

IT TAKES A TEAM

SHARED MEDICAL VISITS IN A FAMILY MEDICINE RESIDENCY

A Presentation to the MaineHealth Learning Community

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May 3, 2007

AGENDA

Shared Medical Visits

 Overview: what, why, who

 How to get started

 Setup

 The visit

 Data

 Lessons learned & pearls

 Discussion

THIS PRESENTATION WILL HELP YOU...

 Describe Shared Medical Visits

 Delineate the setup process

 Engage team members

 Identify the necessary resources

 Think about basic data

 Anticipate obstacles

Start a Group Visit!

WHO WE ARE

Maine Medical Center
Family Medicine Residency
Portland, Maine

19,000 patients

55,000 visits

21 Residents




***WHAT* ARE SHARED MEDICAL VISITS?**

A visit designed for a group of patients rather than individual provider-patient appointments

 In a supportive setting

 With patients central

 Providing extended 'face time' with provider

 Enhancing physician-patient-team relationship

***WHY* DO PATIENTS LIKE SHARED MEDICAL VISITS?**

- Support for “me” from people like “me”
- Learn new things through education and discussion
- Socialize, make new friends
- Get to know the doctor and care team better



OTHER ADVANTAGES

 Improved *provider satisfaction*

 Patient and family centered

 Peer support and shared experiences

 It's fun





 Teaches patients (and providers) how to care for themselves: it *EMPOWERS*

IT'S FUN










ADVANTAGES

Let's get concrete...







-  Efficient model of care
-  Maximizes educational time
-  Improved clinical outcomes
-  Billable service

EVIDENCE BASED OUTCOMES

-  30% decrease in emergency department use
-  20% decrease in hospital use
-  Delayed entry into nursing facilities
-  Decreased visits to sub-specialists
-  Fewer calls to nursing & providers
-  Decreased cost to health care system
-  Increased patient satisfaction








***HOW* TO GET STARTED?**

“Just Do It”

-  Choose your patient population & theme
-  Assemble a team
-  Determine the type of group format
-  Develop an action plan & timeline
-  Find the patients (10-15 is best)
-  Set a time of day and date






WHO IS APPROPRIATE?

Patients with:

-  Diabetes
-  CVD risks
-  High risk seniors
-  Asthma
-  Well child exams
-  Prenatal care
-  Chronic Pain
- Many Others***

(Sufficient health to participate)

***HOW* TO FIND THE RIGHT PATIENTS**

-  Ask the team and providers
-  Research registries, billing data, diagnoses codes
-  Posters
-  Letter to patients *signed by their PCP*
-  Confirmation call (scripted)-*always*

OUR TEAM

 Faculty physician champion

 Resident physicians

 Registered Nurse (RN)

 Medical office assistant (MA)

 Patient service representative (PSR)

 Social Worker: some groups

(Invited community members)

COMMUNITY




DATE & TIME OF DAY

-be patient centered-






 Mid afternoon for seniors

 Early evenings for working adults

 Tuesday, Wednesday, Thursday are most popular

 Saturday might work

FORMAT & AGENDA (ours)

-  Welcome & Introductions
-  The topic of the day
-  Action plans
-  Individual clinical visits
-  Wrap up





Total meeting time: 90 minutes

TOPICS

- 📄 Basic science of heart disease, HTN, diabetes, other
- 📄 Exercise, weight, diet
- 📄 Risks & warning signs
- 📄 Stress
- 📄 Medications
- 📄 Specialists: physical therapist, pharmacist, optometrist, behavioralist, trainer, dietician...
- 📄 Tobacco cessation
- 📄 Understanding personal medical information







We have a core set, and let patients choose

ACTION PLAN & TIMELINE

-  6 months ahead: decide to do a SMV
-  3 months ahead: recruit patients & team
-  1 month ahead: solidify agenda
-  1 week ahead: huddle on organization, buff the process, be solid on team responsibilities

IT'S GETTING CLOSE...

get organized

-  Design a format
-  Think about patient flow
-  Plan documentation ahead of visit
-  Discuss roles responsibilities of team
-  Be specific with an agenda (and post it!)
-  Attention to confidentiality and consents

THE VISIT DAY

 Before: arrive early, be *very* organized

 Materials: name tags, easels, agenda...

 Be clear on duties

 During the visit...

 After: clean up, then huddle


THE VISIT DAY: TEAM ROLES


 **PSR:** checks patients in

 **MA/RN**









 Vital signs

 Standards: what patient needs at time of visit

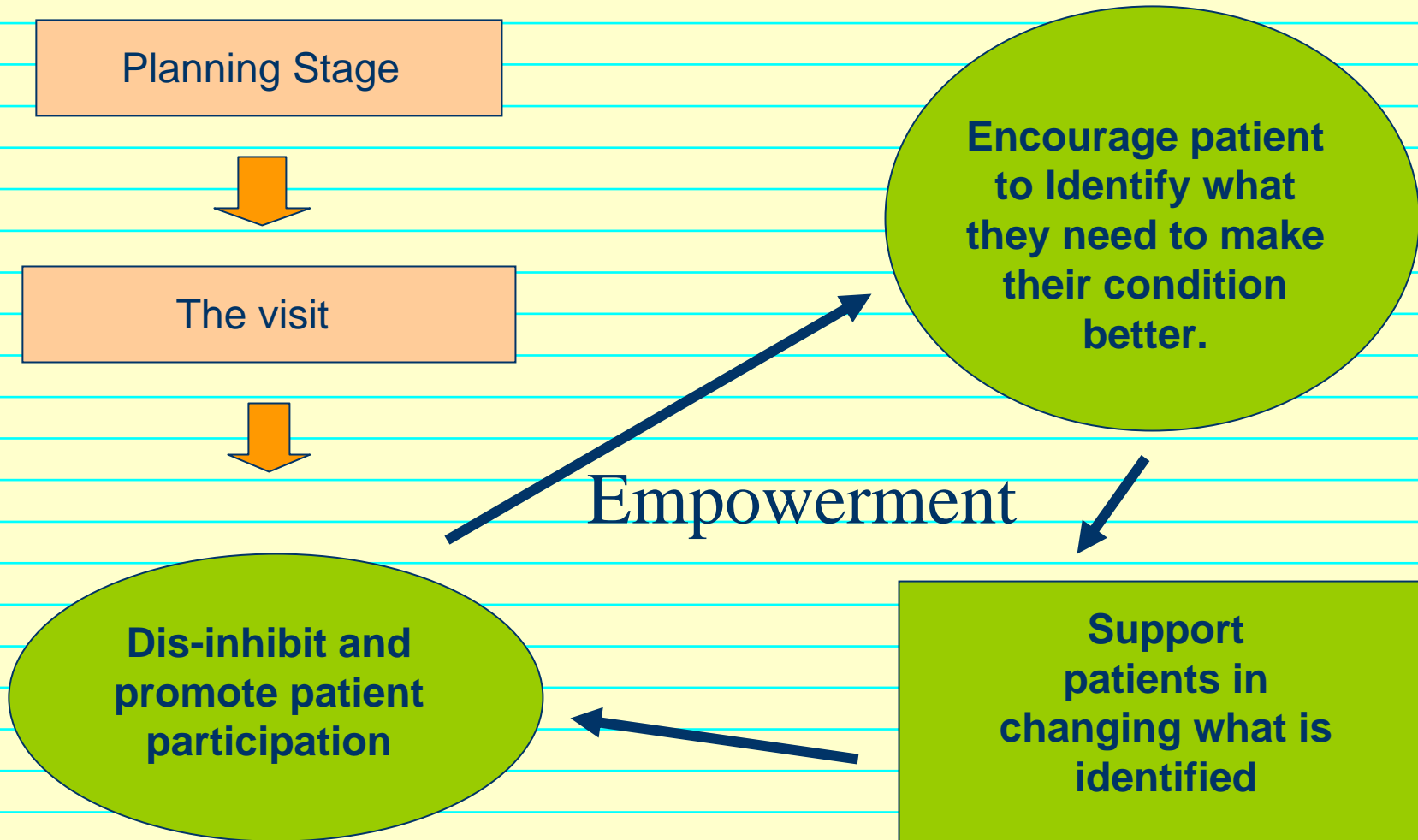
 **Group Facilitator** (may be RN/SW): talk show host strategy

 **Faculty physician & resident physician:** share the educational topic

DOCUMENTATION

-  Review the patients' charts before meeting
-  Vital signs and measurements
-  Support the level of care
 -  Group discussion
 -  Personal stories/concerns
 -  Exam
 -  Assessment and Plan
 -  Log the self-management plan!

SHARED MEDICAL VISITS: *Empowering*



THE CORE:

Self Management Goals



SELF-MANAGEMENT PLAN

- ☞ Something YOU want to do
- ☞ Reasonable (*something you can expect to be able to accomplish that week*)
- ☞ Behavior-specific (*losing weight is not a behavior; not eating after dinner is*)
- ☞ Answers the questions:
 - ✓ What?
 - ✓ How much?
 - ✓ When? (*think about your day/week, which days, times, etc?*)
- ☞ Confidence level of 7 or more

Self Management Plan

Name: _____

Date: _____

I have worked with another provider to set a goal.

What I Will Do

1

Choose One:

- Stay more physically active.
- Take my medications.
- Improve my food choices.
- Reduce my stress.
- Cut down on tobacco.
- Other: _____



Specifically I will:

(Example: Walk more.) _____

How Much/How Often

2

How much:

(Example: 20 minutes) _____

How often:

(Example: Three times a week.) _____

When:

(Example: Monday, Wednesday, Friday) _____

Confidence

3

How confident are you that you will be able to do the activity?
(Circle one. Choose an activity where you would be a 7 or above.)

0 1 2 3 4 5 6 **7** **8** **9** **10**
Not sure at all Somewhat sure Very sure

My signature _____

Healthcare provider signature _____

DATA

- 📄 Your office system design dictates possibilities
- 📄 Select simple, patient centered measures
- 📄 Think in terms of longevity of group
- 📄 Have a control group

SOME PROCESS & OUTCOME MEASURES

CARDIAC GROUP

Body Mass Index

Lipids

Blood Pressure

Aspirin

DIABETES GROUP

Hemoglobin A1C

Blood Pressure

Foot exam

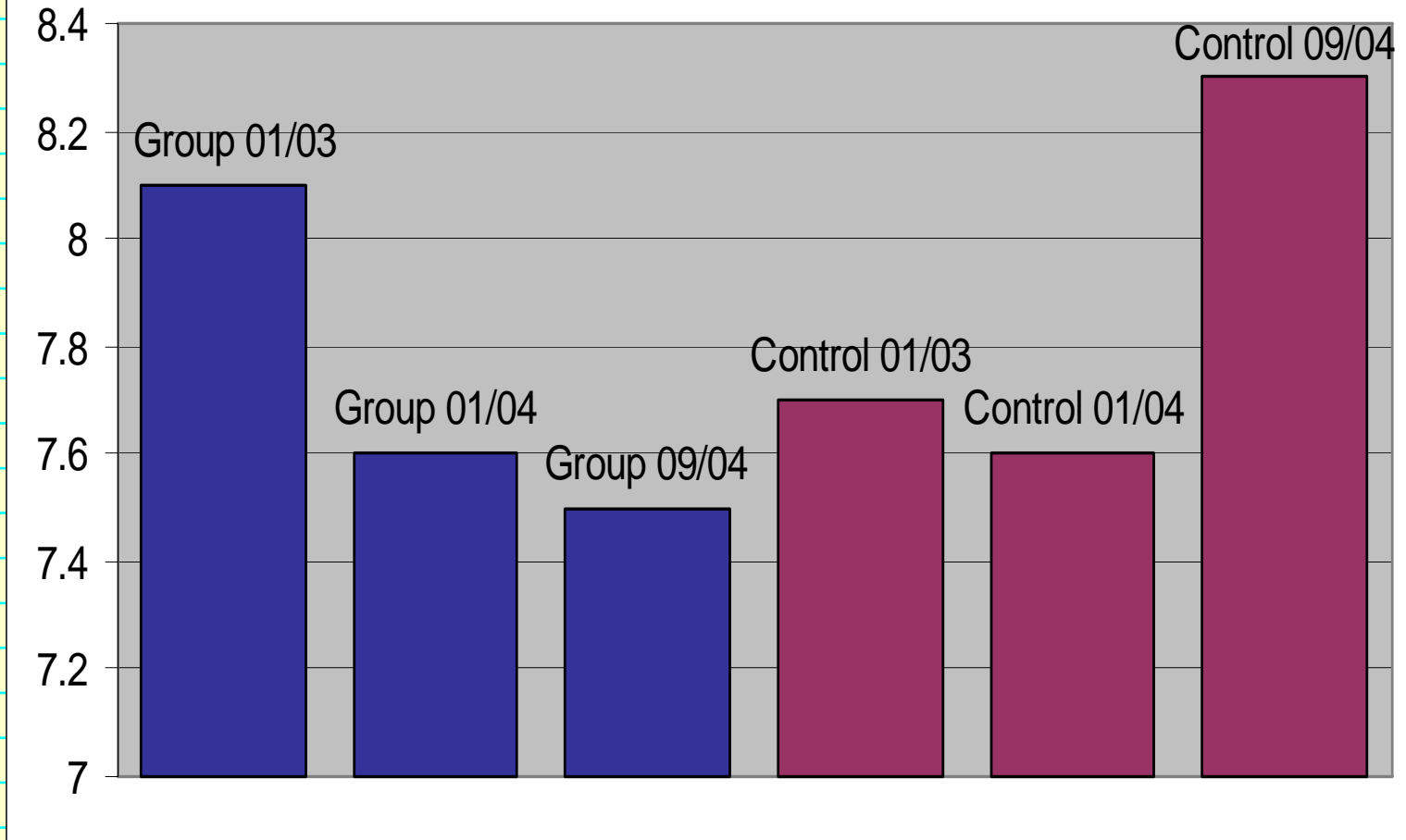
Eye exam

Lipids

Immunizations

Self management goals for all!

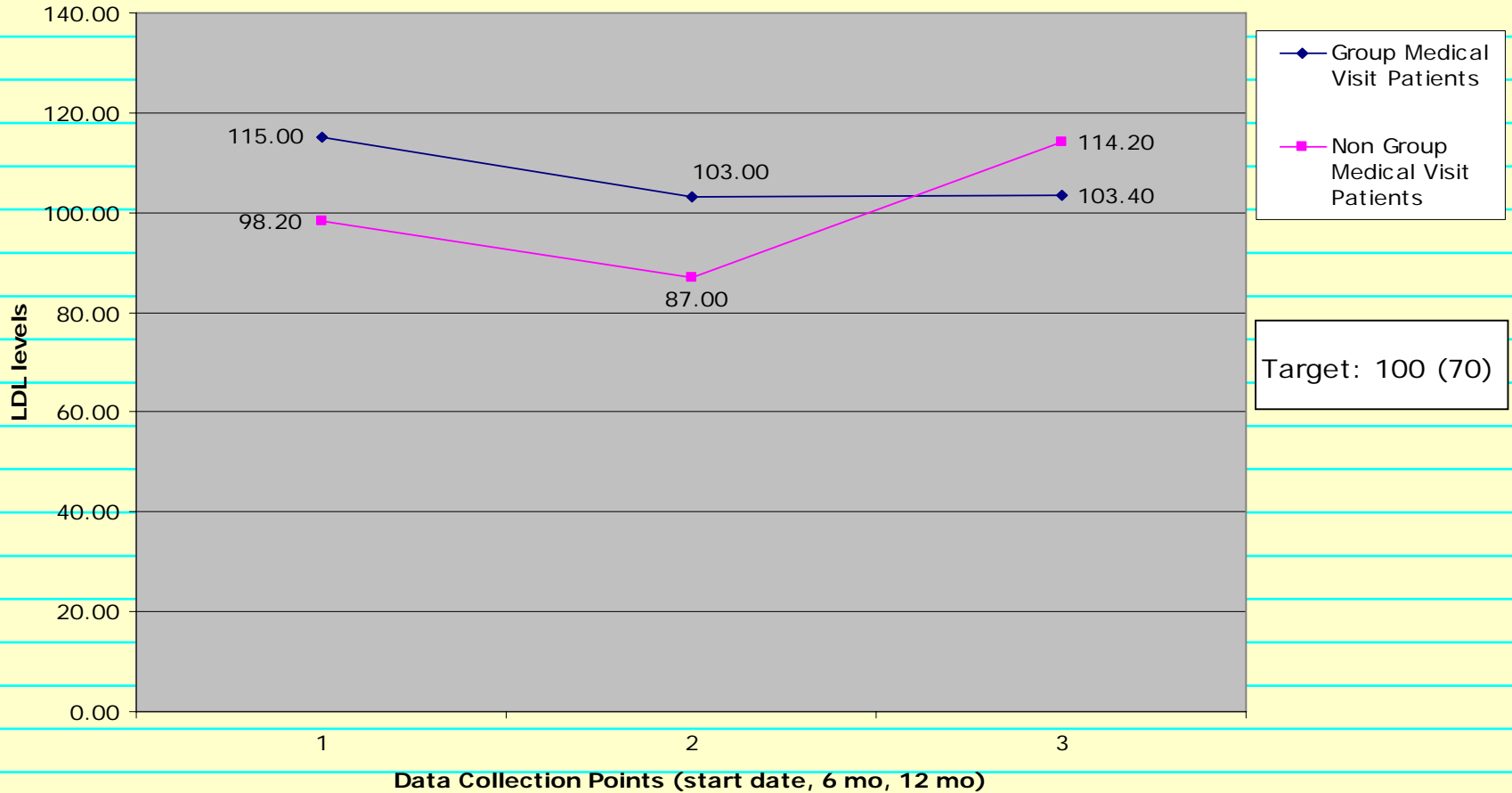
Average A1C



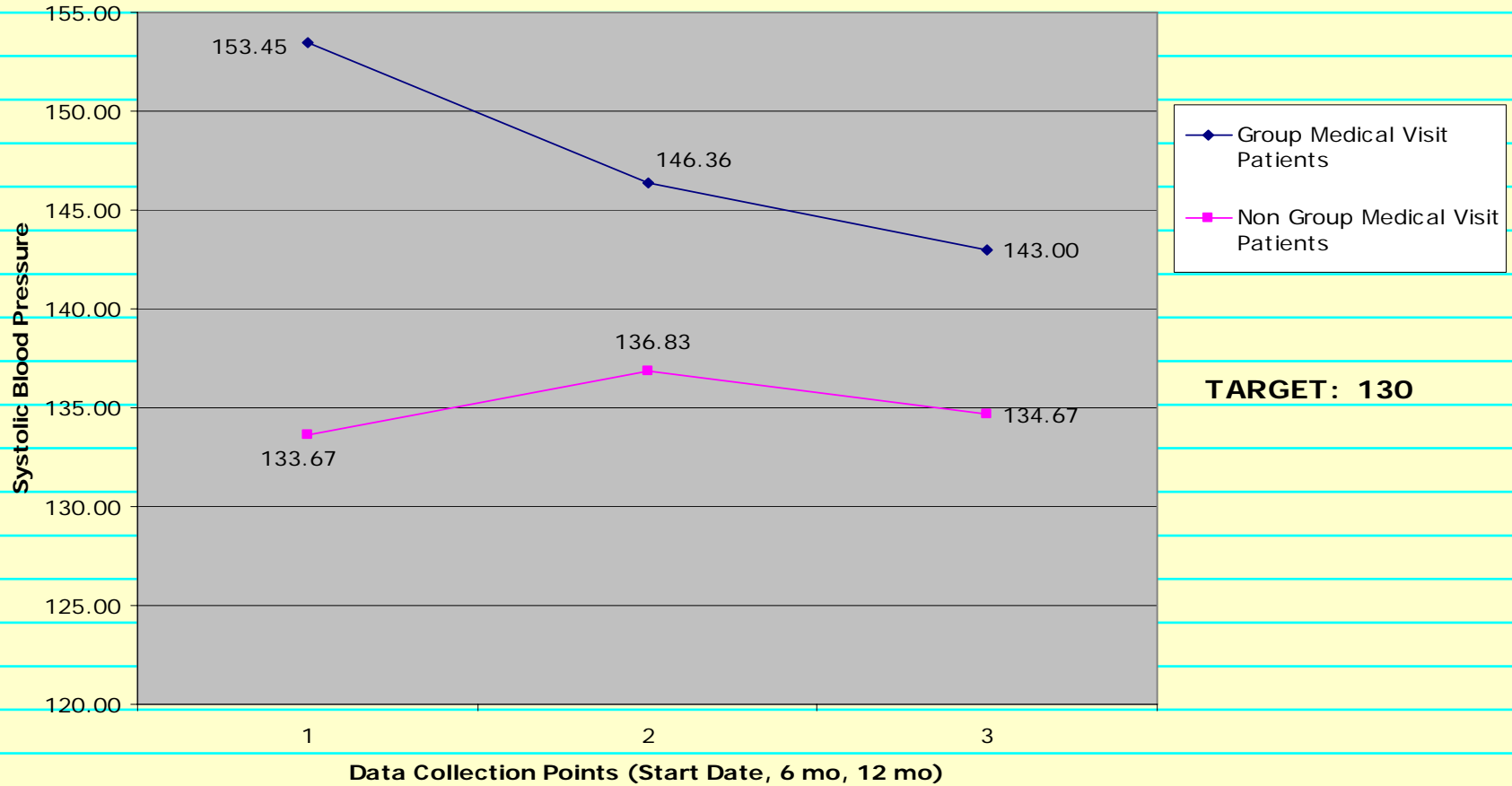
Group visit n=17

Control n=108

LDL levels in Cardiac Group Medical Visit Patients vs. Non GMV Patients




Systolic Blood Pressure in Cardiac GMV Patients vs. Non Group Medical Visit Patients



FUNDAMENTALS

 It takes a team





 Recruitment is the most difficult part

 Need to be flexible and creative: '*let go*' and allow the group process to occur

 Education must be at the patient level

 Huddles are a must

LESSONS LEARNED

-  It *empowers* a team
-  Plan ahead for schedule variations
-  Have an exit strategy
-  Be prepared for the 'individual'

HANDOUTS

 Typical agenda

 Basics of a successful action plan

 Problem solving steps

 HIPAA notice

 Confidentiality agreement

 Medical waiver

How Can We Help You Start a Shared Medical Visit?

Contact us:

 aalbej@mmc.org

 mcdonm@mmc.org