Health Reform 101: PPACA and the CAM Provider

Reimagining Health Care: Making Health the Goal

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

Life University – Octagon Institute
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ACCAHC, Licensed “CAM” Disciplines & Integrative Practice

Organizational Focus

Advance patient care through fostering mutual understanding and respect among the healthcare professions

Practicing Collaboration Internally to Enhance Collaboration in Delivery

By the Numbers

- **16** National organizations
- **350,000** Licensed practitioners (70,000 DC, 25,000 AOM, 5000 ND)
- **183** Accredited schools/programs
- **20,000** Students (DC/LAc/ND only)
- **Plus** Yoga teachers/therapists, Ayurvedic and homeopathic practitioners

A Unique Collaboration

- **4** Councils of Colleges/Schools
- **5** Accrediting Agencies
- **3** Cert/Testing Organizations
- **3** Traditional World Medicine organizations
- **1** Emerging Profession Organization
- **12** Exceptional MD/RN Advisers (CAHCIM)
ACCAHC-NCCAM
Bethesda February 2011

ACCAHC Minnesota May 2009

National Education Dialogue Georgetown May 2005

ACCAHC CAHCIM Minneapolis 2009

ACCAHC Biennial Meeting 2011

ACCAHC U Western States Oct 2007: Bylaws Meeting”

ACCAHC-RWG Maryland July 2008

ACCAHC-CAHCIM Edmonton May 2006
A Perspective on “CAM” Collaboration

“It would help our work in Congress if we heard what you want from all of you complementary and alternative medicine people as a group ...”

Paraphrased from a statement in roughly 1997 from US Senator Tom Harkin to leaders of what would become the Integrated Healthcare Policy Consortium (IHPC)

IHPC birthed ACCAHC as a project in 2004-2005
ACCAHC incorporated as a separate 501c3 in 2008
**US Senate Integrative Health Champions**

- Tom Harkin (D-Iowa)
- Barbara Mikulski (D-MD)
- Bernie Sanders (I-VT)
- Kent Conrad (D-ND)

*The consumer movement and the US Senate Appropriations Committee ... Seeded Opportunity in the Affordable Care Act*
Areas of Inclusion in the Affordable Care Act

Payment
Delivery
Research
Prevention
Workforce

Plus, indirectly
Health Professional Education
Clinical Practice/Pain Treatment

Some are new for chiropractic; all are for other fields
## Integrative Language 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</td>
<td>Payment</td>
<td>“...license or certification ...”</td>
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<tr>
<td>3502</td>
<td>Community Health Teams/Patient-Centered Medical Homes</td>
<td>Delivery</td>
<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</td>
<td>Health promotion</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</td>
<td>Workforce</td>
<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>
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Patient Protection & Affordable Care Act
So What Are We Talking About?

• What is “integrative health care”?

• What is an “integrative health practitioner”?

• What is “integrative practice”?

 AANP offers definition of integrative practitioner

 IHPC offers guidance that the term includes both licensed and certified
(a) Providers- A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law ...
Follow-up

In deference to Commissioner Senn ...

Lobbying for Inclusion

- Chiropractic organization(s) plus some support through the Integrated Healthcare Policy Consortium (IHPC)

Post-passage of ACA

- AMA House of Delegates Resolution opposes Section 2706 (June 2010)
- Priority of the IHPC
- Priority of the American Association of Naturopathic Physicians (AANP)
- Priority of chiropractic organization(s)
- Who else?

Deborah Senn, JD
as Washington State Insurance Commissioner
SEC. 3502. Establishing Community Health Teams to Support the Patient-Centered Medical Home

(4) ensure that the health team established by the entity includes an interdisciplinary, interprofessional team of health care providers, as determined by the Secretary; such team may include medical specialists, nurses, pharmacists, nutritionists, dietitians, social workers, behavioral and mental health providers (including substance use disorder prevention and treatment providers), doctors of chiropractic, licensed complementary and alternative medicine practitioners, and physicians' assistants ...
SEC. 3502. Patient-Centered Medical Home: Action Since Passage

- Foundation for Chiropractic Progress report
- ND inclusion in Vermont
- ND inclusion in Oregon
- ACCAHC Primary Care Project
  - Meeker, Brimhall, DeBono, Evans, Bub
- Institute for Alternative Futures Primary Care 2025

Lorilee Schoenbeck, ND
Leading Vermont Inclusion
(1) provide coordination and leadership at the Federal level, and among all Federal departments and agencies, with respect to prevention, wellness and health promotion practices, the public health system, and integrative health care in the United States;

(2) after obtaining input from relevant stakeholders, develop a national prevention, health promotion, public health, and integrative health care strategy that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability in the United States;
(3) provide recommendations to the President and Congress concerning the most pressing health issues confronting the United States and changes in Federal policy to achieve national wellness, health promotion, and public health goals, including the reduction of tobacco use, sedentary behavior, and poor nutrition;

(4) consider and propose evidence-based models, policies, and innovative approaches for the promotion of transformative models of prevention, integrative health, and public health on individual and community levels across the United States;

(5) establish processes for continual public input, including input from State, regional, and local leadership communities and other relevant stakeholders, including Indian tribes and tribal organizations;
Advisory Group composition includes “integrative health practitioners” and focus to develop program recommendations on “integrative health care practices”

(2) COMPOSITION

(A) IN GENERAL- The Advisory Group shall be composed of not more than 25 non-Federal members to be appointed by the President.

(B) REPRESENTATION- In appointing members under subparagraph (A), the President shall ensure that the Advisory Group includes a diverse group of licensed health professionals, including integrative health practitioners who have expertise in--

(i) worksite health promotion; (ii) community services, including community health centers; (iii) preventive medicine; (iv) health coaching; (v) public health education; (vi) geriatrics; and (vii) rehabilitation medicine.

(3) PURPOSES AND DUTIES- The Advisory Group shall develop policy and program recommendations and advise the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion.
4 Integrative Health/Medicine Members
Advisory Group on Prevention, Health Promotion, and Integrative and Public Health

Dean Ornish, MD
Janet Kahn, PhD, LMT
Charlotte Kerr, RSM, RN, MPH, LAc
Sharon Van Horn, MD, MPH
Community Input to the Advisory Group: Kahn-ACCAHC Call

- Advisory Group Member Janet Kahn, PhD, LMT, provides report at ACCAHC Annual Meeting (12/1/2011)
- ACCAHC Tele-Discourse with Kahn scheduled (01/17/2012)
- Multidisciplinary group of 35 give Kahn feedback on this:

To what extent are we in our work and educational institutions viewing our work as preparation to be part of our nation’s public health workforce?

Janet Kahn, PhD, LMT
Past Executive Director & Senior Policy Adviser, IHPC
SEC. 4206. Demonstration Project Concerning Individualized Wellness Plan

(3) WELLNESS PLANS-
`(A) IN GENERAL- An individualized wellness plan prepared under the pilot program under this subsection may include one or more of the following as appropriate to the individual's identified risk factors:

`(i) **Nutritional counseling.**
`(ii) **A physical activity plan.**
`(iii) Alcohol and smoking cessation counseling and services.
`(iv) **Stress management.**
`(v) **Dietary supplements that have health claims approved by the Secretary.**
`(vi) Compliance assistance provided by a community health center employee.
SEC. 5101. National Health Care Workforce Commission

• (1) HEALTH CARE WORKFORCE- The term 'health care workforce' includes all health care providers with direct patient care and support responsibilities, such as physicians, nurses … doctors of chiropractic … licensed complementary and alternative medicine providers, integrative health practitioners …

• HEALTH PROFESSIONALS- The term 'health professionals' includes-- (A) dentists, dental hygienists, primary care providers … licensed complementary and alternative medicine providers … and integrative health practitioners;

Never funded, so no movement
SEC. 6301. Patient-Centered Outcomes Research
Part D--Comparative Clinical Effectiveness Research

• Board of Governors to include “state-licensed integrative health care practitioner”

• Expert advisory panels to include “experts in integrative health and primary prevention strategies.”
Chiropractor on Board of Governors of the Patient-Centered Outcomes Research Institute (PCORI)
www.pcori.org

- Recommended by ACA, IHPC
- One of 19 Governors
- Oversees $650-million a year of comparative effectiveness research starting 2014
- Helped set up ACCAHC participation in CAM/IM presentation to the Board (09/11)
- Available for insight
- ACA & ACCAHC (who else?) have filed public comments

Christine Goertz, DC, PhD,
Vice Chancellor, Palmer College
Section 2301: Direct-Entry (Homebirth) Midwives Covered by Medicaid in Birth Centers

• 2008-2012 Campaign
  – All CPM-related orgs in active coalition
  – Have raised $350,000

• Limited inclusion in Affordable Care Act

• Seeking inclusion in Medicaid

• IHPC members

• Champion: Maria Cantwell

Midwives are significant referrers for DC, AOM, ND, MT
Pain Initiative in PPACA Results in Integrative, Multidisciplinary Approach to Pain

• National Pain Strategy in the Affordable Care Act

• IOM Committee on Advancing Pain Research, Education and Care
  – ND, LAc pain expert Marinelli
  – UCLA Integrative pediatrician Zelzer

• IOM Blueprint (July 2011) recommends integrative, multidisciplinary model
  – Over a dozen direct references to CAM

• ACCAHC founding sponsor of Pain Alliance Initiative for National Strategy (PAINS)
  – 2 chiropractors among 4 ACCAHC people in leadership of PAINS

ACCAHC Nominee to IOM: Rick Marinelli, ND, LAc

IOM “Relieving Pain in America: Blueprint” Includes chiropractic, CAM
A Federal Perspective on Interprofessional Education (IPE)
January 15, 2010

Inter-professional education and practice have been shown to
  – Increase access to care
  – Increase quality of care and health outcomes
  – Ameliorate provider shortages
  – Reduce costs

Plus, HRSA: Interprofessional Education Promotes Quality, Cost Savings, Access

Mary Wakefield, RN, PhD, Administrator, Health Resources Services Administration

“[IPE] is essential to the implementation of the concepts of the **Patient Centered Medical Home [PCMH]** through increasing emphasis on the delivery of inter-professional care as opposed to a more traditional and less efficient approach that relies disproportionately on the physician to address the patient’s health care needs.


**Motivators are Money and Death**

- *To Err is Human* (IOM 2000)
- Financial incentives for team care in ACO/PCMH

Mary Wakefield, RN, PhD, Administrator, Health Resources Services Administration

1. Department of Veterans Affairs Office of Academic Affiliations
2. Kaiser Permanente
3. Bill and Melinda Gates Foundation
4. Josiah Macy Foundation
5. Atlantic Philanthropies
6. Association of American Medical Colleges
7. Association of American Colleges of Nursing
8. Association of American Colleges of Osteopathic Medicine
9. Association of Schools of Public Health
10. Association of Colleges of Pharmacy
11. American Dental Education Association
12. Association of American Veterinary Medical Colleges
13. American Board of Internal Medicine
14. The National Academies of Practice
15. American Association of Nurse Anesthetists
16. Academy of Nutrition and Dietetics
17. Academic Consortium for Complementary and Alternative Health Care
18. Association of Schools of the Allied Health Professions
19. China Medical Board
20. American Society for Nutrition
21. National League for Nursing
22. National Social Workers Association
23. American Board of Pediatrics
24. Uniformed Services University of the Health Sciences
25. American Medical Association
26. American Academy of Nursing
27. American Board of Family Medicine
28. American Psychological Association
29. The Society for Simulation in Healthcare

Timing/Motivations
- Future of Nursing (2010)
- Core Competencies for Collaborative Care (2011)
- Globalization of medicine

ACCAHC Priority: innovation toward wellness and health focused health professionals
An organization and a project built to practice collaboration in order to stimulate optimal access & integration

Thank You!

www.accahc.org
www.optimalintegration.org

jweeks@accahc.org