Enlightening Experiences with Shared Medical Appointments

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Objectives

- Describe the power of a SMA to engage patients in behavioral modification
- Discuss SMAs meeting the four aspects of Triple Aim +1
- Identify the essential elements of the SMA model
- Provide example out comes of our SMAs

Family Health Care of Ellensburg

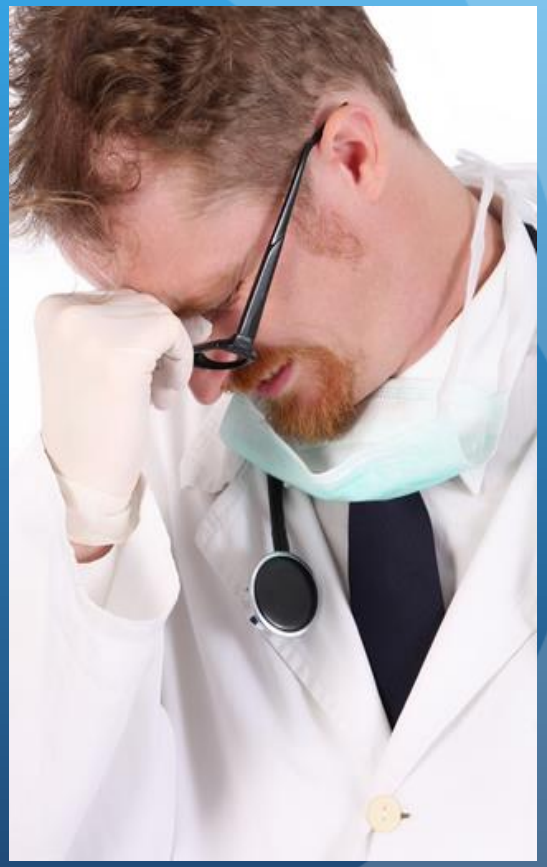
Effective Health Care Reform

- Decreased Cost of Care
- Improved Outcomes
- Improved Patient Experience
- Provider Satisfaction
- Improving our Panels Health
- More Available Care

Why SMAs?

ESTIMATES:

- 7.4 hrs/day needed to provide preventive medical care
- 10.6 hrs/day needed to provide chronic disease care for 10 conditions
    - 3.5 hours when stable



-Yarnall et al. Ostbye et al.

Growing Care Needs

- Chronic Disease
- Self-Management
- Increased Access
- Aging

Meeting Patient Care Needs

- One-on-One office visit
- 14-18 Minutes
- Only 50% Face-to-Face

- Talk Faster
- Walk Faster
- Don’t Eat
- Don’t Pee
- Neglect Self/Loved Ones
- JUST BURNOUT

Why SMAs?

- "SMAs are Pure Joy." John Scott, MD
- Better Outcomes/Quality/Satisfaction
- Lower Costs/Increased Productivity
- Improved Self-Management
- Patients are a Resource in Care Delivery

Shared Medical Appointments

- Voluntary
- Interactive
- Medical Care
- Efficient
- Effective
- Fun

Why Groups Work

- **Instillation of hope:** encouragement that recovery is possible
- **Universality:** Feeling of having problems similar to others, not alone
- **Imparting information:** helpful to learn factual information from others
- **Imitative behavior:** modeling another's manners and recovery skills

- **Interpersonal learning:** Achieving greater self-awareness through group feedback on their behavior and impact on others.
- **Altruism:** Helping and supporting others
- **Group Cohesiveness:** Feeling of belonging to and valuing their group.
- **Catharsis:** relief of emotional tension by telling their story to a supportive audience, gaining relief from chronic feelings of shame and guilt.
- **Corrective recapitulation of the primary family experience:** Identifying and changing dysfunctional patterns and roles one carries out in their family.
- **Existential factors:** Learning one must take responsibility for one's own life and the consequences of one's decisions.

Evaluations: What Did You Like Best?

"Knowing I am not alone"

"More informative"

"Receive a better understanding"

"Others experience is interesting and valuable"

"Comparison of individual labs and stats"

"Comparison of previous visit progress and correlation"

"See changes compared to time of the year"

"More time with my provider"

"Opportunities to ask questions"

"Thank you for inviting me--I left more hopeful"

"Motivational"

"Peer pressure: good to share and compare"

"I learned from the experience of others"

"Supportive"

"Dr. Haney's willingness to share his information"

"I feel the care in the room"

"Atmosphere"

"Shared problem forum"

"Meet people"

"Relaxed feeling and setting"

"I Love This!"

Paradigm Change

- Caregivers depart from paternalistic care
- Motivational Interviewing
- Become a facilitator
  - Talk less--Use your patients as your experts (facilitate, direct and educate them to be experts)
- Care decision making steps
    - Patient first
    - Group members second
    - Provider last

Traditional SMA Types

- Continuity Models
  - CHCC
  - Centering
- On-Demand Models
  - DIGMA
  - Physicals SMA

SMA Multidisciplinary Team
Family Health Care

- Medical Provider
- Co-Facilitator
  - Documenter
  - Team Leader
  - Prep Charts
- MAs (2-3) for check-in
  - Prep charts
  - Take vitals
  - Lab reminders

SMA Process

- 6-10 patients, generally
  - Support persons welcome
  - Guest Patients (Graduates or Severe)
- 90 minutes
- Group-witnessed individual appointments
  - Note: Individual component can be private

PREP

- Schedule Appointments
- Order Labs, Images… Needed for SMA
- Remind Patient 1 Week Before of Orders Necessary for SMA
- Prep Chart (Form or EMR Note)
  - By Nurses 2 Days Prior to SMA
  - By Provider Night/Morning Prior to SMA

Start-Up Process

- Choose type of SMA(s)
  - Frequency
  - Number of active groups
- Use registry (if available) for patient eligibility
- Set target size
- Select dates and times
- Schedule SMAs
- Create Forms and EMR Templates

Required Forms

- Confidentiality
- Feedback
- Prep Forms
- Flow Sheets
- Patient Education

SMA Process

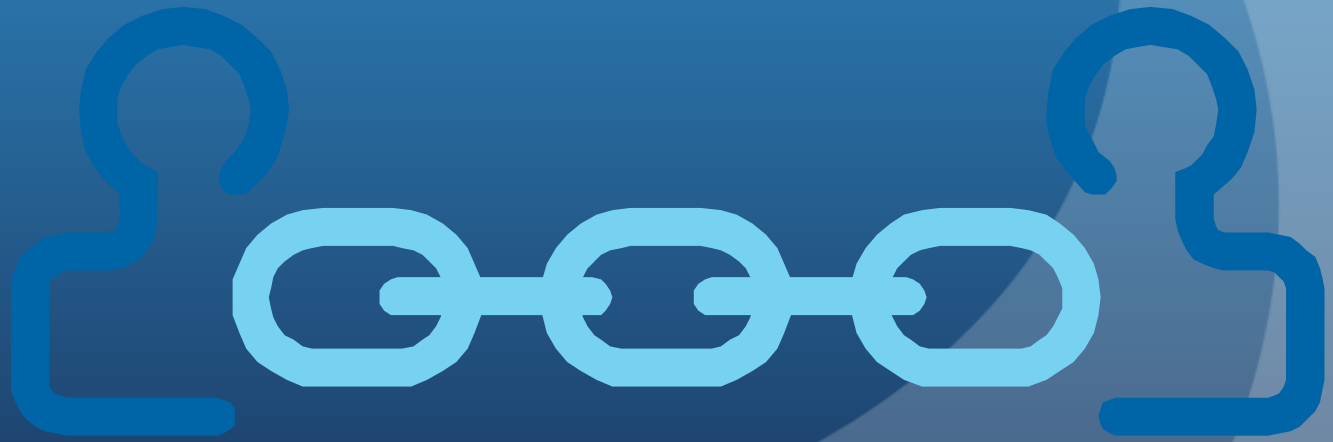
- Check-in
  - Do check-in in the group room, ideally
  - Front Desk Priority Line
- MA's
  - Chief complaint/ROS
  - Vital signs
- U seating
- Brief introductions
  - Facilitate Group Connection

Documentation/Billing Standards

- Document, code, and bill as if a one-on-one office visit

- Bill for time =

Continuity SMAs



Family Health Care of Ellensburg

Family Health Care of Ellensburg

- **Current SMAs**
  - Metabolic Syndrome
  - Diabetes
  - Pre-Diabetes
  - Annual exams
  - Welcome to Medicare
    - Medicare Wellness
- **Designed SMAs**
  - Acne
  - Well Child Checks
  - Asthma
  - ADHD
  - Pain
  - DIGMA

Continuity SMAs

- Same patients
- Group Variety is Best
  - Ages
  - Diabetic in pre-diabetic SMA
  - Complexity
- Same or similar condition
- Long-term commitment to regularly scheduled visits
  - Monthly
  - Quarterly
  - Etc.

Target Patient Population

- Low utilizers
- High utilizers

- Easy
- Difficult

- Simple
- Complicated

Continuity SMA--Typical Timing

- Group Time — 90 Minutes
  - Introductions/Socialization — 10
  - 1:1 care in group(Tx + Education) — 60
  - Questions — 15
  - Self-management goals — 5

Note: Usually integrate above schedule

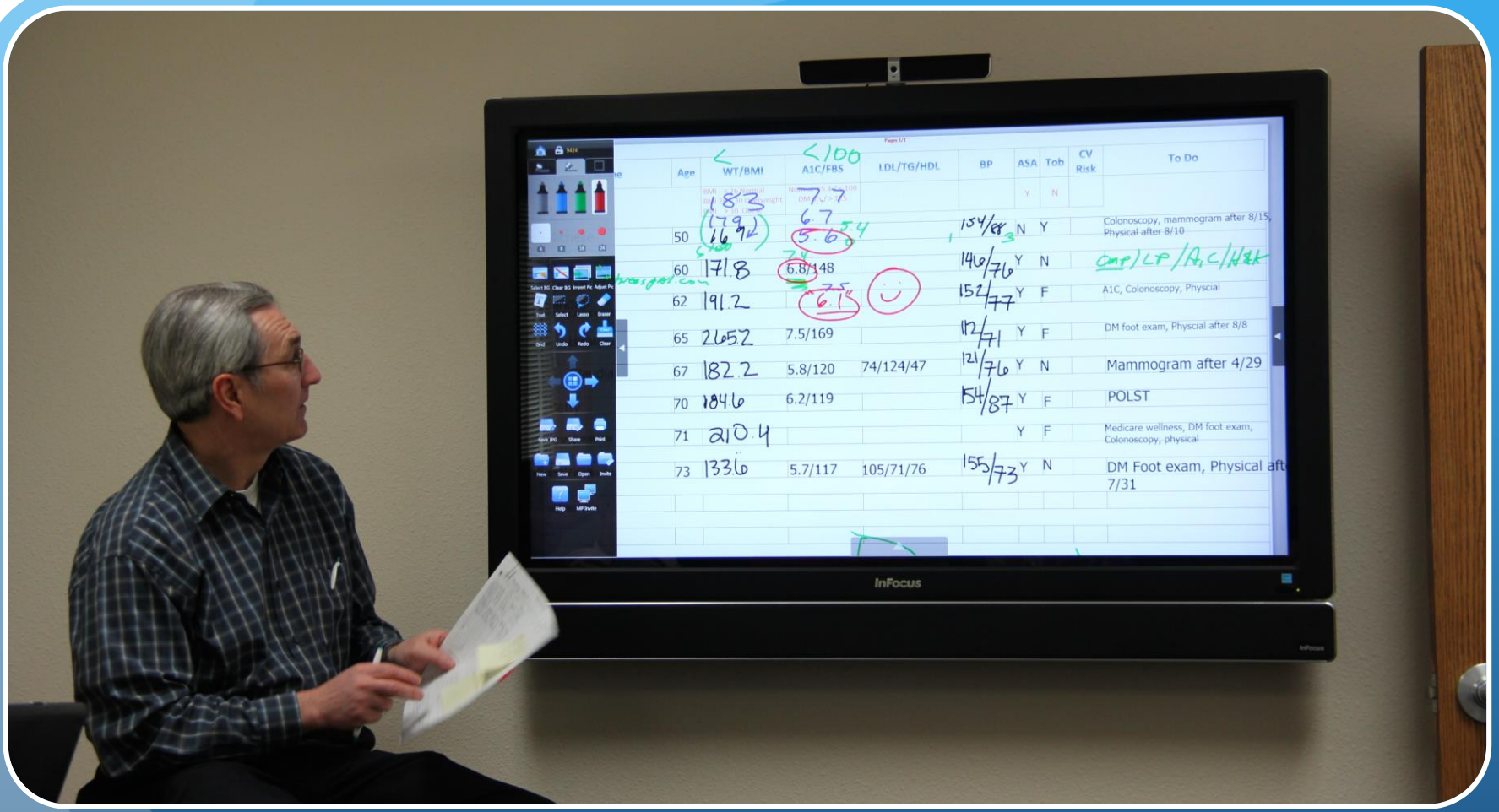
- Provider pre-work (MA assists) = 30 minutes (or less)
- Private exams can occur before/after group if needed

Process

- Introduction
- Treat
  - Patient
  - Peers
  - Providers
- Teach
- Motivational Interviewing
- HCM
- Follow Up

Byron's Tools for Successful SMA

- 23 and ½ Hours
- Self Management Binder
- App
  - Mymedschedule Mobile
  - Myfitnesspal.com
- Illustrations
  - Genetics
  - End Organ Damage
  - Body Surface Area/Body Volume Ratio (BSA/BV)
  - Walk 200-250 Min/Week
    - stop watch and calendar, fitbit
  - Cardiovascular 10 year risk Calculation
- Models
  - Vascular Arteriosclerosis Progression



White Board (Mondopad)

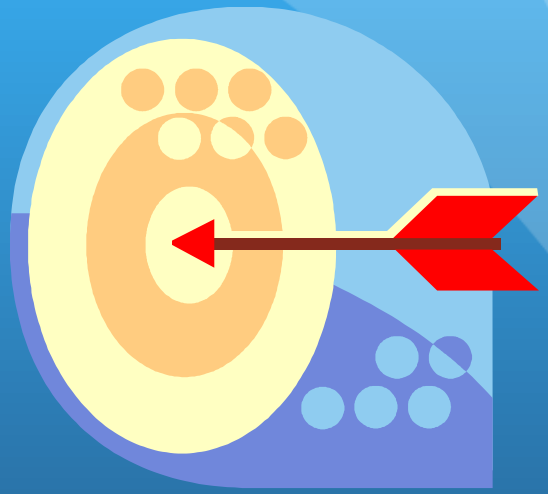
- Names and Stats in Chronological Order
- Let everyone hear and see all aspects of the SMA (Write patient information on a board; such as labs, blood pressure, weight, tobacco, plans...)

Outcomes

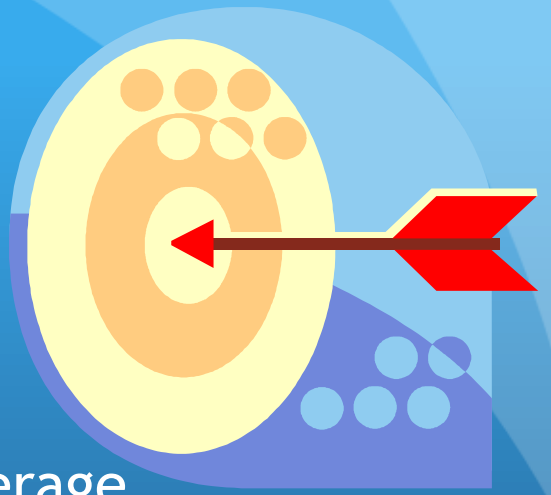
- Weight Loss/Maintenance
- Overall Improvement In Labs
- Increase in Quality Indicators
- Medications Decreased
- Infrequent No Shows
- Patients Stay Motivated
- Provider Stays Motivated
- Happier Office Staff
- Overall: Better Outcomes

Group Results

- Diabetes SMA
  - 5 People
  - Ages 56-66
  - 3 Males and 2 Females
- 112 Lbs Lost in First Year
  - Average Of 22 Lbs/Patient
- A1c Decreased to 6 Range
  - Average 1-2 Points
- Blood Pressure Returned to Goal Range
- LDL at Goal

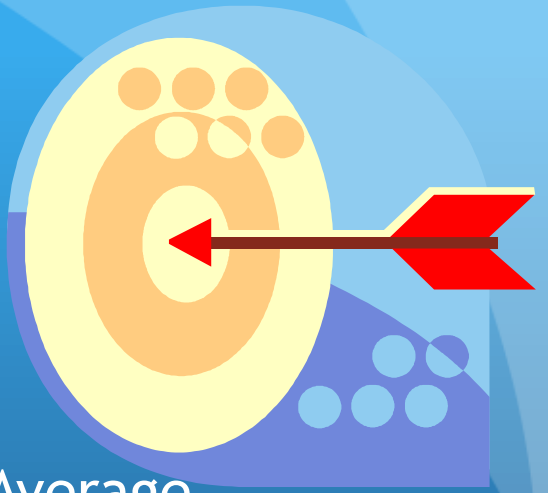


Group Results



- Diabetes SMA
  - 7 People
  - Ages 60-75
  - 1 Female, 6 Males
- Past Year, 15-pound Weight Gain Average
- First SMA Year
  - 157 Lbs *Weight Loss*, Average Of 22 Lb/ Person
  - *A1c Average* Dropped from 6.7 to 6.2
  - *LDL Average* Dropped from 104 to 72
  - *Blood Pressure Average* Dropped from 135/79 to 124/74

Group Results



- Metabolic Syndrome SMA
  - Group of 7 People
  - Ages 51-74
  - 4 Women, 3 Men

- *Pre SMA Year*- 10-pound Weight Gain Average

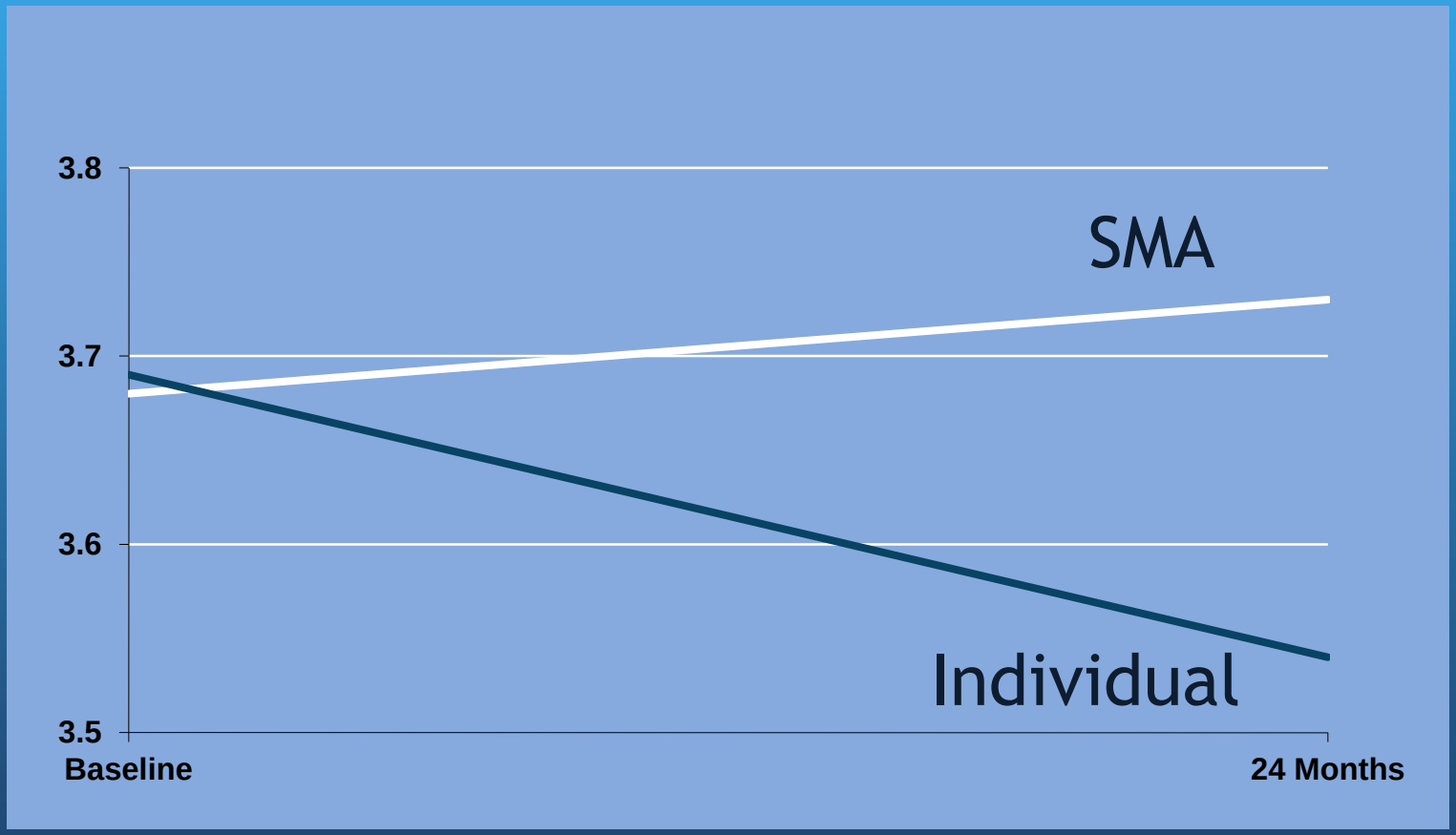
- *First SMA Year*
  - 15-pound Weight Loss Average
  - *Fasting Blood Sugar* Average Dropped from 114 to 104
  - *LDL* Average Dropped from 137 to 104
  - *BP* Average Dropped from 132/83 to 128/77

Kaiser Permanente, Seniors

- Chronically ill older adults in CHCC
  - Fewer hospital admissions (p=.012)
  - Fewer ED visits (p=.008)
  - Fewer professional services (p=.005)
  - No difference in outpatient visits

-Scott et al.

Change in Patient Satisfaction With Primary Care Physician



Scale: 1 to 4. Higher Score = Greater Satisfaction. p = .003

-Scott JC.

Kaiser Permanente, Seniors

- Better quality of life
- Decreased phone calls to clinic/month
  - 52 in usual care
  - 7 in SMA intervention

-Scott JC.

FHCOE SMA Discoveries

- Write Patient stats on the board in chronological order
  - Shows age progression of end organ destruction
- Peer influence is greater than provider influence
  - Immunizations
  - Life style change
  - Stop smoking
  - Compliance

- **Patients Share More Openly in Groups**
  - **Alcohol, Depression, Tobacco, Dietary Habits, Weight**
- **Guest Patients (Graduates or Severe) are helpful**

3 Year Follow Up
Diabetic SMA

- A1c average 6.6
  - Excludes graduated patients (no longer a diabetic)
  - Includes new to SMA and significantly uncontrolled

- 84% sustained Weight loss
  - 11.3 #
    - Includes Diabetics at target weight
    - Includes those new to SMA

3 Follow Up (continued)

- Pre Diabetic SMA
  - None have converted to diabetes **(now 6.5 years)**
- Physician Production Increased:
  - Greater the percentage of practice in SMA's
  - Despite Medicare highest percent of practice

What We Have Learned at FHCOE?

- Confidentiality concerns are overrated
- Interest in other SMAs
  - Adult obesity, childhood obesity, healthcare maintenance, well-child checks, OB, acne, tobacco, women's health issues, parenting…
- Patient willingness to continue in group even when at goal

Challenges

- Conference room needed
  - Most rooms are too small
- SMA cancelled on average once/month
  - Due to low census
- SMA-induced Hypertension

Patient Recruitment

- *Provider invitation*
  - *Essential*

Implementation

- Obtain administrative support
- Identify a champion
- Enlist enthusiastic team members
- Delegate scheduling, recruitment and other responsibilities
  - Dedicate staff time

Don’t Kill the Messenger

- SMAs amplify pre-existing weaknesses in your system
  - If your clinic does not operate as a *functional* cohesive team, then SMAs will expose this fact!

Hindrances to SMA's

- Pessimistic attitude
  - It won't work for:
    - Our facility
    - Our providers: "Dr. Haney you're just a Kobe Bryant"
    - My practice
    - Our patient population
    - Billing
- SMA initiation after SMA presentation
- "SMA's will result in paid providers without work to do"
- Minimalist physician
- No honest trial

Rewards of SMAs

- High satisfaction (all participants)
  - How satisfied were you- 4.8/5
  - How likely to return- 4.6/5
- Better outcomes/quality
- Increased productivity/Cost savings
- Empowered patients
  - Improved Self-Management
  - Less patient calls
- Unrushed time with patients

Conclusions
SMAs

- Enlightened Medical Care!
- New Design that meets Triple Aim +1
  - Improved Patient Experience of their Care
    - Quality
    - Satisfaction
  - Improved Population Health
  - Reduced per capita cost of health care
  - Returned Joy to the Provider
- Malpractice for me to go back

Questions

References

- Yarnall KS, Pollak KI, Ostbye T, Krause KM, Michener JL. Primary care: is there enough time for prevention? Am J Public Health. 2003;93:635-641.
- Ostbye T, Yarnall KS, Krause KM, Pollak KI, Gradison M, Michener JL. Is there time for management of patients with chronic diseases in primary care? Ann Fam Med. 2005;3:209-214.
- Yalom I. *The Theory and Practice of Group Psychotherapy.* New York: Basic Books;1995.