

2014

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Recommended Citation

Lazzarini, Laura and Palombo, Angelina, "Alternative Medicine Resources for Primary Care Physicians" (2014). *Family Medicine Clerkship Student Projects*. 31.
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Alternative Medicine Resources for Primary Care Physicians

Laura Lazzarini with Angelina Palombo

August-September, 2014

EMMC Center for Family Medicine

Mentor: Dr. Jessica Bloom-Foster, MD

The Problem

- Despite the prevalence of patients that would benefit from Complimentary and Alternative Medicine (CAM) at EMMC Center for Family Medicine (CFM), practicing physicians lack sufficient education on CAM and knowledge of community resources to refer their patients to.
- More specifically,
 - CFM has an unusually high number of patients with chronic pain and patients on suboxone for addiction, many of whom suffer coexisting anxiety, depression and PTSD. Even with adequate medical treatment, we observed patients continue to report poor pain control and struggle with life stressors.
 - 140 patients prescribed opiates for chronic pain, 170 patients on suboxone at CFM
 - **Physicians and patients are increasingly turning to CAM for further treatment options**
 - Despite both patient and physician interest in referring to CAM, we observed physicians lacking knowledge in the various modalities, including what each modality consists of, which modalities are best for which patients, evidence based medicine supporting CAM and available resources in the community.
- For the purposes of our project, we focused primarily on addressing inadequate provider knowledge.

Public Health Cost

- Although CAM can be used for many ailments, ailments commonly addressed by the majority of modalities include: chronic pain and stress
- In the United States: the total financial cost of pain to society ranges from \$560 to \$635 billion, nearly 30 percent higher than the combined cost of cancer and diabetes.
 - Adults with pain reported missing more days from work than people without pain. Pain negatively impacted three components of productivity: work days missed, number of annual hours worked and hourly wages.
- Forty-three percent of all adults suffer adverse health effects from stress.
- Stress can play a part in problems such as headaches, high blood pressure, heart problems, diabetes, skin conditions, asthma, arthritis, depression, and anxiety, each with their own costs.
- The Occupational Safety and Health Administration (OSHA) declared stress a hazard of the workplace. Stress costs American industry more than \$300 billion annually.
- According to statistics released in July 2009 from a nationwide government survey, U.S. adults spent \$33.9 billion out-of-pocket on visits to complementary and alternative medicine (CAM) practitioners and purchases of CAM products, classes, and materials.
 - CAM therapies may be considered cost-effective compared to usual care for various conditions: acupuncture for migraine, manual therapy for neck pain, self-administered stress management for cancer patients undergoing chemotherapy, pre- and post-operative oral nutritional supplementation for lower gastrointestinal tract surgery, biofeedback for patients with "functional" disorders (eg, irritable bowel syndrome) and guided imagery, relaxation therapy, and potassium-rich diet for cardiac patients.

Costs Unique to Maine & EMMC

- Maine ranked fifth nationally in 2009 for per-capita spending on health care, in part due to chronic health issues- including chronic pain.
- A recent report from the federal Substance Abuse and Mental Health Services Administration shows that since 1998, Mainers have consistently sought treatment for addiction to non-heroin opiates at rates significantly higher than in other states or in the nation as a whole.
 - An estimated 80 percent of prescription painkillers are prescribed by 20 percent of prescribers.
 - The majority of scripts come from primary care and internal medicine physicians for acute and chronic pain.
 - Medicaid enrollees (60% of EMMC's "payer mix") receive pain prescriptions at twice the rate of non-Medicaid patients.
- The U.S. Department of Health and Human Services approved a significant grant of \$55,000 to each of 800 community wellness centers nationwide, 14 located of which are located in Maine, to expand their treatment paradigms and become "patient-centered medical homes."
 - As this shift in traditional structure occurs, many of these innovative models are increasingly turning to the use of Integrative Medicine and CAM practices

Community Perspective: CFM

- *“Chronic pain afflicts so many of our patients. New studies are showing alternative medicine, specifically mindfulness, has been shown to help with chronic pain. Unfortunately, residents I speak with don’t feel they have enough information to successfully provide this resource to their patients. ..I’m hoping that our clinic can become more familiar with alternative medicine to provide comprehensive care for our patients.”*
 - Attending physician Name Withheld on CAM’s application to CFM patients.
- *“I’ve had patients express interest in chiropractors, reiki therapy and acupuncture, but I wouldn’t know where to send them if they asked for a referral.”*
 - Name Withheld, 2nd year resident, in reference to knowledge of CAM resources
- *“It seems this is needed- unknown where to send patients to get to available resources.”*
 - Anonymous CFM provider response in survey

Community Perspective: Community CAM Providers

- *“For some problems, we use biofeedback to assist a person in learning relaxation skills. With anxiety disorders, for example, biofeedback per se is not necessary for treatment, but relaxation skills are often an important building block. In those cases, we may use biofeedback briefly to assist in learning general relaxation skills.”*
 - Name Withheld, biofeedback specialist
- *“You know... a lot of what I do is really just changing the way people think about things and creating an expectancy that it can change, or be done.”*
 - Hypnotherapist Name Withheld
- *“Hypnotherapy is an underutilized resource that has HUGE applications including pain, weight management, anxiety, and depression, to name a few.”*
 - Name Withheld, HC in reference to hypnotherapy as a resource in the Bangor, ME community

Intervention

- Educate family practice providers on six different CAM modalities via an evidence-based informational packet that includes the following for each modality:
 - Description
 - Clinical applications
 - Contraindications
 - Side effects
 - Cost and insurance coverage
 - Available community resources

Methodology (A)

- We created and distributed a survey to CFM's practicing providers (attending, residents and mid-level providers) asking
 - 1. Have you had patients interested in or ask about alternative medicine modalities? If yes, which modalities?
 - 2. Have you ever referred a patient to an alternative medicine practitioner? If yes, please list the name(s) of the practitioner(s)
 - 3. Are there alternative medicine modalities that you are interested in learning more about? Please list
- We tallied % of physician reported patient interest, % of CFM provider referrals, % CFM provider interest and ranked CAM modalities based on the amount of requests/interest to decide which 6 modalities would be included in the informational packet.

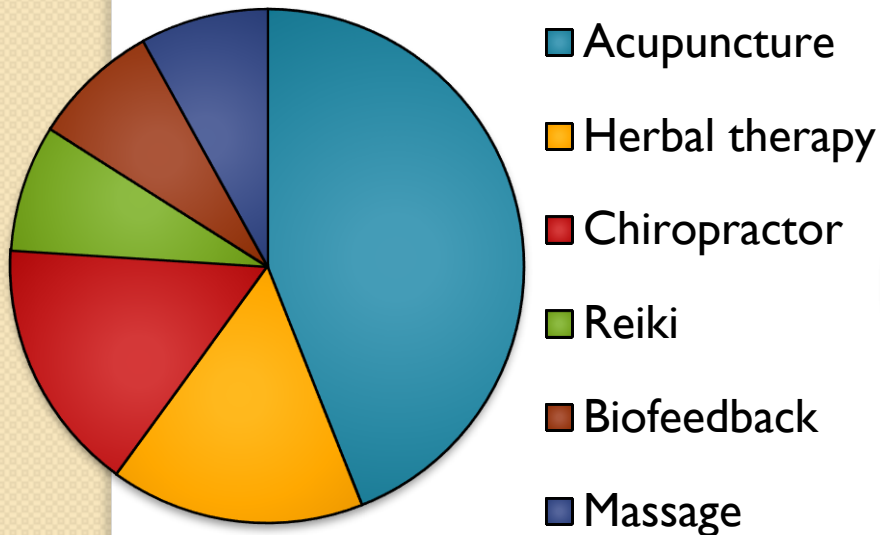
Methodology (B)

- We then researched the 6 modalities via:
 - Evidence-based medicine resources
 - Reaching out to the community- conducting interviews with several local CAM providers
 - Hypnotherapy, Biofeedback, Reiki, Acupuncture, etc.
 - A previous UVM family medicine project conducted at CFM
 - “Dietary Supplement Education in a Primary Care Setting” by Mikaela Rodriguez and Suleiman Ismael
- Created an informational packet that addressed each modality’s definition, clinical applications, contraindications, side effects, cost/insurance coverage and available community resources
- Finally, we distributed our informational packet through printed copies and an email attachment to CFM’s Health Care team

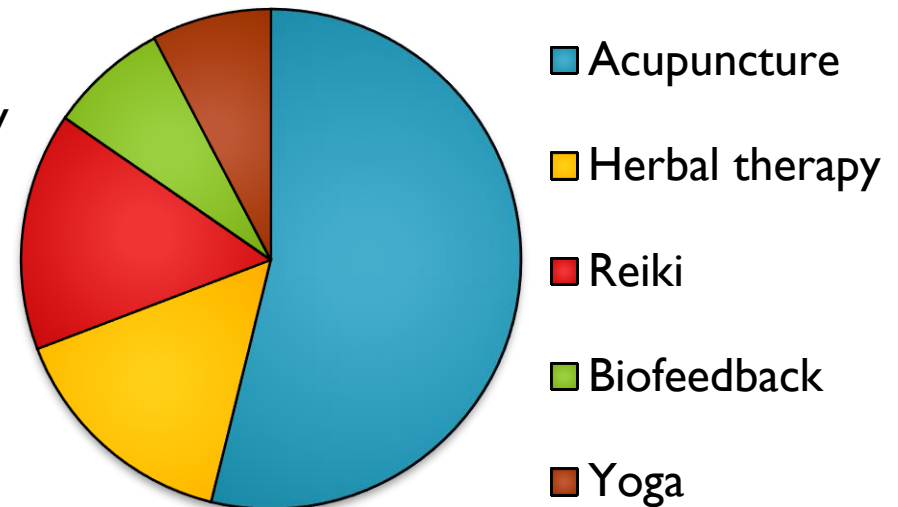
Results (A)

- Of the 40 distributed surveys, 22 were returned.
- Of the 22 surveys:
 - 16/22 (72.7%) of CFM patients expressed interest in alternative medicine
 - 6/22 (27.2%) of CFM providers had referred a patient to alternative medicine providers
 - 20/22 (90.9%) of CFM providers expressed interest in learning about CAM modalities
- The top 5 requested modalities according to patients (physician reported) and providers are pictured below.

Patients



Providers



Results (B)

- CAM Informational Packet

EMMC Center for Family Medicine

Alternative Medicine Resources for Primary Care Physicians

A compilation of alternative medicine modality
descriptions, clinical applications and community
resources.

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Biofeedback

What is biofeedback?

Biofeedback is a mind-body technique that allows an individual to learn how to manipulate his or her physiological activity for the purposes of improving health and performance. Precise instruments are used to measure physiological activity such as brainwaves, heart function, breathing, muscle activity, and skin temperature and, in turn, provide rapid, accurate feedback to the user. The individual then uses this enhanced awareness to support desired physiological changes with the goal that these changes endure without continued use of an instrument.

What patients might benefit from biofeedback?

An ideal candidate will be motivated with an open mind. Evidence has shown biofeedback to be effective for a variety of ailments that includes the following:

- Tension headaches
- Bladdery dysfunction
- Irritable Bowel Syndrome
- Fecal incontinence
- Constipation
- Fibromyalgia
- Chronic pain
- Stress reduction
- Hypertension
- Raynaud's disease
- Sleep disorders
- Attention deficit disorder
- Asthma
- Tinnitus

Who will NOT benefit from biofeedback?

Contraindications to biofeedback therapy include severe structural injuries (ie slipped discs, broken bones, etc), psychoses, major affective disorders, and cognitive impairment.

What are the side effects of biofeedback?

Biofeedback is generally well tolerated and there are few side effects. However, machines measuring perspiration emit a small electrical current so people with heart conditions or a pacemaker should be cautious.

What is a typical session and how many are needed?

A typical biofeedback session lasts between 30 and 60 minutes. The number of sessions needed to resolve an issue will vary depending on a number of factors, including how quickly an individual learns to control his or her physical responses with the average being 8-10 sessions.

How much does biofeedback therapy cost?

An average treatment costs between \$35-90. Insurance plans may provide some coverage depending on the ailment biofeedback is being used for. For instance, insurance will likely cover treatment of incontinence, but not stress reduction.

Resources in the community:

- Jonathan M. Borckum, Ph.D.
Health Psych Maine
- Health Psych Maine
2 Big Sky Ln, Waterville ME
www.hpmaine.com
(207) 872-5800
 - Northeast Pain Management
1365 Broadway, Bangor ME

Response

- Our informational packet was well received by the CFM Health Care team.
 - *“Your work is very comprehensive. ..This is fantastically helpful!”*
 - -Name Withheld, attending
 - *“I didn’t even know what Reiki is, so now I’ll have a clue when patients mention it.”*
 - -Name Withheld, 2nd year resident
 - *“Thanks for doing this, I’ll definitely refer to it for patients.”*
 - -Name Withheld, 3rd year resident

Evaluation of effectiveness

- Ideally, we would create and distribute another survey for CFM physicians to evaluate:
 - The effectiveness of the informational packet in:
 - How the modalities were presented
 - Pertinence of information provided
 - Utility of suggested community resources
 - If CFM physicians increased their number of referrals to CAM providers
 - Suggestions for improvement

Limitations

- Time

- Alternative medicine is a vast and continuously growing field. Given the time constraints, we were unable to provide information on all modalities requested.
 - Confounded by the fact there are limited clinical trials evaluating CAM modalities, limiting the amount of evidence-based information we could provide
- We were unable to personally evaluate the effectiveness of our informational packet.

- Lack of patient input

- A separate survey for patients would have been helpful as we were relying solely on physician reporting of patient requests. Hearing from patients themselves may have provided more accurate results regarding their stance on CAM

- Modality

- A 10 page informational packet is not an ideal manner to present information to practicing providers given their hectic schedules and limited time.

Recommendations for future interventions/projects

- Provide informational packet to patients
 - Accessible in waiting area
- Compile informational packet into an easily accessible online database for physicians and possibly patients as well.
 - Can continue adding information and will be able to search for particular modality at computer with patient as opposed to having to retrieve informational packet
 - Can print handouts from database for interested patients
- Survey of our intervention's effectiveness, implementation of any suggestions for improvement

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