

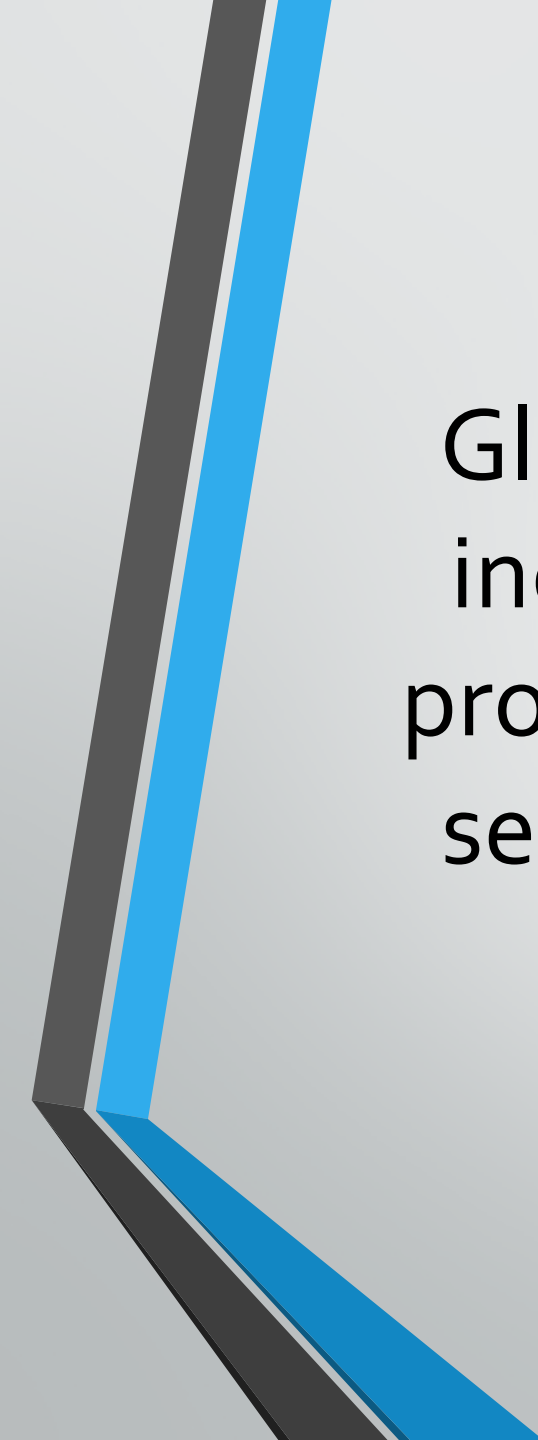
# Developing a global/bundled payment system for Osteopathic Manipulative Therapy

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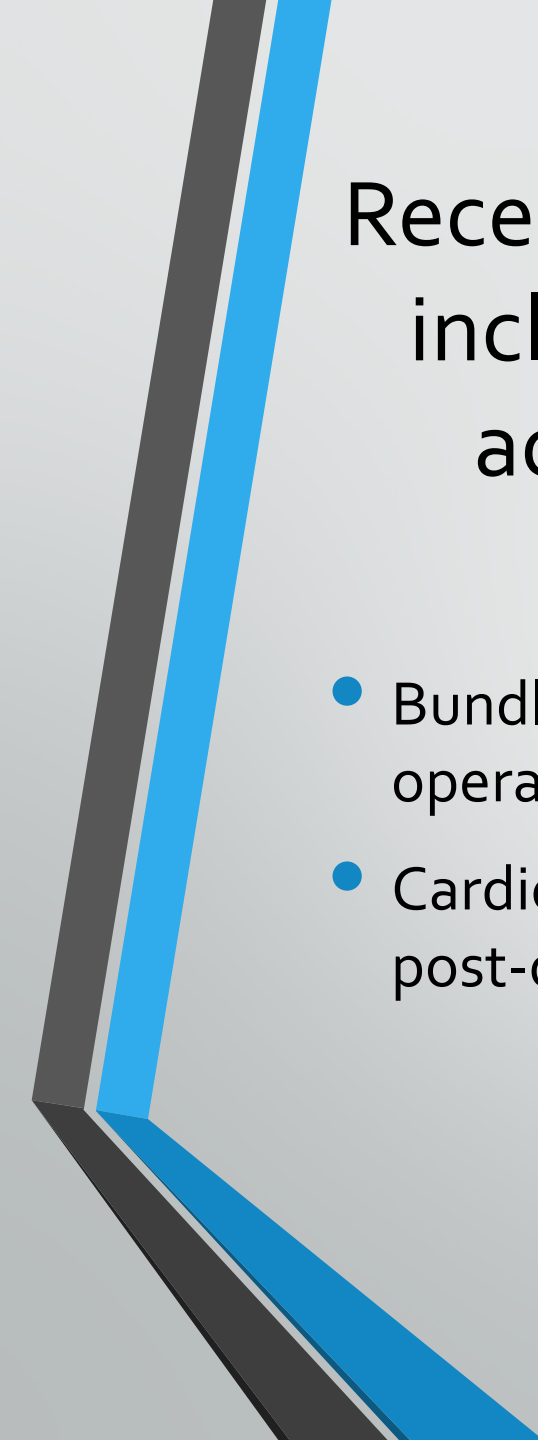


Global or bundled payments have received increasing attention from both payers and providers as a means of delivering a series of services in a efficient and effective manner



# Traditionally bundled payments have been used for:

- Obstetrical care (Prenatal care, delivery, and postpartum care)
- Surgical procedures (surgery and post-operative care)



Recently bundled payments have been expanded to include care over a prolonged period of time and across multiple treatment sites and providers

- Bundled joint replacement – hip, knee. Payments cover surgery, post-operative care, and physical therapy
- Cardiovascular surgery – coronary bypass surgery. Payments cover surgery, post-operative care, and post-operative rehabilitation

# Advantaged of bundled payments


- Often one co-payment for patient
- Documentation maybe streamlined to reflect longitudinal care instead of meeting billing elements
- Often focuses on patient outcomes and value vs. volume of visits

# Osteopathic manipulative therapy (OMT) and a bundled payment process: Proposed model

- A series of OMT treatments are often required for patients suffering from chronic musculoskeletal events
- Per visit co-payments and individual visit documentation requirements may hinder the scheduling of multiple treatment sessions
- Development of a bundled payment system for a prescribed number of OMT sessions may help to overcome these obstacles


# OMT and a bundled payment process: A feasibility study

- In 2012 three senior residents of the Southern Colorado Family Medicine Residency Program in Pueblo, Colorado, under the supervision of Faculty Joel Dickerman, DO developed a pilot study to evaluate the feasibility of a bundled payment process for OMT in the management of patients with chronic low back pain. This study was funded by the American Academy of Colleges of Osteopathic Medicine (AACOM)




Specific aim of the study: To develop and evaluate a clinical protocol for a global osteopathic treatment program for chronic back pain.





Methods: The principle investigator and co-investigators designed a protocol to evaluate a global payment process for OMT for chronic low back pain. Elements of the program included:

- Clear identification of chronic low back pain due to somatic dysfunction
- Comprehensive assessment of the patient's pain at the initiation of the treatment protocol
- Development of a prescribed OMT treatment protocol
- Development of a longitudinal progress note to record patient treatments and response
- Comprehensive reassessment of the patient's pain at the completion of the treatment program



A longitudinal progress note was designed to facilitate documentation for a series of patient assessments and treatments including an initial structural examination

<b>Name:</b>	<b>CC:</b>
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<input type="checkbox"/> PSH <input type="checkbox"/> SocHx <input type="checkbox"/> FamHx <input type="checkbox"/> Meds	
<input type="checkbox"/> Allergies (EMR updated)	
<b>VS:</b> Wt:    HT:    P:    R:	<b>ROS:</b>
BP:	


<b>Initial Exam</b>	<b>Gen:</b>	NAD / Pleasant	<b>Abnormal/Comment</b>
	<b>Skin:</b>	Warm / dry / without rash	
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	<b>MS:</b>	Strength 5/5 globally / neg straight leg test	
	<b>Neuro:</b>	CN II- XII intact / sensation to light touch intact globally / DTR symmetric	
	<b>Osteo:</b>		
	<b>Neck</b>		
	Thoracic T1-4		
	T5-9		
T10-12			
Ribs			
Lumbar			
Sacrum/Pelvis			

**A/P**

Date:												
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<b>DO Initials</b>												

**Comments:**

Tx\* (treatment methods) - ART: articular, BLT: balanced ligamentous tension, CR: cranial, CS: counter strain, DIR: direct, FPR: facilitated positional release, HVLA: high velocity/low amplitude, IND: indirect, INR: integrated neuromuscular release, ME: muscle energy, MFR: myofascial release, ST: soft tissue, VIS: visceral manipulation, OTH: other  
R\*\* (response) - R: resolved, I: improved, U: unchanged, W: worse



The Brief Pain Inventory – Short Form was selected to assess the patient's pain at the beginning and end of the treatment session

# Treatment protocol

- The participating resident physicians were asked to identify and recruit 4 patients each from their current longitudinal patient panel with a history of chronic low back pain due to somatic dysfunction
- Patients were scheduled to attend 4 weekly OMT sessions
- The 4 sessions consisted of:
  - An initial patient assessment including the Brief Pain Inventory – Short Form and a structural examination and the initial OMT treatment
  - 2 scheduled OMT only sessions
  - A follow-up OMT session and final patient assessment including the Brief Pain Inventory – Short Form and a structural examination

# Results

- A total of 10 patients were recruited for the study who completed the entire 4 week protocol
- The Brief Pain Inventory – Short Form was completed by all 10 patients and was easy to administer for patient completion
- The Brief Pain Inventory – Short Form was found by providers to present useful information regarding the patient's chronic pain: 50% of patients reported their pain completely interfered with general activities on the initial evaluation
- Providers found the longitudinal progress note an effective and efficient means of documenting several OMT treatments for chronic back pain

# Observations

- Resident providers were met with some initial scheduling issues:
  - Follow-up OMT treatment sessions only (10 minutes) were not the normal 20 minute templated follow-up visit and required additional training for the office staff
  - Front desk staff required training in scheduling patients for this protocol and not collecting additional co-payments for visits beyond the first visit in the protocol
- Patients found follow-up OMT visits more efficient and and timely (less waiting room time) than traditional office visits

# Limitations

- These results occurred in a family practice residency program and may not extend to other practices
- Patients were only required to pay for the initial office visit and not subsequent visits as part of this feasibility study: a global fee and co-payment were not established for this study



# Additional areas for study

- Establishment of a bundled payment protocol for several chronic musculoskeletal somatic dysfunction disorders (i.e., low back pain, neck pain)
  - Inclusion criteria for patient to qualify for a particular bundled payment process
  - Number of visits included in the bundled system for OMT
  - Payment for the bundled payment system for OMT
  - Documentation requirements for bundled payment system for OMT
  - Value-based/patient outcome measurements for OMT

# Conclusions

- A Global/bundled payment process for Osteopathic Manipulative Therapy (OMT) appears feasible for chronic musculoskeletal problems like low back pain
  - The system is well received by providers and patients
  - The system can be designed to assess patient outcomes including assessment utilizing the Brief Pain Inventory – short form
  - A longitudinal documentation format can facilitate efficient and effective documentation
- Further areas of study include
  - Inclusion criteria for patient to qualify for a particular bundled payment process
  - Number of visits included in the bundled system for OMT
  - Payment for the bundled payment system for OMT
  - Documentation requirements for bundled payment system for OMT
  - Value-based/patient outcome measurements for OMT

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