

Integrating Complementary and Alternative Providers at an Onsite Clinic

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The New CHS / Take Care merged company

Integrated journey of LCHC a Patient Centered Medical Home

Providers

- MD: 15 - 5
- PT: 8 - 3
- Acup: 3 - 2
- DC: 2 - 2
- EAP: 3 - 1
- Health Co: 3 - 1

34 - 14

Management

- Employer MD: 2+1
- Employer Mgr: 1
- Management Co: 2
- Medical Group MD: 2 +1
- Clinic Mgr: 4

12

Imagine your employee has a health concern...

Where do your employees go for health care?

- Percentage of Americans visiting each year
- Physician: appx 55%
- Acupuncturist: appx 1%
- Chiropractor: 7-10%

10% seeing a complimentary
provider means....

Evidence based
complementary care?

Acupuncture

- Migraines, episodic or chronic tension-type HA's
- Chronic pain, chronic low back pain , neck pain
- Insomnia
- Cervical radiculopathy
- Cancer pain and related symptoms / nausea, etc

Chiropractic

- Acute and chronic lower back pain
- Middle back pain
- Neck pain and headaches
- Disc herniation and radiculopathy
- General neuro-musculoskeletal pain

Cost effectiveness of alternative and complementary care?

- Acupuncture
- Chiropractic
 - Lower back pain
 - Preventing lower back surgery

Integrating your providers

Provider training and practice experience

- Historically medical training and alternative / complementary training have not been complimentary to other providers' approaches - to say the least
- Training of recent grads is now starting to include integration of some provider types
- Providers historically trained in direct access (MD/DC/Acup) generally maintain control of the patient
- The practical experience of the provider can say a lot about their ability to be open to an integrated clinic

How do you add an integrated provider?

It is no different than adding any other provider to the center

- Hire provider types your beneficiaries prefer or your health care spending needs
- Ensure EMR allows for transparency between all providers - visibility and documentation to EMR and secure messaging between all providers
- Hire the right provider!
 - Success has a track record
 - They will learn your secrets

How does integration it work inside the practice?

Patient decides to see an acupuncturist

- If the patients condition is one that the acupuncturist is comfortable treating they initiate treatment
- If there was anything in the history or findings that seemed to indicate the need for that patient seeing another provider they will refer them to that provider

Patient agrees to see the other provider

- If needed and possible, a hallway or desk side conversation occurs prior to the visit between providers
- EMR gives visibility access to non-contracted providers once a business associates agreement is signed
- EMR allows secure messaging between medical providers and BAA signed vender providers to discuss patient care

How do we integrate at LifeConnections Health Center?

Patients can directly
access any service

Services provided

- Acupuncture
- Chiropractic
- Dental
- EAP
- Health Coach
- Optometry
- Physical therapy
- Medical providers

Management options to help integration along

- Medical group directed evidence based care pathways can be implemented by providers / triage nurse
 - Potentially multiple options based on patient preferences
 - Direct access to alt/comp providers can make triage less important
- Tracking ICD based referral patterns by each individual provider & reporting to management & openly to all providers allows some integration bias transparency
 - Can identify need for a new line of service
- Provider meetings with:
 - Case presentations by each provider
 - Group discussions on difficult cases

LCHC's evolving integrated care model for acu/chiro/PT

- Over the last year we have initiated one visit multi provider treatments
- Initial provider makes decision to include new provider
- Considering adding medical, EAP and others
- Tracking outcomes

Thank you!

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