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PRIMARY CARE TEAMS IN ACOS

By James J. Lehman, DC, and Daren Anderson, MD

High costs, poor quality and fragmented delivery burden the United States with a sick medical system that begs for reform. The Affordable Care Act and other advancements made by the administration hope to transform our health care system into one that promotes greater value by improving the quality of care and increasing efficiency.[1] These efforts to reform health care with innovative concepts of integration have created new delivery models identified as accountable care organizations and patient-centered medical homes. Because of President Obama's health care reform initiative, doctors of chiropractic (DCs) may now join other medical practitioners, health care specialists, social workers, pharmacists, physician assistants and nurse practioners to care for patients within integrated, holistic and patient-centered primary care environments.

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The 2010 Patient Protection and Affordable Care Act (now known as the Affordable Care Act) required the Department of Health and Human Services (HHS) to enlist the help of the Institute of Medicine (IOM) in examining pain as a public health problem. Acting through the National Institutes of Health (NIH), HHS asked the IOM to assess the state of the science regarding pain research, care and education and to make recommendations to advance the field. The IOM reported that pain management is a moral imperative and chronic pain can be a disease in itself, which requires comprehensive treatment with interdisciplinary approaches and prevention with a community-based approach in order to reduce opioid addiction.[2]

"A Call to Revolutionize Chronic Pain Care in America: An Opportunity in Health Care Reform," reports that chronic pain treatment needs major reforms to enhance assessment, increase access to the right care, improve quality and equitable care and cut costs. Initiatives to address the huge public health problem of unrelieved chronic pain should be part of any discussion on reforming the health care system to enhance access and reduce costs.[3] According to the "NIH Guide: New Directions in Pain Research," the data demonstrate that the annual economic impact of pain experienced by the U.S. workforce, in terms of pain management and pain-related productivity, was more than $100 billion annually.[4] A more recent study reported that the care for lower back pain amounted to $86 billion per annum.[5]

Opportunities are now available for chiropractic physicians because of the burden of chronic pain on everyday life, the obvious need for health care reform and new models of care and reimbursement. DCs could become valuable members of the primary care medical team. A pilot study demonstrates the value of chiropractic services offered within a community health center for the evaluation and management of patients experiencing chronic pain and neuromusculoskeletal diseases.

New Health Care Delivery Models

Elliot Fisher coined the term, "accountable care organization" in 2006 at a Medicare Payment Advisory Commission public meeting.[6] Fisher, et al., defined ACO with three core principles:

1. Provider-led organizations with a strong base of primary care that are collectively accountable for quality and total per capita costs across the full continuum of care for a population of patients;
2. Payments linked to quality improvements that also reduce overall costs; and
3. Reliable and progressively more sophisticated performance measurement, to support improvement and provide confidence that savings are achieved through improvements in care.[7]

The four major primary care physician associations endorsed the joint principles of a patient-centered medical home (PCMH) in 2007.

1. Personal physician: Each patient has an ongoing relationship with a personal physician trained to provide first contact, and continuous and comprehensive care.
2. Physician-directed medical practice: The personal physician leads a team of individuals who collectively take responsibility for the ongoing care of each patient.
3. Whole person orientation: the personal physician is responsible for providing all the patient's health care needs or for appropriately arranging care with other qualified professionals. This includes care for all stages of life, from acute care and chronic care to preventive services and end-of-life care.
4. Care is coordinated and/or integrated: Care is coordinated across all elements of the complex health

care system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (e.g., family, public and private community-based services). Care is facilitated by registries, information technology, health information exchange and other means to ensure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.[8] ACO and PCMH are synergistic models of health care delivery that promise to redirect the delivery system in this country toward lower costs and improved quality of care. ACOs require a vibrant primary care environment to flourish and must develop an essential delivery-system infrastructure that expands the practice of primary care. This expansion enhances the potential for a comprehensive PCMH model, which attempts to mend the broken health care system in the United States. While pilot studies designed to test effectiveness of

DEFINITIONS

Accountable Care Organization

ACOs are groups of doctors, hospitals and other health care providers that come together voluntarily to give coordinated, high-quality care to the Medicare patients they serve. Coordinated care helps ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds in both delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program.[1]

Patient Protection and Affordable Care Act

The act is a federal statute of 2010. The act is directed at health care reforms. The elements contained in the act are:

1. to provide quality health insurance coverage;
2. to prohibit a health plan from withdrawing coverage of an enrollee except in the case of fraud;
3. to establish health insurance exchange plans;
4. to establish one or more reinsurance entities for reinsurance programs to assist in health care coverage;
5. to provide for individual health care; and
6. to impose penalties for any failure to maintain minimum health care coverage.[2]

Chronic Pain

While acute pain is a normal sensation triggered in the nervous system to alert you to possible injury and the need to take care of yourself, chronic pain is different. Chronic pain persists. Pain signals keep firing in the nervous system for weeks, months, even years. There may have been an initial mishap—sprained back, serious infection—or there may be an ongoing cause of pain, such as arthritis, cancer or ear infection, but some people suffer chronic pain in the absence of any past injury or evidence of bodily damage. Many chronic pain conditions affect older adults. Common chronic pain complaints include headache, low-back pain, cancer pain, arthritis pain, neurogenic pain (i.e., pain resulting from damage to the peripheral nerves or to the central nervous system itself) and psychogenic pain (i.e., pain not due to past disease or injury or any visible sign of damage inside or outside the nervous system). A person may have two or more co-existing chronic pain conditions. Such conditions can include chronic fatigue syndrome, endometriosis, fibromyalgia, inflammatory bowel disease, interstitial cystitis, temporomandibular joint dysfunction and vulvodynia. It is not known whether these disorders share a common cause.[3]

Patient-Centered Care

In a patient-centered model, patients become active participants in their own care and receive services designed to focus on their individual needs and preferences, in addition to advice and counsel from health professionals. When patients and providers have a choice among treatment plans, a patient-centered approach has much to recommend it. This can happen when physicians do not agree on the optimal management for the condition or when different non-life-threatening outcomes may result from the treatments available for a condition. Examples of such "preference-driven" conditions are benign enlargement of the prostate and visual problems resulting from cataracts. In such cases, the best treatment strategy depends on the strength of patients' preferences for the different health outcomes that may result from a treatment decision.[4]

Patient-Centered Medical Home

The patient centered medical home is a health care setting that facilitates partnerships between individual patients and their personal physicians, and, when appropriate, the patient's family. Care is facilitated by registries, information technology, health information exchange and other means to ensure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.[5]

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innovative models of health care performed within numerous health organizations search for solutions, it is essential that both models continue in combination and in various practice settings. Continuing studies with modifications and adaptations attempt to implement successful interventions.

The ACO addresses outcomes and quality improvement while lowering costs, whereas the PCMH offers patient-centered health care based on a core set of principles that engage patients and providers in a quality improvement process that addresses safety, financial and quality outcomes, and physician and staff satisfaction as it reduces total medical costs. All providers within an ACO receive payment by the government to care for a group of patients.

Chiropractic physicians integrated into these innovative models of delivery would no longer be subject to shrinking reimbursements from a fee-for-service model determined by medical directors employed by insurance companies. DCs seeking employment as members of the primary care team may prefer to provide specialty care within a PCMH or render primary care services. There are many advantages to consider with employment within a PCMH. As a member of the primary care team, a DC would receive a salary and benefits that might include quality incentives based on value of services. Most important, patients in need of chiropractic services would enjoy better access within an integrated delivery model featuring collaboration of all health care providers.

Will DCs respond to health care reform and the opportunity to join a health care system as valuable members of the medical team and band together with medical doctors under one business umbrella, known as an ACO or a PCMH?

Chronic Pain

The majority of patients suffering with either acute or chronic pain consult their primary care providers to seek relief. Unfortunately, the current medical training does not properly equip primary care providers to render effective treatments for chronic pain conditions. The Mayday Fund reported that poorly assessed, unrelieved chronic pain can rob individuals and family members of a high-quality life, and it profoundly burdens society as a whole. The number of those in pain continues to escalate as time passes.

The call to revolutionize chronic pain care succinctly describes the current dilemma with the treatment of chronic pain in the United States.

Most people in pain, including those with chronic symptoms, go to primary care providers to get relief. But current systems of care do not adequately train or support internists, family physicians and pediatricians, the other health care providers who provide primary care, in meeting the challenge of treating pain as a chronic illness. Primary care providers often receive little training in the assessment and treatment of complex chronic pain conditions.[9] They tend to work under conditions that permit little time with each patient and few options for specialist referrals. It is an unusual patient who has access to coordinated interdisciplinary therapy for ongoing pain symptoms.[10]

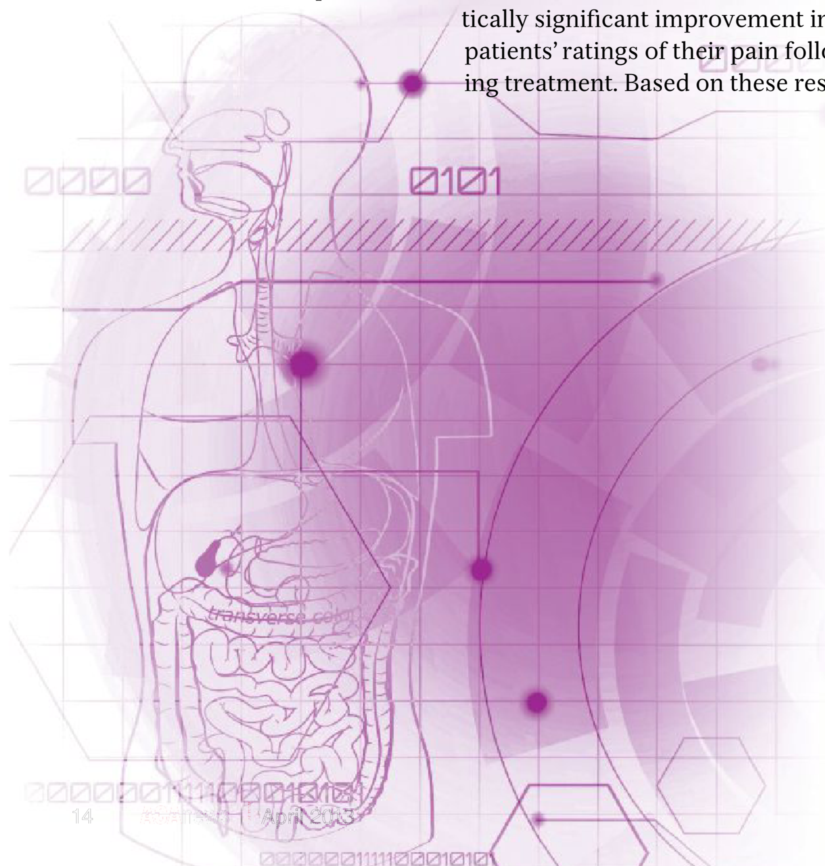
Community Health Center Pilot Study

To test the impact of providing on-site, integrated chiropractic treatment in a primary care center, we conducted a pilot study at Community Health Center Inc. (CHCI), a multisite federally qualified health center in Connecticut. CHCI provides comprehensive primary care services in 13 primary care health centers across the state. CHCI cares for more than 130,000 medically underserved patients, 60 percent of whom are racial/ethnic minorities. Over 90 percent are below 200 percent of the federal poverty level, 60 percent have state insurance and 22 percent are uninsured.

This pilot study was part of a large project focused on improving the management of chronic pain in primary care at CHCI. Part of the project aimed to expand access to complementary and alternative medicine for CHCI's medically underserved patients with pain. The Mayday Fund, a philanthropic organization committed to reducing pain, provided funding for this project.

CHCI credentialed a faculty member of the chiropractic college from the University of Bridgeport (UB) to provide chiropractic services for patients suffering with chronic pain. The chiropractic provider and fourth-year chiropractic students trained in the use of CHCI's electronic health records, utilized an examination room with appropriate equipment necessary to provide chiropractic treatment to health-center patients at one of the CHCI primary-care facilities. The CHCI primary-care providers referred patients for chiropractic services with a variety of chronic, painful conditions after completing a comprehensive evaluation and work-up. The chiropractic provider documented evaluation and management procedures in the CHCI electronic health record.

All CHCI patients attending chiropractic sessions were asked to complete a series of questionnaires to assess their levels of pain, the impact of pain on their functional status, and their satisfaction with chiropractic treatment. Results demonstrated very high degrees of satisfaction, with 98 percent of patients expressing satisfaction with their chiropractic treatment. In addition, there was a statistically significant improvement in patients' ratings of their pain following treatment. Based on these results, CHCI and UB have made a commitment to expand their collaboration, adding on-site chiropractic treatment to five more sites across Connecticut.



Integration

The Affordable Care Act and other advancements made by the administration promise to transform our health care system into one that promotes greater value, by improving the quality of care and increasing efficiency. We suggest that this health care reform act will include the use of chiropractic physicians to provide neuromusculoskeletal care for patients suffering with both acute and chronic pain conditions.

We recommend that now is the time for the third-largest health care profession in the United States to realize that health care reform enables DCs to integrate into the health care system and lower the cost of caring for patients while providing salubrious treatments and reducing injudicious use of pharmaceuticals. ■

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