Shifting Incentives and Team Care: Is Chiropractic Engaging the Right Collaborations to Co-Lead Medicine Toward a Whole Person Health Model?

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Executive Director, Academic Consortium for Complementary and Alternative Health Care
Publisher-Editor, The Integrator Blog News & Reports

ACC-RAC
March 16, 2013

www.accahc.org
Overview of the Presentation

• Note on “cultural authority”
• 14 emerging opportunities for collaboration
  – Action/responses from the ACCAHC collaborative
• A second note on “cultural authority”
Disclosure Note:

The speaker plans to report some activities that amount to a *shameless advertorial*

For forms of not-for-profit collaboration that he excuses as an “alignment of interest” rather than a “conflict of interest.”
Opportunity #1: Loss of “Cultural Authority”

“What happened to you guys? Health reform is happening in spite of you, not because of you. ... You are a milking machine ... You are going to see a remorseless campaign in the press about how bad you are.”

Paul Grundy, MD, MPH, Director
IBM Health Transformation Team, IOM Address to Academic Health Center Leaders, August 2012
End of the Hegemony of MDs: 2010 Future of Nursing

The Publication Year: Flexner Centennial 2010

The Players:
Institute of Medicine, Robert Wood Johnson Foundation

The (Relevant here) findings:
The independent practice by advanced practice nurses is safe and (more) effective in both specialty (anesthesiology) and primary care
100 Years Post Flexner

Lancet Commission 2010: *Exit the Ivory Tower!*

*Connect with the real world*
*Connect to community health/public health*
*Level hierarchy via interprofessional education/team care*
*Educate clinicians to be comfortable in ambiguity/change*
## HP Education for the New Century: Inclusion Embraced

<table>
<thead>
<tr>
<th>Type of Learning</th>
<th>Objectives</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Informative [Flexner era]</td>
<td>Information, skills</td>
<td>Experts</td>
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<tr>
<td>Formative</td>
<td>Socialization, values</td>
<td>Professionals</td>
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<tr>
<td><strong>Transformative [Today]</strong></td>
<td><strong>Leadership attributes</strong></td>
<td><strong>Change agents</strong></td>
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</table>

**The Source:** *Health Professionals for a New Century: Transforming education to strengthen health systems in an interdependent world*. The Lancet (2010)
Opportunity #2: Triple Aim Values Elevated in the 2010 PPACA

Improve patient experience
Improve population health
Lower per-capita costs

Patient-centered
Increase resources to outpatient/primary care
Interprofessional/team approach
Whole system view of health
Health coaching

“Integrative health/integrative practitioners”

Don Berwick, MD, MPH
### Opportunity #3:
Integrative Health, Chiropractic & “CAM” in (PP)ACA

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Area</th>
<th>Language Used</th>
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<tbody>
<tr>
<td>2706</td>
<td>Non-Discrimination Payment</td>
<td></td>
<td>“...license or certification ...”</td>
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<tr>
<td>3502</td>
<td>Community Health Teams/Patient-Centered Medical Homes Delivery</td>
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<td>“doctors of chiropractic, licensed CAM practitioners ...”</td>
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<tr>
<td>4001</td>
<td>National Prevention, Health Promotion and Public Health Council Health promotion</td>
<td></td>
<td>“integrative health care” “integrative health care strategy” “integrative health” “integrative health practitioners” “integrative health practices”</td>
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<tr>
<td>5101</td>
<td>National Health Care Work Force Commission Workforce</td>
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<td>“doctors of chiropractic” “licensed CAM providers, integrative health practitioners”</td>
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<tr>
<td>6301</td>
<td>PCORI-CER</td>
<td>Research</td>
<td>“experts in integrative health and primary prevention strategies” “State-licensed integrative health care practitioner”</td>
</tr>
</tbody>
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Patient Protection & Affordable Care Act
Side story about a collaboration

... and how a collaboration for integrative health values and disciplines is responding to the opportunities
ACCAHC: A Platform for Integrative Health Values & Disciplines

Core: 5 Licensed Integrative Health Fields with US Dept. of Education-Recognized Accrediting Agency

- Acupuncture and Oriental Medicine (LAc)
- Chiropractic (DC)
- Certified Professional Midwives (CPM)
- Massage Therapy (LMT)
- Naturopathic Medicine (ND)

A Unique Collaboration

- 4 Councils of Colleges/Schools
- 5 Accrediting Agencies
- 4 Certification/Testing Organizations
- 2 Traditional World Medicine orgs
- 2 Emerging Profession Organization
- 18 Individual College/University Members
- 14 Exceptional MD/RN+ outside advisers

By the Numbers

16 National organizations linked to:

370,000 Licensed practitioners

185 Accredited schools/programs / universities

20,000 Students (DC/LAc/ND only)

Plus Yoga teachers/therapists, Ayurvedic and homeopathic practitioners
ACCAHC Envisions

... a health care system that is multidisciplinary and enhances competence, mutual respect and collaboration across all health care disciplines. This system will deliver effective care that is patient centered, focused on health creation and healing, and readily accessible to all populations.
“Hello I represent a consortium of 17 national organization the core membership of which is from educational arms of 5 disciplines with US Department of Education-recognized accrediting bodies linked to over 370,000 licensed providers who are the experts in the integrative healthcare therapies and practices that are used by between 40% and 80% of those with frank conditions. We provide an efficient way to bring these disciplines to the table and think that in a patient-centered world we belong there.”

... To make of tokenism a Trojan Horse ...
Through ACCAHC We ...

• Practice collaboration to foster collaboration.
• Promote the integrative health values of whole person, health-focused, team-based care.
• Foster mutual respect and understanding among all healthcare professions.
• Advocate these values in policy, practice, education and research dialogues shaping health care.
From “CAM” to the Values of Integrative Health and Medicine

Caveat: ACCAHC also [guild-ishly] values ...

“Explicit inclusion of "complementary and alternative medicine" therapies and licensed or nationally certified practitioners, "integrative health" and "integrative practitioners" in governmental and private healthcare policy dialogues, reports and recommendations until such time as these distinct disciplines and practices that are used by significant subsets of the population are routinely included as part of the interprofessional communities of medical and healthcare professions.”

Joe Brimhall, DC, ACCAHC
Co-lead of “de-CAMification” process
Chiropractic Profession & ACCAHC

Core Organizational Members

Individual College/University Members

Presidents Level
Life University
Logan College of Chiropractic
National University of Health Sciences
New York Chiropractic College
Northwestern Health Sciences University
Southern California University of Health Sciences
University of Western States

Other Levels
Palmer College
University of Bridgeport
Parker University*

Major Donors
NCMIC Group
National University of Health Sciences
Life University

* Pledge at 2013 ACC-RAC
## Chiropractic Profession & ACCAHC: Key Individuals Involved

<table>
<thead>
<tr>
<th>Engagement</th>
<th>Individuals</th>
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</thead>
<tbody>
<tr>
<td>Board of Directors*</td>
<td>David O’Bryon, Vice Chair, Joe Brimhall, DC, Exec. Com. Greg Cramer, DC, PhD, Exec Com, William Meeker, DC, MPH John Scaringe, DC, EdD, Horace Elliott</td>
</tr>
<tr>
<td>Research Working Group</td>
<td>Greg Cramer, DC, MPH, Co-Chair, Cheryl Hawk, DC, PhD Mitch Haas, DC, MA, William Meeker, MD, MPH Christine Goertz, DC, PhD (<em>Emeritus &amp; Founding Co-Chair</em>)</td>
</tr>
<tr>
<td>Education Working Group</td>
<td>Mike Wiles, DC, MEd, Co-Chair, Ezra Cohen, DC Daniel Redwood, DC, Rob Scott, DC, PhD, MEd</td>
</tr>
<tr>
<td>Clinical Care Working Group</td>
<td>Ron Boesch, DC, DACNB, Anthony Lisi, DC Mike Sackett, DC</td>
</tr>
<tr>
<td>Task Force on Leadership Development</td>
<td>Michelle Maiers, DC, PhD</td>
</tr>
<tr>
<td>Task Force on Integrative Pain Care</td>
<td>David Seamans, DC</td>
</tr>
</tbody>
</table>

* Two additional chiropractors are on the Board, nominated through massage organizations for which they are leaders: Dale Healey, DC, Stan Dawson, DC, CMT
Shifting the “Perverse Incentives” in the System

When else do we speak of *perversity* in our culture?
Opportunity #4: Accountable Care Organizations (ACOs) and Patient Centered Medical Homes (PCMHs)

**Shifting incentives in the payment system**

“We’ve been in the business of treating diseases and we do it well. Now, for the first time ever, the payment will change to keeping people healthy.

"For the first time in 100 years it will be our job at Allina to keep the village healthy."

---

Ken Paulus, CEO, Allina Hospitals & Clinics
12 hospitals, care for 1/3 of Minnesotans; Home of Penny George Institute; Commitment to integrative model

Health System & Military Leaders Say Cost and Pain are Motivating Inclusion of Integrative Medicine
http://theintegratorblog.com/index.php?option=com_content&task=view&id=795&Itemid=189
Opportunity #4: Shifting Incentives in ACOs/PCMHs

_Incentives for IM /integrative health inclusion_

“Integrative medicine supports self-efficacy.”

“We have good evidence that some integrative therapies help a patient’s ability to cope.”

“Many of today’s costs are associated with a lack of a holistic, integrated approach”

“The movement is toward more holistic measurements of health and well-being”

“The challenge to integrative providers is to demonstrate value.”
Collaboration Acts/Responds

• “Competency #6”: Educate Students & Practitioners about Institutional Healthcare Culture & Practice
  – Prepare practitioners who were not principally educated in conventional academic and delivery environments to better understand such settings
  – Fulfills on the Lancet “real world” charge

• Initiate ACO/PCMH Project:
  The Integrative Health-ACO/PCMH intersection
  – Team led by Milgate, a Berwick-trained integrative MD quality leader, former Samueli VP, JW
  – Aggregate best practice and develop communities of learning
  – Develop educational programs for schools/clinicians

ACCAHC ACO/PCMH Project Team Member
Karen Milgate, former Deputy Director, CMS Office of Strategy Planning
ACO/PCMH Project: Some Targets for Creating Value

• Limit pain/increase patient satisfaction
• Limit overall costs
• Increase self-care, self-efficacy
• Limit hospital returns (patient “transition” not “discharge”)
• Teams: including providers/services not-covered/poorly covered in FFS
• Groups
• Multi-practitioner programs/chronic disease
ACO/PCMH Project: Emerging Strategic Approach

- Learn general ACO/PCMH methods and strategy of local system
- Consider appropriate “process points” for intervention
  - Moment of diagnosis with chronic condition
  - Moment of discharge/transition
  - Obvious patterns of overuse
  - High cost/chronic pain
  - “Dual-eligible” (Medicaid/Medicare, moving between hospital, long-term care facilities)
  - Post-surgery
  - Major cost areas (diabetes, cardiovascular, back pain)
- Examine your own service mix & develop targeted products/packages to your local environment
- Get in the formative dialogue on ACO/PCMH strategies

Thanks for input from:
Karen Milgate (former senior CMS policy official),
Michele Mittelman, RN, MPH (Global Advances), Jill Shah (www.Jillslist.com)
Opportunity #5: Movement Toward Team Care/Interprofessional Practice and Education (IPE)

- Interprofessional Education Collaborative – *Core Competencies for Interprofessional Collaborative Practice* (2011)
- $13.5-million National Center for Interprofessional Practice and Education (HRSA, foundations) (2012)
- American Association of Medical Colleges MedPortal on IPE (with psych, PT, PA) (2012)

*IPE is “patient-centered” and promotes “egalitarianism” among disciplines*
Collaboration Acts/Responds

• Engage IPE/C movement
  – Develop *Competencies for Optimal Practice in Integrated Environments* (2009-2011)
  – Attend CAB III, hand out text on ACCAHC disciplines (2011)
    • Goldblatt/Wiles, DCF, MEd co-present
  – Goldblatt appointed to CAB IV Advisory Board (2013)
  – ACCAHC nominates Wiles to National Advisory Board to the Center (2013)

• ACCAHC co-sponsors IOM Global Forum
  – Join AAMC, all the other discipline educational orgs
  – ACCAHC’s Goldblatt featured in IOM Spotlight (a first for our fields)
  – ACCAHC’s Goldblatt one of 7 among 50 members selected for planning 2013 committee
  – Key “innovation” for which ACCAHC’s team is working: a workforce focuses on health nor reaction
### Members: IOM Global Forum on Innovation in Health Professional Education (2012-2014)

**Academic Consortium for Complementary and Alternative Health Care**
- Academy of Nutrition and Dietetics
- Accreditation Council for Graduate Medical Education
- American Academy of Family Physicians
- American Academy of Nursing
- American Academy of Nurse Practitioners
- American Association of Colleges of Nursing
- American Association of Colleges of Osteopathic Medicine
- American Association of Colleges of Pharmacy
- American Association of Nurse Anesthetists
- American Board of Family Medicine
- American Board of Internal Medicine
- American Board of Obstetrics and Gynecology
- American Board of Pediatrics
- American College of Nurse-Midwives
- American College of Obstetricians and Gynecologists
- **American Dental Education Association**
- American Medical Association
- American Psychological Association
- American Society for Nutrition

**Association of American Medical Colleges**
- Association of American Veterinary Medical Colleges
- Association of Schools of the Allied Health Professions
- Association of Schools of Public Health
- Atlantic Philanthropies
- Bill and Melinda Gates Foundation
- China Medical Board
- Department of Veterans Affairs
- European Forum for Primary Care
- Ghent University
- The John A. Hartford Foundation
- John E. Fogarty International Center
- Josiah Macy, Jr. Foundation
- Kaiser Permanente
- The National Academies of Practice
- National Association of Social Workers
- National League for Nursing
- National Organization for Associate Degree Nursing
- Physician Assistant Education Association
- The Society for Simulation in Healthcare
- Uniformed Services University of the Health Sciences

**ACCAHC priority:** promote exploration of the innovation toward wellness and health focused health professional education.
Opportunity #6: Pain Initiative in PPACA and a Movement for an Integrated Model

- National pain strategy in the Affordable Care Act
- IOM Committee on Advancing Pain Research, Education and Care (2010)
- IOM Blueprint recommends integrated, multidisciplinary model (July 2011)
- Center for Practical Bioethics organized ACCAHC founding sponsor of Pain Action Alliance to Initiate a National Strategy (PAINS)
  - Led by former IOM Committee member Myra Christopher

Myra Christopher, PAINS founder

IOM “Relieving Pain in America: Blueprint”
Collaboration Acts/Responds

- ACCAHC nominee Rick Marinelli, ND, LAc appointed to IOM pain committee
- IOM Blueprint (July 2011) recommends integrative, multidisciplinary model
  - Over a dozen direct references to chiropractic and “CAM”
- ACCAHC a founding sponsor of Pain Alliance Initiative for National Strategy (PAINS)
  - Menard on Steering Committee, supported by multi-disciplinary ask force
  - Key role in strengthening IPE concept
  - Key role in “keeping it honest” re downside of opioids
  - Goal: promote more conservative therapeutic order

ACCAHC Nominee on IOM: Rick Marinelli, ND, LAc

ACCAHC rep on PAINS Steering Committee: Martha Menard, PhD, CMT
Opportunity #7: Some Openings to Researching Health and Real World Impact of Disciplines

NCCAM 2011-2015 Strategic Plan

• “The strategic planning process forged a realization that although half of CAM use by Americans is aimed at improving general health ...”

• Plan’s language re-embraces the requirement to explore the impact of “disciplines” in the 1998 mandate

NCCAM Director Josie Briggs, MD
Opportunity #7: “Dissemination and Implementation Research on Health” (RO1)

15 NIH Institutes and Centers

January 9, 2013

“This funding opportunity will encourage research grant applications that will identify, develop, evaluate and refine effective and efficient methods, systems, infrastructures, and strategies to disseminate and implement research-tested health behavior change interventions, evidence-based prevention, early detection, diagnostic, treatment and management, and quality of life improvement services, and data monitoring and surveillance reporting tools into public health and clinical practice settings that focus on patient outcomes.

Will the “National Institutes of Disease” increase its focus on health outcomes?
Collaboration Acts/Responds

• ACCAHC engages extensive dialogue with NCCAM on Strategic Plan promoting “real world,” “cost”, “disciplines” and “health” focus (2009-present)
  – Cramer and Meeker in leadership roles


• Concept of researching “disciplines,” absent in draft, noted nearly 3 dozen times in final
  – Still challenges

• ACCAHC presentation at IRCIMH on defining “disciplines research” (2012)

• Dialogue with Briggs on possible name change - National Center for Integrative Health? (2013)
The NCCAM Charge Re: Populations & Triple AIM

- Study “modalities, systems and disciplines” – used 7 times in 2 pages
- Examine their integration “into conventional health delivery systems”
- Recommended approaches:
  1. Outcomes
  2. Epidemiology
  3. Health services
  3. Basic research
  4. Controlled trials
  5. Other

A core charge from Congress
What is the outcome when X population has access to Y “CAM” discipline?
Opportunity #8: “Patient-Centered” Research

- Created by Affordable Care Act
- Up to $500-million a year in grant funding
- “Real-world outcomes”
- CAM explicitly included as area of exploration
- Viewed by many as a perhaps more fitting venue for the types of complex questions of whole practice/system/discipline research
- Two of first 28 awards “CAM” - related

Christine Goertz, DC, PhD, PCORI Board of Governors
Jo Selby, MD, MPH, PCORI CEO:
Meets with ACCAHC team

Collaboration Acts/Responds

- ACCAHC Research Working Group responds as group to various public comments (2011-2012)
  - Cramer in key role leading ACCAHC
- Two ACCAHC reps present to PCORI Board (2011) Goertz and Mootz help create opportunity
- In conference call with RWG, Selby credits ACCAHC+ presentation for “CAM” explicit funding area (2012)
- Selby directly solicits ACCAHC representative for panel on back pain (2013)
  - Bastyr research director Dan Cherkin, PhD, selected (March 25, 2013)

Goertz quietly helpful in many ways ...

Dan Cherkin, PhD, ACCAHC appointee to PCORI back pain program committee
Opportunity #10: Increased Focus on “Primary Care”

Collaboration Acts/Responds

Produces, with Michael Goldstein, PhD, UCLA Center for Health Policy Research:

Meeting the Nation’s Primary Care Needs

Current and Prospective Roles of Doctors of Chiropractic and Naturopathic Medicine, Practitioners of Acupuncture and Oriental Medicine, and Direct-Entry Midwives


ACC, as one of 4 partner organization, approved the writing team and endorsed the chiropractic chapter.
Opportunity #11: Ethics of Inclusion and “Patient-Centered Care”

If care is indeed “patient-centered” and between 40%-85% of people with frank chronic conditions are exploring “CAM” and integrative approaches, with typically high satisfaction, can these practices and practitioners ethically be excluded?

Exclusion is “provider-centric” or “payment-centric” or perhaps viewed as “evidence-centric” - not patient-centric
Opportunity #12: Value-based Health, the Triple Aim, and Focus on Quality

Collaboration Action/Response

• ACCAHC urged to join by NQF VP (2012)
• Joined in 2013 with Ryan Bradley, ND, MPH as point person
• Just learning how to engage
• Developed a task force to support including PhD researcher (massage, behavioral) and MPH
• Could use a good chiropractor ...

• Quasi public agency charged with developing quality measures
• Most health systems, government agencies, employers, payers are members
• $10-million/year from Congress
Opportunity #13: Emergence of "Integrative Medicine" in Academic Medicine

• 55 medical schools and health systems
• Linked to development of IM specialty board (ABOIM)
• Percent of academic IM clinics with chiropractors doubles 2002-2012
Collaboration Acts/Responds

- ACCAHC successfully requests shift in CAHCIM definition to focus IM also on “health professionals and disciplines”
  - Various joint projects
- Six CAHCIM Leaders on ACCAHC Council of Advisers
- Co-sponsors International Congress for Educators in Complementary and Integrative Medicine (2012)
  - 350 educators, approximately ½ from
  - Modeled “egalitarianism” at all levels
Collaboration Acts/Responds

• ACCAHC a partner organization with grantee ACPM ON “National Coordinating Center for Integrative Medicine”
  – Various joint projects
• Six CAHCIM Leaders on ACCAHC Council of Advisers
• Co-sponsors International Congress for Educators in Complementary and Integrative Medicine (2012)
  – 350 educators, approximately ½ from
  – Modeled “egalitarianism” at all levels
Opportunity #14: Emerging Battleground
Section 2706: Non-Discrimination in Healthcare

- Major access issue from Affordable Care Act
- Lobbied by ACA, Integrative Healthcare Policy Consortium, optomdetrists
- State by state battle (Essential Health Benefits, insurance exchanges, etc.)
- A.M.A. formerly opposes
- Huge opportunity for all of licensed health professionals
IPHC/Consortium Responds*

• IHPC names 2706 its top priority: national clearinghouse, support state by state effort

• Life University, Palmer College, ICA, ICPA among IHPC’s 15 “Partners for Health”

• Former WA Insurance Commissioner Deborah Senn retained

*ACCAHC was originally a project of IHPC
Can All Integrative Health Gain “Cultural Authority”?  

What if we powered these and other initiatives with a web-based, organizing center through which (we) – from Yoga therapy to integrative medicine – collaborated to advance the values, practices and disciplines associated with integrative health and medicine?  

Empowered Ambassadors for the Values of Integrative Health

http://accahc.org  
http://centerforoptimalintegration.org
Practicing Collaboration to Foster Collaboration

Thank You!

www.accahc.org
www.optimalintegration.org

jweeks@accahc.org