Shared medical appointments for the preoperative consultation visit of Mohs micrographic surgery

Thomas J. Knackstedt, MD,[a] and Faramarz H. Samie, MD, PhD[a,b]
Lebanon and Hanover, New Hampshire

Background: Shared medical appointments (SMAs) allow patients with similar diagnoses to be simultaneously educated and cared for by 1 provider. SMAs appear well suited for Mohs micrographic surgery because all patients receive similar information about skin cancer pathophysiology, prognosis, prevention, treatment, reconstructive options, and wound care.

Objective: We sought to create a SMA for the preoperative consultation visit of Mohs micrographic surgery and to evaluate patient satisfaction with this model.

Methods: A pilot SMA was implemented. Patient satisfaction was assessed via a 13-question survey over a 6-month period.

Results: In all, 149 patients were seen in our SMAs. The survey response rate was 65.8%. Respondents answered Likert scale questions with a mean value of 4.29 ± 0.09 (on a 1-5 scale, where 5 is the best). Patients found the SMA model useful (84.7%) and would attend another SMA in the future (80.6%).

Limitations: Limitations include the sample size of the study, relatively homogenous patient population, possible response bias, and a potential selection bias (as all participants in the SMA chose this type of appointment rather than a conventional one).

Conclusions: SMA can be successfully used for the Mohs preoperative consultation visit with high patient satisfaction. (J Am Acad Dermatol 2015;72:340-4.)

Key words: dermatologic surgery; Mohs micrographic surgery; outcomes research; patient satisfaction; shared medical appointments; skin cancer.

Over 3.6 million cases of nonmelanoma skin cancer are diagnosed annually.[1] The majority are basal cell carcinoma and squamous cell carcinoma. Mohs micrographic surgery may be used to treat nonmelanoma skin cancer. In a survey of the American College of Mohs Surgery members, 67% of respondents reported performing preoperative consultations.[2] The benefits of consultation include patient and surgeon familiarity, increased patient education, and improved preoperative planning.[3]

Shared medical appointments (SMAs) have been used for over 15 years and allow a group of patients with similar medical conditions to be simultaneously cared for or educated by 1 provider.[4] SMAs have been used for patients with diabetes, congestive heart failure, asthma, hypertension, and chronic kidney disease and have demonstrated fewer hospitalizations, decreased emergency department visits, and increased patient satisfaction with their overall care.[5,6] For physicians, SMAs reduce daily repetition, decrease downtime, and may increase productivity.[7,8] Patient satisfaction with SMAs can be as high as with conventional appointments.[9] Within surgical specialties, SMAs for bariatric surgery visits have proven to be a cost-efficient way to provide

From the Section of Dermatology, Department of Surgery, Dartmouth-Hitchcock Medical Center, Lebanon,[a] and Geisel School of Medicine, Dartmouth College, Hanover.[b]
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Reprint requests: Faramarz H. Samie, MD, PhD, Section of Dermatology, Department of Surgery, Dartmouth-Hitchcock Medical Center, 1 Medical Center Dr, Lebanon, NH 03766. E-mail: Faramarz.h.samie@hitchcock.org.
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care with shorter waiting times and high patient satisfaction.[8]

SMAs are well suited for the Mohs preoperative consultation as patients receive similar information about skin cancer pathophysiology, prognosis, prevention, treatment, reconstructive options, and wound care. We implemented a SMA for the preoperative visit of Mohs micrographic surgery and evaluated patient satisfaction through a survey.

CAPSULE SUMMARY

- Shared medical appointments are an effective and interactive visit model that has been successfully used in many specialties.
- Shared medical appointments can be successfully used for the perioperative consultation visit of Mohs micrographic surgery with high patient satisfaction.
- Shared medical appointments should be considered a viable alternative to the conventional visit model.

METHODS

SMA design

Several unique SMA models have been described. We combined features of Physicals SMA, where the examination of patients occurs in private as part of a routine annual examination or subspecialty care, and Cooperative Health Care Clinics, which use group education with individual counseling, to create our combined group and individual visit pilot SMA.[10,11] Only patients with a biopsy-proven basal cell carcinoma or squamous cell carcinoma were eligible. Patients who previously had been treated with Mohs micrographic surgery with the senior author (F. H. S.) were ineligible for the SMA. Patients who had prior Mohs micrographic surgery outside of our institution remained eligible for the SMA. Schedulers described the structure and goals of the SMA and patients chose either the SMA or a conventional individual appointment. Patients were invited to bring family members or caregivers to the SMA.

Visit structure

We surmised that the optimal clinic flow would result from a group education visit followed by individual examinations. Ninety minutes were allocated for the completion of the appointments. The first part of the visit was spent in a dedicated SMA room. A 20-minute PowerPoint presentation (Microsoft, Redmond, WA) developed by the senior physician (F. H. S.) and nursing staff covered the etiology, prognosis, risk factors, treatments, reconstructive options, postoperative wound care instructions, and an overview of the day of surgery. Dedicated time for questions followed, although patients were also encouraged to ask questions throughout the lecture. Before completing this segment, a 1-page satisfaction survey was given to the patient together with a postmarked envelope for completion at home (see below). In the individual examination rooms, each patient's medical history and pathology were reviewed by the senior physician (F. H. S.). A focused physical examination was performed and a photograph of the marked surgical site was taken with the patient's written consent. Consent for the upcoming surgical visit concluded the consultation. Fig 1 shows the flow of events in our SMA model.

Outcome measures

Patient satisfaction was assessed via an anonymous 13-question survey (Table I) given to all patients attending SMAs between August 2013 and February 2014. Survey questions were categorized to evaluate the structure, content, and overall patient satisfaction. Survey completion was defined per Lenexa.[12] In addition, mean census levels and patients per provider hour were calculated for SMAs and compared with conventional appointments.

RESULTS

In all, 149 patients, average age 70.9 (range 32-94) were seen in 20 SMAs in the 6-month period (Table II). SMA attendance averaged 7 to 8 patients (mean 7.1; range 5-10) per 90-minute period. For the same time period, 6 patients are scheduled in the conventional appointment format. Sessions were attended by 82 (55.0%) men and 67 (45.0%) women with 159 skin cancers. A total of 123 (77.4%) basal cell carcinoma and 36 (22.6%) squamous cell carcinoma were seen.

In all, 98 patients completed and returned the mail-in survey, resulting in a 65.8% response rate. In all surveys returned, over 80% of the questions were answered, resulting in a complete survey response. Overall, survey respondents answered the Likert scale questions with a mean value of 4.29 ± 0.09 (on a scale of 1-5, where 1 is the worst and 5 is the best). Table III summarizes the overall mean responses for individual Likert scale questions. A total of 56 (87.7%) respondents strongly agreed or agreed that they had adequate time with the provider and received thorough care (88.8%). Patients strongly agreed or agreed that they were informed about their diagnosis (84.7%) and treatment options (84.7%).