

*Act 173 and
acupuncture:
Progress toward
better access to
safe and effective
health care.*

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Cara Feldman-Hunt, MA
Janet Kahn, PhD



Overview of presentation

The opioid crisis and Act 173 set several things into motion re: acupuncture:

1. Pilot: Acupuncture for chronic pain in the Vermont Medicaid population
2. New Rules Governing the Prescribing of Opioids for Pain
3. BCBSVT report re: acupuncture coverage

Importance of improved access to acupuncture

- Rich Pinckney, MD, MPH – supervises residents re: opioid prescribing and treatment of chronic pain
- Cara Feldman-Hunt, MA - UVM Integrative Health - demand for acupuncture within UVM Health Network
- Janet Kahn, PhD – guidelines vs. access; state vs national context

Summary and Recommendations

1. Pilot: Acupuncture for Chronic Pain in the Vermont Medicaid Population

POPULATION

VT medicaid enrollees with chronic pain

INTERVENTION

Up to 12 treatments by a VT licensed acupuncturist

COMPARISON

Pre- and post-test measurements

OUTCOMES

PROMIS questionnaires

DVHA utilization analyses

Descriptive data

OUTCOMES

- Patient-Reported Outcomes Measurement Information System (PROMIS) questionnaires
 - Developed and validated by NIH to be relevant across all conditions to assess symptoms and functions
 - Pain intensity, pain interference, fatigue, anxiety, depression, sleep disturbance, physical function, social isolation
- Open-ended questionnaire
 - Medication use, occupational impacts
- DVHA utilization analyses
 - Use of other medical resources – ER, PCP, prescriptions, other health care visits
 - 60 days prior, during, and after treatment
- Descriptive data – total visits used, main complaints, co-morbidities, modalities, referrals, etc

CURRENT STATUS OF PILOT

- 20 Licensed Acupuncturists providers – Chittenden Co., Montpelier/Waterbury, White River Jct/Windsor
- 155 patients enrolled
 - Avg age – 47; Women 65%, Men 35%
 - Recruitment has been much quicker and easier than we expected.
 - Most participants were referred by their physicians.
- Interest is high
 - Several media interviews
 - Inquiries from WA and MN
 - Interest from Medical Directors in other states
- Report should be available by Sept. 1

CURRENT STATUS OF PILOT

Quote from study provider:

“One of the Medicaid study patients told me that she saw her doctor today and he commented that she looked the best he had seen her look in years. He decided to cut her pain meds. She also gets botox injections every 3 months for migraines, but they haven't been as bad so she called and cancelled her appointment for later this week. I hope she is able to continue with treatment in the future.

We were asked to participate in a wellness fair this past Friday at Winooski Support and Services at Home. It was sad. So many residents were interested in acupuncture and several said that they had been referred by their PCPs for acupuncture, but that they aren't able to pay for it. Everyone wanted to know if Medicare and Medicaid would cover treatment. While my sliding scale is low, in most cases it is still too much for someone living on social security benefits. This of course also had me thinking of the study participants who are benefitting from their treatments, but who most likely won't be able to continue to receive acupuncture after the study ends.”

2. New Rule Governing the Prescribing of Opioids for Pain

4.0 Universal Precautions when Prescribing Opioids for Pain

Prior to writing a prescription for an opioid Schedule II, III, or IV Controlled Substance for the first time during a course of treatment to any patient, providers shall adhere to the following universal precautions.

4.1 Consider Non-Opioid and Non-Pharmacological Treatment

Prescribers shall consider non-opioid and non-pharmacological treatments for pain management and include any appropriate treatments in the patient's medical record. Such treatments may include, but are not limited to:

- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Acetaminophen
- Acupuncture
- Osteopathic manipulative treatment
- Chiropractic
- Physical therapy

Acupuncture is the only treatment listed with limited accessibility to Vermonters due to lack of insurance coverage.

Other guidelines recommending acupuncture:

- 2011 Institute of Medicine Report “Relieving Pain in America” emphasized “integrated, interdisciplinary pain assessment and treatment that includes complementary and alternative medicine” and recommended that “reimbursement policies should be revised to accommodate this approach.”
- 2015 – Joint Commission – “non-pharmacologic strategies for pain... including acupuncture therapy”
- American College of Physicians 2017 – acupuncture and other non-pharmacologic therapies should be used before Tylenol and Advil for the treatment of LBP.

3. Act 173 Report: BCBSVT – evidence and coverage position re: acupuncture and treatment of pain.

Results:

- BCBSVT report submitted to legislature
- VTAA response to report submitted to legislature
- BCBSVT Med. Director Josh Plavin agreed there were problems with their report and offered to file an amended report with the legislature.
- A dialogue has been initiated between BCBSVT and the UVM PIH re: the appropriate coverage of acupuncture.
- Dr. Plavin informed me earlier this week that BCBSVT is “on board” with an acupuncture benefit.

Rich Pinckney, MD, MPH

- **Primary care physician**
- **Associate Professor – Internal Medicine at UVM Larner College of Medicine**
- **Co-Director - Internal Medicine resident clinic -** supervises opioid prescribing for chronic pain and teaches residents how to manage chronic pain
- **Masters in Public Health from Harvard University** where he learned to conduct and review research to determine clinically efficacy of treatments
- opioids prescribing task force at UVM
- complex pain service team at UVM

What can you tell the committee re: what you've learned about acupuncture's use in the treatment of pain from your roles as a physician, a teacher and a scholar?

Cara Feldman-Hunt – Program Director, UVM Program in Integrative Health

What is UVM Integrative Health?

Tell us about Survey of Medical Staff at UVMMC

Tell us about the demand for acupuncture across
UVM Health Network:

- Complex Pain Center
- Oncology
- Primary Care
- Total Joint Replacement recovery
- Palliative Care
- Emergency Room
- Addiction

Janet Kahn, PhD

- **Research Asst Prof, UVM Larner College of Medicine**
- **Former Director Integrative Health Policy Consortium**
- **Former member National Advisory Council of the National Center for Complementary and Integrative Health at NIH**
- **Obama appointee to the national Advisory Group on Prevention, Health Promotion, and Integrative and Public Health**

You've done a lot of policy work on the national level.

Tell us what you think about when you see a disconnection between clinical guidelines and patient access.

Why is what happens in Vermont unique and important?

Summary and Recommendations:

- Acupuncture is a recognized and important non-pharmacologic therapy for the treatment of pain.
- In the midst of an opioid crisis, we cannot afford to allow a tool like this to remain inaccessible to most Vermonters due to lack of insurance reimbursement.
- Thank you for the work you've done on this already.
- Please continue to work to remove reimbursement barriers to access to acupuncture to treat pain, by ensuring that all health insurance policies include reasonable coverage for acupuncture.

Presenter Background and Credentials

Robert Davis, MS, LAc

Robert is board certified in acupuncture and Chinese herbal medicine and maintains a clinical practice in South Burlington, VT. He is currently the principle investigator of the “Acupuncture for the Treatment of Chronic Pain in the Vermont Medicaid Population” study funded by the VT legislature through DVHA. He has served as the Principle Investigator for six previous National Institute of Health SBIR grants. He is currently Co-President of the Society for Acupuncture Research. He served as the President of the Vermont Acupuncture Association from 2001 – 2006. He is a member of the Steering Committee of the UVM Program in Integrative Health. Robert received an MS in acupuncture and oriental medicine from Southwest Acupuncture College, Santa Fe in 1999.

Presenter Background and Credentials

Richard Pinckney, MD, MPH

Dr. Pinckney is a primary care physician in Burlington, VT. He is also an Associate Professor of Internal Medicine at UVM Larner College of Medicine. He is Co-Director of the Internal Medicine resident clinic where he supervises opioid prescribing for chronic pain and teaches residents how to manage chronic pain.

Dr. Pinckney received his M.D. from State University of New York at Buffalo, in Buffalo, New York and his Masters in Public Health from Harvard University where he learned to conduct and review research to determine the clinical efficacy of treatments.

Dr. Pinckney serves on the opioid prescribing task force and the complex pain service team at UVM.

Presenter Background and Credentials

Cara Feldman Hunt, MA

Program Manager, the University of Vermont Program in Integrative Health

Cara has worked in the field of Integrative Healthcare since 2008. As a program manager at the University of Vermont, Cara works with leadership at the College of Nursing and Health Sciences, College of Medicine and the University of Vermont Medical Center to establish and execute the major goals and objectives for the proposed Institute for Health & Healing at UVM. This team is taking the program from concept through implementation to create a sustainable institute, and Cara has successfully merged the Laura Mann Center programs into the university's Program for Integrative Health. Cara's background is in Organizational Development; she has worked in large corporate settings, small start-ups, non-profits and educational institutions developing systems and implementing programs. Before her work at the University of Vermont, she was the Executive Director of the Laura Mann Center for Integrative Health, a 501C3 that promotes the benefits of integrative healthcare by bridging the gap between community members and health practitioners from all disciplines. She attended Columbia University, Teachers College in New York City and has a Master of Arts degree in Organizational Psychology and a Bachelor of Arts degree in Psychology from Ohio Wesleyan University in Delaware, OH.

Presenter Background and Credentials

Janet R. Kahn, PhD, EdM, LMT

Dr. Janet Kahn is a massage therapist, a research scientist and a health policy analyst. She is also a Vermonter passionate about seeing to it that people, no matter their income, have access to the building block of health and to the health care they need and prefer.

From 2005-2011 Kahn served as Executive Director of the Integrated Healthcare Policy Consortium. This included work with staff of Senators Sanders, Harkin and Mikulski crating sections of the Affordable Care Act that relate to integrative health care. In 2011 President Obama appointed Kahn to the federal Advisory Board on Prevention, Health Promotion and Integrative and Public Health. In 2014 Governor Shumlin appointed her to the Governor's Health Care Work Force Working Group.

Dr. Kahn is currently in the third year a grant from the UVM Medical Center through which she and Catherine Cerulli work with cancer patients and their family members using Touch Caring and Cancer, and self-help educational program Dr. Kahn and William Collinge developed with support from the National Cancer Institute. More recently, she and Dr. Collinge developed and tested an app-based program that teaches over a dozen mind-body techniques to Veterans and their partners. This program, called Mission Reconnect, has been shown to reduce PTSD to sub-clinical levels.

Dr. Kahn Has appointments in UVM's College of Medicine and College of Nursing and Health Science where she teaches a foundational course on Integrative Healthcare. Her own training took place at Antioch College, Harvard Graduate School of Education and Brandeis University.