

The Last Frontier

A HOSPITAL BASED PERSPECTIVE ON THE NEW HEALTHCARE LEGISLATION AND HOW IT WILL AFFECT YOUR PRACTICE

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Next month, Mercy Hospital and Medical Center in Chicago Ill., will play host to the Chicago Conference on Integration in Medicine.

The theme is: *Pragmatics of Implementation in Integration*. The overwhelming trend in integration is to place practitioners of different modalities under one roof. In reality, this never results in reliable, consistent and high-quality outcomes. Integrative centers at prominent institutions struggle for funding and cannot achieve financial sustainability any more than they can offer service to the underserved and chronically ill populations that need these services most.

What therefore are the actual questions that need to be addressed for a professional model of integration to emerge? Here are a few:

1. What are the guidelines and parameters of a financially viable model?
2. What are the leverage points for getting mind-body medicine into mainstream medical settings and how can one reliably insure success and longevity?
3. What is the dialogue physicians and hospital administrators are already having in their own minds about integration and how can holistic professionals address their concerns in unambiguous terms?
4. What is the pivot of high-quality clinical integration and why?
5. Why does epistemology matter and how can one understand the cultural parameters of a given medical system?
6. What is the essential skill-set required for Chinese and holistic medical practitioners to achieve inclusion in the mainstream?

A Focus on Implementation

The focus on implementation might seem premature to some and long-overdue to others. Yet the new legislation has set the stage for the epoch of healthcare reform – for these changes will surely not happen overnight.

While there are a variety of suggestions for how best to combine different medical systems and clinical approaches, it seems certain that several areas of medical practice have no further need to put off implementing a preliminary model of professional-quality integration.

In other words, we have answers we are not using; and this is no good for the enormous numbers of patients who continue to receive substandard care.

For example, Dr. Tyvin Rich, MD will present on mind-body medicine in cancer treatment. His talk will examine which cancer patients are likely to benefit most from mind-body (i.e. holistic) medicine in conjunction with their conventional cancer treatment.

No doubt cancer is the quintessential integrative condition because of its complicated etiology and

the iatrogenic complications of conventional care.

Cancer is a condition for which patients must have some amount of additional care while they undergo conventional treatment – if only to augment their own resources and mitigate the iatrogenic effects of chemotherapy and radiation.

But mind-body medicine alone is certainly not sufficient alone for cancer treatment --- no matter how wishful one may be.

From Cancer to Common Conditions

So, what criteria may one judge the correct course between conventional and holistic medical care in cancer treatment? Yet cancer is not the only condition for which integration is now a ripe solution in the hospital of the future.

In fact, at the other end of the spectrum from hard-core illness like cancer lies the enormous prevalence of common (and often chronic) functional conditions and complaints like:

- Insomnia
- Pain of all types
- Anxiety and depression and all mood disorders
- Simple stress
- Functional digestive complaints

These functional complaints throw wide the door to inclusion of holistic medicine within mainstream settings because these common conditions offer the opportunity for holistic medicine to do what it does best – to treat and manage chronic functional conditions without side effects.

The conventional approach to the above common conditions – as we all know – primarily relies on intervention using pharmaceutical prescriptions; something both expensive and likely to produce iatrogenesis in a significant portion of the population.

The Chicago Conference on Integration in Medicine will offer a clinical implementation track, providing participants with actual clinical applications and administrative guidelines for how holistic professionals and physicians can best implement a successful clinical model which integrates the best of holism within the conventional mainstream.

The truth is that there is no real secret sauce or fanfare to this.

My experience with integration – as both teacher, writer and practitioner – is that the movement is now entering a period of long labor during which efforts will not focus on the grind of education and implementation. If you think about the economic realities that are driving the new reform and the trend to include alternative medical approaches, the case cannot be otherwise.

Case Study – Mercy Hospital, Chicago

Our own community-style model has passed muster with admirable results. But, the challenge of inclusion is present in each new setting.

Implementing a viable model of integration means finance. A clinic that costs the hospital money to operate will eventually be closed down. Viability is like the Holy Grail to hospital administrators – and with good reason.

Financial viability is tied to the ability to address patient's needs currently unmet by the

conventional model.

As the low-hanging fruit, acupuncture saves the hospital money on pain and mood medications. This alone is a deal-maker.

But to leverage this strength, acupuncturists must learn how to reach physicians and hospital administrators where they are and not preach the gospel of holism (which to physicians is so much pretensions non-sense).

Understanding and addressing their concerns and needs is not all that difficult although it does take some time to polish.

Hospitals are a business and you must show value in what you bring or solve some dilemma that makes their lives and their practices better, simpler, smoother.

Frank Yurasek and Maria Mulcahy will both present on the pragmatics of implementation in a hospital setting. These two presenters in particular will have indispensable insights for acupuncturists seeking entrance to and success within the hospital setting of the 21st century.

Winners or Whiners

To "win" when presenting to physicians and hospital administrators, the fundamental concerns regarding research must be understood and addressed.

It is essential that you have a body of research studies and that you can speak to the issues regarding research methodologies, citing sources that carry the weight of relevance in the eyes and minds of your very educated and discerning audience. Paul Rford MD, will present two separate times covering nearly all aspects research legitimacy and how to address doctors concerns.

Why Epistemology Matters?

Why does epistemology matter? What are the two main objections when considering implementation of a holistic practice within a mainstream hospital setting? How can you overcome these objections again and again? What is the one thing acupuncturists and holistic practitioners should focus on in order to achieve inclusion in the mainstream in the months and years to come? Why is it so essential to learn solid teaching and presentation skills and what are the best ways to reach out to physicians and hospital administrators?

The pivot of high-quality integration rests on the understanding that conventional medicine treats disease and holism treats patterns. This is an epiphany to most medical professionals, but nonetheless the plain truth as well. In this regard, TCM student and professional have an advantage in the race for inclusion in mainstream settings over other holistic practitioners. Use your knowledge of pattern discrimination to demonstrate your value to an existing hospital as both an educator (presenter) and clinician.

The issue of language is still the single greatest obstacle to any constructive collaboration between physicians and holistic medical professionals. John Alton and I will speak on what language works in building the bridge to the mainstream, providing actual examples and explanations of what you need to say and way you need to say it that way. This alone is worth the price of admission.

Then again, a good demo goes a long way too. Don't pass up the chance to show them what you can do for them. Treat doctors in front of their peers and don't be wishy washy about it. Bring your best

game and let them feel what acupuncture does. This has never failed for me in all the years I have been presenting to physicians.

Summary

There is an essential skill-set to achieving implementation in a hospital setting. The hospitals themselves are crying out for this but the total skill-set is something not yet in place for all but a very few.

The Chicago Conference on Integration in Medicine will be a major effort to clarify just what is required to achieve a successful and financially viable model of clinical integration.

As often happens in ambitious endeavors, seemingly small details may be overlooked at the outset only to be discovered as indispensable mainstays at a later date. No doubt this will be the case with the nascent attempts to clarify professional-quality standards for integration.

But, the overall agenda and total scope of this conference will feature the most comprehensive and practical investigation of how to implement a successful clinical model that healthcare has yet to consider.

I expect this will not be the last such effort. Either way, it bodes great things and huge opportunities for those who prepare with diligence.

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