

# Profile of Spine Care Coordination

This month Heartland Health, St. Joseph, MO, will cut the ribbon on its new Human Motion Institute Spine Center—the culmination of a thoughtful strategy for taking care of spine patients, and how to get them the optimal spine care treatments for their specific needs.

Heartland Health is an integrated delivery system anchored by 350-bed Heartland Regional Medical Center. It's the sole inpatient provider in its community and serves 300,000 people in 21 counties in four states: Missouri, Iowa, Kansas and Nebraska. Its nearest competitors are the large medical centers of Kansas City, about a 45-minute drive away.

Heartland has about 1,700 inpatient neuromusculoskeletal cases annually, which includes 439 inpatient and outpatient surgical spine cases in 2009, the same year the organization won the prestigious Malcolm Baldrige National Quality Award.

Because it employs almost all of its primary care physicians, its three neurosurgeons, and many other specialists, Heartland is in a good position to realign referral patterns to improve care.

"We have a lot of patients with back and neck pain, and addressing those problems isn't always in the comfort zone of our primary care physicians," says Jaren Johnson-Pippitt, service leader for the Human Motion Institute.

To get patients to the speediest relief, make more efficient use of its resources, and to improve its margins for spine treatment, Heartland Health worked with Accelerero Health Partners to map out appropriate treatment algorithms and build the core components of a spine center.

## Re-educating primary care

Spine ailments can be complicated and difficult to manage, and can quickly worsen with insufficient or incorrect treatment. Heartland wanted to re-educate its primary care network about spine patient referrals. Their physicians are offered flexibility to refer immediately or at any point during treatment when they feel they have exhausted their expertise.

At first the spine "center" was virtual, and the components—neurosurgery, physiatry, pain management, physical

and occupational therapy, and the accompanying diagnostic services—stayed in their original locations. That approach is often best if the providers also offer other services, says Sue Miller, senior regional director of Accelerero Health, because an organization can reap the advantages of coordinated care without confusing patients who see the spine center providers for non-spine issues.

## Heartland's Spine Center Composition

The Heartland Human Motion Institute Spine Center has:

- > 3 neurosurgeons
- > 1 nurse practitioner for the neurosurgeons
- > 2.5 physiatrists
- > 3 pain management physicians
- > 2 occupational medicine physicians
- > 1 physical therapy/rehabilitation location

"A neurosurgeon may see spine patients 80 percent of the time, but the other 20 percent have skull-based problems. In general, the providers all along the care continuum are typically seeing patients beyond spine and neck," Miller says. "For instance, a pain management specialist sees spine patients but can also see cancer patients, amputees, and trauma patients. Unless a spine program grows enough to support dedicated providers, you don't want to label them as being solely part of the spine center."

## Anchoring the center

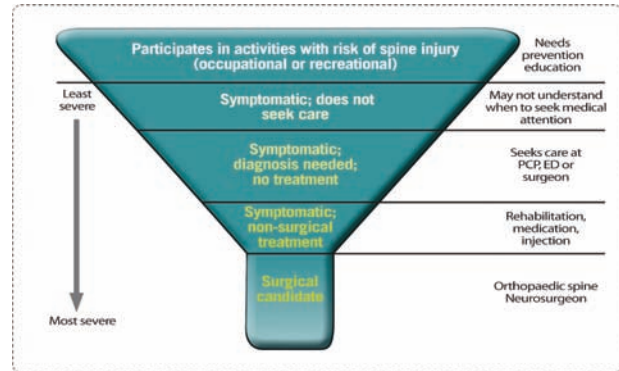
An early step in the Heartland Spine Center's development was the hiring of physiatrist William Dodson, MD, as its anchor in the fall of 2008. With an extensive background in both industrial medicine and sports medicine, he was attracted to the idea of using his experience to coordinate and consolidate spine care services. He began by meeting with the primary care physicians. He described his specialty and explained the back and neck pain algorithms that the spine center providers had created.

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“The advantage of a spine center from the primary care physicians’ point of view is that they don’t have to spend inordinate amounts of time trying to figure out whether someone’s back pain is musculoskeletal or neurological, and what to do about it, when they could use the same time to be seeing 10 cases of heart disease or diabetes,” Dr. Dodson says. “It’s much more advantageous for everyone for spine care to be provided by someone who sees spine cases all the time. And from the specialists’ point of view, it’s simpler and more efficient to have a central point for gathering information, doing testing, synthesizing the understanding of the case, and providing the care.”

Now that Dr. Dodson has been coordinating the care of spine patients for more than a year, Johnson-Pippitt says it’s time for the spine center to have a physical location. Dr. Dodson and one of the neurosurgeons will be located in a single office suite that serves as the hub of the center, in the same building that houses physical and occupational therapy. Other providers will continue to offer spine center services at their current locations.

“People hear the word ‘institute’ and want to know what building it is,” Johnson-Pippitt says. “It’s a matter of public perception. Also, primary care physicians often want a neurosurgeon to care for their spine patients, and if the neurosurgeon and the physiatrist are in one location, it makes it easier for the patient to see both.” Johnson-Pippitt’s currently investigating whether some of Heartland’s payers will be willing to accept a single co-pay for a patient who receives multiple spine center services during the same visit.



Heartland’s spine patients were routinely being referred to neurosurgeons as a first step, even though surgical intervention is only appropriate for about 10 percent of spine problems. The Heartland Human Motion Institute Spine Center gives primary care physicians a referral path that connects patients more efficiently with the appropriate level and type of service for their condition.

### Juggling interests

Hospitals planning a spine center often have to juggle the interests of affiliated physicians, though Johnson-Pippitt says that’s not difficult at Heartland. There is one independent group of five orthopedic physicians, who don’t pursue spine cases. “Everyone has their own little niche and it works out well,” she says.

Hospitals facing the issue of competition must make the case for cooperation, Dr. Dodson says. “You have to involve the premier surgeons and the best physical therapy in your area, but if they’re that good, why do they need you?” he says. “More farsighted people know that the future of medical practice isn’t geared toward the success of the individual practitioner, so you have to show them how affiliation with you will be mutually beneficial.”

The presence of coordinated spine care has changed how Heartland cares for spine patients both as outpatients and inpatients. There are now formal criteria for inpatient admissions for spine problems, as well as newly revised order sets for medical treatment of back pain and other diagnoses. Heartland’s electronic medical record system now includes a spine care summary. They pay close attention to outcomes by tracking visits, patient satisfaction and by establishing quality and service measures. The measures include the time it takes the PCP office to schedule a spine center visit, the time it takes the spine center to schedule outpatient therapy visits and much more. They use this information to monitor their processes and to make improvements.

“Having a spine center can improve the relationship of the hospital to its community,” Dr. Dodson says. “After all, 80 percent of the community gets back pain sooner or later.” Although this approach to spine care has worked well for Heartland Health because of their strong market share, solid physician relations and an overall optimal situation, this type of spine service is easily scaled to fit any hospital’s environment.

## Considerations in the Development of a Spine Center

- > Is there a need for a coordinated spine program within the service area?
- > What are the key hospital and surgeon competitors doing relative to spine care?
- > What is the market opportunity to gain additional surgical spine cases and where are the target markets?
- > Is there physician, OR and bed capacity for additional surgical spine cases?
- > Are surgical case margins in line with where you want to increase cases?
- > What ancillary spine care services (physiatry, diagnostics, rehabilitation, pain management) are offered by the hospital?
- > Where are the surgeons’ offices located and what ancillary services are offered as part of their office practice?
- > What are the hospital’s and surgeons’ collaborative goals related to spine care; is there a consistent treatment philosophy?
- > What is the PCP market environment and their treatment philosophy related to spine care (i.e. prefer to manage patients vs. refer