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Health Care Reform Is Here

TRENDS, MODELS AND EHR TECHNOLOGY

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I have been spending a lot of time in Washington, D.C., meeting with government officials at White House Forums and on college campuses, doing interviews, and speaking with members of health care panels; the trends in the industry are becoming readily apparent. Patient-centered care, supported by technology, is all the rage, and chiropractic physicians need to ask themselves these fundamental questions: Are we going to be a part of the reform solution or remain on an isolated island as a fringe provider group? Do we want to be left out of the equation?

The Medical Home Model: Maximizing Communication

Let me first share an illustration of these trends. This spring, I served on a panel to discuss the Medical Home Model, a patient-centered health care approach that is now a law in Iowa and allows DCs to be primary care physicians. The Medical Home Model is not a literal moniker - there is no "home," per se; rather, it is an approach for managing the total health of the patient.

The philosophy behind this model is focused on promoting patient wellness by considering treatment of the overall human body, including mind and spirit. It involves more than evaluating just the presenting problem, which is a philosophy that chiropractic physicians have been adhering to for decades.

The model, now gaining acceptance in numerous circles, involves a health coach - sometimes the primary physician, but in most cases a mid-level professional, like an RN or LPN - who is responsible for making sure patients follow the doctor's directives. The coach reminds the patient about exercise recommendations, ensures the patient is following a prescribed diet or taking medications on schedule, etc. The coach involves the patient in the process, so the patient remains engaged in their own health care.

This coach not only helps the patient follow treatment suggestions, but also serves as an executive assistant of sorts to the primary care physician. Time constraints affect every doctor, and though many chiropractic physicians may see themselves as the coach, it might not be the best use of their time or talent to serve as such. Instead, the doctor can engage another person to serve in the coaching capacity, and be freed to focus more directly on primary care and diagnosis.

A key component of the Medical Home Model is interprofessional communication, facilitated by technology. Our broken health care system is flawed mainly because of communication breakdowns. It is very difficult to manage a patient seeing multiple providers; transferring records is cumbersome and time-consuming, and information can get lost in the process. For example, there are times when multiple tests are ordered in duplicate by different care providers in today's setting. In the Medical Home Model, the coach, assisted by technology, assures that an MRI is not ordered once by the DC and then again by an orthopaedic surgeon who is also treating the patient.

An electronic health records (EHR) system can resolve the communication problem by making all information about patients readily available to every physician involved with care. The portability

of records is enhanced dramatically with technology, and interoperable programs can easily capture all the information a doctor would need to effectively treat a patient. The data housed in this technology also serves as a case-management or best-practice guide for the physician or health coach, making the data extremely valuable and enabling the health care team to deliver better care.

The Medical Home Model also can assist doctors to follow best practices, meaning that if chiropractic is the best treatment option for the patient, the doctor should recommend such treatment and allow the patient to choose. But the only way for the doctor to learn that chiropractic is the best treatment is for outcomes to be published in a readily available source using technology. Technology advances the widespread sharing of information to better educate health care professionals on the efficacy of various treatment options, including chiropractic. With technology as a support, in the long run, chiropractic could become a frontline treatment option as more health care professionals learn about its value.

Mainstream Views Collide With Historic Chiropractic Beliefs

The Medical Home Model is just one of many examples of health care reform beginning to spread across the country. We know that our nation's health care system is suffering, and that reform is necessary and welcome. The individuals at the forefront of reform - the nation's lawmakers and policy influencers - are considering several models and trying to identify the best elements of each to determine what system(s) will work. These are the people with whom chiropractors should be interacting to ensure that our profession is part of the solution discussion and not left out of it.

Recently, Dr. Andrew Weil and other prominent health care professionals testified in front of Congress regarding our nation's health care issues and the value of integrative care. Dr. Weil shared his belief that the human body has an internal intelligence. (Of course, he didn't mention that internal intelligence has been a guiding principle in chiropractic for more than 100 years.) As evidenced by the Medical Home Model and Dr. Weil's comments, the broader medical community is beginning to recognize the importance of treating the whole body, and is using its influence to further this position. On the cusp of national health care reform, chiropractors have a distinct opportunity to join the discussion, and if we don't, the health care industry will make the decisions for us. Now that our philosophies and principles are being more widely accepted, adopted and, in some cases, reinvented, we have to educate the masses on how chiropractic can deliver on these tenets. Technology is our key to education. We need to educate those who make patient referrals. We need to educate the medical community as a whole.

Because the long-held tenets of chiropractic are gaining traction in mainstream circles and the trend toward patient-centric care is growing, we can articulate how these concepts align with chiropractic protocols. But to successfully integrate this philosophy into all of health care, we must be able to communicate in real time with all professionals. EHR is the tool we can use to truly weave ourselves into the health care landscape. The concept of combining health care with technology to communicate with both providers and patients is moving forward, and it is rapidly gaining speed.

Don't Leave Money on the Table

On a trip to D.C. in March, I met with representatives from the Department of Health and Human Services and the Office of the National Coordinator of Healthcare Information Technology (ONCHIT). We talked about technology and implementing electronic health records, and also discussed concepts like the Medical Home Model, which is clearly predicated on technology. ONCHIT recognizes the two key barriers to adoption of EHR: Cost and difficulty with implementation (transition from paper systems to electronic). The first barrier is being mitigated by the economic stimulus package, which provides reimbursement for qualified doctors who implement qualified EHR. The second barrier is a larger problem - doctors are anxious about the migration from paper to digital, and change is daunting. But with national reform seeking to integrate elements of these aforementioned models and other health care models, implementation of EHR is imperative.

Why haven't all 60,000-plus chiropractors adopted EHR? For the same reasons other providers haven't yet - cost concerns and implementation fears. Sure, implementation requires adapting to a new system, and with change comes challenges. But we have to look at the big picture and understand what our future looks like if we don't adopt technology now. Health care in the U.S. will be reliant on many integrated electronic systems that communicate with each other. The cost to be left out of the system is far greater than the cost to implement.

The national plan suggests that all clinics and offices will be electronic by 2014, and early adopters will be eligible for higher reimbursements than those who choose to wait. Reimbursements can be as high as \$44,000 over a four-year period. The government is giving us an incentive to adopt now, and those who wait will receive significantly less financial support. What's worse, after 2014, there will be financial penalties in Medicare reimbursements for those who haven't yet migrated to an interoperable electronic system.

Not adopting a true EHR from a qualified software partner that delivers interoperability means you're missing out on office efficiencies and lowering your overhead, missing out on increased government reimbursement, and missing out on improving quality of care with better case management. Simply put, by adopting now, you'll save more money, earn more money and deliver better care.

Be Part of the Solution and Elevate the Profession

The two major trends in health care reform - adoption of interoperable technology, and patientcentric care using a health care team that focuses on the whole person - can benefit chiropractors significantly, but only if we decide to participate. Prevention, wellness and chronic care are elements in this model that we can deliver. If we ignore these new models, choose not to evolve, or sit back and wait for someone to invite us to the table, we will miss a huge opportunity to become an influential part of our national health care system.

Being part of the process is critical. When the Medical Home Model legislation passed in Iowa, chiropractic physicians were included in the legislation because we advocated for it. We didn't sit back and wait for someone to remember us - we were front and center, making sure our doctors were included in the *physician* definition in the law by educating policy-makers on our role and value. We joined the team and we earned our place.

True, chiropractic has had a culture of autonomy. We have been guarded about referring our patients to other health care professionals, and even to others within the profession, but time constraints limit us from being fully patient-centric. The evidence-based services that are recommended for each patient cannot possibly be fulfilled by one person; we must look to a team approach, and we can collaborate with that team through technology.

My advice to all chiropractic physicians: Be a team player, get the right technology, and join the national reform team - today.

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