

CT Primary Care Payment Reform

Draft Capabilities Skeleton: Integrative Medicine

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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 (The Bravewell Collaborative, 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 based on evidence-based practices 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: Integrative Medicine

Definition: According to the Academic Consortium for Integrative Medicine and Health, integrative medicine and health focuses on the relationship between the practitioner and patient, while focusing on the whole person. It leverages all healthcare professionals, disciplines, therapies, and lifestyle approaches with a strong evidence-base (Academic Consortium for Integrative Medicine and Health, 2018). Integrative medicine strives to help patients regain and maintain optimal health by examining a patient's unique circumstances and personalizing care to address all causes of their illness. The provision of evidence-based complementary and alternative medicine therapies in conjunction with conventional medicine has been explored for patients with chronic auto-immune diseases, diabetes, acute and chronic pain, multiple sclerosis, and diabetes. Non-pharmacologic treatment modalities, such as acupuncture and cognitive behavioral therapy for chronic pain, have been shown to be effective in the treatment of a number of conditions with less side effects than pharmaceutical treatments (The Joint Commission, 2014). Although integrative medicine may address causes of diseases, it is equally focused on addressing the symptom burden of chronic illness.

Proposed Strategy:

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

- Specialized care team provides patient education on how to change lifestyle and participate in integrative medicine treatments for the specified conditions.
- Specialized care team refers patients to integrative medicine providers and tracks outcomes.

Intended Outcomes:

- Address the symptom burden of acute or chronic illness (i.e., secondary and tertiary prevention)
- 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

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 conventional medical care

Health Equity Lens:

- 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

Implementing the Strategy

Example Scenario: A patient with multiple sclerosis visits their primary care provider due to recent increased fatigue and numbness. The primary care provider discusses how to manage the patient's symptoms and informs the patient about their network's integrative medicine care team, including an acupuncturist. The network's care team works with the patient to understand the patient's willingness to participate in alternative therapies, the acupuncturist conducts a session with the patient, and recommends a follow-up visit to assess the session's impact.

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

Implementation Concerns:

- Need for standardization in the measurement of integrative medicine treatments for the specified conditions to determine impact of network care teams
- Unclear understanding of integrative medicine among providers

- Insurance does not typically cover integrative medicine services for patients

Impact

Aim	Summary of Evidence
<i>Health promotion/prevention</i>	Integrative 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 these approaches improve health promotion and primary prevention, further studies evaluating impact are needed.
<i>Improved quality and outcomes</i>	Patients with breast/gynecological cancer undergoing chemotherapy and with gastro-intestinal symptoms who attended 4 or more integrative medicine treatments in six weeks had significantly improved European Organization for Research and Treatment of Cancer Quality of Life Questionnaire scores for appetite, fatigue, cognitive functioning, and emotional function as compared to the control group (Shalom-Sharabi et al., 2017). The intervention group also scored better on the Edmonton Symptom Assessment Scale for pain, anxiety, and sleep compared to the control group.
<i>Patient experience</i>	Patients at the integrative medicine adult primary care clinic at the University of Arizona Integrative Health Center rated their experience with the practice through surveys based on CAHPS and CARE measures (Crocker et al., 2017). The practice received high scores on 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 or fewer days), and overall satisfaction.
<i>Provider satisfaction</i>	According to a study of over 1,000 integrative medicine doctors and doctors of osteopathy, 67% of doctors surveyed reported quality of life as “much better” or somewhat better” as compared to their practice of medicine prior to inclusion of integrative medicine techniques (Fierce Healthcare, 2017). The doctors reported feeling less burnt out due to being able to spend more time with patients.

Lower Cost For lower back pain, non-surgical procedures, such as chiropractic treatments, have shown to provide similar outcomes at a significantly reduced cost when compared to surgical procedures (Spero, 2017). Additional research on cost savings from integrative medicine therapies is needed. Integrative medicine avoids expensive diagnostic testing, which may occur in conventional medicine or functional medicine.

Commented [SHAP1]: As to cost, we need to understand the % of cost add-ons likely incorporating Integrative /CAM medicine. There should be data out there.

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

APPENDIX

Learning from Others

State and National Scan:

Case Study #1 Saint Francis Hospital and Medical Center of Connecticut has found value in integrative medicine referrals and development of a cadre of integrative medicine professionals. The hospital has provided educational assistance to link a family medicine practitioner to a two-year fellowship in integrative medicine at the University of Arizona. The family physician trained in integrative medicine provides 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.

Lessons Learned:

- 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

Case Study #2 The National Center for Integrative Primary Healthcare, founded by the Academic Consortium for Integrative Medicine and Health and the University of Arizona Center for Integrative Medicine, has worked to develop a set of core competencies for primary care teams with integrative medicine training (National Center for Integrative Primary Healthcare, 2016). Based on these competencies the group has developed a 45-hour interprofessional online training for primary care teams. Their work has focused on developing educational resources for primary care teams to share integrative medicine information and best practices, linking primary care teams to integrative health resources, and developing a patient portal. The NCIPH will continue to further access to integrative medicine in primary care through development of patient education materials on integrative medicine benefits.

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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