

Brigham and Women’s Hospital - Osher Centre for Integrative Medicine
Integrative Medicine Center

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| <i>Facility Background/Data</i> | Year established/historical background | The Osher Center for Integrative Medicine at Harvard Medical School and Brigham and Women’s Hospital (OCIM) was established in 2002 through a philanthropic grant from the Bernard Osher Foundation. The Osher Foundation has also established similar programs at the Karolinska Institute, Stockholm Sweden; Northwestern University, Chicago, IL; University of California, San Francisco, CA; and Vanderbilt University, Nashville, TN. | |
| | Ownership/type/focus | The OCIM engages in research, education and clinical care. Patient care is provided by the Osher Clinical Center (OCC), located in Brigham and Women’s Hospital (BWH). BWH is an internationally-known general medical and surgical facility that is a teaching affiliate of Harvard Medical School. | |
| | Location <input type="checkbox"/> Geographic region, urban/rural <input type="checkbox"/> Metro area population | OCC is located in Boston, MA (population 667,137) within the greater Boston metropolitan area (population 4,732,161). The OCC is in Chestnut Hill, which is a suburb of Boston. The clinic is located in an outpatient center approximately 4 miles from the main hospital | |
| | Leadership structure/composition | The founding Director of OCIM was David Eisenberg, MD. It is now led by Helene Langevin, MD (Director). Clinical care at OCC is led by Donald B. Levy, MD (Medical Director). | |

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| | <p>Size</p> <ul style="list-style-type: none"> <input type="checkbox"/> Beds/catchment/enrollees <input type="checkbox"/> Departments/employees | BWH is a 757-bed facility with 45,352 admissions in the most recent year reported. It includes 150 outpatient practices with over 1,200 physicians. | |
| | Revenue sources (private, Medicare, Medicaid) | OCC sees a mixture of self-payment, insurance and Medicare cases. | |
| | <p>Notable current initiatives/changes</p> <ul style="list-style-type: none"> <input type="checkbox"/> CAM, spine, pain/opiate <input type="checkbox"/> Patient experience | Research, education, and clinical care in integrative medicine are featured aspects of the Osher integrative medicine program. Career development for complementary and alternative medicine providers are integrated into the program through the National Institutes of Health. | |
| <i>Implementation of chiropractic services</i> | Impetus/climate/background | OCIM was started to research integrative settings and possibly to be replicated. Initially, there was a significant resistance to including chiropractic services. Much of this was related to uncertainty about safety of cervical manipulation in particular. The lead DC and Medical Director were instrumental in educating other stakeholders, thus overcoming the resistance. | "We decided that a chiropractor really wouldn't be part of this if there was going to be any limitation in the scope of practice" (Provider) |
| | Planning process/timeline | The lead DC was identified by Dr. Eisenberg, and starting in 2003 was invited to attend monthly planning meetings at the OCIM. Later, a group of 16 or more planners, including representatives from the medical and chiropractic communities, met weekly for 14 weeks to discuss the integrative center. | Of the center's chiropractors - "Dr. Eisenberg found the whole crew." (Provider) |
| | Year clinical services established | 2008 | |

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| <i>Chiropractic Clinic Structures</i> | <p>Administration</p> <ul style="list-style-type: none"> <input type="checkbox"/> Department/service line <input type="checkbox"/> Performance measures/benchmarks | OCC is structured as a group practice with all services overseen by the Medical Director. | |
| | <p>Location/space/equipment</p> | <p>Two examination/treatment rooms are dedicated for chiropractic services. These are furnished with state of the art chiropractic tables and other necessary equipment.</p> <p>Currently 3 rooms</p> | |
| | <p>Chiropractors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Number/FTE/appointment <input type="checkbox"/> Privileges/services <input type="checkbox"/> Non-clinical activities <input type="checkbox"/> Professional attributes <input type="checkbox"/> Interprofessional attributes | <p>Three chiropractors are on staff at OCC. The lead DC is a full-time salaried employee and the other two DCs are part-time per diem employees. CURRENTLY 2 DCs</p> <p>Privileges include full scope of clinical services consistent with training and state licensure, although the facility follows Medicare guidelines which do not permit DCs to order advanced imaging in-house.</p> <p>The chiropractors describe themselves as diversified, performing numerous different treatments. A background working in or studying in a medical setting is beneficial.</p> <p>The chiropractors expressed the need to have the ability to communicate in a medical setting. The need for across specialty communication is vital for patient care.</p> | |

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| | <p>Support staff</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discipline/number | <p>OCC employs one medical assistant who provides clinical support to all providers as available. Administrative staff includes a practice administrator and a practice coordinator.</p> | |
| | <p>Patient access</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral, self-referral <input type="checkbox"/> Appointment availability/wait <input type="checkbox"/> Appointment length, number per week | <p>The patient base is both referred from providers in the hospital system and self-referred. The primary chiropractor expanded his schedule at the clinic allowing for increased patient appointment availability. Patient wait for a first appointment is usually under a week.</p> | <p>If you're looking to see a chiropractor for the first time you are usually in some sort of pain. So, the sooner the better... (Staff)</p> |
| | <p>Relevant partnerships</p> <ul style="list-style-type: none"> <input type="checkbox"/> Academic, research | <p>OCC has just completed a large scale 3-year low-back pain study through BWH. Both chiropractors are active in conducting clinical research.</p> <p>Clinicians from OCC participate in monthly integrative medicine ground rounds.</p> | |
| <p><i>Chiropractic Clinic Processes</i></p> | <p>Patient characteristics</p> <ul style="list-style-type: none"> <input type="checkbox"/> Population, conditions, complexity <input type="checkbox"/> Access patterns seen | <p>Patients can self-refer to various specialties at the facility. Most chiropractic referrals are sent from primary care, HEADACHE NEUROLOGY and pain management. Cases span a range of complexity, and HEADACHE and post-operative spine patients are common.</p> <p>Most chiropractic cases are covered by health insurance. The nuances of chiropractic billing and variation in third party reimbursement practices present challenges to efficiency. Most of the other integrative services at the facility are cash payment, which presents its own challenges since this is not typical for a hospital.</p> | <p>Many patients do say, "I wouldn't normally have presented to the corner chiropractic clinic but because you're at the Brigham, Brigham has a great reputation." I think patients come in with an elevated expectation of our background, of our abilities, if they have a Brigham primary care doctor sending them to a chiropractor. (Provider)</p> |

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| | <p>Services provided</p> <ul style="list-style-type: none"> □ Diagnostic, therapeutic | <p>Full scope diagnosis and management of musculoskeletal and neuromuscular conditions.</p> <p>This includes manual joint manipulation and mobilization, soft tissue therapies, and active care approaches such as exercise and ergonomics.</p> | |
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| | <p>Case management</p> <ul style="list-style-type: none"><input type="checkbox"/> CPGs/care pathways used<input type="checkbox"/> Outcome assessment/reporting<input type="checkbox"/> Communication/collaboration with other providers | <p>Bi-directional referral occurs with other departments. Generally, providers report informal processes of face-to-face communication for collaborative case management that they feel are very effective. Primary care providers engage in shared decision making with patients regarding available treatment options, and chiropractic is often the first choice for back pain cases</p> <p>Providers also communicate through the EMR as needed, and through formal team meetings twice monthly.</p> <p>Generally, clinicians agree that time constraints pose a barrier to between-provider communication. Yet they also feel that this barrier is overcome through collegial cooperation, and referring providers find communication with the chiropractors to be appropriate and helpful.</p> | <p>The massage is only going to go so far if the vertebrae are completely locked. If there's a degree of complexity where I would like more feedback, then I always refer to a chiropractic physician. (Provider)</p> <p>One thing that's really great about being part of this clinic is the ability to integrate care and to work with my chiropractor colleagues, which I now have. I see them at the team meetings, really thoughtful, smart people who are looking holistically and physiologically at why people are getting headaches. My impression for all the practitioners within this group is that they're ... trying to provide really good medical care and in an integrated way and in a safe way in looking for evidence to do what they do.</p> <p>(Provider)</p> |
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| <p><i>Impacts/Outcomes</i></p> | <p>Clinic function</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use, utilization, performance benchmarks | <p>Much administrative and clinical data are available but not routinely analyzed or disseminated. Administrators are considering various processes for increased formal reporting. The chiropractic clinic recently transitioned from part-time and per-diem chiropractors to its first full-time employee; consequently this current year will help develop provider and clinic benchmarks</p> | <p>I have a feeling if all that pain patients came through here, we would do it cheaper. I think we'd avoid half of the [more expensive treatments]. We could actually cut cost. If there's any capitated care, we'll win.</p> <p>(Staff)</p> |
| | <p>Patient status</p> <ul style="list-style-type: none"> <input type="checkbox"/> Outcomes, satisfaction | <p>All stakeholders expressed perceptions that clinical outcomes are very favorable, and that patient satisfaction is high.</p> | <p>I always hear good things about chiropractic...I think [medical providers] have enough friends, or knowledge, or patients that say "that's the best, that works, I feel I can walk," after whatever manipulation they have received.</p> <p>(Staff)</p> |

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| | <p>System status</p> <ul style="list-style-type: none"> <input type="checkbox"/> Facility actual (or impression of) value <input type="checkbox"/> Non-DC staff impression <input type="checkbox"/> DC staff impression | <p>Physicians reported value in learning more about chiropractic care through their interactions and observations in the chiropractic clinic. Positive change in perception was noted by several physicians who, prior to working at this facility, previously had unfavorable experiences with chiropractors in the community.</p> <p>Interdisciplinary activities -- both formal presentations and ad hoc encounters between the chiropractors and other providers at the facility – are valued. However formal interprofessional education faces obstacles since information about chiropractic is typically not covered in medical school.</p> | <p>If [patients] are getting relief of pain [from chiropractic] they're using less analgesics. No question about it.</p> <p>(Provider)</p> <p>I had a personal experience...I had some acute radicular lower back pain ... I was hobbling around for a while and I said, well, I think I'll go downstairs and see what a chiropractor does. What impressed me was that just after some spinal manipulation she relieved my pain and I was like, wow, that was pretty good.</p> <p>(Provider)</p> |
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