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Acupuncture in Hospital Systems: Transitioning From Tolerated to Celebrated

Bill Reddy, LAc, Dipl. Ac. | DIGITAL EXCLUSIVE

I've had the pleasure of working with Susan Luria, Director of University Hospitals Health Systems Connor Integrative Health Network (CIHN) for the past year on the Integrative Health Policy Consortium (IHPC) Board of Directors and Federal Policy Committee. For the past four years Susan has been developing a business plan, securing philanthropic support, building financial models, job descriptions, hiring plans and recruiting for CIHN and has a vast amount of knowledge in the field of integrative health.

BR: How would you describe your integrative health model, and how long has University Hospitals been offering integrative services?

SL: Our integrative health model is that we are integrated throughout the health care system. Our mission is to be of service to providers throughout the health care system to enhance patient outcomes and experience. The program was developed six years ago by my business partner Françoise Adan MD, supported by generous donors and the health care system. She started the program in a small office with one location and two people. I was in another role within our hospital system four years ago when I met her, heard her vision and couldn't stop dreaming about what more we could do to build upon her vision together. I am grateful to our hospital's leadership for enabling that to happen. We have now expanded to 12 locations and 30 providers within the health system.



BR: What were the major drivers that influenced decision makers to offer these additional services?

SL: The key success factor for any program to begin is to have a passionate, capable champion. Someone has to wake up every morning and dream about what can be, not do something as just a job. We were lucky in that we had two champions: Francoise Adan MD and Sara Connor, the key donor who brought her family along into her love of integrative health to support the startup and growth of the program. After the initial support, patient demand drove continued growth. Our typical patient visits our providers six times per year, looks forward to their visits with us and improves his or her health. Health systems are outstanding in responding to specific health events, but many health systems - and ours is a leader in this - also want to ensure that they are ongoing partners in a patient's health regardless of the absence or presence of any specific condition. While we were on a nice growth trajectory, recent joint commission changes and the need to increase the use of non-pharmacologic treatments for pain have accelerated demand within our system for our services.

BR: How do your teams operate?

SL: We focus very much on operating as a team with no set "front door." Patients and providers often have a specific idea of where they'd like to begin within integrative health, but once they are with a provider, we establish a plan that works best for the patient. The plan often incorporates additional integrative health providers and other providers throughout the healthcare system. We also have a PA who provides detailed consults for patients who want to think through their specific situation and develop an integrative plan together.

BR: Can you share some of your growing pains?

SL: Being able to develop an integrative health program within a hospital system that is financially viable is not easy. Unfortunately, while we are all mission based, hospital systems have to operate

efficiently and be strategic with their investments. A major focus of my time is making sure that we are tightly managing the business side of operation and talking about the program in the language understood by various hospital leaders.

BR: What integrative therapies are offered to your patients?

SL: Acupuncture, massage therapy, chiropractic care, osteopathic manipulative treatment, integrative health consultations, expressive therapy (music, art), yoga therapy, meditation and integrative psychiatry. Expressive therapy is primarily inpatient; the other services are primarily outpatient although we are beginning to offer acupuncture at inpatient settings.

BR: How many acupuncturists do you employ in your healthcare system?

SL :We currently have six full-time acupuncturists within our healthcare system. We have them embedded within our cancer center, the fertility team and several outpatient locations.

BR: Do they share patient records, or have their own?

SL: One of the most important aspects of our program is that all of our providers utilize the hospital's system's electronic medical record to communicate, refer and partner with providers throughout the health system. This has been a wonderful teaching tool for providers who may not be familiar with integrative therapies - they open the electronic medical record and see that the patient has been improving with the use of massage, acupuncture or other therapies. This leads to new referrals and incorporation of these therapies into care plans for a broader range of patients. Providers not familiar with these therapies also see that we are not *alternative* but rather *integrative* - partners in the care of the patient. We very much stress within our health system the concept of one patient, one team, one plan.

BR: Are they independent contractors or employees?

SL: Our providers are all employees of the health care system.

BR: What metrics are you using to track clinical and cost effectiveness of acupuncture?

SL: We value the importance of research and metrics in the field of Integrative Health and are enthusiastic about the addition of Jeff Dusek, PhD as our new director of research. We have simple pain score, patient satisfaction and other related metrics but have a vision to add to the body of integrative health research.

BR: What skill sets do you feel are lacking when acupuncturists enter your system?

SL: We have an outstanding team of highly skilled acupuncturists. We are very careful to hire providers who view traditional medicine as the partner - the piece of the whole care of the patient - and who are willing to understand and speak the language of physicians. There are certainly acupuncturists who are best suited to remain in private practice - the use of the electronic medical record and the need to fit within systemwide structures (scheduling, hours, training, compliance, financial structure) add some level of administrative complexity that some, understandably so, choose to avoid. There are others who are excited and energized by the idea of partnering within and throughout a health care system. The one skill that seems to be lacking in general is familiarity and interest in current acupuncture research. As we work within a health care system, we recognize the importance of an evidence-based approach to patient care. Being knowledgeable in and having the ability to communicate this evidence to both patients and providers is important.

The ideal acupuncturist for us is one who is not only clinically excellent but in many ways a natural teacher - teaching not only patients about the modality and their health but teaching health care providers who aren't familiar with acupuncture about how and when the modality can be effectively utilized.

BR: What's your vision of the growth of Integrative Health across the nation, and it's bearing on the AOM profession?

SL: Our vision is that integrative health becomes a part of *regular* health care, not an adjunct discussion. We need to increase the visibility of our key modalities to consumers and health care systems so that people increase the use of them as frontline therapies. We also need to ensure that all providers across the health care continuum view health care as a team sport so that they make appropriate referrals for the best care of the patient. Finally, we need consumers to view themselves as owners and drivers of their health outcomes. Far too many people come to us without a full understanding of medications they are taking and a clear understanding of their own health.

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