



Breast Assured: Development of a shared medical appointment model for patients with benign breast pain

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Background

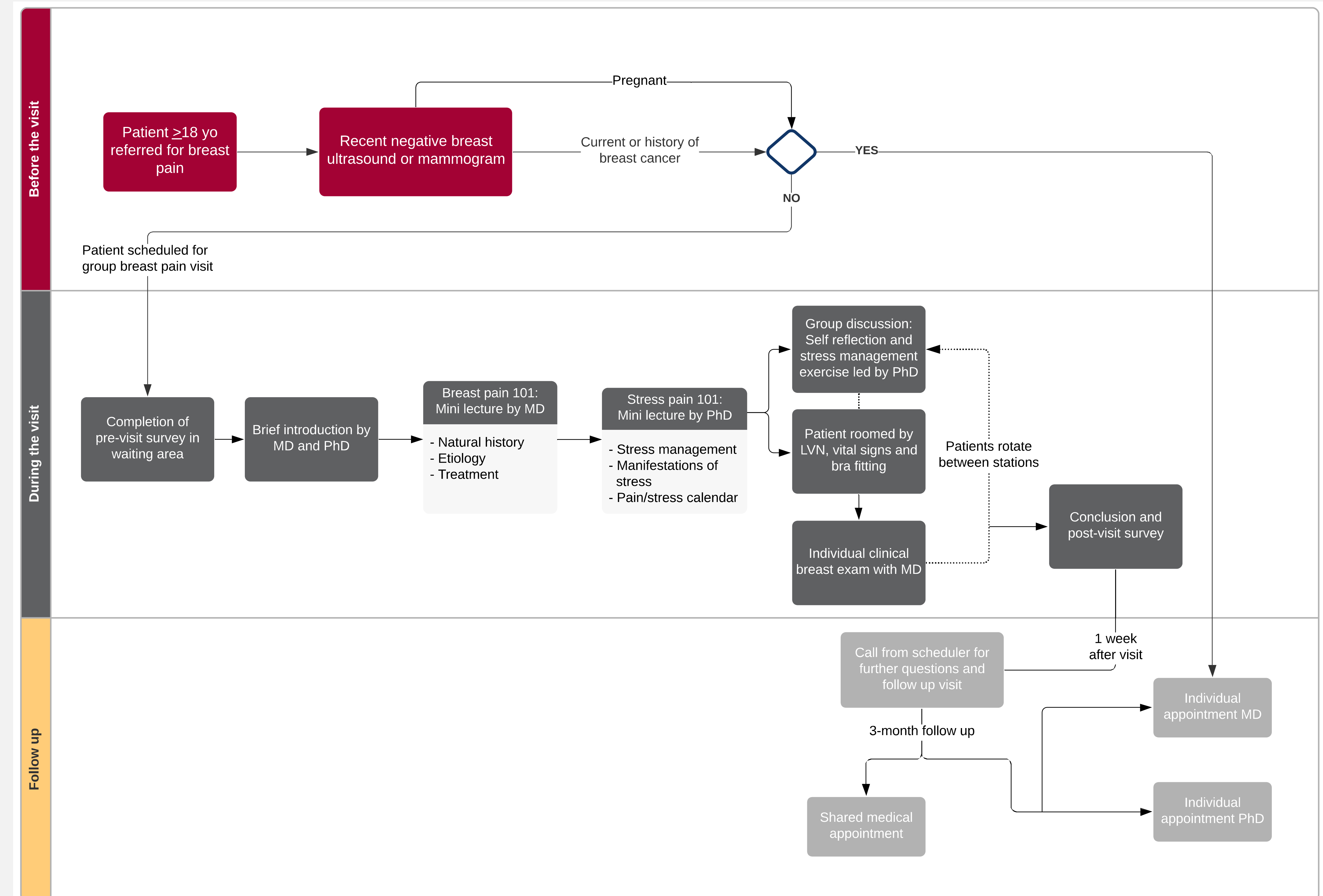
- Most women will develop breast pain at some point in their lifetime. Because of the fear of malignancy, patients with breast pain are often referred to breast surgeons for evaluation. However, the role of surgery is limited as the cause of mastodynia is multifactorial and can be a manifestation of psychological stress.
- The efficacy of shared medical appointments (SMA) has been investigated in primary care clinical settings and has been shown decrease appointment wait times, improve patient understanding of chronic diseases, and provide support.
- We sought to utilize the SMA model in the development of an integrative care clinic to manage patients with benign breast pain and maximize efficiency in clinic workflow.

Methods

- Clinic design was based on existing group medical visit models. The session format was developed through a collaborative process utilizing patient focus groups, clinic nursing staff, a social worker, coders, a licensed marriage and family therapist (LMFT) PhD, and a breast surgeon.
- Those who were pregnant, minors, or had a current or prior history of breast cancer were excluded. Patients were required to have a recent negative mammogram or ultrasound prior to enrollment.
- All new referrals for breast pain were diverted to the group breast pain clinic starting in June 2019. A mock trial run of the clinic was conducted prior to the launch of the first visit.
- Pre- and post-visit questionnaires were created to evaluate breast pain, patient views and understanding of the pain, psychological stress, patient satisfaction, and feedback of the visit. The pre-visit survey was modified from validated instruments utilizing elements from the McGill Pain Questionnaire and Perceived Stress Scale.
- The post-visit survey consisted of Likert-style questions assessing overall satisfaction with the SMA as well as questions comparing the experience to an individual clinic visit and measuring the proportion of patients who preferred an individual visit versus SMA for follow-up with the breast surgeon and/or LMFT.
- Each clinic visit was two hours, anticipating a maximum patient capacity of 10, beginning with a brief introduction outlining the visit structure and aims, an educational mini lecture led by the breast surgeon and LMFT, followed by individual clinical breast exams, bra fitting, and an integrative care session led by the LMFT comprised by a group discussion on stress management and self-reflection exercises.
- All patients were provided a packet that included handouts outlining lecture and group discussion topics, a monthly calendar to track pain with stress levels and menstrual cycle, and a post-visit survey.
- Patients were called by the office scheduler one week following the initial visit for any additional questions and inquiry for interest in a follow-up SMA versus an individual appointment.
- Due to current restrictions regarding COVID-19, the clinic design is being reconfigured to comply with social distancing. In-person visits will require screening and wearing a mask or visits will be conducted via telehealth on Zoom.

Results

- Three breast pain clinics were held from August 2019 to October 2019 with N=8 pre-visit surveys and N=9 post-visit surveys (including N=1 observers). Patients ranged from ages 37 to 70.
- On pre-visit survey, the majority of patients aimed to gain insight into the etiology of breast pain. During the clinic sessions, multiple patients reported anxiety that the pain was due to underlying breast cancer.
- On post-visit survey feedback, one patient wished “that there were more patients.” 100% of patients reported that the SMA enabled them to take better care of their health, 77.8% of patients reported that they would schedule an SMA again, and 11.1% preferred for the visit to have been an individual appointment.



	Yes	No	Not Sure
This SMA experience enabled me to take better care of my health.	100%	0%	0%
I would schedule an SMA again.	77.8%	11.1%	11.1%
I would have preferred today's visit to have been an individual visit.	11.1%	62.5%	22.2%

Conclusion

- Group visits have been increasingly utilized in the management, treatment, and education for various chronic diseases.
- The shared medical appointment shows promise for patients with benign breast pain; thus, its effectiveness should be further investigated in this population.