The war against opioids has come to the hospital as a new study suggests that integrative medicine is an effective pain agent and will save money! The study looked at 2,730 patients referred during their hospitalization to the integrative medicine pain management program; roughly 5% of their admissions during a three year period. The primary outcome was pain reduction at the first IM session; cost savings were a secondary outcome.
Concerning pain, they decreased pain scores from 5 to 3. Translating into English, the pain went from “can’t be ignored for more than 30 minutes” to “annoying enough to be distracting.” For the visually inclined the figure to the left shows the pain scale changes that IM wrought. (Hint-look at the lip) Now pain perception is personal as is a physician’s prescription for that pain. But for me, pain in the mid-range at best requires a little codeine and acetaminophen, certainly not an injection of opioids. But I will for the sake of this discussion conclude that they did improve the patient’s pain score at the moment. But despite having access to the patient’s records, there is no mention of how long lasting that relief was or whatever other medications the patients received later on. In fact, there is very little information on what the patient was taking for pain before the intervention.

Through mathemagic [1] the authors calculated that IM intervention reduced a patient’s cost by 4.31% (who said magic could not be precise?). Other factors had a more considerable influence on cost, length of stay and severity of disease, the classic drivers, as well as being married and Caucasian. By their regression being married had as much an effect of cost as integrative medicine’s contribution.

There were limitations. Did I mention there was no control group? Or that the IM practitioners collected both the pre and post-treatment scores. Perhaps the more significant problem although not actually demonstrating cost savings is sufficient is that they didn’t include the cost of their service, which was “free” to patients. So evidently these were either volunteer IM practitioners, or they were paid from another source that was not included. Besides, these services were clinically available from 9 to 5 Monday through Friday – the last time I looked treating pain in the hospital was an every day around the clock service. You cannot write this kind of an article, have it peer-
reviewed and published, and expect to be taken seriously.

I am open to any treatments that can help my patients. But if you want to remove the term alternative and begin saying integrative medicine, then you have to publish data, with control groups and real understandable calculations. You can’t try to sell us that a treatment for pain is just as effective in reducing costs as being married. You are wasting our time, and because this is federally funded research, you are wasting our resources. You are entitled to your beliefs, but you are not entitled to your own facts.

[1] I would like to share their calculation with you, but I am still trying to understand their calculation based on various regressions.

Source: Cost Savings from Reducing Pain Through the Delivery of Integrative Medicine Program to Hospitalized Patients Journal of Alternative and Complementary Medicine
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