SHARED MEDICAL APPOINTMENTS IMPLEMENTATION GUIDE - Part 2

SYSTEMATIC INSTRUCTIONS FOR STARTING GROUP VISITS IN THE CLINICAL SETTING
IMPLEMENTING THE GROUP VISIT PROGRAM

LAUNCHING THE PILOT SMA PROGRAM

If it is your responsibility to launch the pilot SMA program, try to begin the implementation process 10 weeks before the first scheduled group visit. At this time, you should review the following materials included with this program:

- Shared Medical Appointments Action Plan
- Shared Medical Appointments Facilitator Guide
- Shared Medical Appointments Team Training Guide
- Project Planning Templates
  - Cooperative Health Care Clinic
  - Drop-in Group Medical Appointment
  - SMA for Physician Exams (Physicals SMA)
- Patient materials (some are SMA-model specific):
  - Doctor letter(s) to patients
  - Poster templates
  - Telephone scripts
  - Patient flyers (SMA description, answers to questions about SMAs)
- CHCC-specific materials
  - Ideas for Warm-Ups at Cooperative Health Care Clinics (CHCCs)
  - Patient notebook templates (Medication Record, Patient Record of Care, Vital Signs Record)

Remember, participation by patients and providers in an SMA is voluntary. Part of your responsibility as an SMA facilitator during the time before the first group visit is to demonstrate the benefits of involvement in shared medical appointments.
KICKOFF MEETING

Once the providers who will participate in the SMA pilot have been selected, each has chosen their SMA model, and steps have been taken to customize promotional materials for participating physicians, then it’s time to hold a meeting with the entire SMA team. Following are general tasks that need to be undertaken in the lead-up to your first SMA. Refer to the Shared Medical Appointments Project Templates for model-specific tasks.

In addition to all the staff who will be present at your SMA, you might include the champion and SMA program manager (if your organization has different individuals in these roles) at your kickoff meeting. This preliminary meeting—the kickoff for the SMA program—should include the following agenda items:

- An explanation by the facilitator of the basics about group visits, their benefits, and the importance of the SMA team to the program
- The physician’s rationale and goals for his or her SMA and the SMA model to be implemented
- The scheduling of the planned SMA (day of week, time, frequency, length) and its start date
- Determination of the patient population that the physician wants to invite to group visits
- A brief explanation of team members’ roles and responsibilities
- Review of patient invitation materials and telephone scripts
- Importance of the staff in promoting the program
- Review of the agenda for the first group visit
- Review of task list and timeline (project plans)

The following tasks are assigned at the kickoff meeting:

- Scheduling the group meeting room and nearby exam room(s)
- Scheduling all team members
- Obtaining a list of potential participants
- Reviewing the lists of appropriate invitees
- Printing patient materials and office wall posters
Among the topics the SMA team should discuss are the SMA model the physician will use, the length of the group visit, and the number of patients to be included. The length of the visit will determine the optimal number of patients to attend, while the size of the group will impact space requirements.

The following general guidelines are recommended ranges for the number of attendees who should be in the group meeting\(^1,3\):

- 90-minute DIGMA: 10 to 16 patients
- 150-minute Cooperative Health Care Clinic (CHCC): 15 to 20 patients
- 90-minute SMA for Physical Exams (Physicals SMA) in primary care: six to nine patients
- 90-minute Physicals SMA in specialty care: 10 to 13 patients

Also, if the group visit program is to be successful, they should be held with adequate frequency.\(^1,3\) DIGMAs and Physicals SMAs are typically held once a week. However, they might be held more frequently if the demand is present. CHCCs for high-utilizing geriatric patients are usually held once a month. Specialty CHCCs might have longer intervals between meetings, depending on the particular needs of each patient population.\(^1,3\)
NINE TO 10 WEEKS BEFORE PILOT LAUNCH

At this time, all details of a physician’s SMA should be established. In addition, the team needs to complete its review of potential SMA patients. Keep in mind that CHCCs and DIGMAs are best suited for these target patient populations:

- Patients needing routine follow-up care, such as those who are starting a new medication or who have conditions that need to be monitored frequently
- Relatively stable, chronically ill patients who require more time with their physician and other members of the health care team for regular follow-up and who require support from other patients with the same or similar health conditions
- High utilizers or demanding patients who require a significant amount of time and who can be given the additional time and attention in a more efficient manner
- Patients with a history of not adhering to treatment recommendations who may benefit from the encouragement offered by other patients with similar experiences
- Patients with psychosocial issues and a need for information who may find the longer time spent in an SMA gives them the support and knowledge they need
- Patients who are willing to discuss their medical issues in front of other people

Typically excluded from group visits are patients who have memory or severe hearing problems (unless the session is for people who are hearing-impaired), have infectious illnesses that can be spread in a group setting, have emergency medical conditions, have difficulty with English (unless the session is for people speaking English as a second language).

SIX TO EIGHT WEEKS BEFORE PILOT LAUNCH

Key activities are to:

- Review with the physician all patient outreach materials and forms to be used for the SMA
- Have staff begin to invite and schedule patients into the SMA
- Establish the duties of all support personnel and provide them with training. Everyone involved with the SMA program needs to be familiar with the specifics of your facility’s group visits, what they are expected to do, and how results will be measured. For more information about roles and responsibilities of the SMA staff, see the Shared Medical Appointment Team Training Guide
- Discuss billing and documentation protocols with the physician
THREE TO FIVE WEEKS BEFORE PILOT LAUNCH

As your launch date approaches, hold a second meeting for the SMA team to review where you are and what is currently needed. During this period you should:

- Send out physician’s announcement letters. To achieve an optimal SMA patient population, it may be necessary to send out 300 letters
- Monitor the SMA census regularly
- Continue training of SMA team
- Order food if refreshments will be served during the SMA

ONE TO TWO WEEKS BEFORE PILOT LAUNCH

In the days leading up to launch, it is recommended that you hold a mock SMA using staff as patients. The purpose is to detect and correct any errors prior to launch. In addition, do the following:

- Hold final training for relevant support staff
- Check census daily for the first four SMA sessions
- Assemble any patient materials
- Call attendees and remind them of appointment

DAY OF FIRST GROUP VISIT

On the day your pilot SMA launches, make sure the meeting room has been prepared well in advance and has enough seating for the expected number of patients. If this is a CHCC SMA, tables can be set up in the shape of a horseshoe. If this is a DIGMA or Physicals SMA, set up the chairs in a circular or elliptical arrangement.

In all types of SMAs, patients should be encouraged to arrive 10 to 15 minutes early. Once patients check in for an SMA, they should be directed to the group room; with the Physicals SMA, early patients can be directed to as many individual exam rooms as are available, with others directed to the group room. Before the SMA starts, patients should sign a confidentiality agreement and medical disclosure form. These can be updated as needed.

Next Week:
Roles and Responsibilities- Part 3
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References


