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## CLINICAL COMMENTARY

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# Shared Medical Appointments: A Compendium to Implementation

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### *Introduction*

A simulation study to deliver guideline-based preventive and chronic disease care to a hypothetical patient panel estimated primary care physicians would need 26.7 hours per day: 14.1 hours for preventive care, 7.2 hours for chronic disease care, 2.2 hours for acute care, and 3.2 hours for documentation and inbox management.<sup>1</sup> It is not surprising that physicians may feel ineffective and lose professional fulfillment or their patients may complete their appointments yearning for more from their physician. All may contribute to physician burnout. The antithesis of burnout is professional fulfillment. Three pillars have been identified by the Stanford Model of Professional Fulfillment: efficiency of practice, culture of wellness, and personal resilience. Efficiency of practice is described as the workplace systems and processes that promote safe, effective, and high-quality patient care, a collegial workplace, positive communication between physicians and patients, and appropriate work-life balance.<sup>2</sup> Shared Medical Appointments (SMAs), also known as Group Medical Visits (GMVs), are an interdisciplinary care model that addresses these domains.

SMAs complement the traditional medical visit by bringing together a group of patients with similar medical conditions for an extended group appointment. These visits typically focus on providing extensive counseling and disease management that may otherwise not be feasible within time constraints of one-on-one visits. Patients also learn from one another and build self-efficacy skills.<sup>3</sup> SMAs have been successfully implemented across many major health systems, including UCLA Health, Cleveland Clinic, Sutter Health, and Massachusetts General Hospital. They have been utilized for a range of medical conditions including diabetes, pre-diabetes, obesity, multiple

sclerosis, cancer, menopause, insomnia, stress, and autoimmune disease.<sup>4,5</sup> As healthcare moves towards more integrated models of care delivery, SMAs can provide a validated means to improve efficiency, patient access, patient satisfaction, provider satisfaction, and health outcomes.<sup>6</sup>

This paper outlines the information needed to implement SMAs and is tailored to providers within the UCLA Health System.

### *SMA Design*

An SMA team typically consists of 1-3 healthcare providers. Appointments are generally led by physicians or advanced practice providers with optional contributions from dietitians, pharmacists, nurses, physical therapists, behavioral therapists, and/or health coaches.<sup>7,8</sup> Clinical administrative staff schedule patients and handle all other appointment logistics including handouts, zoom links, and consents. MAs/LVNs check-in patients, and if applicable, obtain vital signs as medically appropriate.

SMA appointments take place either in-person or virtually. For in-person appointments, a private space that does not interfere with usual patient care is required. Virtual SMAs can be conducted over Zoom with an institutional account or utilizing the CareConnect Group Visit feature. The typical appointment length is 1-1.5 hours with a group size of 8-15 patients. This combination of patients and appointment length optimizes efficiency, participation, and financial viability of SMAs.<sup>9-11</sup> Table 1 illustrates the comparison between SMAs and traditional medical appointments, controlled for time (A) and patient total (B).

**Table 1: SMA and the Traditional Medical Encounter**

Comparing SMA and Traditional Medical Encounters by Encounter Time		
	Shared Medical Appointments	Traditional Medical Appointments
Total Encounter Time	<b>1.5 hrs</b>	<b>1.5 hrs</b>
# of Patients	<b>10 to 15</b>	<b>3 to 6</b>
Additional Time to Complete Notes	<b>&lt;/= 0.5 hrs</b>	<b>Variable</b>
Typical Billing Code	<b>Level 3 (99213)</b>	<b>Level 3.8**</b>
RVU Total	<b>13 to 19.5</b>	<b>5.388 to 10.776</b>
Comparing SMA and Traditional Medical Encounters by Patient Total		
	Shared Medical Appointments	Traditional Medical Appointments
Total Encounter Time	<b>1 to 1.5 hrs</b>	<b>2.5 to 4 hrs ^^</b>
# of Patients	<b>10</b>	<b>10</b>
Additional Time to Complete Notes	<b>&lt;/= 0.5 hrs</b>	<b>Variable</b>
Typical Billing Code	<b>Level 3 (99213)</b>	<b>Level 3.8**</b>
RVU Total	<b>13</b>	<b>17.96</b>

^^ if all 10 patient encounter are 15 minutes its possible to see 10 patient in 2.5 hours. However, for a typical traditional primary care shift it is common to see 10 patients over the course of 4 hours.

\*\* The average primary care encounter code is roughly equivalent to a level 3.8 which when calculated is equal to an RVU total of 1.796 per patient.

**SMA Workflow**

A typical SMA will start with patient consent followed by the didactic component, which is an interactive lecture-style presentation. Following this, there may be a small group discussion or time for individual patients to identify their SMART\*

(Specific, Measurable, Achievable, Relevant, and Time-Bound) goals with prompting from the SMA leader. The session is then concluded and if applicable, SMART goals are collected for documentation in the electronic health record (EHR).

**Table 2: Typical SMA Workflow**



## *Patient Referral Methods*

Patients can be referred to SMAs via self-referral or provider referral. For self-referral, the patient usually learns of the SMA via word of mouth or announcement via a flier or mailer. In this scenario, the patient contacts the scheduler directly. For provider referrals, the patient is directly referred by their provider. In this situation, SMA leaders must make their SMA known to a variety of providers in the medical system or develop an EHR order to facilitate referrals.

## *Coding, Billing, and Compliance*

SMAs must be only billed as an Evaluation and Management (E/M) service and cannot be billed based on time. It must be medically appropriate for the patient to attend the SMA. Individual consent must be obtained and documented either in written form (available in UCLA forms portal) or verbally with documentation in the progress note.

SMA progress notes must document the uniqueness of each patient encounter. Unique documentation is often captured in the History of Presenting Illness (HPI) or Assessment & Plan section. Examples of this may include a particular patient's barrier to optimal disease management or a SMART\* goal developed at the end of the session.

For SMAs led by a multidisciplinary team, only one provider may bill the encounter. The level of service must reflect the medical necessity and complexity of the patient using the established outpatient visit codes 99212-99215, though a level 5 is rarely appropriate in these settings.

## *Discussion*

SMAs provide an opportunity to enhance professional fulfillment while improving the quality of patient care through in depth disease counseling. Feedback from patients attending SMAs at UCLA Health have shown high levels of satisfaction and patient activation. In some cases, patients have even formed peer community groups which have helped motivate lifestyle changes and normalize disease experiences.

From a provider perspective, SMA leaders have noted increased emotional engagement with their patients and an increased sense of personal and professional accomplishment. Providers often report a reconnection with the joy of medicine.

From a health system perspective, though SMAs utilize staff and provider time and may require physical office spaces, there are no substantial loss in RVUs, as illustrated in Table 1. Furthermore, most SMAs are done after hours or during administrative time, which does not interfere with the usual clinic schedule. Additionally, by offloading routine chronic disease management or preventative health discussions to SMAs, it is possible to free up more one-on-one appointment times thereby increasing patient access.

Overall, SMAs are an effective way to increase the efficiency of practice as identified in the Stanford Model of Professional Fulfillment, to improve patient satisfaction, and to benefit the health system through improved patient care and potential mitigation of patient access bottlenecks. As a result, SMAs should be implemented, as appropriate and desired, across the health system.

For more specific information, the authors have constructed a comprehensive UCLA SMA Practice Guide, which is available upon request.

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