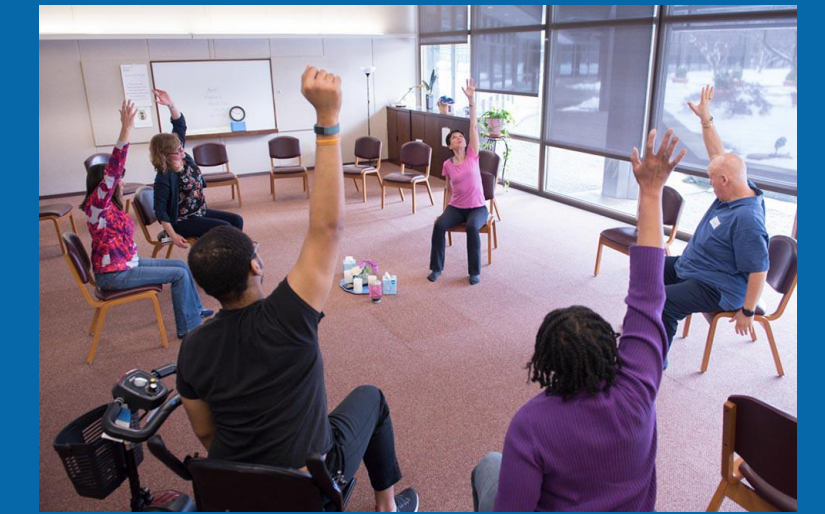


Can We Move the Wellness "Needle" with Shared Medical Appointments for MS Patients?

Sunakshi Bassi, Mary R. Rensel, MD FAAN

Case Western Reserve University

The Mellen Center Cleveland Clinic Cleveland, OH



Background

Comorbidities with MS are associated with higher mortality and other consequences.

We aim to find a solution to educate and enact change in MS patients towards overall better health.

Shared Medical Appointments are a cost effective, high quality resource for education, experience and examination for a group of patients.

Objectives

Present the demographics, patient reported outcomes (PRO), functional outcome (FO), vital signs and comorbidities of patients that attended a shared medical appointment (SMA)

Determine if there are changes in FO, PRO or and health outcomes after SMA attendance.

Methods

A monthly SMA with rotating Wellness topics including: Nutrition, Culinary medicine, Therapeutic yoga and Guided imagery was offered to MS patients.

Medical records were reviewed for demographics, FO, PRO, vitals, health care utilization and comorbidities. Patient satisfaction surveys were tallied and reviewed.

Results I

N=33 attended at least 1 SMA/12 months
 Average age=50yrs, 24-71.
 Mean disease duration= 11.1 years
 91% women
 18% vocationally disabled

Comorbidities:

Most common- HTN, 36%
 Others DM- 12%
 COPD 3%
 Normal blood pressure at SMA,
 Mean weight, preSMA 74kg



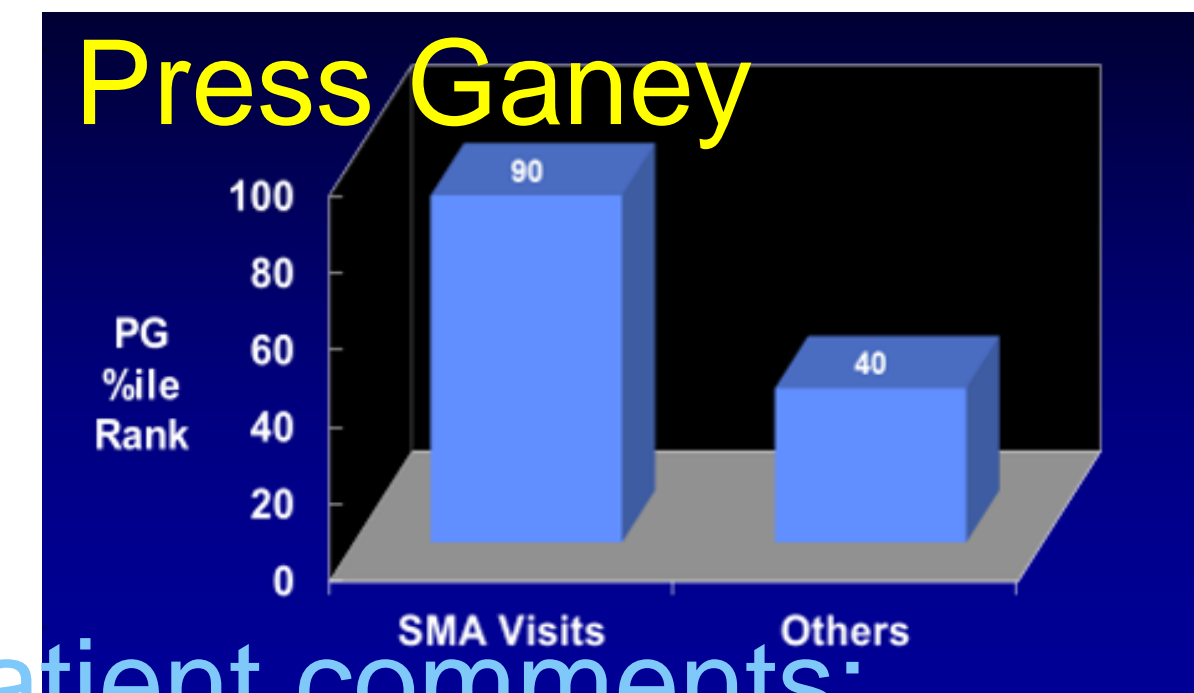
Results II

Patient satisfaction

75% for attending again
 75% gained valuable information
 45% returned for >1 SMA
 average # SMAs in 12 months, 2.2, 1-7
 36% attended 3 or > SMA

Increase in Post SMA Appointments

Health Psychology
 Wellness Consults
 Guided imagery
 Nutrition
 Acupuncture
 Physical therapy
 Occupational therapy



Patient comments:

Prefer shared appointment to 1-1. It has made me more open to treatment suggestions
Nice hearing that others have similar situations – makes it feel like you're not alone
I really enjoy the opportunity to learn more to help myself, while also learning from other patients experiences as well

Conclusions

Female patients attended preferentially.

More than one SMA attended lead to long term participation.

The attendees were typically middle aged with mild mood disorder and gait disorder.

The SMA received high patient satisfaction scores.

SMA Benefits



- Access, quality
- More resources
- Education
- Health management skills
- Patient satisfaction
- Provider & team satisfaction
- Improves access
- Leverage resources
- High quality of care
- Cost-effective, High Quality
- Cost/Episode
- Hospital Readmissions
- Population management
- Resource integration