

Beth Israel Deaconess Hospital - Plymouth
Spine Care Center

<p><i>Facility Background/Data</i></p>	<p>Year established/historical background</p>	<p>Beth Israel Deaconess-Plymouth (BID-Plymouth) was formerly known as Jordan Hospital. Jordan Hospital was a local facility in operation in Plymouth, MA since the early 1900s. In 2014 Jordan Hospital joined the Beth Israel Deaconess Medical Center group of hospitals.</p>	
	<p>Ownership/type/focus</p>	<p>Beth Israel Deaconess Medical Center operates group of hospitals in Massachusetts including its flagship location in Boston, affiliated with Harvard Medical School, as well as facilities in Needham, Milton, and Plymouth.</p>	
	<p>Location</p> <ul style="list-style-type: none"> • Geographic region, urban/rural • Metro area population 	<p>BID-Plymouth is located in Plymouth, MA (population 58,271) approximately 40 miles south of Boston.</p>	
	<p>Leadership structure/composition</p>	<p>Chiropractic services are part of the BID-Plymouth Spine Care department, led by Ian Paskowski, DC (medical director)</p>	
	<p>Size</p> <ul style="list-style-type: none"> • Beds/catchment/enrollees • Departments/employees 	<p>BID-Plymouth is a 155-bed, acute care community hospital. The Spine Care program includes six chiropractors, three surgeons (two neurological, one orthopedic), two physiatrists, one anesthesiologist, two physical therapists and one physician assistant.</p>	

	Revenue sources (private, Medicare, Medicaid)	The facility accepts a mixture of insurance, Medicare, Medicaid and self-payment cases.	
	Notable current initiatives/changes <ul style="list-style-type: none"> • CAM, spine, pain/opiate • Patient experience 	The Spine Care program was the first community-based program in Massachusetts to receive certification from the National Center for Quality Assurance (NCQA) and the Back Pain Recognition Program.	We were the first NCQA certified low back pain program in the country I believe, in a community hospital so I think that the research and the science bear out the fact that this works. (Staff)
<i>Implementation of chiropractic services</i>	Impetus/climate/background	The medical system in Massachusetts is considered very conservative, and at the time of initial implementation Jordan Hospital was skeptical of including chiropractic care. However the CEO had a very positive personal experience with chiropractic care, and had previously worked in more liberal states and healthcare environments, and was open to bringing innovative therapies into a conservative environment.	I found out that the American public spent amazing amounts of dollars on non-traditional medical approaches and that they worked. So we did a lot of research. It wasn't a money thing. This is what the public wants and why doesn't the health profession provide it and provide it safely and follow protocols and clinical pathways and everything else? So there was just a whole new world of medicine out there in parallel to what we were doing in traditional physical medicine. (Staff)
	Planning process/timeline	<p>The CEO brought a specific practitioner on board to set up the spine care program. The planning committee included an orthopedic surgeon and other physicians.</p> <p>In 2006, the lead chiropractor joined the hospital as a staff physician and was approached later to help develop a comprehensive program.</p>	Were there political issues, difficulties along the way and all that? Yes. Did I pay much attention to them? No... And now there is a very close relationship between our orthopedic department, our neurosurgical department and [chiropractic] because I think they've discovered the value of each other and that they complement one another, as opposed to compete or philosophically

			<p>and strategically in opposition to one another. So that's the context. (Staff)</p> <p>I think it's a huge advantage, huge. It takes time to develop and integrate a program like this. Integrate it clinically, but also integrate it culturally, and we're there. The neurosurgeons and chiropractors are partners, which you just don't see that in many places, so it's great. (staff)</p>
	Year clinical services established	2008	<p>"We were the first NCQA certified low back pain program in the country I believe, in a community hospital" (Staff)</p>
<i>Chiropractic Clinic Structures</i>	<p>Administration</p> <ul style="list-style-type: none"> • Department/service line • Performance measures/benchmarks 	Chiropractic services are part of the Spine Care program.	
	Location/space/equipment	<p>The spine center includes five chiropractic examination/treatment rooms furnished with state of the art chiropractic tables and other necessary clinical equipment. There is a large physical therapy center with a full complement of exercise equipment. The facility also includes a reception area, front desk and several shared office spaces.</p>	<p>Appointments ready, they have two locations. There's one that's closer to my house than here, that's the one I usually go to. It's a little bit smaller and you're in and out, there's never any wait. If it's a wait, it's three minutes, which is nothing compared to some of the other doctors that you'll see. Everything is nice and clean, and it's been a very good experience. (Patient)</p> <p>She was knowledgeable about what was going on in the emergency room over at the hospital and accessed the</p>

			record from the hospital. She was tied in with whatever the emergency room people were thinking about. She had immediately contacted [the doctor's] office and started communicating with him that I was a patient over here. (Patient)
<p>Chiropractors</p> <ul style="list-style-type: none"> • Number/FTE/appointment • Privileges/services • Non-clinical activities • Professional attributes • Interprofessional attributes 	<p>Currently six full-time chiropractors are on staff at the spine center. Clinician privileges are consistent with training and state licensure. The Medical Director and Assistant director have administrative as well as clinical responsibilities.</p>	<p>We add chiropractors as we need more access. I think we've added two since I've been here...there's no shortage of need for them. (Staff)</p> <p>We are open eight to six, Monday through Friday, and we are open eight to twelve on Saturdays. Right now we have seven. We have six chiropractors and one physiatrist. We're at two sites for the chiropractors. We're at three sites for the physiatrist. (Staff)</p>	
<p>Support staff</p> <ul style="list-style-type: none"> • Discipline/number 			<p>We have four full-time secretaries and then we have one secretary who just works Saturdays, so she's just five hours. We actually have a billing company, well it's a billing department. We use Athena, so Athena actually, part of the program, they do some of the billing. (Staff)</p>
<p>Patient access</p> <ul style="list-style-type: none"> • Referral, self-referral 	<p>Patients can access the spine center directly, however many are referred by</p>		<p>We get anybody who fits that certain criteria from the emergency room, we</p>

	<ul style="list-style-type: none"> • Appointment availability/wait • Appointment length, number per week 	<p>other providers following the hospital's spine care clinical pathway. On average 90 new patients are seen each week. Many of these cases are first time chiropractic patients, and many have stated that they would not have otherwise chosen to see a chiropractor.</p> <p>The clinic provides access within 24 hours for most cases.</p>	<p>get a referral from those patients and we get a lot of PCPs, a lot of specialists. They really do come from all over. (Staff)</p> <p>I would not have been here without a referral because I just have never in my 72 years thought of chiropractic as something I wanted to try out. (Patient)</p>
	<p>Relevant partnerships</p> <ul style="list-style-type: none"> • Academic, research 	<p>State-level opioid reform task force</p>	
<i>Chiropractic Clinic Processes</i>	<p>Patient characteristics</p> <ul style="list-style-type: none"> • Population, conditions, complexity • Access patterns seen 	<p>Most patients are described as 50-70 years old with mechanical low back pain. Many of the patients are on a couple of medications and working with another provider on health care lifestyle modifications. Around 90% of new patients to the Spine Center are naive to chiropractic care.</p> <p>Patients can self-refer to the Spine Center, and many patients are referred from the emergency room at Beth Israel Hospital or from their primary care provider.</p>	
	<p>Services provided</p> <ul style="list-style-type: none"> • Diagnostic, therapeutic 	<p>Spine center chiropractors provide full scope diagnosis and management of musculoskeletal conditions. Treatment options include manipulation and mobilization techniques, manual myofascial therapies, and therapeutic exercise.</p>	
	<p>Case management</p> <ul style="list-style-type: none"> • CPGs/care pathways used • Outcome assessment/reporting 	<p>A low back care pathway, using the STarT Back assessment, has been established in the electronic health care</p>	<p>I was impressed with the program that [the chiropractor] and the team at BI had put together and the clinical</p>

	<ul style="list-style-type: none"> • Communication/collaboration with other providers 	<p>system in the emergency department at Beth Israel. Patients presenting to the emergency room with non-emergency low back pain are referred to the Spine Center. This care pathway has reduced the number of repeat visits to the emergency room for low-back complaints by around 50%.</p> <p>All chiropractors working at the Spine Center manage a patient's care based on the patient and the complexity of their condition. The chiropractors express that patient management is driven by current best practice guidelines or recommendations and current research.</p> <p>The chiropractors and other medical providers in the Spine Center use the hospital's electronic medical record for clinical documentation and to communicate with each other and other providers at the hospital. Providers also communicate by telephone and/or in person as needed. All providers have expressed the ease of in person communication due to the close proximity that all of the Spine Center providers work. The physical therapists in the Spine Center are not on the hospital's electronic health record system. Communication between the chiropractors and the physical therapists happens most often as in person, face-to-face consultations.</p>	<p>pathways, in order to get the patients directed where they needed to go in the proper way and get the care that they needed. (Staff)</p> <p>His pathway is pretty in-depth of where that patient should be funneled to, and how it should be funneled to, so everybody has access, even our primary care physicians, of that pathway. So that when the patient comes in they're looking at certain clinical measures to say where that person falls in. Do they need an MRI? Do they need to go right to neurosurgery or can we send them over to chiropractic for an evaluation and a review and do a plan of care there? (Staff)</p>
<i>Impacts/Outcomes</i>	Clinic function	Large scale analysis is being conducted on the decreased use of low	Our experience here with this low back pain protocol... [is that we have] a

	<ul style="list-style-type: none"> • Use, utilization, performance benchmarks 	<p>back pain patient return visits to the emergency department as a result of the implementation of the low back pain care pathway. The implementation of this STarT Back care pathway between the emergency department and the Spine Center has resulted in a significant decrease in return visits to the emergency department for low back pain patients that has resulted in hundreds of thousands of dollars saved.</p>	<p>standard way of treating low back pain in this community that is low cost, with good outcomes, and in general the population is much better and much healthier as a result. So it does work. (Staff)</p> <p>I'd like to think money is the last thing we look at but what [the Spine Center] program has done is it has saved this community a tremendous amount of money in unnecessary tests and unnecessary surgeries...I can tell you that the absolute drop in MRIs and CTs that have taken place in this community is measurable. (Staff)</p>
	<p>Patient status</p> <ul style="list-style-type: none"> • Outcomes, satisfaction 	<p>Patients report high satisfaction with the quality of care provided by center chiropractors, and the clinical outcomes achieved. Patients also appreciate the collaborative team-based approach by which chiropractic services, other spine center services, and other hospital services and providers are integrated.</p> <p>All patients are mailed a Press Ganey survey to assess their satisfaction with care. The Spine Center always ranks as one of the highest groups in patient reported satisfaction in the Beth Israel Hospital setting.</p>	<p>His Press Ganey scores are off the chart. He leads the organization. So based on his metrics, he scores above the ninetieth in all areas. Access to care, follow-through, satisfaction with the office, satisfaction with patient care, satisfaction with testing, everything. The Spine Center as a whole. Yes, all of them. (Staff)</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>In 2012-13 the Spine Center undertook a collaborative effort with BID Plymouth aiming to reduce the number of hospital admissions for patients with medical low back pain conditions (DRG-552). After the first full year of program utilization by ED staff and physicians</p>	<p>[Spine Care medical director] has put together a phenomenal low back pain and chiropractic program here. I truly believe that that service has helped as many people in our community as anything that we do. (Staff)</p>

		<p>the ED admission rate for DRG-552 was reduced by over 50%. For the subsequent four years savings at this point of service has averaged over \$620,000 per year.</p> <p>There has been a doctor of chiropractic added every year since the start of the Spine Center. Chiropractors in the center comment that they are busy when on schedule and feel that they are highly valued in the Beth Israel Hospital setting. Administrators commend the patient-centered nature of the providers, who make themselves readily available to patients.</p> <p>.</p>	<p>"...value-based care really means team-based care. And if everyone's operating as a team, the patient's going to benefit in the end, but the providers are going to benefit because it's going to lessen their burden, as well." (Provider)</p> <p>The skeptics come around quickly, particularly I can think of a PCP who came from another system and was highly skeptical until he saw the data. Then because a big part of how they're compensated is from risk, that was one of the biggest proponents. We have these low back pain protocols and he was hesitant to utilize those until he saw the actual spend decrease, so you know this, it's all about the data, get the data in front of them. (Staff)</p>
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