

# Shared Medical Appointments Part 2: Operationalizing

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# Welcome



**Karen Ten Cate, MA, RD, CDE**  
Facilitator  
Quality Innovation Network-  
National Coordinating Center

- **Learning Objective:**
  - Physicians will be able to describe the planning, execution, and evaluation of successful shared medical appointments.

Slides and a recording of Parts 1 and 2  
can be found at:

[www.qioprogram.org/healthcare-providers](http://www.qioprogram.org/healthcare-providers)

# Today's Topic: Operationalizing Shared Medical Appointments (SMAs)

- Initial Planning
- Kick-Off Meeting
- Purpose
- Patients
- Providers
- Session Agenda
- Workflow and Scheduling
- Outreach
- Materials & Evaluation
- Initial SMA
- Debrief/Evaluation

# Your Speakers



**Dr. Robert Schreiber**

Medical Director EBP, Hebrew SeniorLife  
Department of Medicine  
Medical Director, Healthy Living Center of  
Excellence  
Clinical Instructor of Medicine, Harvard  
Medical School  
[rschreiber@hsl.harvard.edu](mailto:rschreiber@hsl.harvard.edu)



**Dr. David Guggenheim**

Chief Mental Health Officer  
Callen-Lorde Community Health Center  
[DGuggenheim@Callen-Lorde.org](mailto:DGuggenheim@Callen-Lorde.org)



# Identify a Champion and Other Stakeholders of the Shared Medical Appointment Initiative

- Recommend the Champion be a physician
  - Can leverage support at various levels within facility or practice
  - Has solid understanding of target population (e.g., diabetes) and care challenges
- Other stakeholders:
  - Staff (healthcare team)
  - Patients
  - Patients' family and caregivers

# Planning Team Timeline

- Team start meeting >2 months prior.
- Team meets weekly until decide:
  - Who is on planning/SMA team
  - Patient identification criteria
  - Enrollment strategy
  - Frequency of SMA sessions
  - Length of each session
  - Session structure
  - Group & 1:1 spaces

Kirsh, S., Watts, S., Schaub, K., Strauss, G., O'Day, M.E., . . . Aron, D.C. Ober, S. (2008). *VA shared medical appointments for patients with diabetes: maximizing patient and provider expertise to strengthen care management. Guide and resources for starting and sustaining successful SMAs; training manual*. U.S. Department of Veterans Affairs. Accessed 12-30-16 @ <http://www.queri.research.va.gov/tools/diabetes/shared-med-appt.pdf>

# Selecting a Group

- Select your high volume, costly patients, such as those with hypertension or obesity, or older patients with multiple comorbidities.
- Select a homogenous group. Use patient registries.
  - All adult OPs with type 2 diabetes
  - All adult OPs with CHF
  - All adults with COPD

Hibbard, J.H., Greene, J., Sacks, R.M., Overton, V., Parrotta, C. 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, <http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12545/full>

Houck, S., Kilo, C., Scott, J.C. (2003). Group visits 101, *Family Practice Management*, 10(5)66-68. Accessed 12-30-16 @ <http://www.aafp.org/fpm/2003/0500/p66.html>

# Determining Number of Patients to be in SMA Group:

- Multiply by 4 the number of pts that provider sees in 1 hour in traditional appointments (in exam room)
- Example:
  - Provider see 3 pts in 1 hour in traditional appointments
  - $3 \text{ pts} \times 4 = 12 \text{ pts}$  in SMA

# Goal of a Well-Executed SMA

Create a group situation in which members feel:

- Safe
- Bonded together as valued members of the group
- Clear on goals and expectations for themselves and others

So they can relax and concentrate on the topic and profit from the curative forces taking place in the group.

# Planning in Advance

- Planning in advance every detail of SMA by entire healthcare team is key to success.
- Seasoned SMA teams highly recommend to practice the flow of an SMA in real time before first live event.
  - To catch unexpected issues
  - To help team feel more comfortable
  - To ensure timing is intact

# Inviting the Group, 1 of 2

- Have staff invite the Group Attending
  - Send letter approximately 2 months before
  - Send another notice, 1 month before as a reminder
  - Call 1 week before to confirm
- Consistent Messaging – Use a Script
  - Identify as enhancement to regular PCP visits to increase frequency of highly customized medical care and self-management education
  - Management of no-shows, patient engagement and follow-up

# Allow Patients to Bring to SMA

- Caregiver
- Significant other who helps with patient care
- Spouse
- Other relative
- Neighbor
- Adult children

Hodorowicz, M.A., Shared medical appointments for patients with diabetes and other chronic diseases: structure, organization and insurance reimbursement for provider visit and behavior change/education intervention, presented 7-27-15.

# Identify Individual Patient Needs

- Identify patient needs prior to the visit by doing chart review:
  - Patient in need of specific screening
  - Patient in need of additional care (e.g., flu shot)
  - Patient in need of visit with behavioral health
  - Patient in need of other referrals
  - Patient demographic update at check in

# Roles of Each Team Member

Must define exact roles of each healthcare team member prior, during, & after SMA.

- RN
- Moderator (may be RN, educator)
- Provider (MD, DO, NP, PA, CNS)
- Educator

Define process and who will be responsible for each step:

- Prior to start of SMA
- 1 or 2 days before SMA
- Day of SMA
- When pts start arriving
- During SMA
- After SMA

# Room Setting

- Obtain room for SMA that is large enough to comfortably sit 10 – 12 pts in circle or semi-circle, along with moderator, provider, educator, nurse, etc.
- Chairs should be comfortable and allow for wheelchair and walker access

# Time Frame and Parts of the SMA

Time frame is typically 2 hours: 5 basic parts and 1 optional part:

1. Private triage in separate exam room by RN (either before SMA starts or during SMA)
2. Moderator (RN) part: introduction, housekeeping, review of 'rules of the road' (confidentiality, completion of forms, etc.)
3. Provider part
4. Educator part (detailed lesson plan not recommended)
5. Moderator (RN) part: Wrap-up; next SMA date

Optional: Private 1:1 time with provider

# Patient Arrival to Diabetes SMA Example

## Ask pts to arrive 20 min prior.

- Pts registered by office staff
  - Pts given a packet. See below.
  - Asked to open and complete:
    - HIPAA Notice
    - Confidentiality Agreement
    - A Diabetes Follow-Up Assessment
  - RN or MA triage patients individually
    - Does simple physical exam, takes vitals, may test BG. Best time: before or during the SMA.
    - Review data entered by pt on Diabetes Follow-Up Assessment

# Confidentiality

- Always have pts sign confidentiality agreement and medical waiver at prior to the SMA
- Also remind pts about confidentiality rules at start of each SMA

## Shared Medical Appointment Confidentiality Agreement and Medical Waiver

Each patient's participation in a shared medical appointments is strictly voluntary.

### Confidentiality Agreement:

Because shared medical appointments (SMAs) involve patients disclosing private medical and social information, all participants in a SMA – including the patient and any accompanying family members – must agree to respect the privacy of all participants and keep their information confidential.

By signing this confidentiality agreement, I assume the responsibility for keeping all information confidential.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Medical Waiver:

Payment for shared medical appointments is handled in the same manner as payment for traditional medical appointments. By participating in a SMA, patients assume responsibility for the cost of the medical services provided and any co-pays involved.

By signing this form, I assume the responsibility of paying for my group-visit medical appointment and agree to pay any co-pays and all costs associated with this medical appointment.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Eisenstat, S., Siegel, A.L., Carlson, K., Ulman, K. (2012).  
*Putting Group Visits into Practice*, Massachusetts  
General Hospital, accessed 1-25-17 @  
[http://www.massgeneral.org/stoecklecenter/assets/pdf/group\\_visit\\_guide.pdf](http://www.massgeneral.org/stoecklecenter/assets/pdf/group_visit_guide.pdf)

# Setting the Mood

- Get patients to interact through facilitation
  - Keep patients talking with one another
  - Questions/interaction aimed at facilitating/promoting peer interaction
  - Sometimes you have to work harder to get patients interacting
  - Avoid lecture style
  - Ask questions, ask for stories, rephrase question with examples
  - Keep a balance of participation from all and include the quiet

# Motivational Interviewing

- Use motivational interviewing and adult learning principles. This should help you achieve:
  - Learning outcomes
  - Behavior change outcomes
  - Clinical outcomes
  - Quality of life outcomes
  - Cost-savings outcomes
  - Satisfaction outcomes

# Facilitation Style

- Never lecture. Don't stand. (Kirsh, 2008, page 5).
- Sit with patients in semi-circle or at round table to promote:
  - Provider-patient, educator-patient partnership
  - Relationship building
  - Open communication
  - Camaraderie
  - Sharing
  - Group problem solving

# Moderator Begins SMA

- Welcomes group and introduces all team members
- Asks who will need to leave early
- Explains:
  - How and why SMA conducted
  - Housekeeping items, logistics, time frame, et.

# Provider Visit

- Individual E/M visits in front of group
- Provider addresses each pt's medical issues and educates for benefit of group...e.g., controlling high BP
- Private exam room visits may occur at same time as behavior change/education intervention
- Patient visits documented in EMR or chart at same time or right after provider furnishes individual E/M visits

# Educator Visit

- Furnishes behavior change/education intervention AFTER provider competes individual E/M visits and leaves SMA
- Welcomes group
- May discuss common social problems, prevention, etc, that are of concern
- Furnishes behavior change/education intervention topic
- Asks patients what topics they want to discuss:
  - Today
  - Next SMA visit
- May need counsel separately

# Post SMA Visit

- Provider completes unfinished documentation.
- Provider conducts team conference to “put the pieces together” ...i.e., determine each pt’s plan of care.
- Physician may be able to bill for extra time if incorporated into note and document supports the extra work.

# Evaluation & Debrief

- Patient packet should include evaluation form
- Evaluation may include:
  - Keep health literacy in mind for asked questions
  - Keep it short
  - Possible areas of evaluation:
    - Length and comfort
    - Learning objective met (did you learn something?)
    - Suggestions for future groups
- It may be helpful to debrief with participating staff and celebrate success!

# SMA Team Norms

1. Focus on being:
  - Relationship-centered and patient-centered
  - Task-oriented
2. Leader is privileged to have role
  - Group belongs to attendees
  - Group picks behavior change/education topics
3. Do not hog airways during group interaction
  - Wrap up after minute of explaining
4. Finish on time

Eisenstat, 2012.  
Kirsh, 2008.

# Common Mistakes

- Inadequate meeting room space
- Not enough team members scheduled for SMA
- Lack of administrative support
- Lack of on-going communication with staff
- Inadequate disease-specific pt registry (is database from which patients are selected for SMA)
- Inadequate data management system
- Not keeping behavior change/education intervention topics fresh
- Allowing any pt to monopolize discussion

# Common Mistakes

- Not consistently meeting SMA pt census (at least 10 pts per 2 hour SMA)
- Not overbooking for “no-shows”
- Not securing required administrative and staff support
- Poor planning
- Lack of staff training

Eisenstat, 2012.  
Kirsh, 2008.

# How Many SMAs for One Group?

- Note there is not a requirement or standard.
- Typically one SMA every 2 – 3 months as supplement to provider's traditional visits in exam room, not a replacement.
- Be aware that billing insurers for large number of provider individual E&M follow-up visits during the year can trigger an audit by insurer.

# Have further questions?



- See Dr. Guggenheim's detailed checklist & other references (next 3 slides).
- Ask the experts!
  - Dr. Dave Guggenheim  
[DGuggenheim@Callen-Lorde.org](mailto:DGuggenheim@Callen-Lorde.org)
  - Dr. Robert Schreiber  
[rschreiber@hsl.harvard.edu](mailto:rschreiber@hsl.harvard.edu)

Please click here to evaluate SMAs Part 2 -  
<https://www.surveymonkey.com/r/ZJ9JFSW>

# References, p. 1

- 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 <http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.1997.tb03085.x/full>
- 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](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 @ [http://www.massgeneral.org/stoecklecenter/assets/pdf/group\\_visit\\_guide.pdf](http://www.massgeneral.org/stoecklecenter/assets/pdf/group_visit_guide.pdf)
- Eisenstat, S., Carlson, K., Ulman, K. Putting group visits into practice in the patient centered medical home, [PowerPoint slides] April 2014, <http://www.sгим.org/File%20Library/SGIM/Meetings/Annual%20Meeting/Meetign%20Content/AM%2014%20handouts/WE04-STEPHANIE-EISENSTAT.pdf>
- Guggenheim, D.A. (2017). Shared Medical Appointment Checklist, @ <http://qioprogram.org/healthcare-providers>

# References, p. 2

- Hibbard, J.H., Greene, J., Sacks, R.M., Overton, V., Parrotta, C. 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, <http://onlinelibrary.wiley.com/doi/10.1111/1475-6773.12545/full>
- Hodorowicz, M.A., Shared medical appointments for patients with diabetes and other chronic diseases: structure, organization and insurance reimbursement for provider visit and behavior change/education intervention, presented 7-27-15.
- Houck, S., Kilo, C., Scott, J.C. (2003). Group visits 101, *Family Practice Management*, 10(5)66-68. Accessed 12-30-16 @ <http://www.aafp.org/fpm/2003/0500/p66.html>
- Kirsh, S., Watts, S., Schaub, K., Strauss, G., O'Day, M.E., . . . Aron, D.C. Ober, S. (2008). *VA shared medical appointments for patients with diabetes: maximizing patient and provider expertise to strengthen care management. Guide and resources for starting and sustaining successful SMAs; training manual*. U.S. Department of Veterans Affairs. Accessed 12-30-16 @ <http://www.queri.research.va.gov/tools/diabetes/shared-med-appt.pdf>
- May, S.G., Cheng, P.H., Tietbohl, C.K., Trujillo, L., Reilly, K., Frosch, D.L., Lin, G.A. (2014). Shared medical appointments to screen for geriatric syndromes: preliminary data from a quality improvement initiative. *Journal of the American Geriatric Society*, 62:2415-2419. Accessible @ <http://onlinelibrary.wiley.com/doi/10.1111/jgs.13142/full>

# References, p. 3

- Scott, J.C., Conner, D.A., Venohr, I., Gade, G., McKenzie, M., Kramer, A.M., . . . Beck, A. (2004). Effectiveness of a group outpatient visit model for chronically ill older health maintenance organization members: a 2-year randomized trial of the cooperative health care clinic. *Journal of the American Geriatric Society*, 52:1463-1470. Accessible @ <http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2004.52408.x/full>

## Videos:

- Creating Opportunities for Group Medical Visits by BC Video Group, <https://www.youtube.com/watch?v=mCmj2ygPeyo>
- Shared Medical Appointments, University of Virginia Health System Medical News, <https://www.youtube.com/watch?v=3Mq7Qjuuaol>
- Shared Medical Appointments a Recipe for Success, [https://www.youtube.com/watch?v=9\\_4T-Z6tWNk](https://www.youtube.com/watch?v=9_4T-Z6tWNk)
- Shared Medical Appointments Lead to Healthier Patients – Orlando Health, [https://www.youtube.com/watch?v=LC2V\\_-gc0m8](https://www.youtube.com/watch?v=LC2V_-gc0m8)
- Shared Medical Appointments (SMA) - Mind, Body, and Soul, Palo Alto Medical Foundation, <https://www.youtube.com/watch?v=lzyP1HDK9R4>
- Shared Medical Appointment Overview, Hear from Ed Noffsinger , SMA creator, and Harvard Vanguard, <https://www.youtube.com/watch?v=YUcGhfGbjSY>

# Thank you for participating!

- Let us know what you'd like to learn more about
- If you have not yet done so, please click here to evaluate SMAs Part 2 - <https://www.surveymonkey.com/r/ZJ9JFSW>
- QIN NCC email - [QINNCC@area-d.hcqis.org](mailto:QINNCC@area-d.hcqis.org)

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