

# Shared medical appointments

A new model of care for managing chronic conditions in general practice



## Why?

Chronic conditions are the leading cause of illness and premature death in the South Eastern NSW region, and an identified health priority for COORDINARE. Prevention is key to reducing the prevalence of chronic conditions, while improving care for people who have chronic conditions can make a significant difference to their long-term health and wellbeing.

COORDINARE has an important role to play in facilitating and co-designing programs within primary care that aim to reduce the burden of chronic conditions in our region.

The SMA approach offers benefits across multiple levels:

- patients benefit from peer support, more time with the doctor, and improved health literacy
- GPs benefit from reduced repetition, improved efficiency, and multidisciplinary support
- practices benefit from reduced waiting times, increased client satisfaction, and increased team involvement.

## How?

COORDINARE is working with commissioned provider, Australasian Society of Lifestyle Medicine (ASLM), to implement SMAs as a new and innovative way to reduce the burden of chronic conditions in our region.

A 'proof of concept' trial of the use of SMAs to support improved management of obesity was run at eight medical centres on the south coast during 2018. The trial proved popular with GPs and patients, and achieved a range of positive outcomes.

Following the success of the trial, a number of medical practices are continuing to offer SMAs to their patients, while COORDINARE and ASLM are now trialling the SMA approach for two other priority health issues: smoking cessation and chronic pain management.

## What?

The Shared Medical Appointments initiative represents a new model of care for the prevention and management of chronic conditions in general practice.

Shared medical appointments (SMAs) are led by a facilitator such as a practice nurse or other allied health practitioner, who works with a general practitioner to consult with 8-12 patients at a time. Sometimes called 'group visits', SMAs are not group consultations, but rather are individual consultations conducted sequentially in a group setting. A program of education related to the health issue is also provided for the patient.

The SMA approach has been used extensively in the US to deliver effective interventions for a range of chronic conditions including obesity, type 2 diabetes, cardiovascular disease, arthritis and cancer. SMAs are not intended to replace one-on-one consultations, but to be used as an adjunct service.

The SMA model aligns with the building blocks of high performing primary care, particularly team based care and the patient/team partnership.

*“Since doing the group sessions, I’ve completely changed what I eat and have taken up a gym membership” - Paul Bushby, SMA participant.*

# Outcomes

## Proof of concept trial results

### Patient satisfaction



78% patients completed at least 4 of 6 sessions



73% would prefer SMAs to 1:1 sessions for weight control

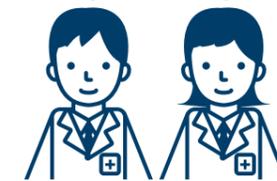


85% would recommend SMAs to others

### High level of engagement



> 250 patients



17 Health professionals (including 8 GPs)

### Improved health outcomes

32% male patients

18% female patients



achieved clinically significant weight loss

### Provider satisfaction



100% GPs and facilitators rated the notion of SMAs as 4.3 or higher, out of 5



100% indicated interest in running similar programs

### Improved practice efficiency



50% of the cost of the conventional approach



75% less time taken up

## A patient's perspective



When Shoalhaven resident Paul Bushby and his wife Sabina signed up for the trial SMA program at their local medical practice in North Nowra, they were interested but slightly non-committal.

“We wanted to be more aware about healthy living, so we thought we’d give it a go,” explains Paul.

“We ended up staying ‘til the end, and it turned out to be one of the most informative things we’d ever been to. Learning that much about eating – something you’ve been doing all your life – and how to change it for the better... it was amazing!”

Paul believes the SMA model “should be everywhere” and says the biggest benefit for him was the peer involvement and support.

“It was good to throw things around as a group,” he says. “We all felt we benefited from it.”

## A GP's perspective



Dr Jon Hoar, GP at North Nowra Medical Practice, describes being asked to participate in the trial SMA program as “a very good coincidence.”

“We were wanting to offer a lifestyle course for our patients when we found out the ASLM were looking to test a new structure. The two things came together perfectly.”

“We thought we’d do it with ASLM first, then if it worked well, we could use the structure for our own lifestyle program, which is essentially what we’re doing now,” he explains.

Dr Hoar says the SMA structure offers major benefits to GPs.

“You have the opportunity to cover a whole heap of areas that you don’t normally get to cover. It’s challenging, but it’s very enjoyable.”

“I would absolutely recommend it to others. Everybody in this practice has taken it on board in a big way.”