AOM Hospital-Based Practice: A Future Reality?

By Bill Reddy, LAc, Dipl. Ac.

The natural evolution of health care on the planet is integrative health. We may have some challenges ahead, but based on my research, all indicators are pointing in a positive direction. There seems to be an evolving consciousness among our patient population that is "getting it." Anxiety isn’t a Xanax deficiency, and acid reflux is a symptom of an underlying issue that needs to be addressed, not suppressed.

The Department of Health and Human Services has been recommending disease prevention and health promotion as a model for years (Healthy People 2020 initiative), but legislation and regulations are geared toward business as usual.

The Samueli Institute published results of a survey of CAM use in hospitals in 2010 with promising numbers. Forty nine percent of the patients reported they were looking for a different approach, and 43% preferred such treatments over conventional medicine. One of the major drivers of hospitals to offer CAM services is based on consumer demand, second to clinical effectiveness. Of the 714 hospital responses, 42% reported they offer one or more CAM therapies (for patients or employees), and 65% reported using CAM therapies for pain management. Teaching hospitals represented roughly half of those offering CAM services, with the majority located in urban areas.

AOM Hospital-Based Practice: A Future Reality? - Copyright â Stock Photo / Register Mark Beth Israel Center in New York began offering inpatient acupuncture services in 2000. In 2008, they developed a training program for AOM professionals developing policies and procedures, scope of practice, etc., for seamless integration. The AOM therapies offered include needling, auricular acupuncture, ear seeds, palpation, tui na and gua sha. There are hospitals that have embraced herbal medicine, but Beth Israel isn’t providing any at this time. As you may expect, the majority of patients pay out of pocket for these services. That may change if benchmark plans across the country adopt acupuncture as an essential health benefit.

In a 2002, a U.S. News & World Report article entitled, "Schneider Hospitals get alternative: Acupuncture, massage and even herbs pop up in mainstream settings," Donald Novey, MD, Director of the Complementary Medicine Center stated that he has high success rates with alternative treatments. Furthermore, Novey routinely meets with his staff (including a psychologist, acupuncturist, herbal medicine
doctor and homeopath) to choose the most appropriate treatment plan for the patients. The article concluded with, "Even though Chicago’s Center for Integrative Medicine is affiliated with Northwestern Memorial Physicians Group, for example, it reports getting few referrals from hospital staff doctors and relies almost entirely on paying outpatients." Clearly, there’s more maturing necessary in the Schneider hospital system to be fully functional and maximize patient experience and outcomes through more robust referrals.

Another example is a hospital in Tuscany, Italy, that in 2011, began offering homeopathy, acupuncture and TCM not only to outpatients, but to inpatients as well. Their intention was to study both the model of integrative medicine, as well as the effectiveness and cost. The practitioners involved reported greater patient appreciation and enhanced well-being.\(^1\)

**Acupuncture for Cost Savings**

Will AOM reduce costs in hospitals? The answer is a resounding "yes" according to the literature. Most current studies evaluate a particular condition treated with acupuncture. Cost-effective clinical improvement was found for headache,\(^2\) allergic rhinitis,\(^3\) neck\(^4\) and low back pain,\(^5\) and dysmenorrhea.\(^6\) Patient visits and associated charges at the Boston Medical Center were retrospectively evaluated between 2007 and 2014, comparing the costs of patients who received acupuncture treatments to those who did not six months before and six months after treatment.\(^7\) What the researchers found is that patients who received seven to nine acupuncture treatments, showed the largest decrease in average charges of $8,967.24. One to three treatments also saved money, but significantly less at only $1771.34 per patient. This model is in complete alignment with the CMS triple aim, which is heralded to pave the way to the future of healthcare in America. Simply speaking, the triple aim was developed to improve population health and experience of care while reducing overall cost.

**Acupuncture Practice in Europe**

The European Union has mixed regulations regarding acupuncture practice (both private and within hospitals). Acupuncture is the most popular CAM intervention in the EU, followed by homeopathy, herbal medicine/phytotherapy, reflexology and naturopathy. There are 16,380 practitioners and roughly 80,000 MDs who practice acupuncture.\(^8\) The total number of licensed acupuncturists is skewed in this study however, in that they do not include the Chinese practitioners in 26 countries.
With that being addressed, it’s a concerning trend that 145,000 physicians offer some kind of CAM service in the EU, dominating the fields of acupuncture and homeopathy. The majority of the literature reflects that most physicians have a limited understanding of the particular modality they practice, and they don’t embrace the philosophical underpinnings of these CAM interventions. For instance, physicians may use homeopathy to treat very specific symptoms, with no regard to the underlying pathology, and habitually refer patients to other “integrative” MDs rather than CAM providers. The providers switch from a "pill for every ill” to a "supplement for every complaint.”

Natural evolution occurs slowly. It would be appropriate for our profession to actively promote hospital-based practice if we collectively wish to serve the inpatient community. Where would we begin? Hospital privileges usually require specific skill sets and training, typically developed adhoc by the various hospital systems. As luck would have it, the NCCAOM assembled a Hospital-Based Practice (HBP) Task Force in 2015, chaired by Iman Majd, MD, LAc, NCCAOM commissioner and Faculty at Bastyr and the University of Washington. The team consists of clinicians and researchers (mostly duel-degreed) who work in integrative healthcare environments, writing a guideline for Diplomates. The HBP task force also plans on developing a guideline for hospital administrators, as well as a cost-effectiveness white paper on the use of AOM professionals in the U.S. hospital system.

It’s not a matter of "if," but when we will be fully integrated into the majority of American hospital systems. Our treatments are safe, cost effective, and promote health and well-being in addition to providing symptomatic improvement to the patient population.

References:


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