



# WHOLISTIC CROSS-SECTOR WORKFORCE LEVERAGING INTEGRATIVE CARE PROVIDERS IN TIMES OF CRISIS

## A Policy Statement from Northwestern Health Sciences University

The COVID-19 pandemic has provided an opportunity to re-evaluate our collective preparedness for future public health emergencies. As hospitals and primary care facilities shift attention toward emergency and urgent medical services, as well as infectious disease control, many other healthcare needs become secondary. Licensed complementary and integrative healthcare (CIH) providers, including doctors of chiropractic, acupuncturists, and massage therapists, constitute a workforce of approximately 300,000 individuals<sup>[1]</sup>, with skills to alleviate various burdens on the healthcare system in times of crisis, and help keep the general population healthy. This brief outlines the ways in which CIH providers can be activated in times of healthcare crisis, and contribute to a more dynamic, wholistic-oriented cross-sector workforce.

### **Extenders for Critical Care Screening and Triage**

Many CIH providers are trained and qualified to assist with screening, laboratory work, triage and monitoring of the symptomatic public. Networks of CIH providers, many of whom are furloughed from their own clinical practices due to executive orders or the inability to implement safety standards in their clinics, are eager to serve as extensions of the healthcare system in these situations. Engaging CIH providers in these roles would help scale detection efforts quickly and with minimal instruction.

### **Provide Essential Care**

Many complementary and integrative care providers deliver 'essential'<sup>[2]</sup> healthcare—treatments that, if not provided, could result in disability or serious deterioration of a patient's condition. Maintaining disease management even in the face of more immediate danger is crucial to allowing the public to live well in spite of new healthcare and social stressors, and successfully reenter the workforce once restrictions have been lifted.

Importantly, non-critical yet urgent or acute care can be triaged to take place in CIH practices, decreasing the burden on hospitals and medical facilities who pivot their resources to crisis management operations. CIH providers often work in individual or small group practices, and adhere to recommended safety precautions. Together, these practices may limit exposure to infectious diseases among individuals who need to seek care for urgent and acute care needs.

### **Keep Front Line Responders at Work**

In times of crisis, it is imperative to keep front line responders, including physicians, nurses, and emergency services personnel, healthy and at work. Back pain, headache, fatigue and stress can prevent these important health care workers from performing their jobs fully or at all. Employing CIH providers to care for front line responders can keep them on the job and meeting the most urgent system needs effectively and efficiently.

### Focus on Whole-Person Care

Self-care strategies for maintaining health and wellbeing become especially important during times of public health crisis. Health and wellbeing, based on a whole-person approach to care, is typical of CIH practices.

CIH providers are particularly well suited to empower patients and the public with recommendations for healthy diet, exercise, mental health and community connection.

### Improve access among high risk populations

The negative impact of race-related health disparities are often amplified during times of public health crisis. CIH providers can increase access to much needed care among high risk, medically under-served communities, with sensitivity to marginalized groups and respect for traditional healing practices.

### Call to Action

Several steps are needed to better prepare for future pandemics and other crises, and effectively engage the CIH community in a cross-sector workforce:

- Recognize complementary and integrative healthcare providers as essential healthcare workers.
- Foster relationships between medical facilities and the CIH community, and organize communication networks that can be used to quickly engage the assistance of CIH providers as urgent needs arise.
- Address racial health disparities among groups disproportionately affected by public health crises, by incorporating CIH providers in all communities, including those of higher risk populations.
- Develop pathways to rapidly credential CIH providers in hospital settings as needed, to assist with screening, triage and monitoring, as well as to provide care for front line workers.
- Support CIH providers to attain training in first aid and CPR, and maintain personal protective equipment in their offices.
- Establish mechanisms to reimburse the services of CIH providers and the health systems that employ them, when working as extenders in the healthcare system during healthcare crises.

Integrative care means ensuring people are able to access the right care at the right time. This may look different in a time of crisis. Careful planning can ensure that an “all hands on deck” approach is possible and that the health care community can come together to help and serve not only the community but one another.

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### Citations

1. BISWorld, *Alternative Healthcare Providers Industry in the US - Market Research Report*. 2019.
2. *Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response Version 2.0*, U.S.D.o.H.S. Cybersecurity & Infrastructure Security Agency, Editor. 2020.