

Casey Health Institute
Integrative Primary Care Center

<i>Facility Background/Data</i>	Year established/historical background	Casey Health Institute (CHI) was established in 2011 through a philanthropic grant from the Eugene B. Casey Foundation. The foundation's sole trustee, Betty Casey, identified two local physicians, David Fogel, MD and Ilana Bar-Levav, MD to plan and implement the facility. Drs. Fogel and Bar-Levav are internal medicine physicians who practiced outpatient psychotherapy with a mind/body focus.	
	Ownership/type/focus	CHI is an advanced primary care initiative that incorporates a selection of onsite complementary and integrative health providers into its "medical home." CHI is an entity of the nonprofit Casey Health Institute Foundation. Although it is endowed with philanthropic funding, part of its strategic plan is to become self-sustainable and profitable. It defines itself as an integrative medicine center, with a mission "to create a new model of integrative health care, a model that transforms the patient/provider relationship in the context of a non-profit, community-based health center."	
	Location <ul style="list-style-type: none"> • Geographic region, urban/rural • Metro area population 	CHI is located in Gaithersburg, MD, (population 59,933), a suburb of the Washington, DC metropolitan area (population 6,033,737)	
	Leadership structure/composition	CHI is led by David Fogel, MD (co-founder and CEO) and Ilana Bar-Levav, MD (Co-founder and President). Clinical services are overseen by Medical Director Kisha Davis, MD, MPH (family medicine).	
	Size		

	<ul style="list-style-type: none"> • Beds/catchment/enrollees • Departments/employees 	<p>Four primary care physicians (one has fellowship training in integrative medicine) One primary care nurse practitioner One clinical psychologist One chiropractic physician One naturopathic physician Two acupuncturists One yoga specialist</p>	
	<p>Revenue sources (private, Medicare, Medicaid)</p>	<p>The facility accepts a mixture of insurance, Medicare, Medicaid and self-payment cases. CHI is working to receive ACO recognition and transition into value-based care delivery.</p>	<p>Actually, we didn't know which ones were going to work (financially) and which ones weren't. We went into this with eyes wide open and depending on our needs and the needs of our patients, we made use of some sides of the modalities. (Staff)</p>
	<p>Notable current initiatives/changes</p> <ul style="list-style-type: none"> • CAM, spine, pain/opiate • Patient experience 	<p>Expanding community wellness outreach in items such as health talks, yoga classes. Exploring additional income diversification through subleasing office space.</p>	
<p><i>Implementation of chiropractic services</i></p>	<p>Impetus/climate/background</p>	<p>Founding CEO decided to include chiropractic based on his prior experiences working with chiropractors in prior group and private practice in the 1990s.</p>	
	<p>Planning process/timeline</p>	<p>In 2010 Mrs. Betty Casey invited Drs. Fogel and Bar-Levy to begin the process of developing an integrative medicine center consistent with her vision. The pair investigated a number of existing integrative medicine centers that were then members of the Bravewell Collaborative, and combined lessons learned from those centers along with their own clinical experience in the field. CHI. Chiropractic services were included in the initial planning of the facility from the start.</p>	<p>We went around the country and looked at a variety of different practices, business and medical models, and proposed the best of everything, and she said, 'sure.' (Staff)</p>

		The chiropractor was identified through word of mouth during the start-up process. Collegial interpersonal traits, commitment to the facility's mission, and clinical competence were key influences on the selection.	In our interviewing process, who the (provider) is and whether they fit the culture is as important as their training. (Staff)
	Year clinical services established	Chiropractic services started with the initial launch of the facility in 2013.	
<i>Chiropractic Clinic Structures</i>	Administration <ul style="list-style-type: none"> • Department/service line • Performance measures/benchmarks 	The facility is largely structured as an advanced primary care initiative, with all clinical services reporting to the medical director. Currently there are no specific performance metrics or benchmarks on which the chiropractic clinic is assessed. The chiropractor is assessed via a performance evaluation process consistent with that for other clinicians.	
	Location/space/equipment	The chiropractic clinic is primarily functions out of two exam/treatment rooms furnished with state of the art chiropractic tables and other necessary equipment.	I think that I'm very well positioned. I think in the big picture of things, Casey Health Institute provides exactly what I need, and other providers need to provide really, truly, good care. (Provider)
	Chiropractors <ul style="list-style-type: none"> • Number/FTE/appointment • Privileges/services • Non-clinical activities • Professional attributes • Interprofessional attributes 	One full-time DC Full scope of clinical services consistent with training and state licensure Staff IPE; public presentations; review/input on business practices/productivity The chiropractor had 6 months of clinical training in a hospital while in chiropractic college, then 2 years of clinical practice experience before being hired by CHI. Those 2 years included 2 months of work in an integrated primary care group practice in Africa. The chiropractor demonstrated high	

		interpersonal, communication and presentation attributes	
	<p>Support staff</p> <ul style="list-style-type: none"> • Discipline/number 	A medical assistant is assigned to the chiropractic clinic to provide clinical support which can include obtaining patient subjective information, providing soft tissue therapies, and/or providing exercise instruction.	
	<p>Patient access</p> <ul style="list-style-type: none"> • Referral, self-referral • Appointment availability/wait • Appointment length, number per week 	Patients access the CHI chiropractic clinic either directly or be referral from another CHI provider. The estimated breakdown was 25% direct access, and 75% referral. Currently the clinic sees about 50 patient visits in a typical week, and still has available time slots. Referring providers and the chiropractor felt that access to the clinic was adequate for timely scheduling of initial consultation and follow-up visits.	
	<p>Relevant partnerships</p> <ul style="list-style-type: none"> • Academic, research 	The chiropractic clinic was not involved in clinical training or research initiatives.	
<i>Chiropractic Clinic Processes</i>	<p>Patient characteristics</p> <ul style="list-style-type: none"> • Population, conditions, complexity • Access patterns seen 	Some patients seek chiropractic care directly, and others are referred by other providers in the facility. Of the latter group, some of those patients would not have chosen to see a chiropractor if not for the referral of the given medical provider.	I was not of the opinion that a chiropractor could provide the standard of care that an orthopaedist or a medical doctor could provide. I was very skeptical. So, talking to (primary care physician) whose opinion I respect a lot, we discussed that. Based on the fact that (chiropractor) was on staff and (primary care physician) felt that (chiropractor) was going to be well qualified

			to start to help me, I decided to try it. (Patient)
	<p>Services provided</p> <ul style="list-style-type: none"> • Diagnostic, therapeutic 	Full scope; emphasis on functional manual therapy and therapeutic exercise	I'm really just big on active care and getting people active and making sure they're making the lifestyle changes they need to. (Provider)
	<p>Case management</p> <ul style="list-style-type: none"> • CPGs/care pathways used • Outcome assessment/reporting • Communication/collaboration with other providers 	<p>The chiropractic clinic uses several widely-referenced functional outcomes measures which are consistent with requirements of certain third party payers.</p> <p>Interprofessional communication takes place through routine formal team meetings, clinical documentation and electronic messaging in the EMR and informal face to face discussions as needed. CHI conducts a weekly team huddle for all clinicians following a "speed dating" model. Overall, the approach to case management between the chiropractor and other clinicians appeared to be highly collaborative.</p>	<p>If I ever have a question, I can always just grab the chiropractor in the hall way and ask, "Hey, I have this (patient), what do you think?" (Provider)</p> <p>I'm pulled in a lot to primary care, to assess maybe a knee or something that they have questions on. So a lot of time, they'll just call you up. (Provider)</p>
<i>Impacts/Outcomes</i>	<p>Clinic function</p> <ul style="list-style-type: none"> • Use, utilization, performance benchmarks 	CHI is working to achieve NCQA recognition as a Patient-Centered Medical Home, so the focus has been on collecting the metrics required for this effort. The facility had to overcome significant technical issues with its EMR, and now is just beginning to incorporate other patient-oriented outcomes measures.	What we're focused on right now... is trying to meet the metrics for a patient-centered medical home. We just incorporated some Promise measures from the patient outcomes into our initial assessment. (Staff)
	<p>Patient status</p> <ul style="list-style-type: none"> • Outcomes, satisfaction 	Patients reported satisfaction with the care provided by the chiropractor and satisfaction that the chiropractor was part of the broader	The other places where I went, the sessions were really fast and I didn't get a chance to explain all of my concerns to the doctor. I

		<p>team. Patients and referring providers felt that the length of the chiropractic visits was appropriate, and the focus on active care and home exercise was valuable.</p>	<p>didn't really feel like I got the best care. It felt rushed. (Patient)</p>
	<p>System status</p> <ul style="list-style-type: none"> • Facility actual (or impression of) value • Non-DC staff impression • DC staff impression 	<p>The chiropractic service appears to be highly valued by facility leadership and referring physicians. Subjects reported very favorable perceptions of both the quality of patient care, and the collaborative nature of the chiropractor.</p> <p>There are currently no fiscal benchmarks for the chiropractic service. These are in process of being implemented for all services in the upcoming year. Compared with other medical services covered by third party payers, chiropractic services generally are reimbursed at lower rates, and require more administrative effort to process claims.</p>	<p>Just from the cost to the nation and the invasive procedures that can be avoided are so astounding if you look at the data, it's a no-brainer that a chiropractor has to be part of a primary care team, especially in integrative but at any primary care, I would say. (Provider)</p> <p>I think (the chiropractic clinic) is a big benefit...to our patients. I think it's actually underappreciated...because the reimbursement is so low. So if you judge the chiropractic clinic based upon its financial it looks very low, but if you were to ask patients that have a visit it's very high. (Provider)</p> <p>My goal...was to integrate chiropractic services...where people might not have been offered it before. So I feel like introducing chiropractic in this primary care setting has done exactly that...I see it in those people that aren't being given pain meds and being sent to me instead, and that makes me really happy. (Provider)</p>

Notes: Population data from 2014 US Census Bureau estimate