Community Health Care, Inc.
Federally-Qualified Health Center

Facility Background/ Data	Year established/historical background	CHC was founded in 1975 to provide primary and dental care. "The mission of Community Health Care, Inc. is to provide the communities we serve with excellence in patient-centered medical, dental and behavioral health care that is compassionate, affordable and accessible."	http://www.chcqca.org/
	Ownership/type/focus	Operates under the recognition of being a Patient-Centered Medical Home (PCMH) model of care. A 501(c)3 nonprofit organization	"They were continuing to work with community things, to try to get better [programs] for our patients. Whether it be labs or whether it be chiropractic, or whether it be nursing. That was my assumption....to get patients to get treated better." (Provider)
	Location • Geographic region, urban/rural Metro area population	CHC runs 9 clinics located in the greater Quad City Iowa and Illinois region (population 417,741) comprised of Davenport IA, Clinton IA, Rock Island IL, and Moline IL and East Moline IL as well as suburban communities surrounding the area.	
	Leadership structure/composition		
	Size • Beds/catchment/enrollees Departments/employees	Over 35,000 patients visit the CHC per year, with around 100,000 provider visits. CHC offers Primary care, obstetrics, pediatric care, dentistry, pharmacology and lab work.	
	Revenue sources (private, Medicare, Medicaid)	Medicare and Medicaid patients, veterans, homeless persons, and private pay patients are all seen at CHC. Fee scales are adjusted for uninsured or underinsured individuals.	

		Community/ state /federal grants as well as private and corporate donations are accepted to subsidize. Billing of chiropractic services is handled through Palmer's billing department. Radiographs are taken at Palmer College of Chiropractic.	
	Notable current initiatives/changes • CAM, spine, pain/opiate Patient experience		There are limitations when people have such chronic diseases. They need medical intervention, and it's just so much easier to work together instead of in separate silos. Everybody down there is trying to do the right thing for the patient. They're not worried about "my drug is the best", or "my manipulation's the best". It's what's best for them in the long run? (Provider)
Implementation of chiropractic services	Impetus/climate/background	The first chiropractor was brought in through a 1 year HRSA-funded research study, part-time, and then kept on afterwards. A new facility had just opened with available space, so they asked him to start seeing patient referrals. The second chiropractor expanded into a different facility, i.e., 2 facilities of the 8 in the Quad Cities.	The medical staff were "open and inviting" to the idea of a chiropractor, but "didn't know where chiropractic fit in" [within the services provided] (Provider) Hallalujah. Another service to provide to our patients. We work with a lot of patients with chronic pain, so this was just another service that we could help provide to our patient population to help them manage those conditions. I didn't see any kind of pushback or any kind of negativity towards chiropractic being a part of what we provide as services to our patient population. (Provider)

	Planning process/timeline	The providers identified chiropractic as a beneficial service to patients at the clinic, so Palmer was contacted to incorporate chiropractic services into the clinic. Initially, all CHC patients were self-referred and the chiropractic patients are referred from other CHC providers. Now, to remove a barrier, DCs see both provider-referred and self-referred. The lead chiropractor and supervisor (Director of Community Clinics) are Palmer College of Chiropractic employees. Financial arrangements for chiropractic clinic is based on Medicare arrangements and low-income status of many patients.	The planning process was more on our part than on CHC's part, because we wanted to provide an avenue to provide an experience for interns that wasn't available in the other clinics. Consequently, it was our decision to make all of the patients that we saw, as referred patients from within CHC...All the other [Palmer] clinic patients are self-referred, so this would be a different type of environment. We could have done it either way, and we'd elected to do it that way just because we wanted a different experience for students. (Provider)
	Year clinical services established	2011	
Chiropractic Clinic Structures	Administration • Department/service line • Performance measures/benchmarks	Chiropractic is part of the adult health clinic (2nd floor at CHC-Davenport or in the Rock Island Clinic)	
	Location/space/equipment	2 rooms for chiropractic care, plus a shared office space Flexion-distraction treatment table Hi-lo treatment table Electronic health record	

		Radiology is completed off-site at the Palmer Academic Health Center (8 blocks away)	
	Chiropractors • Number/FTE/appointment • Privileges/services • Non-clinical activities • Professional attributes • Interprofessional attributes	Two DCs, covering 2 clinics, one in Davenport and one in Rock Island Varied morning and evening hours, Monday – Friday.	
	Support staff • Discipline/number	As an organization (9 clinics), we are sitting on about 296 employees right now.	Another aspect of it in terms of referrals… there is quite a bit of turnover of professional staff, so we have to retrain people on how to work with us, periodically. (Provider)
	Patient access • Referral, self-referral • Appointment availability/wait • Appointment length, number per week	Visit duration varies (15 to 30 minutes), as does the course of care (3 to 4 visits) Referral from other providers (MD, DO, PA, NP), as well as self-referral for patients who have previously seen DC Attempt to work patient into schedule for acute conditions, or if an opening – otherwise can schedule within weeks.	I think it's pretty darn easy and [the chiropractor] is really good about saying "I don't have any spots open today but you can double book me." She's very good about that. We do schedule them at the time of their visit for their next one...they don't have to make any extra calls or to go through our service to schedule. (Staff)
	Relevant partnerships • Academic, research	Internship program where chiropractic students to observe chiropractic care provided at CHC, and allows observation of medical providers.	Setting up proximity was really key for the interactions. When students come down for their two week rotations, they'll see, not only the chiropractor working,

			but they'll also shadow the other providers. (Provider)
		Pain Clinic – Pain Centers of Iowa – Weekly on-site pain clinic Palmer Academic Health Center – radiology consults	
Chiropractic Clinic Processes	Patient characteristics • Population, conditions, complexity • Access patterns seen	Complex patient base with many co-morbid conditions. Low-health literacy patient base (5th grade reading level) Low-income patients with no insurance or state insurance Chiropractic care offered to staff, as an employment perk. Patient accessibility is constantly monitored by the chiropractors and schedules are (often) adjusted for ease of patient access.	
	Services provided • Diagnostic, therapeutic	Physical exam Orthopedic evaluation X-ray reading Passive modalities (mechanical massage, biofreeze) Active care (exercise) 'Palmer package' manual therapy	Mostly the high velocity, low amplitude, for a lot of patients. In terms of techniques we use: Diversified, Gonstead, Activator. We use Flexion Distraction on a regular basis, soft tissue muscle work on a regular basis… Sometimes we have an impulse adjustor. We have blocks, just whatever the patient needs. (Provider)
	Case management • CPGs/care pathways used	There are no specific care pathways established at the clinic. If a patient	

	• Outcome assessment/reporting • Communication/collaboration with other providers	presents with a condition that is something that the provider feels would be best addressed by another provider, they will refer the patient (usually the same day). All providers record patient notes in the EHR system. Provider communication occurs in the EHR system, direct contact, or over the phone.	
Impacts/Outc omes	Clinic function • Use, utilization, performance benchmarks	Patient use, with the percent of patients keeping their appointments, and patient satisfaction are tracked at the institutional level.	Knowing the complexity of what we do for quality management, as a federal qualified healthcare center, we have a broad range of quality metrics that we look at. We are probably hitting everything that we need...We get depression screens, we look at blood pressure control, we look at diabetes control, tobacco cessation, and that's all going to be collected on those patients that are seeing the chiropractor right along with the medical providers. (Staff)
	Patient status • Outcomes, satisfaction	Patient outcomes measured include: • Visual analog scale • Headache disability index • Neck index • Bournemouth • Functional (FRI?) • Patient subjective and provider objective ratings Patient compliance for return visits is fairly low. Patient satisfaction has been collected annually, they are ready to implement 'real	I try to re-evaluate on a short term basis…and determine additional need for treatment, or referral back to the provider based upon the progress or lack of. (Provider) It helped tremendously. Before I went to a chiropractor, he would actually pop everything in my body, my entire body, and I like it that she just pinpoints what my problem is instead of adjusting everything that doesn't need to be done.

		time' feedback. They will be handing patients Ipads in the waiting room following their appointment to capture satisfaction. Currently satisfaction scores are high from chiropractic patients at CHC. This will give the clinic more 'actionable information.'	I like that she just goes to what needs to be done. (Patient) If I didn't believe in chiropractic, I would be going to my other doctor and saying, "Listen, I've got headaches and my neck hurts. Is there some kind of pain pill you could prescribe to me?" But being as educated about chiropractic as I am, I realize that when you have a skeletal malfunction you need to see a chiropractor. (Patient)
	System status • Facility actual (or impression of) value • Non-DC staff impression • DC staff impression	Facility and staff perceive the chiropractic clinic as adding value to the health care model offered to the patients at CHC. Value is seen as coming from • Ease of access for the patients to chiropractic care • Care as part of the employee benefit package • An option that providers have for referring chronic pain patients	Some (patients) have addiction problems, they have medication management problems. So it was very nice to hear that something like chiropractic medicine or a referral to physical therapy or something like that was an option. (Provider) I've heard nothing but good about chiropractic medicine at CHC, on the second floor. A lot of the patients, a lot of the providers refer, and a lot of the providers and staff actually see chiropractors as well. (Provider) They provide good care that's a necessary service for our patient population. (Staff)