

## Group Visits: Strong Magic

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As solo practitioner I was always a little jealous of the guys in the groups. I coveted their deep pockets and extra staff and ability to offer certain services like group visits. Like many of you I'd heard how useful group visits could be, how patients liked them and how the physician leaders enjoyed them. I also knew as a single MD with just a receptionist and a MA that I shouldn't spend much time thinking about it because I didn't have the right set up.

While a participant in a recent Breakthroughs in Chronic Care Collaborative I was challenged to try a group visit in my office. I admit I was a more than a bit anxious at the prospect. Where was I going to put them? How many would come? What if I had too many to fit? What if no one came? What would I say? What if they asked me a question I couldn't answer? Fear and loathing in Dr. Renner's group visit.

With a lot of support from the Hill Physicians IPA, I committed to the Idea. We reviewed our records for patients I thought might be interested and we started to invite people. Hill sent some letters out for me but we received no replies. Instead we discovered that a phone call from a familiar voice (my receptionist) was a much better recruitment tool. I would also personally invite patients when I saw them in the office and this seemed to work best of all.

With 12 patients invited and expressing interest, we set a date and time. I decided that in order keep my work day as normal as possible, and in an attempt to accommodate people leaving work, that we would hold the visit from 4:30 pm to 5:30 pm on the fourth Thursday of each month. We would check them in by weighing and checking vitals signs as they arrived. During that time the nurse would ask them if they needed time alone with me to discuss a private problem and reminded them that we would be sharing some personal medical information in the group. If they needed, I would see them briefly alone before we started the main group or after it was finished as time allowed.

That first visit I faced off against 6 patients, 2 spouses and a grandchild. At my side I had not 1 but 2 diabetic nurse educators (graciously provided by Hill). In my hands I had a group visit flow chart, a small prepared talk, some action planning forms, and packets stuffed with handouts. I felt unprepared.

After introductions I gave my short talk. Then both diabetic educators gave a small talk. Now I had to turn it over to the group. I asked them to ask the person sitting next to them what was bothering them the most about their diabetes today. Then I had them share this with the group. As a group we decided what question was the most interesting and off we went.

I know you've all heard about group dynamics and how these groups take on a life of their own. I had heard about it. I just didn't believe it. It is true. We went well over our allotted hour quitting a little past 5:30 having run out of time, not discussion. We didn't have time to action plan. I forgot to give out the handouts.

We have been meeting once a month for a little under a year. There has been some attrition and there have been some new recruits. We usually follow the same format: First -weight in and vitals. Next - Review of labs or personal management plans when due. During this time I examine their feet. Then we determine what is bothering them the most today and discuss it. I always try to have a reserved topic up my sleeve but

I have rarely needed it. If I have extra time I try to do more action planning for self management goals. I have had a couple of instances when a patient wanted to see me alone. In 5 minutes or so I could usually answer the question or, if it seemed like a larger issue, set up a future appointment. One time I convinced the patient that his question would actually be great for the group.

I think we sometimes forget that while we may “experts” in the medical aspects of a patients care, they live with their disease daily and have a wealth of knowledge and experience regarding day to day management of their conditions. They may be reluctant to share this while alone with their physician who is, after all, the “expert”. They lose this inhibition when set lose with their peers. I like to say the group visit is a sort of magic. You, as the physician are there to provide the comfort of a trusted adviser, an expert, on whom they rely to validate the true and dispel the myth. The patients bring this extensive database, the results a constant daily battle with their condition in the real world, which they can share amongst themselves in a synergistic fashion.

Ask any physician who does group visits and they will tell you it is the most energizing and enjoyable part of the day. You can and should try group visits in your practice. I am making them work in a 1000 sq foot solo family medicine practice with one MA and one receptionist (both of whom are actually gone by the time the group gets under way). I needed someone to hold my hand the first time out and I am most grateful for the training wheels. Find some one to help you or just teach yourself: It’s worth it.