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Improving Our Nation's Health Care System: Inclusion of Chiropractic in Patient-Centered Medical Homes and Accountable Care Organizations

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Abstract

Objective: This report summarizes the closing plenary session of the Association of Chiropractic Colleges Educational Conference—Research Agenda Conference 2014. The purpose of this session was to examine patient-centered medical homes and accountable care organizations from various speakers' viewpoints and to discuss how chiropractic could possibly work within, and successfully contribute to, the changing health care environment.

Discussion: The speakers addressed the complex topic of patient-centered medical homes and accountable care organizations and provided suggestions for what leadership strategies the chiropractic profession may need to enhance chiropractic participation and contribution to improving our nation's health.

Conclusion: There are many factors involved in the complex topic of chiropractic inclusion in health care models. Major themes resulting from this panel included the importance of building relationships with other professionals, demonstrating data and evidence for what is done in chiropractic practice, improving quality of care, improving health of populations, and reducing costs of health care.

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Introduction

In its search to provide better, more affordable, and accessible health care, the United States is moving towards new models, such as patient-centered medical homes (PCMHs) and accountable care organizations (ACOs).[1,2] The PCMH model aims at patient-centered, accessible, coordinated, comprehensive care, with a focus on improving quality of care and lowering costs.[1,3] Chiropractic care has traditionally fit this paradigm, with an aim to be patient centered, accessible, and affordable.[4–14] The chiropractic approach to health care is particularly suited for the conservative treatment and management of spinal disorders.[15,16] However, we need to ask if chiropractic is well suited for the PCMH and ACO models. As health care is changing, more efforts are needed for collaboration and coordination within the overall health care system.

There are many socioecological factors on the individual, institutional, community, and policy levels that are essential to successful inclusion of chiropractic in PCMHs or ACOs.[1,17–20] This is an emerging field, and there have been no articles published in this area that include chiropractic in the discussion of PCMHs or ACOs. Therefore, the Association of Chiropractic Colleges Educational Conference—Research Agenda Conference (ACCRAC) planning committee decided to have a focused plenary session on the topic of PCMHs and ACOs at the 2014 conference held in Orlando, FL; Saturday, March 22, 2014.

The purpose of this panel presentation was to address the complex topic of PCMHs and ACOs from various speakers' viewpoints and to provide suggestions for what leadership strategies the chiropractic profession may need to consider to enhance chiropractic participation and contributions to improving the nation's health.

Panel Discussion

The panelists (Figures 1 and 2) were charged to address the following issues:

1. What are PCMHs and ACOs and how do they work?
2. How can chiropractic work within and successfully contribute to these health care environments?
3. What chiropractic practice models would best function within these systems: primary care, specialty, or other model?
4. What are the benefits and potential challenges with chiropractic inclusion?
5. What do we need to do for successful inclusion, on an individual level, health care facility level, and policy level, to ensure future success?

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Figure 1. Speakers from the closing session of the ACCRAC, Orlando, FL; Saturday, March 22, 2014.

The speakers gave permission to audiotape the session so that others may gain from this presentation. Audio recordings of the speakers' presentations were transcribed, and the text was redacted for length and clarity.

Dr Bill Meeker

The importance of our topic today was highlighted in the most recent Institute for Alternative Futures (IAF) report entitled, "Chiropractic 2025: Divergent Futures."[21] Dr Clem Bezold, the director of the IAF, presented the results of expert exercises that attempt to identify the potential future directions of the chiropractic profession. The IAF methods yielded 4 distinct scenarios that were designed to stimulate debate and actions that would be in our best interests. Typically, 2 of the scenarios represent the best case and the worst case; and the other 2 provide descriptions that are perhaps more likely, given that certain assumptions come to pass. It is interesting to examine and debate the components that are common to all of the possible futures of chiropractic. In all of the most recently developed scenarios, there are 2 common features that are the specific topics of today's panel discussion.