

Change AOM Can Believe In

AAAOM Staff

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Patriotism might be considered passe in this day and age, but I am still a patriot; an idealist at heart. I believe in the values this country is founded upon, and believe we are still the greatest country on Earth. An ancient profession, acupuncture and Oriental medicine has fast become a national treasure within our diverse society and has the ability to help lift our country out of its health care crisis. As an American and practitioner of AOM, I believe it is our obligation to bring our medicine to the American people.

As practitioners, what we do is simple; each and every day, we change lives. We relieve pain and help people return to normal lives - so simplistic and yet profound in the transformation it evokes. We diagnose and treat patients who have no hope. We all have success stories of patients who have left our offices with a new lease on life. This is what we have to let everyone know. Our medicine is effective and proven, and we have evidence-based studies to back us.

To our patients, we are not just acupuncturists; we are gatekeepers to a world of preventive medicine. This is a world that many patients have not seen before. When President Obama speaks about saving money by implementing preventive measures in health care, he is speaking about AOM. Preventive measures such as nutrition, exercise and lifestyle modification are major parts of our treatment plans. Allopathic medicine is adept at treating acute emergency conditions, but is lacking when it comes to preventive and chronic care - just two of many areas where AOM excels.

Our country is in a state of crisis in many areas. We can be part of the solution. As practitioners we know this, yet our voices are still small whispers in the background of health care reform. This is the time to step up to the plate and make our voices heard; to bring our success stories forward and prove to our country's leaders exactly what this profession has to offer. We need to make not only the efficacy and benefits of AOM concrete, but the economic savings our medicine represents.

Looking at Health Care Reform

So what are the realities that inform the political world of sweeping health care reform? Health care reform stands at the forefront of the legislative agenda this year. One of the key guiding principles of President Obama's plan is controlling rising costs. The health care reform bill is expected to provide health insurance coverage to 95 percent of Americans. However, any plan that expands coverage to more Americans without making significant reductions in cost is not sustainable. Reducing the cost of insurance premiums and health care delivery is a prerequisite for providing universal access.

How does the cost of health care play out in our economy? General Motors, for example, spent \$4.8 billion on health care last year. Future obligations to their retiree health care plan are estimated to be \$47 billion, \$10 billion of which GM is due to contribute in 2010. The health care reform bill would require larger businesses to pay at least 72.5 percent of the health insurance cost for employees. These mandates could end up becoming a greater burden on the economy if they aren't coupled with drastic measures to reduce costs.

What about Medicare insolvency? As the baby boom generation becomes eligible for Medicare, the public share of our national health expenditure is expected to exceed 50 percent by 2016. This means that expenditures by Medicare and other publicly funded health programs will surpass those of private insurance companies. [By 2017, the Medicare program is projected to become insolvent.](#)¹ Medicare will be subjected to greater budgetary pressure as President Obama has proposed some \$600 billion in cuts to the Medicare program to help pay for the \$1 trillion health care reform bill. Medicare's future is grim.

This presents a fortuitous opportunity for the [Federal Acupuncture Coverage Act of 2009 \(HR646\)](#) to gain passage. Under HR646, acupuncture would become a covered benefit for federal employees and the 44 million people eligible for Medicare. HR646 could save Medicare. Consider the following to learn more about how this would work.

Saving Health Care Dollars

The American Heart Association estimated the combined direct and indirect cost of cardiovascular disease to be close to [\\$475.3 billion in 2008.](#)² Heart disease and stroke, two of the three leading causes of death in the United States, account for about 30 percent of Medicare expenditures. A sustainable Medicare program needs to adopt a more cost-effective approach to managing cardiovascular diseases. When most people outside of our profession think of acupuncture, they think of it in terms of pain management. Yes, acupuncture can deliver outstanding results when it comes to musculoskeletal pain, surely helped countless patients avoid surgery, and reduced or even eliminated the need for pain medication. What most patients, practitioners, insurance companies and legislators don't know is how cost-effective acupuncture can be as a natural intervention for treatment and prevention of heart disease and stroke, which are among the most expensive conditions to treat with conventional medicine.

Acupuncture is Cost-Effective

In a study of 105 patients in Denmark with severe angina pectoris, acupuncture and self-care education were administered in addition to usual treatment. Patients received 12 acupuncture treatments during a period of four weeks and were observed at intervals over five years. Due to a [90 percent reduction in hospitalization and need for surgery](#), the average savings per patient was estimated to be \$32,000.³ For severe cases in which surgery was originally rejected as an option, acupuncture helped lower the annual cost of conventional care from \$8,800 to \$1,200. For less severe cases in which surgery was initially an option, the annual cost of conventional care dropped from \$3,500 to \$900 with the addition of acupuncture. These figures cannot be directly translated to the U.S. health care market due to higher fees for hospital-based services in the U.S., fluctuations in exchange rates and the value of the real dollar (since the results of the study were published 10 years ago). Nonetheless, adding acupuncture as an adjunct to conventional care in the treatment of heart disease is likely to produce significant cost savings by shortening hospital stays, and reducing the time frame for recovery as well as surgery rates.

Acupuncture also has the potential for significant cost savings when it comes to stroke. In 2005,

5.8 million Americans had suffered a stroke at some point in their lives, costing \$66 billion annually. Stroke is not only one of the leading causes of death in the U.S., it is the leading cause of disability for adults. In a study of [11,430 Medicare patients who had suffered a stroke](#), investigators determined that the average cost of long-term treatment over four years was \$39,428 per patient, with average lifetime cost of \$103,576.⁴ That was 13 years ago. The direct and indirect costs attributable to stroke are certain to be higher today.

In several studies in Norway and Sweden, when subacute stroke patients received acupuncture (in some studies, electro-acupuncture) in addition to the usual rehabilitation program, they had shorter hospital stays, faster recovery and improved functional outcome compared to the group that didn't receive acupuncture.⁵⁻⁷

Where Do We Go From Here?

While most of these studies have yet to be independently reproduced, there does appear to be convergence. More replication studies using the same or improved methodology in different populations are needed to establish external validity. This would make it possible to generalize the findings of these studies with a respectable degree of confidence.

As practitioners, our obligation to our country starts with passage of the Federal Acupuncture Act; a change necessary to move this profession forward. Forty-four million Americans will gain access to our services at the stroke of a pen. Our patients must be afforded access to and the right to choose AOM as a health care modality. It is our responsibility to lead this change, transitioning our profession to the mainstream of U.S. health care. As practitioners, we hold the torch of change within our grasp.

References:

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