Background

Shared medical appointments (SMAs), or group visits (GVs), are a health care system design with the potential to improve chronic disease management and preventive care.

SMAs and group visits have been most extensively studied in diabetes, HTN, chronic conditions, and pregnancy. Previous systematic reviews have found significant improvements in HbA1C, systolic BP and equivocal cost and efficiency without specifically addressing patient/provider experience [1,2].

Objectives

Primary aim and goal: to better understand opportunities, barriers and limitations to SMAs based upon patient experience in the primary care context. Answers will guide future implementation and translational studies, in particular inclusion of SMAs within early, patient-centered, clinical experience in health professional education.

Design & Methods

Librarian-facilitated library searches conducted of PubMed, Cochrane Library, PsyCINFO, CINAHL, Web of Science, ClinicalTrials.gov, and SSRN for peer-reviewed publications published 1997 or after. We searched grey literature, non-empirical reports, social science publications, and citations from published systematic reviews. The search yielded 1359 papers, including qualitative, quantitative and mixed method studies. Categorization of the extracted data informed a narrative synthesis. A formal meta-analysis was not performed.

Quantitative evidence included controlled trials with quality assessment using Jadad Modified Score [3]. Qualitative evidence included identifiable methodology with quality assessment using Trustworthiness of Qualitative Study framework [4].

Results

Inclusions: 1) clinical intervention, 2) clinician led, 3) patient experience, 4) primary care, and 5) individual consultation. Exclusions: 1) patients < 18 years old, 2) inpatient settings, 3) substance dependence/rehabilitation treatment, 4) no treatment outcomes, 5) group living, and 6) Chronic Care Clinics.

Discussion/Conclusion

No singular model of SMA best serves all settings. Reporting of biophysical outcomes is varied, keeping with pre-existing systematic reviews of group interventions [1,2].

Evaluation of patient experience outcomes suggest benefits beyond the traditional biophysical outcomes and indicate a role for mixed-methods approaches.

This analysis demonstrates the association of SMAs/GVs with improved health outcomes and both patient and provider satisfaction. This intersection of shared well-being alongside health improvement is worthy of further evaluation to determine SMA/GV effectiveness in achieving the quadruple aim: the Triple Aim of better care, improved health, and lower costs, plus improved provider satisfaction [5].

Significance

Various models of group visits provide benefits for patient care and extend beyond the standard paradigm of measured outcomes. No prior systematic review has been performed that prioritizes patient experience outcomes for SMAs/GVs. Successful shared medical appointment implementation and further research should consider a consumer-minded approach and responsiveness to the “voice of the customer” [6,7].

References


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