

Integrative Care Moves Forward

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For the second time in the history of this country, CAM professions have the opportunity for a collective seat at the federal legislative table. The big question is, how the AOM profession will take part in this effort. A number of legislators who are favorable to AOM have recommended that the AOM community join forces with naturopathic physicians, holistic doctors and nurses, homeopaths, massage therapists, chiropractors, and others to create a united voice. This is exactly what happened.

The AAAOM became a "Partner for Health" with the Integrated Healthcare Policy Consortium (IHPC) in 2009. IHPC is a consortium of like-minded organizations, clinicians, patients, healthcare educators and organizations committed to public policy that works to improve wellness and health promotion in the United States and ensures all Americans access to safe, high quality health care including the full range of qualified conventional, complementary and alternative healthcare professionals.

IHPC, in partnership with The Institute for Integrative Health and the Palmer Center for Chiropractic Health Policy, held a landmark meeting at Georgetown University from Sept. 27-29, entitled "The Affordable Care Act and Beyond: A Stakeholder Conference on Integrated Health Care Reform."

The intent was to bring together legislators, federal agency staff, academic institutions and organizations, professional associations, scientific institutes and experts, research scientists, educators and practitioners from both integrative and holistic medicine, nursing and public health and the distinctly licensed CAM professions to discuss collaborative (or coordinated - choose your word, but I would put the emphasis there rather than on real-world, which I don't understand in this context) approaches to integrated health care in America in order to fundamentally change the health care delivery system in America. Before continuing, however, I'd like to outline the events leading up to this meeting.

Background

In the Fall of 2001, a meeting was held at Georgetown University entitled "The National Policy Dialogue to Advance Integrated Healthcare: Finding Common Ground." This was one of the first times medical doctors, osteopaths, acupuncturists, naturopathic physicians, chiropractors, nurses, public health leaders, policy makers, traditional world medicine practitioners, homeopaths and allied health professionals shared the same room. Every major facet of the healthcare system was present: schools and associations, payers and hospitals, consumers and practitioners, educators and researchers. At that time, there was no sense of camaraderie among organizations or shared goals among those present. The group, consisting of 60 leaders and experts from various organizations discussed common ground, policy issues and possible collaboration which resulted in a 40-page report. It identified 18 key policy recommendations in seven domains for integration of the health care system from federal benefit programs to academic development, scientific research and public health.

The report summary indicated four dominant themes emerged in the national policy dialogue. All are critical for the development of a clinically effective, economically viable integrated health care system:

- Federal leadership, organization and oversight;
- Ongoing collaboration among conventional and CAM professionals at every level; education, research, delivery of care, regulatory activities, and reimbursement;
- Equality of patient access to the full range of practitioners;
- Health promotion as a priority in our health care system.

A number of the participants recognized the need to make these recommendations a reality, and founded IHPC. Three years later, from May 31-June 3 in 2005 a meeting was held at the same location entitled "The National Education Dialogue to Advance Integrated Health Care (NED)." The purpose of this meeting was to promote collaboration between educators and leaders from conventional and CAM educational institutions, break down the isolation of silos of healthcare professionals, promote inter-institutional collaboration between CAM and conventional academic institutions, and provide cross-disciplinary instruction to practitioners about the philosophy, training, regulatory environment, effectiveness and therapies of other health care providers.

The Academic Consortium for Complementary and Alternative Health Care (ACCAHC) was established during this process through IHPC and years later, became a 501 (c) (3) membership organization for the licensed/accredited, emerging and traditional world medicine CAM academic community. IHPC, ACCAHC and members of the Consortium of Academic Health Centers for Integrative Medicine (The Consortium) were instrumental in developing the NED meeting.

Fitting into the New Health care Law

Now let's fast forward to today. The feeling at the meeting held again at Georgetown University, this Sept. 27-29 was one of collaboration, camaraderie, action orientation, and support. The participants left their "hats" at the door, rolled up their sleeves and discussed details of how CAM professionals fit into the healthcare reform law and what exactly the integrated healthcare of the future may look like through the eyes of a patient and that of the practitioner. There were a number of presentations from legislative aides, Senate committee staff, federal agency staff, researchers, academic and policy leaders and CAM practitioners to offer guidance and support to the CAM leaders assembled at the meeting. A sampling of presentations included:

- Non-Discrimination Against Provider Types Jenelle Krishnamoorthy, Health Policy Director, Senate HELP Committee Hon. Deborah Senn, The Zielke Law Firm, P.S., Former Washington State Insurance Commissioner
- The New Expanded Definition of the Health care Workforce and the National Health care Workforce Commission
- Gail Hansen, Senior Officer, Human Health and Industrial Farming, Pew Charitable Trusts, (formerly Health Legislative Assistant for Senator Bernie Sanders)
- Overview of Prevention, Health Promotion and Wellness in the Affordable Care Act Wayne Jonas, MD, President and CEO, Samueli Institute
- Medical Homes and Community Health Teams Mona Shah, Staff Director, Subcommittee on Aging, Committee on Health, Education, Labor and Pensions and Office of Sen. Barbara Mikulski
- NCCAM's 3rd Strategic Plan and Directions for the Future Dr. Josephine Briggs, Director, National Center for Complementary and Alternative Medicine (NCCAM)

All of the presentations were exceptional, with lively question and answer periods following. The second half of each day participants met in small groups formed around specific issues related to

implementation of the new law. They explored and strategized around the following broad topics:

- Access - Non-Discrimination
- The Healthcare Workforce
- Prevention and Wellness: Reorienting American Health Care
- CPT Codes: Strategies for Integration
- Comparative Effectiveness Research and Patient-Centered Outcomes Research Institute (PCORI): Setting the Research Agenda
- Integration in Practice: Lessons for Implementation of the Affordable Care Act

Reading the Bill

For those who have read the seven key sections of the Patient Protection and Affordable Care Act, a relatively small but important part of it has any bearing on integrated healthcare. As a matter of fact, the actual term "integrative health care practitioner" has yet to be clearly defined. However, there are specific aspects (rule making, programs, Commission and Advisory Committee appointments) that CAM practitioners serving on a committee can influence to the greater good of the patients of the future. Our government is in the process of filling these committees, and IHPC (as well as other national organizations) has already nominated individuals with strong integrative and holistic medicine, and nursing and licensed CAM professional backgrounds to serve on these committees. An example is PCORI - The Patient-Centered Outcomes Research Institute. A recent federal register notice for nominations for PCORI announced, "The law established PCORI as a non-profit organization to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by carrying out research projects that provide quality, relevant evidence on how diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed. The Act directs the Comptroller General to appoint 19 of the 21 members of the PCORI Board of Governors. In addition to these 19 members appointed, the Director of the Agency for Healthcare Research and Quality and the Director of the National Institutes of Health, or their designees, are the other two members who will serve on the PCORI Board. The Act also directs the Comptroller General to appoint not more than 15 members to a Methodology Committee of PCORI." A federal register notice called for nominations to this committee, and Christine Goertz, DC, PhD, Vice Chancellor for Research and Health Policy, Palmer College of Chiropractic and Palmer Center for Chiropractic Research, was chosen to be the Vice Chair of the Board of Governors. We need more CAM professionals involved to address the physical, emotional, energetic and spiritual health of the patient.

Next Steps

The road to improved health care delivery in America is going to be a rocky one, because even positive change takes time, effort, and sustained, coordinated lobbying. On the bright side, the IHPC has a proven track record of influencing the right language getting into legislation, and IHPC's momentum is growing every day. The result of the stakeholder meeting at Georgetown University was the development of several subcommittees to work on influencing specific aspects of the Health Care reform law, including rule making for non-discrimination Section 2706, so white papers, proposed regulations, language, and statistics on Integrative health care cost effectiveness studies can be provided to key decision makers.

There are three kinds of people: those who make things happen, those on the sidelines who watch it happen, and those who ask, "What happened?" If you have considered getting involved to see our profession prosper in this country, the time is now. The IHPC is looking for practitioners with a background in public relations, non-profit fundraising, journalism, or who currently have a working relationship with legislators, please contact IHPC to volunteer. If you would prefer not to get

involved, but would like to contribute to a very worthy cause promoting our collective health and well-being, we welcome your contribution. You can send a check to:

IHPC
240 Maple Street
Burlington, VT 05401

Or go to www.IHPC.info to use Paypal and click on "Donate" button on the left column.

References:

1. At the federal level, the NCCAM legislation in 1998 was the first legislation which collectively brought the CAM professions to the table (Legislation mandated licensed CAM professions to be on the Advisory Council and scientific review panels, to get research funding and infrastructure for their accredited colleges, for research to be done on the CAM professions, and to research the integration of the disciplines into mainstream health care delivery systems, etc...)
2. There are state legislative tables such as the WA State "every category of provider" law that passed in 1994 for all of the licensed CAM professions).
3. Home Page, [url=<http://www.ihpc.info>]http://www.ihpc.info[url]
4. Quinn, S., Traub, M., Editors, National Policy Dialogue to Advance Integrated Health Care: Finding Common Ground, Final Report, Integrated Health Care Consortium © Steering Committee for the National Policy Dialogue, March 2002.
5. National Education Dialogue to Advance Integrated Health Care: Creating Common Ground. Progress Report, March 2004-September 2005.

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