Convergence in Access: Next Steps in the 50 Year Evolution of Integrative Health & Medicine

Justice and Equity in Policy and Practice
Integrative Medicine for the Underserved
Washington, DC – June 22, 2018

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Overview

Cliff’s Notes History

• 5 Eras for IHM
• Dominant school: shadow history
• Convergence
• Strategies

Disclosure: I have no conflicts of interest. I do have multiple alignments of interest, volunteer roles and limited consulting (ACIH) with not-for-profit organizations noted.

Credits

Ruth Westreich
Southern California University
of Health Sciences
Chief Philanthropic Partners

Jeana Kimball, RDHs, ND, LM, MPH
Chief Co-Conspirator
Interested in the History?

5 Eras in the History of IHM – Webinar for Duke Leadership Program in Integrative Medicine
June 14, 2018

Slides from 2015 J Weeks AIHM talk - “A Winner’s History for IHM”

Podcast interview on the history with James Maskell/Evolution of Medicine: December 16, 2016
http://goevomed.libsyn.com/webpage/page/7/size/10

The Rise of Integrative Health and Medicine: 120 Milestones 1963-present (Sabin, Walsh, Weeks)
https://fonconsulting.com/resources/the-rise/

“History is written by the victors.”

Walter Benjamin
1892-1940

George Santayana
1863-1952

“Those who cannot remember the past are condemned to repeat it.”
Cliff Notes IHM History: 5 Eras
Pre-History: The Way We Were
Era #1: Origins in Affirming New Ways  
aka. “Counterculture”-1965-1978

- Back to the Land: Re-Connecting to Natural Process
- Rachel Carson: *A Silent Spring*
- Herbs can be powerful agents
- We Shall Overcome, some day
- Adele Davis: *Eat Right for Your Health*
- Opening to the East, Globalism
- Women’s movement/“take back our bodies”
Early Adopter of Healthy Behaviors
Era #2: Advancing in Silos
1978-1995

- American Holistic Nurses Association: Founded 1979
- American Academy of Naturopathic Medicine (AANMC): Founded 1978
- National Wellness Institute: Founded 1977
- Planetree: Founded 1979
- American Holistic Medical Association (AHMA): Founded 1978
- American Herbal Products Association (AHPA): Founded 1982
- Association of Accredited Naturopathic Medical Colleges (AANMC)
  - Naturopathic Medicine Resurgence:
    - John Bastyr College of NM (Seattle)
    - Canadian College of NM (ON)
    - Founded 1978
- Beginning of patient-centered care movement: Founded 1979
- Natural Products Expo West: Founded 1983
Era #3: “Non-Integrated Integration”
1995 – still working on this

Delivery: Stand-alone health system-sponsored “integrative medicine clinic”

Payment: Insurance coverage for “CAM” but not in the core benefit
Era #4: Advancing in Collaboration
2001 - present

2001: now 27 Partners for Health
2001: now 70+ academic health centers and delivery orgs

2004: now Multidisciplinary, 17 national organizations plus 40 schools

2009: 6 physician level IHM organizations

Two Interprofessional “Big Tents”
2 Big Lessons
Perverse Incentives in Insurance: The 80/20 Rule

If you are running the insurance corporation, what does your self-interest favor?

<table>
<thead>
<tr>
<th>Year</th>
<th>Family Premium</th>
<th>Insurer’s 20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1983</td>
<td>$3500</td>
<td>$700</td>
</tr>
<tr>
<td>1999</td>
<td>$5700</td>
<td>$1140</td>
</tr>
<tr>
<td>2013</td>
<td>$16,000</td>
<td>$3200</td>
</tr>
</tbody>
</table>
Perverse Incentives in Delivery: The Tendencies of a Production Orientation

• If a CFO targets X angioplasties, what is a successful year?
  – What is the attraction of an Ornish program when you have a huge heart center?

• 30% of what we do is waste, and much of it harmful (IOM)

It doesn’t mean that production drives everything ...
Era #5: *Convergence* - 2011 to present

- **Patient-Centered Care**
- **Interprofessionalism/team care**
- **Focus on Healthy Communities and Health Creation**
- **Shifting Payment Incentives**
- **Quadruple Aim: Value-Based Medicine**
- **Personalized “Precision” Medicine**
Cliff Notes: Shadow History of the Dominant School
The Industry’s Shadow History
Affirmation of New Models (a.k.a. “Counterculture”)

- **1971**: National Association of Community Health Centers

- **1972**: IOM 1st Report Promoting Interprofessionalism (gathers dust)

- **1973**: Cost concerns - Congress passes HMO Act to shift payment incentives

- **1977**: Bio-Psycho-Social model of primary care emerges

1977: Office of Technology suggests just 10%-20% of medical procedures have quality evidence
The Industry’s Shadow History
Affirmation of New Models (a.k.a. “Counterculture”)

• **1990**: First “Evidence-Based Medicine” mention in JAMA

• **1993**: Clinton Reform - shifting incentives to health maintenance model

• **1995**: Employers - “medicine too important to be left to doctors”
**Out of the Shadows: Medical Deaths**

**1999:** IOM’s *To Err is Human*
Est. 100,000 deaths/year due to medical errors

**2001:** IOM’s *Crossing the Quality Chasm*

**BMJ 2016:** Est. 251,000 medical deaths a year

https://www.bmj.com/content/353/bmj.i2139
Volume  Value
“Value-Based Medicine”

Patient-Centered Care

Interprofessionalism/team care

Focus on Healthy Communities and Health Creation: Whole Systems

Shifting Payment Incentives

Quadruple Aim:
Value-Based Medicine

Determinants of Health

Better care
More satisfied patients
Lower total medical costs
More satisfied providers

Personalized “Precision” Medicine
Whole Systems Research

Individualization
Healing/health outcomes
Team care
Multi-modal

Values-Based Medicine

Personalized/patient
Resilience, well-being
Interprofessionalism
Lifestyle/chronic disease
Berwick: “My mentors in salute-genesis … “

“You are the center of mass for the ignition of the transformation of health care in this country.”

Former US Army Surgeon General Eric Schoomaker, MD, PhD, ICIMH, May 9, 2018
Convergence in Access
The Cash Practice Problem

- **Eisenberg**: Higher income, higher education

- **Business models**: With little insurance inclusion and model misfits, cash based

- **Concierge integrative/FM practices**: Direct targeting of a wealthy clientele
Embracing the Access Issue

• **From 1990s**: “CAM” institution partnerships with community clinics

• **1995**: First Government-funded natural medicine center

• **1997**: HHS-sponsored workshop in complementary, alternative and traditional

1977: Office of Technology suggests just 10%-20% of medical procedures have quality evidence
Embracing the Access Issue

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Practitioner-Policy: Sample State Pain Pilots

Oregon – multiple non-pharma, back & spine – Medicaid
  – acupuncture, chiropractic, CBT, osteopathy, plus yoga, intensive rehabilitation, massage, and/or supervised exercise therapy

Vermont – Acupuncture, Back Pain - Medicaid
  – $463,000 for acupuncture pilot

Washington – Acupuncture, Back Pain – Labor/Industries
  – Back pain; gathering data

Ohio – Acupuncture, Back Pain, Migraines – Medicaid
  – Back pain; gathering data

Maine – NADA – substance abuse - Medicaid
  – 5 point ear protocol

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Jared West, LAc
Mary Beth Hassett, LAc, Dipl OM
Leadership: Will States (and Lobbying by State Professional Associations) Take the Lead?

- **Oregon Inclusion in Coordinated Care Organizations (Medicaid)**
  - “The following integrative treatments are among the recommended therapies: acupuncture, chiropractic manipulation, cognitive behavioral therapy, osteopathic manipulation.”
  - “In addition, yoga, intensive rehabilitation, massage, and/or supervised exercise therapy are recommended to be included in the comprehensive treatment plans.”
  - Naturopathic doctors already allowed to run Coordinated Care Organizations

- **Vermont – S. 243, Sec. 15A An act relating to combatting opioid abuse**
  - $463,000 for acupuncture pilot
A New World for USA Pain Treatment:  
**Non-Pharma in New 2016-2017 Pain Guidance**

**Some Examples of Non-Pharma Language**

*Joint Commission* in a 2015 revision of its pain standard recommends multiple non-pharmacologic, integrative strategies including **acupuncture**, massage, chiropractic and relaxation therapies.

*Mayo Clinical Proceedings* published an “Evidence-Based Evaluation of Complementary Health Approaches for Pain Management,” based only on research from the United States, offering scientific evidence for **multiple integrative modalities and practices**.

*American College of Physicians* earlier this year updated its low back pain guideline, recommending that “physicians and patients initially select non-drug therapy with **exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction, tai chi, yoga, motor control exercise (MCE), progressive relaxation, electromyography biofeedback, low level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation**.”

*National Academy of Medicine* in a report last month for the FDA, concluded that “nonpharmacologic interventions for pain treatment, including **acupuncture, physical therapy and exercise, CBT, and mindfulness meditation**, represent powerful tools in the management of chronic pain. Many are components of successful self-management.”

*Association of States Attorneys General* urged insurers to cover non-pharma: “When patients seek treatment for any of the myriad conditions that cause chronic pain, doctors should be encouraged to explore and prescribe effective non-opioid alternatives, ranging from non-opioid medications (such as NSAIDs) to **physical therapy, acupuncture, massage, and chiropractic care**.”
Convergence Strategies
Integrative Medicine and the Imperative for Health Justice

Maria T. Chao, DrPH, MPA\textsuperscript{1,2} and Shelley R. Adler, PhD\textsuperscript{1,3}

Editor's Note: We are pleased and proud to introduce the new JACM column partnership with the Osher Collaborative for Integrative Medicine. The quarterly columns from leaders of the six prominent academic centers that constitute the collaborative are meant to stimulate and enliven thinking about the paradigm, practice and policy to advance integrative health. This first, from two members at the founding Osher Center, at the University of California, San Francisco, does not disappoint. The authors explore the integrative health-public health intersection. Dr. Chao, appropriately for the theme, holds two Associate Director positions at the center - for research and for health equity and diversity. Her focus has included the value of group integrative visits with underserved populations. Dr. Adler, a highly regarded integrative medicine educator and researcher, is Director of the UCSF Osher Center, as well as Osher Foundation Distinguished Professor of Integrative Medicine. —John Weeks, Editor-in-Chief
Chao/Adler: “Threefold strategy to advance health justice through the use of integrative medicine principles

- Leverage integrative medicine to advance health equity, that is, the attainment of the highest level of health for all people.

- Promote an integrative medicine culture that upholds the values of diversity, equity, and inclusion.

- Address intrapersonal attitudes, beliefs, and behaviors that perpetuate bias and discrimination.

An Opportunity to Elevate a Solution

Invitation to Submit Coming Soon!

2019 JACM Special Focus Issue on Group Services in Integrative Care

Group services are commonly used to deliver complementary and integrative health approaches, but there is a dearth of research specifically examining the impact of group-based care. We will be inviting submissions of original research, commentary, and reviews on: access to group services in integrative care, preferred learning style of adults in the field, methodological approaches to group interventions and group outcomes, skill-building opportunities in the field, efficiency of group services in integrative care, cost-saving benefits, satisfaction of practitioners, and alignment of the field with integrative health values of patient-centered care and empowerment.

Manuscripts will be due in early 2019. We are working on details of the actual call for papers. We welcome your ideas and queries. More information soon.

Guest Co-Editors

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Inspirit Yourself Globally, Act Locally
Who We Are

40 North American Organizations
70 Academic Health Centers
600,000 Licensed practitioners

Connected to

Tens of millions of patients
Scores upon scores of potential philanthropic partners
IHPC Creates the Platform

New Integrative Health and Wellness Caucus in Congress

https://www.integrativepractitioner.com/topics/analysis/congressional-integrative-health-wellness-caucus-created-interview-ihpcs-len-wisneski-md

First Congressional Briefing: Integrative Pain

IM4US is a Member

Propose “health justice” briefing?
Expanding the Circle: Next Phase Allies?

- National Association of Community Health Centers
- Employers
- Primary care doctors

Who else? Advocacy groups?
• WHO’s strategy to use traditional medicine “products, practices and practitioners” to meet primary care needs

Engage Patients

Promote Interprofessionalism and team care

Foster whole systems research

Model Health

Commit to Evidence-Informed Dialogue and Practice

Stimulate collaboration between professional organizations and between stakeholders

Engage as change agent

A Starting Point: Language

Love is not hate; war is not peace; production of medical services is not a healthcare system

• “Sick care” or “disease management” or “health care”? 
• “Production of services” or “creation of health”? 
• “US healthcare system” or “US medical industry”? 
• “Healthcare systems” or “medical delivery organizations”? 

“To transform our medical industry into a system that is focused on creating health”

“The beginning of wisdom is to call things by their proper name.”

Confucius
Alignment: Health Professionals in the 21st Century Need to Be “Change Agents”

<table>
<thead>
<tr>
<th>Type of Learning</th>
<th>Objectives</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Flexner/1910 Informative</td>
<td>Information, skills</td>
<td>Experts</td>
</tr>
<tr>
<td>Post WWII-1950 Formative</td>
<td>Socialization, values</td>
<td>Professionals</td>
</tr>
<tr>
<td>Today/2010 Transformative</td>
<td>Leadership attributes</td>
<td>Change agents</td>
</tr>
</tbody>
</table>

The Source: Health Professionals for a New Century: Transforming education to strengthen health systems in an interdependent world. The Lancet (2010)
Thank You!

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