

Shared Medical Appointments (SMAs)

Literature Review



Introduction

- The Shared Medical Appointment (SMA) is an emerging, effective model of care developed to meet the complex needs of co-morbidity patients.
- SMAs were developed to help providers and patients address multiple chronic conditions in a supportive group setting of similar patients, with a multi-disciplinary team of providers combining clinical healthcare with social determinants of health patient education, and peer supports.
- SMAs have been successfully used for chronic health conditions such as diabetes, hypertension, and obesity for over a decade.
- Emerging evidence on SMAs for individuals experiencing homelessness and shared diagnosis of opioid use disorder.

Research Findings

- More than 20 RCTs have shown that SMAs increase treatment efficacy for chronically ill patients.
- There is also promising literature on SMAs and treatment adherence, though the results of experimental studies remain mixed.
- Peer effects are some of the main pathways identified for patients to benefit from SMAs. Peers improve the experience of patients in SMAs by combatting isolation, contributing learning, providing inspiration, and creating opportunities for patients to build trust with their care team.

Summary of General Literature on SMAs

- RCTs evaluating SMA models have primarily focused on questions of treatment efficacy.
- Several RCTs have shown that SMAs are effective for chronically ill patients, including improved blood pressure for diabetic patients and reduced emergency room visits for older adults with chronic illness.

Outcome	Finding	Source
Treatment Efficacy	Largely a Significant Positive Effect	>20 Randomized Control Trials (RCTs) ¹
Treatment Retention	Mixed	2 RCTs found Significant Positive Effect; 2 RCTs found No Effect

Nine Mechanisms on how SMA's work

Mechanism Pathway

1. Group exposure **combats isolation**, helps to remove doubts about ability to manage own illness.
2. Patients **learn about disease self-management vicariously** by witnessing others' illness experiences.
3. Patients feel **inspired** by seeing others who are coping well.
4. Group dynamics of the SMA lead to more **equitable relationships** between providers and patients
5. Providers feel increased appreciation and rapport toward colleagues leading to increased efficiency
6. Providers learn from the patients how better to meet their patients' needs
7. Adequate time allotment of the SMA leads patients to feel supported
8. Patients receive professional expertise from the provider in combination with first-hand information from peers, resulting in more robust health knowledge.
9. Patients have opportunity to see how the physicians interact with other patients, which allows them to get to know the physician and better determine their level of trust.

Literature on SMAs – Peer Effects

- In their realist evidence review on SMAs, Peer effects are some of the main pathways identified by Kirsh et al. (2017) for patients to benefit from SMAs:

Pathway for Peer Effects	Source
Group exposure combats isolation, which helps to remove doubts about one's ability to manage illness.	7 reviewed studies
Patients learn about disease self-management vicariously by witnessing others' illness experiences.	5 reviewed studies
Patients feel inspired by seeing others who are coping well.	3 reviewed studies
Patients receive professional expertise from the provider in combination with first-hand information from peers, resulting in more robust health knowledge.	4 reviewed studies
Patients have the opportunity to see how the physicians interact with other patients, which allows them to better determine their level of trust with physician.	4 reviewed studies

Summary of SMAs Effect on Opioid Use Disorder

- Experimental and non-experimental research on SMAs in the context of treatment for opioid dependence have shown that participants in group-based treatments for opioid dependence had higher treatment retention, and lower alcohol and opioid use than patients who were assigned to usual medical care.
- They have also found encouraging patient satisfaction with the group visit format, increased coping skills, and improved social measures such as more stable housing, increased time spent working, increased participation in outside recovery groups, and fewer legal difficulties.
- There is growing evidence based on non-experimental studies that SMAs within clinic-based treatment can decrease healthcare costs, improve housing and employment status, decrease legal involvement, and improve treatment outcomes for substance using populations.

Summary of SMAs Effect on Opioid Use Disorder cont'd

- Additionally, experimental and non-experimental research on SMAs in the context of treatment for opioid dependence have shown that participants in group-based treatments had higher treatment retention, and lower alcohol and opioid use than patients who were assigned to usual medical care. These results were also observed in studies with patients experiencing housing instability or homelessness in addition to opioid use disorder.
- Studies of SMAs for MAT have also found encouraging patient satisfaction with the group visit format, increased coping skills, and improved social measures such as more stable housing, increased time spent working, increased participation in outside recovery groups, and fewer legal difficulties.

Research on SMAs – Opioid Use Disorder

Findings from Studies on Group-based Treatment for People Experiencing Homelessness and OUD	Source
<p>A shelter-based clinical program for people experiencing homelessness and OUD implemented shared medical appointments. Team of medical, behavioral, and social support specialists, prescribed buprenorphine and SDOH treatment. Evaluation found 70 % treatment retention at 24 weeks of integrated SMA approach, 86% at 12 weeks.</p>	<p>Doorley S.L., Ho C.J., Echeverria E., Preston C., Ngo H., Kamal A., Cunningham C.O. Buprenorphine shared medical appointments for the treatment of opioid dependence in a homeless clinic. <i>Subst. Abus.</i> 2017;38:26–30</p>
<p>Integrating group-based OUD treatment into primary care increased access to and retention in medication for OUD services. Treatment retention at 3 months (82%) and 6 months (63%) were comparable to other FQHCs for marginalized populations, though group-based care provided 100% of patients with behavioral health and substance use services.</p>	<p>Weinstein LC, Iqbal Q, Cunningham A, Debates R, Landistratis G, Doggett P, Silverio A. Retention of Patients With Multiple Vulnerabilities in a Federally Qualified Health Center Buprenorphine Program: Pennsylvania, 2017-2018. <i>Am J Public Health.</i> 2020 Apr;110(4):580-586.</p>
<p>Group-based MOUD’s low-barrier, person-centered harm reduction, integrated care in a multi-disciplinary group-based visit contributes to increased patient access to treatment and retention.</p>	<p>Lai S, Li E, Silverio A, DeBates R, Kelly EL, Weinstein LC. "It's a place that gives me hope": A qualitative evaluation of a buprenorphine-naloxone group visit program in an urban federally qualified health center. <i>Subst Abus.</i> 2021;42(4):858-864.</p>

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