

Whole Person Health: The Role of Advocacy

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Abstract

The U.S. healthcare system is naturally evolving toward integrative, whole-person health. Optimal health is not just absence of disease—it is holistic in nature (physical, mental, emotional, and spiritual) including a person's sense of purpose and meaning in their lives. Through the efforts of groups such as the Integrative Health Policy Consortium (www.ihpc.org) and several others, Congress and many other stakeholder groups became aware that we need to focus on all aspects of health including environmental considerations. Currently, the U.S. healthcare system is in the process of embracing whole-person health with its focus on wellness and well-being in addition to the treatment of clinical disorders. The Veterans Administration Whole Health Program is one such example, where they are shifting the healthcare paradigm from “What’s the matter with you?” to “What matters to you?” On the Hill, we are seeing growth in the Congressional Caucus on Integrative Health and Wellness as well as the Social Determinants of Health Caucus.

Keywords

health policy, whole-person health, integrative health, advocacy

The Integrative Health Policy Consortium (IHPC) is a national nonprofit 501(c)(4) consortium comprising 26 organizations and institutions (“Partners for Health”), acting as a critical watchdog of federal agencies charged with overseeing America’s health and health research, representing more than 650,000 state-licensed and nationally certified healthcare professionals. These include licensed providers of integrative medicine, holistic nursing, chiropractic, acupuncture, naturopathic medicine, certified professional midwifery, massage therapy, nutrition, and homeopathy. Together, these providers are actively involved with health promotion and disease prevention of the American public in both inpatient and outpatient settings. All of the integrative health disciplines incorporate a whole-person (holistic) approach to healthcare. For instance, the top ten hospital systems in the country offer acupuncture services, and the VA offers some form of complementary and integrative health services at more than 90% of their 1,200 hospitals and clinics nationwide.¹ Federally qualified health centers (FQHCs) are also offering chiropractic, acupuncture, massage, holistic nursing, and nutritional counseling to the underserved populations, which is a good start. The major barrier is insurance coverage of

integrative health services. In a 2017 letter to America’s Health Insurance Plans, the National Association of Attorneys General² encouraged their members to “review their payment and coverage policies and revise them, as necessary and appropriate, to encourage healthcare providers to prioritize non-opioid pain management” and “doctors should be encouraged to explore and prescribe effective non-opioid alternatives, ranging from non-opioid medications (such as NSAIDs) to physical therapy, acupuncture, massage, and chiropractic care” stating that “simply asking providers to consider providing alternative treatments is impractical in the absence of a supporting incentive structure.”

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Advocacy efforts of IHPC span a wide range of government and non-government entities including communicating with the Biden-Harris transition team, submitting draft report language and congressional testimony, and responding to requests for information. Specifically, as Congress prepared and deliberated the Fiscal Year 2022 appropriation bills, IHPC helped ensure federal agencies receive sufficient funding and support of integrative health approaches such as the Veterans Administration Whole Health System (WHS). The House Appropriations Committee approved the FY 2022 Military Construction, Veterans Affairs, and related Agencies appropriations bill and accompanying report that included IHPC's proposed language recommending the VA expand the WHS to all VA facilities. The report stated that the Committee provided \$10M of additional funds for WHS expansion. There are additional legislative steps required before becoming law, but it is very encouraging.

The National Center for Complementary and Integrative Health (NCCIH) of the National Institutes of Health (NIH) has historically received marginal funding. In spring of 2021, IHPC submitted written testimony to the House and Senate Labor, Health and Human Services and Education Appropriations Subcommittees in support of funding programs important to the integrative health community under the subcommittees' jurisdiction.³ Specifically, IHPC called on these vital congressional subcommittees to support funding for the NCCIH, as well as the NIH, and the FQHCs within the Health Resources and Services Administration (HRSA). In addition, IHPC's testimony requested Congress to support the inclusion of report language accompanying the bill, urging the Department of Health and Human Services (HHS) to implement recommendations issued by the HHS Pain Management Best Practices Inter-Agency Task Force which strongly recommended non-pharmacologic approaches to chronic and acute pain.

As far as changing the landscape of healthcare in the U.S., key members of Congress and Senate including Frank Pallone (D-NJ), Chair of the House Committee on Energy and Commerce, and Senator Patty Murray (D-WA), Chair of the Senate Committee on Health, Education, Labor and Pensions, are working together on legislation to create a public health insurance option to lower healthcare costs and help families get quality, affordable healthcare.⁴ They sent out a request for information to the public for comments in July 2021, to which the IHPC Partners for Health responded favorably. This option would not replace private insurance, but would provide another option for Americans and would be structured similar to Medicare. The American Hospital Association opposed the proposed legislation, suggesting that it would increase the strain COVID-19 has placed on the healthcare system, and voicing concern about already low reimbursement rates increasing risk of hospital closures.

The ongoing pandemic has brought public attention to those Americans with comorbidities, obesity, low vitamin D and zinc levels, etc., but the CDC and other government

agencies have not provided guidance about health promotion strategies to avoid COVID-19 hospitalizations or death. Long Covid is a heterogeneous presentation of numerous and varied symptoms in patients who are in the post-acute phase of COVID-19.⁵⁻⁸ Given the variability of the symptoms from individual to individual, and the complexity of the clinical presentation, a whole-person, individualized approach is, in our opinion, the most effective approach. Integrative health professionals are perfectly situated to offer solutions. Telehealth options are something IHPC has been advocating for years, and the pandemic has provided the perfect storm to promote the concept. Naturopathic physicians and nutritionists have more than tripled their virtual visits since the spring of 2020. Expansion of telehealth services were facilitated with regulatory changes such as the Centers for Medicare & Medicaid Services' (CMS) expansion of reimbursable telehealth codes for the 2021 physician fee schedule. Virtual healthcare models (and business models) are continuing to evolve ranging from "virtual urgent care" to integrative care and hybrid models to reduce stress of patients commuting to offices and the potential for COVID-19 exposure. Education is key.

The Integrative Health and Wellness (IHW) Caucus⁹ was developed specifically as a non-partisan forum for legislators and their staff to receive the latest information from experts on best practices and new research, and to identify legislative and administrative opportunities across federally funded health programs to bring integrative healthcare solutions to the American public. IHPC planned and co-hosted a briefing with the caucus entitled "Paindemic – Fallout from COVID-19" spotlighting the continued opioid crisis (claiming 70,000 lives annually) eclipsed by the pandemic. The briefing featured Vanila Singh, M.D., former Chair of the HHS Task Force on Pain Management, and Sharad Kohli, M.D., Family Physician at People's Community Clinic, Austin, TX; a Federally Qualified Health Center, IHPC Board Member; and founding member of Integrative Medicine for the Underserved (IM4US). In 2020, a Congressional Briefing, sponsored by IHPC, was presented by Dr. Helene Langevin, Director of NIH's National Center for Complementary and Integrative Health. The topic of the briefing was "Research for Integrative and Whole Person Health" attended by more than 550 people, including Hill staffers and healthcare providers.

Social Determinants of Health, promoted by WHO and the CDC, is rapidly evolving as a major focus of Congress given the new Caucus and introduced bills on this topic. In essence, this is a whole-person, whole-community approach which is supported by IHPC.¹⁰⁻¹²

IHPC's Education Committee developed a succinct definition for Integrative Health, including a white paper detailing the specific terms used, in conjunction with the Academy of Integrative Health & Medicine, the Academic Consortium of Integrative Medicine and Health, and the Academic Collaborative for Integrative Health. The definition is as follows: Integrative health is a collaborative,

comprehensive, person-centered approach to health creation and disease care that addresses all factors impacting health, including social determinants, and embraces all evidence-informed disciplines, both conventional and complementary, in order to achieve optimal well-being. Embracing this definition can be the first step toward shifting the U.S. healthcare paradigm from disease care to one of health promotion.

We are past the philosophical tipping point and are now in the implementation phase of whole-person health, an approach to healthcare which incorporates prevention, self-care, holism, an individualized approach inclusive of the community, and the optimal synthesis of natural and conventional treatment.

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