

# Shared Medical Appointments

**Hamish Meldrum**

**Garry Egger**

**John Stevens**

# What are SMAs

Clinical care

(1:1)

1 Doc; 1 Patient

Shared Medical Appointment

1 Doc; 1 Facilitator  
6-12 patients

Group education

(1:X)

1 Educator;  
15-20 patients

**RESEARCH**

## A user assessment of the potential for shared medical appointments in Australia



**John Stevens**  
Mary-Anne Cole  
Andrew Binns  
John Dixon  
Garry Egger

**Background**  
In some countries, shared medical appointments (SMAs) have been shown to be more effective than single

**Traditionally, been on a one health practice increased**

**PROFESSIONAL**

## Shared medical appointments

### An adjunct for chronic disease management in Australia?



**Garry Egger**  
Andrew Binns  
Mary-Anne Cole  
Dan Ewald  
Yvonne Davies  
Hamish Meldrum  
John Stevens  
Ed Nofisinger

**Background**  
The incidence of chronic disease continues largely unabated in modern western societies. While the content (physiology, determinants) of these

**Incidence suggests that new approaches in primary care might also need to be considered.**

**RESEARCH**

## Patients' and providers' satisfaction with shared medical appointments

Garry Egger, John Dixon

Andrew Binns, Mary-Anne Cole, Dan Ewald, John Stevens

**W**e have previously discussed the potential of shared medical appointments (SMAs) and their possible acceptability among patients and providers.<sup>1,2</sup> SMAs (also known as group visits) are 'comprehensive medical visits

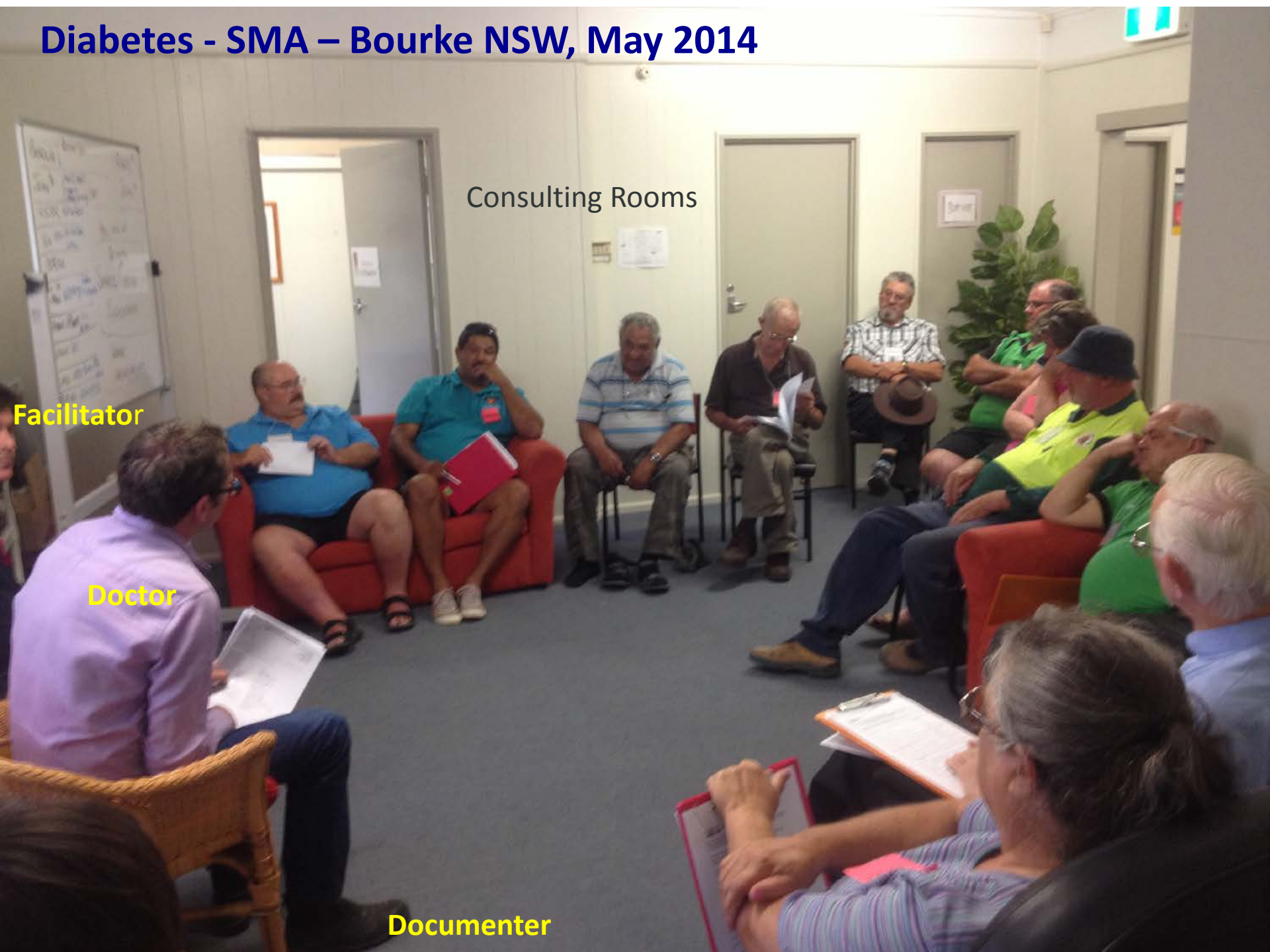
# Diabetes - SMA – Bourke NSW, May 2014

Consulting Rooms

Facilitator

Doctor

Documenter



# Shared Medical Appointments (SMAs)

**SMA TEAM**

**Doctor**

**Facilitator**

**Practice Nurse**

**Documenter**

# SMA 2014 Trial Evaluation Results

How do you rate SMAs for Type 2 Diabetes?



Would you continue to come to SMAs if these were available at your centre?



Do you think SMAs would reduce the number of other visits you would need with your doctor alone?



# SMA 2014 Trial Evaluation Preliminary Results (cont)

## What did you enjoy most about SMAs?

Having more time for asking questions



4.84

Did not enjoy at all

Enjoyed very much

Seeing the doctor more relaxed



4.64

Did not enjoy at all

Enjoyed very much

Getting support from others



4.77

Did not enjoy at all

Enjoyed very much

Hearing experiences of other patients



4.90

Did not enjoy at all

Enjoyed very much

Getting information from others



4.97

Did not enjoy at all

Enjoyed very much

# Patient Evaluations

*"It's good to hear other people's issues. It makes you realise you're not alone and you're not as bad off as you think."* 42 man with HIV, scrotum removed, cancer, etc.

*"As a result of this group I'm more aware of my condition and therefore managing it with more confidence."* 70- y.o. ex-Nurse.

*"I got so much out of this because I heard answers to questions that I always forget to ask the doctor."* Indigenous man

# Provider Evaluations

All agreed SMAs should 'decrease health costs in the long term' because:

*" (a) they lead to an increase in efficiency and (b) it helps us do health promotion/education better."* Dr Andrew Binns

Most also agreed SMAs would decrease standard medical visits:

*" If done by the patient's own GP, they would definitely decrease other visits."*

All agreed they "would like to continue running SMAs in some form in their practice'.

*"SMAs have given me a comfortable push to increase my knowledge. I talk with patients one to one. And while you always do your best it doesn't matter that much if I get my facts wrong or advice slightly off, as I won't see them again for ages – and they have no one to check with anyway. In the SMA situation you can't do that. Someone in your patient group or team are going to know more than you about some things –you can't fudge it! After the 2<sup>nd</sup> SMA I read deeply about diabetes and am continuing to do so in preparation."*



# Advantages of SMAs

## A. For Patients

- Extra time with own doctor and more relaxed pace of care;
- Peer support and feedback from patients with similar conditions;
- Answers to questions they might not have thought to ask (because others in the group ask)
- Greater self-management education and attention to psychosocial issues

# Advantages of SMAs

## **B. For Clinicians**

- Better management of waiting lists;
- Reduced repetition of information/advice;
- Can contain costs while increasing clinical income;
- A chance to get to know patients better in an interactive setting;

# Perceived Barriers to SMAs

**Barrier:** *You can't use Medicare item numbers to bill for a group consultation*

**Barrier:** *Patients will be concerned about confidentiality.*

**Barrier:** *Australians are different to Americans and are much more reticent to 'open up' in a group.*

**Barrier:** *Doctors are resistant to changing their ways after years of operating in the one fashion.*

**Barrier:** *There will be special attention from Government because of concern of over-servicing.*

**Barrier:** *There will be problems attracting patients.*

4th–6th MARCH 2016  
PULLMAN ON THE PARK  
MELBOURNE

An international,  
scientific, medical,  
allied health and  
public health multi-  
disciplinary & CPD event

### Themes:

- 'Diabetesity', metabolic and cardiovascular diseases
- Depression, mood & anxiety disorders
- The microbiome in mental health and chronic & lifestyle-related disease
- Personalised medicine: applications of the 'omics'
- Coaching to change lives: health behaviour change
- Shared Medical Appointments: a quantum leap forward

It's time  
for change:  
reframing medicine,  
clinical practice  
and health policy.

# Lifestyle Medicine 2016

AUSTRALASIA

[www.lifestylemedicine.org.au](http://www.lifestylemedicine.org.au)