Shared Medical Appointment Checklist

The checklist provides information about preparing for a shared medical appointment (SMA). The list is comprehensive and focuses on productivity and quality measures. The model may be adapted depending on size and scope of the SMA, such as for practices with medical providers alone. Dr. David A. Guggenheim was the author of this checklist.

☐ **NEEDS ASSESSMENT**

- Project Manager: Review electronic health record (EHR) data for prevalent chronic health conditions based on diagnoses, and elicit provider feedback.
- Project Manager: Review any quality metrics demonstrating need for improvement, including national data.
- Project Manager: Consider treatment of co-occurring disorders with multiple disciplines by reviewing patient data regarding substance use, mental illness, and other co-occurring conditions.
- Project Manager: Examine patient demographics, and look for specific patterns among different groups.
- Project Manager: Bring in additional support (other providers/administrators), and identify disease processes and patient demographic to be addressed by the SMA.

☐ **INITIAL PLANNING**

- Project Manager: Identify stakeholders. Staffing may include only medical providers, nursing, and support, though it is recommended that an interdisciplinary team work to address the area of need. This may include everyone from providers to reception staff.
- Project Manager: Coordinate identified team into kickoff meeting.

☐ **KICKOFF MEETING**

- Prepare relevant research, related organization practices, and SMA 101 information for stakeholders.
- Schedule kickoff meeting with stakeholders, and review prepared information and needs assessment data.
- Review benefits of SMA, clinical effectiveness, and quality outcomes; elicit feedback and modify program as appropriate.
- Set meeting schedule:
  - o Create cost analysis for planning/preparation meetings and administrative tasks, including productivity loss. This should be analyzed as relevant to the size/scope and projected revenue based on SMA reimbursement.
- It is recommended that schedule for meetings should be weekly for organizations that have not previously implemented an SMA.
- Kickoff meeting should conclude with facilitated discussion of benefits and drawbacks to SMA model, problem statement, and goal setting.

☐ **PLANNING MEETINGS**

- Regular meetings should include all stakeholders.
- It is recommended that problem statement (e.g., patients with diabetes and depression face significant health consequences if not effectively treated) and goals be set, reviewed, and modified.
- It is recommended that an attainable goal for start of SMA be set with date and time of first visit and second visit.
- Complete the following:
  - o **Purpose** of SMA: What is the reason to implement the model? What is our end goal? (e.g., lower A1C by X % for patients with diabetes mellitus (DM) and major depressive disorder (MDD))
  - o **Patients** served: What is eligibility criteria for patients served in this model? What is in scope for this project and what is outside of scope?

- o **Providers** participating: Who is part of the model? Which providers and other healthcare staff should be part of the group? (e.g., will nurses participate? Mental health providers? Nutritionists?)

- **Purpose**:
  - Set specific, measurable goal based on clinic need
  - Collect baseline data, including information relevant to proposed project, such as baseline A1C level at clinic, HTN medication adherence, etc.
  - Both global and local problem statements should be finalized.

- **Patient criteria:**
  - Criteria for participation should be set by the team, with consideration for goal of SMA. It is recommended that criteria be fixed but that during review of cases, team is flexible in determining eligibility with input from providers.
  - Data support should provide the team with a list of patients based on eligibility criteria.
  - Patients should be selected with input from an interdisciplinary team. It is recommended that everyone, including non-clinical staff who know patients well, participate in eligibility and selection process.
  - General shared medical visits may include approximately 20-25 patients, depending on reimbursement environment and preparation/administration cost coverage
  - Team should prepare for higher-than-average no-show rate for SMAs. In some cases, a 40% no-show rate should be built into the number of patients selected for participation.
    - o **No-show reduction strategy:**
      - Some organizations may choose regular SMAs to reduce no-show rates among a specific population. Patients may be identified and given access only to SMAs rather than individual visits for follow-up. Patients have the flexibility to show when they are available for the visit and not required to attend a specific slot.
      - When using this model, the team should select 50% greater the number of patients than capacity.

- **Specific participants for consideration:**
  - Medical Provider
  - Nurse
  - Medical Assistant
  - Behavioral Health Therapist
  - Psychiatry Provider
  - Dental Provider
  - Nutritionist/Dietitian
  - Exercise Consultant
  - Peers
  - Reception staff with specific knowledge

- **Scheduled session agenda:**
  - o Potential inclusion:
    - ☐ Brief visit with medical assistant – vitals, orientation
    - ☐ Brief visit with nurse – vaccines, other planned care needs
    - ☐ Brief visit with behavioral health – PHQ, suicide assessment, etc.
    - ☐ Group visit may include:
      - Nutritionist/dietician: review relevant nutrition
      - Behavioral health: motivational interviewing, identification and treatment of mental health symptoms, goal setting/SMART goals, may include psychiatry
      - Medical provider: review information that is typically provided in individual sessions; allow for group question and answer session
      - Dental provider: review relevant oral hygiene information
      - Enabling services: discuss social determinants of health and resources available to patients
      - Exercise consultant: provide exercise information as appropriate
      - Peers and other staff, such as reception staff, with topics relevant to disorders (low-cost healthy eating, cooking, grocery shopping, gym access, etc.)
  - While patients are arriving and other patients are being seen in brief sessions, it is recommended that a "partial" activity be implemented while patients wait for entire group to arrive. It may be helpful to have ice breaker activities or provide food in a learning environment with a nutritionist.

- Identify outreach champion. This may be a support staff leader or other team member who will be charged with gaining momentum among staff and patients for participation in SMA.
- Create agenda and workflow. It is recommended that workflow include consideration for any practice that continues during the SMA. If other providers are seeing patients at the same time, they should be consulted regarding workflow disruption.
- Plan for schedule blocking, rescheduling if needed, and coverage for providers participating in meeting. It is recommended that shared medical visit be scheduled for at least 2 hours, with time before and after visit for planning and debrief. Shorter time periods are acceptable for smaller groups.

- **Plan for outreach:**
  o Collect list of patients with contact information. Begin with cold calls, which should be completed by provider or support staff known to the patient. Plan script (e.g., "We are calling to invite you to a group to help you manage X with Dr. X.").
  o Patient lists should be compiled at the start of each workday. Any patient invited with an individual appointment that day should be visited by the outreach champion to "RSVP" and discuss participation.
  o Team members and outreach champion should visit staff and team meetings to promote group and discuss identified patients.
  o Signage should be used with caution, as not all patients are eligible for the group. Signage may refer patients to speak with their PCP about eligibility and participation.

- **Evaluation forms:**
  o Evaluation forms should be developed to reflect the goals of the project in terms of patient and staff satisfaction
  o Forms should evaluate both content and structure of the group.
  o Forms should be anonymous with option for patient to include contact information if they would like further follow-up.
  o Evaluations should be part of patient information packet given to patients at start of SMA.
  o It is valuable to ask whether patients plan to attend a future SMA.
  o A separate but similar evaluation form should be developed to gather information from participating staff.

- **Materials preparation:**
  o The team should identify relevant materials and organize copies of materials to be distributed to patients.
  o Materials may include:
    □ Information about specific disorders/diseases
    □ Information about access to services, including on-site referral sources such as a referral to a behavioral health
    □ Any consent forms necessary, including photo releases if photo and video equipment are used
  o Materials may also help with workflow. In some cases, it may be valuable to include an individualized "treatment card" that lets staff know of planned treatment needs. For example, the card may note whether vaccines are needed and whether a recent PHQ has been taken.
  o Materials given to patients should include an agenda.
  o Order necessary supplies, including pens and paper. Some SMAs may serve nutrition-related foods, which should be purchased by the team ahead of time.

□ **INITIAL SMA**

- **Setup and Arrival:**
  o Team meeting should occur the week of the SMA or late in the prior week.
  o The team should have blocked schedules before the SMA. It is recommended that at least 1 hour is blocked prior to the first SMA within an organization.
  o Room should be set up in a way that facilitates group interaction. It is recommended that a circular or semicircular setup be used whenever possible.

- As patients arrive, activity noted above should be implemented. Individual, private room space should be reserved for patients when seeing medical provider, behavioral health provider, medical assistant, and nurse as needed in private visits.

- **SMA:**
  - Begin by introducing team, including those who are not directly presenting as part of agenda.
  - Review current agenda and make changes as appropriate.
  - Follow agenda and ensure that patients are given time to ask questions and receive answers related to specific healthcare aim.
  - Ensure that evaluation forms are filled and collected, along with consents.
  - Patients should be informed of 2nd SMA; with this information, they may plan to attend.

- **Debrief:**
  - Debrief with staff regarding initial thoughts about structure, content, and workflow; collect this information in writing.
  - Ensure team is aware of next planning meeting.
  - Collect staff evaluation forms.

- **Evaluation:**
  - Before next planning meeting, it is important that evaluation data from patients and participating staff are reviewed, and that informal feedback is summarized
  - Data should be reviewed by the planning team and changes made to structure, content and workflow as appropriate.
  - Data should be integrated into all future planning meetings. It is recommended that senior management be presented with results of patient evaluations, along with data regarding productivity and current cost-benefit.

- **Longitudinal data and future directions:**
  - Using health information technology platforms, health outcome data should be collected from participating patients.
  - Health outcome information should be used to make data-driven decisions about direction of SMA and progress toward goals.
  - Data should be presented to organizational senior management, including deliverables.

- **Celebrate!**
  - Team members should be supported for their work. It is recommended that success be celebrated with staff.