Healthcare Workforce-Interprofessional Practice and Education

From the 2010 Stakeholder Report Forward: Inclusion of Integrative Health in the ACA — Where Have Come? Where Do We Go Next?

Call to Action on Integrative Health and Medicine Policy: Advancing the Legacy of U.S. Senator Tom Harkin
September 29, 2014

U.S. Senator Tom Harkin

John Weeks
Academic Consortium for Complementary and Alternative Health Care
Project for Integrative Health and the Triple Aim
Center for Optimal Integration: Creating Health
Overview

• The A.C.A. language
• The IHM Workforce
• PCMH/ACA Inclusion: Context of Shifting Incentives
• Team care opportunities and action
• Recommendations
Key Inclusion Sections from the Affordable Care Act

Section 5101: National Healthcare Workforce Provision

HEALTH CARE WORKFORCE-
The term 'health care workforce' includes all health care providers with direct patient care and support responsibilities, such as physicians, nurses ... allied health professionals, doctors of chiropractic ... the EMS workforce (including professional and volunteer ambulance personnel and firefighters who perform emergency medical services), licensed complementary and alternative medicine providers, integrative health practitioners ...

The term 'health professionals' includes dentists ... licensed complementary and alternative medicine providers, the EMS workforce (including professional and volunteer ambulance personnel and firefighters who perform emergency medical services), and integrative health practitioners ...

Plus, Section 3502 Establishing Community Health Teams to Support the Patient-Centered Medical Home

(a) In General- The Secretary of Health and Human Services (referred to in this section as the ‘Secretary’) shall establish a program ... to support primary care practices ... within the hospital service areas served by the eligible entities. Grants or contracts shall be used to-- (4) ensure that the health team established by the entity includes an interdisciplinary, interprofessional team of health care providers... that may include medical specialists, nurses, pharmacists ... doctors of chiropractic, licensed complementary and alternative medicine practitioners, and physicians' assistants ...
The (Historic) Integrative Health and Medicine Workforce
Workforce #1: Integrative MDs, Holistic Nurses and Others Educated/Certified to a Standard

- Board Certified, American Board of Integrative and Holistic Medicine (ABIHM)  
  - 2600*

- Board Certified, American Board of Integrative Medicine (ABPS)  
  - [2015 start]

- Fellows, Arizona Center for Integrative Medicine  
  - 1,200*

- Board Certified Holistic Nurses (BC-HN)  
  - 900

- Certified, Institute for Functional Medicine  
  - 213

- Certified Homeopathic  
  - ??

*Portions of total, self-identified integrative MDs/DOs which by estimates may total 10,000-15,000 who routinely practice “integrative medicine.”
Workforce #2: Licensed Integrative Health “CAM” Disciplines

Expansion, Maturation, Recognition

<table>
<thead>
<tr>
<th>Profession</th>
<th>Accrediting Agency Established</th>
<th>US Dept. of Education Recognition</th>
<th>Recognized Schools or Programs</th>
<th>Nat’l Exam Created</th>
<th>State Regulation</th>
<th>Total Licensed Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture and Oriental medicine</td>
<td>1982</td>
<td>1990</td>
<td>61</td>
<td>1982</td>
<td>44</td>
<td>28,000</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>1971</td>
<td>1974</td>
<td>15</td>
<td>1963</td>
<td>50</td>
<td>72,000</td>
</tr>
<tr>
<td>Massage therapy</td>
<td>1982</td>
<td>2002</td>
<td>88*</td>
<td>1994</td>
<td>44</td>
<td>280,000</td>
</tr>
<tr>
<td>Naturopathic medicine</td>
<td>1978</td>
<td>1987</td>
<td>7</td>
<td>1986</td>
<td>18</td>
<td>5500</td>
</tr>
</tbody>
</table>

*Of the roughly 1400 schools, the number accredited via the US Dept. of Education-recognized specialized accrediting agency.

Source: ACCAHC’s Clinicians’ & Educators’ Desk Reference on the Licensed Complementary & Alternative Healthcare Professions (2014)
Recommendations from 2010 Stakeholders Report on PCMHs

Section 3502

• “Ensure meaningful inclusion—via reg. language, HHS incentives”

• Promote “integrative medical homes”
The Potential for (Better) Integration with the New Payment Incentives of the Post A.C.A. Era
Economics of Integration: Era 1.0

Integrative health business models tend to fare poorly in the *pervasive incentives* of a production-based industry

Who wants Ornish’s program if it cuts down CABG, stents?
How much “production” from a $65 massage?
Bottom line with more success keeping people healthy?
Shifting Incentives in Payment
Economics of Integration: Era 2.0

“When I first heard of integrative medicine in 2006, I thought of it as an expense

“... but as the Affordable Care Act's payment structure kicks in that supports keeping people healthy, integrative medicine will be an asset.“

Ken Paulus, CEO, Allina Health System
Presentation at the Bravewell Collaborative Lecture and Luncheon, November 2011
Emerging Incentives in a Values-Based Health Care

The Triple Aim
- Patient experience
- Population health
- Lower per-capital cost

Some Methods
- Bundled payments for conditions/episodes
- Hospital “transition” versus “discharge”
- Shared savings
- “Capitation like” payments

*Each method appreciates the economic importance of good use of interprofessional teams*
Perceptions Re: Triple Aim Alignment from Two Surveys of IHM Groups

Integrative Center Leaders (Bravewell Report Clinics): “I believe our values and practices of integrative health and medicine are aligned with the values of the Triple Aim.”

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Neither Agree or Disagree</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>License</td>
<td>43</td>
<td>33</td>
<td>14</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Licensed IHM Professions (ACCAHC 2013 Biennial Meeting Participants): “To what extent do you believe that the outcomes of care delivered by the ACCAHC disciplines are aligned with the Triple Aim.”

<table>
<thead>
<tr>
<th></th>
<th>Perfectly</th>
<th>Moderately</th>
<th>Minimally</th>
<th>Not Aligned</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>License</td>
<td>43</td>
<td>33</td>
<td>14</td>
<td>10</td>
<td>0</td>
</tr>
</tbody>
</table>
... if the Big Money in integrative health and medicine is in saving money/lowering costs ...
Making the (Cost) Case for Inclusion

Some Steps Taken
Supporting Initiatives and Reports

1. Foundation for Chiropractic Progress
Reports on the role of chiropractors in 1) PCMHs, 2) ACOS, 3) Cost Effectiveness of Chiropractic; and 4) Employer On-site Clinics
http://www.f4cp.com/resources/industry-news/

2. In Development from the Integrative Healthcare Policy Consortium
“Integrative Health Professionals – better health, lower costs, sound investment” (Erica Oberg, ND, MPH, Mimi Guarneri, MD, ABIHM, RAND’s Patricia Hermann, ND, PhD) Supported by a grant from Emerson Ecologics
"I'm tired of this talk that there is no evidence for cost-effectiveness of complementary and integrative medicine. There is evidence. We need to move onto phase two and look at how transferable these findings are. We can take this evidence and run."

Patricia Herman, MS, ND, PhD
RAND Corporation


An ACCAHC Initiative to Support the Emerging Era

Collaborate & Engage

- Data
- Best practices
- Webinars
- News pushes
- Face-to-face

In 2014, PIHTA is made possible through grants from Visual Outcomes, CHP Group, and the Leo S. Guthman Fund

www.optimalintegration.org
Goal: Assist All Stakeholders in Fostering Optimal IHM Integration

PIHTA is made possible in 2014 through grants from:

- Visual Outcomes
- CHP Group
- Leo S. Guthman Fund
New Links Soon on the PIHTA Site

Examples of IHM Integration into PCMHs/FQHCs (Federally Qualified Health Centers)

For example:
- Casey Health Institute (Maryland)
- Clinix Healing Center (Colorado)
- Lane County Health Center (Oregon)
- Naturopathic doctor-led PCMHs (Oregon, Vermont)
- Venice Family Clinic (California)
- Healthpoint (Washington)

Examples of Integration into Employer-Based Onsite Clinics
- Cisco
- Google
- Honeywell International

Studies on Patient-Experience of IHM
- Peer-Reviewed, Published Studies with Patient Self-Reports
- Third Party Instruments from Health System and Employers
- Reports and Papers from Integrative Organizations and Institutions
- Other Useful Papers and Studies

On LinkedIn? Join the Project for Integrative Health And the Triple Aim Group
Testing the “Paulus Hypothesis”
Survey of System-Based Integrative Centers
Has the ACO/PCMH Era Opened New Opportunities?

Purpose
Examine perception/experience of health system-based center leaders as to whether opportunity is increasing in the new “values-based” environment

Sponsor
Academic Consortium for Complementary and Alternative Health Care (ACCAHC), via the Project for Integrative Health and the Triple Aim

Team
Jennifer Olejownik, PhD, ACCAHC, PIHTA Project Manager
Melinda Ring, MD, Osher Center at Northwestern
Jeffrey Dusek, PhD, Penny George Institute
John Weeks, ACCAHC, Center for Optimal Integration
## Valued as Asset -- Hospital Readmissions

**Statement:** “With changes in payment and other incentives, my system leaders increasingly view IHM as an asset in meeting new goals.”

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Neither Agree or Disagree</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>19</td>
<td>48</td>
<td>10</td>
<td>10</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

**Statement:** “With changes in payment and other incentives, my center/clinic is increasingly part of the system’s plan to lower hospital readmissions.”

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Neither Agree or Disagree</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>5</td>
<td>52</td>
<td>14</td>
<td>0</td>
<td>14</td>
<td>0</td>
</tr>
</tbody>
</table>
Better Patient Experience -- Lower Costs of Care

Statement: “With changes in payment and other incentives, my center/clinic is increasingly part of the system’s plan to better patient experience.”

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Neither Agree or Disagree</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>38</td>
<td>29</td>
<td>10</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

Statement: “With changes in payment and other incentives, my center/clinic is increasingly part of the system’s plan to reduce cost of health care.”

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Neither Agree or Disagree</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>29</td>
<td>38</td>
<td>24</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>
Is the System Investing More?

Statement: “Due to these changes in payment and other incentives, my organization-center has experienced an increase of financial investment of the system in our service offerings.”

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
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<th>Disagree</th>
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</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>24</td>
<td>10</td>
<td>29</td>
<td>14</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>
Note all that apply to your center/organization as a result THE CHANGING HEALTHCARE LANDSCAPE

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

- Hospital Transition
- Integrative pain treatment
- Chronic disease
- Patient self-efficacy
- ‘Dual eligible’
- Care management
- Pharmacy management
- ... and more

Opportunities exist – how do we step up?

Karen Milgate, MPP
Former Deputy Director, CMS;
Advisory Team, PIHTA

PIHTA
PROJECT FOR INTEGRATIVE HEALTH AND THE TRIPLE AIM
Not the Only Ones with How-to Questions

Berwick: “... the new way, the way to health, may be vastly further from the current design of care than we may at first wish it to be, or believe it to be ... The pursuit of health, the *creation of health*, may require something even bolder [than the Triple Aim]. The redesign we need may be even more radical than we have imagined."

AHA’s Perlin: “We have been honed to focus on sick care ... It is a tough transition, but we have to learn how to move from sick care to health care. I'm not sure that any of us fully understands or knows the recipe."
Engaging the Interprofessional Practice and Education Movement for Team Care

Can a movement that claims to be team-focused and “patient-centered” exclude, in integrity, the IHM professions?
Recommendations from Stakeholders Report on IPE

5101 Health Care Workforce

“Incentivize health professional schools to expand programs in integrative care and cross-disciplinary training for all professions.”

Recommendation from Section 3502:

“Ensure meaningful inclusion

2010 Stakeholder Report Hosts and Sponsors
Interprofessionalism/Team Care: Era 1.0

A fee-for-service, procedure-focused industry is laden with *perverse incentives* against collaboration and teams

*Fosters care in practice silos*  
*Promotes holding on to patients – “using one’s hammer”*  
*Non-employed practitioners not incented to refer*
Major Steps in the IPE Movement

- “Big Six” Academic Orgs. Publish “Core Competences for Interprofessional Collaborative Practice” (2011)
  - MD, nursing, DO, public health, pharma, dentistry

- “Big 6” Form Interprofessional Education Collaborative (IPEC) (2012)
  - Supporting members now psych, PT, PA, and ACCAHC

- HRSA-Macy-RWJF+ fund $13-million National Center for Interprofessional Practice and Education (2012)
  - Barbara Brandt, PhD, heads

- IOM-Macy-RWJF plus Big Six Initiate Global Forum on Innovation in Health Professional Education
  - IPE a core area of exploration
Key IPE Initiatives from the IHM Movement

• ACCAHC: IPE Leaders Keynote 2011 and 2013 Biennial Meetings

• “Big 5: Licensed “CAM” Publish Competencies for Optimal Practice in Integrated Environments (2010, 2011)
  – DC, AOM, ND, massage, direct-entry midwifery
  – Endorsed by ACC, AANMC, CCAOM, AFMTE, MEAC

• CAHCIM-ACCAHC-Georgetown: International Congress for Educators in Complementary and Integrative Medicine-2012

  Full-Fledged “Horizontal IPE” Experience
  – IPE leaders Barbara Brandt, PhD and Scott Reeves, PhD keynote
Key IPE Initiatives from the IHM Movement, 2

- **CAHCIM - Journey of Interprofessional Care**
  special issue on IPE and integrative medicine forthcoming
  - Shelley Adler, PhD, guest editor

- **Academy of Integrative Health and Medicine** forms as one interprofessional “big tent”
  - IHPC plans to become AIHM’s 501c4 policy affiliate
  - ACCAHC and AIHM exploring joint educational offerings
  - Upcoming “leadership advisory” meeting with multiple organization representatives
ACCAHC Priority: Action in Multiple IPE-related Initiatives

Create, manage IPE page; promote IPE/C focus and early use of non-pharmacological approaches

ACCAHC nominee on IOM Pain Blueprint: committee; focus on inclusive teams, inclusion of “CAM”

ACCAHC accepted as Supporting Member due to Competencies

Create resource on role(s) of ACCAHC disciplines in Meeting the Nation’s Primary Care Needs

Promoting an IPE model and inclusive view of integrative medicine

Report on 2013 IOM Forum includes ACCAHC led initiative on self-care, health and well-being

Stimulated over 50 orgs and individuals to “join”
We don’t want perfect teams doing perfectly the wrong things: unnecessary, over utilized, potentially harmful ...

What then are the special role of IHM in IPE? Voices for “creating health”? 
What Roles in “Creating the Recipe” for What Harkin Calls a Wellness Society?

Berwick: “... the new way, the way to health, may be vastly further from the current design of care than we may at first wish it to be, or believe it to be ... The pursuit of health, the creation of health, may require something even bolder [than the Triple Aim]. The redesign we need may be even more radical than we have imagined."

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Recommendations Going Forward

Interprofessionalism-Team Care

- Practice collaboration internally (among IHM professions) to foster collaboration externally
- “Widen the circle” - engage the broader dialogue
- Put the teams in service of health creation

PCMHs/ACOS

- Capture Triple Aim data on your services
- Co-create models for optimal inclusion
- Push boundaries to link clinical practice with community and public health
Thank-you!

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www.optimalintegration.org
www.accahc.org