

CHP Provider eJournal

News & Information from The CHP Group

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Opportunities for CAM in the New Health Care Paradigm

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The current healthcare delivery system, which generates costs that comprise 17% of the gross domestic product, is well equipped to provide acute care and to conduct healthcare-related research and development. However, it is estimated that over seventy-five cents of each healthcare dollar spent goes to the treatment of chronic disease. This is precisely where the paths of conventional medicine and CAM meet. The premise of CAM – treating the patient as a whole – aligns perfectly with the management of chronic conditions and, when integrated with conventional medicine, often produces results superior to conventional medicine alone.

Complementary and Alternative Medicine (CAM) is the category of healthcare predominantly provided by chiropractors, acupuncturists, naturopathic physicians, and massage therapists. Thirty-eight percent of Americans access CAM care at least once per year, resulting in an estimated \$34-billion annual spend. As these metrics continue to rise, it is apparent that the role of CAM in healthcare is increasing for individuals, as well as the integration of CAM within the conventional delivery system.

The roots of CAM reach back thousands of years; evidence of similar treatments and techniques can be found in vastly different areas of the world. It is truly "traditional medicine." Today, CAM providers graduate from accredited colleges, are subject to state licensure, and must meet continuing education requirements to ensure they have obtained the appropriate education and experience. The Pacific Northwest is an epicenter for provider education, with large colleges for all four primary disciplines and above-average use of CAM services.

CAM providers into their services. This increasing level of acceptance and formalized relationship makes the cross-referral process easier, allowing both the conventional and CAM provider the opportunity to collaborate using the same patient record keeping platform. On www.mayoclinic.com, an online health information application offered by The Mayo Clinic, a user can search a vast index of medical conditions. For each condition the tool offers 10 basic informational categories including definition, symptoms, treatment, and alternative medicine options. This inclusion of CAM information by one of the most influential and progressive conventional health organizations in the country is a meaningful step toward an integrated model.

Medical education institutions and health advocacy groups are also becoming more involved with CAM. The University of California, Los Angeles (UCLA) School of Medicine reported their findings that patients who had an acupuncture treatment immediately prior to their chemotherapy session experienced a significant reduction in vomiting and nausea. The American Cancer Society (ACS) suggests acupuncture as well, stating "clinical studies have found it may help treat nausea caused by chemotherapy drugs and surgical anesthesia." Pop culture is even getting in on the act: a dramatized clinic-based form of this integration can be seen each week on ABC's *Private Practice*, which is a spinoff of the popular hospital-based drama *Grey's Anatomy*.

In the new healthcare climate, where individuals are becoming reacquainted with the true cost of care through increasing cost shifting or loss of coverage, CAM is enjoying a surge of new patients who are interested in more affordable, less invasive care. Health plans in the Northwest have added greater access to CAM providers through built-in benefits or additional benefit riders over the past decade. In order to ensure

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Integration takes many forms and happens frequently. Hospitals and specialty clinics have integrated



Letter from the Editor

Health Care Reform and CAM

The Congressional votes are in and the Patient Protection and Affordable Care Act (HR 3590, aka PPACA) is the law of the land. The jury however is still out on the law and its effects on patients, providers, and payers. Court challenges of the PPACA constitutionality and the inevitable political pushing and pulling during implementation of the law have yet to fully shape how this monumental legislation will affect us in the future. Fundamental changes are likely and this period in history may well be regarded as a watershed moment in health care. This issue of the CHP eJournal will focus on the CHP Group's responses to health care reform.

Reform Rx: Information

Here at The CHP Group we are helping practitioners find ways to be successful in this dynamic environment. To that end, CHP recently produced a mini-seminar titled *Transforming Patient Care* filled with the most current information about federal, state and private reform initiatives and the strategies and tactics providers can use to survive and prosper in the age of health care reform. Topics covered included:

- How to evaluate EMR and office technology solutions
- What's in store for complementary and alternative medicine
- Explore the strategic advantages that you have at your finger tips
- Identify the tactics you can use right now to enhance your practice success.

Providers who attended *Transforming Patient Care* expressed interest in learning more about electronic medical records (EMR) and the full spectrum of digital solutions for health care providers. In response, CHP

Transforming Patient Care What the audience said:

"Timely, fresh information; great networking resources presented..." - LMP in Seattle

"I enjoyed the opportunity to be in a room with practitioners who support my method and approach to treatment" - LAc in Seattle

"Info was accurate, informative, concise" - DC Office Manager in Tri-Cities

is producing a 4-hour CE program, *Going Digital: Integrating EMR and Other Office Software Solutions for the "Paperless" Office*. This seminar will provide objective, non-commercial information about the range of health information technology (HIT) solutions and products that meet the needs of CAM clinicians, their practices, and their patients. The program will feature CHP providers who are early adopters of HIT to discuss their experiences in shopping for, selecting, implementing, and using various products. A few carefully selected HIT vendors will round out this information-rich seminar.

Save the date! Mark your calendar and plan on attending *Going Digital: Integrating EMR and Other Office Software Solutions for the "Paperless" Office* Continuing Education Seminar on Thursday, October 21, 2010 in Portland, Oregon. Look for more details in your mailbox in late August. Registration will begin on September 1, 2010.

Reform Rx: Advocacy

The CHP Group has also had opportunities to advocate for all of complementary and alternative medicine (CAM) at the federal level. Be sure to read the article by Ty Phillipay, CHP's Director of Marketing, for his take on CAM at the federal level and in the midst of health care reform.

CHP is striving to be the authority on complementary and alternative medicine in the ever-changing world of health care in the 21st century. We hope the information in this newsletter is of use to you as we all navigate this changing landscape.



Chuck Simpson, DC
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CSimpson, DC



Patient Protection and Affordable Care Act

In the thousands of pages of the Patient Protection and Affordable Care Act are a few changes to the fundamental structure of private insurance-financed health care that ultimately will alter the landscape. As time passes, these innovations have the potential to “bend the curve” of rising health care costs. Watch what happens over the next few years as these changes play out.

- *Exchanges.* The health insurance exchanges will create a marketplace where health plans can compete on value, provider networks, service and factors other than benefit design.
- *Changes in insurance market rules.* Current market structure encourages plans to avoid risk. Provisions under PPACA that call for guaranteed issue with individual mandates, minimum benefit packages, and premium-rate review will reshape risk propositions.
- *Payment innovations.* Demonstration projects, such as those that will test bundled payments in Medicaid as well as pilots administered under the newly formed Center for Medicare and Medicaid Innovation, will have the added effect of driving private-sector payment structures.
- *Near universal coverage.* For health plans, that means 32 million new customers in a stagnant market. About half of those new enrollees will get coverage through Medicaid—largely provided through Medicaid managed care plans—and the other half will get coverage from private plans available through insurance exchanges.

Source: Managed Healthcare Executive, July 2010.

Naturopathic Residency Program Advances Integrative Training

Complementary medicine training programs, with notable exceptions, usually do not include a formal post-graduate residency. Recently, a joint effort of Integrative Therapeutics, Inc. (ITI), and the American Association of Naturopathic Physicians (AANP) has created a Residency Training Scholarship, known as STAIR. The STAIR Program affords new NDs a salaried, one-year post-graduate residency in the field of integrative medicine.

As STAIR Residents become familiar with the nuts and bolts of running a naturopathic clinic, their involvement also closes the divide between naturopathic and conventional medicine. For prospective residency sites to qualify, they

must have a successful integrative medical practice with an ND and MD on staff. This integration of practices is not accidental; it is designed to forge new relationships among practitioners in naturopathic and conventional medicine. The result is greater dialogue, understanding, and collaboration among naturopaths and conventional physicians. Such networks are invaluable in medical circles and in communities at large.

Source: Natural Medicine Journal, July 2010.

Patient Care Via E-mail

Recent research at Kaiser Permanente has shown a relationship between email exchanges with PCPs and primary care patients and improved clinical outcomes. The abstract notes, “In our study of 35,423 people with diabetes, hypertension, or both, the use of secure patient-physician e-mail within a two-month period was associated with a statistically significant improvement in effectiveness of care as measured by the Healthcare Effectiveness Data and Information Set (HEDIS). In addition, the use of e-mail was associated with an improvement of 2.0–6.5 percentage points in performance on other HEDIS measures such as glycemic (HbA1c), cholesterol, and blood pressure screening and control.”

A primary author of the study, Terhilda Garrido, is quoted, “...the hypothesis [about why this works] is that putting the information in the patient’s hands makes them feel empowered and, therefore, in control of their condition...A lot of our patients say this actually makes them closer or more connected to their physician, and there’s information in the health literature that that kind of bonding and improved relationship is very supportive of improved health outcomes.”

Electronic communication in health care is not catching on quite as quickly in the US. A recent Harris Interactive/HealthDay poll found that fewer than 1 in 10 American adults utilizes electronic medical records or turns to e-mail to contact his or her physician. However, a survey by Deloitte in 2009 showed over half of respondents would like to be able to email their doctors.

Source: Health Affairs, July 2010.



Who is Don Berwick?

Depending on your point of view, President Obama's recess appointment of Don Berwick, MD, MPH, as the administrator of the Center for Medicare and Medicaid Services (CMS) is either a stroke of genius or a step toward socialized medicine. Two recent editorials capture this dichotomy:

"Dr. Berwick is a creative and forward-thinking health care leader whose leadership arrives at CMS at just the right time—as health care reform is being implemented. Congratulations to Dr. Berwick! We look forward to many exciting changes under his capable leadership." *Boston Globe 7/8/10*

"Heaven forbid that anyone accuse Donald Berwick—lately of Harvard, newly of the Centers for Medicare and Medicaid Services, with \$800 billion under management—of being an admirer of Cuba's health-care system. In the matter of CastroCare, progressives of Dr. Berwick's stripe are rarely at a loss for superlatives." *Wall Street Journal 7/13/10*

Regardless of your politics, Dr. Berwick has expressed a view of integrative health care that may well resonate with complementary and alternative medicine providers. Berwick spoke at the IOM Summit on Integrative Medicine and the Health of the Public in 2009 and noted that, "The sources of suffering are in separateness and the remedy is in remembering that we are all in this together. Integration, if it is to thrive, is the name of a duty to contribute what we can to a troubled and suffering planet."

During the presentation he went on to elaborate his view of the basic principles of integrative medicine:

- Place the patient at the center.
- Individualize care.
- Welcome family and loved ones.
- Maximize healing influences within care.
- Maximize healing influences outside of care.
- Rely on sophisticated, disciplined evidence.
- Use all relevant capacities - waste nothing.
- Connect helping influences with each other.

For more on the new CMS administrator, Kaiser Health News has a "Resource Guide" on Dr. Berwick at <http://www.kaiserhealthnews.org/Stories/2010/June/30/Donald-Berwick-Resource-Guide.aspx>

Opportunities for CAM (cont.)

positive interactions for the membership through targeted partnership with the top providers, a larger panel is not always the answer. Due to the wide spectrum of available providers, it is common for health plans to partner with a third party company specializing in CAM to manage their network credentialing, utilization review, and claims payment.

Evidence—the new universal language of healthcare—does not foster a preference between conventional and CAM treatment. Although CAM has a rich history, empirical efficacy data and outcomes research on par with conventional medicine is only recently emerging. The Cochrane Collaboration (www.cochrane.org), is an outstanding source for information on the effects of healthcare. A non-profit organization founded in 1993, the site is designed to help individuals and providers make evidence-based decisions. Their Library of Systematic Reviews offers a combination of conventional and CAM treatments. Another excellent source of credible information on CAM can be found on the website of the National Center for Complementary and Alternative Medicine (NCCAM): <http://nccam.nih.gov>. NCCAM is one of many public and private organizations focused on the creation and promotion of CAM research and clinical studies. Increasing the quality of CAM evidence will promote further integration and support healthcare consumers and providers to include CAM as an addition to their spectrum of care.

The Problem-Oriented Medical Record: SOAP Notes

by Charles Simpson, DC

In 1968, Lawrence Weed, MD, developed the problem-oriented medical record (POMR) "... to develop a more organized approach to the medical record..." Although only one component of the POMR, the SOAP format has become the standard in clinical record keeping for daily chart notes in ambulatory settings. Proper record keeping using the SOAP method

improves patient care and enhances communication between the attending physician and other parties: claims personnel, peer reviewers, case managers, attorneys, and other providers who may provide care to your patients.

The purpose of this article is to review accepted methods

of clinical documentation using the SOAP format. *CHP strongly encourages the use of the SOAP*

format. If SOAP itself is not used, the elements embodied in SOAP must be recorded.

The Basics Chart notes must be in legible handwriting or, preferably, typed. The provider's identification (name, address and phone) and patient's name and unique identifier such as date of birth (DOB) or record number must be indicated on each side of each page of notes. Every chart entry must be dated. Each entry must be signed by the person entering the note (this includes office personnel who make entries in the chart). Standard abbreviations are acceptable as long as they are easily understandable and interpretable by the reader.

There are many styles of chart notes that can be effective. Narrative notes in SOAP format are the standard. However, check-box formats, pre-printed forms, and patient travel cards can be useful time-savers. Computer-generated notes, bar code SOAP notes, and other automated systems can also improve efficiency. However, these shortcuts can also produce notes that are clearly "canned," contain little clinical content, and

unfortunately can provide a crutch that substitutes for the clinical thought process and quality documentation.

Effective chart notes must reflect the four criteria required to document medical necessity.

1. The patient's chart must reflect subjective findings that are consistent with a lesion, injury, or condition.
2. The examination must confirm the existence of a lesion, injury, or condition that is consistent with the patient's complaints and the exam findings must be documented in the chart.
3. The management of the case or treatment rendered must be considered appropriate for the condition.
4. The patient chart should reflect overall improvement over the course of treatment.

Next issue: The Anatomy of SOAP

About The CHP Group

Since 1989, The CHP Group has been a provider-founded, provider-focused network of chiropractors, acupuncturists, naturopathic physicians, and massage therapists. We partner with CAM providers, leading health plans, and employers to bring quality, caring, and expertise to the business of CAM.

If you are not already a member of our panel, we invite you to contact us today to learn more about our unique, provider-centric approach and to hear what your peers are saying about us.

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