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'Thanks for sharing': A fictional reflection on shared medical appointments

EDITOR'S NOTE: *The following fictional short story was written by Dr. Cohen after reading the article on shared medical appointments in the May 2004 issue of the Cleveland Clinic Journal of Medicine. It reflects an alternate viewpoint on the utility of this strategy.*

I'VE BEEN GOING to Dr. Hirsch for over 30 years. Time was when we used to chat about our kids, then our grandchildren, trading doctor and lawyer jokes. However, for the past couple of years he's been all business, doesn't seem to have the time to gab, our appointments always interrupted by phone calls from what sound like insurance companies. I worry about him. He looks harried, never smiles anymore, bags under his eyes. We've grown old together. Hirsch, maybe 60, seems to have aged more than I have.

Right now my main medical concern is a plumbing problem due to my prostate. Some would say it's par for the course. Actually, I'm in pretty good health, not bad for an old codger of 76. I'm a retired lawyer. One of my doctor clients used to call his prostate "the sleeping walnut." Well, now mine's awake and growing. Two months ago Hirsch labeled it BPH. "Don't worry," he said, "the tests show it is not cancer. Just fill these prescriptions, and in a little while life will be easier for you." Well, I still dribble a little, can almost sleep through the night, wet myself when I laugh, and only have to change underpants twice a day. All well and good. Now . . . there's a new problem. Maybe it's the pills. Jenny says, "Honey, don't get so worked up. It'll get better in time. It's OK. I still love you." No matter, it bothers me and I need to talk to Hirsch about it.

When I called his office last week Mrs. Jenkins said the first appointment was in 8 weeks.

"What, that far off! He's always been able to fit me in. How about it?"

"No, I can't do that anymore. We're too busy, but . . . Mr. Magnusson, we now have available special shared appointments several times a week just for established patients, like yourself. Our next available time slot will be in, let me see . . . just 2 days. How does that sound? Isn't that much better?"

"Shared! What in heaven's name do you mean 'shared'?"

"Don't worry, sir. Your privacy will be respected. Every patient signs a confidentiality agreement not to discuss each other's medical information outside of the office. I can mail you a sample sheet to read over. Shared appointments is a new way of scheduling that seems to be catching on. Most patients seem to like it. No waiting, more attention to education about diseases, group support. That's what they say. A practice management consultant advised us on its benefits and how to set it up. Now we can see more patients efficiently. You'll still see Dr. Hirsch alone, but for a shorter time than you're used to. Most of the hour and a half will be with Ms. Abbott, the office nurse, and the rest of the group."

"Group! Will I be there with the college's cheerleading squad?" I always tried to make her laugh.

"No, your group will only be of men, age 60 or older. Dr. Hirsch has authorized me to inquire as to what medical problem necessitated this appointment?" she asked primly.

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“Well . . . it’s my prostate,” I said, feeling slightly embarrassed.

“Good, several group members have listed the same problem. You’ll have something in common. A short film on prostate screening tests is on Thursday’s agenda, along with short films on cholesterol-lowering medications and weight-loss strategies.”

“But I don’t have any need for them.”

“Well, you’ll learn a lot of useful information, anyhow.” She sounded like she was reading from a script. “So far we have eight men scheduled, our maximum is 12. Be here by 9, we’ll have you out by 10:30. Alright?”

It sounds a bit crazy, I thought, but as long as it’s Hirsch, it’s OK. I’d rather not see his new young associate Dr. Breen, whom Jenny immediately disliked.

“Mrs. Jenkins . . . I might as well give it a try. Put me down for it.”

* * *

When I arrived at the office, Ms. Abbott led me to an examining room, checked my vital signs and gave me a paper on a clipboard to fill out. She placed a sticky name tag on my lapel. It said Malcolm. Was this going to be like AA?

“Have you brought your pill bottles, Mr. Magnusson?” I opened my briefcase to show her.

“Good, when you’re done, turn left and go down the hall to the large room and make yourself comfortable. They are ready to begin.”

I looked at the paper. The first question was—“What is today’s problem?” I answered in two words—prostate, private. The second was—“What questions do you want answered today?” I can tell him myself. Below was a paragraph in small print entitled “Confidentiality Agreement” with a space marked for my signature. I left it blank. Hirsch would understand. I began to feel uneasy. Had I made a mistake?

In the room was a large circle of chairs with the doctor and nurse standing in the center. Ms. Abbott collected my paper, gave it to Hirsch and ushered me to the only empty chair. Twelve, I counted quickly. It suddenly dawned on me. I can do the math. Twelve times whatever the insurer pays in a time period where he used to see three or four patients. It must have been his accountant’s idea. Hirsch never seemed like a mercenary guy.

Why did he do it? I’ll have to ask him.

I recognized a few of the men.

There was Jim Early from the post office. I hadn’t seen him in years. Oh my God, the poor guy. The expressionless face, the hands twitching.

Oh, no, *he’s* here! So Bradley is his name. I always tried to ignore him. I remember him from the waiting room. An insufferable fool, a talkative gossip who asked everyone about their medicines.

There’s dour Mr. Jefferson from down the street. A nasty thin-lipped Yankee, if I ever saw one, who used to scream at my kids if they walked on his precious lawn.

It’s none of their business what my medical problems are, I thought, and besides . . . I don’t want to know *anything* about them.

“Welcome, Malcolm. Now our group is complete,” Hirsch said, glancing at his wristwatch and nodding to the nurse to close the door. “Gentlemen, let’s get started. Each of you will have a turn in front of the group. Please make your questions to each other concise. I’ll take each of you in order to the examining room for a private conversation and exam while Ms. Abbott goes over your medications and facilitates referrals. When we are all assembled the educational films will be shown. Malcolm, it seems you are our most senior member, so you’ll be first. Why don’t you start off. Tell us about your prostate gland,” he said smiling, while looking at my sheet of paper. “We all want to learn.” As if he didn’t already know. What have I let myself in for? I didn’t realize it’d be like this.

Stuart, a thin, edgy man, with a whiny voice, piped in, “No, let me go first, I have a very busy day ahead of me.”

Hirsch shook his head, putting his finger to his lips.

“Malcolm?”

All were eagerly looking at me, a few sitting on the edge of their seats. I’m not a shy person . . . but there are certain things I don’t care to talk about, and this is one of them.

“No, I will not,” I sputtered, “It seems I’m in the wrong place. I’m not an exhibitionist, Jerry. I came here to see *you*, not be part of a medical encounter group.” I picked up my briefcase, nodded once, and left the room.

Mrs. Perkins looked up. “Mr. Magnusson,

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is something the matter? The bathroom is down the hall.”

Now *everybody* knows my business.

“I’ll take that appointment in 8 weeks, if you please. I can wait.”

Hirsch came down the hallway, clipboard in hand. “Mal, what’s the matter? You’ve really upset the group.”

“Jerry, I’m disappointed, that’s all. Why’n the hell are you turning your practice into a three-ring circus?”

“I’m sorry you feel that way, Mal. I don’t have time to explain now. Maybe later. I’m just trying it out. You know, the whole medical world has been going crazy, changing so

fast. Nothing stays the same. Breen convinced me to look into this; to be smart, be modern, be more productive. He’s one sharp cookie.”

Hirsch shrugged his shoulders, glanced at his watch, patted me on the back and walked briskly back to the group.

I sat for a moment in the downstairs lobby to calm down. Shared appointments! I couldn’t imagine a lawyer doing this. What’s come over Hirsch? A good man, a good doctor, I hope he comes to his senses soon.

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The authors reply: Shared appointments can be good care

SMA help in improving access and are usually enjoyable for both the patient and physician

WE VERY MUCH ENJOYED Dr. Cohen’s brief story outlining the fears of many physicians when considering adding shared medical appointments to their practices. We aren’t the youngest physicians on the block and do recognize that the many changes that have occurred in medical practice in the last 30 years have been difficult for physicians.


Dr. Cohen’s story includes the use of movies and classes—but that is not the shared medical appointment (SMA) model. SMAs are a series of individual patient-physician encounters done in a group setting with shared learning because so much of the education given is common to many participants. We began this effort using SMAs in the belief that they were a tool to improve access and efficiency.

We worried about acceptability to patients, but we were reassured by the experience of others. What has surprised us most is that although the SMAs do improve access and modestly improve productivity, they are very popular with our patients. When given a choice, fully 85% of our patients sign up to have their next visit in an SMA, and patient satisfaction scores for these encounters are consistently higher for SMAs than for individual visits with the same physicians. The typical 15- to 20-minute scheduled office visit includes only about 7 to

12 minutes of actual physician contact time. SMAs give more time with the physician.

A recent letter from a participant (a CEO of a small company) describes it well:

“It is with difficulty that I am finding an adequate vocabulary to effectively express my appreciation for being included in the ‘physical exam program’ last Thursday evening . . . the first hour with Maryanne provided us with excellent medical information pertinent to our individual needs. The open discussion format . . . gave us a strong feeling of confidence to express our concerns and listen intently to your advice and direction. I do not believe anyone of us left . . . with other than the thought ‘I would like to do that again next year.’ Your program is a WINNER!”

No doubt, this is not for every patient or physician, but we have found that for the hopelessly backlogged physician, SMAs help in providing access and are usually enjoyable for both the patient and physician. 

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