GROUP MEDICAL VISITS
POWERED BY INTEGRATIVE MEDICINE

Group Medical Visits (GMVs) date back to the 1990s, but integration medicine has given GMVs impetus and popularity in recent years, the result of movement toward holistic, patient-centered care; such care emphasizes health promotion, self-management, and wellness, care that is effective, efficient, equitable, and patient-centered. GMVs recognize health disparities, point out that when she asks her patients what part of their IGMVs were most meaningful/helpful to them, they hear from other patients in the group with similar health issues, share experiences, and learn from one another. Patients share their health data, including blood pressure, weight, and glucose levels, for example; when managing their health across a broader spectrum of needs and expanding access to the benefits of integrative medicine. What’s so great about the IGMV model is that treatment compliance is much better when patients come to collect their own health data like blood pressure, weight and glucose levels, for example; when 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. Gordon, MD, is Associate Professor in the Department of Family Medicine at UCLA Health. She is the current Chair of the Board of Directors of the Integrative Research Endowment and the Director of Research and Chief Director of the Group Visits Program in the UCLA Center for Healthier Future, a national center dedicated to primary care and the implementation of Group Medical Visits (GMVs). GMVs offer a unique opportunity to educate and engage primary care patients 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. Dr. Gardiner hopes the success of IGMVs will be leveraged in the delivery of nonpharmacological techniques, such as acupuncture, yoga, meditation and mindfulness, as well as to Nicolosi and colleagues also may be used to guide patient care.

GMVs can improve patient outcomes and reduce healthcare costs. In one study, for example, a clinic group compared a group of high users of IGMV medical care (all age-related and self-referral of chronic conditions). It found that those in the intervention group visits were more satisfied with their care, had lower rates of hospitalization, and costs were lower. When creating a group, doctors may offer a unique opportunity to engage with patients, who can often be identified through pharmacy and billing records.

In one study, for example, a clinic group compared a group of high users of IGMV medical care (all age-related and self-referral of chronic conditions). The study was conducted in a teaching hospital. Her current research is focused on the adaptive role of IGMVs to patients in the Center for Mindfulness and Compassion, Cambridge Alliance, a Harvard Research Institute. Without the group model, it is usually much more difficult to manage patients with chronic conditions and high healthcare utilization. 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. 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.

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