Shared Medical Appointments OK With Patients

Norra MacReady

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Shared medical appointments (SMAs) are associated with a higher level of overall patient satisfaction compared with usual care, a new study shows. However, usual-care patients indicated greater satisfaction in their communication with their personal physician, Leonie Heyworth, MD, MPH, from the Veterans Administration Boston Healthcare System, Jamaica Plain, Massachusetts, and colleagues write in an article published in the July/August issue of the *Annals of Family Medicine*.

"Our study confirms and extends prior literature demonstrating that patient satisfaction outcomes are often mixed despite concerted efforts geared toward improving the patient experience," Dr. Heyworth and colleagues write.

SMAs have been proposed as a way of improving cost, access, disease-management outcomes, and patient care, the authors explain. The SMA model has gotten favorable ratings from patients in some subspecialty and disease-management clinics, but its acceptance in the primary care realm has not been widely studied. The authors conducted a 3-year study comparing satisfaction ratings from patients attending SMAs with those having traditional, one-on-one primary care office visits in a large, multispecialty network of practices.

The analysis included 921 patients who attended SMAs and 921 patients who had traditional office visits who completed cross-sectional surveys about their experience. All visits were with internal medicine clinicians and took place between January 2008 and December 2010. Each SMA visit lasted 90 minutes and included approximately 10 patient participants seen by a clinical team consisting of a primary care internist; a behaviorist such as a psychologist, social worker, or nurse practitioner; and a documentation specialist. The physician attended to each patient sequentially and then spent 5 to 10 minutes discussing the patient's clinical problems with the group. The behaviorists facilitated patient discussions about positive health-related behavior changes.

The SMA group consisted of 526 men (57%) and 395 women (43%) compared with 508 men (55%) and 413 women (45%) in the usual-care group. In the SMA group, there were 454 people (49%) younger than 65 years and 467 people (51%) aged 65 years or older vs 471 people (51%) and 450 people (49%) receiving usual care, respectively. The authors performed multivariate logistic regression analyses to compare responses between the groups, controlling for patient age, sex, race or ethnicity, type of insurance, use of healthcare resources, chronic conditions (diabetes, hypertension, cardiovascular disease, and tobacco use), and number of medications.

SMA patients gave higher marks to several aspects of enhanced access to care, including ability to get the desired appointment (odds ratio [OR] of rating an item as very good compared with usual-care patients, 1.49; 95% confidence interval [CI], 1.21 - 1.92; $P < .001$), convenience of office hours (OR, 1.22; 95% CI, 1.02 - 1.45; $P = .03$), and wait for laboratory tests (OR, 1.49; 95% CI, 1.21 - 1.92; $P = .03$). They also indicated greater overall satisfaction with the care provided during their visit (OR, 1.26; 95% CI, 1.05 - 1.52; $P = .01$).

However, people with usual-care appointments indicated greater satisfaction with personal physician communication, including the clinician's explanation of the problem or condition (OR of SMA patients rating an item as very good compared with usual-care patients, 0.60; 95% CI, 0.50 - 0.73), information given about medication (OR, 0.64; 95% CI, 0.54 - 0.77), time the clinician spent with the patient (OR, 0.52; 95% CI, 0.50-1.60), and clinician's expressions of concern (OR, 0.58; 95% CI, 0.50 - 1.70; $P < .001$ for all comparisons).

Some evidence suggested that familiarity with the SMA experience bred greater satisfaction. In an analysis restricted to SMA patients, those who had attended 2 or more SMAs reported higher levels of overall satisfaction compared with patients attending 1 SMA (adjusted OR, 1.86; 95% CI, 1.39 - 2.48; $P < .001$), as well as measures of clinician communication, including the clinician's explanation of the problem or condition (OR, 1.58; 95% CI, 1.17 - 2.14; $P = .003$), information given about medication (OR, 1.54; 95% CI, 1.16 - 2.03; $P = .003$), time the clinician spent with the patient (OR, 1.58; 95% CI, 1.17 - 2.12; $P = .002$), and clinician's expressions of concern (OR, 1.63; 95% CI, 1.19 - 2.25; $P = .003$).

Despite the mixed results, the finding of greater overall satisfaction among the SMA patients could be related to their perception of greater clinician sensitivity to their needs, the authors write. The SMA model also was associated with more timely access to care. The primary care departments in this study were instructed to offer the SMA option as an alternative to routine care to patients desiring faster access. "The results of this intervention confirm that SMAs may be a potential solution among practices experiencing difficulty accommodating patients in a timely fashion."

These findings are not surprising, Edward Shahady, MD, told *Medscape Medical News*. "Greater patient satisfaction, better numbers: I've got data to support that, as do others."

Group visits are "ideal for people who are having difficulty reaching their goals," said Dr. Shahady, Medical Director of the Diabetes Master Clinician Program, Florida Academy of Family Physicians Foundation, Jacksonville. He usually recommends these visits to his diabetes patients if conventional measures at controlling parameters such as blood glucose, cholesterol, and weight have been unsuccessful. He estimates that 60% to 70% of patients take him up on the offer. In his experience, they find that sharing tips and support from people who have grappled with similar problems is more meaningful than simply being lectured to by a clinician. That is why "I invite the people who have the most difficulty gaining control," he said.

Before attending a group, patients must sign a statement agreeing not to disclose anything that is said during the visit. "After that, it takes about 3 minutes before they start spilling the beans." Patients feel comfortable discussing sensitive topics such as erectile dysfunction and are open to suggestions from other patients in the group. "To hear [the suggestions] from me, it doesn't make much sense, but to hear it from someone with a similar problem, then it starts making sense," he said.

However, Dr. Shahady questioned the way in which the study authors conducted the visits. For example, he said, including a behavioral scientist "is not a practical way to do group visits — what physician has a behavioral scientist in his or her office?" Group visits "are a great model, but you've got to do it with the resources available to the average physician." He prefers the term "group visits" because he feels this name makes it easier to bill payers.

Study limitations include the inability to compare survey respondents with nonrespondents, leading to possible nonresponse bias; a patient population that was primarily older and white; the inability to control for personality traits that might have made some patients more open to SMA participation; and the inability to generalize to smaller practices that may not have the resources to devote to fine-tuning the SMA experience.

Still, the authors conclude, "Our findings suggest greater overall patient-reported satisfaction, superior appointment access, and enhanced sensitivity to patients' needs with SMAs as compared with the traditional encounter within primary care. In an understaffed primary care system facing growing numbers of eligible patients, SMA adoption may accommodate a greater number of patients in a timely fashion."

One author has provided consulting services to Cambria Health. The other authors have disclosed no relevant financial relationships. Dr. Shahady is on the speakers' bureau for Merck and Sanofi and is on the advisory boards of Amgen and Janssen Pharmaceuticals.

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