



# Sharing the Burden of Disease: Multidisciplinary Shared Medical Appointments for Osteoarthritis

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## Problem

Knee and hip osteoarthritis (KHOA) is a disabling condition affecting more than 50% of U.S. adults over age 65. Patients often do not receive guideline-recommended care.

## Objectives

Assess if shared medical visits (SMVs) incorporating guideline-recommended care and delivered by a multidisciplinary team of health care providers:

1. are well-accepted by patients with KHOA
2. improve self-reported and objectively-measured patient outcomes

## Description

SMV content provides all guideline-recommended care.

Patients committed to attending two 90-minute SMVs (+/- an optional 30-minute exercise session) per month for 3 months.

Care team: internist, physical therapist, dietitian, health psychologist.

During visits, patients shared progress and challenges, learned about managing OA in an interactive format, set personal treatment goals.

Outcome measures:

- Quality of life: Veterans Rand 12-Item Health Survey (VR-12) physical and mental subscales
- Objectively-assessed function: 30-second Chair Stand Test, Timed Up and Go (stand - walk 10 feet - return - sit)
- Weight loss
- Patient satisfaction, knowledge, confidence (0-10 Likert scales)
- Qualitative comments

## Findings

Table 1. Patient baseline characteristics

n= 27

Female	25 (93%)
Age	59.8 ± 8.4
BMI > 40 kg/m <sup>2</sup>	19 (70.4%)
5+ comorbid health conditions	16 (59.2%)
VR-12 Physical Health Score low	26.60 ± 8.35
VR-12 Mental Health Score	48.41 ± 12.16

Table 2. Change in objective testing over 3 months

30-Second Chair Stand	+ 2.2 chair rises
Timed Up and Go (TUG)	- 5.3 seconds
VR 12 Physical Health Score	+ .22 Cohen's d effect size
VR 12 Mental Health Score	+ .24 Cohen's d effect size

Table 3. Weight loss at 6-12 months post-SMVs

10% weight loss	6/27 (22.2%)
5-10% weight loss	4/27 (14.8%)

Table 4. Patient satisfaction, knowledge, and confidence

Average visits attended	4.6/6 [range 2-6]
Highly recommend to a friend	9.16 ± 0.80
Increased confidence in managing OA	7.8 ± 1.61
High level of knowledge gained	8.6 ± 1.76



## Key Lessons

SMVs for patients with KHOA have the potential to:

- improve physical functioning
- enhance patient knowledge and confidence in OA and its management
- facilitate weight loss

VR-12 changes were small, possibly due to the short treatment period.

SMVs are highly rated by participants and 97% (26/27) attended at least 50%.

Clinic implementation and feasibility:

- New work flows for scheduling
- Easy patient recruitment
- Unchanged documentation and billing
- High provider satisfaction
- No improved patient access
- SMVs now integrated part of clinic due to high patient/provider satisfaction

Future steps:

- Determine the minimum number of visits necessary to provide all guideline-recommended care.
- Use a checklist of guideline-recommended care to determine if patients perceive receiving such care.