



Guidelines for How to Run a Shared Medical Appointment for Mob

An Orientation and Training Program



Shared Medical Appointment Orientation and Facilitator Training Guidelines.

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Welcome to the Program and These Guidelines.



Welcome from Uncle Bob Morgan, Kellie Kerin and John Stevens. We want to talk with you about Shared Medical Appointments, what they are and how to run them.

Bob is Professor Morgan is a Gumilaroi man from his birth community of Walgett, north-west NSW. He is a highly respected and acknowledged Aboriginal educator/researcher who has worked extensively throughout Australia and internationally in the field of Aboriginal knowledge and learning for over fifty (50) years.

Kellie is an Arrernte woman from the Central Desert and is a Registered Nurse for 30 years. Kellie has worked across many disciplines within nursing and is well travelled stemming from her role as a Remote Area Nurse. Kellie is the NT lead for SMAs and brings her accumulated knowledge, cultural wisdom to this Model of Care.

John is Professor of Lifestyle Medicine at Southern Cross University and lives with his family on Bunjulung Country in northern NSW. He has been talking about and teaching how to run SMAs for over 10 years.

This document contains the written Guidelines for Shared Medical Appointments Orientation and Training. It is likely that if you are reading these Guidelines that you have also watched and engaged in the online orientation and training version of this program that these guidelines are based on.

The orientation and training SMA Guidelines was developed to ensure that everyone understands what a Shared Medical Appointment is (and it might be called something else in language, Medical Dahwu Dhawu, Seeing the Doctor Together, Medical Yarn Up, Group Consultation, etc;) so that you can explain and promote it to patients and other staff and also become a SMA facilitator if you choose to do so.

It is highly recommended that anyone who is intending on being involved with SMAs to complete the training; this includes Aboriginal Health Workers and Practitioners, doctors, nurses allied health, managers, Community members, other health service workers, such as drivers and administrative staff.

These guidelines are a written resource for you to use, to help develop and revise your knowledge and skills in respect to running an SMA. You can copy and/or print the Guidelines and give them to people you think might find them useful. These Guidelines also contain resources, such as planning templates and evaluation tools. Examples of these can be found in the Appendix section.

What Uncle Bob thinks about Shared Medical Appointments



Uncle Bob has been yarning about Shared Medical Appointments for many years. He thinks of them as a First Nations Model of Health care that can help people and communities as well as improve relationships with health services and their staff.

He says this about his experience of working with people who use SMAs

The opportunity to observe SMAs in practice with a group of Aboriginal men confirmed for me the transformational potential that SMAs have not only for Aboriginal men, but women as well.

Having worked with many Indigenous men in sharing circles over the years I know how important shared knowledge and experience is; it helps break down the fear of the unknown, the often paternalistic and silencing methods and processes utilized in conventional Indigenous healthcare settings, and it is a source of empowerment for people usually seen and treated as victims.

If the SMA model and practice is adopted in Australia I believe that it would radically change the Indigenous healthcare landscape and dramatically impact closing the gap on Indigenous health targets.

SMAs could be an important innovation in Indigenous healthcare

Chapter 1. What Is A Shared Medical Appointment?

Why do you see Shared Medical Appointments called by other names?

Shared Medical Appointments, SMAs, will be used in many different places and are often given a localized name as part of being culturally relevant and contextual to different cultural settings, places and communities. They are also known by other names in the scientific literature when people write about them and undertake research. So there are many names for Shared Medical Appointments and the list of what people call them is growing all the time.

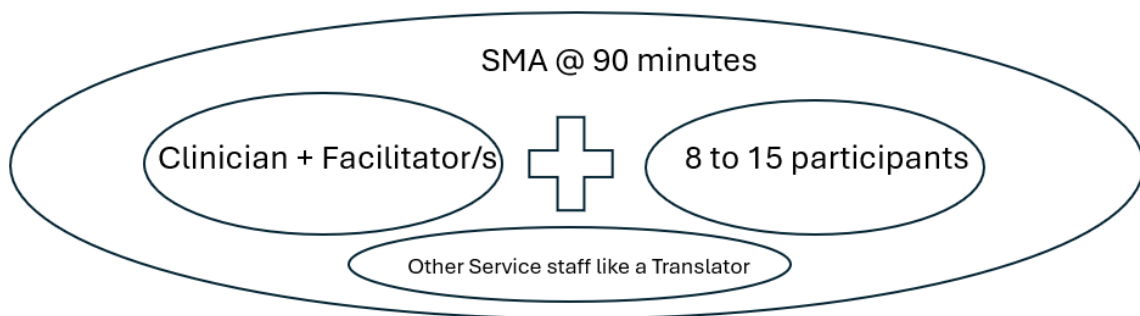
You may read in the literature or hear them called:

- Medical Yarn Up (MYU)
- Medical Dahwu Dahwu
- Seeing the Doctor Together
- Group Medical Visits
- Group Medical Appointments
- Group Consultations
- Group Medical Consultations
- Group Visits
- ... and the list is growing ...

A Definition of A Shared Medical Appointment

SMA's are:

- individual medical or other health consultations
- carried out sequentially with a number of patients,
- led by a skilled Facilitator and Provider
- with other patients with similar healthcare concerns listening and being actively engaged



SMA's often will take about 90 minutes or more.

A trained facilitator will work with participants for the 90 minutes. In some cases the SMA may only have the clinician for a brief period of time, something like 60 minutes. This is especially the case if the clinic is busy and that is all the time clinicians have available.

SMA's normally include a Clinician, like a Doctor or Dietitian for example, and most importantly, a trained facilitator.

From experience 8 patients is a good number of participants for SMA's to run well but in some cases there have been as many as 15 participants which still works well. The 'comfortable' is best determined by the facilitator and clinician.

SMA's can have other staff and community attend as well, if that is negotiated with the patients.

SMAs are a new way for participants and the Doctor, or other clinician, to work together to address healthcare issues.

SMAs are not this way



SMAs for Aboriginal people are more like this way



Why try SMAs?

In a published journal article from 2012 when SMAs were first being trialed, SMAs were shown to:

‘...lower direct medical costs, improve clinical outcomes, improve patient satisfaction, powerfully engage patients, provide peer support and maximise the value of patient time spent at the primary care clinic.

In addition, they improve health care providers’ satisfaction and enhance teamwork, collaboration and communication across disciplines.’ (Edelman et al., 2012)



Stuart Yirwa McGrath is a Yolngu Man and a Registered Nurse. He has helped teach people about SMAs and talks about how:

1) **SMAs are good for Aboriginal people because:**

- They help you feel safe, you get more time with your doctor and health team,
- You hear what has happened to other people with the same sickness and how they got better.
- Most importantly, it helps to empower Aboriginal people and their communities so that they are better positioned to take better control of their health.

2) **SMAs are good for the health service because:**

- They are safer and more people attend.
- They make efficient use of health staff and their time (for example, seeing ten people in 90 minutes in a SMA is more efficient than if 10 people saw the clinician individually in 20 minute one to one appointments, which could take up to 4 hours),
- The staff like running them,

most importantly

- they help the clinicians build stronger relationships with people, community and Country.

Stuart talks about some important points to know about SMAs:

Everyone participating in the SMA will have the opportunity for an individual medical consultation with the Doctor (or another clinician) in front of others in the group about what is important to them.

This can be done in front of the group so everyone else can listen, contribute and learn together.

The participants and the Doctor can still talk privately if the information is personal and/or sensitive.

Chapter 1 Activity

What follows is an activity to help you remember what you have learned.

Sometimes it's tricky when people ask you what a Shared Medical Appointment is.

Like anything, if you practice then you get better at answering. When you are ready you can practice by undertaking this activity.

Imagine you are driving with a patient you know from the community, and she asks:



What is a shared medical appointment?

- 1) Write your answer below, and/ or
- 2) voice record your answer on your device:

What is a Shared medical Appointment?

Writing space here. _____

When you have finished read your answer back to yourself.

or

Play your answer back and listen to see how it sounds to you.

If it doesn't read or sound how you would like it to be, then repeat the activity

Chapter 2. Planning Your SMA

Although they have been carried out in the United States and the United Kingdom since 1998, Shared Medical Appointments (SMAs) were only introduced into Australia in 2014 by the Australasian Society of Lifestyle Medicine and the authors of these guidelines. Studies have been carried out to test patient, clinician and provider satisfaction with the process in both Indigenous and non-Indigenous healthcare settings. Research trials have been conducted and they show that patient satisfaction and the desire for more SMAs, once they had been experienced, was extremely high. SMAs were consistently well supported by First Nation people every time they were run.

A big reason for the success of SMAs has been found in the expertise and experience of the Facilitator. That is why a training program was established.

One of the key functions of the facilitator is to plan the SMA. This will mean talking with the community, the health care team and the health care service. Chapter 2 looks at how facilitators need to plan their SMAs.

This Chapter focusses on the use of a planning template that can help new facilitators get started when they are new to planning SMAs. The template helps to plan by suggesting the types of questions that may be asked of the community, clinical teams and services so that they make the most of their SMA experience.

Where SMAs have been reported as not working well, this is usually because of a lack of planning. The opposite is true too, most SMAs are successful because they are well planned.

There is no one way to plan SMAs. Each SMA will be different. So, it is important that everyone is comfortable in the plan is decided on. When you are working in a community you will be the best judge of this. What is presented in this Chapter is just

one example of planning that has proven to be helpful for SMA facilitators and teams in other locations.

A planning template outlined in this Chapter can be found in the Appendix as well. The planning template is helpful in answering key questions and can be used to help you plan and design your SMA so that it includes your thinking about what is best for community, health care workers and the health service.

You can change the name of this template to fit your version of the language describing Shared medical Appointments (SMA), for example, Medical Yarn Up (MYU), Seeing the Dr Together, Medical Dhawu Dahwu (MDD), etc., for this example, however, it is called SMA.

The SMA Planning Template

The ‘WHAT’ Questions

This first part of the template looks at the ‘**What**’ questions.

‘What type of SMA will you run?’

WHAT	
1. What type of SMA will you run? <i>Homogenous groups are recommended for your first SMA, as these tend to be easier to run.</i>	☐ Heterogenous ☐ Homogenous ☐ Programmed SMA ☐ Virtual SMA ☐ Virtual Programmed SMA
2. What topic will your SMA focus on? i.e. Type 2 Diabetes, Weight Management etc.	

To help answer this question it is good to know that there are different types of SMAs. SMAs can be a single one-off SMA and unfocussed, or they can be a series of SMAs over many weeks with sessions designed to focus on the participants consultation questions. But in these types of SMAs you are normally just undertaking a medical

consultation only. There is another type of SMA called a 'programmed shared medical appointment' (pSMA).

Programmed Shared Medical Appointments are designed to not only undertake a medical consultation but might also include a program of education, skill development and behavioral change. PSMA's might be delivered over several sessions. Different programs like weight loss, diabetes management, chronic pain management and mental health wellness, for example, might take between 3 to 10 sessions, delivered over a longer period of time, such as for some weight management programs that have been run the time period for their delivery is up to 3 months. – There are many health topics that fit the SMA model and there is never just one way to design and deliver a programmed shared medical appointment.

The SMA Type is often named to be similar to the type of patient groups that you want to run.

1) *Heterogenous or mixed groups* are SMAs that involve a group with a mixture of health issues. They are sometimes called the Drop-In Group Medical Appointment (DIGMA). Shared medical appointments with these groups of participants are useful if the service has a set scheduled time for anyone to drop in with any issue for an SMA. DIGMA's are good to help reduce long waiting lists. These have not been trialed very often in Australia and New Zealand but there is good evidence in the literature from other countries showing they are effective and efficient.

2) *Homogenous or same groups* are SMAs with people who have something in common that links them together. I.e., the same illness type (even though what they want to consult with the clinician about can be diverse) or the same family, or the same cultural group. If your focus is on having people attend who have diabetes, pain or mental health, these would be examples of homogenous groups.

3) *Programmed Shared Medical Appointment pSMA* (as noted above) are a series of SMAs that are aimed not only at consulting with the clinician but are used to also deliver a specifically designed program of information, skill development and behavior change, such as weight management or reversing diabetes or managing chronic pain for example. These tend to have a precise number of sessions planned as part of the program; between 3 and 10 for example.

4) *Virtual SMAs*, are SMAs (for either heterogenous and homogeneous groups) that are conducted online – or as a hybrid - with some participants online and others together in the healthcare setting, or with the participants together in a healthcare setting with the facilitator and Clinician online – there are many Virtual SMA variations and possibilities.

5) *Virtual Programmed SMA*, is the same as a Programmed Shared Medical Appointment (pSMA) as described above, only it is delivered online.

Question 2. What will your SMA focus on?

If you know your community well, then you will have a good idea what the common issues are, and you could discuss these with your SMA team.

If your practice software allows, you can search for lists of patients and look for clinical records to see what problems stand out that people need help with. There is no point planning an SMA where there are not enough patients to make it work.

As examples, we have found that SMAs can be beneficial for (including but not exhaustive of):

- Chronic conditions which benefit from lifestyle change and motivations.
- Conditions that require a high level of understanding by patients and the health service.
- Illnesses where a patient may feel shame in a standard consultation.
- Prevention of chronic conditions, smoking cessation and/or weight management.

The 'WHO' Questions

The questions 3 to 9 ask you to consider, 'Who' is the person or team that can best answer the planning question?

WHO	
3. Who is/are going to be the 'Champion(s)' that drive the SMA in your clinic?	
4. Who is going to be the Facilitator? Have they completed the ASLM Shared Medical Appointments (SMA) for Practitioners and Facilitators Course (online or face-to-face)? ☐ Yes ☐ No	
5. Who is going to be the consulting Practitioner?	
6. Who is going to be the Documenter? This can be the Facilitator if staff are limited.	
7. Have all of the above staff either been trained in or familiarised themselves with the SMA Protocol?	
8. Who are your Patients going to be? ▪ Target market – Is there a particular demographic that is suited to your SMA?	
8b. How many Patients do you want to have in the group? ▪ We recommend 8-15 patients as ideal If recruiting by GP or Provider ~ 80% success = ask 20 If others in the practice recruit ~ 50% success = ask 30 If recruiting by letter or txt ~ 10% success = ask 80 to 150 patients	

The 'WHERE' Questions

Where will your SMA be held?

Where	
10. Where will your SMA be held? This needs to be somewhere safe for participants and legally ok for health care staff to practice in. How will participants and health staff get there?	
11. Do you have enough room to seat all the people? ▪ Includes Facilitator, Practitioner & Documenter ▪ Participants are usually seated so a large consulting room or waiting room should suffice	

The 'WHEN' Questions

When will the SMA be held?

Arranging the right time can be tricky to line up all participants and service staff in the location you want to be in so they can be there together.

WHEN	
12. When will your SMA be held? ▪ Date, time etc. ▪ Does your SMA need to be out of hours to accommodate the availability of the space, the practitioner, your patients etc.? Are there timing issues to consider like celebration or cultural days where other duties may become more important?	
13. How long will your SMA go for? ▪ Recommended 60-90 mins.	

The 'HOW' Questions

- *Equipment considerations.*

When you have decided the Where and When plans, then you will need to know other things like the How: how the SMA is going to run for example, what equipment you are going to need.

HOW	
EQUIPMENT	
14. Do you have enough seating or mats to accommodate all the people coming to your SMA e.g. 12-15 people?	
15. Do you need and do you have a whiteboard? ▪ If not, you can use butchers' paper + blue tack etc	
16. Do you need and do you have markers? ▪ Whiteboard / Permanent (for butchers' paper)	
17. Do you need and do you have a laptop (or other) for medical records keeping? Or for streaming or showing education materials.	
18. Do you have a time keeping device?	
19. Do you have the relevant patient records on hand? Are they allowed to be in this location?	
20. Name tags or not?	
21. Pens	
22. Patient Confidentiality Agreement forms ▪ A confidentiality template is available in the 'Document Templates' section	
23. Patient booking sheet w/t contact phone numbers if they need to be called or a driver needs to collect them.	
24. Other relevant materials/equipment that you think you might need? ▪ Tape measure ▪ Audio recording device ▪ Patient handouts	
HOW (Cont.)	

The How Questions (continued)

- *The Money story or billing question*

What will be the fee structure and income of the SMA?

MONEY STORY /BILLING/FEE STRUCTURE/BUDGET	
25. What is going to be the fee structure for your SMA? Each Organisation will need to build a billing model that complies with regulations especially if MBS is engaged. Map out your fee structure and ensure that it is financially viable for the design of your SMA. This may mean developing a budget and estimating income versus expenditure.	

- *The Marketing Story –*

How will you let people know that they can come to the SMA

MARKETING	
26. How are you going to market your SMA? Invitation direct from the Practitioner/other staff? Brochures, flyers, handouts for patients SMS or email sent to patients Posters for the clinic or Local media Community network	

- *The Booking Question*

How will the participants book in to attend the SMA?

BOOKINGS	
27. How are patients going to book in for the SMA? And how can they cancel if they can't make it.	

The How Questions (continued).

- Continue reading and filling out the SMA Planning Template

CONFIDENTIALITY	
28. Have you got enough confidentiality agreements and consent forms printed out for participants? Confidentiality and consent are legal requirements. Ensure these are understood because SMA can sometimes make confidentiality difficult. They should be explained and signed prior to the commencement of the SMA. Who will be responsible for making this happen? Can the information the participants are consenting to be delivered in language?	
MEDICAL RECORDS	
29. What is going to be the system for medical record keeping during the SMA? The clinician making the medical records must make this decision.	
PRESCRIPTIONS & REFERRALS	
30. How will prescriptions & referrals be written up? When? (during/at the end of SMA) -normally only a medical doctor can make this decision Who will that medical doctor be?	
DEBRIEF & EVALUATION	
31. How will the Facilitator debrief with the patients once the Practitioner has left? You could use methods like having a discussion, taking an evaluation survey, or both? It is important to debrief with the patients to find out what worked for them, what didn't, to check their understanding and if everyone has what they needed. This information can be used to inform future SMAs and make them better for everyone.	
32. How will the Facilitator, Practitioner and any other staff involved, debrief after the SMA? This is an important step as it ensures the continuous growth and evolution of SMAs in your clinic. What worked? What didn't work? What would you change for the next time?	
33. List the questions that you are going to include in the discussion/survey This list will be good to develop with the team and the community	

By using this template each time you consider a new SMA you will have a useful plan to work from.

This is not the only way to plan a SMA. If you and your team have a better way to plan, then that is the right way to do it.

Confidentiality and Consent

A special note about confidentiality and informed consent.

Confidentiality and consent templates are available in the Appendix.

It is important that before the SMA proceeds, every patient:

- has given their informed consent to take part in the SMA
- has committed to respecting the privacy and confidentiality of the other patients present
- understands that they do not have to share anything with the group that they do not wish to, and
- that they are free to decline to take part or to leave the session whenever they want.

It is best that the participants have this information delivered in language and sign the form (or acknowledge it in some other culturally safe way) before the start of the SMA. Sometimes it can be on arrival at the SMA location.

If you are doing this on arrival, consider the extra time this will take and adjust the length of time of your SMA.

Chapter 2 Activity

What follows is an exercise to help you remember what you have learned in Chapter 2.

Find a version of the SMA planning template in the Appendix. Either print it off or open it in a computer program so that you can type your responses in.

Then have a go at filling it in for an SMA that you would like to see run in your community. You can either do this on your own, or together with your team

What were the trickiest questions to answer?

[write your response here]

Chapters 3 and 4; How to Facilitate A Shared Medical Appointment.

(This section combines two chapters you may have seen in the videos linked to these Guidelines. Together the chapters introduce ideas about how to be the facilitator for a shared medical appointment.)

A. Who can be a SMA facilitator.

All roles in the SMA are important but the facilitator has the most important role in shaping the session as a true SMA.

A facilitator can be anyone from any professional background, in some places, facilitators have been doctors, nurses, AHP/W and allied health professionals.

However, a clinical background is not always required. Local community workers, support workers, community chosen people, or community leaders can be a facilitator.

B. SMA Group Management

The success of a Shared Medical Appointment session relies on effective group management to ensure everyone who is participating in the group session:

- 1) has the opportunity to share their health concerns with the clinician; and
- 2) to join in on the group discussion, if they want to, within the time that is available.

This means the facilitator needs to have good skills at building and maintaining relations with community, clinicians and the health service.

C. The Skills That Facilitators Will Develop.

Facilitators get good at:

- Working with and knowing group dynamics
- Interacting with the Practitioner
- Respectful communication with participants, community and health service staff

Facilitators are also good at:

- Being able to remain respectful but sometimes moving the SMA yarning along so everyone can have an opportunity to talk with the clinician while they are available
- Using humour to help make SMA safe and fun
- Having knowledge of avoidant relationships and community business, events and ceremonies. Knowing or acknowledging their conflicts of interest like trying to sell a product for personal gain etc.

- Time management. The clinician will often only have a limited time to be at the SMA e.g. 60 minutes, and the facilitator needs to provide every participant with an opportunity to have a talk with the Practitioner in the time available
- Knowing what they don't know and being careful not to offer the wrong information.

D. Some of the tasks Facilitators often do include:

- Helping plan the SMA from the outset
- Acting as a 'champion' for the program
- Having materials, documents, patient records etc. ready on the day
- Being first at the SMA
- Setting up the space according to your plan for example, if you are using a whiteboard or know that you will need a screen and computer
- Working with the clinician during the session to help identify the order in which participants should be consulted
- Managing distractions like noise or chatter among participants or other issues with space, like seating, lighting, air conditioning or cheeky dogs.
- Respectfully moving the consultations along and keeping the clinician on time
- Answering patient questions before and after the session and if required, assist the Clinician during the consultation if you know things that will help the clinician and the participants
- Managing participants that take over the consultation with issues that are not helpful; Also help shy participants feel safe and not shame
- Knowing when and how to finish the SMA and help the practitioner and participants leave on time

The facilitator jobs might also include:

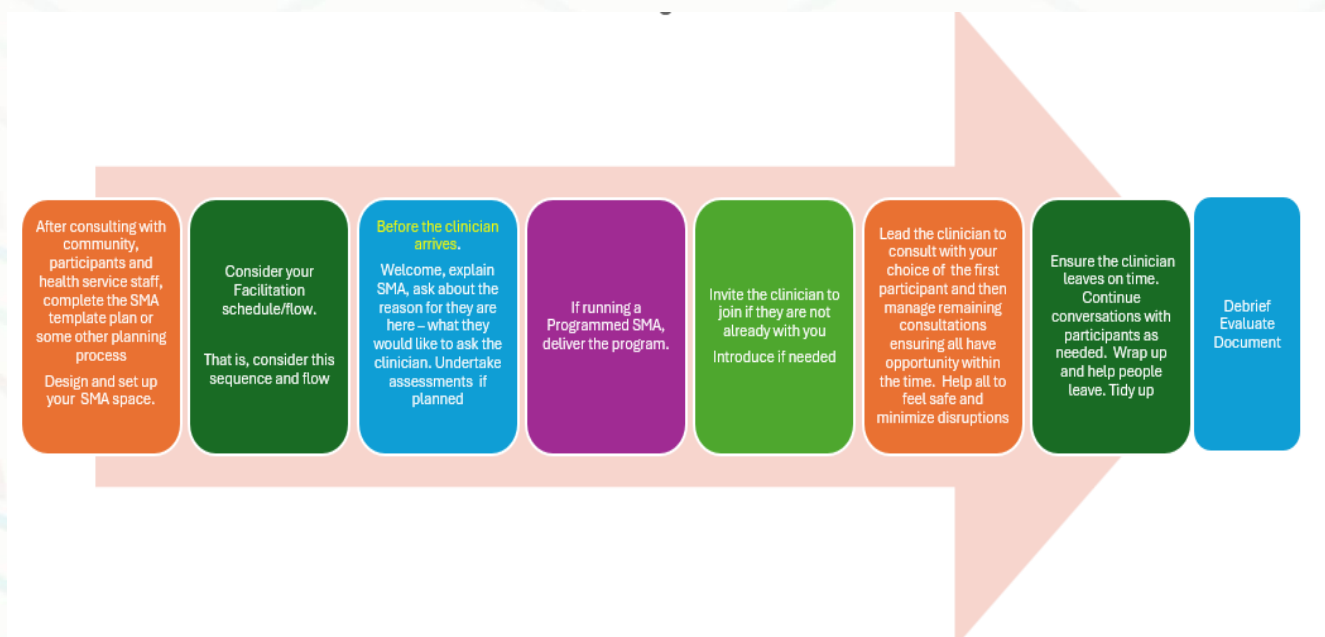
- Organising the de-briefing session so all SMA staff can have a talk about the session to learn from the good and bad moments
- Checking that the medical records are kept according to the SMA plan
- Managing the space at the end of the SMA, chairs, mats, dishes, rubbish, lights out air conditioning off etc.

Tasks Facilitators 'should not do', include:

- becoming distracted and stay focused on facilitating
- doing jobs that are not important during the session like: making tea, getting food, answering your phone etc.
- getting lost in a side conversation with other participants
- arguing with the clinician in front of the participants
- talking about health matters you don't know about

The Flow of A Typical Shared Medical Appointment

The diagram below shows a typical flow in a SMA that a Facilitator might experience



This is an example of what other facilitators have experienced. Don't be worried if your SMA is different. As it turns out, many SMAs are similar but they are all different.

An Example of Schedule of Activities in A SMA

The table below shows an example of a schedule of activities that might be experienced in an SMA

Facilitator only (30 minutes)	• greet patients • distribute name tags and patient packs • informed consent and confidentiality agreements • group education or discussion • decide on issues or concerns to discuss with the GP, these can be notated on a whiteboard or butchers' paper under each person's name for the GP to work through
GP and facilitator (60 minutes)	• sequence of individual medical consultations (lasting between 6 minutes and less than 20 minutes duration per patient for Level B consult)
After the session	• patients complete evaluation and book any required 1:1 consults • GP to complete any private examinations or discussions, write scripts or referrals, and approve notes and billing • patients may linger to chat with one another for a time after the session • clinical team to debrief

This is also an example of what other facilitators have done, but don't be worried if your SMA is different.

There are other examples of activity schedules in the Appendix.

Chapter 3 & 4 Activity

What follows is an activity to help you remember what you have learned in Chapters 3 & 4.

Uncle Bob is in your Shared Medical Appointment. He was invited along with the other participants by Dr Penny. He has circulation issues in his feet because of Type 2 Diabetes. Bob says:



The Dr is going to ask me to take my shoes off. But I'll feel shame cause I got holes in my socks. I don't think I can stay.

Activity. 

Imagine that you are the facilitator.

a) Use your mobile device to record your imaginary response to Uncle Bob

B) Play it back to yourself. Do you think Bob would respond positively to your response? If you don't think Bob would respond positively then repeat this exercise a few times.

C) Wait 24 hours or so, and play it back again. Do you think your response to Uncle Bob is still a good one?

[you can use this space below if you prefer to write your response to the activity.]

Chapter 5. Consider Health Coaching

The skills of health coaching are useful for the SMA clinical team and facilitators. There will be many opportunities when the patients in a SMA are likely to benefit from Health Coaching techniques.

Health and wellness coaching is a process where professionals, with various backgrounds and education, assist individuals and groups in achieving their own self-determined health and wellness goals. The focus is on empowering clients to make sustainable changes by using their internal strength, knowledge and external resources such as family, friends, community and health services.

Through coaching, you can guide individuals and groups towards taking ownership of their health and wellness journeys. By actively listening, asking powerful questions, and providing support, you can help them identify their strengths and resources, set achievable goals, and create action plans that align with their values.

By learning and applying health coaching skills, you can grow your ability to support others in their health and wellness journeys.

If you would like to know more about Health Coaching. Click the following link to see a short presentation and introduction to Health Coaching.



Katherine West ACCHO has developed an accredited Health Coaching Course. If you want to know more, click here:

https://poche.mdhs.unimelb.edu.au/_data/assets/pdf_file/0005/5191529/KWHB-Health-Coaching-Overview-R4v4-1.pdf



Completion statement

Nice work. This is the end of the guidelines but hopefully not the end of your learning about SMAs. There's a new way ahead



The Appendix which follows contains resources you might find useful in planning and running a SMA

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Appendix 1. Shared Medical Appointment Planning Template

WHAT	
1. What type of SMA will your run? <i>Homogenous groups are recommended for your first SMA, as these tend to be easier to run.</i>	☐ Heterogenous ☐ Homogenous ☐ Programmed SMA ☐ Virtual SMA ☐ Virtual Programmed SMA
2. What topic will your SMA focus on? i.e. Type 2 Diabetes, Weight Management etc.	

WHO	
3. Who is/are going to be the 'Champion(s)' that drive the SMA in your clinic or health service?	
4. Who is going to be the Facilitator? Have they completed the Shared Medical Appointments (SMA) Facilitators Course (online or face-to-face)?	
5. Who is going to be the consulting Clinician?	
6. Who is going to be the Documenter?	
7. Have all of the above staff either been trained in or familiarised themselves with the SMA process?	
8. Who are your Participants going to be? Are there any avoidant relationships Are there ceremonies that need to be might be considered	
9. How many Participants do you want to have in the group? 8-15 seems to be a good number but can be more or less	

Where	
10. Where will your SMA be held?	
11. Do you have enough room to seat everyone people? How many participants? How many staff?	

WHEN	
12. When will your SMA be held? ▪ Date, time etc.	
13. How long will your SMA go for? ▪ Usual is around 60-90 mins	

HOW	
EQUIPMENT	
14. Do you have enough seating or mats	
15. Do you have a whiteboard or other screen? ▪ eg can use butchers' paper + blue tack, lap top	
16. Do you have markers? ▪ Whiteboard / Permanent (for butchers' paper)	
17. Do you have a laptop (or other) for medical records keeping?	
18. Do you have the relevant patient records on hand?	
19. Do you have a time keeping device?	
20. Name tags	
21. Pens	
22. Patient Confidentiality Agreement forms ▪ Template available in the 'Document Templates' section. Each service will need work out how confidentiality will be managed.	
23. Patient booking sheet w/t contact phone numbers	
24. Other relevant materials/equipment? Examples: ▪ Tape measure ▪ Audio recording device ▪ Patient handouts	

HOW (Cont.)	
BILLING/FEE STRUCTURE	
25. What is going to be the fee structure for your SMA? Each Organisation will need to build a billing model that complies with regulations especially if MBS is engaged. Map out your fee structure and ensure that it is financially viable for number of participants you are expecting and the design of your SMA.	

MARKETING	
26. How are you going to market your SMA? ▪ Invitation direct from the Clinician/other staff? ▪ Brochures, flyers, handouts for patients ▪ SMS or email sent to patients ▪ Posters for the clinic or Local media	
BOOKINGS	
27. How are patients going to book in for the SMA?	
CONFIDENTIALITY	
28. Have you got enough confidentiality agreement forms printed out for participants? Do you need to have these signed prior to the commencement of the SMA. Who will be responsible for making this happen?	
MEDICAL RECORDS	
29. What is going to be the system for medical record keeping during the SMA?	
PRESCRIPTIONS & REFERRALS	
30. How will prescriptions & referrals be written up? ▪ When? (during/at the end of MYU) - By whom? - How & where will the participants pick them up	
DEBRIEF & EVALUATION	
31. How will the Facilitator debrief with the patients once the Clinician has left? ▪ Discussion, ▪ Survey, ▪ Both It is important to debrief with the patients to find out what worked for them, what didn't, to check their understanding and if everyone has what they needed. This information can be used to inform future MYU protocols.	
32. How will the Facilitator, Clinician and any other staff involved, debrief after the SMA? ▪ This is an important step as it ensures the continuous growth and evolution of MYUs in your clinic ▪ What worked? ▪ What didn't work? ▪ What would you change for next time?	
33. List the questions that you are going to include in any discussion or survey	

Appendix 2. Shared Medical Appointment (SMA) Consent and Confidentiality

Please tick the boxes to show that you understand and agree. If you are unsure, ask a staff member.

I am taking part in a shared medical appointment (SMA). My medical care today will primarily be provided in a group setting, with other patients present. The service will be bulk billed to Medicare.

☐ Agree

My attendance at the SMA is voluntary. I understand that I am free to leave the session at any time. I can access private standard medical appointments at the clinic regardless of whether I take part in the SMA.

☐ Agree

What I choose to discuss in the group setting is also voluntary. I can decline to answer a question, or ask to answer the question in private, and my wishes will be respected. If there is a conversation or examination that I would prefer to happen without the group present, I can request a brief time in private with the doctor towards the end of the session.

☐ Agree

I agree to keep the session safe for everyone by respecting everyone's confidentiality. I will not discuss or identify the other patients present today or their medical issues once the SMA is over.

☐ Agree

Name: _____ Signature: _____ Date: _____

(this version from the Brisbane South PHN Shared Medical Appointments Toolkit 2024)

Appendix 3. SMA Patient Confidentiality template (delete this line before printing)

Shared Medical Appointment Confidentiality Agreement

Practice Name: _____
Provider Name: _____
Patient Name: _____
Date: _____
Location: _____

Please tick the box at the end of the statement which reflects your response:

I understand that my participation is voluntary and I understand that I can cease my participation at any time.

Yes ☐ No ☐

I agree to keep confidential the identities of people who might participate in this appointment with me and the information they might share with myself and others.

Yes ☐ No ☐

Participant's Name: _____

Participant's Signature: _____ date: _____

Appendix 4. SMA Confirmation Letter Example

Dear *[insert name here]*

Thank you for choosing to participate in a Shared Medical Appointment on *[insert date and time here]*.

We hope your experience of the shared medical appointment will be helpful in assisting you in managing your health.

Why a Shared Medical Appointment?

People in our practice have been telling us for some time about how helpful it would be to connect with other people living with the same health condition, or those who have similar health concerns as themselves. The Shared Medical appointment (SMA) is in response to this.

What is a Shared Medical Appointment?

A Shared Medical Appointment is an inclusive group medical visit, in which people receive an individual consultation with their usual **doctor** *[insert other clinician here]*, within a group setting.

A Shared Medical Appointment is generally attended by 6-15 people and can be up to 90 minutes long, with the doctor *[insert of clinician here]* attending the group for about 60 minutes. The SMA Facilitator will help participants identify health questions or issues they wish to address with the doctor prior to the doctor coming into the meeting.

To optimise your care, all relevant blood and diagnostic tests will need to be completed prior to the appointment, and your results will be available at your Shared Medical Appointment. The SMA facilitator will contact you about this prior to your scheduled appointment, if this is needed.

A room or other space is available in the event a physical examination is required. This could be before, during or after the Shared Medical Appointment.

What can I expect at a Shared Medical Appointment?

- Answers to your health questions
- Discussion of test results, referral for any further tests/procedures and examination
- Discussion of treatment options
- Prescription changes or renewals/discussion of medication side effects
- Friendly discussion with others who have the same or similar health concerns
- Clinical support from your health care team

Please let us know in advance, if there is anything you do not wish to discuss at the SMA.

Kind regards,

Appendix 5. SMA on the day checklist

Date of SMA:

SMA Topic:

SMA (SME) Clinician:

SMA Facilitator:

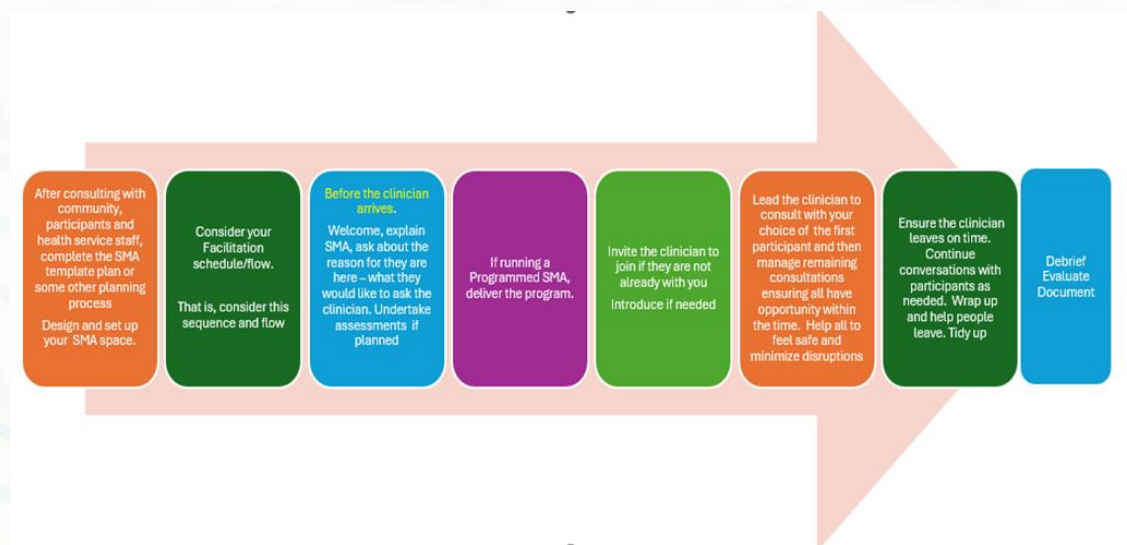
SMA Administrator / Recorder:

What	Completed Yes/No
Pre SMA	
Admin	
SMA Room	
Physical exam room available	
Chairs - circle	
Whiteboard, pens, Blutac	
Name badges	
Heating/lighting	
Video consult set up if necessary	
Refreshments, water	
Remind patients the day before	
Welcoming organised	
AHP, Nurse or Allied Health	
View the Screening term	
Test and Results available for clinician and board	
Observations completed	
Results on the board	
Organise and prepare for physical examinations if required	
Assess patients for post SMA activities	
Clinician	
Review test results	
Review on the day Observations	
Meet with the team	
Post SMA	
Facility tidy up	
Patient notes updated	
Care plan updated	
Other	

*adapted from Tū Ora Compass Health SMA Guide 2019

Appendix 6. An Example of the Flow of a Shared Medical Appointment

Overall SMA Flow.



SMA Flow On The Day.

- Facilitator puts each participant name on the whiteboard and asks each person if there is something they want to discuss with the doctor today. This is then written by that person's name on the board. The facilitator will prioritise people for the order of consultation.
- The facilitator reviews ground rules and invites the group for additions/ amendments.
- If necessary, individuals' measurements (BP, height, weight) can be taken 20 minutes before the doctor arrives, or as each participant enters the room; this can continue through the consultation, if need be, until completed and entered on the board. This could be done by a nurse or PCPA.
- When this is complete, the doctor joins the group and begins with a welcome prior to starting individual consultations. The doctor will see people as prioritised by the SMA facilitator.
- The facilitator is now focused on managing the SMA, i.e.
 - Keeping the group engaged if the doctor needs to examine a patient away from the group.
 - Actively manage the group dynamic so that people are heard, not interrupted and provided opportunity to participate.
 - Keeping the doctor to time to ensure sufficient time is given to each participant.
 - Support the documenter of the meeting as required e.g. printing prescriptions, referrals and/or any other diagnostic follow ups.
- When all consultations are complete, the facilitator 'wraps up the session' by ascertaining if there are any more questions for the doctor before he/she goes.
- The doctor leaves the room while the facilitator completes outstanding discussion points/ questions.

In the case of a specialist consultation (weight control, quitting smoking etc.), the facilitator may introduce topics to be discussed during the SMA session and hand out resources/equipment

Appendix 7. An example of a welcome to a Shared Medical Appointment

“Hi and thanks for coming to this Shared Medical Appointment.

Below we get underway, can I ask if everyone has their signed confidentiality agreement with them

please, and if everyone could switch off their mobile phone so we’re not interrupted. Thank you.

Timing is important if we are to make the most of the 90 minutes today. It’s important everyone gets an opportunity speak, be heard and to have their questions answered with the doctor.

A SMA is a new way of seeing your health team, which enables you all to contribute to the care of

each other, with the help of the doctor. You’ll each get a chance to ask questions of the doctor individually, just like an ordinary medical appointment – except that there will be other people watching and listening and possibly also adding their experience to your consult.

I’ll be helping the doctor keep to time today, which means I may need to interject some conversations so that we can move on. Hopefully any extra questions you have will come out later

or from someone else. I’ll also try to make sure that anyone who is a bit quieter gets an opportunity

to speak.

The only thing I ask is that everyone listens to everything that’s going on – contribute if you like – but please don’t talk to the person next to you or shift attention away from the main discussion. I’m

sure you’ll find everything interesting and will learn a lot from each other.”

Appendix 8. The Good Manners List for Happy Shared Medical Appointments

- Turn off mobiles or other devices
- What's shared in the group is confidential
- No question is a silly question
- Let others have their say
- Respect opinions of others
- Keep to time
- Be open to change
- Be present
- Are there others you would like to include?

Add other agreed points:

Appendix 9. SMA Collated Evaluation Forms

SMA Evaluation Forms (Download them, print them, fill them in, use them)

Form 1.	SMA Facilitators form to complete after each session
Form 2.	The Facilitator form to complete at 6 months. From collated activity forms i.e. form 1
Form 3.	Facilitator/ Clinician form at 6 months
Form 4.	Qualitative prompts and ideas for gathering data



Form 1: The SMA facilitators form - to complete after each session

Area of focus	Short term outcome	Quantitative / categorical response	Reflections
			<i>Share any reflections that come to mind for you and consider your practice and intentions. Some questions to spark your thinking include: what stood out to you in the session? Was anything new or surprising? Was anything raised by participants about the approach? Is there anything that could be done better next time?</i>
	Session		1
Activity data	Date		[insert]
	Topic		[insert]
	Type of clinician attending		[insert]
	Who Attended		[insert]
	New / Repeat participants		[insert]
1. Achieving cultural responsiveness	Participants decide where to hold SMA	Y / N / Unsure	
	Participants provide input to topics to cover	Y / N / Unsure	
	Participants can provide input to how often the group meets	Y / N / Unsure	
	Participants speak up during session	Y / N / Sometimes / Unsure	
	Participants have repeat attendance at the sessions	Y / N / Unsure	

2. Achieving improved health and care outcomes for people and clinicians	Participants ask questions on topics shared	Y / N / Sometimes / Unsure	
	Participants request specific topics and/or ask questions	Y / N / Sometimes / Unsure	
	Participants request or seek further support (e.g. a follow up appointment)	Y / N / Sometimes / Unsure	
	Clinicians engage with the model	Y / N / Sometimes / Unsure	
	Clinicians adapt practice to reality of their patients' lives and learn from them	Y / N / Sometimes / Unsure	
	Clinicians check in on any behaviour changes during session	Y / N / Sometimes / Unsure	
3. Achieving great care experiences for both people and clinicians	Participants offer each other assistance outside of session, e.g. lift home	Y / N / Sometimes / Unsure	
	Participants speak up during session	Y / N / Sometimes / Unsure	
	Participants have repeat attendance at the sessions	Y / N / Sometimes / Unsure	
	Clinicians provide	Y / N / Sometimes	

	relevant information that participants can understand and are interested in	es / Unsure	
	Clinicians are happy to participate and engaged in delivery	Y / N / Sometimes / Unsure	
4. Achieving reasonable costs for funders and providers	Clearly defined costs are documented and met as expected	Y / N / Sometimes / Unsure	
5. Finding sustainable options to deliver for funders and providers	Reduced no-show rates to individual appointments	Y / N / Sometimes / Unsure	
	Improved attendance rates via SMA	Y / N / Sometimes / Unsure	
	Organisational interest and training in SMA	Y / N / Sometimes / Unsure	
	SMA improvements to fit with organisational goals and requirements	Y / N / Sometimes / Unsure	
	AHPs design and deliver or coordinate sessions	Y / N / Sometimes / Unsure	

Form 2. The Facilitator form to complete at 6 months. From collated activity forms (Form 1)

Area of focus	Medium term outcome	Quantitative / categorical response	Reflections
		Collated from monthly data	Share any reflections that come to mind for you and consider your practice and intentions . Some questions to spark your thinking include: what stood out to you in the session? Was anything new or surprising ? Was anything raised by participants about the approach ? Is there anything that could be done better next time?
Activity data	No. of sessions held in last 6 months	[insert number]	
	Date period	[insert date]	

		period - date period]	
	Topics covered	[insert descriptio ns]	
	Attending total	[insert number]	
	New / Repeat participants	[insert number]	
	Have you noticed a difference in engagement between participants?	Y / N / Sometime s / Not sure	[share informatio n on who and why]
1. Achieving cultural responsiveness	How many place-based SMAs have been offered?	[insert number]	[where were they held?]
	Participants make decisions about the delivery of the SMA	Y / N / Sometime s / Not sure	[which participan ts, how often, what decisions did they make?]
2. Achieving improved health and care outcomes for people and clinicians	Reduced no-show rate for participants (e.g. compare attendance to SMA vs general appointments in previous year)	[review clinic database]	[share reflection on why see or don't see reduction]
	Completion of MBS item 723 (management plan)	[review clinic database]	[share any relevant informatio n on this - e.g. was it offered? Was it done elsewhere ?]
	Completion of MBS Item 715 (annual check)	[review clinic database]	[share any relevant informatio n on this - e.g. was it offered? Was it done elsewhere ?]

	Clinicians have repeated engagement with the model	Y / N / Sometimes / Not sure	[what have you noticed about clinicians engagement with the model? Have they shared anything with you? What kinds of clinicians have you used and how do they engage differently?]
	Participants attend monitoring for e.g. HbA1c	[review clinic database]	[share reflections]
	Participants have a recorded HbA1c in last 6 months	[review clinic database]	[share reflections]
3. Achieving great care experiences for both people and clinicians	There is a relaxed atmosphere in the sessions	Y / N / Sometimes / Not sure	[share reflections]
4. Achieving reasonable costs for funders and providers	The defined ratio of efficient billing is met	[insert how many times - e.g. 4/5 times or 1/5 times]	[share reflections]
	Clearly defined costs related to a culturally responsive model	Y / N	[share reflections]
	Demonstration of start-up versus ongoing costs	[provide a breakdown in I&E report]	[share reflections]
	Demonstration of Medicare vs program costs	[review what was billed for clients for MBS vs program]	[share reflections]

		costs and add to I&E report]	
	Demonstration of benefits to costs ratio (e.g. reduced no-show rate)	[tbc]	[share reflections]
5. Finding sustainable options to deliver for funders and providers	Clinician time is used more efficiently seeing multiple patients		[provide a reflective response on costs and numbers of patients seen]
	SMA's available as standard business in appointment columns	Y / N	
	Established governance around SMA	Y / N	[if yes, provide information on what it is; if no, share why]
	Locally created innovations and improvements	Y / N / Not sure	[if yes, provide information on what]
	Aboriginal employees feel confident and capable of delivering SMA independent of coordinator	Y / N / Sometimes / Not sure	[is this a reflection from coordinator or asked of AHP?]

Form 3: Facilitator/ Clinician form at 6 months

Area of focus	Medium term outcome	Question	Quantitative / categorical response	Reflections
	<i>(provided for information for clinician but could be removed)</i>			<i>This is an opportunity to share any reflections that come to mind for you about the questions listed. You can also use reflective practice questions below to spark your thinking.</i>
Activity data		What type of clinician / health professional are you?		
		How many times have you participated in SMA?		
		What topics have you focused on in the SMA?		
1. Achieving cultural responsiveness	<i>Clinicians notice a difference in engagement from participants compared to other types of sessions (e.g. in clinic)</i>	Have you noticed a difference in engagement from participants compared to other types of sessions? (e.g. in clinic)	Y / N / Sometimes / Not sure	
2. Achieving improved health and care outcomes for people and clinicians	<i>Clinicians feel value in using SMA model to deliver healthcare</i>	Do you think you can deliver valuable healthcare using this method?	Y / N / Sometimes / Not sure	
	<i>Clinicians have repeated engagement with the model</i>	Would you like to engage again with this model?	Y / N / Sometimes / Not sure	

3. Achieving great care experiences for both people and clinicians	<i>There is a relaxed atmosphere in the sessions</i>	What did you feel the atmosphere was like in the session?	Y / N / Sometimes / Not sure	
4. Achieving reasonable costs for funders and providers	<i>Clinician time is used more efficiently seeing multiple patients</i>	Does this feel like a more efficient use of your time - seeing more than one person at once?	Y / N / Sometimes / Not sure	
Other Facilitator/Clinician skills reflections	<i>AHPs feel confident and capable of delivering SMA independent of coordinator (or contributing to SMA)</i>	Have you noticed whether AHPs are confident to contribute to the session?	Y / N / Sometimes / Not sure	
	<i>Clinicians adapt practice to reality of their patients lives and learn from them</i>	Does participating in the SMA give you a different sense of the reality of your patients lives and how might that affect what you do?	Y / N / Sometimes / Not sure	
	<i>Clinicians check in on any behaviour changes during session</i>	Are you able to individually check on your patients how you would like to in the session?	Y / N / Sometimes / Not sure	
	<i>Clinicians provide relevant information that participants can understand and are interested in</i>	Have you noticed whether patients appear to be understanding or be interested in the information you offer them?	Y / N / Sometimes / Not sure	

	<i>Clinicians are happy to participate and engaged in delivery</i>	Do you enjoy being a part of this kind of healthcare delivery?	Y / N / Sometimes / Not sure	
Reflective practice questions - examples				
<i>These reflective practice questions are an opportunity to reflect on underlying thoughts, feelings and assumptions - intangibles that can play out in tangible ways</i>		How did your own presence, intentions and reactions play out in the session?		
		What might be relevant to adapt or do differently next time to get closer to the outcomes listed?		
		In thinking about the sessions what stood out to you?		
		Was anything new or surprising?		
		Was anything raised by participants about the approach?		
		Is there anything you noticed that you could do better next time?		

Form 4. Qualitative prompts and ideas for gathering data

Area of focus	Medium term outcome	Conversation prompts - examples	Method / reflections
		<i>Example open-ended questions to pose to group. These can and should be modified to what is culturally contextual for each site. The goal is to have participants share their reflections on whatever they choose, in a way that is safe and meaningful for them to do so.</i>	
1. Achieving cultural responsiveness	Participants share that they are feeling safe	Tell us about your experience of coming to this group	<i>Method of sharing TBD by evaluation participants</i>
	Participants share feeling that the model is culturally safe	Tell me about your experience of learning about your health here, versus learning about your health at the clinic. What do you think?	
2. Achieving improved health and care outcomes for people and clinicians	Participants share feeling that they have learned about how to improve health	Does it feel like a safe place here? Why?	
	Participants share that they feel they have learned helpful information	Is it a good way to learn about health? Why?	
3. Achieving great care experiences for both people and clinicians	Participants share usefulness regarding coming together with their peers in the SMA model	What has made you want to come back to participate in this program?	
	Participants share feeling trust in reflecting on the model		

Appendix 10. A Simple Patient SMA evaluation form

Patient Post-SMA Evaluation

Thank you for being part of the Shared Medical Appointment.

This survey is voluntary. Your responses are completely anonymous. What you say here will not affect your relationship with your GP or anyone else and it will not affect the care you receive.

1. Did you like attending the shared medical appointment?	
What I liked. Choose any that apply: ☐ It was good to hear about other people's journey and that I am not alone. ☐ I learnt new things from other people who attended. ☐ I had more time to listen to information from the doctor. ☐ It was a social event also, which was nice. ☐ It felt good to share my own story. ☐ I felt safe ☐ Other (please write):	What I did not like Choose any that apply: ☐ It was not better than a regular medical appointment with a GP. ☐ It was a complicated process. ☐ I did not like discussing my health in the group. ☐ I did not like other people in the group. ☐ It did not feel private enough. ☐ I had questions/comments that I did not get to ask or say. ☐ I am worried about catching COVID in the group. ☐ Most or all of the other people were not interested anyway. ☐ Other (please write):
2. Would you attend another Shared Medical Appointment if it was offered?	
☐ Yes	☐ No
If you have anything else you would like to say please write it here:	

*Adapted from the BSPHN SMA Toolkit 2024

Appendix 11. A simple SMA evaluation of health staff performance

EVALUATING the SMA PERFORMANCE

For your centre

- De-brief with group:
 - “What did you think of this session?”
 - “What would you like to see more of?”
 - “What would you like to see less of?”
 - “Would you come again? How regularly?”
- De-brief with doctor/staff
 - “What worked. What didn’t work?”
 - “What could be done better next time?”

Appendix 12. SMA evidence

A Brief Review Of The Evidence For Shared Medical Appointments/Medical Yarn Ups. (V43 090224)

By John Stevens RN PhD FCN FASLM.

Email. John.Stevens@scu.edu.au

SMA Nomenclature and Process

Shared Medical Appointments are also known in the medical literature as Group Consultations, Group Medical Appointments, and when applied to the care of Aboriginal and Torres Strait Islander people, Medical Yarn Ups.

A typical SMA may take up to 90 minutes with 8-12 patients attending with similar health concerns, managed and supported by a trained facilitator, in which the General Practitioner (GP) consults with each patient individually and consecutively, according to the requirements of their scope of practice and the Health Insurance Regulations (2021).

The SMA process is predicated on a personal attendance, involving a single medical practitioner, provided to a single patient, on a single occasion – this is an important consideration if an Australian provider is intending to claim MBS item numbers.

The requirements of a consultation are met in a SMA setting as the GP evaluates the patient's health-related issue/s; formulates a management plan in relation to the health issues; provides advice to the patient and/or their relatives (if authorised by the patient); provides appropriate preventive health care advice; and records the clinical detail of the service(s) provided to the patient.

The main difference that the SMA process offers is that other patients with similar concerns are listening and, when appropriate, are able to contribute their knowledge and lived experience to a conversation that might follow the consultation.

Evidence for SMAs

There is a large and growing body of evidence showing that this difference in the consultation process is making significant improvements to: patient outcomes, practice efficiencies and cost effectiveness^{1 2 3 4 5 6 7}; reduced waiting times^{5 7 8}; reduced presentations to emergency departments and hospital admission rates.^{2 8 9 10} The literature also strongly and consistently reports that SMAs improve patients' knowledge and self-management competency^{3 11 12}. SMA consultations are a rare example of a model that meets healthcare's quintuple aim of better cost-effective care and outcomes, better education, high patient, and clinician satisfaction.^{6 13 14 15} There is also a recent study showing its use in Naturopathic consultations.¹⁶

SMA's and T2DM.

There is also a growing body of evidence about the utility of SMA's, specifically, in the overall improved management of patients with type 2 diabetes mellitus as well as specific measures in knowledge and self-management skill development and overall provider and patients satisfaction. ^{12 17-27}

A few recent studies have emerged showing patients using SMA's having equal and or improved management of specific determinants of t2dm such as blood glucose measurements (HbA1c) ^{28 29} and weight. ^{3 30 31 32 33}

SMA's as a Strategy for First Nations people relative to the Closing The Gap Objectives

Shared Medical Appointments provide a model of care that is of great interest amongst Aboriginal Controlled Community Health Organisations (ACCHO's) as it also offers improved accessibility while being culturally safe and responsive. ^{3 33 34} The model has been named Medical Yarn Up by ACCHOs who have trialled it and by their clients who have participated in these trials. Medical Yarn Ups have been reported in the literature and through roundtable discussions facilitated by ASLM, as being an important strategy in Closing the Gap. ^{33 34} Studies with First nations people continue to demonstrate positive engagement and outcomes when using SMA's. ^{35 36 37 38 39}

SMA's, Current Practice, And Collaborations with Primary Health Networks

ASLM is currently working with a number of PHNS to develop SMA's as an adjunct to General Practice. The PHNs are engaging SMA's as a strategy to enhance primary care's capacity to manage the rise in lifestyle-related chronic disease presentations and workforce issues.

ASLM has trained over 1400 clinicians in the last 5 years in the SMA process and conducted a number of trials showing its effectiveness and acceptance by patients and providers in practice ³. ASLM has worked with UK and NZ Health Services to help develop equivalent SMA processes that are now being integrated into services in those countries ⁵. The UK is routinely using Group Consultation (SMAS) in over 1000 medical centres. Group Consultations, as SMA's are referred to in the UK, have been identified by the NHS as the most important strategy for reducing ~8 million patient waiting list, an aftermath of the Covid 19 pandemic. ^{40 41}

THE EVIDENCE FOR SHARED MEDICAL APPOINTMENTS/MEDICAL YARN UPS



WHAT ARE SHARED MEDICAL APPOINTMENTS/ MEDICAL YARN UPS?

SMA/MYU are medical consultations that normally include groups of 6-15 people with similar concerns, managed and supported by a trained facilitator, in which their General Practitioner consults with each patient individually, in person or as telehealth as per the Health Insurance Regulations, with other patients listening, contributing and supporting.



SMA/MYU IMPROVE EFFECTIVENESS AND EFFICIENCY

There is a large and growing body of evidence showing improvements in patient outcomes, practice efficiencies and cost effectiveness. First Nations people report feeling safer, and services are more responsive and accessible



SMA REDUCE WAITING TIMES, PRESENTATIONS TO EMERGENCY AND HOSPITAL ADMISSIONS

There is a growing body of evidence showing that SMAs reduce waiting times, reduce presentations to emergency departments and hospital admission rates



SMAs/MYUs IMPROVE PATIENTS' SELF-MANAGEMENT COMPETENCIES

The evidence is strong showing that SMAs and MYUs can improve patient's knowledge and self management competencies, especially in relation to chronic and lifestyle related disorders



PATIENT AND PROVIDER SATISFACTION IS EXTREMELY HIGH

There are over 9000 published articles that describe extremely high rates of satisfaction for Patients and Providers in using SMAs. No articles have been found showing negative outcomes or poor satisfaction



SMAs/MYUs CAN BE USED TO MANAGE T2DM

There are a growing number of publication including systematic reviews showing SMA/MYU improving HbA1C and other determinants vs standard care

List of references

1. Egger G, Binns A, Cole M, Stevens J, et al. Shared medical appointments – An adjunct for chronic disease management in Australia? *Aust Fam Physician* 2014;43(3):151–54.
2. Edelman D, McDuffie JR, Oddone E, Gierisch JM, Nagi A, Williams JW Jr. Shared medical appointments for chronic medical conditions: A systematic review. Durham, NC: Evidence based Synthesis Program (ESP) Center Durham Veterans Affairs Healthcare System, 2012
3. Egger G, Stevens J, Egger S Volker N. 2019 ‘Programmed’ Shared Medical Appointments (pSMAs) for weight management in primary care: A proof of concept intervention study. *Aust Journal of General Practice* Vol 48, No 10, 681-688
4. 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 Fam Pract.* 2019 Jul 8;20(1):97. doi: 10.1186/s12875-019-0972-1. PMID: 31286876; PMCID: PMC6615093.
5. Jones T, Darzi A, Egger G, Ickovics J, Noffsinger E, Ramdas K, Stevens J, Sumego M, Birrell F. PROCESS & SYSTEMS: A systems approach to embedding group consultations in the NHS. *Future Healthc J.* 2019 Feb;6(1):8-16
6. Birrell F, Lawson R, Sumego M, Lewis J, Harden A, Taveira T, et al. Virtual group consultations offer continuity of care globally during Covid-19. *Lifestyle Medicine.* 2020;1(2)
7. Tang M, Graham F, O'Donnell A et al. Effectiveness of shared medical appointments delivered in primary care for improving health outcomes in patients with long-term conditions: a systematic review of randomised controlled trials. *MedRxiv* 2022.03.24.22272866
8. Cunningham, S.D.; Sutherland, R.A.; Yee, C.W.; Thomas, J.L.; Monin, J.K.; Ickovics, J.R.; Lewis, J.B. Group Medical Care: A Systematic Review of Health Service Performance. *Int. J. Environ. Res. Public Health*
9. Dwyer KM, Axtens MJ, Egger G, Stevens J. Re-imaging healthcare delivery in the era of COVID-19. *Intern Med J.* 2022 Nov;52(11):1998–2000. doi: 10.1111/imj.15931. PMID: 36114725; PMCID: PMC9538078.
10. Kelly F, Liska C, Morash R, Hu J, Carroll SL, Shorr R, Dent S, Stacey D. Shared medical appointments for patients with a nondiabetic physical chronic illness: A systematic review. *Chronic Illn.* 2019 Mar;15(1):3–26. doi: 10.1177/1742395317731608. Epub 2017 Sep 19. PMID: 28927284.9.
11. Harvey 2020 Shared Medical Appointments to Improve Self-Care Actions in the Adult Heart Failure Patient Paige E. Harvey University of Missouri-Kansas City Approved May 2020 by the faculty of UMKC in partial fulfillment of the requirements for the degree of Doctor of Nursing Practice ©2020
12. Ee C, de Courten B, Avarde N, de Manincor M, Al-Dabbas MA, Hao J, McBride K, Dubois S, White RL, Fleming C, Egger G, Blair A, Stevens J, MacMillan F, Deed G, Grant S, Templeman K and Chang D (2020) Shared Medical Appointments and Mindfulness for Type 2 Diabetes—A Mixed-Methods Feasibility Study. *Front. Endocrinol.* 11:570777. doi: 10.3389/fendo.2020.570777
13. Bartley KB, Haney R. Shared medical appointments: improving access, outcomes, and satisfaction for patients with chronic cardiac diseases. *The Journal of Cardiovascular Nursing.* 2010 Jan-Feb;25(1):13-19. DOI: 10.1097/jcn.0b013e3181b8e82e. PMID: 20134280.
14. Stevens JA, Cole M-A, Binns A, Dixon J, Egger G. A user assessment of the potential for shared medical appointments in Australia. *Aust Fam Physician* 2014;43(11):804–07
15. Marshall V, Jewett-Tennant J, Shell-Boyd J, Stevenson L, Hearn R, Gee J, Schaub K, LaForest S, Taveira TH, Cohen L, Parent M, Dev S, Barrette A, Oliver K, Wu WC, Ball SL. Healthcare providers experiences with shared medical appointments for heart failure. *PLoS One.* 2022 Feb 7;17(2):e0263498. doi: 10.1371/journal.pone.0263498. PMID: 35130320; PMCID: PMC8820643.
16. Gerontakos, S., Leach, M., Steel, A., & Wardle, J. (2023). Feasibility and efficacy of implementing group visits for women's health conditions: a systematic review. *BMC Health Services Research*, 23(1), 549. <https://doi-org.ezproxy.scu.edu.au/10.1186/s12913-023-09582-6>

- 17 Edelman, D., Gierisch, J. M., McDuffie, J. R., Oddone, E., & Williams, J. W., Jr. (2015). Shared medical appointments for patients with diabetes mellitus: a systematic review. *Journal of General Internal Medicine*, 30(1), 99–106. <https://doi-org.ezproxy.scu.edu.au/10.1007/s11606-014-2978-7>
- 18 Kowalski, C. P., Veaser, M., & Heisler, M. (2018). Formative evaluation and adaptation of pre-and early implementation of diabetes shared medical appointments to maximize sustainability and adoption. *BMC Family Practice*, 19(1), 109. <https://doi-org.ezproxy.scu.edu.au/10.1186/s12875-018-0797-3>
- 19 Gurfinkel, D., Holtrop, J. S., Kwan, B., Phimphasone-Brady, P., Waxmonsky, J., & Nederveld, A. (2023). Examining Adaptations to Implementation of Diabetes Shared Medical Appointments in Primary Care. *Annals of Family Medicine*, 21, 1–2.
- 20 Drake, C., Kirk, J. K., Buse, J. B., Edelman, D., Shea, C. M., Spratt, S., Young, L. A., & Kahkoska, A. R. (2019). Characteristics and Delivery of Diabetes Shared Medical Appointments in North Carolina. *North Carolina Medical Journal*, 80(5), 261–268. <https://doi-org.ezproxy.scu.edu.au/10.18043/ncm.80.5.261>
- 21 Kirsh, S. R., Aron, D. C., Johnson, K. D., Santurri, L. E., Stevenson, L. D., Jones, K. R., & Jagosh, J. (2017). A realist review of shared medical appointments: How, for whom, and under what circumstances do they work? *BMC Health Services Research*, 17(1), 113. <https://doi-org.ezproxy.scu.edu.au/10.1186/s12913-017-2064-z>
- 22 Kahkoska, A. R., Brazeau, N. F., Lynch, K. A., Kirkman, M. S., Largay, J., Young, L. A., & Buse, J. B. (2018). Implementation and Evaluation of Shared Medical Appointments for Type 2 Diabetes at a Free, Student-Run Clinic in Alamance County, North Carolina. *Journal of Medical Education and Training*, 2(1).
- 23 Davis, S., Johnson, V., McClory, M., & Warneck, J. (2019). Diabetes empowerment with a nurse-led shared medical appointment program. *Nursing*, 49(7), 67–69. <https://doi-org.ezproxy.scu.edu.au/10.1097/01.NURSE.0000558093.08099.cc>
- 24 Kwan, B. M., Rementer, J., Richie, N., Nederveld, A. L., Phimphasone-Brady, P., Sajatovic, M., Nease, D. E., Jr, & Waxmonsky, J. A. (2020). Adapting Diabetes Shared Medical Appointments to Fit Context for Practice-Based Research (PBR). *Journal of the American Board of Family Medicine : JABFM*, 33(5), 716–727. <https://doi-org.ezproxy.scu.edu.au/10.3122/jabfm.2020.05.200049>
- 25 Hartzler, M. L., Shenk, M., Williams, J., Schoen, J., Dunn, T., & Anderson, D. (2018). Impact of Collaborative Shared Medical Appointments on Diabetes Outcomes in a Family Medicine Clinic. *The Diabetes Educator*, 44(4), 361–372. <https://doi-org.ezproxy.scu.edu.au/10.1177/0145721718776597>
- 26 Klonoff, D. C., Yeung, A. M., Huang, J., Espinoza, J. C., Raymond, J. K., Lee, W.-A. A., Koliwad, S. K., & Kerr, D. (2023). Twenty-first century management of diabetes with shared telemedicine appointments. *Journal of Telemedicine and Telecare*, 1357633X231184503. <https://doi-org.ezproxy.scu.edu.au/10.1177/1357633X231184503> (tele health).
- 27 Ganetsky, V. S., Shea, J. A., Szapary, C., Ikechi, R., Keddem, S., Kaufman, S. T., & Long, J. A. (2022). Exploring barriers and facilitators to glycemic control and shared medical appointment engagement in underserved patients with diabetes. *Journal of Health Care for the Poor and Underserved*, 33(1), 88–103. doi:<https://doi.org/10.1353/hpu.2022.0008>
- 28 Papadakis, A., Pfoh, E. R., Hu, B., Liu, X., Rothberg, M. B., & Misra-Hebert, A. D. (2021). Shared Medical Appointments and Prediabetes: The Power of the Group. *Annals of Family Medicine*, 19(3), 258–261. <https://doi-org.ezproxy.scu.edu.au/10.1370/afm.2647>
- 29 Noya, C., Alkon, A., Castillo, E., Kuo, A. C., & Gatewood, E. (2020). Shared Medical Appointments: An Academic-Community Partnership to Improve Care Among Adults With Type 2 Diabetes in California Central Valley Region. *The Diabetes Educator*, 46(2), 197–205. <https://doi-org.ezproxy.scu.edu.au/10.1177/0145721720906792>
- 30 Watts, S. A., Strauss, G. J., Pascuzzi, K., O'Day, M. E., Young, K., Aron, D. C., & Kirsh, S. R. (2015). Shared medical appointments for patients with diabetes: glycemic reduction in high-risk patients. *Journal of the American Association of Nurse Practitioners*, 27(8), 450–456. <https://doi-org.ezproxy.scu.edu.au/10.1002/2327-6924.12200>

31 Walker, R., Ramasamy, V., Sturgiss, E., Dunbar, J., & Boyle, J. (2022). Shared medical appointments for weight loss: a systematic review. *Family Practice*, 39(4), 710–724. <https://doi-org.ezproxy.scu.edu.au/10.1016/j.japh.2019.07.014>

[ezproxy.scu.edu.au/10.1093/fampra/cmab105](https://doi-org.ezproxy.scu.edu.au/10.1093/fampra/cmab105)

32 Shibuya, K., Pantalone, K. M., & Burguera, B. (2018). Virtual Shared Medical Appointments: A Novel Tool to Treat Obesity. *Endocrine Practice : Official Journal of the American College of Endocrinology and the American Association of Clinical Endocrinologists*, 24(12), 1108–1109. <https://doi-org.ezproxy.scu.edu.au/10.4158/1934-2403-24.12.1108>

33 Stevens J, Morgan B, Firth W, Egger G. Shared Medical Appointments in Weight Management: A Culturally Responsive Process for Aboriginal Women. *Translational Trial Results. American Journal of Lifestyle Medicine*. May 2022. doi:10.1177/15598276221088246

34 Stevens J, Binns A, Dixon J, Morgan R, Egger G 2016 Shared Medical Appointments for Aboriginal and Torres Strait Islander Men. *Australian Family Physician* vol 45 (6) 425-429.

35 Noya, C. E., Chesla, C., Waters, C., & Alkon, A. (2020). Shared Medical Appointments: An Innovative Model to Reduce Health Disparities Among Latinxs With Type-2 Diabetes. *Western Journal of Nursing Research*, 42(2), 117–124. <https://doi-org.ezproxy.scu.edu.au/10.1177/0193945919845677>

36 Ganetsky, V. S., Long, J. A., Mitra, N., Chaiyachati, K. H., & Kaufman, S. T. (2020). Impact of a Multidisciplinary, Endocrinologist-Led Shared Medical Appointment Model on Diabetes-Related Outcomes in an Underserved Population. *Diabetes Spectrum : A Publication of the American Diabetes Association*, 33(1), 74–81. <https://doi-org.ezproxy.scu.edu.au/10.2337/ds19-0026>

37 Ganetsky, V. S., Shea, J. A., Szapary, C., Ikechi, R., Keddem, S., Kaufman, S. T., & Long, J. A. (2022). Exploring barriers and facilitators to glycemic control and shared medical appointment engagement in underserved patients with diabetes. *Journal of Health Care for the Poor and Underserved*, 33(1), 88-103. doi:<https://doi.org/10.1353/hpu.2022.0008>

38 Karaivanov, Y., Philpott, E. E., Asghari, S., Graham, J., & Lane, D. M. (2021). Shared medical appointments for Innu patients with well-controlled diabetes in a Northern First Nation Community. *Canadian Journal of Rural Medicine : The Official Journal of the Society of Rural Physicians of Canada = Journal Canadien de La Medecine Rurale : Le Journal Officiel de La Societe de Medecine Rurale Du Canada*, 26(1), 19–27. https://doi-org.ezproxy.scu.edu.au/10.4103/CJRM.CJRM_45_20

39 Papoutsis, C., Hargreaves, D., Hagell, A., Hounsborne, N., Skirrow, H., Muralidhara, K., Colligan, G., Ferrey, A., Vijayaraghavan, S., Greenhalgh, T., & Finer, S. (2022). Implementation and delivery of group consultations for young people with diabetes in socioeconomically deprived, ethnically diverse settings. *BMC Medicine*, 20(1), 459. <https://doi-org.ezproxy.scu.edu.au/10.1186/s12916-022-02654-0>

40 British Society of Lifestyle Medicine Address by Finance Dept Lead NHS - report on Covid waiting lists- 22-23rd September 2022 Tottenham.

41. Lawson R 2023 Letter to Australasian Society of Lifestyle Medicine - Un published.

Appendix 13. Other Readings

Links To Other Shared Medical Appointment Readings.

Shared medical appointments for Aboriginal and Torres Strait Islander men

<https://pubmed.ncbi.nlm.nih.gov/27622234/>

Shared Medical Appointments in Weight Management: A Culturally Responsive Process for Aboriginal Women. Translational Trial Results

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11836567/>

Continuous Glucose Monitors and Programmed Shared Medical Appointments in Managing Type 2 Diabetes Mellitus Among First Nation Women in Australia: A Co-Designed Feasibility Study

<https://pubmed.ncbi.nlm.nih.gov/39802907/>

Shared medical appointments – an adjunct for chronic disease management in Australia?

<https://www.ncbi.nlm.nih.gov/pubmed/24600680>

Shared medical appointments

<https://www.bmj.com/content/358/bmj.j4034>

Group consultations: the solution to the workforce crisis in primary care?

<https://www.networks.nhs.uk/nhs-networks/releasing-capacity-in-generalpractice/documents/2-4-group-consultations-evidence-summary-elc>

Shared Medical Appointments/Group Visits

<https://www.aafp.org/about/policies/all/shared-medical.html>

Shared Medical Appointments

<https://my.clevelandclinic.org/patients/information/shared-medical-appointments>

Shared Medical Appointments for Chronic Medical Conditions: A Systemic Review

<https://www.ncbi.nlm.nih.gov/books/NBK99790/>

Appendix 14. Katherine West Health Coaching Certificate. Course Information

https://poche.mdhs.unimelb.edu.au/_data/assets/pdf_file/0005/5191529/KWHB-Health-Coaching-Overview-R4v4-1.pdf

