

Hidden in plain sight

Optimising the role of acupuncture in the future health and disability system

The acupuncture workforce

There are 1191 registered acupuncturists in New Zealand. In addition to their qualification in Traditional Chinese Medicine (TCM), 30 percent of these practitioners have a second western medical or allied health qualification. Acupuncture represents a person-centric biopsychosocial model of practice. Acupuncture and Chinese Medicine are currently awaiting the Cabinet's approval to form a responsible authority under the HPCA Act 2003.

Acupuncture NZ members have completed the equivalent of four years full-time TCM training either in New Zealand or overseas and have been accepted by ACC as Treatment Providers for eligible musculoskeletal conditions since 1990¹.

Current acupuncture contribution

Acupuncturists and TCM practitioners operate predominantly in community-based private practice, either as sole practitioners or with other acupuncturists. Approximately 25 percent work in interdisciplinary environments².

Acupuncture is well-accepted within the New Zealand public health system, with a range of health professionals offering this treatment to optimise care for their patients. ACC currently funds patient access to acupuncturists for eligible musculoskeletal conditions and private insurers also cover costs of acupuncture, with only some requiring that treatment is offered by a registered acupuncturist. Acupuncture and dry needling are also offered in DHB-funded services for³:

- Pain management including musculoskeletal conditions (low back pain, lateral epicondylalgia, arthritis, headaches, post herpetic neuralgia, etc)
- Women's health including dysmenorrhea, preparation for labour
- Nausea and vomiting (post-operative, post-chemotherapy, and in pregnancy)
- Post-CVA (cerebrovascular accident) rehabilitation
- Myofascial pain and treatment of myofascial trigger points

New Zealanders who seek and self-fund acupuncture from a private provider may be motivated by knowledge of the potential benefits of acupuncture or by a need for treatment delivered in a culturally safe way, but patient choice is not currently well-supported by funding.

Optimal acupuncture input

In an optimised health and disability system, acupuncture and TCM would be integrated into tier 1 networks and provided by adequately trained practitioners.

Integration in tier 1 networks would:

- Ensure effectiveness and patient experience of care through a wider range of referral options to support packages of care that reflect the physical, cultural and spiritual needs of patients.
- Ensure patient safety through shared patient records, enabling all providers to know what treatments patients are receiving.

¹ ACC. 2019. Acupuncture Expert Reference Group: Consensus document. The effectiveness and safety of acupuncture for the treatment of musculoskeletal conditions. August 2019. <https://www.acc.co.nz/assets/research/dc1104f788/aerg-consensus-acupuncture-musculoskeletal-conditions.pdf>

² Acupuncture NZ and NZ Acupuncture Standards Authority data.

³ Wairarapa DHB, Hutt Valley DHB & Capital & Coast DHB. 2016. 3DHB Acupuncture & Dry Needling (Adults) Guideline.



Barriers and enablers

Acupuncturists' input is currently sub-optimal due to:

- A lack of publicly-funded access to community-based acupuncture where it represents a safe and effective alternative or complementary treatment.
- Primary care payments that do not cover the cost of cultural diversity in health services.
- The lack of mechanisms to support patient involvement in decisions about their own care.
- Provision of acupuncture by health professionals who may not have adequate training (eg. physiotherapists, neurologists, GPs, midwives, etc.).
- Non-inclusion of acupuncture in the HPCA Act 2003 which results in acupuncture being provided by non-registered practitioners with inadequate safeguards in place.

Evidence base (sample)

In 2019 ACC conducted an evidence review⁴ of the use of acupuncture in treating musculoskeletal conditions. It found that:

- Acupuncture was effective for short term (up to 6 weeks) relief of pain
- There may be some improvement in short term (up to 6 weeks) functional outcomes
- Needle based acupuncture interventions have a low rate of adverse events, when conducted by licensed and qualified practitioners. Serious adverse events are rare and usually resolve after treatment, however, these practices are not risk-free.

The National Institute for Health Care Excellence (NICE) in the UK recommends up to 5 hours of community-based acupuncture as a treatment option for chronic primary pain and has called on health professionals “to recognise and treat a person’s pain as valid and unique to them”⁵ The NICE guideline indicates a need for shared decision-making, putting patients at the centre of their care and a need to reduce prescribing of commonly used drugs which have little to no evidence of effectiveness and carried potential for harm.

A Cochrane Review of acupuncture and acupressure for pain management during labour found that acupuncture may increase satisfaction with pain management and reduce the use of pharmacologic analgesia.⁶

A high proportion (54 percent) of Asian New Zealanders seek traditional healers in response to health concerns, indicating that cultural dimensions of care are highly valued.⁷

Recommendations

Increased access to acupuncture is consistent with a more person-centred approach to health and wellbeing. To address the critical barriers and enable an optimal use of acupuncture, we recommend:

- Adequate funding for models of care that support patient involvement in decision-making as well as appropriate referrals to community-based acupuncture.
- Better integration of acupuncture and TCM professionals in tier 1 networks to support open, safe and effective care for those who receive acupuncture and TCM services by choice or by referral.
- Reviewing the status of acupuncture and its practitioners with regards to the HCPA Act 2003 to ensure that acupuncture remains a safe treatment for those who receive it.

⁴ ACC. 2019. Acupuncture Expert Reference Group: Consensus document. The effectiveness and safety of acupuncture for the treatment of musculoskeletal conditions. August 2019. <https://www.acc.co.nz/assets/research/dc1104f788/aerg-consensus-acupuncture-musculoskeletal-conditions.pdf>

⁵ NICE. 2021. <https://www.nice.org.uk/news/article/nice-recommends-range-of-effective-treatments-for-people-with-chronic-primary-pain-and-calls-on-healthcare-professionals-to-recognise-and-treat-a-person-s-pain-as-valid-and-unique-to-them>

⁶ Smith CA, Collins CT, Levett KM, Armour M, Dahlen HG, Tan AL, Mesgarpour B. Acupuncture or acupressure for pain management during labour. Cochrane Database of Systematic Reviews 2020, Issue 2. Art. No.: CD009232. DOI: 10.1002/14651858.CD009232.pub2.

⁷ Ngai et al. (2001). Final Report on Healthcare Needs of Asian People and Health Professionals In the North and West Auckland. Waitemata District Health Board, March 2001.

