Increasing Access to Acupuncture in Military Health Systems
A Doctoral Quality Improvement Project
AOMA Graduate School of Integrative Medicine
14th May, 2018

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Quality Improvement Project (QIP)

This project is dedicated to the Officers and Staff who formed this streamlined delivery system at the Carl R. Darnall Army Medical Center, Interdisciplinary Pain Management Clinic, Fort Hood, Texas. Special thanks go to the Doctoral Professors of Acupuncture and Oriental Medicine at the Academy of Integrative Medicine of Austin (AOMA). They are passing on the lineage of this 2500 year-old ancient healing wisdom.\textsuperscript{[3]}
INTRODUCTION

This purpose of this Quality Improvement Project (QIP) was to create a scheduling methodology for 19 acupuncture encounters per practitioner, per day, within existing DoD Military Health System (MHS) facilities. The current model of acupuncture treatment frequency performed at most MHS has no known precedent in the 2500 year-old history of Chinese medicine, and maybe a less effective treatment model.\[36\] Outpatient clinical based acupuncturists in the Department of Defense (DoD) lack a clearly defined minimum and maximum number of acupuncture patient encounters per day.\[1,2,16,36,62\]

The U.S. Military population has a greater prevalence for pain than the general U.S. population. It is projected that as many as 44% of Military patients will report to a medical provider with a complaint of pain at some point in their time of service.\[2,4,22\] In 2014 the productivity level of acupuncturist encounters was as low 455 total patients at the 83 Military Treatment Facilities (MTF) offering acupuncture.\[1,2\] In some cases the production output is as low as 4 patients per day. Health Technician (Acupuncturist) General Schedule (8) employees perform on average well below other DoD Health Technician performance metrics of 19 patients per day.\[1,2,33,35\] There is an opportunity for the DoD to mandate a minimum amount of acupuncture encounters on a daily basis in Military Health Systems in order to better offer compassionate care to the U.S. Servicemembers.
HISTORY

American military acupuncture dates back to 1825 when U.S. Naval Surgeon Benjamin Franklin Bache M.D., (1801-1881) translated “Acupuncturation; A Series of Cases.” Benjamin Bache was Benjamin Franklin’s great-grandson and practiced at the Philadelphia Naval School, the precursor to the Naval Academy. Oriental doctors in San Francisco and New York practiced acupuncture in the early 1900’s. Their popularity led to a resurgence of interest in Western medical acupuncture for pressure point therapy. The real renaissance of American acupuncture happened after then President Nixon visited China in 1972. 20 Years later, Doctors such as Joe Helms M.D., and COL Richard Niemztow M.D., began to structure programs in Medical Acupuncture for Western physicians. At the same time, there was a parallel movement to credential new acupuncturists through 18-24 month long programs. The Master’s Degree in Acupuncture and Oriental Medicine grew out of these degree programs that did not follow the traditional allopathic education tract, and in 2015 progressed to a 3000 hour (218 semester credit) Master’s Degrees and 260 hour Doctoral Degree programs.

These Western acupuncture schools were, in large part, created by or attended by massage therapists and other alternative medicine practitioners. This validated the 1 patient, 1 room, 1 treatment hour modality of how acupuncture in America is practiced today. However, in China, hospital-based doctors of acupuncture follow a traditional medical degree with an additional residency in acupuncture or chinese herbology. These doctors of acupuncture in China will individually treat 60 patients, or more, each day.
BACKGROUND

Acupuncture is one of the main Integrative Medicine Modalities practiced for pain relief in the Military Health System today.\(^1,2,20\) Secondary in frequency to chiropractic care but ranking higher in frequency than biofeedback, massage or yoga/movement therapies.\(^1,2,5,8,55\) COL Richard Niemtzow, M.D., has offered acupuncture and acupuncture-training programs across the DoD and VHA since 1994, and was appointed the first full-time Military acupuncturist in 1998.\(^3,16,62\) The 2010 Office of the Army Surgeon General Pain Management Task Force Report outlined suggestions for implementing acupuncture clinical care into the DoD.\(^1,2,15\) Interdisciplinary Pain Management Clinics (IPMC) were then established and became active about 2012. The Comprehensive Addiction and Recovery Act of 2016 (CARA) provided vital research funding for agencies such as the Defense and Veterans Center for Integrative Pain Management (DVCIPM), and the Joe Helms ACUS Foundation.\(^1,2,19,53\)

![2014 Number of Acupuncture Patients Treated by Specialty](image)

Appendix. 15,761 acupuncture patients were treated at 83 Military Treatment Facilities in 2014. The majority of these acupuncture patients (6,146) were treated by Medical Doctors or Doctors of Osteopathic Medicine. Only 2.9% (455) patients were treated by Acupuncturists that year.\(^1,2\)
NEEDS ANALYSIS

The DoD is looking for non-pharmacological solutions to the opioid epidemic, and acupuncture if offered in great enough quantity and frequency, could be one of those solutions. The eco-psychosocial casualties of Military pain can range from lost productivity, increased medical visits and invasive procedures, opioid and non-opioid pain medicine prescriptions, medical separation from the Armed Services and in the worst case can be a contributing factor to suicide.\[^{[1,2,27,33,53]}\]

The cost of replacing one soldier with a new soldier in the Army is approximately $78,550.00. The cost of retiring an enlisted soldier after 20 years of service is $867,833.00. The cost of medically separating a 30% disabled Veteran with monthly benefits and Veterans Healthcare Administration medical benefits from age 24 to 84 without accounting for inflation is $953,056.00.\[^{[13,14,17]}\] The cost of a Servicemember lost to suicide is incalculable, but the DoD pays at least $578,550.00, and that doesn’t include medical benefits, survivor benefits for the family and lost future productivity totalling $1,329,553.00.\[^{[27,59]}\] For the sake of compassionate, timely treatment there is an opportunity in the DoD to define minimum and maximum acupuncture encounters per practitioner, per day.

Appendix. 2015 DoD Suicide Event Report Standardized Mortality Ratio, used to calculate a projected amount of possible suicides per year. 364 Active Duty and Reserve Members committed suicide in 2015.\[^{[27,59]}\] Pain is a portion of the suicide equation.
PURPOSE

The methodology proposed in this paper offers a streamlined delivery system using existing resources for that issue. A DoD mandate of minimum clinical bookings could transform the frequency and therefore potentially the effectiveness of MHS acupuncture programs.\[9,10,14,16,20,62\] The Carl R. Darnall Army Medical Center, Interdisciplinary Pain Management Clinic (IPMC) offers an acupuncture clinical booking system that has proved to be compassionate care for 19 patients each day. There is a rise in enhanced Relative Value Units (RVU) commensurate with a projection of increased treatments for the patient base. This elevates the acupuncture department to a medically effective, fiscally sound program.\[20,23,36\]

Appendix. Projection Enhanced RVU Model of 6 acupuncture encounters / day, 62,640 yearly ($8,884,890.00 RVU) vs. 19 acupuncture encounters / day, 198,360 yearly ($28,167,120.00 RVU) over 261 days at 20 Military Treatment Facilities. *Model assumes 2 acupuncturists at 20 facilities. The 2015 projected number of acupuncture encounters was 62,640, the actual number of MHS acupuncture encounters for 2015 was 41,279, reflecting either a limitation in the amount of full-time acupuncturists employed, fewer than 6 treatments averaged per day, or the earlier stated hypothesis of fewer work days/ year (174).\[1,2\]
SCOPE

The projected model was based on performance of the Carl R Darnall Army Medical Center, IPMC clinical Graduate Medical Externship Acupuncturist.

PROJECTIONS

Appendix. Enhanced RVU model (Based on a 40 minute 97813, 97814 cpt coded encounter*3.55) The assumption is that 2 treatment rooms/spaces are available to each DoD acupuncturist.

<table>
<thead>
<tr>
<th>CRDAMC IPMC Acupuncture Clinical Appointments Possible</th>
<th>Per Day</th>
<th>Enhanced RVU Total Day</th>
<th>Year Patient Treatments (261 days)</th>
<th>Enhanced RVU Possible (*3.55)</th>
<th>Individual Patients Treated Max**</th>
<th>Yearly RVU Enhanced Max ***</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2015 (1) Acupuncturist</td>
<td>6</td>
<td>21.3</td>
<td>1566</td>
<td>5,559.3</td>
<td>261</td>
<td>$222,372.00</td>
</tr>
<tr>
<td>May 2015 (2) Acupuncturists</td>
<td>12</td>
<td>42.6</td>
<td>3,132</td>
<td>11,118.6</td>
<td>522</td>
<td>$444,744.00</td>
</tr>
<tr>
<td>May 2018 (1) Acupuncturist</td>
<td>19</td>
<td>67.45</td>
<td>4,959</td>
<td>17,604.45</td>
<td>826.5</td>
<td>$704,178.00</td>
</tr>
<tr>
<td>May 2018 (2) Acupuncturists</td>
<td>38</td>
<td>134.9</td>
<td>9,918</td>
<td>35,208.9</td>
<td>1,653</td>
<td>$1,408,356.00</td>
</tr>
</tbody>
</table>

Appendix. Work RVU model (Based on a 40 minute 97813, 97814 cpt coded encounter*2.28)

<table>
<thead>
<tr>
<th>CRDAMC IPMC Acupuncture Clinical Appointments Possible</th>
<th>Per Day</th>
<th>RVU Work Total Day</th>
<th>Year Patient Treatments (261 days)</th>
<th>RVU Possible (*2.28)</th>
<th>Individual Patients Treated Max**</th>
<th>Yearly RVU Enhanced Max ***</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2015 (1) Acupuncturist</td>
<td>6</td>
<td>13.68</td>
<td>1566</td>
<td>3,570.48</td>
<td>261</td>
<td>$142,819.20</td>
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<tr>
<td>May 2015 (2) Acupuncturists</td>
<td>12</td>
<td>27.36</td>
<td>3,132</td>
<td>7,140.96</td>
<td>522</td>
<td>$285,638.40</td>
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<tr>
<td>May 2018 (1) Acupuncturist</td>
<td>19</td>
<td>43.32</td>
<td>4,959</td>
<td>11,306.52</td>
<td>826.5</td>
<td>$452,260.80</td>
</tr>
<tr>
<td>May 2018 (2) Acupuncturists</td>
<td>38</td>
<td>86.64</td>
<td>9,918</td>
<td>22,613.04</td>
<td>1,653</td>
<td>$904,521.60</td>
</tr>
</tbody>
</table>
RESULTS AND SUMMATION FORMULAS

Enhanced RVU totals (*3.55) and Work RVU totals (*2.28) were equated by an average of RVU reimbursed for Kitara M Byerly Acupuncture Encounters 2013-2018. Average of 3.55 (Data Range 3.27 to 3.79). Each enhanced RVU has a dollar equivalent approximately $40.00. To project a full financial reckoning of acupuncture services rendered within Military Healthcare Systems is beyond the scope of this research project. However, a few forecasts and costs can be analyzed to give a better financial picture of the enhanced RVU each treatment is providing.⁵¹,⁵²,⁵³

Are DoD acupuncturists currently at the GS-8 level producing enough RVU for their salary? This report suggests that they are not. Firstly, a realistic work year is not 261 days per year; the average is 218 days. Due to facility or patient cancellations, there may be as few as 5 encounters per day. A DoD facility is reimbursed $154,780.00 for 6 acupuncture treatments in a 261 day work year. Adding in the expanded costs of facilities, admin, staff and supplies this is not enough to cover the $54,000.00 Acupuncturist GS-8 salary base (38% benefits package increase to $74,520.00-$87,000.00). See attached projected costs spreadsheet in Appendix.⁵¹,⁵²,⁵³

Appendix. Many civilian hospital systems employ summation formulas such as illustrated below to determine outpatient provider preference and productivity. These formulas take into account clinical costs per square foot, medical support assistants, reimbursement for treatment, availability of provider, etc. This could be an incredible tool to apply to MHS acupuncture to increase compassionate frequency of care.⁵¹,⁵²,⁵³
LOGISTICS

The purpose of this paper is to maximize the services and space already utilized by DoD employed GS-8 Health Technician Acupuncturists. There is an increased amount of work on the Medical Support Assistants (MSA) and Administrators of these clinics, as well as an increased amount of acupuncture supplies, but no new facilities are required under this model. The ATACS program created by Dr. Richard Niemtzow and the ACUS foundation created by Dr. Joe Helms are a few of the programs training Medical Providers with the goal of increasing acupuncture encounters for patients.[3,16,62]

Appendix. Appointment scheduling example, CRDAMC, IPMC, FT. Hood, Texas.

<table>
<thead>
<tr>
<th>APPT #</th>
<th>START TIME</th>
<th>TYPE</th>
<th># PER SLOT</th>
<th>DURATION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>800</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
<td></td>
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<tr>
<td>2</td>
<td>820</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>840</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>900</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>920</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>940</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
<td></td>
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<tr>
<td>7</td>
<td>1000</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
<td></td>
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<tr>
<td>8</td>
<td>1020</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
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<tr>
<td>9</td>
<td>1040</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
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<tr>
<td>10</td>
<td>1100</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
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<td>11</td>
<td>1120</td>
<td>FTR</td>
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<td>20</td>
<td></td>
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<tr>
<td>12</td>
<td>1300</td>
<td>SPEC</td>
<td>1</td>
<td>20</td>
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<tr>
<td>13</td>
<td>1320</td>
<td>FTR</td>
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<td>20</td>
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<tr>
<td>14</td>
<td>1340</td>
<td>FTR</td>
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<td>20</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>1400</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>1420</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>1440</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>1500</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
<td></td>
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<tr>
<td>19</td>
<td>1520</td>
<td>FTR</td>
<td>1</td>
<td>20</td>
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</table>
Chiropractic encounters in MHS outperformed acupuncture encounters 8:1 according to a 2017 study.[1,2] There were 806% more chiropractic encounters than acupuncture encounters in those years. The study that tracked these numbers did so by mining the MHS medical chart data current procedural terminology codes for acupuncture and chiropractic. The study captured all medical providers coded treatments as well as non-physician providers such as acupuncturists and chiropractors.[1,2]

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</thead>
<tbody>
<tr>
<td>Chiropractic Care</td>
<td>1,768,621</td>
<td>162,269</td>
<td>317,238</td>
<td>338,419</td>
<td>342,939</td>
<td>38,850</td>
<td>41,279</td>
<td>162,269</td>
<td>10,741</td>
<td>250,740</td>
<td>17,930</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>175,679</td>
<td>10,741</td>
<td>30,002</td>
<td>37,147</td>
<td>38,850</td>
<td>44,674</td>
<td>21,783</td>
<td>175,679</td>
<td>175,679</td>
<td>175,679</td>
<td>175,679</td>
</tr>
<tr>
<td>Total Chiro 2010</td>
<td>1,874,290</td>
<td>172,970</td>
<td>347,238</td>
<td>375,566</td>
<td>381,789</td>
<td>45,524</td>
<td>46,052</td>
<td>183,538</td>
<td>117,481</td>
<td>301,719</td>
<td>25,860</td>
</tr>
<tr>
<td>Total Acu 2010</td>
<td>186,419</td>
<td>10,741</td>
<td>30,002</td>
<td>37,147</td>
<td>38,850</td>
<td>44,674</td>
<td>21,783</td>
<td>186,419</td>
<td>186,419</td>
<td>186,419</td>
<td>186,419</td>
</tr>
</tbody>
</table>

2010-2015 Chiropractic vs. Acupuncture U.S. Armed Forces Active Component
ENVIRONMENTAL IMPACT

In addition to the operational costs of an interdisciplinary clinic, there will be an environmental impact. The impact of the proposed increased treatments is expressed here in terms of needles and paper. If two acupuncturists offered 9,918 treatments, that would equal approximately 175 pounds of needle waste. Acupuncture paper intake forms could create an additional 99 pounds of shredded paper waste annually at each Military Treatment Facility. The acupuncturist could reduce waste production by recycling the cardboard containers and plastic guide tubes used to administer the needles.\[25,51,52\]
COSTS
The cost portion was difficult to predict, but the estimates based on civilian hospital outpatient clinic facilities square footage were calculated at each treatment room to be at least $40.70/hour.[25,51,52,53] The needles, disinfectant alcohol and sheets were estimated at $11.10 / treatment. Administrative and Medical Support Assistant salaries were calculated at $54.52 per patient encounter. The Acupuncturists salary was divided into a supposed set of patients each year at 1566 treatments that is $35.53.

Cost vs. Enhanced RVU For 1 Patient Acupuncture Treatment
BENEFITS

The goal is to provide 6-8 encounters for acupuncture as rapidly as possible in 4 weeks for maximum pain relief. The soldiers seen at this facility from August 2017 - May 2018 benefited in the regularity of a streamlined treatment process. This methodology will aid in appropriate patient referrals, and if implemented across the DoD / VHA continuum could increase dramatically the amount of Servicemembers and Veterans seen for acupuncture care.

Acupuncture: A Key Solution for Treating America’s Painkiller Epidemic

THE U.S. PAIN EPIDEMIC

4x Sales of Prescription Opioids Have Quadrupled Since 1999
17,000 Prescription Opioid Deaths Annually
80,000 NSAID and Acetaminophen Related ER Visits Annually
$635 Billion Annual Economic Cost of Chronic Pain* *“Additional Health Care Costs and Lost Productivity

"Many non-pharmacologic therapies, including acupuncture can ameliorate chronic pain.”
–CDC Guideline for Prescribing Opioids for Chronic Pain, 2016

TRY ACUPUNCTURE before PILLS

REduce costs

1 Lower Cost to Insurance Companies
2 Reduced Average Out-of-Pocket Expenses

IMPROVE OUTCOMES

3 Patients Avoid Expensive / Risky Procedures
4 Fewer Inpatient Expenses

INCREASE SATISFACTION

Non-Addictive

Acupuncture is a useful adjunctive therapy in the treatment of opiate and other addictions, but itself is non-addictive.

Happier Patients

Acupuncture is patient-centered, safe, effective, and well received in the clinic.

Low Cost

Insurance policies that cover acupuncture only cost an extra $0.37-0.76 per person each month.

Evidence Based

Research shows patients who receive acupuncture have more relief from pain than those who did not receive acupuncture.

Acupuncture is Safe, Proven, Effective & Non-Addictive.
RESPONSIBILITIES

According to Huang Di Nei Jing, the Medical Classic of the Yellow Emperor (475 – 225 B.C), "A good healer cannot depend on skill alone. The healer must have correct attitude, sensitivity, compassion and a sense of responsibility."

Acupuncturists within the DoD have a medical responsibility to create a delivery methodology that can offer compassionate care. It is estimated that 44% of the 2.1 million Servicemembers will experience pain this year and seek medical treatment for that pain. There is an eco-psycho-social impact on the resources of each unit.

BENEFIT

The cost savings of not replacing one soldier in the Army is approximately $78,550.00. The cost retiring an enlisted and well-performing career soldier after 20 years of service is $95,000.00 less than paying for the 30% disability benefits of a soldier that medically boards out of the military after 4 years or less. The increase gained from successfully treating a soldier for their pain and then releasing them to the civilian workforce, and their employed impact on the economy is immeasurable. The author repeats; the cost of a Servicemember lost to suicide is incalculable. It is a generation lost to the family, it costs the DoD at least $578,550.00, and that doesn’t include medical benefits, survivor benefits and loss to the economy in future workforce.

Acupuncturists are modern American providers in a hospital system, but we also follow an ancient tradition. Acupuncturists have a responsibility to carefully examine the effective group acupuncture that is taking place in hospitals in Asia. The “boutique” style of acupuncture is not benefiting a large military population. We have a moral requirement to construct better access to care.

Appendix.*The cost of medically separating a 30% disabled Veteran with monthly benefits and Veterans Healthcare Administration medical benefits from age 24 to 84 without accounting for inflation is $953,056.00.
RISKS

The NIH has described acupuncture as a “generally safe procedure,” when provided by a trained professional. There can be adverse events as with most therapies. Syncope (vasovagal reaction) is the most common adverse event reported, other than bruising. The vasovagal reaction to acupuncture stimulation can be lessened by ensuring that patients are properly hydrated and have an adequate level of blood sugar before the encounter.

Traditional Chinese Medicine as it is practiced in China adheres to a “forceful arrival of qi” sensation and more stimulation with acupuncture needles. The philosophy of a more forceful needling sensation was part of the training of the “barefoot doctors.” This led to a high incidence of acupuncture accidents such as subarachnoid hemorrhage and pneumothorax. China has since made requisite demands on credentialing of acupuncture practitioners in order to significantly lower the number of acupuncture incidents.

Appendix. From 1980-2013 there were 67 cases of pneumothorax and CNS injury from acupuncture reported in China. A sharp decline came about as better training requirements for practitioners emerged.
IMPLEMENTATION

It is vitally important to this proposed methodology that provider consensus be taken into account. Implementing these changes in a Military Healthcare System will require strategic planning that involves providers and administrative staff, financial screening, internal and external organizational consensus, analyzing and assessing critical issues, and a review of success markers. In the Handbook of Healthcare Systems there is a summation formula used in this report to calculate operational costs. Facilities costs will vary, as will acupuncturist salaries, but those with administrative costs and materials are fixed costs. The enhanced RVU reimbursed for each treatment has a set rate, and increasing the amount of encounters offered in a MHS increases exponentially the amount of patients seen and therefore enhanced RVU for that clinic. The projections in this presentation dealt only with the variables of enhanced RVUs per treatment offered. Fixed costs would be deducted from the projection amount.
CONCLUSION

The purpose of this article is to suggest that there is an opportunity to retrain Acupuncturists and Interdisciplinary Pain Management Clinics in the 19 encounter per day minimum. The Military Health Systems ratio of chiropractic treatments to acupuncture treatments is 8:1. Acupuncture appointments scheduled in the MHS do not mimic other medical providers scheduling of 19 patient encounters per day.\[1,2,25\] This article suggests that goal may best be accomplished through a DoD mandated encounter minimum, and through educational training programs for existing staff. The barriers to creating a more streamlined appointment system for acupuncturists are not insurmountable when you compare the need for Servicemembers to have non-pharmaceutical options for pain relief.\[17,20,62\] Looking to the future, this Author advocates moving MHS outpatient acupuncture from single rooms to multi-patient treatment bays that could treat several patients simultaneously, similar to Physical Therapy Assistants in a Physical Therapy Rehabilitation Gym.\[35,36\] This would allow acupuncturists in the Military Health System to have the greatest amount of patient encounters possible in a safe and relaxing environment.

DISCLOSURE

The views expressed in this Quality Improvement Project are those of the author and do not reflect the official policy of the Department of the Army, DoD nor U.S. Government. The author declares no conflict of interest and no competing financial interests exists.
REFERENCES


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