



# RECOGNIZING COMPLEMENTARY AND INTEGRATIVE PROVIDERS IN THE HEALTHCARE WORKFORCE

## A Policy Statement from Northwestern Health Sciences University

In Minnesota and across the nation, an aging population, misuse of prescription medications, inadequate pain management and the rising incidence of chronic disease continue to drive the unsustainable cost of healthcare. In the United States, healthcare spending is approximately 18% of GDP – almost twice that of other high income countries. This is due, in large measure, to high physician salaries, prescription medication and administrative expenses. In spite of that rate of spending, our return on investment is poor, with Americans experiencing worse health outcomes than comparable countries.<sup>1</sup>

Rising insurance premiums, high annual deductibles and visit co-pays are also creating financial challenges for consumers. American families – and the employers that continue to provide them with health coverage – are facing average insurance premiums that have now topped over \$20,000 in 2019, but with workers paying an increasing portion of that cost along with higher annual deductibles.<sup>2</sup> That cost-shifting and higher out-of-pocket consumer spending creates financial challenges often lead patients to avoid or delay the care they need.<sup>3</sup>

Beyond exorbitant costs, the policies that control healthcare access and how services get paid often dictate the care individuals receive. Alarming, these policies are not always aligned with the delivery of evidence based healthcare. This gap threatens the effectiveness and efficiency of the entire healthcare system.

As we consider these health and policy challenges, an opportunity exists to reexamine the role of complementary and integrative healthcare for improving whole person health, increasing access to evidence based therapies, and curbing uncontrolled healthcare costs.

### **Complementary and Integrative Health Providers**

A variety of healthcare providers are commonly recognized as complementary or integrative, because the care patients seek from them may be either in conjunction with or in place of conventional medicine. This policy statement focuses on those professions that are licensed (or otherwise regulated) and whose core training is outside of traditional allopathic programs. The most commonly used complementary and integrative healthcare providers include chiropractors, acupuncture and Chinese medicine practitioners, and massage therapists, whose practices range from individual private clinical settings, to hospitals, health systems, VA and community health centers.<sup>4</sup>

While these professions have historically been labeled as complementary or alternative, we would argue that the most powerful patient experience comes when these modalities are truly integrated with conventional treatment approaches, and individualized for each patient. Thus, the term integrative health is a preferred descriptor, reflecting the use of both conventional and complementary treatment approaches with a patient-centered focus that recognizes the important relationship between mind, body and spirit.<sup>5</sup>

Integrative health is often characterized, in practical application, by coordinated care among and between different providers all practicing and providing care to the full extent of their training and professional license. The term also acknowledges a contemporary notion that there is not a single system of medicine or approach that can address all the health care needs of patients – especially when personal preferences are taken into consideration.

The incorporation of complementary and integrative health (CIH) professionals in conventional healthcare settings and teams continues to evolve. However, barriers such as financial disincentives inhibit that expansion and often adversely influence patients' care-seeking decisions.

While the primary focus of this policy statement is on the workforce and public policy implications resulting from the expanding availability of complementary and integrative healthcare services, a contemporary view of holistic care is also an underlying consideration.

In contrast to the current healthcare model which has increasingly become transactional, specialized, and anchored in a biomedical model, CIH professionals emphasize whole person health. They primarily utilize conservative therapies that carry lower risk of harm than more invasive treatments like drugs and surgery. CIH therapies are often delivered by providers over a series of appointments, affording more time for the provider to work with the patient to advise on lifestyle, health habits and other factors contributing to the individual's wellbeing.

### **Education and Scope-of-Practice**

While the breadth and depth of their education and scope-of-practice varies, CIH providers are underutilized members of the healthcare workforce – especially in light of reports predicting future shortages of providers in primary care and other clinical disciplines. The current opioid crisis, and the roles that CIH providers play in treating acute and chronic pain with non-pharmaceutical alternatives, are also important public policy considerations.

### **Doctors of Chiropractic**

The training of chiropractic doctors (DCs) is most like that of primary care medical physicians, especially with regard to the basic and clinical sciences and their ability to perform general and focused examinations of patients. The depth of their professional education with regard to the musculoskeletal system – and the spine in particular – provides them with a high level of competence when providing conservative, non-pharmacologic care for patients with back pain.

Chiropractors are licensed in all 50 states as portal-of-entry or first contact providers whose scope of practice allows them to provide a broad range of diagnostic and treatment services. In addition to their training, this level of licensure positions them to fulfil many primary care roles by diagnosing and managing common health problems or referring patients to specialists when needed.

However, while chiropractic services are generally covered by most commercial health insurance plans, there is benefit set variation and, more importantly, barriers to patient access including visit limits, requirements for prior authorization of services and high out-of-pocket expenses.<sup>6</sup>

Coverage for chiropractic services in Medicare and Medicaid programs is even more limited and does not currently reflect the scope of practice of DCs – even when care is provided to patients with low back pain. These arbitrary limits often result in unnecessary referrals or out-of-pocket expenses, adding waste to the total cost of care.

### **Acupuncture and Chinese Medicine Providers**

During their training, acupuncture and Chinese medicine providers focus on the theories, science and use of acupuncture and herbal therapies while also studying bioscience principles that are directly related to clinical practice.

Chinese medicine is a complete medical system that addresses the patient's whole health through the use of acupuncture – the most commonly utilized treatment approach – along with dietary and lifestyle recommendations, herbal products and movement therapies.

Acupuncture is licensed in all but three states in the U.S. (i.e., South Dakota, Oklahoma and Alabama) and the majority either require examination or certification by the National Certification Commission for Acupuncture and Oriental Medicine. In Minnesota, the profession is regulated by the Board of Medical Practice.

Insurance coverage for acupuncture services in commercial health plans is gradually expanding and the Centers for Medicare and Medicaid Services recently announced that acupuncture for chronic low back pain will be covered under section 1862(a)(1)(A) of the Social Security Act.

### **Massage Therapists**

The breadth and scope of education for massage therapists is evolving, and includes two-year degree programs that prepare graduates to work within hospitals, health systems, and other conventional and multidisciplinary clinical settings. However, because insurance coverage is currently very limited, most patients and clients pay for massage therapy services out-of-pocket. Expansion of private and public program insurance coverage will be increasingly important as these health professionals become more integrated in care delivery alongside other clinicians, and treat special populations like infants and children, the elderly, cancer and post-operative patients.

Northwestern Health Sciences University actively supports current efforts to enact legislation in Minnesota establishing state-wide licensure for massage and body-work therapists.

### **Where do CIH Providers Practice?**

The majority of CIH providers practice in solo or small group independent practices. Patient preference for receiving care in small, intimate clinical settings is often an attractive alternative to large clinic systems. Patients also often turn to CIH health professionals because they suffer from health problems they feel were not well treated by conventional medicine.<sup>7</sup>

Opportunities to practice in solo or small group settings often suits the personal needs of healthcare professionals who prefer to care for patients without the time and administrative constraints of a larger healthcare system, and operate their own businesses.

CIH providers are responding to opportunities to work in new settings alongside physicians and other medical providers. In Minnesota and across the country, there is a trend for large health systems operating networks of primary and specialty clinics, and hospitals to expand their service lines to include chiropractic doctors, licensed acupuncturists, and massage therapists.

In these settings, CIH professionals commonly see patients either as first contact providers, or following a referral from a medical physician. This presents important opportunities for the design and evolution of new models for interdisciplinary care.

In addition to fee-for-service delivery systems, there is an upward trend in the percentage of organizations that offer employer-sponsored onsite care with a range of services and providers. Although most onsite clinics are generally staffed by physicians, physician assistants, nurse practitioners and medical assistants, a small but growing percentage now offer chiropractic services as well as massage therapy and acupuncture.<sup>8</sup>

While the trend is most notable among large companies, typically with several thousand workers, smaller employers are beginning to appreciate the value of providing general medical services in addition to a traditional occupational health focus.

One of the earliest reports of cost-savings demonstrated that the addition of on-site chiropractic services resulted in a significant reduction in the utilization of diagnostic imaging, outpatient and emergency department services compared to employees who sought care off-site or in community settings.<sup>9</sup>

Since 2004, chiropractic services have been included in the standard medical benefits package for Veterans. There are currently over 200 chiropractic doctors working in VA Medical Centers throughout the country.

Acupuncture is also becoming more widely available to Veterans as a result in an increased emphasis on the use of non-pharmacological therapies for the treatment of musculoskeletal pain. A 2019 national survey of veterans' interest reported that 52% had used any CIH approach within the past year, most often for pain and stress reduction, including massage therapy (44%) and chiropractic (34%).<sup>10</sup>

### **Treating Pain without Opioids**

The complexity of pain, and the challenge of addressing it without the risk of addictive medications like narcotics, is now bringing the value of complementary and integrative healthcare providers into sharper focus. The burden of low back pain merits particular consideration due to the frequency with which it is ineffectively managed with pharmacological and surgical treatments in lieu of more conservative and noninvasive approaches recommended in recent clinical practice guidelines.<sup>11</sup>

A 2017 guideline report from the American College of Physicians is of particular importance.<sup>12</sup> In it, the authors provide a detailed summary of high quality evidence supporting the use of nonpharmacologic and non-invasive treatments for low back pain. Importantly, recommendations suggest using non-pharmacologic treatments like acupuncture, therapeutic massage, and spinal manipulation, before considering medications or more invasive procedures.

Recent research has clarified the clinical value of chiropractic and acupuncture relative to the opioid abuse epidemic. In a large retrospective analysis of administrative claims data from OptumLabs, investigators found that patients receiving initial treatment for low back pain from a chiropractor or acupuncturist were about 90% less likely to use opioids in the short term, as compared to those who received initial treatment from a primary care

physician. Patients who saw a chiropractor or acupuncturist were also less likely to use opioids in the long-term compared to those who saw a primary care physician (78% and 93%, respectively).<sup>13</sup>

A second systematic review and meta-analysis found that chiropractic users were 64% less likely to receive an opioid prescription, providing further evidence that chiropractic care can help in diminishing the rate of opioid use.<sup>14</sup>

These and other studies demonstrate an important primary prevention strategy for opioids, namely, present pain patients with viable alternatives to opioids, eliminating the risk of addiction altogether. Moreover, this strong data speaks to the need to engineer systems to triage access to conservative care providers, like doctors of chiropractic and licensed acupuncturists, for back pain complaints. And it is worth noting that, in addition to pain, the utilization rate of a wide-range of CIH therapies is high among American adults who have two or more chronic health conditions.<sup>15</sup> When patients seek care from CIH providers – especially early during an episode of pain – the encounter is typically more personal, patient-centered and lowers the risk of opioid use.<sup>16,17</sup>

Early access to safe and effective non-pharmacologic therapies provided by acupuncturists, chiropractic doctors and massage therapists can replace more costly and potentially harmful treatment.

We believe that the challenge of effectively addressing acute and chronic pain – without the use of opioid medication – reinforces the need for new and novel approaches care delivery approaches. This perspective is reflected in the comprehensive 2019 Pain Management Best Practices Report from the Department of Health and Human Services. In the report, the authors emphasize the importance of an “individualized, patient-centered approach for the diagnosis and treatment of pain” and a multidisciplinary approach “using one or more treatment modalities” for chronic pain.<sup>18</sup>

## Healthcare Work Force Considerations

At Northwestern Health Sciences University, we recognize a number of important roles that CIH providers fill to provide greater health to their communities, which should be more broadly appreciated and further encouraged. Most importantly, we believe that more can be done to leverage the value of the services provided by the professions that are the focus of this policy statement. They are part of the solution to a health care system where care still too often occurs within silos, and where communication among and collaboration between multiple providers is less than optimal.

When the roles of CIH providers are more closely examined from a public policy perspective, we believe that the following are among the most important factors that should be considered:

- Pain patients require more information about non-drug treatment options supported by best practice guidelines.
- Greater workforce capacity is needed to adequately treat and monitor chronic disease, including time spent during clinical encounters and the frequency of visits.
- Networks between CIH and other healthcare providers must be strengthened to improve care coordination, getting patients the right care at the right time.
- CIH providers may be the only or the most accessible healthcare provider in a community, especially rural areas; these providers should be supported by payers and policies to provide care at the top of their license.
- CIH providers should be leveraged to provide greater healthcare access to underserved populations, in both urban and rural communities.

In peer-reviewed research and related industry reports calling attention to current and projected shortage of healthcare providers

– such as physicians, nurses and allied health professionals – workforce recognition of CIH providers has historically been virtually nonexistent. This creates a missed opportunity to use established CIH providers to achieve population health goals. Their training and conservative orientation to caring for patients can both expand access and improve public health outcomes.

## Access Barriers

Whether working in solo or small group private practices or in large healthcare organizations, CIH providers are a growing segment of the clinical workforce. As with conventional treatment approaches, complementary and integrative health services can be used as stand-alone interventions or as part of a multi-disciplinary approach, as clinically indicated and based on patient status.<sup>18</sup>

We believe that CIH providers should be more fully recognized in the healthcare workforce because of their training, expertise and value that is increasingly being confirmed through research and – especially for the treatment of pain – emphasized in clinical guideline reports.

But there are several factors and barriers that continue to inhibit broader patient access and utilization, including the following:

- Patients seeking complementary and integrative care are often reluctant to inform their primary care medical providers.
- Medical physicians and other conventional health professionals are often hesitant to refer patients to CIH clinicians due to a lack of knowledge regarding the training and services they are capable and licensed to provide.
- Health insurance benefit design can adversely influence patient decisions to seek care from CIH providers in ways that are inconsistent with clinical guidelines for the non-pharmacologic treatment of low back pain.<sup>19</sup>

## Recommendations and a Call to Action

The Triple Aim framework first developed by the Institute for Healthcare Improvement calls for improving the patient experience, the health of populations and reducing the cost of care. It's a framework that describes an approach to optimize health system performance.

While there is variation in their training and scopes-of-practice, we maintain that the roles CIH providers play in the healthcare workforce contribute to the goals of the Triple Aim. However, we also recommend that public policy and other decision-makers consider the following:

- In those state agencies that engage in healthcare workforce planning – including the Minnesota Department of Health – data on CIH professionals should be collected, analyzed and reported.
- Health systems, Federally Qualified Community Health Centers and other organizations should incorporate CIH providers into care pathways, optimizing collaboration and care coordination with other members of the patient's healthcare team.
- Educational institutions training healthcare providers should give consideration to competencies that enhance collaborative and integrative healthcare across a range of disciplines and settings.
- Health insurers and third-party administrators should modify benefit designs by eliminating co-payments for multiple visits and arbitrary limits on care, and create incentives that direct patients toward high-value services.
- Legislation should be advanced that expands reimbursement to reflect the full scope of services provided by doctors of chiropractic and acupuncturists in Minnesota's publicly funded insurance programs, to improve care and reduce the out-of-pocket costs incurred by low-income patients,

## From the Center for Health Healthcare Innovation and Policy

For more information, please contact Dr. Michele Maiers, Executive Director of Research and Innovation at:

 [mmaiers@nwhealth.edu](mailto:mmaiers@nwhealth.edu)

or Dr. Chuck Sawyer, Special Assistant to the President at:

 [csawyer@nwhealth.edu](mailto:csawyer@nwhealth.edu)

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