

Practice Transformation Task Force

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Draft Capability Summary: Integrative Medicine





Proposed Capability: Integrative Medicine

• **Definition**: Whole-patient medical practice that focuses on the practitioner-patient relationship, leveraging all healthcare professionals, disciplines, therapies, and lifestyle approaches to help patients regain and maintain optimal health by providing complementary and alternative medicine therapies in conjunction with conventional medicine.

Intended Outcomes:

- Address the symptom burden of acute or chronic illness
- May also examine the causes of symptoms or conditions
- Reduce unnecessary and expensive treatment of disease symptoms
- Distribute physician workload on a care team of practitioners with differing backgrounds





Description of Capability

- All primary care providers within the network are trained to introduce integrative medicine for conditions specified and connect patients to their network's care teams specialized in integrative medicine.
- Each AN/FQHC creates a integrative medicine care team.
 - Patient intake explores and documents patient priorities through personal, family, social, and medical history for the conditions identified as key auto-immune and other conditions.
 - Conducts motivational interviews with patients to understand their interest in pursuing disease management via integrative medicine.
 - Provides patient education on how to change lifestyle and participate in integrative medicine treatments for the specified conditions.





Program Models

Saint Francis Hospital and Medical Center of Connecticut

- Staff clinicians provide consultations to primary care and specialty teams to provide referrals to integrative
 medicine resources, such as acupuncture, massage and relaxation therapies, yoga classes, and nutritional
 assistance
- Acupuncture has provided relief to patients with depression, anxiety and fatigue due to cancer treatment, and pain due to gastro-intestinal issues
- Billing for integrative medicine services and professionals through traditional health insurance is time consuming and claims may be denied
- Reimbursement for the primary care provider is more consistent than for the rest of the care team

National Center for Integrative Primary Health Care

Provides 45 hour interprofessional online training for primary care teams





Consumer and Health Equity Perspectives

Consumer Perspective

- 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 conventional medical care

Health Equity

- Inclusion of integrative 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
- Conditions such as chronic lower back pain disproportionately impact racially and economically diverse communities for which integrative therapies make an impact





Impact/Evidence

- Improved quality and outcomes: European chemotherapy patients reported improved quality of life and better scores on pain, anxiety and sleep measures.
- Patient experience: Higher CAHPS scores for whole person care (knowledge of medical history, values about health, worries and stress, and patient responsibilities), promotion of health (interventions to improve health, lifestyle changes, emotional well-being, etc.), relationships and communication (treating patients with respect, spending enough time with the patient, trust), access to care (receiving an appointment in 5 of fewer days), and overall satisfaction.
- **Provider satisfaction:** 67% of surveyed integrative medicine practitioners reported an improved quality of life after including integrative medicine techniques in their practice.
- Lower cost: Less expensive, non-surgical low-back pain treatments such as chiropractic treatments have similar outcomes as surgical procedures and avoid expensive diagnostic imaging.





Implementation Considerations

HIT Requirements

- Standardized EHR platform to share information within the care team and perform standardized integrative 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 integrative medicine into practice

Related Tasks

- Need for standardization in the measurement of integrative medicine treatments for the specified conditions to determine impact of network care teams
- Need to educate all providers about integrative medicine
- Insurance does not typically cover integrative medicine services
- The independent American Board of Integrative Medicine (ABOIM) provides certifications; it is unaffiliated with the American Board of Medical Specialties, overseer of 24 boards and 100 subspecialty certifications





Discussion

Survey Results {TO BE INSERTED}

- Should all practices be trained for awareness about integrative medicine?
- Should ANs/FQHCs be required to have a practice that specializes in integrative medicine?

Vote on the capability



