

HeartSpring Wellness Center Samaritan Health Services

Michael A May, MD

Vice President Integrative Medicine

VP and Med Director Samaritan Mental Health

CMO, Kannact Inc

Integrative Medicine Background

- * Samaritan Health Services
- * 1990s system consolidation, vertical and horizontal integration
- * 1993 – Eisenberg NEJM article – Unconventional Medicine in the US
- * Late 90s – Integrative Medicine Clinic conceived and groundwork laid
- * Early challenges

Conception

- * Specialty Clinic integrating Allopathic Medicine (including mental health) with other medical arts (complementary and alternative medicine) into a single multidisciplinary clinic
- * Exploring financial viability
- * Board presentations
- * Provider Champions

Mission/Vision - excerpts

- * “guided by the knowledge of health and wellbeing that includes physical, emotional, spiritual, mental, and relational components”
- * “wholeness of the individual transcends their disease state and symptom clusters”, “healing process is a partnership”, “healing interventions based on objective evidence of efficacy”, “evolve as a model for Wholistic, accessible and affordable healthcare”

Early Challenges

- * Provider Inclusion – what modalities show evidence for efficacy and what level of evidence
- * Financial modeling – dearth of similar models
- * Allopathic elitism
- * Finding collaborative providers of care
- * Search for the “champion”

Ongoing Challenges

- * Integration of disparate medical arts created unanticipated challenges
- * Persistent medical community negativity
- * Financial struggles
- * Insurance reimbursement battles
- * Holding to the mission, vision and philosophy of care

Current Clinics

- * Corvallis office opened in 2001
- * Second clinic in Albany started in 2009
- * Integration of Primary Care services
- * Mental health integration
 - * Clinics evolved from using Mind-Body Medicine practitioners to an “incorporated” model with referral to specialty MH

Current Practitioners

Medical Director

Pam Chapin, MD

- * Boarded in Family Medicine
- * Acupuncture
- * Integrative Medicine
- * Functional Medicine

Providers

- * MD – 2
- * DO – 4
- * ND – 1
- * NP – 2
- * Acupuncture - 2
- * Massage – 2
- * Occ. Therapy – 1
- * Dietician - 1

Clinical Services

- * Primary Care
- * Functional Medicine
- * Osteopathic Manual Therapies (OMT)
- * Naturopathy
- * Acupuncture
- * Therapeutic Massage
- * Occupational Therapy
- * Nutrition
- * Education

Clinical Cohesiveness

- * Monthly case review and team building meetings
- * Frequent use of e-mail connectivity
- * Hallway consultation
- * Literature sharing
- * Focus on CME – especially with Functional Medicine

Functional Medicine

- * Provides the framework for all disciplines to communicate and set goals for treatment
- * A systems root cause approach
- * Whole person, self-care model
- * Focus on Nutrition, Activity, Stress Management and Connectedness
- * Identifies “triggers” for illness and mediators that keep disease activated

Functional Medicine

- * Iatrogenic illness (e.g. steroids and antibiotics)
- * Allopathic medicine focuses on and treats symptoms, Function Medicine identifies root cause for treatment
- * Focus on timeline of illness and longitudinal symptom matrix
- * Replenish and support the body's natural system to state of health

Demographics

2013

- * 9625 patients
- * 17,525 appointments
- * 73% female
- * All ages most 30 -55

Diagnoses

- * GI
- * Chronic Pain
- * Headache
- * Wt. management
- * Allergy
- * Autoimmune and CA
- * Depression/Anxiety

Referrals

Referrals

- * 60 -70% self, friends and family
- * PCPs
- * GI specialists
- * Neurology specialists

Financials - 2013

- * Collections at 65%
- * Ancillaries go directly to hospital
- * Corporate Allocation \$295K
- * Year end negative \$251K
- * Compare to Primary Care
- * Provider pay – lower
- * Payer Mix
 - * 65% commercial
 - * 25% Medicare
- * Retail = \$331K
- * In-house billing team

Integrating Mental Health into Patient Centered Primary Care Home

Health Psychologists

- * Mental Health Screening
- * Brief Therapies
- * Referral and connectivity to specialty mental health
- * Primary role is chronic disease management

LCSW led groups

Psychiatric Consultation – modeled after UW

Psychiatric “Top of the License” Consultation

- * Chart Review - ongoing
- * Telephone/video PCP consultation
- * Clinic meetings for case review and education
- * Face to face with patient with PCMH provider present
- * Face to face with patient without PCMH provider present
- * Referral to specialty mental health

Leveraging Learners

- * PCP and Health Psychologist Education
- * Residents
 - * Psychiatry
 - * Family Medicine
- * Medical Students
- * Social Work Students
- * LCSW Consultant –groups, groups, groups

References

- * Functional Medicine –
 - * Institute for Functional Medicine:
www.functionalmedicine.org<<http://www.functionalmedicine.org>>
- * Integrative Medicine –
 - * American Board of Integrative and Holistic Medicine (ABIHM):
www.abihm.org<<http://www.abihm.org>>
 - * The Consortium of Academic Health Centers for Integrative Medicine: www.ahc.umn.edu/cahcim/<<http://www.ahc.umn.edu/cahcim/>>
 - * The Center for Mind Body Medicine: www.cmbm.org/<<http://www.cmbm.org/>>
 - * Herbert Benson Mind Body Institute:
www.massgeneral.org/bhi/<<http://www.massgeneral.org/bhi/>>
- * Heart Math: www.heartmath.org<<http://www.heartmath.org>>
- * University of Washington - <http://impact-uw.org/about/>