

IMPROVING CHRONIC PAIN CARE THROUGH INTEGRATIVE MEDICINE

By Ariana Thompson-Lastad, University of California - San Francisco, Isabel Roth, University of North Carolina at Chapel Hill, Jessica Barnhill, University of North Carolina, and Sharad Kohli, Integrative Health Policy Consortium

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.

INTEGRATIVE GROUP MEDICAL VISITS

Integrative group medical visits are one successful approach to increasing access to integrative medicine for chronic pain. These visits combine standard medical care with peer support, health education, and one or more forms of integrative treatment (e.g. acupuncture, yoga, mindfulness). Leveraging a combination of approaches has been proven to help address chronic pain. In these visits, multiple patients access care together, in the same room, and one or more clinicians bill insurance for the medical care they provide. This care is built on existing models of care used in a variety of settings, including group medical visits and community acupuncture. Integrative group medical visits are good for:

- **Patient Health** – Integrative medicine can, in some cases, help people decrease, discontinue, or prevent opioid medication use altogether. At minimum, these visits allow close monitoring of the health of opioid users. In addition, integrative medicine can be beneficial for individuals dealing with multiple health conditions at once (e.g. chronic pain, depression and diabetes).
- **Patient Satisfaction** – Though not all patients want to participate in these types of visits, those who do generally report positive experiences. This is, in part, because the patients have more time with their health care teams (generally 1-2 hours) and support from peers with similar health challenges.
- **Clinicians** – Amidst high rates of clinician burnout, this type of care, with appropriate institutional support, may improve job satisfaction. Group visits offer clinicians extended time with patients – and

prevent them from having to run from one 15-minute appointment to another all day, every day. It also provides clinicians opportunities to provide safe and effective non-opioid treatments for chronic pain, in combination with patient education.

- **Access to Effective Pain Care** – Leading medical organizations and the US Department of Health and Human Services now recommend integrative medicine for chronic pain and the Joint Commission, which accredits U.S. health care organizations, now requires that hospitals offer non-medication treatment for chronic pain. Integrative group medical visits could be implemented across the U.S. healthcare system with minor changes to public and private insurance coverage.

Integrative group medical visits are primarily being implemented in settings serving people with public insurance. Settings include Federally Qualified Health Centers which primarily serve Medicaid, Medicare and un/under insured patients and the Veteran’s Affairs healthcare system as part of a broader expansion of integrative medicine access. Integrative group medical visit models are flexible in staffing, duration, and curriculum and can be adapted to a variety of different settings.

POLICY CHANGES TOWARD INTEGRATIVE MEDICINE ACCESS

As the standard of chronic pain care shifts to prescribing fewer opioids patients suffering with chronic pain need safe and accessible alternatives. Integrative pain care should be made available both to those with a history of opioid medication use and to people newly experiencing chronic pain. The following recommendations will help increase access to integrative care for patients with chronic pain and accompanying mental and physical health issues.

- Centers for Medicaid and Medicare, and private insurance companies should align their coverage with the HHS Pain Management Best Practices, which recommend coverage for integrative pain care. One example is the Veteran’s Health Administration, which has begun providing coverage for integrative therapies including acupuncture, chiropractic care, tai chi, and yoga. Statewide Medicaid waiver programs in states including Vermont, Oregon and Ohio provide coverage models that could be replicated in other states.
- Community health centers, hospital systems, and private health care practices can adapt and implement integrative group medical visits and other integrative pain management services to better serve their patients and clinicians. As part of this effort, healthcare organizations can develop credentialing processes for integrative care providers who have not traditionally worked in these settings (e.g. acupuncturists, massage therapists).
- Training programs for health care professionals should include training on group medical visits, integrative medicine, and interprofessional practice to increase understanding of and access to these important services.

As healthcare systems move towards value-based care, integrative group medical visits and other integrative pain management services should be implemented as a means of improving care and lowering cost.

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.