

Issues In Yoga Therapy

Perspective

Yoga and Managed Care: A Cautionary Tale

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As IAYT takes mindful steps toward Yoga therapy accreditation, it does so amidst a new healthcare climate in the West. Just a decade ago, most healthcare providers viewed Yoga as recreation or exercise rather than education or treatment. Now, many physicians, nurses, psychologists, social workers, and other healthcare professionals regard Yoga with open curiosity, if not respect. Some even practice Yoga themselves, or recommend group classes and private sessions to their patients and clients.

Along with this new receptivity, educational and medical institutions have begun to open their doors to Yoga. Examples of education's receptivity to Yoga include Larry Payne's work with Loyola Marymount University, Gary Kraftsow's affiliation with UCSF and the University of Michigan, and my own teacher training's approval as graduate-level continuing education for social workers through the National Association of Social Workers (NASW) and psychologists through the American Psychological Association (APA). Medical institutions have also followed suit; one such example is Cambridge Hospital, which is part of Harvard Medical School. Through its Integrative Therapies program, Cambridge Hospital has changed its bylaws to offer accreditation and staff privileges to Yoga teachers. This Yogic climate change has created opportunities for Yoga therapists and educators to participate more directly in education, research, and healthcare, and many of my colleagues are embracing these openings.

Recently, while talking with Yoga colleagues and reading many of the excellent editorials in this journal, I've noted an enthusiastic anticipation of collaboration between Yoga therapists and third-party payors (managed care companies, insurance companies, and employer programs). Many Yoga therapists would like to see Yoga therapy and education counted as an accepted, reimbursable form of healthcare.

Some of my closest colleagues (such as Gary Kraftsow and the American Viniyoga Institute) are currently participating in research trials with insurance companies as a prelude to offering treatment. They are breaking new ground so that Yoga therapists can be recognized as legitimate service providers and receive contracts entitling them to reimbursement for services. This is, indeed, quite an accomplishment. Should our healthcare system recognize Yoga therapists' services as commensurate with those provided by physicians, nurses, and psychotherapists? Undoubtedly, yes. But the *form* that recognition takes may be up to us. I, for one, have several reservations about Yoga therapists creating formal contracts with managed care companies.

As a licensed clinical psychologist, Yoga therapist, and Yoga teacher, I have been a card-carrying member of the "Managed Care Club" for half of my twenty-year career. I'd like to pose the following questions to all my colleagues in Yoga therapy: Do we really want to join the Managed Care Club? Or is the breadth and depth of Yoga therapy better served—and protected—by practicing outside its confines? Is there a middle ground between working with and working outside managed care that gives us the opportunity to do what we do best without compromising our values? Inclusion in the Managed Care Club raises potential roadblocks to the integrity of Yoga therapy, and I will attempt to outline these roadblocks briefly here.

Paradigm of Healing. The medical managed-care model is evidence-based. As such, it is therapist- and intervention-

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centered. It focuses on something that is done *by* a therapist *to* a client. The responsibility and credit for treatment does not rest with the client him- or herself, but rather with the therapist (doctor) and intervention (form of treatment). The qualities of Yoga therapy, on the other hand, are inherently in opposition to this model. Yoga therapy has the intrinsic goal of awakening the right relationship between self and world that already exists within us. Though it may take time to awaken, this relationship is not therapist-centric. It does not depend on the Yoga therapist, but rather on the client. In Yoga therapy, interventions are more like discoveries that result from the collaborative explorations of the Yoga therapist and client.

Gross Versus Subtle Interventions. Among the many distinctions between traditional medical care and Yoga, one in particular stands out: traditional medical care, and thus managed care, requires that treatment follow a particular evidence-based sequence. Yoga therapy, in contrast, does not always follow a predictable sequence, even in traditions that use treatment protocols. Yoga therapy is more intuitive (though supported by empirical or other evidence) and varied than allopathic medicine. Most Yoga therapists (or educators) would agree that subtle interventions, such as incremental shifts in posture or breathing, often have great therapeutic benefit. Yet for the most part, managed care and insurance companies don't consider subtle interventions as meritorious of reimbursement. Managed care companies' expectations of productivity are geared toward obvious (gross) interventions, such as medication, day treatment, or psychotherapy. How would we persuade an insurance reviewer that after three sessions, a depressed client shows no improvement in social or occupational functioning, but she is breathing better—and this will have a positive impact on her negative thoughts and nervous system balance? How do we explain that an increase in breath, or *prana*, will in time catalyze the changes that insurance companies want immediately? How will we make clear that our work with a client has helped him connect with his inner essence, and that improvements in affect regulation will follow suit? The pressure to do more in less time and with measurable results may affect what we do with our clients. This would also influence the therapeutic relationship we have with them. Between time pressure and the demand for “big” interventions, where does being *with* a client in the moment, honoring his or her direct experience and offering suggestions to help create more well-being, fit in?

Licensure. Most of us would agree that teaching Yoga requires a less rigorous skill set than practicing Yoga therapy. However, the demographics of public Yoga classes have changed significantly; most Yoga teachers now encounter a

larger percentage than ever of practitioners with therapeutic concerns such as physical injuries, chronic pain disorders, immune system issues, or emotional issues such as anxiety, insomnia, and depression. This rising population with specific needs makes it advisable for Yoga teachers to have a background in Yoga therapeutics. This background might include sensitivity to alignment and injury prevention. It may involve an ability to read and address students' emotional needs (indirectly). It may entail the capacity to adapt to the changing needs of a class. And it may also address ways to shift students' chronic patterns of movement and thought. Admittedly, the requirements for practicing Yoga therapy should be more rigorous than those for teaching Yoga. But do we want to go as far as licensure?

Third-party payors usually require licensure in order to provide reimbursement. If we wish to engage with insurance companies on a par with other providers, we open the door to licensure, a process even more lengthy and complex in scope than accreditation. Licensure means further regulation and management of what we do. My colleague Gary Kraftsow has assured me that one national managed care company has not raised the requirement of licensure in their talks. Yet many companies likely will. If licensure becomes the gold standard for Yoga therapy, it could create a disparity between licensed Yoga therapists and those who don't wish to be licensed. Furthermore, though licensure is designed to protect clients who seek services, licensing exams and continuing education requirements often do not directly ensure this protection. Two of my most intelligent and clinically astute mentors in graduate school themselves failed the psychology licensing exam; one did so three times. Licensure will also force us, as Yoga therapists, to go through a regulatory process that brings us further away from Yoga.

Utilization Review. I have many vivid memories as a psychologist of dealing with managed care on behalf of my clients. I worked in several psychiatric hospitals and treated people on an inpatient basis for such issues as mood disorders, substance abuse, eating disorders, aggressive behavior, and psychosis before they returned to outpatient treatment. I also saw clients on an ongoing outpatient basis. My weekly duties included utilization review: regular discussions with insurance reviewers that were required for continued authorization of treatment. Each week, I'd find a spot in a tiny chamber off the main unit of a psychiatric hospital in Chicago and talk on the phone with three to four insurance companies. I would attempt, for example, to convince the disembodied voice on the other end of the line that a patient, hospitalized for three days following a suicide attempt, needed more time in the hospital before he could

be treated safely by his outpatient psychotherapist. I'd try to persuade another reviewer that a woman suffering from severe anxiety required an additional week of inpatient work before she could transition to a day hospital. I did this for my outpatient clients, as well, fighting for additional visits. My colleagues and I often exchanged clever strategies for obtaining more time. These strategies usually required that we make clients sound as emotionally imbalanced as possible. This part of my job always evoked in me a visceral sense of distaste and considerable helplessness. Because my colleagues and I were on the opposite side than the reviewers, these calls could and often did turn combative. On more than one occasion, a reviewer told me that unless we medicated a suicidal patient (specifically with Prozac), we would be forced to discharge her within 24 hours. And these, I hate to say, were the "good old days."

Incentivizing Illness. If insurance companies decide to reimburse Yoga therapists or educators (whether licensed or not), they will likely require some form of utilization review. This means that we'd be asked to talk with a third party—often someone without direct experience or education in Yoga or healthcare—about our clients and justify our treatment choices. The dilemma: justification of treatment typically requires us to make our clients sound less functional than they are. We need to emphasize their weaknesses, suffering, and lack of stability to earn them additional therapy time. Most clinicians participate in this ethical compromise, acknowledging it amongst themselves as a necessary evil to the goal of obtaining more time. Although most healthcare providers are forced to participate in this model, it directly contradicts the work of Yoga education and Yoga therapy, which emphasize a client's strengths, abilities, and inner wisdom while still acknowledging what is out of balance. This system incentivizes illness, whereas Yoga therapy incentivizes wellness. Our current paradigm of medical care is likely many stages away from prioritizing client-centered treatment and wellness.

Nonholistic Treatment. The time we would need to spend in utilization review is not compensated financially. At the Center for Integrative Yoga Therapeutics in Boston, where I supervise eight Yoga therapists, we currently take additional time (not billed to or paid for by the client) to communicate with referring providers and other members of a client's treatment team. This is something we do willingly and on our own time because it promotes integrated treatment and benefits the client. Many of my colleagues do the same. If we are all also required to communicate with insurance reviewers, we may need to shorten the time we spend with clients. We may have to sacrifice our communications with

other providers, reducing the integrative aspects of treatment. What's more, we may even need to shorten the time we spend with clients..

Time-Limited Yoga Therapy. Since my early encounters with managed care, it has become even more structured and limiting. Participating providers are required to talk with third-party payors whose goal it is to manage (read: reduce) client care. When it comes to mental health benefits, most of the time clinicians are not even given the chance to negotiate additional services for a client. Unless a client has a certain diagnosis (called a "Biologically Based Mental Disorder"), he or she is not eligible for parity (benefits commensurate with medical care benefits) under the Mental Health Parity act. For certain types of anxiety, depression, insomnia, stress, and other emotional issues, the maximum allowable benefit is usually only eight to twelve sessions per year or per lifetime. If clinical psychology, an established field, only merits eight to twelve sessions, how will Yoga therapy fit into this picture?

Outcome-Based Interventions. Traditional managed care is outcome-based, time-limited, and time-focused. A reviewer wants to see, within a week or two, significant improvement in social, emotional, or occupational functioning. A results-oriented approach seems at odds with the essence of Yoga therapy, which honors a client's own organic process. This approach also opposes what neuroscientists have taught us about neuroplasticity and how the brain changes: not with one to four (reimbursable) visits, events, or healing experiences, but with repeated practice of interventions over a period of time. This eventually creates bigger changes. Yoga philosophy (in particular, Patanjali's Yoga Sutras) and Yoga therapy are in accord with this principle of building small changes over time and with practice. Insurance companies cannot afford to be in agreement with this principle. They want to see large-scale changes in short amounts of time. This counters the way our minds, brains, and bodies actually learn. Although outcome-based interventions make sense, process-based interventions (an inherent part of Yoga therapy) are just as important.

Financial Pressures. Over the years, more and more of my psychologist colleagues have opted out of the Managed Care Club, taking only private-pay clients to avoid regulation by managed care. Many have resigned from managed care panels because managing the managed care required hiring a full-time employee to handle billing, paperwork, and appeals for treatment, something that few providers can afford. In fact, the ethical, philosophical, and financial strictures of the managed care model served as a major catalyst in my career. It contributed to my exploration of alternative methods of healing, a journey that brought me to Yoga and Yoga therapy.

Recently, on the flight home after teaching at a Yoga conference, I met an oncologist from the Boston area. He told me that a year or so ago, he left clinical work in oncology to do research. He missed patient care, he said; he'd loved the opportunity to help save lives. Yet as we talked further, the impetus for his mysterious career change became clear: managed care. Often, he told me, he was required to engage in a complex, multistage process of begging for certain services or special treatments for his patients with cancer. He knew that the managed care companies' decision could save his patient's life, or help to end it. Yet the process of requesting care left little time for actual patient care. Many of his colleagues grew so weary of the red tape that they gave up on requests for additional treatment without completing all the many steps required. As a result, patients were frequently unable to receive a much-needed form of pharmaceutical or alternative therapy. In the end, he told me, he couldn't live with the constant negotiation that interfered with medical care. When I told him that Yoga therapists and educators were now on the precipice of cultivating agreements with managed care companies, his advice to me was clear, concise, and to the point: "Don't do it," he urged.

Many Yoga therapists look forward to the day when insurance companies, on a wide scale, are willing to reimburse

Yoga therapists for services. I, for one, anticipate such a day with mixed feelings. The trailblazers among us who are working with third-party payors will create alliances and contracts that serve as prototypes for future contracts. I would like to suggest that we undertake these alliances carefully and do so in light of the overarching principles that distinguish the work of Yoga. I would recommend that the relationships we forge with managed care explicitly allow for the following: no necessity for licensure; no need for utilization review; no requirement for time-limited or protocol-based treatment; an incentivizing of wellness rather than illness; and a respect for the subtle interventions of Yoga therapy as well as the gross ones. I would submit that we undertake these explorations in a way that transcends our own work and growth. As we gain more credibility in healthcare, we would do well to keep in mind the welfare of our clients and the future of Yoga therapy long after we ourselves are gone. Perhaps, as a new healthcare era dawns, we can participate *with* managed care companies to create a paradigm shift. This new model may even support us in working with Yogic principles and using Yoga therapeutics not as primary care alone, but as preventive medicine.

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