

Chiropractic Opportunities in Healthcare

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The past few months have been incredibly busy for people who have been trying to understand the **Patient Protection and Affordable Care Act (PPACA)** and how it will affect New Mexico. The next year and a half will prove to be even more hectic as the rush to insure hundreds of thousands of New Mexicans begins. I have attended several meetings to understand the challenges and opportunities that the new health care system will bring to the chiropractic profession in our state. A huge opportunity is Medicaid, this could include up to 1/3 of our state!

The Legislative Health and Human Services Committee convened on June 25, 2012, for a hearing of the proposed changes to Medicaid or the so called "Centennial Care." The Division Director of Medicaid, Julie Weinberg, and Secretary, Sidonie Squier, briefed the committee on the status of the 1115 Waiver Submission.

When a State wants to use its Medicaid program in a way that does not fit the requirements of the Social Security Act, they will frequently turn to Section 1115 of the Act, which allows States to seek a waiver of limiting requirements. It was submitted on April 25, 2012, and the **Human Services Department (HSD)** will be submitting updates after further stakeholder input. The waiver must meet a five year budget neutrality requirement, meaning that the cost of the program cannot exceed the projected cost of the program if nothing had changed. This gives the program time to bend the cost curve and demonstrate savings.

The four principles of Centennial Care are to have a comprehensive service delivery system, personal responsibility, payment reform, and administrative simplicity.

Care coordination principles are to be individualized and culturally appropriate comprehensive care management plans. The director explained that there will be a Health Risk Assessment (HRA) within ten days of enrollment and the recipient is assigned a preliminary care coordination level of 1, 2, or 3. Each level depends on the amount of co-morbidities the recipients have and what level of care is needed.

Centennial Care is supposed to include Native American participation and "improve health outcomes and promote economic opportunities for Native American Communities." According to Secretary Squire and Director Weinberg, there are protections for both Native American health providers and recipients; however, there were a lot of objections and concerns from the tribal leaders at the meeting.

The Vice President of the Navajo Nation, Rex Lee Jim, testified and here is some of the information that he provided: the tribe is the largest federally-recognized Tribe in the US, with a land base encompassing nearly 27,000 square miles that incorporates parts of 13 contiguous counties in northeast Arizona, northwest New Mexico and Southeast Utah. The population in 2010 was reported to be 300,000 individuals. New Mexico's Native American population makes up almost 10 percent of its total state population. The Unemployment rate is over 50 percent on the Navajo Nation and, in 2007, 37 percent were living below the poverty level. Approximately 82 percent of the population speaks the Navajo language in their homes which suggests that language may be attributable to the difficulty in accessing health care services. Overall, American Indians and Alaska Natives die at higher rates than other Americans from tuberculosis (500% higher), alcoholism (514% higher), diabetes (177% higher),

unintentional injuries (140% higher), homicide (92% higher) and suicide (82% higher). Obesity and diabetes have become major health threats to American Indians including the Navajo People.

I believe that we could have a great impact on the health of the Native American population in the state. The American Chiropractic Association (ACA) announced in January that doctors of chiropractic are now eligible to apply for a student loan repayment program administered by the Indian Health Service (IHS), an agency of the U.S. Department of Health and Human Services (HHS).

Its loan repayment program awards up to \$20,000 per year for the repayment of qualified student loans in exchange for an initial two-year service obligation to practice full time at an Indian health program site. We should develop a plan to work with the tribes in our state to bring chiropractic services to the pueblos.

One of the concerns that Vice President Jim expressed was that the Waiver allows Native Americans the right to choose an Indian health care provider as a primary care provider; however, there is no specificity of a definition of an Indian health care provider. Chiropractic physicians should be included in this definition.

The personal responsibility portion of Centennial Care engages recipients in their personal health decisions. It rewards them for following through with their plan of care and also rewards those that engage in quantifiable healthy behavior.

The Payment Reform will focus on rewarding plans and providers who practice cost-effective medicine targeted at outcomes rather than process. There will be pilot programs established to produce results. Chronic care pilot programs might be a great place for us to demonstrate that we can make a difference.

Administrative simplicity is proposed to be accomplished by combining all Medicaid waivers (except for the Developmental Disabilities waiver) into a single, comprehensive 1115 waiver. Reducing the number of managed care plans from seven to a more manageable number will reduce costs. The plan is to focus on managing and monitoring private contractors.

The timeline for Centennial Care includes updates by August and procurement on the street by September. New plans and contracts will be awarded from September through December. Starting in January 2013, there will be a full year of preparation to transition both recipients and providers to "Go Live" in January of 2014.

I provided public comment stating that chiropractic physicians are highly effective in management of acute and chronic musculoskeletal pain, that we function as portal of entry providers, and we are capable as primary care providers. Dr. Harris Silver a medical doctor who works at the Department of Health testified that chiropractors should be utilized by Medicaid to decrease the amount of opioid pain medications prescribed for musculoskeletal pain and to decrease the overcrowded emergency rooms that cost the tax payers money. We should do our best to be at the table so that we can provide services to the estimated 1/3 of the state that will be on Medicaid.

Healthcare Forum

On June 30, 2012, there was a Health Care Forum in Albuquerque hosted by leaders in the field. Nandini Pillai Kuehn, PhD, is the board chair for New Mexico Health Connections (NMHC) which is a brand new, non-profit, health plan initiated under an award from the Consumer Operated and Oriented Plan (CO-OP) by CMS. NMHC's mandate is to develop affordable health plans for small businesses and individuals seeking health coverage, and to promote integrated care that targets efficient processes and positive health outcomes. Dr. Kuehn explained that she had worked in different countries to develop health care

systems. She said that one thing that is certain is change. Every system that is put in place continues to be refined for years after it has been voted into law.

It will be up to individual states as to whether or not they should expand Medicaid. If the governor decides to expand Medicaid, the federal government will pay 100% of the start-up costs through 2018. After that New Mexico will be responsible for paying 10% of the cost. Dr. Kuehn explained that the “tax” will only be applied to “free riders,” who can afford to buy health care but choose not to buy it. Every year tax payers pay \$1,000 for these “free riders.” One of her major points was that this is not a government takeover but the end of insurance company control.

The Health Insurance Exchange was discussed at the forum. It can be thought of as a “travel agent” for health care. It will compare quality of health insurance policies. If you only want the “essential benefits” or the baseline quality you can find the best price. However if you want a policy which gives you other specialty services it will give you that opportunity as well. We must be included in the essential benefits.

The shortage of primary care providers in the state and the nation is staggering. Dr. Kuehn said that if we doubled the amount of doctors that are going into primary care it would still take 15 years to catch up. PPACA allows for “pooling” which means that if enough small businesses can be aggregated together into a pool, the group should be able to collectively purchase coverage at the same rates as a large employer. Only the large companies (over 500 employees) will be required to cover the “essential benefits.”

Dan Derksen, MD, is the person responsible for obtaining the \$32 million dollar grant for New Mexico. He has been a lifelong republican. He explained the need for a team based approach. Thirty out of thirty-three counties in our state are considered to have a severe health care shortage. New Mexico is short 400 **Full Time Equivalent (FTE) Primary Care Providers (PCPs)**. Increasing PCP supply by 400 FTEs will improve access to quality, cost effective care, it will create 9,200 jobs, and will generate \$600 million in new revenue for communities. Dr. Derksen explained that right now every family pays \$1,000 in taxes to pay for uninsured patient visits.

The next speaker was Senator Jerry Ortiz y Pino. He said that we appropriate \$1 billion a year for Medicaid which accounts for 17% of the budget. He explained that Medicaid creates \$3 for every \$1 we spend. The Senator summed up four ways which uninsured patients create more taxes: Delayed care leads to serious illness, hospitals cannot deny care to uninsured people, every county has indigent funds that are paid with local taxes, and workers or students losing the ability to work and study decreases productivity.

Derek Nelson, MD, is the director at Hidalgo Medical Services, which provides services to rural communities in the state. He says that PPACA will increase access to good quality care. He emphasized that the amount of graduating medical doctors will exceed the number of residencies available in the country. The new law allows rural communities to have residencies which will create more opportunities to keep physicians in those communities. Through expansion of the National Health Service Corps scholar and loan re-payment programs, rural areas will see an increase in PCPs (Family medicine, Pediatrics, OB services, Dental, Nursing and mid-level primary care). Dr. Nelson said that some of PPACA appears to be aligned with insurance reform and not Healthcare reform, and said that we should continue to change the way that healthcare is delivered.

At the time of writing this report, Governor Susana Martinez said she is undecided on whether she will decide to expand Medicaid health insurance coverage to poor people as called for in PPACA or if she will

join other Republican governors in refusing. With 430,000 of its nearly 2.1 million residents without health insurance, New Mexico has the second-highest uninsured rate in the nation, topped only by Texas.

Chiropractors need to be diligent to ensure that section 2706 remains thoroughly enforced, which is the non-discrimination part of the law. The AMA is contesting this section and will spend a lot of money to make sure that it is overturned. We should all unite to fight for our chiropractic civil rights.