

Bringing Osteopathy into the 21st Century

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21st Century Changes

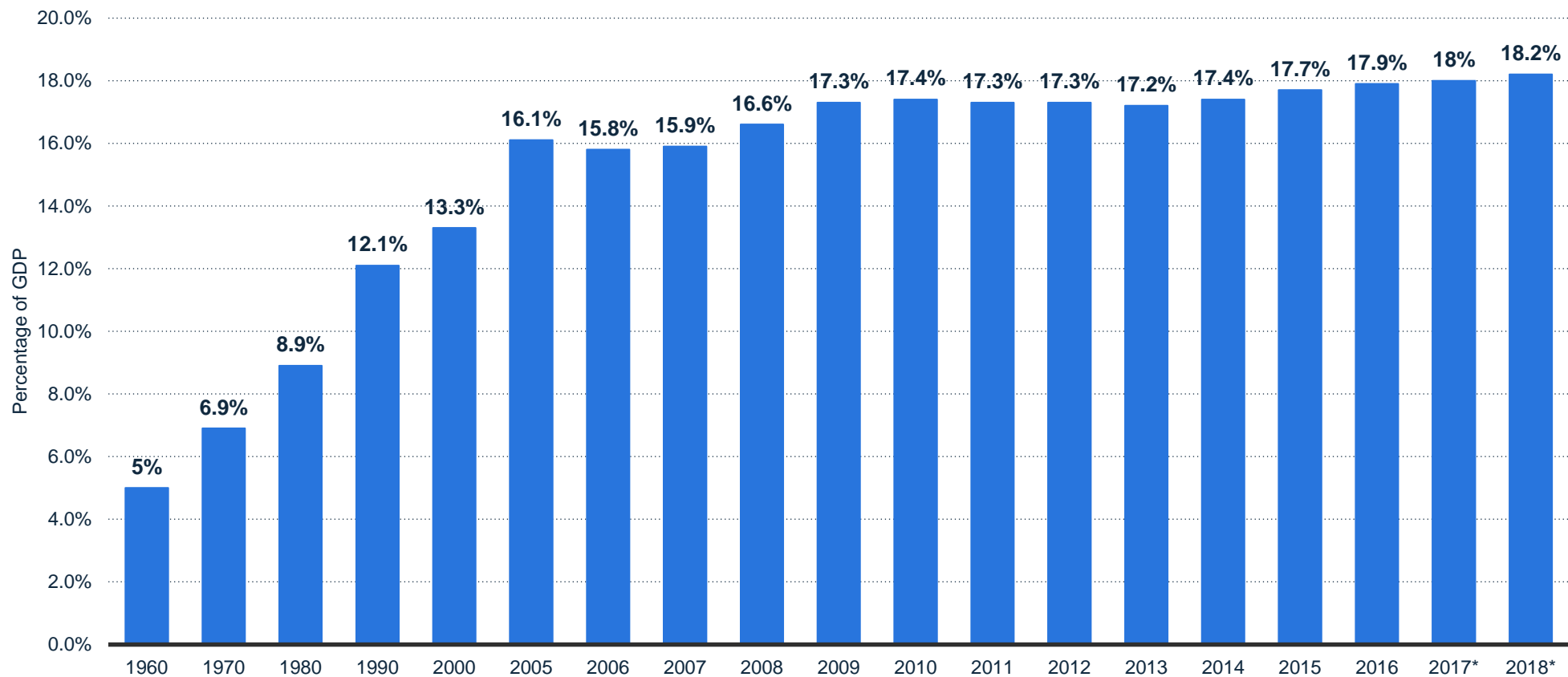
- Healthcare delivery
- Single accreditation
- Osteopathic identity
- Americans perceptions of U.S. Healthcare

Perceptions of US Health Care

- Questionable Sustainability - economic and fiscal wellbeing
 - Too costly/expensive compared to other countries
 - Major driver of increased government spending
- Outcomes no better and in some cases worse
- Good % of US healthcare spending is ineffective, if not wasteful

U.S. national health expenditure as percent of GDP from 1960 to 2018

U.S. health expenditure as percent of GDP 1960-2018



Note: United States
Further information regarding this statistic can be found on [page 8](#).
Source(s): CMS; [ID 184968](#)

High-cost, fragmented, and low-performing U.S. health care system...

- The evidence for a high-cost, fragmented, and low-performing U.S. health care system *is not new*.
- To address these insufficiencies, government policies are prompting health care systems to *react, reorganize, and consolidate*, creating a practice environment fundamentally different from that of the past.

MACRA--the Medicare Access and CHIP Reauthorization Act 2015 - 2019

- Significant percentage of your Medicare reimbursements will be at risk under this new bureaucracy.
- Repeals the [Sustainable Growth Rate](#) formula
- Changes the way that Medicare rewards clinicians for *value over volume*
- Streamlines multiple quality reporting programs under the new Merit Based Incentive Payments System (MIPS)
- Gives bonus payments for participation in eligible alternative payment models (APMs)

MACRA

- *Quality of care* rather than quantity (volume) of services.
- Defined as ‘the degree to which *health services* for individuals and populations *increase* the likelihood of desired health *outcomes* and are *consistent with current professional knowledge*’

Elements of Change - MACRA

- Organizational structure/and or systems
- Processes
- Outcomes

Organizational Structure and/or System Changes

- Current structure too challenging to measure value.
- Trends are shifting away from the solo practitioner to care delivered by interprofessional *teams*.
 - Accountable Care Organizations (ACOs) – group is paid for the overall health status of “their” patients
 - Integrated Practice Units (IPU’s)
 - Specialists organized around the patient medical condition or set of closely related conditions.

Process Changes

- With the advancement of electronic medical records, data management systems, and payment systems changes, health care will *increasingly focus on proactive management of disease for populations*, rather than focusing solely on individual patients.
- A single event is not meaningful to outcomes

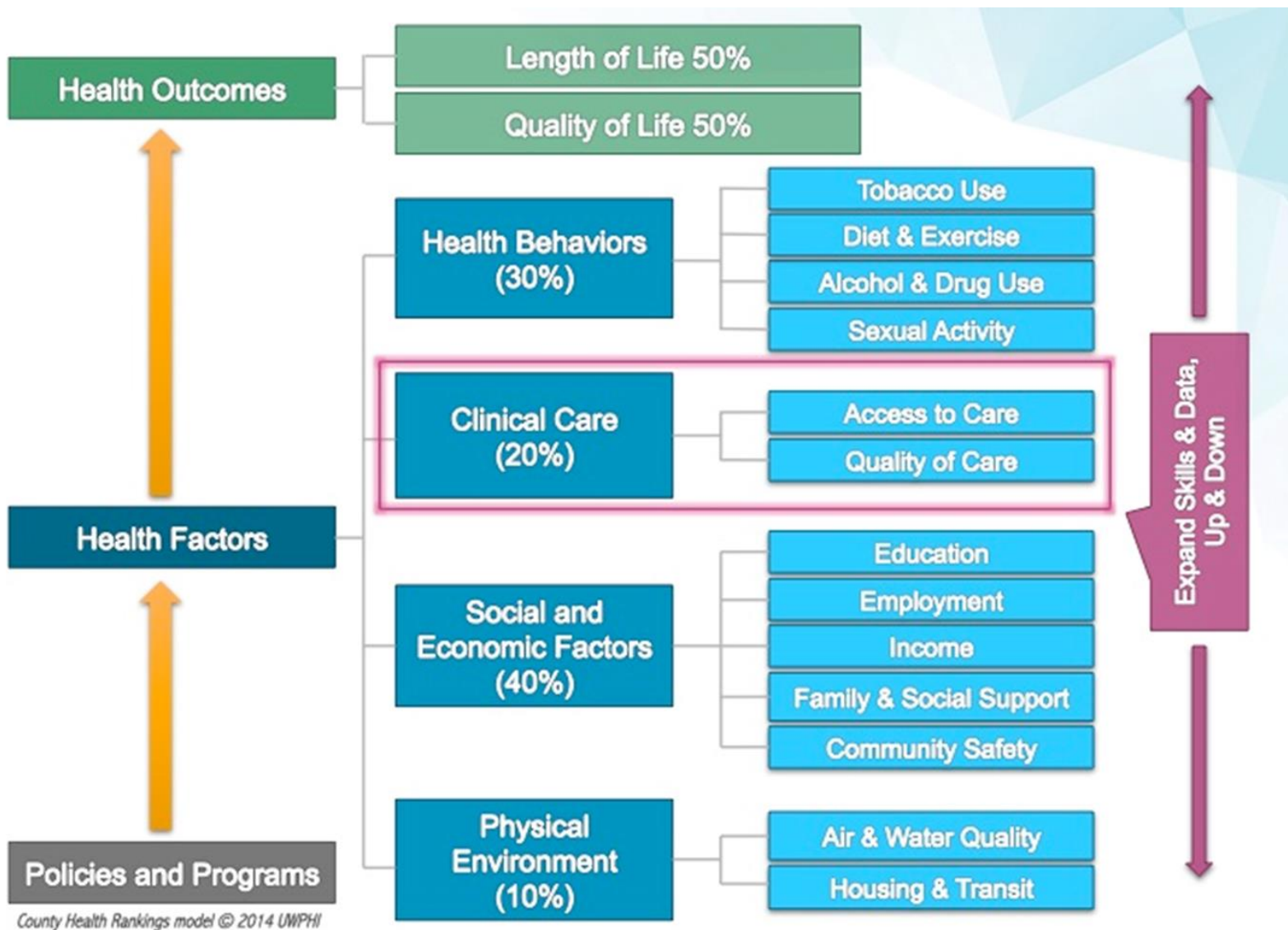
Population Health Management

- The *aggregation of patient data* across multiple health information technology resources, the analysis of that data into a single, actionable patient record, and the *actions through which care providers can improve both clinical and financial outcomes*.



Population Health Management

- “the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of *society, organizations, public and private communities, and individuals.*”
 - Charles-Edward Amory Winslow, founder of the Yale Department of Public Health



County Health Rankings model © 2014 UWPHI

Robert Wood Johnson & University of Wisconsin Public Health Institute

“Outcome” – Now the X-Factor

- Shift from volume to value of care
 - measured by outcomes achieved
- Value = outcome/costs
 - Outcomes are multidimensional and condition specific.
 - No single outcome captures the results of care
 - Costs = total cost of care/condition
 - Not individual services
 - Spend more on some services in order to reduce the need for others

21st Century Outcome Measures

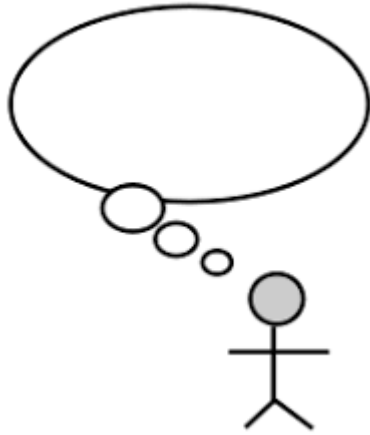
- Each medical condition or population of care patients will have its own outcome measures.
- Expectation that providers will provide the *measurable dimensions* of outcomes for each medical condition.
- Outcomes will be reported publicly to benefit patients and providers.
- This process is expected to standardize value

Implications of Value-Based Healthcare for Providers

- Value over Volume
 - health care delivery corporations, which are employing large numbers of physicians, are joining their forces through mergers, acquisitions and other arrangements to better manage the transition of physician payments
- Base pay +% to show up, added % to reduce costs and %% to take more profit/loss responsibility
 - based on analytics that are currently not taught in medical school or residency

Value-based Medical Education

- “Medical schools designed to equip physicians to thrive in a health care system are focused on population health and the transition from volume- to value-based care.”
- Health Systems Science
 - patient safety, quality improvement, evidence-based medicine, value in health care, inter-professional teamwork, stewardship of health care resources, population management, clinical informatics, care coordination, leadership, and health care financing/reform



- Containing cost is very important
 - EMR's remain data gathering tools for volume based processes
 - U.S population management changes using a nationalized health system model
 - Outcomes are not standardized for high risk communities/patients
 - Who defines value – CMS or the patient?
- Patients must become active members of their health management.

The Implications of Value-Based Model on Physicians

- Future physicians risk becoming automatons.....
 - Increased adherence to fixed notions of symptoms as disease
 - Diminished flexibility and creativity needed to individualize patient care
 - Casualty – residents/young physicians
 - Burnout
 - Depression

Osteopathic Medical Education

- Medical Knowledge
- Patient Care
- Interpersonal and Communication Skills
- Professionalism
- Practice-based Learning and Improvement
- System-based Practice
- Osteopathic Philosophy and OMM

7th Competency

- Single/Dual Accreditation
- DO clerkship students comfort with osteopathic content on boards is decreasing.
- 30% of residents surveyed would take the AOA specialty boards if the osteopathic content is removed.

Suggestion..... Redefine “Value”

- Value = Outcomes/Costs
- Value from the patients perspective
 - Decrease/understand symptoms
 - Improvement in function
 - Improved health-related quality of life

Medical Education and Value

- Shift in the way future physicians think about value
- Redefining “value” as improving outcomes in ways that improve health in your patient population and community.
- Giving the student the ability to see how creating those improvements drives down costs
- Emphasize “value” as an Osteopathic Principle

Value in Medicine - Osteopathic Tenets

- The body is a unit; the person is a unit of body, mind, and spirit.
- The body is capable of self-regulation, self-healing, and health maintenance.
- Structure and function are reciprocally interrelated.
- Rational treatment is based upon an understanding of those above.

Redefining “Value” – Osteopathic Principle

- Value the body
 - Discuss the various etiologic factors of symptoms rather than rushing to disease/pathology.
- Value the function
 - Preventing exacerbations of conditions such as NMSK pain
- Value the mind and the spirit
 - Converse about the predictable social, family and emotional impact of chronic illness

Redefining Value

- Chronic recurrent tension headache “patient”
 - Location
 - Intensity
 - Quality
 - Onset
 - Radiation
 - Alleviating factors
 - Aggravating factors
 - Associated symptoms

Redefining Value

- Chronic recurrent tension headache “patient”
 - In the context of an office employee who sits in front of a computer for 6 hours/day 5 days/week
 - Understanding the context of the symptoms
 - Line of questions, physical examination
 - Focus on individualized management within *this population*
 - Diffuses the risk, drives down costs
 - Improves outcome and value

Value in the Patient History

- Consider how to elicit a patient history.
- Students are too focused on getting all the questions, answered rather than trying to understand the context of the symptoms at hand.
- Understanding common clinical scenarios makes symptoms far less frightening
 - Less defensive
 - Lowering cost and increase value

Another Suggestion... Deconstruct “Population” Management

- Irritable bowel symptoms
 - Location
 - Intensity
 - Quality
 - Onset
 - Radiation
 - Alleviating factors
 - Aggravating factors
 - Associated symptoms

Deconstructing “Population” Management

- Patient... with irritable bowel symptoms
 - Context.... consuming more dairy because she was told that she needs more calcium in her diet to prevent bone loss.
- What does the patient value?
- How can we help her meet her goal?
- Doing so allows her to actively participate in her health in a way that is compatible with her socioeconomic situation.

Implications for Osteopathy

- The future successful physicians are those that can put greater context around a set of symptoms
 - ...and understand the succession of symptoms from normal to disease
- Limit sensationalization of symptoms
- Patient centered/individualized care
- Lower cost
- Improved outcomes

The Implications of Redefined Value-Based Medical Education.

- Future physicians more active in individualizing the health of their patients.
 - Curious about the context of symptoms
 - More comfortable with conservative care
 - Greater impact on the student/resident experience
 - Less burnout
 - Less depression
 - More impact on osteopathic identity across disciplines

COM Students Readiness for 21st Century Medicine

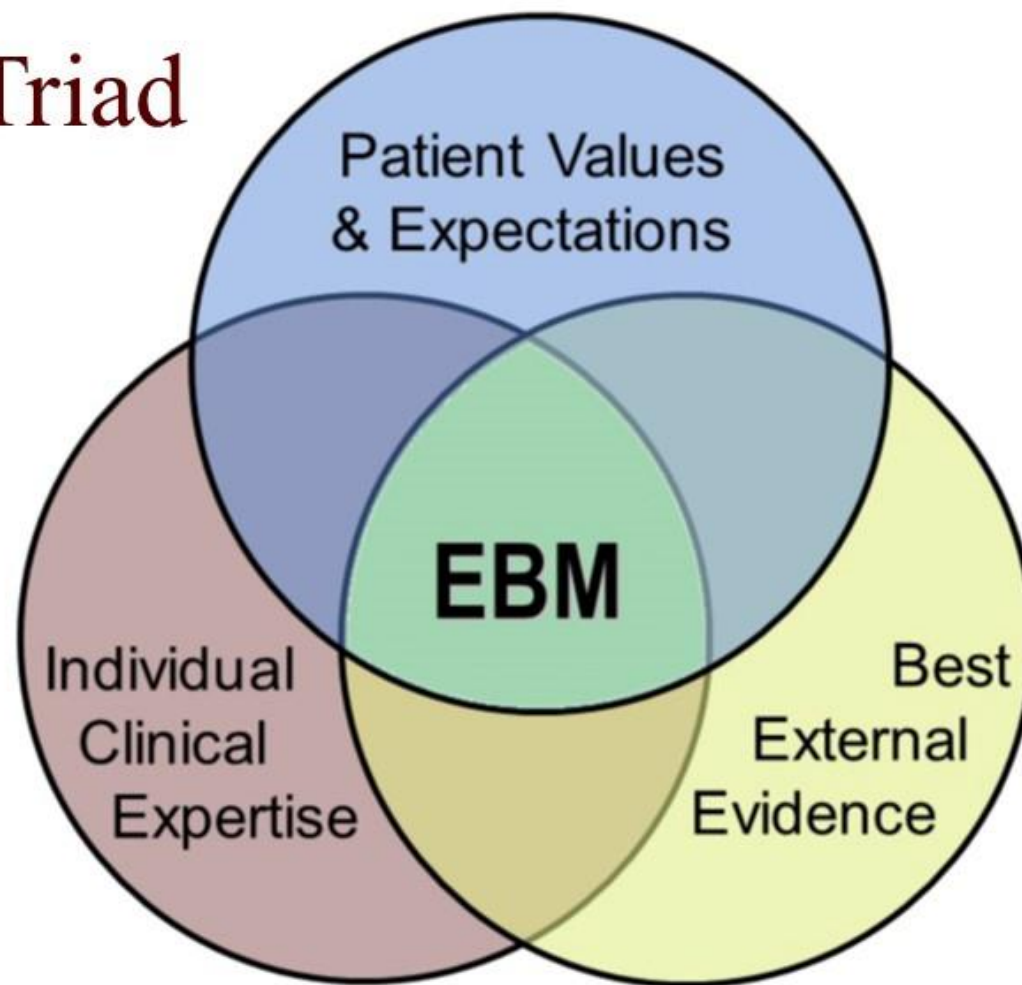
- 4th osteopathic tenant taught with an focus on value-based medicine.
 - Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.
- Osteopathic medicine is perfectly poised for this challenge.

Implications for Research

- Bit of a shift from evidence based medicine (EMB)
 - In a value-based health care delivery system, both doctors and patients should know what outcomes to expect, and demand that outcomes be measured and publicly reported.
 - When outcomes of care are reported, doctors can improve their results, and patients can make meaningful choices about where to receive care.

EBM in the Value-Based Healthcare Model

The EBM Triad



Implications for Research

- Consensus papers/reviews on the impact of optimizing function
- Outcomes research
 - seeking to understand the end results of particular health care practices and interventions
 - effects that people experience and care about, such as change in the ability to function
 - In particular, for individuals with chronic conditions
- Claims-based studies

Finally...The Implications for OMT

- Fits snugly in the Integrated Practice Unit framework.
- Especially for chronic conditions in which there are frequent exacerbations.
 - Lower incidence, less studies, less modalities, better patient experiences, lower costs.
- Focus is on restoring/optimizing function of the NMSK system.

Thank you!!

