ASAM American Society of Addiction Medicine

SHARED MEDICAL APPOINTMENTS: ENHANCING OUD TREATMENT SUCCESS

Shared medical appointments (SMAs) combine medical care, peer support, and skills-based learning to improve OUD treatment outcomes. This guide covers the benefits, implementation steps, and billing considerations for integrating SMAs into outpatient care.

Introduction: Why Shared Medical Appointments?

Shared medical appointments (SMAs) are a group-based self-management approach to opioid use disorder (OUD), integrating peer learning, support, and medical care to enhance recovery outcomes.

Key Benefits of SMAs in OUD Care

For Patients:

- **Peer Support & Learning:** Patients benefit from shared experiences, gaining insights from others in similar stages of recovery.
- **Increased Retention & Engagement:** The structured format encourages consistent participation and accountability.
- **Improved Access to Care:** Patients interact regularly with healthcare providers, addressing concerns promptly.
- **Skill Development:** Patients acquire techniques for managing cravings, triggers, and emotional challenges.

For Providers:

- **Improved Efficiency:** Providers can treat multiple patients in a single session, making better use of time and resources while maintaining quality care.
- **Better Coordination of Care:** SMAs foster a team-based approach, improving provider collaboration and ensuring more comprehensive patient support.
- **Financial Sustainability:** As a billable service, SMAs help clinics increase revenue while expanding patient access to consistent and effective treatment.

Research suggests that SMAs improve treatment retention, reduce return to use, lower craving scores, and foster more open discussions about medications for OUD. SMAs provide a structured, supportive environment where patients can engage with peers and healthcare providers, leading to improved outcomes and enhanced provider efficiency.

ASAM American Society of Addiction Medicine

SHARED MEDICAL APPOINTMENTS: ENHANCING OUD TREATMENT SUCCESS

Implementing SMAs: Practical Considerations

Effective SMAs require dedicated space, trained facilitators, patient recruitment, and proper billing for successful integration into OUD treatment.

1 Establishing SMA Logistics

- **Dedicated Private Space:** Secure a confidential setting that accommodates 8-12 individuals.
- **Facilitator:** A licensed psychologist, social worker, or trained staff member should lead the group.
- **Group Format:** Sessions last 60-120 minutes, including time for individual concerns post-session.

2 Recruitment & Patient Engagement

- **Educate all clinical staff** on SMAs to encourage referrals.
- Present SMAs as **a voluntary, skills-based recovery tool** rather than a traditional support group.
- Address patient concerns about **privacy, confidentiality, and group settings**.

3 Billing & Insurance Considerations

- SMAs are billed based on **medical decision-making** rather than time.
- Recommended **billing code is 99213 per patient** if a physician attends at least half the session.
- Patients **cannot be billed for both** an individual and group visit on the same day.
- **Contact insurers in advance** to verify documentation requirements for reimbursement.

Best Practices for Successful SMAs

Create a structured agenda with topics like managing cravings, coping with emotions, building refusal skills, and practicing mindfulness.

Encourage Engagement: Promote group participation while allowing flexibility for individual needs.

Maintain Continuity: Keep patient groups consistent to foster relationships and trust.

ASAM American Society of Addiction Medicine

SHARED MEDICAL APPOINTMENTS: ENHANCING OUD TREATMENT SUCCESS

Potential Challenges & Solutions

Patient Recruitment & Retention

Solution: Normalize SMAs as a standard care option and address patient concerns directly.

Diverse Recovery Stages

Solution: Ensure discussions are relevant for all participants, offering individual follow-ups as needed.

Privacy Concerns

Solution: Reinforce confidentiality guidelines and foster a safe discussion environment.

Billing Complexities

Solution: Train administrative staff on billing procedures and confirm coverage with insurers.

Getting Started: Steps for Clinics

- **Secure a Trained Facilitator:** A licensed professional or experienced staff member should lead SMAs.
- **Ensure patients have an initial intake visit** before joining SMAs.
- **Develop a Billing System:** Physicians must be present for at least half the session to maximize reimbursement.
- **Create a Documentation Template:** Ensure compliance with insurer requirements.
- **Prepare an SMA Curriculum:** Include evidence-based topics tailored to patients' recovery needs.
- **Dedicate Time for Individual Concerns:** Allow post-group time for medication refills, lab work, or additional support.
- **Hold Regular Team Meetings:** Review patient progress and adjust care plans as needed.

SMAs are a highly effective and financially viable model for OUD treatment, offering comprehensive, team-based care that integrates medication and recovery skills. By fostering peer support, engagement, and provider efficiency, SMAs enhance treatment success for both patients and healthcare teams.

ASAM American Society of Addiction Medicine

SHARED MEDICAL APPOINTMENTS: ENHANCING OUD TREATMENT SUCCESS

References

- Berger R, Pulido C, Lacro J, Groban S, Robinson S. Group medication management for buprenorphine/naloxone in opioid-dependent veterans. *J Addict Med.* 2014;8(6):415-420. doi:10.1097/ADM.0000000000000071.

- Cavallo DA, Salwan JK, Doernberg M, Tetrault JM, Holt SR. Shared Medical Appointment: A Novel Model for Incorporating Group Visits Into Residency Training for Substance Use Disorders. *Subst Use Addictn J.* 2024;45(3):466-472. doi:10.1177/29767342241233363.

- Roll D, Spottswood M, Huang H. Using shared medical appointments to increase access to buprenorphine treatment. *J Am Board Fam Med.* 2015;28(5):676-677. doi:10.3122/jabfm.2015.05.150017.

- Sokol R, Albanese C, Chaponis D, et al. Why use group visits for opioid use disorder treatment in primary care? A patient-centered qualitative study. *Subst Abus.* 2018;39(1):52-58. doi:10.1080/08897077.2017.1356792.

- Suzuki J, Zinser J, Klaiber B, et al. Feasibility of implementing shared medical appointments (SMAs) for office-based opioid treatment with buprenorphine: a pilot study. *Subst Abus.* 2015;36(2):166-169. doi:10.1080/08897077.2014.998400.

Support for this education was provided through an unrestricted educational grant from Indivior.