



Innovative Models of Care (IMOC)

Shared medical appointment (SMA) model

Innovative models of care case study

The IMOC Program helps organisations trial new ways of providing primary care in rural and remote communities. Funding is for governance, community engagement and program management activities to support innovative health services delivery.

The desired outcomes of the Program are to:

- learn from funded trials and share learnings that will allow other communities to apply place based innovative models; and
- evaluate whether they improve rural practice and lead to better health outcomes.

Summary of SMA model

 Location:	Tumut, Tumbarumba, Batlow, Gundagai, Finley and Adelong, New South Wales
 Problem:	Chronic disease health issues in the community including respiratory illness and diabetes
 Solution:	A team of health professionals consult a group of patients with a common health condition, involving peer-to-peer sharing
 Barriers:	<ul style="list-style-type: none"> • To be financially viable appointments require 8+ participants • Group appointment may not appeal to some people • GP's providing care to non-regular patients
 Enablers:	<ul style="list-style-type: none"> • Supportive practice and project management • Collaboration between health practitioners • Community engagement and health system education
 Funding and resources:	Medicare Benefits Schedule group billing

About the model

The Snowy Valleys project brought clinicians and community members together to discuss local health needs and trial options. The group chose the shared medical appointment (SMA) model. The innovate solution aims to manage chronic disease in the Snowy Valleys local government area and in the neighbouring towns (MM4 and above).

In this model, patient consultations are held in a group setting for patients with the same chronic health condition. A group facilitator supports the GP and there is a group education component. Allied health professionals may also be involved in a multidisciplinary approach.

The SMA model allows health teams to coordinate effectively and deliver holistic care to patients in a group setting. Participants attend group sessions to share questions, ideas and strategies in a peer-to-peer environment. This provides motivation and emotional support to each other and reduce feelings of isolation.

This model investigated possible SMA sites and included 3 separate trials:

1. Patients who identified as First Nations and focused on type 2 diabetes. Attendance averaged four people per session.
2. Patients with Chronic Obstructive Pulmonary Disease (COPD). The trial averaged eight participants per session and was financially viable.
3. Patients were women over 65 years with osteoporosis. The trial coincided with a bone density scan service in the town. This trial was supported by an exercise program from a physiotherapist and by visiting allied health workers. The average attendance was ten people per session and was financially viable.

Findings

Feedback from participants was very positive, particularly about the peer-to-peer sharing component.

Group numbers are the key to financial viability. An average of 6 to 8 attendees per session is needed for the model to break even. Higher attendance provides a greater return than traditional GP consults. A good participation rate is 8 to 12 patients, but it can take time to achieve these numbers. Two of the three trials produced sufficient billings through Medicare to satisfy the participating GPs.

Benefits for patients included:

- more time with the GP and health team as a group
- increased health literacy and retention of knowledge
- open sharing in a safe environment
- more control over their own health
- holistic multidisciplinary care

The open sharing time was a highlight for the groups. It reduced the feeling of isolation and was a powerful motivator to change behaviours and proactively manage conditions.

Benefits to the health team include:

- proactive care for patients with chronic illnesses
- refreshing change to the typical consult
- increased professional knowledge and satisfaction
- networking with other health professionals

Some health workers thought the SMA would work best continuing with the same cohort every three to six months. This would allow a measure of progress over time and keep participants on track. Further, progressively introducing other health team members into the model provides new benefits to patients and the health team.

To be sustainable the trial must have value beyond its timeframe. The health team must use it as a learning opportunity. Having the time to delve into research on a particular topic allowed them to provide a better service to patients.

Benefits to the health system include:

- reduced GP wait times by servicing more patients at once
- addressing chronic disease in a primary care setting before conditions escalate
- facilitating multidisciplinary care in rural settings
- reduced pressure on emergency departments and hospitals over time.

Key enablers

SMA should be considered in the management of patients with chronic health conditions when:

- the whole practice is supportive of the trial and
- there is adequate project management support

SMA is not a model that can be facilitated solely by a GP without support from the wider team. Access to experienced group facilitators was critical to this model. To ensure a fully effective model, the group facilitator should:

- ideally have a health background and experience in facilitating groups.
- revise the information that participants had learned and collate topics of interest from the group to discuss.

Current status

All participants saw benefits in the model and expressed interest in it continuing. The model is financially viable if there are enough patients in the groups.

MORE INFORMATION

For more information about the Innovative Models of Care Program visit <https://www.health.gov.au/our-work/imoc-program> .