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Improving Chronic Pain Care through Integrative Medicine

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Nearly one in five U.S. adults live with chronic pain. Research shows that disabling chronic pain is more common among low-income individuals, and among African-American adults compared to their White counterparts. Despite the fact that opioids often have negative side effects and do not address the underlying causes of chronic pain, opioid medications are still commonly used to treat chronic pain. Primary care providers generally have 15 minutes or less to provide care for chronic pain and other health conditions, making it challenging to provide any treatment other than medication. Opioid prescriptions for chronic pain have decreased in recent years, including in primary care settings, where most people receive chronic pain treatment. However, people with chronic pain suffer unnecessarily when clinicians prescribe opioids less frequently and cannot or do not offer accessible and effective alternatives.

The gold standard for chronic pain treatment is multi-faceted and includes a variety of treatment types ranging from acupuncture to yoga to mindfulness training, combined (or integrated) with other treatments such as physical therapy, mental health care, and medication. However, many people do not have access to this type of care, called "integrative medicine," because it is rarely covered by insurance. Access to integrative medicine is particularly limited for people who are uninsured or covered by Medicaid and cannot afford high out-of-pocket costs, including low-income individuals and people with disabilities. Extensive research also shows that African-Americans and Latinos are less likely to receive adequate pain treatment than their White counterparts. To reduce unnecessary suffering and improve care, policymakers, insurance providers, and clinicians should work together to increase access to integrative chronic pain care.

Read more at Ariana Thompson-Lastad, Paula Gardiner, and Maria Chao, "Integrative Group Medical Visits: A National Scoping Survey of Safety-Net Clinics," in *Health Equity*, 3, (2019): 1-8.