# Medical Office Visits Shared Medical Appointments







Aarthi Chandarana D.O, DipABLM

Henry Ford Health

## Disclosures

None



## Roles



#### Clinical

• Patient management

#### **Financial**

• Keeping our offices open

#### Livelihood

• Passion/Calling

## A day in the life

- Well visit physical
- Well visit with acute
- Diabetes
- Anxiety/Depression
- Abdominal pain
- Menstrual changes
- Fatigue
- Insomnia
- Heartburn
- Hypertension

- Upper Respiratory
   VIRAL
- Autoimmune
- Thyroid
- Fibromyalgia
- IBS
- SIBO
- Back pain
- Osteoarthritis
- Dyslipidemia

- Obesity
- Medication requests
- ADHD
- Peri-Menopause
- Hair Loss
- Chronic pain
- Cancer
- Osteoporosis
- Pregnancy
- Well child

## Standard Visit



Address concerns



Preventive Care



Medication management



Privacy and safety concern



One on one relationship

## Standard Visit



Burnout



Access



Wait times



Not enough time



Symptoms vs.
Causes



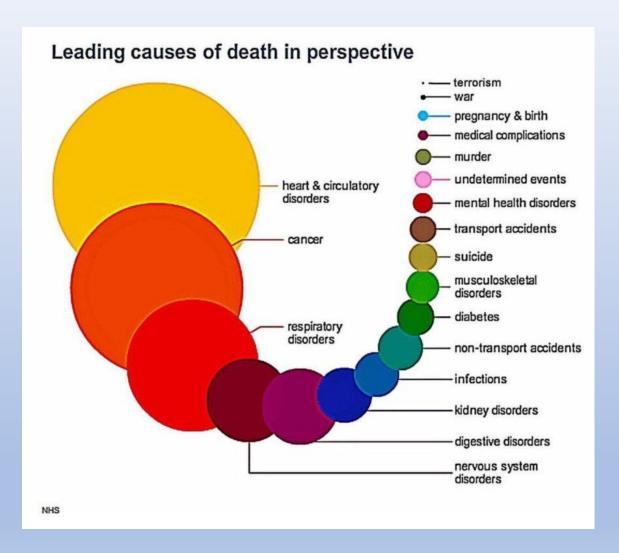
Sustainability

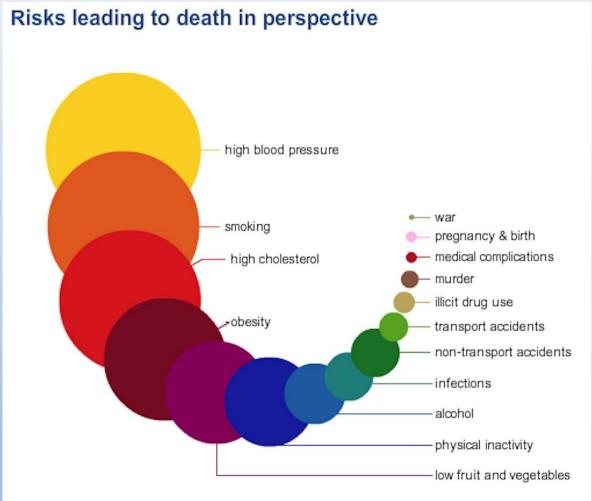


1 patient per 1 visit

## New plan?







#### Think outside the rooms?

Harvard Vanguard Medical

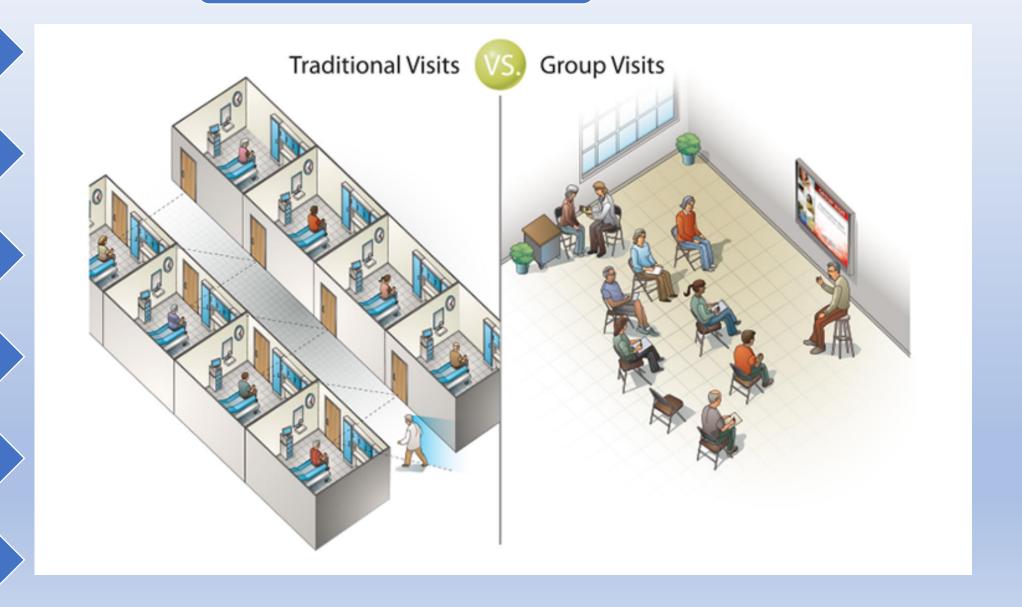
Yale Health

Kaiser Permanente

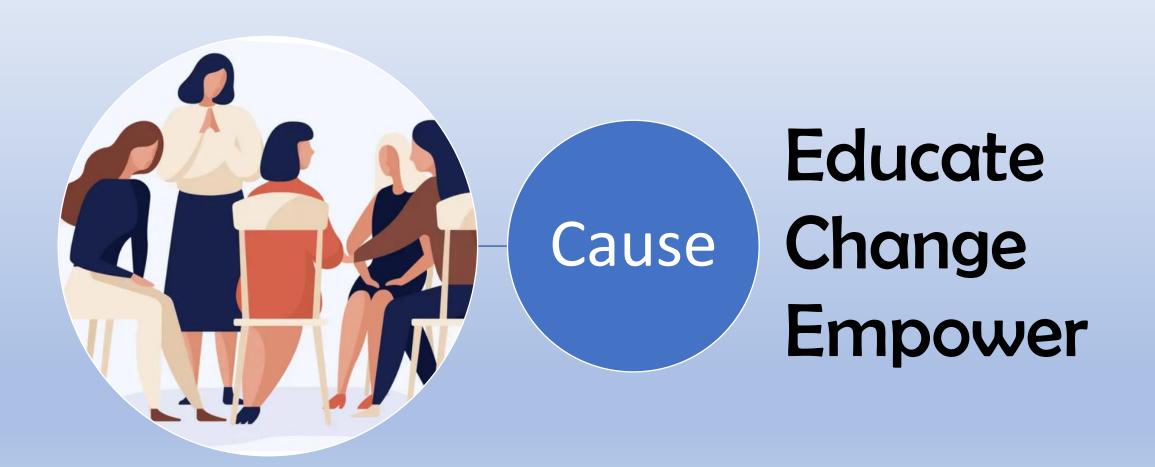
VA Medical Centers

University of Wisconsin Health

Cleveland Clinic



## What is a Shared Medical Appointment



### Tried for Diabetes care – Patient care improved

### Sadur et al. (1999) Kaiser Permanente

- RCT 16-75 yo, A1c > 8.5%
- Visit clusters of 10-18 people monthly
- After 6 months
- 1.3 % vs. 0.2% decrease in A1c
- Lower rates of hospitalization
- Multidisciplinary approach
- Increase self-efficacy for DM care
  - Diet
  - Reduction in hypoglycemic events
  - Blood glucose

### Trento et al. (2004) – 5 year RCT

#### **Control Group**



#### **SMA Group**

in control, knowledge and quality of life

## Clancy et al. (2007)

- Increased trust in physician
- Better at adhering to recommended screenings for both breast and cervical cancers

## Overall patient benefits



Decreased ED use



Improved Quality of life



Improved self efficacy



Increased knowledge



Trust in Medical System

#### Repetitive education

## Physician satisfaction

Provider scheduling flexibility

More face to face

No addition expertise needed

Decrease patient wait time

Patient satisfaction scores

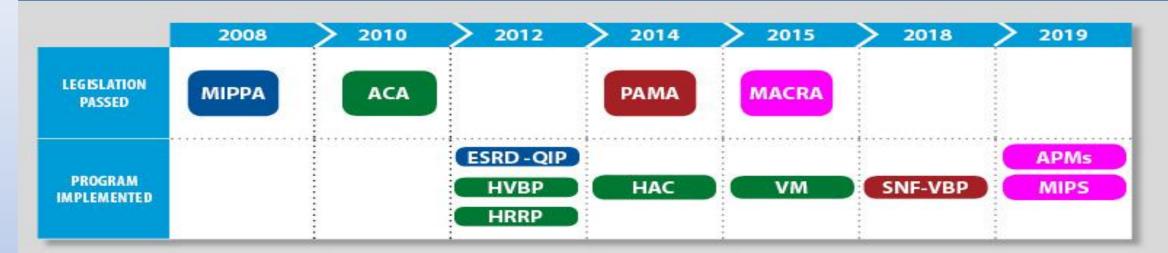
Patient activation

Improved quality measures

Population health status improved – values based reimbursement



### VALUE-BASED PROGRAMS



#### LEGISLATION

ACA: Affordable Care Act

MACRA: the Medicare Access & CHIP Reauthorization Act of 2015

MIPPA: Medicare Improvements for Patients & Providers Act

PAMA: Protecting Access to Medicare Act

#### **PROGRAM**

**APMs:** Alternative Payment Models

ESRD-QIP: End-Stage Renal Disease Quality Incentive Program

HACRP: Hospital-Acquired Condition Reduction Program

HRRP: Hospital Readmissions Reduction Program HVBP: Hospital Value-Based Purchasing Program

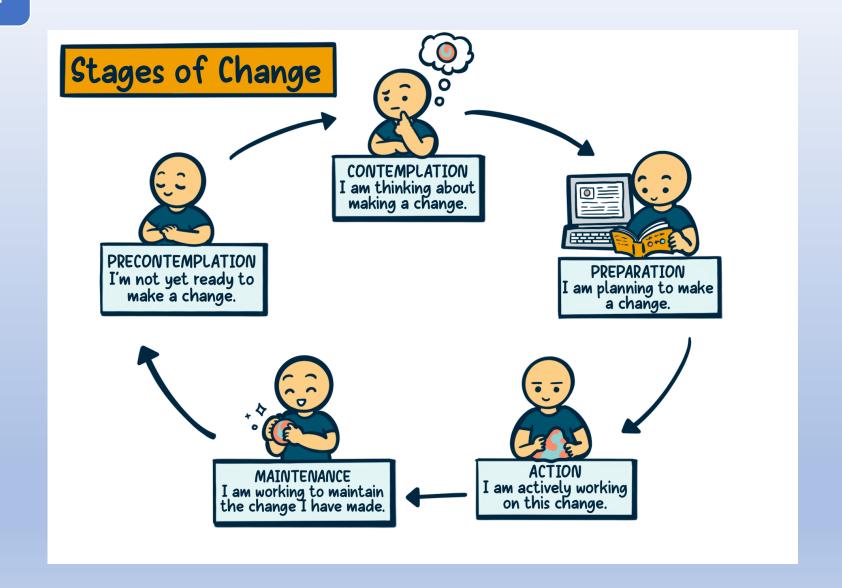
MIPS: Merit-Based Incentive Payment System

VM: Value Modifier or Physician Value-Based Modifier (PVBM)

SNFVBP: Skilled Nursing Facility Value-Based Purchasing Program

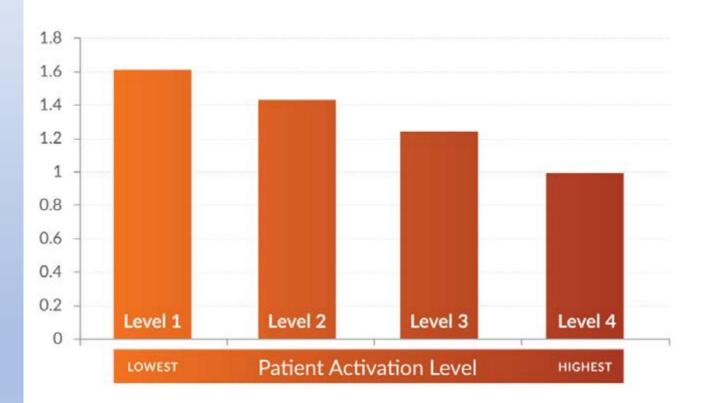
### Patient activation

Patients who feel competent to manage their own health or navigate the health care system.



#### Patient Activation and engagement

Odds of Hospital Use for Ambulatory Care-Sensitive Conditions After One Year, by Patient Activation Level



SOURCE Adapted from J. H. Hibbard, J. Greene, R. Sacks et al., "Improving Population Health Management Strategies: Identifying Patients Who Are More Likely To Be Users of Avoidable Costly Care and Those More Likely to Develop a New Chronic Disease," *Health Services Research*, published online Aug. 23, 2016.

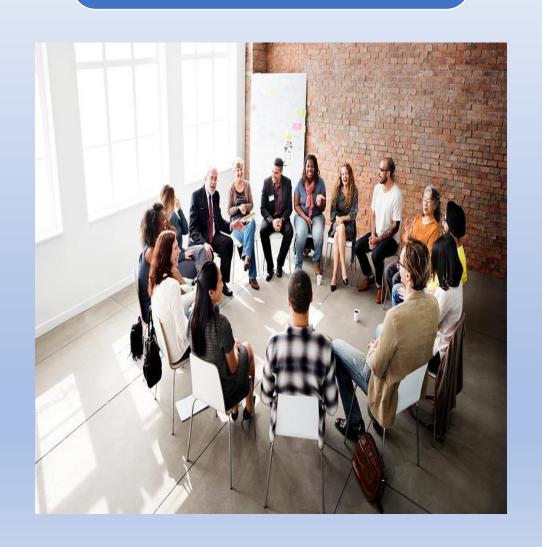
## Patient Activation scores

Patient at lowest activation level 25% more likely to develop a new chronic disease in the next calendar year compared to the highest activation level

Two years after baseline, 31% difference between the lowest and highest

62 percent greater likelihood of having an avoidable hospitalization compared to the most activated group one year later

# Shared Medical Appointments



## Details!

These rates are based off of the 2024 Medicare Physician Fee Schedule. Thanks to Reimbursement MIG leader and ACLM Diplomate, John Gobble

#### Billing Scenario for a Practice with a Physician and/or a Registered Dietitian Nutritionist (RDN)

					Total	Team	CF	\$ per	Arrived	Revenue	Income		
<u>Description</u>	CPT codes	Unit Type	# Visits	RVU	RVUs	RVU	(CMS)	visit	Cohort	for all visits	Hours	Rat	e/hour
group alone, without the he	elp of anothe	r billable clinician. The phy	ysician bil	lling sce	nario bei	low is b	ased on	using eith	ner 99213	or 99214 E&	M codes	or a	99412
preventive medicine counseling code.													
E&M based SMA led by													
Physician, DO or MD	99213	Encounter	4	2.68	10.72		34	\$364.48	10	\$ 3,644.80	8	\$	455.60
E&M based SMA led by													
Physician, DO or MD	99214	Encounter	4	3.79	15.16		34	\$515.44	10	\$ 5,154.40	8	\$	644.30
Preventive Counseling SMA													
led by Physician, DO or MD	99412	Time based per hour	4	0.75	3		34	\$102.00	10	\$ 1,020.00	8	\$	127.50
Medical Nutrition Therapy													
(group) led by RDN	97804	Time based per 30 mins	8	0.425	3.4		34	\$115.60	10	\$ 1,156.00	8	\$	144.50
The cells below should be	The cells below should be used to calculate potential revenue from an SMA when there is a Physician and Dietitian team who are co-leading the SMA. The												
billing scenario is base	billing scenario is based on a 99213 E&M visit by the physician and a 30 minute Medical Nutrition Therapy (MNT) group visit by a registered dietitian												

billing scenario is based on a 99213 E&M visit by the physician and a 30 minute Medical Nutrition Therapy (MNT) group visit by a registered dietitian nutritionist (RDN). Both the physician and RDN bill for their services, but time cannot be double-billed.

M-based SMA led by (physician)

E&M-based SMA led by	(physician)										
Physican with support of	+ 97804	Encounter	4	2.68	10.72	12.72	34	\$432.48	10	\$ 4,324.80	8 \$ 540.6
RDN	RDN	Time based per 30 mins	4	0.5	2						
Preventive Counseling	(physician)										
based SMA led by Physician	+ 97804	Time based per hour	4	0.75	3	6.4	34	\$217.60	10	\$ 2,176.00	8 \$ 272.0
with support of RDN	RDN	Time based per 30 mins	8	0.425	3.4						

#### Billing Scenario for a Practice with a Non-Physician Provider, NP, PA, ND (SMA) and/or a RDN

Practice with Non-					Total	Team	CF		Arrived	Revenue			
Physician Provider The cells below should be	CPT codes	Unit Type culate potential revenue J	# Visits rom an Si		RVUs n tnere i	RVU s a Prov	(CMS)	<b>\$</b> ', PA, NU)	Cohort or a Dieti	for all visits	Hours		ite/hour
without the help of another	billable clinic	cian. The Provider billing s	scenario b	elow is l	based or	n either	99213 o	r 99214 E	&M code:	s or a 99412	preventiv	ve n	nedicine
			coul	nseling c	ode								
Physician Provider, NP, PA,													
ND (SMA)	99213	Encounter	4	2.278	9.112		34	\$309.81	10	\$ 3,098.08	8	\$	387.26
Physician Provider, NP, PA,													
ND (SMA)	99214	Encounter	4	3.222	12.888		34	\$438.19	10	\$ 4,381.92	8	\$	547.74
led by Non-Physician													
Provider	99412	Time based per hour	4	0.6375	2.55		34	\$ 86.70	10	\$ 867.00	8	\$	108.38
Medical Nutrition Therapy													
(group) led by RDN	97804	Time based per 30 mins	8	0.425	3.4		34	\$115.60	10	\$ 1,156.00	8	\$	144.50
The cells below should be us	ed to calcula	te potential revenue fron	n an SMA	when th	ere is a i	Non-Phy	vsician F	Provider (N	IP, PA, NI	D) and Dietiti	an team	wh	o are co-

leading the SMA. The bil	<mark>lling scenari</mark> c	io is based on a 99213 E&M vis	sit by	the prov	ider and	a 30 mi	nute M	ledical Nut	trition The	erapy (MNT)	group vis	it by a
registered	<mark>dietitian nu</mark>	utritionist (RDN). Both the phys	sician	and RD	N bill for	their se	rvices,	but time c	annot be	double-billed	<i>1.</i>	
E&M-based SMA led by Non-	99213							<u> </u>				
Physician Provider with support of RDN	MD/DO	Time based per hour	8	2.278	18.224	21.62	34	\$735.22	12	\$ 8,822.59	8	\$1,102.82
	and 97804 (RDN)	Time based per 30 mins	8	0.425	3.4							
Preventive Counseling	99412	Time based per hour	8	0.6375	5.1	8.5	34	\$289.00	12	\$ 3,468.00	8	\$ 433.50
based SMA led by Non- Physician Provider with support of RDN	MD/DO & 97804 (RDN)	Time based per 30 mins	8	0.425	3.4							

# Let's get started

## Planning

When to start and continue

Who are selected

Where will it be done

What will be discussed

MA, RN, RD

Pt criteria, number

Caregivers

Enrollment

WHO

2 months Cadence WHEN Convenience Length

Location

Check-in

AV capable

1:1 space allocation

WHERE

Consent

Content

Supplies

Food

WHAT

## Components of the visit

Check in

Private vitals and triage

Introduction, consent forms

Provider

Education

Wrap up

## SMA Flow

- Patient should arrive at least 20 minutes before
- Start the vitals process and triage
- Patients have a chance to settle and review forms, discuss with people around them
- Food and drinks
- Program begins promptly and ends promptly
- Leave time for 1:1 appointments can't be a separate visit

### Setting the mood

- Start with a thought provoking comment
- Goal is to get the patients talking to each other
- Avoiding a lecture style presentation
- Conversation style semi circle and sitting with the patients
- Ask for stories round robin participation
- Balancing participation of patients within and also the educator

# Motivational Interviewing

- Learning outcomes
- Behavior change outcomes
- Clinical outcomes
- Quality of life outcomes
- Satisfaction outcomes
- Cost saving outcomes

## Provider and Education

- Individual E/M visit done somewhere in the vicinity of the group
- Few minutes
  - Assessing vitals
  - Reviewing the to do card
  - Asking patients how they feel about the program
- Education
  - Presentation with collaboration and discussion
  - Offering ample time for questions
  - AV use of powerpoint, videos and or hand outs

# Post SMA

### **Documentation**

- Scribe service
- Diagnosis and appropriate coding ONLY for EM time of physician
- Recommendation of OTC product, medication ONLY then level 3
- Education portion DOES NOT count

## Patient packet

- Evaluation
- Possible topics
- Was this useful

# Team Plan

- Focus on patient group relationship
- Goals to accomplish
- Dedicated leader to help guide things back to normal
- Avoid lecturing and taking the conversation away
- Keep it prompt

## Commons issues

- Space
- Staffing
- Admin support
- Patient pool
- Data and charting
- Lackluster information or lecture like
- One patient takes over
- Poor planning

## Big Picture

WHO

WHEN

WHERE

**WHAT** 

MA, RN, RD

2 months

Location

Consent

Pts criteria

Cadence

Check-in

Content

**Enrollment** 

Convenience

AV capable

Supplies

Caregivers

Length

1:1 space allocation

Food

## Lifestyle Medicine Pilot at Troy Shared Medical Appointment

## **Program Invitation Letter**

#### Dear [NAME]

I hope this letter finds you in good health and high spirits. We are excited to extend a special invitation to you to participate in our upcoming Pilot Lifestyle Medicine Program.

At Henry Ford Health we are committed to promoting holistic well-being and empowering our patients to achieve optimal health through evidence-based interventions. Our Lifestyle Medicine Program is designed to address various aspects of health, including nutrition, physical activity, stress management, and overall healthy living.

#### Program Details:

Format: Small Group Sessions

Duration: 4 weeks

• Frequency: 1 session per week

• Location: Henry Ford Troy

Start Date: April 4<sup>th</sup> 9:00 am – 11 am Thursday (please arrive 15 minutes early)

This program is part of our ongoing efforts to explore innovative approaches to healthcare. By participating in the pilot program, you will not only receive personalized guidance from our experienced healthcare professionals but also contribute valuable insights that will shape the future of lifestyle medicine initiatives.

Here are some key highlights of the program:

- Interactive Sessions: Engage in interactive discussions and activities with a small group of like-minded individuals who share similar health goals.
- Expert Guidance: Benefit from the expertise of our healthcare team who will provide personalized advice and support throughout the program.
- Goal Setting: Establish achievable and personalized health goals to improve your overall well-being.
- Community Support: Connect with a supportive community that fosters motivation and accountability.

To confirm your participation or inquire further about the program, please reply via MyChart. Space is limited for the pilot program, but we intend on having more programs in the near future.

We believe that this program has the potential to make a positive impact on your health journey, and we would be honored to have you as part of our pilot group. Thank you for considering this opportunity, and we look forward to embarking on this together.

Wishing you continued health and wellness.

Sincerely,

Dr. Aarthi Chandarana

## Global Health Form – Promis Adult Short From V1.0

	4/2/2024 5:17 PM EDT - Filed b
Question	Patient
In general, would you say your health is:	Excellent
In general, would you say your quality of life is:	Excellent
In general, how would you rate your physical health?	Excellent
In general, how would you rate your mental health, including your mood and your ability to think?	Excellent
In general, how would you rate your satisfaction with your social activities and relationships?	Excellent
To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	Completely
In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	Excellent
In the past 7 days	
How would you rate your pain on average?	1
How would you rate your fatigue on average?	Mild
How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	Sometimes
PROMIS Adult Short Form-Global Health Score (Physical) (range: 16 - 68)	57.7

## Lifestyle Med Pilot at Troy

Month of April – Thursday morning 9-11 for 4 sessions

Team of MA, RD, PT and BH (Different days)

## Week 1: Introduction – PowerPoint on lifestyle medicine

- Six pillar education
- Nutrition Goals for week one plant based meal per day
- Trial of Tofu scramble and hibiscus tea
- Group discussion of their thoughts on WFPB, barriers

## Week 2: Nutrition with RD

- Go over what they experienced
- Wins and difficulties

## Week 3: Physical Activity

- Physical Therapist Yoga educator as well
- Laughing Yoga
- Chair Yoga
- Current lifestyle concerns
- Improving joint strength
- How to set up a daily/weekly/monthly routine

## Week 4: Stress and Support

- Behavioral health provider
- Stress
- Sleep
- Tips and tricks
- Social Worker RN

#### **Group Medical Visit Co**

Group medical visits are medical appointments cor patient discuss the patient's personal medical cond

Because each patient will be disclosing personal he in group medical visits and the release of personal not required in order to receive treatment from (IN).

#### Consent, Authorization to Dis

By signing this Agreement, I consent to participate (INSERT PRACTICE NAME). I authorize

physicians/allied health professionals conducting t my personal health information and other private i participants attending the group medical visit. I als family members, who attend the group medical vis disclosing such information. I acknowledge the pos participants in group medical visits contrary to their risks associated with such disclosure. I understand dated and signed letter to

revocation will not prohibit

disclosures already made or taking any actions alre of such revocation. Further, I understand that such

(INSERT PRA

from receiving other types of treatment from

If not earlier revoked, this authorization will expire

THE INFORMATION AUTHORIZED FOR RELEASE N CONDITIONS INCLUDING, BUT NOT LIMITED TO, HEART DISEASE, DEPRESSION, ANXIETY, CONSTI CONDITIONS, KIDNEY DISEASE, OBSTRUCTIVE SI

PARTICIPANT:

(SIGNATURE)

(PLEASE PRINT NAME

(Rev. 8-10-18)





The

Plant-Ba

Quick S

Plantri



## Benefi

■ Enfermedades cardía

Supervivenci

Concéntrese en llenar el plato coi granos enteros y legumbres, en



#### Protein Sources: A Head-to-Head Comparison

A food's worth is not judged by grams of protein alone! Look at the bigger picture. Each serving below is 100g (about 1/2 cup or 3.5 oz).

#### Chicken

Breast, meat only, baked

#### **Nutrition Facts**

Serving Size 100g (1/2 cup)

Amount per serving		
Calories 164	Calorie	s from Fat 32
		% Daily Value
Total Fat 4g		5%
Saturated fat	1g	5%
Cholesterol 85n	ng	28%
Sodium 74 mg		3%
Total Carbohyd	rate 0g	0%
Dietary Fiber (	0g	0%
Protein 31a		

#### Steak

Trimmed to 1/8" fat, baked

#### **Nutrition Facts**

Serving Size 100g (1/2 cup)

Amount per serving		
Calories 189	Calories	from Fat 100
		% Daily Value
Total Fat 11g		17%
Saturated fat 4g		22%
Cholesterol 41mg		14%
Sodium 53mg		2%
Total Carbohy	drate 0g	0%
Dietary Fiber		0%
Protein 21g		

Nutrition facts from www.NutritionData.com

#### Salmon

Atlantic, baked



#### **Nutrition Facts**

Serving Size 100g (1/2 cup)

Amount per serving		
Calories 208	Calories	from Fat 121
		% Daily Value
Total Fat 13g		21%
Saturated fat 3g		15%
Cholesterol 55mg		18%
Sodium 59mg		2%
Total Carbohydrate 0g		0%
Dietary Fiber	0g	0%
Protein 20g		

#### Beans

Black, boiled



#### **Nutrition Facts**

Serving Size 100g (1/2 cup)

Amount per serving	
Calories 132	Calories from Fat 5
	% Daily Value
Total Fat 1g	1%
Saturated fat 0g	1%
Cholesterol 0mg	0%
Sodium 1mg	0%
Total Carbohydra	te 24g 8%
Dietary Fiber 9g	35%
Protein 9a	

Cholesterol is only found in animal-based foods. These foods are also our main source of saturated fat, which our bodies can turn into cholesterol. Fiber helps to lower our cholesterol and is only found in plant-based foods.

How much protein does the average person need each day?

Multiple your body weight (kg) by 0.66 to calculate your Estimated Average Requirement (EAR).

		125 lb	175 16	225 16	2/5 10	
	Estimated Average Requirement (EAR)	38 g	52 g	67 g	82 g	
Ī	Average intake by U.S. adults	68-86 g	96-120 g	122-153 g	150-187 g	



Beth Motley M.D. Family Medicine/Lifestyle Medicine Greenville Health System/Univ of South Carolina

©2018 American College of Lifestyle Medicine

I just wanted to thank you again coming to the first week of the Lifestyle Medicine Pilot! I had hoped that at least a few people could come in such short notice, but I was blown away by you all!

I think I have figured out some of the technical issues and hope to run a smoother show next time.

Looking forward to seeing you all! Sincerely, Dr. Aarthi Chandarana

-----

Week 2: April 11th 9:00 am - 11:00 am - intended to be for my established patients (if you already talked to me about a loved one, then bring them along)

**Before visit:** I've ordered appropriate labs - if you have done them recently (within the past 4 weeks), then no need to get them done again.

#### Recap of Week 1:

We talked about the 6 pillars of lifestyle to help manage and reverse chronic condition: https://lifestylemedicine.org/wp-content/uploads/2023/06/Pillar-Booklet.pdf

Plant-based nutrition - Eating as much whole foods and plant based - increasing natural fiber Physical activity - Getting at least 150-300 minutes of moderate intensive activity per week Stress management - Maintaining mental health with activities and breath Avoidance of risky substances - Limiting alcohol and avoiding tobacco and other substances Restorative sleep - Getting at least 7-9 hours of restorative sleep Social connections - Engaging in a supportive community or social interactions

#### Goals for week 1 include: Track if possible

- 1. 2-3 rounds of 4-7-8 breathing technique https://health.clevelandclinic.org/4-7-8-breathing
- 2. 2 rounds of sun salutation in the morning https://www.verywellfit.com/illustrated-stepbystep-sun-salutation-3567187
- 3. Dance to 1 song in the morning while getting ready
- 4. One plant based meal per day and/or have 3 colors per meal and 5 colors per day

#### Breakfast

- Hot cereals: oatmeal with cinnamon, raisins, and/or applesauce
- · All-Bran or muesli with nonfat soy or rice milk and/or berries, peach, or banana
- Fresh fruit
- Pumpernickel or rye toast topped with jam (no butter or margarine)
- Oven-roasted sweet potato home fries solo or smothered with sautéed mushrooms, peppers, and onions
- Tofu scramble

#### Lunch

- Mixed-vegetable salad with lemon juice, fat-free dressing, or soy or teriyaki sauce
- Legume-based salads: three-bean, chickpea, lentil, or black bean and corn salads
- Grain-based salads: noodle, couscous, bulgur, or rice salads
- Soups: carrot ginger, mixed vegetable, black bean, vegetarian chili, spinach lentil, minestrone, split pea, etc.
- Hummus spread on whole-wheat pita with grated carrots, sprouts, and cucumbers
- Black bean and sweet potato burrito with corn and tomatoes
- Sandwich made with fat-free meat alternatives such as barbecue seitan, Lightlife Smart Deli turkey style, or Yves veggie pepperoni slices and your favorite sandwich veggies

#### Dinner

- Pasta marinara: can be made with many commercial sauces (any brand that has less than 2 grams fat per serving and is free of animal products)
- Beans and rice: black beans with salsa, vegetarian baked beans, or fat-free refried beans
- Soft tacos: a flour tortilla filled with beans, lettuce, tomato, and salsa
- Fajitas: lightly sautéed sliced bell peppers, onion, and eggplant with fajita seasonings
- Chili: homemade or vegetarian boxed or canned versions
- Veggie lasagna: low-fat tofu replaces the ricotta cheese, layered with grilled veggies
- Vegetable stir-fry: vegetables seasoned with soy sauce or other low-fat stir-fry sauce and served over pasta, beans, or rice

#### Snacks

- Fruit
- · Carrot, celery, or other vegetables with low-fat hummus
- Baked tortilla chips with salsa or bean dip
- · Air-popped popcorn or rice cakes
- Toast with jam
- Soup

## SENEOR CHAER YOUR POSES

1. Ujjayi Breathing



2. Cat/Cow



3. Circles



4. Sun Salutation Arms



5. Sun Salutations with Twists



6. High Altar Side Leans



7. Eagle Arms



8. Assisted Neck Stretches



9. Ankle to Knee



10. Goddess with a Twist



11 Warrior 2



12. Forward Fold



## PHYSICAL BENEFITS OF LAUGHTER YOGA

,,,,,,,,,,,,,,,,,,



#### Laughter Yoga is the Best Cardio Workout

As per the research of Dr. William Fry 10 minutes of hearty laughter is equivalent to 30 minutes on the rowing machinel (For cardiopulmonary endurance)



## Laughter brings more Oxygen in the bloodstream

Laughter Yoga exercises help tonger exhalation and deep breathing through the diaphragm. This helps in flushing the lungs of stale residual air and increasing the net supply of oxygen.



#### Laughter Yoga Increases Blood Circulation

Laughter causes 'internal jogging'. Further, it massages and promotes circulation to the digestive and lymphatic systems.



#### Laughter Yoga for Weight loss

Laughter Yoga reduces belly fat, which is difficult to shed even with the most intense exercise regime.



#### Laughter Yoga Boosts Immune System

Laughter increases the concentration of circulating antibodies in the bloodstream. Thus, it raises the resistance against infections.



#### Laughter Yoga a Natural Pain Killer

20 minutes of belly laughter reduces the pain for almost two hours. It also increases tolerance to pain. Laughing increases the number of T-Cells









# Billing and RVU generated

Primary Care visits (8:40am – 11:20am)

Lifestyle Medicine Group (9am – 11am)

Dates	# Visits	RVU per day	Dates	# Visits	RVU per day
02/01/24	7	14.51	04/04/24	14	23.82
02/08/24	7	11.3	04/11/24	13	21.19
02/15/24	7	15.93	04/18/24	13	20.33
02/22/24	7	13.21	04/25/24	13	21.69
Sum	28	54.94	Sum	53	87.03

# Limitations

- Staffing
- Scheduling
- Administration
- Space
- Lofty goals
- Billing changes
- Patient adherence

## Feedback

Hello Dr Chandarana,

8/10/24 12:31 PM

I hope you are enjoying the summer with your boys! Thank you again for adding me to your class - it was very informative and insightful.

I wanted to check in to let you know that I have been following the guidance from your class - I do not want to say diet because truly it is just a new way of life. I concentrate on colors, and now for breakfast add greens which I never did before. I make it a POINT to walk during the day to get some fresh air, sunshine and apprecaite what is around me. I have cut down on meat, try to do about 2 days a week "meat free".

My joints feel amazing, truly life changing. We had to empty out the basement last week due to water I thought for sure I would be crippled in the next morning but was NOT! The stretches, my diet and walking helped me bend and move without pain or repercussions!

I always think it is important to let someone know when they have made a difference, and you have, and I am very thankful.

All the best

## References

- https://connect.lifestylemedicine.org/resource-sma
- Sadur CN, Moline N, Costa M, Michalik D, Mendlowitz D, Roller S, Watson R, Swain BE, Selby JV, Javorski WC. Diabetes management in a health maintenance organization. Efficacy of care management using cluster visits. Diabetes Care. 1999 Dec;22(12):2011-7. doi: 10.2337/diacare.22.12.2011. PMID: 10587835.
  - https://pubmed.ncbi.nlm.nih.gov/10587835/
- Trento M, Passera P, Borgo E, Tomalino M, Bajardi M, Cavallo F, Porta M. A 5-year randomized controlled study of learning, problem solving ability, and quality of life modifications in people with type 2 diabetes managed by group care. Diabetes Care. 2004 Mar;27(3):670-5. doi: 10.2337/diacare.27.3.670. PMID: 14988283.
  - https://pubmed.ncbi.nlm.nih.gov/14988283/
- https://www.nhs.uk/conditions/
- Eisenstat S, Lipps A et al. Putting Group Visits into Practice. A practical overview to preparation, implementation, and maintenance of group visits at Massachusetts General Hospital (a guidebook). Massachusetts General Hospital John Stoeckle Center, Boston, MA: 2012.
- https://www.cms.gov/medicare/quality/value-based-programs
- https://qioprogram.org/
  - https://www.youtube.com/watch?v=3iXVJSc6TUg&t=305s&ab\_channel=QIOProgram
  - <a href="https://www.youtube.com/watch?v=00S8l-z8vJ8&ab\_channel=QIOProgram">https://www.youtube.com/watch?v=00S8l-z8vJ8&ab\_channel=QIOProgram</a>
- <a href="https://connect.lifestylemedicine.org/viewwebinar/13group-visits-leveraging-time">https://connect.lifestylemedicine.org/viewwebinar/13group-visits-leveraging-time</a>
  - Group Visits: Leveraging Time for Clinical, Operational & Financial Success. Presented by Dr. Shilpa Saxona

## Other references

- Beck, A., Scott, J., Williams, P., Robertson, B., Jackson, D., Gade, G., Cowan, P. (1997). A randomized trial of group outpatient visits for chronically ill older HMO members: the cooperative health care clinic. Journal of the American Geriatric Society, 45:543-549. Accessible at <a href="http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.1997.tb03085.x/full">http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.1997.tb03085.x/full</a>
- Cherniack, E.P. (2014). The use of shared medical appointments in the care of the elderly. The Journal
  of Ambulatory Care Management, 37(1), 32-37. @ http://journals.lww.com/
  ambulatorycaremanagement/Abstract/2014/01000/
  The\_Use\_of\_Shared\_Medical\_Appointments\_in\_the\_Care.5.aspx
- Eisenstat, S., Siegel, A.L., Carlson, K., Ulman, K. (2012). Putting Group Visits into Practice, Massachusetts
  General Hospital, accessed 1-25-17 @
   <a href="http://www.massgeneral.org/stoecklecenter/assets/pdf/group\_visit\_guide.pdf">http://www.massgeneral.org/stoecklecenter/assets/pdf/group\_visit\_guide.pdf</a>
- Eisenstat, S., Carlson, K., Ulman, K. Putting group visits into practice in the patient centered medical home, [PowerPoint slides] April 2014, <a href="http://www.sgim.org/File%20Library/SGIM/Meetings/Annual%20Meeting/Meetign%20Content/AM%2014%20handouts/WE04-STEPHANIE-EISENSTAT.pdf">http://www.sgim.org/File%20Library/SGIM/Meetings/Annual%20Meeting/Meetign%20Content/AM%2014%20handouts/WE04-STEPHANIE-EISENSTAT.pdf</a>
- Guggenheim, D.A. (2017). Shared Medical Appointment Checklist, @ http://gioprogram.org/healthcare-providers