CHAPTER 4

Phasing in Integrative Medicine

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Medicine is at a profound juncture. Breakthroughs are occurring simultaneously in new technologies and contemporary approaches to natural healing. In medical practices and clinical settings across the country, patients are inquiring about complementary medicine. You may be considering making referrals to complementary providers in your community or including them in your own practice.

If the integration of complementary therapies is of interest, you may find it helpful to incorporate these programs and services in phases. A phased or modular approach can be accomplished gradually over time. In this model, you and your clinical associates can evolve through the integrative process in stages, as appropriate to the needs of your patients and your practice. This can eliminate some of the pitfalls known to occur in implementing any new model of service too hastily. The phases can be introduced in any order or in parallel, in response to the level of interest and the pace that suits you, your colleagues, and your community:

Phase 1—Maximizing wellness, lifestyle, and health promotion.
Phase 2—Enhancing your practice infrastructure.
Phase 3—Referring patients to complementary therapies.
Phase 4—Integrating complementary medicine.

In most practices and clinics the inclusion of integrative medicine services is occurring gradually. Experience has shown that the transition to a more comprehensive and integrated health care delivery system is a developmental process that continues to evolve over time.

An initial emphasis on prevention, health improvement, and disease management can provide a window of opportunity for expanding the continuum of care in your practice. With that foundation, the later inclusion of complementary medicine can occur in a context that emphasizes wellness, healthy lifestyle, and appropriate self-care. Health improvement is a perspective inherent in integrative medicine and most systems of holistic or natural healing. This perspective is evident in a wide array of complementary

therapies including Chinese medicine and clinical nutrition. Health improvement is also a prominent focus in disease management programs such as the Ornish model for heart disease and integrative oncology. As the evidence of positive treatment outcomes continues to build, it is logical that numerous complementary methodologies will be integrated more robustly with conventional approaches to treatment.

INVENTORY YOUR EXISTING PROGRAMS AND SERVICES

To expand the range of services you deliver and refer to in your practice, first evaluate the resources you currently have in place that reflect a focus on wellness and health enhancement. As you assess the programs and services available to your patients, you may find that some of the components of health improvement or complementary programming are already present. For example, many physicians already refer patients to resources for exercise, nutrition, or stress management.

In addition, inventory programs available to your patients in mind-body medicine, such as support groups, biofeedback, or health education. Survey your staff to determine who already has expertise and training in some aspect of health enhancement or complementary therapeutics. You may also wish to identify other resources:

- Programs in health promotion and wellness such as fih1ess centers
- Risk-reduction interventions such as cardiac prevention
- Disease management such as comprehensive cancer programs or diabetes prevention

The next step is to assess the needs and desires of your patients, your practice, and the community. The goal is to remain open and responsive to new information. This planning phase also includes input from partners in practice, administrators, and staff. One of the surprises in this process may be the discovery of assets that already exist within your practice or organization and among affiliates in the health plans in your community. In many regions, a dynamic community of complementary medicine providers and wellness services now exists and is a rich resource for referrals.

Then apply the principles of good strategic planning. If you have already implemented one or more of these phases, you can move ahead to the later phases. The most significant tool in the design of delivery for the emerging new era of health care is not just the addition of alternative therapies, but the application of "alternative thinking" to expand the continuum of care.

PHASE 1—MAXIMIZING HEALTH PROMOTION

In Phase 1, health-promotion programming is enhanced on several levels.

1-1. Maximizing and promoting referrals, resources, and programs

1-2. Participating in community health campaigns and marketing your expanded practice

Phase* 1-1. *Maximizing and promoting referrals, resources, and programs. First, upgrade your referral resources in wellness, lifestyle, and health promotion to include the most current, state-of-the-art programs available in your area (Babor et al., 2004). In organizations where there is resistance to complementary medicine or a misunderstanding of its benefits, referrals can simply focus on wellness, prevention, and disease management. Complementary therapies can always be introduced at a later stage, as the benefits of a more comprehensive approach become apparent. This phased integration can increase receptivity. It also provides the opportunity to strengthen organizational infrastructure—to support the coordination of multidisciplinary referrals. The introduction of complementary therapies can be reserved for Phase 3 or 4 and laced according to the mission of the practice and the needs of the community.

Programs for wellness and health promotion that are of potential benefit to your patients include:

- Exercise classes, such as yoga, tai chi, Qigong, movement therapy, and therapeutic exercise
- Nutritional counseling, cooking classes, and weight-loss programs
- Exercise and nutrition classes for those with special needs, such as cardiac rehabilitation
- Health education courses, such as childbirth coaching or diabetes management
- Support groups for people with conditions such as breast cancer, prostate cancer, or chronic illness
- Risk-reduction classes (for example, smoking cessation, blood pressure reduction, and osteoporosis management)
- Additional support for those at risk such as teens, people with addictions, or isolated seniors, through services involving group participation, health coaching, and/or case management
- Relaxation and stress-reduction classes, including meditation
- Mind-body services, such as counseling or biofeedback
- Therapeutic massage

The emphasis on health improvement is actually more important to patients than the inclusion of any single complementary therapy or technique. Consumers want a focus on health even more than they want alternative medicine. The seminal studies on complementary medicine (Eisenberg et al., 1993, 1998; Astin, 1998) suggest that more than two-thirds of reported CAM utilization focused on self-care such as nutrition, exercise, and relaxation techniques. Significantly less utilization involved complementary therapies such as acupuncture or chiropractic. Similar findings were reported in the 2002 analysis by the National Center for Complementary and Alternative Medicine (Barnes et al., 2004). Practitioners who respond to this consumer interest in health and wellness offer a means of increasing satisfaction for current patients and an avenue for attracting new ones.

Phase* 1-2. *Participating in community health campaigns and marketing your expanded practice. Provide information to your community on the services you currently

offer that are patient-centered and holistic. Advertise any new health promotion services and, in tandem, promote any complementary services you offer such as mind body therapies or massage. In this way, your organization can expand its emphasis on health and on familiar complementary therapies. Also market any services that are unique, widely utilized, or specific to your region, through your Web site, participation in community events, local presentations, or other noncommercial strategies. These are good ways to provide community service, attract customers who are interested in self-care and natural healing, differentiate your services, and gain market share.

PHASE 2—EXPANDING THE INFRASTRUCTURE

Phase 2 involves the expansion of infrastructure to support comprehensive services.
2-1. Proactive triage and referral
2-2. Case management, health coaching, and group support

The most genuine integration of services can be promoted through careful development of the infrastructure. At a later phase, this new infrastructure could also support in-house health promotion programs or patient services for holistic medicine.

Phase 2-1. Proactive triage and referral. Triage takes on a new meaning in the context of the health promotion and wellness paradigm. Traditionally, triage is the decision-making process used to evaluate what to do and when to do it, in clinical situations (Bristow & Herrick, 2002). It asks questions such as, "Does this person need to be treated immediately?" and "What is the most appropriate form of treatment?" In the emerging new paradigm, medical decision-making focuses earlier in the delivery continuum (Richards et al., 2004). Rather than limiting triage to acute cases, the new emphasis is on implementing medical decision making to manage risk or prevent disease before it occurs. Optimally, this means that resources are identified to address patients' need for health care when they are first identified as "at risk." This could also mean intervening while they still have their health, through wellness activities focused on peak performance.

Systematically develop new care pathways for your practice—and identify resources that proactively address health issues at an earlier stage. This points to new opportunities for physicians to gain cross-disciplinary training and expertise in prevention, health improvement, and eventually in complementary clinical treatment.

Phase* 2-2. *Case management, health coaching, and group support. Upgraded case management, sometimes called care coordination, expands the domain of disease management (Cosby, 1996; Dzyacky, 1998). Rather than managing only the patient's medical case, care coordination also has the capacity to link the client with a coordinated interaction of primary care, prevention services, health promotion, mind/body wellness, and, potentially, complementary medicine.

These added services are relevant to patients with a range of needs—those who are relatively well and want to maximize their health, those who are at risk, and those who want assistance in coordinating their medical treatment with health promotion activities.

Through the work of Dean Ornish (Ornish et al., 2001; Koertge et al., 2003) and others, we now know that lifestyle interventions can be used effectively even by those with conditions such as cardiovascular disease if they are provided with medical supervision, expanded case management, and group support. This range of approaches can provide clients access to cost-effective resources that involve them in health promotion, educational programs, health coaching, and various types of mind-body interventions.

PHASE 3—REFERRING TO COMPLEMENTARY THERAPIES

As the research evidence grows, it has become increasingly clear that many complementary therapies meet the criteria of safety, clinical effectiveness, and cost-effectiveness. For example, pain management using acupuncture (NIH, 1997) or therapeutic massage (Field, 2002; Field et al., 2002) can improve outcomes and patient satisfaction. The preparation in Phases 1 and 2 provides a foundation for more integrative care delivery and utilization of complementary therapies.

In Phase 3, the administrative goals include a series of dynamic action steps:

3-1. Selecting key therapies for referral
3-2. Developing protocols for screening and credentialing complementary practitioners
3-3. Identifying potential practitioners and applying credentialing protocol

Practices that currently refer patients to complementary practitioners may be ready to expand to Phase 4 and offer integrative medicine "in house." Referrals can initially focus on complementary therapies for which there is broad consensus, such as clinical massage, acupuncture, or biofeedback. The first steps to greater inclusion of complementary medicine involve vision and planning, plus careful design and timing.

Phase* 3-1. *Select key therapies for referral. Identify the therapies of greatest relevance to your particular practice and the needs of your patients. By performing a survey throughout the organization and community, you or your planning group can prioritize the list of therapies most requested. In general, it is also important that these therapies are agreed upon by primary stakeholders both within the organization and in the community (Barnes et al., 2004; Ni et al., 2002).

You may want to focus on the inclusion of one particular discipline at a time. Carefully prioritize the preferred therapies, especially those for which there is solid research evidence. For example, surveys of integrative medicine centers have found that one of the first modalities to be added is acupuncture. The Consensus Statement on Acupuncture of the NIH (1997) has significantly increased physician confidence in the safety and efficacy of this form of treatment. A survey by Landmark Healthcare also found that 31 % of HMOs offered acupuncture (National Market Measures, 1999).

To select the complementary therapies most appropriate for patient referrals, there are a number of questions that need to be answered:

- What is the research evidence for safety and effectiveness?
- Is this therapy central to the needs of your patients and your practice?

- How great is the demand?
- Is there existing insurance coverage for these services?
- Is coverage available through core benefits, a rider, a discounted program, or on a fee-for-service basis?
- If coverage is limited, is this a service consumers are willing to pay for out-of-pocket?

Phase* 3-2. *Developing protocols for screening and credentialing complementary practitioners. This phase involves developing screening and credentialing protocols. In some cases, a consultant may be helpful in clarifying credentialing protocol for CAM providers. The use of an outside credentialing resource is not an unrealistic possibility. In a 1999 survey, Landmark Healthcare found that 50% of all health plans providing complementary therapies used adjunctive organizations to credential complementary practitioners (National Market Measures, 1999).

The design of credentialing and screening requires attention and patience. The variety of disciplines typically evaluated for integrative medicine encompass a wide range of philosophies; each includes its own knowledge base, protocols, and practice wisdom. Acupuncturists, osteopaths, chiropractors, massage therapists, and naturopathic physicians are all involved in practices that are quite different from one another, with a wide range of research evidence and cultural biases. (For additional information, refer to Chapter 64 on credentialing.)

Phase* 3-3. *Identifying potential practitioners and applying credentialing protocols. Practitioners can be invited to apply for participation. In many cases, networking in your community will identify skilled complementary medicine professionals. An appropriate staff member can be assigned to perform the credentialing. Develop a process for monitoring clinical outcomes and reporting from practitioners to whom you make referrals.

PHASE 4—INTEGRATING COMPLEMENTARY MEDICINE ON-SITE

This phase is a continuum of Phase 3. If you elect to move ahead with an in-house CAM or integrative medicine program, without the phase of referring out to practitioners in the community, be sure to combine the steps from Phase 3 with Phase 4.

4-1. Developing consensus within your practice and customizing the business model
4-2. Bringing complementary practitioners on staff
4-3. Developing the integrative, multidisciplinary team

Phase* 4-1. *Developing consensus within your practice and customizing the business model. The first priority in establishing consensus is the identification and involvement of key players and stakeholders. Probably the worst error that can be made in the development of an integrative medicine practice or center is to proceed without a broad base of support. If you or your colleagues are not at a complete state of readiness,

an immense amount of energy and money can be wasted.

Research your business model rigorously. Consider the legal structure and its implications. Joint venture, partnership, contract, or rental are all models that have had success in centers across the country. Each has unique reimbursement and liability factors. This is another situation in which a consultant can aid in the development of your practice model.

Phase* 4-2. *Bringing complementary practitioners on staff. In some practices or organizations, the inclusion of a complementary provider may simply involve provision of office space. For example, a clinical massage therapist could be made available to your patients certain days of the week. In a practice that includes many patients with arthritic or cancer pain, a skilled massage therapist with a clinical background can make an important contribution to patient care. Numerous other types of providers fit into an integrative model as well. Outcomes and feedback on patient satisfaction can be obtained through a quality assurance program, ideally implemented in tandem with your new services.

Phase* 4-3. *Developing the integrative, multidisciplinary team. In most medical service delivery, physicians, nurses, and other providers work together as a team. Integrative medicine reconceptualizes the multidisciplinary team. For example, in innovative cancer treatment programs such as those of the Integrative Medicine Service at Memorial Sloan-Kettering Cancer Center (2004), acupuncturists and massage therapists provide adjunctive services for pain management. In your redesigned delivery model, it is important to carefully develop care pathways as well as mechanisms for service coordination and team communication. This upgraded approach to health care delivery by teams creates the foundation for the genuine integration of complementary services (Scherwitz et al., 2003).

It is important to determine policy and procedures that define how the team will perform and collaborate. In some integrative centers, practitioners meet weekly to discuss complex cases. In other practices, the primary provider basically manages patient flow and referrals. Regardless of the model, communication is enhanced if there are clear pathways for patient flow, information sharing, referrals, and coordinated decision-making. It is also critical to have a system for updating protocols and procedures-to incorporate refinements in care pathways and patient services.

CONCLUSION

The research, the media, and consumer trends continue to reflect growing interest in complementary and integrative medicine. The conventional medical community, many of the most respected journals, and the NIH National Center for Complementary and Alternative Medicine have supported major CAM research. Consumers are practicing tai chi and yoga, and seeking acupuncture and massage. At the same time they continue to have immense respect for their physicians. Many patients indicate the desire that more comprehensive health care services become available through their medical provider. In response to this interest, phasing in complementary or integrative medicine services

offers a powerful business opportunity and will ultimately help to create a more comprehensive, meaningful, and clinically efficient health care delivery system.

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