



*“Spotlight on Improvement” highlights real stories of current efforts, including: programs being initiated; practices being implemented; and outcomes being targeted and/or achieved. They’re an opportunity for learning from others as well as a spark for further ideas on how we may work together to improve health care quality in the region.”*

## Shared Medical Appointments: An Innovative Solution

In Washington State, Ellensburg is Leading the Way

### Background

Ellensburg is located in central Washington with approximately 20,000 community members and over half of the population is part of Central Washington University, averaging close to 11,000 enrolled students each year.<sup>1,2</sup>

Family Health Care of Ellensburg began in 1990 by Dr. Byron Haney. Family Health Care is a small, independent practice with six providers, serving patients in Ellensburg and surrounding communities. Family Health Care strives to find innovative solutions that provide improved care and experience for their patients.<sup>3</sup>

### Problem: Chronic disease in an acute care system.

Providers have limited time to provide in-depth quality patient education. This is especially problematic considering the growing rates of chronic diseases that can be heavily impacted by a patient’s behavior choices. Successful patient engagement is shown to lead to improve health outcomes, yet providers struggle to find time with in short office visits.<sup>4</sup>

### Solution

Shared Medical Appointments (SMA), or Group Visits, is an innovative and efficient way to engage patients through a physician led, shared medical visit in a group setting. Patients are invited into a SMA group and patients choose to participate in the voluntary process. SMA groups often focus on education and management of a specific disease, as well as provide enhanced access to physicians and shared experiences from others in the group.<sup>5,6,7</sup>

In 2009, Family Health Care in Ellensburg started piloting SMA’s. In fact, Dr. Byron Haney has presented on SMA’s at the renowned Institute of Healthcare Improvement’s annual summit on *Improving Patient Care in the Office Practice and the Community*. Family Health Care’s SMA group sizes range from six to ten individuals with a similar diagnosis, such as prediabetes, diabetes, or metabolic syndrome, and average 90 minutes in length.

### Family Health Care’s SMA Model:

- The patient’s data, such as blood pressure, glucose, A1C, and lipid levels are presented openly on an interactive electronic screen for the group discussion. In a round robin format, the patients individually discuss their experiences, treatment, and improvement goals. Then, in a peer to peer format, other group members provide feedback from their personal experiences with the disease. Finally, the primary care provider summarizes the patient’s comments, group’s discussion, and patient’s data to provide tailored, meaningful medical advice and recommendations to the patient. This process is then repeated for each of the group members.

**The American Academy of Family Physicians endorses SMA’s as a proven, effective method and the Cleveland Clinic has offered SMA’s for over 10 years.<sup>5,6</sup>**



*Image of a Shared Medical Appointment at the Cleveland Clinic<sup>6</sup>*

## Want to recommend a program for an upcoming Spotlight?

Contact us!

Teresa Litton at  
[tlitton@WAhealthalliance.org](mailto:tlitton@WAhealthalliance.org)

## About the Alliance

The Washington Health Alliance, an Aligning Forces for Quality Community, is a non-profit made up of those who provide, pay for and use health care, working to improve quality of care at a price more people can afford. More than 165 organizations have joined the Alliance, including The Boeing Company, Starbucks, Puget Sound Energy, WA State Health Care Authority, King County and many other employers, physician groups, hospitals, consumer organizations, unions, health plans, pharmaceutical companies, associations and others.

A cornerstone of the Alliance work is the Community Checkup, a regional report to the public comparing the performance of clinics and hospitals for basic measures of quality care in Washington State.

## Results

Looking closer at two of Family Health Care's initial SMA groups, the results are impressive:

**Pre-Diabetes Group:** *Group of 7 people, ages 51-74, 4 women and 3 men*

### Year prior to SMA participation:

- Each patient gained an average of 10 lbs each

### One year follow-up:

- Average 15 lb individual weight loss
- Fasting blood sugar dropped to 104 from 114 on average
- Average LDL dropped to 104 from 137
- Blood pressure improved to 128/77 from 132/83 on average

### Five year follow-up results:

- **No one converted to diabetes**

**Diabetic Group:** *Group of 7 people, ages 60-75, 1 woman and 6 men*

### Year prior to SMA participation:

- Each patient gained an average of 15 lbs each

### One year follow-up:

- Average 22 lbs individual weight loss
- A1c dropped to 6.2 from 6.7 on average
- Average LDL dropped to 72 from 104
- Blood Pressure to 124/74 from 135/79 on average

### Five year follow-up results:

- **A1c average was maintained at 6.6** (*Excluded in this average are diabetic patients who are off diabetic medications and have a normal fasting blood sugar*)

Additionally, patient's satisfaction scores for their primary care provider showed that satisfaction levels begin roughly at the same level for SMA and non-SMA participants with traditional medical visits; however, after two years, SMA satisfaction scores for their primary care provider climbed higher while non-SMA patients scores decreased. Furthermore, when asked if they were satisfied, SMA patients self-reported 4.8 out of 5, on average.

## Challenges

New methods often bring uncertainty.

- Common concerns are around scheduling logistics, patient privacy, and reimbursement questions, though current billing codes exist.<sup>5</sup>
- Other concerns are around provider comfort in the role as a group facilitator and clinic administrator's openness to implementing the concept.

## Keys to Success

Sometimes simple solutions are the best.

- Family Health Care is a great example of how a small, independent 6 provider clinic is able to dramatically improve care for their patients by planning for success.

### For more information, contact:

**Byron Haney, MD, President**  
Family Health Care of Ellensburg  
[bhaney@fhcoe.com](mailto:bhaney@fhcoe.com)  
509.962.6348

## References

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3. Family Health Care of Ellensburg: [www.fhcoe.com/](http://www.fhcoe.com/)
4. Is there time for management of patients with chronic diseases in primary care? *Annals of Family medicine*, May 2005: [www.ncbi.nlm.nih.gov/pmc/articles/PMC1466884/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466884/)
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6. Cleveland Clinic: <http://my.clevelandclinic.org/patients-visitors/prepare-appointment/shared-medical-appointments.aspx>
7. Shared medical appointments based on the chronic care model, *Quality and Safety in HealthCare*, October 2007: [www.ncbi.nlm.nih.gov/pmc/articles/PMC2464960/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2464960/)

## Resources

SMA in the news:

- Today Show video: <http://www.today.com/video/today/53699709#53699709>
- Time article: <http://healthland.time.com/2013/08/07/need-to-see-the-doctor-you-may-have-company-on-your-next-visit/>

SMA Conference:

- **Shared Medical Appointments – The Intersection of Quality and Value, April 24-25, 2014 at Cleveland, Ohio:** [www.clevelandclinicmeded.com/live/courses/SMAchanginghealth/default.asp](http://www.clevelandclinicmeded.com/live/courses/SMAchanginghealth/default.asp)