Heart Failure Shared Medical Appts:
Sharing the Burden

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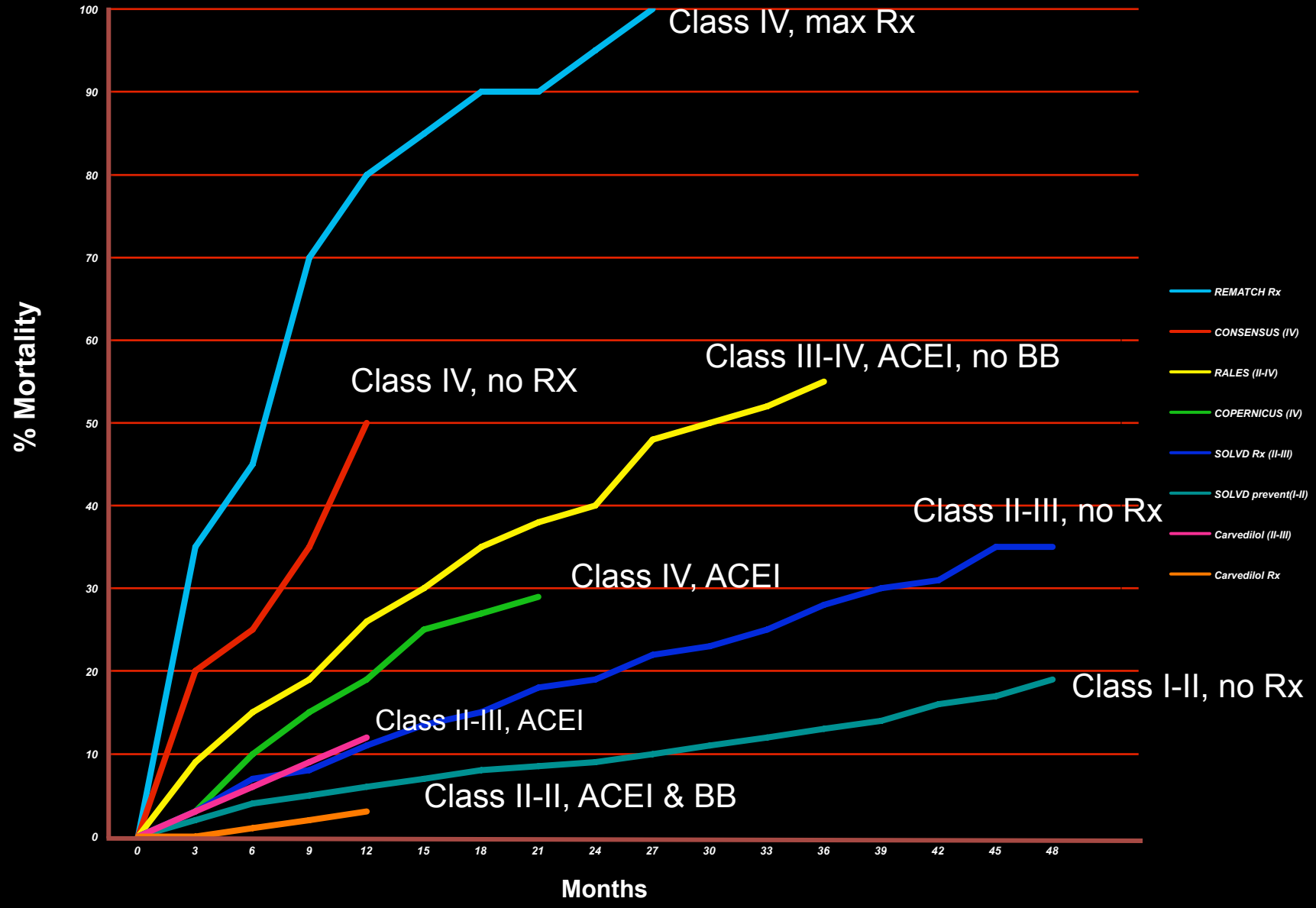
Objectives

- Keep presentation to about 35 minutes
- Understanding the current state of heart failure
- Overview of the concept of shared medical appointments (SMA)
- Organizing an effective SMA in heart failure
- Measuring the success of SMA in heart failure

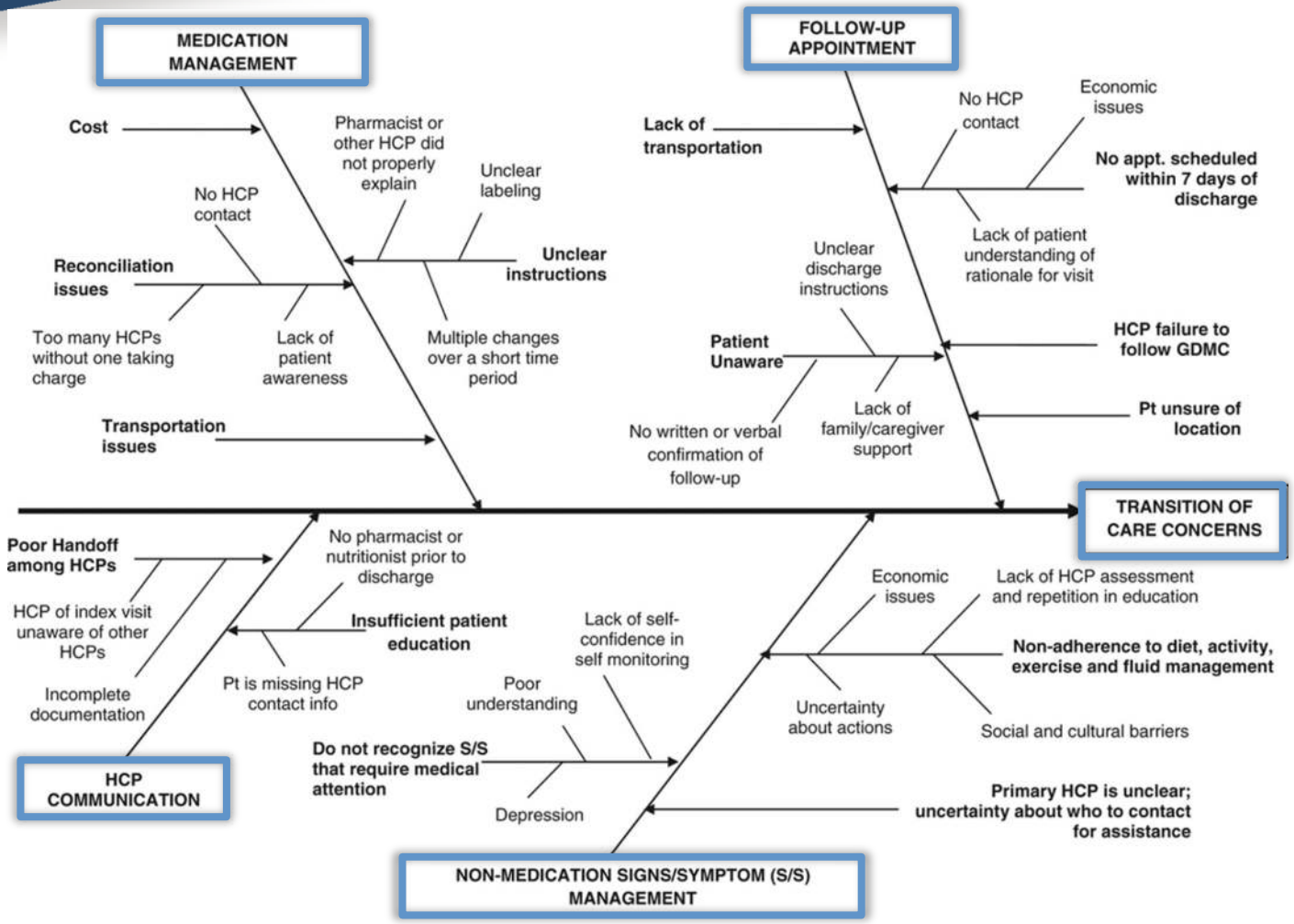
Conclusions

- Heart failure continues to be a huge problem world-wide
- Evidence favors maintaining a chronic stable state in HF in terms of outcomes
- Shared medical appointments (SMA) are an effective care delivery model for chronic disease states
- Implementing multidisciplinary SMA in HF is possible, promising, and will hopefully contribute to improving outcomes

Heart Failure Survival
Selected subgroups from major clinical trials



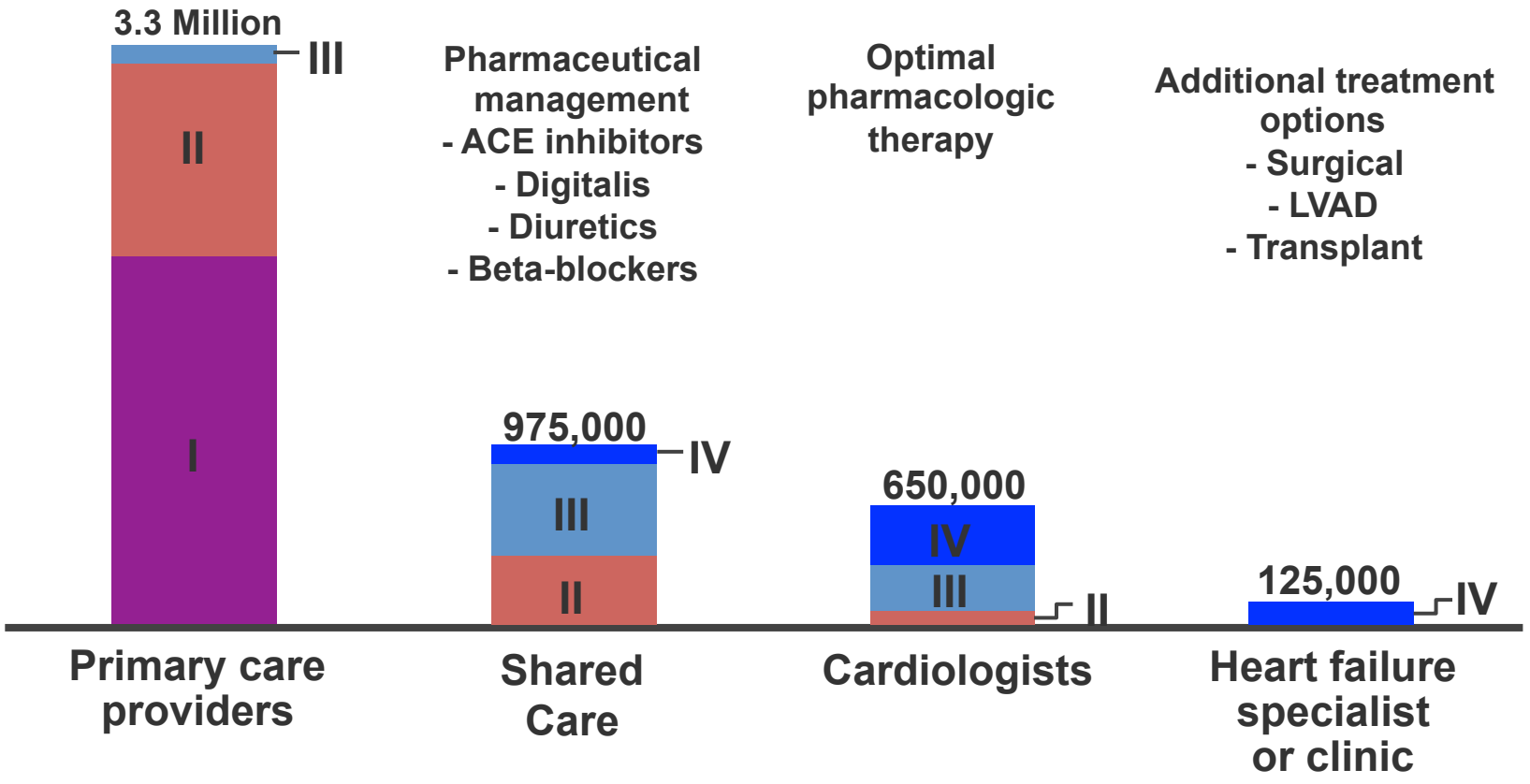
Barriers in Optimizing Heart Failure Care



1. Albert et al. *Circ Heart Fail* 2015;8:384-409; 2 Grady et al. *Circulation* 2000;102:2443-2456; Figure with permission from Albert et al 2015

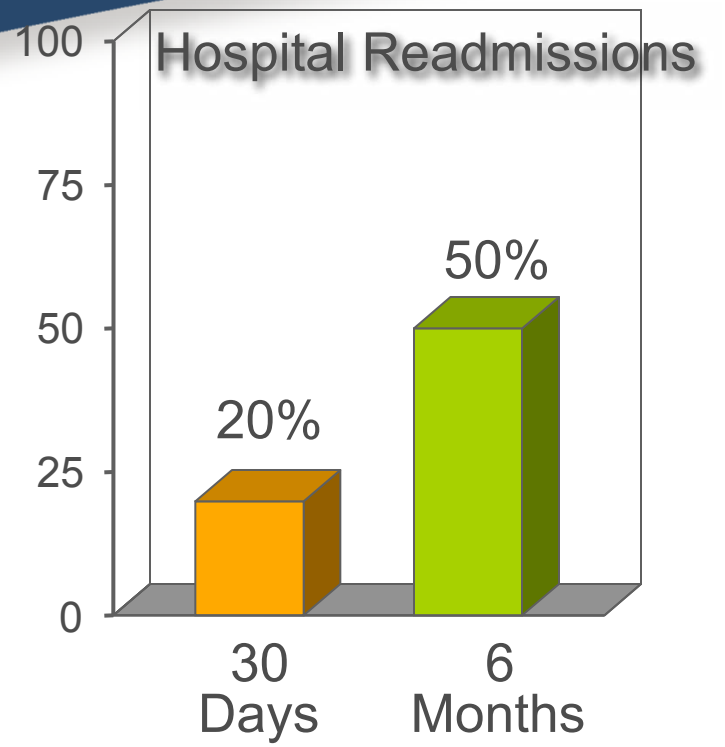
Who is managing the HF patient?

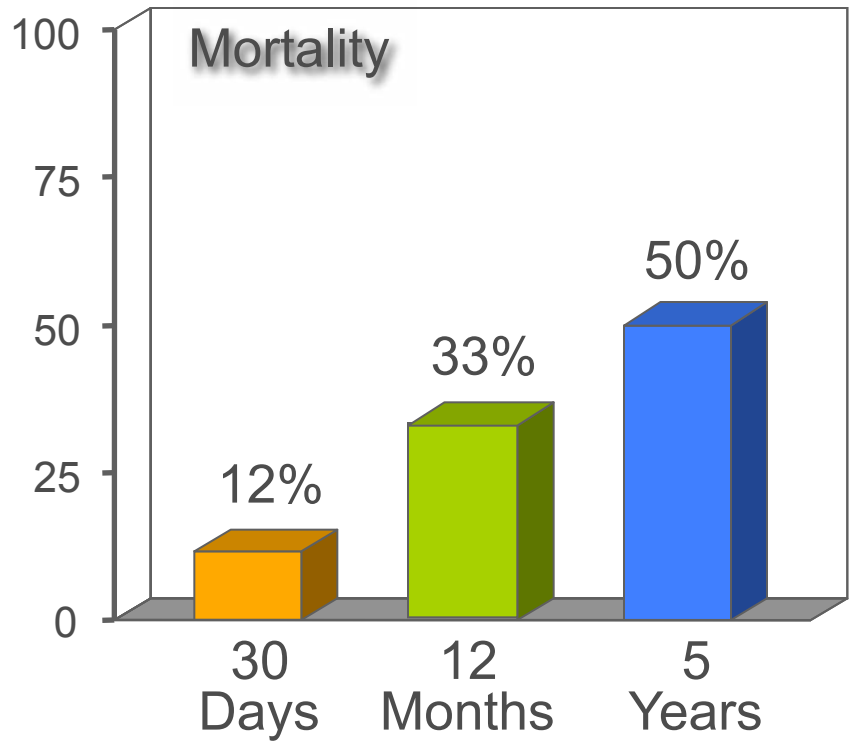
A wide distribution of healthcare providers



Congestive heart failure worldwide markets, clinical status and product development opportunities. *New Medicine, Inc.* 1997:1-40. Wilkerson Group Survey, 1998.

Outcomes in Patients Hospitalized With HF



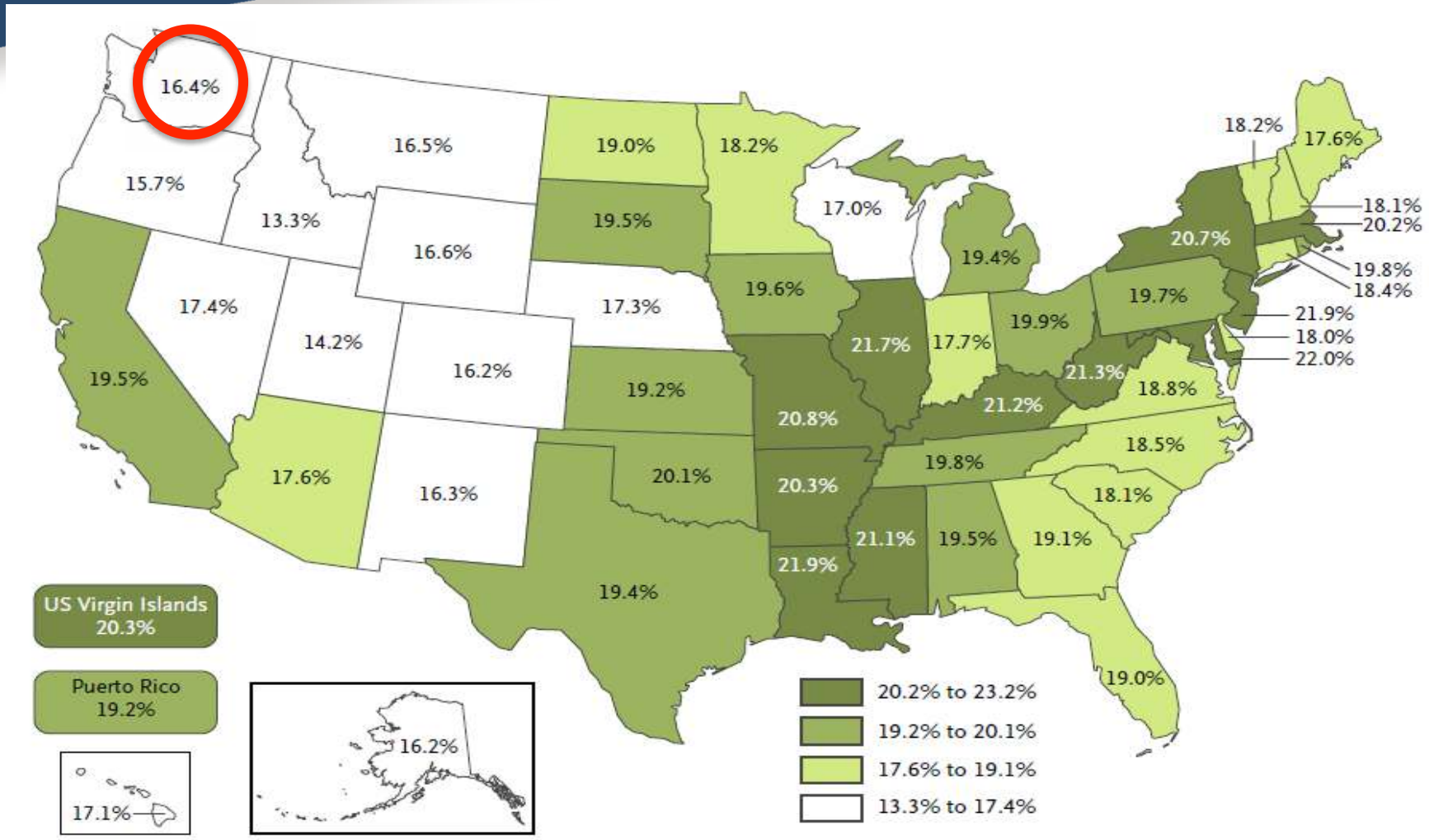


Median LOS: 6 days

N = 38,702

Aghababian RV. Rev Cardiovasc Med. 2002;3(suppl 4):S3
Jong P et al. Arch Intern Med. 2002;162:1689

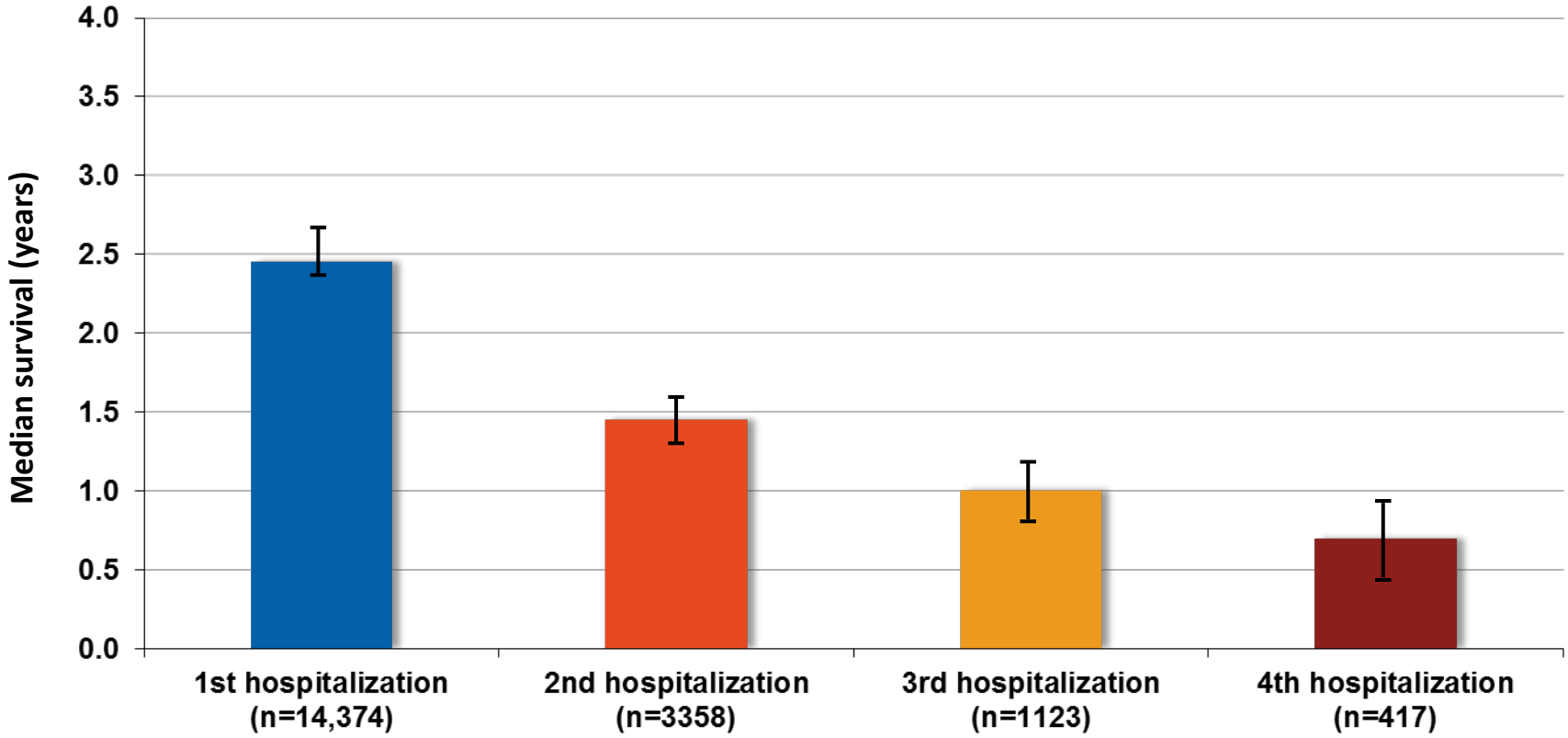
Rates of Rehospitalization Within 30 Days After Hospital Discharge for HF



Jencks, S et al. N Eng J Med 2009;360:1418-28

Outcomes After Each Hospitalization

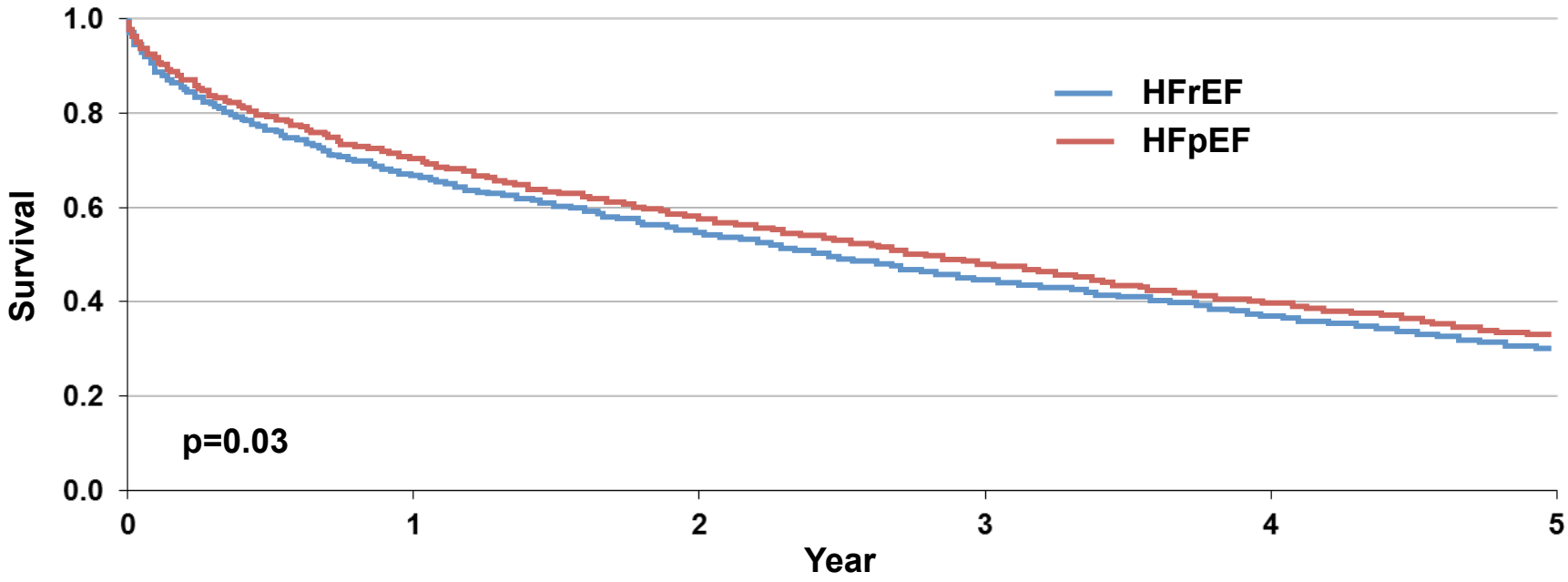
Median survival (50% mortality) and 95% CI's in patients with HF after each HF hospitalization[1]



1. Setoguchi et al. *Am Heart J.* 2007;154:260-66; Figure with permission from Setoguchi et al

HFpEF and HFrEF Have Similar Outcomes

HFrEF and HFpEF each make up about half of the overall heart failure burden in the USA[1]



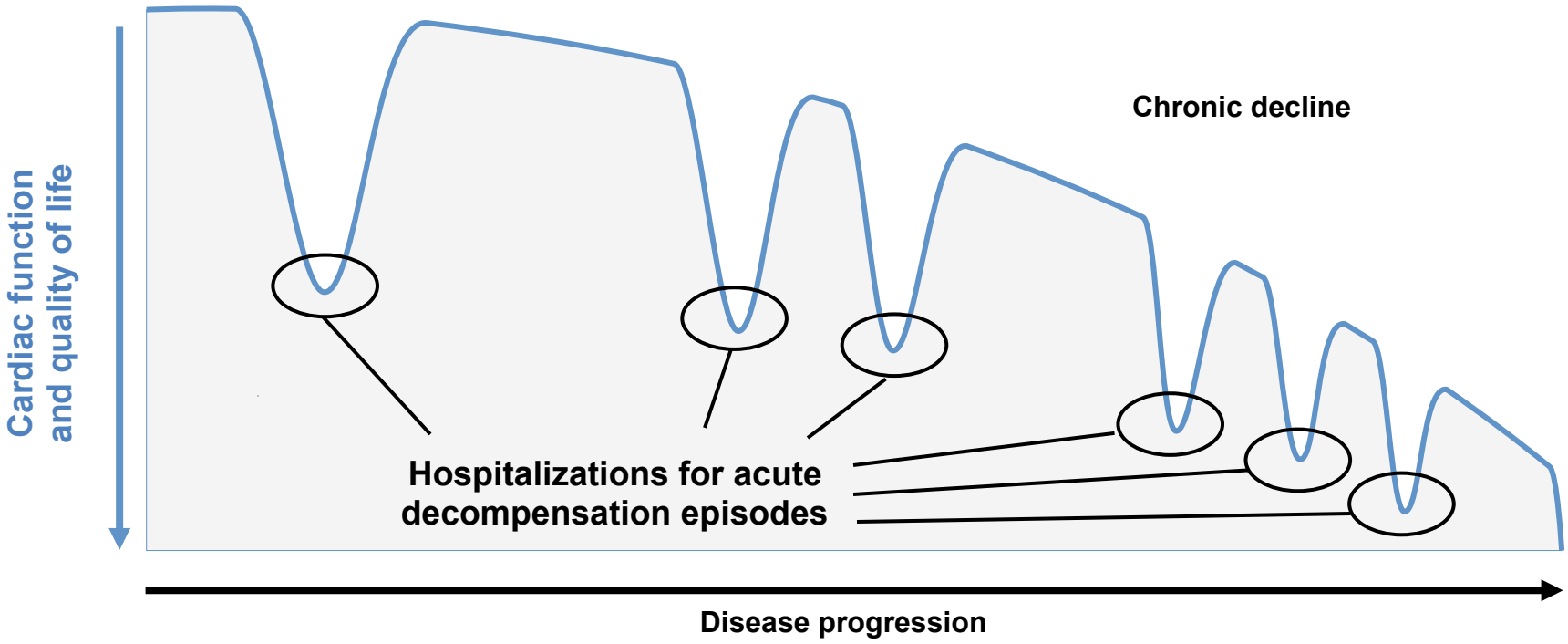
Respective mortality rates were 29% and 32% at 1 year and 65% and 68% at 5 years, among patients with HFpEF and HFrEF [2]

HFpEF, heart failure with preserved ejection fraction; HFrEF, heart failure with reduced ejection fraction; LVEF, left ventricular ejection fraction; US, United States of America

1. Yancy et al. *Circulation* 2013;128:e240-327; 2. Owan et al. *N Engl J Med* 2006;355:251-59; 3. Blanche et al. *Swiss Med Wkly* 2010;140:66-72; 4. Meta-analysis Global Group in Chronic Heart Failure (MAGGIC). *Eur Heart J* 2012;33:1750-757

Heart Failure is a Chronic Condition With Acute Episodes

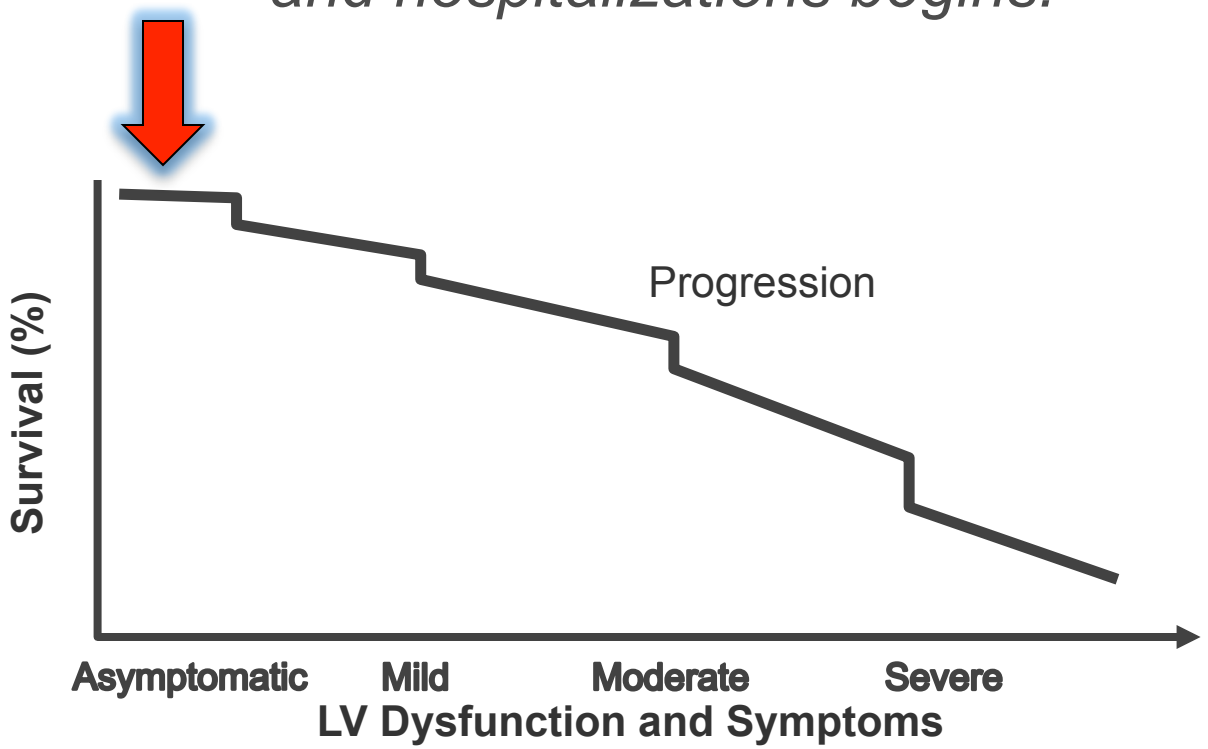
With each hospitalization, myocardial and renal damage contribute to progressive organ dysfunction, **leading to a downward spiral** of disease progression[1]



1. Gheorghiade et al. *Am J Cardiol* 2005;96:11G–17G; 2. Gheorghiade, Pang. *J Am Coll Cardiol* 2009;53:557–73;
3. Lee et al. *Am J Med* 2009 122, 162-69; Figure adapted with permission from Gheorghiade et al. 2005

Maintaining a Chronic Stable State in Patients with Heart Failure

The greatest risk factor modification in heart failure is achieved before the vicious cycle of acute exacerbations and hospitalizations begins.



Treatment Objectives for HF Patients: An Evolving Paradigm

- **Lifestyle modification**
  - Dietary discretion
  - Fluid management
  - Activity level
- **Pharmacotherapy**
  - Initiating guideline-based therapies
  - Reaching targets
  - Maintaining adherence
- **Primary and secondary prevention**
  - Device therapy
  - Comorbidities
  - Immunizations

Potential Solutions to Barriers in HF

- EHR with email portal (MyChart, After Visit Summary)
- Patient Centered Medical Home
- Tele-medicine
- Comparative Effectiveness
- Lean Methodologies
- Heart Failure University
- Shared Medical Appointments (SMA)

Shared Medical Appointments (SMA)

- Shared medical appointments (SMA) sometimes referred to as group visits, have shown great potential for patients with chronic disease states
- The SMA model is patient-centered and embraces the value of prevention (primary and secondary)

What is a Shared Medical Appointment (SMA)?

- What do they look like?
  - 6-10 patients per group visit
  - All given the same appointment time (i.e. 10:30 – 12:00)
  - Each patient checks in first (5 min)
    - Medication reconciliation
    - Surveys/forms
    - Vitals and relevant medical information
  - Patients gather together in a conference room for remainder of visit
  - Vast majority of the visit (90 minutes) spent on education, group discussion, visiting experts, etc.
  - Each visit attended by the SMA team

Traditional Ambulatory Care Delivery Model

- A traditional 15 minute Heart Failure clinic visit consists of:

- Assess and examine the patient's physical health.
- Review and discuss relevant HF objective data such as echo, stress test, device parameters, interval changes.
- Review and adjust medications along with comorbidities assessment.
- Review diet and fluid management plans and provide health promotion and preventive education.
- Document the entire encounter in EHR.

Alternate Care Delivery Model Using Shared Medical Appointments (SMA)

- 90 minute appointment (starts on time)
- Provider(s) conduct serial individual visits in group setting
- Regular follow-up visits with the same group
- Used in all areas of primary care and chronic disease
- Homogenous, Mixed & Heterogeneous groups
- Leverage provider's time via multidisciplinary team effort:
  - Provider(s)
  - Medical Assistant and documenter
  - Nurse
  - Scheduler

HIPPA Compliance

- Whatever patients say about themselves is not an issue regarding HIPAA
  - HIPAA requires written consent before providers disclose patients' personal information
- Patients sign privacy notice consents when entering meeting room
- Oral privacy reminders are given at the beginning of each SMA
- Private time is available with the provider if needed

Sources: Schmucker D. *Group Medical Appointments.* 2006:147-148; SMA Workshop, 2005; Noffsinger EB. *Running Group Visits in Your Practice.* 2009:9.

Overview of Benefits Package of SMA

- SMA offers:
  - More time at a more relaxed pace of care
  - Increased patient education
  - Peer support and encouragement
  - The opportunity to identify psychosocial issues or previously unnoticed medical issues
  - Care delivered by a team
  - Opportunity for family/caregivers to participate
  - Better focus on the patient

Sharing the Benefits of SMA

- Patient
  - Access to PCP & specialists
  - More time with physician & more relaxed pace
  - Greater patient education & disease self-management
  - Support & learning from other patients (including community resources)
  - Max-packed visits, 1-stop healthcare, & greater satisfaction

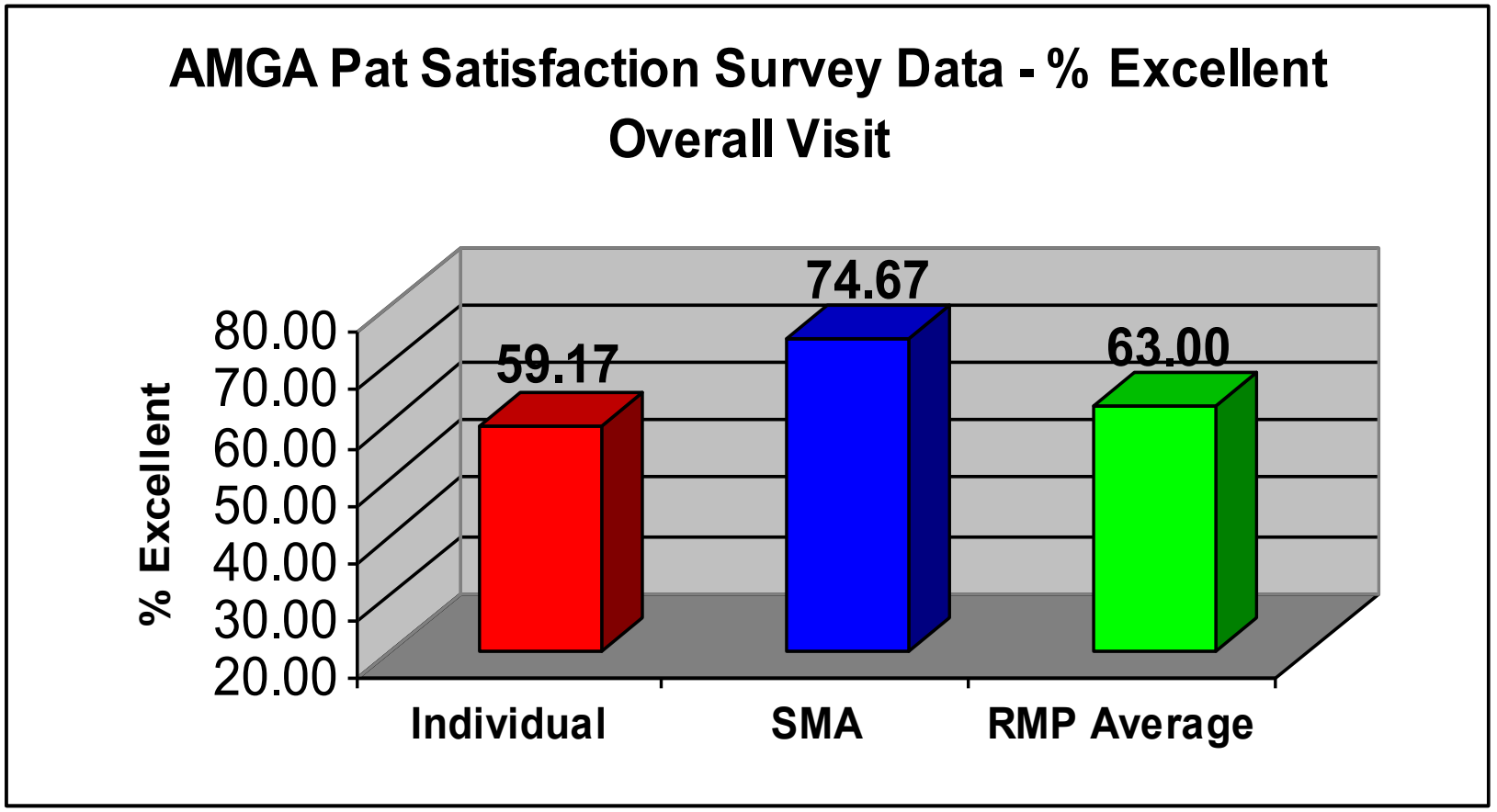
- Provider
  - Documenter & team support (visit efficiency)
  - Can focus on patients & practice of medicine (less repetition)
  - Able to see patients with more frequency & provide higher quality care
  - Enhanced revenue (panel size, encounters, immunity to no-shows)

- Staff
  - 'Team medicine'
  - Closer to patient care
  - Learning experience

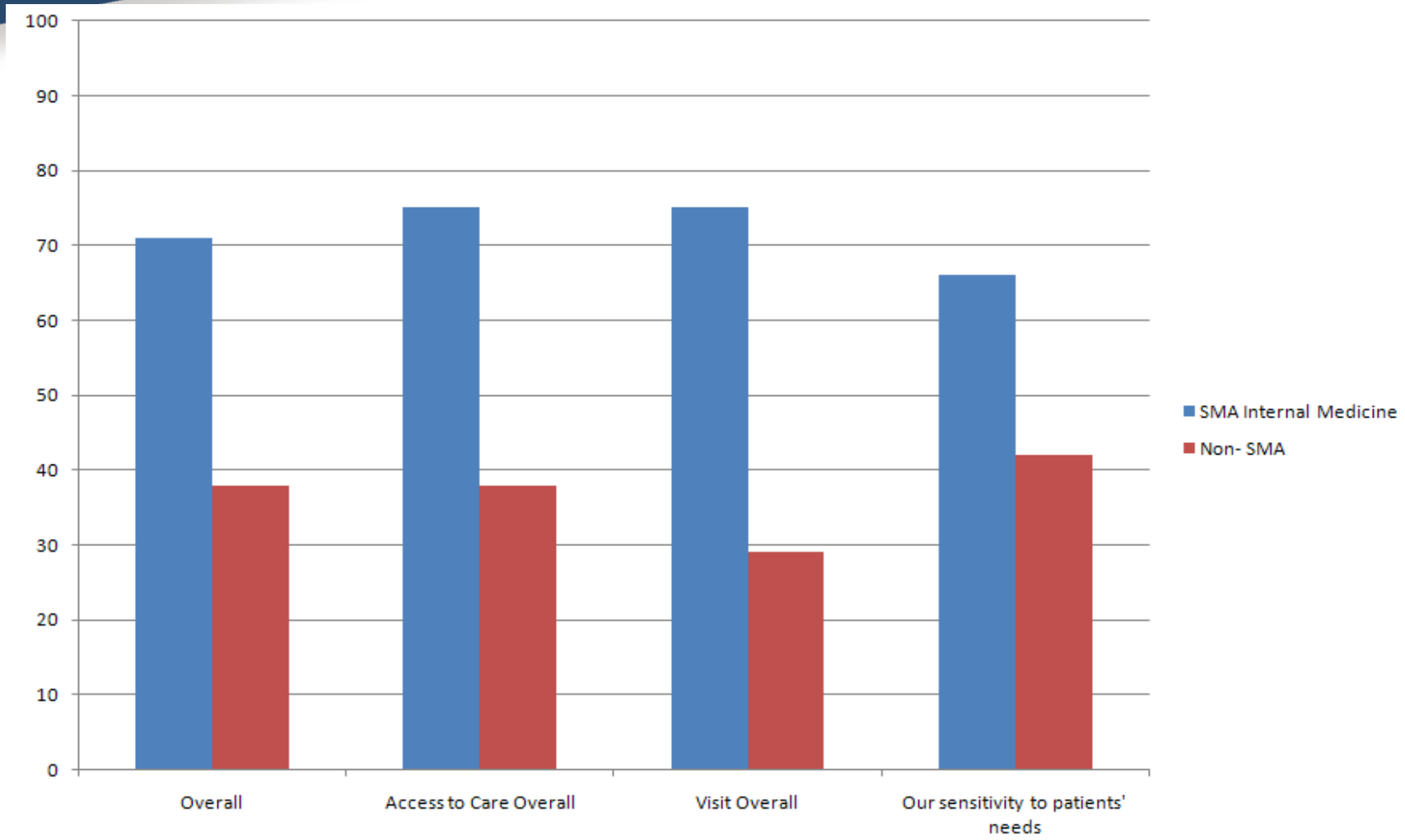
Organizational Benefits

- Quality of Care
  - Access
  - Patient Satisfaction
  - Standardized team protocol for screening & preventive measures
  - Enhanced health education (questions & concerns addressed)
  - Behavior change due to “peer to peer” interactions & support
  - “Mind” as well as “Body” needs addressed
- More Effective Ambulatory Medicine Teaching Forum
- Financial
  - Increased revenue
    - leveraging of existing resources
    - increased productivity (encounters)
    - increased downstream ancillaries (pharmacy, lab, radiology)
    - P4P (quality & efficiency)
  - Decreased unnecessary costs
    - decreased urgent care & ED visits
    - decreased use of external specialists & external ancillaries

Patient Satisfaction in SMA Cleveland Clinic



Key Measures of Patient Experience Scores Cleveland Clinic



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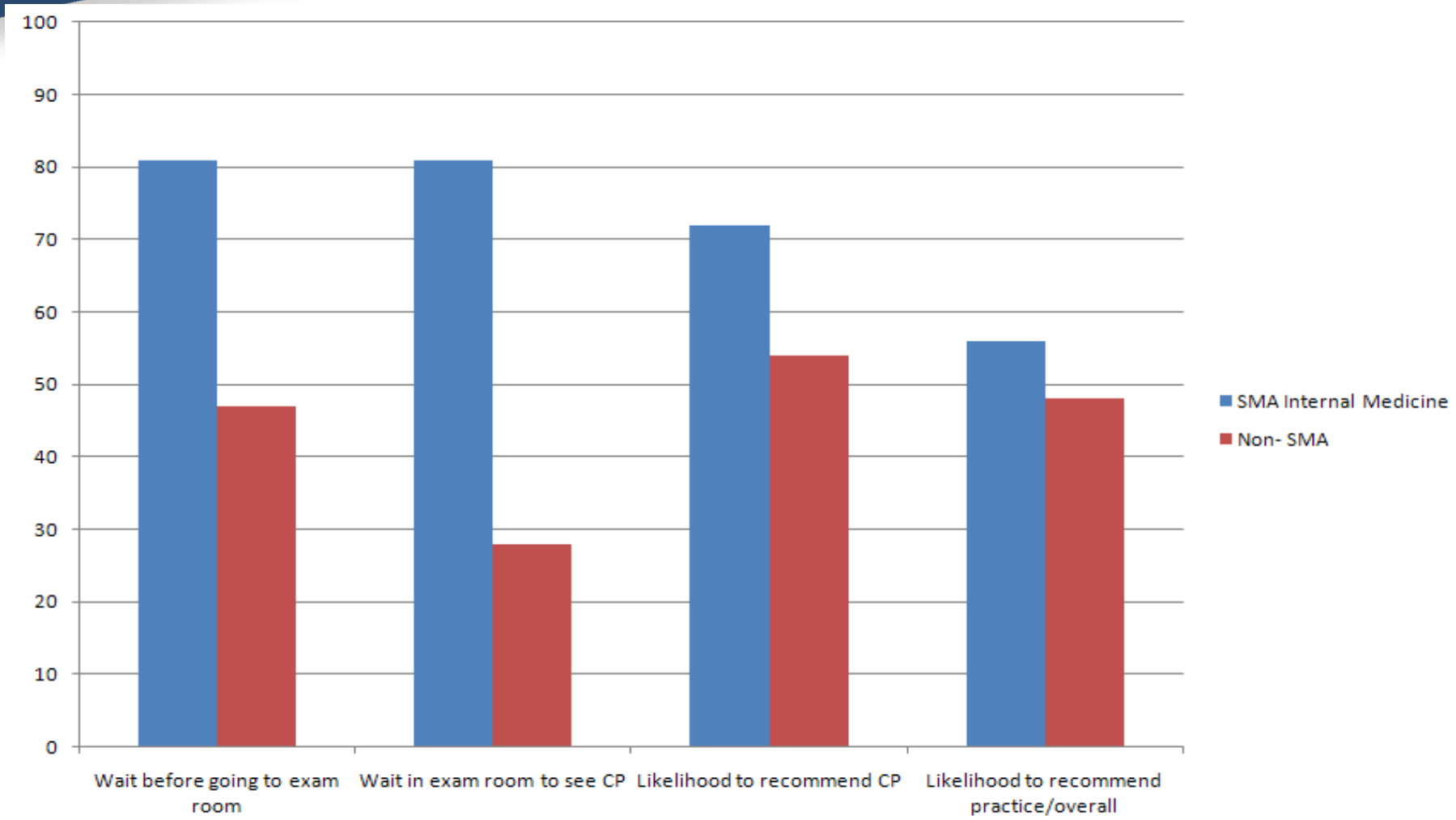
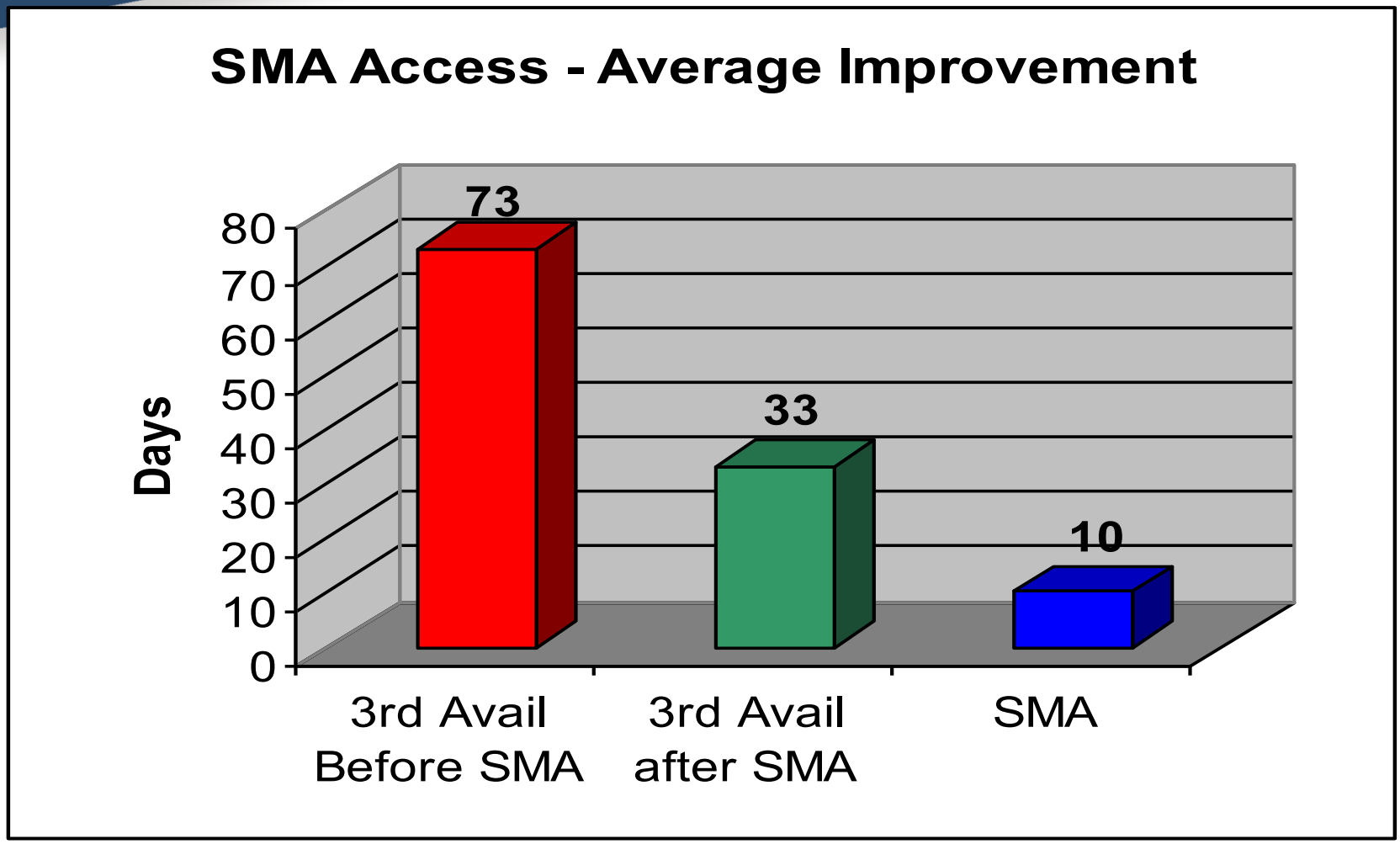
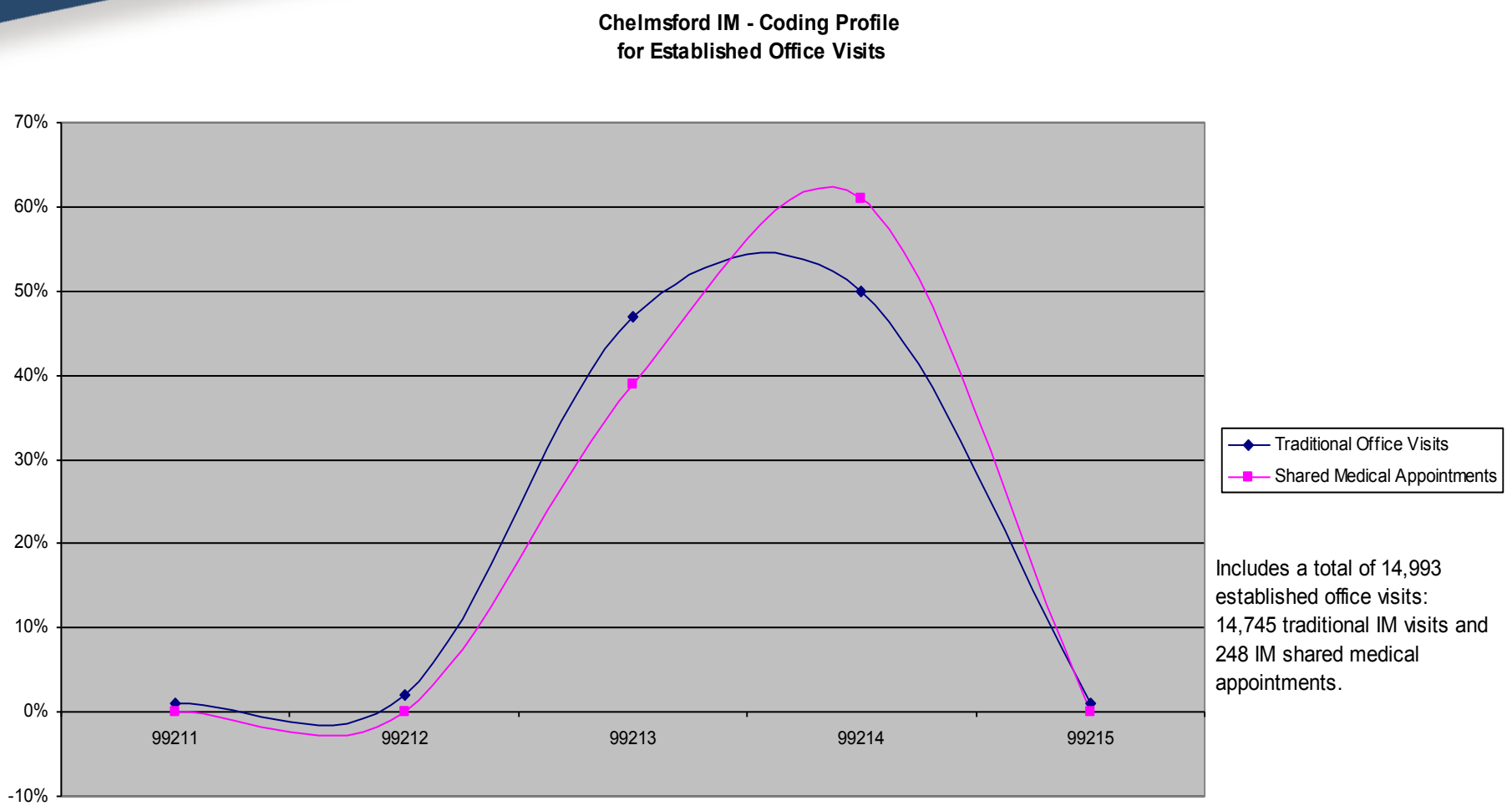


Cleveland Clinic SMA Data



Coding for Shared Medical Appointments



Includes a total of 14,993 established office visits: 14,745 traditional IM visits and 248 IM shared medical appointments.

Clinical Trials in SMA

- Managed Care Setting:
  - Monthly, 2 hour SMA's with multidisciplinary team vs.. usual care
  - A1C's > 8.5%
  - Results for SMA patients:
    - Greater reduction in A1C (1.3% to 0.2%, $p < 0.001$)
    - Lower hospital admission rates ($P = 0.04$)
    - Improved self efficacy in balancing food intake ($P = 0.003$)
    - Improved self-treatment of hypoglycemia ($P = 0.03$)
    - Improved management of glucose when ill ($P = 0.001$)

- Sadur CN, et al: Diabetes management in a health maintenance organization: efficacy of care management using cluster visits. *Diabetes Care* 22:2011-2017, 1999

Clinical Trials in SMA

- 5-year follow-up study, 112 patients with Type 2 DM
  - SMA vs. standard care
  - Received four educational sessions on weight control, meal planning, improved glycemic control, preventing complications
  - Results for the group appointments:
    - Knowledge of DM2 improved (+12.4 vs. -3.4, P =0.001)
    - Improved problem solving ability (+5.7 vs. -2.3, P = 0.001)
    - Improved quality of life over 5 years (-23.7 vs. +19.2, P = 0.001)
    - Improved A1C control (-0.1% vs. +1.7%, P = 0.001)

- Trento, M, et al: A 5 year randomized controlled study of learning, problem-solving ability, and quality of life modifications in people with type 2 diabetes managed by group care. *Diabetes Care* 27:670-675, 2004.

SMA for the HF Patient

- Organized group of people with heart failure in a single appointment
- Curriculum of HF-specific topics
- Special peer support network
- Provide peer education and motivation
  - Obtain more information, answers to questions they never thought to ask
  - Opportunity to learn from the questions and comments of others
  - Support from people with same concerns

SMA for the HF Patient

- Provides a longer allotted time frame of 90 minutes
- Increased time with providers
- Improve patient-provider communication
- Less isolation
- Patients can address multiple questions in one visit
- Self-empowered to ask questions without feeling isolated, discuss myths, fears and concerns about end-stage HF

Shared Medical Appointments Is Sharing Always Caring?

- Disadvantages of SMA
  - More logistics involved
  - Need for appropriate space and equipment to meet with a large group
  - Need to have someone review medical record before each group visit to identify opportunities for care
  - Less “one-on-one” time spent with provider

Challenges of Implementing SMAs

- SMA model is highly *counter*-intuitive
- SMAs are a highly *standardized* process
- Tendency to launch prematurely/change design)
- Scheduling seen as "extra work"
- Maintaining *census* is critical to success

Conclusions

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- Evidence favors maintaining a chronic stable state in HF in terms of outcomes
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