

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

**John Weeks**

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

**ACC-RAC**

**March 16, 2013**

ACCAHC

ACADEMIC CONSORTIUM FOR  
COMPLEMENTARY & ALTERNATIVE  
HEALTH CARE

**[www.accahc.org](http://www.accahc.org)**

## Overview of the Presentation

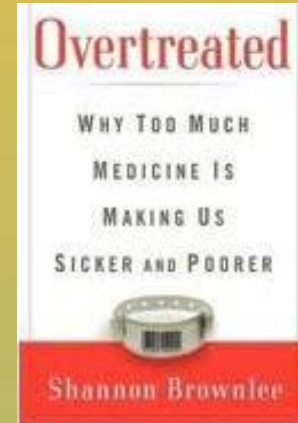
- **Note on “cultural authority”**
- **14 emerging opportunities for collaboration**
  - **Action/responses from the ACCAHC collaborative**
- **A second note on “cultural authority”**

## Disclosure Note:

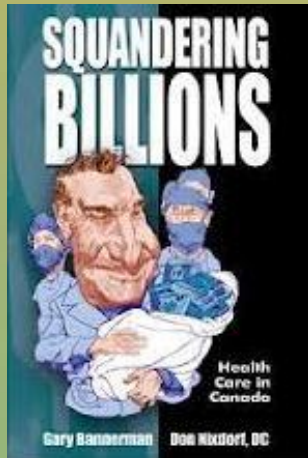
The speaker plans to report some activities that amount to a *shameless advertorial*

For forms of not-for-profit collaboration that he excuses as an “alignment of interest” rather than a “conflict of interest.”

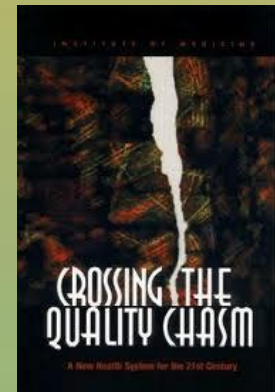
# Opportunity #1: Loss of “Cultural Authority”



“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



100 Years Post Flexner

# 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

Type of Learning	Objectives	Outcome
<b>Informative [Flexner era]</b>	<b>Information, skills</b>	<b>Experts</b>
Formative	Socialization, values	Professionals
<b><i>Transformative</i> [Today]</b>	<b>Leadership attributes</b>	<b>Change agents</b>

**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*

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*Patient-centered*

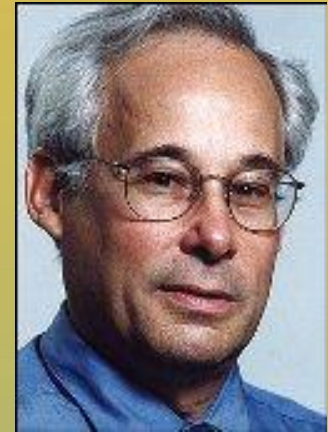
*Increase resources to outpatient/primary care*

*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

Section	Title	Area	Language Used
2706	Non-Discrimination	Payment	“...license or certification ...”
3502	Community Health Teams/Patient-Centered Medical Homes	Delivery	“doctors of chiropractic, licensed CAM practitioners ...”
4001	National Prevention, Health Promotion and Public Health Council	Health promotion	“integrative health care” “integrative health care strategy” “integrative health” “integrative health practitioners” “integrative health practices”
5101	National Health Care Work Force Commission	Workforce	“doctors of chiropractic” “licensed CAM providers, integrative health practitioners”
6301	PCORI-CER	Research	“experts in integrative health and primary prevention strategies” “State-licensed integrative health care practitioner”

**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



### By the Numbers

16 National organizations linked to:

**370,000** Licensed practitioners

**185** Accredited schools/programs / universities

**20,000 Plus** Students (DC/LAC/ND only)  
Yoga teachers/therapists, Ayurvedic and homeopathic practitioners

**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

## *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.**



## The Basic Pitch

**“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 ...*

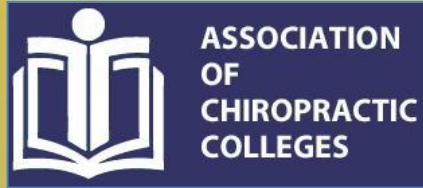
“Explicit inclusion of **complementary and alternative medicine** therapies and **licensed or nationally certified practitioners**, **integrative health** and **integrative practitioners** in governmental and private healthcare policy dialogues, reports and recommendations **until such time as these 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

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### Other Levels

Palmer College

University of Bridgeport

Parker University\*

- \* Pledge at 2013 ACC-RAC

## Major Donors

NCMIC Group

National University of Health Sciences

Life University



# Chiropractic Profession & ACCAHC: *Key Individuals Involved*

<b>Engagement</b>	<b>Individuals</b>
Board of Directors*	<b>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</b>
Research Working Group	<b>Greg Cramer, DC, MPH, Co-Chair, Cheryl Hawk, DC, PhD Mitch Haas, DC, MA, William Meeker, MD, MPH Christine Goertz, DC, PhD (<i>Emeritus</i> &amp; Founding Co-Chair)</b>
Education Working Group	<b>Mike Wiles, DC, MEd, Co-Chair, Ezra Cohen, DC Daniel Redwood, DC, Rob Scott, DC, PhD, MEd</b>
Clinical Care Working Group	<b>Ron Boesch, DC, DACNB, Anthony Lisi, DC Mike Sackett, DC</b>
Task Force on Leadership Development	<b>Michelle Maiers, DC, PhD</b>
Task Force on Integrative Pain Care	<b>David Seamans, DC</b>

**\* 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."**

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](http://theintegratorblog.com/index.php?option=com_content&task=view&id=795&Itemid=189)



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



## Opportunity #4: Shifting Incentives in ACOs/PCMHs

### *Incentives for IM /integrative health inclusion*

“Integrative medicine supports self-efficacy.”

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

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“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.”*



Dave Moen, MD, Executive Medical Director  
Fairview Health Services



## 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](http://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)
- IOM Global Forum on Innovation in Health Professional Education (includes integrative health/CAM) (2012)



Mary Wakefield, RN, PhD,  
Administrator, HRSA



Barbara Brandt, PhD, Center  
Director

*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)**



**Mike Wiles, DC, MEd: Co-Lead in ACCAHC *Competencies* work; nominee to Center**

- **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**



**Liza Goldblatt, PhD, MPA/HA, ACCAHC Chair**

## Members: IOM Global Forum on Innovation in Health Professional Education (2012-2014)

### **Academic Consortium for Complementary and Alternative Health Care**

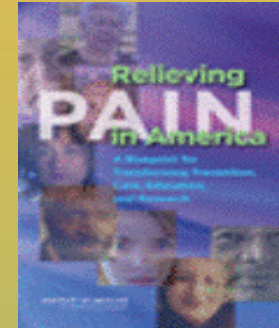
Academy of Nutrition and Dietetics  
Accreditation Council for Graduate Medical Education  
American Academy of Family Physicians  
American Academy of Nursing  
American Academy of Nurse Practitioners  
**American Association of Colleges of Nursing**  
**American Association of Colleges of Osteopathic 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



IOM "Relieving Pain in America: Blueprint"

**PAINS** / PROJECT



Myra Christopher, PAINS founder

## 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

See [http://accahc.org/images/stories/2011-15\\_strat\\_plan.pdf](http://accahc.org/images/stories/2011-15_strat_plan.pdf)

- **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)**



ACCAHC Research Working Group  
Co-Chair Greg Cramer, DC, PhD



Part of ACCAHC team to meet with NCCAM  
William Meeker, DC, MPH

## 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

## 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)



Jo Selby, MD, MPH, PCORI CEO:  
Meets with ACCAHC team



Dan Cherkin, PhD, ACCAHC appointee to  
PCORI back pain program committee

*Goertz quietly helpful in many ways ...*

## 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**

[http://accahc.org/images/stories/pcp\\_030713\\_final.pdf](http://accahc.org/images/stories/pcp_030713_final.pdf)

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”
- ACCAHC meets with CAHCIM leaders 2005, 2006, 2007, 2009, 2012
  - 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



Mike Wiles, DC , MEd, co-chairs  
CAHCIM-ACCAHC program committee



CAHCIM chair Ben Kligler, MD, MPH, one of 6  
CAHCIM leaders on ACCAHC Council of  
Advisers

## Collaboration Acts/Responds

- **ACCAHC a partner organization with grantee ACPM ON “National Coordinating Center for Integrative Medicine”**
- **ACCAHC meets with CAHCIM leaders 2005, 2006, 2007, 2009, 2012**
  - 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



Awarded grants totaling over \$3-million to promote integrative medicine in preventive medicine residencies



Preventive medicine specialty group



# Opportunity #14: Emerging Battleground

## Section 2706: Non-Discrimination in Healthcare



**House of Delegates formerly  
opposes**

- 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*



Former WA Insurance  
Commissioner Deborah Senn  
retained by 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*

CENTER FOR  
OPTIMAL  
INTEGRATION

<http://accahc.org>  
<http://centerforoptimalintegration.org>



# CENTER FOR OPTIMAL INTEGRATION

*Practicing Collaboration to Foster Collaboration*

## Thank You!

[www.accahc.org](http://www.accahc.org)

[www.optimalintegration.org](http://www.optimalintegration.org)

[jweeks@accahc.org](mailto:jweeks@accahc.org)