

Acupuncture in the ER

In some Minnesota emergency departments, patients may opt for an alternative to pain-relief drugs.

Pain is a common complaint among patients admitted to the emergency department at Abbott Northwestern Hospital in Minneapolis. If the case is acute, staff might administer pain-relief medication. But in less dire situations, the attending physician may refer the patient to meet with Adam Reinstein, MAOM, LAc, the department's full-time acupuncturist.

"After getting consent and putting in the needles, I'll spend anywhere from two to 45 minutes with the patient, depending on the day," Reinstein says. "In addition to impacting pain, I've found that acupuncture often reduces nausea and anxiety."

A form of traditional Chinese medicine, acupuncture has been used to treat pain for thousands of years, and some U.S. health care providers have experimented with the practice for more than a decade. Abbott, for example, began providing acupuncture as an inpatient service in 2004.

Research on the effectiveness of acupuncture is often disputed, however, and doctors both in and outside the ER have been slow to embrace the practice. Abbott, which assigned Reinstein to his current position in 2013, is widely believed to be the first U.S. facility to offer acupuncture services in its emergency department. This past May, St. Francis Regional Medical Center in Shakopee—which, like Abbott, is affiliated with Allina Health—became the second.

Chris Kapsner, MD, the medical director of Abbott's emergency department, sees several benefits to offering acupuncture. In addition to potentially offering relief from pain, nausea and anxiety, the treatment has none of the side effects associated with many pain-relieving drugs. What's more, given the recent spread of opioid addiction in America, many health care providers are eager to reduce their use of potentially addictive medications.

"We're always looking for methods of dealing with pain other than narcotics," Kapsner says.

Evidence supporting the use of acupuncture to treat pain in the emergency department can be hard to find. A 2016 study conducted by the Penny George Institute for Health and Healing found that, in observational trials, acupuncture was "acceptable and effective" for pain and anxiety. This past June, the *Medical Journal of Australia* published a study concluding that "the effectiveness of acupuncture alone was comparable with that of pharmacotherapy," but also noting that "neither acupuncture nor standard pharmacotherapy afforded patients presenting to EDs with back pain, ankle injury or migraine clinically relevant reduction in pain within an hour."

Without more solid evidence of acupuncture's effectiveness in an emergency department setting, health insurers are un-



PHOTO BY HANNAH LYNCH, ALLINA HEALTH

Adam Reinstein offers acupuncture to patients seeking pain relief in the emergency department at Abbott Northwestern Hospital.

likely to reimburse providers for the service. Both Abbott and St. Francis absorb their ER acupuncture costs within their operational budgets, unable to bill insurers and unwilling to charge patients.

Indisputable conclusions regarding the benefits of acupuncture—for patients and for the bottom line—may not arrive anytime soon. But advocates like Reinstein say introducing the practice has produced positive impacts. And they don't mind if skeptics dismiss the results as little more than a placebo effect.

Reinstein, for instance, values the time he gets to spend with patients. (For safety reasons, he never leaves the room once needles are inserted.) "Sometimes, people just need to talk. They might be alone. They might be scared," he says. "I think providing that level of care and comfort is what we're supposed to do in hospitals."

— JOEL HOEKSTRA