SHARED MEDICAL APPOINTMENTS IMPLEMENTATION GUIDE - Part 1
SYSTEMATIC INSTRUCTIONS FOR STARTING GROUP VISITS IN THE CLINICAL SETTING
BEFORE YOU START

This section assumes that decision-makers in your organization have approved the launch of an SMA program. Use this guide to assist you in its systematic implementation.

In order to implement SMAs in your medical group, you will need to secure the following:

• The completed *Shared Medical Appointments Action Plan* approved by administration
• Adequate room space for six to 20 people, depending on the size and type of group visit
• Adjacent private exam rooms, where the physician can conduct necessary one-on-one examinations

Production budget for patient outreach materials (if applicable), such as brochures, wall posters, patient letters, and materials

Staff to develop and run the SMA program (indicate names, if known):

– Program champion (if applicable): ____________________________
– Physician(s): _______________________________________________
– Registered nurse/medical assistant: ____________________________
– Documenter (if applicable): _________________________________
– Meeting facilitator/staff trainer (if applicable): ___________________
– Support staff
  - Coordinator: _______________________________________________
  - Administrator: _____________________________________________
  - Scheduler: ______________________________________________

Time and place to train team members
LOGISTICS

Before you begin implementing the SMA program, also consider these logistical questions:

How are physicians involved in the early stages of implementing SMAs?

- Once your pilot is approved, it is important to work with each physician individually so as to customize an SMA to each physician’s particular situation.¹

Key questions to consider when designing a physician’s SMA are²:

What is the most pressing problem the physician is facing?

- How could an SMA help to solve this challenge?
- Which patient segment does the physician want to target? – Is it a large enough segment to assure that the physician’s regularly scheduled SMA will be filled?
- What resources are available to the physician to support implementation of an SMA?
Addressing these questions will help you select the appropriate model SMA for each physician.

**Which SMA model(s) will be appropriate for individual physicians?**

- **Cooperative Health Care Clinic (CHCC):** The same group of 15 to 20 patients meets periodically, generally monthly, with the doctor in an interactive group session.\(^1\)\(^3\) It is co-led by the physician and his or her nurse. Outside speakers address such topics as medications, nutrition, exercise, advanced directives, home safety, and the use of emergency care services.\(^2\)

  Drop-in Group Medical Appointment (DIGMA): The DIGMA model was created for different groups of 10 to 16 patients who attend a session with the physician when they need care (heterogeneous model).\(^1\)\(^2\) The DIGMA model is conducted by a multidisciplinary team that typically includes one to two nurses, a behaviorist (facilitator), a scheduler, and a documenter. Alternative DIGMA models are the homogeneous model, in which groups of patients with a similar condition attend a session with the physician when they need care, and the mixed model, which combines patients from the two groups described.\(^1\)\(^3\)

- **SMA for Physical Exams (Physicals SMA):** Physicals shared medical appointments are designed to serve patients who require timely access to a physical examination.\(^1\)\(^3\) Patients spend one-on-one time with their physician, as well as time with the whole group. Like the DIGMA, the Physicals SMA has three subtypes. Physicals SMAs target six to eight female or seven to nine male patients in primary care, and 10 to 13 patients in medical and surgical subspecialties.

**How will patients know about the group visits and their purpose?**

- Personal invitations from the patient’s own physician are considered the most effective means of recruiting SMA attendees.\(^1\) In addition, consider using posters in the office, flyers, announcements, and invitations conveying a professional image and reflecting the high-quality medical care SMAs can provide.\(^1\)

**Can patients attend voluntarily or must they be invited?**

- In many SMAs, patients are invited to participate in the SMA program in any of three ways: during routine office visits, the physician invites patients to attend an upcoming SMA; the scheduler telephones patients from the physician’s panel with a scripted invitation message; or patients receive invitations by mail and indicate an interest in participating.\(^1\) Patients may also refer themselves to an SMA after having seen posters or brochures in the physician’s office.
Who will run the SMA group visit program?

- In large organizations, a program or project manager assists the champion in the overall management of SMAs. In smaller organizations, the champion might manage the program.

What is the minimum census needed for the SMA?

A minimum census for the SMA should be established during the planning phase and then consistently maintained throughout the program. The minimum count needed for a particular SMA is determined by considering the desired increase in physician productivity. After establishing the minimum census, the physician, nurse, scheduler, champion and program coordinator should monitor the census on an ongoing basis so that sessions can be kept full.

How often will the SMA meet?

For the SMA to be successful, adequate frequency should be established during planning. The DIGMA model, which allows patients to “drop in” (after calling beforehand), and the Physicals SMA are typically held weekly or more often if needed, while the CHCC model devoted to high-utilizing patients or homogeneous populations based on medical conditions are typically held monthly.
References


