



GROUP MEDICAL VISITS POWERED BY INTEGRATIVE MEDICINE

Group Medical Visits (GMVs) date back to the 1990s, but integrative medicine has given GMVs impressive and promising new dimension, in the delivery of nonpharmacological techniques, such as acupuncture and mindfulness. Historically, GMVs are a method of improving treatment for patients with chronic conditions, adopted by large medical systems like the Veterans Administration and Kaiser Permanente. GMVs were offered by the Veterans Administration to care for a vast increase in veterans following WWII. More than 20 years ago, Kaiser Permanente operated a Cooperative Health Care Clinic as a key element of its Chronic Care Model at that time, serving groups of 25 chronic care high users of health care, 65 and older.

Today, integrative medicine has extended the value and impact of group visits, broadening their scope (i.e., mind-body modalities, teaching kitchens, acupuncture) with an integrative approach. Clinical GMV research demonstrates increased access and improved health for patients with conditions not effectively addressed to date by traditional medicine. Thus, Integrative Group Medical Visits (IGMVs) offer a unique opportunity to educate and engage increasing patient populations with health disparities in managing their health across a broader spectrum of needs and expanding access to the benefits of integrative medicine that would otherwise be unaffordable or an out-of-pocket expense for these patients.



Paula M. Gardiner, MD, an Associate Professor in the Department of Family Medicine at the University of Massachusetts Medical School, also is Associate Director of Research and Director of the Group Visits Program in the Center for Integrated Primary Care. In addition, she is Director of Implementation in Primary Care in the Center for Mindfulness and Compassion, Cambridge Alliance, a Harvard teaching hospital. Her current research is focused on the adaptive role of IGMVs to support health behavior change and reduce pain and stress. Her experience and passion for this model of care and its tremendous potential has led to her leadership, with Jeff Geller, MD, in the new Integrated Center for Group Medical Visits (ICGMV) and introduction in 2021 of the first international conference dedicated to IGMVs.

IGMVs offer convenient flexibility in settings or telemedicine structure, format and schedule. Generally, IGMV facilitators may include physicians and advance practice nurses, physician assistants, psychologists, nurses, social workers, medical assistants, community health workers, nutritionists, health coaches, yoga instructors, acupuncturists, exercise teachers and more. A group may meet weekly to monthly from one to three hours. Meetings include individual medical attention, patient education, time for self-management skills, time to connect and socialize. Mind-body practices, movement, cooking demonstrations, acupressure, self-massage, Thai Chi, and meditation and mindfulness also may be used to guide patients.



IGMV outcomes are consistently measurably effective, benefitting both patient and provider. In one study, for example, a control group compared to a group of high users of HMO medical care (all aged 65 and older with chronic conditions), found that those in the intervention group visits were more satisfied with their care; had lower care costs; and had fewer ER visits, sub-specialist visits and calls to physicians. Nurse contact (phone and in-person) was higher. Physicians were more satisfied with caring for older patients than those who relied on standard one-to-one patient interaction. Dr. Gardiner points out that when she asks her patients what part of their IGMVs were most meaningful/helpful to them and their goals for improved health, most say “the other participants.”

Although the Centers for Medicaid and Medicare Services (CMS) has not allocated a payment code for IGMVs, payment is available through the CPT provider code (physician, nurse practitioner, physician assistant, etc.) used in billing for individual patients. Dr. Gardiner hopes the success of IGMVs will drive demand for a specific code, particularly in those areas of need not adequately met by traditional medicine. Several of the most effective types of IGMVs demonstrating this unique value, include [Centering Pregnancy](#), [Suboxone Group Visits for Substance Abuse Disorder](#), and [Dean Omish Cardiac Rehabilitation Program](#).

“What’s so great about the IGMV model is that treatment compliance is much better when patients learn to collect their own health data like blood pressure, weight and glucose levels, for example; when they hear from other patients in the group with similar health issues, share experiences, and learn from providers in the group about integrative health options like acupuncture, yoga, meditation and mindfulness. This beautiful mosaic of care really works and deserves the increasing interest and popularity it is attracting in the medical community and among government agencies providing care to the underserved, like Federally Qualified Health Centers or FQHCs.”

Integrated Medical Group Visits (IGMVs) – Building a Sustainable Program

According to the Agency for Health Research and Quality (AHRQ), the implementation of group visits is not complex, but does require advance planning and preparation.

1. Consider IGMV training that builds the expertise and confidence of healthcare providers to develop and manage the sessions. See Resources below.
2. Choose an appropriate condition, i.e., group visits are best suited for chronic illnesses, such as asthma, diabetes, arthritis, and obesity.
3. Think carefully about patients to invite. Identify patients who seem in need of better care, better advice on self-management, and more support. One way to do this is to focus on high-utilization patients, who can often be identified through pharmacy and billing records.
4. Keep the group a manageable size, perhaps 12 to 20 patients.
5. Pay attention to who is leading the group visit. Physician-led groups can more effectively reduce no-shows.
6. Get the permission of participants to share information about them in the meeting. Discuss the confidentiality.

Resources

- [Paula Gardiner](#)
- [Strategy 6M: Group Visits | Agency for Healthcare Research and Quality](#)
- [Group Medical Visits - Integrated Center for Group Medical Visits](#)
- [Improving Access, Integration, and Sustainability: Special Issue on Innovation in Group-Delivered Services](#)
- [Group Medical Visits and Clinician Well-being](#)
- [The Power of the Group: Integrative Medicine Group Visit](#)
- [MGVs: Feasibility Study to Manage Patients with Chronic Pain in an Underserved Urban Clinic](#)
- [Group Visits Focusing on Education for the Management of Chronic Conditions in Adult](#)
- [Medical Group Visits, online course on building a successful program](#)
- [Implementing Diabetes Group Visits in Community Health Centers](#)



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