SHARED HEALTH APPOINTMENTS

A REVOLUTIONARY WAY OF MANAGING CHRONIC DISEASE IN PRIMARY CARE

Shared Health Appointments (SHA), are a series of consecutive individual consultations offered in a supportive group setting where all involved can listen, interact, and learn from each other. They are offered to Aboriginal and Torres Strait Islander people who have been referred to our Care Coordination and Supplementary Services (CCSS) by their GP.

The CCSS team is trained by the Australian Society of Lifestyle Medicine (ASLM) in the delivery of Shared Medical Appointments (SMA), which utilises enablement, coaching and peer to peer support principles. The team innovated their skills to encompass these Lifestyle Medicine principles within our existing Care Coordination model and coined the term 'Shared Health Appointments'.

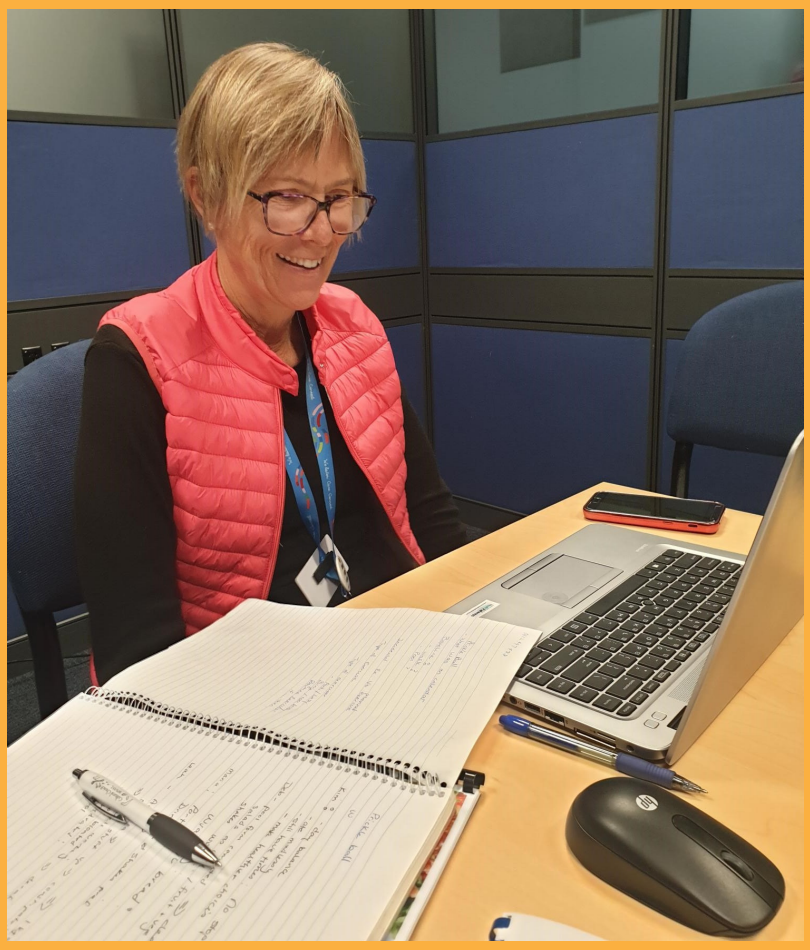
Each SHA has one Facilitator plus a Clinical Lead, usually an Allied Health Professional, to provide evidence-based education aligned to Lifestyle Medicine programed formats:

1. Initial - Healthy Weight
2. New - Diabetes

The Facilitator introduces the group, keeps a record of the discussion and controls the group dynamics. The Lead is a Clinician and answers individual questions according to their clinical discipline, with group members all listening and learning.

Hunter New England Central Coast Primary Health Network (HNECCPHN) endorsed this innovation.

> "TO OUR CLIENTS, WE CALL SHA'S - LIFESTYLE SUPPORT GROUPS."



Pictured: Occupational Therapist and Care Coordinator Zanita Johnson facilitating a SHA.

Lifestyle Support Groups help clients to develop health goals and work towards sustainable lifestyle changes. The groups also give clients a chance to meet other people to yarn and share experiences with. Our clients have access to:

- Experts in exercise to support you to be more active
- Personal nutrition advice led by a Dietitian
- Information about health and wellbeing, including stress and sleep
- Cooking classes
- One-on-one support and encouragement to reach your personal goals

PIVOT TO VIRTUAL DELIVERY

The team initially planned to implement face to face groups, however due to COVID-19, delivery pivoted to online groups. It was recognised that clients were experiencing further isolation during the lockdown.

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CREATION OF THE SOCIAL OUTREACH WORKER POSITION

A Social Outreach Worker (SOW) support position was created to focus on social support for those experiencing social isolation and who wished to participate in virtual SHAs. The SOW:

- coaches elders in the use of IT technology,
- coaches to support/improve IT literacy and confidence in "how to" use of basic tablets for social interactions and telehealth health opportunities,
- encourages community telehealth with GPs, Specialists and Allied Health providers and virtual SHA uptake.

IMPLEMENTATION LEARNINGS

- Initially a slow burn for both the team and clients.
- The Healthy Weight program was originally a fortnightly program of six sessions, thanks to the format as prepared by the Australian Society of Lifestyle Medicine.
- The team modified this to be weekly including two additional sessions (an introductory session and an exit practical session, such as a cooking demonstration) as the initial dropout rate/momentum was high if a client missed a fortnightly session.
- The team modified the Diabetes program to be weekly, with programmed Lifestyle Medicine education one week, and a practical session the next week. These are led by differing clinical disciplines and includes cooking demo's, stress management and group light exercise.
- The addition of the introductory session includes peer support, where a prior group member shares their experiences of the program with new group members, and Clinicians are introduced.
- The SOW role is vital in terms of virtual SHA uptake.

PATIENT REPORTED MEASURES

Feedback from clients is sought upon completion of the program via survey.
Initial results highlight that all clients either 'Strongly Agreed' or 'Agreed' in all Patient Reported Outcome Measures (PROMs) ten domains, which is an outstanding result.
These ten domains include:

- Ease of access to the virtual platform
- Health information easy to understand
- SHA helped identify self-improvements to be made
- Decreased feelings of loneliness in one's health condition
- Views and concerns were listened to
- Treated with respect and dignity during SHA
- Benefited from group participants with similar conditions asking questions that you did not think to ask
- Satisfied with overall healthcare provided
- Recommends SHA to friends/family/ other
- Technological device confidence increased

Pictured: Clients online during an SHA.

CASE STUDY: MEET LEAH

Leah is 49 years old. She has had Type 2 Diabetes for ten years. Leah also has high blood pressure, sleep apnoea and a history of depression, panic attacks and social anxiety. Leah does not leave her home often.

Leah joined Hunter Primary Care's online Lifestyle Support Groups in April 2021, and remains active every Tuesday.

QUESTIONS LEAH HAS ASKED DURING ONLINE LIFESTYLE SUPPORT GROUPS

- Can I eat 2 squares of dark chocolate a day, I am really enjoying it?
- What should I use instead of rice?
- What do lentils taste like and how do I incorporate lentils?
- Can I still have maple syrup when I have Diabetes?
- My blood glucose level is 5.6, and I feel quite nauseas, is this a hypo?
- My good cholesterol is too high, what can I do?
- A major concern for me is high blood pressure and exercise, any advice?
- I am always bloated, what things might help?
- Is munching on plain popcorn ok?
- Is there a link between metformin and weight gain?

OUTCOMES LEAH HAS REPORTED DURING ONLINE GROUP SESSIONS

- I now have what I want but portion controlled.
- I now understand weight loss plateau.
- I have noticed less bloating and more bowel movements with the recent change in lifestyle.
- My bowels open daily with no laxatives - this is new.
- I have purchased a mini cycle to motivate me to exercise more.
- My sister and I have been practicing going to the pool which is the first step considering our mental health.
- Weekly online sessions are preferable as "keeps you accountable".
- I am having more stir fry's using spices and less salt, more veggies.
- I am using Greek yoghurt instead of sour cream.
- I am wearing a fit bit.
- I see that we're all in a similar boat.
- And it has been good with Covid.
- The group is supportive, Ally who I have never met congratulated me on my progress.
- Thank you to Ryan and Kate for helping me, I'm learning quite a lot… And thanks to Andrew as well, everyone there is wonderful.
- Leah has reported that she has been stressed however has taken actions to remove oneself from stressful situations.

BIOMETRICS

- HbA1c has reduced from 6.8% to 6.4%
- Triglycerides reduced from 3.6 mmol/L to 1.9 mmol/L
- Weight reduced from 113 kg to 109.5 kg

MORE INFORMATION

For more information regarding Hunter Primary Care's Shared Health Appointments, contact the CCSS team on (02) 4925 2259 or email CCSS@hunterprimarycare.com.au.

Watch the Shared Health Appointments Case Study video here.