ACADEMIC CONSORTIUM FOR
Integrative
Medicine & Health

April 11, 2024

Strategies for Implementing Evidence-Based Integrative Health Treatments into Care for Chronic Pain: Barriers, Opportunities, and a Plan for Action

Moderator:
Dan Cherkin, PhD

Speaker:
Alex Krist, MD, Ben Kligler, MD, Jon Porter, MD, Sue Dolence, LCSW, and Christine Goertz, DC, PhD

Symposium Instigators:

Drs. Cherkin and Goertz along with Samantha Simmons, MPH CEO of the Academic Consortium

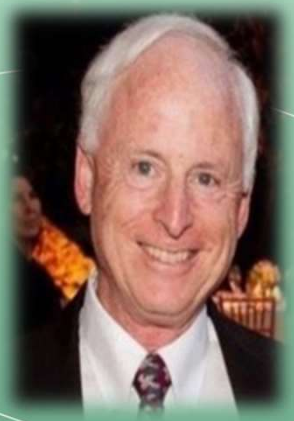
Rationale

- Evidence-based integrative treatments are effective for chronic pain, and are recommended as first-line treatments
- However, rarely implemented due to obstacles including clinician ignorance, insurance policies, system inertia, perverse economic incentives
- Need for focused and sustained actions to promote change

Goals

To Describe:

1. Paradigm-shifting vision for new models of care that meet needs of whole person
2. Pioneering efforts to show value of whole person approach to chronic pain
3. A call to actively promote wider implementation of new models



Dan Cherkin, PhD

Ben Kligler, MD, MPH

Alex Krist, MD, MPH

Jon Porter, MD

Sue Dolence, LCSW

Chistine Goertz, DC, PhD

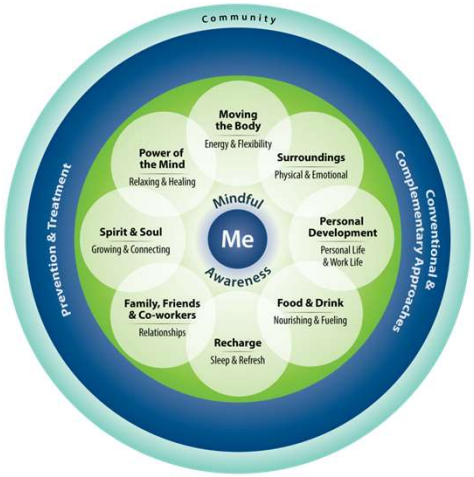
Live Whole Health.

WHOLE HEALTH IN THE VHA

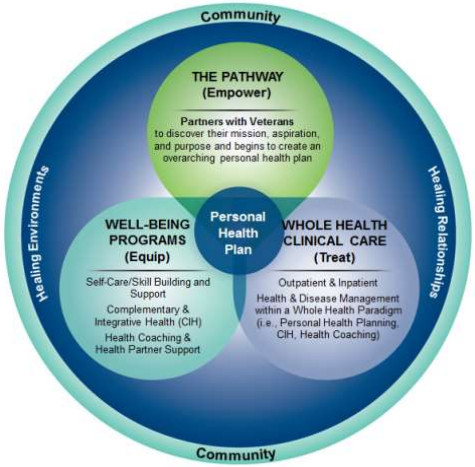
BENJAMIN KLIGLER MD MPH
EXECUTIVE DIRECTOR
OFFICE OF PATIENT CENTERED CARE & CULTURAL TRANSFORMATION
APRIL 2024

Moving from "What's the Matter with You?" to **"What Matters to You?"**

Whole Health is an approach to health care that **empowers** and **equips** people to take charge of their health and well-being and live their life to the fullest.



Circle of Health



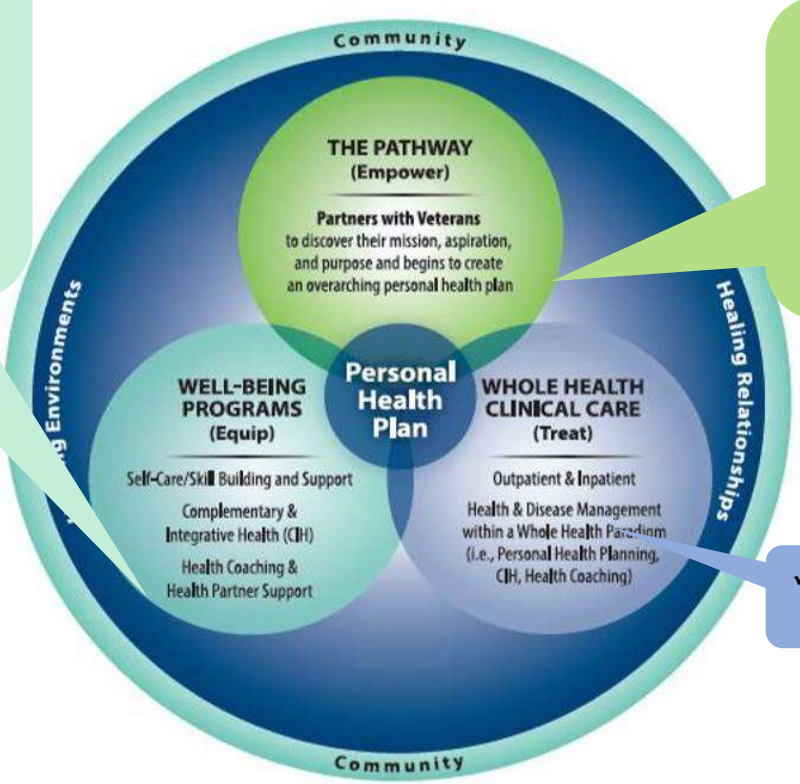
Whole Health System

Whole Health = Health Care Transformation

- ✓ Encourage self-care
- ✓ Decrease reliance on provider delivered care
- ✓ Complementary and Integrative Health Approaches

Complementary/Integrative Health Approaches:

- Acupuncture
- Meditation
- Massage Therapy
- Biofeedback
- Clinical Hypnosis
- Guided Imagery
- Yoga
- Tai chi



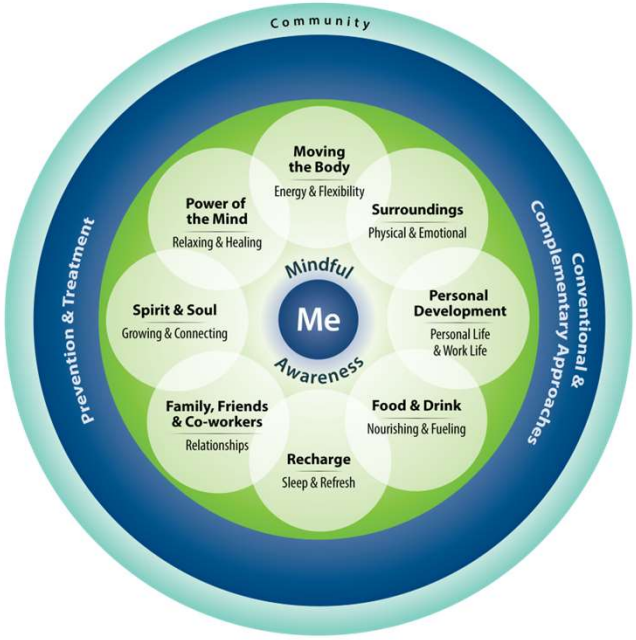
- ✓ Engage Veterans in their Mission Aspiration Purpose (MAP)
- ✓ Veteran Partners, Whole Health Coaches

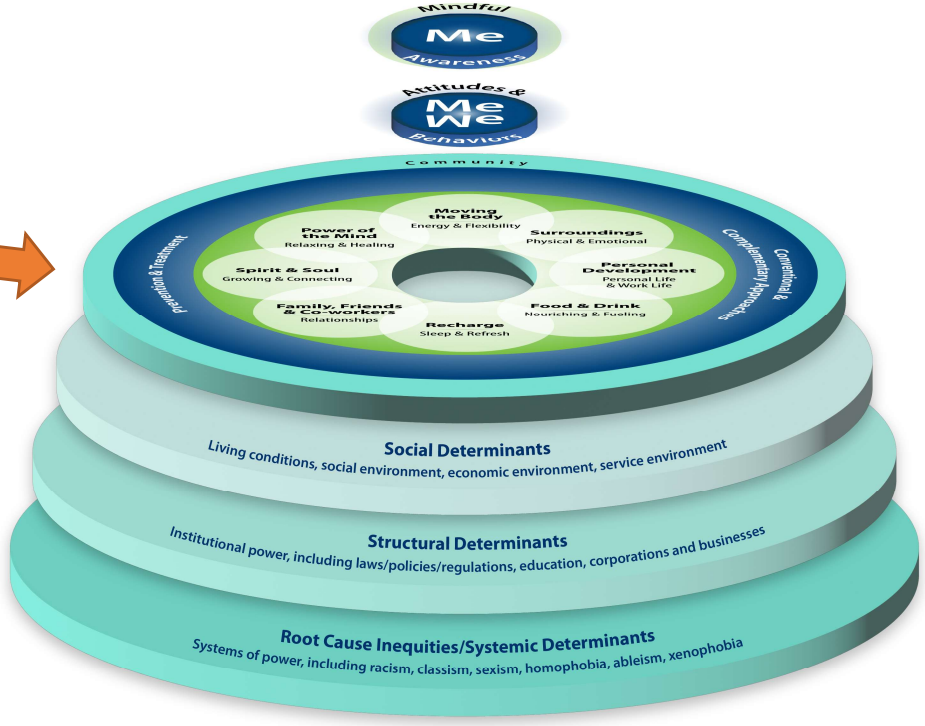
- ✓ Cultural transformation of how clinical health care is delivered

Live Whole Health.

VA U.S. Department of Veterans Affairs
Veterans Health Administration

Social & Structural Determinants of Health





VA STRATEGIC PLAN 2022-2028

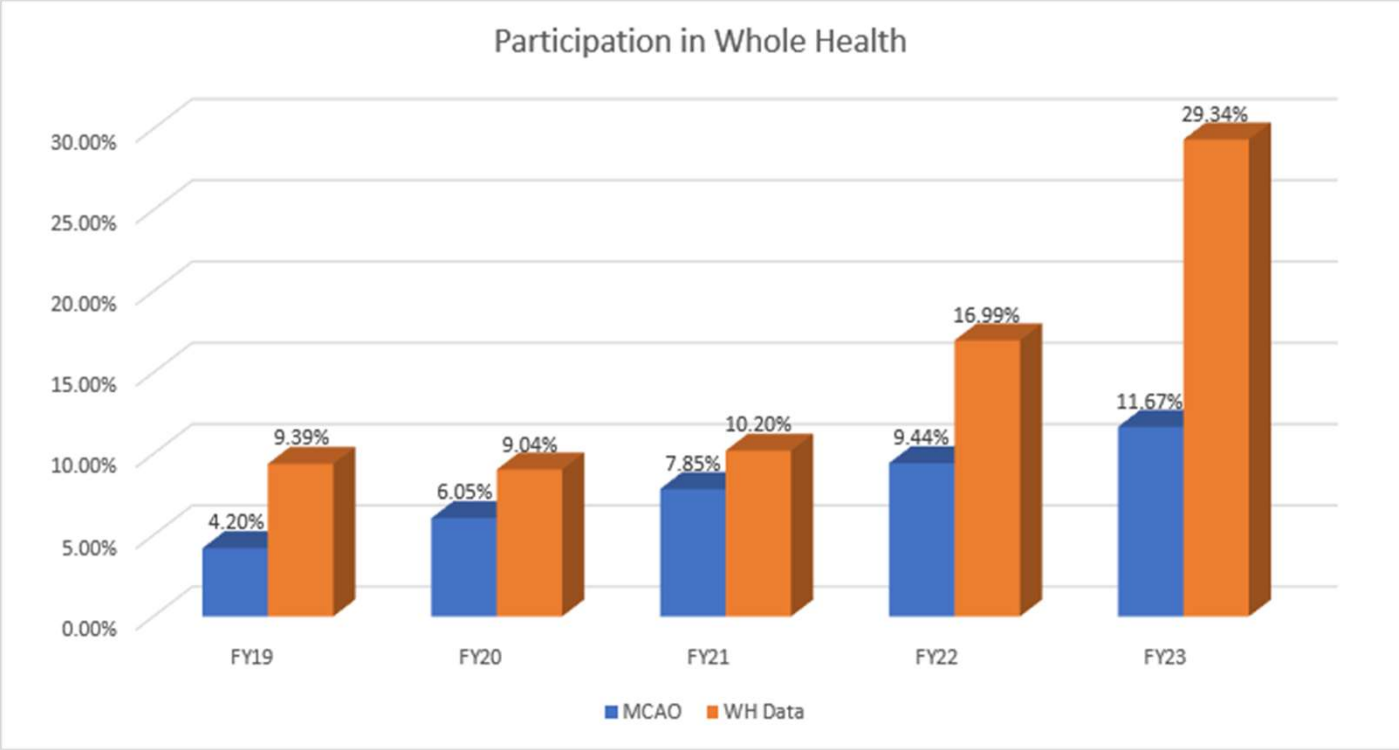
STRATEGIC OBJECTIVE 2.2

Tailored Delivery of Benefits, Care and Services Ensure Equity and Access

Implementing Strategy 2.2.2: (Whole Health) VA empowers employees to deliver high-quality whole health care that equips Veterans and supports their health and well-being by addressing what matters to them most.

Whole Health (WH) Utilization Metrics

- FY22: 1.0 M Veterans accessed WH services. Increase reflects growth and use of Health Factors in data capture
- FY23: Undersecretary for Health identified WH as one of his top six priorities
- **FY23, 1.8 M Veterans accessed Whole Health services**



Key Utilization Metrics – Managerial Cost Accounting Office + Health Factors

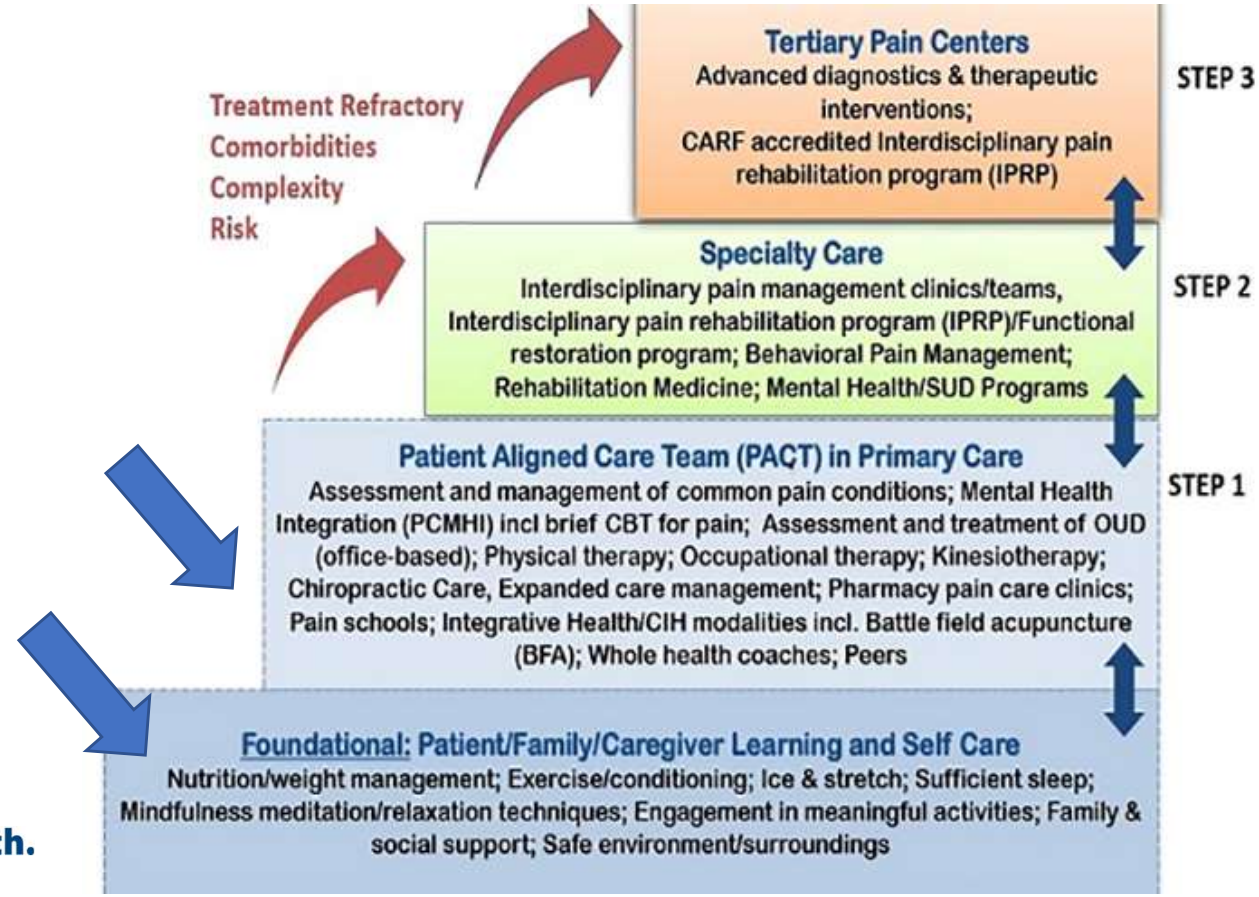
WHOLE HEALTH OUTCOMES (2020-2023)

Center for Evaluating Patient Centered Care in VA
QUERI Partnered Evaluation Initiative

- Opioid use decreased 38% among WH users with pain vs. 11% among those with no WH use
- Downstream utilization of invasive spine procedures decreased 20-40% over 18 months in Veterans with chronic low back pain
- Veterans with mental health diagnosis who began using WH were more than twice as likely to be engaged in evidence-based psychotherapies 12 months later vs. those not using WH
- Black and women Veterans appear to be most/more interested in WH services
- Veterans with chronic pain who used WH services reported:
  - Greater engagement in healthcare and self-care than non-users
  - Greater engagement in life indicating improvements in mission, aspiration and purpose.
  - Improvements in quality of physical and mental health

Whole Health System of Care Evaluation – A Progress Report on Outcomes of the WHS Pilot at 18 Flagship Sites (Feb 2020): WHS Flagship Pilot Outcome Report

Whole Health is fully integrated in the VA Stepped Care Model of Pain Management



Live Whole Health.

U.S. Department of Veterans Affairs
Veterans Health Administration

VHA Directive 1445 “Whole Health System”

https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=11498

published on 10/13/23 supports VA Transformation to a Whole Health System of Care

- **Required services:**
  - Introduction to Whole Health sessions
  - Taking Charge of My Life & Health sessions
  - Health and Wellness Coaching
  - Complementary and Integrative Health approaches
- **Required staffing:**
  - VISN Whole Health Coordinator>=1.0 FTE
  - Medical Facility Whole Health Coordinator >=1.0 FTE (0.5 FTE at Level 3 facilities)
  - Medical Facility Whole Health Clinical Director >=0.5FTE
  - Medical Facility Employee Whole Health Coordinator >=0.5FTE

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Achieving Whole Health

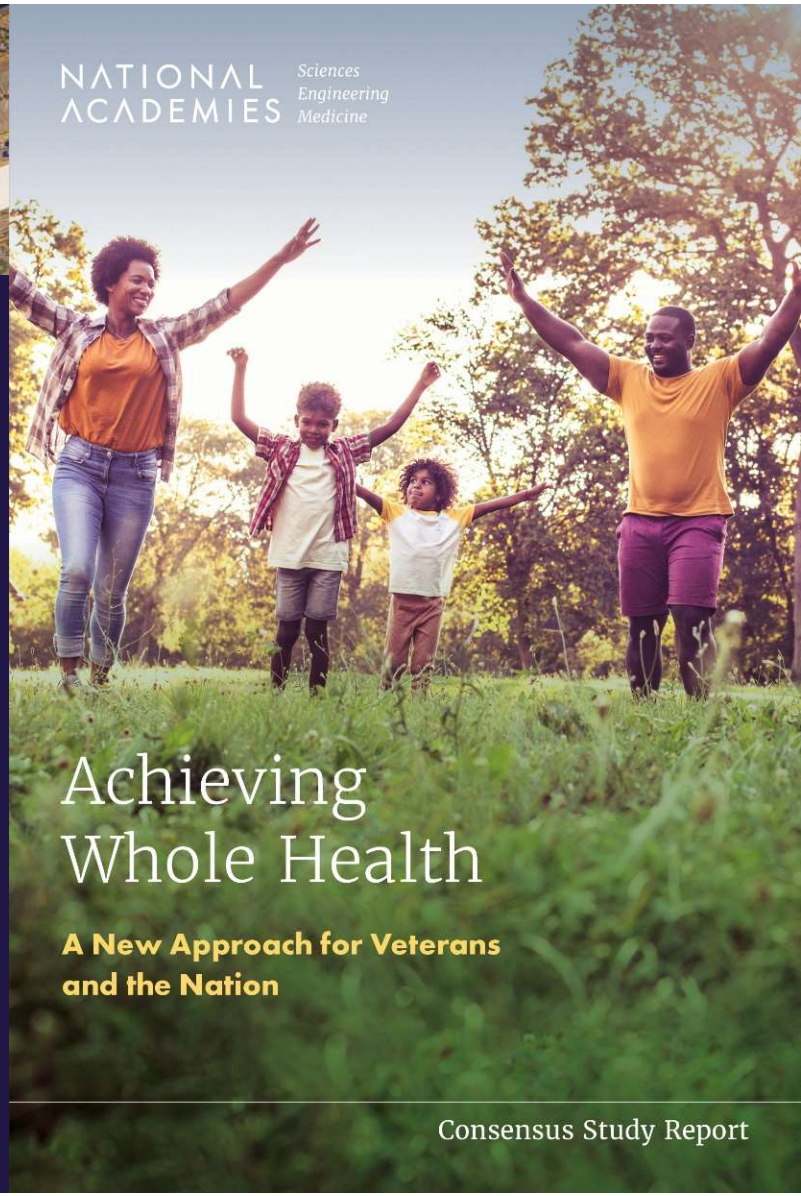
A New Approach for Veterans and the Nation

Alex Krist MD MPH

Co-Chair NASEM Committee

Virginia Commonwealth University

April 2024



Study Committee

- **Jeannette South-Paul (co-chair),** Meharry Medical College
- **Alex Krist (co-chair),** Virginia Commonwealth University
- **Andrew W. Bazemore** , American Board of Family Medicine
- **Tammy Chang**, University of Michigan
- **Margaret A. Chesney** , UCSF Osher Center for Integrative Medicine
- **Deborah J. Cohen**, Oregon Health & Science University
- **A. Seiji Hayashi,** CareFirst
- **Felicia Hill-Briggs,** Northwell Health
- **Shawna Hudson,** Rutgers University
- **Carlos R. Jaén,** University of Texas San Antonio
- **Christopher Koller,** Milbank Memorial Fund
- **Harold Kudler,** Duke University
- **Sandy C. Leake ,** University of Tennessee Health System
- **Patricia K. Lillis,** Marshfield Clinic Health System
- **Ajus Ninan,** U.S. Army
- **RADM Pamela Schweitzer,** U.S. Public Health Service (retired)
- **Sara J. Singer,** Stanford University
- **Zirui Song,** Harvard Medical School

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Study Context

The committee will identify best practices from the VA Whole Health Initiative and health systems and international examples; **and consider ways to transform health care by scaling and disseminating whole person care to the entire population.**

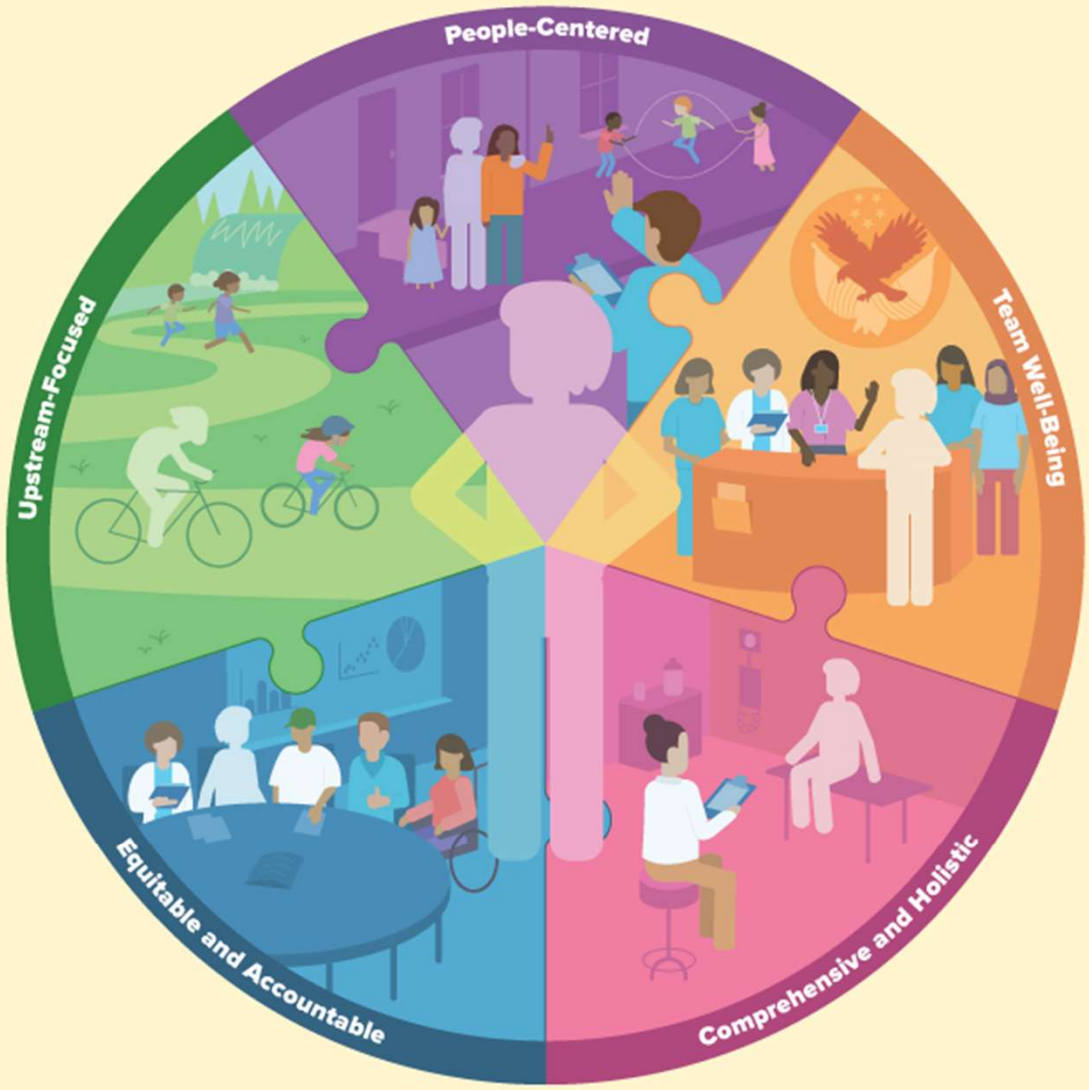
- US lags other countries in health outcomes, the gap is widening, and there are inequities for many people and communities
- US healthcare is reactionary, transactional, and fragmented
- System is optimized around billable services not health creation
- **Whole health is built on a fundamentally different chassis**

Committee Process

- 6 meetings
- 2 public information gathering sessions
- 3 commissioned papers (evidence on patient-centeredness; VA whole health implementation, research, and future directions; lessons for whole health from other health systems)
- Literature review (~5,000 articles) and synthesis of findings and conclusions
- Recommendations driven by consensus
- External peer-review by 10 experts in variety of disciplines

Committee's definition of whole health & whole health care

"Whole health is physical, behavioral, spiritual, and socioeconomic well-being as defined by individuals, families, and communities. To achieve this, whole health care is an interprofessional, team-based approach anchored in trusted longitudinal relationships to promote resilience, prevent disease, and restore health. It aligns with a person's life mission, aspiration, and purpose."

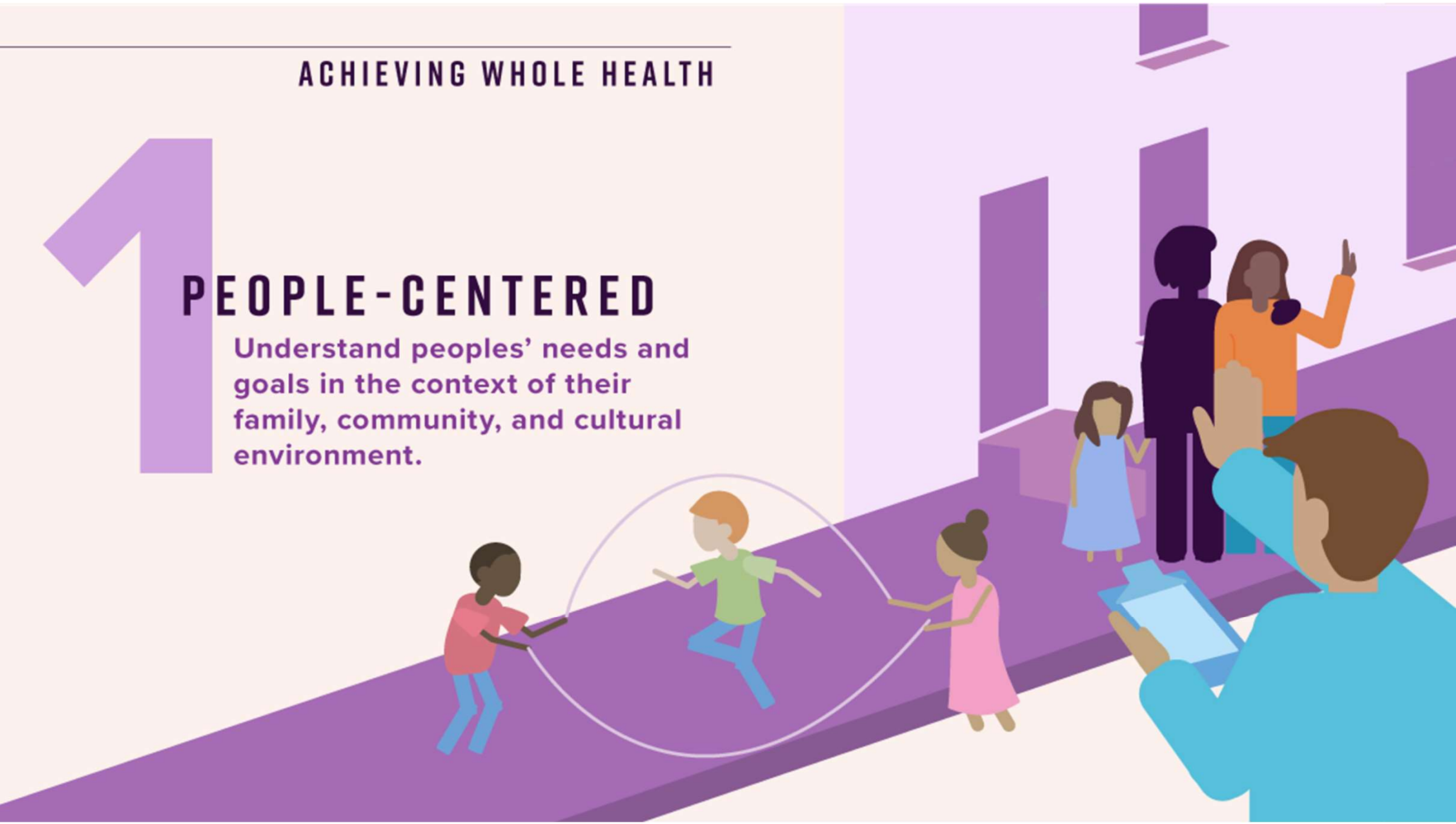


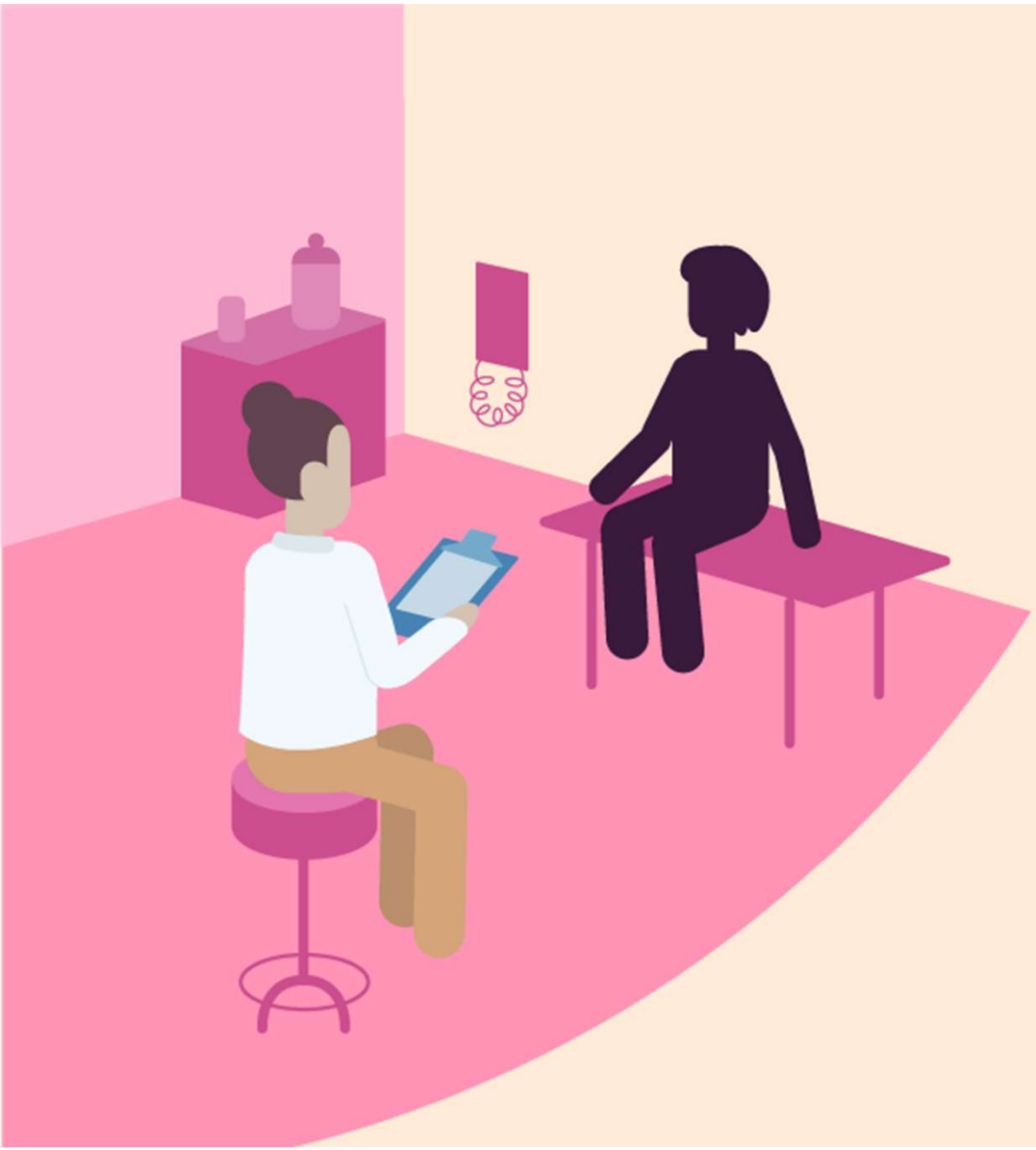
ACHIEVING WHOLE HEALTH

Five foundational elements of whole health that are necessary for an effective whole health care system.

1 PEOPLE-CENTERED

Understand peoples' needs and goals in the context of their family, community, and cultural environment.





2

COMPREHENSIVE AND HOLISTIC

Address the entirety of a person's well-being, spanning conventional medical care, complementary and integrative health, spiritual care, and social needs.

ACHIEVING WHOLE HEALTH

3

UPSTREAM-FOCUSED

Address health behaviors and the social and structural determinants of health.

ACHIEVING WHOLE HEALTH

4

EQUITABLE AND ACCOUNTABLE

Ensure accountability for people, families, and communities and proactively engage with them to equitably address their whole health needs.

ACHIEVING WHOLE HEALTH

5

TEAM WELL-BEING

Ensure the well-being of care team members with a positive work environment and by helping them achieve whole health themselves.

National Policy Goals and Recommendations

1. **COMMIT** to the shared purpose of helping people achieve whole health.
2. **PREPARE** for a whole health approach to care.
3. **INTEGRATE** across systems, services, and time to support whole health care throughout the lifespan.
4. **DELIVER** all foundational elements of whole health care across the lifespan.
5. **EVALUATE** to iteratively refine whole health care systems and create generalizable knowledge.
6. **DESIGN** public and private sector policies and payment to support whole health as a common good and whole health care as a way of achieving whole health.

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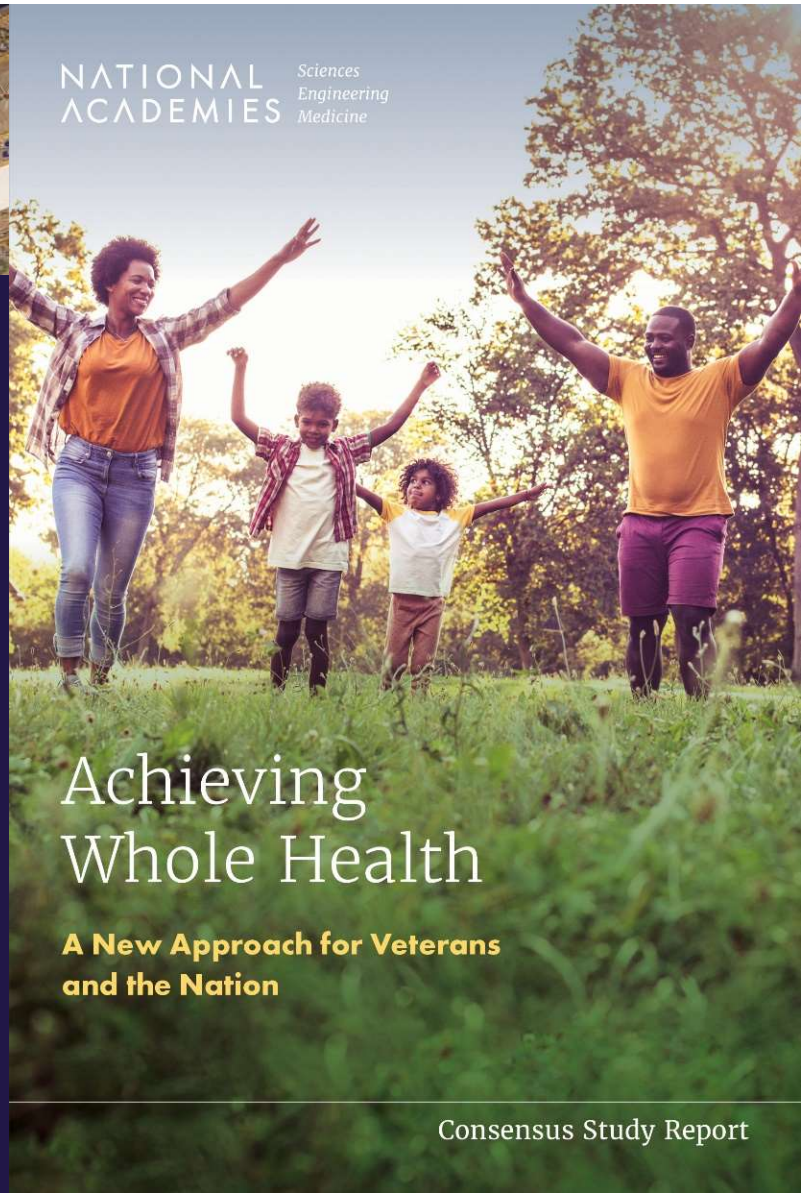
For more information and to download the report, visit:

nationalacademies.org/whole-person-health



Comprehensive Pain Program
Osher Center for Integrative Health at the University of Vermont

Jon Porter, MD
Founding Medical Director
Director, Osher Center at the University of Vermont

Whole Health in the States

a program of the
Academic Consortium for Integrative Medicine & Health

Primary Objectives:

1. Increase Access and Drive Utilization of Whole Person Care
2. Influence & Advocate for Change

Foundational Funding for WHITS provided by the David and Lura Lovell Foundation

Whole Health in the States

Early Efforts:

Support efforts of early adopters of comprehensive, whole person pain care to overcome implementation, utilization, and reimbursement barriers.

Develop measurement framework.

Learn and scale lessons.

Focus on:

- innovation in payment models
- equitable access to whole person comprehensive care
- provider wellbeing and education
- Infrastructure

Foundational Funding for WHITS provided by the David and Lura Lovell Foundation

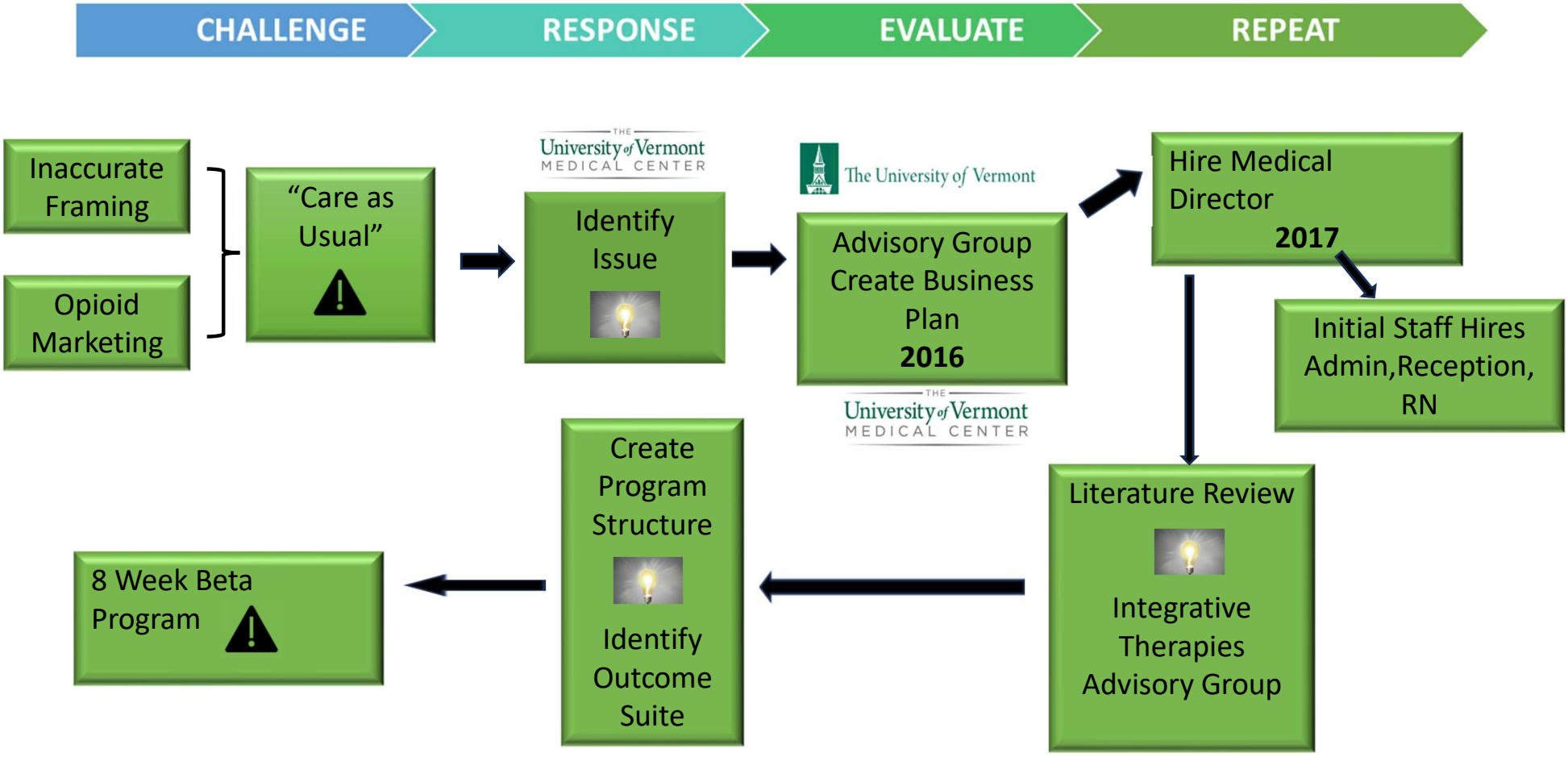
What's next for WHITS?

WHITS seeks to continue to convene key stakeholders, develop and disseminate cross-state education and learnings, tools, and resources for other states and policymakers to join the movement in visualizing a transformed health care system for both patients and providers.

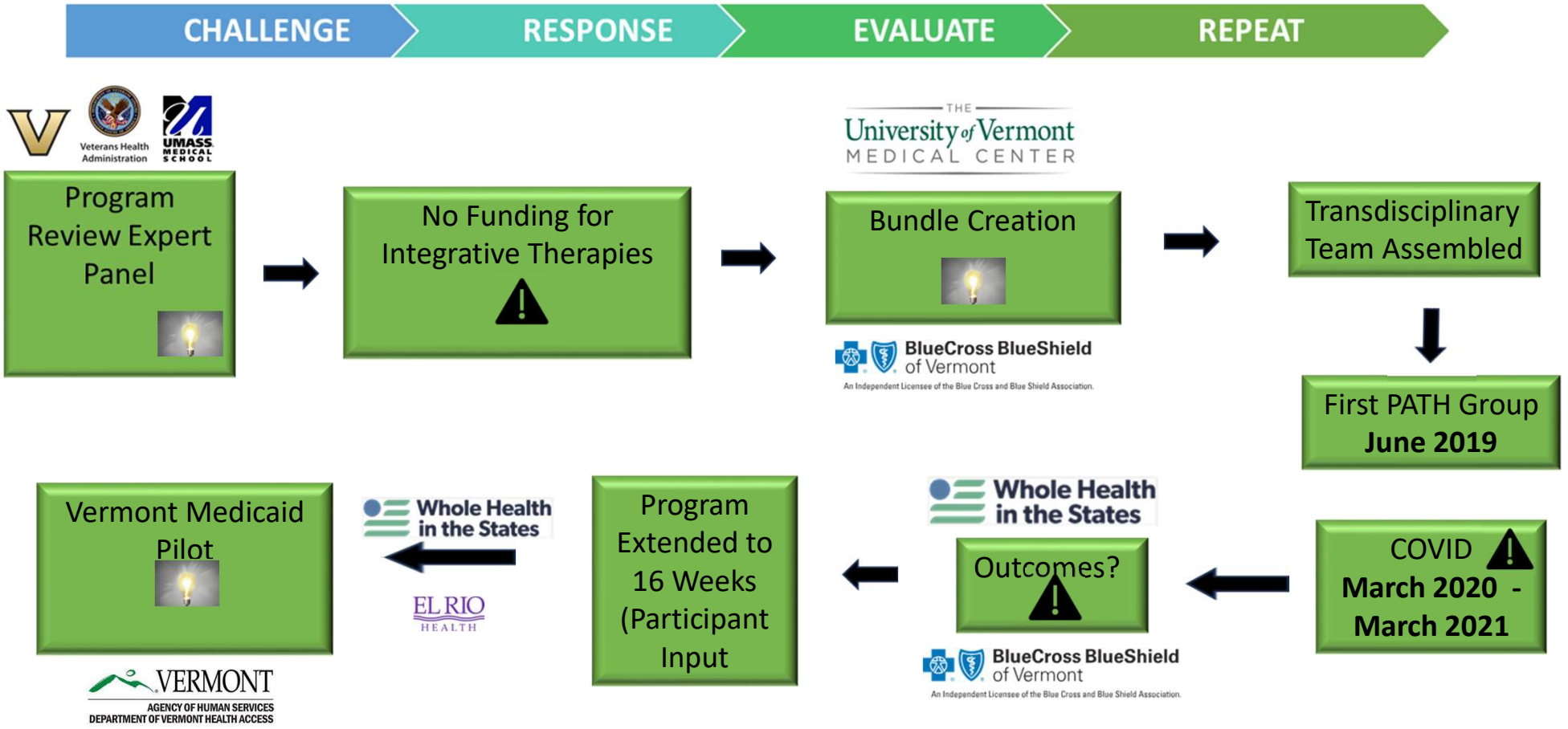
Contact Taryn.DeSioGarber@imconsortium.org for more information.

https://imconsortium.org/page/whole-health-in-the-states

The Comprehensive Pain Program Laboratory



The Comprehensive Pain Program Laboratory



Reframing the Experience of Chronic Pain
From Symptom to Redefinition of Self

Co-occurring depression, anxiety

Trauma

Isolation

Othered in Medical System

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THE UNIVERSITY OF VERMONT OSHER CENTER FOR INTEGRATIVE HEALTH

The Participant Experience

- Closed cohort, 16 weeks
- Weekly group sessions
  - Acceptance and Commitment Therapy
  - Medical Group Visits
    - Mindfulness
    - Self-Compassion
    - Spirituality
    - Community and Connection

- Individual Therapies available during 16 week program:
  - Acupuncture
  - Massage
  - Reiki
  - Yoga
  - Psychologically Informed OT
  - Psychologically Informed PT
  - Culinary Medicine
  - Nutrition
  - Art
  - Clinical Hypnosis
  - Eye Motion Desensitization & Reprocessing (pain protocol)
  - Pain Reprocessing Therapy
  - Health Coaching

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CPP Cumulative Outcomes

Initial
26 Cohorts
(n= 245)

Survey	Pre	Post	Difference	95% CI for Difference	P-Value
PEG – life enjoyment	6.24	4.25	- 1.99	-2.35, -1.64	<0.001
PEG - activity	6.27	4.43	-1.84	-2.17, -1.51	<0.001
PEG – pain	5.88	4.73	-1.15	-1.39, -0.9	<0.001
DVPRS (Defense/Veterans Pain Rating Scale)	6.15	4.48	- 1.68	-1.95, -1.41	<0.001
Brief Resilience	2.94	3.19	0.25	.16, .36	<0.001
Self-Compassion	3.17	3.11	0.06	-0.01, 0.14	0.053
CPAQ-8 (Chronic Pain Acceptance)	3.27	3.51	0.25	0.14, 0.35	<0.001
Health Confidence	5.09	6.76	1.67	1.23, 2.11	<0.001

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BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association

CPP Cumulative Outcomes

PROMIS 29

Initial 26 Cohorts (n=245)

Domain	Pre	Post	Difference	95% Confidence Interval	P-Value
Pain Interference	3.38	2.96	-0.42	-0.95, -0.52	<0.001
Physical Function	3.25	3.57	0.33	0.27, 0.55	<0.001
Fatigue	3.67	3.17	-0.50	-0.70, -0.36	<0.001
Sleep Disturbance	3.30	2.91	-0.39	-0.46, -0.14	<0.001
Anxiety	2.64	2.33	-0.31	-0.55, -0.25	<0.001
Depression	2.35	1.97	-0.38	-0.55, -0.25	<0.001
Social Roles and Activities	2.53	2.99	0.46	0.40, 0.70	<0.001

Claims and ED Visits
24 Months Post-Program Participation
(n=67)

- Claims data is from **67** members who were continuously enrolled for 24 months after their program participation and that completed at least half of the program
  - Claim for **12-months prior** to program participation and **24-months after** program participation are used for the utilization and costs data below.

Claims
24 Months Post-Program Participation (n=67)

Category	Before PMPM	After PMPM	% Decrease
Medical	$1,472.28	$1, 418.94	4%
Rx	$371.47	$209.52	44%
Medical + Rx	$1,845.75	$1, 628.46	12%
MS Spend	$425.08	$371.44	14%
Advanced Imaging	$178.99	$166.76	9%

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BlueCross BlueShield of Vermont
An Independent Licensee of the Blue Cross and Blue Shield Association.

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ED Visits
24 Months Post-Program Participation (n=67)

Category	Before Visits/1,000	After Visits/1000 (% Decrease)
Any ER	644	373 (42%)
Pain-Related ER	322	179 (44%)
Advanced Imaging	751	582 (23%)

Medicaid Pilot

- Funded from American Recovery and Reinvestment Act (ARRA) funds
- Calendar Year 2024
- 80 Participants
- Bundled payment
- Pts eligible based on Medicaid "priority populations"
  - Home & Community based services
  - Current opioid use
  - High ER utilization
- Medicaid goal: to assess impact on health outcomes and quality of life for members

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Buena Vida Integrated Pain Clinic

El Rio Health

Tucson, Arizona

Sue Dolence, MSSA, LCSW

Director of Integrated Behavioral Health Programs

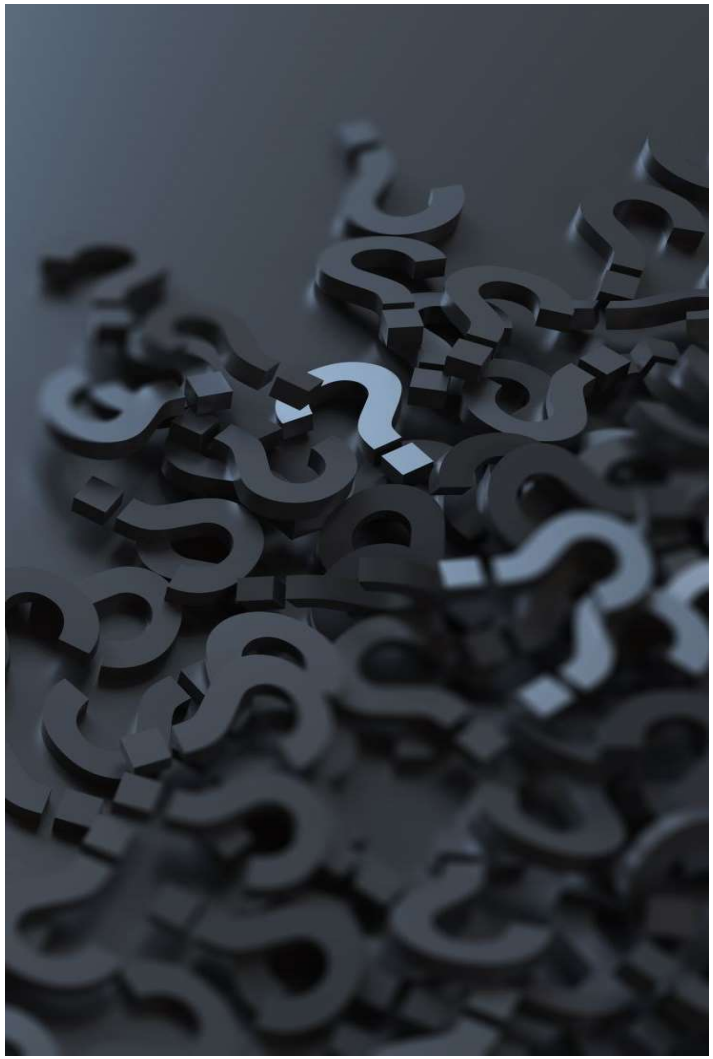
April 2024

EL RIO HEALTH

History of Pain Management Services at El Rio

- Initiative to help Primary Care providers with chronic pain patients
  - Pain Echo- Weitzman Institute
  - Creation of services- “traveling clinic”
  - Consultative Practice

EL RIO
HEALTH



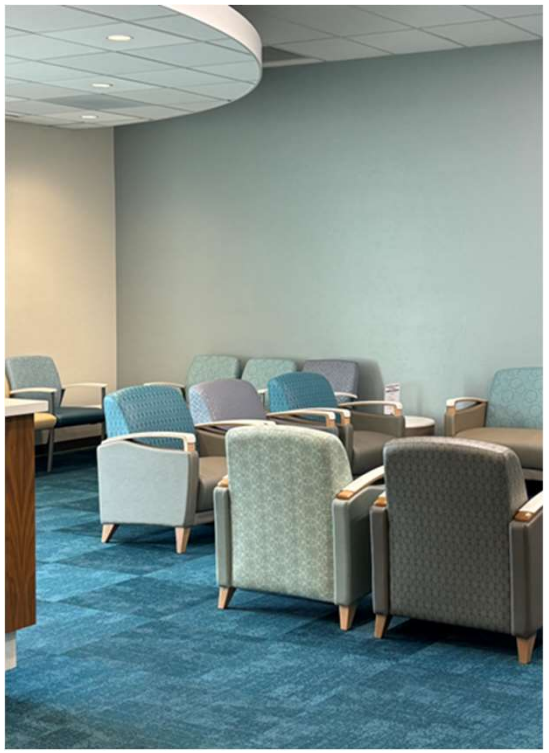
How are we different?

- Care as usual
  - Multiple pain clinics
  - Multiple x-rays, MRIs, labs, specialist appointments
  - Many different medications tried and failed
  - Invasive procedures
  - No change in pain or functioning

EL RIO HEALTH

How are we different?

- Buena Vida Integrated Pain Clinic
  - BUENA VIDA MISSION: Improving the health and well-being of El Rio patients whose quality of life is diminished by chronic pain through accessible, affordable, quality, and compassionate care.
- Trauma-Informed Care model
  - SAMHSA's principles of trauma informed care built into design of clinic, patient care and staff working conditions
- Program Goals
  - Positive Patient Outcomes
    - BVIPC helps patients learn skills to manage their pain and have a higher quality of life.
  - Positive Provider Outcomes
    - BVIPC supports medical providers manage the care of patients living with chronic pain.



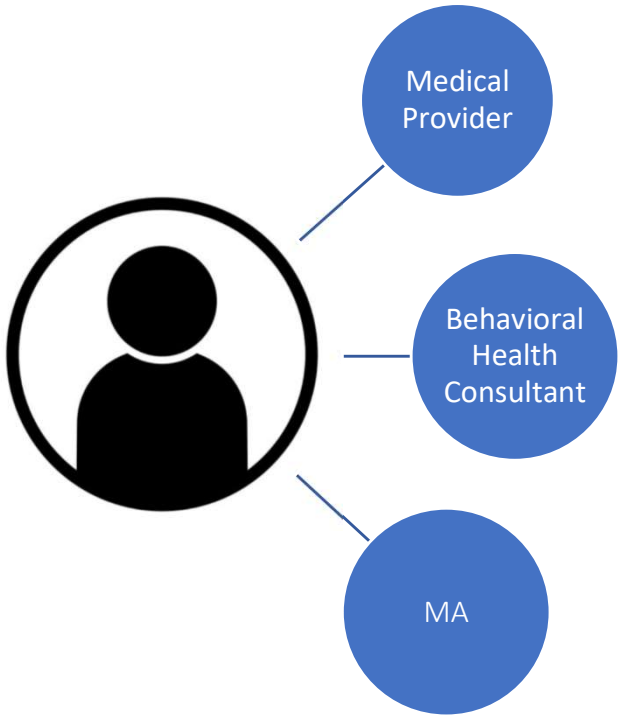
EL RIO HEALTH

Integrated Approach to Chronic Pain

- Chronic pain is a mind/body problem
- An integrative approach uses behavioral health to address the psychological component of pain and medical interventions to address the physical component of pain
- If there is a trauma history, then trauma must be addressed
- Awareness that in the absence of physical causes of pain the individual may have biopsychosocial factors that increase perceived pain levels
- The focus is on non-opiate ways to manage pain

EL RIO HEALTH

The Core Team



- The patient sees all three of these disciplines at every appointment
- Patients are evaluated during the first appointment to learn how their pain is limiting their functioning, mood, quality of life and activity participation.
- A treatment plan is co-created
- Patients see the core team one time/month for six months+
- Patients are then transferred back to their PCP for ongoing pain care

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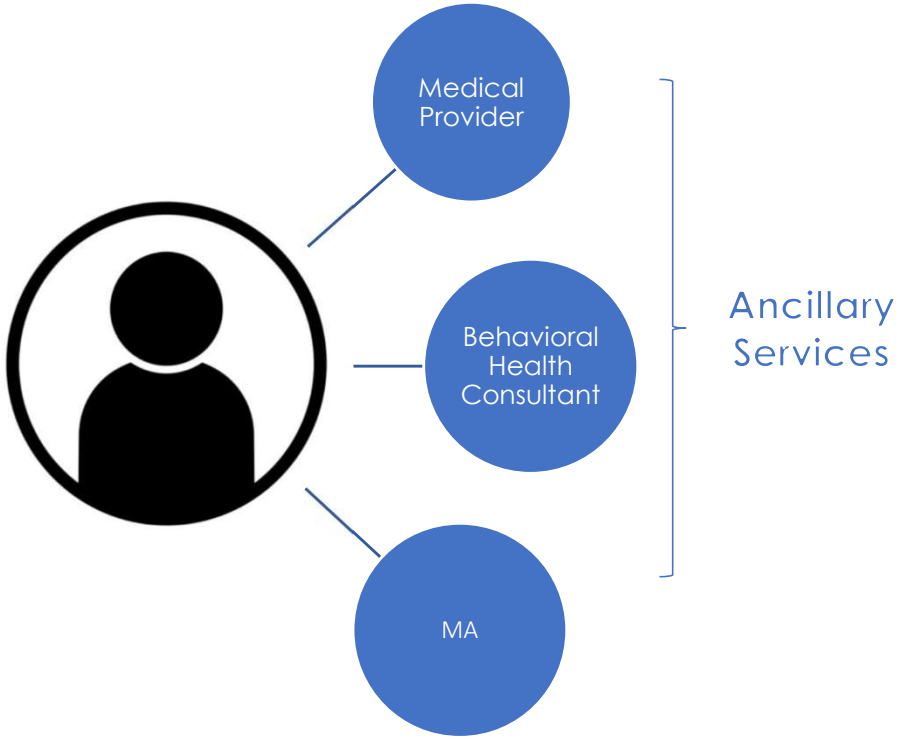
The Whole Team



- Primary Care
- Sports Medicine
- Medical Acupuncture
- Psychiatry
- Behavioral Health Counseling
- Osteopathic Manipulation
- Physical Therapy
- Nutrition Counseling
- Addiction Medicine
- Exercise Classes
- Pool Therapy

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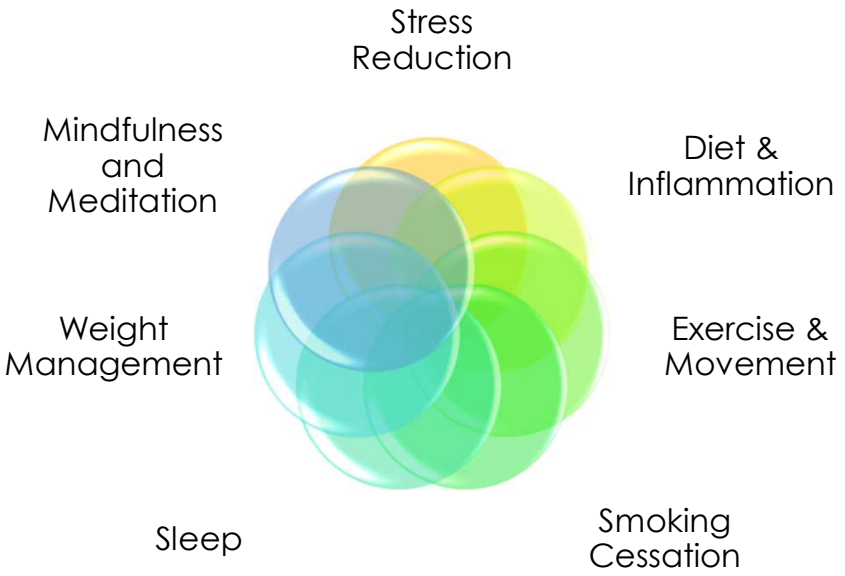
Treatments: Lifestyle Management



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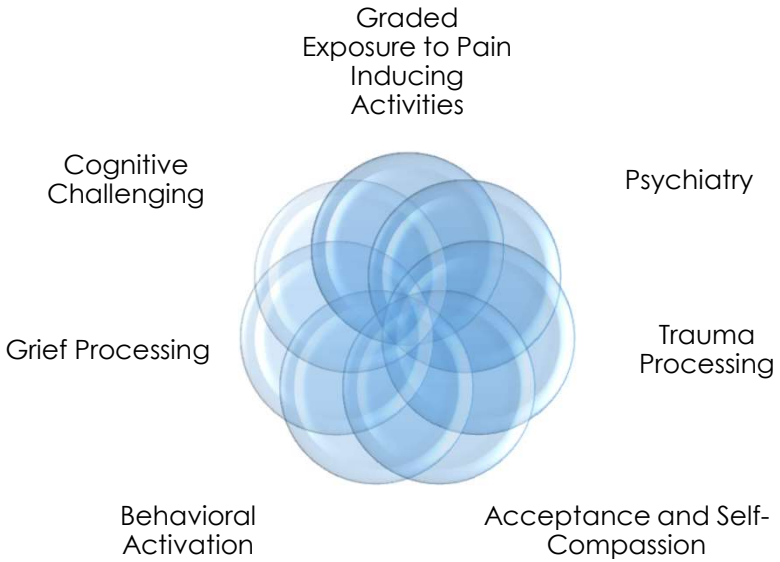
Treatments: Psychological



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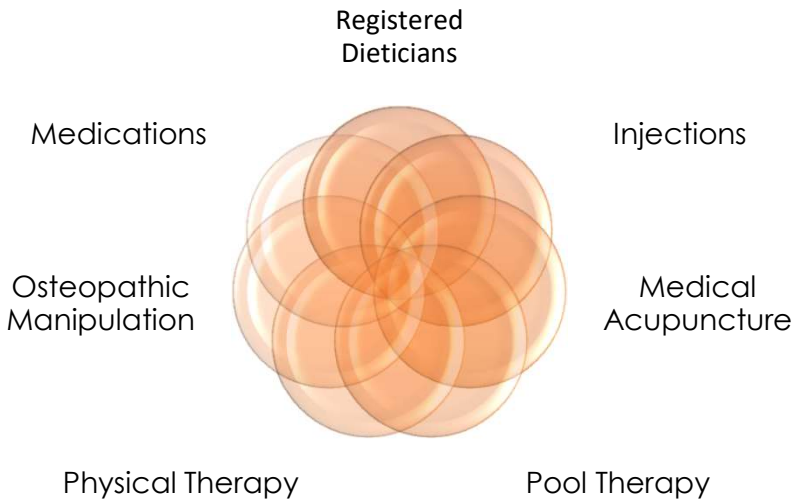
Treatments:
Interventional and Pharmaceutical



EL RIO HEALTH

Some Barriers and Solutions

- Insurance coverage
- Recruitment and hiring
- Wait list
- Patient engagement
- Appropriate referrals from PCPs

EL RIO HEALTH

Whole Health Transformation
“Taking it to the Streets”

Christine Goertz, DC, PhD
Professor and Vice Chair for Implementation of
Spine Health Innovations
Department of Orthopaedic Surgery
Duke University School of Medicine

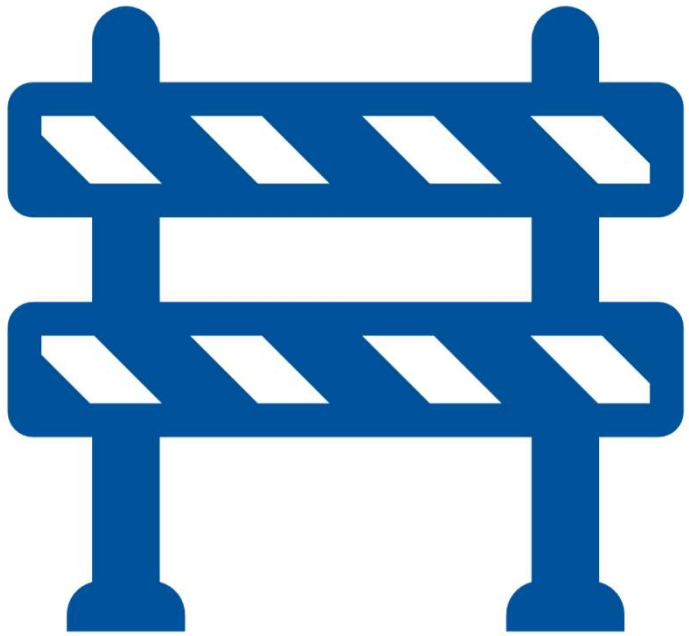
DukeHealth

Disclosures

- Professor in Musculoskeletal Research and Vice Chair for Implementation of Spine Health Innovations, Department of Orthopaedic Surgery, Duke University School of Medicine
- Core Faculty, Duke Margolis Center for Health Policy
- Adjunct Professor, Department of Epidemiology, College of Public Health, University of Iowa
- CEO, Spine Institute for Quality (SpineIQ)
- Vice chairperson, Board of Trustees, Logan University

Barriers to Whole Health Transformation

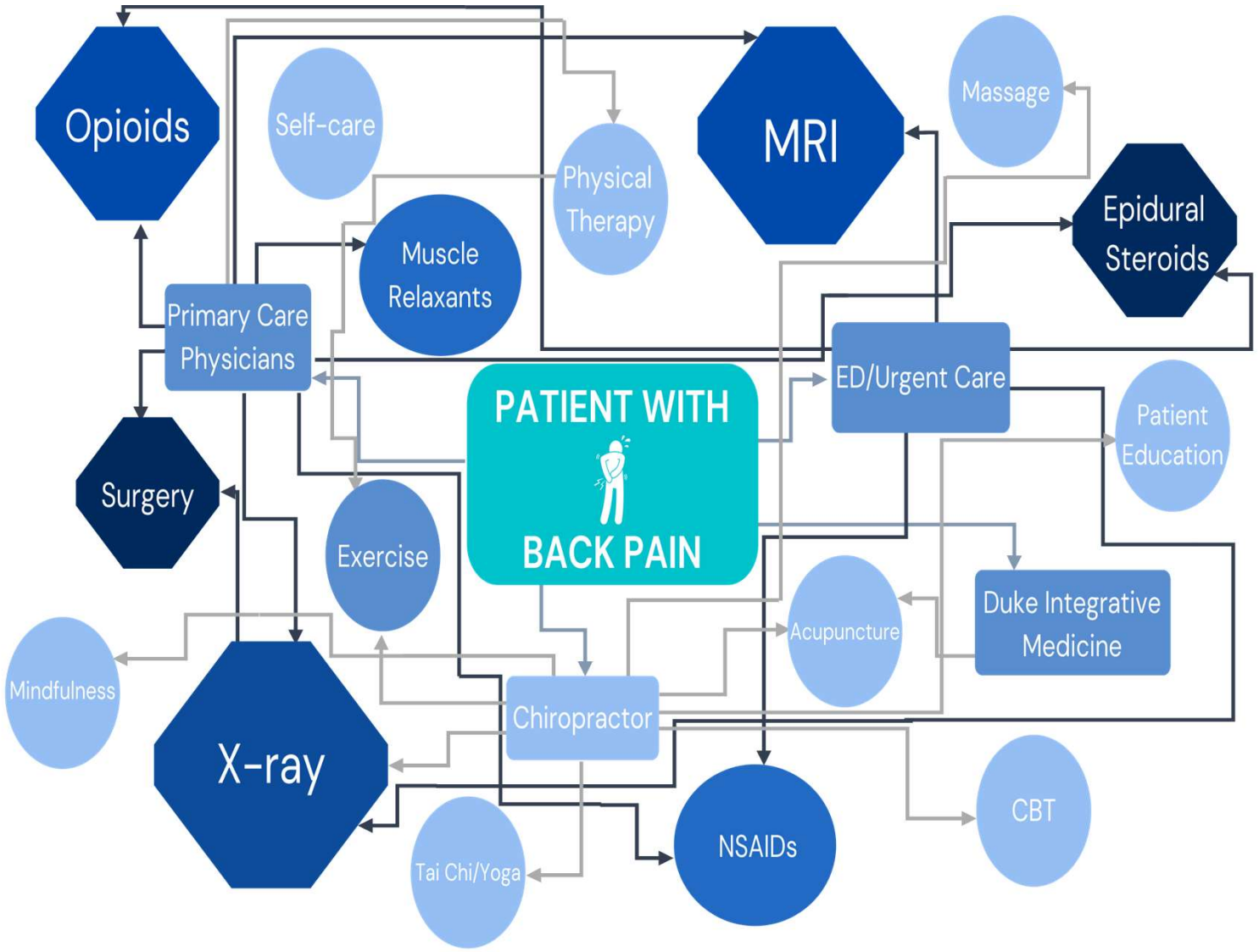
- Thinking Inside the Box
- Knowledge and Accountability
  - Health Systems
  - Clinicians
  - Patients
- Financial incentives
- Change is hard



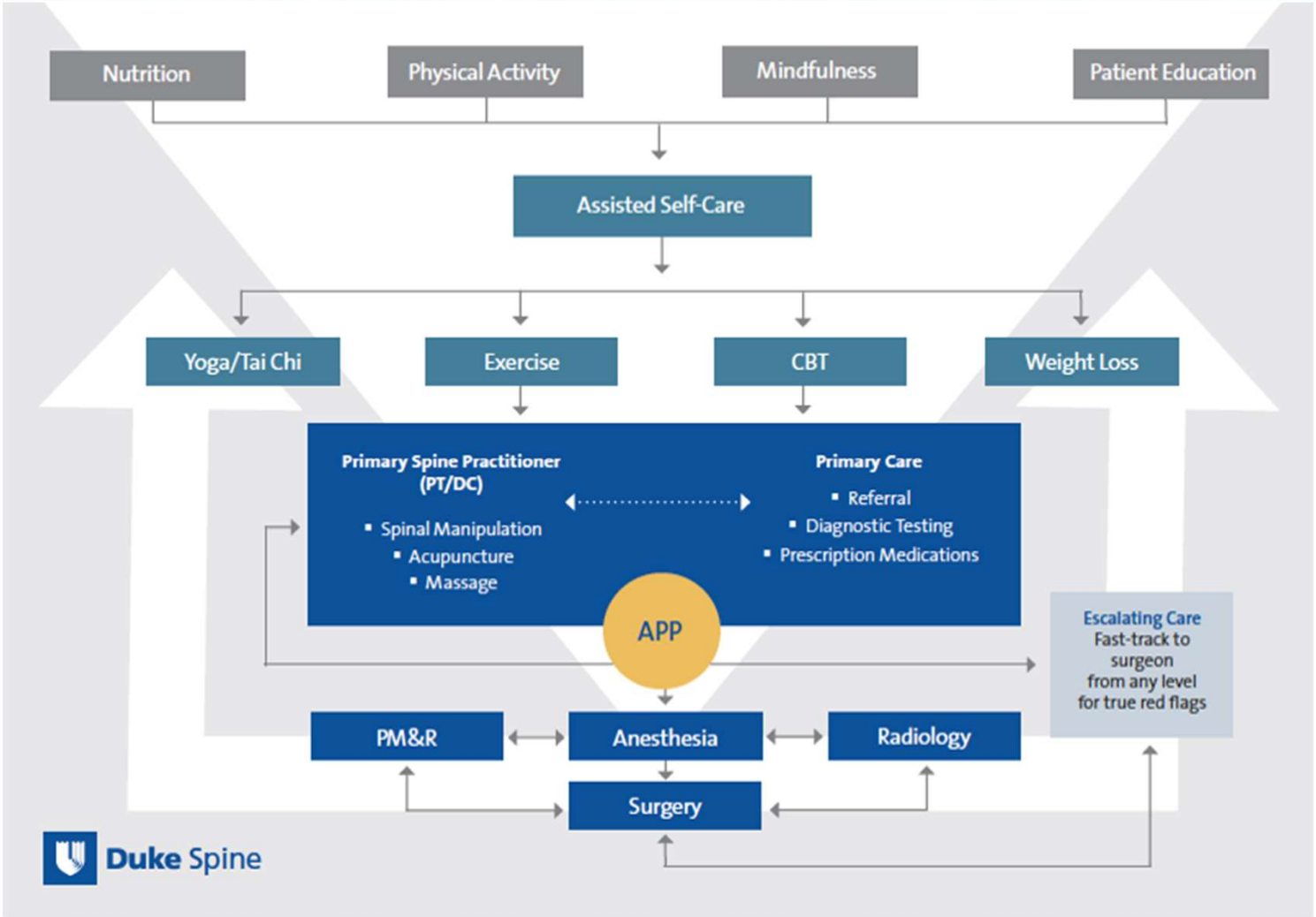
Knowledge and Accountability

Taking It To Health Systems

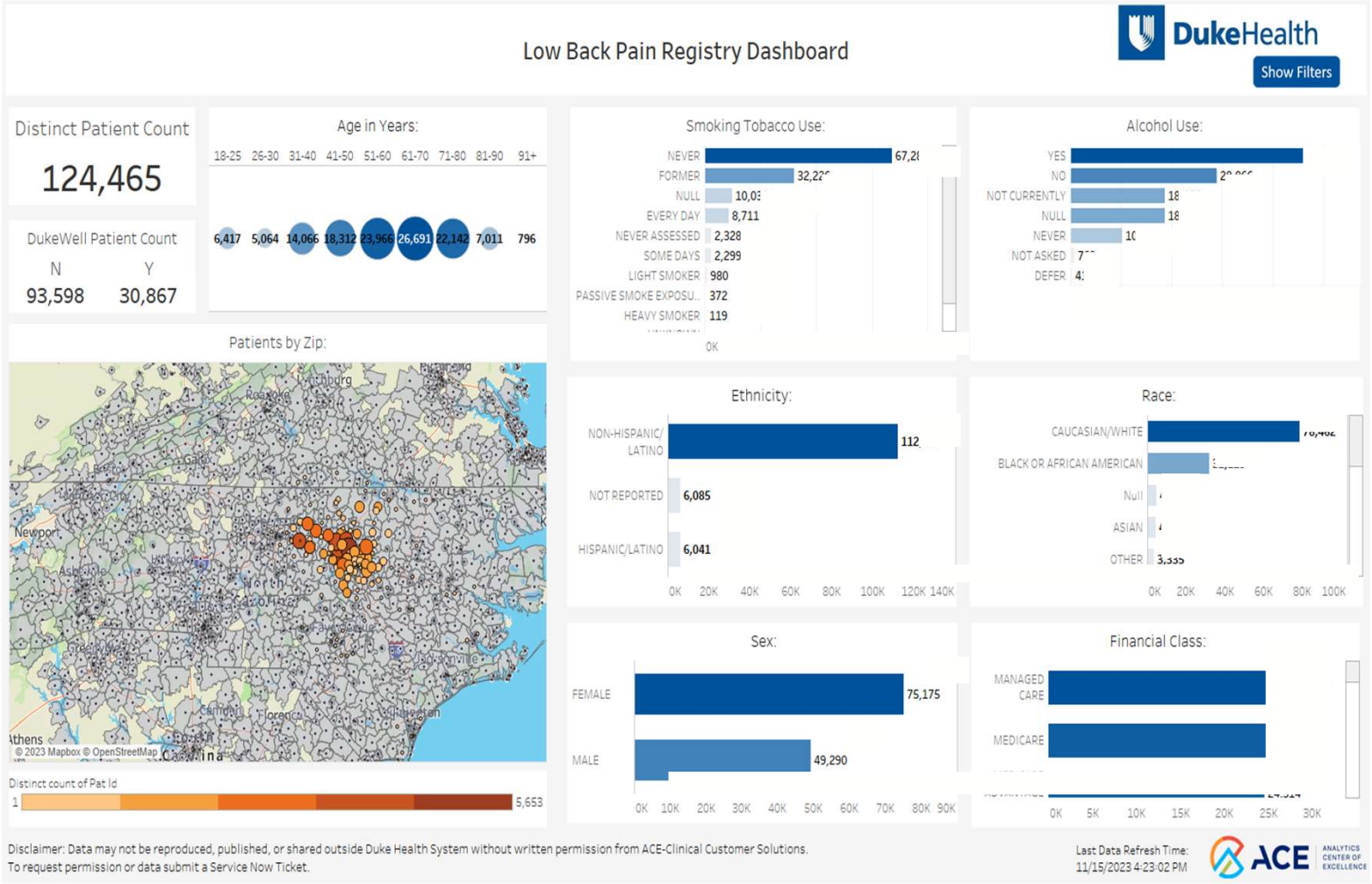
Low Back Pain Burden


Opioids
Self-care
Physical Therapy
MRI
Massage
Epidural Steroids
Muscle Relaxants
Primary Care Physicians
ED/Urgent Care
PATIENT WITH
BACK PAIN
Patient Education
Surgery
Exercise
Acupuncture
Duke Integrative Medicine
Mindfulness
X-ray
Chiropractor
CBT
Tai Chi/Yoga
NSAIDs

Interdisciplinary Spine Health Model



LBP Registry

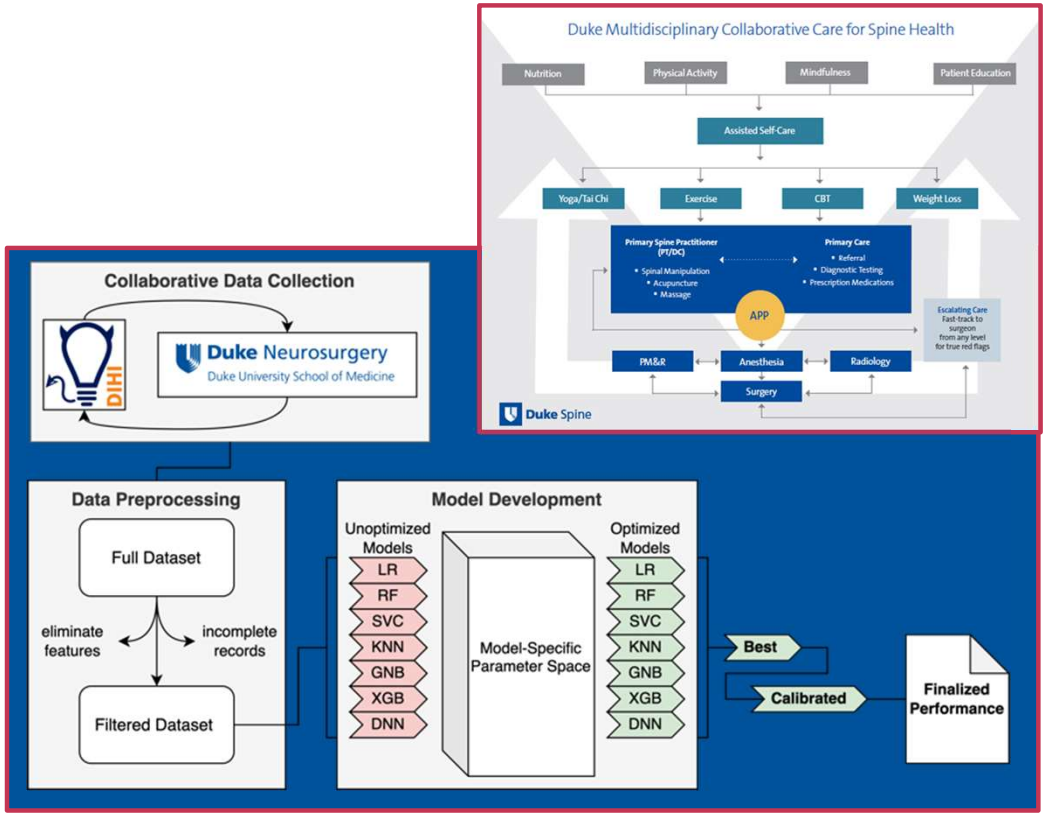


Machine Learning

Goal: To ensure patients see the **right provider** at the **right time**

Method:

Supervised **Machine Learning** to predict the **optimal treatment** for individual patients, minimizing **inappropriate referrals** and **unnecessary morbidity**




Taking It To Clinicians

ACP Guideline for Low Back Pain

Options for low back pain lasting **less than 12 weeks**	Options for low back pain lasting **more than 12 weeks**
OPTIONS TO CONSIDER FIRST	
• Superficial heat • Massage • Acupuncture • Spinal manipulation • Nonsteroidal anti-inflammatory drugs (eg, ibuprofen) • Muscle relaxant drugs	• Exercise program • Multidisciplinary rehabilitation • Acupuncture • Mindfulness-based stress reduction • Tai chi • Yoga • Motor control exercises • Progressive relaxation • Electromyographic biofeedback • Low-level laser therapy • Cognitive behavior therapy • Spinal manipulation • Nonsteroidal anti-inflammatory drugs
OPTIONS IF FIRST TREATMENTS FAIL	
• Local anesthetic and steroid injection or surgery for severe radiating leg pain due to nerve compression	• Tramadol (an opioid drug) • Duloxetine (an antidepressant drug) • Elective surgery or radiofrequency denervation for disabling chronic low back pain and impaired quality of life despite noninvasive treatments

Traeger AC et al Low Back Pain. *JAMA*. 2021;326(3):286.

Intervention class	In most contexts, these interventions may be offered as part of care	These interventions should not be used as part of routine care
A. Education	Structured and standardized education and/or advice [c]	
B. Physical interventions	Structured exercise therapies or programmes [b] Needling therapies [b] Spinal manipulative therapy [c] Massage [c] Mobility assistive products [d]	Traction [c] Therapeutic ultrasound [b] Transcutaneous electrical nerve stimulation (TENS) [c] Lumbar braces, belts and/or supports [c]
C. Psychological interventions	Operant therapy [c] Cognitive behavioural therapy [c]	
D. Medicines	Non-steroidal anti-inflammatory drugs (NSAIDS) [a] Topical Cayenne pepper (*Capsicum frutescens*) [b]	Opioid analgesics [a] Serotonin and noradrenaline reuptake inhibitor (SNRI) antidepressants [b] Tricyclic antidepressants [c] Anticonvulsants [c] Skeletal muscle relaxants [c] Glucocorticoids [c] Injectable local anaesthetics [c] Devil's claw (*Harpagophytum procumbens*) [c] White willow (*Salix spp.*) [b]
E. Multicomponent interventions	Multicomponent biopsychosocial care [b]	Pharmacological weight loss [c]

a: moderate certainty evidence
b: low certainty evidence
c: very low certainty evidence
d: good practice statement
This recommendation does not include older people

World Health Organization

Spine Health Tools

Spine Health & Back Pain Care: Advancing Trainings, Tools, and Best Practices

Transforming Spine Care

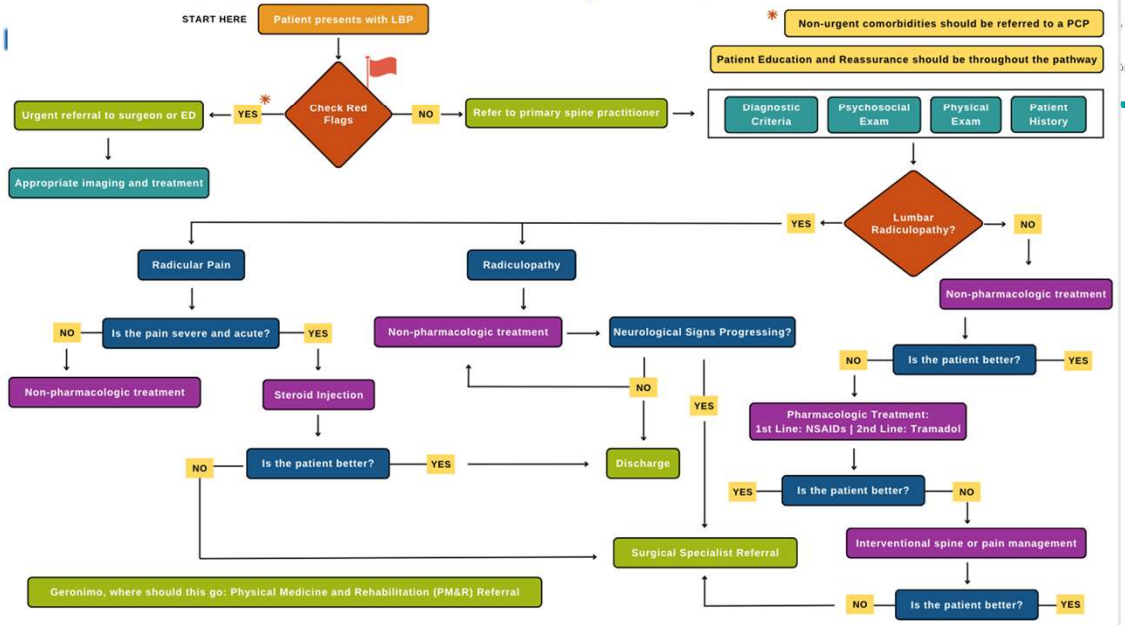
Although national clinical guidelines give best practices for spine-related pain management, adults with low back pain (LBP) and their healthcare providers often make treatment decisions that are not in line with these guidelines. About 65 to 80 out of 100 adults will have LBP at some point in their lives. Low back pain combined with neck pain are the largest financial drivers in the US healthcare system. Most care for LBP begins with a patient visiting a Primary Care Provider (PCP). In the past, usual medical care (UMC) for spine pain focused on standard treatments prescribed by PCPs. Many times these treatments would require their referral and have risks that would often outweigh benefits to patients. Some of these include medicines (non-steroidal anti-inflammatory drugs and opioids), radiological and advanced imaging techniques, and invasive therapies such as spinal fusion and epidural injections.

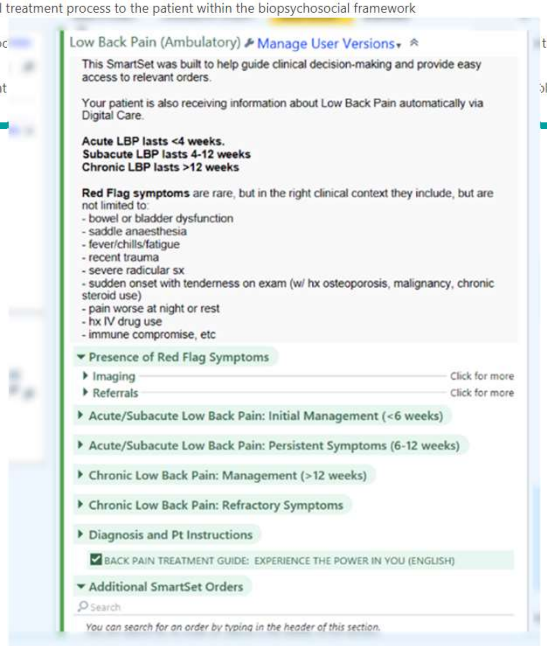
Many guidelines recommend alternative treatments. These include self-care, exercise, and other forms of movement and mind-body therapies. However, uptake of treatments that follow these guidelines is lacking. This is largely due to the facts that most PCPs do not have specific training in the examination and treatment of spine complaints, and patients lack information about appropriate spine care.

What are We Doing at Duke University Health System to Transform Spine Health?

The vision of the Duke Spine Health Program is to provide the right treatment, to the right patient by the right clinician, at the right time, and at the right cost. The basic principle of this effort is the need to deliver more efficient spine care that results in better outcomes by:

- Understanding the dysfunctional factors of the current spine care culture
- Sticking to principles of evidence-based clinical care pathways (classification, communication, coordination, outcomes)
- Approaching spine pain as a biopsychosocial problem, including understanding the history, exam, and treatment process to the patient within the biopsychosocial framework





Taking It To Employers

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What Employers Want

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Financial Incentives Misaligned

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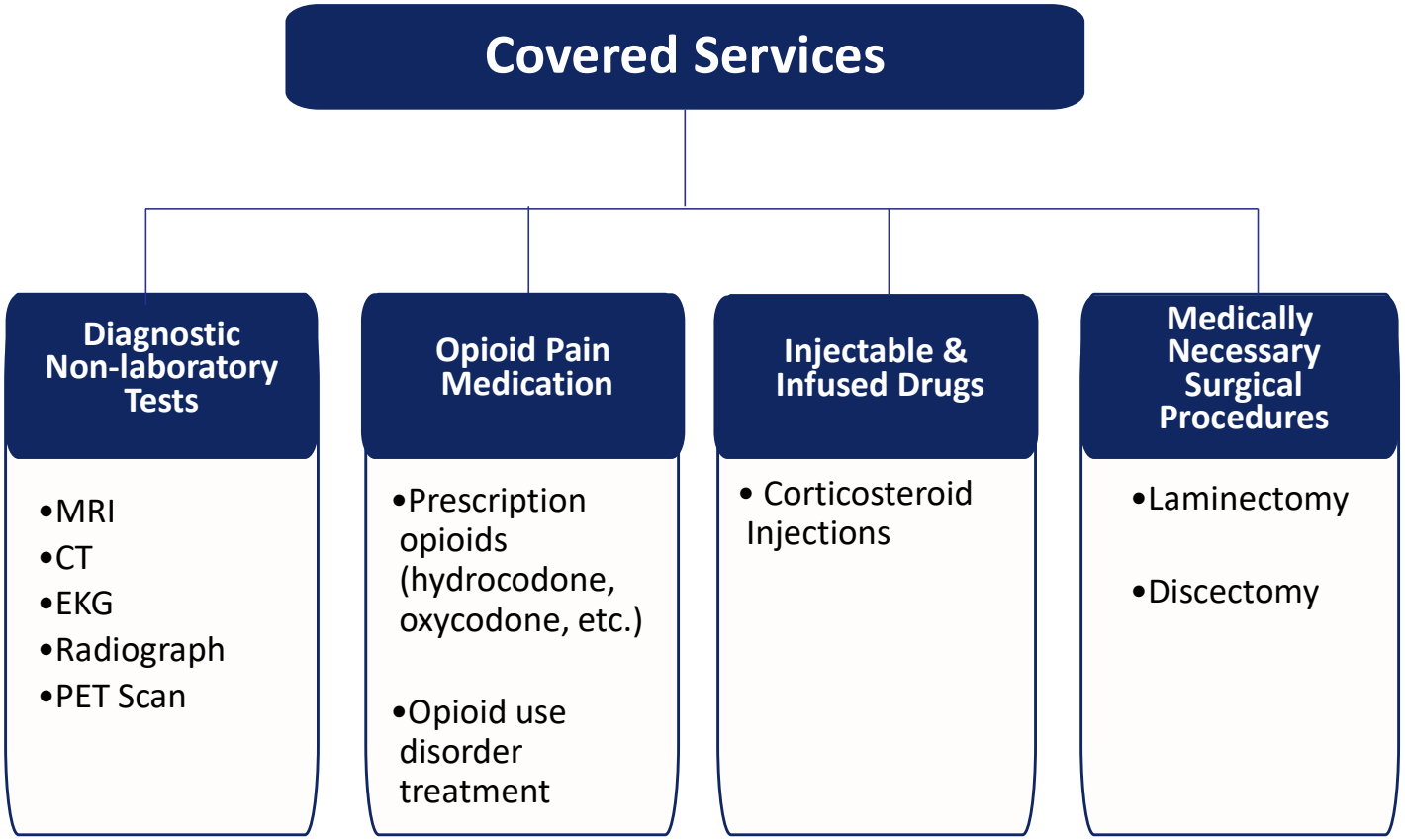
Centers for Medicare and Medicaid Services



Centers for Medicare and Medicaid Services

Physical Therapy

- Paid based on a complex formula
- Doctors can authorize up to 30 days of physical therapy at a time.

Chiropractic

- Manual manipulation of the spine is covered.
- Other performed services (physical examination, x-ray testing, massage therapy, and acupuncture) are not.

Acupuncture

- Physicians may administer acupuncture.
- Physician assistants, nurse practitioners/clinical nurse specialists, and auxiliary personnel* may administer acupuncture if properly licensed or credentialed*.

Yoga/Massage

- Not categorized as a medically necessary service by Medicare.

JAMA Network | Open

Original Investigation | Health Policy

Coverage of Nonpharmacologic Treatments for Low Back Pain Among US Public and Private Insurers

James Heyward, MPH; Christopher M. Jones, PharmD, MPH; Wilson M. Compton, MD, MPE; Dora H. Lin, MHS; Jan L. Losby, PhD, MSW;

"The lack of consistent coverage and utilization management policies underscores the need for best practices to improve comprehensive, multimodal coverage of treatments for chronic, non-cancer low back pain."

MAIN OUTCOMES AND MEASURES Medical necessity and coverage status for the treatments examined, as well as the use of utilization management tools and cost-sharing magnitude and structure.

RESULTS Commercial and Medicare insurers consistently regarded physical and occupational therapy as medically necessary, but policies varied for other therapies examined. Payers most

Utilization management strategies such as visit limits and prior authorization were common, but criteria varied widely across the plans examined.

Meaning The lack of consistent coverage and utilization management policies underscores the need for best

Solutions, Continued

- Wider adoption of the transformative models of care presented here today
- Embrace outside healthcare disruptions
  - Apps
  - Vori Health
  - Crossover Health
- Work with the Duke Margolis Institute for Health Policy and others committed to payment reform
- Educate
- Educate
- Educate

MEDPAGETODAY®

Opinion > Second Opinions

We're Treating Low Back Pain All Wrong

— Let's reexamine the current approach to treatment

by Christine Goertz, DC, PhD April 14, 2023

https://www.medpagetoday.com/opinion/second-opinions/104026

Thank you!

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X @ChristineGoertz

Q & A

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in the States