

January 10, 2012: Oregon Health Policy Board, "Coordinated Care Organizations"

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INTRODUCTION

Thank you for providing this opportunity for public comment. I commend you for your work and the difficult task that lies in front of you.

I first came to this advocacy work as a result of my experiences running the acupuncture program at Virginia Garcia Memorial Health Center (over six plus years), a non-profit, integrated primary care center & an FQHC. I have also worked as an on-call Licensed Acupuncturist at Central City Concern, providing chemical dependency treatment.

My motivations to increase access to CAM services to OHP patients stem from these observations:

- 1) Patients thrive when they have the opportunity to access a variety of therapies in addition to primary care (acupuncture, chiropractic, behavioral health, physical therapy, naturopathy, etc.).
- 2). Regular access to acupuncture treatment can help people address (in a very significant way) chronic pain, acute pain, stress, depression, anxiety, insomnia, fatigue, & other common complaints that underlie chronic health conditions.
- 3) Integrating acupuncture (and other CAM services) on-site with primary care seems to improve job satisfaction of medical providers
 - a. Providers want OPTIONS for patients suffering from chronic pain – options to potentially dangerous and addictive narcotic pain medications.
 - b. Because the providers themselves benefit from coming in for an acupuncture treatment to reduce stress & tension on the job. (no kidding!)
- 4) Hypothetical leap – that regular access to CAM therapies in the Primary Care Setting can reduce Emergency Department visits associated with chronic pain & addictions issues

PURPOSE

OHPB – serves as the policy making and oversight body for the Oregon Health Authority – and “is responsible for improving access, cost and quality of the health care delivery system, and the health of all Oregonians.”

What policies will allow us to achieve FULLY Integrated Care of Coordinated Care Organizations & Primary Care Homes?

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What policies will allow for full inclusion of Complementary & Alternative Medicine providers & modalities (acupuncture, chiropractic care, naturopathic medicine, etc.) – non-discrimination language, restructuring of payment, coverage for services under Oregon Health Plan (OHP), etc.

Evidence (and clinical observation, patient preferences) substantiates acupuncture treatment for two conditions that potentially result in high costs (financial & health):

- 1) chronic pain
- 2) addictions

Acupuncture Evidence & Health Services Commission / HERC:

Five lines currently covered: Acupuncture codes 97810-97814

| Line | Condition | Treatment |
|------|---|--|
| 5 | ABUSE OR DEPENDENCE OF PSYCHOACTIVE SUBSTANCE | MEDICAL/PSYCHOTHERAPY |
| 6 | TOBACCO DEPENDENCE | MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS |
| 15 | HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND RELATED OPPORTUNISTIC INFECTIONS | MEDICAL THERAPY |
| 67 | SUBSTANCE-INDUCED DELUSIONAL AND MOOD DISORDERS; INTOXICATION | MEDICAL/PSYCHOTHERAPY |
| 69 | SUBSTANCE-INDUCED DELIRIUM | MEDICAL THERAPY |

Through an on-going collaboration between the Oregon Association of Acupuncture & Oriental Medicine and the Oregon College of Oriental Medicine to provide evidence to inform the Health Services Commission / HERC:

- 1) Four additional lines for acupuncture are to be added in 2012 (with limitations):
Lines 1 Pregnancy, Line 213 (limited to post-stroke depression, line 429
Migraines, Line 553 Tension Headaches
- 2) Progress is being made to submit evidence for additional lines in 2014

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In addition to evidence-based guidelines, we must offer services based on lessons learned in clinical practice & patient preferences. "Evidence based medicine" was never intended to be informed strictly based on the outcome of Randomized Clinical Trials, but also informed by clinical practice.

Dr. Sackett's 1996 BMJ paper, *Evidence based medicine: what it is and what it isn't*, <http://www.bmj.com/content/312/7023/71.full>,

KEY POINTS

A) "Patient Centered Care" –

- 1) **CAM therapies lend themselves to support the Tripple Aim**
 - Care is focused on wellness, prevention & chronic disease management
 - Services people want & need are easily available
- 2) **CAM therapies support the Core Attributes of Patient Centered Primary Care Homes:** Access, accountability, comprehensive whole person care, continuity, coordination & integration, person & family centered care

Office for Oregon Health Policy Research: Standards & Measures for Patient Centered Primary Care Homes, final report of the PCPCH Standards Advisory Committee, February 2010.

B) People want CAM Services:

- a. **CAM Survey: "More Hospitals Offering Complementary and Alternative Medicine Services," September 7, 2011, American Hospital Association, Samueli Institute**

42% of respondent hospitals indicated they offer one or more CAM therapies, up from 37 % in 2007.

85% of responding hospitals indicated patient demand as the primary rationale in offering CAM services and 70% of survey respondents stated clinical effectiveness as their top concern.

- b. **Health Services Research: HSR-10-0587: "Personal Use of Complementary and Alternative Medicine by U.S. Healthcare Workers," Aug / Sep 2011**

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Principal Findings: Healthcare workers are more likely than the general population to use CAM. Among healthcare workers, healthcare providers are more likely to use CAM than other occupations.

CONCERN: Epidemic of poisonings from narcotic pain medications.

CDC Policy Impact: Prescription Painkiller Overdoses, November 2011
www.cdc.gov/homeandrecreationalsafety/rxbrief

- *In 2008, there were more than 14,800 prescription painkiller deaths.*
- *For every 1 death, there are 10 treatment admissions for abuse, 32 emergency department visits for misuse or abuse, 130 people who abuse or are dependent, and 825 non-medical users.*
- *People on Medicaid are prescribed painkillers at twice the rate of non-Medicaid patients and are at six times the risk of prescription painkiller overdose.*

Oregon CD Summary, Vol.58, No. 20 (9/29/2009): "Opioid-related Poisoning Deaths In Oregon"

The current epidemic of deaths due to prescription drugs is far greater in magnitude than the crack cocaine or heroine mortality epidemics in the past.

CONTRIBUTING TO A SOLUTION:

I'm asking that as the OHPB moves forward, you will consider policies that will make it easier for (OHP) patients to access Complementary and Alternative Medicine services on-site through the Coordinated Care Organizations and / or Primary Care Homes.

I've seen how well a truly integrated clinic can work, and what a benefit it is for patients. At VG & CCC – acupuncture, behavioral health, naturopathic medicine, allopathic primary care (with referrals out for chiropractic). For chronic pain, for addictions, for the common complaints & stresses underlying most chronic medical conditions ... **please take advantage of the resource we have available to us here in Oregon: a GOLDMINE of CARING and WONDERFULLY WELL-TRAINED CAM PROVIDERS!**

Please contact me if you would like to discuss any of this in more detail.