

# A Guide to Tobacco Cessation Group Visits

By Mary Theobald, MBA and Steven Masley, MD, FAAFP, CNS

Reviewed by: Julie Schirmer, MSW; Pamela Rodriguez, CAE;  
Cindy Hughes, CPC; Kent Moore and Sarah Garber



AMERICAN ACADEMY OF  
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**ASK AND ACT**  
A TOBACCO CESSATION PROGRAM

## Why offer group visits?

Group visits were identified in the Future of Family Medicine project as one of ten features that have a direct effect on practices. The project estimated that group visits have the potential to generate \$15,411 per physician per year.<sup>1</sup>

Well-organized group visits provide better access at lower costs. Research indicates they can also provide an improved quality of care and a higher level of patient and physician satisfaction.<sup>2</sup>

## What are group visits?

There are several models for group medical visits. The Cooperative Health Care Clinic concept, which was developed by Kaiser Colorado, as well as the High Risk Cohort model developed by Masley et al.,<sup>3</sup> have been proven effective for chronic care patients and are the bases for this guide.

Group visits include a group educational session plus most components of individual visits, including one-on-one medical evaluations conducted by a physician or nurse practitioner.

*A group visit is NOT a class or a group therapy session.*

### One week in advance:

- Have receptionist call to remind patients of their appointment.
- Make plan for/order refreshments.
- Make signs, name tags and sign in sheet.
- Obtain or organize teaching materials for your presentation. You don't have to overdo this part.

### One or two days in advance:

- Pull and review charts/medical records for those who will be attending.
- Create progress notes. An office nurse can gather the data and the doctor can review the completed progress notes (see sample).
- Create a list of targets for your patients to achieve.
- Prepare a cart with pencils, blood pressure charts, medical records, etc. (see cart list)

### Day of event:

- Have at least two medical assistants or other staff arrive early to place signs and set up the room (see sample room layout). They should bring name tags, cart, a sign-in sheet and refreshments.

## Group visit cart contents

1. Name tags for all members and staff
2. Sign in sheets
3. Agenda outline
4. Calendar
5. Patients' medical records (or computers for EHR systems)
6. Educational materials
7. Portable blood pressure cuffs (including large size)
8. Stethoscope
9. Syringes, alcohol wipes, band aids, sharps container
10. Radiology request forms
11. Lab request forms
12. Extra health maintenance exam forms
13. Extra progress record sheets
14. Tape, markers, 3 hole punch, pens, pencils
15. Scale
16. Peak flow meters

## Preparing for a tobacco-cessation group visit

### Eight to twelve weeks in advance:

1. Choose a time and date that suits your audience and staff:
  - Mid-afternoon for seniors
  - Early evenings for working adults
  - Tuesday, Wednesday and Thursday appear to be the most popular days
  - Saturday mornings work for some groups (about 1/3 to 1/4 of those willing to participate in group visits)
2. Meet with your team and administrative/clinical manager to develop an implementation plan delineating roles for staff and providers. Assign responsibilities and determine who will:
  - Develop a recruitment plan (letter, notice in the office, phone calls from receptionist, 1-page flier).
  - Reserve the space for the session. Reserve your room well in advance.
3. Arrange a back-up clinical coverage plan.

### One month in advance:

1. Create a template to register patients.
2. Identify and invite potential participants:
  - Pull diagnosis codes from billing data, ICD code 305.1, Tobacco Cessation.
  - Create registries at patient visits.
  - Empower your staff to enroll patients.
  - Review pharmacy prescription data.
  - Create an Excel file or a Registry file of tobacco users that you can update at scheduled intervals.
  - Write a letter — postal or e-mail — to tobacco users in your practice encouraging them to schedule an appointment for the group visit (see sample).

### Three weeks in advance:

- Call to schedule appointments and/or leave a message regarding the opportunity (see sample).
- Determine whether you will create a satisfaction survey for the group visit. If yes, ask someone to create.

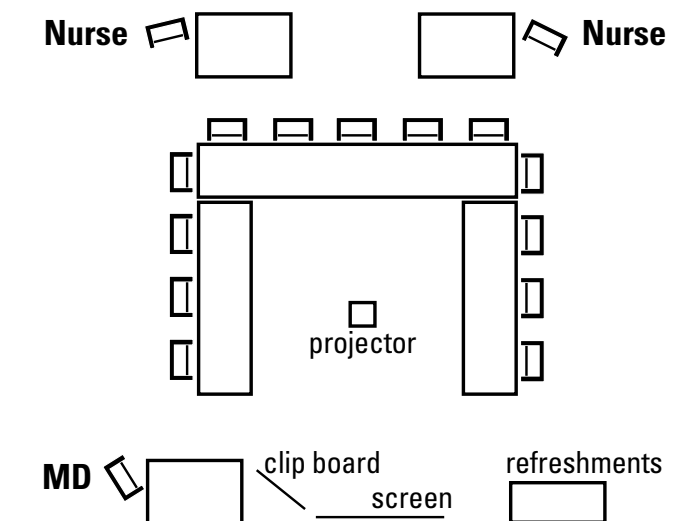
## How much time do you need for a group visit?

- 1 hour to prepare didactic materials and to coordinate with your staff
- 1 hour for chart reviews prior to the visit
- 15 minutes for introduction
- 30 minutes for presentation/interaction
- 30 minutes for two to three nurses/physicians assistants to collect data, and for you to meet with patients and document specific plans
- 30 minutes for wrap-up and answering questions



## Group visit room layout

- Horseshoe shape works well
- Privacy curtains are optional
- Prepare a cart with blood pressure cuffs, charts, materials, extra pens, etc.
- Consider a table for refreshments



## Staff task checklist

### Before meeting

- Get sign in sheet.
- Prepare, post and make copies of agenda.
- Make sure charts are available. Review medical record with progress note in mind.
- Stamp progress note form with group visit stamp. Write or stamp names of attendees on each form.
- Bring group visit cart.
- Put meeting signs up outside room.
- Set up tables.
- Set up refreshments.
- Notify ancillary staff as appropriate.

### As patients arrive

- Greet patients; triage for special needs or MD appointment after meeting; answer questions.
- Have patients sign in or mark attendance on roster.
- Start taking vital signs if time allows.
- Pass out handouts/forms to patients.

### During the meeting

- Look for missing charts if needed.
- Help with presentation as needed.
- Book appointments as needed.

### After the meeting

- Make chart notes on patients who attended.
- Take down meeting signs.
- Note "show" or "no show" attendance for follow-up.
- Review who needs health maintenance, etc. and make list for next meeting.
- Return completed charts.
- Work on coordinating follow up group visits.
- Maintain file of completed attendance rosters and speaker handouts, etc.
- Submit coding/billing if applicable.

## Conducting the visit

Have staff greet patients and collect co-payments. Ask patients to write their first names on nametags, find a chair and complete the HIPAA and confidentiality forms and the subjective aspect of the SOAP (subjective, objective, assessment, plan) note (see samples).

Start the session on time. Begin with a sincere welcome and explain the expectations for confidentiality. Introduce your staff, then ask patients to introduce themselves, giving their first names and a brief overview of why they're there. Introductions shouldn't take more than 15 minutes.

Next, provide educational information on tobacco cessation: pharmacotherapy, health benefits of quitting and lifestyle changes. Point out that previous quit attempts can help them be more successful this time. You can find information and handouts at:

- **familydoctor.org** – Patient education materials in English and Spanish.
- **www.askandact.org** – Click on Office Resources and Patient Education Materials to access the AAFP Patient Stop Smoking Guide.
- **www.cancer.org** – American Cancer Society.

Encourage questions and interaction. To help with interaction, refer questions to the group when possible. The educational portion of the visit should take no longer than 30 minutes. Before your break, explain what's going to happen next.

While patients break for refreshments, begin your individual visits. Have patients meet first with nurses or physician assistants who should:

- Weigh patients, take blood pressure, etc.
- Complete Subjective and Objective part of the SOAP note.
- Give immunizations, flu shots, etc.

Patients should advance from the nurses' stations to the doctor's station. Here, you should conduct a brief visit with each patient and:

- Clarify your assessment (you smoke, it is harmful and I advise you to stop using tobacco).
- Discuss a treatment plan — possibly write a prescription for NRT, bupropion or varenicline.

Have staff available to schedule appointments for those who have issues outside of the topic of the group visit. The break and individual visits should take no longer than 30 minutes.

After the break, reconvene the group for a final question and answer session. Thank the attendees for coming and congratulate them on their commitment to quitting.

## Patient confidentiality

Although HIPAA doesn't prevent patients from voluntarily discussing personal health information, it's probably a good idea to have patients sign a confidentiality form and HIPAA disclosure form prior to the group medical visit (see samples). You should have these reviewed by your compliance officer or legal counsel before using them. Attach your Notice of Privacy Practices to the form.

You and your staff should not discuss any patient's medical history or conditions with the group as a whole. Patients may choose to share this information on their own.

## Tips for conducting group visits

1. You don't need to address your patients in a group any differently than you would normally address them as individuals because:
  - a. Your patients already like you or they would not be going to you for care. You don't have to be a stand-up comic! Just be yourself.
  - b. Your patients will value getting to spend much more time with you than they would in a one-on-one visit.
2. The more you practice the role of facilitator, the more you will enjoy the group visits and the more your patients will gain from them. Facilitation involves:
  - a. Fostering questions and discussion.
  - b. Encouraging patients to answer other patients' questions, when appropriate.
  - c. Encouraging all patients to participate in discussions, including asking quiet patients to offer their thoughts and questions.
  - d. Politely correcting patient answers that are incorrect. First thank them for their input. You might then want to give several patients the opportunity to answer the question and stop after one gives the right (or nearly right answer). You should restate the correct answer in simple language.
  - e. Periodically quizzing patients about material already covered to test retention and to reinforce important information.
  - f. Repeating important information several times to reinforce retention.



## Sample group visit payment and confidentiality form

I have read and I agree to the following statements:

- I agree to meet with a group of patients and my doctor. I understand that I have the choice to be seen by my physician in this group or individually.
- I agree to keep all information regarding other patients attending the group visits private and confidential.
- Like any doctor's appointment, I agree to be responsible for the bill and/or co-payment associated with this doctor's visit.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Sample group visit HIPAA notice

During a group visit, it is possible that some of my individually identifiable health information will be disclosed. For example, at a group visit for tobacco cessation, it might be assumed that everyone attending uses tobacco. I have read and I understand the following statements about my rights:

- I realize that I have the option to be seen individually.
- I understand that I am not required to sign this form to receive health care treatment, benefits or payment.
- I understand that discussions may occur regarding individually identifiable health information during a group visit.
- It is possible that the information that is used or disclosed in a group visit may be redisclosed by other participants in the group visit.
- I have been notified of this potential disclosure, and I voluntarily wish to participate in the group visit.

This Group Visit HIPAA Notice Regarding Use and Disclosure supplements the Notice of Privacy Practice originally provided to me, a copy of which is attached.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Sample invitation letter to patients

Date \_\_\_\_\_

Dear \_\_\_\_\_,

I would like to invite you to participate in a new concept in the delivery of medical care. To assist my patients who use tobacco and wish to stop, I am scheduling a group medical appointment for tobacco cessation on \_\_\_\_\_. Many studies have shown that by participating in a group visit you can markedly increase your success in making lifestyle changes.

Of course you have the option of being seen individually without changing our relationship in any way. Patients who choose to be seen in a group appointment can also continue to be seen individually and may drop out of the group format at any time.

Since this is a new concept, we have selected a limited number of patients to participate in this program. By choosing to become a participant you will:

- Participate in a two hour medical visit with me. The group and I will address issues both medical and non-medical that are related to tobacco cessation.
- Pay for services, just as you do with any regular office visit.
- Keep in mind that it is possible for personal health information to be disclosed at a group visit such as the diagnosis of tobacco use or health problems associated with it. You will be asked to sign a HIPAA disclaimer acknowledging this during the visit.

Our first group medical appointment will be held on \_\_\_\_\_. I plan to have 15-25 patients participate in this group. If you are interested, please reply by calling us at \_\_\_\_\_. The meeting will be held at our office from \_\_\_\_\_ until \_\_\_\_\_. Light refreshments will be provided.

If you have any questions, please call \_\_\_\_\_, at \_\_\_\_\_. I anticipate this session will greatly enhance your ability to stop smoking.

To your health,

Dr. \_\_\_\_\_

## Sample script for recruitment calls for group visits

Hello Mr. Johnson,

Dr. \_\_\_\_\_ is offering a group medical appointment for tobacco cessation in three weeks, and he/she asked me to call and invite you to attend. The appointment will last about two hours. This will give Dr. \_\_\_\_\_ ample time to review how you might successfully stop smoking and minimize any symptoms you may have during the transition. Dr. \_\_\_\_\_ feels it would benefit you to attend this session. Would you like me to schedule you for the appointment?

Of course you always have the option of continuing to see Dr. \_\_\_\_\_ in a one-on-one setting. Attending a group visit will not change this in any way.

I also want you to understand that this visit will be charged just like any other doctor's appointment, and the usual co-pays and insurance submission will apply. I also need you to know that since everyone attending this appointment has a history of tobacco use, it's possible that some of your personal health information, such as your diagnosis, could be disclosed during the appointment.

Your spouse or another friend or family member is welcome to attend this visit with you. We look forward to seeing you.

## Sample tobacco cessation soap note

Name: \_\_\_\_\_ Date: \_\_\_\_\_

ID #: \_\_\_\_\_

### HPI: Subjective

Years you have smoked? \_\_\_\_\_ Average number of cigarettes per day? \_\_\_\_\_

How many times have you tried to quit? \_\_\_\_\_

What methods did you use to try to quit? \_\_\_\_\_

At what time of day do you smoke your first cigarette? \_\_\_\_\_

Have you experienced recent heartburn?  yes  no

Have you experienced smoker's cough?  yes  no

Do you have sinus problems?  yes  no

Any specific issues you want addressed at this appointment with the group? \_\_\_\_\_

### ROS:

Has your activity level been recently limited by breathing issues?  yes  no

Any chest pain with exercise?  yes  no

Any problems with insomnia?  yes  no

### Past Med History: (See chart for details)

Meds: (See chart med sheet)

### Objective

Wt \_\_\_\_\_ BP \_\_\_\_\_ BMI \_\_\_\_\_ RR \_\_\_\_\_

Peakflow today \_\_\_\_\_

### Assessment (Tobacco abuse, 305.1);

Other related diagnoses? \_\_\_\_\_

### Plan

Quit date planned

Behavioral options to quit reviewed

Medication options reviewed. Risks, benefits, and side effects discussed and questions answered.

Rx \_\_\_\_\_

Additional Plan \_\_\_\_\_

**Billing:** (circle all that apply) 99213 99214 99406 99407

## Addressing challenging group participants

Participant Style	Response Options
<b>The Too-Talkative Person</b>	<ul style="list-style-type: none"> <li>- Establish norms early. Clarify purpose, process and time limits.</li> <li>- Refocus by summarizing the relevant point and move on.</li> <li>- Privately spend time listening to person. Praise. Ask for help in getting others involved.</li> <li>- Assign a buddy.</li> <li>- Don't look at the person. Use body posture to engage or not.</li> <li>- Say "I'm not going to call on someone twice until all have had a chance."</li> </ul>
<b>The "Yes, but..." Person</b>	<ul style="list-style-type: none"> <li>- Acknowledge concerns.</li> <li>- Recruit. Ask "Has anyone else experienced this situation?"</li> <li>- After three "Yes, buts"; state the need to move on and offer to talk after group.</li> <li>- Remind the person that the intent is to generate ideas, not critique them.</li> </ul>
<b>The Arguer</b>	<ul style="list-style-type: none"> <li>- Be conscious of your reactions. Keep your temper. Don't let the group get too excited.</li> <li>- Recruit. Call on others to contribute.</li> <li>- Privately ask the person how they think the group is going and ask for suggestions for improvement.</li> <li>- Ask for an information source or for them to share their reference later.</li> <li>- Offer to discuss the concern after session.</li> </ul>
<b>The Angry or Hostile Person</b>	<ul style="list-style-type: none"> <li>- Keep in mind that fighting fire with fire will only escalate the situation.</li> <li>- Get on the same physical level, preferably sitting down.</li> <li>- Speak in a low quiet voice.</li> <li>- Actively listen. Validate perceptions, interpretations and/or emotions when you can.</li> <li>- Listen. Paraphrase.</li> <li>- Disarm. Ask "At this time, what would you like us to do?" or "What would make you happy?"</li> </ul>
<b>The Questioner</b>	<ul style="list-style-type: none"> <li>- Don't bluff. If you don't know, just say "I don't know, but will find out."</li> <li>- Redirect. Say "That's an interesting question. Who would like to respond?"</li> <li>- Offer to discuss the question later.</li> <li>- Acknowledge "You have lots of good questions that we don't have time to address."</li> </ul>
<b>The Know-It-All</b>	<ul style="list-style-type: none"> <li>- Limit contributions by not calling on the person</li> <li>- Establish guidelines at the start of the session.</li> <li>- Thank the person for positive comments.</li> <li>- Evoke the rules of debate: Each person has the right to speak two times on an issue but cannot make a second comment until other members have spoken.</li> </ul>
<b>The Misinformed</b>	<ul style="list-style-type: none"> <li>- Validate the information. Say "I've heard many doctors say that as well."</li> <li>- Ask "Could you investigate and come back next visit and report on this with sources and how you reached your conclusion?"</li> <li>- Provide evidence. Say "My understanding is _____, based on _____."</li> </ul>

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## Billing for group visits

Group visits are not specifically covered by Medicare or most private health insurance plans. Practice or business office managers should make inquiries to the practice's most common health insurance plans (and if a Medicaid provider, to the state Medicaid plans) to determine coverage and billing policies as a part of the planning process for initiating group visits.

Masley et al. have been successful in documenting and billing for services performed for individual patients.<sup>4</sup> Documentation from Centers for Medicare & Medicaid Services point out that a physician can provide a medically-necessary face-to-face E/M visit that is observed by other patients but must not allow any activities associated with the presence of the observers, or with any subsequent group counseling encounter, to impact the level of service reported for the history, exam, counseling, instruction, or medical decision making furnished during the face-to-face encounter with the patient.

To bill for evaluation and management services provided to individual patients, use an appropriate level office visit code (**99212-99215**) based on the individual patient's history, exam, and the medical decision making you document.

You can also bill Medicare, additionally, for counseling of patients who use tobacco and have a "disease or an adverse health effect that has been found by the U.S. Surgeon General to be linked to tobacco use, or who [are] taking a therapeutic agent whose metabolism or dosing is affected by tobacco use."<sup>5</sup> When billing both an evaluation and management service and a Medicare counseling visit on the same date, modifier 25 should be appended to the code for the evaluation and management service.

## Medicare

Medicare will pay for two quit attempts per year, both of which can include up to four intermediate or intensive sessions. Up to eight sessions in a 12-month period are covered.

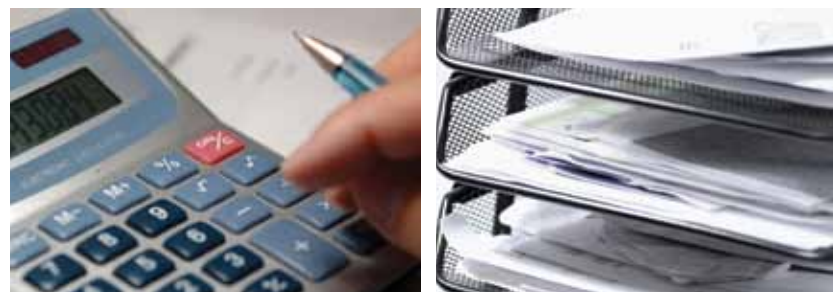
**99406:** Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. Short descriptor: Smoke/tobacco counseling 3-10.

**99407:** Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes. Short descriptor: Smoke/Tobacco counseling greater than 10.

When determining which of these codes to use, keep in mind that you should bill for one-on-one time (not group time) you and/or another qualified Medicare provider (nurse, physician assistant, etc.) spends counseling the patient. Your claim needs to include a diagnosis code that reflects the condition that is adversely affected by the use of tobacco or the therapeutic agent that is affected by the use of tobacco.

## Medicaid

Twenty-seven states provide some form of coverage for cessation counseling to their entire Medicaid population. Only 14 provide for both individual and group counseling.<sup>6</sup>



## For more information:

Coding for Group Visits

<http://www.aafp.org/online/en/home/practicemgt/codingresources/groupvisitcoding.html>

"Coding Routine Office Visits: 99213 or 99214?" Jensen P. *Family Practice Management* September 2005

"Group Visits for Chronic Illness Care: Models, Benefits and Challenges." Jaber R, Braksmajer, Trilling, J. *Family Practice Management*, January 2006

"Group Visits Hit the Road." Dreffer D. *Family Practice Management* September 2004:39-41.

"Group Visits 101." Houck S, Kilo C, Scott JC. *Family Practice Management* May 2003:66-68.

"Group-Visit Consent Forms (Ask FPM)." Masley S. *Family Practice Management* February 2003:56.

"Guide Provides Information on Conducting, Billing for Group Visits."

*AAFP News Now*, 6/17/08

<http://www.aafp.org/online/en/home/publications/news/news-now/health-of-the-public/20080617aimgroupguide.html>

"Planning Group Visits for High-Risk Patients." *Family Practice Management* Masley S, Sokoloff J, Hawes C. June 2000:33-37. (Includes a diabetes encounter form.)

Shared Medical Appointments/Group Visits

AAFP Policy (2008)

<http://www.aafp.org/online/en/home/policy/policies/s/sharedmedapptsgrpvisits.html>

[www.askandact.org](http://www.askandact.org)



The AAFP Ask and Act Tobacco Cessation Program is supported in part by the Smoking Cessation Leadership Center.

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## Footnotes

<sup>1</sup>Spann SJ. Task Force Six. Report on financing the new model of family medicine. *Ann Fam Med*. 2004;2 Suppl 3:S1-S21.

<sup>2</sup>Jaber R, Braksmajer A, Trilling JS. Group visits: a qualitative review of current research. *J Am Board Fam Med*. 2006 May-Jun;19(3):276-90.

<sup>3</sup>Masley S, Sokoloff J, Hawes C. Planning Group Visits for High Risk Patients. *Family Practice Medicine*. June 2000

<sup>4</sup>Steven Masley, MD, Julia Sokoloff, MD, and Collene Hawes, RN. Planning Group Visits for High-Risk Patients. *Family Practice Medicine*. June 2000

<sup>5</sup>Centers for Medicare & Medicaid Services. Decision memo for smoking & tobacco use cessation counseling. Available at: <http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=130>.

<sup>6</sup>American Lung Association Helping Smokers Quit: State Cessation Coverage 2008.

Available at [http://www.lungnet.org/site\\_files/Helping\\_Smokers\\_Quit\\_State\\_Cessation\\_Coverage\\_11-13-08.pdf](http://www.lungnet.org/site_files/Helping_Smokers_Quit_State_Cessation_Coverage_11-13-08.pdf)

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