

CENTER FOR OPTIMAL INTEGRATION

Creating Health
www.optimalintegration.org

PIHTA Basics

Purpose Assist decision-makers in the optimal use of the values, practices and disciplines of integrative health and medicine in meeting the goals of the Triple Aim.

Goal # 1 - Data Continuously build-out the most useful base of published research, high quality gray literature and examples from the field to support engagement and implementation decisions. The PIHTA literature and materials focus on outcomes in real world environments.

Goal # 2: Engagement of leaders, highlight emerging practices, and feature experts in this area to build an interprofessional, multi-stakeholder community towards optimal use of these modalities and health professions in the emerging patient-centered, team-care, ACO/PCMH era.

Integrative Therapies and Practitioners

The integrative health and medicine movement ranges from self-care recommendations to inclusion of new modalities or therapies in existing practices, to inclusion of members of licensed disciplines who are not typically included in the conventional workforce.

Values Whole person, patient-centered, inclusive and respectful team-based care that focuses on creating health and well-being.

Self-care examples Meditation, mind-body practice, food, breathing, yoga, rest, natural products/supplements, sleep, exercise, positive emotions.

Adding modalities and approaches The “holistic” movement in nursing and medicine was birthed in the late 1970s. “Integrative medicine” was born in academic medicine in the mid-1990s. Both feature conventionally trained practitioners who either 1) add non-conventional therapies and referrals to usual care, and/or 2) undergo a philosophical shift toward practice focused on these values.

Inclusion of professionals from other disciplines The chart below describes the professional development stages of the five licensed integrative health and medicine with a U.S. Department of Education-recognized accrediting agency.

Emergence of the Licensed Integrative Health Professions

Profession	Accrediting Agency Established	US Dept. of Education Rec.	Recognized Schools/Programs	Standardized Exam Created	State Regulation	Est. # of Licensed Practitioners
Acupuncture and Oriental medicine	1982	1990	61	1985	44	28,000
Chiropractic	1971	1974	15	1963	50	72,000
Massage therapy	1982	2002	88*	1994	44	280,000
Direct entry midwifery	1991	2001	10	1994	26	2,000
Naturopathic medicine	1978	1987	7	1986	18	5,500

* Of 1400 total that are accredited by the U.S. Dept. of Education-recognized Commission on Massage Therapy Accreditation. Some are accredited through other agencies. Source: *Clinicians' and Educators' Desk Reference on the Licensed Complementary and Alternative Healthcare Professions* (ACCAHC, 2013)

Content Areas on the PIHTA Site
http://optimalintegration.org/project-pihta/pihta.php

-The Time is Now

-Knowledge Base

- Enhance Patient Experience
- Improve Population Health
- Reduce Per Capita Cost

-Examples in Practice

-Collaborate/Engage

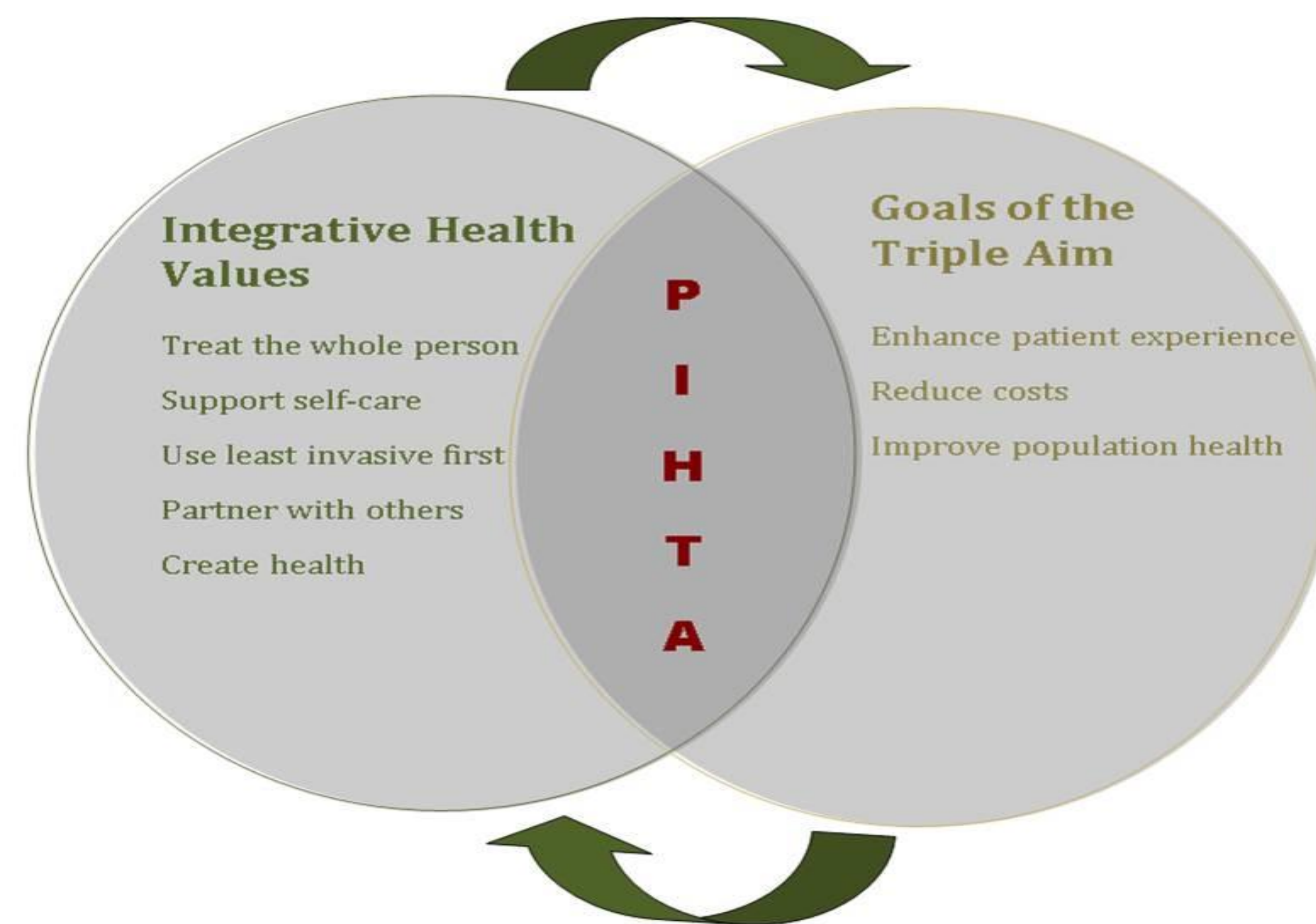
- Social networking
- Webinars, newsletters

-About Us

Project for Integrative Health and the Triple Aim (PIHTA): An Exploration of Mission and Practice Alignment

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Sharing Supportive Evidence - Collaborating on Best Practices

Meeting the Triple Aim: Examples from Published Documents

A small sampling of the studies that are, or soon will be, featured on the PIHTA site.

Patient Experience

- A Group Health Research Institute study of patients involved in CAM trials for low back pain found “a range of positive outcomes that participants in CAM trials considered important but were not captured by standard quantitative outcome measures.” ¹
- Naturopathic physicians leading primary care that included acupuncture and nutrition services at the Bastyr University teaching clinic ranked in the top 5 in each of the survey’s four categories, scoring at or above the regional 90th percentile. ²

Population Health

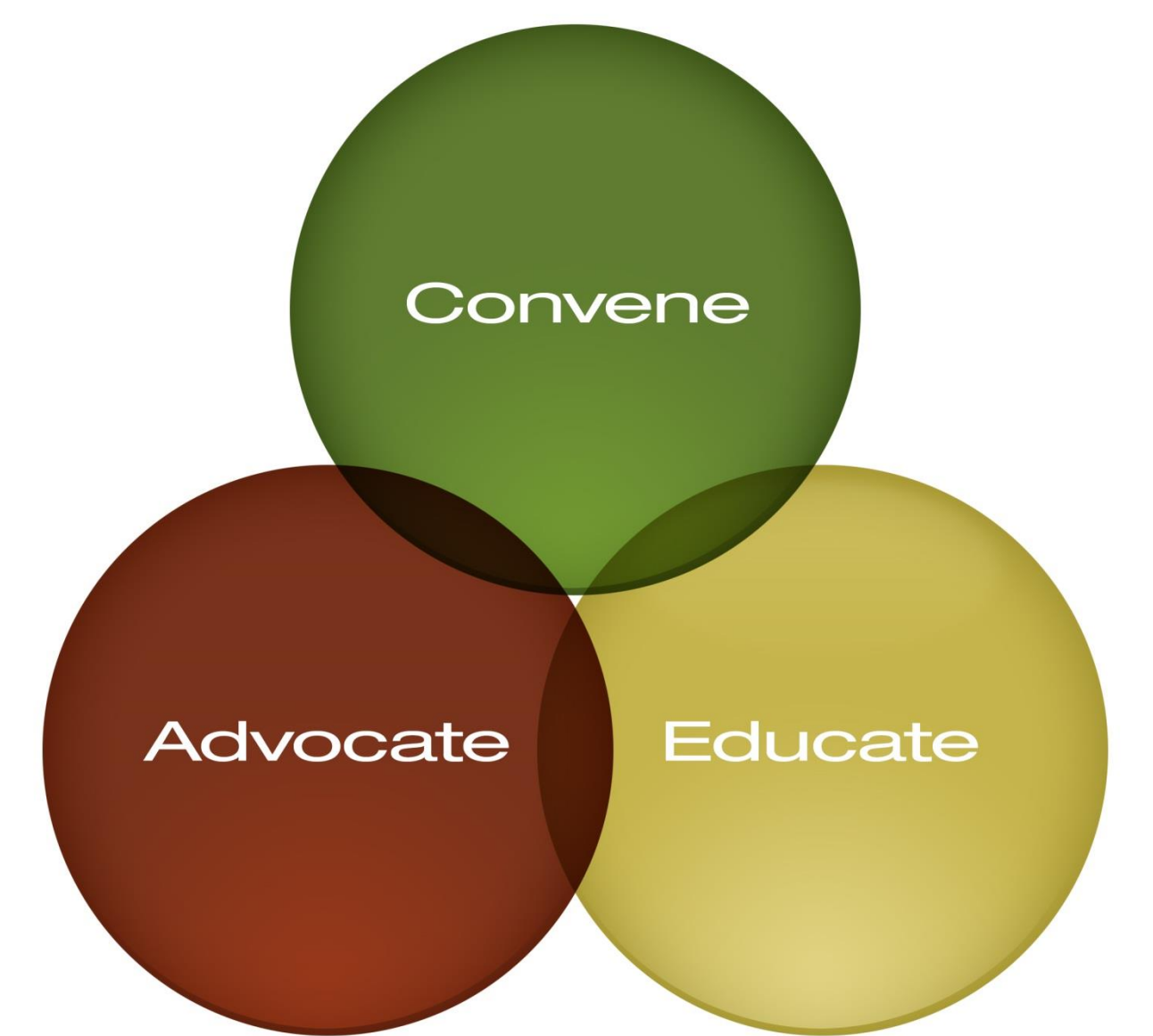
- Veteran’s administration Opioid Safety Initiative with a “full-range of support treatments for Veterans, including Complementary and Alternative Medicine” decreased high-dose opioid use by more than 50 percent. ³
- An HMO’s insureds with Type II diabetes who were provided adjunctive integrative medical care found statistically-significant positive changes in “mood, self-efficacy, and motivation to change lifestyle.” ⁴
- Guidelines and recommendations for pain treatment from diverse organizations including the American Board of Internal Medicine, the Joint Commission, and the AMA mention multiple integrative health modalities and practitioners. ⁵
- The NIH NCCAM states that “a growing body of scientific evidence suggests that some of these [integrative] approaches, such as massage, spinal manipulation, and yoga, may help to manage some painful conditions.” ⁶

Per Capita Costs

- A 2012 analysis by RAND’s Patricia Herman and Harvard’s David Eisenberg and others found cost-effectiveness “in 28 quality studies.” ⁷
- Insureds in Washington State who used complementary and alternative medicine practitioners averaged \$1,420 less in annual health care expenditures than nonusers in patients with the heaviest disease burden.” ⁸
- A report by the Bravewell Collaborative concluded that “immediate and significant health benefits and cost savings can be realized by utilizing three integrative strategies: lifestyle change programs for those with chronic disease; integrative interventions for people experiencing depression; integrative preventive strategies to support wellness in all populations.” ⁹
- Integrative health training focused on mind body skills development, exercise, and nutritional approaches for employees of Allina Health System found presenteeism cost savings of \$2,181 per employee per year. ¹⁰
- Insureds of Blue Cross Blue Shield of Tennessee with back pain who had the option of directly accessing a chiropractor saved 20%-40% percent on health care costs compared with those receiving care initiated through a medical doctor (MD). ¹¹
- In data from an insurer, acupuncture was a statistically significant (p < 0.05) substitute for primary care, all outpatient services, pathology services, all surgery, and gastrointestinal medications. ¹²
- Employees of Health Canada who received integrative naturopathic medical treatment had lower cardiovascular risk and “risk reductions came with average net study-year savings of \$1138 in societal costs and \$1187 in employer costs.” ¹³

References

1. Hsu, Cherkin et al Unanticipated benefits of CAM therapies for back pain: an exploration of patient experiences. *J Altern Comp Medicine* 2010 Feb;16(2):157-63. doi: 10.1089/acm.2009.0188.
2. Washington Health Alliance. Your Voice Matters: Patient Experience with Primary Care Providers in the Puget Sound Region 2014 Community Checkup Overview, March 2014.
3. U.S. Veteran’s Health Administration. VA Initiative Shows Early Promise in Reducing Use of Opioids for Chronic Pain, media release, February 25, 2015
4. Bradley et al. Adjunctive naturopathic care for type 2 diabetes: patient-reported and clinical outcomes after one year. *BMC Complementary and Alternative Medicine* 2012, 12:44 doi:10.1186/1472-6882-12-44.
5. Example: Chou R et al. Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society, 2007
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12. Bonafede M et al. The effect of acupuncture utilization on healthcare utilization. *Med Care* 2008 Jan;46(1):41-8.
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Alignment of Incentives: Payment and “Health Creation”

Is the Big Money in Integrative Health/Medicine in Savings? Hospitals and health systems typically offer integrative services to meet patient interest and for competitive advantage. Yet the historic FFS business model’s focus on producing services perversely incentivized against exploring integrative health approaches and providers that many integrative health practitioners believe will limit high-end tests and procedures. The Triple Aim, team care, ACOs, and PCMHs each elevate the importance of patient-centeredness and focus attention on cost saving strategies. Each supports exploration of integrative health and medicine.

From Production of Services to Creating Health A Mayo Clinic innovation leader argues that we need to “change the focus of the health care industry to creating health, not just producing health care.” ¹ Donald Berwick, MD calls this “a more radical shift than we have imagined.” ² He and the chair-elect of the AHA each acknowledge that few “fully understand or know the recipe.” ³ Berwick specifically points to mentors from the integrative health movement. Might the patients who fueled the movement toward integrative health practices and practitioners be guides to how to develop a system that *creates health*?

- 1 Stempniak M. he Patient Experience. Comments of Douglas Wood, MD. *Hospitals and Health Networks*, April 2013.
- 2 Institute for Health Improvement 2013 annual conference plenary with Donald Berwick, MD. December 2013.
- 3 Weinstock, M Toward a Healthier Tomorrow (interview with Jonathan Perlin, MD, PhD), *Hospitals and Health Networks*, December 2013.

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

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

Alignment: Integrative Practitioners Perspectives

A pre-conference survey administered to a multidisciplinary group of integrative health and medicine educators and clinicians in June 2013 asked: **To what extent do you believe that the outcomes of care delivered by the ACCAHC disciplines are aligned with the Triple Aim of 1) improving the patient experience 2) improving population health, and 3) lowering per-capita health costs.**

	Not aligned at all	Minimally aligned	Moderately aligned	Perfectly aligned	Don’t know
Percent Responding	0%	0%	44%	47%	9%

PIHTA Team

Name	Principal Affiliations
Molly Punzo, MD	Integrative medical doctor (internal medicine and homeopathy) certified by the Institute for Health Improvement as an Improvement Advisor. She has served as Chief Quality and Patient Safety Officer for large health systems.
Karen Milgate, MPP	Consultant and former Deputy Director of the Office of Strategic Planning at the Center for Medicare and Medicaid Services and Research Director at the Medicare Payment Advisory Commission.
Bill Walter, ND	Naturopathic physician practicing adult primary care at a Eugene, Oregon-based FQHC seeing mostly Medicaid patients managed by a Coordinated Care Organization, Chairs CCO’s chronic pain management committee.
Gerry Clum, DC	Long-time educator and policy leader in the chiropractic field; presently director of the Octagon Institute of Life University.
Jaquel Patterson, ND, MBA	CFO of a Connecticut-based Federally Qualified Health Center and a member of the faculty at the University of Bridgeport School of Naturopathic Medicine.
Michael D. Levin	Championed the integration of natural products into mainstream medicine to reduce costs/improving outcomes. Founder of Health Business Strategies, LLC. Past work in pharmaceuticals, and related healthcare industry segments.
Sherri Tenpenny, DO	Integrative physician who serves as director for integrative medicine services for the Fortune 200 firm Parker Hannifin.
Sue Ellen McKelvey, PhD & Peter D Bunting	Principals in Visual Outcomes, a unified healthcare information system that delivers all the processes of different healthcare specialties while empowering clinic-client relationships.
Chuck Simpson, DC, Michell Hay, Jamie Sewell	Principals in the Portland, Oregon-based The CHP Group, a leading provider of integrative health services to insurers, employers and managed care organizations.
Jennifer Olejownik, PhD	Project Manager, Project for Integrative Health and the Triple Aim
John Weeks	Center for Optimal Integration, Director; Executive Director, Academic Consortium for Complementary and Alternative Health Care (ACCAHC) Executive Director
ACCAHC Board of Directors	The Center for Optimal Integration is a priority initiative of ACCAHC.