaction	RCT: Elderly: incr. satisfaction no change in clinical outcomes. Diabetes: incr. preventive services incr. satisfaction with diabetes care incr. primary care visits but decr. specialty and ER	RCT: Decr. HabA1c by 1.3% improved self-efficacy incr. self-care practices impr. satisfaction lower hospital and outpatient utilization	RCT: Increased exercise Increased cognitive symptom management Improved self-reported health	Multiple RCT's: Decreased symptoms in depression for groups with both CBT or MSG, but CBT improved more. (Bright, 1999). Indications that telephone groups work as well as on-site groups in caregivers of head-

			visits improved outcomes with incr. attendance, incl. HbA1c.			injured pts (Brown, 1999). Education or education and peer support were superior to peer support alone in breast CA (Helgeson, 1999) CBT superior to MSG in IBS (Payne, 1995)
Citation	Beck et al:, JAGS 45:543-549, 1997. Coleman et al, Eff Clin Prac 4(2):49-57, 2002. Adaptation: Masley et al, FPM June 2000	Noffsinger E. Grp Prac Jrnl 1999;48(issues 1, 2, 3, 4, 6) Noffsinger E. The Permanente Jrnl 1999;3(3):58-67.	Coleman et al, JAGS 47:775-783, 1999 Wagner et al, Diabetes Care 24:695-700, 2001.	Sadur et al, Diabetes Care, 22(12):2011-2017, 1999.	Lorig et al. Medical Care 37:5-14, 1999. Lorig et al. Medical Care 39:1217-1223, 2001.	see above. Search terms self-help group and support group.
Guide available?	Yes On ICIC website contact John Scott, MD at University of Colorado John.scott@uchsc.edu FPM: http://www.aafp.org/fpm/20000600/33plan.html	Unknown	Yes On ICIC website contact Connie Davis at GHC, 206-287-2554 or davis.cl@ghc.org	Unknown	Manual for leaders, book for participants (Lorig et al, Living a Healthy Life with Chronic Conditions, Bull Publishing, 1997.)	Some voluntary organizations have materials, such as the American Stroke Association.
Information on use in other	Dr. Scott had HCFA review their model and	Some now calling “Doctor interactive group	Widely used in Britain as a “mini clinic.”	Anecdotally, many sites using this approach.	Adapted from Arthritis Self-Help Course.	No reimbursement available.

settings	HCFA has stated that this is a billable MD visit. FPM article describes coding for appropriate reimbursement, typically 99212, 3, or 4.	medical appointments." Currently being studied in clinical trial.			Also used in low back pain, HIV/AIDS, diabetes. More information at	

ICIC website tools section: http://www.improvingchroniccare.org/index.php?p=Toolkits,_Manuals_&_Critical_Tools&s=162