



## INTEGRATIVE HEALTH POLICY CONSORTIUM

November 15<sup>th</sup>, 2017

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Centers for Medicare & Medicaid Services

Subject: Comments on proposed 2017 CMS Innovation Center efforts

The Integrative Health Policy Consortium (IHPC) thanks the Centers for Medicare & Medicaid Services (CMS) for the opportunity to contribute to its renewed emphasis on delivering patient-centered and market-driven improvements in the nation's healthcare system. Indeed, we are encouraged by recent meetings between our colleagues and CMS senior executives who are interested in the potential of integrative approaches to health and well-being.

IHPC is a national nonprofit 501(c)(4) consortium comprised of 23 organizations and institutions (our "Partners for Health") representing more than 400,000 state-licensed and nationally certified healthcare professionals. They are the licensed providers of integrative medicine, holistic nursing, chiropractic, acupuncture, naturopathic medicine, certified professional midwifery, massage therapy, nutrition and homeopathy. Our mission is to remove barriers to health and promote a full measure of health creation for individuals and communities.

The remaining and over-arching barrier that CMS can directly resolve is the inequitable status of reimbursement for services provided by state-licensed integrative providers, despite long-standing patient demand and robust clinical outcomes. What is more, these outcomes align directly with your objectives for promoting patient-centered care and market-driven reforms. Removing these unnecessary barriers will ensure that your Medicare and Medicaid beneficiaries have access to integrative healthcare services that are readily available right now in the market, but not yet available to them.

For example, including integrative health teams as part of State Innovation Model Concepts was recommended by both the Centers for Disease Control and Prevention (CDC)<sup>1</sup> and the World Health Organization (WHO).<sup>2</sup> Significant state Medicaid pilots and defined Medicaid programs that have incorporated integrative treatments, as well as the newly deployed and similar VA Whole Health pilots, provide models that can be replicated and built upon. One of the recommendations from the Presidents Commission on

Combating Drug Addiction and the Opioid Crisis, released on November 1<sup>st</sup>, 2017 is as follows: *“The Commission recommends CMS review and modify rate-setting policies that discourage the use of non-opioid treatments for pain, such as certain bundled payments that make alternative treatment options cost prohibitive for hospitals and doctors, particularly those options for treating immediate post-surgical pain.”*

### **Integrative Healthcare in the U.S. System**

The following examples illustrate areas of clinical experience and expertise that can be expanded when integrative clinical resources and professionals are included in Alternative Payment and other models supported by CMS. Incorporating an interdisciplinary team of health professionals will promote the quality standards of the “triple aim” of better outcomes, improved patient satisfaction and cost effectiveness while addressing this national emergency.

### **The Opioid Addiction Public Health Emergency and Chronic Pain**

Our nation’s opioid epidemic is one of the greatest threats to public health at this time. The inaugural *Integrative Pain Policy Congress* of Oct. 2017 brought together the nation's leading medical and healthcare organizations with public and private payers (including the CMO of Medicaid-CHIP) to consider approaches that affirm the treatment of SUD and chronic pain with non-pharmacologic options. This followed the Food and Drug Administration's (FDA) Draft Pain Management Blueprint outlining efforts to manage acute and chronic pain, with the primary goal of using modalities that are *non-pharmacological*.

Additional chronic pain research indicates that 50% of older adults who live on their own and 75-85% of elderly residents of care facilities suffer from chronic pain.<sup>3</sup> The proven qualities of integrative care approaches for chronic pain, and the recent calls from the medical establishment for initial treatment with non-drug solutions, can offer CMS beneficiaries important options and help narrow the widening gap of care for our senior population, while reducing cost (see Enclosure (a)).

The demonstrated outcomes of integrative approaches to care and treatment align strongly with the objectives of CMS models that support improving mental and behavioral health and for reducing substance abuse disorders (SUD).

### **Serving the FQHC Population**

An innovative concept being applied by *Integrative Medicine for the Underserved (IM4US)* and others is the shared-medical visit. The use of shared medical visits (groups) is a patient-centered and innovative care model that can meet the goals of the “triple aim.” Current CMS programs that promote shared medical visits to FQHCs and medical homes would be greatly strengthened by including integrative practitioners. This will reinforce a patient-centered approach and attention to disease prevention and health promotion. The CMS model *Beneficiaries with Complex Care Needs and High Costs (BCN)* may be appropriate for supporting such group approaches.

### **Cost-Effectiveness Research on Integrative Disciplines**

Cost-effectiveness research compiled by IHPC and partners reports results that show actual

cost-reductions from integrative services. Examples:

### ***Acupuncture***

- In an Italian study of acupuncture for migraine without auras versus conventional drug therapy, patients receiving acupuncture had better outcomes, less absence from work, and if applied to the projected number of 800,000 Italians suffering from migraine without aura, Acupuncture could save Italy 1 trillion Liras annually.<sup>4</sup> (Although this study was published prior to the use of Euros, the equivalent in US dollars would be over \$607 million annually.) Assuming the same percentage of the US population suffering from migraine without auras, the savings would scale up to over \$3.2 billion annually.
- A 2012 British study found that one-third of total knee replacement candidates who received acupuncture instead of conventional treatment experienced long-term pain relief and as of two years later had not required surgery, saving \$8,100 per patient. In the U.S., where 719,000 knee replacement surgeries were performed in 2010, the savings could total \$1.9 billion.<sup>5,6</sup> See Enclosure (b) for more information on the cost effectiveness of acupuncture therapy.

### ***Chiropractic***

- A 2010 study was designed to determine if there are differences in the costs of low back pain care when a patient is able to choose treatment from either a medical doctor (MD) or a doctor of chiropractic (DC).<sup>7</sup> Researchers analyzed data from 85,000 Blue Cross Blue Shield (BCBS) beneficiaries in Tennessee over a two-year span in which patients had equal access and insurance coverage to the MDs and DCs.
- The study found that costs for care initiated with a DC were almost 40% less than the care initiated with an MD. Even after risk-adjustment, episodes of care initiated with a DC were 20% less expensive. Routine use of DCs as the initial provider for low back pain would potentially lead to annual cost savings of \$2.3 million for Blue Cross Blue Shield of Tennessee. The researchers also concluded that insurance companies that restrict access to chiropractic care for low back pain treatment may inadvertently pay more for care than they would if they removed such restrictions.
- Worker compensation and insurance claim costs show an almost 25% to over 50% reduction when care for lower back injuries is received partially or totally from a chiropractor. "The average cost of a low back injury claim in the U.S. is \$15,884. When a worker with such an injury receives at least 75% of care from a chiropractor, the claim cost decreases to \$12,202 and when the worker receives at least 90% of care from a chiropractor, the average cost declines even further to \$7,632."<sup>7,8</sup> See Enclosures (c) and (d) for information on cost effectiveness and improving the value of health benefit plans through the use of chiropractic physician services.

### ***Massage Therapy***

- Enclosure (e), *The Value and Efficacy of Massage Therapy in Integrated Health Care*, addresses alignment with the triple aim, effectiveness and cost savings of using massage therapy in an inter-disciplinary environment. The American Massage Therapy Association commissioned John Dunham and Associates to evaluate Medicare and Medicaid data to determine if overall cost of care declines with the use of massage therapy. "...the research indicates that private insurers could save as much as \$4.55 billion annually in costs if they were to cover massage therapy nationally. These potential savings are substantial and reach as high as \$439 million in Texas, and \$426 million in California. Government third-party payers could also see substantial savings – as much as \$1.39 billion if all 46 states that do not cover massage under their Medicaid programs were to do so."

### ***Midwifery***

- A 2007 cost and benefit analysis performed in Washington State using Medicaid claims data, evaluated costs of out-of-hospital, midwife-assisted births compared to those in hospital. Based on this data, noting the reduced use of procedures in midwife assisted births, for a typical biennium, the cost savings of using midwives in an at home or birthing center environment for all births would be approximately \$2,713,072 for the state of Washington. The cost savings to Medicaid fee for service for potentially avoided C-sections *alone* for a 2-year period would be \$2,905,288.<sup>9</sup> See enclosures (f) and (g) for further information on cost effectiveness and estimated savings from Certified Professional Midwife Medicaid coverage.

### ***Naturopathic Medicine***

- An internal study by BlueCross BlueShield of Washington State concluded that a naturopathic physician-managed chronic disease program lowered the costs of chronic and stress related illness by up to 40% and lowered costs of specialist utilization by 30%.<sup>10</sup>
- A 2006 University of Washington study found that in Washington state, naturopathic care cost insurers \$9 per enrollee versus \$686 for those who received conventional care.<sup>11</sup>
- Naturopathic preventive treatment of patients at high risk of cardiovascular disease showed a societal cost savings of \$1,138 per participant and a reduction in employer costs of \$1,187.37.<sup>12</sup>

### ***Nutrition***

- A 2007 cost-effectiveness study on nutrition interventions reported: "In relation to major disease outcomes, the Mediterranean Diet had cost-effectiveness ratios of \$2,500 per non-fatal acute myocardial infarction averted and \$4,000 per death averted. The *Intensive Lifestyle Change to Prevent Diabetes* intervention had a cost-effectiveness ratio of US \$7,100 per incident case of diabetes prevented."<sup>13</sup>

### ***Homeopathic Medicine***

- "Overall health expenditure was 20% less for patients consulting homeopathic family physicians in France compared to conventional family physicians (\$78.70 US vs. \$98.91 US). The lower cost of medical prescriptions for homeopathic family physicians was partially offset by higher consultation costs. Homeopathic physicians prescribed far fewer potentially hazardous drugs including psychotropics, antibiotics and non-steroidal anti-inflammatory drugs."<sup>14</sup>
- A Swiss report found that total practice costs for physicians who specialized in homeopathic medicine had an overall 15.4 percent reduction in overall health care costs associated with their practice, as compared with physicians who practiced conventional medicine as well as those physicians who practice other "complementary and alternative medicine" treatments (but not homeopathic medicine). The significant reduction in health care costs from homeopathic treatment represents a potential savings in hundreds of millions of dollars or more in many countries.<sup>15</sup>

### **Workforce: Reinforcing Physician Loss**

According to "A census of actively licensed physicians in the United States" from 2016, the average age of a physician is 51.3 years. Workforce researchers estimate physician shortages will reach upwards of 159,300 by 2025.<sup>16</sup> Coupled with an aging U.S. population, demand will exceed supply<sup>17</sup> at the same time that chronic disease will increase in the population, driving a corresponding need for more care providers.

In the states of Oregon, Washington and Vermont, naturopathic physicians are credentialed as primary care physicians, a response to very high and sustained consumer demand. Elsewhere chiropractic physicians enjoy similar primary care status. The CMS models for Consumer-Directed Care and the PTAC can continue to affirm the roles that integrative providers can and do play in support the nation's primary care provider shortfall.

### **Integrative Healthcare in the U.S. Healthcare System**

Integrative approaches to health and health care are now substantially embedded in medical institutions across the U.S., from the Penny George Institute at the Allina Health System, to the Department of Veterans Affairs (VA), to the nation's pre-eminent academic hospitals such as Johns Hopkins, Cleveland Clinic, Duke University Medical Center, Mayo Clinic, and University of California San Francisco, which employ stress management, yoga, meditation, herbal and supplement consultations, acupuncture, massage therapy and other complementary health services. The VA system has been a leader with its commitment to using evidence-based research toward employing qualified integrative care providers for a range of newly defined *whole health system* services (see Enclosure (h)).

- All 18 hospitals listed on US News' list of "America's Best Hospitals" Honor Roll provide some type or types of complementary and integrative medicine (CIM).
- Fifteen of the 18 also belong to the *Academic Consortium for Integrative Medicine and Health (ACIMH)*.
- Another 55+ members of ACIMH are centers for integrative medicine housed at US medical schools.
- Thirty-six U.S. teaching hospitals are actively seeking to blend CIM with traditional care.<sup>18</sup>

- A press release from the American Hospital Association notes a survey by the Samueli Institute in which more than 42 percent of responding hospitals indicated that they provide one or more CIM therapies (see Enclosure (i)).

### **State-based Experience**

A landmark state-based case study was performed in the state of Washington, where CIM health care providers of every discipline have been a mandated part of the health care system for nearly 20 years. The data show that patients who chose CIM providers have lower prescription drug costs, hospitalization costs, and total costs, regardless of starting out in poorer health.<sup>19</sup>

### **Summary: Benefits of Shared Medical Visits**

Shared medical visits enhance access to care, education and self-empowerment. Studies have shown benefits that include:<sup>20,21</sup>

- A provider visit and a health education intervention in one trip
- Longer and possibly more frequent access to providers
- Interactive learning and support from the healthcare team and peers
- Enhanced self-management skills
- Improved health outcomes
- Decreased Emergency room usage
- Decreased hospitalization
- Increased patient satisfaction
- Lower overall cost of care
- Higher quality of life
- Increased self-efficacy

#### Provider/Practice Benefits

- Cost-effective, efficient way to deliver quality care
- Improved provider satisfaction
- Increased provider capacity and revenue

### **Requested CMMI Support for Integrative Health Participation in Models**

#### Waivers

In order to ensure that integrative clinical practitioners, providers and institutions can participate in CMMI programs on an equitable basis with all other providers, CMMI should ensure that the long standing barrier of limited reimbursement by CMS will not prevent such participation. We were glad to hear that one outcome of the June 2017 meeting with the deputy administrator for innovation was the possible use of waivers to cover licensed integrative services not normally paid for by CMS. This is an essential step that will encourage the professionals and institutions of the integrative medicine and health community to participate.

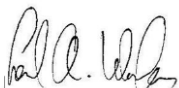
It is understandable that CMS relies on its stakeholders to come forth with proposals and applications designed to meet its objectives. As a practical matter, the national integrative clinical care infrastructure has been discouraged from participating in such models because

of the sustained discrimination in health insurance markets. The provisions of the Affordable Care Act designed to remove those barriers (Section 2706) failed to do so. We believe that your suggested innovative models around Medicare Advantage (whose language was adopted in Section 2706) may offer the potential for effective engagement.

Despite the unsettled state of change in U.S. healthcare policy and law, reducing spending and improving quality and care coordination still expresses CMS's core values of People First, Public Service, Integrity, Accountability, Teamwork, Innovation, Excellence, Respect and Continuous Improvement. These values align directly with our own. As experts in the field of integrative health, we wish to partner with CMMI to ensure that the highest quality of service is fully available to your beneficiaries, and that it reduces the overall cost of care.

Thank you for your attention to our comments and recommendations in response to your request for information on your Innovation Center's effort to promote patient-centered care.

Please direct any questions or comments to Susan Haeger, [shaeger@IHPC.org](mailto:shaeger@IHPC.org), (202) 505-IHPC (4472).



Sincerely,

Leonard A. Wisneski, M.D., F.A.C.P.

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**Enclosures:**

- (a) Integrative Health and Medicine: Today's Answer to Affordable Healthcare.
- (b) Economic Evaluation in Acupuncture
- (c) Do Chiropractic Physician Services for Treatment of Low Back and Neck Pain Improve the Value of Health Benefit Plans?
- (d) Chiropractic Cost Effectiveness Studies
- (e) The Value and Efficacy of Massage Therapy in Integrated Health Care
- (f) Midwifery Cost Savings and Benefits
- (g) Estimated Savings from CPM Medicaid Coverage
- (h) US Department of Veterans Affairs Directive 1137, "Provision of Complementary and Integrative Health."
- (i) 2011 American Hospital Association Press Release: More Hospitals Offering Complementary and Alternative Medicine Services