

Advancing Integrative Pain Management through Collaboration and Advocacy

IM4US 2021 Conference
September 24, 4:00-5:30PM

**Decolonizing Medicine:
Toward Equity and
Inclusivity in Integrative
Healthcare**



Moderators



Amy Goldstein, MSW

Director, Alliance to Advance Comprehensive Integrative Pain Management

painmanagementalliance.org



Megan Kingsley Gale, MSAOM

Director, The Hospital Practice Handbook Project for Acupuncturists and Their Hospital Sponsors

thehospitalhandbook.com



Panelists



Amy Mager, DACM, Lic. Ac.
Dipl. OM (NCCAOM®),
FABORM
Northampton, Mass.



Laura E. Ocker, MAcOM, LAc
Senior Program Specialist
Multnomah County Health Dept.
Portland, Oregon



Katie Thornton RN, MSN, CNL
Regional Primary Care Mgr. for
the N & NE Health Centers
Portland, Oregon



Rocio Lopez, MAcOM, Dipl. OM
(NCCAOM®), LAc
Brownsville, Texas



Richard Mandell, LAc, Founder
Global Acupuncture Project,
Uganda and Mexico

Brookline Community
Acupuncture, Mass.



Risi Idiokitas, DAOM, LAc
Pediatric Acupuncture,
Children's National Hospital,
Washington D.C.

Moderator



Amy Goldstein, MSW

**Director, Alliance to Advance
Comprehensive Integrative Pain
Management**

painmanagementalliance.org



A Grant-Funded Initiative

Thank you to David and Lura Lovell Foundation, the primary funder for the AACIPM Initiative, A Paradigm Shift to Advance Comprehensive Integrative Pain Management.



Thank you to our fiscal sponsor, The Pain Community.



AACIPM is a Multi-Stakeholder Collaborative



AACIPM Purpose: To **align** and **activate** stakeholders in shared interest to advance **practical access** to comprehensive integrative pain management **for all people**.

- People with Pain
- Payors
- Purchasers of Healthcare
- Healthcare Providers
- Healthcare Administrators
- Government Relations/Policy Experts
- Regulators
- Educators
- Researchers
- Students
- Patient/Caregiver Advocates
- Executive Branch Agencies

List of participating organizations can be seen at:

painmanagementalliance.org/engage/aacipm-participants/

#AACIPM

How AACIPM is Addressing These Challenges

AACIPM is a Multi-Sector/Stakeholder Convener, Leader, Expert Hub, Educator, Collaborator, Connector, and Supporter to Advance Multidisciplinary, Multimodal, Whole Health Pain Management.



Example: How AACIPM is Addressing These Challenges

Nimble response to create scholarships for providers caring for underserved to attend UVM's May 7 conference on integrative pain management



Scholarship Form: UVM Integrative Pain Management Conference for Healthcare Providers Caring for the Underserved

Example: How AACIPM is Addressing These Challenges

Facilitated sign on letter (9/13/21) to CMS on their 2022 Medicare Physician Fee Schedule

AACIPM Issues Recommendations to CMS on Payment for Pain Care Services

by AACIPM | Sep 20, 2021 | Connecting the Dots, In the News | 0 comments

The result of this effort was shared agreement across multi-stakeholder leaders representing payers, providers, patients

In response to a Centers for Medicare & Medicaid Services (CMS) [proposed rule](#) regarding changes to the 2022 Medicare Physician Fee Schedule, AACIPM has submitted a letter to CMS outlining the healthcare settings



and practitioners that furnish non-opioid pain management, the resources involved in treating chronic pain, and how CMS might design new codes that will better enable health providers to classify and treat pain. The letter, submitted as a part of CMS' public comment period, aimed to highlight the many diverse practitioners and services that may make up a comprehensive integrative pain management treatment plan, and further, to highlight the issues that these providers face when attempting to bill CMS for the pain care services which they provide.

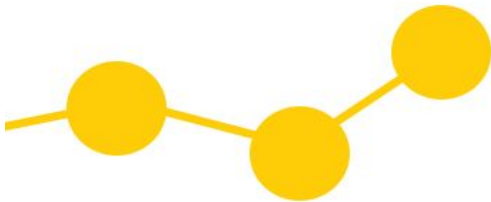
To address the problems that providers of pain management are facing when attempting to bill CMS, AACIPM, along with 26 individual signers and 8 organizations, issued the following five recommendations:

Example: September is Pain & Self Care Awareness Month

PAIN & SELF CARE AWARENESS MONTH

CONNECTING THE DOTS IN SEPTEMBER

To promote both **Pain Awareness Month** and **Self Care Awareness Month** during September, AACIPM will be collaborating with many partners to spread awareness, and deepen connections and understanding across the stakeholders.



[LEARN MORE](#)



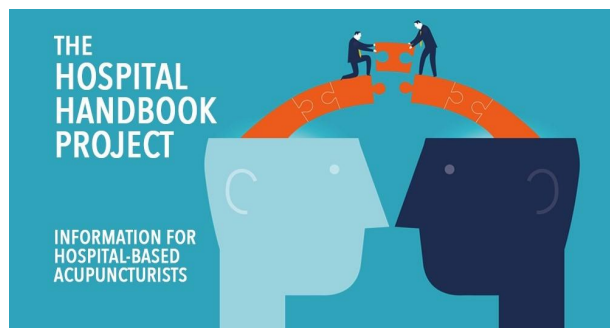
Health Care Includes Self Care™



Megan Kingsley Gale, MSAOM, Dipl. OM (NCCAOM®), LAc, LMT

Director, The Hospital Practice Handbook Project for
Acupuncturists and Their Hospital Sponsors

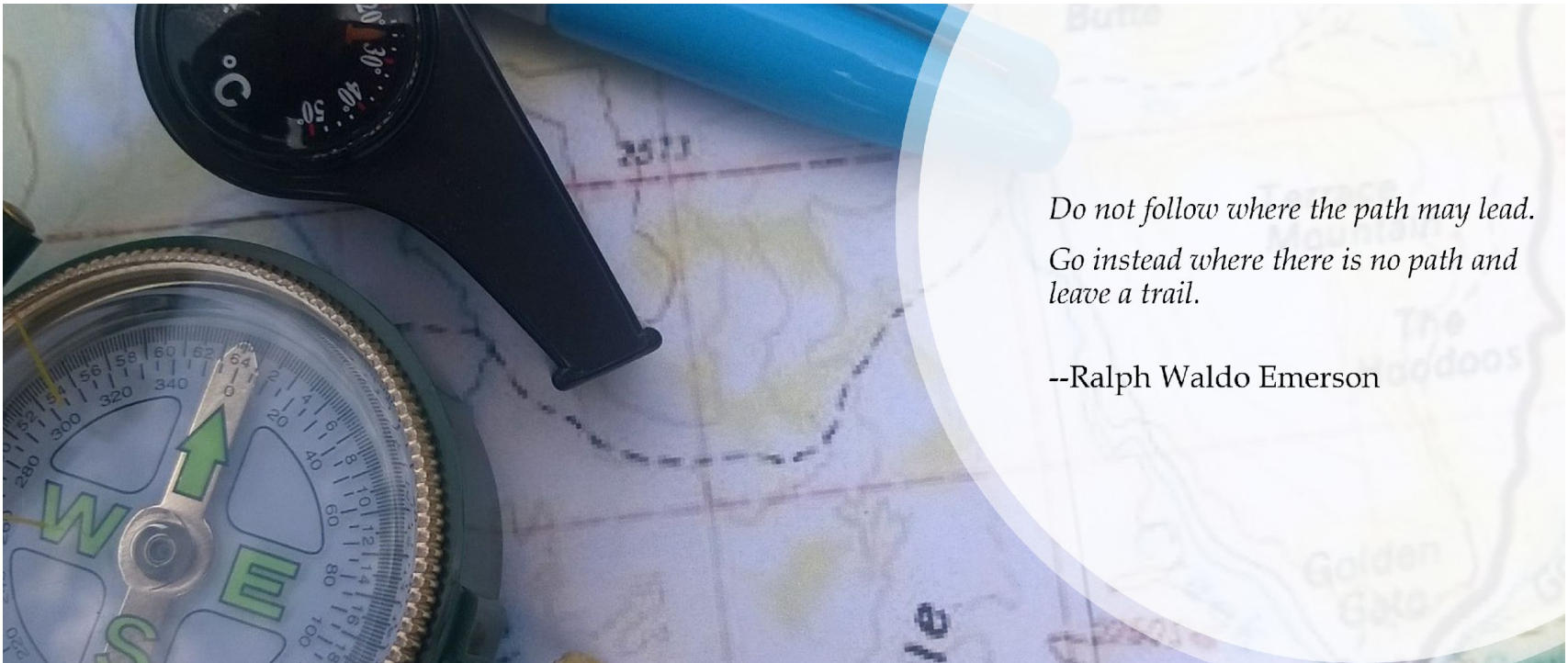
www.thehospitalhandbook.com



HHP Vision

“HHP is the go-to resource for hospital and healthcare system-based acupuncture work: employment practices and program standards.

We are a professional network community of hospital & healthcare system practice LAc clinicians, program managers, researchers, and more”



*Do not follow where the path may lead.
Go instead where there is no path and
leave a trail.*

--Ralph Waldo Emerson

Patients have the best access & greatest potential for team care coordination when integrative medicine (IM) is available where they receive healthcare.

www.thehospitalhandbook.com

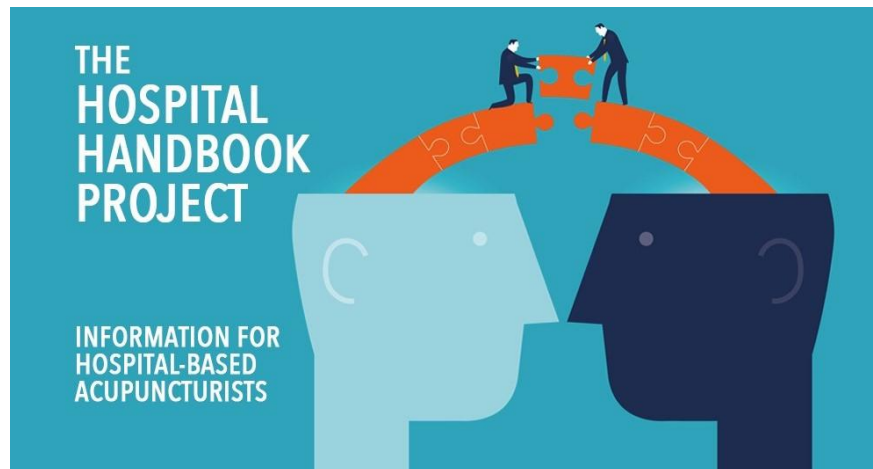


Resources for:

- ✓ Students, prospective practitioners, and educators
- ✓ New Hospital Employees (0-5 years)
- ✓ Leads/Program Managers
- ✓ Researchers

New HHP Workgroup in 2022

- This fall, laying the foundation for a new HHP Workgroup to continue moving the vision and mission forward.
- HHP Workgroup 2022, “Hospital and Healthcare System-based LAc Employment Practices: Position Descriptions, Credentialing, Salary, Benefits, and More”
 - Build on existing HHP published and unpublished content
 - Discussion of current employment practice standards for our field and related APC/APP and allied health fields
 - Budget estimates and fundraising goals
 - Multiple options for participating
 - Monthly live zoom sessions with workgroup and asynchronous discussion
 - Standards discussion and consensus building



Why We Are Presenting Together Today

Chronic pain is a complex problem that requires whole-person centered, integrative, multimodal pain care.

Numerous obstacles keep this standard of care out of reach for many people who are underserved.

From IM4US goals:

“Lifting up models of financially accessible, trauma-informed, culturally safe and culturally responsive healthcare.”

We have collaborated to create space for you to:

- ✓ Hear **stories** from passionate, **dedicated providers** who are bringing meaningful, **culturally responsive and quality care to their communities**, in unique ways
- ✓ Explore ways that acupuncturists are **integrating positively** with other providers in their communities for the **benefit of their patients’ quality of life**
- ✓ Listen to examples of **advocacy and policy** efforts that are **changing the paradigm**



Panelists

Range of communities & settings

Varied Geographic Settings

Urban, Suburban, Rural

- Portland, OR
- Washington, DC
- Eastern Massachusetts
- Western Massachusetts
- Rio Grande Valley, TX/Mexico border
- Uganda, Africa

Different practice settings

- **private practice**
 - general practice
 - community practice setting
- **county clinic (FQHC)**
 - community health center, primary care
- **hospital-based**
 - specialty care, pediatrics, children's hospital
- **global outreach and train-the-trainer model**

Patient populations

- All serving 60% or more who qualify as “underserved”
- Adult and pediatric
- General practice, urban area
- Specialty practice, pediatrics, sickle cell disease
- Global outreach
- Medicaid and Medicare eligible populations
- Uninsured populations

Panelists

Range of communities & settings

Program models with variable coverage and reimbursement of services

- No cost for services
 - Grants and philanthropic funding
 - nonprofit and fundraising
 - Medicare and Medicaid
- Sliding scale
- Insurance coverage

Varied employment models

- Business owner, private practice
- Founder, nonprofit organization
- Employee, full-time
- Employee, part-time

Laura Ocker and Katie Thornton

Multnomah County Health Department, Portland, Oregon



Katie Thornton RN, MSN, CNL

Regional Primary Care Mgr. for the
N & NE Health Centers



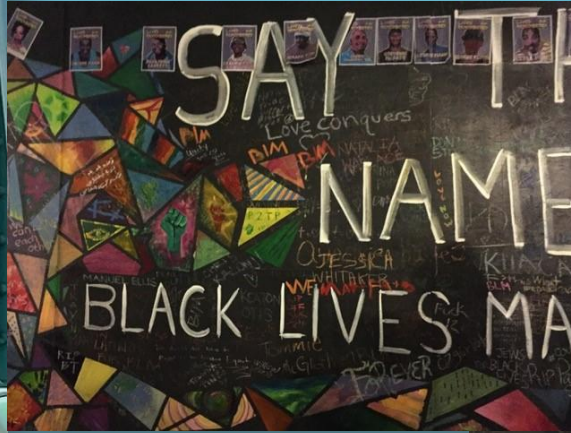
Laura E. Ocker, MAcOM, LAc

Senior Program Specialist,
Acupuncturist

The support and commitment of administration is paramount.
Connecting with advocates and sharing a vision.

“Katie...shares my vision for integrative pain management and takes the steps needed to prioritize these offerings for our patients.” — Laura

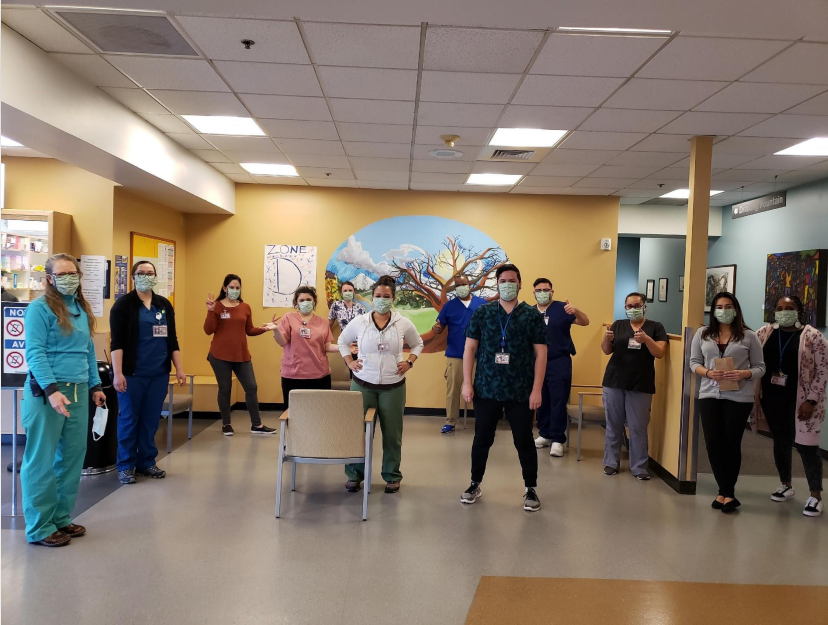
Our Community



The Community We Serve



Full-time acupuncture services are offered on-site in a FQHC, fully embedded with primary care services.



About 70% of patients identifying as BIPOC (~70%)

30 – 40% of patients English is not the primary language spoken

Medicaid Policies that Affect Access

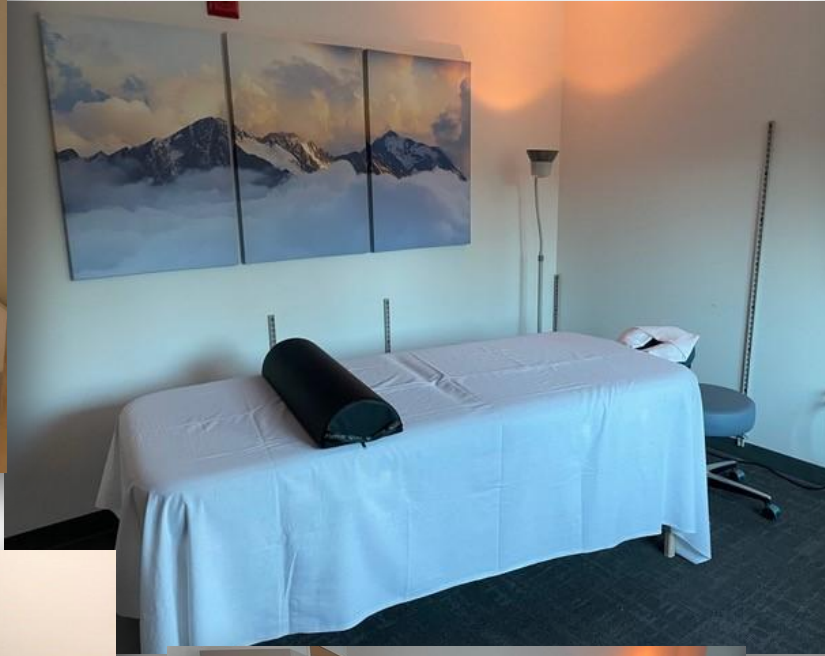
Background

- 2011 - collaborative effort between state acupuncture assn. & OR College of Oriental Medicine Research Department
- Led to expansion of acu for Medicaid enrollees for several specific conditions
- After passage of Affordable Care Act, federal funding poured into Medicaid program
 - By 2014 hundreds of thousands of people gained coverage
 - Same time that the work that started in 2011 was approved (acu and chiro care coverage expansion)

Multnomah County Clinic (FQHC) Program Model

- OR Medicaid coverage for acu services
- Patients with Medicare, Medicaid not charged for acupuncture services
 - Sometimes services not reimbursed by plans
- Obstacles
 - limited covered conditions
 - complicated prior-authorization process that interfere with reimbursement.
- Uninsured patients
 - pay a nominal fee per visit if they are able
 - \$5 - \$15 depending on income
- Clinician employment
 - Laura is a full-time employee-clinician of the organization.

My Practice Setting



Rocio Lopez, MAcOM

Dipl. OM (NCCAOM®), LAc

Business owner and clinician, solo private practice

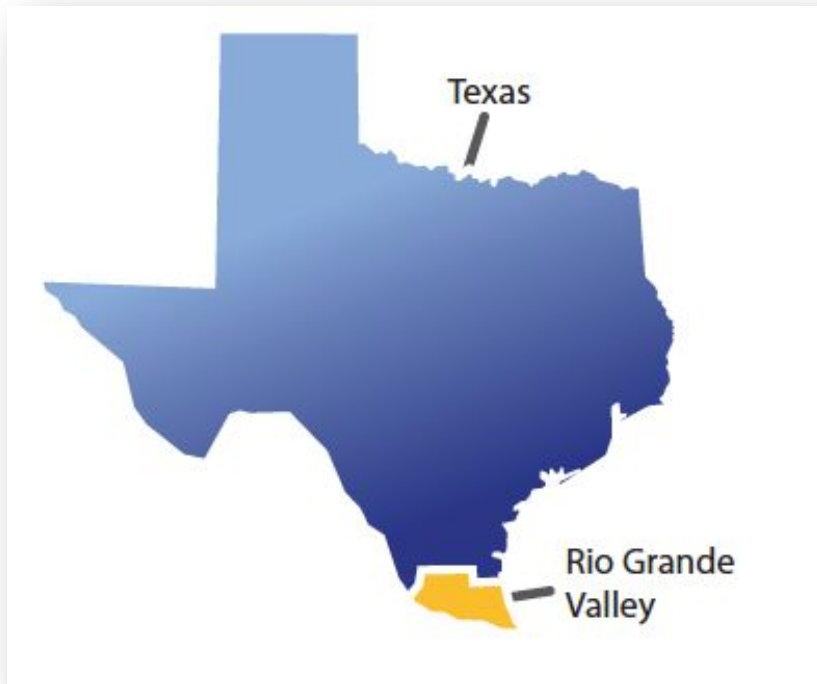
White Pearl Acupuncture & Herbs, PLLC



- **Location: Brownsville, TX**
 - U.S./Mexico border town
- **Demographics of community**
 - 89% of residents are Hispanic
 - 97% of Hispanic residents are Mexican-American
 - Primary languages spoken in area: Spanish, English

My Community

Brownsville and the Rio Grande Valley



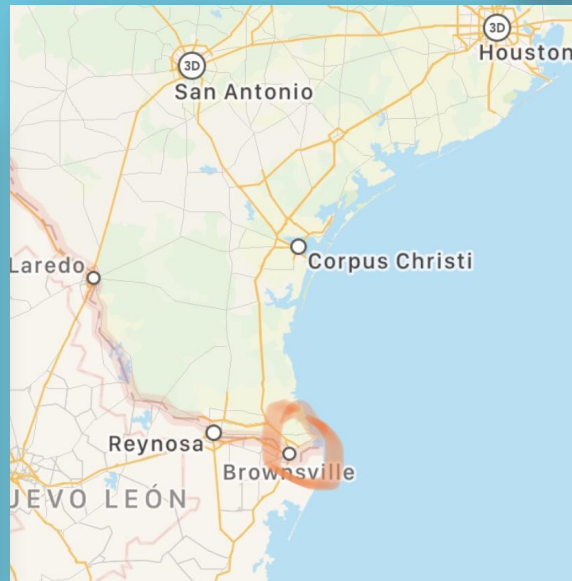
Unique aspects of area

- Must be fluent in Spanish
- The Rio Grande Valley
- Medically underserved region, designated by HRSA
 - Not enough primary care providers
 - High infant mortality rate
 - High poverty rate
 - High elderly population

Hometown advantage:

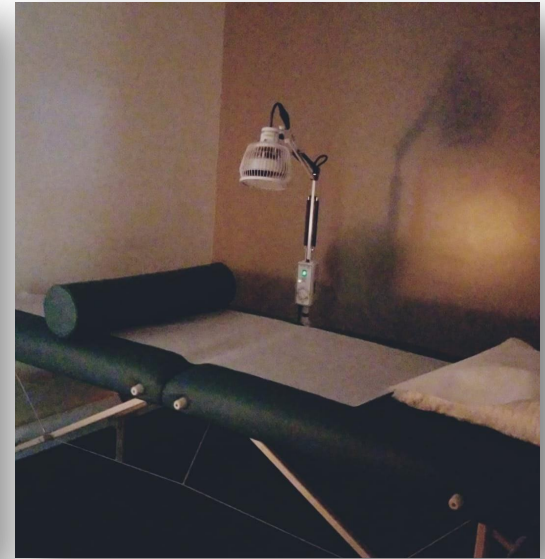
- Able to understand the medical needs of the RGV
- Strong sense of obligation & responsibility to help make it a better place.

My Community



My Practice Setting

White Pearl Acupuncture & Herbs



Full time general practice

Approx. 30-40 patients a week. Provide individualized-care

How My Background Impacts the Way I Provide Care

Healthcare training and experiences:

- B.A. Psychology, University of Texas at Brownsville
- Experience as a social worker at the International Educational Services (case manager),
- Master's degree from AOMA Graduate School of Integrative Medicine
- A license to practice acupuncture in the State of Texas

These experiences have shaped my ability to give back to my community. Today, I am happy to make Chinese Medicine accessible to Brownsville and all of the RGV by offering patient-centered care and ensuring my patient's needs are listened to and addressed.

I notice a positive impact from the care I'm able to provide and seeing that care integrated into my patient's existing medical care plans.

Many of my patients have displayed a welcoming and supportive attitude in incorporating acupuncture and the rest of the Chinese medicine modalities into their day to day lives.

Risi Idiokitas, DAOM, LAc

Pediatric Acupuncture
Children's National Hospital, Washington D.C.



Photo credits to Children's National

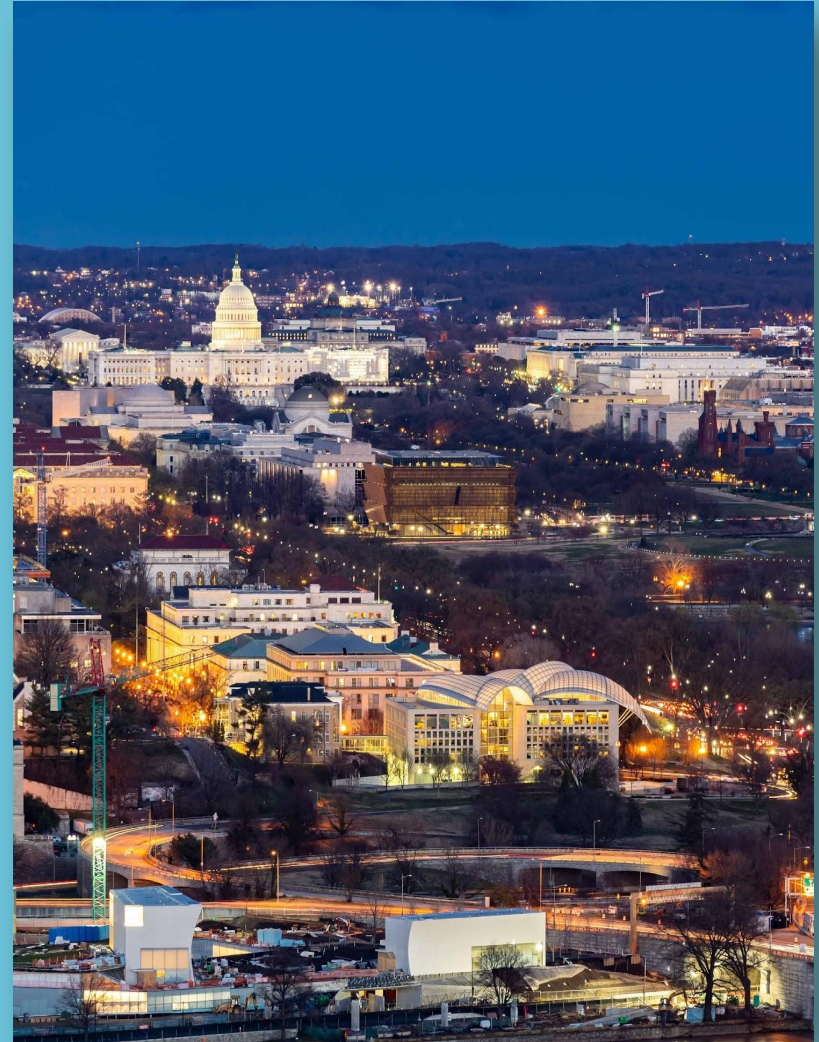
- Pediatric palliative care
- Both inpatient & outpatient settings
- Care complements ongoing care from other providers
- This care helps with:
 - Decreasing pain, nausea, fatigue
 - Improving sleep, digestion, and function
 - Decreasing side effects of medications and conventional treatments.
 - Decreasing adverse event rates for conventional treatment

Patient Population

- Patient demographics
 - Most are from low-income communities that otherwise do not have access to healthcare services from an LAc
 - Most are BIPOC
 - Most qualify for Medicaid
 - *largest population of sickle cell pediatric patients at a Children's Hospital in the U.S.*



The Community I Serve



My Practice Setting



My services are via palliative care team consult.

Acupuncture is a popular patient consult request.

Services well integrated w/in broader medical services - scheduled to fit in a patient's schedule (i.e., before nap, after PT)



When I started my pediatric practice, I was doing house calls, mainly visiting patients in million-dollar homes around DC because that's who was seeking acupuncture for their children. To get to these homes I drove through Maryland and DC low-income communities and wished that I could be providing acupuncture for the kids I saw on those playgrounds and front stoops. More kids that looked like myself and my own kids.

I realized the best way to be able to provide to underserved families was to do it through the hospital.

Acupuncture as an Adjunctive Treatment for Pain in Hospitalized Children With Sickle Cell Disease

Sarah Reece-Stremtan MD^{a, b, c, d, e}, Laila Mahmood MD, MPH^{b, c, d}, Stefanie Margulies MS^d, Brenda Martin MSN, CPNP^d, Radha Rohatgi PharmD, BCOP^{d, e}, Risi Idiokitas DAOM, LAc^c, Ira Todd Cohen MD, MEd, FAAP^{a, b}, Anqing Zhang PhD^{b, f}, Lisa Thaniel DSW, LICSW^d, Steven J. Hardy PhD^{b, d, g}, Deepika S. Darbari MBBS, MS^{b, d, 1}

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<https://doi.org/10.1016/j.jpainsymman.2021.06.003>

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Abstract

Context

Acute episodes of pain associated with sickle cell disease (SCD) account for over 100,000 hospitalizations and expenses of nearly one billion dollars annually in the U.S. New treatment approaches are needed as the current opioid based therapy is often inadequate in controlling pain, resulting in prolonged inpatient stays, and high rates of readmission.

- **Results**
- Participants in the acupuncture (n = 19) and control (n = 10) group were comparable in clinical characteristics. Acupuncture had an acceptability rate of over 66% and was tolerated well without any side effects. Acupuncture was associated with reduction in pain scores (6.84–5.51; $P < 0.0001$). Acupuncture group demonstrated a trend toward lower length of stay and readmission rates, but these were not statistically significant. Opioid use was not different between the groups. Treatment Evaluation Inventory survey showed high rates of satisfaction with acupuncture.
- **Conclusion**
- Acupuncture was broadly accepted and well-tolerated in our study population. Acupuncture treatment was associated with a statistically significant and clinically meaningful reduction in pain scores immediately following the treatments, and a trend towards a reduction in length of stay and readmission for pain.

“Acupuncture as an Adjunctive Treatment for Pain in Hospitalized Children With Sickle Cell Disease”. [Journal of Pain and Symptom Management](#). Published June 8th, 2021.
<https://doi.org/10.1016/j.jpainsymman.2021.06.003>

Richard Mandell, LAc

Founder, Global Acupuncture Project
Founder, Brookline Community Acupuncture Clinic



- International
 - Global Acupuncture Project
 - Uganda
 - Mexico
- Global Acupuncture Project
 - Nonprofit
 - Train the trainer model
 - www.globalacupuncture.org
 - Locations:
 - Uganda, Africa
 - Oaxaca and Chiapas, Mexico
- Local
 - Brookline Community Acupuncture Clinic
 - Brookline, MA
 - www.brooklinecommunityacupuncture.com

The Settings Where I Make an Impact

Global Acupuncture Project | Brookline Community Acupuncture Clinic

The Global Acupuncture Project trains medical providers in Uganda and Mexico. In Uganda, the trainings are at gov't healthcare facilities, including hospitals.

In Mexico, worked with Doctors for Global Health (DGH) and at Luna Maya, a women's healthcare facility that works to ensure that women have access to humanized health services, including childbirth.

<http://globalacupuncture.org/>

Brookline, Massachusetts community acupuncture clinic:

sliding scale, diverse patients

www.brooklinecommunityacupuncture.com

Video - Global Acupuncture Project

https://drive.google.com/file/d/1YO8FIPTkecno2l_uoZg00AfAaXvp4rJR/view



Global Acupuncture Project



Mexico



Teaching acupuncture students in Uganda

Amy Mager, DACM

Lic. Ac, Dipl. OM (NCCAOM®), FABORM
Western Massachusetts



- Advocate, business owner and clinician in private practice.
- Wellness House, Northampton, Massachusetts
- I ran a women identified community (group style setting) clinic from January 2014- March of 2020.
- Currently, private practice--individ. not group
 - 50-60 patients/week
- I serve a community of patients from varied backgrounds.
- 20% of my patients pay OOP
- 80% have insurance coverage. (65% have Medicaid & identify as Latinx, Latino, Black, Native or Asian)

My Community and Practice Setting



The Impact of My Work

Taking the time to be present with and reflect the valuable story of each patient is paramount.

Integrating self care between appointments and connecting to their broader medical services whenever possible.

Extending care, sometimes I've been the only provider seeing them in person



My Advocacy Work

Medicaid and Medicare policies impact on access to care



POLICY

State & Federal efforts to: increase access to acupuncture and integrative pain management overall

Vice Chair Public Policy, ASA since 2019
Legislative co-chair Acu Soc. MA, current

Medicaid

- My services covered by 95% of Medicaid plans in MA.
- Other 5% will be covered in 01/2022
- This coverage is due to advocacy work that began in 2014.

Medicare

- Need Act of Congress to recognize LAcS as providers under SSA. Current bill introduced is Rep. Judy Chu (CA)'s HR 4803 "Acupuncture for Seniors Act" & Medicare for All
 - When licensed acupuncturists become providers under Medicare, I will be able to serve more patients.

Panel Discussion

Thank you

Photo Credits

- Risi's slides
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- Rocio's slides
 - Photo credit to Rocio Lopez and
- Amy Mager's slides
 - Amy Mager
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 - Credit to Laura Ocker, Katie Thornton, and Multnomah County Health Department (?)
- Richard's slides
 - Photo credit to Richard Mandell and the Global Acupuncture Project
- Megan's slides
 - Photo credit to Megan Kingsley Gale and The Hospital Handbook Project for Acupuncturists and Their Hospital Sponsors
- Amy Goldstein's slides

References and Resources

Medicare Inclusion Legislation bill, introduced by Rep. Judy Chu (CA), HR4803 “Acupuncture for Seniors Act”

- Blog article on its impact on healthcare and hospital-based LAcS and acupuncture programs:
<https://www.thehospitalhandbook.com/blog/2021/8/14/medicare-update-hr-4803-acupuncture-for-seniors-act>
- Add references—ask Amy Mager

Published research and articles from our presenters and their programs

- Risi's publication
 - Sarah Reece-Stremtan, Laila Mahmood, Stefanie Margulies, Brenda Martin, Radha Rohatgi, Risi Idiokitas, Ira Todd Cohen, Anqing Zhang, Lisa Thaniel, Steven J. Hardy, Deepika S. Darbari, Acupuncture as an Adjunctive Treatment for Pain in Hospitalized Children With Sickle Cell Disease. *Journal of Pain and Symptom Management*, 2021. ISSN 0885-3924,
<https://doi.org/10.1016/j.jpainsymman.2021.06.003>
 - “[The Bravest Littles](#)”, a pediatric palliative care online training for acupuncturists

References and Resources

Published research and articles from our presenters and their programs

Laura Ocker & Katie Thornton

- Eaves ER, Hsu CW, DeBar LL, Livingston CJ, Ocker LE, McDonald SJ, Dillon-Sumner L, Ritenbaugh C. Whole Systems Within Whole Systems: The Oregon Health Plan's Expansion of Services for Back and Neck Pain. *J Altern Complement Med*. 2019 Mar;25(S1): S61-S68. doi: 10.1089/acm.2018.0431. PMID: 30870022.
- Nielsen A, Ocker L, Majd I, Draisin JA, Taramina K, Maggenti MT, Long J, Nolting M, Sherman KJ. Acupuncture Intervention Protocol: Consensus Process for a Pragmatic Randomized Controlled Trial of Acupuncture for Management of Chronic Low Back Pain in Older Adults: An NIH HEAL Initiative Funded Project. *Glob Adv Health Med*. 2021 May 26; 10:21649561211007091. doi: 10.1177/21649561211007091. PMID: 34104574; PMCID: PMC8161858.
- Oregon Primary Care Association (OPCA) website. Published August 5th, 2020. “2019-20 Oregon Primary Care Association, Annual Award for Health Equity.” Award winner Katie Thornton. <https://action.orpca.org/2020/08/qa-with-opca-annual-award-winner-katie-thornton>
- “Evidence Opens Medicaid in Oregon to Acupuncture” by John Weeks, published in *Integrative Practitioner* May 2nd, 2017.

References and Resources

Published research and articles from our presenters and their programs

- Richard Mandell
 - The Global Acupuncture Project
 - Website: <http://globalacupuncture.org/>
 - Facebook: <https://www.facebook.com/GlobalAcupunctureProject>
 - Facebook public group: <https://www.facebook.com/groups/237369759661292>
 - Facebook page for Pueblo, Mexico:
<https://www.facebook.com/AcupunturadelPueblo>

Resources from AACIPM and HHP

- AACIPM:
<https://painmanagementalliance.org/im4us-2021-virtual-conference-september-24/>
- HHP:
<https://www.thehospitalhandbook.com/events/2021/9/17/advancing-integrative-pain-management-through-collaboration-and-advocacy>