

CT Primary Care Payment Reform

Draft Capabilities Skeleton: Functional Medicine

This Draft: 8/28/2018

Understanding the Need

The Problem: Chronic conditions account for 7 out of 10 deaths of Americans annually and make up the majority of health care costs (Centers for disease Control and Prevention, 2017). The RAND Corporation estimates that those with one or more chronic conditions in the US account for 90% of health care spending and outlines that this is an unsustainable stress on the health care system (RAND Corporation, 2017). A disease-centered approach to treating patients with complex chronic conditions may focus on lifetime management of symptoms leading to excessive spending on testing and medications (Southwest Functional Medicine, 2015). There is growing evidence that individual patient response to health and disease are based on environment, emotional factors, biology, and genetic expression (epigenetics). Developing patient specific approaches to treatment of disease can form the basis of “personalized medicine”.

Please go to the [survey](#) to rate this capability's impact as high, medium or low on the following criteria:

Aim
Health promotion/prevention
Improved quality and outcomes
Patient experience
Provider satisfaction
Lower Cost

Proven Strategy:

Name: Functional Medicine

Definition: According to the Institute for Functional Medicine, functional medicine is a repeatable approach to reorient practitioners and patients to focus on addressing the root cause of disease through an understanding of individual variability in genes, environment, and lifestyle (The Institute for Functional Medicine, 2018). Functional medicine strives to understand how best to treat patients' diagnoses by examining the various causes that contribute to it and treating these causes to accrue benefits beyond symptom management. The benefits of this approach have been explored with patients with advanced auto-immune diseases, such as rheumatoid arthritis, psoriatic arthritis, Crohn's disease, ulcerative colitis, and psoriasis, as well as digestive disorders such as, IBS and GERD (Main Line Health, 2018). Non-pharmacologic treatment modalities, such as Tai Chi for osteoarthritis or various functional medicine treatments for chronic pain, have been shown to be effective in the treatment of a number of conditions with less side effects than pharmaceutical treatments.

Proposed Strategy:

- Establish care team specialized in functional medicine within the network. Specialized care team receives education on elements of functional medicine intake, such as understanding patient priorities through personal, family, social, and medical history for the conditions identified as key auto-immune and digestive conditions.
- All primary care providers within the network are trained to introduce functional medicine for conditions specified and connect patient to their network's care teams specialized in functional medicine.
- Specialized care team conducts motivational interview with patients to understand their interest in pursuing disease management via functional medicine.
- Specialized care team provides patient education on how to change lifestyle and participate in functional medicine treatments for the specified conditions.

Intended Outcomes:

- Identify and treat causes of disease rather than just symptoms
- Reduce unnecessary and expensive treatment of disease symptoms
- Distribute physician workload on a care team of practitioners with differing backgrounds

Consumer Needs:

- Medication and supplies to manage disease are too costly and can have significant side effects
- Hard to find resources for lifestyle changes
- Need for improved communication and listening between patients and care teams
- Need for support services from a care team beyond traditional medical care

Health Equity Lens:

- Inclusion of functional medicine in a primary care model would offer the patient-centered approach to a wider patient group
- Treatment of causes has the potential to reduce cost burden of expensive symptom management as well as to reduce symptoms of chronic disease.

Implementing the Strategy

Example Scenario: A patient with Crohn’s disease visits their primary care provider due to recent increased abdominal pain and cramping. The primary care provider discuss how to manage the patient’s pain, prescribes needed medication, and informs the patient about their network’s chronic care team, including a nutritionist and health coach. The network’s care team works with the patient to identify the patient’s food sensitivities, support the patient’s gastrointestinal system health and recommends a follow-up visit to understand the impact of the lifestyle changes, such as diet.

HIT Requirements:

- Standardized EHR platform to share information within the care team and perform standardized functional medicine intake
- Secure electronic platform for multiparty consultation and continuous patient-care team communication to monitor symptom management and root cause impact
- Education platform for care teams, primary care providers, and patients to understand how to incorporate functional medicine into practice

Implementation Concerns:

- Need for standardization in the application of functional medicine
- Need for standardization in the measurement of functional medicine treatments for the specified conditions to determine impact of network functional medicine care teams
- Definition of functional medicine can be vague, and practices that are not scientifically based are sometimes labeled as “functional medicine”.
- Unclear understanding of functional medicine among providers
- Insurance does not typically cover functional medicine services for patients

Impact

Aim	Summary of Evidence
<i>Health promotion/prevention</i>	Functional medicine and preventive medicine overlap in approaches to primary, secondary, and tertiary prevention. They stress lifestyle counseling, dietary guidance, stress mitigation techniques, interventions to improve sleep quality, and use of natural products for primary prevention. Stress management and lifestyle interventions and use of conventional therapies are relied on for secondary prevention. Tertiary prevention includes complementary health approaches for pain management, symptom control, stress relief, disease management, and risk reduction (Ali & Katz, 2015). There is not yet evidence that all of these approaches improve health promotion and prevention, further studies evaluating impact are needed.
<i>Improved quality and outcomes</i>	Inflammatory arthritis patients enrolled in a usual care treatment augmented by functional medicine saw a trend towards improved scores for physical health and pain after 12 weeks when compared to patients receiving usual care, although these results were not statistically significant (Droz et al., 2017). Further studies on improved quality for functional medicine are needed to evaluate the impact on conditions specified.
<i>Patient experience</i>	Approximately 89% of patients receiving functional medicine primary care at the University of Arizona Integrative Health Center rated their overall satisfaction between 7 and 10 (10 being best). 97% of patients would recommend the practice to others, while 98% of patients felt providers spent enough time with them (Crocker et al., 2017).
<i>Provider satisfaction</i>	The 2015 Institute for Functional Medicine Practitioner Study identified that practitioners with advanced functional medicine training were more likely to practice longer (i.e. retire later) than those with beginner or intermediate training. The example provided through communication with the IFM outlines that 56% of IFM advanced practitioners plan to practice beyond the age of 70 (Institute of Functional Medicine, 2018).
<i>Lower Cost</i>	The Institute of Functional Medicine provided preliminary information from LeadHealth's functional medicine employer worksite clinic at Phoenix Contact, which outlines that Highmark Blue Cross reported that Phoenix Contact specialty medication costs were 69% less than the average Highmark account. This preliminary evidence also indicates that the pharmacy cost trend was -5% for Phoenix Contact as compared to +12% for the average Highmark account (Institute of Functional Medicine, 2018).

**Please complete the survey on this capability [here](#).

APPENDIX

Learning from Others

State and National Scan:

Case Study #1 LeadHealth is a functional medicine initiative based out of Virginia that focuses on identifying and solving the root cause of a medical issue. The group works with employers to design bundled episodes of care for patients who are chronic high-claimants reliant on medications, have a primary condition that can potentially be reversed by addressing its root causes, and are ready to work on lifestyle changes to improve their health. The unique approach to patient treatment relies on chronic care extenders, such as nutritionists and health coaches, to design treatment plans for patients.

Lessons Learned:

- Autoimmune conditions are ideal for this approach due to a reliance on expensive specialty medications, which suppress the patient's immune system causing a vulnerability to infections
- Autoimmune conditions are difficult for patients to manage and therefore they are more likely to be open to a functional medicine approach
- It is important to have a multidisciplinary team who works with the patient on a long-term basis
- Patient identification through claims analysis avoids reliance on communication campaigns

Case Study #2 Cleveland Clinic's Center for Functional Medicine focuses on shifting their patients' health from illness to well-being by providing programs that are disease-specific and programs on behavioral health, cognitive function, ketogenic diets, pediatrics, and detoxification. The Center for Functional Medicine relies on a care team that includes physicians, nurses, dietitians and nutritionists, speech pathologists, social workers, and health coaches. The center also provides virtual visits to increase patient access to care teams and shared medical appointments for group learning. New patients are required to complete appointments with physicians as well as a registered dietitian and offered an appointment with a health coach. In addition, they are asked to complete a pre-visit health assessment and a functional medicine intake questionnaire.

Additional Reading:

A list of resources such as publications in peer-reviewed journals and articles from respected trade and popular press.

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