Patient Satisfaction with Shared Medical Appointments for Women with Depression

Jerilyn M. Hagan, JD, MSN, CNS
The Cleveland Clinic
Center for Behavioral Health
APRN/PA Manager

Lilian Gonsalves, MD
Clinical Professor Cleveland Clinic Lerner College of Medicine

OBJECTIVES

• Define a Shared Medical Appointment (SMA)

• Explain the characteristics of a successful SMA

• List advantages of having SMAs

• Identify opportunities for the APRN

BACKGROUND

• February, 2003-Meeting with Kaiser Permanente psychologist Dr. Edward Noffsinger (DIGMA)

• October, 2003-SMAs for women with depression launched in the Center for Behavioral Health

PREPARATION and DESIGN

• Location
  - Size of room
  - Computer availability

• Time
  - Length of Group
  - Time of day

• Co-therapist
• Schedulers
• Script/talking points

SMAs

• Implemented for the management of chronic health conditions (Bronson and Maxwell, 2004)

• Increase patient satisfaction and quality of life (Brenan et al., 2011)

• Little is known about the effectiveness in the treatment of mental health disorders (Brenan et al., 2011)

Disclosures:

I lie about my weight
I don't lie about my age
My hair is its natural color
and
I have no conflicts of interest
PARTICIPANTS

- Referred by internist, OB/GYN or self
- Initially seen for complete psychiatric evaluation
- SMA offered as an option for medication f/u
- Women over the age of 18
- Number limited to 12 participants
- Average: 8/group

“MARKETING”

- Letters were sent to current patients
- Posters with group information were placed at the reception desk
- “Give it a try”

GROUP PROCESS

- APRN completes quick initial assessment including VS and pain assessment
- Standardized testing is completed by the patient
  - PHQ-9
  - GAD-7
  - EQ-5D
  - CSSRS
- Confidentiality is stressed

METHODOLOGY

- From January, 2014 through June, 2014, the PSQ-18 was given
- Eligibility: Patients who had attended at least one SMA
- Eighty (80) patients completed and returned the questionnaire
- Satisfaction scores in the domains pertinent to our patients were compiled

PSQ-18

- Patient-administered instrument
- Highly correlated with full-length 50-item Patient Satisfaction Questionnaire-III (PSQ-III)
- 18 items answered on 1-5 scale
- Scored on 7 subscales
  - Unique domains of satisfaction
  - Average of 2-4 items each

.Marshal GN and Hays RD. The Patient Satisfaction Questionnaire Short-Form (PSQ-18). RAND. 1994
### PSQ-18 Subscales

- General Satisfaction (3, 17)
- Technical Quality (2, 4, 6, 14)
- Interpersonal Manner (10, 11)
- Communication (1, 13)
- Financial Aspects (5, 7)
- Time Spent with Provider (12, 15)
- Accessibility & Convenience (8, 9, 16, 18)

### RESULTS: General Satisfaction

- The medical care I have been receiving is just about perfect: 35%
- I am dissatisfied with some things about the medical care I receive: 65%

### RESULTS: Interpersonal Manner

- Doctors act too businesslike and impersonal toward me: 95%
- My doctors treat me in a highly friendly and courteous manner: 5%

### RESULTS: Communication

- Doctors sometime ignore what I tell them: 25%
- I am able to get medical care whenever I need it: 70%

### RESULTS: Time spent with Doctor

- Those who provide my medical care sometimes hurry too much when they treat me: 9%
- Doctors usually spend plenty of time with me: 91%

### RESULTS: Accessibility & Convenience

- I have easy access to the medical specialists I need: 44%
- I find it hard to get an appointment for medical care right away: 30%
- I am able to get medical care whenever I need it: 70%
THE FIRST YEAR...

- Initial 2 months—poor turn out
- Gradual and progressive growth
  - Better description of our experiences to new patients
  - Word of mouth
  - Feeding the group of new patients (Attrition, change in insurance, moves, no need for f/u death)

WHAT WORKS?

- Good planning
- Fixed location with computer access
- Common diagnosis
- Prompt start and end times
- Prescriptions and appointments given at end
- Learning and sharing with other patients

Opportunities/Roles for APRN

- Moderate group
- Establish confidentiality
- Group rules
- Patient education
- Motivational interviewing
- Create an environment that nurtures team support

LESSONS LEARNED

- Cap group participation number at 12
- Exclude - Severe personality disorders
  - Psychosis, dementia, deaf
- Spend 5-7 minutes with first few patients to set/determine the tone
- Our SMA is cost effective
- High degree of patient satisfaction 10 years later
- Majority of patients return to the SMA for follow up

BIBLIOGRAPHY