

# Integrating Novel Non-Pharmacological Services in the Department of Veterans Affairs

## *Policy and Practice Examples*

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Anthony J. Lisi, DC

*Chiropractic Program Director, Department of Veterans Affairs  
Associate Research Scientist, Yale Center for Medical Informatics*

**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
Patient Care Services



Yale University  
School of Medicine

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# Outline

- VA Policy & Practice Initiatives
- Overview of Services
- Experiences in >14 Years of Chiropractic Program

# Timeline

*Pub. Law 107-135,  
Department of Veterans  
Affairs Health Care  
Programs Enhancement Act*

*Pub. Law 114-198,  
Comprehensive Addiction and  
Recovery Act (CARA)*



Chiropractic Care Directive

Integrative Health  
Coordinating Center

CIH Directive

HSRD SOTA  
Conference  
Results

# HSRD SOTA Conference

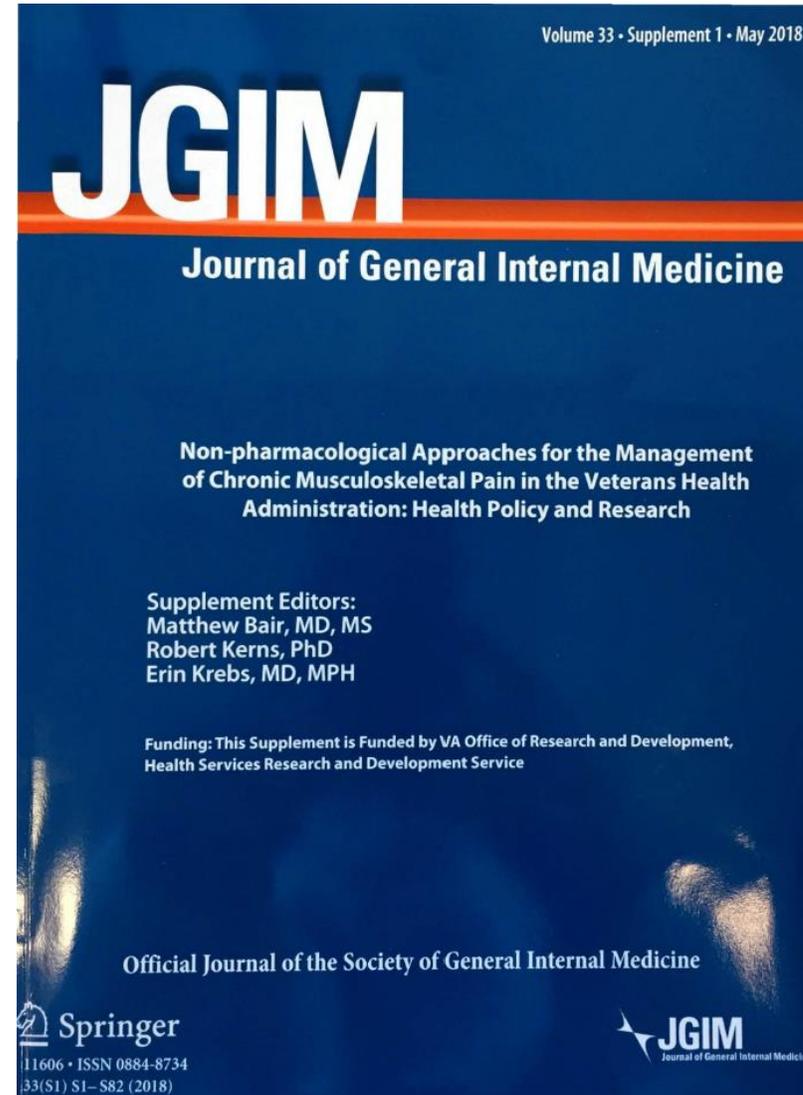
Non-pharmacological  
approaches for the  
management of chronic  
musculoskeletal pain in VHA

*Matthew Bair, MD*

*Robert Kerns, PhD*

*Erin Krebs, MD*

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# Clinical Policy Recommendation

- Recommend to be implemented across the system early in the course of pain care
  - Cognitive Behavioral Therapy
  - Acceptance and Commitment Therapy
  - Mindfulness Based Stress Reduction
  - Physical Exercise
  - Tai chi
  - Yoga
  - Acupuncture
  - Manipulation
  - Massage

*Integration into primary care, pain care, and mental health settings should be a policy priority*



## Clinical Policy Recommendations from the VHA State-of-the-Art Conference on Non-Pharmacological Approaches to Chronic Musculoskeletal Pain

Benjamin Kligler, MD MPH<sup>1,2</sup>, Matthew J. Bair, MD MS<sup>1,3</sup>, Ranjana Banerjee, MBA PhD<sup>1</sup>, Lynn DeBar, PhD<sup>4,5</sup>, Stephen Ezeji-Okoye, MD<sup>1</sup>, Anthony Lisi, DC<sup>1,6</sup>, Jennifer L. Murphy, PhD<sup>1</sup>, Friedhelm Sandbrink, MD<sup>1</sup>, and Daniel C. Cherkin, PhD<sup>7</sup>

<sup>1</sup>Veterans Health Administration, Washington, DC, USA; <sup>2</sup>Cornell School of Medicine at Mount Sinai, New York, NY, USA; <sup>3</sup>Indiana University School of Medicine, Indianapolis, IN, USA; <sup>4</sup>Kaiser Permanente Center for Health Research, Portland, OR, USA; <sup>5</sup>Oregon Health Sciences University, Portland, OR, USA; <sup>6</sup>Yale University School of Medicine, New Haven, CT, USA; <sup>7</sup>Kaiser Permanente, Washington Health Research Institute, Seattle, WA, USA.

As a large national healthcare system, Veterans Health Administration (VHA) is ideally suited to build on its work to date and develop a safe, evidence-based, and comprehensive approach to the care of chronic musculoskeletal pain conditions that de-emphasizes opioid use and emphasizes non-pharmacological strategies. The VHA Office of Health Services Research and Development (HSR&D) held a state-of-the-art (SOTA) conference titled "Non-pharmacological Approaches to Chronic Musculoskeletal Pain Management" in November 2016. Goals of the conference were (1) to establish consensus on the current state of evidence regarding non-pharmacological approaches to chronic musculoskeletal pain to inform VHA policy in this area and (2) to begin to identify priorities for the future VHA research agenda. Workgroups were established and asked to reach consensus recommendations on clinical and research priorities for the following treatment strategies: psychological/behavioral therapies, exercise/movement therapies, manual therapies, and models for delivering multimodal pain care. Participants in the SOTA identified nine non-pharmacological therapies with sufficient evidence to be implemented across the VHA system as part of pain care. Participants further recommended that effective integration of these non-pharmacological approaches across the VHA and especially into VHA primary care, pain care, and mental health settings should be a priority, and that these treatments should be offered early in the course of pain treatment and delivered in a team-based, multimodal treatment setting concurrently with active self-care and self-management approaches. In addition, we recommend that VHA leadership and policy makers systematically address the barriers to implementation of these approaches by expanding opportunities for clinician and veteran education on the effectiveness of these strategies; supporting and funding further research to determine optimal dosage, duration, sequencing, combination, and frequency of treatment; emphasizing multimodal care with rigorous evaluation grounded in team-based approaches to test integrated models of delivery and stepped-care approaches; and working to address socioeconomic and cultural barriers

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### INTRODUCTION

In the 1990s, chronic pain (defined as pain lasting 90 days or more) began to be considered a disease that warranted aggressive and urgent treatment, and opioids became standard treatment for both acute and chronic pain. By 2015, opioid overuse and misuse was widely recognized as a major threat to health and well-being in the USA.<sup>1-4</sup> High-quality evidence has demonstrated the effectiveness of non-pharmacological therapies for chronic pain.<sup>2,5</sup> There is strong evidence that physical, psychological, emotional, and social factors can significantly affect the course of chronic pain.<sup>6</sup>

The Veterans Health Administration (VHA) has made significant progress in reducing opioid prescribing and increasing the focus on non-pharmacological approaches.<sup>7</sup> The Stepped Care Model (SCM),<sup>8,9</sup> a veteran-centered, interdisciplinary, multimodal approach in which most pain problems are managed in primary care with support from pain specialty teams and which emphasizes self-management,<sup>10</sup> provides the foundation for this effort. The passage of the Comprehensive Addiction Recovery Act (CARA),<sup>11</sup> in July 2016, which mandates access to interdisciplinary pain care teams at all facilities to include behavioral therapy, physical medicine rehabilitation, and addiction therapy, as well as an expansion of complementary and integrative health (CIH) services system-wide, is providing additional momentum to this effort within VHA.

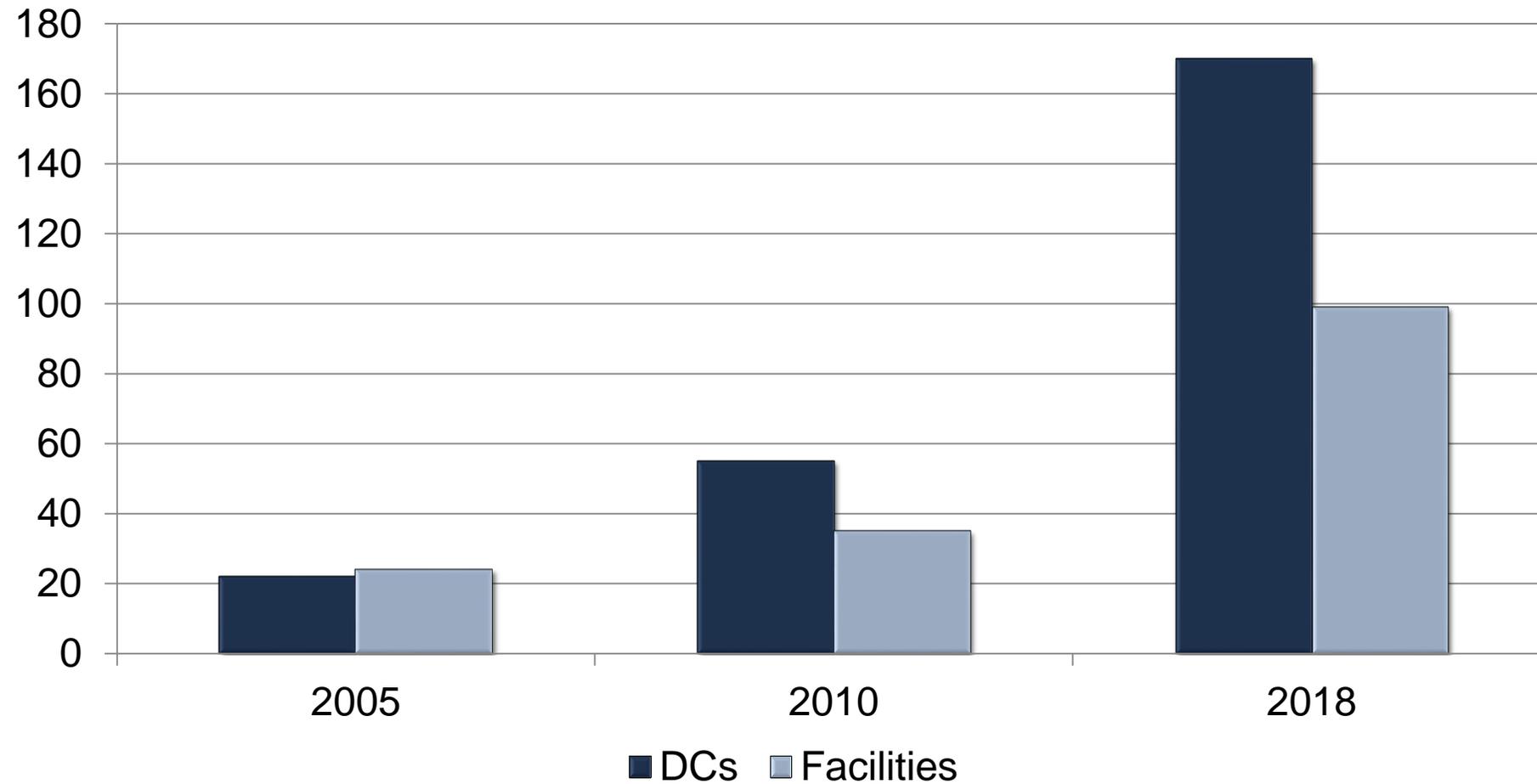
The VHA is ideally suited to build on its work to date and develop a safe, evidence-based, and comprehensive approach to the care of chronic musculoskeletal pain conditions which if effective can serve as a model for other large health systems.

# VA Acupuncture

- Previously provided by MDs, DOs and DCs
- Recent addition of LAcS
- Battlefield Acupuncture
  - >2,000 VA providers trained (including PAs, NPs, others)
- Acupuncture use increasing

	2017	2018
Uniques	81,715	131,547
Encounters	152,086	181,961

# VA Chiropractic Care



# Program Assessment

- Assess the implementation of chiropractic clinics in 7 VA facilities
- Comparative case study
  - Semi-structured interviews
  - Directed content analysis

## ORIGINAL RESEARCH

### Variations in the Implementation and Characteristics of Chiropractic Services in VA

Anthony J. Lisi, DC,\*† Raheleh Khorsan, MA, PhD(c),‡§ Monica M. Smith, DC, PhD,§ and Brian S. Mittman, PhD§||

**Background:** In 2004, the US Department of Veterans Affairs expanded its delivery of chiropractic care by establishing onsite chiropractic clinics at select facilities across the country. Systematic information regarding the planning and implementation of these clinics and describing their features and performance is lacking.

**Objectives:** To document the planning, implementation, key features and performance of VA chiropractic clinics, and to identify variations and their underlying causes and key consequences as well as their implications for policy, practice, and research on the introduction of new clinical services into integrated health care delivery systems.

**Research Design, Methods, and Subjects:** Comparative case study of 7 clinics involving site visit-based and telephone-based interviews with 118 key stakeholders, including VA clinicians, clinical leaders and administrative staff, and selected external stakeholders, as well as reviews of key documents and administrative data on clinic performance and service delivery. Interviews were recorded, transcribed, and analyzed using a mixed inductive (exploratory) and deductive approach.

**Results and Conclusions:** Interview data revealed considerable variations in clinic planning and implementation processes and clinic features, as well as perceptions of clinic performance and quality. Administrative data showed high variation in patterns of clinic patient care volume over time. A facility's initial willingness

to establish a chiropractic clinic, along with a higher degree of perceived evidence-based and collegial attributes of the facility chiropractor, emerged as key factors associated with higher and more consistent delivery of chiropractic services and higher perceived quality of those services.

**Key Words:** Department of Veterans Affairs, chiropractic, health services research, rehabilitation services, complementary therapies, program evaluation

(*Med Care* 2014;52: S97-S104)

Chiropractic services are widely used in the United States and are covered by Medicare, public and private health insurance plans, the Department of Defense, and Medicaid programs.<sup>1-7</sup> It has been estimated that chiropractors provide up to 40% of the low back pain care in the United States,<sup>8</sup> and generally deliver care consistent with current clinical practice guidelines.<sup>9-11</sup>

Nevertheless, before 1999 it was not common for the Department of Veterans Affairs (VA) to provide chiropractic services to Veterans.<sup>12</sup> Congressional authorizations in 1999 and 2001 resulted in the addition of chiropractic care to VA's standard medical benefits, making it available to all eligible Veterans (Pub. L. 106-111; Pub. L. 107-135).<sup>13</sup> In 2004, VA established the policy that a minimum of 1 health care facility in each of its 21 geographic service regions would provide chiropractic services onsite; the remaining facilities would provide these services either onsite or by referring patients off-site to non-VA doctors of chiropractic (DC).<sup>14,15</sup> An inaugural group of 26 VA facilities was selected, and by the end of 2005 each had established an onsite chiropractic clinic.

The planning of these clinics and development of operational parameters were largely determined by each local

From the \*Chiropractic Service, Rehabilitation and Prosthetic Services, Veterans Health Administration, Washington, DC; †Chiropractic Service, VA Connecticut Healthcare System, West Haven, CT; ‡Military Medical Research Program, Samueli Institute, Corona del Mar; §VA Center for Implementation Practice and Research Support, VA Greater Los Angeles Healthcare System, Los Angeles; and ||Department of Research and Evaluation, Kaiser Permanente Southern California, Pasadena, CA.

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# Chiropractic Implementation

## Barriers

- Individual physician negative perceptions
- Non-funded mandate
- Lack of Central Office guidance (early)

## Facilitators

- Individual physician positive perceptions
- Funding initiatives
- Central Office leadership (later)

# First 11 Years

- Serial cross sectional analysis of VA administrative data
  - VA's Corporate Data Warehouse
  - Previously validated informatics methodology

## TRENDS IN THE USE AND CHARACTERISTICS OF CHIROPRACTIC SERVICES IN THE DEPARTMENT OF VETERANS AFFAIRS



Anthony J. Lisi, DC<sup>a,b</sup> and Cynthia A. Brandt, MD, MPH<sup>c,d</sup>

### ABSTRACT

**Objectives:** The purpose of this study was to analyze national trends and key features of the Department of Veterans Affairs' (VA's) chiropractic service delivery and chiropractic provider workforce since their initial inception.

**Methods:** This was a serial cross-sectional analysis of the VA administrative data sampled from the first record of chiropractic services in VA through September 30, 2015. Data were obtained from VA's Corporate Data Warehouse and analyzed with descriptive statistics.

**Results:** From October 1, 2004, through September 30, 2015, the annual number of patients seen in VA chiropractic clinics increased from 4052 to 37 349 (821.7%), and the annual number of chiropractic visits increased from 20072 to 159 366 (693.9%). The typical VA chiropractic patient is male, is between the ages of 45 and 64, is seen for low back and/or neck conditions, and receives chiropractic spinal manipulation and evaluation and management services. The total number of VA chiropractic clinics grew from 27 to 65 (9.4% annually), and the number of chiropractor employees grew from 13 to 86 (21.3% annually). The typical VA chiropractor employee is a 45.9-year-old man, has worked in VA for 4.5 years, and receives annual compensation of \$97 860. VA also purchased care from private sector chiropractors starting in 2000, growing to 159 533 chiropractic visits for 19 435 patients at a cost of \$11 155 654 annually.

**Conclusions:** Use of chiropractic services and the chiropractic workforce in VA have grown substantially over more than a decade since their introduction. (*J Manipulative Physiol Ther* 2016;39:381-386)

**Key Indexing Terms:** *Chiropractic; Veterans Administration; Health Services*

The Department of Veterans Affairs (VA) operates the largest integrated health care system in the United States, including 144 hospitals, more than 1400 other health care facilities, and a workforce of more than 326 000.<sup>1</sup> More than 9 million of the approximately 22 million living US Veterans are enrolled in VA's health care system.<sup>2</sup> Each year, approximately 7 million of those enrolled receive

health care services at VA facilities, including more than 86 million outpatient visits and 700 000 admissions.<sup>3</sup>

The VA recently began a 2-phased approach to introduce chiropractic care to its complement of health care services. In 1999, Public Law 106-117<sup>4</sup> authorized VA to provide chiropractic care by purchasing these services from private sector chiropractors. VA Directive 2000-014, issued May 5, 2000, established VA's first policy on chiropractic care and enabled VA facilities to begin purchasing chiropractic care. Subsequently, in 2001, Public Law 107-135<sup>5</sup> added chiropractic care to the standard medical benefits available to all eligible VA patients and authorized VA to deliver these services on-site at a minimum of 21 medical facilities. VA Directive 2004-035, issued July 16, 2004, updated VA chiropractic policy and enabled VA facilities to begin delivering on-station chiropractic care by hiring and/or contracting with licensed

<sup>a</sup> Chiropractic Section Chief, VA Connecticut Healthcare System, West Haven, CT.

<sup>b</sup> Assistant Clinical Professor, Yale Center for Medical Informatics, Yale University School of Medicine, New Haven, CT.

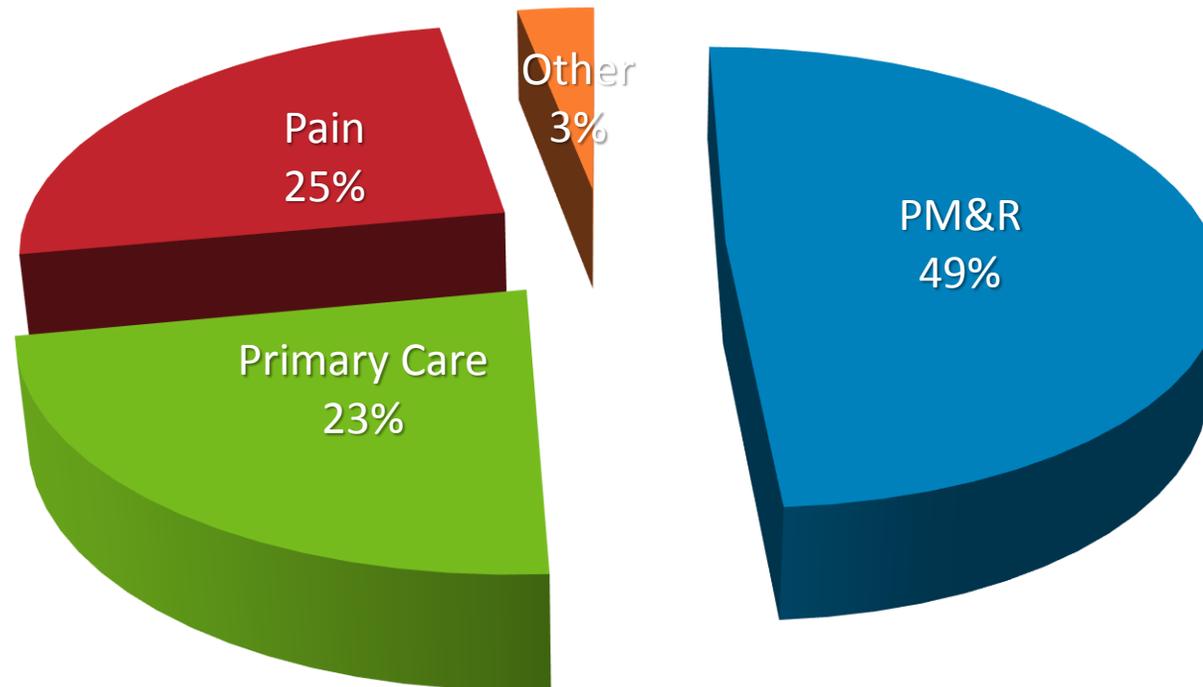
<sup>c</sup> Staff Physician, VA Connecticut Healthcare System, West Haven, CT.

<sup>d</sup> Professor, Yale Center for Medical Informatics, Yale University School of Medicine, New Haven, CT.

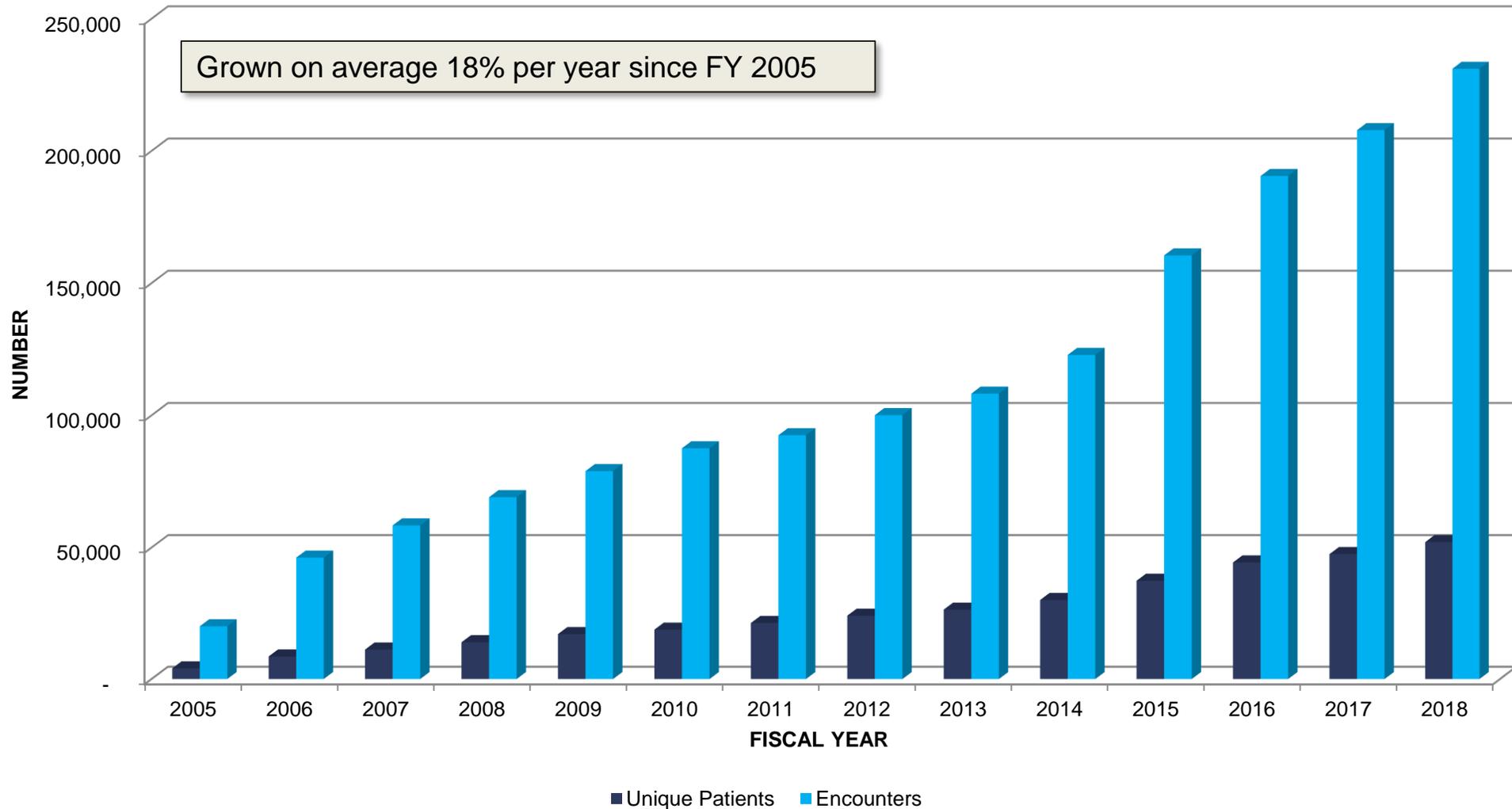
Submit requests for reprints to: Anthony J. Lisi, DC, 950

# VA Chiropractic Clinics

Service Lines



# On-station chiro use



# On-station care characteristics

## Conditions/Cases

- Low back (60%)
- Neck (25%)
- Age/disability spectrum
- Younger and female

## Services

- Evaluation & management
- Chiropractic manipulative therapy
- Exercise, active care, advice
- Massage, acupuncture, other manual therapies

# Opioid use among Veterans of recent wars receiving Veterans Affairs chiropractic care

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Anthony J. Lisi, DC<sup>1,2</sup>, Kelsey L. Corcoran, DC<sup>1,2</sup>, Eric C. DeRycke, MPH<sup>1</sup>, Lori A. Bastian, MD, MPH<sup>1,2</sup>, William C. Becker, MD<sup>1,2</sup>, Sara N. Edmond, PhD<sup>1</sup>, Christine M. Goertz, DC, PhD<sup>3</sup>, Joseph L. Goulet, PhD<sup>1,2</sup>, Sally G. Haskell, MD<sup>1,2</sup>, Diana M. Higgins, PhD<sup>4,5</sup>, Robert D. Kerns, PhD<sup>2</sup>, Kristin Mattocks, PhD, MPH<sup>6,7</sup>, Christopher B. Ruser, MD<sup>1,2</sup>, Cynthia A. Brandt, MD, MPH<sup>1,2</sup>

*1. Pain Research, Informatics, Multimorbidities and Education (PRIME) Center, VA Connecticut Healthcare System, West Haven, CT*

*2. Yale University School of Medicine, New Haven, CT 3. Spine Institute for Quality, Davenport, IA*

*4. VA Boston Healthcare System, Boston, MA 5. School of Medicine, Boston University, Boston, MA*

*6. VA Central Western Massachusetts Healthcare System, Leeds, MA 7. University of Massachusetts Medical School, Worcester, MA*

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# 14,025 chiropractic users

## Opioid timing

Percentage of Veterans receiving opioids was higher in each of the 30-day windows prior to the index chiro visit

