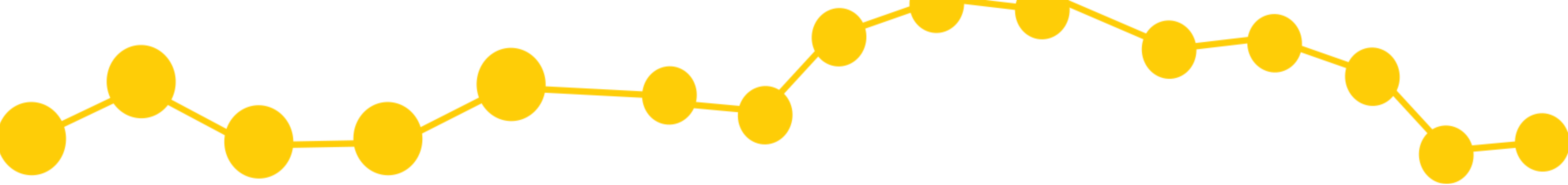


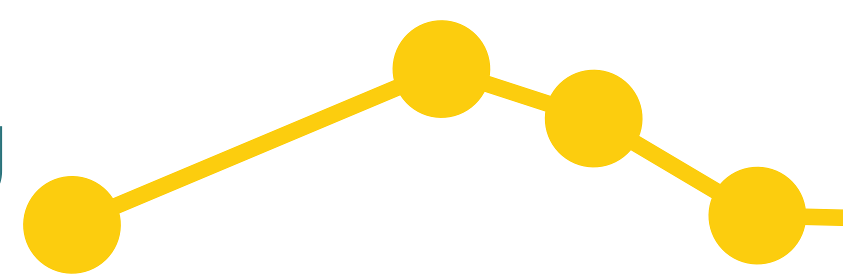
A Multistakeholder Discussion:
Exploring Equitable, Scalable, Value-Based Pain Care Delivery

Alliance to Advance Comprehensive Integrative Pain Management

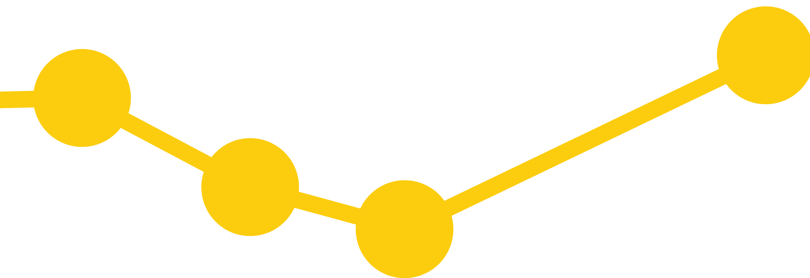
U.S. PAIN FOUNDATION

December 7, 2023
12:00 PM-2:00 PM

Welcome and Thank You for Joining



Amy Goldstein, MSW
Director, **Alliance to Advance Comprehensive Integrative Pain Management**



Cindy Steinberg
Director of Policy & Advocacy
U.S. Pain Foundation

#AACIPM

Panelists

Samuel "Le" Church, MD, MPH, CPC, CRC, FAAFP
Family Physician
AAFP Member

Karen Johnson, PhD
Vice President, Practice Advancement
American Academy of Family Physicians

Tobias Moeller-Bertram
CEO, **SAVAS Health**
President, **VitaMed Research, LLC**

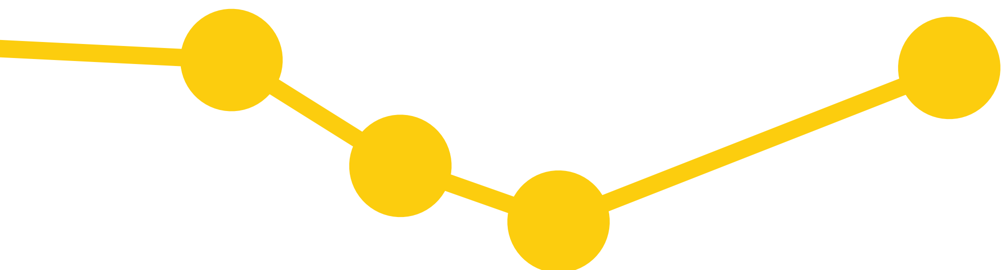
Josh Plavin, MD, MPH, MBA
Associate Medical Director
Comprehensive Pain Program
Osher Center for Integrative Health at UVM

Chris Knackstedt
Founder, **Tellus Wellness**
Managing Director, **ValueIQ, LLC**

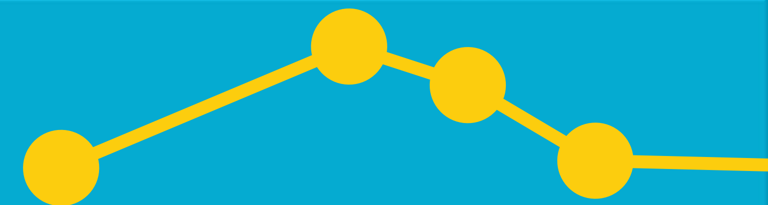
David Elton, DC
Co-Founder, **Arete Healthcare**
CEO, **Arete Networks**

Alliance to Advance Comprehensive Integrative Pain Management

AACIPM CONNECTS THE DOTS TO ADVANCE EQUITABLE, WHOLE PERSON, MULTI-MODAL PAIN CARE.



AACIPM



People with Pain Remain at the Center of Pain Care

We stand behind this foundation to check ourselves and our participants during all discussions.

Harmonizing Input into Accelerated Action

AACIPM was formed in early 2019 as a unique multistakeholder collaborative uniting patients, payors, providers and policymakers.

Where the Rubber Meets the Road – Scaling Value-Based Pain Care

We curate examples of person-centered pain care to educate stakeholders, promote targeted research, and change practice and payment designs.

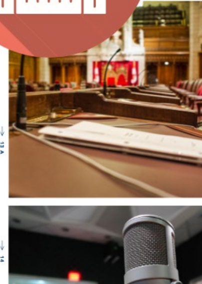
No one can do this alone.

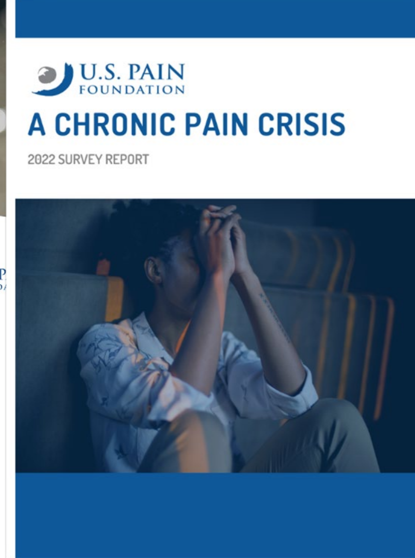
ABOUT THE U.S. PAIN FOUNDATION

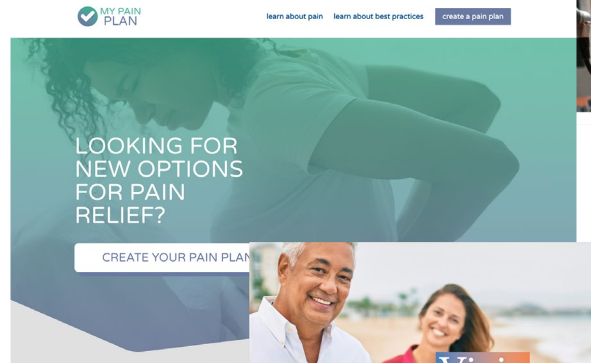
Our mission: to empower, educate, connect, and advocate for individuals living with chronic pain, as well as their care partners and clinicians.

U.S. PAIN FOUNDATION PROGRAMS

- Federal & State Policy & Advocacy Program
- INvisible Project
- Support Groups
- Pediatric Pain Program
- Medical Cannabis
- Living Well With Chronic Pain booklets
- Spanish materials
- Surveys
- Building Your Toolbox







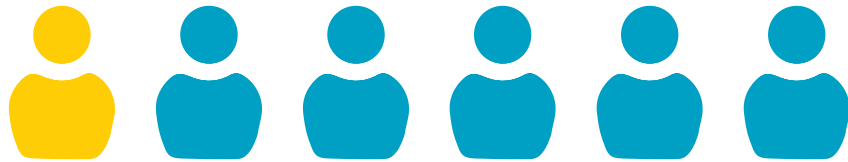
Advocacy Priorities

- Promote movement toward individualized, integrated, multidisciplinary pain care as best practice

- Work to improve access to a full range of therapies for chronic pain including integrative & complementary modalities, restorative therapies, behavioral approaches, interventional procedures including innovative medical devices and novel therapeutics.

What are the Pain Realities?

Chronic pain is the #1 cause of disability globally.



1 in 6 Americans lives in pain every day.

Multimodal Pain Care is the Gold Standard but **Not Accessible** for Many, Especially Underserved Persons

Billion in Expenses & Lost Productivity

CIPM TOOLBOX

IMPORTANT FACTORS

Trauma-Informed Care
Education
Risk Assessment
Stigma

SOCIAL FACTORS

Environmental
Stigma
Cultural
Racism
Discrimination
Housing
Transportation
Food Security

PSYCHOLOGICAL FACTORS

Mood
Stress
Coping
Trauma
Isolation

BIOLOGICAL FACTORS

Age
Injury/Past Injury
Illness/Diagnosis
Neurologic
Genetic
Hormones
Nutrition
Metabolic Health

INDIVIDUAL GOALS
Self-Management Skills
Self-Efficacy
Self-Advocacy
Social Factors
Psychological Factors
Biological Factors

Integrative Health Strategies
Conventional Care

Complementary & Integrative Health
Acupuncture
Reiki
Tai Chi
Mindfulness
Yoga
Group Visits

Behavioral Health Approaches
Acceptance and Commitment Therapy
Eye Movement Desensitization and Reprocessing
Pain Reprocessing Therapy
Care Management
Cognitive Behavioral Therapy

Medications
Anticonvulsants
Analgesics
CBD, THC
Topicals

Interventional Approaches
Trigger Point Injections
Spinal Cord Stimulators
Radiofrequency Ablation
Surgery
Nerve Blocks

Restorative Therapies
TENS
Therapeutic Exercise
Massage Therapy
Manipulation & Manual Therapy
Nutrition and Dietetics

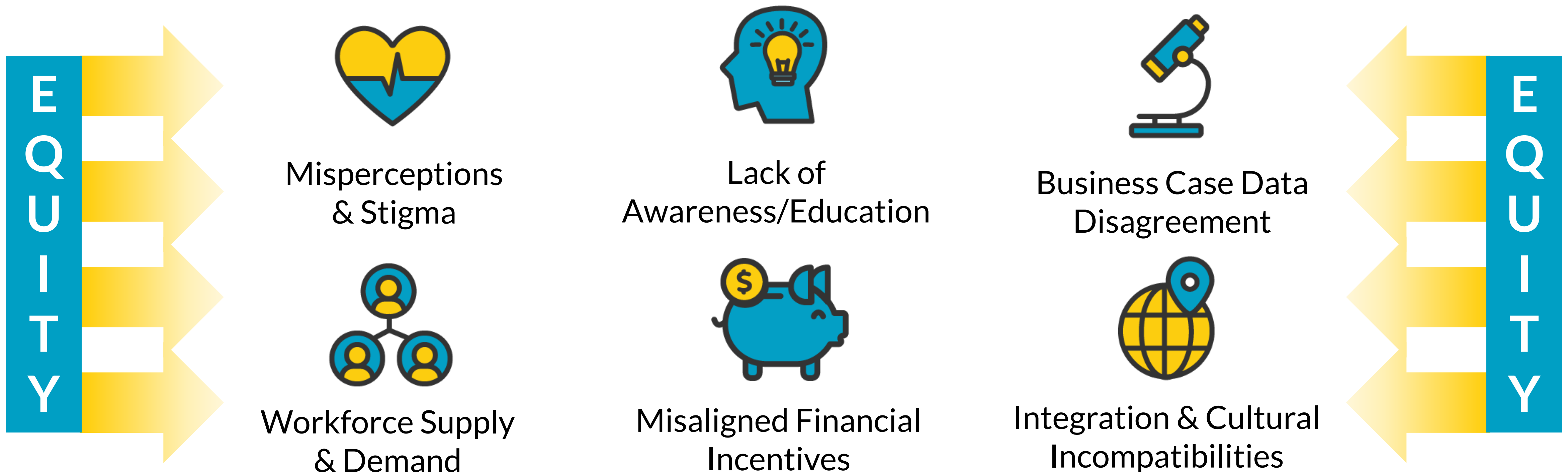
Digital Technologies
Online Programs
Wearable Neurostimulation
Machine Learning Technology
Remote Monitoring
Apps

AACIPM offers this visual tool to illustrate and increase awareness of the various therapies that may be a part of whole person, multidisciplinary, multi-modal, evidence-informed, integrative pain management. This does not represent an exhaustive list of interventions, and not all interventions will be covered, covered without limits and/or without patient out-of-pocket cost." Most services must be provided by a licensed or credentialed health care provider or community-based service provider.

https://painmanagementalliance.org/what-is-cipm/

CHALLENGES

Why is evidence-based, guideline-concordant, multimodal care **inaccessible** for many people, especially those who are underserved?



About CMS, National Health Expenditure & Value Based Care

The Centers for Medicare & Medicaid Services (CMS) is the single largest payer for health care in US

Nearly 90M Americans rely on its health care benefits

NHE has been growing and accounts for about a fifth of the Gross Domestic Product (GDP).

CMS wants to change the way healthcare providers are paid

They want to recognize and reward care that is coordinated, that encourages good communication between health care providers and their patients, and that eliminates redundancy or care that is proven to be ineffective.

- https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/nhe-fact-sheet.
- https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/qualityinitiativesgeninfo/downloads/roadmapoverview_oea_1-16.pdf

CMS Innovation Center Objective 1
Majority of Beneficiaries in Value Based Care by 2030

Innovation Center Strategic Objective 1: Drive Accountable Care

Aim:
Increase the number of people in a care relationship with accountability for quality and total cost of care.

Measuring Progress:

- All Medicare beneficiaries with Parts A and B will be in a care relationship with accountability for quality and total cost of care by 2030.
- The vast majority of Medicaid beneficiaries will be in a care relationship with accountability for quality and total cost of care by 2030.

CMS.gov
Centers for Medicare & Medicaid Services

Example CMS Adds Acupuncture; Implementation is Challenging

<u>1.21.20</u> – CMS announced it will cover up to 12 acupuncture visits for CLBP

This has presented exciting opportunities and numerous challenges.

- Utilization is low.
- Driving down payment rates.
  - Licensed acupuncturists (LAc) have mainly private paying patients from affluent zip codes.
  - Low reimbursement, paperwork do not incentivize LAc participation in insurance.
- In Social Security Act, LAc are not a "qualified provider" which means they are not a Medicare-approved provider for reimbursement.
- Licensed acupuncturists have the most extensive training to provide this care.

CMS.gov
Centers for Medicare & Medicaid Services

New CMS/Medicare Chronic Pain Management Billing Codes

- Congress directed CMS to work with the HHS Pain Management Best Practices Task Force (PMTF) to improve pain management
- Many recommendations in the PMTF report were directed at CMS to encourage and reimburse for coordinated, comprehensive pain management
- CMS proposed & then finalized in Nov 2022 Physician Fee Schedule Final Rule that starting Jan 1, 2023 Medicare will create two specialized billing codes for Chronic Pain Management

CMS.gov
Centers for Medicare & Medicaid Services

New CMS/Medicare Chronic Pain Management Billing Codes

Codes require comprehensive pain management to include:

- Diagnosis
- Assessment & Monitoring
- Use of a validated pain rating tool
- Development, revision & maintenance of individualized care plan
- Medication management
- Pain & health literacy counseling
- Crisis care
- Care coordination of physician, NP, PA with other therapists including behavioral health, PT, OT, complementary & integrative approaches, etc.

CMS.gov
Centers for Medicare & Medicaid Services

New CMS/Medicare Chronic Pain Management Billing Codes

Intent of new codes to improve pain care by:

- Paying physicians to spend more time with patients on a monthly basis
- Requiring recommended best practice steps in comprehensive chronic pain management
- Emphasizing an individualized treatment plan integrating a number of treatment modalities
- Paying lead healthcare practitioner to coordinate care

CMS Intent Good; Implementation Thus Far Not So Good

We asked some stakeholders…

Primary Care & Pain Specialists: Generally not aware of these codes, not discussing their use. CMS has done little to publicize & educate on the use of these codes.

Coding/ Billing Expert: *"We have an NP who treats a lot of chronic female pelvic pain and asked about these codes. My research shows it would actually hurt financially to use in many situations. For example - pt has an office visit every month that includes management of her chronic pelvic pain (35 minutes of clinician time is noted.) Assuming the requirements of documentation are there, I can bill G3002 OR E/ M 99214. I suppose there are some circumstances these new codes would be helpful, but it's not in mine."*

Physician doing integrative pain care: *"I do not have the billing, coding or regulatory compliance background to be able to advocate for use of these codes. I am being told they are less reimbursement than what we are already using."*

Financial Disincentive

New G Codes (G3002/G3003) Have Lower Reimbursement than Existing E/M Codes Being Used

Year	CPT	CountOfCarrier	AvgOfFee - NonFac	AvgOfFee - Fac
2023	99203	112	$115.69	$84.47
2023	99213	112	$93.34	$67.44
2023	G3002	112	$82.93	$75.12
2023	G3003	112	$30.19	$25.93

Source PFS National Payment Amount File | CMS

Samuel “Le” Church, MD, MPH, CPC, CRC, FAAFP
Family Physician
AAFP Member

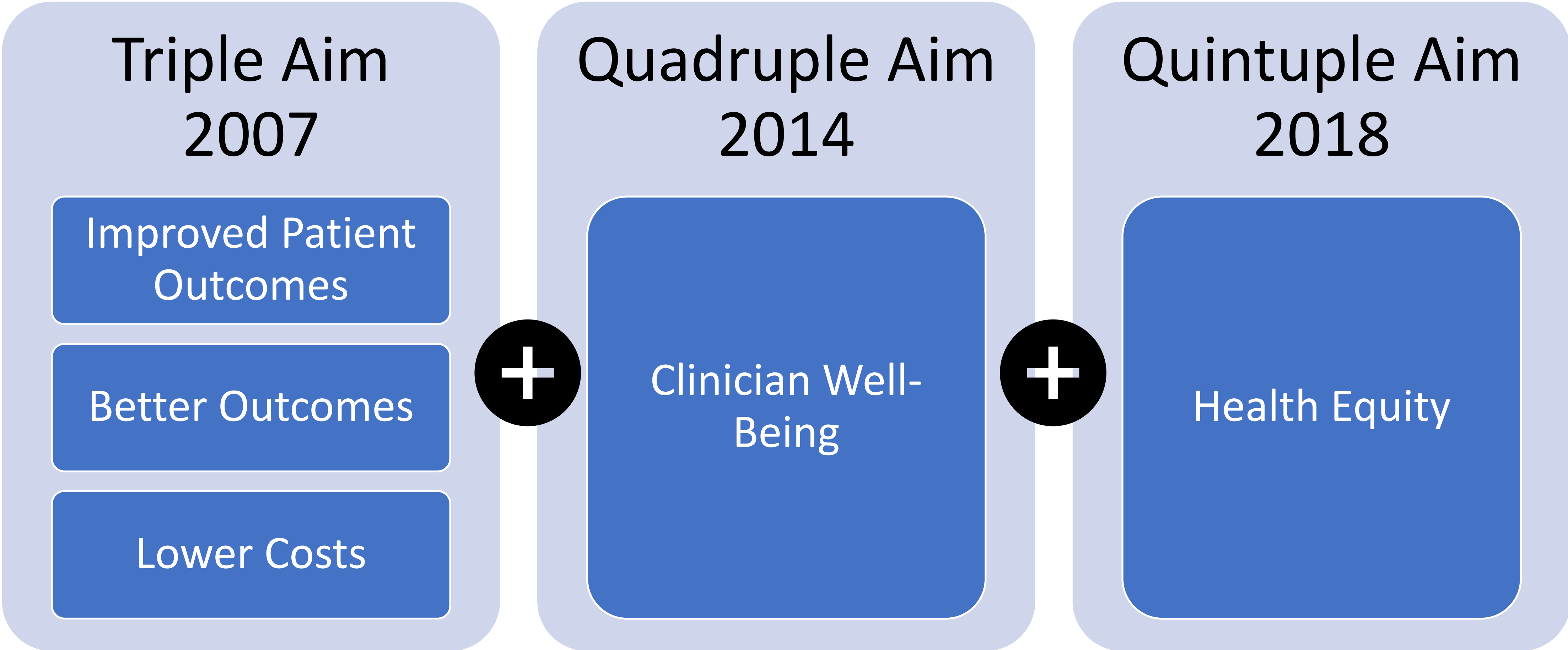
#AACIPM

Changing Physician Led Practice Patterns

Samuel L Church, MD, MPH, CPC-I, FAAFP

Synergy Health, Inc

The Quintuple Aim in Healthcare Delivery



Barriers to Learning and Implementing New Knowledge

- Habits of “lower-value” – “higher-cost” care
- Competes with time with patients
- Non-optimized new tools
- Competition with current payment models
- Workforce shortages
- Management support

Health Care Change is S....L....O....W....

- Need to "unlearn" (some) old knowledge
- Motivations for changing health care delivery practices
  - Intrinsic motivating factors (personal satisfaction, use of qualifications)
  - Extrinsic factors (salary, career opportunities)
  - Providing high quality care
- Value-based care challenges – requires buy-in from team

Experience with Chronic Care Management Codes

Karen Johnson, PhD
Vice President, Practice Advancement
American Academy of Family Physicians

The Questions

1. Your background and role
2. What is your experience using CMS pain-related codes for person-centered care?
3. Why was your model of care developed?
4. What healthcare providers/therapies are included?
5. How does your model integrate with the patient’s overall care
6. Are there outcomes you can share?
7. If your model is scalable, how is that working?

Tobias Moeller-Bertram
CEO, **SAVAS Health**
President, **VitaMed Research, LLC**

#AACIPM

THE SAVAS SOLUTION

Unitized Transdisciplinary Care

A Novel Technology Driven Value-Based Care Delivery Model

Dr. Kayode Williams
Johns Hopkins School of Medicine

Dr. Tobias Moeller-Bertram
CEO Savas Health

Scalable, Value-Based Care Delivery for People with Pain

December 7, 2023

savas™

5/ 50 PROBLEM:
5% OF PATIENTS COUNT FOR 50% of COST

United States Health Spending

IN BILLIONS

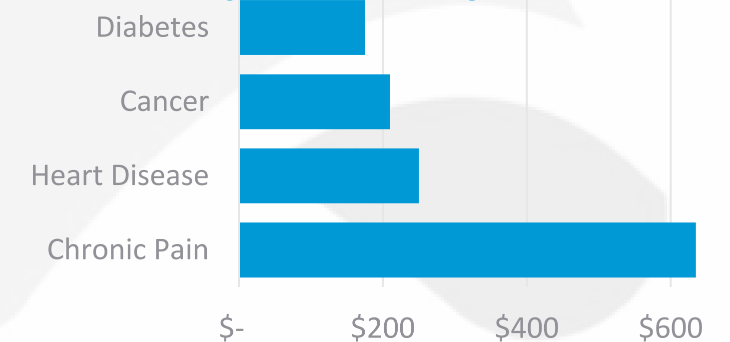
Complex Condition Health Spending (shown in red)
Patients with Chronic Pain are in the 5% of patients with complex conditions that consume 46% of healthcare spending
(~$2 Trillion annually).

All Other Health Spending (shown in blue)

Year	Total
1966	$46
1976	$153
1986	$475
1996	$1,074
2006	$2,156
2016	$3,337
2026P	$5,696

Chronic Pain is the most costly medical condition in the United States.

"Chronic Pain cost the nation $635 Billion in medical treatment and lost productivity in 2010."



Source: Institute of Medicine. "Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research."

THE CHALLENGE: SUPPLY/ DEMAND MISMATCH

Physician Supply and Demand Through 2032

AAMC
Tomorrow's Doctors, Tomorrow's Cures®

NATIONAL PHYSICIAN SHORTAGE BY 2032*

WE PREDICT A SHORTAGE OF
46,900-121,900
INCLUDING A SHORTFALL OF

21,100-55,200
PRIMARY CARE PHYSICIANS

24,800-65,800
SPECIALISTS

14,300-23,400
SURGICAL SPECIALISTS

PHYSICIAN TRAINING COMPLETION

IT TAKES
7-15 YEARS
FOR A PHYSICIAN TO COMPLETE THEIR TRAINING, SO WE MUST ADDRESS THIS SHORTAGE NOW.

FEDERAL SUPPORT FOR GME

CAPS ON FEDERAL SUPPORT FOR GRADUATE MEDICAL EDUCATION (GME) HAVE BEEN EFFECTIVELY
FROZEN SINCE 1997 AND SHOULD BE RAISED.

GREATEST CONTRIBUTORS TO THE SHORTFALL

THE GROWING, AGING POPULATION AND AN AGING WORKFORCE

THE POPULATION OVER 65 IS EXPECTED TO
GROW BY 48%
BY 2032.

IN THE NEXT DECADE,
2 IN 5 PHYSICIANS
WILL BE OVER 65 AND COULD RETIRE.

MEDICAL SCHOOL ENROLLMENT

MEDICAL SCHOOL

INCREASED 30%
SINCE 2002

The academic medicine community is working to ensure our future physicians are ready to practice in an ever-changing and innovating health care system.

RESIDENT PHYSICIAN SHORTAGE REDUCTION ACT

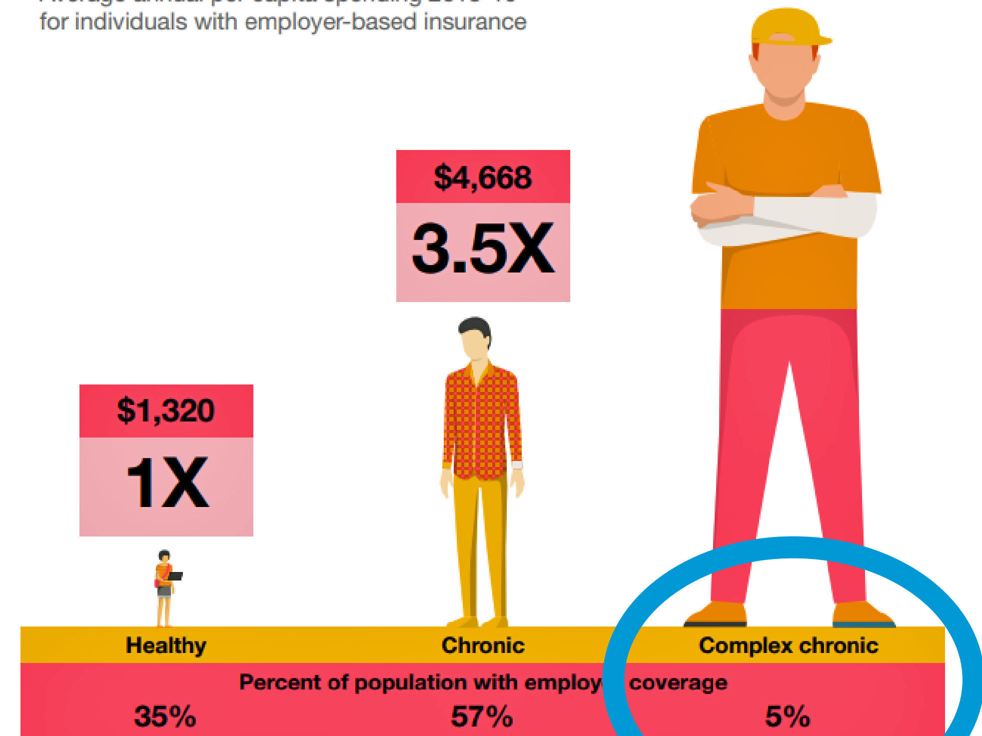
THE AAMC SUPPORTS THE RESIDENT PHYSICIAN SHORTAGE REDUCTION ACT OF 2019 (S. 348, H.R. 1763), WHICH
ADDS 15,000 RESIDENCY SLOTS OVER 5 YEARS.

*Note: The range of the projected shortfall for total physicians is smaller than the sum of the ranges of the projected shortfalls for the specialty categories. The demand scenarios modeled project future demand for physician services, but scenarios can differ in terms of whether future demand will be provided by primary care or nonprimary care physicians. Likewise, the shortfall range for total nonprimary care is smaller than the sum of the shortfall ranges for the specialty categories.

Association of American Medical Colleges

19-0568 (04/19)

Figure 6: Spending by employers on individuals with chronic diseases is nearly quadruple that of healthy individuals while spending on individuals with complex chronic diseases is eight times higher



Source: PwC Health Research Institute analysis of Medical Expenditure Panel Survey data for ind[illegible]als with employer-based insurance, 2013[illegible]
Note: Consumers with chronic disease have problems affecting a single body system such as hyper[illegible]n and require uncomplicated dise[illegible] management. Consumers with complex chronic disease live with one or more chronic diseases affecting [illegible] body systems and [illegible] complicated disease management. Additionally, note that the percentage of the population with employer co[illegible], chronic or complex chronic is 97 percent. The other 3 percent are either individuals with a mental illness as their primary health issue or individuals considered frail elderly—over the age of 75, living at home and facing health issues related to falls or dementia and suffer generally poor health.

https://www.healthpopuli.com/2019/06/21/healthcare-costs-inspire-employer-activism-and-employee-dissatisfaction-what-pwc-found-behind-the-numbers/

= Reduced Access to Care

THE SAVAS SOLUTION

PATIENT CARE

Provide patients clinical-grade feedback on their condition, and instructions on what to do next

DATA THAT IS MEASURABLE

Patient outcomes, engagement and improvements

VALUE-BASED HEALTHCARE

COORDINATION OF SERVICE + CARE

Provides close coordination of services, based on 24/7 real-time data

COMMUNICATION + COLLABORATION

Foster proactive collaboration between healthcare providers and patients

https://europuls.ro/value-based-healthcare-state-play-european-union-implementation-member-states-shifting-value-patients/

UNITIZED TRANSDISCIPLINARY CARE (UTC)

1. SOLVES SUPPLY/DEMAND MISMATCH
Team of providers plans and delivers care to groups of patients
Care planning driven by real-time data

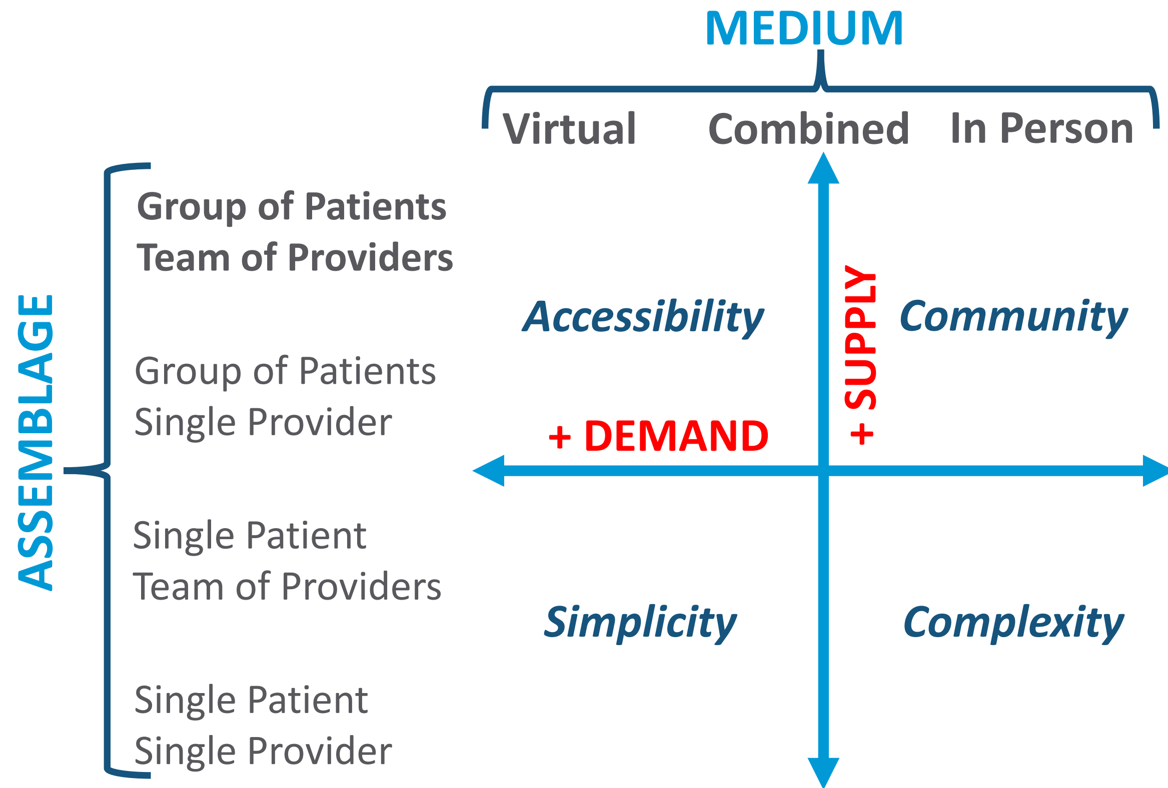
2. SOLVES INCREASED COSTS
Leverages technology to match complex patients with care needed
Bundled payment de-risks cost explosion for payor

3. PROVIDES MEASURABLE VALUE
Technology driven automated outcome reporting
Proven improvement of clinical outcomes and cost savings

4. SOLVES SCALABILITY AND REPRODUCIBILITY OF CARE DELIVERY
Technology driven platform aligns provider behavior
Software based care system enables scalability

THE SCALABLE SOLUTION
Technology Driven Value- Based Care

EFFICIENCY MATRIX: Match SUPPLY With DEMAND



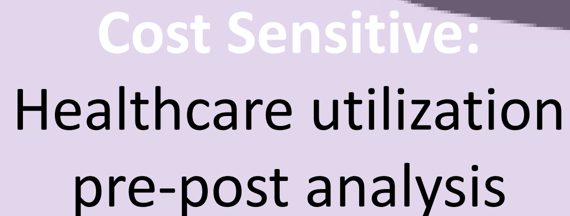
PROGRAM STRUCTURE

Patient Centered

Patient Needs based treatment planning

Provider Team delivers care in one location

Patient Satisfaction important outcome

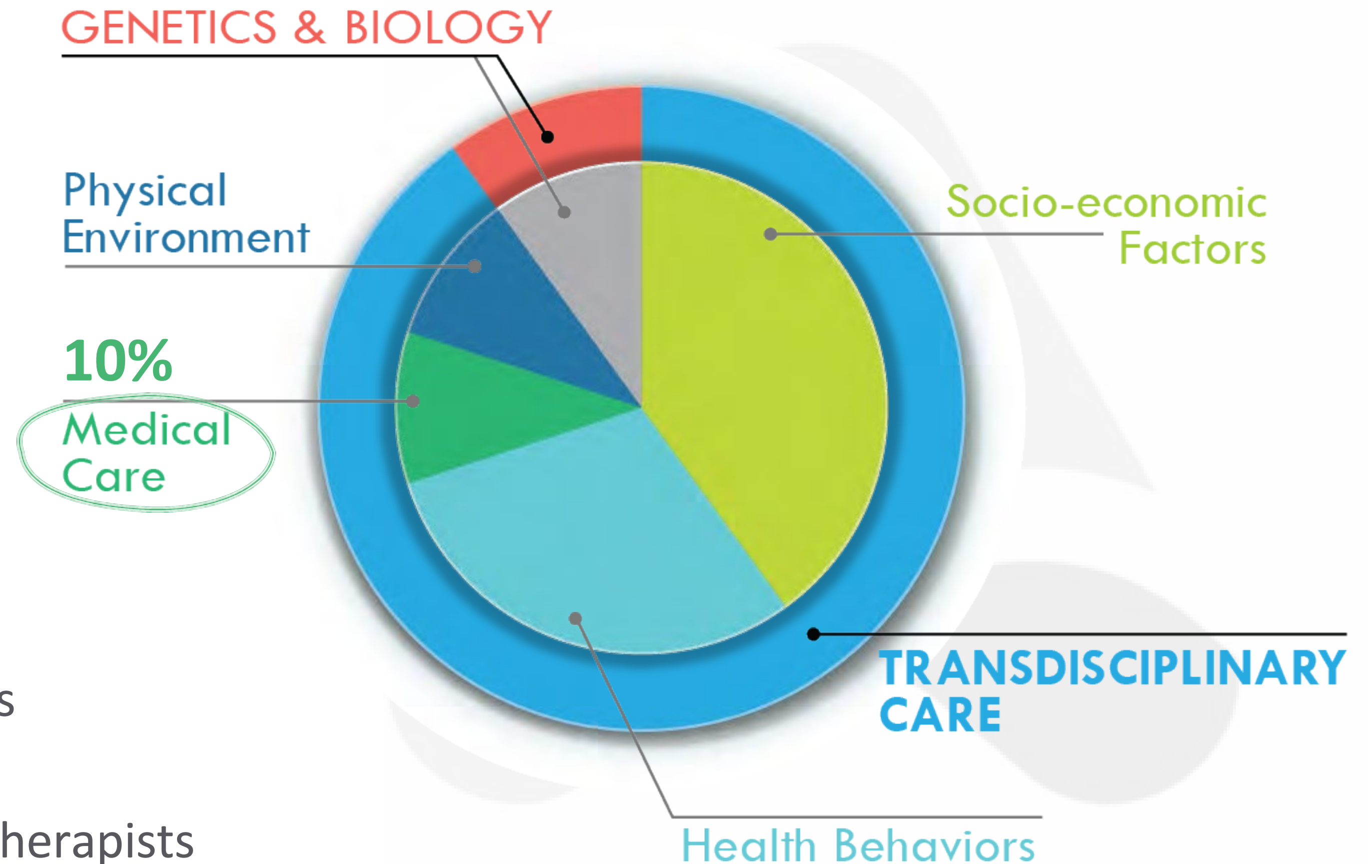


Cost Sensitive: Healthcare utilization pre-post analysis

Outcome Driven: 10 standard measures (Emotional, Physical, Other)

TRULY INTEGRATED MEDICINE

- **Medical Service Line**
  - Doctors, Addiction Specialists, Interventional Pain Specialists, Nurse Practitioners, & Physician Assistants
- **Behavioral Service Line**
  - Psychologists, Social Workers, & Cognitive Behavioral Specialists
- **Physical Reconditioning Service Line**
  - Physical Therapists, Massage Therapists, Fitness Instructors, Yoga, & Tai Chi Masters
- **Alternative Care Service Line**
  - Acupuncturists, Dietitians, & Nutritional Therapists



THE UNIT

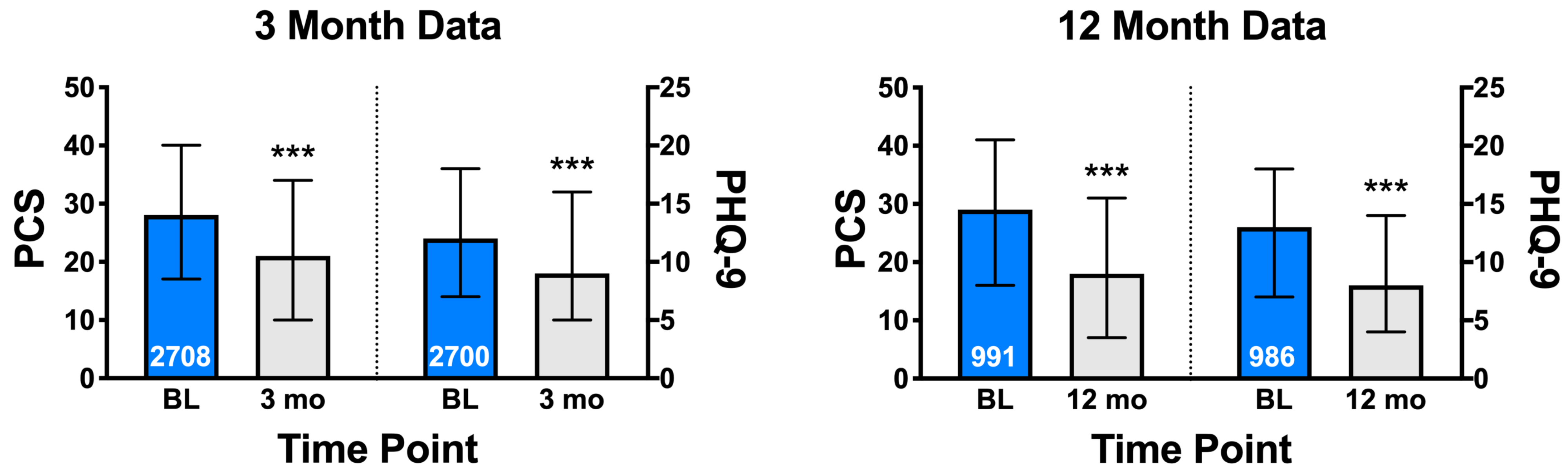
Each Unit begins with a **SCRUM**

1) Nurse Care Coordinator
2) RN Care Manager
3) Medical Provider
4) Psychology Provider
5) Nutrition Provider
6) Physical Reconditioning Provider
7) Chiropractor

TRANSDISCIPLINARY TEAM

EMOTIONAL OUTCOMES

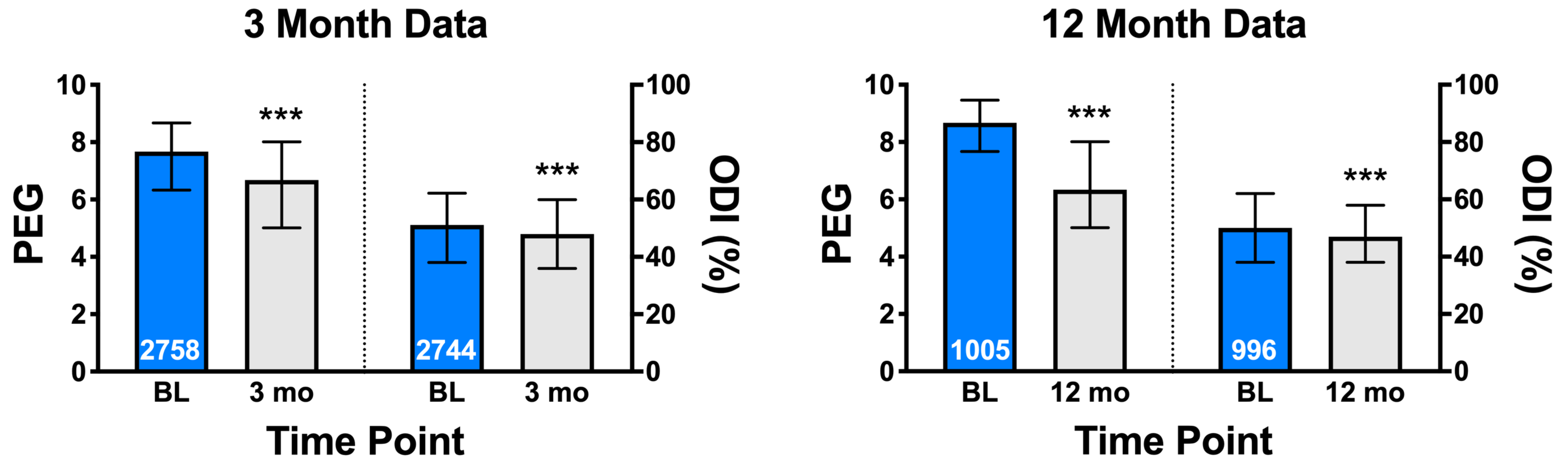
Subjective Pain Catastrophizing and Depression **decreased significantly**.



Data tested for distribution by Shapiro-Wilk test followed by Wilcoxon signed-rank test with list wise exclusion of missing data and presented as Median +/- interquartile range, ***$p < 0.001$.

PHYSICAL OUTCOMES

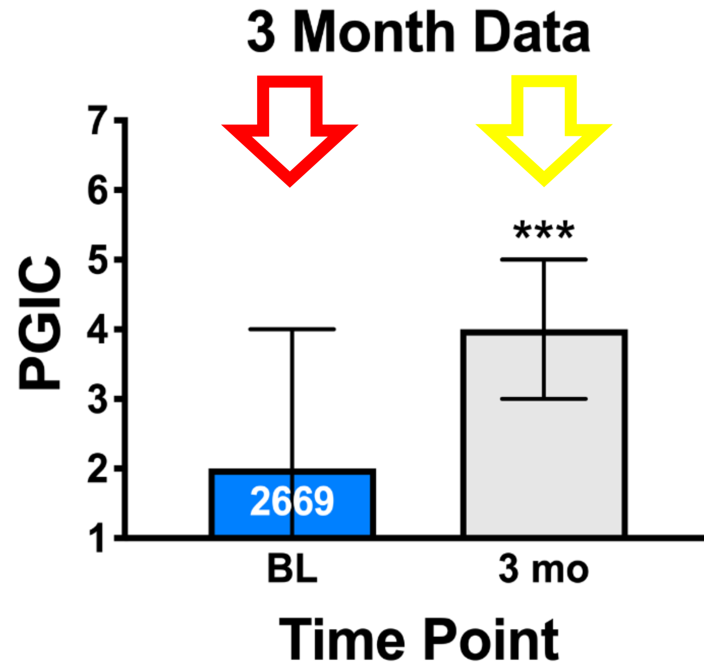
Subjective Pain Intensity and Interference, as well as Disability (OSWESTRY) **decreased significantly**.

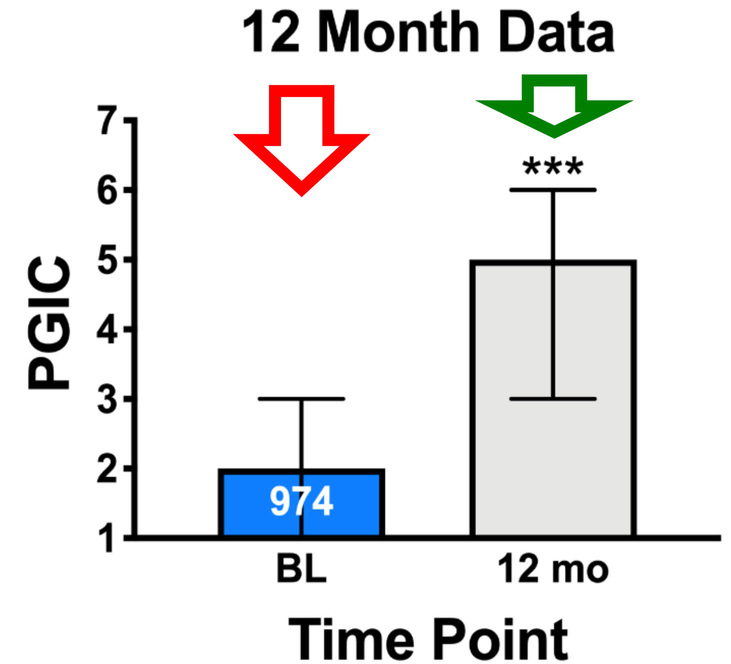


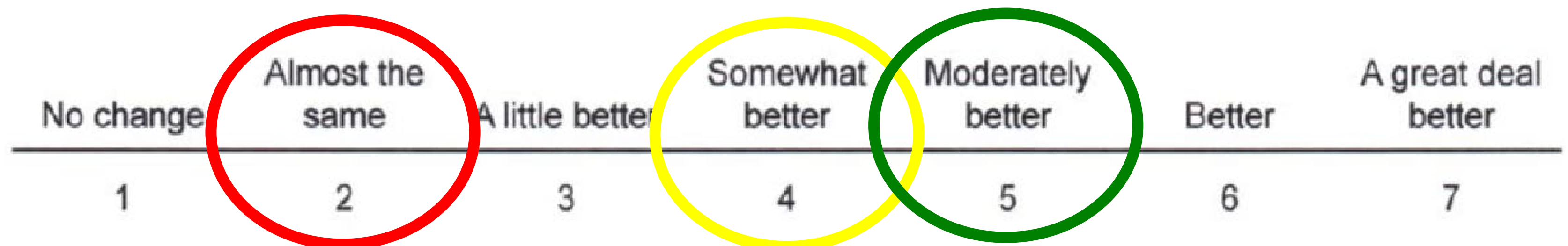
Data tested for distribution by Shapiro-Wilk test followed by Wilcoxon signed-rank test with list wise exclusion of missing data and presented as Median +/- interquartile range, ***$p < 0.001$.

PATIENT EXPERIENCE

Global impression of change **increased significantly**







Data tested for distribution by Shapiro-Wilk test followed by Wilcoxon signed-rank test with list wise exclusion of missing data and presented as Median +/- interquartile range, ***$p < 0.001$.

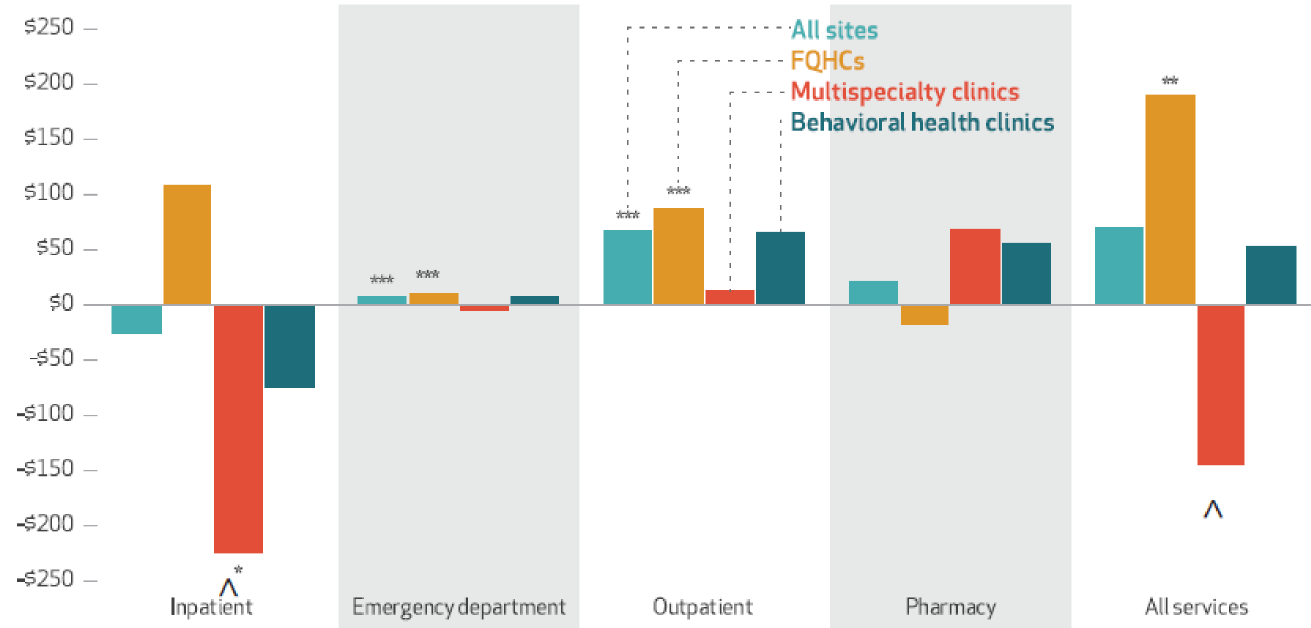
RETURN ON INVESTMENT

SAVAS HEALTH (DCPI) ROI PERFORMANCE:

External Three Year UCSD Analysis of Behavioral Health Integration, Integrated Complex Care (BHICCI) programs of which SAVAS HEALTH was the identified as the "Multispecialty Clinics" showed that SAVAS HEALTH outperformed the other 28 BHICCI sites significantly in reducing:

Inpatient Costs by **$225 PMPM**

Total Cost of Care by **$150 PMPM** ("All Services")



10.1377/hlthaff.2018.0372 HEALTH AFFAIRS 37, NO. 9 (2018): 1442–1449 ©2018 Project HOPE— The People-to-People Health Foundation, Inc.

THANK YOU

Josh Plavin, MD, MPH, MBA
Associate Medical Director
Comprehensive Pain Program
Osher Center for Integrative Health at UVM

Alliance to Advance Comprehensive Integrative Pain Management

#AACIPM

Comprehensive Pain Program
Osher Center for Integrative Health at the University of Vermont

Josh Plavin, MD, MPH, MBA, Associate Medical Director, Comprehensive Pain Program
Assistant Professor of Family Medicine & Psychiatry, Larner College of Medicine

THE
University of Vermont
MEDICAL CENTER

Reframing the Experience of Chronic Pain

" To understand pain as a universal life experience, and to understand chronic pain as a particular form of suffering which may also hold an opportunity for growth, increased wisdom, and wellness."

CPP Mission Statement

Changing the Paradigm

- "What's the Matter?"
  "What Matters to You?"

- Curing/Healing

- Patient/Participant

Participant Experience - Programs

PATH Program
BCBSVT/Medicaid Bundle

- PCP copay x 4
- 16 weeks duration, 8-12 pts.
- Weekly groups
  - First 8 weeks – ACT
  - Second 8 weeks – MGV

- Care Alliance Group
- Alumni Group

- Individual offerings
  - Clinical Hypnosis
  - EMDR
  - Medical Consult
  - Nutrition Consult
  - Psychologically-Informed Physical Therapy
  - Occupational Therapy
  - Health Coaching
  - Acupuncture
  - Massage/Craniosacral Therapy
  - Reiki

- Group offerings
  - EMDR 101
  - Kitchen Conversations/Culinary Medicine
  - MedEd – Cannabis 101
  - SleepWell Program
  - Yoga

Participant Experience - Programs

COMPASS Program

(FFS - not BCBSVT/Medicaid)

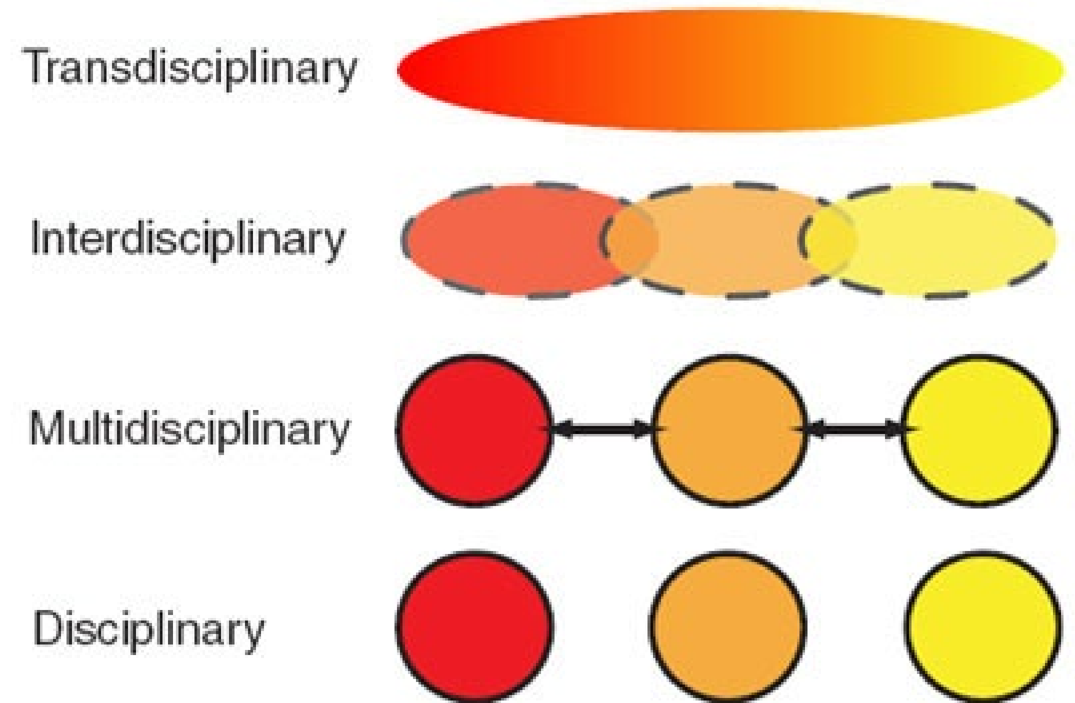
- 12 weeks in duration – 8-12 pts
- Weekly group
  - Acceptance and Commitment Therapy
  - Your Pain Protection System
  - Nutrition Overview

- Individual Offerings – FFS visits
  - Clinical Hypnosis
  - EMDR
  - Medical Consult
  - Nutrition Consult
  - Physical Therapy (Psychologically Informed)
  - Occupational Therapy

- Group Offerings – Optional
  - EMDR 101, introductory class
  - Kitchen Conversations/Culinary Medicine (free)
  - MedEd: Cannabis 101 (free)
  - Sleep Well Program (6-week program)
  - Yoga Classes (virtual, free)
  - Care Alliance Group (free)

An Integrative, Transdisciplinary Team

- Integrative Intake Review
- Midpoint Review
- Informal Encounters



Comprehensive Pain Program PATH Outcomes Measures

Survey Instruments:

- Pre/Post for pilot
- Goal 6 &12 month in future

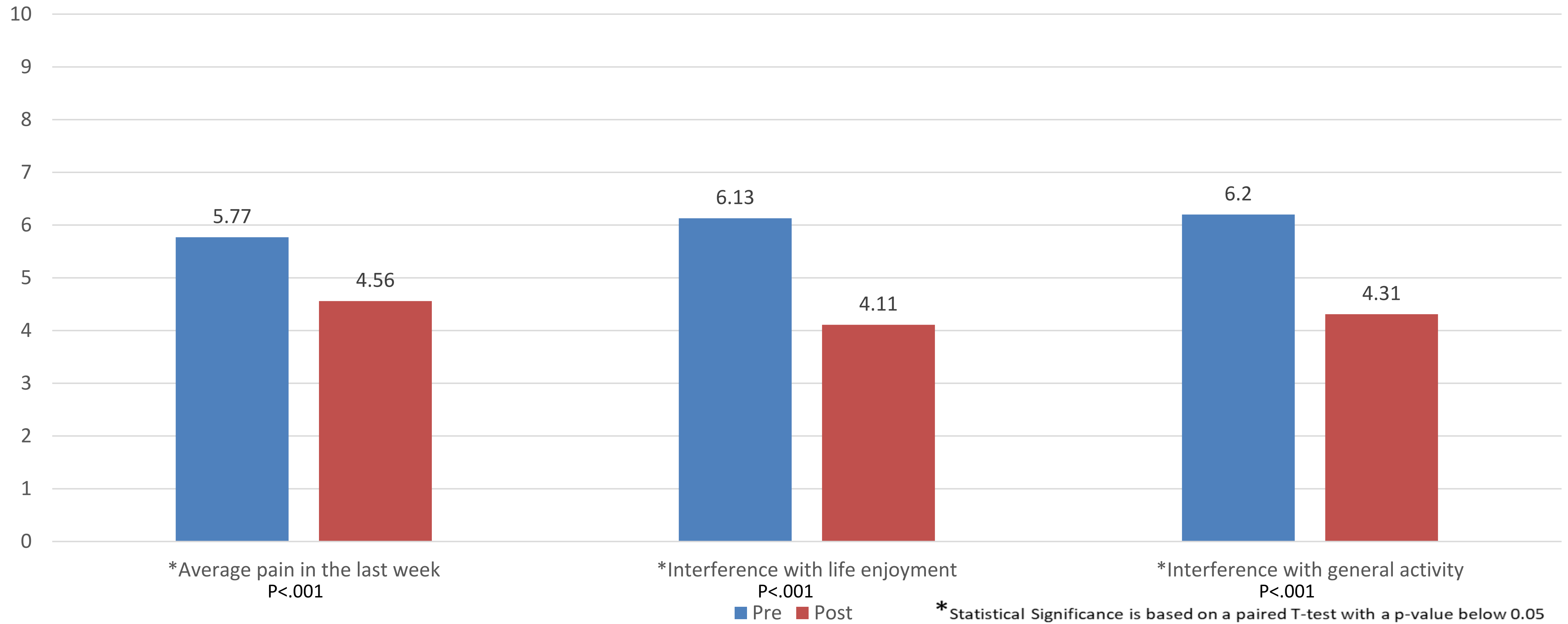
- Defense and Veterans Pain Rating Scale (DVPRS)
- PEG scale (interference of: pain (P), enjoyment of life (E), and general activity (G))
- Patient-Reported Outcomes Measurement Information System (PROMIS®)–29
- Brief Resilience Scale
- Self-Compassion Scale
- Chronic Pain Acceptance Questionnaire 8
- Health Confidence Scale

Financial and Utilization measures:

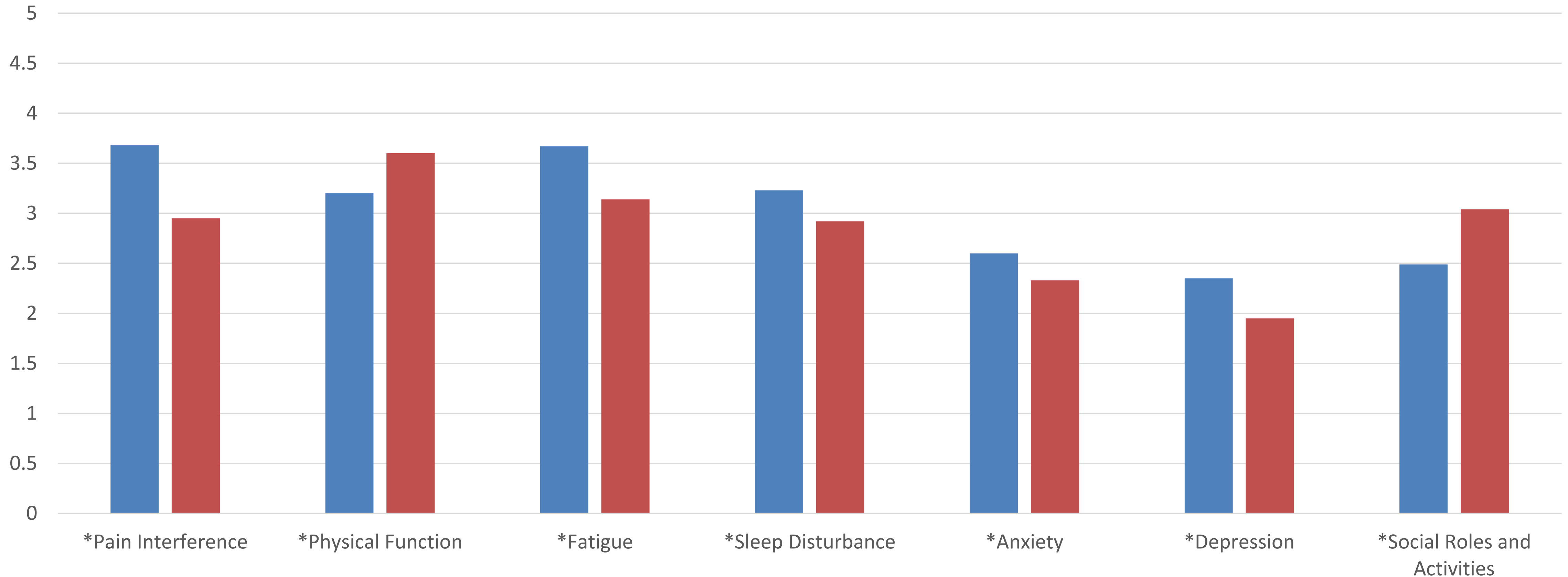
- 18 months of continuous coverage, 12 months pre and post intervention

- Medical PMPM
- RX PMPM
- Medical & RX PMPM (total cost of care)
- Musculoskeletal diagnostic related group PMPM
- Interventional Pain PMPM
- Pain Management RX PMPM (opioids)
- ER visits/1000 both total and pain related

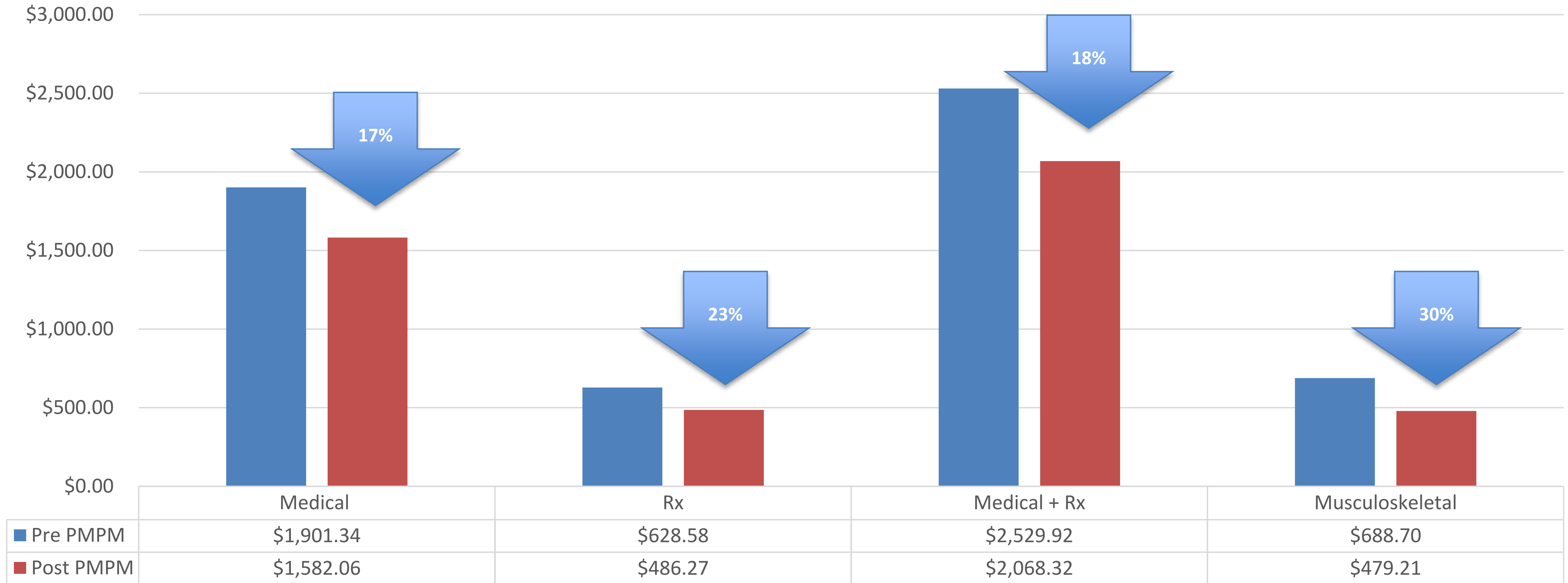
Comprehensive Pain Program Outcomes



Comprehensive Pain Program Outcomes

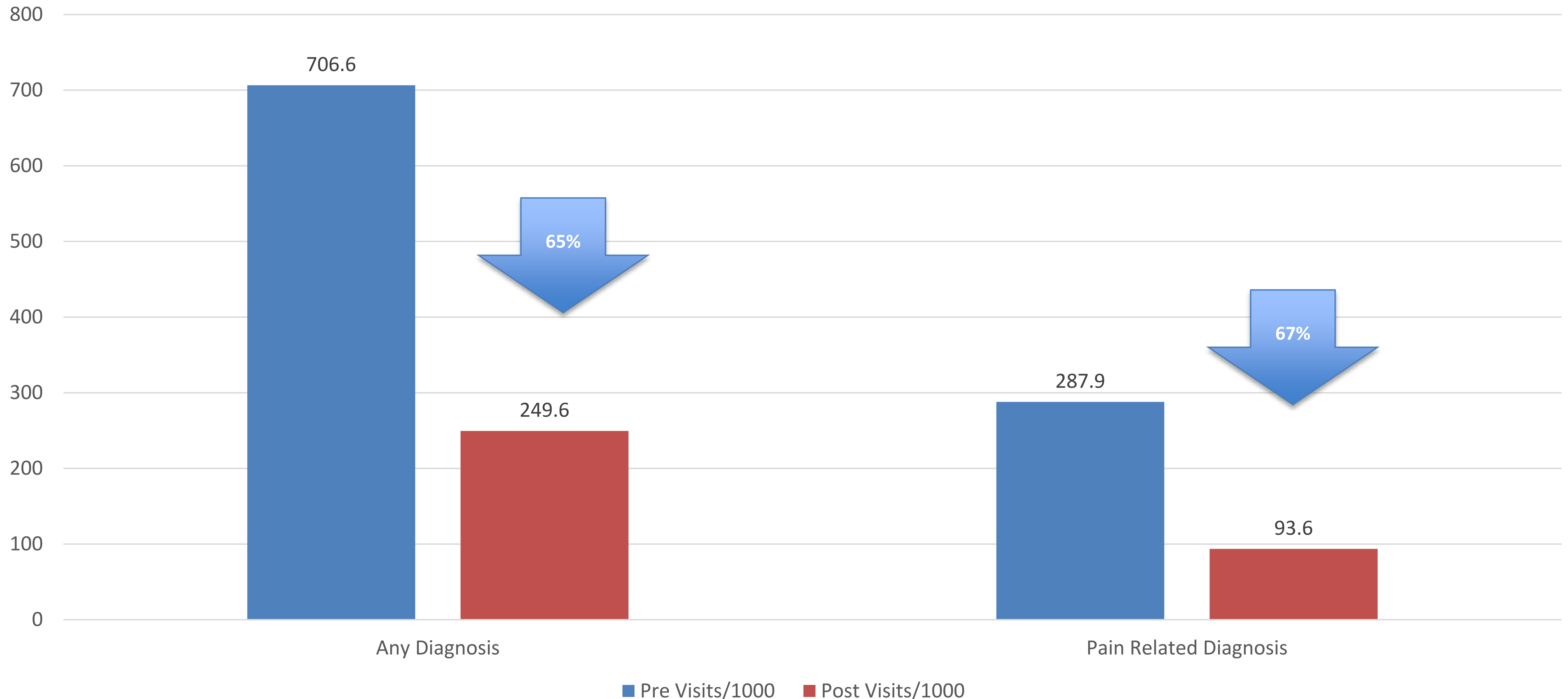


Comprehensive Pain Program Outcomes



	Medical	Rx	Medical + Rx	Musculoskeletal
Pre PMPM	$1,901.34	$628.58	$2,529.92	$688.70
Post PMPM	$1,582.06	$486.27	$2,068.32	$479.21

Comprehensive Pain Program Outcomes



Thank You

Chris Knackstedt
Founder, **Tellus Wellness**
Managing Director, **ValueIQ, LLC**

#AACIPM

TELLUS WELLNESS

Complementary Care Wellness Program
For Employer Sponsored Healthcare

The Questions

1. Your background and role
2. What is your experience using CMS pain-related codes for person-centered care?
3. Why was your model of care developed?
4. What healthcare providers/therapies are included?
5. How does your model integrate with the patient’s overall care
6. Are there outcomes you can share?
7. If your model is scalable, how is that working?

The Team

Donna Goldin Evans
CO-Founder/CEO

Chris Knackstedt
CO-Founder

Lance Luria, MD,FACP,ABOIM
Chief Medical Officer

- Co-Founders: 30+ years of large health system and health plan experience. Co-created ValueIQ, successful consulting firm focused on transition to value-based healthcare.
- Clinical team led by Chief Medical Officer with experience managing integrative medicine programs that included Wal-Mart and Bass Pro. Documented significant year one savings using complementary medicine.
- CPO/CTO who created and scaled national B2B SaaS compliance-driven platforms.

The Problem

(Why our Model of Care was Developed)

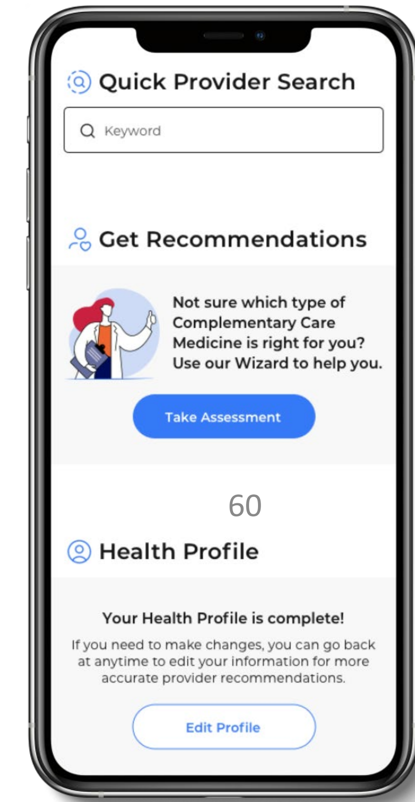
Employers who self-fund their health benefits need solutions that improve well-being while moderating costs, and are of value in recruiting and retaining employees.

The Solution

Tellus Wellness Complementary Medicine Program Includes

Acupuncture Nutrition Massage
Chiropractic Naturopathic

- **Digital Platform** guides members with health issues to care options using evidence-based clinical rules.
- **Curated and Credentialed Providers** who have cleared background checks and been reviewed and approved by on-staff medical professionals.
- **Innovative Provider Payment Process** yields most provider payments in 24 hours **from the employee health benefit plan**



Digital Platform

Tellus Wellness Complementary Medicine Platform

TELLUS WELLNESS

Help | Contact Us | Susan

Welcome,
Susan Jones

Quick Provider Search

Keyword | Location | Provider type

View Benefits

Member ID: 123456789

Employer: Recreational Equipment, Inc.

Plan Type: XYZ

See details

Get Recommendations

Not sure which type of Complementary Care Medicine is right for you? Use our Wellness Guru to help guide you.

The Wellness Guru uses the information provided in your Health Profile combined with details about your immediate issue, in order to provide you with the most accurate recommendations for wellness providers near you.

Take Assessment

Learn

Why Acupuncture Works for Anxiety Relief

How Massage Therapy Helps Ease Rheumatoid Arthritis Pain

6 Foods Nutrition Experts Won't Eat and Why

Complete Health Profile

0/6 completed

Your Health Profile is incomplete.

Start filling out your information now to get more accurate results when you search for provider recommendations.

Get Started

Current Need | Condition Details | Provider Recommendations

Improve My Mood or Mental Health

Please choose your main reason for seeking treatment from a provider. If you do not see your condition below, click the "Cancel" button to return to the main screen.

Insomnia or Difficulty Sleeping

Depression

Anxiety

Stress

Fatigue

View Recommendations

Why?

Complementary Care Program: Unique In Marketplace

FOR **EMPLOYERS**

- **Differentiator** in the **talent market** via a low cost investment in your people
- **Reduces** traditional medical and related **cost spend**

FOR **EMPLOYEES**

- **One-stop digital portal** provides up-to-date information on complementary medicine, **guidance to treatment options**
- **Fast access to** experienced and **credentialed providers**

Research shows that "…workers receiving the most varied health and well-being benefits are the most positive about their employers, their jobs and their ability to afford the healthcare they need…" Mercer, Health on Demand, 2023 Report.

Program Impact

2022 Case Study

Mid-West Manufacturing Company - 1600 Plan Members

Overall, **chronic conditions cost** the pilot program company **$5.08 million per year**.

Members using Tellus Wellness providers had a **29% cost decrease** compared to the previous year as compared to a 7% increase without Tellus Wellness.

Members using Tellus Wellness providers incur less cost, only $186 per member per month (pmpm) versus $298 pmpm total costs for members using non-Tellus providers.

Members using Tellus Wellness providers had 50% less incidence of large claims and ER visits compared to members using non- Tellus Wellness providers for similar conditions.

Tellus Wellness is sold directly to employers (plan sponsors), through brokers, and 3rd party administrators (TPAs).

Summary

Employers need to **enhance the benefits** provided to their employees to support recruitment and retention — and do so without meaningfully increasing cost of benefits.

Complementary care expands options and has the potential to **lower cost —often with better outcomes.**

Tellus Wellness has developed innovative technology to **guide members using evidence-based clinical protocols.**

Innovative **disruptive payment process** (most payments 24 hours).

Curated and credentialed Tellus Wellness provider network.

Business development, initially **focused on employers who self-fund benefits** — including other channels (e.g. integrated health systems, 3rd party administrators, health insurers, retail).

David Elton, DC
Co-Founder, **Arete Healthcare**
CEO, **Arete Networks**

Alliance to Advance Comprehensive Integrative Pain Management

#AACIPM

Exploring Equitable, Scalable, Value-Based Pain Care Delivery

Scalable = *economically viable*

Virtual

12/07/2023

dave@arete.healthcare

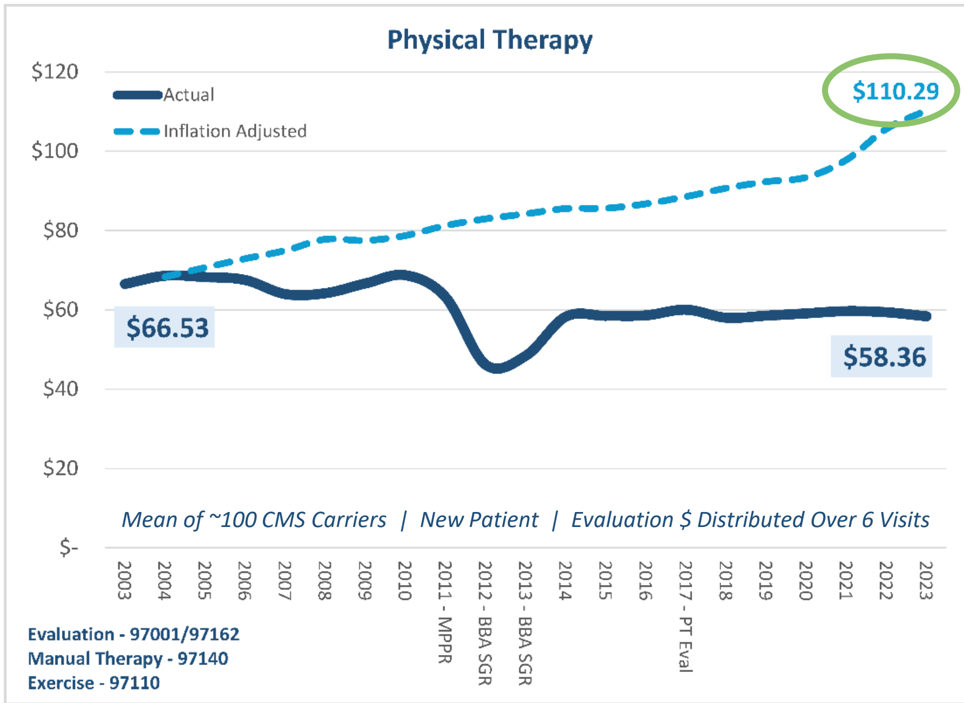
Arete Healthcare

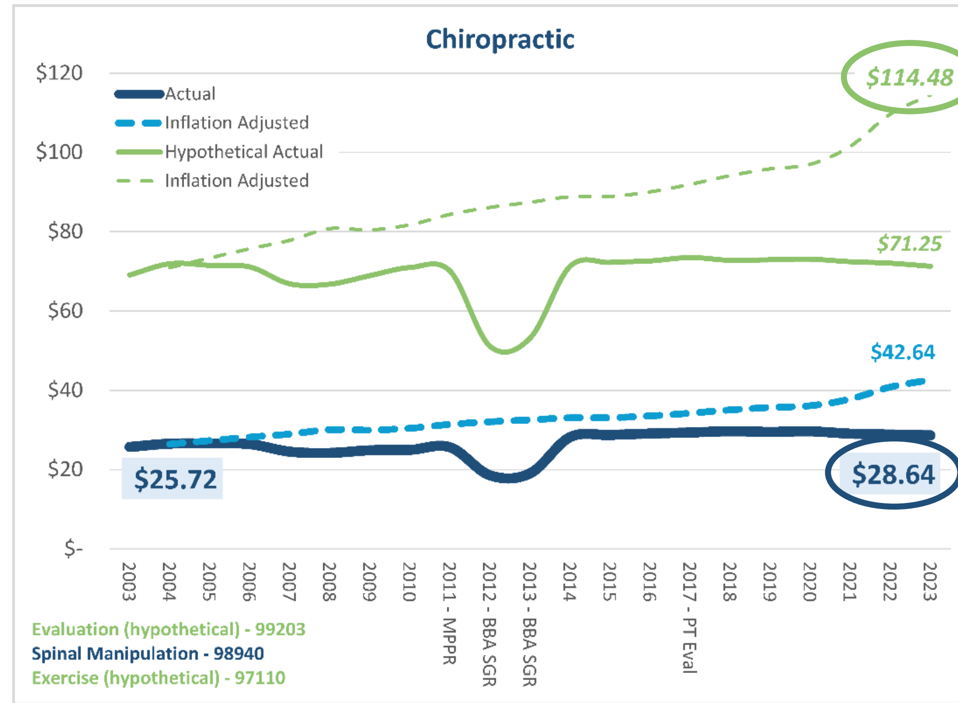
Arete Services

Arete Networks

www.arete.healthcare

Should I have become a Great Clips stylist?





Evidence-based inflation adjusted reimbursement *(if DCs were reimbursed for evaluations and exercise like PTs)*

10:39.30

Actual reimbursement for 20 minutes in the clinic 11 minutes in the chair

MPPR – Multiple Procedure Payment Reduction
BBA SGR – Balanced Budget Amendment Sustainable Growth Rate Adjustment
PT Eval – change in how PT evaluations are coded
2024 *– 3.4% CMS rate cut?*

CMS only reimburses chiropractors **for spinal manipulation**

- This is **not intended to single out CMS or Great Clips**, *CMS price transparency made this possible and Great Clips is fantastic*
- PTs in 2022 - **22k left practice, 12k joined** | **9 out of 10 graduates have >$150k in student debt**

In pursuit of **economic viability** “integrative” practices are **evolving to “cash” practice**, for which affluent, primarily white zip codes are the target market, **increasing disparities in management of pain.**

PFS National Payment Amount File | CMS
Current US Inflation Rates: 2000-2023
The State of Rehab Therapy 2022 | WebPT
News | Final 2024 Physician Fee Schedule

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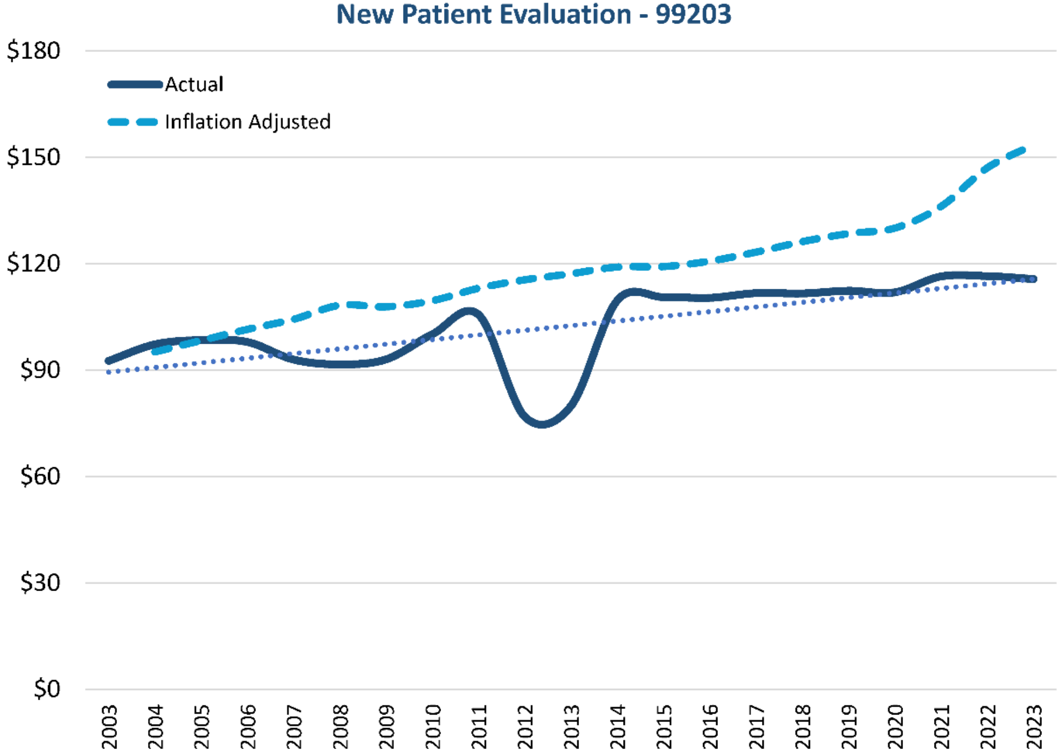
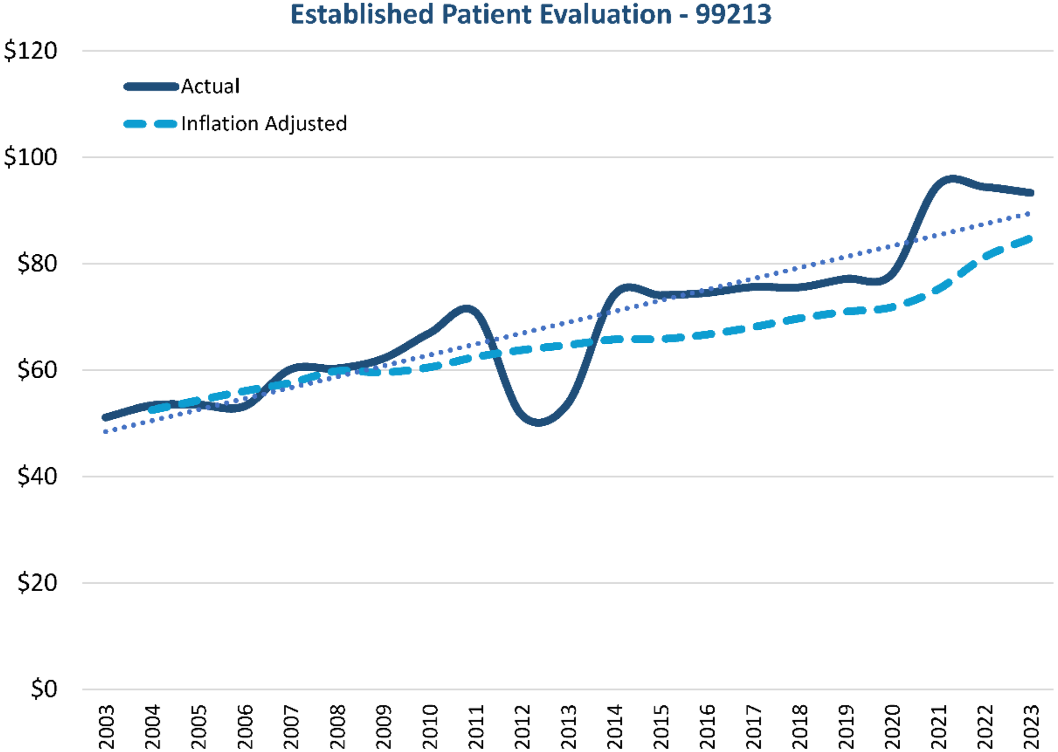
Maybe not…..if I could be reimbursed for an evaluation





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Thesis for improving economic viability

- Independent, hands-on, and highly personal *"integrative"* practices are:
  - **Essential to a well-functioning healthcare system**
  - **Fragmented, isolated, and under-served by technology**, resulting in:
    - Reimbursement that is **unchanged in >20 years and barely sustainable**
    - Hard to be "integrative" if your **technology doesn't integrate**
    - **Fewer patients benefitting from CIPM** than current guidelines suggest should be happening
- To improve **economic viability** *"integrative"* practices must adopt:
  - **Modern, interoperable technology**
  - **Organizational design prevalent in medicine**
    - Achieve **economies of scale of larger group** while preserving benefits of independent practice
    - Geographic distribution to provide **convenient access, including under-served communities**
    - Participate in **value-based contracts**

More research, expanded coverage, new codes at low reimbursement, larger networks, and demonstration projects,
while well intended, do not address the barriers to economic viability.

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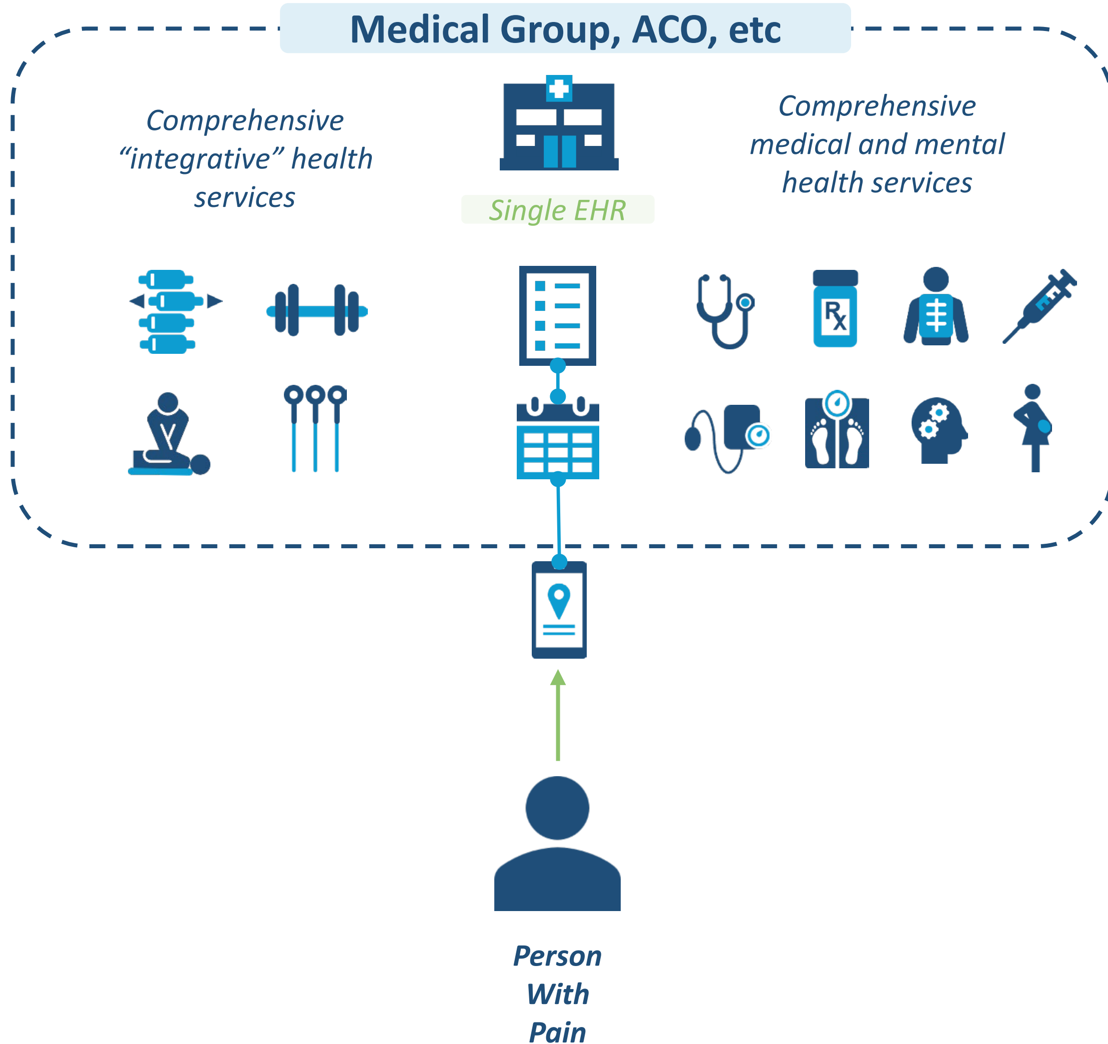
Integration Model – *Employed and Physically Embedded*



- **Strengths**
  - **Convenient**
    - **All services in one place**
  - **Collaborative**
    - Referrals, communication, and co-management are straightforward through **use of the same EHR**
- **Weaknesses – barriers to scale**
  - **Access limited to:**
    - Individuals **living close to facility**
    - Appointment availability of a **small number of "integrative" providers**
  - **Lose $ for the entity**
    - ***Low revenue per square foot***
    - ***Use and occupancy and administrative allocation*** *may exceed revenue generated*
    - ***Atypical*** *RCM, credentialing, and contracting*

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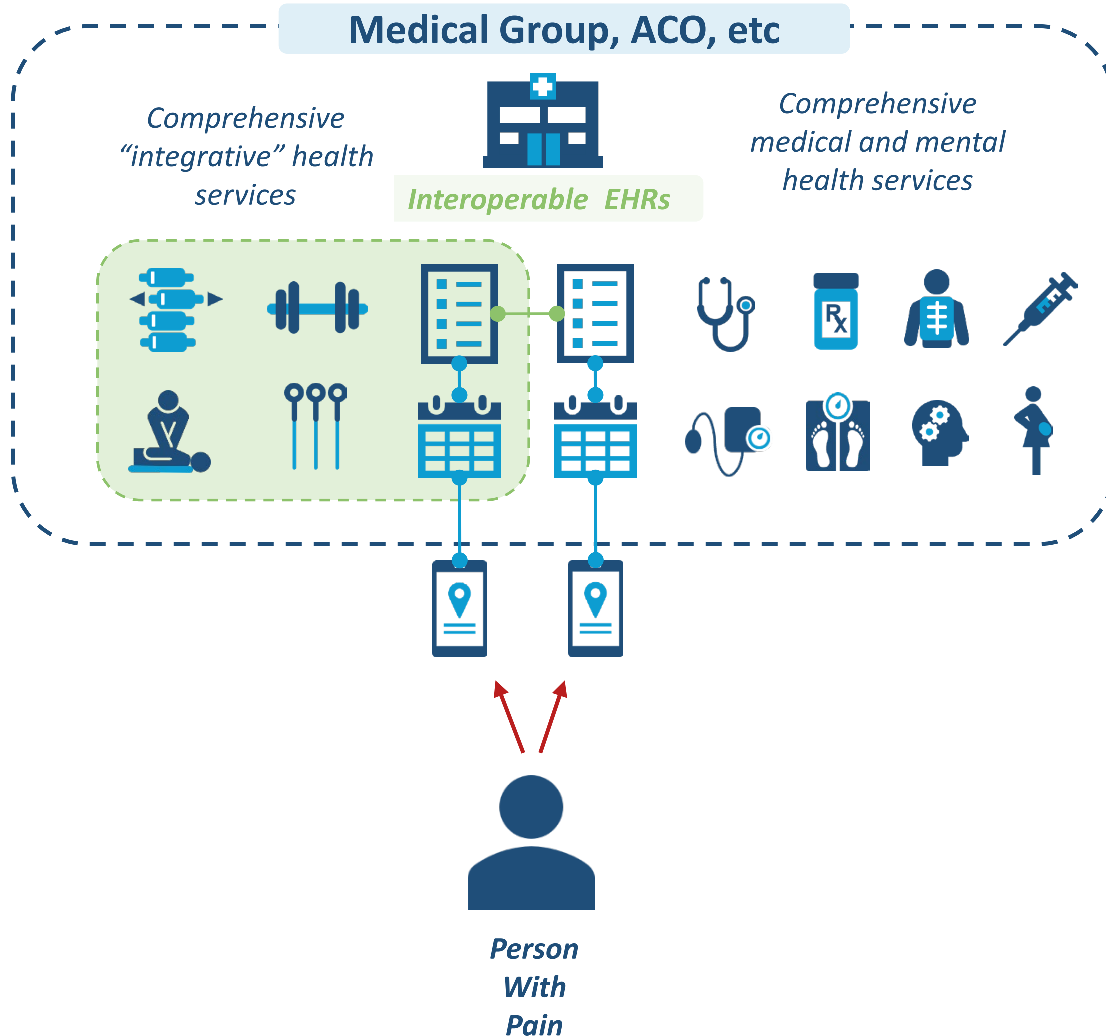
Integration Model – *Outsourced and Physically Embedded*



- **Strengths**
  - **Convenient**
  - **Collaborative**
    - ***Assuming interoperable EHRs***
  - **Potential to be profitable as a separate entity**
    - ***Same low revenue per hour per square foot***
    - *Use and occupancy and administrative allocation* ***better aligned with revenue***
    - *RCM, credentialing, and contracting are* ***handled by entity with expertise and focus***
- **Weaknesses**
  - **Limited access**
  - **Two scheduling processes**

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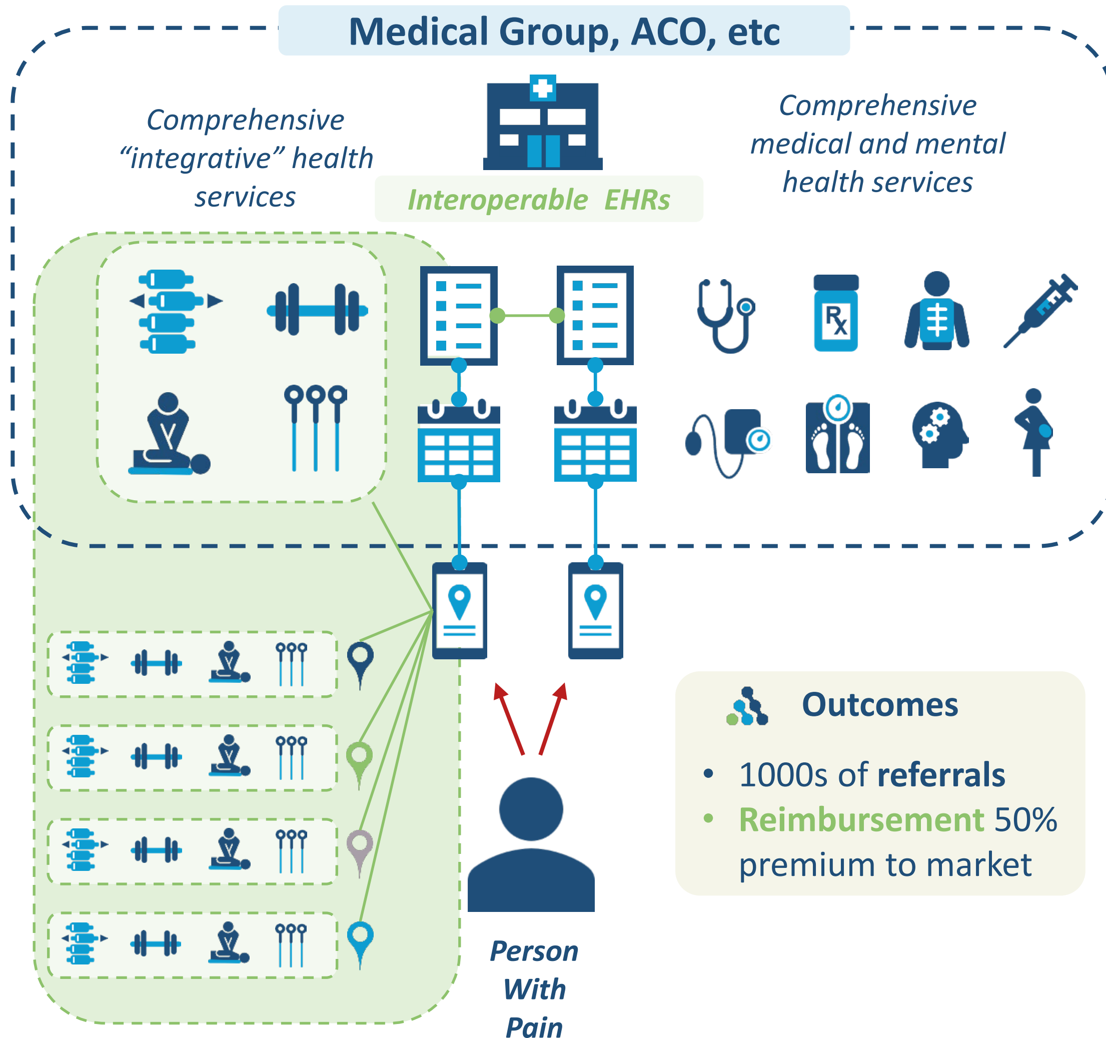
Integration Model – *High Value Network Using Common EHR*



- **Strengths**
  - **Convenient**
    - all services in one place if needed
  - **Collaborative**
    - All embedded and external providers **use the same interoperable EHR**
  - **Potential to be profitable as a separate group**
  - **Clinically Integrated Network** of practices:
    - **Convenient access for all individuals**
    - **Participate in value created ensuring viability**
- **Weakness**
  - **Two scheduling processes**

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Mindfulness Break

Isabel Roth, DrPH, MS
Research Assistant Professor
Program on Integrative Medicine Department of Physical Medicine and Rehabilitation University of North Carolina at Chapel Hill

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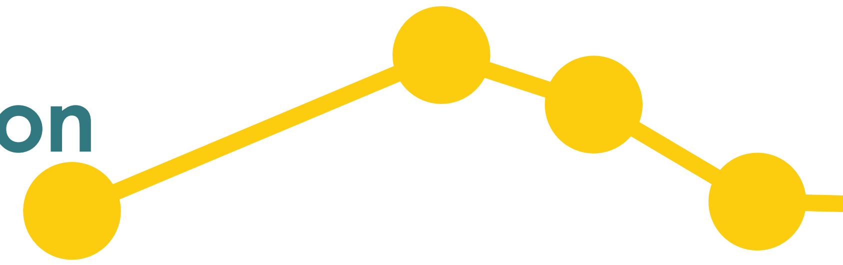
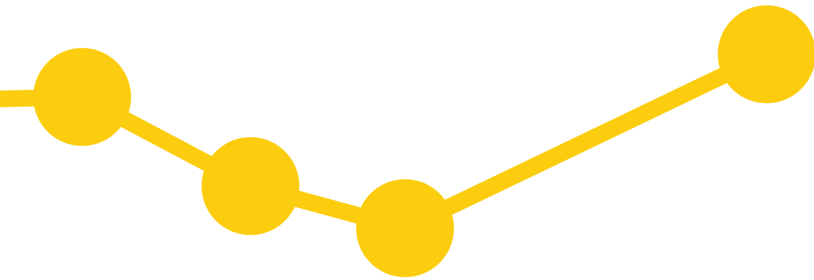
Take
a
moment

Moving to Panel Discussion

Co-Moderators



Amy Goldstein, MSW
Director, **Alliance to Advance Comprehensive Integrative Pain Management**



Cindy Steinberg
National Director of Policy and Advocacy
U.S. Pain Foundation

Alliance to Advance Comprehensive Integrative Pain Management

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Panelists

Samuel "Le" Church, MD, MPH, CPC, CRC, FAAFP
Family Physician
AAFP Member

Karen Johnson, PhD
Vice President, Practice Advancement
American Academy of Family Physicians

Tobias Moeller-Bertram
CEO, **SAVAS Health**
President, **VitaMed Research, LLC**

Josh Plavin, MD, MPH, MBA
Associate Medical Director
Comprehensive Pain Program
Osher Center for Integrative Health at UVM

Chris Knackstedt
Founder, **Tellus Wellness**
Managing Director, **ValueIQ, LLC**

David Elton, DC
Co-Founder, **Arete Healthcare**
CEO, **Arete Networks**

Please use Q&A to submit a question

We were pleased to see CMS activate new pain codes effective January this year. You have a lot of experience with chronic care management and principle care management codes.

- First, is there a role in pain management for these codes?
- Are there any lessons from the Chronic Care Management program space that we could apply to these new codes or to comprehensive pain management in general?“

Patient-centered outcomes are central to true value-based care.

- What outcome measures are you using?
- How have your outcomes changed in your current models of care compared to past care?

Scalable can mean different things to each person asked. Some excellent clinics say their model is scalable but it’s difficult to replicate easily across a large number of patients.

- Do you believe your model is scalable?
- Can you say more about scaling care and if that has affected the way you’ve built your current program?

THANK YOU

More Information About AACIPM

- **Email:** amy@painmanagementalliance.org
- **Website:** painmanagementalliance.org
- **Sign up** for our monthly newsletter and announcements at bottom of any webpage
- **Hashtags:** #aacipm #cipm
- **Twitter:** @aacipm
- **LinkedIn:** https://www.linkedin.com/company/aacipm
- **Resource:** https://painmanagementalliance.org/webinar-scalable-models-for-value-based-care-delivery-for-people-with-complex-chronic-pain/