Shared Medical Appointments in Culinary Medicine: Three Recipes to Transform Care Delivery

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BACKGROUND

The U.S. health care system is burdened by a high prevalence of preventable chronic disease, such as heart disease, obesity, diabetes, and hypertension.[1,2] Effectively counseling patients on chronic disease management necessitates more than a traditional, brief office visit.[3]

An aging U.S. population with a high prevalence of chronic disease needs longitudinal care and support, yet the deficit in primary care physicians is expected to continue rising.[4]

These conflicting trends limit time with complex patients, contributing to burnout and care gaps.[5]

By alleviating the time constraint that comes with traditional office visits, culinary medicine shared medical appointments (SMAs) allow physicians to simultaneously meet with multiple patients who share similar conditions.

PURPOSE

This abstract serves as a practical toolkit for health professionals seeking to implement culinary medicine SMAs.

METHODS

Three board-certified physicians who implemented culinary medicine SMAs into their practice settings were interviewed: academic/community setting, private multispecialty group, and an integrated health system.

Semi-structured discussions focused on key implementation domains:

- ✓ Conceptualization
- ✓ Capacity building
- ✓ Funding & Reimbursement
- ✓ Data collection

LAYING THE FOUNDATION

1. Capacity Building & Stakeholder Support

- Each physician leader engaged their institution early.
- All leaders educated their institution through a formal proposal (e.g., SBAR proposal).
- Private multispecialty group: demonstrated a return on investment via running a pilot feasibility study.

2. Funding & Financial Support

- Initial funding: academic/community and integrated health system physician leaders applied for grants.
- The private multispecialty group relied on fee-for-service and value-based care reimbursement.
- Partnering with a community teaching kitchen improved financial sustainability.

3. Physical Space & Partnerships

- Each team partnered with a community teaching kitchen via lease agreements.

"We don't need to recreate everything in the health system, but we do need to establish strong partnerships with community-based organizations that have a lot of trust in the community."

- All engaged teams consisting of legal & compliance, billing & coding, schedulers, and template builders.

4. Volunteer Support

- Teams engaged medical students as community service and/or elective credit.

"Students are vital, because they are willing to show up over and over again…and they love service learning. Our students tell us all the time that this [volunteering] is a highlight of medical school for them."

- Through this, they continued to educate future physicians on culinary medicine.

TEACHING KITCHEN SET UP

Across each setting, culinary medicine SMAs ranged from 1.5 to 2 hours. Each visit followed the overall structure:

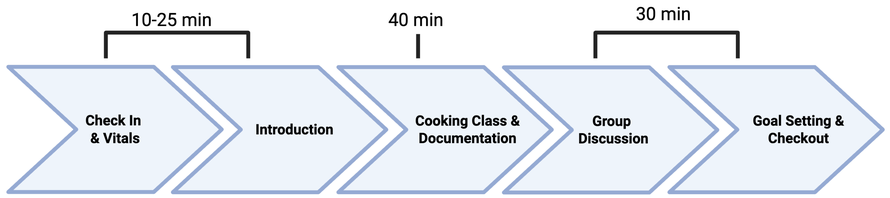

Figure 1. Culinary SMA Session Structure

Teams vary but often include a physician, chef educator, registered dietitian and/or other advanced practice providers.

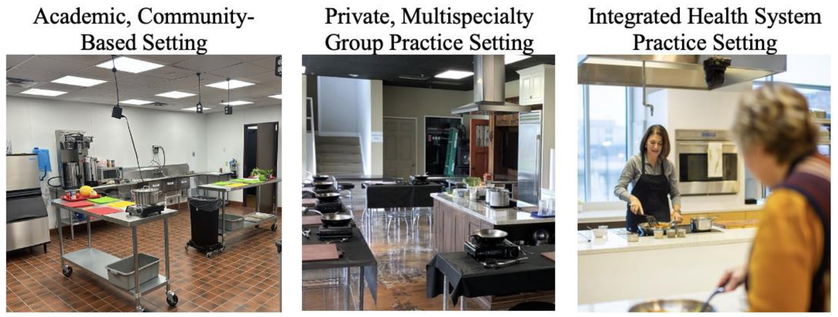

Figure 2. Teaching Kitchen Layout Across All Three Practice Settings

BILLING & DOCUMENTATION

Each physician billed via Evaluation & Management codes: 99213 or 99214.

Majority billed on medical complexity; the physician leader in the private multispecialty group billed on time.

Sections	Data Collected	Why it Matters
History of Present Illness	Chief complaint, background	Establishes the reason for joining
Clinical Status	History, vitals, physical exam	Health status, tracks metrics
Education	Culinary skills learned	Teaching demonstration
Follow up	SMART goals, care coordination	Continuity of care, adherence

Table 1. Overall Sections and Content of a Sample EHR Template. *Note: paper copy of sample template is provided.*

FUTURE DIRECTIONS

Enhance the capacity & scalability in a larger market and across states.

Evaluate the cost-effectiveness within fee for service and in value-based care.

Create a virtual alternative to increase participation, while also supporting creativity.

Advocate for proper reimbursement of all team members.

ACKNOWLEDGEMENTS

This work was supported by the American College of Culinary Medicine (ACCM). The authors thank the ACCM for continued support in implementing culinary medicine shared medical appointments.

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