
Survey of Health System Integrative Clinics Regarding Changes in Inclusion Following Incentive Shifts Fostered In the Affordable Care Act (2014)

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Introduction

Sections of the Affordable Care Act seek to advance the transition of medical payment and delivery in the United States from a production focused industry toward a values based system. A principal mechanism is to shift incentives under which hospitals and primary care practices operate. In a November 2011 talk, the CEO of Allina Healthcare, which has the most significant integrative health initiative of any major system, observed that with these changes he believes integrative medicine will shift from being a cost-center to an ally in meeting these goals.⁽¹⁾

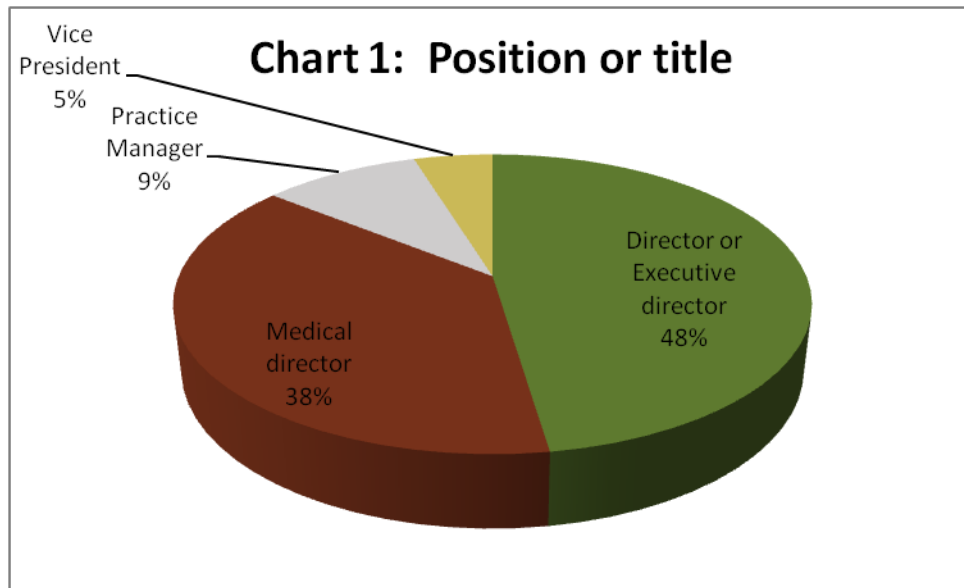
The Project for Integrative Health and the Triple Aim (PIHTA) set out to examine whether this perspective is reflected in the experience of leaders of health system-based integrative medicine centers. A short survey was sent to directors of the 28 integrative initiatives that were the focus of the 2012 report of the Bravewell Collaborative entitled "Integrative Medicine in America." The survey was supported through unrestricted grants from Visual Outcomes and The CHP Group to the Academic Consortium for Complementary and Alternative Health Care (ACCAHC - www.accahc.org). ACCAHC is the sponsor of the Center for Optimal Integration: *Creating Health* (www.optimalintegration.org) in which PIHTA is housed.

Methodology

A total of 28 directors previously identified in the Bravewell study were invited to participate in the online survey. Directors were sent several follow-up reminders to complete the survey and about 10 respondents were contacted via telephone to request participation. Ultimately, 21 directors responded for a 75% response rate. Respondents were informed that findings would be reported in aggregate form and that individual clinics or directors would not be identified. Overall findings would be reported on our website and responses would be used to help plan targeted outreach and engagement strategies for organizations to become more familiar with the changing health care landscape. Given the small sample size, findings are expressed in both frequencies and percentages.

(1) Weeks J. 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

Results



As Chart 1 reflects, about half (10) of all respondents are Directors/Executive Directors, 38% (8) are Medical directors, 9% (2) are Practice Managers, and 5% (1) are Vice Presidents.

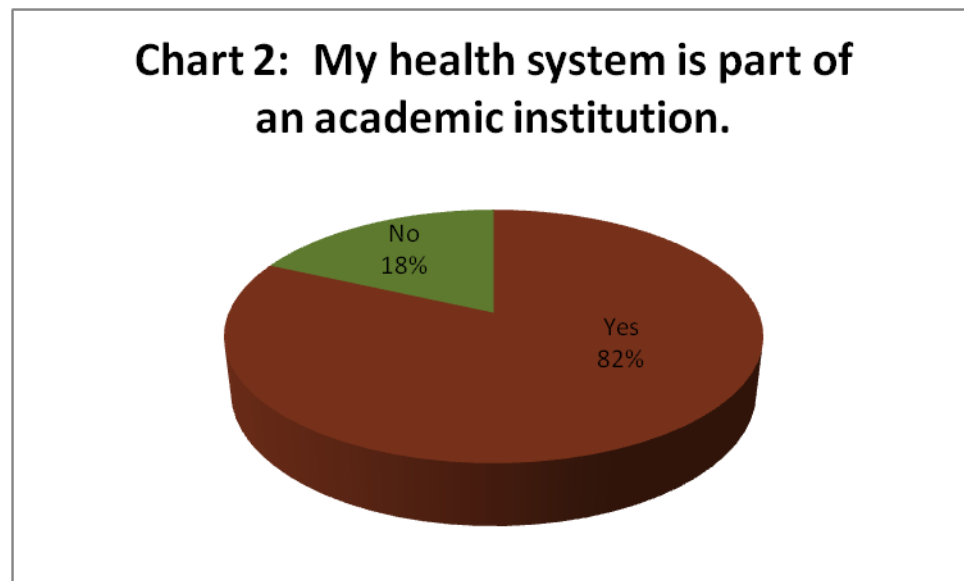


Chart 2 clearly shows that the majority of respondents (82% or 17) indicated that their health systems were part of an academic institution.

Table 1: Involvement of Parent System in PCMH

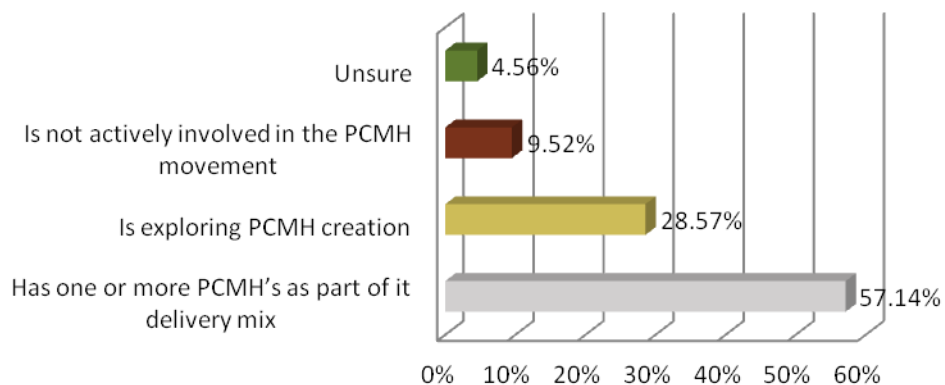
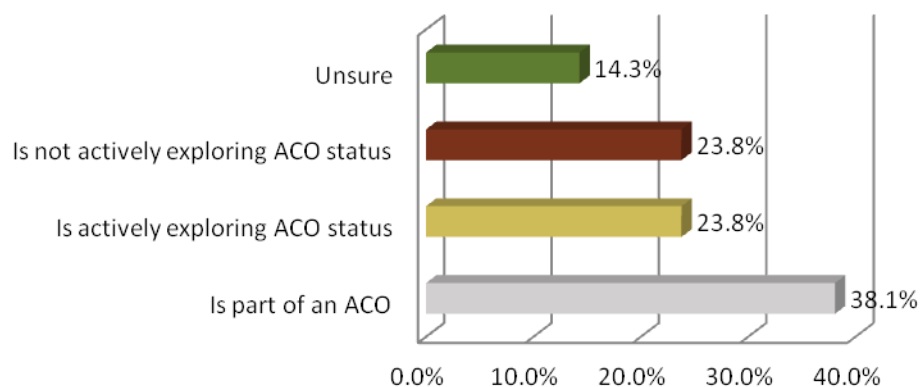


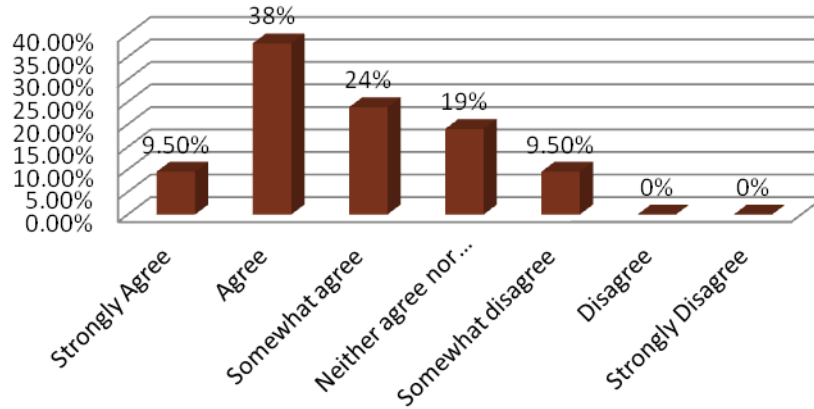
Table 1 above reveals that 57% (12) of respondents have one or more PCMH as part of its deliver system while another 28% (6) are exploring PCMH creation. These findings suggest that a combined 85% are actively aware of the PCMH movement. Almost 10 percent (2) are not actively involved in the PCMH movement.

Table 2: Involvement with Parent System in ACO



Thirty-eight percent (8) of respondents reported that their health care system is part of an Accountable Care Organization (ACO) and another 23.8% (5) is actively exploring ACO status. About twenty-four percent (5) is not actively exploring ACO status and 14% (3) were unclear about ACO status.

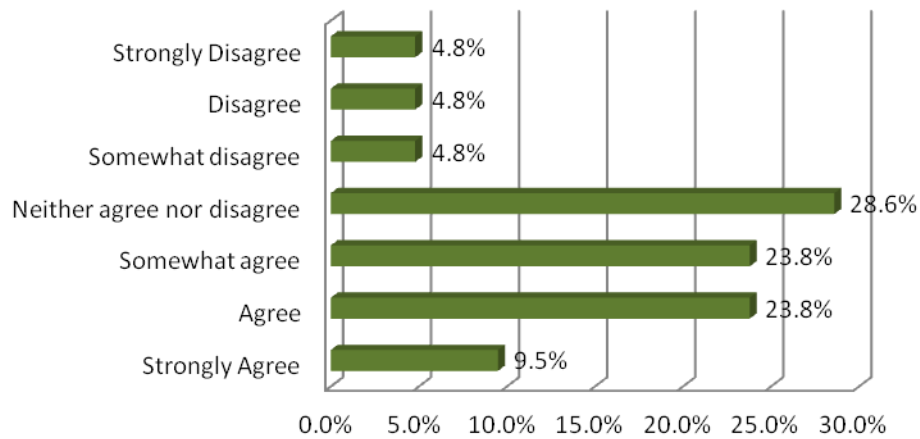
Table 3: I am very familiar with the ways the Affordable Care Act is working to change payment and other incentives in the U.S. medical system.



ACA Changing Payment and Incentives		
Strongly Agree	2	9.50%
Agree	8	38%
Somewhat agree	5	24%
Neither agree nor disagree	4	19%
Somewhat disagree	2	9.50%
Disagree	0	0%
Strongly Disagree	0	0%
TOTAL	21	99.90%

A combined 71.5% (15) of respondents expressed some level of agreement that they were familiar with the ways the ACA is working to change payment and incentive structures.

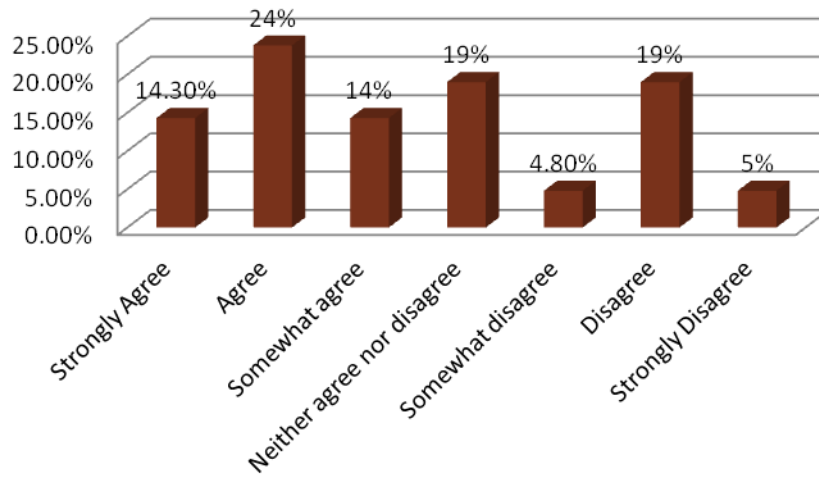
Table 4: I am very familiar with the ways that ACOs and PCMHs operate under changed payment and other incentives.



Payment Incentives with ACOs and PCMHs		
Strongly Agree	2	9.5%
Agree	5	23.8%
Somewhat agree	5	23.8%
Neither agree nor disagree	6	28.6%
Somewhat disagree	1	4.8%
Disagree	1	4.8%
Strongly Disagree	1	4.8%
TOTAL	21	100.00%

Fifty-seven percent (12) expressed some level of agreement that they were very familiar with the ways that ACOs and PCMHs operate under changed payment and other incentives.

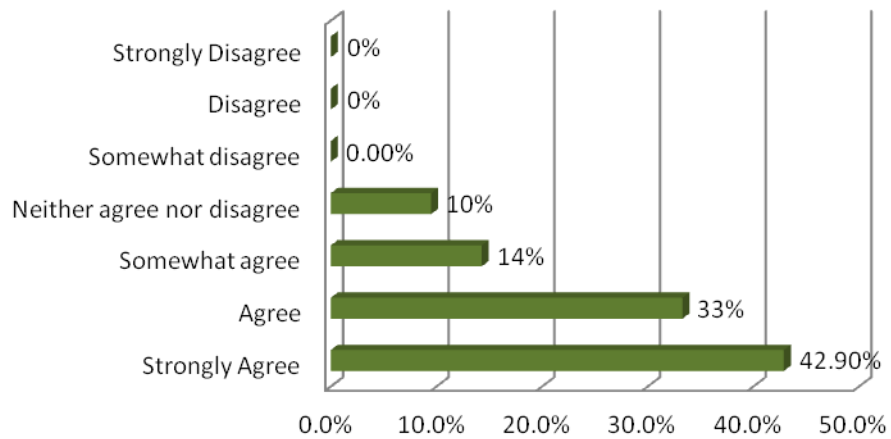
Table 5: I am very familiar with the Triple Aim



Familiarity with Triple Aim		
Strongly Agree	3	14.30%
Agree	5	24%
Somewhat agree	3	14%
Neither agree nor disagree	4	19%
Somewhat disagree	1	4.80%
Disagree	4	19%
Strongly Disagree	1	5%
TOTAL	21	100.00%

Over half (52.3% or 11) of respondents professed some level of agreement that they were very familiar with the Triple Aim, while 29% (6) expressed different levels of disagreement about this statement.

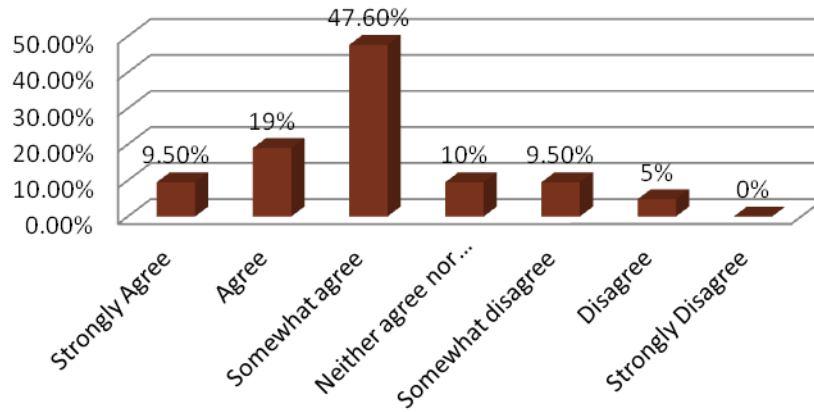
Table 6: I believe our values and practices of integrative health and medicine are aligned with the goals of the Triple Aim.



Alignment of values with Triple Aim		
Strongly Agree	9	42.90%
Agree	7	33%
Somewhat agree	3	14%
Neither agree nor disagree	2	10%
Somewhat disagree	0	0%
Disagree	0	0%
Strongly Disagree	0	0%
TOTAL	21	100.00%

Overwhelmingly, most participants (89% or 19) somewhat agreed, agreed, or strongly agreed that their values and practices of integrative health and medicine are aligned with the goals of the Triple Aim.

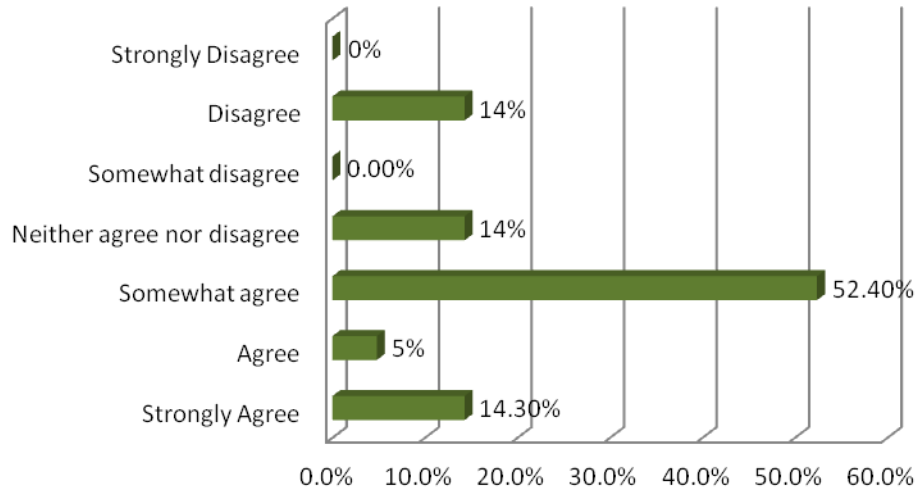
Table 7: With changes in payment and other incentives, my system's leaders increasingly view IHM as an asset in meeting new goals.



IHM is an asset in meeting goals		
Strongly Agree	2	9.50%
Agree	4	19%
Somewhat agree	10	47.60%
Neither agree nor disagree	2	10%
Somewhat disagree	2	9.50%
Disagree	1	5%
Strongly Disagree	0	0%
TOTAL	21	100.00%

Seventy-six percent (16) reported that their system's leaders view integrative health and medicine as an asset in meeting new program goals.

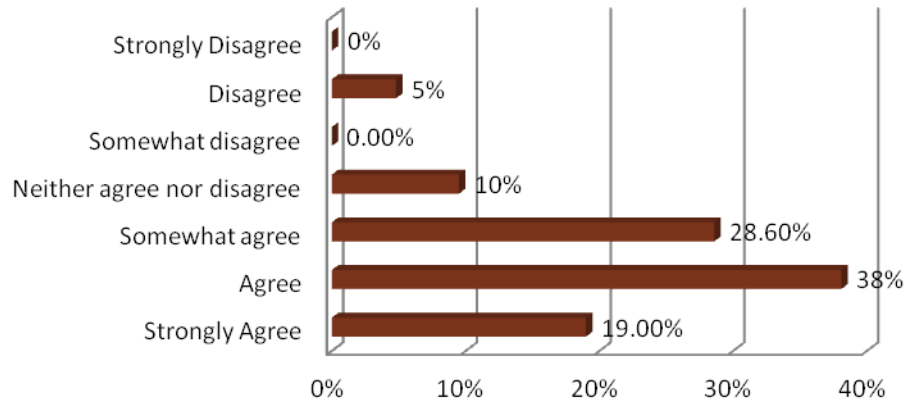
Table 8: With changes in payment and other incentives, my center/organization is increasingly part of the system's plans to lower hospital readmissions



Lowering Hospital Readmissions		
Strongly Agree	3	14.30%
Agree	1	5%
Somewhat agree	11	52.40%
Neither agree nor disagree	3	14%
Somewhat disagree	0	0.00%
Disagree	3	14%
Strongly Disagree	0	0%
TOTAL	21	100.00%

Tables 8-10 all explore aspects of the Triple Aim. In Table 8, seventy-one percent (15) agreed to some level that their center or organization is part of the system's plan to lower hospital re-admissions. Only 14% (3) indicated their center or organization was involved with lowering hospital readmission rates.

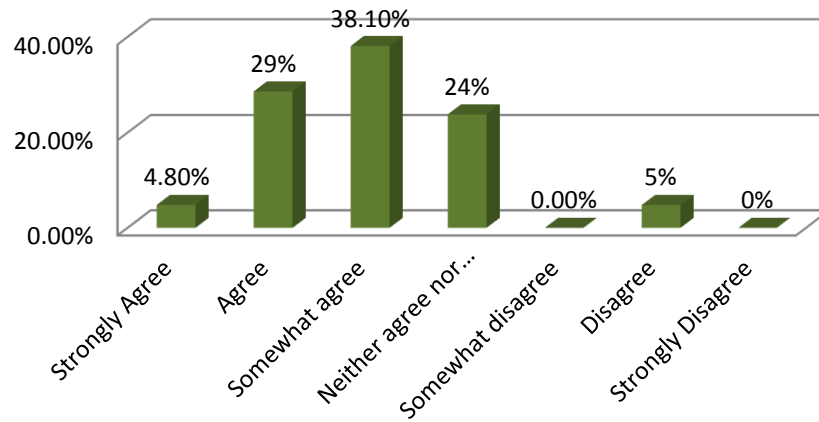
Table 9: With changes in payment and other incentives, my center/organization is increasingly part of plans to better patient experience.



Improve Patient Experience		
Strongly Agree	4	19.00%
Agree	8	38%
Somewhat agree	6	28.60%
Neither agree nor disagree	2	10%
Somewhat disagree	0	0.00%
Disagree	1	5%
Strongly Disagree	0	0%
TOTAL	21	100.00%

Table 9 depicts that there is much organizational support for improving patient experience. About 85% (18) agreed that organizations are committed to enhancing patient experience within their institutions.

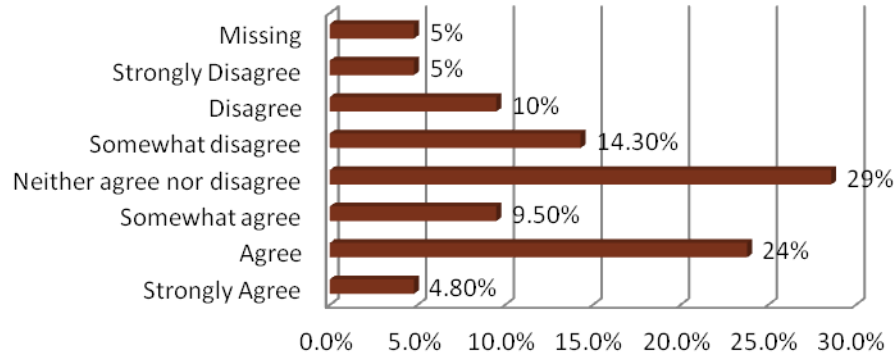
Table 10 With changes in payment and other incentives, my center/organization is increasingly part of the system's plans to reduce costs of healthcare.



Reducing Costs of Healthcare		
Strongly Agree	1	4.80%
Agree	6	29%
Somewhat agree	8	38.10%
Neither agree nor disagree	5	24%
Somewhat disagree	0	0.00%
Disagree	1	5%
Strongly Disagree	0	0%
TOTAL	21	100.10%

About 72% (15) in Table 10 indicated that their center/organization is increasingly part of the system's plans to reduce healthcare costs.

Table 11: Due to these changes in payment and other incentives, my center/organization has experienced an increase in financial investment from the system in our service offerings.



Increase in Financial Investment		
Strongly Agree	1	4.80%
Agree	5	24%
Somewhat agree	2	9.50%
Neither agree nor disagree	6	29%
Somewhat disagree	3	14.30%
Disagree	2	10%
Strongly Disagree	1	5%
Missing	1	5%
TOTAL	21	100.10%

Respondents were split on whether or not their organization has experienced an increase in financial investment due to payment and other incentives since about 38% (8) organizations expressed some level of agreement while another 29% (7) expressed some level of disagreement with this statement.

**Table 13: Please note all that apply to your center/organization as a result
THE CHANGING HEALTHCARE LANDSCAPE.**

Statement	N	Percentage
Our personnel have been asked onto new committees and initiatives related to these changes	12	57.10%
We are actively working with new specialty groups	14	66.70%
We experience increased interest in involvement of our services and providers in inpatient services	12	57.10%
We have internal evidence that we are helping the system reach one or more goals of the Triple Aim objectives.	9	42.90%
We have published evidence in peer-reviewed literature that we are helping meet one or more of the Triple Aim objectives	1	4.80%
We are on the public record in other media that we are helping meet one or more of the Triple Aim objectives.	5	23.80%
We are engaged in efforts of our specialties and provider groups to lower-per-capita costs	6	28.60%
Our clinic has become a PCMH	1	4.80%
We are actively applying for Patient Centered Medical Home Status	3	14.30%
We are exploring our potential relationship to the Patient Centered Medical Home model	8	38.10%

Comments/Next Steps

This survey confirms the 2011 assertion of the Allina CEO, noted in the introduction, that the era of ACOs and PCMHs and the Affordable Care Act would shift the position of integrative medicine in the medical industry toward being seen as an asset. The picture here is of growing interest rather than a rush to explore. While 72% to 85% responding affirmatively, many marked a more tepid “somewhat agree” than “strongly agree.” Yet doors are clearly opening to new initiatives and new specialties. Some are even seeing high levels of financial investment in their work.

We view this survey as strongly affirming the fundamental value of the Project for Integrative Health and the Triple Aim. PIHTA is camped out in this seam of opportunity, aggregating useful evidence and other content, engaging leaders, highlighting emerging practices, and featuring experts. There is clearly merit in building an interprofessional, multi-stakeholder community to leverage this new values alignment toward a health-focused system of care that maximizes the roles for the values, practices and disciplines associated with integrative health and medicine.