

SAR TURNING POINTS



Society for Acupuncture Research Turning Point: Acupuncture in the Veterans Health Administration

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Editor's Note: This column is the 11th in the JACM series from the Society for Acupuncture Research (SAR), for which JACM proudly serves as the official journal. Each is written by SAR leaders and focuses on a key topic or challenge in the profession. This commentary shares evidence from the most widespread uptake of acupuncture as a modality, and of the distinctly licensed profession of acupuncture and East Asian medicine as a field, in any medical delivery organization in the United States. That organization is the Veterans Health Administration (VHA), a rare U.S. learning organization that is characterized by both employed practitioners and a single payer payment. Lead author Juli Olson, DC, DACM, ushered the acupuncture profession through the VHA's credentialing process. Recognition, once gained, was followed by rapid hiring of scores of acupuncturists to meet demand from Veterans and other practitioners, particularly in pain management. Most of these acupuncturists are working in the VHA's 55 medical centers that have introduced the remarkable Whole Health (WH) program that is directed by Olson's coauthor, longtime integrative health and medicine leader, Ben Kligler, MD, MPH. For JACM, publication of this column is part of our mission to *advance integrative health*—in this case through sharing the prominence granted these health care professionals in this rare corner of the U.S. medical industry where health care, rather than the production of medical services, is the priority.

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AS THE U.S. HEALTH CARE SYSTEM struggles to deliver patient-centered quality care, the VHA is focused on implementing a model of care that changes the conversation from “what is the matter with you” to “what matters to you.” The Whole Health (WH) System is designed to orient care delivery around a Veteran’s health goals utilizing complementary and integrative health (CIH) approaches in addition to standard biomedical care. The VHA was the first major health care system to offer acupuncture access as part of standard medical benefits. Over the past 5 years of implementation and re-evaluation, a number of lessons have been learned that may be of benefit for other private and government health care systems in the coming years.

As the largest federal integrated health system, the VHA—with 6 million active patients and over 140 medical centers—has boldly moved into previously uncharted territory for a conventional health system. The VHA has expanded access to CIH approaches as part of the WH approach to care. Within the WH system of care, Veterans are encouraged to explore their Mission, Aspiration, and Purpose, creating health goals that move them closer to achieving optimal health.¹ WH transforms the system’s role from episodic disease-oriented care to a whole person orientation to partner with the Veteran to create health and well-being, while managing disease. This article examines the burgeoning role of acupuncture and acupuncturists in this process.

Acupuncture Infrastructure

Acupuncture is playing a central role across VHA in expanding the WH system, with dramatic growth in acupuncture use among Veterans. Veteran demand for acupuncture,² referring provider interest,³ and a need for nonpharmacologic approaches to pain management to mitigate the opioid overuse epidemic have driven medical center uptake. Meanwhile, the realization of policy changes related to CIH services and legislative pushes to expand CIH position VHA as a leader in health system-based acupuncture services. The WH approach—which considers the whole person, their needs, goals, and values in determining a care pathway—is a natural fit for acupuncture providers.

Acupuncture has been available to Veterans at VHA medical centers for many years, but often as part of a provider’s other duties as pain physician, chiropractor, or nurse. The ability to hire licensed acupuncturists as their own professional class was established in 2018 with the development of a Qualification Standard for this profession.⁴ Licensed acupuncturists in the VHA provide both individual and group acupuncture sessions. They are more likely to provide full-time acupuncture services rather than splitting their time with other duties, thereby increasing access. Although not without challenges, a number of important facilitators have supported acupuncture growth, including availability of a strong evidence base for the approach, the establishment of professional standards, effective CIH champions in the field, and forward-looking medical center leadership.⁵

The number of VHA acupuncture encounters grew 35% in fiscal year 2019 versus 2018, with a total of over 229,000

visits. This total of acupuncture visits includes both comprehensive acupuncture encounters and battlefield acupuncture (BFA) treatments. BFA is an auricular protocolized approach developed in the Air Force, which has grown dramatically as a consequence of a joint incentive fund (JIF) project between the VHA and Department of Defense that created the BFA training program.⁶ Fiscal year 2019 saw BFA utilization grow 122%, not only due to continued uptake and training of BFA providers but also an increased tracking accuracy for BFA separate from comprehensive acupuncture. Over 4900 BFA providers have been trained in the VA since the JIF to deliver this technique, which has proven to be extremely effective in the short-term management of acute and chronic pain.⁷

BFA—A Gateway Nondrug

Before 2018, when hiring licensed acupuncturists under their professional license was not possible, BFA was used to increase the exposure of Veterans and care providers to acupuncture. Not meant to replace the potential of comprehensive acupuncture treatment or providers, BFA effectively served as a “gateway” to promote the growth of acupuncture in the VHA. Veterans exposed to BFA were 10 times more likely to engage in comprehensive acupuncture than matched controls who were not exposed to BFA.⁸ BFA is proving to be very useful as one of the tools in the toolkit for providers to offer a CIH intervention themselves, without the barrier of requiring a referral to another practitioner. Provider interviews about their experiences with BFA revealed the technique helped them avoid opioid prescriptions and were a welcome pain control method during an opioid taper. Providers felt BFA promotes an effective provider–patient relationship through the simple act of putting their hands on their patient, spending a little more time with them, and providing immediate pain relief.⁹

VHA permits training and delivery of BFA by health care providers who may perform auricular acupuncture based on their state scope of practice. In response to field demand for BFA by those who are not permitted by their state to perform BFA, VHA introduced the battlefield auricular acupressure (BAA) training program at the end of 2019. This course trains health care providers to use acupressure seeds, pellets, or magnets to administer to the BFA protocol points. Yeh et al. found auricular acupressure superior to auricular acupuncture and auricular electroacupuncture.¹⁰ If similar or better results are consistently obtained with BAA compared with BFA, the less invasive method should be favored and should be more broadly promoted and performed.

Acupuncture in Community Care

Although over 80 licensed acupuncturists are currently serving Veterans at VA Medical Centers and clinics—and although there are also a sizable number of medical and chiropractic acupuncturists on VA staff—the growth of demand for comprehensive acupuncture in the VHA frequently outpaces what can be offered at the medical center. For Veterans who live at a distance from a VHA medical center or who have a wait to receive acupuncture care,

community care providers fill the gap. VHA uses two networks at this time to deliver care, which are managed by third-party administrators TriWest and OPTUM, depending on the region of the country. At this point, more acupuncture services are being delivered to Veterans through community care than on-station by licensed acupuncturists, medical acupuncturists, or chiropractic acupuncturists.

Services of an Acupuncturist Through Telehealth?

2020 brought a new challenge of pivoting care from face-to-face visits to telehealth. As was the case across the American health care system, utilization of acupuncture dropped in fiscal year 2020 by 31% due to clinic closures, which started in March due to the COVID-19 pandemic. Although VA sites were challenged by the technical aspects of setting up virtual clinics, the VHA was poised to quickly shift to virtual care with a telehealth infrastructure.¹¹ A barrier at first for virtual acupuncture care was the lack of understanding by VA staff about what an acupuncture provider could offer through telehealth. Many equate the professional scope of an acupuncturist with the modality of acupuncture needles, which obviously must be done in person. Education for both staff and Veterans regarding the broad range of acupuncture providers' professional skills in teaching self-care and other lifestyle modifications have altered this misconception: from March through the end of September 2020, acupuncture providers have delivered over 2500 telehealth encounters. Notably, the VHA's Qualification Standard for acupuncturists deliberately expanded these professionals potential contributions to Veteran health beyond needling to include other aspects of their standard of education.

A typical telehealth session provided by an acupuncturist includes acupressure routines specific to the Veteran's needs, movement-based therapies such as Tai Chi, *qigong* (individually or in a group), meditation, breathing exercises, and advice on healthy lifestyle approaches. Although self-care is an essential facet of how an acupuncture provider typically guides a patient to optimal health, virtual care puts this element in a spotlight. Frequently noted among acupuncturists successfully implementing telehealth was the power of connection during the virtual acupuncture encounter and the ability to continue the provider-Veteran relationship for isolated individuals.

Some Early Outcomes

According to preliminary outcomes data from the Center for Evaluating Patient Centered Care in VA evaluation of the Flagship sites, the first 2 years of WHS implementation—for which acupuncturists and acupuncture are core team members—found a 193% increase in WH and CIH utilization among Veterans with chronic pain, 211% increase among Veterans with mental health diagnoses, and 272% increase among Veterans with chronic conditions. There was a threefold reduction in opioid use among Veterans with chronic pain who used the WHS services compared with those who did not. Opioid use among comprehensive WH users decreased 38% compared with an 11% decrease among those with no WH use. Compared with

Veterans who did not use WH services, Veterans who used WH services reported improvements in perceived stress indicating improvements in overall well-being, greater engagement in health care and self-care, and greater improvements in perceptions of the care received as being more patient centered.¹²

I have lost 33 pounds. I go to FIT class, nutrition class, Battle-field acupuncture, and regular acupuncture. My wife says I have a positive attitude now! And my diabetes is under control, blood pressure down and lipids good. I see my primary care doctor much less.—RC, Male, age 71

As the first major health care system to offer access to acupuncture as part of standard medical benefits, VHA continues to learn important lessons from the successful large-scale integration of licensed acupuncturists into a conventional health care setting. This includes on-demand BFA in primary care and other settings for pain management, and the growth of telehealth services delivered by acupuncture providers. The system is engaged in building evidence of the beneficial outcomes of acupuncture for Veterans. As we encounter and overcome the various challenges, we are hopeful that these lessons will facilitate the integration of acupuncture not only in the VA but also into private sector clinics, hospitals, and other medical delivery organizations in the coming years.

References

1. Bokhour BG, Hyde JK, Zeliadt S, Mohr DC. Whole Health System of Care Evaluation—A Progress Report on Outcomes of the WHS Pilot at 18 Flagship Sites. Veterans Health Administration, Center for Evaluating Patient-Centered Care in VA (EPCC-VA). 2020. Online document at: <https://www.va.gov/WHOLEHEALTH/professional-resources/clinician-tools/Evidence-BasedResearch.asp>, accessed May 1, 2021.
2. Taylor SL, Hoggatt KJ, Kligler B. Complementary and integrated health approaches: What do veterans use and want. *J Gen Intern Med* 2019;34:1192–1199.
3. Giannitrapani KF, Ackland PE, Holliday J, et al. Provider perspectives of battlefield acupuncture: Advantages, disadvantages and its potential role in reducing opioid use for pain. *Med Care* 2020;58 (Suppl 2):S88–S93.
4. Olson JL. Licensed acupuncturists join the Veterans Health Administration. *Med Acupunct* 2018;30:248–251.
5. Taylor SL, Hoggatt KJ, Kligler B. Complementary and integrated health approaches: What do veterans use and want. *J Gen Intern Med* 2019;34:1192–1199.
6. Niemtow R, Baxter J, Gallagher R, et al. Building capacity for complementary and integrative medicine through a large, cross-agency, acupuncture training program: Lessons learned from a Military Health System and Veterans Health Administration Joint Initiative Project. *Milit Med* 2018;183: e486–e493. DOI: <https://doi.org/10.1093/milmed/usy028>.
7. Zeliadt SB, Thomas E, Olson J, et al. Patient feedback on the effectiveness of auricular acupuncture on pain in routine clinical care. *Med Care* 2020;58:S101–S107.
8. Thomas ER, Zeliadt SB, Coggeshall S, et al. Does offering battlefield acupuncture lead to subsequent use of traditional acupuncture? *Med Care* 2020;58 (Suppl 2):S108–S115.
9. Giannitrapani KF, Ackland PE, Holliday J, et al. Provider perspectives of battlefield acupuncture: Advantages, disadvantages and its potential role in reducing opioid use for pain. *Med Care* 2020;58 (Suppl 2):S88–S93.

10. Yeh C, Chiang Y-C, Hoffman SL, Liang Z. Efficacy of auricular therapy for pain management: A systematic review and meta-analysis. *Evid Based Complement Alternat Med* 2014;2014:Article ID 934670.
11. Heyworth L, Kirsh S, Zulman D, et al. Expanding access through virtual care: The VA's early experience with Covid-19. *NEJM Catal Innov Care Deliv* 2020; 10.1056/CAT.20.0327. [Epub ahead of print]; DOI: 10.1056/CAT.20.0327.
12. Bokhour BG, Hyde JK, Zeliadt S, Mohr DC. Whole Health System of Care Evaluation—A Progress Report on Outcomes of the WHS Pilot at 18 Flagship Sites. Veterans Health Administration, Center for Evaluating Patient-Centered Care in VA (EPCC-VA). 2020. Online document

at: <https://www.va.gov/WHOLEHEALTH/professional-resources/clinician-tools/Evidence-BasedResearch.asp>, accessed May 1, 2021.

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