

University of South Florida Health – USF Morsani College of Medicine Orthopedic and Sports Medicine Clinic

Facility	Year established/historical	USF Health is the partnership of the	
Background/	background	University of South Florida Morsani College	
Data		of Medicine, the College of Nursing, the	
		College of Public Health, the College of	
		Pharmacy, the School of Biomedical	
		Sciences and the School of Physical	
		Therapy and Rehabilitation Sciences; and	
		the Doctors of USF Health. USF Health is	
		an integral part of the University of South	
		Florida, a high-impact, global research	
		university. USF was founded in 1956 and	
		has 3 campuses – Tampa, St. Petersburg,	
		and Sarasoata-Manatee	
		The University of South Florida has	
		transformed a community medical school,	
		established by the Florida Legislature in	
		1965, into a major academic medical center	
		known statewide and nationally for its	
		innovative curriculum with an emphasis on	
		improving health through interprofessional	
		education, research and clinical activities.	
	Ownership/type/focus	USF Health is part of the USF system, a	
		large (>48,000 students), public 4-year	
		university offering undergraduate, graduate,	
		specialist and doctoral level degrees. The	
		mission of the Morsani College of Medicine	
		at the University of South Florida is to	
		provide for the education of students and	
		professionals of the health and biomedical	
		sciences through the creation of a scholarly	
		environment that fosters excellence in the	
		lifelong goals of education, research activity	
		and compassionate patient care.	



	Location	USF Health's Morisani Center is located in	· ·
	 Geographic region, urban/rural 	Tampa, FL (metropolitan area population 2,824,724).	
	 Metro area population 		
	Leadership structure/composition	Judy L. Genshaft, PhD is the President of University of South Florida. Charles J. Lockwood, MD, MHCM is Senior Vice President, USF Health and Dean of USF Health Morsani College of Medicine	
	Size	USF operates 8 sites of care staffed by over 750 health care providers, including over 450 MD/DO/DC physicians. The department of Orthopaedics and Sports Medicine includes five orthopaedic surgeons, one primary care sports medicine physician, one chiropractor and one physician assistant.	
	Revenue sources (private, Medicare, Medicaid)	The facility accepts a mixture of private insurance, Medicare, and self-payment cases.	
	Notable current initiatives/changes		
Implementati on of chiropractic services	Impetus/climate/background	The DC had been associated with the university for many years as a volunteer physician for athletes and then part-time as adjunct faculty. One of the reasons the DC was officially brought on board to expand access to electronic health records.	"We had buy in in part because of some legislative support for this and dare I say leverage with the senior vice president and the president who wanted some things. And there's high-ranking chiropractors at the state legislative body at the time. So it was good timing." (Staff)
	Planning process/timeline	The DC's long-term association with the university provided exposure to chiropractic to athletes and orthopedic physicians. The Orthopedic Department asked the chiropractor to come on board full-time. There were a lot of administrative hurdles, particularly for a new program, with planning	"the chiropractic clinic here has been evolving for at least 20 years. At least chiropractic presence; it wasn't called a chiropractic clinic at that time. It started with one practitioner who got her foot in the door and provided great care for patients, was persistent and took bumps and bruises for



to determine how to integrate the clinic, and especially how to finance it. Year clinical services established Vear clinical services began in 2015. For 9 years prior, billing had been done through the chiropractor's private practice. Administration Administration Administration Performance Performance measures/benchmarks Location/space/equipment Chiropractors Number/FTE/appointment Privileges/services Non-clinical activities Professional attributes Interprofessional attributes Professional attrib			occurred at the upper levels of the university	the profession, resulting in where we are
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Chiropractic Clinic Processes	 Population, conditions, complexity Access patterns seen 	The clinic sees patients with a variety of musculoskeletal conditions, sports injuries, headaches, and post-concussion symptoms Referrals originate from primary care, neurological surgery, and orthopedic surgery. When requested by referring physicians the clinic provides expedited access for urgent cases, often on the same day. There have been challenges with billing and reimbursement for chiropractic services compared with surgical services	
	Services provided		
	Diagnostic, therapeutic		
	Case management	Good communication/collaboration with	
	 CPGs/care pathways used Outcome assessment/reporting Communication/collaboration with other providers 	many physicians is a key to team based care. However the large size of institution, with only one DC on staff poses a challenge in reaching all physicians. Since this is a teaching facility, some attendings commonly refer to and collaborate with the chiropractor, thus their residents gain experience with chiropractic care.	[The PT department] is a wonderful program. They do some mobilization, but they've sent me a lot of people whom they feel would benefit from chiropractic care, and I send them, obviously, the people who I think they've got the machinery to do itthat's very good care. (Provider)
		The facility includes DOs who perform some spinal manipulation, yet also refer some cases to the chiropractor for management. There is also strong collaborative case management between chiropractic and PT providers.	
Impacts/Outc omes	Clinic function Use, utilization, performance benchmarks	From a fiscal perspective, the clinic is meeting its production and collections targets, and is perceived to be budget neutral or slightly positive. Across stakeholders there is common perception	I know that [the chiropractic clinic] doesn't cost us much and doesn't make us much. You can't really compare an ancillary service of chiropractic medicine to surgery; any surgical specialty. They make a lot of



	that the chiropractic clinic adds value for the facility's patients. The facility initially encountered challenges with billing and reimbursement for chiropractic services. This was partly due to the novelty of implementing the business practices associated with this new service, and partly due to the wide variation in chiropractic reimbursement among payers.	moneyand it's much easier to bill for orthopedic services than it is for chiropractic. (Staff)
Outcomes, satisfaction	Patients expressed high satisfaction with the quality and outcomes of chiropractic care. Patients greatly appreciated that the chiropractor communicated and collaborated with other providers involved in their case management. Patients expressed perceptions that all physicians at the facility are high-quality, and that this favorably influences their perception of the chiropractor,	As far as I'm concerned, I feel that chiropractic is what keeps me goingI really feel these doctors work more closely with one another. There's not that I don't know, would you call it jealousy maybe between how big your {private} practice is and this kind of thing. All these people are teaching in some way. I feel that the doctors here are on the leading edge of the newest and best methods to do things. (Patient)
System status Facility actual (or impression of) value Non-DC staff impression DC staff impression	Value of medical residents and fellows rotating through chiropractic clinic	I think it is beneficial. It brings in good patients. [The chiropractor] gets referrals from us, [and] gives referrals to us. So it is a good holistic approach to the care of the patient. (Provider)

Notes: Population data from 2013 US Census Bureau estimate