

University of South Florida Health – USF Morsani College of Medicine

Orthopedic and Sports Medicine Clinic

Facility Background/ Data	Year established/historical background	<p>USF Health is the partnership of the University of South Florida Morsani College of Medicine, the College of Nursing, the College of Public Health, the College of Pharmacy, the School of Biomedical Sciences and the School of Physical Therapy and Rehabilitation Sciences; and the Doctors of USF Health. USF Health is an integral part of the University of South Florida, a high-impact, global research university. USF was founded in 1956 and has 3 campuses – Tampa, St. Petersburg, and Sarasota-Manatee</p> <p>The University of South Florida has transformed a community medical school, established by the Florida Legislature in 1965, into a major academic medical center known statewide and nationally for its innovative curriculum with an emphasis on improving health through interprofessional education, research and clinical activities.</p>	
	Ownership/type/focus	<p>USF Health is part of the USF system, a large (>48,000 students), public 4-year university offering undergraduate, graduate, specialist and doctoral level degrees. The mission of the Morsani College of Medicine at the University of South Florida is to provide for the education of students and professionals of the health and biomedical sciences through the creation of a scholarly environment that fosters excellence in the lifelong goals of education, research activity and compassionate patient care.</p>	

	Location <ul style="list-style-type: none"> Geographic region, urban/rural Metro area population 	USF Health's Morisani Center is located in Tampa, FL (metropolitan area population 2,824,724).	
	Leadership structure/composition	Judy L. Genshaft, PhD is the President of University of South Florida. Charles J. Lockwood, MD, MHCM is Senior Vice President, USF Health and Dean of USF Health Morsani College of Medicine	
	Size <ul style="list-style-type: none"> Beds/catchment/enrollees Departments/employees 	USF operates 8 sites of care staffed by over 750 health care providers, including over 450 MD/DO/DC physicians. The department of Orthopaedics and Sports Medicine includes five orthopaedic surgeons, one primary care sports medicine physician, one chiropractor and one physician assistant.	
	Revenue sources (private, Medicare, Medicaid)	The facility accepts a mixture of private insurance, Medicare, and self-payment cases.	
	Notable current initiatives/changes <ul style="list-style-type: none"> CAM, spine, pain/opiate Patient experience 		
<i>Implementation of chiropractic services</i>	Impetus/climate/background	The DC had been associated with the university for many years as a volunteer physician for athletes and then part-time as adjunct faculty. One of the reasons the DC was officially brought on board to expand access to electronic health records.	"We had buy in in part because of some legislative support for this and dare I say leverage with the senior vice president and the president who wanted some things. And there's high-ranking chiropractors at the state legislative body at the time. So it was good timing." (Staff)
	Planning process/timeline	The DC's long-term association with the university provided exposure to chiropractic to athletes and orthopedic physicians. The Orthopedic Department asked the chiropractor to come on board full-time. There were a lot of administrative hurdles, particularly for a new program, with planning	"the chiropractic clinic here has been evolving for at least 20 years. At least chiropractic presence; it wasn't called a chiropractic clinic at that time. It started with one practitioner who got her foot in the door and provided great care for patients, was persistent and took bumps and bruises for

		occurred at the upper levels of the university to determine how to integrate the clinic, and especially how to finance it.	the profession, resulting in where we are now.” (Staff)
	Year clinical services established	On-site clinical services began in 2015. For 9 years prior, billing had been done through the chiropractor’s private practice.	
<i>Chiropractic Clinic Structures</i>	Administration <ul style="list-style-type: none"> • Department/service line • Performance measures/benchmarks 	The chiropractor was located in the Orthopedic department. USF recently restructured, chiropractic is now located in the Neurosurgery department.	
	Location/space/equipment	Located on the third floor of the University of South Florida campus health clinic.	
	Chiropractors <ul style="list-style-type: none"> • Number/FTE/appointment • Privileges/services • Non-clinical activities • Professional attributes • Interprofessional attributes 	1 Full-time chiropractor 2-3 patient exam/treatment rooms are available 10-20 new patient visits per week and 80 Follow-up patients per week	
	Support staff <ul style="list-style-type: none"> • Discipline/number 	1 clinical coordinator 3 support staff with some duties working with the chiropractor	
	Patient access <ul style="list-style-type: none"> • Referral, self-referral • Appointment availability/wait • Appointment length, number per week 	Patients access appointments with the chiropractor through provider referral as well as self-referral mechanisms. 30 minute appointments scheduled for new patients. 15 minute appointments scheduled for follow-up patients.	
	Relevant partnerships <ul style="list-style-type: none"> • Academic, research 	The clinic is located on the University of South Florida campus. The chiropractor also works at the university health center and at the university sports center with USF sports teams.	
	Patient characteristics		

<i>Chiropractic Clinic Processes</i>	<ul style="list-style-type: none"> Population, conditions, complexity Access patterns seen 	<p>The clinic sees patients with a variety of musculoskeletal conditions, sports injuries, headaches, and post-concussion symptoms. Referrals originate from primary care, neurological surgery, and orthopedic surgery. When requested by referring physicians the clinic provides expedited access for urgent cases, often on the same day. There have been challenges with billing and reimbursement for chiropractic services compared with surgical services.</p>	
	<p>Services provided</p> <ul style="list-style-type: none"> Diagnostic, therapeutic 		
	<p>Case management</p> <ul style="list-style-type: none"> CPGs/care pathways used Outcome assessment/reporting Communication/collaboration with other providers 	<p>Good communication/collaboration with many physicians is a key to team based care. However the large size of institution, with only one DC on staff poses a challenge in reaching all physicians. Since this is a teaching facility, some attendings commonly refer to and collaborate with the chiropractor, thus their residents gain experience with chiropractic care.</p> <p>The facility includes DOs who perform some spinal manipulation, yet also refer some cases to the chiropractor for management. There is also strong collaborative case management between chiropractic and PT providers.</p>	<p>[The PT department] is a wonderful program. They do some mobilization, but they've sent me a lot of people whom they feel would benefit from chiropractic care, and I send them, obviously, the people who I think they've got the machinery to do it...that's very good care. (Provider)</p>
<i>Impacts/Outcomes</i>	<p>Clinic function</p> <ul style="list-style-type: none"> Use, utilization, performance benchmarks 	<p>From a fiscal perspective, the clinic is meeting its production and collections targets, and is perceived to be budget neutral or slightly positive. Across stakeholders there is common perception</p>	<p>I know that [the chiropractic clinic] doesn't cost us much and doesn't make us much. You can't really compare an ancillary service of chiropractic medicine to surgery; any surgical specialty. They make a lot of</p>

		<p>that the chiropractic clinic adds value for the facility's patients.</p> <p>The facility initially encountered challenges with billing and reimbursement for chiropractic services. This was partly due to the novelty of implementing the business practices associated with this new service, and partly due to the wide variation in chiropractic reimbursement among payers.</p>	<p>money...and it's much easier to bill for orthopedic services than it is for chiropractic.</p> <p>(Staff)</p>
	<p>Patient status</p> <ul style="list-style-type: none"> Outcomes, satisfaction 	<p>Patients expressed high satisfaction with the quality and outcomes of chiropractic care. Patients greatly appreciated that the chiropractor communicated and collaborated with other providers involved in their case management.</p> <p>Patients expressed perceptions that all physicians at the facility are high-quality, and that this favorably influences their perception of the chiropractor,</p>	<p>As far as I'm concerned, I feel that chiropractic is what keeps me going...I really feel these doctors work more closely with one another. There's not that -- I don't know, would you call it jealousy maybe -- between how big your {private} practice is and this kind of thing.</p> <p>All these people are teaching in some way. I feel that the doctors here are on the leading edge of the newest and best methods to do things.</p> <p>(Patient)</p>
	<p>System status</p> <ul style="list-style-type: none"> Facility actual (or impression of) value Non-DC staff impression DC staff impression 	<p>Value of medical residents and fellows rotating through chiropractic clinic</p>	<p>I think it is beneficial. It brings in good patients. [The chiropractor] gets referrals from us, [and] gives referrals to us. So it is a good holistic approach to the care of the patient.</p> <p>(Provider)</p>