**Group Medical Appointments: a Novel Approach in Patient Education for Adjuvant Endocrine Therapy**

**BACKGROUND**

Group medical appointments (GMA) are currently practiced for a wide range of medical conditions such as diabetes, hypertension, asthma, and cardiovascular disease.

Previously, postmenopausal estrogen receptor positive breast cancer patients (ERBCP) attended individual physician clinic appointments to learn about their options for adjuvant endocrine therapy. This resulted in variable education provided, lengthy clinic visits and significant wait-lists to attend clinic.

**OBJECTIVE**

We undertook a pilot program to determine the feasibility and acceptability of GMA in postmenopausal breast cancer patients.

**METHODS**

From July 2010 - May 2013, 366 ERBCP eligible for endocrine therapy attended the GMA clinic upon referral by their oncologist or nurse practitioner.

Patients were invited to complete an anonymous multidimensional questionnaire of the clinic experience.

A 5-point Likert scale, from "1" = strongly disagree to "5" = strongly agree was utilized.

**RESULTS**

Descriptive statistics were performed on 283 questionnaires. Patients rated ‘agree’ or ‘strongly agree’:

- 87% - “I was comfortable receiving medical information in the group setting.”
- 73% - “I found it useful to meet in group with participants whose diagnosis and treatment was similar to my own.”
- 84% - “I was satisfied with the group medical setting as a form of care delivery.”

Decision making preferences were examined:

Q1: “With the GMA clinic, I was able to make an independent decision about my choice of endocrine therapy.”

Q2: “I was supported by my health care provider in regard to the endocrine therapy I chose for myself.”

ERBCP were invited to provide comments:

- “It was helpful to know that I was not alone and that there were others going through the same experiences.”
- “It was good being with others in a similar ‘boat’. Their questions were relevant to all.”
- “I felt more confident in choosing my medication for the next three years and understanding all my choices. This appointment was an effective use of my time.”
- “It was helpful to able to ask any additional questions and concerns in the one-on-one that followed.”

**CONCLUSIONS & FUTURE DIRECTIONS**

GMA provided by NP and/or RX is feasible and acceptable to ERBCP. Health system benefits include increased efficiency and reduced cost, with MO clinics reserved for complex patient needs. Patient benefits include timely access to care and high levels of reported satisfaction. Future work will examine the effects of GMA on quality of life and adherence to endocrine therapy. Formal cost-effectiveness analysis will also be performed.