

Mental and Physical Health

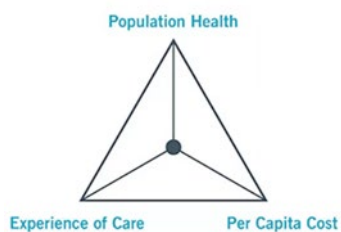
Paving the Way for Mind-Body Integrated Care

In this the third article in our series on Mental and Physical Health, we will delve further into describing some of the different modalities in use to address mental and physical health more holistically, emerging collaborative models, as well as existing barriers to adoption.

Why Care? Implications for Population Health Management

Health care organizations and physician practices that offer or plan to offer population health management services to patients will want to pay closer attention to opportunities associated with more holistic integration of care that takes into account the mind-body connection.

The IHI Triple Aim



This aligns with preference among some patients to consider so-called alternative approaches to care, and thus as an offering, can lead to greater satisfaction and loyalty. It also aligns with the move to value-based care arrangements that will seek to pay more for services that produce improved outcomes and greater patient satisfaction. While there may not be “line item” reimbursement for all services offered, under a value-based care payer contract (where providers take on greater risk for the total cost of care), providers may be paid more to the degree the overall integrated care model results in improved outcomes (perhaps via greater patient compliance with care management, if not directly attributable to the integration itself) and satisfaction.

It could result in an important market differentiator for population health management organizations and providers that can take the lead and jump ahead of the competition, establishing themselves as both thought leader and innovator in this space.

Taxonomy for Mind-Body Approaches to Health and Well-being

First, some basic definitions are in order:

Complementary and alternative medicine (CAM) is the umbrella term used for any and all health-related products and practices that are not generally considered part of traditional medical practice.

Terms such as “natural”, “holistic” or even “eastern medicine” are sometimes used interchangeably to describe CAM practices, however as the trend toward various levels of acceptance within traditional practice unfolds, there is greater interest in adapting a more standard taxonomy for reference to remove some of the stigma attached to their application and adoption.

A distinct trend toward the integration of CAM therapies within the practice of traditional medicine is taking hold. Hospital systems and a growing number of physicians are incorporating CAM therapies within their practices, insurance coverage for CAM services is gaining acceptance, and integrative medicine clinics are being established, some with close ties to medical schools and teaching hospitals.

The various CAM modalities that are generally in play, can be categorized as follows:

Mind-body therapies:



Definition:

Combination of mental focus (mindfulness), breathing, imagery, and body movements. Modalities include meditation, biofeedback, hypnosis, yoga, tai chi, music, movement and/or massage therapy, various forms of exercise, and progressive muscle relaxation. Some forms of chiropractic services may also be included when applied specifically to treating a mental (e.g., anxiety) versus just a physical symptom.



Benefit:

The expected benefit is generally attributed to the ability to relax both the body and mind, eliminate, or reduce stress (independently or related to physical symptoms), and thus associated positive impact on both mental and physical aspects of overall health.



Evidence:

There is an emergence of relatively good evidence and a lot of current research looking into these practices, as there are ways to measure direct or indirect physical and vital signs associated with many of these. For example, changes in blood pressure, metabolic processes (e.g., levels of inflammation), quality of sleep, disassociation of physical and mental pain (largely self-reported), and even response to traditional treatment.



Example: The Memorial Sloan-Kettering Cancer Center has developed an integrative medicine service that offers hospitalized patients mind-body therapies such as music and massage therapy and reflexology. Outpatients can also take advantage of acupuncture, meditation, self-hypnosis, as well as classes in yoga and Pilates as part of their recovery program of offered services.

Biologically based supplemental therapy:



Definition:

Use of substances found in nature or otherwise naturally produced within the body in lieu of or in addition to manufactured pharmaceuticals to promote health and wellness as well as to treat pain, depression, anxiety, and insomnia. These include vitamins and dietary supplements, botanicals (plants or parts of plants, herbs, and spices such as turmeric or cinnamon), and/or specialized foods and diets.



Benefit:

The expected benefits attributed to biologicals is in how they modify or impact different metabolic processes, promote reduction of internal inflammation, and/or a more natural way to supplement a deficit (e.g., low levels of vitamin D, calcium) identified via blood work.



Evidence:

As with mind-body therapies, there is a growing body of research pointing to efficacy, particularly as it relates to diet and supplements. Benefits can be measured via laboratory (blood) sampling in some cases, although because many of these substances are not yet FDA regulated, some concerns linger with respect to safety and dosage. In addition, because patients may feel like it is okay to take vitamin and/or herbal




Example: SpectraCell Laboratories has pioneered a scientifically based micronutrient evaluation of specific deficiencies, offering an alternative approach to the prevention and treatment of many diseases for which the root cause has been found to originate with nutritional deficiency and subsequent downstream cellular dysfunction and illness. Blood assays measuring 31 specific micronutrients (vitamins, minerals, amino acids, antioxidants, and metabolites) reveal potential deficiencies at the cellular level. Suggested treatments (largely via diet and supplements) aim to correct these deficiencies, with the goal of slowing aging and degenerative disease progression. Their physician portal contains numerous case studies which highlight efficacy and suggested measures of success.

supplements on their own given the belief that they are natural (and thus, not considered a “drug”), in fact some have been found to be potentially harmful taken on their own, with or without other prescribed drug therapies or taken in large doses. This is why there is a need for more dedicated research and education within the traditional medical community relative to the use of biologicals given the preponderance of the general population using them.


Energy Healing:

 **Definition:**

Energy Healing is based on the belief that there are energy flows within the human body that benefit from efforts to keep them in balance. Examples include Reiki, some forms of acupuncture, and even aromatherapy.

 **Benefits:**

Energy Healing activates the body’s natural ability to heal itself. When this self-healing state is activated, the body begins to rid itself of toxins as well as enhance the effectiveness of the immune system. Once energy levels go back to their natural state, blood pressure, circulation and heart rate can also improve, promoting an overall sense of well-being thereby reducing stress and associated inflammatory response.

 **Evidence:**

Energy healing practices noted here have undergone some level of evaluation and have been found to be generally safe and potentially effective, but there is still more to learn. As a result, the degree to which any or all of these approaches are finding a pathway toward greater acceptance with standard or generally accepted medical practice is limited at present.



Example: The Salem Veterans Affairs Health Care System, Innovation Preval Center for Chronic Pain provides veterans with basic coping strategies via access to a multidisciplinary caregiving team – made up of a psychologist, pharmacist, dietitian, physical therapist, and acupuncturist. A personalized six-month treatment plan focused on healthy eating, hands on energy healing, spirituality, and both physical and stress reduction manipulation. This program is an offshoot of a study commissioned by the Department of Veterans Affairs, undertaken to evaluate the potential of a “whole health model” to address chronic pain.

Emerging Collaborative Models

Let’s now explore some of the nomenclature and conventional ways of describing levels of integration:

 **Integrative Medicine**

An approach to health care that combines conventional medicine with CAM practices

Sometimes described as more than just the sum of conventional medicine plus CAM - a “healing-oriented approach to care that reemphasizes the relationship between patient and physician, integrating the best of complementary and alternative medicine with the best of conventional medicine”- Maize, et al (2002).

This combined approach to treatment is often driven initially by patient request or preference and attempts to focus on mental, physical, and spiritual aspects of health. In other instances, physicians are incorporating CAM services due to frustration with the lack of effective conventional interventions to reduce the effects of chronic conditions, as well as frustration with the constraints of practice that lead to less time available for a more meaningful patient-provider interactions.

With this approach, there is more attention paid to availability of research and evidence demonstrating safety and effectiveness because the select CAM practices are considered to be part of the formal treatment plan. An example is the use of cardiac rehabilitation, meditation, and/or a prescribed diet in conjunction with standard clinical interventions and medication, for individuals who have had a cardiac event.

It is here where health insurers and other payers, following the lead provided by Medicare’s inclusion of supplemental benefits in their payment protocols, has opened the door wide to more general acceptance and integration of CAM services as part of the standard of care.

In our previous article “Identifying Seniors for Supplemental Benefits”, we provide more detail relative to Medicare’s inclusion of additional or supplemental benefits for things like food, transportation, over-the-counter items, and housing support to meet the growing needs of patients with complex and/or chronic conditions [Identifying Seniors Supplemental Benefits across the Health and Disease Continuum](#).



Complementary Medicine

Refers to a treatment or practice that is utilized alongside standard medical treatment but is not by itself considered part of the standard of care.

One example is the use of acupuncture to help with some of the side effects of cancer treatment. Generally, because it is an adjunct to (and not combined with or in place of) the generally accepted practice, there is less attention paid to availability of and/or scientifically based evidence.

This is a “do no harm” approach to treatment, wherein these “complementary” modalities are considered safe and potentially helpful but fall short of yet being fully integrated into standard treatment protocols. The patient is likely on their own in terms of finding a practitioner or prescriber and will pay for services out of pocket (not generally covered by insurance).

There is an opportunity in some of the newer value-based care approaches for an institution or physician practice under such a payment model to cover complementary medicine to deliver better quality and improved outcomes, even without hard empirical evidence of efficacy from a total cost of care perspective.

Some medical practices (so-called centers of excellence) have begun including complementary medicine practitioners as part of the multidisciplinary practice, with the aim of better meeting patient preferences and expectations and fostering continuous improvement and learning, in the absence of formal scientific evidence.



Alternative Medicine

Treatment and/or practices used in place of standard medical practice.

One example is using a special diet and/or herbal supplements to treat a chronic condition (like cancer or arthritis) instead of treatments prescribed by a physician. Because alternative medicine approaches sit outside of traditional care (and may be “prescribed” solely in patient consultation with a non-medical practitioner), attention to available research on efficacy sits within the domain of the patient and alternative practitioner.

It needs to be recognized that in certain instances, a given patient may have a strong aversion to taking a drug when there is a natural alternative available. This is especially true in instances where there is no cure available or expected, and a patient’s overall comfort as well as physical well-being is the goal. In those circumstances, wouldn’t it be better if a patient’s primary medical provider could work with an alternative provider instead of leaving patient on their own to navigate the perceived divide between traditional and non-traditional approaches to care?

The aforementioned trend toward establishing centers of excellence for the prevention and treatment of certain diseases and/or medical conditions that focus on a more multidisciplinary approach, might yield additional learnings that can help lay the groundwork for consideration of alternative medicine approaches that lean into the diverse needs and preferences of patients whose own belief systems and/or cultures call for a different overall approach to prevention and treatment.

Barriers to Adoption

There are known barriers in place today, that get in the way of efforts to establish integrated models. In addition to the previously mentioned lack of empirical evidence, there is also a general lack of knowledge among traditional medical providers.

- ⇒ What are the indications and contraindications for each of the various modalities?
- ⇒ What should referral guidelines be?
- ⇒ How to go about credentialing CAM practitioners?
- ⇒ Which patients are good candidates for various CAM and/or alternative therapies
- ⇒ How should these services be prescribed (e.g., dosage, duration of treatment)?

A good first step toward removing barriers such as these are the establishment of reliable and referenceable stores of information on CAM services, as well as some guidelines for the integration of CAM within primary and specialty care. There is a need for tools or frameworks to make decisions about which therapies should be provided or recommended, and the best organizational structures for the delivery of integrated care.

This could be accomplished via combined interest groups of CAM practitioners and traditional providers, with a focus on safety and efficacy in the formulation of such guidelines – seeking an approach that is patient-centered (responsive to patient preferences and needs) but at the same time balancing the requirements to maintain acceptable standards of clinical practice.

A “tower of Babel” effect (where two schools of thought are speaking two separate languages, and one cannot understand the other) can be avoided by simply putting some effort into improved dialogue and communications. Further, physicians should become aware of the CAM services available in their locality and develop familiarity with the backgrounds and capabilities therein – perhaps even develop their own preferred provider referral list of trusted CAM practitioners in the community.

It may also be valuable to provide opportunities (for example, during medical education and training) for traditional providers to have some level of experiential exposure to CAM modalities, as well as for CAM practitioners to continue to expand their knowledge relative to conventional care. CAM practitioners should be able to identify the conditions they feel would respond well to their treatment modality and in the absence of empirical evidence, be able to cite success stories and the patient characteristics that produce the most favorable outcomes.

In summary, we have outlined some of the prevailing approaches and benefits relative to health care that integrates both mind and body therapies, illustrating how mind-body therapies and practices are central to health in a fundamental way and can lead to outcomes that are more than just the sum of the parts. We also provided suggestions for ways in which provider organizations as well as population health managers might begin to take some steps forward toward establishing collaborative models of care that allow for greater personalization and more targeted approaches for overall health and well-being.



Criteria for Selecting CAM method and/or provider

Safety – carries minimal known risk

Effectiveness – some body of research available to support use

Patient acceptance – willingness of patient to use the therapy in question

Availability – relatively easy to access

Cost – is there any insurance-based reimbursement in place, are patient out of pocket costs known in advance