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Shared medical appointments (group consultations) for COPD/asthma/chronic respiratory disease

Cochrane Airways Scoping Search Report

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Introduction to the scoping search report

This scoping search report describes the methods and results of scoping activities undertaken by Cochrane Airways on shared medical appointments (group consultations) for COPD or asthma. This topic will be considered by the Cochrane Airways Priority Setting Group (CAPSG) as part of the Cochrane Airways ‘whole of scope’ rolling priority setting.

This scoping search report does not attempt to appraise or synthesise the included studies. It provides a summary of the existing evidence on this topic.

Purpose

The purpose of this scoping search report is:

- to assess what evidence exists for this topic
- to inform the development of future Cochrane Review titles
- to provide a transparent record of scoping work undertaken by Cochrane Airways

Study inclusion criteria

Population: COPD, asthma, other chronic respiratory diseases

Intervention: Shared medical appointments/group consultations for COPD (e.g. annual reviews, people with new diagnoses, but conducted in a group setting). Educational only interventions excluded

Comparator: usual care

Outcomes: Exacerbations; Hospitalisations/ unscheduled health care visits; Quality of life; Patient/carer satisfaction (or other measure of acceptability e.g. attendance); anxiety/depression; adverse events; costs

Study design: systematic reviews, randomised controlled trials (RCTs), quasi-RCTs

Literature search

A series of limited and focussed literature search were conducted to identify relevant systematic reviews and trials. A search limited to the last 10 years was conducted in the [Cochrane Airways Trials Register](#) to identify relevant RCTs and quasi-RCTs. A search of the [Epistemonikos](#) database was conducted to identify relevant systematic reviews published in the last 10 years. The search strategies can be found in the [appendix](#). Searches were conducted on 1 September 2020.

Assessment of search results

The search of the Cochrane Airways Trials Register retrieved 193 references. The search of Epistemonikos retrieved 8 references. One member of the Cochrane Airways team (LS) screened the titles and abstracts using the Cochrane Register of Studies triage function, and checked full-text if necessary.

Included studies

The search did not identify any relevant systematic reviews or RCTs of SMAs in chronic respiratory diseases, however 4 systematic reviews of SMAs in chronic disease more generally were identified. These reviews are summarised in **Table 1**. The primary reference for each review is listed in the [References](#) section.

Table 1: Summary of reviews

Study ID	Review type	Population	Intervention/theme	Outcome	No. included studies
Edelman 2012	Narrative review	Chronic medical conditions	Shared medical appointments (SMAs)	staff, patient, and economic outcomes and to evaluate whether the impact varied by clinical condition or specific intervention	?
Kelly 2019	Systematic review of RCTs	Nondiabetic physical chronic illness (cardiovascular illnesses (four studies), breast cancer, chronic kidney disease, Parkinson's disease, stress urinary incontinence, and carpal tunnel syndrome)	Shared medical appointments	patient quality of life, knowledge and satisfaction; healthcare provider satisfaction; hospital admissions; patient harms	9
Tsiamparlis-Wildeboer 2020	Integrative literature review	?	Shared medical appointments	Factors influencing patient education: feeling of bonding, humour, feeling of safety, access to information, time, relationship participants-staff, modelling and self-regulation influence the education of SMA participants	22
Wadsworth 2019	Mixed-methods systematic review	Chronic disease	Shared medical appointments (SMAs), or group visits	models of care;	26 (13 quantitative controlled trials, 11 qualitative papers, and 2 mixed methods)

Table 2: Summary of studies

Study ID	Trial Registration	Population	Intervention(s)	Comparator	No. participants randomized	Country

References

Systematic Reviews

Edelman D, McDuffie JR, Oddone E, Gierisch JM, Nagi A, Williams JW Jr. **Shared medical appointments for chronic medical conditions: a systematic review** 2012:

The most successful health care systems offer ready access to high-quality primary care—an approach that is embedded in the fundamental design of Veterans Affairs (VA) health care and which is consistent with the Institute of Medicine's definition of high-quality care. This definition emphasizes safe, effective, patient-centered, timely, efficient, and equitable health care. Group medical visits are a method to deliver health care that offers the promise of improving these aspects for patients with chronic conditions. Group visits (or clinics) are a system redesign in which clinicians see multiple patients together in the same clinical setting. Shared medical appointments (SMAs) are a subset of such clinics and are defined by groups of patients meeting over time for comprehensive care for a defining chronic condition or health care state. SMAs usually involve both a person trained or skilled in delivering patient education or facilitating patient interaction and a practitioner with prescribing privileges. SMA sessions typically last 60 to 120 minutes, with time set aside for social integration, interactive education, and medication management, in an effort to achieve improved disease outcomes. SMAs have been scientifically tested in an array of primary care settings over the last 10 to 15 years. However, there has been great variability among these studies in relation to setting; components included in the intervention; and measurement of clinical, cost, and utilization outcomes. For example, the patient group may stay constant, in an attempt to provide group bonding, or the patients may be allowed to choose sessions from a schedule at their convenience to promote attendance. Like patients, provider teams can be constant or vary over time. This uncertainty regarding the optimal design and impact of SMAs led the VA to commission this evidence synthesis report. Our objective was to summarize the effects of SMA on staff, patient, and economic outcomes and to evaluate whether the impact varied by clinical condition or specific intervention components.

Kelly F, Liska C, Morash R, Hu J, Carroll S L, Shorr R, Dent S, Stacey D. **Shared medical appointments for patients with a nondiabetic physical chronic illness: a systematic review** *Chronic illness* 2019: 18 (1) ; 3-26

Objectives Shared medical appointments are group appointments, with an optional individual consultation, for patients diagnosed with chronic illnesses. Shared medical appointments improve diabetes management, but little is known about their use for other illnesses. The objective was to determine the effect that shared medical appointments have on patients with a physical chronic illness, healthcare providers, and the healthcare system. Methods A systematic review was conducted searching databases from January 1970 to September 2016. Eligible trials evaluated shared medical appointments for patients with a homogeneous chronic illness, excluding diabetes and mental illness. Screening, data extraction, and risk of bias were conducted independently by two authors. Analysis was descriptive. Results Of 2364 citations, nine randomized trials were included. Shared medical appointments were evaluated for cardiovascular illnesses (four studies), breast cancer, chronic kidney disease, Parkinson's disease, stress urinary incontinence, and carpal tunnel syndrome. Compared to usual care, no negative effects on patient quality of life, knowledge and satisfaction were reported. One study reported no difference in healthcare provider satisfaction. Another study showed fewer hospital admissions for patients who attended shared medical appointments. Discussion Few rigorous studies evaluated the use of shared medical appointments for chronic illnesses. Overall, there appears to be no patient harms. Further studies should include more objective outcomes and larger sample sizes.

Tsiamparlis-Wildeboer AHC, Feijen-De Jong EI, Scheele F. **Factors influencing patient education in shared medical appointments: integrative literature review** *Patient education and counseling* 2020; 103 (9) ; 1667-1676

OBJECTIVE: This integrative literature review investigates the factors influencing patient education in Shared Medical Appointments. **METHODS:** Following template analysis method, we used key concepts of the Social Cognitive Theory (SCT) and Social Constructivism as a priori themes. After detailed analysis of the included studies, we deduced subthemes, forming a final template. Based on this final template, we analysed our data again as a final check. **RESULTS:** We included 22 studies. We found that the factors feeling of bonding, humour, feeling of safety, access to information, time, relationship participants-staff, modelling and self-regulation influence the education of SMA participants. Furthermore, we found that health care providers function both as leaders and peers. **CONCLUSION:** We found eight factors that influence the education of SMA participants. Health care providers exert influence on these factors, but in turn, they are also influenced by them in their transfer of knowledge. **PRACTICE IMPLICATIONS:** In order to create a climate of learning and to promote transfer of knowledge, these eight factors should be considered. Health care providers should be aware of their roles and they might need some extra skills for their leadership roles. This can also lead to practical implications for the curriculum in medical schools.

Wadsworth KH, Archibald TG, Payne AE, Cleary AK, Haney BL, Hoverman AS. **Shared medical appointments and patient-centered experience: a mixed-methods systematic review** *BMC family practice* 2019; 20 (1) ; 97

BACKGROUND: Shared medical appointments (SMAs), or group visits, are a healthcare delivery method with the potential to improve chronic disease management and preventive care. In this review, we sought to better understand opportunities, barriers, and limitations to SMAs based on patient experience in the primary care context. **METHODS:** An experienced biomedical librarian conducted literature searches of PubMed, Cochrane Library, PsycINFO, CINAHL, Web of Science, ClinicalTrials.gov , and SSRN for peer-reviewed publications published 1997 or after. We searched grey literature, nonempirical reports, social science publications, and citations from published systematic reviews. The search yielded 1359 papers, including qualitative, quantitative, and mixed method studies. Categorization of the extracted data informed a thematic synthesis. We did not perform a formal meta-analysis. **RESULTS:** Screening and quality assessment yielded 13 quantitative controlled trials, 11 qualitative papers, and two mixed methods studies that met inclusion criteria. We identified three consistent models of care: cooperative health care clinic (five articles), shared medical appointment / group visit (10 articles) and group prenatal care / CenteringPregnancy® (11 articles). **CONCLUSIONS:** SMAs in a variety of formats are increasingly employed in primary care settings, with no singular gold standard. Accepting and implementing this nontraditional approach by both patients and clinicians can yield measurable improvements in patient trust, patient perception of quality of care and quality of life, and relevant biophysical measurements of clinical parameters. Further refinement of this healthcare delivery model will be best driven by standardizing measures of patient satisfaction and clinical outcomes.

Appendix: Database search strategies

Cochrane Airways Register of Trials via The Cochrane Register of Studies

#1 shared* NEAR appointment* AND INSEGMENT

#2 MESH DESCRIPTOR Appointments and Schedules AND INSEGMENT

#3 MESH DESCRIPTOR Group Processes AND INSEGMENT

#4 (group* NEAR2 (consult* or clinic* or setting)):ti,ab AND INSEGMENT

#5 #1 OR #2 OR #3 OR #4

#6 INREGISTER

#7 #5 AND #6

Epistemonikos

shared medical appointments