

National Resources for the Integrative Medicine Movement

AN INTERVIEW WITH JOHN WEEKS

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John Weeks has been involved as an organizer/writer in the emerging fields of complementary and integrative medicine since 1983, when he spent 10 years as a management team member at Bastyr University and then as executive director of the national naturopathic professional association. He has since consulted, organized and presented widely on integration projects with various stakeholders, including hospitals and conventional academic health centers, health systems, managed care firms, employers, federal, state and local agencies, organizations associated with all the leading CAM disciplines and the National Center for Complementary and Alternative Medicine. John is the publisher/editor of the "Integrator Blog." (www.theintegratorblog.com)

John, what is the mission of the "Integrator Blog" and what can people expect from it?

All of my work, whether writing, organizing or consulting, is informed by a basic perception that those interested in promoting wellness in our \$1.7 trillion system of care are a small voice and would have more power if they connected. At the day-to-day level of care giving, I believe that quality is hampered by profound isolation between members of individual disciplines, stakeholders, practitioners, hospitals, employers, researchers, government and public health. The fundamental mission of the "Integrator" is to help open the peripheral vision of leaders to what others are doing, with a particular focus on discovering places where connectivity is possible and the challenges and opportunities are appearing.

The issues and stories presented in the "Integrator Blog" appear to really embrace the national landscape. How are stories brought to your attention?

Professional association and industry e-newsletters are useful. So are *Acupuncture Today* and other MPA Media publications serving the various [alternative health] professions. As a media outlet that's been around awhile, the "Integrator" also is on many people's media lists. I get a lot of ideas via conversation or e-mail. This is partly because of my work as an organizer, which keeps me connected to many people. I helped co-found and have ended up directing, on a part-time basis, something called the Academic Consortium for Complementary and Alternative Health Care (ACCAHC). The CCAOM and the councils of colleges for DCs, NDs, massage therapists and homebirth midwives are all involved. So I stay close to the pulse in those meetings. I've got a great advisory board and I am pretty well-connected to the top hospital-related integration activity. I am also working with an organization of large employers - the Institute for Health and Productivity Management (www.ihpm.org) on a very exciting initiative they have to explore integrative health care in what they call "health and productivity management."

With the current challenges to the health care system - such as a collapsing health care funding structure, high numbers of uninsured Americans and potential turf battles with medical doctors - do you think integrative care has the future viability it was once projected to have?

My view is that it doesn't serve us to focus on these external factors. Major cries for health reform, for fear of bankrupting the system, have popped up every decade since Nixon's backing of a national health care system in the early 1970s. So let's assume all of these factors are our habitat. Now, what can we accomplish and what have we accomplished?

As I look at the changes in the past 15 years (especially as one whose involvement in the field goes back to the 1980s when we were routinely considered quacks and frauds), one cannot but be amazed by the uptake of various complementary and alternative and integrative practices and practitioners. Look at what Jeanette Painovich, LAc, DAOM, and others are doing at Samaritan Hospital in Los Angeles, as just one example. Look at what we are doing with the connections through the academic consortia I mentioned a moment ago, at the ongoing CAM action with the American Hospital Association, and the fact that a large employer group believes that integrative medicine will be key to health and productivity management. None of these platforms for change existed a decade ago. Gerald Celeste, a mainstream trends guy who does the Oprah show and national circuit has alternative medicine as a top trend in 2008. One can view this moment as the apex of viability.

At the same time, I have something like disappointment - OK, flat out despair sometimes - that after 25 years in this nominally health-creating reform activity, we still are mostly stuck in reactive disease approaches, policies and funding priorities. The despairing portion is that little of the health-creating, paradigm-shifting orientation of CAM disciplines has made much of an impact. After 15 years of NIH action, for instance, we have almost no studies that look at the way the AOM professionals, chiropractors, naturopathic physicians or medical doctors actually practice, and how they might have created healthier patients. Instead, we have some reductive analyses of single interventions, which mostly don't look very good. I hold us accountable for this. We need to take our newly accepted roles (if still tenuous) and own the fact that we aren't principally about stamping down symptoms of ill health, but that we come from systems of care which work with whole human beings and focus on assisting them to be healthy, functional and enjoying their lives more. In truth, major stakeholders are seeing this as our value.

How does public health fit into the new paradigms as you see them?

I view the public health and community medicine connection with the integrative care movement, like the employer relationship, as hugely under-explored. The multicultural nature of community medicine is a fertile environment for whole-person, natural-health thinking which reflects different cultural practices, whether Asian, Hispanic, Native American or even Eastern European. A lot of CAM schools have programs in which they place their students in community clinics. Some connections are being made, but the value of the connection as areas for proactive examination is not much in evidence at the highest levels. It's great that you and others are working with the American Public Health Association and that there's a move afoot to increase the stature of complementary and alternative medicine as a legitimate area of exploration. Many of us believe the health-oriented, whole-person paradigm - whether from AOM practitioners, NDs, medical doctors or others - is the optimal clinical form in which public health values can be expressed.

Let's say that the heads of holistic centers and practitioners were getting together for a retreat to define strategy for the coming three years. What do you see as the greatest opportunities for practitioners and clinics available in integrative medicine right now?

I think the equation is as simple as herding cats around the objectives is difficult. We are in a cost and financing crisis in medicine. The core driver is chronic disease, as well as the kinds of actual pain and adverse effects of strategies which are connected to current approaches. Integrative medicine must show value in creating health and limiting costs in these areas. Why the equation is

simple is that conventional medicine has accepted that most chronic conditions have multiple etiologies and require multiple approaches. What we need to do is show that whole-person and whole-systems approaches which address these multiple etiologies are the best ways to treat. Since evidence remains the main doorway for broader use and inclusion, the clinics and practitioner groups which you are talking about bringing together to define strategy would be best served to focus on how to create the research and the research funding, which will allow us to look at the broad benefits of these approaches in not only curing, but also reframing people's relationships to their conditions and strengthening self-care.

We will not get a handle on chronic disease and health care costs in the U.S. until there is a paradigm shift in U.S. government funding of research, from single agents to the practical effectiveness and cost-effectiveness questions of the whole-systems and whole-practice approaches. We are not so much promoting a paradigm shift toward integrative medicine, but rather a shift that we must make to work effectively with chronic conditions. Your readers might be interested to know that Janet Kahn, PhD, and the Integrated Healthcare Policy Consortium (www.ihpm.org), which she runs and with which I am involved, is working on developing an economic conference that we hope will touch on some of this.

What advice would you give to the practitioner wanting to be a part of the integrative movement?

The fundamental requirements for successful participation in integration are the willingness to engage one's own shadow; own what one does not know; stand up for what one does; and realize that everyone is in the same boat, with strengths and shortcomings. Keep the health of the patient front and center. Pay attention to economic interests - both yours and those of others - and how they are aligned or misaligned with your stated values and those of others. Go to school and be willing to explore yourself. Integration is a multicultural and cross-cultural affair, with a great deal of powerful emotional content stirred up by decades of power struggles and colonizer-colonized types of relationships. It's challenging and amazingly interesting. I find integration action to be a microcosm of all that ails the world. Such successes as we can achieve model the healing we need around us.

Author's note: Our next column will focus on care for refugees. If you have experience with this population, we'd love to hear from you.

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