

Policy Recommendations

For those who fund Research

1. Prioritize projects that examine non-pharmacological methods, either alone, or in combination with other non-pharmacological modalities and disciplines in the treatment of people with pain.
2. Fund research on the long-term use of opioids and other pharmaceuticals and the rate of iatrogenic addiction.
3. Favor projects using mixed methods models of investigation that capture real-world, patient-focused outcomes.

For Delivery of Healthcare

1. Promote a bio-psychosocial, 'never only opioids' approach to treating people in pain, introducing them to self-care and non-pharmacological approaches from the earliest moment of care.
2. Include licensed integrative practitioners directly as part of pain care teams in Patient Centered Medical/Health Homes.
3. Urge the Joint Commission to elevate the importance of integrative strategies by scoring these programs in institutional review.
4. Expand the professional workforce in the treatment of pain to include the workforce description in Section 5101 of the Affordable Care Act to reflect patient choice.

For Health Professions Education:

1. Include the concept of neuroplasticity ("change the brain, change the pain") in classroom and clinical instruction.
2. Require experiential mind-body and health coaching practices critical to imparting self-care, self-management and patient engagement in pain education.
3. Expand interprofessional education to include information about and experience with members of the licensed integrative healthcare disciplines.

For Federal Agencies

1. The Departments of Health and Human Services, Treasury, and the Social Security Administration should promote the expansive Congressional intent in Section 2706 of the Affordable Care Act, "Non-Discrimination in Health Care."
2. The Health Resources and Services Administration (HRSA) should expand investment in interprofessional practice and in integrative medicine with additional funding through the National Center for Interprofessional Practice and Education to explore team-based models that include other non-pharmacologically-oriented disciplines.
3. The Department of Defense and the Department of Veterans Affairs should actively engage leaders of civilian organizations in rapid technology transfer of those integrative, non-pharmacological methods proved useful.

Integrative Pain Care Aligned with New Models of Payment and Delivery

Efforts to shift the “perverse incentives” in the business of medicine toward a values-based system create a compelling context for exploring integrative pain treatment. Here are some of the areas where principles and business align.

- ❑ **Patient-centered:** 35%-90% of people with diagnosed conditions use integrative approaches, including CAM (complementary and alternative medicine). These numbers are increasing and coordinated patient care will be facilitated by including practitioners who are expert in these therapies in care teams.^{14,15,16,17,18}
- ❑ **Supporting self-care:** Integrative practitioners are trained to teach self-care strategies and engage patients, and provide links to community resources and practitioners. All of the factors are shown to reduce costly readmissions.
- ❑ **Improving patients' experience:** Modalities as simple as listening to a guided imagery CD to prepare for surgery have proven to reduce post-operative pain and healing time. Integrative options can improve the patient's experience and satisfaction.
- ❑ **Team care and interprofessionalism:** Passage of the ACA created an opening to include more practitioners who are expert in non-pharmacological pain treatment and may reduce costs of care.
- ❑ **Patient-Centered Medical/Health Homes (PCMH):** Principles that define PCMHs include whole-person, integrated and coordinated care that align with mind-body approaches of many integrative practitioners.
- ❑ **Patient-centered outcomes in research:** Patient-centered and outcomes-based approaches are core tenets of PCORI, an institute created by the ACA to advance the engagement of patients in research.
- ❑ **Cost-savings:** Cost-savings have been demonstrated by use of CAM. In fact, one study demonstrated that the largest cost savings were seen in patients with the heaviest disease burden.²⁰

These changes are linked to the Affordable Care Act and the values-based care movement among employers, agencies, payers and some health system leaders. They offer context for responding to the imperative of discovering the earliest and most impactful treatment for people who are living with pain and support the use of CAM. ■