

Business Considerations for CAM Integration in Catholic Health Care Facilities

To understand the current trends in integrative health care models, one must review the comparisons of incentives in health care delivery-past and present. Prior to integrated delivery, Catholic health care facilities comprised a hospital-system focused on rescue medicine, isolated services, and isolated providers, with a focus on illness, and rewards for diagnostic testing. Today, there is a shift to a health care system focused on primary/preventative coordinated care, streamline procedures, and most importantly, complementary care in a "wellness" environment.

The vision is toward an integrative delivery that has shifted away from a biological to a "biopsychosocial-spiritual" model of health. The mission is to provide care to the *whole* person - physical, emotional, and spiritual; to respond to the community's needs through health education and promotion; to ensure stewardship by increasing proper use of facilities; to serve the poor by enhancing access; and to ensure quality by accountability for outcomes through benchmarks.

Because of this shift to wellness, chiropractors, being the prime deliverers of natural, low-cost, high-quality, low-tech care, should consider approaching these facilities. The current contracts are shifting to formal provider contracts. Before, the approach was the traditional agreement of complete autonomy. The goal today is continuum of care in an integrative delivery network (IDN), rather than discounts to individual facilities or providers. Contract agreements range from: professional service agreements; practice acquisition; equity arrangements; or employment.

More than ever, new models of collaboration are being considered. Today, some Catholic health care wellness centers are considering offering *alternative* care. Administrators in Catholic health care are acutely aware of the shift in dollars to complementary/alternative medicine (CAM).

To seek opportunities in Catholic health care, one needs to be aware that the business focus emerging out of these integrative provider/facilities represents a shift from health care as a competitive business to health care as a service. The goal of integration is to initiate shared projects while preserving professionalism and shared decision-making. As chiropractors, we have a great opportunity to present our benchmarks of clinical outcomes with the satisfaction patients have had with our care.

As the CAM model emerges in Catholic partnerships, it is important for every chiropractic provider to understand the ethical values common to all Catholic networks, and to review their personal values concerning such facilities before considering a presentation for provider status. Catholic health care supports universal coverage. It does not see health care as a commodity, but as a right, which is so familiar to practicing chiropractors.

Reference

Mainous AG, Gill JM, Zoller JS, Wolman MG. Fragmentation of patient care between chiropractors and family physicians. *Arch Fam Me* 2000;9:446-450.

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