Lifestyle Medicine
Shared Medical Appointments

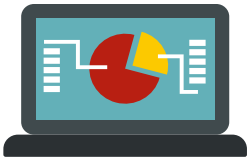
AMERICAN COLLEGE OF
Lifestyle Medicine

Introduction:

Lifestyle Medicine Shared Medical Appointments (LMSMAs) are a model of health care delivery that can address the challenges posed by chronic disease by improving access to care, reducing cost to patients and hospitals, reducing provider burnout and improving clinical outcomes. This approach is also amenable to being delivered via telehealth, offering safe, affordable, and convenient access to patients everywhere

SMA Benefits:

1. Group exposure in SMAs combats isolation, which in turn helps to remove doubts about one's ability to manage illness;
2. Patients learn about disease self-management vicariously by witnessing others' illness experiences;
3. Patients feel inspired by seeing others who are coping well;
4. Group dynamics lead patients and providers to developing more equitable relationships;
5. Providers feel increased appreciation and rapport toward colleagues leading to increased efficiency;
6. Providers learn from the patients how better to meet their patients' needs;
7. Adequate time allotment of the SMA leads patients to feel supported;
8. Patients receive professional expertise from the provider in combination with first-hand information from peers, resulting in more robust health knowledge
9. Patients have the opportunity to see how the physicians interact with fellow patients, which allows them to get to know the physician and better determine their level of trust.
10. Patients find the virtual SMA more appropriate during a pandemic; reducing personal risk.



Popular Platforms to Leverage:

A few telehealth solutions that comply with HIPAA include Fruitstreet, Microsoft Teams, DoxyMe, HealthPartners, Teladoc, Updox, VSee, Zoom (paid accounts) and Mend.

Steps to Success

Team Structure

- The health care team for a LMSMA typically consists of two to four health professionals.

The session is generally led by a physician, physician assistant (PA) or an Advanced Provider Registered Nurse (APRN) who serves as the leader. Ancillary team members such as nurses, pharmacists, medical residents, medical assistants, physical therapists, behavioral therapists, health coaches, dietitians, and social workers can also be utilized.

TIP: Have an administrator or coordinator help arrange the session, take notes, check patients in, and set up future visits.

Appointment Length

- Most SMAs are conducted over a two-hour period.
- Each SMA should include private time for each patient.

TIP: Allow private time for: focused physical examinations; to review previous test results, biometrics, goals and progress; prescribe medication; and order future lab work and other tests.

- SMAs may consist of several longer sessions or like in the case of Intensive Behavioral Therapy (IBT) for obesity up to 22 shorter sessions.
- Because lasting health behavior change can take multiple attempts over several years, patients may need to cycle through LMSMAs many times over the course of their lives..

Group Size

- Usually SMAs include around 10-12 participants for efficiency, patient participation, and financial viability.

Suitable Location

- Identify a room large enough to be comfortable for the anticipated number of patients.

TIP: A provider cannot currently bill Medicare for any patient encounters taking place at a location without an National Provider Identifier (NPI) number so the physical location should have the provider or practice name affixed to the outside of the building and an associated NPI number.

Marketing Plan

- The first plan for promotion is advertise on your website and be sure to tell your current patient roster.
- Channels for marketing may also include exam room posters, word of mouth, grand round opportunities, patient testimonials and videos, newspaper ads, as well as social media, email, and television and radio ads.

TIP: Be very clear in marketing messages about what patients can expect out of a group visit (time and resource commitment, group format and structure).

Patient Recruitment

- Use a screening process to determine if patients are appropriate candidates based on their medical conditions, needs, and stage of change. Established patients needing more time, support and education for their chronic conditions are good candidates.

TIP: Use ACLM's **Group Consent Form** prior to the first appointment

Data Collection

Collect and report data on:

- Lifestyle Medicine Vital Signs
- Clinical Outcomes
- Financial Data
- Patient Satisfaction
- Physician and Team Satisfaction
- Office Efficiency
- Health Care Utilization (hospitalizations/ER visits)

Documentation

- Document each visit in the individual patient's medical record.
- Be specific on what the physician and health care team did for each patient.

Coding and Billing

To bill for LM SMAs, providers (MD/DOs) should use existing Evaluation and Management (E&M) codes that can be found in the CPT guidelines such as 99212–99214. Select the code based on the individual visit complexity not the amount of time spent with the patient(s).

E/M: Established Problem-Focused Office Visit Codes		
Code	**Descriptor**	**Non-Facility Fees***
99212	Minimal problem-focused, 10-min	$46.13
99213	Moderate problem-focused, 15-min	$76.06
99214	Moderate-complex problem-focused, 25-min	$110.31

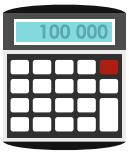
**based on CMS 2020 National Fee Schedule*

Another billing option for LMSMSAs would be to use preventive counseling codes, but be aware that there is a significant difference in payment for these codes compared to problem focused office visits. The chart below outlines the preventive codes and highlights a cost analysis of using these codes versus problem focused codes; demonstrating the amount of patients required in each group to offer comparable reimbursement to individual visits.

Option to use preventive counseling codes, but the cost difference is significant

- 99411 (0.15 wRVU) Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes
- 99412 (0.25 wRVU) Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes
- If using 99411 for a 30-min session, need 13 patients to generate similar RVUs to 2 patients with 99213 / level 3 visits / 0.97 wRVU
- If using 99412 for a 60-min session, need about 15 patients to generate similar RVUs to 4 patients with 99213 / level 3 visits
- If using 99412 for a 90-min session, need about 23 patients to generate similar RVUs to 6 patients with 99213 / level 3 visits

For more information on E&M codes, the AAFP offers a great article on how to code for better reimbursement. Centers for Medicare & Medicaid (CMS) also publishes a comprehensive guide on E & M Services.



A Note on Co-pays

According the CMS 2019 Fee Analyzer a standard E/M visit (individual or SMA) will be subject to co-pay, but if it is designated as preventive care counseling with a modifier 33 it will not be subject to co-pay or deductible. Therefore, each provider must consider what part of their SMA intervention is treatment and what is preventive care counseling. You can also choose to use the preventive care codes such as 99401-99404 or 99411-99412 that are specific to preventive care and do not need a modifier 33.

> "I have a lot of Medicare and Medicaid patients whose copay is either zero, or very minimal ($5-$20 for a visit), so they're ok attending these visits frequently. Many of my Medicare patients cannot attend a dietitian visit until they develop Type 2 Diabetes or Kidney Disease (a diagnosis of prediabetes is not currently covered by CMS for RDN visits). For those patients, seeing the RDN in an SMA format is the only way receive reputable customized nutrition and lifestyle advice. This might be a very good solution for providers in the underserved areas who need nutrition education."
>
> Privately insured patients tend to have larger copays, but when you take into account that several patients are going to weight loss clinics, seeing other more expensive practitioners, or buying products online it's not that expensive. The US weight loss industry is >$80 billion a year, after all.
>
> It also depends on the patient. Some are very keen on seeing a provider that they trust closely and being monitored sequentially. Many of these patients have hundreds of dollars of copays for medications such as costly insulins, GLP-1 agonists, or SGLT2 inhibitors. So, for them the idea of de-escalating/reducing the need for those expensive drugs can be a big selling point.
>
> CMS recently announced that they will be increasing the amount of reimbursement for 99213, & 99214 codes by as much as 22-26% beginning in January of 2021. This is a good opportunity for LM providers who are trying to start LMSMAs using E&M codes."
>
> – Dr. Mahima Gulati

Non-Provider Billing

Behaviorists such as dietitians, nurses, diabetes educators, physical/occupational therapists and psychologists can bill under their own NPI number using codes such as group Medical Nutrition Therapy (97804), Intensive Behavioral Therapy for Obesity (G0447), Behavioral Therapy for Cardiovascular Disease (G0446), Health and Behavior Assessment and Intervention (96164), or Diabetes Self-Management Training (G0109).

To maximize reimbursement, consider partnering with a behaviorist to help facilitate LM SMAs. The financial comparison chart below outlines how revenue can be maximized by leveraging a behaviorist.

> TIP: Work with a billing and coding expert to optimize reimbursement and, ultimately, financial viability of your practice.

Financial Comparison Chart: SMAs with behaviorist versus traditional visits

	SMA: Billing E/M Visit and DSME or MNT	**Traditional Physician Appt: DM Management Only**
Average # of Patients	10	10
Total time spent	2 hours: 1 hour for provider (1 hour for behaviorist/educator)	3.3 hours (~20 minutes per patient)
# 30 minute units of group DSME/MNT billed by program	1 x 10 patients ~$14-20 per patient	None
# of individual E/M patient visits billed by provider at typical level of service	10 x code 99214 @~$100 per patient	10 x code 99214 @~$100 per patient
Average insurance reimbursement	DSME/MNT: $140-$200 E/M: $1000/hour	DMSE/MNT: $0 E/M: $1000/3.3 hours
Total insurance reimbursement revenue	$1140-1200/2 hours	$1000/3.3 hours

Chart adapted from chart developed by Mary Ann Hodorowicz. Mary Ann Hodorowicz, RDN, MBA, CDCES, Certified Endocrinology Coder is the owner of Mary Ann Hodorowicz Consulting, LLC. She is a consultant, professional speaker, trainer, and author for the health, food, and pharmaceutical industries in nutrition, diabetes, and Medicare and private insurance reimbursement.

Health and Wellness Coaches

Health and Wellness Coaches are non-physicians certified by the National Board of Health and Wellness Coaching or National Commission for Health Education Credentialing, Inc. Coach services are typically referred by a clinician, reported by the coach in the medical record.

TIP: Just as various clinicians can be trained and certified in Lifestyle Medicine, Health and Wellness Coaches can also be trained in the principals of LM to ensure alignment with the LM clinical team. The LM coach supports clients to engage in the practices of healthy diet, regular exercise, good sleep, avoidance of risky substance use and stress management.

In 2020, the American Medical Association approved new Category III CPT codes for health and wellness coaches. The codes, outlined below, include 0593T, a group code billing that could be used for LMSMAs. All sessions must be documented in the patient's medical record.

Health and Wellness Coaching Codes:

Code	Descriptor
0591T	Health and well-being coaching face-to-face, individula, initial assessment, 60-90 min
0592T	Individual follow-up session, at least 30-min (do not report in conjunction with 96156, 96158, 98960, 0488T, 0591T)
0593T	Group of 2 or more individuals, at least 30 minutes (Do not report in conjunction with 96164, 96165, 97150, 98961, 98962, 0403T)

NOTE: Currently coaching codes are not approved by payers for reimbursement, therefore billing policies do not exist. The ACLM recommends that any providers or groups hoping to use these codes contact payer organizations to request prior authorization and reimbursement rate suggestions for these codes. This will encourage payers to realize that providers believe these services are valuable and should be reimbursed.

Deliver Virtually

Deliver LMSMAs Virtually

Virtual SMAs require minimal physical space, have more scheduling flexibility, eliminate travel time, offer new opportunities for nutrition education and culinary skill teaching, offer enhanced provider capacity and can improve clinical outcomes, while mitigating virus transmission risks and protecting patient privacy.

Medicare Virtual Visits:

CMS has released several guidelines for delivering virtual visits during the Public Health Emergency (PHE) of 2020 during the COVID-19 pandemic. Specifically, they state that to bill for telehealth services during the PHE, "the CPT telehealth modifier, modifier 95, should be applied to claim lines that describe services furnished via telehealth."

Place of Service (POS):

CMS also states: The IFC directs physicians and practitioners who bill for Medicare telehealth services to report the place of service (POS) code that would have been reported had the service been furnished in person. This will allow our systems to make appropriate payment for services furnished via Medicare telehealth which, if not for the PHE for the COVID-19 pandemic, would have been furnished in person, at the same rate they would have been paid if the services were furnished in person. POS should be 11 per current guidelines.

**For the most up-to-date Medicare rules on fee for service during COVID-19, please see the CMS web file of Frequenty Asked Questions.

Marketing Brochure

EVENT DATE
EVENT TITLE, UP TO TWO LINES

Event Description Heading

To replace any tip text with your own, just tap it and start typing. To replace the photo or logo with your own, on the Insert tab of the ribbon, just select the option you need.

Definition of Lifestyle Medicine:

Lifestyle Medicine is the use of a whole food, plant-predominant dietary lifestyle, regular physical activity, restorative sleep, stress management, avoidance of risky substances and positive social connection as a primary therapeutic modality for treatment and reversal of chronic disease.

replace with
LOGO

Doctor-led group visits allow for more time with your physician

Meet with other patients who have similar health concerns

Treatment options are addressed with attention to lifestyle choices

You Have Room for One More Here!

COMPANY NAME
Street Address
City, ST ZIP Code
Telephone

Web Address

Dates and Times

Group Medical Visit Consent and Authorization Form

Group medical visits are medical appointments conducted in a group setting in which the physician and each patient discuss the patient's personal medical condition and treatment in the presence of the group.

Because each patient will be disclosing personal health and other personal information to the group, participation in group medical visits and the release of personal health information within the group is strictly voluntary and is not required in order to receive treatment from **(INSERT PRACTICE NAME)**.

Consent, Authorization to Disclose and Confidentiality Agreement

By signing this Agreement, I consent to participate in group medical visits at _____ **(INSERT PRACTICE NAME)**. I authorize _____ **(INSERT PRACTICE NAME)** physicians/allied health professionals conducting the group medical visit in which I participate to disclose my personal health information and other private information ("Private Information") in the presence of all participants attending the group medical visit. I also agree to respect the privacy of all participants, including their family members, who attend the group medical visit by keeping their Private Information confidential and not disclosing such information. I acknowledge the possibility that my Private Information may be disclosed by other participants in group medical visits contrary to their Confidentiality Agreement, and I voluntarily assume all of the risks associated with such disclosure. I understand that I may revoke this authorization at any time by delivery of a dated and signed letter to _____ **(INSERT PRACTICE NAME)**. I understand that such revocation will not prohibit _____ **(INSERT PRACTICE NAME)** from making any disclosures already made or taking any actions already taken in reliance on this authorization prior to the receipt of such revocation. Further, I understand that such revocation will preclude my participation in additional _____ **(INSERT PRACTICE NAME)** group medical visits, but will not prevent me from receiving other types of treatment from _____ **(INSERT PRACTICE NAME)**. If not earlier revoked, this authorization will expire at the conclusion of my treatment through _____ **(INSERT PRACTICE NAME)** group medical visits.

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE INFORMATION INDICATING THE PRESENCE OF CONDITIONS INCLUDING, BUT NOT LIMITED TO, DIABETES, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, HEART DISEASE, DEPRESSION, ANXIETY, CONSTIPATION, GASTROESOPHAGEAL REFLUX DISEASE, OTHER GI CONDITIONS, KIDNEY DISEASE, OBSTRUCTIVE SLEEP APNEA, GOUT, CANCER AND ARTHRITIS.

PARTICIPANT:

_____
(SIGNATURE)

_____
(PLEASE PRINT NAME)

Date: _____/ _____/ _____

STAFF WITNESS:

_____
(SIGNATURE)

_____
(PLEASE PRINT NAME)

Date: _____/ _____/ _____

(Rev. 8-10-18)

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Sample EMR Note

Jane Smith is a 48-year-old female who participated in a shared medical visit on (date). The reason for the visit primarily focused on the control of her type 2 diabetes. She takes Metformin twice daily and her last A1c was 7.2 mg/dl. Jane has not been compliant with the diabetic diet previously recommended; she has not been exercising and has gained 6 lbs. since the last visit.

While in the group session she learned again about the importance of maintaining a diet high in plant foods, fiber, water and low in animal protein. She was also instructed on daily physical activity, both aerobic and weightlifting. Quality sleep, stress management and purposeful living were also part of the group discussion and education.

During her private time with (name of the physician / APRN) Jane expressed concern about (x/y/z). She had a focused examination which revealed (a, b, and c). The provider reviewed her last blood and other specific tests and Jane understood the results. The provider also refilled Jane's prescription for Metformin and gave her a lab slip for blood tests in three months.

The note can end with a list of the chronic conditions and risk factors being followed, the action plans for each condition, and further recommendations including the next visit appointment. Such detailed documentation reveals to anyone reviewing the medical record what the patient experienced in the group session and the details of their private session with the provider, which allows for accurate coding and billing at a level consistent with the services provided.

Endocrinology LMSMAs: A Case Study

Mahima Gulati, MD, FACE, ECNU, MSc, DipABLM
Middlesex Health Endocrinology

Mahima Gulati, an endocrinologist and Diplomate of ABLM took the initiative to start delivering SMAs in her outpatient practice at Middlesex Health. Her opinion is that LMSMAs can be done in a small, low resource outpatient setting. The SMA model has been done in outpatient settings for many years so her recommendation is that if you want to get started, just take the plunge and improve as you go based on feedback and lessons learned. She states "it doesn't take as much time as it might seem." She has found them a feasible way of delivering LM to underserved populations who would not normally have access to dietitians or behavior coaches, etc. Here are some steps she recommends to get started:

Get Leadership Support: Dr. Gulati recommends you have at least one supervisor or leader on board, to help encourage and support you as you build your program. In the beginning, it may take time to get a good workflow so someone who will understand that from a leadership perspective is key. When Mahima started on this journey, she initially reached out to the Medical Director and her team of endocrinologists stating that she wanted to offer SMAs now that she was board certified in LM as a way to bring up patient and provider satisfaction scores.

Find a location: One of the first steps she took was to secure a conference room large enough for her group visits. Now that she delivers SMAs via telehealth, space is not an issue.

Recruit Help: Having a good team is key. As the provider of the SMAs Mahima has recruited a Certified Diabetes Educator/Registered Dietitian (CDE/RD) to help offer the education component, and she also works with a Medical Assistant (MA). RDs have been doing group education visits for a long time in her hospital, and she states that they were happy to team up with the endocrinologists as a way to market their individual nutrition counseling services. Mahima works with many patients who are not covered by insurance for nutrition counseling for pre-diabetes. In the SMA scenario, if they are an established patient of Mahima's they are able to get nutrition education from the RD covered within the LMSMA.

Recruit Patients: To break even, Mahima found she needs about 8-9 patients to attend each SMA. In the first 6-12 months, there was a lot of trial and error finding proper times and general recruitment/vetting of patients. Mahima recruited many of her own patients, and also recruited from her endocrinology colleagues. She also put flyers in every patient room for more passive recruitment. Now that she has had success, many endocrinologists send their patients to her groups.

Delivery Structure: She recommends 90-minute sessions be offered monthly to start, which can be offered more frequently as resources allow and demand rises. During the in-person, SMA, she typically spends the first 15-minutes rounding with each patient. The nurse gathers the vitals, while Mahima checks heart and lung skin/legs. She uses a template for each LM visit to keep her on track. She then shares the handout(s) for the education session. She chooses topics based on what her patients are wanting to discuss, which typically include nutrition guidance, hands-on cooking, exercise prescriptions, mindfulness, restful sleep and stress reduction.

Usually, the group tests a new healthy recipe at the visits (i.e. energy balls, kale salad, smoothies). A nominal amount (approximately $20-35) is spent each month on groceries for these recipe tests.

Document: Mahima bills 99213 for each patient who attends her SMA. She estimates that she spends a total 15-30 minutes to document the visits.

Quality Improvement: As a way to continue improving her group visits, Mahima requests feedback from the patients using feedback forms. She notes that most feedback has been very positive so far,

One thing that surprised Mahima was that initially she was avoiding using the term "plant-based" in her recruitment messaging. She states "I thought this would turn people away." Now she says she has realized "it is a good marketing tool."

Downloadable Patient Handouts

Several patient education handouts are available for free download on ACLM's website. Check them out in the tools/resources section of ACLM website. Login to your ACLM member account to find even more resources.

Lifestyle Medicine is the use of a whole food, plant-predominant dietary lifestyle, regular physical activity, restorative sleep, stress management, avoidance of risky substances and positive social connection as a primary therapeutic modality for treatment and reversal of chronic disease.

Resources:

Information in this toolkit was adapted from American Journal of Lifestyle Medicine article published July 30, “Lifestyle Medicine Shared Medical Appointments” https://journals.sagepub.com/doi/10.1177/1559827620943819

Why Behavior Change is so Hard: https://www.health.harvard.edu/mind-and-mood/why-behavior-change-is-hard-and-why-you-should-keep-trying

SMAs in Diabetes Care: https://spectrum.diabetesjournals.org/content/25/2/72

Realist Review on SMAs: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5291948/

SMAs and patient centered experience: https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-019-0972-1

SMAs AAFP: https://www.aafp.org/about/policies/all/shared-medical.html

SMA toolkit: https://dukepersonalizedhealth.org/wp-content/uploads/2017/05/PHP-SMA-Manual-66-interactive1.pdf

Shared medical appointments based on the chronic care model: https://www.ncbi.nlm.nih.gov/pubmed/17913775/

SMAs in the UK: https://www.rcgp.org.uk/clinical-and-research/resources/bright-ideas/shared-medical-appointments-in-the-uk-dr-rob-lawson.aspx

SMA Template: https://www.rcgp.org.uk/-/media/Files/CIRC/Bright-Ideas/SMAs-Implementation-Generic-Template.ashx?la=en

SMAs in Cancer survivorship: https://ascopubs.org/doi/full/10.1200/jop.2014.001411

MBSR and Integrative Medical Group Visits: https://www.umassmed.edu/cipc/blog/blog-posts/2018/october/mgv-gardiner/

Endocrinology Shared Medical Appointments: Boosting Revenue, Enhancing Patient Satisfaction: A Pilot From a Community Outpatient Practice https://journals.aace.com/doi/pdf/10.4158/1934-2403-26.s2.1.