

Reducing Healthcare Costs: Shared Medical Appointments

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Healthcare costs in the United States are staggeringly high. According to Stoltzfus Jost and Pollack, “over half of all Americans without health insurance – and 20 percent of Americans with health insurance – face problems dealing with medical debt” (p. 546). The implementation of the Affordable Care Act has attempted to curtail these high costs by encouraging providers to offer care more efficiently. In recent years, many approaches have been used to decrease healthcare costs while maintaining or improving patient care and outcomes. One interesting method being employed is the use of shared medical appointments (SMAs). This paper explores the intended benefits and possible negative ramifications of the use of SMAs in actual practice.

Understanding Shared Medical Appointments

Shared medical appointments are a method of providing care in a group setting for multiple patients with similar diagnoses. In this setting, groups of patients with similar conditions receive “education and counseling, physical examination, and clinical support” provided by at least one health care provider (Kirsh et al., 2017, p. 2). Instead of each patient having an individual appointment with the health care provider, during the group appointment each patient spends time individually with the provider while also participating in group discussion surrounding the topic of the SMA (Smith & Elias, 2016). SMAs have been used in a variety of settings, including “routine care of chronic conditions, patient education, and even physical exams” (Ramdas & Darzi, 2017, p. 1105).

Intended Benefits

SMAs have many intended benefits, including cost savings for providers, offering a supportive environment for patients, offering time savings for both patients and providers, improving patient health outcomes, and benefits for specific populations.

Cost Savings for Providers

The concept of SMAs helps providers decrease costs by allowing them to see more patients in a specific time frame than they could if patients were seen individually. This can be especially beneficial for small practices as it can increase their client base and revenue (Smith & Elias, 2016). According to Ramdas and Darzi (2017), SMAs allow providers to “improve outcomes and patient satisfaction while dramatically reducing ... costs” (p. 1105). Cost decreases experienced by providers can then be passed on to patients, improving patient satisfaction with their care by increasing the likelihood they will be satisfied their healthcare dollars are being put to good use.

Supportive Environment for Patients

According to Smith and Elias (2016), “patient satisfaction with SMAs has been found to be high” (p. 491). This high satisfaction may be due to the opportunities provided to patients through the support network naturally available in a group setting. Participating in SMAs offers patients the unique and often desirable opportunity to interact with others experiencing the same medical concern or condition (Kirsh et al., 2017). This increases patients’ sense of community and support, and decreases their feelings of being broken or alone in their diagnosis. SMAs also allow for longer appointments (Kirsh et al., 2017). This is because a group of 5-10 patients can meet with the provider for a 60- or 90-minute appointment, where only 3 or 4 individual appointments could have taken place in that amount of time. Longer appointments give patients the sense that they are not being rushed out of the provider’s office.

Time Savings for Patients and Providers

As mentioned above, SMAs allow more patients to be seen in a shorter amount of time. Providers use their time more efficiently by giving information once in a group setting to 10

patients as opposed to 10 times in individual appointments. This improved efficiency translates to increased provider productivity and can even cause reduced waiting times for patients choosing not to participate in SMAs (Ramdas & Darzi, 2017).

Improved Patient Outcomes

Patient outcomes have been shown to be improved by using SMAs. In particular, McCuiston et al. (2014) cite such improvements as “reduced HbA1c and blood pressure, weight loss, and fewer hospital admissions” (p. 100). In addition, Kirsh et al. (2017) and Smith and Elias (2016) state that the use of SMAs leads to improved self-management of diseases. These improvements in outcome are significant and will ultimately lead to lower healthcare costs for both providers and patients.

Population-specific Benefits

Specific populations of patients and providers can benefit from the use of SMAs. These include language or cultural groups, patients with chronic diseases, and specialty practices.

Language or cultural groups. Patients with common language or cultural backgrounds can benefit from SMAs because discussion can be tailored to specific needs of such groups. Cultural issues that may not be evident to providers can become more visible when these groups are interacting together. In addition, patients from different language or cultural groups can often feel isolated if theirs is not the dominant language or culture in the area. According to McCuiston et al., “physicians could see the value of referring their patients to language- and culture-specific SMAs” (p. 102). Patient satisfaction with care can be expected to increase through interaction with others who share these characteristics.

Chronic diseases. SMAs have been shown to benefit populations with chronic conditions (McCuiston et al., 2014; Smith & Elias, 2016). Patients with chronic diseases often require

continuing education and support to manage their condition. This education can be provided in an SMA, allowing providers and groups of patients to discuss concerns and complications. It also allows patients to learn from questions their peers might have.

Specialties. Providers who specialize can use SMAs to increase their productivity. Provider specialization indicates that many of their patients will be experiencing the same conditions and diseases, and could therefore benefit from the use of SMAs as a forum for education about those conditions and diseases. Some specialties that have shown benefit through using SMAs include dermatology, weight loss, and urology (Rubenstein, 2014).

Possible Negative Ramifications

While SMAs offer many benefits, there are also some possible negative ramifications of their use. These include patient concerns, reimbursement issues, privacy concerns, and problems related to specific populations.

Patient Concerns

Some patients may be inclined to compare themselves to others when they attend SMAs. For some patients, it can be motivating and encouraging to see others effectively managing their condition. However, other patients may feel inadequate and less motivated to continue their efforts if they are not as successful as their peers (Kirsh et al., 2017). Care must be taken to ensure that the SMA is a positive experience for clients, rather than a forum for them to more acutely feel their failures.

Reimbursement Issues

According to Rubenstein (2014), reimbursement can be difficult to navigate. Determining how to code SMAs for individual patients can be difficult when no specific billing codes exist

that accurately portray what takes place in a group medical appointment. In addition, Rubenstein (2014) states that there are many ways providers might intentionally misuse the system:

There are areas of potential abuse, such as providers attempting to gain economic advantage by providing suboptimal resources or facilities, attempting to extract more from group visits than is commensurate with good care, forcing patients into the SMA for economic reasons, and not allowing adequate time for individual patient examinations and discussions. (p. 137)

It is important to guard against abuse of SMAs. But it is equally important that providers are accurately compensated for the care they provide to patients in this setting. These issues can be difficult to navigate.

Privacy Concerns

The nature of SNAs means that many patients will be aware of the medical conditions and private concerns of other patients. This can be concerning from a confidentiality standpoint, and must be addressed. Rubenstein (2014) suggests that participants “should sign a confidentiality waiver and Health Insurance Portability and Accountability Act (HIPAA) disclosure form” (p. 137). However, even those precautions may not be enough to allay concerns for some patients.

Negative Population-specific Impacts

Specific populations may experience negative impacts when participating in SMAs. These can include patients who are highly private or anxious, patients with diagnoses prone to stigma, patients who misunderstand the format of SMAs, and in some cases elderly patients.

High anxiety or private patients. As discussed previously, some patient personalities may not lend themselves well to SMAs. Patients who are highly anxious or particularly private

may find the group setting and communal disclosure to be more stressful than a traditional one-on-one appointment with the healthcare provider (Kirsh et al., 2017). These patients would not benefit from SMAs and should be guided to traditional individual appointments instead.

Diagnoses prone to stigma. Some conditions (especially mental health conditions and HIV/AIDS) are highly prone to stigma. Patients who attend SMAs for such conditions may find themselves in the uncomfortable position of attending an appointment with someone they know in a professional or social setting, and therefore may not feel comfortable participating (Kirsh et al., 2017). Such groups must be approached carefully to avoid adding to an already difficult diagnosis.

Misunderstandings of SMAs. Because SMAs are not as common as private appointments, patients may misunderstand what such an appointment will entail. Ramdas and Darzi (2017) explain that “patients may hesitate to participate in a shared appointment for their annual physical, imagining that they would meet fellow patients in their underwear” (p. 1107). To avoid this concern, patients need to be well-educated about what an SMA entails. Explaining the specifics of SMAs in advance can alleviate patients’ fears. For example, “in a typical shared physical for female patients at the Cleveland Clinic, the doctor performs pelvic and breast exams and discusses test results with each patient in private. The remainder of the appointment is conducted as a shared appointment” (Ramdas & Darzi, 2017, p. 1107).

Elderly. According to Heyworth et al., (2014), some studies have shown that SMAs for geriatric patients have had “mixed results” (p. 325). Such patients should be evaluated for their willingness to participate in SMAs. In addition, frequent assessments of their satisfaction and subsequent modifications to the appointments can avoid patients leaving SMAs disappointed or frustrated.

Potential Unanticipated Benefits and Consequences

In addition to the benefits and negative ramifications discussed above, there are other potential benefits and consequences that may occur due to the use of SMAs. One potential benefit is the possibility of patients referring their family or friends to the SMA provider, increasing the number of patients participating in SMAs. This increase would benefit both providers and patients by increasing the client base of the provider while improving the health status of the patients. However, a potential negative consequence related to the use of SMAs is that some patients may worry excessively about developing problems discussed by other patients in the group setting. This could lead such patients to inappropriately self-diagnose or self-treat, causing detrimental health outcomes. Care must be taken to ensure that unintended negative outcomes are recognized and remedied.

Conclusion

As consumers and providers alike attempt to decrease healthcare costs in the United States, the use of SMAs can be an effective way to provide quality care while decreasing financial impacts. SMAs have many benefits, including decreased costs, offering a supportive patient environment, saving time for both providers and patients, and improving patient outcomes. While there are some negative ramifications of SMAs, they can be effectively used for well-suited patients and conditions while traditional one-on-one appointments can continue to be utilized for others. Clearly, SMAs have their place in healthcare and can be used effectively to decrease healthcare costs while maintaining and even improving care.

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