



# Incorporating Integrative Health Providers in Health Systems

## A Policy Statement from Northwestern Health Sciences University



"I was hired by Allina almost 26 years ago by a physician because he had many patients who were seeing chiropractors and were seeing benefits. He wanted to know who he was working with and didn't want to prescribe opioids for back pain."

-Molly Magnani, DC

[Click here to hear more from Dr. Magnani.](#)

One of every five US adults reports chronic pain lasting three or more months.<sup>1</sup> Annually, chronic pain accounts for \$560 to \$635 billion in direct medical costs, lost productivity, and demand on disability programs. Further, chronic pain has been linked to restricted mobility, opioid dependency, anxiety, depression, and a reduced quality of life.<sup>1,2</sup>

Of note, the growing burden of back pain substantially contributes to the already unsustainable cost of health care in the United States. Against the backdrop of over \$4 trillion in annual healthcare spending, a recent report estimated that spending for spinal pain, estimated at \$134.5 billion, was the largest contributor among 154 health conditions – more than for diabetes, cancer, cardiovascular disease, or chronic kidney disease.<sup>3</sup> Conventional management of common neck and back pain can be disjointed and the use of low-value diagnostic and treatment procedures contribute to high cost.<sup>4</sup> Delayed use of high-value conservative care options, like chiropractic, acupuncture, and exercise interventions, increases per-episode cost of care, risk of chronicity and escalation of low-value care.<sup>5,6,7</sup>

Guidelines recommend the use of evidence-based complementary and integrative healthcare (CIH) interventions for treatment and management of back pain, including the American College of Physicians,<sup>8</sup> the VA and Department of Defense,<sup>9</sup> and the CDC Clinical Practice Guideline for Prescribing Opioids for Pain.<sup>10,11</sup> In addition, hospitals are required to provide non-pharmacologic pain treatment modalities in compliance with Joint Commission standards.<sup>12</sup>

Despite this clear directive, CIH interventions are not readily available within health systems, delaying or prohibiting timely and effective care. Increasing access to CIH providers, such as chiropractic physicians, licensed acupuncturists, and massage therapists, will allow for greater guideline concordant treatment, care coordination, and reduced costs for both public and private payers.

### HEALTH SYSTEM ADVANTAGES

Healthcare consumers show increasing interest in CIH, alone or in conjunction with conventional medicine.<sup>13,14</sup> Incorporating CIH into health systems creates numerous advantages, as cited by industry reports, peer-reviewed research, and interviews with health system providers:

- **Minimize leakage, optimize referrals:** Including CIH providers within a health system, whether as direct employees or contracted extenders, expands the breadth of services offered and increases the likelihood of referrals to specialists within the network. The system retains patients and revenue by offering a more comprehensive line of services.
- **Decrease total costs of care:** Implementing services from licensed acupuncturists, massage therapists, and chiropractic physicians reduces total costs of care, and would better position health systems in alternative payment models with private and public insurers.<sup>5,15,16,17</sup>
- **Effective pain management:** Hospitals incorporating massage therapy and acupuncture have reported improved pain management and decreased anxiety in post-operative, cancer, and emergency department patients.<sup>18,19,20</sup>



"Success can look like a lot of different things to us, but the biggest one of course is patient outcomes and the success stories we have with patients and families. Maybe it's getting out of the hospital sooner or there are other downstream effects from our acupuncturists because they recognize there is a referral needed to someone else in our system."

-Becky Pauly, DC

[Click here to hear more from Dr. Pauly.](#)

• **Decrease opioid prescribing and utilization:**

Early intervention from a chiropractor reduces odds of short-term and long-term opioid use.<sup>21</sup> Veterans and Medicare beneficiaries with access to chiropractic care have reported reduced rates of opioid prescription and opioid use.<sup>22,23,24</sup>

• **Right provider for the right service:**

Utilizing CIH providers to deliver care at the top of their license increases access and decreases wait times for patients, helps triage care, especially in emergency and acute care settings, and allows specialists to focus on the management of complex health complaints.<sup>25</sup>

• **Decrease low-value services:**

Early back pain treatment with chiropractic, acupuncture or physical therapy decreases utilization of low-value imaging, spinal injections, opioid medication, surgery, and the premature escalation of care.<sup>25,26,27</sup>

• **Care coordination:**

Health professionals working in the same system can mitigate care fragmentation that creates inefficiencies and accounts for waste within the system. Including CIH providers within a system facilitates communication across providers through shared electronic health records and proximity for care consultation, with the potential to improve clinical outcomes and increase patient satisfaction.

• **Whole person health:**

CIH providers are trained with a holistic health orientation, focused on both disease management and health creation.<sup>28</sup>

**CHALLENGES AND BARRIERS**

Despite growing calls for greater integration of non-pharmacologic therapies delivered by CIH providers, barriers prevent widespread access, further exacerbating healthcare workforce shortages. Challenges include:

- **Financial disincentives:** Contradictory financial incentives encourage the use of expensive diagnostic tests and treatment procedures that may be of low therapeutic value,<sup>29</sup> while insurance coverage gaps, high co-pays, and artificial restrictions on visits discourage patients from using CIH interventions.<sup>10,30,31</sup>

• **Apprehension:**

Health system administrators and physicians may be unfamiliar with the training and scope of practice of CIH providers, creating reluctance to refer patients who might otherwise benefit from non-pharmacologic therapies.

• **Infrastructure:**

Limitations on clinical space and restrictive policies within health systems, including credentialing, impair CIH providers' ability to practice at the top of their license.

**REGIONAL SUCCESSES**

Increasingly, CIH providers work in hospitals, health systems, VA Medical Centers, and community health centers.<sup>32</sup> Successful regional examples of the integration of CIH into major medical systems include [Allina Health](#) and the [Penny George Institute for Health and Healing](#), [Hennepin Healthcare](#), [Mayo Clinic system](#), [Essentia Health](#), [Sanford Health](#), [Aurora Health Care](#), and [Gunderson Health](#).

Along with conventional medical providers, CIH providers serve in the Department of Defense and VA System.<sup>33,34</sup> Chiropractic physicians and acupuncturists are also serving patients in Federally Qualified Community Health Centers (FQHC) here in Minnesota and across the United States, including [Minnesota Community Care](#), [Open Cities Health Center](#) in St. Paul and [Northpoint Health and Wellness Center](#) in Minneapolis.

A new initiative in the Twin Cities, the [Fairview Community Health and Wellness Hub](#), features a chiropractic physician as the medical director overseeing all outpatient primary care services. The model that is emerging in this facility will address health disparities, the impact that social risk factors have on health, and a new focus on well-care.

While these select examples of professional workforce changes are forward-thinking, evidenced-based and in the best interest of patients, availability does not meet current needs. Nationally, access to CIH services remain limited or unavailable in many other health systems.



"Care is so disparate across the Twin Cities. It does help to have many systems on Epic so I can at least see what other providers have done. But just because I can read their notes, that's not communication around a patient, that's not advancing a plan – it takes being together to do that."

-Kara Parker, MD

[Click here to hear more from Dr. Parker.](#)

### Recommendations and a Call to Action

As the utilization of CIH services continues to increase and expand into new settings, health systems and other organizations have opportunities to implement innovative care models that improve care and reduce cost.

#### To advance these changes, we support the following:

- Conform to guidelines recommending non-pharmacologic, high-value CIH services for the treatment of pain, and spine care in particular.<sup>8,10</sup>
- Include independent CIH professionals in provider networks serving health systems.
- Provide meaningful levels of coverage for CIH providers who focus on guideline-adherent, nondrug therapies.<sup>31</sup>
- Decrease patient out-of-pocket expenses to encourage early utilization of CIH providers.<sup>31</sup>
- Pursue legislative and regulatory changes to create greater access to CIH service in public and private healthcare plans.
- Modernize legal statutes and practice acts to allow CIH providers to practice at a level commensurate with their education.<sup>35</sup>
- Collect data on the utilization of CIH services and its effective implementation into health systems.<sup>20</sup>
- Deliver interprofessional education that includes the value of CIH professionals<sup>18</sup> and prepares students with skills to deliver collaborative healthcare.
- Design tools to increase care coordination across health disciplines, including interoperable electronic health records and integrative clinical care pathways.<sup>36</sup>

By incorporating clinical services provided by CIH professionals, health systems are responding to increasing patient demand. While this is an encouraging start, further expanding that workforce creates opportunities to provide guideline conforming pain management strategies, enhance care coordination, and reduce the cost of care.


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