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The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), report on collaborative initiatives and business developments of relevance to the emerging integrative medicine field. Your receipt of the News Files is made possible through a grant from the Center for Integrative Health, Medicine and Research. Please send any news items to Elaine Zablocki, managing editor (ZablockiE@thecollaboration.org).

CHRF is a not-for-profit organization funded through philanthropic grants and contributions from organizations and individuals which share a dedication to fostering optimally integrated healthcare. For more information, explore our website (www.thecollaboration.org) or contact Stephen Bolles, executive director (BollesS@thecollaboration.org).

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To Our Readers, from News Files Editor Elaine Zablocki

With this issue, I'm taking on a new role as managing editor of the CHRF News Files. I've been a healthcare reporter since the late 1980s, writing for many trade publications. I first spoke with John Weeks in April, 1998, when I interviewed him for a feature story on quality in alternative medicine for The Quality Letter for Healthcare Leaders. He was generous with information, advice, and copies of his own reports and articles. Over the years, he has continued to be a mentor, as I've written about CAM for publications such as Healthcare Business and the Integrative Medicine Consult. Now, as John leaves on sabbatical, he has invited me to become the next News Files editor. I'll use my skills as researcher and writer to report accurately on developments in the field. We'll continue to bring you the information and contacts News Files readers expect and need in order to play an important part in creating and supporting a more humane healthcare system.

Best wishes, Elaine

*Corrections:* News File #30 inadvertently referred to Congressman Dan Burton (R-IN) as a Democrat. The same News File #30 included a brief article on layoffs at American Specialty Health. The note quoted "unconfirmed industry sources" saying that many of the 37 layoffs were in the firm's HealthyRoads.com Internet venture. ASH founder George DeVries has told CHRF that these reports were not correct. ASH anticipates rolling out HealthyRoads version 3.0 in the near future, DeVries says. The News Files regrets these errors.
1. Action Needed: Opportunity for Comment on HHS Draft Strategic Plan

The DEPARTMENT OF HEALTH AND HUMAN SERVICES Draft Strategic Plan for 2003--2008 is now posted at http://aspe.hhs.gov/hhsplan/draft/index.htm. The department is accepting public comments on the plan through September 9, 2002. This is an important opportunity for those concerned about healthcare renewal to make their views known. Please send any comments or suggestions to strategicplan@hhs.gov and indicate the section/goal/objective you're commenting on. This heads-up comes from BETH CLAY, a staffer for CONGRESSMAN DAN BURTON (R-IN). She asks those who are submitting comments to also send a copy to her and to put "HHS Strategic Plan Comment" in the subject line. "Please feel free to share this information with others," she added. "Whether it is Joe Q public citizen, a nonprofit organization, a healthcare professional (or their association)...all views are important." Clay attended Summit 2002 and has been a member of the CHRF Design Principles for Healthcare Renewal Working Group since 2000. Beth.Clay@mail.house.gov.

2. Burton Champions Federal Loans for Naturopathic Medical Education

During introductory comments at a hearing on July 25 relating to safety of and access to supplements, CONGRESSMAN DAN BURTON (R-IN) noted that naturopathic physicians (NDs) should receive the same federal loan support as MDs. "As part of our investigation, we have learned that naturopathic doctors who are trained at accredited naturopathic universities receive the training in nutrition that MDs ought to receive," he said. "However, students may be discouraged from applying to these schools because there is an inequality in the loan programs at the Department of Education between MDs and NDs. The Department of Education needs to eliminate this discrepancy." For full text, go to: http://www.house.gov/reform/burton.02.07.25.htm.

3. Hawaiian Integrative Clinic Reaches Breakeven in 30 Days

MANAKAI O MALAMA INTEGRATIVE HEALTH CLINIC AND REHABILITATION CENTER in Honolulu has been operating for about 30 days and is already at breakeven. Every exam room and waiting room in the 3500 square feet space is full, according to founder and medical director IRA ZUNIN, MD, MBA. The clinic's Hawaiian name means "Healing Spirit of the Ocean," and Zunin expects Hawaiians will also respond to its slogan: "In partnership for your health, bringing together the best of modern medicine and traditional healing arts." The clinic offers a full range of preventive and primary care services, occupational health services, plus CAM services, including Traditional Chinese Medicine, massage, psychology, physical therapy, herbal medicines, and nutritional supplements. Providers include MD, DO, PhD (Psychology), LAc, LMT, and LPT. Acupuncture and TCM services are offered by a graduate of Nanjing University, who also serves as one the main teachers in Hawaii's schools of acupuncture. The free-standing clinic accepts insurance reimbursement from Blue Cross Blue Shield, workers compensation, and no-fault insurance. The gross is growing so quickly it is too early to quote a steady-state figure, Zunin says. "We also take in some cash payments, but that's not the reason were doing okay financially. In large part, we've taken my existing practice, in which I referred out to community providers, and brought them inside. For years I've tracked referral patterns and reimbursements, so I knew the figures would add up to a viable pro forma." The clinic building actually houses three entities: Manakai O Malama, which
offers clinical services, the nonprofit Hawaii State Consortium on Integrative Healthcare, and Kokua Integrative Healthcare Solutions, a practice management entity which offers billing, transcription, and other administrative services to Manakai O Malama, as well as to physicians within and outside the clinic. Zunin expects to replicate the clinic model in other parts of Hawaii and eventually on the mainland and internationally. Zunin chaired the E/MC Working Group for its first year. CHRF co-founder John Weeks notes that Zunin "did a fine job of pulling folks together and setting a course for the future." While focusing on the launch of the new clinic, Zunin is no longer acting as chair of the E/MC Working Group but remains on the exec team. CHRF thanks Zunin for all his work! and wishes success and good fortune to the new clinic. For Zunin: kalen@Pixi.com.

4. Canadians Seek Integrative Healthcare, But No One Knows How to Pay for it

CAM providers and consumers in Canada face a different set of challenges than those in the U.S., according to BARBARA FINDLAY, RN, BSN, executive director of the Tzu-Chi Institute for Complementary and Alternative Medicine in Vancouver, British Columbia. Canadians have received publicly funded healthcare for three generations, and they resist the idea of paying for care out of pocket, according to Findlay. The publicly-funded system pays for physician visits, but with very low reimbursement rates. "The fee is suitable for a short office visit," Findlay says. However, "When our physicians spend an hour and a half with a patient, the most we can bill is approximately $26.50 (Canadian)." Payment policies for CAM services differ from province to province. Until about six months ago, British Columbia was the most progressive, with public reimbursement for up to 12 ND visits, 12 chiropractic visits, and 12 massage visits per calendar year. However, when the new government came into power, it cut all reimbursement for CAM providers from the budget. In addition, hospitals and other health agencies have faced severe budget cuts. "We lost a total of $850,000 from our funding partners (hospitals and health regions) as a direct result of their funding being cut by the new provincial government," Findlay says. "We were told that the decisions, from all players, were financial and not philosophical....but that is hard to separate." In addition to the financial loss, Findlay says the loss of government support is a significant burden in terms of public perceptions. "Since healthcare in Canada is publicly funded, people tend to feel that when a service isn't funded, that means it isn't approved." Recently the institute interviewed local opinion leaders to get their views on the future of CAM in Canada. "Everybody we talked to believes this work is important, but no one could say how to or who should pay for it." Findlay serves on the CHRF's Integrative Clinic & Health System executive team and hopes to be a link between CAM supporters in Canada and the U.S. "We can learn from each other," she says. bfindlay@tzu-chi.bc.ca

For more information on CAM in Canada, look at Perspectives on Complementary and Alternative Health Care: a collection of papers prepared for Health Canada. It is available online at http://www.hc-sc.gc.ca/hppb/healthcare/cahc/ or by calling 613-954-5995 for a print copy.

5. Productivity Data on Costs of Migraines to Employers

Lost productivity due to migraines is enough to give business owners a headache,
according to a recent study from the UNIVERSITY OF MICHIGAN Health Management Research Center. Researchers surveyed employees of Chicago-based Bank One. Of nearly 20,000 respondents, 20% reported a history of migraine headaches, according to Alyssa B. Schultz, research associate. "Only back pain (34%) and seasonal allergies (44%) were more frequent than migraine." Bank One's total migraine-related costs, for both health care services and lost time from work, were estimated to be more than $20 million. The survey found migraines were prevalent in nearly 8% of men and 23% of women, which closely compares to the 6% and 18% rates reported in national surveys. "The economic impact of migraine headaches on employers' costs is significant because the incidence peaks during the ages of 25 to 55, the prime working years," Schultz says. Findings like these may be useful to providers of integrative services in persuading employers to support integrative methods of preventing and/or limiting migraine headaches.

http://www.umich.edu/~hmrc/


A. Those who perceive American medicine as increasingly integrated will find a different view in a recent feature in American Medical News. The article, pinned to the WHITE HOUSE COMMISSION ON CAM POLICY findings, is entitled: "Medicine's chasm: the wide gulf between conventional and alternative approaches." The synopsis: "A recent White House commission report on unconventional medical therapies may have deepened the battle lines between advocates and skeptics." The article focuses on perspectives of CAM's professional detractors, such as WALLACE SAMPSON, MD, and leaders of the NATIONAL COUNCIL AGAINST HEALTH FRAUD. The reporter, Stephanie Stapleton, concludes by stating that all parties agree that more needs to be known: "After all, whether good or bad, proven or unproven, CAM is part of the healthcare reality." AMA News, June 3, 2002.

B. A different view was expressed in the Washington Post on August 19, when JAMES S. GORDON, MD, chair of the WHITE HOUSE COMMISSION ON CAM POLICY, called for a broad perspective and open minds on what is and is not working in healthcare. Citing recent reports that say knee osteoarthritis doesn't benefit from surgery and does only middling well with anti-inflammatory drugs, Gordon calls for a major study of a comprehensive approach to osteoarthritis that would combine self-care and group support with remedies such as acupuncture, yoga, massage, and glucosamine. The Commission's report "will soon be on the desks of all members of Congress," Gordon says, and its recommendations "can help to enlarge our perspective and refocus our attention. They point to the need for a better balance between the current research emphasis on finding 'magic bullets'—single drugs, procedures or, indeed, single alternative therapies—and the creation and investigation of comprehensive therapeutic approaches that combine the best of conventional, complementary, and alternative therapies." http://www.washingtonpost.com/wp-dyn/articles/A37307-2002Aug19.html

7. Two Articles on Chiropractic in Annals of Internal Medicine

A. The February 5 issue of the Annals of Internal Medicine contains an excellent article authored by Drs. Bill Meeker and Scott Haldeman titled "Chiropractic: A Profession at the Crossroads of Mainstream and Alternative Medicine." It presents the profession fairly and objectively, addressing its development, education,
scientific support, philosophy diagnostics, and practice characteristics. It is a notable step to have a balanced article like this one published in the third largest medical scientific journal in the world.


B. A subsequent article in the May 21 issue of the Annals reports on the benefits of manual therapy for patients with neck pain. A randomized controlled trial of 183 patients compares manual therapy (specific mobilization techniques), physical therapy (exercises), and continued care by a general practitioner (analgesics, counseling, and education). At 7 weeks, success rates were 68.3% for manual therapy, 50.8% for physical therapy, and 35.9% for conventional care.

http://www.annals.org/issues/v136n10/abs/200205210-00006.html
http://www.annals.org/issues/v136n10/nts/200205210-00001.html

8. Consumer Data Available on CAM Use Among Diabetes Patients and Children/Adolescents

MEDSCAPE ran a feature article by DESIREE LIE, MD, MSEd, on the 2nd International Scientific Conference on Complementary, Alternative and Integrative Medicine Research sponsored by HARVARD/UCSF last spring. The article includes analyses of two health services research reports on consumer use. In the first, a national telephone survey looked at the use of CAM therapies among individuals with diabetes mellitus. Of this group, 35% reported use of CAM therapies specifically for DM in the past year, including prayer and spiritual practices (28%), commercial diets (6%), herbal remedies (7%), and folk remedies (3%). Of respondents identifying themselves as CAM users, 61% found CAM therapies to be "very helpful." The study estimates that 6 million people with diabetes use CAM therapies in the U.S. but suggests the usage rate is lower for diabetes than for other conditions such as back and neck pain, anxiety, and depression. The second report in the article focused on a nationally representative study of CAM use in the pediatric and adolescent population, which found a low usage rate, about 2%. Future studies will be aimed at questioning adolescents directly and expanding the range of modalities assessed. This article was brought to CHRF attention by Chuck Simpson, DC.


To subscribe or unsubscribe to the CHRF News Files, please send an email to: PriesterC@thecollaboration.org.

End, CHRF News File #31, August 26, 2002

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CHRF NEWS FILE #32, September 19, 2002

1. AMA Holds Invitation-Only Meeting to Consider Alt Therapy Codes
2. Academic Institutions Support CHRF: Bastyr, Northwestern Health Sciences
3. Daylong Integrative Medicine Symposium at UCLA
4. UA Receives NCCAM Grant for CAM Research Training Program
5. **Two Reports on Irritable Bowel Syndrome: NC Medicaid Patients, IFFGS Survey**

6. **American Board of Holistic Medicine Offers Annual Review Course, Exam**

7. **O'Connor Report Challenges Public to Design Healthcare System**

8. **Wall Street Journal Feature Highlights Growing Acceptance of NDs**

9. **NFAM Celebrates Five Years, Honors Bedell**

10. **Tibetan Medicine Camp in Hawaii**

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### 1. AMA Holds Invitation-Only Meeting to Consider Alt Therapy Codes

The AMERICAN MEDICAL ASSOCIATION (AMA) CPT Editorial Panel will hold an invitation-only meeting of its Alternative Therapy Services Work Group on October 3 in Chicago. The CPT Editorial Panel is responsible for updating and maintaining the CPT (Current Procedural Terminology) code set, widely used for reporting healthcare services. Groups invited to participate in the process include the American Massage Therapy Association, the American Academy of Medical Acupuncture, the American Association of Oriental Medicine, the American Physical Therapy Association, the American Occupational Therapy Association, and the American Nurses Association.

According to an AMA spokesperson, the work group is charged with evaluating alternative therapy payers' and providers' reporting needs, developing review criteria for alternative therapy descriptors, and selecting alternative therapy fields where it may be advisable to begin developing proposals for new CPT codes.

Meanwhile, the FOUNDATION FOR INTEGRATIVE HEALTHCARE in Santa Fe and ALTERNATIVE LINK in Albuquerque, two organizations which have supported self-determined nomenclature and coding for CAM and nursing interventions, and have worked to expand the role of these associations in the code development process, say they were not invited to the meeting. "This move makes us question whether the work group is a stalling tactic being used by the AMA to dissuade the government from naming ABCcodes (developed by Alternative Link) as a HIPAA code set," says DAVID RILEY, MD, editor-in-chief of Alternative Therapies in Health and Medicine and chairman of the Scientific Advisory Board for the Foundation for Integrative Healthcare. "CAM, nursing, and other integrative healthcare practitioners should be able to determine their own destiny by supporting the systematic development of codes that reflect their own practices. In my opinion, they'll see through this ploy and realize that the AMA, which has never supported this community of providers, is essentially a physician trade organization." dsriley@integrativemed.org
2. Academic Institutions Support CHRF: Bastyr, Northwestern Health Sciences

BASTYR UNIVERSITY, in Bothell, WA, under the leadership of President TOM SHEPHERD, DHA, has generously allowed PAMELA SNIDER, ND, to be a "loaned executive" to CHRF for 25% of her time during the 2002–2003 year. Snider, a long-time policy and academic leader at Bastyr, will serve as co-chair of the CHRF Leadership Team, CHRF's internal management group. Following Bastyr's example, NORTHWESTERN HEALTH SCIENCES UNIVERSITY in Minneapolis, under the leadership of President ALFRED TRAINA, DC, has generously made provision for STEPHEN BOLLES to serve as CHRF executive director, while he continues to serve as Northwestern's vice president for institutional advancement. Northwestern joins Bastyr in endorsing this loaned executive model for advancing the goals of healthcare renewal. If your organization is interested in exploring such a relationship with CHRF, please contact bolless@thecollaboration.org.

3. Daylong Integrative Medicine Symposium at UCLA

The UCLA CENTER FOR INTEGRATIVE MEDICINE and affiliated organizations are hosting a free daylong event on the UCLA campus, Friday, September 27. Called the "First Annual UCLA Integrative Medicine Symposium: Research, Training, and Clinical Perspectives," it will incorporate presentations on CAM, botanicals, integrative medicine, and acupuncture. Topics will include Healing Through Detoxification, Complementary Therapy Use by People with HIV/AIDS, Psychosocial Factors and Chronic Neck Pain Among Chiropractic Patients in a Managed Care Setting, and Critical Periods of Health Relevance for Psychoneuroimmunology. A full schedule of events can be found on the website of the UCLA Center for Integrative Medicine (www.uclamindbody.org). Pre-registration is needed to guarantee seating, and attendance is limited to scientists, healthcare professionals, and students from UCLA or other institutions. For more information or to register: CIMinfo@uclamindbody.org

4. UA Receives NCCAM Grant for CAM Research Training Program

The PROGRAM IN INTEGRATIVE MEDICINE (PIM) at the UNIVERSITY OF ARIZONA Health Sciences Center has received a five-year, $1.3 million grant from the National Center for Complementary and Alternative Medicine (NCCAM) to establish the ARIZONA COMPLEMENTARY & ALTERNATIVE MEDICINE RESEARCH TRAINING PROGRAM (ACAMRTP). The grant will primarily support research fellows (not infrastructure), including two pre-doctoral, two post-doctoral, and two short-term clinical undergraduate trainees during 2002–2003. "This is a very exciting new program that will allow us to work in a collaborative way with CAM programs," says VICTORIA MAIZES, MD, executive director of PIM. To begin with, the university plans to partner with SOUTHWEST COLLEGE OF NATUROPATHIC MEDICINE in Tempe, AZ, to allow naturopathic students to come to the university for two-month summer research fellowships, and naturopathic physicians to come for 2–3 year research fellowships. "We face a real challenge, in that we have academic researchers who know about research but don't know about CAM, and we have CAM practitioners who know CAM in the deepest sense but haven't been trained as researchers," Maizes says. "With a program like this, there's the potential to address that challenge and develop healthcare practitioners who are grounded in both." For more information,
5. Two Reports on Irritable Bowel Syndrome: NC Medicaid Patients, IFFGS Survey

A. A study of North Carolina Medicaid patients, led by BRADLEY MARTIN, PhD, an associate professor in the College of Pharmacy at the UNIVERSITY OF GEORGIA, found that on average Medicaid recipients with IBS cost the North Carolina Medicaid System $1630 more than similar recipients who didn't have IBS. This condition is estimated to cost the U.S. healthcare system $30 billion annually in direct and indirect costs. These and other results were reported at the 33rd annual Digestive Disease Week. Contact: bmartin@mail.rx.uga.edu

B. On the occasion of its 10th anniversary, the INTERNATIONAL FOUNDATION FOR FUNCTIONAL GASTROINTESTINAL DISORDERS funded a survey entitled "IBS in the Real World." The survey found that 5–25% of people in different countries of the world suffers from IBS, with 30% finding pain extreme and over 25% reporting missing work or school due to their IBS. The foundation is headed by NANCY NORTON. www.iffgd.org

COMMENT: While neither study focused on integrative approaches, many integrative medicine practitioners claim that IBS is an area where they can have a significant positive impact.

6. American Board of Holistic Medicine Offers Annual Review Course, Exam

The third annual AMERICAN BOARD OF HOLISTIC MEDICINE (ABHM) review course, co-sponsored this year by the UNIVERSITY OF COLORADO Department of Family Practice, offers 40 CME category I credit hours for allopathic and osteopathic physicians (MDs and DOs) who are interested in modifying their medical practice to integrate conventional and complementary therapies in order to promote optimal health. November 16–20 in Denver, Colorado. This intensive, four-and-a-half-day review course will be followed on November 21 by the fourth ABHM board certification examination. For more information contact the University of Colorado Department of Continuing Medical Education (800-882-9153; www.uchsc.edu/cme) or the ABHM office (509-884-1062; www.amerboardholisticmed.org).

7. O'Connor Report Challenges Public to Design Healthcare System

The O’CONNOR REPORT’s national contest, "A Challenge: Build An American Health System," has selected principles developed by a CHRF Working Group as one of the resources contestants may use as a basis upon which to model a revitalized healthcare system. Saying, "We don't have a healthcare system, we have a business-to-business enterprise," the O'Connor Report is sponsoring a national contest to generate new ideas about healthcare reform, with a $10,000 first prize. "Healthcare is too often held hostage to armed camps and special interests, so we are sponsoring an independent contest to see if we can get different results by engaging the public," states the company.

Participants must develop plans for a transformed healthcare system based on
principles outlined in O'Connor's "Health Care Magna Carta"; their book The Buck Stops Nowhere: Why America's Health Care is All Dollars and No Sense; the Institute of Medicine's report, "Crossing the Quality Chasm"; the Institute for Alternative Futures' "Belmont Vision"; and the "Design Principles For Healthcare Renewal" developed by the CHRF Design Principles Working Group. For more information about rules and entrance fees, go to www.oconnorhealthanalyst.com/contest.html. Letters of intent to participate must be received by January 2, 2003.

To access the five sets of principles cited by contest organizers, go to:
www.oconnorhealthanalyst.com/magnacarta.html
www.thecollaboration.org/public/Public%20Pages/Sample%20Documents/documents%20for%20contest.html
www.nap.edu/books/0309072808/html/

COMMENT: This contest is an opportunity for CHRF News Files readers to put their vision of a renewed healthcare system on paper and possibly help move the healthcare discussion to a new level. "Principles are indeed a way to move the healthcare discussion to a different, and hopefully improved, quality of engagement," says Working Group co-chair Pamela Snider. "This contest holds promise for new solutions."

8. Wall Street Journal Feature Highlights Growing Acceptance of NDs

On August 22, the WALL STREET JOURNAL ran an intelligent article on the increasing recognition for naturopathic physicians. Headlined "States Grant `Herb Doctors' New Powers – Naturopaths Can Now Write Prescriptions, Perform Surgery; Some Insurers Pick Up the Tab," the article by Andrea Petersen noted that 12 states now license naturopaths and 7 other states have active licensing efforts underway. Washington and Connecticut require insurance companies to cover naturopathic services. In the article, Petersen compares allopathic and naturopathic approaches to five common health problems: asthma, high cholesterol levels, type 2 diabetes, depression, and ear infections. Many thanks to Michael Traub, ND, president of the American Association of Naturopathic Physicians, for pointing out the article to the News Files.

9. NFAM Celebrates Five Years, Honors Bedell

The NATIONAL FOUNDATION FOR ALTERNATIVE MEDICINE (NFAM), in Washington, DC, is celebrating its fifth anniversary with a reception and dinner honoring NFAM founder and chairman BERKLEY BEDELL for his outstanding service to complementary and alternative medicine. Bedell, a six-term Congressman from Iowa, worked with Senator Tom Harkin (D-IA) to establish the Office of Alternative Medicine at the National Institutes of Health, now known as the National Center for Complementary and Alternative Medicine (NCCAM). The event is scheduled for November 16 in Washington, DC. Contact Eddie Miller at 888-484-0007 or emiller@nfam.org

10. Tibetan Medicine Camp in Hawaii
Kohala Natural Healing Arts, Inc, is hosting a “Tibetan Medicine Camp” in Hawaii, October 23–27. Two senior physicians from Men-Tsee-Khang, the Tibetan College of Medicine, will share information on the history of Tibetan medicine, diagnostic methods, and treatments, including lifestyle, diet, medicine, and external therapy. The Tibetan doctors will also be available for personal consultations October 18–27. Register online at www.knha.com, or print out a poster at www.tibetanhealing.com/poster.html.

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End, CHRF News File #32, September 19, 2002

CHRF NEWS FILE #33, October 10, 2002

1. **Lively Discussion at AMA Alternative Therapies Meeting**
2. **AMA Workgroup Process May Yield CAM Codes in a Year**
3. **CHRF Leaders Featured at January CAM Business Strategies Conference**
4. **E/MC Working Group Builds Resource Center on Integrative Medicine**
5. **Nutritional Alliance Mobilizes CAM Support in Key Election**
6. **California Hearing Draws Capacity Crowd Re: ND Licensure**
7. **Health Forum/AHA Reports Hospital CAM Survey Results**
8. **New Partnership Focuses on People With Pain**
9. **Congresswoman Lee Urges Coverage for HRT Alternatives**

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**1. Lively Discussion at AMA Alternative Therapies Meeting**

The recent AMERICAN MEDICAL ASSOCIATION CPT Editorial Panel Alternative Therapy Services Workgroup meeting lasted for nearly six hours with "a lively discussion," according to folks who were there. The meeting, held in Chicago on October 3, was attended by representatives of many CAM professional organizations, including the American Chiropractic Association (ACA), American Association of Oriental Medicine (AAOM), American Massage Therapy Association (AMTA), and MD
homeopathic and acupuncture associations. Organizations representing physician assistants, dietitians, nurses, and occupational and physical therapists also participated.

W. BRUCE MILLIMAN, ND, who attended the meeting as chair of the American Association of Naturopathic Physicians Insurance and Reimbursement Committee, is guardedly optimistic that the AMA now intends to provide real access to code development for alternative services. "This meeting was a good first step," he said. "It is unclear whether alternative service providers will be afforded an opportunity to participate as members of the CPT Advisory Committee." Nonetheless, he predicts that the CPT Editorial Panel may be willing to consider adding new CAM codes, a few at a time, as they are developed by CAM provider organizations. AMTA president BRENDA L. GRIFFITH was hopeful. "We appreciate the AMA's recognition of the need to update CPT codes to include alternative therapies, and their support in facilitating the process," she said.

ALTERNATIVE LINK, also in attendance, noted that their work developing alternative codes has played a role in influencing the AMA to convene these meetings. "We are pleased to see that the existence of Alternative Link and the Foundation For Integrative Healthcare, and the support we received from the CAM and nursing associations, has prodded the AMA to take a step toward working with these practitioners on developing CPT codes for their specialties," stated Alternative Link CEO SYNTHIA MOLINA. "We will continue supporting these practitioners through refinements to the comprehensive set of over 4,200 ABC codes, and we continue to be open to collaboration with the AMA." For more information, contact Molina at synthia.molina@alternativelink.com and Milliman at doctorwbm@earthlink.net.

2. AMA Workgroup Process Might Yield CAM Codes in a Year

Many in the integrative healthcare community have misgivings about working with the AMA to develop CAM codes, based on perceptions of the AMA as primarily a guild for allopathic physicians. However, sources within the AMA say that the situation has changed, because the Health Insurance Portability and Accountability Act (HIPAA) named the CPT codes as a national standard code set for claims from all healthcare providers. According to these sources, the chance of immediate success when an organization proposes a new code may be low, but more than 90% of proposed new codes are eventually accepted. CAM provider groups who enter into a working relationship with the CPT editorial panel should expect a months-long process, while fine-tuning the proposed code(s). During this process, participants, including proponents, representatives of the CPT editorial panel, and staff, will be free to review working documents, but must promise to maintain confidentiality and not release information to the media. The AMA maintains that CPT code development is an internal process, and expects to release all new or revised codes at one time, as part of the annual CPT update.

It appears unlikely that the AMA will convene another broadly representative alternative therapies meeting like this one within the near future. More likely, CPT staff will be working closely with subsets of CAM providers to develop the specific codes that are most needed for these providers’ particular services.

AMA sources warn that to succeed, proposals for new codes from CAM provider groups will have to reflect a consensus among the affected parties. For example, to
develop new codes for acupuncture services, the American Academy of Medical Acupuncture and the American Association of Oriental Medicine will have to agree on the code proposal. However, AMA sources estimate that if everything goes well, we might see new codes for some CAM services approved in about a year. For more information: www.ama-assn.org/cpt

3. CHRF Leaders Featured at January CAM Business Strategies Conference

CHRF endorses a conference on "Integrative Medicine for Healthcare Organizations: Business Strategies, Practical Tools, and Best Practices," presented by the AMERICAN HOSPITAL ASSOCIATION’s HEALTH FORUM and INNOVISION COMMUNICATIONS in San Francisco, January 10–11, 2003. Many CHRF members and Working Group leaders will be speakers or panelists at the conference, including Jery Whitworth, RN, CCP, Milt Hammerly, MD, Alan Dumoff, JD, Peter Amato, and Kenneth Pelletier, PhD, MD (hc). The one-and-a-half day conference also includes an optional site visit to CALIFORNIA PACIFIC MEDICAL CENTER’S INSTITUTE FOR HEALTH AND HEALING. The meeting qualifies for CME credit for physicians and nurses. To register, call 866-828-2962 or visit www.alternative-therapies.com. Poster sessions are also welcomed. For poster registration and guidelines, contact whitworthj@icsc-thecollaboration.org.

4. E/MC Working Group Builds Resource Center on Integrative Medicine

In an effort to meet the needs of buyers, organizers, and providers of integrative health services, the CHRF Employer/Managed Care Working Group has started to build a web-based resource center for information on cost, clinical effectiveness, and utilization. The Working Group is seeking peer-reviewed research, journal articles, industry reports, and/or editorial comments on high-quality studies or case studies. This information will be inventoried, ranked by credibility according to objective criteria, and made available through the CHRF website. Please fax information to Michael Shor at (781) 326-2230 or email Karen Kremer at kmuehlberg@yahoo.com. Many thanks for your help with this exciting, necessary project.

5. Nutritional Alliance Mobilizes CAM Support in Key Election

The NUTRITIONAL HEALTH ALLIANCE (NHA), a 501(c)(4) grassroots advocacy organization, will contact CAM practitioners, consumers, and health food manufacturers and distributors during October to educate them regarding Iowa’s candidates for the U.S. Senate. The outcome of this Senate race will have serious consequences for the CAM community nationwide, according to DEBRA BASS, JD, LLM. "Incumbent Senator TOM HARKIN (D-IA) is a recognized leader on CAM issues. This race is no less than a referendum on consumers' freedom to choose and to take responsibility for their healthcare," says Bass, a CAM healthcare attorney who recently taught the first legal education section offered to University of Arizona Fellows in Integrative Medicine and now serves as field coordinator for NHA Iowa. Harkin chairs the Appropriations Subcommittee, which funds NIH and the Department of Health and Human Services. He is also a senior member of the Health Education Labor and Pensions Committee, which has legislative jurisdiction over all CAM health issues. Harkin's opponent is Representative GREG GANSKE, MD, (R-IA) a plastic surgeon. For more information,
6. California Hearing Draws Capacity Crowd Re: ND Licensure

California legislators heard testimony about the benefits of naturopathic medicine at a standing-room-only hearing in late September. California Assembly member LOU CORREA, who convened the hearing, stated that the naturopathic approach could "reduce the need for recurrent and expensive medical interventions by maximizing the body's intrinsic capacity for self-healing and repair." Supporters hope California will become the 13th state to license naturopathic physicians. For information about naturopathic medicine and the campaign for ND licensure in California, go to www.canp.org.

7. Health Forum/AHA Reports Hospital CAM Survey Results

HEALTH FORUM/AMERICAN HOSPITAL ASSOCIATION has published a one-year survey of hospital-based CAM services throughout the U.S. The 2000-2001 survey inquired about the current availability of 16 hospital-based CAM services. In 1998, only 6% of surveyed hospitals offered CAM services, while by 2001 this had more than doubled to 15%. The five most popular services (combining both inpatient and outpatient use) were pastoral care, massage therapy, relaxation treatment, guided imagery, and therapeutic nutrition. Patient demand was the primary motivator for why 49% of respondent hospitals now offer CAM services, while 24% said CAM services reflected their organizational mission. Other strong motivators included clinical effectiveness (45%), attracting new patients (41%), and differentiation from competitors (36%). An eight-page report and complete data set is available at http://www.hospitalconnect.com/aha/resource_center/statistics/Complementary%20and%20Alternative%20Medicine%20Survey.html. You can also go to www.hospitalconnect.com/aha/resource_center/ and select "CAM Survey."

8. New Partnership Focuses on People With Pain

More than 40 national organizations have joined together to raise awareness of the problems caused by pain. The consortium PARTNERS FOR UNDERSTANDING PAIN, spearheaded by the AMERICAN CHRONIC PAIN ASSOCIATION (ACPA), will work to build understanding that pain is a serious public health issue. Among the statistics cited in their press release:
-- More than 50 million Americans suffer from chronic pain.
-- Our economy loses an estimated $100 billion in productivity to pain annually.
-- Multi-disciplinary pain management units are closing as healthcare facilities struggle with declining revenues.
This increased public focus on problems due to chronic pain continues to create an opportunity for CAM providers who offer integrative approaches to people with chronic pain. See News Files #13 and #19 for information about integrated pain care in relation to new JCACHO pain standards. To contact the ACPA, call 800-533-323 or go to their website at www.theacpa.org.

9. Congresswoman Lee Urges Coverage for HRT Alternatives
Congresswoman BARBARA LEE (D-CA) has introduced legislation that would provide guaranteed insurance coverage of both prescription and alternative treatments for hormone replacement therapy (HRT). The Hormone Replacement Therapy Alternative Treatment Act (H.R. 5204) would require private insurance companies, Medicare, Medicaid, and other federal health insurance programs to cover all prescription hormone replacement therapies, as well as all alternative hormone replacement therapies that are provided by state-licensed, certified, or accredited healthcare providers, and whose value has been shown in peer-reviewed scientific studies. Recent data from the Women's Health Initiative on the HRT prescription drug Prempro suggest its risks outweigh its benefits. States Lee: "Since some forms of HRT may be dangerous, millions of menopausal women are seeking alternative treatments for HRT, but unfortunately these alternative remedies are not covered by most insurance plans...Women should be able to decide, along with their healthcare providers, the safest, most effective HRT that is right for them individually, and cost or lack of insurance should not be an issue."

To subscribe or unsubscribe to the CHRF News Files, or to change your email address, please contact PriesterC@thecollaboration.org.

End, CHRF News File #33, October 10, 2002

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CHRF NEWS FILE #34, October 25, 2002

1. NIH Announces Institute of Medicine CAM Study
2. Selection of IOM CAM Committee to Take 2–3 Months
3. Wellspace Continues as Stand-Alone CAM Center
4. Naturopathic Physicians Reach out on CAM Integration
5. WHO Global Strategy on Traditional and Alternative Medicine
6. Harkin Pledges CAM Support, Washington Times Scoffs at CAM
7. Chiropractors Win Two: Health Service Corps, Washington State
8. U. of Michigan Study Confirms Lifestyles Lead to Disease
9. Acupuncture and more: NCCAOM Survey, L.A. Free Clinic, Hong Kong Conference
   A. NCCAOM Survey Finds Substantial Interest in Acupuncture, Oriental Medicine
   B. Acupuncture and TCM Beneficial at L.A. Free Clinic
   C. International Experts to Meet in Hong Kong
10. “Notes from the Margin” by CHRF Executive Director Steve Bolles

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible in part through grants from the Center for Integrative Health, Medicine and Research, and from an anonymous philanthropist.

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking
collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News Files ideas, please contact Elaine Zablocki (ZablockiE@thecollaboration.org)

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In this issue of the News Files, we're introducing a new feature. At the end of this issue, and of many future issues, you'll find comments on emerging trends in integrative healthcare from CHRF Executive Director Steve Bolles. In this new section, called "Notes from the Margin," Bolles will offer his perspective on some items in the News Files.

1. NIH Announces Institute of Medicine CAM Study

The INSTITUTE OF MEDICINE (IOM) is launching a $1-million, two-year study on the scientific and policy implications of CAM usage. The study is intended to provide a comprehensive overview of the use of CAM therapies, identify significant scientific and policy issues relating to CAM research, regulation, integration, training, and certification, and develop a conceptual framework to guide decision-making on these issues. The study will also address insurance and other third-party coverage of CAM.

The IOM, which is part of the NATIONAL ACADEMY OF SCIENCES, uses volunteer panels of well-respected experts to examine healthcare policy, and its reports generally have substantial influence on educated opinion. The IOM CAM panel does not plan to conduct new surveys of U.S. CAM usage, but will gather and assess existing research findings, hold workshops, and invite speakers to address the committee. The study, according to a press release from the NIH National Center for Complementary and Alternative Medicine (NCCAM), "should serve to complement the recommendations of the White House Commission on Complementary and Alternative Medicine Policy released earlier this year." For more information: http://www.nih.gov/news/pr/oct2002/nccam-21.htm

2. Selection of IOM CAM Committee to Take 2–3 Months

To conduct its CAM study, the IOM plans to assemble a panel of approximately 16 experts from a broad range of CAM and conventional disciplines. The committee selection process and the study itself will be managed by IOM senior program officer LYLA M. HERNANDEZ, MPH. Committee selection is just getting underway and is expected to take 2–3 months, according to an IOM spokesperson. In defining areas of expertise to be represented on the committee and identifying individuals qualified to serve, IOM staff will review scholarly literature and consult widely with members of the Academies and the Institute, as well as with other knowledgeable authorities and professional associations. Names, affiliations, and short biographies of possible committee members will be posted online for public review and comment.

For more information about the committee selection process: http://www.iom.edu/iom/iomhome.nsf/Pages/IOM+Study+Process3#Selection

Suggestions for committee membership or questions about the study can be directed to the email address for the project, cam@nas.edu, or by contacting Lyla Hernandez at:
Institute of Medicine
The National Academies
3. Wellspace Continues as Stand-Alone CAM Center

MORT ROSENTHAL, founder of Boston-based WELLSPACE, has moved on to become senior vice president of Lesley University, but remains involved with Wellspace as CEO and chairman. Wellspace provides a full range of CAM services, accepting insurance reimbursement for chiropractic care, while other services are paid out-of-pocket. The center is growing and has been successful for both customers and practitioners, consistently doing better than breakeven, Rosenthal says. However, it has not been successful in terms of its original business model, which envisioned the original center as the first element in a chain of for-profit centers. "Wellspace didn't need me from a management perspective because I'm a grower, and we realized this was not going to grow," Rosenthal says. "The fundamental problem is that in a service business such as healthcare or accounting you typically charge the customer three to six times what you pay the provider. The CAM market will only absorb one-and-a-half times the payment to practitioners. That leaves very low profits, not sufficient to justify the capital needed to open additional centers." Wellspace is in the process of exploring alternative organizational structures and is interested in developing new relationships that would sustain its services and mission. Contact: mort@wellspace.com

4. Naturopathic Physicians Reach out on CAM Integration

At its annual convention in Salt Lake City this summer, the AMERICAN ASSOCIATION OF NATUROPATHIC PHYSICIANS (AANP) outlined a strategy to move forward on CAM integration that could serve as a model for other professional groups. AANP hopes to find individual members to serve as contacts with each of the top three health plans/insurers and each of the top three hospital systems/academic centers in each state, as well as national consumer groups, employer groups, and key federal agencies. These AANP members would stimulate, monitor, teach, participate in, and report on integration activity. CHRF co-founder John Weeks urged NDs to enter these settings with a focus on advancing healthcare integration in order to optimize people’s health. "Do not act as a guild," he said. "This work is not about advancing naturopathic medicine. NDs are exceptionally trained as ‘integrators,’ and in these relationships they can represent the healing energy and the desire for health and health reform that urged them to become NDs in the first place." AANP President Michael Traub, ND reports that "this strategy is happening." He estimates approximately 30 NDs are already working to advance healthcare integration within various organizations. A call has been put out to the naturopathic community for others to take on these roles. Those interested should contact him at traub@hawaii.rr.com

5. WHO Global Strategy on Traditional and Alternative Medicine

The WORLD HEALTH ORGANIZATION (WHO) has released a global plan to address the growing use of traditional or complementary and alternative medicine (TM/CAM), currently estimated at $60 billion a year worldwide. In wealthier countries in the northern hemisphere, growing numbers of patients rely on alternative medicine for
preventive or palliative care. In France, for example, 75% of the population has used complementary medicine at least once. In Germany, 77% of pain clinics provide acupuncture. In poorer countries in the southern hemisphere, traditional medicine is often used as part of primary healthcare, with nearly 80% of people in Africa using traditional medicine. The WHO TM/CAM strategy will assist countries to develop national policies relating to the evaluation and regulation of TM/CAM practices, and create a stronger evidence base regarding the safety, efficacy, and quality of TM/CAM products and practices. The goal is to ensure availability and affordability of TM/CAM, including essential herbal medicines, while promoting therapeutically sound use of TM/CAM by providers and consumers. The plan, which is a working document for adaptation and regional implementation, and more information on TM/CAM can be accessed at http://www.who.int/medicines/organization/trm/orgtrmmain.shtml

6. Harkin Pledges CAM Support, Washington Times Scoffs at CAM

A. Senator TOM HARKIN (D-IA) pledged his support for CAM research in response to a questionnaire from the NUTRITIONAL HEALTH ALLIANCE. Harkin says he has read the White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP) report and supports implementation of its recommendations. He supports full funding for NCCAM, for research on how CAM modalities and interventions can be used to reduce the need for prescription drugs, and for tax code amendments to stimulate greater coverage for CAM services and dietary supplements. For complete responses: http://www.nhaiowa.org/pages/1/index.htm

B. Meanwhile a columnist for the conservative WASHINGTON TIMES denounces Harkin, NCCAM, and alternative therapies. "Somebody is as busy as a bee, wasting your money on moonshine. Congress is spending it on 'scientific' research to explore alternative mind-body healing techniques," begins Suzanne Fields. "Like so much that goes on with tax dollars, this kind of waste mostly operates below the media radar." She says NCCAM "is spending $1.5 million to study homeopathy, or home-based medicine," and that "sloppy thinking and ideological missions" are the culprits behind funding for CAM research. For the complete column: http://www.washtimes.com/op-ed/20021007-90292321.htm

7. Chiropractors Win Two: Health Service Corps, Washington State

A. The U.S. Congress recently passed the HEALTH CARE SAFETY NET IMPROVEMENT ACT (HR 3450), which for the first time will include chiropractic physicians in the NATIONAL HEALTH SERVICE CORPS PROGRAM. This program allows primary care providers to be reimbursed for student loans in return for establishing and maintaining their practices in "medically underserved" geographic areas. The law establishes a three-year pilot program. Congress will then review the results and consider making chiropractic a permanent part of the service corps.

B. The SEATTLE TIMES reports the passage of two Washington State laws that expand chiropractors’ ability to practice. One allows chiropractic physicians to practice in an official capacity at boxing, kickboxing, and martial arts events. The second gives Washington chiropractors the legal right to adjust extremities and give advice on nutritional supplements. "The two bills bring Washington law, which has been one of the most restrictive nationwide on what chiropractors can do, more in line with other states' laws," writes reporter Renata Birkenbuel. For the complete
8. U. of Michigan Study Confirms Lifestyles Lead to Disease

A study by the UNIVERSITY OF MICHIGAN HEALTH MANAGEMENT RESEARCH CENTER (HMRC) indicates that lifestyle is strongly linked to disease. HMRC senior research associate SHIRLEY MUSICH analyzed self-reported health data from more than 130,000 current and retired employees of the General Motors Corp. Risk levels were based on factors such as smoking, lack of exercise, excess weight, high blood pressure, cholesterol, and stress. Those with two or fewer health risks were categorized as low risk, while persons with five or more factors were deemed high risk. The study showed a dramatic correlation between risk levels and the presence of diseases such as heart disease, cancer, diabetes, and stroke. In the 65-and-older group, these diseases affected 26% of the low-risk individuals and 80% of those at high risk. For 45-to-64-year-olds, about 10% of those at low risk reported a disease, compared to 56% of those at high risk. For more information: http://www.umich.edu/~newsinfo/Releases/2002/Jul02/r073002a.html

COMMENT: These data suggest the importance and value of preventive interventions such as smoking cessation, diet, and exercise. They also point to the role that many CAM providers can play in guiding and helping their patients make lifestyle and dietary changes that can greatly reduce the risk of disease.

9. Acupuncture and more: NCCAOM Survey, L.A. Free Clinic, Hong Kong Conference

A. NCCAOM Survey Finds Substantial Interest in Acupuncture, Oriental Medicine

Nearly one in ten U.S. adults has received acupuncture (approximately 20 million people), and 60% would consider acupuncture as a treatment option, according to a national survey released by the NATIONAL CERTIFICATION COMMISSION FOR ACUPUNCTURE AND ORIENTAL MEDICINE (NCCAOM). Nearly half (48%) of those who’ve tried acupuncture said they were extremely satisfied or very satisfied with the treatment, while 18% reported being not very satisfied or not at all satisfied. Of those who had not tried acupuncture, only 15% said they would never consider it as a treatment option. About 30% said they had not tried it because they are satisfied with their current healthcare, while 29% believe there is insufficient evidence of acupuncture’s effectiveness. Another 7% had not tried acupuncture due to the lack of insurance coverage. The survey was released as part of NCCAOM’s effort to increase public awareness of acupuncture and Oriental medicine. NCCAOM and nine other national acupuncture and Oriental medicine organizations joined together to honor October 24 as Acupuncture and Oriental Medicine Day. For complete survey results and more information on Acupuncture and Oriental Medicine Day activities, go to www.aomday.org.

B. Acupuncture and TCM Beneficial at L.A. Free Clinic

The LOS ANGELES FREE CLINIC reports success offering Traditional Chinese Medicine (TCM) within a Western, free-clinic model. The non-profit clinic, in business since 1967, is currently open at three locations and generates about 80,000 patient visits
per year, primarily from uninsured and underinsured patients. A patient survey found 82% would like to receive both conventional and alternative services, with acupuncture highest on the list. "Community collaboration can bring a program like this into being," says medical director Susan Mandel, MD. "We had support from the Emperor's College of Traditional Oriental Medicine and Lotus Herbs." Through a grant from the California Endowment, they were able to evaluate the benefits of the TCM program over a two-year period. Patients who experienced pain for two months or more and who were not responding to conventional treatment were referred by their physicians for a 12-week course of acupuncture. "There was a significant improvement in quality of life and decrease in pain," reports Mandel. "We found that particularly with an underserved population, offering them options for care was empowering." Her advice to others: get feedback on study design from experienced researchers. Take time first to discuss CAM projects with conventional physicians and educate them on client needs and potential benefits. For information: smandel@lafreeclinic.org

C. International Experts to Meet in Hong Kong

A two-day workshop called "Enhancing the Evidence Base for Traditional Chinese Medicine: Practice, Methodology and Gransmanship" will be held in Hong Kong on October 30–31. It is co-sponsored by NCCAM, the UNIVERSITY OF MARYLAND, and the HEALTH AND WELFARE BUREAU OF THE GOVERNMENT OF HONG KONG Special Administrative Region. International experts will address a range of issues in research methodology and grantsmanship involving Traditional Chinese Medicine (TCM), including study design, peer review of NIH grants, the role of systematic reviews of evidence, and special challenges and issues in research on TCM. For information: http://www.tcmwkshop.org.hk/

10. "Notes from the Margin" by CHRF Executive Director Steve Bolles

In this issue of the CHRF News Files, the stories about Wellspace's struggles to meet business model expectations and the IOM study of CAM highlight two separate but connected challenges facing healthcare renewal. On the one hand, the "dominant culture“ is seeking ways in which it can safely examine another, foreign culture (CAM) with the presumed goal of incorporating aspects of CAM into mainstream healthcare. At the same time, an independent effort to provide CAM services in the marketplace has struggled to achieve commercial benchmarks.

The IOM's CAM study presents a significant opportunity, but non-dominant cultures often have good reason to suspect the intentions of dominant cultures in assimilation efforts. The credibility of the IOM study results will hinge in large part on the degree to which the CAM professions can have confidence in the quality of representation on the study committee.

Wellspace's struggle stems in no small measure from the fact that CAM providers are paid pennies on the medical dollar for treatment encounters of a fairly high level of complexity. This disparity will only change when studies like the IOM's planned report support utilization of CAM as a cost-effective alternative in situations where that is appropriate. A second barrier to commercial success is the need for compensation models that pay providers fairly. For cultural, political, and economic reasons, participation in exercises like the IOM study provokes in CAM providers a simultaneous sense of anticipation and dread.
CHRIF NEWS FILE #35, November 8, 2002

1. IOM CAM Committee Selection: Time is of the Essence
2. IOM Clarifies Focus of CAM Study
3. ICSC Working Group Launches Website
4. Wal-Mart Cancels Chiropractic Coverage
5. Two CHRF Leaders Receive Awards: Haramati, Campbell
6. AltMed Referral Service Ceases Operations
7. Alternative Link Describes ABCcodes Benefits
8. Explosion of Interest in Guided Imagery
9. Trendline: MDs Welcome Newly Graduated NDs

Plus:

Notes from the Margin

Collaboration Bulletin Board

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CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact ElaineZablocki (ZablockiE@thecollaboration.org)

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In this issue of the News Files, we're introducing the Collaboration Bulletin Board, where, at the end of each issue, you can find announcements and other information from CHRF Working Groups.

1. IOM CAM Committee Selection: Time is of the Essence

The INSTITUTE OF MEDICINE (IOM) plans to assemble a panel of approximately 16 experts for its CAM study. While the committee selection process will extend as long as necessary to constitute the appropriate committee, the selection process is going on right now. "Those who wish to make suggestions should do so as soon as possible," according to IOM senior program officer LYLA M. HERNANDEZ, MPH. "We hope to have the committee constituted by the end of December, so they should not wait." The initial press release from the National Center for Complementary and
Alternative Medicine (NCCAM) about this study listed several specific disciplines that might be represented on the committee, including behavioral medicine, internal medicine, nursing, epidemiology, pharmacology, healthcare research and administration, and education. However, there are no limits on the disciplines or backgrounds of potential committee members. According to Hernandez, "The intent is to include on the committee both those with expertise in CAM, either because they practice some form of CAM or because they are researchers in CAM therapies, and those who practice or conduct research on conventional medicine."

Typically when the IOM forms a panel like this one, it looks to its own membership, but that is only one source of potential appointees (in general, 30% of committee members are also members of the IOM). "Lack of membership in the IOM is not in any way a barrier to being able to serve on the committee," an IOM spokesperson said. Suggestions for committee membership or questions about the study can be directed to the email address for the project: cam@nas.edu. Written materials should go to:
Lyla Hernandez, Senior Program Officer
Institute of Medicine
The National Academies
500 Fifth Street, NW
Washington, DC 20001

2. IOM Clarifies Focus of CAM Study

In response to those individuals who may assume that the IOM study on CAM usage will focus only on whether or which CAM therapies are clinically effective, an IOM spokesperson offered the following clarification. The study is intended to: 1) Provide a comprehensive overview of the use of CAM therapies by the American public, based on existing research; 2) Identify significant scientific and policy issues related to CAM research, regulation, integration, training, and certification; and 3) Develop a conceptual framework to help guide decision-making on these issues and questions. According to the IOM website, "Committee members are chosen on the basis of their knowledge and experience in various aspects of the topic to be investigated."

3. ICSC Working Group Launches Website

The Integrative Clinical Services Consortium (ICSC), a Working Group of the Collaboration for Healthcare Renewal Foundation (CHRF), launched its new website this week. It includes an events calendar, moderated discussions of current topics, archived sharing of useful resources, links to the main CHRF website, and listings of jobs available and jobs wanted. ICSC is currently using the new website as a tool to update its membership database. When someone enters their current contact information, they receive a 60-day free trial ICSC membership and access to all the website resources. The initial response to an email announcement about the website has been brisk, with over 40 people signing up within the first 36 hours. To visit the website go to http://www.icsc-thecollaboration.org. To offer suggestions for improved functionality and value to members, contact MiltHammerly@Chi-National.Org.

4. Wal-Mart Cancels Chiropractic Coverage
WAL-MART employees were surprised to learn last month that their chiropractic coverage will terminate January 1, 2003. At present, the almost one million Wal-Mart employees have insurance that covers chiropractic treatment and X-rays. The benefit covers up to $25 per visit, with no more than one visit per day, and no more than $700 total cost per plan year. AMERICAN CHIROPRACTIC ASSOCIATION President DARYL D. WILLS, DC, wrote to Wal-Mart's CEO to protest the company's decision and request a meeting. The ACA "has serious concerns about the impact on your associates who choose chiropractic care as their healthcare preference," his letter said. "From an employer perspective, you should know research studies have shown chiropractic care to be more cost-effective than traditional medicine-based care for a wide range of neuromusculoskeletal conditions."

A spokesperson for Wal-Mart told the News Files this was not an easy decision, and the company gave it substantial thought. "We are seeing a substantial growth in healthcare costs; we have to find a balance between coverage and affordability." He added that Wal-Mart's coverage is designed primarily as a catastrophic policy, with no lifetime cap on expenses, and no coverage for preventive care. The company has received a number of calls about this issue, but refuses to discuss the details of its decision-making process. For more information, contact the ACA at pjackson@amerchiro.org

The ACA also requests that letters commenting on the Wal-Mart decision be sent to:
H. Lee Scott, President and CEO
Wal-Mart Stores, Inc.
702 NW 8th St.
Bensonville, AR 72716

5. Two CHRF Leaders Receive Awards: Haramati, Campbell

A. AVIAD HARAMATI, PhD., a member of the CHRF Integrated Healthcare Policy Consortium (IHPC) Working Group executive committee, has just been awarded the Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award. This honor is conferred annually by ALPHA OMEGA ALPHA (AOA), a society that promotes medical scholarship and research, and the ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC). Haramati is director of education for physiology and biophysics at Georgetown University School of Medicine and the principal investigator for a $1.7 million grant to integrate complementary and alternative medicine into the School of Medicine's curriculum.

B. The NATIONAL FOUNDATION FOR ALTERNATIVE MEDICINE (NFAM) is hosting a tribute to its founder and chairman, Berkley Bedell, as well as to others who have contributed to the field, at a black-tie dinner in Washington, DC on Saturday, November 16. CANDACE CAMPBELL, Executive Director of the AMERICAN ASSOCIATION FOR HEALTH FREEDOM and co-chair of the CHRF Integrated Healthcare Policy Consortium (IHPC) Working Group will receive the Founder's Award for Excellence, which has been established in Bedell's honor. Other recipients of the award include long-time CHRF friend Joseph Pizzorno, Jr., as well as Larry Dossey, Wayne Jonas, Diane Ladd, Ralph Moss, James Oschman, Linda Peeno, Candace Pert, Michael Ruff, Bernie Siegel, Susan Silberstein, and Demetrio Sodi-Pallares. For more information, call 202-463-4900 or go to
6. AltMed Referral Service Ceases Operations

The ALTERNATIVE MEDICINE REFERRAL SERVICE has closed its doors. This entrepreneurial, phone-based referral service was founded in 1998 to serve the Washington, DC, metropolitan area, helping more than 10,000 people per year find appropriate, licensed, and credentialed alternative and integrative medicine practitioners. The service was accepted by several local hospitals and government agencies. Revenues were derived from membership fees from practitioners, based on a sliding scale for each category of practitioner. According to entrepreneur and founder Gary Sandman, to be a sustainable enterprise, the service needed to expand into additional cities, but was not able to obtain sufficient funding. "After a review of our work, I discovered that only 30% of callers followed up and visited a recommended practitioner," said Sandman. "The top reasons for not seeing practitioners were: not covered by insurance, did not get around to it yet, got well without it, and found someone else through friends." Sandman continues providing free referrals to practitioners through his website: www.HEALUSA.net. You can also contact him at gsandman@erols.com

7. Alternative Link Describes ABCcodes Benefits

In late October, ALTERNATIVE LINK sent a letter to participants in the recent AMERICAN MEDICAL ASSOCIATION CPT Editorial Panel Alternative Therapy Services Workgroup, emphasizing the unique functionality and benefits of ABCcodes (developed by Alternative Link). The letter describes their code set as offering "broad and meaningful data capture and analysis to support medical and health policy decision-making." The letter adds, "ABCcodes offer radical functionality improvements that better support innovative approaches to care and healthcare practices subject to varying state laws."

ABCcodes are now under review by the federal government and may be integrated into the federal Healthcare Common Procedure Coding System (HCPCS). They are also being considered as a potential national standard under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). "In general, ABCcodes describe healthcare interventions that the AMA's CPT editorial panel and process will be challenged to address objectively because of the AMA's membership goals in advancing the interests of conventional physicians and [its] 'technology assessment' filter in code development that can result in denials or less favorable code assignments for healthcare interventions that do not meet subjective standards set by conventional physicians." Many CAM professional groups now face a choice on how strongly to support ABCcodes versus the AMA CPT process, two very different approaches to CAM coding. For more information, contact daniel.vesely@alternativelink.com, or visit http://ntsweb2.alternativelink.com/ali/code_dev/default.asp

8. Explosion of Interest in Guided Imagery

BELLERUTH NAPARSTEK, president and CEO of Image Paths, Inc., has been encouraged recently by the tremendous growth of interest in guided imagery. The
company currently offers 42 personal growth and health titles in its HEALTH JOURNEYS audio series, on subjects that include pain, smoking cessation, preparing for surgery, sleep, and specific conditions such as diabetes and multiple sclerosis. The materials are distributed by healthcare professionals who receive a discount (often 40%) on the list price. As of June 2000, the company had 350 distributors; today there are 1,340. In 1999, 21,320 units were sold; by 2001, sales had increased nearly six-fold to 120,347. Naparstek expects to sell over 200,000 units this year and for total revenues in 2002 to be well over $1.2 million, up 65% from last year. Naparstek says that guided imagery is doing so well because the tapes and CDs are inexpensive, easy to distribute, and require no special staff training. "This results in high patient satisfaction and substantial cost savings," she says.

About 2,000 hospitals are now using Health Journeys guided imagery. Several are even doing custom co-branding, including Columbia-Presbyterian, and Kaiser in Santa Rosa. Insurance carriers and HMOs have also placed substantial orders, including Aetna, Blue Shield of California, Medical Mutual, and Kaiser-Permanente. Pharmaceutical companies have turned to this modality as well, including Roche, GlaxoSmithKline, Amgen, and Ortho Biotech. "Glaxo gave away 20,000 guided imagery CDs on cancer chemotherapy to cancer nurses within two months!" Naparstek exclaims.

The company plans to expand its catalog to include other experiential CAM therapies on tape, CD, video, and computer software. It is seeking a new CEO who could guide expansion from a small to a mid-sized company or more. For questions and comments, email belleruth@healthjourneys.com; to sign up for an email newsletter, visit www.healthjourneys.com/

9. Trendline: MDs Welcome Newly Graduated NDs

About 40% of the most recent graduating class from the Southwest College of Naturopathic Medicine and Health Sciences had positions lined up before they graduated, according to Joanna M. Hagan, career specialist. "This is a substantial increase over last year's 20%, but our goal is eventually to place 100% before graduation," she says. The college, which has been in operation for 10 years, has about 255 students currently enrolled. "We worked to create awareness within the student body that they need to create opportunities for themselves before graduation; if they wait until after graduation, it is actually a bit more difficult." In many cases, positions for new graduates naturally developed from their off-site work placements during the academic program. Some of the starting positions are salaried; others are on a revenue-sharing basis. About half are in ND offices; the other half are in MD offices. "This is a new trend, and to me it indicates that MDs here in Arizona and also across the country are waking up to the value of integrative medicine," Hagen says. jhagen@scnm.edu

Notes from the Margin – Stephen Bolles, Executive Director, CHRF

The issue of “value” is a theme that runs through much of the discussions of both medical and non-medical care. It is a theme all four CHRF Working Groups are considering from many perspectives: from principles to policy to systems to benefits. Like the proverbial elephant touched by the blind men, value can mean different things to different parties.
For mainstream delivery and compensation systems it is the “price of admission” for inclusion or incorporation. To CAM professions, it is equally important but confounding for two reasons. One is that each modality views value as self-evident based on empiric successes known from within its own boundaries. A second reason is that CAM professions know that some of the ways in which value is intrinsic in their own systems may be discarded as considerations by the dominant mainstream medical culture, with little or no opportunity for input when those considerations are being delineated. This leads to tension between the enfranchised and the disenfranchised.

The decision by Wal-Mart on chiropractic benefits highlights this tension. The lack of transparency about the corporate decision exacerbates the problem and backs everyone into a corner that becomes difficult to willingly leave. The issue of representative decision-making will only become more important as the mainstream healthcare culture moves to examine CAM on more and more fronts in the coming months and years.

An inclusively defined and generally accepted definition of “value” would certainly help. It would enable and enhance the diverse examinations that are and will be taking place, especially if the results of those examinations are going to engender support from all involved.

Collaboration Bulletin Board – 11/08/02

A. Employment Opportunity: NY Clinical Practice Manager

The Center for Health and Healing, in Mt. Kisco, New York, is seeking an energetic holistic nurse practitioner to act as clinical practice manager. The Center, which will open next January, is affiliated with Northern Westchester Hospital Center. For more information, contact Neil Harvison, business manager for Programs in Integrative Medicine, at nharvison@stellarishealth.org. This notice was posted by the Integrative Clinical Services Consortium Working Group.

B. E/MC Working Group Seeks Resources on Integrative Healthcare

The CHRF Employer/Managed Care Working Group is seeking information on cost, clinical effectiveness, and utilization of CAM services, including peer-reviewed research, journal articles, industry reports, and/or case studies. The information will be inventoried, ranked by credibility according to objective criteria, and made available through the CHRF website. Please fax information to Michael Shor at 781-326-2230 or email Karen Kremer at kmuehlberg@yahoo.com.

To subscribe or unsubscribe to the CHRF News Files, or to change your email address, please contact PriesterC@thecollaboration.org.

End, CHRF News File #35, November 8, 2002

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CHRF NEWS FILE #36, November 25, 2002
1. IHPC Sends Recommendations to IOM Study Committee
2. Philanthropy Coalition Will Confer $100,000 Integrative Medicine Award
3. George Family Grants $2 Million to Establish Health and Healing Center
4. NFAM Forms Alliances to Further CAM Research, Education
5. Controversial VA Chiropractic Advisory Committee Meets Soon
6. CPHR Mobilizes for Health Reform
7. ACA Gathers Data on Managed Care Discrimination
8. Harkin Reelected
9. Upcoming Conferences: InnoVision, IFM

Plus:
Notes from the Margin
Collaboration Bulletin Board

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible in part through grants from the Center for Integrative Health, Medicine and Research, and from an anonymous philanthropist.

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Elaine Zablocki (ZablockiE@thecollaboration.org).

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1. IHPC Sends Recommendations to IOM Study Committee

The Integrated Healthcare Policy Consortium (IHPC), a CHRF Working Group, has sent its recommendations to the INSTITUTE OF MEDICINE (IOM), suggesting model criteria to be used in selecting members of the IOM CAM Study Committee. Among their recommendations: The committee should include representatives from both conventional and CAM educational institutions (including the Consortium of Academic Health Centers for Integrative Medicine) and representatives from both licensed CAM professions and conventional medical professions, as well as from employers, managed care organizations, integrative clinics and health systems, and the public health community.

IHPC also recommended that members of the Study Committee should have most of the following personal qualifications:
-- Expertise in emerging trends, values, and principles driving integrated healthcare
-- Familiarity with the research literature in both CAM and integrated healthcare
-- Expertise in the public policy issues concerned with integrated healthcare
-- Ability to work well with diverse stakeholders
-- Demonstrated leadership in healthcare research, academics, clinical practice, or public policy
-- Respect for the full range of healthcare professions

In addition, IHPC submitted the names of its executive and advisory committee
members, as well as the core leadership of other CHRF Working Groups. "We urge you to consider the members of these groups as you proceed with your selection process," wrote IHPC director Matt Russell. "Many of these individuals are extremely knowledgeable about education, research, clinical practice, and public policy. They are experienced collaborators and proven leaders in this area, and have demonstrated their abilities to work well with diverse stakeholder groups." For more information: mrussell@russell-group.net.

2. Philanthropy Coalition Will Confer $100,000 Integrative Medicine Award

A national coalition of foundations and philanthropists has announced plans to honor leaders in the emergence of integrative medicine. The PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE is accepting nominations for its inaugural Bravewell Leadership Award, which carries a cash prize of $100,000. The award will go to someone who has been a catalyst in advancing the field of integrative medicine, who has a compelling vision for the future of medicine, and who has a history of collaboration across disciplines and healing philosophies. Nominees must be physicians or other doctoral-level professionals. Nominations will be accepted through February, 2003, and the award ceremony will be held in New York City in November, 2003. For information: www.bravewell.org/documents/BravewellLeadershipAward.pdf

3. George Family Grants $2 Million to Establish Health and Healing Center

BILL and PENNY GEORGE and the GEORGE FAMILY FOUNDATION have announced a $2-million grant to ABBOTT NORTHWESTERN HOSPITAL in Minneapolis to stimulate and support integrative medicine. The grant is designed to make nontraditional services such as massage therapy, acupuncture, and spiritual counseling available to more patients. The new George Center for Health and Healing will offer educational programs, community outreach, and programs designed to create a healing environment for patients and staff at Abbott Northwestern. It will also conduct research on clinical effectiveness and best practices in nontraditional methods used to help patients improve their quality of life and prevent relapses. "Our hope is that the George Center will become a national model for the country to demonstrate that integrative medicine is the key to healing," said Bill George, former chairman and CEO of Medtronic, Inc. "Our dream is for every patient to come away from their encounters with Abbott Northwestern feeling that their needs have been addressed in body, mind, and spirit, and that this care has been seamless," added Penny George, PsyD, president of the Foundation and member of the Abbott Northwestern board. Half of the grant will pay for facilities and equipment needed to provide care at the hospital, and the other half will help underwrite the cost of employing the caregivers, whose services usually are not reimbursed by health insurance.

4. NFAM Forms Alliances to Further CAM Research, Education

The NATIONAL FOUNDATION OF ALTERNATIVE MEDICINE (NFAM) announced the formation of new strategic alliances at its fifth anniversary symposium and gala dinner on November 16th. NFAM will partner in research with the CANCER TREATMENT RESEARCH FOUNDATION and the SAMUELI INSTITUTE. These new associations will aid NFAM in conducting international phase II clinical trials, including
ongoing trials in Germany and Italy and projected trials in Canada and South America. The collaboration with the Samueli Institute will enable further development of basic science models for alternative medicine research. NFAM will also join forces with CONSCIOUS MEDIA and WISDOM TELEVISION AND RADIO NETWORK to advance its CAM educational initiatives in America and overseas. "I was delighted to learn about the alliances NFAM is building to leverage their work," said CANDACE CAMPBELL, who received an award at the dinner. "We all need to start looking beyond the choir for strategic alliances that can enhance our efforts. This same approach is driving the Collaboration for Health Care Renewal and will, I believe, make it possible for us to achieve success in areas that we couldn't begin to handle as individual organizations." Campbell is the executive director of the American Association for Health Freedom, and chairs the Integrated Healthcare Policy Consortium, a CHRF Working Group. candace@healthfreedom.net; www.nfam.org

5. Controversial VA Chiropractic Advisory Committee Meets Soon

Last January a bill creating a permanent chiropractic benefit within the DEPARTMENT OF VETERANS AFFAIRS healthcare system was signed into law. Now a chiropractic advisory committee is meeting to work out the implementation process. It includes six chiropractors, two MDs, an osteopath, a representative from a veterans services group, and a physical therapist. Their charge: to develop protocols governing referrals, direct access, scope of practice, and definitions of services to be provided. In September the AMERICAN CHIROPRACTIC ASSOCIATION wrote the Secretary of Veterans Affairs expressing concern about the committee's membership. "Your decision to appoint a large number of non-chiropractic providers to a committee that will determine the scope and parameters of a chiropractic benefit is unprecedented," it said. "To our knowledge, no other federal or state chiropractic benefit has been created in such a manner." The letter also expressed dismay at the appointment of "fringe elements of the chiropractic profession....It is the opinion of the ACA that Dr. Duvall [one of the chiropractor appointees] holds extreme views far outside of the mainstream practice of chiropractic healthcare, and has been opposed (and remains opposed) to ensuring adequate access to chiropractic care within the Department of Veterans Affairs."

The committee's next meeting is scheduled for December 4-5, and all meetings are open to the public. Minutes of meetings and public comments will be posted on the Veterans Affairs website. Those wishing to attend are asked to let committee staff know in advance; those who don't will be admitted, but may have to wait for an escort, due to security procedures.

The advisory committee sunsets at the end of 2004. Sara McVicker, RN, MN, clinical program manager at the Veterans Health Administration and staffer for the committee, is hopeful that the committee will develop useful guidance before then. "We recognize there are a variety of views," she says. "The purpose of an advisory committee is to collect varying viewpoints, along with whatever recommendations a preponderance of the committee can agree on. The law does say there will be onsite chiropractic care within the VA healthcare system." For information:
www.va.gov/primary/page.cfm?pg=55

6. CPHR Mobilizes for Health Reform
The CENTER FOR PRACTICAL HEALTH REFORM (CPHR) is calling for three major action steps needed for meaningful change in our healthcare system. They include: 1) regional, protocol-driven, round-table discussions to demonstrate consensus on the problems and their solutions, 2) multi-stakeholder committee development of the detail of recommended health policy adjustments, and 3) independent analysis of the cost/benefit and feasibility of these changes as a predicate for effective advocacy. A newly developed overview document called "Stabilizing and Improving American Healthcare" has just been posted on the CPHR website. "I intend to broadcast it to my contact list, and hopefully, many of you will rebroadcast it to appropriate recipients on your contact lists," says CPHR executive director BRIAN R. KLEPPER, PhD.

For a copy go to: http://www.practicalhealthreform.org/Why%20CPHR.pdf

7. ACA Gathers Data on Managed Care Discrimination

The AMERICAN CHIROPRACTIC ASSOCIATION is mobilizing to oppose discriminatory practices by managed care organizations, including limitations on scope of practice, inappropriate CPT applications and reimbursement policies, restrictive limits on care, and improper utilization review. In order to obtain detailed data on these problems, the organization has posted a short Managed Care Data Collection survey form on its website, and has distributed the form through state association newsletters and mailings. Information will be "reviewed and included in a database for trend analysis and feedback to the networks and reports at future meetings of the ACA House of Delegates," the organization says. "Trend analysis provided to the networks will not include the practitioner’s name or identifying information. This is not a one-time survey but an ongoing data collection of issues related to the networks that chiropractors work with on a daily basis." Responses have been coming in over the past few months, and ACA's Insurance and Managed Care Committee plans to begin its analysis of the responses soon. For information: www.acatoday.com/pdf/managed_care_collection.pdf, or www.acatoday.com/insurance/managed_care/managed_care_collection.doc

8. Harkin Reelected

On election day Senator Tom Harkin, (D-IA), a long-time supporter of integrative healthcare, was reelected by a margin of ten points. However, with the return of the GOP Senate majority, Harkin will lose his chairmanships and become the ranking minority member on the Agriculture Committee and Labor-HHS Appropriations subcommittee. One important factor in the campaign: in five pre-election weeks, the NUTRITIONAL HEALTH ALLIANCE IOWA VOTER EDUCATION PROJECT communicated a clear message to Iowa dietary supplement consumers and the statewide CAM community. The project contacted over 200 stores and businesses, made over 2,000 phone bank calls, published targeted newspaper ads in key cities, and mailed almost 8,000 pieces of mail. For information: www.nhaiowa.org

9. Upcoming Conferences: InnoVision, IFM
A. INNOVISION COMMUNICATIONS will present its 7th Annual Alternative Therapies Symposium and Exhibition March 26-29, 2003, at the Sheraton Seattle Hotel and Towers in Seattle. Speakers will include Joseph Pizzorno, MD; David Riley, MD; Larry Dossey, MD; and many more. Called "Medicine and the Planet: The Coming Age of Ecological Medicine," the event qualifies for CME and CE credit for family physicians, nurses, nurse practitioners, osteopaths, physician assistants, and nurse-midwives and is pending CE credit for acupuncturists. For information: www.alternative-therapies.com

B. The INSTITUTE FOR FUNCTIONAL MEDICINE (IFM) will hold its 10th Annual International Symposium on Functional Medicine May 21-25, 2003, at the Westin La Paloma in Tucson, Arizona. Its theme is "The Heart on Fire: Modifiable Factors Beyond Cholesterol." The IFM emphasizes an integrated approach to the prevention, assessment, and management of complex, chronic disease, and serves all healthcare practitioners. For more information: 800-228-0622 or www.functionalmedicine.org

Notes from the Margin – Stephen Bolles, Executive Director, CHRF

Looking over the news items from this issue, one is struck again by the gap between the grindingly slow cultural changes taking place at the regulatory and oversight levels of healthcare, and the actual provision of services needed by the American public. The complexities of political processes, the political responses to power disparities between providers and payers, and the slowly tightening weave of the fabric being created that will hold the "alternative" side of the industry in its patchwork design, are all themes that emerge from the stories above.

Harkin’s race in Iowa on one level was a battle between grassroots efforts on the part of providers and patients who have benefited from his work toward improving the stature and stability of alternatives and choices in healthcare, and “moneyed interests” in a battle that was often framed as alternative care versus mainstream medicine (Harkin’s opponent was an MD seeking to move from the House to the Senate). In the new Congress, Harkin’s agency in further improving the situation for integrative healthcare will be different, and new alliances will need to be made. At the same time, common issues in healthcare reform such as access and choice are no longer aligned so clearly as Democratic causes. Republican interest in these topics will be critical to seeing more progress take place in this next Congress.

The dramatic difference philanthropy can make in a given setting is evident in the George Foundation gift to a Minneapolis hospital. One can celebrate the immediate benefits of such a gift and at the same time lament the scope of change. The resource gap between the “haves” and the “have-nots” of integrative healthcare stands out in sharp contrast.

Yet, all healthcare is local, and the improvement in one site and one situation, handled appropriately, bodes well for the industry and all efforts as a whole. From both the federal and the local perspectives, one voice is still discernible: the consumer’s. It is, after all, consumers’ interests that have pushed healthcare reform and renewal so far and so fast in the last few years. How patient will that voice remain if this gap between regulatory change and local effectiveness continues?

Collaboration Bulletin Board – 11/25/02

A. Reminder: Upcoming Conference

B. Online Interactive Forum on CAM Outcomes Research

The Integrative Clinical Services Consortium, a CHRF Working Group, will present an online interactive forum on CAM outcomes research on Wednesday, December 4. The discussion leader will be BARBARA FINDLAY, RN, BSN, Executive Director of the TZU CHI INSTITUTE FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE, Vancouver, British Columbia. For information: http://www.icsc-thecollaboration.org.

To subscribe or unsubscribe to the CHRF News Files, or to change your email address, please contact PriesterC@thecollaboration.org.

End, CHRF News File #36, November 25, 2002

CHRF NEWS FILE #37, December 17, 2002

1. IOM Takes Additional Time for CAM Committee Selection; Sets Up Web Page, Listserv
2. VA Chiropractic Advisory Committee Holds Productive Meeting
3. Wal-Mart Agrees to Meet with Chiropractors
4. Two California Health Plans Expand CAM Coverage: PacificCare, Health Net
   A. Self-Directed Health Plan Offers Increased Consumer Choice
   B. Health Net of California Enhances Coverage for Medicare Plan Members
5. CHRF Networking Leads to NCMIC Naturopathic Solutions
6. New Studies Suggest Massage May Benefit Infants and Women Undergoing Chemotherapy
7. Canadians Meet to Envision Integrative Care
8. News So Bad It’s Good (from the Center for Practical Health Reform)

Plus: Notes from the Margin

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collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News Files ideas, please contact Elaine Zablocki (ZablockiE@thecollaboration.org)

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1. IOM Takes Additional Time for CAM Committee Selection; Sets Up Web Page, Listserv

INSTITUTE OF MEDICINE (IOM) project managers extended the nomination deadline for the new committee studying CAM through December 6. According to an IOM spokesperson, there were about 150 possible members suggested for the committee. They now anticipate the final slate will be approved at the end of January, and biographical sketches of committee members will be posted on the Internet in early February. The IOM has also now set up a website for its CAM study project at www.iom.edu/IOM/IOMHome.nsf/Pages/Complementary+and+Alternative+Medicine. An IOM CAM listserv has also been created to send out information about upcoming meetings and requests for information, with an estimated one to two messages per month. For instructions on how to sign up for the listserv, go to www.iom.edu/IOM/IOMHome.nsf/Pages/cam+listserv

2. VA Chiropractic Advisory Committee Holds Productive Meeting

The DEPARTMENT OF VETERANS AFFAIRS Chiropractic Advisory Committee held its second meeting in Washington, DC, December 4-5. By all reports the meeting augurs well for the future effectiveness of the group. Much of the session was devoted to presentations in which chiropractic members offered a broad introduction to chiropractic, including scope of practice, licensure, education, research, and organizations. The committee then began discussions on what the chiropractic scope of practice should be within the VA healthcare system. According to JAMES D. EDWARDS, DC, chairman of the AMERICAN CHIROPRACTIC ASSOCIATION (ACA), who attended the meeting, there appears to be a consensus to recommend a full scope of practice, with chiropractors included as full members of the healthcare delivery team.

The ACA has expressed concern in the past about some of the chiropractic members of the committee (see News File #36). "During the first two meetings, Charles DuVall, DC, has not in any way been an obstacle to implementing chiropractic care into the VA system," Edwards said. "In fact, at this time it appears he is primarily interested in making sure chiropractors enter the VA system as primary care physicians for neuromusculoskeletal conditions. All six chiropractors (from diverse backgrounds and philosophies) seem to be working hand-in-hand to make sure chiropractic enters the VA system the right way. In my opinion, if this continues, the VA Chiropractic Advisory Committee will most certainly get the job done!" Minutes will be posted soon at www.va.gov/primary/page.cfm?pg=63. The next meeting is scheduled for March 2003.

3. Wal-Mart Agrees to Meet with Chiropractors

The leadership of WAL-MART has agreed to meet with the AMERICAN CHIROPRACTIC ASSOCIATION to discuss the company’s decision to terminate chiropractic coverage
for Wal-Mart employees effective January 2003 (see News Files #35). For more information, contact the ACA at pjackson@amerchiro.org.

4. Two California Health Plans Expand CAM Coverage: PacificCare, Health Net

A. Self-Directed Health Plan Offers Increased Consumer Choice

PACIFICARE HEALTH SYSTEMS, INC., of Cypress, California, is offering a new type of healthcare coverage that will offer consumers additional control over their healthcare spending and choice of providers. Under the Self-Directed Health Plan, enrollees have an employer-funded account from which they can pay for a variety of healthcare expenses, together with a preferred provider organization (PPO) health plan. Employers can set aside varying dollar amounts for their employees to control, and a portion of unused dollars will roll over from year to year to be used for major healthcare expenses and for nontraditional expenses such as massage therapy, acupuncture, chiropractic, nutritional counseling, smoking cessation, and weight-loss programs. The new plan is being offered in all of PacifiCare's markets to employers with 250 or more employees and to PacifiCare's own employees, but not to smaller businesses or individuals.

B. Health Net of California Enhances Coverage for Medicare Plan Members

HEALTH NET OF CALIFORNIA, in Woodland Hills, is launching a new program to provide comprehensive coverage at moderate cost for vision care and eyewear, chiropractic care, acupuncture, and dental care. Those who are enrolled as individuals in Health Net's Medicare+Choice plan, Seniority Plus, will be able to add coverage for these services for a total monthly cost of $15. This option is not available for those whose coverage is sponsored by a current or former employer, union, or trust. For more information: 800-935-6565.

5. CHRF Networking Leads to NCMIC Naturopathic Solutions

The networking that naturally occurs at CHRF meetings led to an unexpected benefit when NCMIC NATUROPATHIC SOLUTIONS of West Des Moines, Iowa, began offering malpractice insurance for naturopaths earlier this year. LOUIS SPORTELLI, DC, is the president of the NATIONAL CHIROPRACTIC MUTUAL INSURANCE COMPANY (NCMIC), whose subsidiary, NCMIC Insurance Company, provides malpractice insurance to more than 52% of the practicing doctors of chiropractic in the U.S. He serves on the advisory committee for the Integrated Healthcare Policy Consortium, a CHRF Working Group, and has been a speaker at CHRF Summits. "Through participating in the Summits, I got acquainted with the other modalities," he recalls. "That led to our offering malpractice insurance to naturopaths in the 11 states where they are licensed. We also insure three out of the four naturopathic colleges." In addition to malpractice insurance, NCMIC offers other benefits to naturopaths, such as equipment financing. A recent newsletter from the AMERICAN ASSOCIATION OF NATUROPATHIC PHYSICIANS reported "another stellar benefit of the NCMIC Naturopathic Solutions Program is the fact that NCMIC will not settle a [malpractice] case without your permission." For information: www.ncmicsolutions.com/Naturopaths/home.asp. To contact Sportelli directly, email him at PMP@aol.com and mention you're responding to a story in the CHRF News Files.
6. New Studies Suggest Massage May Benefit Infants and Women Undergoing Chemotherapy

A. Massage may help newborns develop a more regular sleep cycle, which could mean more hours of uninterrupted sleep for mothers, a new study suggests. The study, by researchers at TEL AVIV UNIVERSITY and the UNIVERSITY OF HAIFA in Israel, is the first to examine the effects of massage on melatonin production in infants. "Massage therapy by mothers in the perinatal period serves as a strong time cue, helping infants coordinate their developing circadian system with environmental cues," said study author SARI GOLDSTEIN FERBER, PhD. In the treatment group, mothers massaged their infants for 30 minutes at bedtime, while the control group did not use massage. The study results are available in the December 2002 issue of the "Journal of Developmental and Behavioral Pediatrics."

B. An earlier study of massage for women with breast or ovarian cancer who were receiving stem cell transplants reached positive conclusions which massage researcher and former NCCAM advisory board member JANET KAHN, PhD, brought to the attention of CHRF. Kahn reports that subjects were given massage to reduce nausea and vomiting associated with chemotherapy. The finding: nausea/vomiting was reduced so much that the women didn't have to receive nearly as much TPN (total parenteral nutrition) as the control group, for a cost savings of about $2,800 per patient. For more information on the study, see the recently published book, Massage Therapy: The Evidence for Practice (Mosby, 2002), and look for the chapter by Buford T. Lively. For Kahn: jkahn@igc.org.

7. Canadians Meet to Envision Integrative Care

On November 17-18, Canadians held an invitation-only workshop on "Integrative Health Care: Defining and Operationalizing the Fundamental Elements." The meeting was sponsored by the HEALTH POLICY RESEARCH PROGRAM, part of HEALTH CANADA, and was attended by about 20 people. Participants reviewed a background paper on integrative medicine literature and presented experiences in offering integrative care. BARBARA FINDLAY, RN, BSN, executive director of the TZU CHI INSTITUTE FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE in Vancouver, and a member of the CHRF Leadership Team and the Integrative Clinical Services Consortium Working Group, was one of the presenters. Also presenting was RICHARD LIEBOWITZ, MD, of the DUKE CENTER FOR INTEGRATIVE MEDICINE, and a member of the advisory committee of the Integrated Healthcare Policy Consortium.

Participants agreed that it was important to view integrative care as a continuum and to clarify key milestones within that continuum in order to measure progress toward truly transformative integrative healthcare. "Everyone was really excited to be at the workshop and to discuss our common goals," said HEATHER BOON, BScPhm, PhD, assistant professor on the Faculty of Pharmacy at the UNIVERSITY OF TORONTO, and chair of the organizing committee for the workshop. "We found there was a great deal of agreement about a shared vision, but that people come to that vision with different values and different reasons for getting there." These philosophical differences will be discussed in the workshop report, which will be available in February from heather.boon@utoronto.ca
8. News So Bad It's Good (from the Center for Practical Health Reform)

The U.S. healthcare system is in such desperate shape that major changes must be in store, according to BRIAN KLEPPER, PhD, executive director of the CENTER FOR PRACTICAL HEALTH REFORM (CPHR), who recently joined the CHRF Design Principles Working Group. He reels off the dismaying statistics: Healthcare premiums rose 8 times general inflation last year and are currently increasing at 10-11 times inflation. We're seeing as much as a 10% drop in employer sponsored healthcare coverage, which translates into a 3% to 6% drop in total healthcare funding. This, in turn, will affect stock prices and available credit for healthcare organizations. About 40 million people are currently uninsured, and this is likely to spike to 52-55 million, leaving local safety net hospitals overwhelmed. For those with insurance, there is a trend toward narrower benefit packages with higher out-of-pocket payments. Since healthcare accounts for one dollar in every seven in the economy, these effects will cascade. Klepper states, "Within two years at the outside, healthcare will deteriorate to a point where there will be genuine recognition of the crisis. Organizations and companies that have long been intransigent will unfreeze and come together around a common set of ideas that are essential to restabilize the system."

The principles and action plan developed by the CPHR are already attracting support from a wide range of interests, including doctors and healthcare providers of all kinds, business groups, consumers, Blue Cross plans, and the American Hospital Association, Klepper says. "We're now using committees to flesh out the details of these proposals, and these committees are open to all kinds of providers." For more information: www.practicalhealthreform.org, or www.modernhealthcare.com/article.cms?articleId=28124&TopicId=23. If you're interested in serving on one of the CPHR committees, contact Klepper at bklepper@att.net.


A. The December 2 NEWSWEEK ran a 30-page cover story on "The Science of Alternative Medicine." Topics included an overview of integrative medicine, CAM for children, and ways of treating depression and anxiety. Sidebars based on work done at the HARVARD MEDICAL SCHOOL covered integrative medicine for cancer, heart disease, osteoarthritis, and back pain. Members of the CAM community were delighted to see such extensive coverage and a balanced approach in a mainstream publication. At the same time, some were disappointed by the focus on allopathic medical schools and their new integrative programs, to the exclusion of more focused approaches in disciplines such as naturopathy, chiropractic, or traditional Chinese medicine. Newsweek also published letters to the editor in response to the story in its December 16 issue, including comments from SYNTHIA MOLINA of ALTERNATIVE LINK on ABCcodes and JESSIE GRUMAN of the CENTER FOR ALTERNATIVE HEALTH on the importance of behavior change. MARIE STEINMETZ, MD, called on other physicians to "open your minds and look for the multitude of new ways you can help your patients lead a healthier and happier life." For a link to the story: www.msnbc.com/news/838318.asp?0bl=-0#BODY. To order a printed copy of the issue, call Newsweek at 800-631-1040.

B. On November 11, the WASHINGTON POST ran a brilliant front-page story by Judy Packer-Tursman about the use of moxibustion to turn a breech baby. A 1998 JAMA
article found moxibustion effective in turning breech presentations, but there have been few follow-up studies and limited U.S. use of the low-cost, non-invasive procedure. "Explanations for why moxibustion has not been tested further range from its exotic nature to questions about the science behind it," Packer-Tursman writes. She ends her story with the example of one "adventurous woman...who tried moxibustion at home on four consecutive nights [and whose] baby was born head first, vaginally, without incident." (Stories in the Post archives are available for a minimal fee. To find this one, use the author's name as your search term.)

Notes From the Margin -- Stephen Bolles, CHRF Executive Director

“If men were angels, no government would be necessary.”
James Madison (1751-1836)

Reading over the stories in this issue, I am struck by the scope of the news, and the far-reaching, sober implications of the unresolved issues and very real practical problems of providing cost-effective, accessible and beneficial healthcare to millions of Americans. The story, though, that draws my eyes back is the one on babies.

The story of touch is a powerful thread. You cannot get much more basic than the archetypal communication that transcends words and cultures. This, friends, is as good as it gets: to hold an infant child, emboldened by absolute trust, and to benefit a new life with the freedom of an agent of God.

What would change in this world if touch were used more? How much more understanding would exist? What would this most fundamental connection permit? Encourage? Require?

I think every government committee meeting should start with an infant massage class. I think that every contentious issue should be considered after babies have been given conscious, intentional tenderness. I think plans for U.S. intervention in Iraq should be made after the leaders of the intelligence and armed forces communities have played with children -- building blocks, reading stories, and wiping runny noses.

And I think that in this time of darkness and light, of hope and of promise, of candles and prophets, of renewal and redemption, we must dare to imagine what God must see: to look past the wasteland of what we have done with our free will. We must remember the touch of a child and feel, in that link, the most uncomplicated and direct connection imaginable.

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End, CHRF News File #37, December 17, 2002
1. **NCCAM Will Establish New CAM Research Centers**

The NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (NCCAM) announced it will establish new centers for research on complementary and alternative medicine (CAM). The new initiative will include three companion programs: Centers of Excellence for Research on CAM, Developmental Centers for Research on CAM, and Planning Grants for International Centers for Research on CAM. "These programs are designed to enlist researchers from multiple disciplines--in both conventional medicine and complementary and alternative medicine--to apply their expertise to advance complementary and alternative medicine research," said STEPHEN E. STRAUS, MD, NCCAM Director.

Centers of Excellence for Research on CAM will support projects designed to elucidate the action mechanisms of CAM modalities and will provide opportunities for molecular or cellular biologists, imaging scientists, immunologists, neurobiologists, pharmacologists, physiologists, and other scientists. Letters of intent are due March 29, 2003; receipt date is April 29, 2003.

Developmental Centers for Research on CAM will support cooperative agreements in which CAM and conventional institutions and investigators will partner to conduct exploratory and developmental research projects. According to NCCAM, "These
awards will provide opportunities for CAM institutions and investigators to strengthen their research expertise and infrastructure while enabling conventional researchers to gain clinical and cultural perspectives critical to the conduct of CAM research.” Letters of intent are due March 14, 2003; receipt date is April 15, 2003.

Planning Grants for International Centers for Research on CAM will enable U.S. and international institutions to jointly plan exploratory and developmental studies of traditional/alternative healing approaches. These grants will lay the groundwork for developing applications for an International Center for Research on CAM that will be called for in 2004. Letters of intent are due February 28, 2003; receipt date is March 28, 2003.

Requests for applications for these opportunities are now available at nccam.nih.gov. For further information: 888-644-6226 or grantsinfo@nih.gov

2. Integrative Medicine Newsletter Shuts Down

The INTEGRATIVE MEDICINE CONSULT, a newsletter published by A.D.A.M. Inc. of Atlanta, GA, has ceased publication. The December issue was the last issue. CHRF members will regret this loss. Until August 2002 CHRF co-founder JOHN WEEKS wrote a column for the Consult, and CHRF members have contributed to its pages. IRA ZUNIN, MD, MPH, MBA, had an article on traditional Chinese medicine ready to go for the January issue. MICHAEL SHOR, MPH, had a story on integrative medicine and healthcare reform in the December issue, and another story planned for the spring. ALAN DUMOFF, JD, MSW, had recently been appointed business advisor for the publication.

"Consult's closing will be a big loss to those of us who worked on it," says JENNIFER YANCO, MSPH, PhD, managing editor. "Over the four years of publication, we developed a real community--clinicians, researchers, administrators, educators, and writers--who shared a passion about the emerging field of integrative medicine and an eagerness to share insights with others in the professional community. Since we took no funds from pharmaceutical or other commercial interests, we were always able to speak frankly and objectively about what was happening in the world of research as well as clinical practice." According to A.D.A.M. marketing director Mary Prado, the company intends to fulfill all Consult subscriptions with another CAM newsletter, one which qualifies for continuing medical education credits for physicians.

3. Annals of Internal Medicine Looks at CAM Therapies and Credentialing

The ANNALS OF INTERNAL MEDICINE recently published two articles about CAM usage, based on work at the OSHER INSTITUTE AT HARVARD MEDICAL SCHOOL. The December 3 issue has an article summarizing current evidence on the efficacy and safety of CAM therapies commonly used by patients with cancer, including dietary modification, herbs, acupuncture, massage, and mind-body therapies. The authors look at risk for direct adverse effects as well as risk for interactions with conventional treatments. Ann Intern Med. 2002;137:889-903.

An article in the December 17 issue describes the current status and central issues relating to efforts to create models for healthcare credentialing of chiropractors,
acupuncturists, naturopaths, massage therapists, and other CAM practitioners. It also suggests a strategy for CAM provider credentialing that could be used by physicians, administrators, insurance companies, and national professional organizations. It warns that more uniform credentialing mechanisms, while necessary to ensure high standards of care, could result in excessive standardization and a decrease in individualized services. Ann Intern Med. 2002;137:965-973.

Both articles are part of a series on CAM edited by DAVID M. EISENBERG, MD, and TED J. KAPTCHUK, OMD. For information: www.annals.org/issues/v137n11/toc.html or www.annals.org/issues/v137n12/toc.html

4. AMTA Releases Consumer Survey on Massage

The AMERICAN MASSAGE THERAPY ASSOCIATION (AMTA) recently released its sixth annual survey on consumer attitudes towards massage, showing continued, steady growth. According to the survey, 18% of adult Americans say they had a massage in 2002, and 28% say they've had a massage in the past five years. This compares to the 1997 survey, in which 17% said they had had a massage in the previous five years. Seniors show the highest growth rate: in 2002, 21% of seniors report they had a massage within the past five years, compared to 8% in 1997. Of the 28% of adult Americans who received massage within the last five years, 23% sought massage for relaxation or stress reduction, 53% got their last massage for other health reasons such as muscle soreness and greater range of motion, and 15% "sought to pamper themselves."

In 2002, the most common location for a massage was a spa (19%), while 13% received massage in a massage therapist's office, and 11% in their own home. Other locations for massage include the workplace (7% vs. 3% in 2001), hotel/resort, chiropractor's office, beauty salon, physical therapist's, health club, alternative therapy clinic, hospital, physician's office, and airport. The survey was conducted by OPINION RESEARCH CORPORATION INTERNATIONAL, Princeton, NJ, during August 2002, with a national sample of 1,021 adults. For more information and more statistics: www.amtamassage.org/infocenter/2002survey.htm

5. NPR Reports on Healing Effects of Prayer

NATIONAL PUBLIC RADIO observed the holidays this year with a four-part series on prayer. On Thursday, December 26, they described an ancient Jewish prayer for healing that’s become newly popular. Then, in an eight-minute segment, they looked at current data and research on the healing effects of prayer, including interviews with an epidemiologist, a pediatric oncologist, and a psychologist. This balanced presentation included fascinating nuggets of information, plus a debate on whether healthcare providers ought to discuss spiritual issues at all. The fourth part of the series, on prayer as a business, also discusses healing prayer. http://discover.npr.org/rundowns/segment.jhtml?wfId=891788 http://discover.npr.org/rundowns/segment.jhtml?wfId=891790 http://discover.npr.org/rundowns/segment.jhtml?wfId=893076

6. Employers Seek to Limit Chiropractic Overutilization
Employers today are turning to service limits and utilization review to limit chiropractic overutilization, says MICHAEL SHOR, MPH, co-chair of the CHRF Employer/Managed Care Working Group. "This problem is not unique to chiropractic, although chiropractic is what I'd call a convenient target," Shor says. "Employers are seeing healthcare costs rise 15-20% per year, and the controls they've tried in the past aren't working anymore."

Shor is director of development services for PROGRESSIVE HEALTH CARE (an affiliate of the Marino Centers in Boston, MA), which manages complementary care benefits for employers. "There's a general perception that the chiropractic community abuses the delivery system," he says. "Actually, you have a few bad apples whose clinical behavior is a tremendous detriment to the rest of the profession." For example, Shor cites one employer with an unlimited chiropractic benefit who saw average per-patient costs jump from $550 last year to $800 this year. The number of patients remained about the same, but the number of visits per patient increased substantially. Out of 67 patients who used chiropractic, 10 had over 20 visits per year, and 5 had over 40 visits. "Anyone who tries to control costs is going to look at outliers. They'll ask why one practitioner can treat a diagnosis in 10 or 12 visits when someone else takes 40 visits for that diagnosis. A clinician should ask themselves whether they're truly being clinically- and cost-effective if they don't see results after so many treatments," Shor says. His recommendation to employers: Make the chiropractic benefit diagnosis-specific and limit coverage to diagnoses where there is compelling evidence of potential benefit. After a pre-defined number of visits, have the case reviewed by a utilization review organization skilled in chiropractic management. For information: MShor@marinocenter.org


A. ANDREW WEIL, MD, praises chiropractic in a November 29 column published on his website, saying a single session of spinal manipulation "can often relieve the pain of such acute musculoskeletal ailments as severe stiff necks and wrenched backs, sometimes producing instant and lasting cure. Research supports the effectiveness of chiropractic treatment in both acute and chronic pain, but in my experience it is less successful with chronic problems, such as lower back pain." He adds, "For a specific complaint, feeling better is the sign of successful treatment. Without a change in symptoms after six visits, you and the chiropractor should reassess the plan, or you should go to another doctor. Excellence in chiropractic practice includes recommending lifestyle changes, including home-based exercises, stress-reduction techniques, and judicious use of supplements."
www.drweil.com/app/cda/drw_cda.php?command=TodayQA&pt=Question&questionId=137870

B. On November 18, NEW YORK MAGAZINE ran a story titled "Take That Back," describing prominent New Yorkers who've turned to chiropractic care, including Nancy and Henry Kissinger, Ralph Lauren, Brooks Astor, and Oscar de la Renta. "Chiropractors have become something of a secret weapon for those who refuse to take back pain lying down, who want to give a wide berth to bed rest, painkillers, and especially surgery," writes Joanne Kaufman. Many of these A-list clients go to Manhattan Sports Medicine, founded by Douglas Seckendorf, DC. Patients there may see exercise physiologists, physical therapists, and/or chiropractors. At "back school" they learn the best ways to get dressed, pick up a child, or swing a golf club. The fee for the first visit is $325, with subsequent visits ranging from $125 to $140,
8. PDA Reference Tools Available on Natural Medicine

SKYSCAPE, INC., of Hudson, MA, a provider of interactive, mobile solutions for healthcare providers, recently announced PDA versions of three natural medicine and alternative therapies references: Guide to Popular Natural Products (GNP), published by FACTS AND COMPARISONS; Natural Medicines Comprehensive Database, published by THERAPEUTIC RESEARCH CORPORATION; and the Nursing Herbal Medicine Handbook, published by LIPPINCOTT WILLIAMS & WILKINS.

9. AHHA Offers Public Service Website, Holistic Approach to Healing

More and more people are looking for non-drug approaches to healthcare, and realizing they have to be active participants if they want to have good health, says Suzan Walter, president of the American Holistic Health Association (AHHA). "They don't know where to go for information, because there's nothing in school, or in our culture, to prepare them." AHHA seeks to meet this need with a public service website featuring resource and referral lists plus a library of about 80 self-help articles. "We particularly look for something they can do without buying anything first," Walter says. "No matter how small, it means movement from passivity to active participation, and that is powerful." Walter attended Summits 2001 and 2002. "I was really impressed how much had been accomplished that was valuable," she says. "I've watched groups trying to be an integrative force in healthcare for about 15 years. They failed because they wanted to be in control. CHRF isn't trying to be in charge, they're using a collaborative approach, and I think that's one of their secrets of success, whether they know it or not." Thanks for the praise, Suzan! For more information: mail@ahha.org

Notes From the Margin -- Stephen Bolles, CHRF Executive Director

All healthcare is local, and efforts to provide a national resource for integrative healthcare information are still searching for stable footing. The loss of the Integrative Medicine Consult can be viewed from two perspectives: it has been an important resource for the last several years, but perhaps the need for that resource has changed—diffusing to more local, relationship-based, as well as electronic, sources of information. The AHHA’s efforts to develop web resources, among others, and Skyscape’s move to offer PDA tools are glimpses of what is to come in this arena. I am willing to bet that within two or three years this aspect of the industry will have solidified, and providers will make their choices very quickly.

Providers and payers who are looking to piece together the complex puzzle of integrative healthcare are asking one question with more specificity: What truly constitutes effectiveness? Chiropractic is coming under broad scrutiny because of the profession’s numbers, costs of care, and increasing utilization trend patterns—as well as the lack of meaningful data on the individual practices of providers. The profession has been studied in contrast to the medical profession for given conditions, but for those who pay the bills this is not enough. Greater examination of the effectiveness of the professional components of practice (techniques, services, education, patient compliance) is next, and Shor’s comments highlight the need for more information. This annealing process is not likely to be comfortable but should
provide information that advances the field of integrative healthcare more effectively. The history of antipathy between chiropractic and political medicine adds an important and interesting element to the process.

A sobering note is the reminder that access to healthcare services is a continuing concern in our culture and is a byproduct of many factors in our economy. The ability of those of means to pursue care unavailable to others should be cause for concern. Until data are developed that broadly advance understanding of access and effectiveness, this stratification is not likely to change. In the near term, people will benefit from the presence of new, conservative/alternative interdisciplinary clinics. It remains to be seen if those same clinical benefits will become available to mainstream America.

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End, CHRF News File #38, December 30, 2002

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CHRF NEWS FILE #39, January 19, 2003

1. IHPC Members Meet With AMA, Alternative Link
2. CAM Advocates Seek Communication Channels to Senator Frist
3. Wal-Mart Officials Meet with ACA, Agree to Review Data
4. Hard Look at Integrated Care Delivery
5. Pizzorno Spearheads New Integrative Journal
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Plus:
Notes from the Margin
Collaboration Bulletin Board

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible in part through grants from the Center for Integrative Health, Medicine and Research, and from an anonymous philanthropist.

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact ElaineZablocki (ZablockiE@thecollaboration.org)

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1. IHPC Members Meet With AMA, Alternative Link
This week members of the Integrated Healthcare Policy Consortium (IHPC), a CHRF Working Group, met with representatives of the AMERICAN MEDICAL ASSOCIATION CPT EDITORIAL PANEL and representatives of ALTERNATIVE LINK to discuss the controversial issue of billing codes for CAM services. The meetings were held in preparation for the next meeting of the NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS (NCVHS), January 29-30. IHPC has requested a slot to testify about CAM coding at that meeting.

In a noteworthy move, the AMA and Alternative Link agreed to split the cost of meeting rooms and meals for those attending, perhaps the first time the AMA has made a financial contribution to encourage representation by the CAM community. Those attending paid for their own travel and housing expenses. They included:

- Stephen Bolles, CHRF executive director
- Candace Campbell, IHPC chair
- Matt Russell, IHPC staff
- Peter Martin, LAc, LMT, IHPC executive committee
- Alan Dumoff, JD, MSW, IHPC executive committee
- Marc Micozzi, MD, IHPC advisory committee
- W. Bruce Milliman, ND, chair of the AANP Insurance and Reimbursement Committee

The discussions were held separately, with the AMA meeting on Jan. 16 and the Alternative Link meeting on Jan. 17. Afterwards, IHPC met in executive session to discuss its position on CAM codes and start preparing testimony for the NCVHS meeting. For more information: mrussell@Russell-Group.net

2. CAM Advocates Seek Communication Channels to Senator Frist

The unexpected rise of Sen. BILL FRIST (R-TN), a heart transplant surgeon, to the position of Senate majority leader raises some interesting questions for CAM advocates. What new strategies are needed to move healthcare renewal forward? What are Frist's attitudes towards complementary care? What are the best ways to build relationships with him?

ANTONIO C. MARTINEZ, II, JD, government relations and political affairs counsel, has observed Frist's career and has met him at Washington social events since Frist was first elected to the Senate. "As a doctor, Frist certainly sees the physician as the focal point of healthcare delivery, and probably that will always be his mindset," Martinez says. "But he will demonstrate a good-faith effort to reach out. He has a country doctor's charm and a brilliant mind." While Frist's new position gives him enormous power to set the Senate agenda, he may be too busy to focus closely on healthcare. "As majority leader, he will be fully occupied and perhaps overwhelmed with the responsibilities of managing the U.S. Senate," Martinez speculates. "His involvement in the details of substantive healthcare issues may not be as large as some expect." acmartinezii@yahoo.com

SHEILA QUINN recalls that when she was executive director of the American Association of Naturopathic Physicians (AANP) during the negotiations that led to the creation of the National Center for Complementary and Alternative Medicine (NCCAM), Frist never committed himself. "We were never able to clarify whether he supported or opposed the bill, never able to clarify whether he was interested in alternative medicine or opposed to it." Quinn is senior editor at the INSTITUTE FOR FUNCTIONAL MEDICINE in Gig Harbor, WA, and serves on the executive committee.
of the IHPC. "It is extremely important that we figure out how to work with the new Senate majority leader on integrative healthcare, because his role is key in determining policy and bringing legislation to fruition." She requests that anyone who has information about his opinions, or access to direct communication to him, please share their ideas with CHRF by contacting Matt Russell, staff person for the IHPC, at mrussell@Russell-Group.net

3. Wal-Mart Officials Meet with ACA, Agree to Review Data

Top leaders from WAL-MART met for two hours with the AMERICAN CHIROPRACTIC ASSOCIATION (ACA) on December 12 to discuss the giant retailer's decision to drop chiropractic services from employee benefit coverage in 2003. The two organizations "have forged a new working relationship," according to an ACA spokesperson. Wal-Mart representatives at the meeting included the senior vice president for benefits and claims as well as the vice president for benefits. ACA was represented by its president, DARYL WILLS, DC, chairman JAMES EDWARDS, DC, executive committee member GEORGE MCCLELLAND, DC, and vice president PATRICIA JACKSON. Wills said Wal-Mart officials are "willing to explore cost-effective strategies" and are "data-driven" in their decision-making. "They want to develop a long-term relationship with us," he added. "I think that's a positive thing."

For the 2003 calendar year, Wal-Mart eliminated chiropractic benefits for 85% of its associates, those who are enrolled in the employee PPO plan. The remaining 15%, who have HMO coverage, retain their chiropractic benefits intact. This policy decision was most likely finalized in mid-2002. The company's benefit design team is now working on its plan for 2004 and welcomes ACA's input. At the meeting, Wal-Mart explained it wants to cover costs of "catastrophic illness" for its employees, rather than support services that are not as acute, ongoing, and may create a dependence on providers. In response, ACA officers presented Wal-Mart with detailed research documenting ways chiropractic can reduce costs by limiting the need for drugs and acute-care settings. ACA suggested that a program could be developed to prevent the "dependence on providers" that concerns Wal-Mart. "We want Wal-Mart employees to have a choice in their healthcare, and we believe that allowing employees to choose chiropractic will benefit not only their health, but also their productivity," explained Wills.

4. Hard Look at Integrated Care Delivery

On January 10-11, about 150 people gathered in San Francisco to attend a conference on "Integrative Medicine for Healthcare Organizations" sponsored by HEALTH FORUM/AMERICAN HOSPITAL ASSOCIATION and INNOVISION COMMUNICATIONS. Participants came from 31 states and 75 organizations, including senior leaders from major health systems such as Sutter Health, Kaiser-Permanente, the Mayo Clinic, CHRISTUS Health, Catholic Health Initiatives, Baptist Health-Pensacola, Catholic Healthcare West, the Veterans Administration, and UC/Irvine.

The curriculum was designed around three "hot topics" identified by hospitals: 1) credentialing CAM providers, 2) business strategies, and 3) insurance and reimbursement. In addition, two panels representing CAM program leaders from a variety of hospital and clinic settings presented reports on successes and struggles in developing, implementing, and even closing CAM programs within their institutions.
"This was the first meeting I've attended where people were open and honest about the difficulties of starting an integrative clinic, and the lessons they've learned," says GERARD C. WHITWORTH, RN, CCP, co-chair of the Integrative Clinical Services Consortium (ICSC), who led one panel discussion. "People shared where they've been and where they've had to make corrections. This sort of discussion helps people recognize where the potential land mines are, and avoid them." MILT HAMMERLY, MD, director of integrative medicine for CATHOLIC HEALTH INITIATIVES, agrees. "A recurrent theme was that expectations of easy money and quick turnaround times are not realistic. Several of the speakers came to this meeting ready to open a frank discussion on the challenges facing integrative clinics." Hammerly, a speaker at the conference, is also ICSC co-chair. For more information: WhitworthJ@thecollaboration.org or MiltHammerly@ChiNational.Org

A participant survey revealed a wide range of experience with CAM/integrative medicine programs among attendees. (Thanks to Jery Whitworth for compiling the results!)

18% - Exploratory (need more information before committing)
21% - Committed (actively developing a business/strategic plan)
14% - IM clinic/program being established, but not yet in operation
11% - IM clinic/program in operation for less than 1 year
20% - IM clinic/program in operation for 1-3 years
5% - IM clinic/program in operation for 4-5 years
5% - IM clinic/program in operation for 6 years or more
6% - other

Proceedings from the conference are available for $25 by contacting InnoVision at (760) 633-3910. Because the conference was so successful, Health Forum and InnoVision plan to make it an annual event. Please send program proposals for next year to Sita Ananth, Health Forum project director for CAM, at (707) 644-1181.

5. Pizzorno Spearheads New Integrative Journal

In our last issue (CHRF News File #38), we reported that the newsletter Integrative Medicine Consult had ceased publication. Today we have word of a revitalized publication. The International Journal of Integrative published by INNOVISION COMMUNICATIONS, LLC, has been relaunched as INTEGRATIVE MEDICINE: A CLINICIAN’S JOURNAL. The editor-in-chief will be JOSEPH E. PIZZORNO, JR., ND, founding president of Bastyr University and member of the White House Commission on Complementary and Alternative Medicine Policy. Intended readers include primary care physicians, naturopathic physicians, chiropractors, and nutritionists. Published six times a year, the peer-reviewed journal will present practical clinical information on integrating CAM and conventional medical practices, including clinical protocols, diagnostic tools, case reports, clinical business practices, and updates on healthcare policy. Pizzorno is particularly interested in articles focusing on nutritional supplements, botanicals, diet, and lifestyle choices. For subscriptions contact Nick Collatos at (760) 633-3910; for advertisements contact Kathi Magee at (920) 662-7674; for editorial submissions and a copy of author’s guidelines, email drpizzorno@salugenecists.com.
6. Washington Post Story Features Online Relaxation Tools

On January 14, the WASHINGTON POST Health section ran a story on online meditation sites. Headlined "The Phone's Ringing. The Boss Is Yelling. The Report's Overdue. Online Meditation Could Be the Salve You Seek," the story features DESKTOPSPA (www.desktopspa.com), an online health management tool developed by BELLERUTH NAPARSTEK and her company, IMAGEPATHS.COM, and several other relaxation websites. Visitors to desktopspa, for example, fill out a questionnaire to identify work-related hazards, such as eye strain, stress, or wrist pain, and they then receive recommended treatments, including acupressure, guided imagery, yoga, meditation, and relaxation. "Desktopspa is our holistic health 'jukebox' that streams over 200 5-minute audio and video 'mini-treatments' from leading teachers such as Andy Weil, Jon Kabat-Zinn, Ken Cohen, Joan Borysenko, and Martha Howard," Naparstek says. "Available 24/7, it also allows users to schedule treatments and send ailing or stressed-out friends 'well-o-grams' with a link to a streamed treatment." Desktopa is now available at the University of Buffalo, YMCA, and several other sites. Naparstek is considering adding it to her own site, healthjourneys.com, as a premium feature. Other sites featured in the Post story include:

- www.canyonranch.com/spa_experience (guided meditations)
- www.mydailyyoga.com (yoga poses, desk yoga, yoga for repetitive stress injuries)
- www.gracecathedral.org (circular maze based on one at Chartres cathedral)
- www.unwind.com (nature sounds and images featuring waterfalls, seas, mountains, and serene skies)
- www.beliefnet.com (guided meditations based on a variety of spiritual traditions).

For the article: http://www.washingtonpost.com/wp-dyn/articles/A52272-2003Jan13.html
For more information: belleruth@healthjourneys.com

7. South Bend Integrative Clinic Closes

As we go to press, we learn that the MEMORIAL CENTER FOR INTEGRATIVE HEALING in South Bend, IN, a downtown one-stop complementary medicine center, was suddenly and unexpectedly closed by the MEMORIAL HOSPITAL administration at the end of December, 2002. Memorial issued an announcement explaining it plans to decentralize complementary healing services and integrate them into existing hospital programs. For the announcement:

www.qualityoflife.org/integrativehealing/integrativehealing.htm

Notes from the Margin -- Stephen Bolles, Executive Director

One need look no further than the Integrative Medicine for Healthcare Organizations conference sponsored by Health Forum/American Hospital Association and InnoVision Communications in San Francisco to see how far this field has come.

From arms-length considerations of whether CAM was even appropriate for medical providers (let alone institutions) to the point where it is now a given that all hospitals, major clinics, and organizations will have an integrative healthcare initiative of some kind, a tremendous amount of change has occurred in a few short years. Integration is a term that is rapidly replacing CAM in the vernacular, and no tears should be shed.
As presentations in S.F. highlighted, the body count of failed clinics and programs continues to rise, but the degree of sophistication in information resources drawn from successes has risen even faster. Clear-eyed data on capitalization, program design, services mix, and return on investment (ROI) are now present in the marketplace, synthesized from lessons learned the hard way. There are also enough examples of successful initiatives (by a variety of definitions) that organizations need no longer fear they are stepping into a budgetary black hole when they contemplate an integrative healthcare program.

One subtle but important dividing point is the role of philanthropy. There are gilded failures that were inflated by philanthropic dollars and notable successes that were dependent on philanthropy for their start-up. A few successful initiatives have either bypassed, or not had available, philanthropy for their beginnings. From a business perspective, philanthropy is a curious revenue source; it normally will defy recoupment as a ROI, and indeed is not even considered to be a capital source to recoup. As integrative efforts proliferate, the sheer number of new initiatives will rapidly outstrip the philanthropic resources available (fatigue has already set in), and new business models will be challenged to be successful with standard capitalization strategies. The ripple effects on provider compensation models and possible service mixes will be fascinating to watch.

**Collaboration Bulletin Board – 1/19/03**

A. Mark Your Calendar for the CHRF Summit 2003!

Please join CHRF for its annual Summit in Scottsdale, Arizona on April 4-5, 2003. Planned topics include: 1) Applying an Ethical Framework to Healthcare Reform, 2) Missing Voices: Public Health and Consumer Concerns, and 3) Mapping Other Efforts: Healthcare Reform, Finance, and Policy Implications. CHRF Working Group members will offer valuable guidance and technical assistance to organizations in different stages of integrative initiatives. At press time, the final speaker list is still under development. Information about costs and other details will be available in about a week. Please send inquiries and/or notes of interest to bolless@thecollaboration.org.

B. CHRF Brochure Now Available

CHRF now has an informational brochure available for distribution. Developed by executive director Stephen Bolles, with input from the whole Leadership Team, the fourfold design includes contact information and a statement of our mission, goals, and vision, as well as a guide to the interrelationships among the four CHRF Working Groups. For copies, contact bolless@thecollaboration.org

C. E/MC Working Group Seeks Resources on Integrative Healthcare

The CHRF Employer/Managed Care Working Group is seeking information on cost, clinical effectiveness, and utilization of CAM services, including peer-reviewed research, journal articles, industry reports, and/or case studies. The information will be inventoried, ranked by credibility according to objective criteria, and made available through the CHRF website. Please fax information to Michael Shor at (781) 326-2230 or email Karen Kremer at kmuehlberg@yahoo.com.
CHRF NEWS FILE #40, January 31, 2003

1. CHRF Hosts Fourth Integrative Medicine Leadership Summit
2. IOM CAM Committee Members Selected
3. Naturopathic Physicians Appointed to Medicare Coverage Advisory Committee
4. ABC Codes Demonstration Program Approved by HHS
5. IHPC Has Productive Meetings with AMA and Alternative Link
6. Showtime "Exposes" Alternative Medicine
7. Integrative Medicine Consult Subscribers To Receive Replacement Newsletter
8. Acupuncture Organizations Push for Code Set Expansion
9. Elsevier Introduces New Integrative Medicine Journal
10. Alzheimer’s Prevention Foundation Promotes Integrative Strategies
11. Integrative Medicine CME Meeting Offers Scholarships for Caregivers

Plus:

Notes from the Margin

Collaboration Bulletin Board

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CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Elaine Zablocki (ZablockiE@thecollaboration.org)

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1. CHRF Hosts Fourth Integrative Medicine Leadership Summit

The fourth annual INTEGRATIVE MEDICINE LEADERSHIP SUMMIT is scheduled for April 3-5 (Thursday evening-Saturday) at the Sunburst Resort in Scottsdale, AZ. Hosted by the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), it will offer an update on practical, viable business and clinical service models for integrative medicine. Attendees will come away with a clearer sense of the “conscience” of healthcare reform, the evolving qualities of effective integrative
healthcare practitioners, and the potential role of CAM in solving healthcare benefits dilemmas. Attendees will be able to consult with members of the four CHRF Working Groups to gain practical tools and information that can be of real and immediate value to their programs, initiatives, and planning. Scheduled speakers are still being finalized but include BRIAN KLEPPER, PhD, director of the Center for Practical Health Reform, MARY JO KREITZER, PhD, director of the Center for Spirituality and Healing, and KAREN GERVAIS, PhD, director of the Minnesota Center for Health Care Ethics, as well as others from the business and clinical sides of healthcare. To register, download a registration form at www.thecollaboration.org and click on “Organization.” Or contact Diana Berg at (800) 888-4777, ext. 249 or by email at dberg@nwhealth.edu.

2. IOM CAM Committee Members Selected

The Institute of Medicine just announced the members of its study committee on CAM usage. They include:
Stuart Bondurant, MD, (Chair), University of North Carolina at Chapel Hill
Brian Berman, MD, University of Maryland School of Medicine
Margaret Buhrmaster, New York State Department of Health
Gerard Burrow, MD, Yale University School of Medicine
Larry Churchill, PhD, Vanderbilt University
Sherman Cohn, JD, Georgetown University Law Center
Florence Comite, MD, Yale University School of Medicine, Founder, DestinationsHealth
Jeanne Drisko, MD, University of Kansas Medical Center
David Eisenberg, MD, Osher Institute, Harvard Medical School
Alfred P. Fishman, MD, University of Pennsylvania Health System
Susan Folkman, PhD, University of California, San Francisco
Albert Mulley, MD, Massachusetts General Hospital
Bernard Rosof, MD, FACP, Huntington Hospital
Leanna Standish, ND, PhD, DiplAc, Bastyr University

According to an IOM spokesperson, an IOM committee is not finalized until after review of potential conflicts of interest of each member. In addition, committee members' biographical sketches are posted for 20 days for public comment on the Current Project System on the National Academies' website. "This provides a time frame within which comments can be gathered and considered before the committee starts its work."
The IOM committee selection process is described at www.iom.edu/iom/iomhome.nsf/Pages/IOM+Study+Process.
To offer feedback about committee members: www4.nationalacademies.org/webcr.nsf/CommitteeDisplay/HPDP-H-00-08-A?OpenDocument.
For the list of committee members, plus biographical sketches: www.iom.edu/IOM/IOMHome.nsf/Pages/CAM+committee.

3. Naturopathic Physicians Appointed to Medicare Coverage Advisory Committee

For the first time, two naturopathic physicians have been appointed to the MEDICARE COVERAGE ADVISORY COMMITTEE (MCAC), a group convened by the
DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS). JOSEPH PIZZORNO, JR., ND, co-founder and president emeritus of Bastyr University, and PAMELA SNIDER, ND, associate dean for public and professional affairs at Bastyr, were appointed to the committee by THOMAS A. SCULLY, administrator of the Centers for Medicare and Medicaid Services. The committee advises the Centers on effective and appropriate medical services that are covered or eligible for coverage under Medicare. "Dr. Pizzorno and I see this as an incredible opportunity for healthcare renewal," Snider says. "The staggering number of individuals with chronic disease is a significant contributing factor in skyrocketing healthcare costs, amounting to a national disease debt. By devoting resources to the prevention of these diseases, and to health promotion for all communities, we will be able to better serve other health concerns, such as reducing costs." Pizzorno and Snider will attend their first MCAC meeting on February 11, in Baltimore, Maryland.

4. ABC Codes Demonstration Program Approved by HHS

The U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) has authorized a demonstration project to test ALTERNATIVE LINK’s ABC codes for billing CAM and nursing services. [Note: Alternative Link has now begun to refer to “ABC codes” as two words vs. the previous “ABCcodes.”] This decision creates an exception to the current Health Insurance Portability and Accountability Act (HIPAA), the regulations that named HCPCS as the national standard. "This is a huge step in helping measure alternative approaches to care and compare their quality and cost-effectiveness with mainstream approaches," says MELINNA GIANNINI, lead applicant and board member of THE FOUNDATION OF INTEGRATIVE HEALTHCARE (FIHC). "The HCPCS codes have supported research, management, and commerce in conventional medicine. Now, with this approval, there is real promise that health policymakers will soon be able to draw from a new body of more complete and accurate data." She hopes that research using ABC codes will help improve healthcare quality and efficiencies by highlighting best practices among all approaches to care, not just among physician-directed and disease-based models of care. However, she cautions that this approval is only for testing ABC codes in HIPAA transactions, and it is premature to state definitively when the codes will be supported by widespread insurance reimbursement. Individuals and organizations interested in participating in the test can apply as demonstration partners at www.alternativelink.com

5. IHPC Has Productive Meetings with AMA and Alternative Link

Members of the Integrated Healthcare Policy Consortium (IHPC), a CHRF Working Group, were encouraged when they met separately with representatives of the AMERICAN MEDICAL ASSOCIATION CPT EDITORIAL PANEL and representatives of ALTERNATIVE LINK on January 16 and 17 in Washington, DC. "These were very productive meetings," said IHPC chair CANDACE CAMPBELL, executive director of the American Association for Health Freedom. "Representatives of the AMA panel said several times they are a responsive organization, not a proactive, idea-generating organization. They encouraged us to submit requests for CAM codes and for the addition of a CAM community representative on HCPAC," the advisory committee to the editorial panel which oversees CPT codes. The IHPC Coding Task Force is developing criteria for a more complete code set, which will be used to analyze and evaluate both CPT codes and ALTERNATIVE LINK’S proposed ABC codes. These criteria also influenced IHPC testimony at the meeting of the NATIONAL COMMITTEE
ON VITAL AND HEALTH STATISTICS (NCVHS) on January 29. Representing IHPC at that hearing was executive committee member and legal counsel to the task force, Alan Dumoff, JD, MSW. For more information: contact IHPC director Matt Russell at mrussell@Russell-Group.net

A. Additional Note re: AMA Funding for CAM Discussions

In CHRF News File #39, we reported that the AMA and Alterative Link contributed funds for the cost of meeting rooms and meals for those attending the Washington meetings. We described this as "perhaps the first time the AMA has made a financial contribution to encourage representation by the CAM community." W. BRUCE MILLIMAN, ND, who serves on the IHPC Coding Task Force and attended these meetings, also attended the AMA-hosted ALTERNATIVE THERAPY SERVICES WORK GROUP meeting in Chicago last October (see CHRF News File #32). He clarifies, "It should be noted that the AMA/CPT Editorial Panel did pay for travel, lodging, and meeting expenses in Chicago. Hence, it is incorrect to say that [the DC meetings were] the first time the AMA made a financial contribution to encourage representation by the CAM community."

6. Showtime "Exposes" Alternative Medicine

On January 24, the SHOWTIME channel introduced a controversial new series called "Penn & Teller: Bullsh**!" The series aims to discredit or expose TV psychics, alien abductions, and other contentious subjects. Included among their targets (in the second installment on January 31, at 11:00 pm ET/PT) is alternative medicine. This program will address chiropractic, reflexology, magnet therapy, and an alternative medicine fair. The AMERICAN CHIROPRACTIC ASSOCIATION’s general counsel, GEORGE MCANDREWS, Esq., has sent a preemptive letter to Showtime advising the cable network of ACA’s position on the program. In his letter, McAndrews recognizes Showtime’s "First Amendment right to expose questionable practices," but he adds, "Our concern is with public accountability and fairness. More than 26,000,000 Americans go to doctors of chiropractic each year...Responsible medical researchers and institutions have concluded that chiropractors have superior education, knowledge, and training in care of the musculoskeletal system and that medical physicians have a glaring competency gap in this same area." He suggests Showtime might usefully run an episode on "the deceptive image of the omnipotence of American Medicine."

7. Integrative Medicine Consult Subscribers to Receive Replacement Newsletter

Subscribers to INTEGRATIVE MEDICINE CONSULT (IMC), the newsletter which ceased publication at the end of 2002, will be offered a replacement subscription to ALTERNATIVE MEDICINE ALERT, a 12-page newsletter published by American Health Consultants of Atlanta. One added benefit, according to Consult publisher A.D.A.M., Inc, is that Alternative Medicine Alert offers CME credits for clinicians. If subscribers have questions for A.D.A.M., call (770) 980-0888. For questions about the replacement subscription, call (800) 688-2421 or go to www.ahcpub.com/online.html
8. Acupuncture Organizations Push for Code Set Expansion

The AMERICAN ASSOCIATION OF ORIENTAL MEDICINE (AAOM) and the Acupuncture and the ORIENTAL MEDICINE ALLIANCE (AOMAlliance) recently released statements of support for the inclusion of the ABC codes in the HIPAA standard code set. DAVID MOLONY, AAOM vice president, expressed his board of directors' belief that "ABC codes, in addition to CPT, may help the industry improve care, more efficiently process claims, and generate better economic and health outcomes. This may foster appropriate insurance coverage for acupuncture and Oriental medical services, thus allowing better access for the public." TIERNEY TULLY, executive director of the AOMAlliance, agreed. "The naming of ABC codes as a HIPAA code set would support patients, providers, payors, and the research community in saving both lives and money," she said.

9. Elsevier Introduces New Integrative Medicine Journal

MARC MICOZZI, MD, PHD, director of the Policy Institute on Integrative Medicine at Thomas Jefferson University Hospital in Philadelphia, will be the editor-in-chief of SEMINARS IN INTEGRATIVE MEDICINE, a new quarterly review journal directed at all aspects of medical general and specialty practice. The first issue, published by ELSEVIER SCIENCE, will be out in March 2003. Speaking of the new journal, Micozzi, says, "Timely and relevant reviews organized along medical specialty lines should help provide a basis for the innovation of medical practice to include in the spectrum of care appropriate alternative healing modalities that permit practitioners and their patients to make the most of 'self-healing' and the 'intelligence and wisdom of the body' (as articulated by so many CAM systems) as a first resort and not a last." He adds, "In the interests of improved health, we should provide practitioners not only data from contemporary clinical trials but also formative intellectual and practical approaches toward 'integration' of an expanded field of healthcare options." For more information, call (800) 654-2452 or go to www.elsevierhealth.com.

10. Alzheimer’s Prevention Foundation Promotes Integrative Strategies

THE ALZHEIMER'S PREVENTION FOUNDATION INTERNATIONAL, based in Tucson, AZ, recently issued statements to the White House and Congress, expressing disappointment that the national dialogue on Alzheimer's disease and the vast majority of federal research on this condition continue to focus almost entirely on drug-based treatments. The nonprofit educational foundation called on the government to promote integrative strategies for Alzheimer's disease prevention. "We are looking to our nation's leaders to help restore hope to individuals and families that aging need not be a process of brain degeneration," stated DHARMA SINGH KHALSA, MD, president and medical director of the foundation. The foundation's educational program stresses diet, nutritional supplementation, stress management, and physical and cognitive exercise, as well as pharmaceutical medications. For more information: www.alzheimersprevention.org

11. Integrative Medicine CME Meeting Offers Scholarships for Caregivers

HARVARD MEDICAL SCHOOL OSHER INSTITUTE’s annual conference on the clinical use of integrative therapies is scheduled for March 9-12, 2003, in Boston, MA. The
Institute is seeking applications from recent graduates of healthcare training programs (MD, DC, DO, RN, PT, LicAcup, ND, LMT, Psych) who are committed to primary care and interested in attending the conference on scholarship. For more information about applying for these funds: www.symbiotixonline.com/compmed/.

Notes from the Margin, 1/31/03 -- Stephen Bolles, Executive Director

Opportunities for legitimate representation during change processes are a requisite for authentic improvements. The lamentable constraints on CAM representation in evolving ad hoc and permanent change processes, which have frustrated many in nontraditional healthcare, are slowly being removed, and the evidence of this are important signposts (see stories on AltLink’s demonstration project and the expanded Medicare advisory committee membership).

Reminding us at the same time that there is still a long way to go in this area is the composition of the IOM CAM research review committee. The members of this august group are outstanding in their fields and are above reproach. The notable under-representation of CAM researchers’, however, stands out in contrast, and suspicions of what is assumed in CAM circles to be a highly political nomination process have not been allayed. This mismatch is a disservice to the accomplishments of many in the CAM community who have worked to establish research initiatives that are making important contributions to their fields.

One of the significant contributions that CHRF makes to healthcare reform and renewal is the diversity of representation it brings together at the annual Integrative Medicine Industry Summit. The discussions this year are sure to be engaging and lively, and our intention is to deliver a wealth of practical content that can lead to meaningful change in the industry.

We hope you will join us in just a few short weeks!

Collaboration Bulletin Board – 1/19/03

A. E/MC Working Group Seeks Resources on Integrative Healthcare

The CHRF Employer/Managed Care Working Group continues to seek information on cost, clinical effectiveness, and utilization of CAM services, including peer-reviewed research, journal articles, industry reports, and/or case studies. The information will be inventoried, ranked by credibility according to objective criteria, and made available through the CHRF website. Please fax information to Michael Shor at (781) 326-2230 or email Karen Kremer at kmuehlberg@yahoo.com.

To subscribe or unsubscribe to the CHRF News Files, or to change your email address, please contact PriesterC@thecollaboration.org.

End, CHRF News File #40, January 31, 2003

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CHRF NEWS FILE #41, February 13, 2003
1. Two Integrative Clinics Close
   A. Canadian Government Cuts Funding to Tzu Chi Institute
   B. Full Story of Memorial Closure in South Bend
2. ICSC Co-Chair Offers Perspective on Integrative Clinics
3. IOM CAM Committee Schedules First Meeting
4. IHPC Calls for CAM Representation on Key Committees
5. Minnesota Patient Safety Initiative a Model for Nation
6. ACA Rebuts Showtime Attack on Chiropractic
7. NCCAM Newsletter on CAM for Menopause
8. Annals Looks at CAM and Medical Education
9. Excellent Analysis of Healthcare Spending
10. New York Times Looks at Meditation, Herbs
11. Meditation Changes Brain and Immune System

Plus: Notes from the Margin

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INTEGRATIVE MEDICINE INDUSTRY LEADERSHIP SUMMIT 2003
Sunburst Resort, Scottsdale, Arizona
April 3-5, 2003

Summit 2003 continues to be developed, with some exciting areas of discussion and the promise of practical resources that have not been available before. For more information, go to www.thecollaboration.org and click on "Calendar of Events" to view PDF files on the Summit, registration information, and objectives. For additional information, please contact CHRF Executive Director Stephen Bolles at bolless@thecollaboration.org

1. Two Integrative Clinics Close

   A. Canadian Government Cuts Funding to Tzu Chi Institute

   The TZU CHI INSTITUTE FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE in Vancouver, B.C., will close at the end of March. Last spring, as part of overall cutbacks in the health budget, the government cut funding to the center, representing almost half its budget. "We made deep staff cuts and pared down operations substantially," said Board Chair Tim Kerr. "Within the new business plan, we had hoped for increased revenues from new services, memberships, and
charitable donations. These new revenue sources simply did not materialize fast enough." (See previous story, CHRF News File #31).

"It's a terrible shame," says BARBARA FINDLAY, RN, BSN, Tzu Chi executive director. "Healthcare for people living with chronic illness represents a significant cost to both our government and society. Just when the Institute's research was showing the tremendous impact we could have on the health of people living with chronic illness, funding was pulled in favor of acute care." Findlay serves on the CHRF's Integrative Clinical Services Consortium executive team. For more information: bfindlay@tzu-chi.bc.ca

B. Full Story of Memorial Closure in South Bend

The MEMORIAL CENTER FOR INTEGRATIVE HEALING in South Bend, IN, closed its doors at the end of December after two-and-a-half years in operation. The center was a 10,000 sq. ft., one-stop complementary medicine clinic in a leased building downtown. It offered a broad range of CAM services, including acupuncture, massage, nutritional counseling, and holistic psychotherapy. During its first two years, it saw 2,400 patients for services and 2,000 for education programs. Although a mile from MEMORIAL HOSPITAL, it functioned as a hospital department. During 2002, hospital administrators decided the downtown location was not ideal. Clinic director KAREN SOMMERS DUPUIS, MS, located a new site near a busy suburban mall and planned to offer spa services such as facials and body wraps as a way to entice more clients into the center.

Revenues grew 50% during the center's first year and 30% during its second. One of its best money-makers was a retail store, which offered herbal products, books, CDs, meditation supplies, homeopathic remedies, and natural bath and beauty products. Still, the clinic lost approximately $180,000 during 2002. Dupuis is confident it could have made a profit after its first five years, but she never got the chance to prove it. "We found a wonderful space near the mall, and I was just finalizing the new business plan when I was called in and told, guess what, you're closing." With the benefit of hindsight, she wonders whether hospitals and integrative clinics share a common vision. "You know, their business is taking care of sick people, while integrative clinics are in the business of taking care of well people." Dupuis was told the clinic closure was due to economic factors. "At a time when hospitals are struggling to break even, we weren't a big money-making department." She can think of things the center might have done differently. For example, she wishes the center had had a chiropractor on staff, "because chiropractic is so well-known and would have attracted more people." But on balance, she says, hospitals must recognize that a new integrative clinic may take five years to get off the ground, and even then may only do slightly better than breakeven. For more information: Karen.Somers@earthlink.net

2. ICSC Co-Chair Offers Perspective on Integrative Clinics

The "integrative clinic" model, in which a physician and several CAM practitioners cluster together under one roof, has inherent challenges and may not be the best model for future growth, according to MILT HAMMERLY, MD, director for integrative medicine at Denver-based Catholic Health Initiatives and co-chair of the Integrative Clinical Services Consortium. "When you transplant CAM practitioners from a low overhead setting to a high overhead setting, there's an inherent expense/revenue mismatch, and the business margin can’t support it," he says. "Expectations of high
margins and quick turnaround times are not realistic. In particular, there are infrastructure costs associated with being part of a hospital system, even when the clinic isn't located on the hospital campus."

Hammerly suggests CAM services may be more successful when brought into existing hospital service lines. For example, at Catholic Healthcare Initiatives, acupuncture and massage were added to the rehab program, while chiropractic and massage were included in outpatient primary care. "Build on your strengths, where you already have an established patient flow," he urges. "Make patient care more comprehensive, personalized, and collaborative." He observes that a stand-alone clinic, visible as a separate line item in the hospital budget, is easy to eliminate. "If CAM services are woven in as part of the organizational meat, then when people start trimming fat, CAM has a lower profile. As a long-term strategy, it may have a better chance of surviving." For information: MiltHammerly@Chi-National.Org

3. IOM CAM Committee Schedules First Meeting

The first meeting of the INSTITUTE OF MEDICINE’s Committee on the Use of CAM by the American Public will be held February 27-28, in Washington, DC. Scheduled speakers include STEPHEN E. STRAUS, MD, NCCAM director; DAVID M. EISENBERG, MD, associate professor of medicine and Director of the Osher Institute at Harvard Medical School; and JAMES GORDON, MD, chair of the White House Commission on Complementary and Alternative Medicine Policy.

The meeting is open to the public. In order to attend, people must register by Friday, February 14. There will be opportunities for public testimony during the meeting, with each speaker allotted 3-5 minutes, depending on how many wish to testify. Speakers must register in advance. In addition to oral testimony, the committee also accepts written materials via email (cam@nas.edu) or regular mail. To view the agenda or to register to testify, go to www.iom.edu/cam

An additional member has been added to the committee: MARK NICHTER, PhD, MPH, professor of anthropology at the University of Arizona. Nichter coordinates the Medical Anthropology graduate training program and teaches courses in the anthropology of the body, ethnomedicine, and international health and anthropology.

4. IHPC Calls for CAM Representation on Key Committees

The Integrated Healthcare Policy Consortium (IHPC) called for increased CAM representation on the committees that supervise billing codes during hearings held in Washington, DC on January 29-30. Several representatives of CAM organizations testified before the Subcommittee on Standards and Security of the NATIONAL COMMITTEE FOR VITAL AND HEALTH STATISTICS (NCVHS), including speakers from Southwest College of Naturopathic Medicine, American Association of Naturopathic Physicians, Chesapeake Natural Health Center, and Hennepin County Medical Center.

Alan Dumoff, JD, MSW, legal counsel for the IHPC Coding Task Force, told the committee the most important step forward would be for the CAM professions to be represented on the HEALTH CARE PROFESSIONAL ADVISORY COMMITTEE and on the CPT EDITORIAL PANEL itself. These groups oversee the development of the American Medical Association’s CPT codes, which are widely used for healthcare billing. Recent
changes make this far more likely than in the past, Dumoff tells the News Files. "In the past, for a profession to be represented, it had to offer a Medicare-reimbursable service, so acupuncture and massage, for example, did not get a seat at the table. Now, under the Health Insurance Portability and Accountability Act (HIPAA) we're looking at any code that can be submitted electronically for payment by any third party payer, not just Medicare. The unintended consequence for the AMA is, it will have to be far more open to acupuncture, massage, and other therapies which are paid for by some payers."

Dumoff also discussed standards a well-designed code should meet as well as gaps in current code sets. For example, the CPT now has a single code for neuromuscular reeducation, while appropriate CAM coding would allow for the varying approaches that might be used by a massage therapist, a physical therapist, or an osteopath.

The Jan 29-30 meeting agenda is posted on the NCVHS website, and testimony will be available in RealAudio format shortly. Go to: http://ncvhs.hhs.gov/030129ag.html. For more information: alanDLMC@aol.com

5. Minnesota Patient Safety Initiative a Model for Nation

Minnesota will be the first state in the nation to have all its hospitals collect patient safety data and make it available to the public. The Washington, DC-based LEAPFROG GROUP is asking hospitals nationwide to complete a web-based survey on several key patient safety practices, such as computerized prescription systems that limit errors due to poor handwriting. Now all 138 hospitals in Minnesota have agreed to participate in the project. The MINNESOTA HOSPITAL ASSOCIATION and the BUYERS HEALTH CARE ACTION GROUP are working to develop quality measures specifically geared for rural hospitals. Results from the Minnesota Leapfrog survey will be made available online so patients can see how their local hospital is working to reduce errors and improve safety. In addition, links to each hospital's website will provide pertinent local information for patients. This effort to gather accurate data on quality measures offers a glimpse of what healthcare could be like 15-20 years into the future. For more information: www.leapfroggroup.org

6. ACA Rebuts Showtime Attack on Chiropractic

When SHOWTIME aired a Penn & Teller program ridiculing chiropractic, the AMERICAN CHIROPRACTIC ASSOCIATION sent a strong letter expressing its reaction. "I am outraged that you would allow such misinformation to hit your airwaves, particularly when dealing with a subject as critical as the public's health," wrote ACA president Daryl D. Wills, DC. "The program conveniently swept under the rug the voluminous research that supports the safety and efficacy of chiropractic care, while instead employing gags, jokes, and scare tactics to discredit the chiropractic profession." The ACA has requested a meeting with Showtime to further discuss the problem. For the full text of the letter: www.acatoday.com/media/record/showtime.shtml

The ACA has also asked its members and other supporters to express their opinions about the broadcast. Letters can be sent to: Matthew Blank, CEO & Chairman Showtime Networks
The Winter 2003 issue of COMPLEMENTARY AND ALTERNATIVE MEDICINE AT THE NIH focuses on alternative therapies for menopausal symptoms, as presented at an NIH workshop last October. LORRAINE A. FITZPATRICK, MD, of the Mayo Clinic, discusses conventional and CAM therapies for menopausal symptoms, including soy protein, phytoestrogens, and botanicals. STEPHEN E. STRAUS, MD, NCCAM director, discusses ongoing research on CAM and women's health. To see the newsletter, go to:

The February 4th issue of the ANNALS OF INTERNAL MEDICINE features an article on "Complementary and Alternative Medical Therapies: Implications for Medical Education." While we've seen a steady increase in the number of medical schools that include CAM therapies in their curricula, there remains a lack of clear goals and concrete suggestions for implementation. This article offers practical suggestions for finding time in an already-packed curriculum, getting started, involving faculty and students in the process, and sustaining the initiative with administrative and institutional support. For more information:

The CALIFORNIA HEALTHCARE FOUNDATION has developed a report on national healthcare spending called "Healthcare Costs 101." The 38-page document covers healthcare cost increases, per capita health costs nationwide, who pays for healthcare, healthcare spending and inflation, how spending is distributed by type of service, and present rates of increase for components such as hospital services and prescription drugs. Available in pdf format – with excellent graphs, tables, and pie charts -- this analysis is a valuable tool for anyone seeking an overview of healthcare trends. http://www.chcf.org/topics/view.cfm?itemid=20236

A long article in the February 4 NEW YORK TIMES makes a strong case for the benefits of meditation. Daniel Goleman, author or Emotional Intelligence, describes what he calls "an unlikely research collaboration" between the Dalai Lama and top
U.S. psychologists and neuroscientists. Studies analyzing positive and negative moods using functional MRI images suggest meditation training can shift a person's "emotional set point" toward energy, enthusiasm, and other positive emotions. www.nytimes.com/2003/02/04/health/psychology/04ESSA.html?ntemail1

In the same issue, an article by Jane Brody looks at herbal remedies and concludes "natural does not mean safe." www.nytimes.com/2003/02/04/health/04BROD.html?ntemail1

11. Meditation Changes Brain and Immune System

A new study from the UNIVERSITY OF WISCONSIN-MADISON reports sustained changes in both brain and immune system function after a training program in mindfulness meditation. In this study an experimental group of 25 subjects received the training from JON KABAT-ZINN, PhD, of the University of Massachusetts Medical Center. The program included a weekly class, daily practice at home, and one seven-hour retreat. The research team measured electrical activity in the frontal part of the brain and found increased activation of the left side, associated with lower anxiety and a more positive emotional state. They also found improved immune system functioning. These findings suggest that meditation may produce important biological effects that improve a person's resiliency. The study will appear in an upcoming issue of the journal PSYCHOSOMATIC MEDICINE. www.sciencedaily.com/releases/2003/02/030204074125.htm

Notes from the Margin, 2/13/03 -- Stephen Bolles, Executive Director

The maturation of the integrative healthcare reform effort continues, now with the availability of increasingly sophisticated analyses of forces working for and against success. We've moved from the "if we build it, they will come" assumption drawn from broad survey data, to "if we build it, we had better have realistic expectations," to now "perhaps we shouldn’t build it at all.”

One perspective on this particular trend in healthcare renewal is to view it as a gradual process of inclusion. The (dominant) medical culture at first kept CAM at arm’s length, unsure what to do with it. Next it moved to holding it closer while at the same time uncertain of the implications. Now it contemplates real inclusion. Faced with the harsh financial realities of trying to establish CAM as a parallel treatment culture in the context of an infrastructure that is alien to customary CAM delivery, medicine is now beginning to ask the most serious question: Can we bring CAM services into our practices, instead of marginalizing it?

This is a hopeful sign that there is an emerging willingness to revise medical practices. It is one thing to treat a patient with customary medical care and refer to a chiropractor or acupuncturist when a clinical endpoint is reached that falls short of expectations. It is quite another to anticipate a clinical disappointment earlier in case management and consult with or refer to those providers on the front-end of care. The first (old) approach adds costs, frustrates patients, and does nothing to advance the science and art of care. The second addresses these shortcomings and offers the prospect of a real contribution to an emerging reality: the advent of a more broadly available, holistic healthcare experience—for patients and providers alike.

One group of unheard voices bears listening to in these matters: the patients who
are essentially abandoned when integrative clinics are forced to close. When the relationship between patient and provider is improved by offering a more integrative and holistic experience, and then that experience/relationship is taken away, the consequences cannot be minor. The ethical implications of this unintended effect have not received much attention. Once these patient experiences begin to be collected, the pressure they will exert on systems, hospitals, and clinics can only add to what is already being felt as consumers ask for more complete (and lasting) healthcare reform.

To subscribe or unsubscribe to the CHRF News Files, or to change your email address, please contact PriesterC@thecollaboration.org.

End, CHRF News File #41, February 13, 2003

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CHRF NEWS FILE #42, February 26, 2003

1. HHS Deadline for ABC Codes Demonstration Project
2. IHPC urges IOM to Expand CAM Committee
3. New Association to Represent CAM Providers
4. Update from Beth Clay in D.C.
5. First Impressions on Medicare Advisory Committee
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   A. The Science of Whole Person Healing
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7. Canadian Workshop Report Available
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Plus:
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Collaboration Bulletin Board

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible in part through grants from the Center for Integrative Health, Medicine and Research, and from an anonymous philanthropist.

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Elaine Zablocki (ZablockiE@thecollaboration.org)

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INTEGRATIVE MEDICINE INDUSTRY LEADERSHIP SUMMIT 2003
Sunburst Resort, Scottsdale, AZ
April 3-5, 2003
New speakers are being confirmed for Summit 2003, including a consumer voice from AARP and Patrick O'Carroll, MD, medical director for Region Ten. CHRF Executive Director Stephen Bolles promises a thorough discussion of viable business models—what works, what doesn't, plus practical tools to assess success. In addition, this year’s Summit will offer an in-depth analysis of financial implications and potential cost savings from the use of CAM modalities. For more information, see the Calendar at www.thecollaboration.org, or contact bolless@thecollaboration.org

1. HHS Deadline for ABC Codes Demonstration Project

Healthcare organizations face a tight deadline if they want to use ABC codes in HIPAA transactions, according to SYNTHIA MOLINA, CEO of Alternative Link, which developed the codes. "Now that the U.S. Department of Health and Human Services (HHS) has approved the use and evaluation of ABC codes, the next step for organizations and practitioners is to register before the HHS deadline of March 16, 2003," she says. "HHS Secretary Tommy Thompson approved the use and evaluation of ABC codes as a proposed modification to the HIPAA standards. So far, HHS remains firm about the registration cut-off date to “opt in” under this special HIPAA exception. Those who don’t enroll now will be locked out. The registration form is available at www.alternativelink.com.

Molina predicts we'll see initial data from the ABC codes demonstration project in about three months. Several organizations have expressed interest in participating, including the UNIVERSITY OF MARYLAND’S COMPLEMENTARY AND ALTERNATIVE MEDICINE PROGRAM and CONEMAUGH HEALTH SYSTEM in Pennsylvania. The AMERICAN HEALTHCARE ALLIANCE, an association of preferred provider organizations, is presenting information about ABC codes and the demonstration project to its member networks and payors.

Molina praises the work of legal and government relations experts Tony Martinez, Debra Bass, and Sam Brunelli, who played a key role in winning approval for the demonstration project. "They were very systematic in evaluating the perspectives of Senators and Congressmen on CAM, and then they were very effective in conveying those perspectives to key individuals inside Health and Human Services," she says. For more information on the demonstration project: cheri.dunkleberger@alternativelink.com

2. IHPC Urges IOM to Expand CAM Committee

The Integrated Healthcare Policy Consortium (IHPC), has written to the IOM Committee on CAM Usage urging the IOM to expand the group to include more CAM professionals. "IHPC believes that the Study Committee should include representation from the field of holistic nursing, as well as from the CAM professions of chiropractic, acupuncture/Oriental medicine, and therapeutic massage," writes IHPC chair CANDACE CAMPBELL. "These practitioners and massage therapists are the most widely used CAM professionals, and they deserve a voice in this important process. Simply inviting testimony from these professional groups is not the same as giving them a seat at the table." The IHPC letter suggests five practitioners who would be valuable additions to the IOM study process: -- WILLIAM DALLAS, DC, FICC, president of Western States Chiropractic College and president of the Association of Chiropractic Colleges (ACC)
3. New Association to Represent CAM Providers

A new association has been formed to serve healthcare providers and specialty insurers whose offerings complement basic medical benefits. They include providers of mental health, vision, dental, and complementary medicine services such as acupuncture and chiropractic. Called the NATIONAL ASSOCIATION OF SPECIALTY HEALTH ORGANIZATIONS (NASHO), the new nonprofit will partner with the AMERICAN ASSOCIATION OF PREFERRED PROVIDER ORGANIZATIONS (AAPPO). "Specialty health organizations have long needed a unified voice," says GEORGE DEVRIES, NASHO founding board member and President and CEO of American Specialty Health, Inc. "NASHO will make certain their diverse business needs will be heard and allowed to be met." The organization will be active in public policy and the regulatory arena. It will also support the professional growth of specialty health professionals and facilitate best practices. For more information: www.aappo.org

4. Update from Beth Clay in D.C.

In the current Congress, Rep. DAN BURTON (R-IN), who has been an active campaigner for natural medicine and healthcare renewal, will chair the Government Reform Committee's Subcommittee on Human Rights and Wellness. BETH CLAY, senior professional staff member and attendee at CHRF Summit 2002, will continue to work on several CAM-related issues.

Most of her time has lately been focused on childhood vaccines and autism. "There is a potential, and we feel a strong potential, that autism is linked to vaccine adverse events, including mercury in vaccines," she says. "The current Vaccine Injury Compensation Program needs improvements, such as increasing the statute of limitations from 3 to 6 years and providing attorneys' fees and costs while a case is in process." Burton is currently working with colleagues to draft bipartisan legislation on the issue.

Burton is also co-chair of the CAM Caucus, which was formed in 2001. Several caucus activities were planned for 2002 but were derailed by September 11. "With a new Congress, I would anticipate that the caucus will reconvene and become an active force on educating other members about CAM issues," Clay told the News Files. For more information: beth.clay@mail.house.gov
5. Upcoming Conferences

A. The Science of Whole Person Healing

A conference on the science of CAM is scheduled for March 28-30, 2003, in Washington, DC. Described as "the first-ever conference organized by leading scientists, engineers, physicians, and CAM practitioners," the "First International Conference on The Science of Whole Person Healing" includes speakers such as Effie Chow, Howard Hall, David Simon, Wayne Jonas, and Rustum Roy. On the conference website, observers are invited to suggest additional people who ought to be speakers at the conference. Presentations will include Reports on CAM research by current NIH, DoD, and private foundation (NFAM, Chopra Foundation, Samuei Institute, Templeton Foundation) grantees, and data from worldwide research on low-cost, low-tech healing practices.

Conference organizers are seeking papers on "work at the energetic, molecular, cellular, clinical, and epidemiological levels. Single case studies supported by hard data are welcome." The deadline for abstracts is March 1. For more information: www.wholepersonhealing.com/

B. Holistic Approach to End-of-Life and Elder Care

A conference titled "Integrating Spirit and Caregiving" will be held May 12-14, 2003, in Boulder, Colorado. Co-sponsored by BALFOUR RETIREMENT COMMUNITY and the NATIONAL PRISON HOSPICE ASSOCIATION, the conference brings together leading teachers of contemplative approaches to elder care and end-of-life care. It is designed for professional and lay caregivers, family members, and anyone dealing with end-of-life and elder care issues. Participants will be able to learn new clinical and caregiving approaches from skilled practitioners such as FRANK OSTASESKI, JOAN HALIFAX ROSHI, and RABBI ZALMAN SCHACHTER-SHALOMI, who have developed professional training programs for clinicians. The keynote speaker is SOGYAL RINPOCHE, author of The Tibetan Book of Living and Dying, an international bestseller on hospice and palliative care. To register or for more information: (800) 603-3117 or http://www.naropa.edu/extend/sp2003/SpiritConference.html

6. First Impressions on Medicare Advisory Committee

JOSEPH PIZZORNO, JR., ND, and PAMELA SNIDER, ND, newly appointed to the MEDICARE COVERAGE ADVISORY COMMITTEE (MCAC), returned from their first meeting feeling enthusiastic about their participation in the advisory process. "We had limited time to interact with the other committee members, but those we talked with did not know what a naturopathic doctor was. They had never heard of Bastyr University," Pizzorno says. He expects future meetings will offer opportunities to educate other committee members on various aspects of the CAM professions. "Of course, I hope to see natural interventions achieve coverage under Medicare. But more importantly, natural medicine has wisdom and understanding to offer about how to fundamentally improve people's health, and to think differently about healthcare." Snider agrees. "Today we see significant disease disparities among different communities. It is so important to expand preventive services, health promotion, and CAM services to communities of color and underserved populations." Pizzorno is cofounder and President Emeritus of Bastyr, and editor-in-chief of Integrative Medicine: A Clinician's Journal. Snider is a faculty member and former
7. Canadian Workshop Report Available

A report is now available from the Canadian workshop, "Integrative Health Care: Defining and Operationalizing the Fundamental Elements," held last November. One of the workshop goals was to achieve consensus on a working definition of integrative healthcare. Their description: Integrative healthcare, as described by the participants, takes a person-centered, person-empowering approach to healthcare; recognizes inter-relationships among physical, mental, social, environmental, and spiritual dimensions of health and well-being; facilitates healing; allows for and considers multiple disciplines and modalities; requires interdisciplinary and inter-professional working relationships among practitioners; provides access to and support for needed or desired care at the health systems level; supports continuity and coordination in care; incorporates a process of organizational (professional, clinical, institutional, systems-level) development, reflection, and evaluation on activities, processes, and outcomes of care. The report also includes material on four models of integrative healthcare: MARYLEBONE HEALTH CENTRE, London; DUKE CENTER FOR INTEGRATIVE MEDICINE, North Carolina; SHANGHAI YUEYANG HOSPITAL, China; and TZU CHI INSTITUTE, Vancouver, Canada. It identifies key outcomes and indicators of integrative healthcare at the clinical and practitioner level. For an electronic copy of the report, email heather.boon@utoronto.ca

8. Integrative Medicine Journal Seeks Submissions

MARC MICOZZI, MD, PHD, editor-in-chief of SEMINARS IN INTEGRATIVE MEDICINE, is seeking submissions for the new journal. "We are inviting reviews on the broad topic of integrative medicine averaging 20 manuscript pages, double-spaced." Send them to him at marcmicozzi@aol.com. To subscribe: (800) 654-2452 or go to www.elsevierhealth.com

Notes from the Margin, 2/26/03 -- Stephen Bolles, Executive Director

One of the biggest influences on healthcare right now is a force that is not mentioned in the stories above. The dire news of budget crises across the nation, coupled with a sluggish economy, will result in a variety of personal problems and family tragedies. Healthcare benefits, costs, and consumption all are acting like dark matter in the universe of healthcare reform and renewal.

Employers are desperate for relief, and aside from shifting costs (euphemistically termed "responsibility," an interesting description in a climate of so little useful information for consumers to make informed purchasing decisions), benefit sets themselves are under pressure.

For alternative or integrative healthcare services to survive in this rarified atmosphere, more support than mere consumer pressure will have to be generated. As inexorable as the potent voice of the public has been in its effect on healthcare reform, it is about to meet an immovable object.

In order to not only survive as add-on benefits but also receive serious consideration
as core benefit components, CAM services and professions are going to have to demonstrate value in a way no medical service has yet been forced to show. To date, either cost savings or improved clinical outcomes have been enough to get CAM services included in many benefit sets. In the future, it’s probably going to take both savings and outcomes to preserve or add them.

What segment of the industry is going to demonstrate this value? Clinical research will show some illustrative examples—one therapy at a time. But the industry will not wait for incremental evidence. Demonstration projects like Alternative Link’s hold substantially more promise and will rely on broad participation at a grassroots level to generate the kind of data that will get national payers to sit up and take note.

A missing tool for purchasers—from small employers to national and international ones—is how to evaluate whatever evidence or data are presented in the context of value. What level of evidence is, or will be, enough to focus on a given CAM approach in relation to a more costly or less effective medical intervention? All stakeholders need a voice in developing the answer.

**Collaboration Bulletin Board -- 2/26/03**

E/MC Working Group Seeks Resources on Integrative Healthcare

The CHRF Employer/Managed Care Working Group continues to seek information on cost, clinical effectiveness, and utilization of CAM services, including peer-reviewed research, journal articles, industry reports, and/or case studies. The information will be inventoried, ranked by credibility according to objective criteria, and made available through the CHRF website. Please fax information to Michael Shor at (781) 326-2230 or email Karen Kremer at kmuehlberg@yahoo.com

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End, CHRF News File #42, February 26, 2003

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**CHRF NEWS FILE #43, March 27, 2003**

1. IOM CAM Committee Member Un-Appointed
2. First Meeting of IOM CAM Committee: Testimony from Eisenberg, Martinez, Rosner
3. IHPC Creates Task Forces to Shape Legislative Agenda
4. 8000+ Register to Use ABC Codes
5. Acupuncture Demonstrates Efficacy in Integrative Setting
6. Two Journals Report on CAM Treatments for Back and Neck Pain
   A. Orthopedics Today: Affirms Value of Chiropractic
   B. Spine: More People Using CAM For Back and Neck Pain
7. High Cost of Diabetes
8. Comprehensive Cancer Care Conference
9. Six-Day Course Introduces Clinicians to Functional Medicine
Plus: **Notes from the Margin**

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**INTEGRATIVE MEDICINE INDUSTRY LEADERSHIP SUMMIT 2003 CANCELLED**

Due to difficult and complicated circumstances surrounding the war in Iraq, the CHRF Fourth Annual Integrative Medicine Industry Leadership Summit, scheduled for April 3-5, 2003, in Scottsdale, Arizona, has been cancelled. The dates for the 2004 Summit will be set in the next few weeks. Work by the CHRF Leadership Team and Working Groups will continue, including meetings separately in the coming months.

1. **IOM CAM Committee Member Un-Appointed**

As we go to press, the CAM community is dismayed to learn that SHERMAN COHN, JD, LLB, LLM, a member of the IOM Committee on CAM Usage, has not been confirmed in his position. Although he participated in the first committee meeting, apparently he will not participate in future meetings. No details about the process that led to this decision nor the reasons behind it are known at this time.

Cohn has been a professor at the Georgetown Law Center since 1965 and director of continuing legal education there from 1977-84. He specializes in civil procedure, professional responsibility, and legal issues relating to CAM. He has a special interest in oriental medicine and has served as chair of the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine. He is the only member of the IOM CAM committee with a background in CAM legal issues.

"Based on the little information we have, it appears as if Mr. Cohn has been locked out of the proceedings because of his experience with CAM organizations and activities. This is beyond ironic, it's ludicrous," comments CANDACE CAMPBELL, executive director of the American Association for Health Freedom and chair of the CHRF Integrated Healthcare Policy Consortium. "Does IOM only want to work with individuals from the conventional community who have limited experience with CAM? This not only undermines their credibility, it does not bode well for the recommendations we can expect to see from such a lopsided review. It's time for the CAM community and our Congressional allies to point out that the emperor has no clothes."

2. **First Meeting of IOM CAM Committee: Testimony from Eisenberg, Martinez, Rosner**

The first meeting of the IOM Committee on CAM Usage was held February 27-28, to
begin a discussion of CAM usage and research in the U.S. However, the removal of Sherman Cohn from the committee's membership casts doubt on its future effectiveness.

The first day of the meeting was open to the public. STEPHEN E. STRAUS, MD, director of the National Center for Complementary and Alternative Medicine (NCCAM), called on the committee to offer guidance on developing the best possible research agenda. DAVID M. EISENBERG, MD, Bernard Osher Associate Professor of Medicine and Director of the Osher Institute at Harvard Medical School, reviewed current knowledge about CAM usage.

ANTONIO C. MARTINEZ, II, JD, government relations and political affairs counsel, testified on how important it will be for the committee to become familiar with regulatory and legal barriers to CAM research, and how that research should be congruent with what's actually going on in the marketplace. "There was a genuine level of interest among committee members," he reports. "However, they come from an academic background and did not appear to be familiar with non-academic issues." For more information: tonymartinez@compuserve.com. ANTHONY ROSNER of the Foundation for Chiropractic Education and Research also testified during the "open testimony" portion of the public meeting. For copies of testimony given by speakers at the first meeting, send an email to publicac@nas.edu. Include names of speakers and the date of the event.

Martinez points out it is easy to sign up to participate. Those who wish to speak at future IOM CAM Committee meetings must, however, register in advance, both for the meeting and to provide testimony. The next meeting of the committee is set for April 22-23, but no details about the agenda are available at this time. For more information: cam@nas.edu

3. IHPC Creates Task Forces to Shape Legislative Agenda

The Integrated Healthcare Policy Consortium, a CHRF Working Group, has begun to establish advisory task forces to focus on its legislative agenda. MICHAEL TRAUB, ND, has agreed to serve as interim chair of the Advisory Committee. He will recruit task force chairs and facilitate communications among interested parties. Traub is the president of the American Association of Naturopathic Physicians and practices at a Lokahi Health Center in Kailua Kona, Hawaii. For more information: traub@hawaii.rr.com

DAVID O'BRYON, CAE, has agreed to chair the Education and Training task force, which will seek federal support for education and training programs for both conventional and CAM schools to produce a core, integrated curriculum. O'Bryon is the Executive Director of the Association of Chiropractic Colleges and the founder of O'Bryon & Company, an association management firm. Early in his career, Mr. O'Bryon served on the staff of two members of Congress. For more information, or to offer to serve on the Education and Training task force: obryonco@aol.com

DUCHY TRACHTENBERG, MSW, LCSW-C, has agreed to chair the Research task force, which will seek increased appropriations for health services research to foster health promotion and disease prevention. Trachtenberg is an active member of the American Public Health Association and serves as chair of their Alternative and Complementary Health Practices Special Primary Interest Group. For more
Many thanks to Michael, David, and Duchy for agreeing to take on these important roles!

4. **8000+ Register to Use ABC Codes**

More than 8000 individuals and organizations registered to use ABC codes in HIPAA transactions before the March 16 registration cutoff date. They include insurers, health plans, Medicaid programs, government agencies, integrated delivery networks, hospital systems, preferred provider organizations (PPOs), specialty PPOs, independent physician associations (IPAs), medical schools, academic institutions, third party administrators, application developers, and service providers.

While this is a substantial number of applicants, it still represents only a fraction of the organizations who could benefit from ABC code use. ALTERNATIVE LINK and THE FOUNDATION FOR INTEGRATIVE HEALTHCARE (the two organizations that developed and now maintain ABC codes) plan to submit petitions to the U.S. Department of Health and Human Services (HHS) to request an extension of the registration deadline. According to SYNTHIA MOLINA, CEO of Alternative Link, HHS is seriously considering an extension. "We're encouraging everyone who still wants to secure their rights to use and/or evaluate these codes in HIPAA transactions through 2005 to immediately petition for these rights at www.alternativelink.com," she says. "The petition form gathers exactly the same information as the prior registration form. Our goal is to educate HHS on the value of instantly including all petitioners as registrants if and when an extension is granted."

According to a HHS mandate issued earlier this year, all health industry participants considering commercial use or evaluation of ABC codes in HIPAA transactions over the next two years must officially register as users or lose rights to code set use.

5. **Acupuncture Demonstrates Efficacy in Integrative Setting**

Practical experience has convinced MICHAEL SHOR, MPH, that acupuncture is effective for certain diagnoses, including chronic pain syndrome, migraine headaches, and depression. Shor is co-chair of the CHRF Employer/Managed Care Working Group and director of development services for the MARINO CENTER, a Boston-based integrative healthcare center serving 250 patients per day. "We think that combining acupuncture with therapeutic massage for lower back pain gives us a better result than just using acupuncture alone, or therapeutic massage alone," he says. Acupuncture also appears to be effective for male infertility (specifically, for low sperm count but not for situations where there is no sperm at all). "We find that acupuncture lowers the number of fertility cycles a couple must experience to achieve impregnation, and this has very exciting financial implications," Shor says.

He is intrigued by another phenomenon. "For some patients, acupuncture works wonderfully, while for others with the same diagnosis, you don't see any result. This is only an observation, but typically, both clinician and patient know, from the first two to three visits, whether or not acupuncture will be successful." For information: MShor@marinocenter.org
6. Two Journals Report on CAM Treatments for Back and Neck Pain

A. Orthopedics Today: Affirms Value of Chiropractic

The February 2003 issue of Orthopedics Today featured an article entitled "Time to Recognize Value of Chiropractic Care? Science and Patient Satisfaction Surveys Cite Usefulness of Spinal Manipulation." The article includes powerful comments in support of spinal manipulation from JACK ZIGLER, MD, orthopedic spine surgeon with the Texas Back Institute, who says, "There are a lot of myths about chiropractic care. I decided to look into each of these myths, and what I found is that chiropractic education, side-by-side, is more similar to medical education than it is dissimilar." ANDREW COLE, MD, associate clinical professor of rehabilitation medicine at the University of Washington, suggested instances in which spine surgeons should refer patients to chiropractors, saying that "overall, manipulation has the advantage of reducing pain, decreasing medication, rapidly advancing physical therapy and requiring fewer passive modalities."

B. Spine: More People Using CAM For Back and Neck Pain

During 1997, more people with back and/or neck pain turned to complementary therapies than conventional providers—and reported more success—according to a study from the Center for Alternative Medicine Research and Education at Beth Israel Deaconess Medical Center and the Department of Health Care Policy at Harvard Medical School.

A recent national survey published in the February 2003 issue of Spine found that 54% of people reporting back and neck pain in the previous 12 months used complementary therapies to treat their conditions while only 37% of those surveyed consulted conventional providers. Of those with back or neck pain, 20% used chiropractic, 14% used massage, and 12% used relaxation techniques. Chiropractic, massage, and relaxation techniques were rated as "very helpful" for back or neck pain a substantial proportion of the time (61%, 65%, and 43%, respectively), whereas conventional providers were rated as "very helpful" by only 27% of users.

The authors estimate that nearly one-third of all complementary provider visits in 1997 (203 million out of 629 million) were made specifically for the treatment of back or neck pain. They recommend further investigation of the frequency of use and perceived helpfulness of complementary methods for back and neck conditions. For information: www.medscape.com/viewarticle/449210_1

7. High Cost of Diabetes

Diabetes is the fifth leading cause of death by disease in the U.S. People with diabetes are at higher risk for heart disease, blindness, kidney failure, extremity amputations, and other chronic conditions. During 2002, costs due to diabetes were estimated at $132 billion, according to an article published in the March 2003 issue of Diabetes Care. Direct medical expenditures totaled $91.8 billion, including $23.2 billion for diabetes care, $24.6 billion for chronic complications attributable to diabetes, and $44.1 billion for excess prevalence of general medical conditions. Indirect costs due to lost workdays, restricted activity days, mortality, and permanent disability were estimated at $39.8 billion. Per capita medical expenditures for the year averaged $2,560 for people without diabetes and $13,243 for people with diabetes. Furthermore, these estimated costs are probably low because they do
not include undiagnosed cases, intangibles such as pain and suffering, or care provided by unpaid caregivers.

COMMENT: These figures, coupled with the costs of morbidity and mortality associated with other progressive and chronic conditions, underscore the importance of exploring the benefits that integrative healthcare can potentially bring to improving the healthcare system. The normal and important contributions of traditional medicine clearly have limitations that CAM providers may help extend, especially in collaborative environments.

8. Comprehensive Cancer Care Conference

The fifth annual conference on Comprehensive Cancer Care: Integrating Complementary and Alternative Therapies will begin in Washington, DC, on April 9, 2003. Hosted by the CENTER FOR MIND-BODY MEDICINE with the participation of the NATIONAL CANCER INSTITUTE, the conference seeks to integrate mainstream care techniques with evidenced-based complementary and alternative medicine. Pre-conference workshops are scheduled for April 9-10. The conference itself will be held April 11-13, 2003. For more information: (202) 966-7338 or visit http://www.cmbm.org

9. Six-Day Course Introduces Clinicians to Functional Medicine

The INSTITUTE FOR FUNCTIONAL MEDICINE just concluded a six-day intensive course, Applying Functional Medicine in Clinical Practice, designed to bridge the gap between emerging research and effective clinical practice. "Participants learn to analyze the long-term functional decline that usually presents well before any diagnosis of chronic disease, to assess current function, and intervene to improve function from the cellular level on up," explains SHEILA QUINN, senior editor at the Institute and a member of the CHRF Leadership Team. The course teaches participants how to look for signs that a process of decline may have started, identify possible triggering events and predisposing factors, and find ways to help the system return to balance. It was held in Gig Harbor, Washington, where the Institute is located, and was attended by 37 clinicians, about 60-70% of them MDs and DOs, and the remainder in other forms of clinical practice. Similar courses will be offered in Boston in October and Los Angeles in December. For more information: 800-228-0622 or go to www.functionalmedicine.org

Notes from the Margin, 3/27/03 -- Stephen Bolles, Executive Director

The corrosive nature of stress is certainly apparent in disturbing proportions these days. The uncomfortable necessity of canceling the 2003 Summit relieved some and left others disappointed. Given the state of the industry and the ever-worsening complexity of problems and unmet needs in the arena of healthcare renewal and reform, any missed opportunity to convene leaders who have demonstrated an ability to make a material difference is problematic. But it is on to 2004, and the work of the different Working Groups within CHRF will continue unabated.

The need for collaboration only becomes more apparent with time and events. Sherman Cohn’s “un-appointment” for the IOM CAM committee does not, as Candace Campbell points out, offer assurances to the integrative healthcare community that
the quality of the Committee’s work will be viewed in a positive light. This is not simply a “medicine vs. CAM” concern. The long strides still needed in healthcare improvement will not come from advances that either community makes in isolation, but in collaboration and integration. The statement made by Mr. Cohn’s removal is clearly political and serves as a reminder that there are those who hold keys to doors that can still be shut in our faces—even after we’ve been invited inside.

The decision creates concern aside from politics. It is dangerously close to another example of the dominant traditional medical culture dismissing the valuable contributions made possible by inclusion of the very culture it purports to be studying. The statement it makes is essentially that the committee believes it can study interventions, providers, professions, and clinical effects—without the benefit of a guide familiar with the very things they want to study. The hubris of this approach speaks for itself. Members of the integrative community will be forgiven if they already look past the work of this IOM committee to future efforts that engage broader and legitimate representation.

Ms. Campbell correctly points out that in this case the emperor indeed has no clothes. Even worse, he’s going home to a house where fewer and fewer people can live. Pretty soon, he’s going to be alone.

To subscribe or unsubscribe to the CHRF News Files, or to change your email address, please contact PriesterC@thecollaboration.org.

End, CHRF News File #43, March 27, 2003

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CHRIF NEWS FILE #44, April 20, 2003

1. Supreme Court Ruling on “Any Willing Provider” Law
2. HHS Extends ABC Codes Deadline – Final Opportunity!
3. One Center’s Success is Encouraging
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Plus:
Notes from the Margin
Collaboration Bulletin Board

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible in part through grants from the Center for Integrative Health,
1. Supreme Court Ruling on “Any Willing Provider” Law

In a unanimous decision on April 2, 2003, the U.S. SUPREME COURT ruled that states do have the right to pass "any willing provider" laws. These laws typically state that HMOs and other managed care organizations cannot restrict provider participation. That is to say, if they have MDs in their network, then they must open their network to any MD in the region who's willing to accept their reimbursement rates and contract terms. Similarly, if they have chiropractors in their network, they must include any chiropractor who accepts their standard rates and terms.

The actual decision in "Kentucky Association of Health Plans, et al. v. Miller," is quite narrow. It says only that Kentucky's law is not preempted by the federal Employee Retirement Income Security Act (ERISA), which regulates benefits such as health and life insurance. It does not require that states must pass any willing provider laws, and it does not say that HMOs have to expand their networks and admit new categories of providers.

CAM professions have had varying responses to the decision. The AMERICAN CHIROPRACTIC ASSOCIATION told its members, "The bottom line is that it is now more difficult for a managed care company or insurance company to escape the requirements of state law under the ERISA preemption, and patients of chiropractors will have greater choice in the selection of provider." Because many managed care organizations do cover chiropractic care, this decision could expand opportunities for chiropractors, at least in states that have any willing provider laws.

But CAM professions usually not covered by managed care organizations are likely to have a different reaction. For example, a knowledgeable naturopath comments, "Apparently the only state that currently has an any willing provider law pertaining to physicians, and also licenses NDs, is Utah. There are only about 10 licensed NDs in Utah. Therefore, the impact of the recent Supreme Court decision on the naturopathic profession is minimal."

2. HHS Extends ABC Codes Deadline – Final Opportunity!

The U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) has extended the registration deadline for voluntary use of ABC codes under the new two-year HIPAA demonstration program. The new deadline is midnight, Thursday, May 29, 2003.

Healthcare organizations that wish to use ABC codes for electronic transactions during the next two years, can register at www.alternativelink.com. "If you missed the original registration date, this unprecedented extension is your final opportunity to ensure you and your organization can gain the strategic advantages of using ABC
codes in qualified HIPAA transactions over the next two years," says an ALTERNATIVE LINK representative. Nearly 10,000 health industry participants have already volunteered for this program and plan to implement the code set in research and management as well as electronic commerce. For information: cheri.dunkleberger@alternativelink.com

3. One Center’s Success is Encouraging

The Center for Complementary Medicine in Park Ridge, Illinois, is flourishing, according to director DONALD NOVEY, MD. Founded in August, 1998, it is an outpatient specialty site for the ADVOCATE MEDICAL GROUP, a multi-specialty group practice. The center reached breakeven 20 months after it opened its doors, and now has about 700 patient visits per month. CAM practitioners include three acupuncturists (two of them are Chinese herbalists), three chiropractors, (one trained in homeopathy), two PhD clinical psychologists, and four massage therapists/body workers. Novey sees patients and serves as the integrative MD coordinator, meeting twice a week with CAM staff to review cases.

Early in 2002 the center received a three-year grant totaling $471,000 to expand its CAM rotation for LUTHERAN GENERAL HOSPITAL's family practice residency. However, Novey notes, this grant funds only the residency program. The center has not received any other philanthropic or research grants but has developed a self-sustaining revenue stream. Chiropractic services bring in about 50% of the center's revenue. "It's a popular service, and in Illinois it's covered by all forms of insurance including HMOs, PPOs, Medicare, and Medicaid." Services not covered by insurance are paid for out-of-pocket. "To me, the secret of success is a clear-eyed gaze on the finances and realities of integrative medicine," Novey says. Since 2000 he has also been consulting on these issues as the president of INTEGRATIVE MEDICINE ASSOCIATES. For information: dnovey@medicalmediasystems.com

4. Political Effort Seeks Funding for Health Promotion

A coalition of more than 200 diverse organizations is mobilizing in support of increased federal funding for health promotion and disease prevention. "When the state tobacco settlement came though, we thought this would mean money for tobacco prevention programs," states MICHAEL P. O'DONNELL, PhD, MBA, MPH, editor-in-chief of the American Journal of Health Promotion, and chair of the coalition's executive committee. "Then we saw that money taken over by whichever lobby was most powerful in each state. We realized our field needed to organize and develop some clout."

The coalition, known as HEALTH PROMOTION ADVOCATES, is putting the final touches on legislation called Health Promotion FIRST (Funding Integrated Research, Synthesis and Training), which will be introduced by Senators RICHARD LUGAR (R-IN) and JEFF BINGAMAN (D-MN). A discussion draft, to be circulated to potential co-sponsors, will be ready by the end of the month, and O'Donnell expects the bill will be introduced in Congress by the end of May. The bill calls for approximately $800 million over five years to enhance the basic and applied science of health promotion, including funds for coordination, synthesis and dissemination.

Many thanks to Candace Campbell for alerting us to this effort. For information:
5. IOM CAM Committee Follow-Up

A. Cohn and Standish Silently Removed

Without any public announcement, two members of the IOM Committee on CAM Usage have been removed, and their names have disappeared from the posted list of members. They are SHERMAN COHN, JD, LLB, LLM, a professor at Georgetown Law Center since 1965, and LEANNA J. STANDISH, ND, PhD, Dipl. Ac., director of the Bastyr University Research Institute from 1987-2001. The description of Standish formerly posted on the IOM website called her "a licensed naturopathic physician and acupuncturist with a 25-year career as a research scientist in neuroscience, with numerous publications."

Standish and Cohn were removed from the committee after its first meeting, acknowledges an IOM spokesperson. "Following the conflict-of-interest and bias review that is a standard part of all National Academies studies, it emerged that there were conflicts of interest or bias concerns relating to two of the individuals who had been proposed to serve on the committee and, therefore, the appointments of these two individuals were not confirmed. Membership on National Academies committees is not a 'done-deal' when the rosters are publicly posted."

The spokesperson further explains that committee members discuss information on potential conflicts of interest and bias in closed session at the beginning of their first meeting and annually thereafter. "Committee appointments are never absolutely final until the report is complete," she says. Information on conflict of interest and bias reviews is confidential, and the IOM does not discuss specific cases "out of respect for individuals' confidentiality."

B. IOM Process Criticized

Now that two members of the IOM committee on CAM have been removed, CAM organizations are asking who made these decisions, and what do they mean for the future of the committee's work.

MICHAEL TRAUB, ND, president of the American Association of Naturopathic Physicians, wrote to HARVEY V. FINEBERG, MD, PhD, president of the Institute of Medicine, saying, "there has been no public acknowledgment of these withdrawals, only the omission of these two names from the IOM Study Committee roster posted on the website, with no explanation of the reasons nor the names of those who made this decision. [Since] the IOM is a federally funded program, the lack of a public explanation is very troubling."

In a recent a public statement on racial diversity, Fineburg said, "Diversity in science...and the health professions is both a means and an end...Science should not be accessible to only the privileged few." In his letter, Traub appealed to him, saying, "I simply ask that you take your own words to heart and use the composition of the CAM study committee as an opportunity to embrace the diversity for which you argue so passionately."
PAUL MITTMAN, ND, president of the American Association of Naturopathic Medical Colleges, also wrote Fineberg, saying, "Dr. Standish's body of research is quite extensive, reflecting her dual background as a naturopathic physician and a PhD biochemist....Removing Dr. Standish from the project faculty limits not only the scope of the panel's expertise but also runs counter to the project's own initiatives." For more information: traub@hawaii.rr.com or P.Mittman@scnm.edu

C. No Public Testimony at Next IOM Committee Meeting

The IOM Committee on CAM Usage will hold its next meeting April 22-23. As reported in CHRF News Files #43, testimony from the general public was accepted during the committee's first meeting in February. Visitors to the committee's website found information there on how to register to give open testimony at the April 22 meeting. However, this information has now disappeared from the website, replaced by the statement, "There will not be an open testimony session at this meeting."

An IOM spokesperson tells the News Files that the initial opportunity for testimony on April 22 was posted due to a mistake. "Some language about the previous meeting, which did include time for testimony, was inadvertently copied into the web announcement for the upcoming meeting." She assures interested parties that there will be time for open testimony at the June meeting. For information: http://www.iom.edu/IOM/IOMHome.nsf/Pages/Complementary+and+Alternative+Medicine

6. Integrative Medicine Policy Institute Launches

The POLICY INSTITUTE FOR INTEGRATIVE MEDICINE (PIIM), located at THOMAS JEFFERSON UNIVERSITY HOSPITAL in Philadelphia and inaugurated in September 2002, is off to a strong start. "Our goal is to serve as an articulate voice on the research, training, and education needed to support the integration of complementary therapies into the continuum of medical care," says director MARC S. MICOZZI, MD, PhD. "Eighty percent of our mission is education, to make decision makers aware of the research that's already been completed, and the new research that needs to be done." In addition to basic clinical research, Micozzi sees a strong need for applied research related to healthcare utilization, which would look at patient and practitioner satisfaction, willingness to pay, the extent to which alternative therapies could substitute for other kinds of care, and the potential cost savings associated with that substitution. PIIM is working with members of the Congressional Caucus on CAM to develop support for a broader federal investment in integrative medicine research, education, and practice. "We're working on effective models for education, such as interactive CD-ROMS, which are inexpensive to reproduce and easy to put in the hands of consumers or legislators or people in the industry," Micozzi says. Visit the PIIM website at www.piimed.org. For more information: marcmicozzi@aol.com

7. Ecological Medicine Conference a Success

On March 26-29 more than 250 people gathered in Seattle for the 7th Annual Alternative Therapies Symposium and Exhibition, presented by INNOVISION COMMUNICATIONS, with co-presenters the PROGRAM IN INTEGRATIVE MEDICINE AT
THE UNIVERSITY OF ARIZONA and the BIONEERS. Those attending were moved by the theme, "Medicine and the Planet: the Coming Age of Ecological Medicine." Speaker CAROLYN RAFFENSPERGER, MA, JD, outlined the key principles of ecological medicine, including in part:
** Holistic medicine extends beyond the mind-body connection to the human-planet whole.
** The first goal of medicine is to establish the conditions for health and wholeness, thus preventing disease and illness. The second goal is to cure.
** The earth is also the physician's client.
** Humans are part of a local ecosystem. Health and disease can be read within this context.
** Medicine should not add to the illnesses of humans or the planet.

Other speakers discussed nutrition, stress, and the environment in cancer; reducing environmental health risks; healing practices in the Buddhist tradition; and instruments for purifying indoor air. "Many people told me they left the meeting energized and inspired to make changes in their healthcare practices and their lives," reported BONNIE HORRIGAN, president of Innovision and publisher of AlternativeTherapies in Health and Medicine. Proceedings from the conference are available for $25 by contacting InnoVision at (760) 633-3910. For more information: bonnie.horrigan@innerdoorway.com

8. Video Footage of Chiropractic Conference Now Online

The AMERICAN CHIROPRACTIC ASSOCIATION (ACA) has posted on its website video footage of cabinet members and members of Congress praising chiropractic care at the ACA's National Chiropractic Legislative Conference (NCLC) held in March in Washington, D.C. Speakers include ANTHONY PRINCIPI, Secretary of the U.S. Department of Veterans Affairs; TOMMY THOMPSON, Secretary of the U.S. Department of Health and Human Services; and several prominent members of Congress. To view these videos, visit ACA's website at http://www.acatoday.com/about/nclc2003/video.shtml

Also on the website is a nine-minute film titled "Simple Justice" on the history of contentious relations between the chiropractic profession and the conventional medical establishment. To view, visit http://www.acatoday.com/hot_topics/simplejustice.shtml

To watch these materials, you'll need Windows Media Player. To test whether you have this software (or to download it, if necessary), go to http://www.streampipe.com/test/.

Notes from the Margin, 4/20/03 -- Stephen Bolles, Executive Director

It is difficult to look past news on sustainable integrative healthcare business models, evidence that integrative medicine policy is important enough to be the focus of an effort at a notable school, and reflections on the responsibilities of healthcare providers in their relationship with our increasingly fragile ecosystems, but here goes: What in the world is going on in the Institute of Medicine?

Knowledgeable observers were forgiven their surprise and disbelief when the IOM announced its study of CAM utilization by a new committee some months ago. At the
same time, on the heels of its damning report on medical errors, there was reason to think that a new day might be dawning in federal attitudes toward healthcare. However, it now appears that “business as usual” is safe for another day. Not only were two individuals “unappointed” from the committee, their removal was based on a review of potential bias and conflicts of interest that was done privately, apparently without their participation, and according to criteria that have not been made public.

One has to wonder, where does the boundary between bias and knowledge exist in the IOM’s collective thinking? Presumably, these two appointees were accepted because of their familiarity with integrative healthcare and the professions involved. What could have possibly transpired in that first meeting to move the rest of the committee to purge themselves of intellectual conclusions so fixed, so immutable, that the proceedings of the committee would have been contaminated, had these two stayed?

On the other hand, it should give the rest of us comfort to know that the balance of the committee must not possess any bias or fixed conclusions of their own. After all, the tests of bias and conflict of interest must have been evenly applied to all nominees.

As a taxpayer who recently wrote a check to a distant uncle in Washington, it further gives me comfort that my tax dollars are being used so carefully and judiciously.

One of the few benefits of the process of the CAM study committee so far is that for much of the CAM community, the ultimate value of the committee’s report is already known. Onward and upward.

**Collaboration Bulletin Board – 4/20/03**

**E/MC Working Group Seeks Resources on Integrative Healthcare**

The CHRF Employer/Managed Care Working Group continues to seek information on cost, clinical effectiveness, and utilization of CAM services, including peer-reviewed research, journal articles, industry reports, and/or case studies. The information will be inventoried, ranked by credibility according to objective criteria, and made available through the CHRF website. Please fax information to Michael Shor at (781) 326-2230 or email Karen Kremer at karenmkremer@yahoo.com

To subscribe or unsubscribe to the CHRF News Files, or to change your email address, please contact PriesterC@thecollaboration.org.

End, CHRF News File #44, April 20, 2003

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**CHRF NEWS FILE #45, April 30, 2003**

1. Nation’s Largest Insurers Meet with ACA
2. ND Licensure Bill in California Moves Through Committee Hearing
3. Court Rules Against “Quackbuster” Organization
4. Latest Hospital CAM Survey will Feature Massage, Biofeedback  
5. Natural Health Union offers "Consumer Driven" Insurance  
6. IOM CAM Committee Update: Liaison Panel, IHPC Letter  
7. NCCAM News: Spring Newsletter, Monthly Email Service  
8. New York Times Warns Against Vitamin Supplements  
9. Conference on Integrative Approaches to Pain Management  

Plus: Notes from the Margin  

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible in part through grants from the Center for Integrative Health, Medicine and Research, and from an anonymous philanthropist.  

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Elaine Zablocki (ZablockiE@thecollaboration.org)  

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1. Nation's Largest Insurers Meet with ACA  

A recent meeting in Washington, DC, between leaders of several major insurance carriers and the AMERICAN CHIROPRACTIC ASSOCIATION (ACA) led to a breakthrough in the relationship between the insurance industry and the chiropractic profession, according to JOHN GENTILE, DC, chairman of ACA's Insurance and Managed Care committee. A meeting of the Claims Solutions Work Group (CSWG) was attended by senior level claims executives from GEICO, BLUE CROSS BLUE SHIELD, HEALTH INSURANCE ASSOCIATION OF AMERICA (HIAA), ERIE INSURANCE GROUP, and others. At the insurance carriers' request, ACA offered information on chiropractic education, scope of practice, techniques, and other important aspects of the profession. "We spoke about what chiropractors do, how we fill in a claim form, what they should look for, what certain professional terms mean," reports Gentile. "The claims people at the meeting said, 'For the first time I really understand what these terms mean.' I'm confident they will disseminate this information to others within their organizations."  

This was the CSWG's fifth meeting. Insurance industry representatives have requested that in the future they be held twice a year, and Gentile hopes the next meeting will take place in the fall. For information: pjackson@amerchiro.org  

2. ND Licensure Bill in California Moves Through Committee Hearing  

In an effort to break down regulatory barriers, California Senate President Pro-Tem JOHN BURTON (D-San Francisco) has introduced legislation that would extend state licensure to naturopathic doctors (NDs). Burton's bill, SB 907, would enable graduates of accredited doctoral-level naturopathic medical schools to practice to the full scope of their education and training, which includes the diagnosis and treatment of disease. If the bill passes and is signed into law, California would join the current
total of 12 states, Puerto Rico, and the Virgin Islands in licensing NDs.

SB 907 has passed its first committee hearing. Next steps, according to SALLY LAMONT, ND, LAc, executive director of the California Association of Naturopathic Physicians (CANP): a vote in the Senate Appropriations committee in late May, then a vote of the full Senate in early June. Lamont and the CANP are appealing for support, saying "because licensing bills are contentious by nature, it is clear it will take strong grassroots support to pass this bill by the end of the summer. Letters from other providers would send a strong message to legislators that support for access to NDs extends beyond the profession itself." See www.NaturalMedicineNow.org for legislative contact information, or email LaMont at drlamont@canp.org

3. Court Rules Against “Quackbuster” Organization

According to consumer advocate TIM BOLEN, on April 22 an appeals court in the second appellate district of California ruled against the NATIONAL COUNCIL AGAINST HEALTH FRAUD (NCAHF), a “quackbuster” organization, in a case claiming unlawful competition and false advertising. The case on appeal was NCAHF vs. KING BIO, a seller of homeopathic remedies. In its decision the court said, "King Bio's expert testified the products were safe and effective. The products were included in the Homeopathic Pharmacopoeia and complied with FDA guidelines. NCAHF presented no evidence that King Bio's products were not safe and effective, relying instead on a general attack on homeopathy made by witnesses who had no knowledge of, or experience with, King Bio's products, and who were found to be biased and unworthy of credibility." For more information: www.quackpotwatch.org/quackpots/kingbioappeal.htm and www.bolenreport.com/articles/timbolen.html

4. Latest Hospital CAM Survey Will Feature Massage, Biofeedback

Massage and biofeedback are among the most popular CAM therapies used in U.S. hospitals, so HEALTH FORUM/AMERICAN HOSPITAL ASSOCIATION has invited massage therapists and biofeedback professionals to contribute questions to its next survey of hospital-based CAM services. RON PRECHT, spokesperson for the AMERICAN MASSAGE THERAPY ASSOCIATION, reports, "They contacted us about two months ago and said they wanted to include some questions specific to massage in their survey this year. We developed five questions on massage in collaboration with them, which will be placed at the end of the survey." SITA ANANTH, MHA, Project Director for CAM at Health Forum/AHA, explains, "We offered them the opportunity to submit questions that would increase our understanding of how and why massage is used in hospitals." For the survey, Ananth also received input from the ASSOCIATION FOR APPLIED PSYCHOPHYSIOLOGY AND BIOFEEDBACK (AAPB). Full survey results will be available in August. For information: rprecht@amtamassage.org or sananth@healthforum.com

5. Natural Health Union offers "Consumer Driven" Insurance

Employees represented by the INTERNATIONAL UNION FOR THE NATURAL HEALTH, COMPLEMENTARY & ALTERNATIVE MEDICINE PROFESSIONS (the "Natural Health
Union”) now have access to health insurance that covers CAM therapies, including chiropractic, acupuncture, massage, homeopathy, and herbal remedies. Participation in the insurance program is open to employees in all industries but restricted to businesses that enter into a collective bargaining contract with the Natural Health Union. The union was formed May 1, 2000, and now has about 1,000 members, many of them working in the natural products industry. STEVE GORMAN, union president, predicts there will be 6,000 members by the end of 2004. "We expect to concentrate on the natural products industry more extensively, and small business owners (less than 10 employees) in general."

The Health Plan funds a savings account for each participating employee (and dependents) to pay for routine medical expenses. When those funds are exhausted, an employee must meet an annual deductible of $500, $1,000, or $2,500. After the deductible has been met, the plan then reimburses for covered expenses at 90%, 80%, or 70% of the allowable charge. Alternative and natural therapies are covered with no deductible. Benefits are insured by AMERICAN TRAVELERS ASSURANCE COMPANY. The cost varies from area to area but is generally comparable to Blue Cross or other comprehensive medical plans. It can be competitively priced, even though it does not rely on restrictions such as pre-certification, Gorman says, because the people who are attracted to the program are health conscious, take good care of themselves, and will act as "smart shoppers" when they control their own healthcare decisions. For more information: Steve Gorman at (800) 331-2713 or thenaturalunion@aol.com

6. IOM CAM Committee Update: Liaison Panel, IHPC Letter

A. The CAM community continues to express concern over the removal of two members from the IOM Committee on CAM Usage. However, a spokesperson for the committee tells the News Files, "In convening the committee, the Institute of Medicine is striving to achieve a balance between individuals whose backgrounds are in conventional medicine and members whose experiences and backgrounds are in CAM. We are confident that we still maintain that balance with the current committee membership."

In addition to the committee itself, she says the IOM also intends to convene a liaison panel of representatives nominated by various organizations, in order to expand the kinds of input available to the committee. Members of the liaison panel would be invited to attend committee meetings, to discuss issues with committee members in person, and to answer questions sent to them by committee members.

B. On April 21 the Integrated Healthcare Policy Consortium (IHPC), a CHRF Working Group, sent a letter to IOM president HARVEY FINEBERG, MD, expressing significant reservations about the direction taken by the IOM Committee on CAM Usage. "It strikes us and our representative national institutions and organizations as curious that a committee with such a bold mission has convened to explore the integration of CAM without a single individual with CAM professional training, credentialing, or expertise on its roster," wrote IHPC chair CANDACE CAMPBELL. She called the decision to remove the only two committee members with CAM expertise "especially troubling, knowing that the legislation that enabled the National Center on Complementary and Alternative Medicine (NCCAM), which is among the IOM committee's sponsoring organizations, mandates diversity on its advisory councils. In fact, the CAM professions must constitute at least 50% of the membership of NCCAM
advisory councils." Copies of the IHPC letter were sent to the chair and principal staff person of the committee, as well as to committee members, the two former members who were removed, the NCCAM director, and members of the Congressional Caucus on CAM. For more information: mrussell@russell-group.net

7. NCCAM News: Spring Newsletter, Monthly Email Service

A. The Spring 2003 issue of "Complementary and Alternative Medicine at the NIH" has been published. It includes a profile of MARGARET A. CHESNEY, PhD, NCCAM’s new deputy director. She has been a senior visiting scientist in the NIH Office of Women’s Health and co-director of the Center for AIDS Prevention Studies at the University of California, San Francisco. She is quoted as saying, "My research has focused on stress-related conditions, so I continue to be intrigued by how the mind, in response to stress in the environment, is associated with a range of illnesses and conditions." She says the greatest challenge in her new position is setting priorities within NCCAM’s very broad mandate. To access the newsletter: http://nccam.nih.gov/news/newsletter

B. To complement its newsletter, NCCAM now offers a new email message service. People can subscribe to receive emails, approximately once a month, covering NCCAM advisories and alerts, upcoming meetings, scientific reports, Congressional testimony, and research funding announcements. To subscribe to the "NCCAM Update" eBulletin, go to http://list.nih.gov/cgi-bin/wa?SUBED1=nccam_update-l&A=1

8. New York Times Warns Against Vitamin Supplements

An article in the April 29 New York Times by GINA KOLATA warns that people may be taking too many vitamins. "A growing number of medical experts are concerned that Americans are overdoing their vitamin consumption," the story begins. "[Vitamin deficits] are almost unheard of today, even with the population eating less than ideal diets and skimping on fruits and vegetables. Instead, the concern is with the dangers of vitamin excess." Kolata particularly warns about people ingesting potentially dangerous amounts of vitamins A, C, E, and iron. For article: http://www.nytimes.com/2003/04/29/health/nutrition/29VITA.html?tntemail1

9. Conference on Integrative Approaches to Pain Management

A daylong conference titled "Multimodal Integrative Approaches to Chronic Pain Management" will be held May 2, 2003 in Honolulu. Sponsored by the HAWAII STATE CONSORTIUM FOR INTEGRATIVE HEALTHCARE, the HAWAII MEDICAL SERVICE ASSOCIATION, and others, it is designed to increase multidisciplinary coordination of care for pain management in Hawaii.

It will feature six multidisciplinary panels to evaluate case studies of patients with chronic pain conditions. The panelists include primary care, physical medicine, and surgical specialists working with practitioners of manual medicine, naturopathic medicine, and traditional healthcare systems. National experts and local providers will participate in panel discussions to construct working protocols for multimodal, integrative approaches to chronic pain management. Course director is IRA ZUNIN, MD, MPH, a member of the CHRF Leadership Team. For more information:

A. IMAGE PATHS, INC., which offers the HEALTH JOURNEYS series of audiotapes on personal growth, health, and guided imagery, has found a new CEO. He is DAN KOHLER, MBA, a business strategist with previous experience at TY Inc. (Beanie Babies), OfficeMax, and PeoplePC. He has already produced an expanded catalog, developed hugely popular "sale packs," and revamped mailing lists and reporting systems, says BELLERUTH NAPARSTEK, former president and CEO. She adds, "This means I can get kicked upstairs to co-chair the board with business partner George Klein and finish my new book on PTSD with far fewer interruptions." For more information: http://www.healthjourneys.com

B. MICHAEL D. LEVIN, an expert on nutraceutical strategies for pharmaceutical cost reduction, has been promoted to president and chief operating officer of CARDINAL NUTRITION, headquartered in Vancouver, WA. Cardinal operates the world's only facility solely dedicated to production of licensed MSM (methylsulfonylmethane). Levin was previously vice president of business development for Cardinal, and was a presenter at CHRF Summit 2002.

Notes from the Margin, 4/30/03 -- Stephen Bolles, Executive Director

Webster’s Ninth New Collegiate Dictionary tells us that to emerge is to become manifest, to come out into view, to rise from an inferior condition, to come into being through evolution. It comes from the French word mergere: to plunge. Score another paradox for the English language: to emerge is to arise from something you plunged into.

So it is with the emergence of integrative healthcare. It is definitely arising from a politically inferior position, even if the jury is still out as to what balance will eventually be struck. It is certainly becoming manifest as it becomes less hidden and more identifiable. And it mimics evolution insofar as the current version bears little relation to what it looked like when we started. We still have very little idea what it’s going to look like when it’s done, and even less about whether it ultimately is going to be useful or cast aside as misbegotten.

Nonetheless, there continue to be positive signs of an emergent industry that is shedding a skin that has been restrictive and not functional in its previous form. Certain tokens of cultural mimicry are passing for acceptance: the prospect of improved communication with those who hold the purse strings of healthcare benefits; improved prospects for licensure to help natural healthcare professions mature and grow; new iterations of consumer-driven insurance models that offer the hope that SOMEONE is listening to consumers.

Then there is the stuff that crawls away when you pick up the rock and look underneath. The National Council Against Health Fraud has finally met a force holding it accountable for the smear campaigns it has undertaken with impunity for years, getting a free pass from media over and over again because of its self-described aspirations to bust quacks. The quackbusters have been busted. The IOM, meanwhile, has strengthened our wavering faith in the ability of federal offices to be patronizing to their constituents.
All’s right with the world.

The item that strikes perhaps the most visionary chord in this News File is the Hawaii conference on integrative examination of pain management. This, folks, is the focus of the future: determining what paths of care involving what professions at what cost will most likely lead to what outcomes affected by what generally understood modifying influences. Disease management, clinical algorithms, care pathways -- call them what you will -- these general prescriptions for care are likely, in this author’s opinion, to become standards of care in very short order. Mainstream medical versions are spreading like wildfire. Part of the emergent aspect of integrative healthcare is that it is starting to shake off its old skin and realize that it needs to be making real efforts in this area of inquiry. The consequence of not doing so is to be passed by, forever marginalized as elective, add-on, “benefit candy” to assuage consumers without exploring the possibilities of real and substantial contributions to patient, public, and community health.

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End, CHRF News File #45, April 30, 2003

CHRF NEWS FILE #46, May 18, 2003

1. Congressional CAM Caucus to Hold Inaugural Meeting
2. Naturopaths Travel to D.C. to Educate Legislators
3. Practical Integrative Information Archived on ICSC Website
4. ICSC Web Lecture on CAM Insurance Reimbursement -- May 28
5. Congress Invites Testimony on Integrative Approach to Alzheimer’s
6. IOM CAM Committee Update
7. Chiropractors Plan Appeal in Trigon Lawsuit
8. CAM in the News
9. Final Deadline Nears for ABC Codes Registration
10. Personnel Update: Shor to Leave Marino

Plus: Notes from the Margin

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible in part through grants from the Center for Integrative Health, Medicine and Research, and from an anonymous philanthropist.

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Elaine Zablocki (ZablockiE@thecollaboration.org)
SURVEY REMINDER: Ten days ago we sent all our readers a survey, asking for feedback on how the CHRF News Files can serve the integrated healthcare community better. If you have already responded to this survey, many thanks. If you haven't responded, won't you please take a moment now to share your thoughts with us? (If you need another copy of the survey, please email PriesterC@thecollaboration.org.)

1. Congressional CAM Caucus to Hold Inaugural Meeting

The Congressional Caucus on Complementary and Alternative Medicine and Natural Foods will hold its inaugural meeting on Tuesday, May 20. Co-chairs DENNIS KUCINICH (D-OH), DAN BURTON (R-IN), TOM HARKIN (D-IA), and ORRIN HATCH (R-UT) have invited their colleagues to a breakfast briefing, saying "As you may know, one of the primary objectives of our caucus is to identify points of common ground that exist across the wide range of healthcare industry stakeholders who want to thoughtfully and safely integrate alternative and conventional medicine. This briefing will provide an excellent springboard for Congressional deliberations."

The briefing is co-sponsored by the Integrated Healthcare Policy Consortium (IHPC) a CHRF Working Group. National leaders in integrated healthcare will review current opportunities for healthcare integration and the policy context surrounding these issues. They expect to discuss education and training of integrated healthcare providers, needed research, nondiscrimination in federal programs, and the creation of a federal office of integrated healthcare. Speakers will include IHPC chair CANDACE CAMPBELL; WAYNE JONAS, MD, Director of the Samueli Institute; AVIAD HARAMATI, PhD, Director of Education at Georgetown University School of Medicine; DAVID O’BRYON, JD, Executive Director of the Association of Chiropractic Colleges; and PAUL MITTMAN, ND, President of Southwest College of Naturopathic Medicine. For more information: IHPC director Matt Russell, mrussell@russell-group.net

2. Naturopaths Travel to D.C. to Educate Legislators

On May 5-6 naturopathic physicians participated in their first-ever federal legislative initiative, visiting legislators on Capitol Hill to educate them about integrated healthcare and the needs of naturopaths and their patients. First they attended a one-day briefing that included information on the legislative process, how to mount a serious campaign for nationwide recognition of a CAM specialty, and this year's Congressional health agenda. The next day they visited their congressional delegations, reaching 28 Senate offices and 30 House offices. "It was a huge success, with 32 participants from 14 states and the District of Columbia traveling to D.C. in order to participate in this process," says KAREN HOWARD, executive director of the AMERICAN ASSOCIATION OF NATUROPATHIC PHYSICIANS (AANP). "Generally speaking our reception was very good, but we learned we have great deal of education to do. Several offices were unfamiliar with naturopathic medicine."

Participants in the legislative initiative took the IHPC agenda and the National Policy Dialogue to Advance Integrated Health Care, and used these materials when
discussing the importance of sustained and increased funding for NCCAM and of representation for the CAM community on the NCCAM advisory panel. They also relied on their own experience and educational background to discuss key issues such as non-discrimination in federal healthcare programs and the importance of equivalent funding for student loans for naturopathy. For more information: http://www.naturopathic.org/dc_fli.htm or howard@naturopathic.org

3. Practical Integrative Information Archived on ICSC Website

Online Web conference lectures from the Integrative Clinical Services Consortium (ICSC), an international Working Group of the CHRF, are now available on the ICSC website, archived so those who could not attend the live "virtual" presentation can still access this valuable material. The presentations currently available include:

Conducting Outcomes Research in an Integrative Clinical Setting: Getting Started (originally presented Dec. 4, 2002). Presenter: Barb Findlay, Executive Director, Tzu Chi Institute for Complementary and Alternative Medicine, Vancouver, B.C.

Creating an Herbal Policy for Hospital and Academic Environments: An Informal Discussion (originally presented Feb. 12, 2003). Presenters: Marc S. Roth, RPh, M.S., Clinical Coordinator for Specialized Nutrition Support, New York Presbyterian Hospital, New York, NY; Brent Bauer, MD, Chair, Complementary & Integrative Medicine, Mayo Clinic, Rochester, MN

Successful Strategies to Meet JCAHO Non-Pharmacological Pain Management Guidelines (originally presented Mar. 19, 2003). Presenter: Debra Canfield, Clinic Coordinator, Hennepin Faculty Associates - Alternative Medicine Clinic, Minneapolis, MN

Energy Therapies & Western Medicine: Bridging the Divide (originally presented April 23, 2003). Presenter: Milt Hammerly, MD, Medical Director, Integrative Medicine, Catholic Health Initiatives

The available materials include audio files of presentations, slide shows, handouts, and presenter biographies. They may be viewed online or downloaded. ICSC members can access the materials at http://icsc-thecollaboration.org/members. Those who aren't members can register at http://register.icsc-thecollaboration.org for a free trial membership. For more information about being a presenter and/or participating in future ICSC Web conference lectures, please contact Jery Whitworth at WhitworthJ@icsc-thecollaboration.org

4. ICSC Web Lecture on CAM Insurance Reimbursement -- May 28

Register today to reserve your "virtual seat" for the next ICSC web lecture on May 28. Debra Canfield, Clinic Coordinator for Hennepin Faculty Associates - Alternative Medicine Clinic in Minneapolis will speak on "Successful Insurance Reimbursement Strategies for CAM." This hospital-based, ambulatory alternative medicine clinic currently receives insurance reimbursement on approximately 80% of visits, from insurance companies that include HMOs, commercial and auto insurance companies, and state Medicaid. The PlaceWare Web conference is scheduled for 3:00-4:30 PM EST. Limited "seats" remain, and preferred participation criteria for registration
include integrative clinic administrators and providers, hospital administrators, and representatives of the reimbursement industry. Register at www.icsc-thecollaboration.org. If you experience any problems, contact WhitworthJ@icsc-thecollaboration.org

5. Congress Invites Testimony on Integrative Approach to Alzheimer’s

On May 7 Congress for the first time heard testimony about the importance of an integrative approach to Alzheimer’s disease. DHARMA SINGH KHALSA, MD, President and Medical Director of the Alzheimer’s Prevention Foundation International, was invited by the House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies to discuss his pioneering work in the area of lifestyle influences on Alzheimer’s.

Khalsa praised the NATIONAL INSTITUTE ON AGING (NIA) for its leadership in ranking Alzheimer's research among its hallmark initiatives, but he also urged Congress to set aside 1% of the NIA's current budget of $1 billion (i.e., $10 million) for integrative research that explores lifestyle influences on Alzheimer's. "I am deeply concerned that the research activities sponsored by the Institute continue to be one-dimensional," said Khalsa, explaining that most of the federal research in this area continues to test techniques in isolation, not in the integrative manner that he believes is essential to effective prevention. Khalsa argues that an integrative approach to prevention is most effective, combining diet, nutritional supplementation, physical and cognitive exercise, stress management, mind-body medicine, hormones, and pharmaceuticals. He also called on Congress to fund a national education and outreach campaign designed to inform the public about the benefits of an integrative approach to Alzheimer’s prevention. For more information: www.alzheimersprevention.org

6. IOM CAM Committee Update

A. The IOM COMMITTEE ON CAM USAGE expects its liaison panel to be in operation in time to attend its next scheduled meeting, June 30-July 1. It is currently compiling a list of CAM-oriented associations, "such as the TAI SOPHIA INSTITUTE and the AMERICAN CHIROPRACTIC ASSOCIATION," to which it will send a letter of invitation within the next few weeks. "The two examples cited above are exemplary of the types of associations the committee is targeting for liaisons," a spokesperson said. In addition to the open sessions, members of the liaison panel will be invited to lunch sessions with committee members. "Committee members will be encouraged to ask the liaisons to comment on specific questions, and liaisons will be encouraged to provide comments on subjects on an ongoing basis throughout the study," the spokesperson said.

B. The IOM committee intends to make testimony from its open sessions available to all interested parties by posting audio files on its website. However, this has been delayed due to technical problems in digitizing the first set of tapes. Tapes from the first meeting, February 27, will be posted on the website "any day now," according to a committee spokesperson. Tapes from the second meeting, April 22, which were technically easier to digitize, should be available soon afterwards.
7. Chiropractors Plan Appeal in Trigon Lawsuit

The AMERICAN CHIROPRACTIC ASSOCIATION (ACA) and other chiropractic plaintiffs in the federal antitrust lawsuit against insurance giant TRIGON BLUE CROSS BLUE SHIELD will "vigorously appeal" a decision by U.S. District Court Judge JAMES P. JONES. On April 25 Jones ruled that plaintiffs hadn't shown that Trigon's anti-chiropractic actions were the result of a conspiracy with Virginia medical societies, saying that when the medical societies appointed representatives to advise Trigon on low back guidelines, that made them Trigon advisors, and therefore they could not be considered outside conspirators. He also found insufficient evidence that advisory panel members personally benefited financially from Trigon's discriminatory policies.

The lawsuit's roots go back to the mid-90s, when Trigon assembled an advisory panel of representatives from various Virginia medical societies to make recommendations on preferred treatment modalities for back pain based on the 1994 AHCPR guidelines. Despite the guidelines' support for chiropractic, the advisory panel removed any reference to chiropractic-type manipulation in its recommendations. Believing the panel was engaging in "unlawful anticompetitive acts" against the chiropractic profession and that Trigon discouraged doctors of chiropractic from offering treatment to patients by setting inadequate reimbursements for services, the ACA, VIRGINIA CHIROPRACTIC ASSOCIATION, and other parties filed the lawsuit against Trigon in 2000. The lawsuit contends that Trigon imposed a $500 cap on spinal manipulation, reimbursed doctors of chiropractic 40% less than medical doctors for the same or similar services, and paid doctors of chiropractic for the lowest level treatment code possible, even when a higher level treatment was performed.

"We are in this battle for the long haul," says ACA President DARYL D. WILLS, DC. Citing a previous legal battle, he says "The Wilk case was embroiled in appellate procedures for nearly eight years, but the final outcome was a landmark victory for our profession. We fully expect the final outcome of the Trigon case to be a monumental victory for us as well." For more information: PBERNAT@amerchiro.org

8. CAM in the News

A. On March 28 the WALL STREET JOURNAL published an article by staff reporter NANCY KEATES titled "Alternative Care Crops Up At 'Traditional' Hospitals." Keates visited several hospitals (including Thomas Jefferson University Hospital, University of Colorado Hospital, University of California at San Francisco, Stanford University Hospital, and University of Maryland School of Medicine) asking for advice for sleeplessness related to fears over terrorism. She was offered nutritional advice, an exercise program, massage, a session of meditation and guided imagery, and acupuncture.

The Journal followed up with an opposing viewpoint on April 16 in an article by CARL E. BARTECCHI, MD, Clinical Professor of Medicine at the University of Colorado, called "Reject the Tainted Money of Alternative Medicine Research." He begins, "The article by Nancy Keates describing her costly experiences with The Holistic Hospital unfortunately chronicles a regression to outdated medical practices that thrived before the arrival of scientific medicine...As physicians, we need to encourage our medical centers and teaching institutions to reject the tainted money offered by certain foundations and for-profit industries that support and promote alternative
To read both articles, go to http://online.wsj.com/home/health and type Keates into the search box. Many thanks to Sita Ananth, MHA, project director for CAM at Health Forum/AHA, for alerting us to the Keates article.

B. The May/June issue of HEALTH AFFAIRS includes an article called "Nature Cures: Now Congress Cares," by MARC MICOZZI, director of the Policy Institute for Integrative Medicine at Thomas Jefferson University Hospital. In the article, Micozzi reviews "Nature Cures: The History of Alternative Medicine in America," by James C. Whorton, Oxford University Press. "As James Whorton demonstrates in this engaging book, alternative therapies are not just part of other peoples' history, but a proper part of the history of U.S. medicine," Micozzi writes. "While biomedicine thinks of itself as science, healthcare is a social institution, and interpretation of the social history of medicine is critical to understanding developments, both compelled and chosen, that influence medical practice." To see the article, go to http://www.healthaffairs.org/freecontent/v22n3/s33.htm

9. Final Deadline Nears for ABC Codes Registration

The final registration deadline to secure the right to use and evaluate ABC codes in qualified HIPAA transactions is Thursday, May 29, 2003. To register, or for additional information about ABC codes and their HHS-authorized commercial use and evaluation under HIPAA, go to http://www.alternativelink.com/

10. Personnel Update

Michael J. Shor, MPH, co-chair of the Employer/Managed Care Working Group and member of the CHRF Leadership Team, will be leaving the MARINO CENTERS FOR PROGRESSIVE HEALTH at the end of the month. According to Shor, he has been very pleased with the organization's progress during his tenure. It is now time for him to take a bit of time with his kids, who were beginning to call him "that guy with the briefcase." Then he plans to re-stretch his entrepreneurial wings. For information: michlshor@aol.com.

Notes from the Margin, 5/18/03 -- Stephen Bolles, Executive Director

So now it looks like a dance: two cultures sizing each other up, circling, passing, moving closer, then farther apart. For integrative healthcare, the archetype is lithe, graceful, a bit raw, young, and sure. For mainstream medicine, the archetype is more mature, a bit heavier in its steps, but still able to move, and used to leading. For integration, the best dreams are in the future. For mainstream medicine, the best dreams are in the past. The unknown question is, what kinds of dreams will they make together?

If dreams are formed from possibilities that are rooted in our past, the dreams of each party will certainly look different. For integrative healthcare, the past is one of independence, freedom, self-sufficiency, and a competitive sense of disquiet about what it may be missing. For mainstream medicine, the past is one of gilded experiences, a centrality of importance that created a sense of self-assuredness and certainty.
An observer seeing the two sets of dreams has to wonder how they can or will match up. They appear to be on a collision course, in which the dreams of each will inevitably be altered by the other. At this stage, it remains to be seen how much of its rubric mainstream medicine will insist on leaving unchanged, and how much of integrative healthcare really fits into a system that requires blending.

Some of the questions will be answered by how each responds to what is being asked of it. Integrative healthcare is asking, among other things, for a basic sense of respect that accords it an affirmation of its wholeness, independent of assimilation. After all, there are several integrative healthcare professions that have cosmologies that are complete. In contrast, mainstream medicine is asking that it not be invalidated too quickly in the process of assimilation. The implications of the pressure to assimilate, of course, include the message to mainstream medicine that it is not as central as it thought it was, and to integrative healthcare that it is not as complete as it might be.

So the insecurities of both are actually very similar. The outcome of this dance may hinge on which of these partners looks past the seduction and seeks to establish a home, a welcoming, and a gracious opportunity for the weaknesses of the other to be nurtured, to strengthen, and to grow.

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End, CHRF News File #46, May 18, 2003

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CHRF NEWS FILE #47, June 2, 2003

1. Congressional CAM Caucus Holds Inaugural Meeting
2. Colorado Academic Integrative Clinic Doing Well
3. Legislative Movement on Federal, State Levels
   A. U.S. House Accelerates Chiropractic Implementation in Military
   B. California Senate Casts Historic Vote In Favor of ND Licensure
4. Holistic Nurse Uses Mind-Body Skills at Women's Center
5. Health Data Specialists Introduced to ABC Codes
6. ICSC Web Lecture on Marketing CAM -- June 4
7. Personnel Update -- Position Available

Plus: Notes from the Margin

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MANY THANKS FOR YOUR SURVEY RESPONSES! We really appreciate the many thoughtful responses we received to our CHRF News Files survey. The results are being tabulated, and we'll have a report in the next issue.

1. Congressional CAM Caucus Holds Inaugural Meeting

The CONGRESSIONAL CAUCUS ON COMPLEMENTARY AND ALTERNATIVE MEDICINE AND NATURAL FOODS held its inaugural meeting on Tuesday, May 20, attended by about 20 Capitol Hill staffers and industry representatives. It began with a presentation by the Integrated Healthcare Policy Consortium (IHPC), a CHRF Working Group. "This gave us a chance to explain who IHPC is, and it serves as a foundation for future efforts to launch our common ground agenda," says IHPC chair CANDACE CAMPBELL. She praised presenters WAYNE JONAS, MD, Samueli Institute; AVIAD HARAMATI, PhD, Georgetown University; DAVID O'BRYON, JD, Association of Chiropractic Colleges; and PAUL MITTMAN, ND, American Association of Naturopathic Medical Colleges, saying "All the panelists did a superb job. Each speaker touched all the right points, stressed the need for policy change, and helped convince the attendees that an integrated system is the way to go." Those who attended left carrying copies of the National Policy Dialogue Report, a briefing paper on the IHPC, and a report from the Samueli Institute. "We hope this will be the first of many educational CAM Caucus briefings," Campbell said. "We expect that IHPC will prove to be an invaluable resource for members of Congress grappling with issues ranging from discrimination against CAM providers in federal healthcare programs to the allocation of federal research dollars."

In addition to the IHPC, the event was cosponsored by the AMERICAN CHIROPRACTIC ASSOCIATION, the POLICY INSTITUTE FOR INTEGRATIVE MEDICINE, the RUSSELL PUBLIC AFFAIRS GROUP, and the SUNN GROUP. Behind-the-scenes preparation for this meeting had been going on for several months, with much of the work carried out by Matt Russell, IHPC director, and Pamela Snider, ND, member of the IHPC executive committee and co-chair of the CHRF Leadership Team. For more information: Matt Russell, mrussell@russell-group.net.

2. Colorado Academic Integrative Clinic Doing Well

The INTEGRATIVE MEDICINE PROGRAM AT THE UNIVERSITY OF COLORADO HOSPITAL opened its doors in January, 2002, and is now doing well, according to administrator VENUS MANN-AGUILAR. There are 12 providers, all employed on a salaried basis, offering outpatient services such as massage therapy, behavioral counseling, traditional Chinese medicine, nutritional counseling, and spiritual counseling. A pharmacist offers herbal and pharmaceutical consultations, while a psychologist does biofeedback. A physician trained in internal medicine oversees the program, and chiropractic care will be available shortly.

The caseload has grown rapidly and is now at about 300 patient visits per month. About 40% is covered by insurance (primarily workers' comp and auto insurance)
and the remaining 60% is paid by patients out-of-pocket. As part of a university-based hospital, the clinic needs to cover its direct costs such as staff salaries, while the hospital covers overhead expenses such as third party billing, marketing, human resources, utilities, and space. "Every hospital defines direct costs differently," says Mann-Aguilar. "If by the end of our second year in operation we cover our direct expenses, and/or make a small contribution to the bottom line, they will consider us a success."

One key reason things are going well, Mann-Aguilar says, is consistent support from a 30-member, campus-wide steering committee, which has been meeting for several years to promote the concept of integrative medicine. It now meets quarterly and serves as a communication channel between the integrative program, the health-related schools (including the School of Nursing and the School of Medicine), and the hospital. A five-year, $250,000 pledge from the MENDEL-ASARCH FAMILY LUNG CANCER FOUNDATION has allowed the integrative medicine program to fund elements that otherwise would not have been possible, such as an extensive database of administrative and outcomes information, and a research study on the benefits of massage therapy for cancer patients at the end of life. This grant from a local family honors their mother and wife, who found complementary therapies helpful in her fight with cancer. For information: www.uch.edu/integrativemed or Venus.Mann-Aguilar@uch.edu

3. Legislative Movement on Federal, State Levels

A. U.S. House Accelerates Chiropractic Implementation in Military

Active-duty military personnel are one step closer to getting access to chiropractic services after the U.S. House of Representatives on May 22 passed by a wide margin a bill that would accelerate implementation of the new chiropractic benefit in the Department of Defense healthcare system. The AMERICAN CHIROPRACTIC ASSOCIATION (ACA) and the ASSOCIATION OF CHIROPRACTIC COLLEGES (ACC) lobbied successfully for a specific legislative directive to be included in the House version of the 2004 Department of Defense authorization bill, H.R. 1588, requiring accelerated implementation of chiropractic healthcare services for active-duty military personnel. The bill sets a new target date of Oct. 1, 2005, for full implementation.

This legislative victory was due in part to the efforts of the chairman of the Armed Services Committee, Rep. DUNCAN HUNTER (R-CA), and the chairman of the Total Force Subcommittee, Rep. JOHN MCHUGH (R-NY), who wrote letters to every member of Congress to urge support for the proposed legislation. They were supported by the chiropractic profession’s own lobbying efforts. ACA’s government relations department sent a legislative alert via e-mail to more than 5,000 people, posted the Hunter-McHugh letter on its website, and hand-delivered a cover memo on the issue, together with the Hunter-McHugh letter, to every House of Representatives office.

B. California Senate Casts Historic Vote In Favor of ND Licensure

In late May the California Senate passed a bill, SB 907, which for the first time would extend state licensure to clinically trained naturopathic physicians. The bill now goes to the California Assembly. It is sponsored by the CALIFORNIA ASSOCIATION OF
NATUROPATHIC PHYSICIANS (CANP), which has launched a grassroots advocacy campaign to promote the bill and fight for its passage. For more information: www.NaturalMedicineNow.org.

4. Holistic Nurse Uses Mind-Body Skills at Women's Center

MONIQUE CLASS, RN, MSN, uses her skills in holistic nursing to serve patients at the CENTER FOR WOMEN’S HEALTH in Darien, CT, where she is a part-time holistic nurse practitioner. The center's staff also includes two physicians, an acupuncturist and a reflexologist. Class runs mind-body skills groups for cancer patients, infertility patients, and others seeking optimal wellness. She is a 1986 graduate of the College of New Rochelle master’s level program in holistic nursing. "The founders of nursing always had a holistic philosophy," she explains. "They looked at the person, their environment, the food they were eating, and all the factors contributing to overall health." Today, as a holistic nurse, she attempts to use skills in therapeutic communication to really listen to her patients and work with them to find the deeper meaning behind each problem.

Class is also a facilitator for the Center for Mind-Body Medicine in Washington, D.C. and trains other providers in how to conduct mind-body groups. In addition, she teaches a course on holistic and natural therapy for women’s health issues at the College of New Rochelle, including pathophysiology, conventional treatment, herbs and supplements, and mind-body therapies. In the fall, she expects to teach a course there on basic herbalogy. While some holistic nurses have had problems finding appropriate positions, Class is an example of a holistic nurse who has found a niche where all her skills can be used. For information: moniqueclass@hotmail.com

5. Health Data Specialists Introduced to ABC Codes

An article called "ABC Codes Overcome Gaps in HIPAA Standards" is the cover story for the May 26 issue of ADVANCE for Health Information Professionals, a leading newsmagazine on health informatics. Written by MELINNA GIANNINI, president and co-founder of ALTERNATIVE LINK, the article discusses the history behind ABC codes, code design, hierarchical structure of codes, coding manual, and other support services. "ABC codes extend the value of CPT and HCPCS II codes and fill major information gaps in national healthcare information pertaining to alternative medicine, nursing, and other integrative healthcare services," Giannini writes. "The Office of the Secretary of HHS has committed to oversee three concurrent reviews of ABC codes. The codes are well positioned to become a HIPAA standard as cost benefit data reveals that they save money and time in commercial use." For more information: http://www.advanceforhim.com/ and search for ABC codes.

6. ICSC Web Lecture on Marketing CAM -- June 4

Register today to reserve your "virtual seat" for the next ICSC web lecture on "Successful Marketing Strategies for CAM and Integrative Services.” KAREN SOMMERS DUPUIS, MS, former director of the Memorial Center for Integrative Healing in South Bend, IN, will discuss how to increase referrals, stimulate interest, raise level of awareness, keep clients returning, increase client satisfaction and build lasting involvement with the community at large.
The PlaceWare Web conference is scheduled for 3:00-4:30 p.m., EST, June 4. Registration is open to the first 50 registrants, on a first-come, first-served basis. ICSC members, go to http://icsc-thecollaboration.org/members/top%20level%20html/placeware.htm. If you are not already a member, go to http://www.icsc-thecollaboration.org/register/. For more information: WhitworthJ@icsc-thecollaboration.org

7. Personnel Update – Position Available

JANET FABRICIUS STEWARD, DC, vice president and medical director of COMPLEMENTARY HEALTHCARE PLANS (CHP) in Portland, OR, plans to leave the position in early 2004. "After four stimulating and challenging years, I am looking forward to some uninterrupted time with my husband on our boat, in my garden, and at a slower pace," she said. CHP cofounder and former CMO, CHUCK SIMPSON, DC, said, "CHP owes Jan a lot. She basically invented the medical director position for us, and her work with utilization and quality management is absolutely unique in the complementary medicine industry." CHP CEO PAMELLA MARCHAND, MBA, is actively seeking applicants for the vice president-medical director position. For further information, contact her at (503) 595-3503 or by email at pmarchand@chpplans.us

Notes from the Margin, 5/31/03 -- Stephen Bolles, Executive Director

The recent CAM Caucus meeting in Washington, D.C. was organized by the very active CHRF group, the Integrated Healthcare Policy Consortium. This group has accurately and effectively targeted federal policy initiatives as a requisite seedbed for many of the changes that must take place in the system. The cost of not doing this is that progress in integrative healthcare will be difficult to consolidate as a mainstream force. It was a visible effort that will be worth building on.

Progress in integration (or “blended medicine,” as Earl Bakken likes to say) has certainly been made, but there is still a long way to go to a destination that is not clearly defined. What’s hardest to read in the tea leaves is how things will unfold if there is no federal policy context to use as a guide. It is clear that there’s no going back to the old ways of healthcare, but it is less clear what will happen if normal system sources of support do not evolve to meet the need. Research and compensation are two critical areas that, without federal support and direction, are likely to progress in only a fragmented fashion.

Research is an obvious area of needed support. This has had a good start through the NIH’s NCCAM (National Center for Complementary and Alternative Medicine), but it is a small portion of what needs to be accomplished. Compensation for integrative healthcare is a much thornier issue and the principal barrier to progress right now.

After all, it may be healthcare but it’s all about the money. If integrative services were suddenly covered by the system overnight, it would be interesting to hear the backpedaling and retrenching on arguments against integration. A concerted effort that leads payers to reevaluate what is covered in payments to hospitals and clinics for conditions and problems will be difficult without some level of federal policy guidance.

An interesting footnote to the issue of compensation is that of organizational ethics.
If a hospital patient and his or her physician agree on a course of treatment that is supported by a reasonable level of evidence, it’s hard to see an ethical dilemma. What will happen, however, when more hospital organizations become aware of evidential support for integrative healthcare, alternative, or complementary services? What is their ethical obligation to make those services available to their patients then -- independent of compensation? Ethical frameworks force decisions on uncompensated care to the benefit of the patient every day. The implications of this will be widespread and profound. Pull on this particular thread, and it is hard to see where it stops.

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End, CHRF News File #47, June 2, 2003

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CHRF NEWS FILE #48, June 17, 2003

1. Positive Response to News Files Survey
2. Updates from the IOM CAM Committee
   A. IOM Committee Adds Tasks at NCCAM’s Request
   B. Public Testimony Will Be Accepted at June 30 IOM Meeting
3. Tzu Chi Institute Closes Conscientiously
4. Congress Debates Chiropractic and Supplements
   A. Senate Committee Approves Medicare Chiropractic Demo Project
   B. Bills in Congress Would Increase FDA Authority over Supplements
5. Analysis of Appeals Court Ruling Against NCAHF
6. NIH Fellowship Trains MD in CAM
7. Personnel Update: Campbell leaves AAHF
8. Call for Applications from the University of Arizona PIM

Plus: Notes from the Margin

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible in part through grants from the Center for Integrative Health, Medicine and Research, and from an anonymous philanthropist.

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Elaine Zablocki (ZablockiE@thecollaboration.org)

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1. Positive Response to News Files Survey

In our recent CHRF News Files Survey, we heard from approximately 20% of our readers. Overall, there was a strong positive reaction. Nearly everyone who responded either reads the News Files thoroughly (49%) or skims the News Files looking for something interesting (46%). From this combined group, 76% agreed that the News Files are important to their work. There was quite a bit of praise expressed, ranging from one person who said the current approach is basically sound, to another who said the information was helpful in persuading hospital administrators to consider CAM, to yet another who just said, "Go friends!"

We asked for suggestions, and there were a few notable clusters of opinion. Some people want more on integrative clinics; another group would like to see more on the business aspects of integrative medicine, especially "secrets of success." We'll do our best to increase coverage in both these areas. Please continue to email us with suggestions for stories you think we should cover.

Yet another group of readers asked for more coverage of clinical research on CAM. This would be a departure for the News Files, and it is a broad subject to cover, but we are considering ways to add material in this area. Finally, a few people asked for a more sophisticated, easier-to-read "look." In the past, the News Files have been deliberately low-tech to accommodate readers who don't always have the fastest computers or latest software. Nonetheless, we're considering ways to improve our graphic appeal and still be accessible to all computers. If you have strong opinions for or against any of these suggestions, please email us at priesterc@thecollaboration.org

We appreciate your support and your suggestions. Many thanks!

2. Updates from the IOM CAM Committee

A. IOM Committee Adds Tasks at NCCAM’s Request

The project description for the IOM COMMITTEE ON CAM USAGE has changed. According to a committee spokesperson, "The sponsor, NCCAM, requested changes to the statement of task to clarify what it hoped would come out of the study. IOM agreed to renegotiate the statement of task. Because the request for changes came at the committee's first meeting and the members hadn't yet started discussing and delving into the task, the revisions have not affected the committee's work."

The committee is charged with three specific tasks:
1) Describe the use of CAM.
2) Identify major scientific, policy, and practice issues.
3) Develop conceptual models or frameworks.

"Of these, it's the second task that has been revised," the spokesperson explains. "Besides these tasks, which make up the charge the committee is obligated to respond to, the sponsor asked the committee to consider several specific questions. These make up the second list [of topics the committee will also address.]" The posted topics now include:
- Methodological difficulties in the conduct of rigorous research on CAM therapies and how these relate to issues in regulation and practice, with exploration of options
to address the identified difficulties.
-- The shortage of highly skilled practitioners who are able to participate in scientific inquiry that meets NIH guidelines and who have access to institutions where such research is conducted.
-- The shortage of receptive, integrated research environments and the barriers to developing multi-disciplinary teams that include CAM and conventional practitioners.
-- Applicability of decision-making models to CAM therapies and practices. Do they form good precedents for decisions relating to regulation, accreditation, or integration of CAM therapies?

For the current project description, go to
http://www.iom.edu/IOM/IOMHome.nsf/Pages/Complementary+and+Alternative+Medicine

B. Public Testimony Will Be Accepted at June 30 IOM Meeting

The third meeting of the IOM CAM Committee will be held June 30-July 1 in Washington, D.C. The meeting on June 30 will be open to the public, and in addition to the planned agenda, there will be an opportunity for public testimony. Each speaker will be given approximately five minutes, depending on the total number who wish to testify. To attend, or speak, you must register by June 25 at http://www.iom.edu/cam. Committee staff says "space is limited, so please register early." In addition to oral testimony, the committee will also accept written materials via email (cam@nas.edu) or by post to KYSA CHRISTIE, The National Academies, 500 Fifth Street NW, Room 814, Washington, DC 20001

Scheduled topics and speakers at the June 30 meeting currently include:
-- Dietary Supplements Health and Education Act
   ROWENA RICHTER
-- Dietary Supplements: Research Considerations
   JOSEPH BETZ, PhD, Director, NIH Office of Dietary Supplement Program for Analytical Methods and Reference Materials
-- Dietary Supplements: Industry Considerations
   STEVEN DENTALI, PhD, Vice President for Scientific and Technical Affairs, American Herbal Products Association
-- Licensure, Scope of Practice, and Regulation of CAM Therapies
   MICHAEL COHEN, JD, MBA
-- Effects of Licensure on Individual CAM Therapies
   GARRET CUNEO, American Chiropractic Association
   TIM BIRDSALL, ND American Association of Naturopathic Physicians

3. Tzu Chi Institute Closes Conscientiously

Closing an integrative clinic in a responsible manner is a time-consuming, heart-wrenching process. When it was open, the TZU CHI INSTITUTE FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE in Vancouver, B.C., was a model integrative clinic. At present it is modeling closing down with the same kind of integrity and mindfulness.

As we reported in CHRF News File #41, Tzu Chi was forced to close at the end of March due to severe cutbacks in funding for the center, part of overall cutbacks in the government’s budget for health services. But executive director BARBARA FINDLAY, RN, BSN, is still going to her office to oversee the complicated process of
shutting down a once thriving clinic. Here are some of the steps Tzu Chi has taken to preserve, as much as possible, its years of effort:

-- Individual health records will be held in a secure place for seven years, and requests for access or copies will be managed by VANCOUVER GENERAL HOSPITAL.

-- Tzu Chi's material and intellectual assets will be held by the BUDDHIST COMPASSION RELIEF TZU CHI FOUNDATION CANADA for an indefinite period of time, in the hope they may be gifted to one or more charitable organizations with the interest and ability to carry on the work started by the Institute.

-- The intellectual assets (including, for example, how Tzu Chi did its credentialing and how the program was organized) have been archived in searchable form. Until March, 2004, they will be available to organizations and individuals based on their ability to advance the understanding of integrative healthcare and their willingness to share the information with others as a public service. Requests for use of this material should be addressed to the Buddhist Compassion Relief Tzu Chi Foundation. For more information: http://www.tzu-chi.bc.ca/Assets.htm

-- The Tzu Chi website will be archived online until March 2004.

-- The Tzu Chi research group has enough funding on hand to complete studies and publish papers over the next year. In particular, it expects to analyze more than four years of data, especially the factors that facilitate personal transformation and readiness to change lifestyles, which the group considers to be an essential, if rarely studied, aspect of healthcare.

-- The Institute's library -- a unique and comprehensive collection of books, scientific journals, electronic files, articles, and audio-visual materials -- has been given to the BOUCHER INSTITUTE OF NATUROPATHIC MEDICINE, Vancouver's naturopathic college.

-- Findlay herself continues to be active as a researcher on CAM-related projects. She expects to spend the next year or so consulting and working on special projects. For information: barbarafindlay@shaw.ca

4. Congress Debates Chiropractic and Supplements

A. Senate Committee Approves Medicare Chiropractic Demonstration Project

The SENATE FINANCE COMMITTEE just approved a Medicare demonstration project allowing chiropractic physicians to receive Medicare reimbursement for all healthcare services they're licensed to provide under state law. The provision, authored by committee chairman Senator CHARLES GRASSLEY (R-IA), was included in the bipartisan Medicare reform bill. It would permit a three-year demonstration project at six different sites throughout the U.S. Demonstration projects like this are significant because they can generate substantial data on the health benefits and cost-effectiveness of chiropractic care, and therefore influence future decisions on reimbursement.

The provision was developed by the AMERICAN CHIROPRACTIC ASSOCIATION (ACA) and supported by an aggressive grassroots advocacy campaign focused on members of the Senate and the Senate Finance Committee. According to the ACA, shortly before the committee began deliberations, Senate Majority Leader BILL Frist, MD, unveiled two "killer" amendments designed to eliminate the chiropractic provision from the bill. A core group of senators opposed these amendments, including Senators ORRIN HATCH (R-UT), TOM DASCHLE (D-SD), and KENT CONRAD (D-ND). President of the ACA, DARYL WILLS, DC, comments, "As majority leader, Dr. Frist
may still try to undermine the demonstration project when the bill is considered on the Senate floor, or even in a House-Senate conference." Senate floor debate is scheduled for the week of June 16.

B. Bills in Congress Would Increase FDA Authority over Supplements

The AMERICAN HOLISTIC HEALTH ASSOCIATION alerts us to recently introduced legislation that would limit public access to dietary supplements. Bills in the Senate (S722) and House (HR724) appear to give the FDA increased authority over implementation of the Dietary Supplements Health and Education Act (DSHEA). For an overview of the contents of these bills: http://thomas.loc.gov/cgi-bin/bdquery/z?d108SN00722@@@D&summ2=m&

Several other organizations are also opposing the bills, including the NATIONAL NUTRITIONAL FOODS ASSOCIATION (http://capwiz.com/nnfa/issues/alert/?alertid=2103491&type=CO), CITIZENS FOR HEALTH (http://citizens.org/ -- click on "Action Center"), and the AMERICAN ASSOCIATION FOR HEALTH FREEDOM (http://www.capwiz.com/apma/issues/bills/).

5. Analysis of Appeals Court Ruling Against NCAHF

The CALIFORNIA APPEALS COURT ruling against the NATIONAL COUNCIL AGAINST HEALTH FRAUD (NCAHF), which we reported in CHRF News File #45, is so narrow it may have limited value as a precedent in other cases. When NCAHF sued KING BIO PHARMACEUTICALS, a manufacturer of homeopathic remedies, the trial court found that STEPHEN BARRETT, MD, creator of quackwatch.com, and WALLACE SAMPSON, MD, editor of the Scientific Review of Alternative Medicine, were not credible witnesses and were biased in their testimony about homeopathic and alternative medicine. However, ALAN DUMOFF, JD, MSW, legal counsel for the IHPC Coding Task Force, points out that "these findings are not binding on any other court, even one in California; credibility is a matter that each trier of fact determines for itself." On appeal, the issue before the court was whether, under California law, a consumer group may require a manufacturer to prove in court the validity of claims made for their health products. The appeals court found that state statutes place the burden of proof on the plaintiff. "While the case has little precedential value from a strictly legal viewpoint, it is a significant victory over the quackbusters nonetheless," says Dumoff. For more information: AlanDLMC@aol.com

6. NIH Fellowship Trains MD in CAM

SUZANA MAKOWSKI, MD, board-certified in internal medicine, is just finishing a two-year rotation as an NIH Fellow at the INTEGRATIVE MEDICINE CENTER at the UNIVERSITY OF MICHIGAN. She is currently one of four NIH fellows in integrative medicine there. During the past two years she has studied for a masters degree in medical management and also learned about various CAM modalities, including naturopathy, mind-body work, and mindfulness meditation. Her personal interests lie in creating organizations where work style and social and physical environments support healing. "I've observed that different programs and lifestyle modifications have varying levels of success depending on how they motivate patients, whether the motivation is based on instilling hope, or whether it's fear-based," she says. During the fellowship she's also gained practical experience helping to develop the university's new integrative clinic, which opened in January. "Working toward this
masters has helped me gain a language and a foundation which will help me integrate CAM in a manner that will be organizationally sound and last for a long time," she says. Makowski is moving on to the DEACONESS BILLINGS CLINIC in Montana, where she will serve as the director of CAM services, providing clinical care as a physician, and also working to expand and develop the CAM program. For more information: s.mak@mac.com

7. Personnel Update: Campbell leaves AAHF

After nine years as executive director of the AMERICAN ASSOCIATION FOR HEALTH FREEDOM (AAHF), CANDACE CAMPBELL has decided to take a year off. The AAHF board of directors is now searching for a successor, and Campbell expects to help with the transition. "This was a difficult decision," she says. "I vacillated between excitement at the thought of not working for the first time in decades and sadness over the prospect of not being 'in the trenches' on a daily basis. It is especially difficult because I have met so many wonderful people through AAHF, and I don't want to lose contact with any of them." She expects to continue working with the Integrated Healthcare Policy Consortium (IHPC), a CHRF Working Group, but will turn over the chairmanship "to one of my IHPC colleagues who is still involved on a daily basis with public policy." Messages regarding AAHF business should go to aahf@healthfreedom.net, while Campbell's personal e-mail address will be stopthefda@hotmail.com.

8. Call for Applications from the University of Arizona PIM

Applications are now being accepted for the next class of Residential Fellows and Associate Fellows in the PROGRAM IN INTEGRATIVE MEDICINE at the UNIVERSITY OF ARIZONA. The residential program is a two-year fellowship designed for MD or DO physicians who are board-certified in a primary care specialty and share the vision of integrative medicine. The associate fellowship is a two-year, 1000-hour, distributed learning program, and physicians, nurse practitioners, and physicians' assistants from all specialties are invited to participate. This program emphasizes clinical applications and collaboration to establish a broad knowledge base that readily transfers into clinical practice. The curriculum is presented via the Web, email, online dialogues, articles, books, videos, audio recordings, real-world experiences, and three separate residential weeks in Tucson. For more information, or to apply: http://integrativemedicine.arizona.edu

Notes from the Margin, 6/17/03 -- Stephen Bolles, Executive Director

In all cultures, the family imprints its members with selfhood. Human experience of identity has two elements; a sense of belonging and a sense of being separate. The laboratory in which these ingredients are mixed and dispensed is the family, the matrix of identity.
-- Salvador Minuchin, Families and Family Therapy

Watching the evolving work of the Institutes of Medicine Committee on Cam Usage is an interesting long-distance exercise. There is a sense of vague unease about the situation from the side of blended or integrative medicine. The very charge of the committee and its goals are repeatedly expressed in terms of conventional medicine. CAM voices are invited to the party, but it is clear whose party it is.
Some would argue that conventional medicine does not really exist anymore, that there are just conventional physicians practicing incomplete medicine. Given the stratified opportunities for representation and input into the IOM’s process, coupled with the latent influences of paternalism and self-preservation that have blunted efforts at cultural assimilation for so long, pessimism on the part of CAM providers is understandable. The community of integrative practitioners is still looking for clues that this process will end up having a degree of integrity that engenders support for the outcomes.

For healthcare purchasers who understand that part of the process, concern is also normal because little guidance at the practical level of making purchasing decisions can be expected for some time. There just is not yet a clear sense of what value is, or where it can be found.

One of the reasons blended medicine has captured the imagination of the American public to the degree that it has is CAM’s openness to new strategies, explanations, and cosmologies. At times there is a recklessness to this openness, which obviously must be tempered by cautions of safety, cost, efficacy, and belief. And yet, there is a visceral energy in this recklessness that is more aligned in many people’s imagination with the very life force they know lies within them, a force that seeks its own clearest expression: to heal, to live, to be whole.

Ideally, the committee will have the wisdom to see the importance of finding ways to permit this energy to be reflected in their recommendations. If the public’s embrace of CAM has anything to do with the perception that it is more life-affirming than the conventional path historically available, it is the hope here that the findings of the IOM CAM Committee will seek to support both what cannot be precisely defined as well as what can be rigorously evaluated. People, by their choices, are letting us know that there ought to be not only services that remove disease, but also services that support intrinsic health and wellness. They should not be asked to choose between the two.

Attending there let us absorb the cultures of nations
And dissolve into our judgement all their codes.
Then, being clogged, with a natural hesitation
(People are continually asking one the way out),
Let us stand here and admit that we have no road.
-- William Empson, Homage to the British Museum

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End, CHRF News File #48, June 17, 2003

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CHRF NEWS FILE #49, June 28, 2003

1. New Canadian Regulations on Natural Health Products
1. **New Canadian Regulations on Natural Health Products**

On June 18, Canada published new regulations on natural health products, which offer an interesting approach that could serve as a model for the U.S. These regulations define a category of substances that falls between "food" and "drug." Unlike U.S. rules, which allow only "structure-function" claims for dietary supplements, the Canadian rules distinguish three levels of approvable label claims, including disease treatment and disease prevention.

"Were this legal approach adopted in the U.S., glucosamine/MSM products, for example, would not be limited, as they are now, to "nutritionally supports healthy joints" claims," says MICHAEL D. LEVIN, an expert on nutraceutical strategies for pharmaceutical cost reduction, and president and COO of CARDINAL NUTRITION, headquartered in Vancouver, WA. Instead, he speculates, these products might be labeled "helps relieve pain and stiffness associated with osteoarthritis." Levin comments, "were such claims approvable for use in the U.S., insurance coverage for such products would very likely increase....Imagine the health outcomes and savings that could be achieved if arthritic patients selected nutritional interventions over COX-2 inhibitors." The Canadian regulations will come into force next January with a transition period of two to six years. The regulations were published in the Canada Gazette, Part II. For more information: www.healthcanada.ca/nhpd

2. **Osteopath Disputes Maryland Board of Physician Quality Assurance Probation**

In January 2000, BINYMAN ROTHSTEIN, DO, of Baltimore, MD, agreed to a consent order from the Maryland BOARD OF PHYSICIAN QUALITY ASSURANCE (BPQA) calling on him to "terminate his practice of 'alternative' or 'complementary' medicine
practice only 'traditional,' 'conventional' or osteopathic medicine for the entire period of probation." Specific prohibitions included "chelation therapy, hydrogen peroxide therapy, and vitamin therapy (except for prescriptions for vitamins approved by the physician supervisor), or any treatment not approved by physician supervisor."

Rothstein has now completed three years of probation, but physicians aren't taken off probation until they pass a peer review of recent charts. In this case peer reviewers have criticized Rothstein for such failings as recommending the Zone diet for a patient with congestive heart failure and coronary artery disease (in addition to medication prescribed by his cardiologist) and prescribing vitamin D for low serum calcium without also doing tests for ionized calcium and phosphorus. In response to their concerns, the BPQA has asked the Maryland Attorney General's Office to file new charges against him.

In 2000, Rothstein agreed to the consent order in order to avoid the expense and stress of a hearing. Now, based on the advice of ALAN DUMOFF, JD, MSW, legal counsel for the IHPC Coding Task Force, Rothstein is asking the board to remove these unreasonable restrictions on his practice. "The definition of CAM services is too ambiguous to place Dr. Rothstein on notice as to the nature of his required conduct," Dumoff writes in a letter to the board. "It is grossly improper for the Board to ban an entire area of medicine, particularly when there is little effort to even draw a nexus between that area and the quality of patient care." For more information: AlanDLMC@aol.com

3. Annals Compares Low Back Pain Therapies

On June 3, the Annals of Internal Medicine published an article titled "Spinal Manipulative Therapy for Low Back Pain: A Meta-Analysis of Effectiveness Relative to Other Therapies." For this study, researchers reviewed 39 previously published, randomized, controlled trials of patients with low back pain. The conclusion: "There is no evidence that spinal manipulative therapy is superior to other standard treatments for patients with acute or chronic low back pain."

The study also found no evidence that conventional care is more effective than spinal manipulation. In fact, the materials developed by the Annals to explain the significance of this research to patients summarize the study by saying, "Spinal manipulation was no more or less effective than general practitioner care, pain killers, physical therapy, exercise, or back school....The effectiveness of spinal manipulation compared with other therapies may change as new studies are done and new drugs or new spinal manipulation techniques are developed. In addition, many patients with low back pain receive several types of treatment at once."

The AMERICAN CHIROPRACTIC ASSOCIATION (ACA) sent out a press release highlighting the study's positive aspects and challenging its negative aspects. In particular, the ACA emphasizes that this meta-analysis shows that spinal manipulation is just as effective as traditional medical care for treating back pain. In their words, "The June 3 study in the Annals of Internal Medicine proves what the chiropractic profession has known for decades that spinal manipulation, or chiropractic adjustment, is an effective alternative to drugs and surgery for back pain, one of the most pervasive conditions afflicting Americans today." The ACA also notes that the study looks at a relatively narrow range of previous research and
ignores materials such as the Canadian Manga Report and the AHCPR guideline for low back pain.

For an abstract of the Annals article:
For the Annals summary designed for patients:
For the ACA response: http://www.acatoday.com/media/releases/060203.shtml

4. IOM Liaison Panel Forming

The IOM COMMITTEE ON CAM USAGE is convening a liaison panel comprising representatives from various CAM-related organizations. Members of the panel will be invited to attend committee meetings, discuss issues with committee members in person, and answer questions from committee members. According to a spokesperson for the committee, more than 25 organizations have agreed to participate in this panel. They include CAM organizations such as the American Holistic Medical Association, the Council on Chiropractic Education, the American Association of Oriental Medicine, the American Institute of Homeopathy, the Council on Naturopathic Medical Education, the American Institute of Homeopathy, the Council on Naturopathic Medical Education, the American Institute of Homeopathy, the Council on Naturopathic Medical Education, the American Institute of Homeopathy, the Council on Naturopathic Medical Education, the American Nutraceutical Association, and the American Massage Therapy Association. They also include mainstream organizations such as the American College of Physicians and the American Medical Association.

However, still other national groups that were invited to serve on the liaison panel have refused because they believe its role is too limited. One of them is the ASSOCIATED BODYWORK & MASSAGE PROFESSIONALS (ABMP), an association of massage, bodywork, and somatic practitioners. In a letter to LYLA HERNANDEZ, senior project director for the IOM committee, ABMP president ROBERT BENSON wrote, "Your proposed liaison panel role -- listen to committee discussions, then come to lunch and perhaps offer a comment over dessert, but not 'directly participate in the development of the committee's conclusions or recommendations' -- though well intentioned, is an insult to the CAM community." At this time, it is impossible to estimate how many groups have had a similar reaction. To contact Benson: bob@abmp.com


On June 17th the Health Section of the New York Times ran a cluster of knowledgeable articles on various aspects of complementary and alternative medicine. An article by LESLIE BERGER describes a conference called "Botanical Medicine in Modern Clinical Practice," held recently at the Bronx Botanical Garden. A moving article by SANDEEP JAUHAR, MD, talks about his experiences with a patient who was using magnet therapy and herbs, but didn't mention them until the doctor raised the subject. Two other articles discuss the benefits of sunshine and natural light, while another reports that a Chinese herbal compound called gastrodine (derived from an Asian orchid) may alleviate mild dementia in stroke patients.
For the Berger article:
http://query.nytimes.com/gst/abstract.html?res=F3071FF73E5C0C748DDAF0894D84482
For the Jauhar article:
http://query.nytimes.com/gst/abstract.html?res=F70B14F7345D0C748DDAF0894D
6. Jensen to Chair IHPC Federal Office Task Force

The Integrated Healthcare Policy Consortium, a CHRF Working Group, is establishing advisory task forces to focus on its legislative agenda. CLYDE JENSEN, PHD, has agreed to chair the Federal Office Task Force, which will seek the creation of a federal office on integrated healthcare. Jensen is presently a consultant to the natural products industry and has recently accepted a faculty position at the Oregon Health Sciences University. He is a former president of naturopathic, osteopathic, and allopathic medical schools. For more information, or to offer to serve on the Federal Office Task Force: CJensen@Standardprocess.com

7. Martinez Named to ASH Advisory Committee

TONY MARTINEZ, JD, of the Washington, D.C. firm Martinez Bass & Associates, has been named to AMERICAN SPECIALTY HEALTH’s Healthyroads Clinical Advisory Committee as legal and policy advisor. Martinez formerly served as ASH vice president of government relations and consumer healthcare products counsel. During his tenure with ASH, Martinez assisted with the development of Healthyroads, an award-winning healthcare internet site which offers health-related information and products such as vitamins, nutritional supplements, herbal remedies, and supplies for yoga and other fitness activities. The advisory committee reviews products and policies and makes recommendations concerning products offered in the Healthyroads program. Martinez will consult with ASH's Health and Clinical Services department to provide legal guidance on FDA and FTC compliance matters. For information: www.healthyroads.com or acmartinezii@yahoo.com

Notes from the Margin, 6/28/03 -- Stephen Bolles, Executive Director

In the deserts of the heart
Let the healing fountains start,
In the prison of his days,
Teach the free man how to praise.
-- W.H. Auden

It is easy to think of healing these days. Even without an orientation imposed by professional training, there are numerous examples of places where healing is necessary. The world is convulsed with violence, spirituality is fractured into factions and religions, basic values seem to be mislaid or forgotten, and the very earth groans with our misbegotten stewardship of its wealth and resources.

At the same time, the war in Iraq prompted a worldwide call for prayer that was answered in a way never before seen. Though unsuccessful in preventing war, it demonstrated a coordination of voices and energy that showed undeniable strength while affirming the sanctity of life. If, as for many, the Middle East can be viewed as the heart of the planet, the new dialogue about peace offers a level of promise unimaginable even weeks ago. New discussions about ethics and values are shifting into areas of society that portend a future with compassion as its compass. And though the stewardship of our earth's health has not been ideal, we have at least moved away from a misinterpretation of the Old Testament license to do anything
we want. Most promising, the generations following us are inflamed with the passion of rectification.

It is not easy to maintain a personal environment of ongoing healing at times like these. As ever, walking the walk is harder than talking the talk. But each person’s commitment to healing within contributes to the healing without. Each person’s prayer adds to prayer as a communion with something beyond our bounds. Each internal reflection adds to the depth of our access to our own soul. And each connection we make and affirm in our relationships adds to the importance of connection as a value itself.

Healers know that healing is intrinsic and cannot be imposed. Environments support healing, but healers are guides and channels -- providers in name only. One of the hardest parts of their role is to sustain the effort that requires them to return, again and again, to the challenge of assuring that all has been done that can be done in a given instance to support healing. If the depth of the wound is deep enough that we think it is beyond recovery, then it surely is. We must remember that healing is a promise: we must keep working to sustain an environment in our lives, our work, and in our world not based on our own feelings or limits, but on the needs of Life itself.

Peace to you on this summer morning.

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End, CHRF News File #49, June 28, 2003

CHRF NEWS FILE #50, July 15, 2003

1. Portland-Based Network Copes with Challenging Times
2. IOM Committee Holds Third Open Meeting, First with Liaison Panel
3. CAM Marketing Information Archived on ICSC Website
4. Benjamin Has Different View of Canadian Regulations
5. AHMA Plans 2004 Conference
6. Naparstek Offers Healing from Trauma Workshops
7. Healthcare Travel Opportunity: Cuba
8. Residential Holistic Program for Medical Students
9. Personnel Update: Beth Clay

Plus:
Research Report: Omega-3 Fatty Acids
Notes from the Margin

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ANNOUNCEMENT – NEW RESEARCH REPORT FEATURE

When we surveyed News Files readers, many of you asked for more information on recent CAM research. In response, MARSHA J. HANDEL, MLS, the Information and Education Coordinator for the Continuum Center for Health and Healing (CCHH) in New York City, has offered to share her expertise with us. Marsha has been a research librarian for over 12 years, specializing in integrative medicine informatics and education. Her commitment to professional education in this field led her to establish email alerts on quality CAM research for distribution to healthcare providers throughout the CONTINUUM HEALTH PARTNERS hospital system. "I am immersed in the research literature, have compiled an online subscription library of specialized CAM databases, and developed the CCHH evidenced-based website (www.healthandhealingny.org), as well as specialized online educational modules on integrative practice," she tells us. "Because of our shared commitment to moving this model of healthcare forward, I feel I could be of help in reporting on CAM research for News Files readers."

We appreciate Ms. Handel's thoughtfulness and generosity! In this issue, and in many future issues, you'll find her Research Report, which analyzes and summarizes current CAM research issues, often with commentary by other CCHH staff. While our format does not permit the lengthy studies found in traditional journals, we will be able to offer an overview, plus pointers to more information. For individualized CAM research reports, Marsha Handel can be contacted at mhandel@bethisraelny.org.

1. Portland-Based Network Copes with Challenging Times

COMPLEMENTARY HEALTHCARE PLANS, based in Portland, OR, is a provider-sponsored PPO, founded in 1989 by six chiropractic physicians. Today it numbers over 480 providers in Oregon and southwest Washington, including chiropractors, acupuncturists, naturopathic physicians, and massage therapists. They currently contract with Regence Blue Cross /Blue Shield of Oregon and Kaiser Permanente of Oregon, providing over 63,000 patient visits in 2002. Their typical benefit design has a $10 or $15 co-payment and a $1000 or $1500 annual limit. This benefit may be either a chiropractic-only benefit or a combined benefit, at the employer's option. "Our experience with the $1000 or $1500 maximum has been that for the most part, for most patients, it does give them a satisfactory benefit, though, of course, we would like to see a higher limit," says Pamella J. Marchand, MBA.

Marchand was recently named CHP president and CEO. Asked to describe the biggest challenge CHP faces, she cites the current economic climate. "As healthcare costs increase, employers are taking a hard look at cutting riders such as the chiropractic benefit, the alternative medicine benefit, or dental benefits. They think they can add these benefits back when times improve." During the past year CHP has also seen
employers shifting to higher co-pays.

Arthur T. Walker, DC, was recently elected chair of the CHP board of directors. He says managed care has opened doors to millions of patients who might never have tried chiropractic had it not been covered by their insurance, and now he sees signs that acupuncture is taking off in much the same way. "Speaking from my provider perspective, I see that my patients frequently mention acupuncture as an additional modality that they're using in their own care. I find I'm referring chronic pain patients to acupuncturists more often than in the past. In addition, if they have coverage, they're much more likely to use it."

To see the spring issue of the CHP newsletter, go to: http://www.comphcplans.com/newsletters/newsletter-spring03.html. For more information: artcjwalker@comcast.net or pmarchand@chpplans.us

2. IOM Committee Holds Third Open Meeting, First with Liaison Panel

The IOM COMMITTEE ON CAM USAGE held its third open meeting on June 30, with its new liaison panel representing CAM-related organizations present at the meeting for the first time. MILT HAMMERLY, MD, director for integrative medicine at Denver-based Catholic Health Initiatives and co-chair of the Integrative Clinical Services Consortium, a CHRF Working Group, attended as a CHRF representative. Formal presentations focused on research and public policy for dietary supplements, and on the impact of licensure, scope of practice, and regulation of CAM therapies. "The majority of committee members seemed to be actively interested in the presentations and availed themselves of the opportunity to ask a number of insightful questions indicating that they understood many ramifications of the subject matter," Hammerly says. After the committee members asked questions, liaison panel members were also given the floor for questions, but were limited due to time constraints. During a 90-minute lunch break, committee and liaison panel members ate together (divided into two rooms to allow increased participation) and discussed the methodological challenges of CAM research and what policy changes could facilitate CAM research. "This was the most interactive part of the meeting," Hammerly says. "I proposed a more collaborative model for research that would train and qualify non-academicians and CAM practitioners as researchers who could get funding for studies."

Liaison panel members will discuss key issues with the committee but will not directly participate in developing committee recommendations. Because of these limits, some CAM organizations have refused to participate in the liaison panel, including some within CHRF. Hammerly, however, feels that "our participation can potentially change the content and tenor of the report. This seems to be an opportunity for CHRF to demonstrate the value of a collaborative spirit that makes the best of a challenging situation by first and foremost keeping the greater good in mind." CHRF decided to participate in the liaison panel in order to keep channels of communication open, while continuing to express its concern over the limited participation by the CAM community.

At its next meeting, scheduled for September 22, the committee plans to focus on how to generate knowledge about health outcomes of CAM modalities. They asked liaison panel members for three good examples (e.g., published papers or the equivalent) of knowledge generation or research in a CAM modality or discipline, as
well as examples of outcome concepts and measures. "If a practitioner or researcher in your field was trying to determine whether or not a treatment was effective, what outcomes would he or she look for? What would you or others in the field want or expect to see?"

The committee requests responses to these questions by July 31. "If CHR wishes to have a positive impact on the IOM committee's findings and recommendations, we need thoughtful, coordinated, and vigorous engagement from this point forward," Hammerly says. For more information: MiltHammerly@Chi-National.Org

3. CAM Marketing Information Archived on ICSC Website

Materials from the online lecture by KAREN SOMMERS DUPUIS, MS, on "Successful Marketing Strategies for CAM and Integrative Services" are now available on the Integrative Clinical Services Consortium (ICSC) website, archived so those who could not attend the live virtual presentation can still access this valuable material.

Dupuis, former director of the Memorial Center for Integrative Healing in South Bend, IN, discusses ways to increase referrals, stimulate interest, keep clients returning, and build lasting involvement with the community at large. Materials may either be viewed online or downloaded. ICSC members should go to http://icsc-thecollaboration.org/members and click on the "Lecture Archive" button. Those who aren't members should register at http://register.icsc-thecollaboration.org for a free trial membership. For more information about being a presenter and/or participating in future ICSC Web conference lectures, please contact Jery Whitworth at WhitworthJ@icsc-thecollaboration.org

4. Benjamin Has Different View of Canadian Regulations

In our last issue (#49), we described new Canadian regulations for natural health products and quoted MICHAEL LEVIN, who believes if the U.S. instituted a similar approach, insurance coverage for these products would likely increase. SAM BENJAMIN, MD, corporate medical director for integrative health strategies at HUMANA, INC., disagrees. "Levin's comment is mistaken with regard to insurance coverage in the U.S.," Benjamin tells the News Files. "I applaud the new Canadian classification for natural health products, and I hope something similar occurs in the U.S. However, at a time when full coverage for pharmaceutical products is decreasing in the U.S. commercial insurance market, changes in natural product production and labeling regulations alone would not be enough to meaningfully increase insurance coverage for natural health products."

Benjamin cites the skyrocketing cost of healthcare in the U.S., the large number of people who lack basic coverage, and the many more who may lose the insurance they already have due to affordability. "Insurance changes with regard to natural products can still occur, but will be based on many factors," Benjamin says. "While product quality is certainly one, other important variables will come into play, including evidence-based research, outcomes data, clinical trial results, cost-effectiveness, product safety, potential drug/supplement interactions, pricing, liability considerations, and the ability to supply large quantities reliably. Will customers such as large corporations, regional governments, and unions (or their employees and members) increase their payments in order to expand coverage?" For information:
5. AHMA Plans 2004 Conference

The AMERICAN HOLISTIC MEDICAL ASSOCIATION invites submissions for its 27th annual conference, "The Soul of Medicine," to be held April 28-May 1, 2004 in Albuquerque, NM. This conference will explore the moral, philosophical, cultural, and spiritual roots of medicine. Participants will examine recurring patterns at the root of their own identities as healers and map practical directions for the future, both in their personal paths and in the joint quest to create holistic medicine.


6. Naparstek Offers Healing from Trauma Workshops

BELLERUTH NAPARSTEK will present a workshop called "Balance of Power from the Inside Out: Imagery for Healing, Stress and Trauma," in Asheville, NC, on August 16-17. She tells the News Files she's excited about new material she's been working on covering the biochemistry of healing and the psychology of trauma survivorship. "Traumatic stress, it turns out, is the ideal condition for exploring the profound interplay of mind, body and spirit," she says. The workshop, cosponsored by THE CONFERENCEWORKS! and the ASSOCIATION FOR HUMANISTIC PSYCHOLOGY, will also clarify differences and similarities among a range of newly developed short-term, body-based therapies.

Naparstek will present the workshop six times this year at:
- Clearwater, FL, Sheraton Sand Key Resort, September 6-7
- Houston, TX, Del Lago Resort, October 11-12
- Cape Cod, Sea Crest Resort in Hyannis, November 1-2
- Denver, CO, Copper Mountain Resort, November 22-23
- Santa Fe, NM, Tamaya Resort & Spa, December 6-7

There is a $40 discount for those who register for the August workshop before July 25. To register: http://healthjourneys.c.tclk.net/maabeAjaaY2XAb3cgCLb, or call (888) 517-7089.

7. Healthcare Travel Opportunity: Cuba

CAM attorney TONY MARTINEZ, JD, of Washington, D.C.-based consulting firm Martinez Bass & Associates, is one of the organizers for a legally licensed trip to Cuba, planned for September 7-14, 2003. "For anyone who's ever wanted to go to Cuba and see its healthcare system (all integrated, utilizes CAM, and everyone gets healthcare), this is an extraordinary opportunity," Martinez says. "You can also learn about business opportunities in healthcare and nutrition (it is legal to sell U.S. food, agriculture, and medical products to Cuba), and discover and enjoy Cuban culture."

For registration information and deadline: acmartinezii@yahoo.com
8. Residential Holistic Program for Medical Students

The UNIVERSITY OF FLORIDA and the GLOBAL MEDICINE EDUCATION FOUNDATION are offering a month-long residential program in holistic medicine for fourth-year medical students, March 28-April 25, 2004. "The Ecology of Healing: A Way of Healing in Harmony with the Earth" will discuss health and medicine as they relate to the environment, cross-cultural and traditional healing practices, creating conscious community, and personal wellness and transformation. The course will be taught at a 200-acre retreat site in northern California by a team of physicians and educators from around the country. For more information: http://www.globalmedicineeducation.org/programs_gmep_2004.htm

9. Personnel Update: Beth Clay

BETH CLAY, who many of us know through her work as senior staff person for Rep. DAN BURTON (R-IN), has left government service after 12 years. She has taken on a different role as president of a newly formed integral health consulting and government relations firm, BCandA INTERNATIONAL, L.L.C. As a single mom with two adult children plus two teenage sons, Clay says, "I have a keen desire for more balance in my life and time to be with my sons before they are grown...I remain firmly committed to the important role of complementary and alternative medicine in our healthcare systems, the value of nutritional supplements in improving health status, and most importantly, the right of everyone to make their own medical choices, including the right to choose another system of healing, or a complementary or nutritional approach in healing."

To contact Clay: beth@bethclay.com. For more information visit www.bethclay.com and www.bcandainternational.com. Clay plans to send out email messages on a wide range of topics, including CAM, dietary supplement research and regulation, spirituality and healing, autism spectrum disorders, and end of life care. To sign up for one or several topics, go to http://www.bethclay.com/index.htm

Research Report: Omega-3 Fatty Acids

by Marsha J. Handel, MLS, mhandel@bethisraelny.org
Information and Education Coordinator
Continuum Center for Health and Healing

In the June 3 issue of Circulation, the journal of the American Heart Association, Harvard researchers offer a review of the growing body of clinical evidence supporting the use of omega-3 fatty acids to prevent cardiac arrhythmias (which are responsible for approximately 300,000 deaths annually).

The authors review results from several significant clinical trials dating from 1989 to the present. The Diet and Reinfarction (DART) trial, a randomized controlled trial of 2033 men, reported a 29% reduction in mortality in 1015 men who were advised to eat oily fish (200-400 gram portions) twice weekly. In the 1999 GISSI-Prevenzione trial, a large prospective randomized clinical trial of 11,214 patients with recent myocardial infarction, treatment with omega-3’s produced a 45% reduction in sudden cardiac death after 3.5 years, the end of the study. In 1998 the Physicians
Health Study reported that those who ate at least 2 fish meals per week had a 52% lower risk of sudden cardiac death.

The authors of the Circulation article write, "The evidence has been strengthened that fish oil fatty acids can prevent sudden cardiac death in humans, and this may prove to be their major cardiac benefit." They do not appear to affect the incidence of myocardial infarctions or lipid levels.

The authors make the following recommendations (these are not official government guidelines):
1. Everyone should have at least two meals per week of oily fish.
2. Those with a family or personal history of cardiovascular disease should add a daily supplement of fish oil of 600 mg of EPA and DHA (two essential fatty acids).
3. Those with a family history of sudden cardiac death should increase the daily supplement to 1-2 grams of EPA plus DHA.

It is interesting to note that these recommendations, while made to both men and women, are based overwhelmingly on studies of men. In fact, women comprise only 25% of participants in all heart-related research studies, even though more women than men die of heart disease each year, and heart disease is the leading cause of death for American women.

Another relevant issue: Widespread concerns have arisen about fish consumption and mercury toxicity, and it may be wise to modify the recommendation to eat oily fish twice a week, to take this into account. Smaller fish such as herring, sardines, and anchovies are the safest to eat, but other fish with lower levels of mercury include Trout (farmed), Catfish (farmed), Shrimp, Fish Sticks, Flounder (summer), Salmon (wild Pacific), Croaker, Blue crab (mid-Atlantic), and Haddock. The National Center for Policy Research for Women and Families provides a complete list at http://www.center4policy.org/methylmercury2.html

The EPA has reviewed information on mercury toxicity from fish, and in January, 2001, they recommended that women who are pregnant or planning to become pregnant, nursing mothers, and young children should limit consumption of fish to once a week (6 oz for adults, 2 oz for children). For EPA reports on this issue:
http://www.epa.gov/mercury/fish.htm

Someone who uses fish oil supplements should only use pharmaceutical-grade supplements (which have been tested for PCPs, dioxins and mercury, and are free of contamination). In general, look for a label stating that the product has been tested for environmental toxins. A list of tested brands can be obtained from CONSUMERLAB.COM


Notes from the Margin, 7/15/03 -- Stephen Bolles, Executive Director

If politics makes strange bedfellows, then the politics of herbs and supplements in the next few years will make people scratch their heads as never before. As governments on both sides of the U.S./Canadian border struggle with issues related
to production, consistency, quality, labeling, and access, the real issue of control is yet to be decided. The common interests of providers, public, and manufacturers should make for some very interesting alliances, and it is likely that their mettle will be tested for quite a while.

There are certainly real concerns about public safety. The entire subject of drug/herb interactions has barely been touched and needs to be explored in greater depth. The results may make a good number of people squirm; the spin associated with retracting healthcare claims may emerge as a new spectator sport. Yet it is the position here that determining the appropriate role of government should be an ongoing and constantly tested question in the mind of everyone. Suspicion is an appropriate state of mind when it comes to the prospect of further regulation.

It is arguable that the Dietary Supplement and Health Education Act (DSHEA) of 1994 no longer offers adequate protection to the public. Consideration of what is likely to replace it should provoke concern. How, and by whom, the issues get framed as a basis for revisiting this regulatory framework will go a long way in determining how the results get played out.

The interests of the public on this issue legitimately include protection from inadequate or misleading labeling, standardization of production, and combinations with other substances. It is also true that too much protection in this area will restrict access and benefit those who control it. The interests of the public also include a degree of preservation of their freedom to choose—and choose wisely, with appropriate information—among real options for improving or maintaining health. The eagerness of government to decide on its own how much freedom is appropriate for its people will be difficult to restrain. Here the adage will be proven again that vigilance is the price of freedom.

What may be most important to develop and hardest to establish is a coordinated, thoughtful, and inclusive effort that reflects the broad interests of providers, patients, the public, and commercial manufacturers. Efforts are beginning to emerge in this area and bear watching. An ability to bring all constituencies to the table, a lack of rancor in the deliberations, and clarity in the articulation of the case for prospective federal efforts may be the best indications of success.

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End, CHRF News File #50, July 15, 2003

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CHRF NEWS FILE #51, July 30, 2003

1. AMA Adds Two CAM Seats to Its Coding Advisory Panel
2. Employers, Consumers React to Healthcare Cost Increases
3. Seniors Get Boost Through Vitamin Relief USA
4. Massage Training Enrollment Remains Strong
5. U.S. House of Representatives Tells VA to Hire DCs Now
6. Inaugural Conference on Integrative Medicine and Alzheimer's
7. CAM in the Media
   A. Time Magazine Covers Benefits of Meditation
   B. AP Reports on Yoga For Preschoolers
   C. All Things Considered Highlights "Ephedra Lobby"

Plus: Notes from the Margin

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1. AMA Adds Two CAM Seats to Its Coding Advisory Panel

The AMERICAN MEDICAL ASSOCIATION CPT Editorial Panel, which oversees development of the most widely-used coding system, has created two new seats for representatives of the CAM professions on its Health Care Professional Advisory Committee (HCPAC). W. BRUCE MILLIMAN, ND, chair of the American Association of Naturopathic Physicians Insurance and Reimbursement Committee, will represent the AANP. In addition, there will be a representative from the American Massage Therapy Association. They will join CRAIG LITTLE, DC, who currently serves as the American Chiropractic Association representative on the HCPAC.

"Inclusion of licensed naturopathic representation on HCPAC provides the profession with an important opportunity to participate in the emerging healthcare system," says Milliman, who also serves on the IHPC Coding Task Force. "We look forward to helping influence payers, via coding, to more fully embrace the most promising avenue toward increasing the health quotient and decreasing the cost impact of healthcare for Americans." He has already received inquiries from two regulatory agencies in states that currently license naturopathic physicians, each seeking additional CPT codes to more specifically characterize services delivered by ND's. "Word travels fast!" he says. For more information, contact Milliman at doctorwbm@earthlink.net.

2. Employers, Consumers React to Healthcare Cost Increases

Recent reports from the CALIFORNIA HEALTHCARE FOUNDATION (CHCF) document dramatic increases in health premiums and employee cost-sharing for health insurance. "Health Benefit Costs: Employers Share the Pain" focuses on ways California employers are altering health benefits to deal with escalating costs. "Ready or Not: Consumers Face New Health Insurance Choices" focuses on the impact of health insurance changes on consumer behavior and decision-making. Both reports
are based on surveys conducted by HARRIS INTERACTIVE.

Key findings of the reports include:

- Employers expect health benefit costs to increase 14% on average in 2003. Nearly all (88%) employers interviewed agree that "healthcare premiums will increase at double-digit rates for at least the next three years."
- In response to these cost pressures, two-thirds (66%) of California employers are likely to increase employee cost-sharing in the next two years. Three in five (62%) plan to increase premium contributions for dependents, while more than half (54%) expect to increase contributions for employee-only coverage. Nearly three in ten (28%) plan to reduce the scope of covered benefits.
- These decisions will affect consumers' access to healthcare services, especially among those with lower incomes and/or with greater healthcare needs. In response to increased cost-sharing, low-income, chronically ill Californians are about three times as likely to postpone or skip a doctor appointment or fail to fill a prescription compared to the general population of insured Californians.

In addition to the reports, CHCF offers slides featuring information on satisfaction with and knowledge of health benefits, employer and consumer responses to rising costs and changing health benefits, consumer activism, quality initiatives, and the chronically ill. For copies of the reports and/or slides: http://www.chcf.org/topics/view.cfm?itemID=20939

3. Seniors Get Boost Through Vitamin Relief USA

Senior citizens in Riverside, California will get an extra health boost this year through a new program from THE HEALTHY FOUNDATION (THF) called Vitamin Relief USA Senior Support™. THF has partnered with the Riverside YMCA, Riverside Parks and Recreation, and the Riverside Medical Clinic to provide free daily multivitamins (donated by WYETH CONSUMER HEALTHCARE). "The response has been overwhelming," says THF executive director MICHAEL A. MORTON. "When we first discussed this with local agencies, they estimated perhaps 500 people would be interested. Before the program even got going, we got calls from the agencies saying, 'We haven't publicized this yet, but our staff mentioned it to some clients, and we're overwhelmed with requests.'" The pilot program currently provides vitamins to over 1,100 seniors a day. An observational survey of staff and participating seniors will be conducted at 6 and 12 months, and if all goes well, Morton expects to expand the program beyond Riverside by spring 2004.

In addition to this program for seniors, THF is also providing daily vitamins to 12,850 children nationwide. Congress is considering a million-dollar appropriation that would allow THF to provide daily vitamins to over 30,000 at-risk children next year. Morton requests that people contact their U.S. Senators and ask them to tell the Senate Committee on Appropriations that they support the line item appropriation for The Healthy Foundation. On the House side, people should ask their Representative to tell the House Committee on Appropriations that he or she supports the request by Congressman Frank Pallone (D-NJ) for The Healthy Foundation. See previous stories on the foundation's work in News File #5 (August 28, 2001) and #18 (January 31, 2002). For more information: mam@vitaminrelief.org or www.vitaminrelief.org
4. Massage Training Enrollment Remains Strong

ASSOCIATED BODYWORK AND MASSAGE PROFESSIONALS (ABMP) has just mailed a newsletter titled "The ABMP School Connection" to 1,150 massage school programs nationwide, highlighting results from their 2002 ABMP School Enrollment Survey. This national phone survey found a total of 57,593 students currently enrolled at the 930 schools that responded. (Extrapolating the data to add the 118 schools that did not respond, they estimate there are 62,000 students enrolled in state-approved massage or bodywork programs.) Despite the gloomy economy and post-9/11 concerns, enrollment trends remain strong, with 48.8% of responding schools saying enrollment is up and 37.3% saying it remains steady.

At present only 17.1% of massage schools (and 22.7% of campuses) are accredited, according to ABMP data. There are six different accrediting entities serving this profession, with fees ranging from $2,000 to $7,200. "The fact that over 900 schools have not gone through an accreditation review clearly indicates that accreditation is still a volunteer exercise for massage organizations," the newsletter states. [However,] "accreditation has been identified by many school directors as an opportunity to differentiate their school from the rest of the crowd." Most massage accreditation programs are recognized by the U.S. Department of Education, which means these schools can offer Title IV funding such as student loans and grants. The INTEGRATIVE MASSAGE AND SOMATIC THERAPIES ACCREDITATION COUNCIL (IMSTAC), which is the accreditation division of ABMP, "has consciously shaped IMSTAC differently, offering a lean, focused, consultive approach to accreditation with no focus on qualification for student loan eligibility," ABMP writes. For more information: bob@abmp.com.

5. U.S. House of Representatives Tells VA to Hire DCs Now

The U.S. House of Representatives just passed a bill requiring the DEPARTMENT OF VETERANS AFFAIRS to speed up integration of chiropractic services into the veterans healthcare system. The bill, known as the "Veterans Health Care Improvement Act (HR 2357)," was passed by voice vote on Monday, July 21. Championed by Rep. ROB SIMMONS (R-CT), chairman of the Veterans' Affairs Subcommittee on Health, and Rep. JERRY MORAN (R-KS), with support from a bipartisan coalition of key legislators, it eliminates bureaucratic obstacles that have prevented the formal establishment of chiropractic clinical care in the VA Legislation passed in 1999 required the VA to develop a plan for offering chiropractic care, but the new bill goes further and instructs the VA to hire and employ chiropractic physicians.

The bill now moves to the Senate. Earlier this month, lobbying teams from the AMERICAN CHIROPRACTIC ASSOCIATION and the ASSOCIATION OF CHIROPRACTIC COLLEGES met with Senator ARLEN SPECTER (R-PA), chairman of the Senate Veterans Affairs Committee, to brief him on the need for prompt consideration of this bill. According to the ACA, "Specter expressed strong interest in the legislation and in taking steps to ensure that America's veterans have access to chiropractic care."

6. Inaugural Conference on Integrative Medicine and Alzheimer's
The ALZHEIMER'S PREVENTION FOUNDATION INTERNATIONAL (APFI) will host an international conference on “The Integrative Medical Approach to the Prevention of Alzheimer's Disease,” October 10-12, 2003, at the Wyndham Buttes Resort in Tempe, AZ. It will feature presentations on diagnostic and therapeutic prevention measures for Alzheimer's, including dietary and lifestyle links to degenerative brain diseases, the impact of stress and meditation on memory, the role of inflammation on neurodegenerative disorders, and the future of drug therapies.

Speakers will include DAVID PERLMUTTER, MD, adjunct instructor at the Institute for Functional Medicine; YOGESH SHAH, MD, associate program director for Integrative Medicine at Mercy/Mayo Clinic; and DAVID RAKEL, MD, director of the University of Wisconsin Center for Integrative Medicine. Physicians attending the conference will qualify for 18.5 hours category 1 CME, and nurses will qualify for 22 hours continuing nursing education. For more information: www.alzheimersprevention.org, or call 800-863-5085.

7. CAM in the Media

A. Time Magazine Covers Benefits of Meditation

The August 4 issue of TIME MAGAZINE features a cover story on "the Science of Meditation." Reporter JOEL STEIN tries meditation but keeps thinking, "what a waste of time." He also notes that people who meditate "will probably outlive me by quite a few years." Today ten million Americans practice meditation regularly, Stein writes, twice as many as ten years ago. "Not only do studies show that meditation is boosting their immune system, but brain scans suggest that it may be rewiring their brains to reduce stress." The special section also includes instructions on how to meditate, a review of ancient methods now reappearing in modern life, and varied resources including books, magazines, meditation centers, and websites. To read the material online:

B. AP Reports on Yoga For Preschoolers

A widely-published ASSOCIATED PRESS story by ANUSHA SHRIVASTAVA reports that yoga classes for young children are a fast-growing business. On Manhattan's Upper West Side, parents pay $20 per 45-minute class, up to $75 for animal motif relaxation blankets, and $16.99 for yoga videotapes for kids (ages 2-7). In Marlboro, MA, classes cost $15 per session with a 50% discount for younger siblings. Industry analyst Tanya Seaton says that with 11.3 million U.S. children under the age of three, there is plenty of room for this aspect of yoga to grow. For the complete story:

C. All Things Considered Highlights "Ephedra Lobby"

On June 23 the NATIONAL PUBLIC RADIO evening news program, All Things Considered, ran a 13-minute segment on reports linking ephedra to illnesses and deaths. Reporter SNIGDHA PRAKASH visited Congress on National Nutrition Day and describes efforts of the "ephedra lobby" to protect manufacturers from efforts to ban or more strictly regulate ephedra. She describes growing efforts to revise the 1994
Dietary Supplement Health and Education Act (DSHEA), but quotes Iowa Senator TOM HARKIN (D-IA), co-author of the original law, supporting DSHEA as it is. Prakash says big contributions from the dietary supplements industry "have bought a lot of good will on Capitol Hill." To listen to the story over the Internet: http://discover.npr.org/features/feature.jhtml?wfId=1308048

**Notes from the Margin, 7/30/03 -- Stephen Bolles, Executive Director**

The announcement that the CPT Editorial Panel has accepted two new representatives on the HCPAC is welcome news, again proving that a fundamental shift is taking place. Inclusion of licensed naturopaths and massage therapists in this developmental body is a bit stunning for long-time observers of these political struggles.

For political struggles they still are. After all, a clear national policy framework is available (see the work of the National Policy Dialogue and the IHPC Working Group of the CHRF), yet it has not been adopted by many who should do so. As a result, political rather than clinical realities continue to determine who has a seat at the table.

The pressure is clearly on the AMA CPT machine to be more responsive to the reality that coding sets for non-medical services need to be developed to accurately reflect the nature of provider/patient encounters in integrative and alternative/complementary care. The thorough approach that Alternative Link has taken to this problem is an attractive solution. Indeed, a strange race may be shaping up between the AMA and AltLink to see whose solution is more workable from the federal vantage point. Politics and (its unholy twin) Money will be inseparable factors in any resolution, and the role that grassroots lobbying will play in the outcome remains to be seen.

In the end, some solution will be found. The one advantage that CPT mechanisms have at this point is that, as the critical mass of non-M.D. representation on the HCPAC increases, it could become a more effective offset to the momentum of the medical CPT machine. However it is resolved, everyone will return again and again to the policy basis for change. What is right is important, but why it is right cannot be left out of the argument.

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End, CHRF News File #51, July 30, 2003

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**CHRF NEWS FILE #52, August 18, 2003**

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2. Hawaii Clinic Completes Successful First Year, Seeks Integrative Physician
3. Hammerly Response to IOM Committee
4. International Codex Meeting Reviews Standards for Supplements
5. Naropa Training Offered for Contemplative End-of-Life Care
6. January Conference on Integrative Medicine Business
7. HIPAA Clarifies Use of ABC Codes
8. Martinez Bass Named AANP Policy Advisor
9. Publications
   A. New Book of Interviews with Key leaders in Integrative Medicine
   B. American Journal of Public Health Study of Altimed Use
   C. Physician Executive Overview of Integrative Medicine
10. Bolles Takes New Position with ACN Group

Plus: Notes from the Margin

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1. Employers Implement Defined Contribution Plans to Control Costs

Faced with skyrocketing health insurance costs, many employers are exploring "defined contribution plans," which set employer contributions as fixed dollar limits and generally offer employees an array of healthcare choices. "These plans typically include a much broader range of deductible and co-insurance arrangements, emphasizing higher deductible and co-pays, so the employee is incented to join less costly plans and bear more risk," says ALAN S. BREITMAN, FSA, managing director of the Boston-based HOBBS GROUP, a health insurance consultant for large employers. "Some defined contribution plans also include an employer-funded Health Reimbursement Arrangement (HRA) of, for example, about $1000. Since the employee typically has a great deal of choice in spending this money, it can be used to cover forms of integrative medicine. Many HRAs are limited to insured benefits, while others allow much more discretion. “Defined contribution is growing rapidly, Breitman says, because it helps employers manage costs and can be introduced more easily in the current slack job market. However, at this point only a small percentage of employers are offering HRAs. A defined contribution model when combined with an HRA is what most people mean by consumer-driven healthcare. The biggest challenge, as consumers manage their own care, is educating them to make appropriate healthcare choices. Breitman says, “That's really an open question. We know higher deductibles and co-pays save money. We know if consumers are well-educated, they can spend their money wisely. The real question is, will the education work?”

2. Hawaii Clinic Completes Successful First Year, Seeks Integrative
Physician

MANAKAI O MALAMA INTEGRATIVE HEALTHCARE GROUP AND REHABILITATION CENTER in Honolulu has successfully completed its first year, says founder and medical director IRA ZUNIN, MD, MPH, MBA. The clinic is now handling 1000-1200 patient visits per month and has increased treatment space by 50%. They have added a naturopath, two more physical therapists, two more acupuncturists, and a third massage therapist. The percentage of receipts paid by patients out-of-pocket is increasing, and is currently 15-20% of receipts, with the remainder from reimbursements from Blue Cross Blue Shield, workers comp, and no-fault insurance. While gross receipts are increasing steadily, Zunin declines to quote a specific figure for publication. They've done no advertising, he says, but have attracted strong interest from the media. Zunin estimates his original patient base (before Manakai O Malama opened) makes up only 25% of the current practice.

One way to measure the clinic's growth is to note that they now want to add an additional physician plus a physical therapist with competence in therapeutic yoga. "We're seeking one or two medical doctors with experience and training in integrative medicine and ideally also skills in occupational medicine," Zunin says. "We hope to add them within the next six months." Interested parties should contact Zunin at (808) 535-5555 or kalen@Pixi.com

3. Hammerly Response to IOM Committee

The IOM COMMITTEE ON CAM USAGE has requested information on the ways practitioners determine the effectiveness of CAM treatments, as well as good examples of research in the field. In response, MILT HAMMERLY, MD, director for integrative medicine at Denver-based Catholic Health Initiatives and co-chair of the Integrative Clinical Services Consortium, a CHRF Working Group, sent committee staff a four-page letter, saying that valid CAM research needs "strong direction from practitioners with experience in the therapies to be studied." Study design should include input "from those most intimately familiar with the fundamental tenets of diagnosis and treatment in the therapies being researched." Too often, he wrote, existing CAM research focuses on "isolated interventions taken out of the real-life context of a comprehensive, multi-modal treatment plan."

Hammerly also noted that while conventional biomedical research tends to emphasize objective biological markers, CAM research should also utilize subjective measures such as pain, vitality, and mood; functional measures such as the ability to perform activities of daily living, work productivity, and absenteeism; and global financial outcomes. ICSC is querying its membership for examples of good CAM research and will report results when they are compiled. For more information: milthammerly@catholichealth.net

4. International Codex Meeting Reviews Standards for Supplements

The 25th Session of the CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES is scheduled from November 3-7, 2003 in Bonn, Germany. The agenda includes controversial proposed draft guidelines for vitamin and mineral food supplements, as well as draft recommendations on the scientific basis of health claims and a discussion paper on risk analysis. The U.S. Codex office has scheduled a
public meeting on September 16 in College Park, MD, to discuss U.S. positions on agenda items. To attend that meeting, pre-register by emailing ncrane@cfsan.fda.gov by September 1. The Bonn session agenda is posted at http://www.codexalimentarius.net/current.asp. Many thanks to Suzan Walter of the American Holistic Health Association for alerting us to this meeting. For more information: http://ahha.org/codex.htm

5. Naropa Training Offered for Contemplative End-of-Life Care

NAROPA UNIVERSITY (Boulder, CO), in partnership with RIGPA FELLOWSHIP’s Spiritual Care Program, is offering a certificate program for healthcare professionals this fall. Called "Contemplative End-of-Life Care," it is based on the wisdom of the Buddhist tradition combined with the knowledge, skills, and best practices of hospice and palliative care. Participants will develop comprehensive skills needed to respond to the full range of patient and family end-of-life needs, and deepen their experience with meditation and other contemplative practices as tools for awakening compassion and supporting themselves personally and professionally. The program starts in mid-October, 2003, and includes three residential sessions totaling 16 days plus weekly on-line presentations. It will end in May 2004. Continuing education credit (CEU) is available for nurses and other professionals. For more information: (303) 245-4800 or http://www.naropa.edu/contemplativecare/index.html

6. January Conference on Integrative Medicine Business

HEALTH FORUM and INNOVISION COMMUNICATIONS will hold their second annual conference on "Integrative Medicine for Healthcare Organizations: Business Strategies, Practical Tools and Best Practices," January 22-24, 2004, at the U.S. Grant Hotel in San Diego, CA. Topics will include best practices from CAM centers, research about the most valuable services to offer, how to get reimbursement for CAM services, and how to raise funds. The conference announcement invites readers to attend the "only conference dedicated to the business of running a successful CAM center or program." For more information: (866) 828-2962 or contact Sita Ananth at sananth@healthforum.com.

7. HIPAA Clarifies Use of ABC Codes

JARED ADAIR, director of the Office of HIPAA Standards at the Centers for Medicare and Medicaid Services, has written ALTERNATIVE LINK to clarify the status of participants in the ABC codes demonstration project. "His letter essentially says that all contractual trading partners of registrants for the federally authorized demonstration program are eligible to use ABC codes commercially in HIPAA transactions with those registrants," says SYNTHIA MOLINA, Alternative Link CEO. "That's serious cause for celebration!" For example, if a health plan has registered to participate, it can now instruct its software vendors to incorporate ABC codes into claims-processing software. If a PPO is participating in the demonstration project, its contracted practitioners are also authorized to use ABC codes.

Alternative Link is seeking speakers and sponsors for efforts to educate influential health policymakers about the national health information infrastructure and the ways standards and vocabularies influence information gathering. These sessions will
be held during the meeting of the NATIONAL FOUNDATION FOR WOMEN LEGISLATORS, Aug. 26-Sept. 2, in Lake Las Vegas, NV. For more information: synthia.molina@alternativelink.com

8. Martinez Bass Named AANP Policy Advisor

The AMERICAN ASSOCIATION OF NATUROPATHIC PHYSICIANS (AANP) has retained MARTINEZ BASS & ASSOCIATES as their legislative counsel and senior policy advisor. "I've always supported clinically trained naturopathic physicians and look forward to the day when they will be licensed in all 50 states and fully integrated into our healthcare system," says TONY MARTINEZ, JD, who will work closely with AANP executive director KAREN HOWARD. For more information: acmartinezii@yahoo.com

9. Publications

A. New Book of Interviews with Key leaders in Integrative Medicine

Elsevier Science/Churchill Livingstone has just published Voices of Integrative Medicine: Conversations and Encounters, by BONNIE J. HORRIGAN, publisher of Alternative Therapies in Health and Medicine and a member of the CHRF Leadership Team. In 44 interviews with key leaders in integrative medicine, Horrigan captures both the personal spirit and the intellectual rationale behind this emerging movement. It is impressive to leaf through the book and come across LEANNA STANDISH, ND, PhD, talking about her decision to leave a tenure-track position at Smith College for a five-hours-weekly position doing research at Bastyr, and TRACEY GAUDET, MD, comparing medical education to a "big, dysfunctional, abusive, alcoholic family system."

"I have interviewed many people over the course of my career and I can truthfully say that the folks in this book are my favorites," Horrigan tells the News Files. "I was most touched by everyone's great love and compassion, and by the depth of their understanding of the more invisible, but very real, universal laws that affect health and well-being." To order the book, call Elsevier at (800) 545-2522 or go to www.elsevierhealth.com, www.amazon.com, or www.barnesandnoble.com.

B. American Journal of Public Health Study of Altmed Use

Suburban and urban residents in eastern Michigan were more likely than rural residents to use alternative remedies such as herbal medicines or massage to treat pain, according to a new study published in the June issue of the American Journal of Public Health. The survey by APRIL HAZARD VALLERAND, PhD, RN, and colleagues from WAYNE STATE UNIVERSITY COLLEGE OF MEDICINE found that 82% of suburban pain sufferers used alternative medicines, compared with 77% of urban residents and 58% of rural residents, although urban, suburban, and rural residents reported having equally severe pain. Higher incomes in the suburbs might partly explain the difference, the researchers say, noting that many complementary and alternative therapies are not covered by health insurance and require out-of-pocket payments. Of the study participants, 31% said that they did not tell their primary care doctors that they were using complementary or alternative medicine to treat pain. For more information: http://www.ajph.org/
C. Physician Executive Overview of Integrative Medicine

The July/August 2003 issue of Physician Executive features a substantial article on integrative medicine by MARC MICOZZI, MD, PhD, director of the Policy Institute for Integrative Medicine at Thomas Jefferson University Hospital. In the article, Micozzi reviews the current status of integrative medicine in terms of types of care, availability, models of integration, cost-effectiveness, nutritional products, the role of medical education, and public policy. It’s an excellent summary of where we are now. "Health systems, insurers, and state and federal governments are investing more deeply and broadly in integrative medicine," Micozzi writes. "An irony for physicians is that one last bastion of traditional fee-for-service medicine resides among alternative practitioners." For more information about Physician Executive: http://www.acpe.org/acb/showdetl.cfm?&DID=15&Product_ID=25&CATID=1

10. Bolles Takes New Position with ACN Group

CHRF Executive Director STEPHEN BOLLES just announced his transition to a new role as Senior Director of Health Initiatives in the ACN GROUP. Bolles has been vice president for institutional advancement at Northwestern Health Sciences University, in Bloomington, MN, for seven years. ACN Group is a wholly-owned company of Specialized Care Services, a member of United Health Group. Bolle's efforts in his new role will focus on creating a web-based community forum for health and wellness. "I leave Northwestern deeply grateful for the chance to work with some of the most exceptional, committed, and wonderful people I have had the chance to know," Bolles says. "At the same time, this new initiative will seek to address many of the unmet needs of consumers, patients, and the healthcare industry in general. My role as a CHRF leader will continue as we seek to advance collaboration and integrative healthcare." For more information: bolless@thecollaboration.org

Notes from the Margin, 8/18/03 -- Stephen Bolles, Executive Director

The search for value continues, as the story about defined contribution plans illustrates. Employers will be forgiven if they throw up their hands and admit they cannot keep up, as more and more of their profits subsidize the costs of health benefits and as they seek to both insulate and retain their employees. Defined contribution plans do little but fix employers’ risk at a certain point and “empower” employees with a checkbook and an open field. However, as a group, employees may not be prepared for these responsibilities, and the real issue of the actual costs of healthcare has not been fully addressed in any national forum.

Depending on your perspective, defined contribution plans will either help or hurt CAM. Some believe that people will spend more money on CAM services out of a flexible spending account than they would out of their own pockets. Others argue that spending on these discretionary services will decrease, especially for those plans that allow employees to roll the unspent funds over to a subsequent year or convert them to a retirement fund. This uncertainty muddies the waters for employers, although in the face of another year of 11-16% premium increases and less concern about employee mobility due to a large, available labor pool, many employers may not even care.

In the original dream of health maintenance organizations, people would take
advantage of preventive services and decrease costs in the long run. This ideal was replaced by the assumption of more responsibility by providers when patients did not do what had been predicted. And now, as financial last resorts like defined contribution plans gain popularity, any incentive to educate consumers about modifying risk factors and lifestyle behaviors seems like an afterthought. It is still not clear where employers and consumers can get the greatest value out of their healthcare dollar. With a demographic bulge of baby boomers headed toward senescence (and the associated high costs of chronic problems we have avoided), values-based and policy-based discussions will be under tremendous pressure in the next few years.

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End, CHRF News File #52, August 18, 2003
(AANP), "Exploring the Terrain of Natural Medicine," was held August 13-16 in Portland, OR. More than 750 people attended, and there were more than 140 exhibitors. Presentations covered business matters (including third party reimbursement), broad overview topics (such as women's health), and specific clinical issues. STEPHEN STRAUS, MD, director of the National Center for Complementary and Alternative Medicine (NCCAM), gave the opening speech. "He discussed NCCAM's commitment to fostering training for CAM researchers," says MICHAEL TRAUB, ND, AANP president. "He emphasized how important it is for the naturopathic profession and other CAM professions to develop a critical mass of investigators who can collaborate with mainstream researchers." This is particularly important right now, Traub notes, because NCCAM has funded a two-year planning grant for development of a prioritized naturopathic research agenda. After his talk, Straus lunched with about 30 attendees and, according to Traub, was impressed and encouraged by the young CAM researchers he met. For more information about the convention: rebecca@sync-opate.com

B. Naturopaths Fine-Tune Research Agenda

The AANP Convention also included "Special Topics" sessions focusing on the current two-year process for developing a North American Naturopathic Medical Research Agenda. LEANNA STANDISH, ND, PhD, LAc, principal investigator on the project and senior research scientist at Bastyr University; PAMELA SNIDER, ND, Bastyr University research professor; and CARLO CALABRESE, ND, MPH, research professor at the National College of Naturopathic Medicine (co-investigators on the project) put together the plenary session. Naturopathic college research directors from throughout North America and Australia presented their ideas about future directions for naturopathic research. Attendees then chose among 18 sessions, spread over 5 days, focusing on various aspects of naturopathic research, including autoimmune conditions, cancer, mental health, and women's health. "We were all very pleased to discover the level of expertise on research issues within the profession, and the strong interest in making a relevant contribution to our knowledge base and to understanding the terrain of healing, disease, and healthy communities for all populations," says Snider, who designed the Special Topics sessions together with the research team. "Presentations from 40 thought leaders covered scientific updates and a broad range of inquiry—from the process of healing, to environmental health and health services, genomics, prevention and health promotion, as well as specific conditions and clinical services. The quality of critical thinking in the discussions was encouraging and inspiring." For more information: psnider@bastyr.edu

2. Academic MDs Working to Improve Integrative Education

A great deal of work has been going on in preparation for the next meeting of the CONSORTIUM OF ACADEMIC HEALTH CENTERS FOR INTEGRATIVE MEDICINE (CAHCIM), according to VICTORIA MAIZES, MD, executive director of the Program in Integrative Medicine at the University of Arizona. For example, the CAHCIM education subcommittee has developed consensus guidelines for competencies in integrative medicine for medical students. "An article describing how they were developed and why we believe they’re important is in preparation," says Maizes, who co-chairs the subcommittee. Consortium membership has grown to 22 medical schools, and there is growing interest in finding ways to include integrative medicine in the curriculum. "There are at least 30-35 schools that are very involved and committed to developing integrative medicine education. That is a lot! Compared to where the world was five years ago, that’s very impressive," Maizes says. For more
3. IHPC Applies for Independent Nonprofit Status

The INTEGRATED HEALTHCARE POLICY CONSORTIUM (IHPC) is working to articulate and advance a health policy agenda focused on the principles of integrated healthcare. Founded in 2002, it has operated as a CHRF Working Group comprised of national healthcare provider organizations, academic institutions, payers, researchers, and other stakeholders. After 18 months of building the necessary infrastructure, the consortium’s leadership has now decided to apply for incorporation as an independent 501(c)(3) nonprofit organization, and their request for tax-exempt status will be filed with the Internal Revenue Service shortly. “Any national effort to effect change in public policy comes with the responsibility to forge consensus among those impacted by it,” says SHEILA QUINN, the IHPC’s newly elected Chair of the Board. “We have spent a year and a half negotiating the myriad interests of those across the healthcare industry spectrum, a process which has enabled us to identify the many things we all have in common. The IHPC, through our participant organizations and individuals, will now translate that common ground into a specific action plan for legislative and regulatory reform.” IHPC expects to pursue its policy agenda in four key areas: education and training of providers, research, access to and delivery of care, and the establishment of a federal Office of Integrated Healthcare. For more information, contact IHPC Executive Director Matt Russell at mrussell@russell-group.net

4. Spiritual Care Program for Healthcare Professionals

As part of the Spiritual Care Program, a group in the San Francisco Bay Area is currently forming to study the spiritual dimensions of caregiving and offer mutual support. The group, especially designed for those currently working in healthcare and human services, will meet on the second and fourth Tuesdays of each month. Topics will include caregiving as spiritual practice, meditation, working with difficult situations, compassion in the workplace, preventing burnout, communication, and responding to the needs of the dying. CEUs are currently available for nurses and will soon be available for therapists, social workers, and licensed massage therapists. Pre-registration is required. For more information: (415)789-8416 or http://www.spcare.org/

5. Cost Increases Drive Benefit Plan Changes by Large Employers

Due to skyrocketing healthcare costs, most U.S. employers are preparing to communicate major healthcare benefit changes to employees this enrollment season. Preliminary HMO rate increases for large employers are averaging 17.7%, compared with 21% last year, according to HEWITT ASSOCIATES, a global HR outsourcing and consulting firm. After negotiations and plan design changes, Hewitt predicts final rates will be in the 12-15% range. The rate of increases is lower than that seen last year, but still very high. In response, employers are turning to higher employee cost-sharing, and an increased commitment to preventive programs. A new Hewitt survey of 960 large employers found that 95% offer some form of health promotion program, an increase of 7% since 1995. Seventy-five percent of employers currently provide or plan to provide disease/condition management programs to employees,
most commonly for asthma, cancer, diabetes, and heart disease. Employers' use of financial incentives and disincentives to encourage behavior modification has increased dramatically from 14% in 1993 to 40% in 2002. These incentives may take the form of reimbursement for weight control programs or monetary rewards for participating in a health risk appraisal or fitness program. For more information: http://was4.hewitt.com/hewitt/resource/newsroom/pressrel/2003/08-26-03.htm. To buy a copy of "Health Promotion/Managed Health Provided by Major U.S. Employers in 2002-2003" from Hewitt, call (847) 295-5000 or email infodesk@hewitt.com.

6. ACA Urges Supporters to Contact Representatives: Key Vote Soon

Congress reconvenes on September 3, and the final vote on the Full Scope Chiropractic Medicare Demonstration Project may take place as early as mid-September. Currently, the Senate version of the Medicare prescription drug bill includes the demonstration project, while the House version does not. The AMERICAN CHIROPRACTIC ASSOCIATION (ACA) is urging supporters to contact their representatives in the U.S. House and to express support for this provision. For more details: http://www.acatoday.com/government/medicare/alert_050503.shtml

Also on the ACA website, you can find the full text of its recently filed appeals brief in the Trigon case at http://www.acatoday.com/pdf/trigon_appellants_brief.pdf. Trigon now has 30 days to respond to this brief, and the ACA will then have 15 days to respond to Trigon.

7. New Publications

A. A new book from ELSEVIER SCIENCE/CHURCHILL LIVINGSTONE, titled Complementary and Alternative Medicine in Rehabilitation, offers a welcome overview of this important field. Edited by ERIC LESKOWITZ, MD, clinical instructor in psychiatry at Harvard Medical School and staff psychiatrist in the Pain Management Program at Spaulding Rehabilitation Hospital in Boston, the book features a practical guide to integrating alternative therapies into traditional rehabilitation treatment. It includes chapters on specific therapeutic techniques that may be used in rehabilitation, including body-oriented therapies (chiropractic, massage, Feldenkrais, yoga, nutrition), mind/body therapies (meditation, biofeedback and psychotherapy), and energy-based therapies (acupuncture, homeopathy, and qigong). It also offers chapters on "emergent approaches," such as compassion-based rehabilitation, transpersonal medicine, and holistic nursing. Then it slices the same territory from a different angle and looks at specific conditions such as cancer, cardiac disease, addictions, Alzheimer's disease, depression, rheumatology, and chronic pain. In addition, there is a section on current research, including therapeutic touch used for phantom limb pain and laser acupuncture for carpal tunnel syndrome.

Of special interest to News Files readers, the book also includes a chapter by CHRF co-founder JOHN WEEKS on "Emerging Business Models of CAM." "As discount products and distinctly licensed CAM providers become commonplace, some HMOs and insurers will begin to offer covered benefits to distinguish themselves in the marketplace," he writes. "In the meantime, in a second, parallel CAM economy, diverse practices known in 1990 as alternative or unconventional will quietly become accepted, covered parts of the conventional practices in mainstream delivery without reference to their CAM lineage." To order the book, call Elsevier at (800) 545-2522

B. The July issue of Medicine on the Net, a newsletter published by COR HEALTHCARE RESOURCES, features a survey of CAM information Web resources, including:
http://www-hsl.mcmaster.ca/tomflem/altmed.html
(Website created by McMaster University Health Sciences Library)
http://www.pitt.edu/~cbw/altm.html
(The Alternative Medicine HomePage)
http://www.noahhealth.org/english/alternative/alternative.html
(Ask NOAH—New York Online Access to Health)
http://www.amfoundation.org/
(Alternative Medicine Foundation)

For a copy of the full article, listing additional websites plus evaluations of each website:
http://www.corhealth.com/MOTN/TopicResults.asp?Cat=Alternative+Medicine (there is a fee for non-subscriber access to the article).

C. The Summer 2003 issue of the NCCAM newsletter, Complementary and Alternative Medicine at the NIH, is now available. It features a discussion of life stresses and mind-body therapies. NCCAM-funded studies are currently underway on placebos and the placebo effect, mindfulness-based stress reduction and qigong for fibromyalgia, self-hypnosis as an aid in minor surgery, and meditation in people with heart disease and high blood pressure. The newsletter is available at

Notes from the Margin, 8/31/03 -- Stephen Bolles, Executive Director

Whither Collaboration?

Given the diversity of clinical approaches for almost any condition or problem, collaboration among providers, or providers and patients is virtually required for adequate care and outcomes. Intra-cultural collaboration models have worked well as a departure point for inter-professional collaboration where CAM is concerned. More is needed and will come.

The same has not historically been true for non-clinical integrative healthcare initiatives, as long as people have viewed the opportunities from a standpoint of commercial interests and market share. Opportunities are certainly present, and market share will always be something that is in play. But the economics of integrative healthcare have misled many people, and there are many examples still of over-reading the financial returns implied by the broad numbers Eisenberg originally identified in his 1993 study. The early days of the Gold Rush mentality have been hard to overcome.

One view is that this is because there are gaps in the fabric of change. The case for changing the culture, delivery, management, and costs of American healthcare services has been made over and over again. Advocates for the status quo in the near future are likely to have a difficult time defending their position as being independent from self-interest.

So where are the gaps?
The basic context for healthcare renewal has been explored and core values have been defined (see Design Principles for Healthcare Renewal on the CHRF website), yet they are not widely known or utilized. Champions of value-informed programs in society today make the Maytag repairman look like a social butterfly.

The requisite policy framework that builds on these values has been established as well. Reform and renewal beg basic reconsiderations of resource allocation, and demand establishing a more participatory and (small "d") democratic process for developing national agendas. For more on this, see the Integrated Healthcare Policy Consortium section of the CHRF website, and the news item above. Policy frameworks such as the IHPC’s national agenda are an essential element for thoughtful change.

Further, in contrast to what was true only a year or two ago, there are now a number of models of viable integrative healthcare businesses. The number of variables is enormous and the concept is still fragile in many markets, but there is now at least a basic understanding of both the requirements and the pitfalls. The Integrative Clinical Services Consortium (see their website, www.ICSC-thecollaboration.org, as well as other resources on the CHRF website) is accomplishing a tremendous amount toward raising awareness of what is required to make integration work.

What other gaps are left? There are two at least, and they are substantial. One is a trusted resource for healthcare purchasers where they can find information about integrative healthcare set in a context of evidence-informed efficacy, value, and cost-displacement. In the absence of this, the only information being viewed as pertinent is cost, and that has become an overpowering and misleading criterion. Employers’ sense of anxiety is quite real and becoming an emerging disaster for the American workers and economy. Small employers, in particular, have been squeezed dry and have nowhere else to turn but to start chopping off benefits. Happy Labor Day.

And last, the most important voice of all: consumers. Consumer advocacy groups are still on the outside looking in as far as reform processes go. Advocacy roles are required in our republic, but they are by their nature marginalized and must rely on political clout by proxy. Sometimes proxies are good enough, but the system must change to allow a more centralized role for consumers. If the economics of healthcare in America today are requiring consumers to take on more and more responsibility (and they sure are), at some point consumers are going to wake up and ask why they’re not at the table where key decisions are being made. If this sleeping giant ever wakes up and realizes the influence it has, the status quo may start shaking in its boots.

Or, consumers and employers may simply look past the system, which was, after all, one of the core messages in Eisenberg’s original and follow-up studies. Patients gave up on providers who don’t get it. Arguably, consumers are now no longer willing to surrender to providers the kind of authority they once did, and maybe that’s a good thing.

So, whither Collaboration? The opportunity here is to look again at where new relationships and alliances can be developed between interest groups. The business side of healthcare renewal is in need of strengthening, true. But consumers and
those who employ them (struggling more than ever to offer basic benefits) need to be connected. So far, they are still waiting for the phone to ring.

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End, CHRF News File #53, August 31, 2003

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CHRF NEWS FILE #54, September 14, 2003

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4. Senn, Snider to Chair IHPC Access and Delivery Task Force
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Plus: Notes from the Margin

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible through a grant from the Center for Integrative Health, Medicine and Research (CIHMR).

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Managing Editor Elaine Zablocki (ZablockiE@thecollaboration.org)

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1. ND Licensure Clears Final Legislative Hurdle in California

A bill that would extend state licensure in California (SB 907) to clinically trained naturopathic doctors has been approved by both the State Senate and Assembly. In the decisive vote in the Assembly, the measure passed 62-9. The bill has now advanced to the governor's desk for action. If he signs it, California will become the thirteenth state with licensure for naturopathic physicians, and NDs will be permitted to diagnose and treat disease, perform physical exams and laboratory tests, and
work with a full range of natural and limited pharmacological therapies.

"Passage of SB 907 marks a tremendous victory for Californians who want access to doctors trained in safe and effective natural medicine," says SALLY LAMONT, ND, LAc, executive director of the California Association of Naturopathic Physicians. "At long last, NDs can participate in public health projects, integrative healthcare teams, and research opportunities. In addition, licensure is a critical first step to including naturopathic doctors in HMOs, private insurance plans, and government health programs." For more information: drlamont@canp.org

2. Hawaii Firm Offers Global Consulting Services

KOKUA INTEGRATIVE HEALTHCARE SOLUTIONS INC, which is affiliated with MANAKAI O MALAMA INTEGRATIVE HEALTHCARE GROUP AND REHABILITATION CENTER in Honolulu, has grown rapidly in the past year, according to founder IRA ZUNIN, MD, MPH, MBA. Kokua includes two divisions. One offers practice management services such as billing and transcription to Manakai O Malama and to providers inside and outside the clinic. The second division, GLOBAL ADVISORY SERVICES, is a think tank for integrative medicine. It offers industry scanning, analyses, and forecasting in a variety of areas, including consumer markets, the academic sector, regulatory policy and legal issues, and clinical practice research. The advisory service focuses both on clinical models for integration and on integrative products such as nutraceuticals.

"While the practice management services are continuing, we've made a strategic decision to shift more energy to Global Advisory Services," Zunin says. "Our mission is to cultivate a change in the culture of medicine so that people have access to all forms of healthcare that can benefit them." Toward the end of September, Zunin will travel to Chicago, New York, and London with representatives of YOURHEALTH AUSTRALIA and YOURHEALTH SINGAPORE, two subsidiaries of a large Singapore client. They will visit clinical models of integration and collect data for benchmarking. "The visit will focus on free-standing, for-profit integrative clinics, ideally ones that are in fact profitable and that have a group of MDs involved," Zunin says. He welcomes suggestions from News Files readers on the top three clinics in the U.S. or London which meet these criteria. Contact Zunin at (808) 535-5555 or kalen@Pixi.com

3. Major Grant Energizes UCLA East-West Center

The UCLA CENTER FOR EAST-WEST MEDICINE is doing well today and expects to do even better in the future, says founding director KA-KIT HUI, MD, FACP. The Center clinic started in 1993 on a very small scale (no business plan, no funding, just an okay from the chairman of the internal medicine department). In addition to his regular internal medicine practice, Hui initially added a half-day clinic once a week, introducing acupuncture, massage, and concepts and practice of Chinese medicine within the UCLA system. The original idea was to attract Asian patients to UCLA, but from the beginning most of the patients have been Caucasians with chronic diseases who have not been helped by Western medicine. In 1998 the clinic moved into its own dedicated space with five treatment rooms. Today it uses nine rooms five days a week for the practice of integrative medicine. Staff clinicians include three internists, one family practitioner, and three acupuncturists. A substantial portion of services
are covered by various forms of insurance, Hui says. The clinic pays 40%-47% overhead to UCLA, and that covers physical space, malpractice insurance, and front and back office administrative support.

In the early days, finances were tight. Since 1999, however, the Center has begun to see substantial foundation support from patients who are prominent figures in southern California, particularly for fellowships to train MDs in integrative East-West medicine. Now one long-term Center supporter has pledged $9.6 million over a twelve-year period, or $800,000 per year, to facilitate collaboration among centers and programs involved in advancing integrative medicine at UCLA. Half of the funds will be set aside as a long-term endowment. The remaining $400,000 per year is a matching grant. Hui is working with Dr. EMERAN MAYER of the Center of Neurovisceral Sciences to raise the matching funds from other donors and federal agencies. About 35% will go to education, 35% to clinic development, 20% to research, and 10% to administration and fund raising. "We expect this substantial grant will permit us to develop new clinical initiatives and also to develop the infrastructure needed to support expanded teaching and research programs," Hui says. For more information: http://www.cewm.med.ucla.edu/main.html or KHui@mednet.ucla.edu

4. Senn, Snider to Chair IHPC Access and Delivery Task Force

DEBORAH SENN, JD, and PAMELA SNIDER, ND have agreed to co-chair the Access and Delivery Task Force of the Integrated Healthcare Policy Consortium (IHPC). This task force will identify, articulate, and advocate public policy that prohibits discrimination against CAM providers, schools, and educational programs in all federal programs and initiatives, especially in the removal of barriers to integrated healthcare in rural and underserved communities. Senn is a former Washington State insurance commissioner and current candidate for attorney general in Washington State. The landmark "every category of provider" law was passed and upheld in Washington as a result of her leadership. The law provides for healthcare insurance and reimbursement for every category of licensed provider, including CAM professionals. Snider chairs the federal affairs committee of the American Association of Naturopathic Physicians and is vice-chair of the IHPC board of directors. For more information: plsnider@comcast.net

5. Co-Chairs of Congressional Caucus Call for Stronger CAM Voice at IOM

On September 3, two of the co-chairs of the CONGRESSIONAL CAUCUS ON COMPLEMENTARY AND ALTERNATIVE MEDICINE AND NATURAL FOODS sent a letter to STUART BONDURANT, MD, chair of the Institute of Medicine IOM Committee on the Use of Complementary and Alternative Medicine, protesting the removal of LEANNA STANDISH, ND, PhD, and SHERMAN COHN, JD, from the committee. "We do not disqualify MDs from serving on committees that examine aspects of conventional medicine because they might have a 'conflict of interest' or issues relating to their 'intellectual balance' in representing their own discipline," says a sharply worded letter signed by co-chairs DAN BURTON (R-IN) and DENNIS KUCINICH (D-OH). They call the recently developed CAM Liaison Panel "not sufficient to counteract the bias that the above action represents," and they urge the IOM to change the Liaison Panel into an "Advisory Committee, with the ability to have input into and review of the Study Committee's draft report prior to its completion and publication." If this
doesn't happen, they say, "the Study Committee should be immediately disbanded, as its findings will be irremediably tainted by the bias shown in the selection of its members. Such a biased committee would be a waste of taxpayer dollars." For more information, contact Matt Russell, IHPC executive director, at mrussell@russell-group.net.

6. Chiropractic Organizations Clash over House Bill

House Bill 2560, a controversial bill introduced by Rep. DON MANZULLO (R-IL), would dramatically change the status of chiropractors under Medicare. According to the CHIROPRACTIC COALITION, which supports the bill, it would clarify the scope of chiropractic services furnished under Medicare, set up a separate provider category just for chiropractic, and prevent MDs and DOs from claiming to provide chiropractic services. The Coalition includes the INTERNATIONAL CHIROPRACTORS ASSOCIATION (ICA), the WORLD CHIROPRACTIC ALLIANCE (WCA), and the FEDERATION OF STRAIGHT CHIROPRACTORS AND ORGANIZATIONS (FSCO). However, the AMERICAN CHIROPRACTIC ASSOCIATION (ACA) strongly opposes the bill, believing it will mean that chiropractors would lose the ability to use Evaluation and Management codes, and significantly lower valuations for new chiropractic adjustment codes. An analysis prepared by the ACA's legal counsel states, "There simply is not a more potentially destructive step that this profession could take than to support the enactment of this proposed federal legislation. The possible negative impact of the proposed changes...cannot be overemphasized."

According to the ACA, at least 44 state chiropractic associations have written Manzullo to express their opposition to the bill. However, a statement from Manzullo's chief of staff, posted on the Coalition website, says, "Despite any rumors that may be circulating, Mr. Manzullo has absolutely no intention of withdrawing his legislation....The differences that now exist between supporters of the legislation and opponents of the legislation are purely philosophical in nature." To eavesdrop on the debate, go to http://www.chiropracticcoalition.org/legislation/dialogue.htm. For a detailed analysis prepared by ACA legal counsel, see http://www.acatoday.com/pdf/TomDalyanalysis.pdf

7. Keynote Speakers Announced for Health Forum/Innovision Conference

Keynote speakers have been announced for the conference on "Integrative Medicine for Healthcare Organizations" presented by HEALTH FORUM and INNOVISION COMMUNICATIONS January 22-24, 2004, in San Diego. They include BRIAN BERMAN, MD, Director of the Maryland School of Medicine Center for Integrative Medicine, on integrative medicine research; DAVID SOBEL, MD, MPH, Director of Patient Education and Health Promotion for Kaiser Permanente Northern California, on the cost-effectiveness of mind-body medicine; and DONALD NOVEY, MD, Medical Director of the Center for Complementary Medicine of Advocate Medical Group, on trends, lessons, and strategies in integrative medicine delivery systems.

The conference planning committee invites registrants to submit poster presentations on the conference theme, "Business Strategies, Practical Tools, and Best Practices." The poster submission deadline is December 1, 2003. For poster guidelines and submission information, contact Sita Ananth at (707) 644-1118 or sananth@healthforum.com. Online registration for the conference is available at
8. Short Time Frame for Input on Codex Positions

The U.S. Codex office still hasn't released U.S. positions on agenda items for the November 3-7 session of the CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES (CCNFSDU) in Bonn, Germany. These have been promised before September 16, with feedback due by September 23. The AMERICAN HOLISTIC HEALTH ASSOCIATION is willing to notify interested parties as soon as the information is posted. To register for this service, send an email to codex@ahha.org with “Codex notice” in the subject line and your full name and email address in the body. AHHA president Suzan Walter is planning to attend and report on the upcoming CCNFSDU session in Bonn, and she welcomes encouragement and financial support. To make a donation: http://www.ahha.org/extra.htm. For recent developments: http://www.ahha.org/codexrecent.htm

9. NCCAM News

A. NCCAM Announces New Research Fellowship Program

The NIH NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (NCCAM) is seeking applicants for a new fellowship in CAM research at the NIH in Bethesda, MD. The program will provide salary, benefits, professional travel and research support for 2-3 years with the goal of preparing the fellow for a career as an independent CAM investigator. Applicants must possess an MD, DO, PhD, DC, DMD, ND, DVM, or other equivalent degree, and have a record of excellence and promise in clinical and/or laboratory-based research, preferably related to CAM. The new fellowship is made possible by a donation from the PRINCE OF WALES FOUNDATION, and the application deadline is November 24. For more information: http://nccam.nih.gov/news/2003/090803.htm

B. Straus To Speak on CAM Research

The NIH 2003 MEDICINE FOR THE PUBLIC series includes a session on “Complementary and Alternative Medicine: From Promises to Proof” presented by NCCAM Director STEPHEN STRAUS, MD. On October 28 at the NIH Clinical Center in Bethesda, Maryland, Straus will discuss current research on which CAM practices work, how and why they work, and whether they are safe. For more information: http://www.cc.nih.gov/ccc/mfp/current/index.html

C. HHS Secretary Names Five to NACCAM Advisory Council

HHS Secretary TOMMY THOMPSON recently announced five appointments to the NATIONAL ADVISORY COUNCIL FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (NACCAM), the principal advisory body for NCCAM. They include: DEBORAH J. COTTON, M.D, MPH, vice chairman for veterans affairs at the Department of Medicine, Boston University School of Medicine JONATHAN R.T. DAVIDSON, MD, director of the Anxiety and Traumatic Stress Program in the Department of Psychiatry at Duke University Medical Center ALAN I. LESHNER, PhD, MS, chief executive officer of the American Association for
the Advancement of Science in Washington, D.C.
TIERAONA LOW DOG, MD, assistant professor in the Department of Family and Community Medicine at the University of New Mexico, Albuquerque, NM
LARRY A. WALKER, PhD, director of the National Center for Natural Products Research, at the School of Pharmacy, University of Mississippi, Oxford, MS

The Council meets three times a year to offer advice and recommendations on the prioritization, conduct, and support of CAM research. For more detailed bios: http://nccam.nih.gov/news/2003/090803-2.htm

10. New Placement for Continuum Center Research Reports

In CHRF News File #50, we announced that MARSHA J. HANDEL, MLS, Information and Education Coordinator for the Continuum Center for Health and Healing in New York City, had offered her professional services to report on CAM research for the News Files. Her report on the Harvard Special Review of Omega-3 fatty acids appeared in issue #50. After further discussion, we have concluded that the CHRF website would be a better forum for these research reports. In that venue we will be able to provide more complete coverage of the research issues Handel is reporting on. Reports posted in the research section of the website will be announced in the News Files together with a link to the online material.

Notes from the Margin, 9/14/03 — Stephen Bolles, Executive Director

It is fitting that seismic events happen in California, for that is exactly what is happening with the passage of SB907. The shock waves of the bill landing on besieged Gov. Davis’ desk will have effects far, far beyond the Golden State. The ND community is to be congratulated on a classic example of effective grassroots organizing, and the quality of its people and clinical work. Presuming a signature by a governor whose track record on CAM is not sterling may be a mistake, but the lopsided Assembly vote argues for its enactment. With a stroke of a pen, the entire field of natural healthcare is going to be changed forever.

What is significant is not simply that California will become the thirteenth state to license NDs—a huge victory itself for CAM. What is even more significant is the scope of practice that NDs will enjoy and their patients will benefit from. The inclusion of limited pharmacologic prescription rights under supervising MDs is a milestone that sees a new class established. “Physician extender” is now an inadequate descriptor.

One of the “pearls” in the ND scope of practice language in the bill refers to their ability (and responsibility) to diagnose, prevent, and treat disease. In contrast to the end-run other professions have had to make to avoid the practice of medicine, the NDs in California have effectively embraced it, and that one phrase opens doors other professions will envy for some time to come.

Let us hope those who have helped architect this victory are watching the sniping over Congressional House Bill 2560, the “Manzullo bill.” The arguments over this bill are degenerating into sibling rivalry with no clear way for observers to gauge the superiority of any argument. What is clear—are you taking notes, other professions?—is that chiropractic as a profession is having trouble living down its history of a split personality and living up to its potential in natural healthcare. Chiropractic strategists on both sides of the argument should be sitting up very
straight and paying attention to the gains being made by nearly everyone else while their bickering goes on. The worry here is that the gains will not be viewed as the opportunities for professional collaboration that they legitimately should be but as more evidence to support the “us versus them” mentality that too often prevails.

But for now, get ready to celebrate with our California brethren. Natural healthcare is about to take a huge step forward, and the relationships that will be forged as the provisions of SB907 are fulfilled will have tremendous spillover effects for all of healthcare. The separateness of CAM is beginning to fade from view. Integration is growing up.

To subscribe or unsubscribe to the CHRF News Files, or to change your email address, please contact PriesterC@thecollaboration.org.

End, CHRF News File #54, September 14, 2003

CHRF NEWS FILE #55, September 30, 2003

1. California Governor Signs ND Licensure Law
2. Bastyr to Pursue Branch Campus in California
3. Inner Harmony Opens Third Facility
4. Haelth Closes NYC Clinic
5. Holistic Nurse Practitioner Program Flourishes at NYU
6. Consumer-Directed Health Plans Grow Slowly in California
7. Health Insurance Premiums Jump 13.9 Percent
8. Washington D.C. City Council Considers ND Licensure
9. Awards Dinner Launches New National Network
10. Reliable Information on Herbs
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Plus: Notes from the Margin

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible through a grant from the Center for Integrative Health, Medicine and Research (CIHMR).

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Managing Editor Elaine Zablocki (ZablockiE@thecollaboration.org)

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1. California Governor Signs ND Licensure Law

California Governor GRAY DAVIS has signed SB 907 into law, making California the
13th state to license naturopaths. The Naturopathic Doctors Act will go into effect on January 1, 2004, with the first California NDs being licensed late next year. "Licensure will finally allow NDs, who've been licensed for decades in surrounding states, to diagnose and treat people as they have been trained to do," says SALLY LAMONT, ND, LAc, executive director of the California Association of Naturopathic Physicians. "A number of schools, including BASTYR UNIVERSITY in Seattle, have expressed interest in starting ND programs in California in the near future. Since California is considered the bellwether state, licensure of NDs here should signal legislators across the country to grant access to this valuable healthcare option." For more information: drlamont@canp.org

2. Bastyr to Pursue Branch Campus in California

In response to passage of California's ND licensure law, BASTYR UNIVERSITY announced it will pursue the establishment of a branch campus in California. Seattle-based Bastyr has been actively involved for several years in the effort to get licensure in California, according to a spokesperson. "A delegation of MDs from the California Medical Association visited Bastyr last year to get a firsthand look at our rigorous science-based curriculum, and went away highly impressed with Bastyr's program." Given the growing demand for naturopathic physicians, Bastyr is actively considering plans to open a California campus.

3. Inner Harmony Opens Third Facility

The CENTER FOR INTEGRATIVE MEDICINE AT INNER HARMONY, PC, has just opened its third medical facility, within the physicians' professional building at MERCY HOSPITAL in Scranton. Currently the facility includes an MD, an acupuncturist, and a massage therapist. "This hospital-based center is a project we've been working on for a number of years, and it opens the door for us to partner with the hospital on a number of projects," says founder and president Peter Amato. The center hopes to move into a larger space within the professional building, which would permit other services such as naturopathy, bodywork, education, and counseling.

At present, Inner Harmony has its 4200-square foot, main center in Clark's Summit, PA, plus another location in Greentown, PA. Sixteen different practitioners rotate among the three facilities, including MDs, DOs, two naturopathic physicians, one practitioner of Chinese medicine, body workers, a clinical social worker, and a psychiatrist. MDs and DOs are covered by insurance, but most other services are paid out of pocket. The three centers together see about 5000 patients per year.

Inner Harmony took seven years to become profitable. It was fortunate to begin with $3 million in start-up funds from a source that was willing to wait for returns. In addition, Amato says, grant writing has become a valued source of funds for specialized projects. Two years ago, for example, Inner Harmony received a $250,000 grant from the Department of Health and Human Services, which funded "bricks and mortar" and infrastructure improvements. More recently, the PENNSYLVANIA DEPARTMENT OF HEALTH and the HEALTHY NORTHEAST PENNSYLVANIA INITIATIVE awarded Inner Harmony a $20,000 grant to focus on physical and emotional reasons for weight gain. The KOMEN FOUNDATION gave a $33,000 grant to help people coping with cancer. These focused grants help Inner Harmony build relationships with specialists (for example, local oncologists are now
referring patients to its integrative cancer program). For more information: peteramato@aol.com

4. Haelth Closes NYC Clinic

HAELTH, LLC, a thoroughly researched, well-designed, freestanding, for-profit integrative clinic in New York City, closed its doors in February. Its innovative model, using RNs as health advisors, still makes a great deal of sense, says founder WILLIAM R. FAIR III. At Haelth, allopathic nurses with a solid understanding of various complementary modalities did initial intake on clients, and helped develop a therapeutic plan that was appropriate for each person's medical condition and lifestyle.

Start-up funding for the clinic came from a group of high net worth, private investors, Fair says. During 1999 work went forward on developing "clinical content," a series of three-inch thick binders on how each CAM modality could help prevent or manage the seven most prevalent chronic diseases. The center opened its doors in February 2001. "We chose to open on a relatively small scale, utilizing 7,500 square feet, which gave us a small exercise studio, two classrooms for yoga, nine treatment rooms for massage and acupuncture, and four consultation rooms where clients could talk with a practitioner in a non-clinical setting," Fair recalls. There were full-time salaried clinical leaders for several modalities (massage, traditional Chinese medicine, yoga, nutrition and exercise) augmented by a number of part-time staff, totaling about 35 people involved in clinical care. Most care was paid out-of-pocket, though some modalities such as acupuncture were covered by some insurance plans.

Haelth experienced steady increases in both the number of clients and total revenues from the time it opened until the first week of September 2001. Unfortunately, it was located 13 blocks north of the World Trade Center. "We took a huge hit because people just didn't want to come to lower Manhattan," Fair says. "We were only closed for about a week, but our revenues didn't climb back to the previous level until the end of May 2002." This meant Haelth had to raise additional venture money, just when the Internet bubble had burst and investors were watching their portfolios shrink. Some of the original investors had passed away, while others had lost their readiness to back an unusual project. "We needed more time," Fair says. "Even with the 9/11 tragedy, which cost us about eight months, we were only about eight months away from breakeven." His advice to those who are starting similar integrative clinics: make sure you have raised sufficient funds to back up your commitment. If you are developing a broad array of truly integrated services, you need to have money on hand for three-and-a-half to four years. The Haelth website is still available at www.haelth.com, and Fair would be happy to answer questions via email at bfair@haelth.com.

5. Holistic Nurse Practitioner Program Flourishes at NYU

The ADVANCED PRACTICE HOLISTIC NURSE PRACTITIONER PROGRAM at NEW YORK UNIVERSITY, the first and only holistic nurse practitioner program in the country, is doing well, according to CARLA MARIANO, RN, EdD, HNC, who developed the program and is now its coordinator. It is a masters (or post-masters) level program, which includes core training in research, leadership, and population-focused care as well as clinical material on pathophysiology, pharmacology, and advanced health
assessment. Its specialty training related to holistic health covers mind-body imagery, biofeedback, therapeutic touch, herbology, and homeopathy.

The program began in 1998 with a four-year, start-up grant from the HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). During the past year the program applied for a second HRSA grant to develop a concentration in holistic nursing for nurse practitioner students in geriatrics and mental health. This grant was not funded, but it will be resubmitted. NYU is totally committed to continuing the program, Mariano says. "I have a full-time tenured faculty position, and my role is almost exclusively with this holistic program. The fees that students pay go into a central pot so it's hard to specify what proportion of our costs are covered by that income. But the school is very committed to the program. It is the first and only program like this in the country, so it helps make us nationally known. I've spoken to a number of people here and in other countries who are interested in developing similar holistic programs."

39 nurses are currently enrolled in the masters and post-masters programs, and 22 have graduated. The graduates have all found positions in holistic arenas or have introduced holistic practice into their existing positions, Mariano says. "A number are in collaborative practice with physicians, and a few have started alternative or integrative practices in hospitals or off-campus centers." For more information: email Mariano at cm2@nyu.edu

6. Consumer-Directed Health Plans Grow Slowly in California

A new report from the CALIFORNIA HEALTHCARE FOUNDATION examines consumer-directed health plans and finds that this form of coverage remains a rarity in California, a state that typically leads the nation in innovative healthcare models. The report looks at three forms of consumer-directed care: health reimbursement arrangements, customized plans, and "design your own" products. "These plans, and consumer-directed plans in general, are unlikely to have significant market impact unless they are seen as more than cost-containment schemes," the authors write. "Ultimately, such plans may also direct consumers to higher-quality providers and put more powerful decision-making tools in consumers' hands, but those capabilities are only beginning to emerge in the marketplace." They note that "few employers relish becoming pioneers in such sensitive areas as employee health benefits." For a copy of the report: http://www.chcf.org/topics/view.cfm?itemid=21485

7. Health Insurance Premiums Jump 13.9 Percent

Job-based health insurance premiums rose 13.9 percent in 2003, six times the rate of inflation, and the largest increase since 1990, according to a survey released by the KAISER FAMILY FOUNDATION and the HEALTH RESEARCH AND EDUCATIONAL TRUST (HRET). The survey found that premiums averaged $3,383 for single coverage and $9,068 for family coverage. This rise in premiums from 2002 to 2003 represents the third consecutive year of double-digit increases. For the second consecutive year, premium increases have exceeded the rate of inflation by more than 10 percentage points.

Premiums paid by employees for family coverage have increased almost 50% over the past three years, from $1,619 to $2,412. Given the general rise in premium
costs, employees' proportion of the premium remains almost unchanged. However, deductibles and co-payments have also increased, so that employees now pay more out of pocket for healthcare services and for medicines. Looking ahead, many employers and particularly large employers, say they will increase employee contributions and cost-sharing next year. A small but significant group of employers say they are very likely to offer a high deductible plan in the next year. To see the full report: http://www.kff.org/content/2003/20030909a/

8. Washington D.C. City Council Considers ND Licensure

On Monday, September 29, the WASHINGTON, D.C. CITY COUNCIL COMMITTEE ON HUMAN SERVICES held a public hearing on Bill 15-57, which licenses naturopathic physicians within the District. According to KAREN E. HOWARD, executive director of the American Association of Naturopathic Physicians, the District currently maintains a list of registered naturopaths, and no educational criteria whatsoever are associated with that registration. Anyone can register as a “naturopath.” In fact, 860 people have done so, whereas Howard estimates there are about a dozen people living in the Washington metropolitan area who have actually completed an accredited, four-year naturopathic program. ”What this bill does is restrict the terms 'naturopath' and 'naturopathic physician' to those who have appropriate clinical training," she says. "Others who wish to act as counselors, but do not have naturopathic training, would be able to register as holistic healthcare counselors, but not as naturopaths." For more information: khoward@naturopathic.org

9. Awards Dinner Launches New National Network

The CAMPAIGN FOR BETTER HEALTH, a new national network to support practical, natural health initiatives, will be launched in late October in Washington, D.C. Inaugural activities include a two-day Advancing Wellness conference—a national gathering of the integrative healing and wellness communities—to be held October 24-25. The Saturday evening Celebrating Excellence Awards Dinner will feature JAMES GORDON, MD, chairman of the White House Commission on Complementary and Alternative Medicine, as master of ceremonies. This dinner will honor outstanding leaders and pioneers in the field of whole-person healing, including:

- DEEPAK CHOPRA, MD
- KEN AUSUBEL and NINA SIMONS
- NORA POUILLON
- CHRISTIANE NORTHRUP, MD
- SUSAN HAEGGER
- JUDY BROOKS and ROY WALKENHORST of Healing Quest (PBS)
- THE HEALTHY FOUNDATION
- THE CENTER FOR INTEGRATIVE MEDICINE AT THOMAS JEFFERSON UNIVERSITY

Those who sign up by October 2 will pay a reduced fee for the conference and dinner, or for the dinner alone. To register, call (202) 483-4344 or go to www.betterhealthcampaign.org

10. Reliable Information on Herbs

Nowadays healthcare practitioners and consumers can access a wealth of accurate (and inaccurate) information about the uses of medicinal herbs, as well as potential
interactions. MARSHA J. HANDEL, MLS, Information and Education Coordinator for the Continuum Center for Health and Healing in New York City, recommends four reliable modern references:

Tyler's Herbs of Choice: The Therapeutic Use of Phytomedicinals by Varro E. Tyler and James E. Robbers
The Natural Pharmacy published by Healthnotes
A-Z Guide to Drug-Herb-Vitamin Interactions published by Healthnotes
The PDR Family Guide to Natural Medicines and Healing Therapies

In addition, she recommends three websites that offer reliable information at no cost:

- **HerbMed** ([www.herbmed.org](http://www.herbmed.org))
  Website project from the Alternative Medicine Foundation with information on over 100 herbs hyperlinked to scientific articles in Medline. It offers evidence-based information for health professionals and the general public. Information about each herb is organized into six categories: evidence for activity, warnings, preparations, mixtures, mechanisms of action, and other.

- **Healthwell** ([www.healthwell.com](http://www.healthwell.com))
  Offers free access as part of a commercial website. Click on "Health Concerns" for information on herbal remedies, nutritional supplements, homeopathic remedies, drug/nutrient interactions, health concerns, and food notes. Information is provided by Healthnotes, Inc, and is prepared by experts in the field based on scientific studies and meta-analyses from 584 scientific and medical journals, clinical experience, and traditional or folk usage. Categorized by quality and level of supporting evidence.

- **ConsumerLab.com** ([www.consumerlab.com](http://www.consumerlab.com))
  Provides independent test results on vitamins, herbs, minerals, dietary supplements, functional foods and more, with testing for identity, potency, standardization, purity, bioavailability, and consistency. Part of the information is available at no charge, but the full database requires a small subscription fee.

11. **CHRF News Files Now Archived on the Web**

Issues #31-54 of the CHRF News Files (August 2002-September 2003) are now posted on the CHRF website. To access, go to www.thecollaboration.org, click on “Enter,” then choose the “News Files” button. You can browse the table of contents and follow links to all stories published during this period.

**Notes from the Margin, 9/30/03 — Stephen Bolles, Executive Director**

In the book Powers of Ten, Phillip Morrison takes us on a pictorial review of a 1968 film illustrating the universe from the macro to the micro. In about 40 steps the viewer is taken from the broadest view of the universe imaginable to the quantum uncertainty of intra-atomic spaces. It is a humbling reminder of both scale and source.

From this perspective, there is no discernible starting and ending point. Things start and end because of our limits, not the limits of what we are viewing. Healing may well be the same as a process. We must be suspicious of what looks like a point of initiation or a point of completion. After all, the limits are probably our own. We
conceive of healing as having a source; we see its expression, and imagine that we see the entire scale. We all benefit from this capacity and rarely give it a second thought. There may be aspects beyond our sight, however, on both the macro and micro ends of things.

The process of healthcare renewal may be viewed this way as well. The individual news items of clinics opening and closing, professions coming and going, science growing up and finding its limits—all are individually notable and all are part of a larger whole that is less clear. Its source and scale may be little different than the universe of stars and the uncertainty of a subatomic particle’s position; moreover, the relationship of each event to the others remains a mystery.

Given the whole scale, it is possible to assemble pieces in order. Stars fit one place, atoms another. In healthcare renewal, the order may not be so clear, but we know the individual pieces are all part of a process, a restless organization that is guided, arguably, by an intelligent source we cannot discern. That intelligence, we hope, is as comprehensive and as intentional as the process of a wound healing, of a body filling voids and reorganizing its work until an injury is assimilated and made whole in a new way. Let us hope that the process playing out on our national stage is guided by the same intelligence, working toward a similar goal: all wounds healed, efforts successfully organized, traumas reintegrated into a more fully functional and enriched set of systems.

If this is true, we need to be careful before labeling anything a failure. Efforts that do not bear fruit are likely to be making contributions that are required for the system as a whole to ultimately achieve goals of reintegration. Lessons learned must be extracted and passed on. Ongoing efforts must be supported. Even as the grief of unmet promise is processed by the real people affected by each event, collectively we must be encouraged by the growing diversity, numbers, and accomplishments of all these efforts. Energies come together and disperse; the scale of time is what varies. All contribute to the whole.

CHRF NEWS FILE #56, October 15, 2003

1. Cost-Effectiveness Interest Group Replaces E/MC Working Group
2. Medical Bill Review Software Company Follows “Open Book” Policy
3. Meeting of Minds at MIT
4. Minnesota Nonprofit Advocates Dramatic Healthcare Changes
5. AHHA Offers Recommendations to FDA for International Codex Meeting
6. ND Licensing Hearing in D.C.
7. U.S. Department of Education Recognizes CNME
8. NCCAM Newsletter Highlights CAM Treatments for Cancer
9. Traditional African Herbs As AIDS Treatment
10. Herbal Databases

Plus: Notes from the Margin

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL
FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible in part through grants from the Center for Integrative Health, Medicine and Research.

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Elaine Zablocki (ZablockiE@thecollaboration.org)

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1. Cost-Effectiveness Interest Group Replaces E/MC Working Group

October 24 at 1 p.m., EST, will mark the emergence of the COST-EFFECTIVENESS INTEREST GROUP (CEIG), a new initiative of the Collaboration for Healthcare Renewal Foundation (CHRF). According to Michael Shor, MPH, the group will fill a giant void in the effort to facilitate an integrative approach to care. “The number one problem facing U.S. healthcare, including payers, patients, and providers, is the explosion in healthcare spending. If we are indeed serious about the benefits of integration, then we need to look at cost savings to win serious attention from those who pay for healthcare. This group will evaluate data that has value for all stakeholders.”

CEIG will provide a monthly interdisciplinary forum to discuss current clinical research results with implications for cost savings. According to Shor, participants will receive research citations by email for discussion during the forum. This will encourage a balanced but dynamic discussion on both clinical and cost efficacy. Results will be available on the CHRF website. Shor says the CEIG will expand on the work started by the Employer/Managed Care Working Group. “Many people like Ira Zunin, Carlo Calabrese, Jim O'Connor, Gary LeDuc, and Angela Mickelson worked very hard to generate useful results. We aimed high for a mark that was important at the time, but clearly has moved.” Robb Scholten, information officer of the Osher Institute at Harvard Medical School, provided generous assistance in publications research to launch the CEIG initiative. Steve Bolles, CHRF executive director, has also been instrumental in getting the project off the ground.

“We’re seeking people to help establish this most important resource in the field of integrative health delivery,” says Shor. “There’s a chance to make a little bit of history.” To participate in the initial forum, contact michlshor@aol.com for the agenda, citations, and call-in phone number.

2. Medical Bill Review Software Company Follows “Open Book” Policy

BLOODHOUND, INC., a vendor of medical review software, recently met with the AMERICAN CHIROPRACTIC ASSOCIATION (ACA) to discuss coding software edits. Bloodhound’s president, GARY TWIGG, believes in an "open book" policy through which coding edit policies are not held secret from providers. "This is appropriate because otherwise too much of our healthcare dollar goes into providers trying to upcode their bills while payers do the opposite," Twigg told the News Files. "If we create a collaborative strategy so both payers and providers understand the rules, it
will be more efficient and costs will be reduced. Right now everyone is trying to win an advantage, and it's just a silly game."

A major medical review vendor, Bloodhound produces a medical bill review product called Claims Guard, sold to health, automobile, and workers' compensation insurance carriers for bill review assistance. According to Twigg, because the company's policies are based on solid research and "intelligent data," both providers and insurers can feel confident that unnecessary reviews will be dramatically reduced.

A company like Bloodhound relies on many different sources of potential standards to evaluate medical bills. The ACA standards will serve as one source, in addition to, for example, Medicare and state rules. Bloodhound explores variations among the different standards and makes the final decisions on which specific rules to build into its software. "I am delighted to see associations such as the ACA moving in the direction of creating their own standards," Twigg said. "We will incorporate this information so that when a provider or consumer wants to check on why a bill was paid, they can pull it up on our systems and show the ACA as the source of that rule."

"Bloodhound's interest in complying with ACA coding policy demonstrates both the integrity of the company and the high regard in which ACA standards are held," said ACA President DONALD KRIPPENDORF, DC. "Unfortunately, many doctors have become accustomed to getting the 'runaround' when it comes to fair reimbursement. Bloodhound's approach should be a model for other business partners to implement."

ACA's policy statements on "Payer Medical Review Accountability" and "Third-Party Payers" are posted at http://www.acatoday.com/about/policies.shtml. For more information: info@bloodhoundinc.com

3. Meeting of Minds at MIT

The conference “Investigating the Mind,” held at MIT's McGovern Institute, September 13-14, offered a rare opportunity for researchers and practitioners to witness western neuroscientists and accomplished Buddhist meditators and scholars sharing views on the relationship between the workings of the human mind and our potential to expand or influence our own capacities. This was the eleventh in a series of conversations initiated by His Holiness the Dalai Lama between western scientists and Buddhist scholars, and the first open to the public. Topics on the agenda included neurophenomenology and consciousness, attention and cognitive control, mental imagery, and emotion. At a news conference, the Dalai Lama welcomed this opportunity "to make the conversation between scientists and Buddhists open and accessible to a wider community of people." He added, "Up to now, science mainly dealt with external things, while the Buddhist tradition is to analyze and investigate our inner world and to transform it. There is potential in working together."

Tentative findings were presented from functional magnetic imaging (fMRI) studies (taking pictures of monk’s brains while they meditate), which indicated capacities for concentration and steadiness of emotional states far beyond the average research subject. Perhaps the most significant moment of the conference, however, came toward the end, when Western scientists suggested that their collaboration could yield even greater results if they were to regard the Buddhist monks not just as
interesting subjects, but embrace them as full research partners and seek their advice on which questions researchers should even be asking.

“The tone of the conference was both playful and rigorous,” says JANET KAHN, PhD, senior partner of Integrative Consulting, and research assistant professor in the department of psychiatry at the University of Vermont. "It was truly extraordinary to witness the coming together of 2500 years of direct investigation of the nature of the human mind with hundreds of years of Western mastery of the art of controlled investigation and measurement.” For links to news coverage of the event, go to http://web.mit.edu/newsoffice/tt/2003/sep17/dalailama-main.html, and http://web.mit.edu/mcgovern/html/For_the_media/press_releases.shtml. For audiotapes, videotapes, and CDs of the proceedings, go to http://www.investigatingthemind.org/

4. Minnesota Nonprofit Advocates Dramatic Healthcare Changes

The CITIZENS’ COUNCIL ON HEALTH CARE (CCHC), a Minnesota nonprofit, is working for dramatic changes in U.S. healthcare, including much stronger medical record privacy and patient consent provisions. TWILA BRASE, RN, CCHC president, calls the Health Insurance Portability and Accountability Act of 1996 (HIPAA) "actually a medical record disclosure law that allows all sorts of access to medical records without the patients’ consent or even their knowledge." She predicts that within ten years, when people understand how they've lost control over their medical information, there will be a backlash similar to the current backlash against HMOs.

CCHC also advocates major changes in the insurance system, so consumers could obtain lifelong, privately owned insurance policies independent from employment. "It would be good for people to have their own individual policies, just as they have home or car insurance, so they can customize the coverage they want and the price they pay," Brase says. "A health insurance policy should go anywhere around the world." CCHC recommends equal tax treatment for purchase of healthcare insurance, so individuals would receive the same health insurance tax deduction the federal government now gives to business. These policies would offer high-deductible catastrophic coverage (with perhaps a $5,000 deductible) so most people wouldn't need to use or even look at their health insurance policy, Brase says. This would mean be less paperwork, so healthcare providers would be able to spend more time with patients. "It would also increase incentives for people to make wise decisions about when to go see the doctor," Brase says. "We've talked to physicians who say they could cut their fees by 40% if most services were on a cash basis." CCHC also calls for a stronger charitable safety net through tax incentives, such as a tax check-off that would encourage donations to the local hospital or to a fund to supplement Medicare. For more information, go to the CCHC website at http://www.cchconline.org or email Brase at info@cchconline.org

5. AHHA Offers Recommendations to FDA for International Codex Meeting

The AMERICAN HOLISTIC HEALTH ASSOCIATION (AHHA) has submitted comments to the FDA representative for review when drafting the U. S. position on Proposed Draft Guidelines for Vitamin and Mineral Food Supplements, which will be discussed at the 25th Session of the CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES (CCNFSDU) to be held in Bonn, Germany, November 3-7,
AHHA recommends that specific language should be added to clarify that these guidelines will be used only as an optional advisory text, not as a mandatory trade standard. At present, "all texts provided by Codex to the World Trade Organization, no matter what they are labeled, can be used as mandatory international trade regulations to be applied to every nation," says AHHA president, SUZAN WALTER, who plans to attend the Codex session. AHHA also recommends that CCNFSDU take a leadership role in providing research on vitamin and mineral safety, leading to safety guidelines for a variety of uses (supplementation, prevention, and treatment) which would be available to every interested nation. To offer your opinions on these issues, send emails to codex@ahha.org. For more information: http://ahha.org/codexPP2003.htm.

6. ND Licensing Hearing in D.C.

The Washington, D.C., naturopathic licensing hearing held on September 29 was a great success, according to KAREN HOWARD, Executive Director of the American Association of Naturopathic Physicians. Seventy-two witnesses testified, with PETER MARTIN, DC, ND (Great Britain), dean of the University of Bridgeport College of Naturopathic Medicine, and PAUL MITTMAN, ND president of Southwest College of Naturopathic Medicine and Health Sciences, leading off the statements in support of licensure. The strength of the ND case was bolstered by support from the D.C. Board of Medicine and Department of Health. LINDA CROPP, Chair of the City Council (who is sponsoring the bill), and Committee Chair SANDY ALLEN consistently emphasized the need for naturopathic physicians to meet established educational criteria. "Of course we do have opposition," says Howard. "Issues relating to scope of practice are being worked out now, and the D.C. Medical Society testified in opposition. However, I am confident we can reach agreement on all outstanding issues." For information: Karen.Howard@naturopathic.org

7. U.S. Department of Education Recognizes CNME

The U.S. DEPARTMENT OF EDUCATION has recognized the COUNCIL ON NATUROPATHIC MEDICAL EDUCATION (CNME) as the national accrediting agency for graduate-level naturopathic medical education programs. This means students and graduates of ND programs will be able to participate in federal programs such as NCCAM's Academic Research Enhancement Awards and Loan Repayment Program.

8. NCCAM Newsletter Highlights CAM Treatments for Cancer

The Fall 2003 issue of Complementary and Alternative Medicine at the NIH is available on the Internet. The lead article reviews NCCAM initiatives regarding CAM approaches to cancer. Clinical trials are underway on acupuncture, shark cartilage, macrobiotic diet, flaxseed, Noni, L-carnitine, and massage therapy. The Oncology Program of NCCAM's Division of Intramural Research is conducting studies on electro-acupuncture (for delayed nausea due to chemotherapy) and mistletoe (to stimulate the immune system). NCCAM is collaborating with the NATIONAL CANCER INSTITUTE on research, public education, and through the Best Case Series Program, which invites CAM practitioners to submit evidence supporting the benefits of specific treatments for cancer patients. For more information: http://nccam.nih.gov/news/newsletter.
9. Traditional African Herbs As AIDS Treatment

Treatment with a combination of traditional African plants and herbs can virtually eliminate the symptoms of AIDS, reports STEPHANIE NOLEN from Nairobi. According to a story in the TORONTO GLOBE AND MAIL, frustrated African doctors told a continent-wide AIDS conference that herbal treatments are effective, but Western aid donors won't back research and production efforts. For more information: http://www.theglobeandmail.com/servlet/ArticleNews/TPStory/LAC/20030924/UAIDSN/TPHealth/

10. Herbal Databases

Some sophisticated herbal databases charge a fee for access but offer commensurate benefits. MARSHA J. HANDEL, MLS, Information and Education Coordinator for the Continuum Center for Health and Healing in New York City, recommends three websites designed for clinicians. They offer valuable resources to healthcare providers as well as consumers with a serious interest in herbal medicines.

Natural Medicines Comprehensive Database
http://www.naturaldatabase.com/
Produced by Pharmacist's Letter and Prescriber's Letter
Herbal monographs referenced
Up-to-date
Covers interactions with herbs, supplements, and drugs, and adverse reactions
Dosage information
1000+ monographs
Information rated for safety and effectiveness
$92/year

Natural Standard
www.naturalstandard.com
Developed by clinicians and researchers from over 50 academic institutions
Covers herbs and supplements and a wide variety of health conditions
Referenced and evaluated scientific information that is clinically relevant
Affordable individual and institutional subscriptions
Newer than Natural Medicine Database but not as complete yet
$79/year

Altmedex by Micromedex
www.micromedex.com
Produced by Thomson MICROMEDEX
Contains 110 U.S. Pharmacopoeia herbal monographs, updated quarterly
Covers herbal, vitamin, mineral and other dietary supplements
Evidence-based and clinically focused
Covers administration, dosing, warning, precautions, contraindications, and interactions
Available on disk
The database is intended for large organizations such as hospitals and is not licensed directly to individuals. The price varies because it is based on the type of databases
licensed and the size of the organization using them.

"These subscription databases weigh and integrate the evidence to help in clinical decision-making," says Handel. "In addition they are updated in a consistent way that print monographs cannot be, and that is crucial in staying on top of new research results."

**Notes from the Margin, 10/15/03 — Stephen Bolles, Executive Director**

Two stories on very different subjects in this issue remind us of areas of ongoing concern. Observers of the FDA’s resurgent interest in food supplement regulation should watch with interest the recommendations ultimately forwarded by the FDA at the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFS_DU) in Bonn next month. The AHHA’s effort to ensure that discretion is preserved in the application of guidelines is to be commended. There is little reason to relax despite the appeal of improvements in safety and standardization. The Codex efforts will have international ramifications, with uncertain effects here at home.

Even if left with flexibility by the ultimate Codex guidelines, the FDA’s agenda appears to have two very different goals: improving the product you hold in your hand and limiting who can dispense it to you. Who is able to sell to consumers and what level of training they must have are important questions—and both fall close to issues the FDA is choosing to consider. The current regulatory model requires that drugs be proven safe and effective for a given application or set of applications. The real possibility that herbs and supplements could be held to the same procedural standards for approval as drugs should give readers a thoughtful pause.

Many might gain by greater Federal oversight, but it is difficult to see the benefits to the consumer beyond an improved, more standardized product, particularly in an environment where consumers will have more responsibility and accountability than is currently required.

In a different arena, the work Twila Brase has accomplished through her Citizens Council on Health Care should draw our attention to another aspect of regulatory challenges. Consumers generally have very little understanding of their personal health information, and even with the disclosures required under HIPAA, precious few care about what, for most, is an abstract set of concerns. Twila is carrying a torch that others should also have their hands on.

Drug regulation and information regulation overlap at the intersection of consumer interests. Yet, where is the collective, empowered, and influential voice of consumers? Not on behalf of them, but from consumers themselves? It is doubtful that consumers will let the system have it both ways: where they are responsible for healthcare spending decisions and accountable for the costs of individual care, but also protected in paternalistic fashion from informed decisions about dietary supplements for which efficacy has not been proven, but for which safety from harm has been assured. Consumers wield power they do not know and have already changed healthcare through their management of information and individual choices. If they are able to organize, systemic changes are likely to be even more far-reaching.
1. **O'Connor Report Announces Contest Winners**

The O'CONNOR REPORT's national contest, "A Challenge: Build An American Health System," garnered more than 100 entries from students, physicians, healthcare administrators, attorneys, and consumers across the country. On Friday, Oct. 24, ten finalists presented their ideas before a panel of nine independent judges. The winner of the $10,000 top prize was R. VAUGHAN GLOVER, DDS, PhD, a dentist from Ontario, whose entry puts informed, empowered patients at the center of the healthcare system. A patient-centered model "takes the best from both the American and the Canadian systems," Glover writes. "This proposal and the patient-centered model recognize health is more than disease treatment. It is a life-long journey to become all you are capable of being with respect to a personally defined balance of mental, physical, spiritual, and emotional well-being." His model relies on a Health Savings Account to solve healthcare's financial riddle and could be implemented...
DOUGLAS BENN, DDS, of Gainesville, Florida, won the $5,000 second prize. No
financial prize was planned for the third-place entry, but the judges were so
impressed by the ideas of FRANK YUSE, BA, MEdAdm, a retired teacher from
Spokane, WA, that they came up with a $1,000 third prize from their own pockets.
Kathleen O’Connor, a Seattle healthcare consultant and publisher of the O’Connor
Report, had also planned to award a scholarship in memory of her son Remi Miles
Kaemke to the best entry from a college team. There were two entries in this
category and both were so strong that O’Connor is now awarding two scholarships,
one to the ROLLINS SCHOOL OF PUBLIC HEALTH at EMORY UNIVERSITY in Atlanta,
Georgia, and one to the SCHOOL OF PUBLIC HEALTH at LOMA LINDA UNIVERSITY in
Loma Linda, California.

The end of the competition marks the beginning of a new nonprofit organization
whose mission is to promote national dialogue about American healthcare. Called
CODE BLUE NOW (TM), the organization will present the top three contest ideas to
Congress. For executive summaries of all contest entries, go to
www.oconnorhealthanalyst.com/ and follow the appropriate links (the winning
proposal is executive summary 5). For information about the new organization, go to

2. Comments from O’Connor Contest Judge Clement Bezold

The success of the O’Connor contest reflects our driving need to rethink healthcare
and shows that a wide range of individuals can develop thoughtful options, according
to CLEMENT BEZOLD, PhD, who served as a contest judge. "Significant healthcare
reform is likely to arise again as a serious option within the next two to four years," he says. "We need more contests of this sort and more people focusing on the values
and principles of healthcare and on our range of options for prevention and self-care,
treatment, health professionals, delivery systems, and finance."

Bezold is the president of the Institute for Alternative Futures, and acting chair of the
CHRF Board of Directors. He found that while none of the plans presented to the
judges was perfect, they did represent a very interesting range of options. "For
eexample, the second-place entry by Douglas Benn (executive summary 49), was
straightforward in identifying causes of ill health in the U.S., including poverty."
Benn’s plan doesn’t focus just on healthcare, but also includes an innovative option
for taking thousands of single parent families out of poverty. "Very few discussions of
healthcare options include fundamental issues such as poverty," Bezold says.

CAM was briefly mentioned in the winning plan, though it was not a central focus.
Another entry among the ten finalists (executive summary 98, by Elizabeth Pavka
and Samuel Shermis) did place significant emphasis on alternative approaches.
"Most of the entries focused on financing and access and on efforts to ensure quality
and safety in care," Bezold says. "As in our current healthcare system, less attention
was paid to improving relationships among patients and providers, and still less to
the range of approaches and providers for which there is growing evidence of
effectiveness."

Competitors had to state the values or principles underlying their plans, choosing
among options such as O’Connor’s Magna Carta, the Belmont Vision (developed by
C. Everett Koop, John Kitzhaber, Paul Elwood, and other healthcare leaders as
facilitated by Bezold), or the CHRF Design Principles for Healthcare Renewal. Most contestants used O'Connor's Magna Carta principles as their guide, Bezold says. However, it is significant that the CHRF Design Principles was one of the listed options in this contest, and it will be distributed more widely in the months ahead.

3. Landmark Implements Provider-Friendly Processes

LANDMARK HEALTHCARE, INC. has adapted its X-ray guidelines and pre-certification process to better meet the needs of network providers. In response to concerns raised by the AMERICAN CHIROPRACTIC ASSOCIATION (ACA), representatives of the two organizations met in May to discuss ways to make the process more provider-friendly.

As a result, new, more flexible language on radiological guidelines for chiropractic care went into effect in June. The guidelines clarified those situations in which x-rays are required and authorized x-rays in a wider variety of clinical presentations. In addition, for the past two years, Landmark has waived pre-certification paperwork for the first eight visits for chiropractic care (in cases where the patient is 15 or older, treatment is for a neuromusculoskeletal condition, and X-rays are not required for this sort of presenting case). "We analyzed our statistics on incoming requests for treatment, and found that more than two-thirds of all requests are for eight visits or less," says Lawrence Jack, DC, Landmark Vice President and Chief Clinical Officer.

After the May meeting, Landmark also clarified its appeals process in circumstances where a provider requests more treatment than the plan has authorized. It is sending out educational materials to providers and discussing these issues through its provider outreach process. "We're asking them to send us as much information as they can, not just a summary of the patient's presentation," says Jack. "The more information they send to us, the clearer picture we can get here at Landmark, so we can give the patient the number of visits they need and the practitioner is requesting, assuming that it is good clinical practice." Landmark serves more than 10 million members across the U.S. through physical/occupational therapy, chiropractic, acupuncture, massage therapy, and nutrition counseling programs. Since these guideline changes went into effect only recently, it is too soon to document their full effect.

"So far the chiropractic network discussions have been very positive and we're certain more will be gained from this direct, personalized approach." says JOHN GENTILE, DC, Chairman of ACA's Insurance and Managed Care Committee. "Landmark's participating doctors of chiropractic and their patients will benefit from these proactive initiatives." For more information: www.landmarkhealthcare.com, or kmcvay@lmhealthcare.com.

4. Massage Therapy Increasingly Sought for Pain Relief

An annual consumer survey just released by the AMERICAN MASSAGE THERAPY ASSOCIATION (AMTA) finds that more people than ever now seek massage to manage and relieve pain. The survey shows that nearly half (47%) of those polled have had a massage at some time, specifically for pain relief and/or pain management. The percentage is even higher (58%) among 18-24 year olds as well as those aged 35-44. More than 90% of surveyed adults agree that massage therapy can be effective in reducing pain.
This is AMTA's seventh annual survey of American consumers. It found that more people are getting massages than in previous years whether for pain relief or other health reasons. More than one in five adults surveyed said they had received a massage within the last year, a double-digit jump (13 percentage points) since 1997, the first year the survey was conducted. When asked if they had received a massage within the past five years, nearly a third (32%) of all adults answered affirmatively, and the number was even higher for 45-54 year olds (39%, a 12 percentage point increase over last year). Twenty-eight percent of those polled expect to get a massage within the next year, up from 25% a year ago.

In addition, a survey of massage clients conducted by AMTA member therapists found that 63% of them believe massage therapy provides the greatest pain relief compared to chiropractic services, acupuncture, physical therapy, or other bodywork. Ninety-six percent of those surveyed by their massage therapist would use massage again for pain relief. Nearly three-quarters (74%) of those polled experienced a temporary reduction in pain following their massage, and 14% experienced a permanent elimination of pain.

5. Six Finalists Named for Bravewell Award

Six leading practitioners of integrative medicine have been named finalists for the first BRAVEWELL LEADERSHIP AWARD sponsored by the Minneapolis-based PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE (PCIM). The award recognizes extraordinary leadership in integrative medicine.

The six finalists are:
BRIAN BERMAN, MD, founder and director of the University of Maryland Center for Integrative Medicine and Professor of Family Medicine, Baltimore, MD
ERMINIA GUARNERI, MD, FACC, founder and medical director of the Scripps Center for Integrative Medicine, La Jolla, CA
KATHI KEMPER, MD, MPH, professor of pediatrics at Wake Forest University Health Sciences, Winston-Salem, NC, and instructor of pediatrics at Harvard Medical School, Cambridge, MA
WOODSON MERRELL, MD, executive director of The Continuum Center for Health and Healing at Beth Israel Medical Center, New York, NY
RACHEL REMEN, MD, clinical professor of family and community medicine at the University of California at San Francisco, and founder and director of the Institute for the Study of Health and Illness at Commonweal, Mill Valley, CA
RALPH SNYDERMAN, MD, chancellor for health affairs at Duke University, and president and CEO of Duke University Health System, Durham, NC

The recipient of the $100,000 award will be announced at the Bravewell Leadership Award banquet in New York City on November 13. For ticket information and reservations, call (212) 838-2660.

6. Study Shows Multivitamin Use Could Lead to Huge Medicare Savings

A new study from the LEWIN GROUP shows that the daily use of a multivitamin by older adults could lead to more than $1.6 billion in Medicare savings over the next five years. The study, the first of its kind, used an analysis of Medicare claims files and Congressional Budget Office cost accounting methods to put a monetary value on the potential health benefits of multivitamins. According to ALLEN DOBSON, PhD, senior vice president of the Lewin Group, "We were able to identify significant cost
savings based on improved immune functioning and a reduction in the relative risk of coronary artery disease through providing a daily multivitamin to the 65-and-over population." The study authors estimate the financial value of reduced hospitalizations and nursing home care due to heart attacks and infections.

The study, which was funded by WYETH CONSUMER HEALTHCARE, was presented at "Multivitamins and Public Health: Exploring the Evidence," a meeting that brought together leading experts from government agencies, research universities, and health advocacy organizations to examine current science on daily multivitamin use. For a fact sheet on the study, go to http://www.lewin.com/Spotlights/Features/S qualified_feature_Multivitamin_Study.html

7. NCQA Report Finds 57,000 Annual Deaths Due to "Quality Gaps"

A new report from the NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) finds that the nation's healthcare system is riddled with "quality gaps" due to poor use of technology and irrational payment systems. According to NCQA's annual "State of Health Care Quality" report, these gaps lead to more than 57,000 avoidable deaths each year. The NCQA estimates that each year nearly 41 million sick days and more than $11 billion in lost productivity could be avoided if well-known "best practices" were more widely adopted.

The study finds that for a variety of reasons, many Americans do not receive the care medical science has shown to be effective in controlling existing conditions such as high blood pressure and diabetes. For example, only 40% of people with diagnosed high blood pressure have their blood pressure adequately controlled. Hospitalizations due to avoidable second heart attacks cost the American economy more than $1.6 billion a year. Collectively, the system's failure to treat just five healthcare conditions (asthma, depression, diabetes, heart disease, and high blood pressure) with the best available care is responsible for nearly 41 million sick days. This translates to the equivalent productivity of more than 173,000 workers and an annual cost to American companies of more than $11.5 billion.

The report suggests that one of the reasons for the failure to apply best practices care is that current payment systems compensate physicians and hospitals based on the amount of care they provide, which discourages the use of new treatments or therapies that may send patients home sooner. For a copy of the report, go to http://www.ncqa.org/communications/State%20Of%20Managed%20Care/SOHCREPORT2003.pdf

8. ABC Codes Used in Transactions and Research

The nationwide adoption of ABC codes, while still in its early stage, is progressing rapidly, according to ALTERNATIVE LINK, INC. They are currently being used by preferred provider organizations such as: Alternative Healthcare Options (www.aho-network.com) MediMerge Health (www.medimerge.com) N-CAM Wellness Benefits Company (www.n-cam.com)

Other showcase sites that have been applying ABC codes in research, management, and/or commerce applications include: Ardent/Lovelace Sandia Health System in New Mexico (www.lovelacesandia.com)
In 2004, ABC codes will be used in automotive injury claims, as MITCHELL MEDICAL (www.mitchellmedical.com), the dominant claims review software application developer for that segment, incorporates them into its claims adjudication software and application service provider solutions. In addition, major integrative healthcare research initiatives incorporating ABC codes will be managed under the auspices of market-leading organizations, including:
Conemaugh Health System (www.conemaugh.org)
The Consortium of Academic Health Centers for Integrative Medicine (www.bravewell.org/stratinit/consortium.asp)

9. Reminder from the Cost-Effectiveness Interest Group

The first telemeeting of the COST-EFFECTIVENESS INTEREST GROUP (CEIG) will take place on Oct. 31, 2003, at 1 p.m. EST. Participation will be limited to fifteen discussants, and eight have signed up so far. For the complete agenda, call-in numbers, and resource materials please visit www.thecollaboration.org and go to Working Groups, then click on Cost-Effectiveness. Scroll down to Our Meeting, then go to Agenda. You will also find links to CEIG resource materials. If you wish to participate please contact Michael Shor at michlshor@aol.com.

Notes from the Margin, 10/27/03 — Stephen Bolles, Executive Director

A local news story in the Sunday paper about entrepreneurship pointed out that one out of every six young men and one out of every eighteen young women from the ages of eighteen to twenty-four were in business for themselves. The article discussed various reasons, but one message came through loud and clear: these young people were not waiting for the system to make a place for them and reward them for fitting in. They were making their own place.

This can be viewed as a strength or a failing, depending on your view. If you believe that our economic system owes its members a process of incorporation and reward (and can deliver on that promise), then our current system is broken. If you believe instead that the system should reward innovation and not require incorporation, then the system is working well, although in a fashion that distributes talent rather than collecting it into more organized forms.

Someone recently pointed out the late proliferation of “orgs” in healthcare reform. As several of the news items today attest, this observation has merit. Organizations that coalesce around specific interests, points of view, or agendas appear to be forming in healthcare at an increasing rate, with a variety of voices.

Again, depending on your view, these new organizations may be proof that the system is broken or working (albeit working in a manner that rewards different efforts and strategies). Ultimately, these efforts will be judged in part by how effective they are as agents of change. One way to measure this is to think of the system in terms of stratifications of power and influence. If a change agent is able to influence and alter the stratum above in some form, it has been effective. If it can reach out to voices even less powerful and incorporate those interests, and then turn around to provoke changes at a level above, the change agent has broadened the
effects of its efforts and created benefits beyond its own specific part of the system. In effect, it leverages its own power and influence to empower voices that might not otherwise be heard.

By that measure, the Code Blue Now effort is particularly promising. Kathleen O’Connor is to be commended, as are the efforts of her judges, for finding a way to make hidden voices and novel ideas known. Let us hope that real benefits may follow.

Those who are outsiders in relation to the power centers of the healthcare system, but insiders as consumers or providers, have a vantage point with real value. They are often able to see things political insiders do not. In the multicultural tale of the leader who vainly sought to dress in novel finery, the insiders were busy affirming the leader’s vanity and preserving their own positions. It took an outsider to speak the truth that the emperor was not wearing any clothes.

CHRF NEWS FILE #58, November 9, 2003

1. New Cost-Effectiveness Initiative Generates Dynamic Cross-Fertilization of Ideas
2. Integrative Medicine Alliance Holds First Leadership Forum
3. Senate Hearing on Dietary Supplements
4. AMA Appoints Massage Therapist to Coding Advisory Panel
5. WHCCAMP Presents Final Report to Congress
6. Campaign for Better Health Conference and Awards Dinner
7. Frontline Covers AltMed Last Week, FDA This Week
8. TV News Covers Chiropractic and Stroke
9. Healthcare Contest Presentations Now on the Web
10. Marino Foundation Names John Cupples New CEO
11. CNME Seeks Comments

Plus: Notes from the Margin

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CORRECTION: In CHRF News File #57 we reported correctly that both the first- and second-prize winners of the Code Blue Now national contest on rebuilding American
healthcare are dentists. However, we mistakenly attributed a PhD to the first-prize winner, R. VAUGHAN GLOVER. Actually, it belongs to the second-prize winner, DOUGLAS BENN, who is a professor of radiology at the University of Florida in Gainesville.

1. New Cost-Effectiveness Initiative Generates Dynamic Cross-Fertilization of Ideas

The newly formed COST-EFFECTIVENESS INTEREST GROUP (CEIG), a CHRF Working Group, launched with a vibrant conference call discussion on Friday, October 31. Participants included JOHN REED, MD, national medical director of American WholeHealth, JAMES DILLARD, MD, DC, CAc, medical director for CAM at Oxford Health Plans, RICHARD FURBER, chairman and CEO of MediMerge Group, ROBB SCHOLTEN, information officer of the Osher Institute at Harvard Medical School, BONNIE HORRIGAN, publisher of Alternative Therapies in Health and Medicine, MICHAEL LEVIN, president and COO of Cardinal Nutrition, STEPHEN BOLLES, CHRF executive director, and others. The principal focus of the inaugural discussion was the cost savings potential of St. John's Wort as a first-line therapeutic option for mild to moderate depression. The conversation addressed the current medical evidence, the wide variance in currently available OTC preparations of St. John's Wort, potential drug interactions, the placebo effect, the limited effectiveness of conventional anti-depressants, clinical and patient education, and the structural and institutional barriers to St. John's Wort use. BETH CLAY, president of BC & A International, LLC, shared insights gleaned from her years on Capitol Hill, while Dillard analyzed pressures on health plans that induce them to focus on short-term cost savings There was a sense of cross-fertilization as participants each contributed their own experience. Many of the topics that cropped up will be scheduled for fuller discussion in the future. “The endemic rise of medical costs is an uncontrollable burden for employers, consumers, and the government. The objective of our group is to identify and provide practical, evidenced-based options that are unconstrained by the parochial interests and thinking of one group or another. We see the results of this innovative effort being shared with a broader audience through a series of white papers,” says Michael Shor, MPH, the group’s organizer and chair. Agendas and resource materials for CEIG meetings are posted on the CHRF website (www.the-collaboration.org—look for "Working Groups," then go to "Cost Effectiveness"). Shor can be reached at Michishor@aol.com.

2. Integrative Medicine Alliance Holds First Leadership Forum

The INTEGRATIVE MEDICINE ALLIANCE, a New England-wide grassroots network of citizens, healthcare businesses, and other organizations, offers an interesting communications model that could be valuable to people in other parts of the country. "We're trying to build bridges across the whole health and healing spectrum in this region, as a way of advancing a healthcare model that's innovative, collaborative, people-centered, as well as financially, socially, and environmentally sustainable,” says KARL BERGER, ABT, LMT, founder and coordinator of the Alliance. Their website features services such as a community calendar and the region’s most comprehensive integrative medicine links page (with more than 300 links). The site gets over 5000 visits per month. The IMA also publishes a free, bimonthly online newsletter with over 800 subscribers.

On Friday, December 12, the IMA will host a daylong Leadership Forum in Cambridge, MA, entitled "Integrative and Holistic Healthcare in Massachusetts: What
Can We Do Together That We Can't Do Alone?" It will bring representatives from a wide range of integrative and holistic healthcare professions together for the first time to engage in networking and collaborative problem solving. Participants will discuss proposals for strategic collaboration, movement building, and a joint agenda for their professors' statewide growth and success. To facilitate networking and because space is limited, there will be a maximum of two representatives from each healthcare profession. For more information: www.integrativemedalliance.org or IMA_Karl@yahoo.com.

3. Senate Hearing on Dietary Supplements

On Tuesday October 28, Senator JOHN MCCAIN (R-AZ), chairman of the Senate Committee on Science and Transportation, called a hearing on regulation of dietary supplements. "Senator Orrin Hatch's (R-UT) eloquent and factual testimony cut the legs out from under a hearing that had been positioned to be an attack on the industry," says BETH CLAY, President of BC & A International, LLC, who attended the hearing. She reports that Hatch turned the focus back to the true issue at hand: the FDA's failure to fully implement the law. He pointed out, "DSHEA is a strong law that properly implemented will protect the interests of consumers....Unfortunately, a small number of irresponsible supplement companies are taking advantage of consumers. I contend that the law is adequate to deal with them if the FDA implements and enforces it."

McCain rebuked FDA representative JOHN M. TAYLER, associate commissioner for regulatory affairs, when Taylor attempted to hide behind an "it didn't happen on my watch" excuse. McCain stressed that Taylor was testifying not on his own behalf, but as a representative of the agency. Taylor was unable to offer any reason for the FDA's failure to fully implement DSHEA.

DAVID SECKMAN, executive director and CEO of the National Nutritional Foods Association, also testified. McCain acknowledged that as the lone industry representative Seckman was in the “hot seat,” and the industry had a "PR problem." McCain argued it would be best if the industry worked with Congress to resolve concerns about DSHEA.

Others who offered testimony at the hearing include HOWARD BEALES, director of the Bureau of Consumer Protection, FTC; ARTHUR GROLLMAN, MD, professor, State University of New York at Stonybrook; CHARLES BELL, program director, Consumers Union; and GREG DAVIS, a law student who says he had two seizures, a year apart, as a result of taking ephedra. For more information: beth@bethclay.com

4. AMA Appoints Massage Therapist to Coding Advisory Panel

The AMERICAN MEDICAL ASSOCIATION has appointed WHITNEY W. LOWE, NCTMB, to its CPT Health Care Professional Advisory Committee (HCPAC), effective immediately. This committee advises the CPT Editorial Panel, which oversees development of the most widely used coding system. Lowe is the director of the Orthopedic Massage Education & Research Institute, located in Bend, OR, and the author of Functional Assessment in Massage Therapy. His term expires June 2006. He joins W. BRUCE MILLIMAN, ND, chair of the American Association of Naturopathic Physicians Insurance and Reimbursement Committee, and CRAIG LITTLE, DC, of the American Chiropractic Association, in representing the CAM professions on HCPAC.
5. WHCCAMP Presents Final Report to Congress

The final, printed report of the WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY (WHCCAMP) was formally presented to Congress on Tuesday, October 28. WHCCAMP chair JAMES GORDON, MD, delivered the report to Senator TOM HARKIN (D-IA) and announced that it will be delivered to every member of Congress. Harkin spoke about the importance of this report, as well as the challenges in getting HHS to print the report. Several commissioners were on hand to offer comments, including WAYNE B. JONAS, MD, director of the Samueli Institute, and JOSEPH PIZZORNO, ND, president emeritus of Bastyr University. DONALD WARREN, DDS, a holistic dentist in private practice in Arkansas, emphasized the importance of continued political activity, especially support for the creation of a “CAM Central Office” within the Executive Office of the President.

"While the Commission may have completed its activities, the recommendations put forward within the report will ripple throughout the government and healthcare for years to come," says BETH CLAY, president of BC & A International, LLC., who attended the event. She says that WHCCAMP staff including STEPHEN GROFT, PharmD, and JOSEPH M. KACZMARCYK, DO, MPH, were honored for their work and dedication. After finishing his duties with the Commission, Groft returned to his position as director of the Office of Rare Diseases at the NIH. Kazmarcyk has recently moved to the Office of Women's Health at the FDA. The final WHCCAMP report can be viewed at http://www.whccamp.hhs.gov/. Many thanks to Beth Clay for her detailed, timely reports from the Capitol. For more information: beth@bethclay.com.

6. Campaign for Better Health Holds Conference and Awards Dinner

The CAMPAIGN FOR BETTER HEALTH’s “Celebrating Excellence” awards dinner was held October 25 in Washington, D.C., as part of a two-day conference on "Advancing Wellness: A 21st Century Model for Health." The 2003 Berkley Bedell Leadership Award was presented to DEEPAK CHOPRA, MD. Excellence in Advancing Healthcare Awards went to CHRISTIANE NORTHRUP, MD; the HEALTHY FOUNDATION; JUDY BROOKS and ROY WALKENHORST, producers of the PBS series Healing Quest; and the JEFFERSON-MYRNA BRIND CENTER FOR INTEGRATIVE MEDICINE at Thomas Jefferson University Hospital.

"We are a small group. But, I tell you, small groups change the world," observed BERKLEY BEDELL. Looking at the same data from a slightly different viewpoint, ANA MICKA, president and CEO of the Campaign for Better Health, affirmed, "We are a majority movement. A majority of consumers use these products and services." For more information: info@citizens.org

7. Frontline Covers AltMed Last Week, FDA This Week

Last Thursday, November 9, the public television program Frontline presented an hour-long program called "The Alternative Fix," which has generated heated discussion. Although its creators say they presented "observers on both sides of the debate," many viewers felt that a bias towards conventional medicine permeated the structure and content of the program. "I was irritated by the continuous and obvious double standard regarding evidence and clinical practice," says JAMES DILLARD, MD, DC, CAc, medical director for CAM at Oxford Health Plans and clinical professor at Columbia University College of Physicians and Surgeons. "Once again, no one mentioned the truly abysmal evidence base for much of what we do in medicine—the
fact that we did 14 years of CABG before anyone did detailed outcome studies, billions of dollars spent on useless knee arthroscopies, terrifying rates of medical mistakes and drug-related deaths." For a series of thoughtful responses from the viewing audience, go to http://www.pbs.org/wgbh/pages/frontline/shows/altmed/talk/.

This coming week, in most parts of the country, Frontline will air a program called "Dangerous Prescription," on the FDA drug approval process. The program announcement says, "Frontline investigates the FDA and drug safety, and questions whether the current system is adequate for protecting the public." Last week's alternative medicine program is now available online through video streaming. The Frontline website also features additional reporting and a forum where viewers can express their opinions. For more information: http://www.pbs.org/frontline/shows/altmed/  

8. TV News Covers Chiropractic and Stroke

On Thursday, November 6, WNBC-TV in New York City aired a news segment on chiropractic and the risk of stroke, and WCVB-TV in Boston is currently working on a similar story. Because both stations are in large markets and their stories may be syndicated on NBC and ABC affiliates across the country, the AMERICAN CHIROPRACTIC ASSOCIATION is distributing "talking points" on this issue. For online information from the ACA regarding:

9. Healthcare Contest Presentations Now on the Web

As reported in CHRF News File #57, the finalists in the O'Connor Report contest, "A Challenge: Build an American Health System," presented their entries in Portland, OR, before a panel of nine judges on October 24. The contest presentations are now available as a webcast thanks to the Kaiser Family Foundation. To view them, go to www.codebluenow.org and follow the link.

10. Marino Foundation Names John Cupples New CEO

JOHN E. CUPPLES has been selected as the new CEO of the MARINO FOUNDATION FOR INTEGRATIVE MEDICINE based in Cambridge, MA. Cupples served as president of the Spaulding Rehabilitation Hospital Network in Boston from 1998 to August 2002. He has also been the executive vice president of the Hebrew Rehabilitation Center for Aged in Boston, and held various positions at Brigham and Women's Hospital in Boston. For more information: www.marinocenter.org

11. CNME Seeks Comments

The COUNCIL ON NATUROPATHIC MEDICAL EDUCATION (CNME) is seeking comments on whether the BOUCHER INSTITUTE OF NATUROPATHIC MEDICINE in British Columbia is qualified to be a candidate for accreditation. "Candidacy is not accreditation, but for a college or program to receive candidacy it must clearly have
the potential for achieving accreditation within no more than five years,” says the CNME. Comments are due by November 17 and should be directed to ROBERT LOFFT, executive director of the CNME, at dir@cnme.org. For more information: http://www.cnme.us/

Notes from the Margin, 11/09/03 — Stephen Bolles, Executive Director

The inaugural discussion of the Cost-Effectiveness Interest Group (CEIG) was a fascinating and energizing experience. The group had an ambitious agenda and really only had time to discuss one proposal, but what a proposal it was! Life in these United States is such that about 10% of us are at least mildly depressed. Along with everything else we do to cope with this, we spend approximately $7 billion a year on serotonin-modifying drugs. That’s some serious money, and for many people Prozac and Zoloft are godsent answers to private hells that need to be managed. But for a good portion of that 10% of us, there are a few alternatives that may be less costly. St. John’s Wort is one example that has received a lot of press, and some clinical trials do indicate that it’s effective for many people. Based on average prices, every person who finds St. John’s Wort an effective tool to manage mild depression and uses it in place of Prozac and Zoloft would save the system almost $1,300 each year. If you look at the entire estimated pool of people using the two prescription drugs—almost five million—the prospects of serious savings loom large.

The Cost-Effectiveness Interest Group, under Mike Shor’s able leadership, brought up a number of factors that are barriers to SJW being used more widely. As we all know, the system loves the status quo, and change does not come easily. At the same time, some ideas were brought up that left a distinct impression that if even a small test could be done (by a modest-sized employer, small health plan, or integrated system somewhere) to produce comparative data, change would be more likely.

We are going to publish the results of this and future CEIG discussions on the CHRF website (www.thecollaboration.org) for those who might use the information to advance reform efforts. Please check back from time to time. This group has exciting potential.

To subscribe or unsubscribe to the CHRF News Files, or to change your email address, please contact PriesterC@thecollaboration.org. To access an archive of previous CHRF New Files, go to www.thecollaboration.org.

End, CHRF News File #58, November 9, 2003.

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CHRF NEWS FILE #59, November 25, 2003

1. After Successful Launch, CEIG Schedules Second Meeting
2. Snyderman Receives $100,000 Bravewell Award
3. Georgetown School of Medicine Offers CAM-Oriented Masters Program
4. AHA/Health Forum 2003 CAM Survey Results
5. Common Pain Conditions Cost $61 Billion in Lower Productivity
6. "Code Blue Now" Uses Website to Foster Grassroots Support
1. After Successful Launch, CEIG Schedules Second Meeting

The next tele-meeting of the Cost Effectiveness Interest Group (CEIG) is scheduled for December 5 at 1 p.m., EST. The discussion will briefly review hot topics in the CAM world and then focus discussion on implementation strategies and tactics to achieve the cost-savings potential of St. Johns Wort for mild-to-moderate depression. The third part of the discussion will focus on clinical and cost efficacy of acupuncture in the treatment of infertility. Participation is limited to fifteen discussants. The complete agenda plus notes from the last meeting are posted on the CEIG "Meeting Page" on the CHRF website (www.thecollaboration.org). In addition, several interesting papers are posted for background information, including "American Health Care: Why So Costly?" from The Commonwealth Fund. New participants, please contact Michael Shor at Michlshor@aol.com.

2. Snyderman Receives $100,000 Bravewell Award

RALPH SNYDERMAN, MD, president and chief executive officer of the Duke University Health System, and Duke University's chancellor for health affairs, was the recipient of the first BRAVEWELL LEADERSHIP AWARD, which recognizes leadership in integrative medicine. Former CBS News anchor Walter Cronkite presented the $100,000 award to Snyderman at a celebratory dinner in New York City on Thursday, November 13. Snyderman was recognized for his leadership in building the DUKE CENTER FOR INTEGRATIVE MEDICINE, which opened in 2000. He plans to use the award to develop integrative approaches to prevention and early intervention for chronic disease.

The award is sponsored by the PHILANTHROPIC COLLABORATIVE FOR INTEGRATIVE MEDICINE (PCIM), a Minneapolis-based foundation created by U.S. and Canadian philanthropists. They hope to change the culture of healthcare to emphasize healing the whole person. "This award celebrates Dr. Snyderman and the groundbreaking work of all the finalists and nominees," said PENNY GEORGE, PsyD, chair of PCIM. "Their collective work, wisdom, and continued achievements are critical to not only
“fixing, but transforming a fragmented healthcare system." For more information: www.pcintegrativemedicine.org

3. Georgetown School of Medicine Offers CAM-Oriented Masters Program

GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE began offering a masters degree in physiology with a CAM concentration this fall. "Our goal is the seamless integration of CAM material and basic science," says AVIAD HARAMATI, PhD, director of education for physiology and biophysics at the school. This is the first CAM-oriented, science-based masters program offered at a U.S. allopathic academic medical center. It is designed for students with varying interests, including those who are planning a research career (often with further training at the doctoral level) in a CAM-related area, practitioners or potential practitioners of CAM modalities, those interested in administrative or regulatory affairs related to CAM, and those who plan to pursue a career within the CAM industry. This fall, nine students enrolled in the program.

Haramati and other academic leaders are busy sharing ideas about the best ways to educate allopathic physicians about CAM. Recently, for example, he did grand rounds at Georgetown's Department of Obstetrics and Gynecology and also at Mount Sinai School of Medicine. Last spring he spoke at the University of Washington in Seattle, Indiana University School of Medicine, and UMDNJ-Robert Wood Johnson Medical School. In settings such as these, he discusses the reasons Georgetown is integrating CAM into both basic science and clinical courses throughout medical training.

Haramati is a member of the executive committee of the Integrated Healthcare Policy Consortium (IHPC). "I have heard Adi speak on numerous occasions about the challenges facing conventional academic medical institutions that are trying to determine if and how they will educate their students about CAM," says former IHPC chair CANDACE CAMPBELL. "He understands the need for the allopathic community to recognize and work with CAM professionals as equals, which is wonderful. He also understands that the solution is more complex than simply adding a few CAM therapies to a conventional medical practice or giving med students one review course in CAM."

"Adi is constantly out there, educating his colleagues about the need for a truly integrated healthcare system," Campbell adds. "This message, presented in such a thoughtful way by a well-respected individual from a prestigious medical institution, is exactly what is needed to raise the discussion to the next level."

Haramati leaves shortly for Israel to attend a day-long think tank December 1 with the Ben Gurion University faculty of medicine, discussing whether and how CAM should be included in their curriculum. He will speak on "Strategies for Incorporating CAM into Medical Education and the National Trends in the U.S." as well as "Lessons Learned from the Educational Initiative in CAM at Georgetown University." For more information: http://www.georgetown.edu/departments/physiology/cam/index.html

4. AHA/Health Forum 2003 CAM Survey Results

The AMERICAN HOSPITAL ASSOCIATION/HEALTH FORUM has released results from its “Complementary and Alternative Medicine Survey” for 2003. The survey was sent to 6,105 hospitals, and 1,007 hospitals (16.5%) responded. Of these, 269 (26.7%)
reported they use some form of CAM therapy. The most commonly used CAM services in all settings (inpatient, hospital-based CAM center, and offsite center) include massage therapy (78%), pastoral counseling (62%), stress management (61%), and yoga (58%). Hospital pharmacies in 13% of the hospitals offer herbs or supplements. "We are watching the rapid growth of CAM in hospitals with great interest," says SITA ANANTH, MHA, project director for CAM at Health Forum/AHA. "The purpose of the survey was to delve deeper and determine what types of programs and services hospitals are offering in response to consumer demand."

Key reasons for offering CAM include patient demand (83%), organizational mission (69%), clinical effectiveness (61%), and attracting new patients (58%). "Complementary" medicine was the preferred term used by 72% of hospitals, while 18% used "integrative." Start-up costs were below $200,000 for 75% of the hospitals responding, while only 5% spent more than $500,000 for start-up. As for the bottom line, 40% said their programs were losing money and 32% said they were breaking even. A small group of survey respondents (5%) had previously offered CAM programs that now have been discontinued due to poor financial performance (49%), lack of medical staff support (40%), inability to achieve breakeven (34%), or lack of community interest (34%).

In addition to the general questions, the survey also included a page of questions about massage services. "We invited the AMERICAN MASSAGE THERAPY ASSOCIATION (AMTA) to submit questions for the survey," says Ananth. "We chose them because massage is one of the top five services offered in hospitals." The survey found that 82% of the hospitals that offer CAM therapies include massage therapy among their offerings, with more than 70% utilizing massage therapy for pain management and pain relief. "These numbers clearly demonstrate that a greater number of people and medical professionals are recognizing that massage is more than a means for pampering or relaxation. Massage therapy has numerous health benefits including the ability to relieve pain, whether it be lower back pain, other muscle or joint pain, or for pain following surgeries," commented BRENDA L. GRIFFITH, president of the AMTA. For more information: sananth@healthforum.com. For more information on use of massage in hospitals: http://www.amtamassage.org/news/AHA03release.html. To purchase the data set: www.ahadata.com

5. Common Pain Conditions Cost $61 Billion in Lower Productivity

The November 12 issue of JAMA: The Journal of the American Medical Association (Vol. 290 No. 18) features a study by WALTER F. STEWART, PhD, MPH, and others estimating the amount of productive time lost due to common pain conditions in the U.S. workforce. After studying a random sample of almost 30,000 U.S. workers, the authors found that during a two-week period, 13% of the total workforce experienced a loss in productive time due to pain. Headache was the most common (5.4%) pain condition resulting in lost productive time. It was followed by back pain (3.2%), arthritis pain (2.0%), and other musculoskeletal pain (2.0%). The study estimates that lost productivity due to common pain conditions among active workers costs about $61.2 billion per year, primarily due to reduced performance at work, as well as absence from work. Many of these conditions are responsive to CAM modalities such as mind-body imagery, massage, chiropractic, and acupuncture. The entire issue of JAMA is on pain management. For abstracts and complete text of all the articles: http://jama.ama-assn.org/content/vol290/issue18/index.dtl
6. “Code Blue Now” Uses Website to Foster Grassroots Support

KATHLEEN O’CONNOR, the Seattle healthcare consultant who conducted a grassroots contest to generate ideas for improving U.S. healthcare, says she's delighted with the response. "The contest was beyond my wildest dreams in terms of the quality of the contestants and the range and diversity of their ideas," she tells the News Files. "There was a general focus on prevention, wellness, and patient empowerment."

O'Connor is now founder and president of the board of a month-old organization, CODE BLUE NOW (TM), which grew out of the contest. Inspired by the Internet-based success of Howard Dean's campaign for president, O'Connor plans to use the Code Blue Now website and Internet-based technology to facilitate grassroots participation in healthcare decision-making. "We can use our website to collect data from people who want to join the organization, we offer internet-based surveys, and we'll post petitions people can sign online."

Code Blue Now will develop a synthesis of some of the top ideas from the contest and present that proposal to Congress. They'll use the website to generate grassroots energy supporting the proposal. For downloadable six-page summaries of the contest winners, go to http://www.codebluenow.org/news.html.

7. BC&A International, LLC, Off to Strong Start

Former congressional staffer BETH CLAY is off to a strong start in the consulting/lobbying world. The former leading health oversight staff member to Congressman Dan Burton (R-IN) is now at the helm of BC&A INTERNATIONAL, LLC, which launched in May of this year. BC&A has assisted the PMA GROUP in their support of the SAMUELI INSTITUTE. They were successful in garnering Defense Department appropriation funding that will allow Samueli to conduct research on the use of CAM therapies to improve the health of military personnel and veterans. "This funding will also support research on improving end-of-life care for veterans," says Clay. "This activity, which was one of the recommendations of the White House Commission on Complementary and Alternative Medicine Policy, is particularly important, since at present more than 42,000 of our World War II veterans die each month." Together with the NATURAL HEALTH RESEARCH INSTITUTE (affiliated with CITIZENS FOR HEALTH), BC&A is developing a series of white papers on the cost-saving potential of natural therapies. BC&A is also working on dietary supplement regulation issues. For more information: www.bcandainternational.com or beth@bethclay.com

8. Next IOM Meeting Scheduled

The fifth meeting of the IOM COMMITTEE ON THE USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE BY THE AMERICAN PUBLIC will be held December 11-12, 2003, in Washington, D.C. The public meeting on December 11 will focus on education and research training. Expected speakers include WILLIAM R. HAZARD, MD, on "Geriatrics: Evolution of a New Field," and WILLOW PIQUANT, MD, on "HIV/AIDS Behavioral Research Centers." Planned speakers on whether and how CAM should be integrated into medical and nursing education include AVIAD HARAMATI, PhD, MARY JO KREITZER, RN, PhD, and LAWRENCE SMITH, MD. Those who wish to attend and/or provide public testimony must register by Monday, December 8. Haramati is a member of the executive committee of the Integrated
Healthcare Policy Consortium (IHPC), a CHRF affiliate organization. Kreitzer is the director of the University of Minnesota Center for Spirituality and Healing, a CHRF funder, and she is also on the IHPC advisory committee. To register, go to http://www4.nationalacademies.org/iom/Registrations.nsf/Register?OpenForm&037.
For the full agenda: http://www.iom.edu/subpage.asp?id=16428

**Notes from the Margin, 11/25/03 — Stephen Bolles, Executive Director**

The AHA/Health Forum survey highlights significant progress in integrative healthcare. When more than one-fourth of U.S. hospitals are using nontraditional medical therapies to help their patients, clearly more than consumer interests and market pressures are at work. Distinctions between “medical” and “non-medical” are becoming harder to see.

There are tantalizing prospects for further progress. The substantial cost of lost productivity from pain is one compelling opportunity, made all the more relevant because many people turn to alternative therapies for relief of pain that medicine has failed to lessen—and find it. The inaugural meeting of the Cost Effectiveness Interest Group (CEIG) painted an arresting picture of potential savings that might be achieved by substituting less costly herbs for some very expensive—and widely publicized—prescription drugs.

Every week brings news of increased utilization, acceptance, and effectiveness of alternative therapies and professions. In contrast, there is a distinct lack of news on the side of payers and employers who could explore the savings potential in using these alternatives. It raises interesting questions about what stresses are actually being felt by different players in the game.

Pressure is building, and it is not evenly distributed. One of the intents of the CEIG is to create the bridges that can lead to explorations on the part of payers who are genuinely interested in saving money. The marketplace being what it is, one willing participant in a significant experiment will not only save a lot of money, but is likely to be at the head of a stampede.

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**CHRФ NEWS FILE #60, December 7, 2003**

1. **Integrative Medicine at Evanston Northwestern Healthcare: A Success Story**
2. **Grants from NCCAM for Developmental Centers for Research on CAM**
3. **Congress Approves Medicare Chiropractic Demonstration Project**
4. **Report from Codex Committee Meeting in Berlin**
5. **Johnson State College Offers Undergraduate “Wellness and Alternative Medicine” Degree**


7. **Two Books Explore Political, Legal Aspects of CAM**

8. **Nutrition and Health Conference in March 2004**

Plus: **Notes from the Margin**

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**1. Integrative Medicine at Evanston Northwestern Healthcare: A Success Story**

The INTEGRATIVE MEDICINE DEPARTMENT at EVANSTON NORTHWESTERN HEALTHCARE opened its doors in January, 2001, and is doing well. The case load is growing, and the program now sees about 350 patients per month. Staff includes three Chinese medicine practitioners, six body workers, a nutritionist, an integrative licensed clinical professional counselor, a family systems therapist, an ayurvedic practitioner and an herbalist. KAREN KOFFLER, MD, director of the department, sees patients three days a week, most of them quite ill with chronic disease or cancer. The staff meets weekly as a team to discuss patients, perform team consultations, create educational programs, and experience new learning together.

Initial funding came from the Evanston Northwestern Healthcare System, and from its associated physician group, ENH MEDICAL GROUP. The Integrative Medicine Department was able to find space in a newly developed community center, alongside the ENH rehab and rheumatology departments, so start-up costs for physical space were minimal. The program pays an overhead fee to the hospital to cover the costs of space, lights, phones, and so on.

About 50% of patients are physician-referred. While Evanston Northwestern physicians are the primary referral source, the program also gets referrals from physicians and practitioners throughout the Chicago area, who’ve heard Koffler speak. During the year before the program opened its doors, she spoke in every possible setting to generate increased public awareness.

While Dr. Koffler accepts Medicare, all other patients are self-pay. Increasingly, she has observed that many insurance companies are reimbursing her patients, so all are encouraged to submit their bills. She says many patients have found their insurers willing to reimburse for acupuncture and massage. The original business plan called
for breakeven in five years, but the clinic has reached breakeven after only three, Koffler adds. For more information, contact Dr. Koffler at kkoffler@enh.org, or visit the website at www.enh.org

2. Grants from NCCAM for Developmental Centers for Research on CAM

The NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (NCCAM) announced two grants in a new program aimed at forging partnerships between CAM institutions and major research universities. The Developmental Centers for Research on Complementary and Alternative Medicine (DCRC) program hopes to increase the level and quality of CAM research by assisting CAM institutions in conducting high-quality research, promoting research expertise and infrastructure within the CAM community, and supporting enhanced communication between CAM and conventional medical research institutions.

The first two three-year grants in the DCRC initiative have been awarded to:

**PALMER CENTER FOR CHIROPRACTIC RESEARCH**, Davenport, IA
Principal Investigator: William Meeker, DC, MPH
Total award: $2.3 million
This grant will focus on the mechanisms of action and effects of chiropractic manipulation, especially for the common problem of low-back pain. Palmer researchers will collaborate with investigators at the University of Iowa, Kansas State University, the State University of New York at Stony Brook, and the National University of Health Sciences in Illinois.

**NEW ENGLAND SCHOOL OF ACUPUNCTURE**, Watertown, MA
Principal Investigator: Peter M. Wayne, Ph.D.
Total award: $2.0 million.
This grant will evaluate the efficacy and safety of acupuncture and develop study designs for acupuncture research, especially in relation to women's health problems. The collaboration will include the New England School of Acupuncture, the Osher Institute at Harvard Medical School, the Dana Farber Cancer Institute and Children's Hospital (Boston).

For additional information: http://www.nccam.nih.gov/

3. Congress Approves Medicare Chiropractic Demonstration Project

The MEDICARE REFORM BILL passed by Congress just before Thanksgiving included the Medicare Chiropractic Demonstration Project, in spite of strong opposition from the AMA and Senate Majority Leader Bill Frist, MD. The four-site, two-year demonstration to be administered by HHS, will assess the effects of greater freedom of choice for consumers. "This is chiropractic's biggest win ever on Capitol Hill and we have Senator Chuck Grassley to thank for it," said GEORGE B. McCLELLAND, DC, chairman of the American Chiropractic Association. "Sen. Grassley’s chiropractic provision marks the beginning of the end of three decades of Medicare discrimination against doctors of chiropractic and chiropractic patients."

4. Report from Codex Committee Meeting in Berlin
Good things happened this year at the 25th session of the CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES (CCNFSDU), which was held November 3-7, 2003, in Bonn, Germany. According to SUZAN WALTER, president of the American Holistic Health Association, who attended, "A decade of polarized debate quietly came to an end, [when] a major decision impacting international trade of nutritional supplements was made to use upper safe limits as the maximum allowed levels for vitamin and mineral food supplements," she says. "The alternative option would have set these maximum levels at a significantly lower level of 100% of the recommended daily amounts (RDA). Delegates who were against this option envisioned a future with supplement products restricted to very low levels of potency. We can breathe easier that this option was defeated." For more information: http://ahha.org/CodexWalter2003.htm

5. Johnson State College Offers Undergraduate ”Wellness and Alternative Medicine” Degree

JOHNSON STATE COLLEGE in Johnson, Vermont, is pioneering an interdisciplinary Bachelor of Science degree in “Wellness and Alternative Medicine.” Initiated almost three years ago, the program offers students three possible tracks as majors. One is clinical, designed for those who plan to go on to allopathic medical schools or to become physicians of chiropractic, naturopathy, or Chinese Medicine. "The pre-clinical track gives students all the science they need to walk right into medical school or any of the three- or four-year CAM programs, as well as the sociological skills to think from a health policy perspective," says JANET R. KAHN, PhD, who has recently been hired to coordinate this program. "This program has great potential to help our transition to real integrative medicine by allowing different kinds of future practitioners to know each other and train together during their formative years, before moving on to specialized training, which will of necessity narrow their focus. I think early trust and familiarity will create the kind of knowledge and bonds that can get us closer to a seamless integration.” The second track includes basic anatomy and physiology, psychology, and psychoneuroimmunology. It is suitable for those who plan to become psychologists, massage therapists, or enter other helping professions. The third track focuses on environmental and social medicine.

Kahn has been coordinator of the program since September. "One of my roles is to enhance both the course-based aspect of the curriculum and the internship component of the program," she says. Students have a one-semester internship that takes 10-20 hours a week. The program is also considering full-time internships for independent study in the summer. Out of 1200 students on campus, 60 are majoring in wellness and alternative medicine, while others take an occasional course within the program. In addition to full-time students, Kahn reports that off-campus adults are also taking advantage of some of the courses and a regular lecture series that is open to the public.

Kahn welcomes communication with others involved in teaching health, wellness, and CAM at the undergraduate level. To contact her about internship opportunities or other queries: Kahnj@jsc.vsc.edu or (802) 6351306. For more information about the program, visit the website at www.johnsonstatecollege.edu.

A New York Times op-ed article by ARNOLD S. RELMAN, MD, on November 18 highlights the issue of rising prescription drug costs and the pharmaceutical industry's influence on physician decisions. "Doctors are taught about drugs by agents of the pharmaceutical industry, which works hard to persuade them to select the newest and most expensive medications even in the absence of scientific evidence that they are any better than older, less costly ones," Relman writes. "Despite the increase in direct-to-consumer advertising, patients still rely on their doctors to choose which prescription drugs, if any, they should take. But what few of them know is that often their doctor's judgment is influenced by the companies that sell the drugs." This article is especially relevant at the present time, given the recent passage of Medicare coverage for prescription drugs. To read the complete article, go to http://www.nytimes.com/2003/11/18/opinion/18RELM.html?ex=1070259229&ei=(1 &en=b942340ef167cc5e

Many thanks to SHEILA QUINN, board chair of the Integrated Healthcare Policy Consortium, and MICHAEL SHOR, MPH, chair of the Cost-Effectiveness Interest Group, for alerting us to this article. Quinn offers her own commentary on Relman’s perspective: "An interesting corollary is a finding from a study of Medicare spending which concluded that increasing per capita expenditures affected 'neither the quality of care nor patients' satisfaction' (Fisher, ES. NY Times, December 1, 2003). So, what do we have? Excessive influence by pharmaceutical companies on the use and choice of (expensive) drugs; evidence that additional spending fails to improve quality of care or patient satisfaction; and research that shows 70-90% of chronic disease is caused by lifestyle and environment. Altogether, this looks like a system gone hugely astray, spending billions of dollars on unnecessary treatments, while ignoring primary causes of disease, and lacking the focus or will to change. If that isn't an opening for the integrated healthcare movement to claim a position of leadership in healthcare reform, I'm not sure what would be!"

7. Two Books Explore Political, Legal Aspects of CAM

A new book looks closely at the political firestorm over ephedra and uses it as a case study to analyze underlying efforts to increase regulation of herbs and nutritional supplements. Investigative journalist MIKE FILLON, author of Ephedra: Fact and Fiction, started out thinking ephedra was dangerous, but then realized that legitimate research showing its safety was being ignored, and that recent government hearings on ephedra had a predetermined agenda. "If ephedra is so dangerous, so risky, why hasn't the FDA or HHS yanked it from the shelves?" he writes. "After all, they have the authority to do just that....With numerous special interest groups -- most wielding substantial financial and/or political power -- lining up against it, along with a public swayed by misguided media reports, it might be too late for ephedra. Hopefully it's not too late for the rest of the supplement industry." The book is available through www.woodlandpublishing.com, www.amazon.com, and many bookstores and health food stores.

Legal Issues in Alternative Medicine: A Guide for Clinicians, Hospitals and Patients, by Michael H. Cohen, JD, provides a concise road map to CAM legal issues. For healthcare providers, it offers essential guidance on the legal context in which they either offer healthcare services involving CAM or refer patients to CAM practitioners. For hospitals, it covers institutional malpractice liability and credentialing. In addition, it discusses legal issues relating to access to CAM treatments and
reimbursement for these treatments. For more information, or to purchase a copy: www.michaelcohen.com

8. Nutrition and Health Conference in March 2004

The UNIVERSITY OF ARIZONA and COLUMBIA UNIVERSITY are cosponsoring a conference on "Nutrition and Health: State of the Science and Clinical Applications," to be held March 11-13, 2004, in Tucson, AZ. Offering the most current scientific information on nutrition and health, the conference will bring together an unusual mix of experts, including leaders in scientific research in nutrition, clinicians skilled in nutritional medicine, experts on food production and distribution, concerned chefs, and well-known authors on social and political aspects of diet and health. Featured speakers will include ANDREW WEIL, MD; MARION NESTLE, PhD, MPH; JEFFREY BLUMBERG, PhD, FACN; WANDA HOWELL, PhD, RD; DAVID HEBER, MD, PhD, and JOSEPH PIZZORNO, ND. To register, call (520) 626-7832. For more information: http://integrativemedicine.arizona.edu

Notes from the Margin, 12/07/03 — Stephen Bolles, Executive Director

Wayne Jonas, MD, (former director of the Office of Alternative Medicine at the NIH and current director of the Samueli Institute for Information Biology) spoke recently here in Minneapolis about the importance of optimal healing environments. This expanding area of investigation seeks to answer questions about how healing processes can be most fully supported, which scientific examinations should ask the questions (and evaluate the answers), and what new cosmologies must be developed to understand and explain observed phenomena.

For traditional medicine, it is becoming critical to learn how to construct these optimal environments. After all, if we are to get to “one medicine,” as Dr. Jonas has described, and if best practices are to be thoroughly defined, we must determine which qualities of service, delivery, and environment are optimal. From the CAM side it is deconstruction, but an important exercise for a number of reasons.

It is also time to apply science to some of the environmental qualities that are either naturally present or have been emulated enough to become common in many CAM delivery environments. If a broad lesson can be drawn from CAM research results in the last several years, it is that “environment” and “modality” are inseparable when effectiveness is evaluated.

With all this, it is hard not to be drawn back into cultural concerns as “one medicine” is defined. There may be one medicine, but there does not necessarily need to be one culture. Conversations in traditional medicine are occurring about how to create the blending and broadening of medical care. Similar conversations about the cultural implications of this trend from the CAM side are not as obvious or coordinated. Without conscious determination on the CAM side about which cultural transformations are desired, acceptable, or tolerable, the concerns about the outcome of “blending” medicine is natural. The process is unlikely to strengthen CAM cultures on its own.

With CAM benefits under serious economic pressure in the current environment and CAM research slowly answering fundamental mechanistic questions, it is time to renew conversations about value and incorporation. The early conversations about
"blended medicine" centered on integration through intact professional participation. Now, as examination of optimal healing environments moves forward and economic pressures on purchasers make CAM benefits look vulnerable, the new conversations may be about modalities extracted from their professional context (e.g., manipulation without chiropractic, acupuncture without TCM, or St. John’s Wort without naturopathy). The increasingly unforgiving marketplace cannot be counted on for kindness.

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End, CHRF News File #60, December 7, 2003

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CHRF NEWS FILE #61, December 23, 2003

1. Campaign for Better Health Plans Grassroots Campaign
2. Center for Spirituality and Healing Integrates CAM Content into Education
3. Health Savings Accounts: New Option in Health Insurance
4. AMTA Representative Reports on HCPAC Meeting
5. "Prepare for Surgery" Now Offers Training and Certification Programs
6. Report on Second CEIG Tele-Meeting
7. Four-Day Conference on Integrative Medicine

Plus: Notes from the Margin

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible through a grant from the Center for Integrative Health, Medicine and Research.

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Elaine Zablocki (ZablockiE@thecollaboration.org)

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1. Campaign for Better Health Plans Grassroots Campaign

The CAMPAIGN FOR BETTER HEALTH, which was publicly launched with an October awards dinner and conference in Washington, D.C., is now organizing an Internet-based grassroots campaign to support preventive and alternative healing methods. In January, it will begin its national ”Healing is Happening” campaign to encourage consumers and practitioners to share their personal healing stories online. ANA
MICKA, president and CEO of the Campaign, worked for several years as a fundraiser for Democratic women candidates, and her experience in national politics has convinced her that supporters of natural healing need to develop a stronger voice in political affairs. Just a year ago she moved to Washington, D.C., to help facilitate that process. "I find it amazing. I put the call out that we need to form a bigger alliance, and so many organizations responded." She expects that personal, heartfelt stories of people's empowering healing experiences collected online will encourage members of Congress to include low-cost natural and preventive approaches on the national agenda. "We're going to leverage our partners' lists and connections," Micka explains. For example, she expects that Andrew Weil's newsletter, and some of the Rodale publications, will ask their readers to post stories on the Campaign website. For more information: www.betterhealthcampaign.org or info@citizens.org. To sign up for regular updates from the Campaign: info@citizens.org

2. Center for Spirituality and Healing Integrates CAM Content into Education

The CENTER FOR SPIRITUALITY AND HEALING at the UNIVERSITY OF MINNESOTA is doing well, according to its founder and director, MARY JO KREITZER, PhD, RN. "We've been able to establish a strong position and have excellent credibility, both within and outside the university," she says. The Center is now in the fourth year of a five-year National Center for Complementary and Alternative Medicine (NCCAM) grant to integrate CAM content within education in the Schools of Medicine, Nursing, and Pharmacy. It's also offering a graduate minor in Complementary Therapies and Healing Practices to those studying for a master's or PhD degree in a wide range of subjects. Last semester, 268 students enrolled in this program from disciplines such as sociology, psychology, social work, counseling, and health administration, as well as nursing, medicine, and pharmacy. In addition, the center offers continuing education courses, such as a popular weekend or day-long health professional renewal course called the Inner Life of Healers. In 2004, it will start a continuing education program to train holistic health coaches.

The Center was founded in 1995, with strong support from top leaders at the university. "One advantage was that I’d been here since 1987, so people already knew me in many roles," Kreitzer recalls. "I'd been a director of nursing at the hospital and a faculty member, so those of us who worked to start the Center weren't perceived as outsiders coming in with some questionable agenda." For more information: www.csh.umn.edu or kreit003@umn.edu

3. Health Savings Accounts: New Option in Health Insurance

At the last minute, the conference committee negotiating the final details of the Medicare Reform Bill agreed to include tax breaks for new Health Savings Accounts (HSAs). Beginning this January, people under age 65 will be able to set aside tax-free money in HSAs to pay for medical expenses. Employer contributions will likewise be tax-free. These accounts will be portable when employees move to a new job, and consumers will pay no taxes on investment gains or on funds withdrawn for healthcare expenses. Unspent funds will accrue from year to year.

The HSA must be combined with a high-deductible insurance policy. For individuals, this policy must have at least a $1,000 deductible plus a $5,000 cap on out-of-pocket expenses, while for families, the limits are a $2,000 deductible and a $10,000 cap on expenses. A single person can set aside up to $2,600 a year in an HSA.
account, while a family can save up to $5,150. Money in the account can be spent on a wide range of healthcare services, including prescription drugs, long-term care, and CAM modalities such as chiropractic and acupuncture.

These new accounts are expected to be popular with the self-employed, small businesses, and employees at businesses that do not provide health insurance. Critics say the accounts primarily benefit high-income people, while low- and middle-income people won't be able to afford them. HSA accounts are also likely to attract healthy people, and through adverse selection may dramatically increase the cost of more comprehensive forms of insurance. Some observers fear they may encourage employers to discontinue health insurance coverage altogether.

On the other hand, supporters predict that since consumers will themselves be responsible for the first $1,000 or more of healthcare bills, they'll be encouraged to shop more carefully and get real value for each dollar spent. Others point to increased choice for consumers, since they can freely select among a wide range of healthcare services covered by the new accounts.

According to a December 9 article in The New York Times, two of the nation's biggest insurance companies are prepared to move into this new market. The UNITEDHEALTH GROUP recently bought the GOLDEN RULE INSURANCE CO., a pioneer in selling medical savings accounts (a pilot version of these accounts) for $500 million. AETNA, which already has 45,000 members in high-deductible plans combined with savings accounts, plans to add 100,000 more under the new law. Industry observers predict that many other insurance companies will introduce similar coverage within the coming year. The new market segment could also attract life insurance and property-casualty companies and 401(k) retirement administrators. For the Times story: http://query.nytimes.com/gst/abstract.html?res=F60A15FE35590C7A8CDDAB0994D B404482

4. AMTA Representative Reports on HCPAC Meeting

WHITNEY LOWE, LMT, recently attended a meeting of the AMERICAN MEDICAL ASSOCIATION's CPT Editorial Panel and Health Care Professional Advisory Committee (HCPAC). For the next two-and-a-half years, he'll serve on HCPAC as the representative of the AMERICAN MASSAGE THERAPY ASSOCIATION, which represents the interests of the massage therapy profession. About a hundred people attended the three-day meeting, he reports, representing all the medical specialty societies as well as allied health professions. During this meeting the CPT editorial panel went over proposed coding changes "in incredible detail," Lowe says. "What may be most important for us is the informal connections in the hallway outside the formal meeting, where you have an opportunity to develop relationships with colleagues who'll be supportive of coding changes you intend to present. For us it is particularly important to network with related healthcare fields such as occupational therapy, nursing, chiropractic, naturopathic medicine, and physical therapy."

Lowe expects that during the coming year, the AMTA will propose coding changes to better meet the needs of massage therapists and similar professionals. For example, he says, right now there are no massage therapy evaluation codes. "Many massage therapists successfully bill insurance under certain CPT codes for procedures they perform. However, when they need to bill for time spent on the initial patient intake
and evaluation process, there aren't any codes for this. When massage therapists are told to use codes for physical therapy intake and evaluation, insurance companies decline to pay because the evaluation wasn't done by a physical therapist."

5. "Prepare for Surgery” Now Offers Training and Certification Programs

More than 200,000 people have used PEGGY HUDDLESTON’s book Prepare for Surgery, Heal Faster: A Guide of Mind-Body Techniques and its companion relaxation tapes since it was first published in 1996, Huddleston says. Several KAISER-PERMANENTE medical centers in California make it available for a wide range of surgeries (with patients paying a $25 co-payment for the book, tape, and a one-hour group workshop). GREENWICH HOSPITAL in Greenwich, Connecticut, offers it through their Department of Integrative Medicine (patients pay $50). NYU MEDICAL CENTER in New York City offers it during pre-admission testing for a $35 fee. Previous NYU participants have even contributed to a fund so the program is available at no charge for those who cannot afford to pay.

Although the title of the book refers specifically to surgery, Huddleston emphasizes these methods can also be used for a wide range of health conditions, relationship problems, and other personal issues. A person with chronic pain can use the tape to become deeply relaxed and ask their body questions about the sources of the pain. "Many people start using the tape because they're having surgery and then discover it helps them connect with the deep, intuitive peace of their soul," Huddleston says. "This can be a transformational experience."

Due to growing demand for the program, Huddleston has set up training and certification weekends in various cities where healthcare professionals will be trained to offer the one-hour “Prepare for Surgery” workshop. She expects these training programs to be offered four times a year in Boston, New York, Philadelphia, Washington, D.C., Los Angeles, San Francisco, Chicago, as well as in cities in Florida and Texas. It is currently scheduled for Jan. 24-25 and March 20-21 in Boston. Check the website for additional dates and locations. Nurses note: the training is approved for 13.5 continuing education contact hours. For more information: http://www.healfaster.com/ or peggy@healfaster.com

6. Report on Second CEIG Tele-Meeting

The second tele-meeting of the Cost-Effectiveness Interest Group (CEIG), held on December 5, started off with a few comments on the Bravewell Awards dinner. Several people had attended and described the beautifully executed event as a wonderful opportunity for participants to reconnect from across the country. Some concern was expressed, however, about the event’s focus on the allopathic medical community, and might better exemplify the spirit of integrative medicine through the inclusion of a wider cross-section of the health services community.

Then the discussion moved on to the current clinical evidence and cost savings implications of St. John's Wort (Hypericum) as part of a first-line therapeutic approach for mild/moderate depression. Potential for national cost savings range from $3 to $5 billion nationally, excluding cost savings associated with a reduction in pharmaceutical side effects. A CEIG White Paper Action Group was formed, including BRENT BAUER, MD; LANA DVORKIN, PharmD; PAMELA WEISS, RN, PhD, LAc; and MICHAEL SHOR, MPH, to develop a first-draft paper on this topic.
The group also discussed the clinical evidence for efficacy and potential cost-saving implications of acupuncture as an adjunctive therapy in the treatment of infertility. The currently available research and cost-saving opportunities were characterized as "very promising." This discussion on acupuncture and infertility will continue at the next meeting, scheduled for January 16 at 1 p.m., EST. Meeting notes and background papers are posted on the CEIG "Meeting Page" on the CHRF website (www.thecollaboration.org). New participants, please contact Michael Shor at Michlshor@aol.com.

7. Four-Day Conference on Integrative Medicine

The ASPEN INSTITUTE in Aspen, Colorado, is presenting a four-day conference on integrative medicine, February 7-11, 2004, called the "Aspen Masters Conference on Integrative Medicine: The Evidence Basis of Clinical Care." It is sponsored by the CONTINUUM CENTER FOR HEALTH AND HEALING of BETH ISRAEL MEDICAL CENTER, New York City. Scheduled speakers and presenters include WOODSON MERRILL, MD; WILLIAM MEEKER, DC; GEORGE LEWITH, MD; KEN PELLETIER, PhD; WAYNE JONAS, MD; LARRY DOSSEY, MD; JAY LOMBARD, MD; TIERAONA LOW DOG, MD; and DAVID RILEY, MD. The conference qualifies for 20 hours of CME credit. For more information or to register: (970) 920-2957 or www.aspennewmed.org

Notes from the Margin, 12/23/03 — Stephen Bolles, Executive Director

When I first started writing these "Notes from the Margin" some months ago, the idea of conveying a perspective that wasn’t heavily invested in any particular political or professional agenda seemed appealing. As time has gone on, it has become real to me that no truly objective point of view is possible, because I am in truth, heavily invested in one outcome: that the American healthcare delivery system becomes more thoroughly integrated.

Further, I see integration as a means of preserving a diverse set of professional cultures that do not surrender integrity for a pass to the dance. I am hopeful that the dance itself can become more focused on the perspective of patients and consumers than its own self-preservation. But can our healthcare system be reshaped by a values-based discussion in the face of overwhelming economic forces? Is it possible for the system itself to bring the idea of health back into healthcare, and to integrate more of a focus on wellness and wholeness? Evidence of pro and con to all these questions and hopes can be found in current events and trends.

Given the fact that I’m invested in an outcome, neutrality is not possible. And my perspective is, of necessity, conditioned by the fact that I have been trained and acculturated outside the system. That gives me a distinct vantage point, but it’s not a neutral one.

A friend whose perspective I value recently took me to task in a friendly manner over the title of this column. “Notes from the Margin,” he observed, “has consistently struck me as underscoring the feeling of being ‘marginalized’ that many CAM providers feel.” This observation stunned me. I had not imagined that my perspective might, in fact, have been conveying an attitude of being marginalized.

So I am interested in a poll of the “virtual room.” Are providers—of any stripe or culture—feeling marginalized by, increasingly valued, or integrated into, the system
these days? Is pluralism alive, or has "integration" become a buzzword for a cosmetic remodeling of the existing system that is more based on marketing and promotion than a profound rethinking of foundational values and principles?

I’m interested in your perspective. Let’s see what other people think.

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CHRF NEWS FILE #62, January 7, 2004

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2. Israelsen on Ephedra and FDA
3. More on Health Savings Accounts
4. Business Leaders Seek Improved Healthcare System
5. Haramati and Kreitzer Address IOM Committee Meeting
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7. Studies from ASH and Spine Highlight Benefits of Chiropractic Care
8. Key 2004 Consumer Trends: Bottled Water, Yoga
9. Integrative Medicine Conference

Plus: Notes from a Different Perspective

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1. Ephedra Ban: First Step in Attack on DSHEA?

In late December the FOOD AND DRUG ADMINISTRATION (FDA) announced steps to ban the dietary supplement ephedra, making its use illegal in the U.S. An official rule will be published in January, and the ban will take effect 60 days later. The agency said it was announcing its plans before actually publishing the rule because it wants U.S. consumers to be aware of the ban right away. Over the past year there has been a rising tide of public opinion against ephedra, especially since it was linked to
the death of Baltimore Orioles pitcher Steve Bechler. Over the past several months, many nutrition retailers have stopped selling supplements containing ephedra, and many products have been reformulated so they no longer contain it.

Meanwhile, the FDA announcement has been followed by a rising tide of editorial opinion criticizing the DIETARY SUPPLEMENTS HEALTH AND EDUCATION ACT of 1994 (DSHEA). For example, a January 5 New York Times editorial reads, "the tortuous course of this regulatory crackdown underscores the dangerous weakness of a 1994 law that allows the supplement industry to market products whose safety and effectiveness have never been proved....When Congress returns for its next session, it needs to revise the ill-conceived 1994 legislation." For the Times editorial: http://www.nytimes.com/2004/01/05/opinion/05MON2.html

2. Israelsen on Ephedra and FDA

Since 1992, LOREN ISRAELSEN has served as executive director of the Utah Natural Products Alliance (UNPA), which was instrumental in the development and passage of the DSHEA. He thinks the FDA's decision to ban ephedra should be seen as a topic-specific event. Ephedra has been a controversial and complicated issue for more than ten years, he says, and the FDA's action shouldn't be seen as a commentary on supplements generally.

The media is reporting that DSHEA has been at fault by "protecting" ephedra from more vigorous FDA regulation. Israelsen disagrees. "The safety standard laid out in the DSHEA is appropriate for the vast majority of dietary supplements," he says. "Ephedra, because of its complexity and political sensitivity, confounded both FDA and the supplement industry in trying to find a sensible resolution. It is difficult to find many other examples of supplements that cannot be appropriately regulated under the current DSHEA safety standard." However, he believes the industry would be well-advised to begin actively evaluating the safety of ephedra-substitute ingredients such as bitter orange and green tea extracts. "Given the level of public interest and government scrutiny, this only makes sense," he says.

Interestingly, the FDA has indicated that, despite a general ban on ephedra, there will be an exemption to allow professionals to use ephedra under Traditional Chinese Medicine (TCM) principles or traditions. "This is a very important exemption that the professional community must now understand and take very seriously," Israelson says. "It also means we must be on the lookout for bogus TCM products hyper-enriched with ephedra extracts, which would undermine the intent of the FDA's ruling and generate a new round of criticism against the industry for misbehavior."

Israelsen is president of LDI Group Inc, a specialized consulting firm dealing with dietary supplements, functional foods, and phytomedicine. For more information: ldi@ldigroup.com

3. More on Health Savings Accounts

Health Savings Accounts (HSAs), which Congress authorized during final negotiations on the Medicare Reform Bill, will offer consumers more choices than conventional insurance does, but they do not offer unlimited choice. According to IRS definitions, these accounts can only be used to pay for "qualified medical expenses." GOLDEN RULE INSURANCE CO., has sold more medical savings accounts (the precursor of HSAs) than any other insurer. The company gives potential purchasers a short
handout regarding qualified medical expenses and refers them to IRS publication 502 for more details. According to Golden Rule, qualified expenses include acupuncture, chiropractic, contact lenses, hearing aids, and the services of a psychologist. They do not include preventive services such as smoking cessation programs, weight-loss programs, or health club dues. According to publication 502, vitamins or nutritional supplements do not count as qualified medical expenses unless they're "recommended by a medical practitioner as treatment for a specific medical condition diagnosed by a physician."

What about the services that aren't listed in publication 502? "Massage is a qualified expense if a physician or chiropractor recommends it, but not if someone just decides to seek it on their own," says JO ANN ROBINSON, media services manager for Golden Rule. She says yoga training or mind-body programs may count as qualified expenses when an authorized healthcare provider recommends them, but not when a person self-refers. "We don't play the policeman on these accounts," Robinson notes. "Northern Trust Bank disburses funds from the account when the account holder writes a check to the healthcare provider. Account holders should check with their tax accountants for details on exactly what would qualify as a medical expense in the eyes of the IRS."

According to the new law, when someone under 65 uses funds from their HSA for non-qualified medical expenses, the IRS will subject these amounts to a 10% penalty (for the earlier MSA accounts, there's a 15% penalty). However, Robinson has no personal knowledge of the IRS actually auditing taxpayers about disbursements from their MSA accounts.

In the past, the IRS hasn't really focused on MSAs because they were a somewhat obscure pilot program, says GREG SCANDLEN, director of the GALEN INSTITUTE’s CENTER FOR CONSUMER DRIVEN HEALTH CARE. He expects this to change as HSAs become more widely available during the coming year. "I think the IRS is going to pay close attention to this," he says. "They may very well audit some of the new HSA accounts, just to lay out the ground rules." For more information: www.galen.org

4. Business Leaders Seek Improved Healthcare System

The 2004 WORLD HEALTH CARE CONGRESS, to be held January 26-27 in Washington, D.C., will focus on finding solutions for an improved U.S. healthcare system that addresses the needs of the nation’s largest employers. More than 1,000 business and healthcare executives are expected to attend the meeting, co-sponsored by the Wall Street Journal and CNBC. They will include top leaders from Fortune 500 companies, public purchasers, major insurers, large health plans, hospitals, and health systems, as well as industry thought leaders and healthcare policy analysts. Delegates hope to develop actionable goals and feasible implementation strategies for a new healthcare model that will provide both consumer choice and cost-effective, quality care.

Late on Tuesday afternoon (January 27), the World Congress and the CENTER FOR PRACTICAL HEALTH REFORM (CPHR) will host a special post-conference breakout session called the NATIONAL HEALTH CARE INFLUENCERS’ ASSEMBLY (NHCIA). Those attending will discuss and vote on a draft resolution calling on the U.S. Congress and the presidential candidates to initiate meaningful healthcare reform, based on three principles developed by CPHR:
- Provide all patients with coverage for basic care to safeguard the health of our citizens and to financially protect the nation's healthcare safety net hospitals and clinics.
- Develop and encourage, through financial and non-financial incentives, the use of standardized management capabilities that are the requisites for superior quality and efficiency throughout healthcare.
- Rebalance the healthcare liability system so patients are protected but the system remains intact.

BRIAN R. KLEPPER, PhD, executive director of the CPHR and co-moderator of the NHCIA, urges those attending the Congress to participate. He also encourages organizations that aren't attending to review and endorse the resolution. For a copy of the draft resolution, go to www.worldcongress.com/seminars/NationalHealthcare.html and look for "A Call for a National Health Policy Adjustment." Detailed background on the resolution will soon be posted on www.practicalhealthreform.org. For more information: klepperb@bellsouth.net

5. Haramati and Kreitzer Address IOM Committee Meeting

On December 11 the IOM COMMITTEE ON CAM USAGE held its fifth public meeting, including testimony on whether and how CAM should be integrated into medical and nursing education. AVIAD HARAMATI, PhD, director of education for physiology and biophysics at Georgetown University School of Medicine, emphasized key principles that should guide this process, such as fostering interdisciplinary teamwork, using CAM to teach "rules of evidence," and keeping an open mind. Our focus should be on what really helps patients, not on whether it is "conventional" or "unconventional," he told the committee. "It's time for you to think more broadly and realistically about what 'interdisciplinary' means," he said. "It doesn't just mean a physician and nurse working together. On an interdisciplinary team, we might see an oncologist, a naturopathic physician, a massage therapist, and an acupuncturist, each with an important role to play." Haramati is a member of the executive committee of the Integrated Healthcare Policy Consortium (IHPC) a CHRF affiliate organization.

Also at the meeting, MARY JO KREITZER, RN, PhD, associate professor at the University of Minnesota School of Nursing, testified on CAM integration into nursing education. The nursing profession has had a holistic orientation from its very beginning, she told the committee. "Over the past ten years, nursing programs in general have begun to reflect more holistic, integrative content. For example, one of the competencies defined by the American Association of Colleges of Nursing, is the ability to perform a holistic assessment of the individual across the life span, including a health history that considers spiritual, social, cultural, and psychological assessment. Nurses today are expected to be aware of complementary modalities and their usefulness in promoting health." For more information: kreit003@umn.edu

6. Most People Uncomfortable with Profit Motive in Healthcare

Most of the public doesn't think of healthcare as a business that should be driven by the profit motive, according to a new HARRIS INTERACTIVE poll conducted for the WALL STREET JOURNAL ONLINE’s "Health Industry Edition."
"Most people do not think of healthcare as a business and would prefer healthcare services to be provided by nonprofits or government," says HUMPHREY TAYLOR, chairman of The Harris Poll (R) at Harris Interactive. "The nearest exception is pharmaceutical manufacturing, where a plurality--but only a 37% plurality--thinks it should be run mainly by for-profit business. There is little appetite for businesses to run home care, health insurance, nursing homes, hospitals, or medical research."

Other key findings: Thirty-one percent (31%) of the U.S. public thinks that government should provide most health insurance, while 25% say nonprofit organizations should do so. Only 22% would prefer for-profit insurance. A 42% plurality thinks that universities should conduct most medical research, followed by 16% who think companies should do so. For poll results: www.harrisinteractive.com/news/newsletters_wsj.asp. For more information: www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=719.

7. Studies from ASH and Spine Highlight Benefits of Chiropractic Care

A. The results of a four-year study comparing the experiences of one million health plan members without chiropractic coverage and 700,000 members with chiropractic coverage are now posted on the AMERICAN SPECIALTY HEALTH (ASH) website. Researchers found that most chiropractic care provided is a direct substitution for medical care, and the cost per episode of chiropractic care for back pain and neck pain is much lower than for medical care. Inclusion of a chiropractic benefit also appears to attract slightly younger and slightly healthier plan members.

Patients with chiropractic coverage experienced 28% lower costs than patients without chiropractic coverage for low-back pain treatment. Overall, patients with chiropractic coverage experienced 9.3 inpatient stays per 1,000 patients, versus 15.6 stays per 1,000 patients for those without chiropractic coverage. They had 43.2 MRIs per 1,000 patients, versus 68.9 MRIs per 1,000 patients for those without chiropractic coverage. According to CRAIG NELSON, DC, MS, senior health services research scientist for ASH, these findings could translate into a $47.5 million savings over four years for the 1.7 million-member managed care plan, if all 1.7 million members were provided with chiropractic coverage. For more information: http://www.ashcompanies.com/global/content/newspress/content/articles/2003/p_jun2003.asp

B. A randomized, controlled clinical trial published in the journal Spine found that chiropractic care is highly effective in the treatment of chronic spinal pain (pain lasting more than 13 weeks). The study, conducted at a multidisciplinary spinal pain outpatient unit in an Australian public hospital, involved 115 patients randomly assigned to receive one of three interventions (medication, needle acupuncture, or chiropractic manipulation). At the end of the study, the group receiving manipulation experienced the most recovered patients (9) compared with three for the acupuncture group and only two for the medication group. Remarkably, the patients in the manipulation group reported a 47% improvement in ability to function and general quality of life, as measured by the SF-36 questionnaire, compared to only 15% for the acupuncture group and 18% for the medication group. For the complete study: http://www.chiroweb.com/archives/21/18/18.html

8. Key 2004 Consumer Trends: Bottled Water, Yoga
In honor of the New Year, the HARTMAN GROUP, INC., a consulting and market research firm, has released its predictions on key consumer trends to watch in 2004. They call water "one of the marketing triumphs of the latter 20th century," noting that a recent Hartman Interactive online survey found that bottled water has become as much a part of people's daily routine as coffee or soda. "While we have identified a multiplicity of causes behind the rising consumer interest in bottled waters (including health interests, exercise/hydration interests, and elements of fashion), the most powerful and intriguing factor emanates from structural inconsistencies and stresses of living in the modern world. Specifically, we find that the main reason we're all drinking so much water is that it seems to alleviate stresses and tensions caused by a lack of ritual in the workplace and in home life."

They also describe yoga as the current fitness discipline of choice among mainstream wellness consumers, saying that "the common refrain here is typically something like, 'Until I started doing yoga, I never realized that most of what I was getting out of running was stress-reduction and relaxation....I can now get the same effects from yoga without destroying my knees.'" The full report on upcoming trends will be released later in January. For more details: www.hartman-group.com/products/HB/2003_12_29.html. To sign up for regular emails from the Hartman Group: info@Hartman-group.com

9. Integrative Medicine Conference

The first annual Integrative Medicine Conference and Natural Healthcare Expo is being held April 1-4 at the Fontainebleau Hilton Resort, in Miami Beach, FL. In addition to plenary sessions featuring Joe Pizzorno, ND; David Perlmutter, MD; David Brown, ND; and others, the conference will offer workshops led by paired MD/CAM professionals who have developed protocols on how and when to use the best of conventional and natural interventions, how to use therapies synergistically, and how to recognize and avoid interactions for common diseases. Also included will be guidelines regarding the safety and quality of herbs and botanicals, useful clinical tools, credentialing, and collaboration. To register online, go to www.imjournal.com. For more information: call 866-828-2962 or 760-633-3910.

Notes from a Different Perspective (NFADP), 1/7/03 — Stephen Bolles, Executive Director

Well, the votes are in. Journalistic device is not enough of a reason for a polarizing title. What the new title will be is still not clear. For now, let's call the one above a placeholder.

The story that jumps out this week is about the FDA's action on ephedra. The evidence linking its consumption to injuries and tragic deaths certainly compelled action. It's probably normal to want to agree with the outcome, argue with the timing of the FDA's action, and be concerned all the while with the context and implications of the decision.

The uncertainty created by the implications of the FDA's actions is evoking controversy and a variety of responses. No doubt, calls for the repeal of the DSHEA will receive more of a hearing than in recent years.
Arguments for preserving access to dietary supplements and nutritional resources that are not subject to prospective review by a federal regulatory agency will require careful construction. Support from articulate advocates like Loren Israelsen may be enough. There are new solutions to legislators nervous about bad press. For example, the economic and professional appeal of incorporating supplements into standard pharmacy practices has led the industry to begin to position pharmacists as a profession already working to protect the safety of the public. Meanwhile, arguments by CAM providers that their education prepares them to provide appropriate counsel and ensure some degree of patient and consumer protection will require thoughtful articulation. As elements of nutritional education begin to make their way into medical school curricula, the landscape will become even more complex.

What is known now about drug/herb interactions that was not known in 1994 makes the presumption of supplement safety more problematic than it was before.

It will not take many more examples of unintended consequences, uneven production standards, or toxic surprises to give the federal government reason to seek new solutions to isolated but sensational and tragic problems. The current regulatory climate for herbs and supplements is effective for most, but cannot be viewed as a stable system.

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End, CHRF News File #62, January 7, 2004

CHRF NEWS FILE #63, January 26, 2004

1. MediMerge Pioneers Integrative Health Plan
2. IHPC Mobilizes Federal Office Task Force
3. Special Programs Boost Integrative Clinic’s Bottom Line
4. IOM Calls for Universal Coverage
5. New Canadian Network of CAM Researchers
7. Valuable Perspective from Health Affairs
8. Medscape Online Journal Attacks Naturopathy

Plus: Reintroducing Healing — Stephen Bolles, Executive Director, CHRF

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible through a grant from the Center for Integrative Health, Medicine and Research.

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking
collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Elaine Zablocki at ZablockiE@thecollaboration.org.

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1. MediMerge Pioneers Integrative Health Plan

MEDIMERGE GROUP, LLC, founded in 1999, is pioneering an innovative way to think about and manage healthcare. It offers a range of services, including integrative health plan design and pricing, third party administration (TPA), utilization review, care management, and wellness/prevention services relying on highly trained holistic nurse advocates. Instead of starting with conventional care, and then adding on CAM modalities, the MediMerge model starts with a level playing field and uses both conventional and CAM services as appropriate. Its primary clients are medium to large self-insured companies, and it also serves re-insurers, unions, PEO's (Professional Employee Organizations), and other TPAs.

MediMerge emphasizes preventive care to maintain good health, and through early intervention it prevents small problems from turning into big ones. Based upon an analysis of the prior two years of claims data, plus each client's wish list of benefits, MediMerge comes up with a health plan or service tailored to each client's needs. For one Fortune 200 company with 50,000-plus employees, MediMerge recently designed a CAM Decision Support Program (TM), which fully integrates with the client's health plan. "Our analysis focused on their top 15 illnesses, as classified by claims data, which drove 90% of the healthcare costs of this particular company," says Richard Furber, president and CEO. "Since many of the company's employees are truck drivers, back pain is a significant cost factor, and back pain is an area where our health advocacy process can substantially reduce costs." Due to MediMerge's integrative approach, Furber predicts this company will see healthcare costs cut 10% from the expected level during the first year of its contract, 15% during the second year, and 25% during the third year. "A portion of our fees are at risk and will depend on whether we meet those targets," he says. For more information: www.medimerge.com, or rfurber@medimerge.com

2. IHPC Federal Office Task Force Mobilizes

Members of the Integrated Healthcare Policy Consortium, a CHRF affiliate, have developed a one-page fact sheet on the need for a federal OFFICE OF INTEGRATED HEALTH CARE (OIHC). This executive branch office would provide information on CAM integration and facilitate efficient, coordinated healthcare funding. "It's clear to me that in current healthcare policy, the conventional hand too often doesn't know what the complementary hand is doing," says CLYDE JENSEN, PhD, chair of the IHPC Federal Office Task Force. "An efficient Federal Office is needed to increase cooperation, coordination, and collaboration." Jensen, a medical educator who has presided over both conventional and CAM medical colleges, currently serves as consultant to Standard Process, one of the oldest dietary supplement companies in the U.S. "I appreciate their continuing support of my work on this project," Jensen says.

The OIHC would serve as a centralized repository for information on federal initiatives in integrated healthcare; it would share information on how to improve
integrated healthcare delivery, and it would implement key policy recommendations of the WHITE HOUSE COMMISSION ON COMPLEMENTARY AND ALTERNATIVE MEDICINE POLICY—all functions that would be valuable to a wide variety of stakeholder groups. During the coming months, Jensen expects to recruit task force members representing the full range of stakeholders for the OIHC. For more information: CJensen@standardprocess.com

3. Special Programs Boost Integrative Clinic Bottom Line

Some integrative clinics have found that specialized "niche" programs or services are a way to meet client’s needs. At MANAKAI O MALAMA INTEGRATIVE HEALTHCARE GROUP AND REHABILITATION CENTER, in Honolulu, a program for executive physicals has attracted clients from Asia, Europe, and the U.S. mainland. These patients receive a customized health and lifestyle history, physical examination, and diagnostic work-up. The result is a "life plan" that addresses physical, mental, spiritual, social, and professional factors. Founder IRA ZUNIN, MD, MPH, MBA, notes that while the clinic offers this comprehensive service for well-heeled clients, it maintains balance by also caring for many underserved clients on a pro bono basis.

Its affiliate, GLOBAL ADVISORY SERVICES, a division of KOKUA INTEGRATIVE HEALTHCARE SOLUTIONS INC, is targeting another innovative area, health tourism. At the request of the HAWAII TOURISM AUTHORITY, this week the firm embarked on an expanded contract with the state for a project entitled "Healing in Paradise: Cultivating Strategies for Health Tourism in Hawaii." "Health tourism means that people look for more than a week of relaxation on the beach; they choose vacation destinations primarily for health purposes," Zunin explains. "They may seek a comprehensive executive physical, or a yoga retreat, or plastic surgery, or a spa, or the experience of learning from an indigenous culture." Health tourism can boost revenues for participating healthcare organizations as well as hotels, restaurants, and other tourist services, while it offers participants a unique and rewarding experience.

Zunin has recruited a diverse team to bring this project to fruition. The first step is to catalog and analyze the existing inventory of health services in the state of Hawaii. GLOBAL ADVISORY SERVICES will also design an incubator function to support business plan development, internal training, infrastructure support, and credentialing. Together with community stakeholders, Global will assess the feasibility of creating a "Hawaii Wellness" label to designate programs that have been reviewed and vetted by the appropriate parties. Eventually, Zunin expects the results of this effort to yield defined and approved Hawaii Wellness packages of services that will be marketed on a large scale. There is a tremendous groundswell of support from the government, hotel, and practitioner sectors. "The key to success is that services offered are safe, ethical, and credible," Zunin says. For more information: (808) 535-5555 or Zunin@GlobalAdvisoryServices.com

4. IOM Calls for Universal Coverage

Calling incremental steps "ineffective," the INSTITUTE OF MEDICINE (IOM) announced on January 14 that the U.S. must enact universal coverage for the 43 million Americans who now lack it. In "Insuring America's Health: Principles and Recommendations," the IOM doesn't endorse a specific policy approach, such as an employer mandate or government-sponsored, single-payer system. Instead, it
outlines five principles that should be used to evaluate the merit of various approaches. They are:

-- Healthcare coverage should be universal.

-- Healthcare coverage should be continuous.

-- Healthcare coverage should be affordable to individuals and families.

-- Health insurance strategy should be affordable and sustainable for society.

-- Health insurance should enhance health and well-being by promoting access to high-quality care that is effective, efficient, safe, timely, patient-centered, and equitable.

This report is the culmination of a series of six IOM reports offering a comprehensive examination of the consequences of lack of health insurance on individuals, their families, communities, and society as a whole. The IOM estimates that lack of health insurance causes roughly 18,000 unnecessary deaths every year in the U. S. The committee put forth a strong overall recommendation that by 2010 everyone in the U.S. should have health insurance, and urged the president and Congress to act immediately to establish a firm and explicit plan to reach this goal. For more information: http://www.iom.edu/report.asp?id=17632

5. New Canadian Network of CAM Researchers

Canadian CAM researchers have formed a national network to link researchers, students, practitioners, policy makers, and others interested in CAM research. The CANADIAN INTERDISCIPLINARY NETWORK FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE RESEARCH (IN-CAM) will work to create a highly trained Canadian CAM research community. Funded by the CANADIAN INSTITUTES FOR HEALTH RESEARCH (CIHR) and the NATURAL HEALTH PRODUCTS DIRECTORATE (NHPD), the organization hopes to train CAM practitioners in research methodology and develop a recognized CAM research career path for graduate students.

Research priorities will focus on broad CAM approaches such as acupuncture and naturopathy, rather than specific products. The five-member steering committee includes BARBARA FINDLAY, RN BSN, an integrative healthcare consultant and past executive director of the Tzu Chi Institute for Complementary and Alternative Medicine. Membership in IN-CAM is free and includes access to the IN-CAM Bulletin, a searchable database of Canadian CAM researchers, online educational resources, and opportunities to network and collaborate with a wide variety of healthcare professionals interested in CAM.

Americans and CAM researchers worldwide are encouraged to join IN-CAM, says co-director HEATHER BOON, PhD. "We are focused on Canadian events and news, but since the CAM research community is so small one of our goals is to network with CAM researchers all over the world. We hope IN-CAM will be a networking ‘hub,’ a place where people can find others with similar interests and complementary expertise." For more information: www.incamresearch.ca

The AMERICAN BOTANICAL COUNCIL, publisher of the journal HERBALGRAM, offers five herbal databases on its website (www.herbalgram.org):

-- HerbalGram Online -- Archives of 13 years of HerbalGram articles, features, and departments. Updated quarterly. www.herbalgram.org/herbalgram/


-- HerbClip Online -- Critical reviews of more than 2,000 articles from the literature over the past ten years. New material added every two weeks. www.herbalgram.org/herbclip/

-- HerbMedPro(tm) -- Hyperlinked, evidence-based information on 160 herbs providing short summaries and links to clinical studies, arranged in user friendly categories. www.herbalgram.org/default.asp?c=herbmedpro

Subscribers can access the first three databases for $50 annually, and all five for $100 (academic) or $150 (professional) annually. For membership information: www.herbalgram.org/default.asp?c=membership. For additional information, contact Wayne Silverman, PhD, the council's chief administrative officer, at wayne@herbalgram.org, or (800) 373-7105.

7. Valuable Perspective from Health Affairs

A. U.S. Healthcare Spending Grew to 14.9% of GDP in 2002
Healthcare spending in the U.S. rose to $1.6 trillion in 2002 (or $5440 per person), up from $1.4 trillion in 2001 and $1.3 trillion in 2000, according to a report issued by the CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS). This marked the sixth consecutive year in which health spending grew at an accelerated rate. In 2002, health spending grew 5.7 percentage points faster than the overall economy. The healthcare share of gross domestic product (GDP) increased to 14.1% in 2001 and 14.9% in 2002, after nearly a decade in the 13.1%-13.4%-of-GDP range, according to an article in the January/February 2004 issue of the journal Health Affairs. Prescription drugs continued to lead the rise in personal healthcare expenditures, with a 15.3% jump in 2002. For the full article: http://content.healthaffairs.org/cgi/content/full/23/1/147

B. Drug Industry Examined
The primary focus of this issue of Health Affairs is "The Drug Industry: A Closer Look." Topics include the changing structure of the drug industry, the FDA drug review process, drug coverage and moral hazard, medication formularies, and a discussion of how much Medicare should pay for drugs. To see the issue: www.healthaffairs.org/
C. A Personal View
Also in this issue is a piece by JANET GILSDORF, MD, professor of pediatrics at the University of Michigan, which may be the best single article I've ever seen on the U.S. healthcare system. Written in a human voice, "As Drug Marketing Pays Off, My Mother Pays Up" is funny and sad at the same time. It makes our dysfunction clear, without villains. The complete article is available as a free download at http://content.healthaffairs.org/cgi/reprint/23/1/208.pdf

8. Medscape Online Journal Attacks Naturopathy

In late December, MEDSCAPE GENERAL MEDICINE, an online medical journal, posted a long review article on naturopathy by KIMBALL C. ATWOOD IV, MD, an anesthesiologist at Newton-Wellesley Hospital in Newton, MA. An examination of the naturopathic literature reveals that it is "replete with pseudoscientific, ineffective, unethical, and potentially dangerous practices," Atwood says. Naturopaths have achieved licensure in 13 states due in part to "erroneous representations of naturopathy offered by academic medical centers and popular medical Web sites." Naturopaths "portray themselves as primary care physicians" but "have had only a small fraction of the training of primary care MDs." Interestingly, the article is pointedly critical of several previous statements on naturopathy posted by WEBMD, Medscape's parent corporation. Atwood is a contributing editor of the Scientific Review of Alternative Medicine, the "quackwatch" publication. To see the article: http://www.medscape.com/viewarticle/465994

"Unfortunately Dr Atwood's blatant bias and questionable use of citation has produced a strikingly unprofessional document that does only disservice to what should be a mutually respectful and vital dialogue between established and emerging healthcare provider entities," says Nancy Dunne Boggs, MA, ND, president of the American Association Naturopathic Physicians (AANP). An official response from the AANP and the AMERICAN ASSOCIATION OF NATUROPATHIC MEDICAL COLLEGES (AANMC) has been drafted and will probably be published by Medscape. To contact Boggs: drdunne@earthlink.net

Reintroducing Healing — Stephen Bolles, Executive Director, CHRF

The Samueli Institute for Information Biology (www.siib.org) is in the process of establishing a national leadership voice for a policy and research agenda that examines the scientific basis of some aspects of nontraditional healthcare. It is a precarious walk between the dangers of mechanistic reductionism on one side and beatific fuzzy thinking on the other.

In an effort that has taken shape over the past year, the Institute is also advancing discussion on the idea of "optimal" healing. This concept may seem self-evident, but even a casual review of the environments in which mainstream healthcare is usually delivered reveals influences that probably impede healing, or worse, cause unrelated and unnecessary trauma. The idea of optimizing healing is intriguing, and conversations this past weekend at an event sponsored by the Institute sought to tease apart the complex tapestry of influences in this area.

Solving problems in healthcare related to “un-optimal” healing is appealing from all perspectives. Strategies that substitute lower-cost therapies, warmer relational environments, and patient-centered conversations may become even more
important as costs continue to spiral upward. Nontraditional professions and providers have emerged in the American public’s imagination as the holders of the cachet of optimal healing, and the presumed gulf between their practices, which consumers have sought, and the environmental characteristics of traditional healthcare cannot be justified any longer. These nontraditional professions and practices are likely to be fertile sources of information as new solutions are found.

It will be interesting to see which aspects of the arguments and analysis capture the attention of the third party compensation system. One the most important audiences of this examination, this third party system will be challenged to evaluate self-evident humanistic values and characteristics, quantify their distilled role in healing, and translate this role into a value proposition that the system not only accepts, but incorporates and ultimately requires.

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End, CHRF News File #63, January 26, 2004

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CHRF NEWS FILE #64, February 10, 2004

1. Alternative Therapies Founders Resign to Start New Nonprofit
2. ASH Expands Nationally
3. Russell Public Affairs Group Opens Office in L.A.
4. Health Forum/Innovision Conference a Success
6. NCCAM Research Center Grants
8. American Holistic Medical Association Conference in April
9. CHRF Website: Revised and Evolving

Plus: Lagging Language Labels Limit Learning — Stephen Bolles, Executive Director, CHRF

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1. Alternative Therapies Founders Resign to Start New Nonprofit

The founding editors of ALTERNATIVE THERAPIES IN HEALTH AND MEDICINE have resigned their positions in order to take leading roles in a new nonprofit, THE FOUNDATION FOR INTEGRATIVE HEALTHCARE (FIH). They include executive editor LARRY DOSSEY, MD; editor-in-chief DAVID RILEY, MD; and publisher BONNIE HORSRIGAN. In addition, editors MARY FENTON, RN, PhD, and BEN KLIGLER, MD, and CME director VICTOR SIERPINA, MD, have all resigned. The group hopes to emphasize the importance of consciousness and spirituality in healthcare and eventually to create a new communication vehicle that will reach a broad audience.

"We want to get outside that little box that's labeled 'complementary' or 'alternative' or 'CAM,'" explains Horrigan. "Once you stick a label on these ideas, you stop reaching new people. What we're talking about is really just good medicine, and we want to find ways to get beyond the labels."

During the next year or so, the FIH will carry out an extensive program of focus groups and other market research to examine the most effective ways to reach this goal. At some point in 2005, it will probably launch a new publication to support communications among healthcare practitioners and consumers. It also expects to develop a traveling museum exhibit on the interrelationship between mind, body, and spirit. For more information: bonniehorrigan@cox.net

2. ASH Expands Nationally

Since 1999, AMERICAN SPECIALTY HEALTH, INC. (ASH) has been pursuing an aggressive expansion strategy, growing from 7,276,692 covered lives in 2001 to 9,315,770 lives in 2003.

At present ASH is targeting employers with 51 or more employees to offer complementary health benefits as a supplemental rider. Approximately 15 different combinations of complementary benefits are available. In addition, employers can choose among varying co-payment amounts and visit limits. When insureds travel, they will be able to access a national provider network of more than 28,000 acupuncturists, chiropractors, dietitians, massage therapists, MDs, and DOs.

To expand from a regionally based company, ASH has obtained third party administrator licenses and utilization management certificates or licenses in almost every state where they are required. "These core capabilities allow us to administer benefits nationwide," explains ASH co-founder, CEO, and chairman GORGE DEVRIES.

In 2001, ASH acquired WESTERN DIVERSIFIED LIFE INSURANCE COMPANY, domiciled in Illinois, which is admitted as an insurer in 40 states. Its name has now been changed to AMERICAN SPECIALTY HEALTH INSURANCE COMPANY, and ASH is working on the product filings needed in order to offer services in each of those 40 states. "Every state has its own regulatory process for insurance, so in each state we have to work with their insurance department to meet their specific requirements," says DeVries. "At present we meet requirements in six states to offer some form of complementary healthcare benefits, and we are continuing to work through the process one state at a time." For more information: www.ashnetworks.com/NewsPress.asp
3. Russell Public Affairs Group Opens Office in L.A.

Arizona-based RUSSELL PUBLIC AFFAIRS GROUP, which serves many CAM-related clients, is opening its third office, in Los Angeles. "This will position our current and future clients and their innovative ideas on the launch pad of tomorrow's trends," says Matt Russell, the firm's president. "Few can deny that the nation's leading market trends were first inspired on the coasts."

Russell's firm was responsible for the media component of the recent, successful campaign to secure licensure for naturopathic physicians in California. "The firm generated the news interest, including a front-page story in the "Health" section of the Los Angeles Times and great features in newspapers such as the Sacramento Bee and Ventura County Star," Russell reports.

From its office in Washington, D.C., the firm supports the work of the ALZHEIMER'S PREVENTION FOUNDATION INTERNATIONAL, which promotes lifestyle changes to prevent degenerative brain diseases. U.S. Surgeon General RICHARD CARMONA sent a videotaped message of support to the foundation's recent conference on the integrative medical approach to the prevention of Alzheimer's Disease.

Russell is now organizing a national public education tour for DOUGLAS MARKHAM, DC, president of TOTAL HEALTH CARE PARTNERS, a health consulting company in southern California. Markham just published a book called Beyond Atkins: A Healthier and More Balanced Approach to a Low Carbohydrate Way of Eating. "He will be visiting the 25 fattest cities in the country, as ranked by Men's Fitness," Russell says. "We're setting up media events, book signings, lectures at corporations, and a visit with the mayor of each city, as they issue mayoral proclamations for Obesity Awareness Day." Markham first outlined the goals of this tour during an exclusive appearance on CNN's "Larry King Live," an appearance arranged by Russell.

Marc Colen, a veteran lawyer and policy consultant with more than 20 years' experience, has been tapped to head the Russell Public Affairs Group's West Coast operations. He has a substantial background in intellectual property protection and has served as a media consultant in national security and biotechnology. For more information: mrussell@russell-group.net or www.russell-group.net

4. Health Forum/Innovision Conference a Success

Prospects for integrative medicine are improving, say organizers of the recent conference on "Integrative Medicine for Healthcare Organizations: Business Strategies, Practical Tools and Best Practices." Sponsored by HEALTH FORUM and INNOVISION COMMUNICATIONS, it was held January 22-24 in San Diego. Attendance was up 30% from last year, says BONNIE HORRIGAN, former Innovision president. "The atmosphere was very encouraging. There's a sense that people are starting to figure out how to deliver integrative medicine profitably." However, many of the successful enterprises discussed at the conference do not follow the free-standing, independent clinic model. Instead, they are often programs within larger institutions.

In fact, many of them are hospital-based programs. The AMERICAN HOSPITAL ASSOCIATION has done an annual survey tracking hospital interest in CAM for
several years, and between 1998 and 2002, the percentage of hospitals with a CAM program doubled from 8% to 16%. KAISER-PERMANENTE, the nation’s largest health plan, is an example of a large organization that has been integrating CAM services for many years, particularly for chronic pain.

SITA ANANTH, MHA project director, CAM, at Health Forum/American Hospital Association, says that many attendees at the conference are taking their entry into CAM services very slowly and thoughtfully. "I spoke to people who’ve been carrying out a serious planning process for one or even two years." For more information: sananth@healthforum.com or bonniehorrigan@cox.net


The Winter 2003-2004 issue of COMPLEMENTARY HEALTHCARE PLANS’ “E-Journal” is now available online. CHUCK SIMPSON, DC, CHP medical director, writes about high and increasing healthcare costs, but finds a silver lining in the clouds. "There may also be something of a fortunate conjuction of CAM management of chronic disease and a continuing cultural shift toward self-efficacy," he writes. "'Cultural Creatives' in today's society are increasingly looking for ways to take control of their lives and not be content to be swept along by the trend of the moment. In seeking healthcare, these social innovators are much more impressed with practitioners who are able to connect on a personal and spiritual level as well as being technically proficient. CAM practitioners routinely approach their patients in this holistic (mind-body-spirit) manner." CHP board chairman ART WALKER, DC, discusses the importance of strategic planning for change and gives a small-scale example in his private practice office conversion to an electronic record. "Ultimately, [the electronic record] should require one less FTE and virtually eliminate paper unless we are asked to provide a report or copies," he writes. For the newsletter: www.chironet.com/newsletters/newsletter-Winter03_04.html

6. NCCAM Research Center Grants

The Winter 2004 issue of "Complementary and Alternative Medicine at the NIH" is now available. It includes information on four recent NCCAM grants to establish CAM research centers. The grants will fund development of "Centers of Excellence for Research on Complementary and Alternative Medicine” at Harvard Medical School and Oregon State University. They will also fund two "Developmental Centers for Research on Complementary and Alternative Medicine“ at the Palmer Center for Chiropractic Research in Davenport, IA, and the New England School of Acupuncture in Watertown, MA. To access the newsletter: http://nccam.nih.gov/news/newsletter


JERY WHITWORTH, RN, CCP, and MILT HAMMERLY, MD, will present the latest “Webinar” (a real-time, interactive seminar via internet and telephone) from the INTEGRATIVE MEDICINE RESOURCE NETWORK. The primary topic: a current, comprehensive assessment of the “emerging” integrative medicine industry. The time: February 25, 3-5 p.m., EST. For more information: www.imrnetwork.org

8. American Holistic Medical Association Conference in April
The AMERICAN HOLISTIC MEDICAL ASSOCIATION will hold a conference entitled "The Soul of Medicine: The Forces that Shape our Practice," April 28-May 1, in Albuquerque, NM. Participants will explore the cross-cultural, transpersonal, and historical philosophies that shape attitudes about the structure and function of current medical practices, and increase their understanding of complementary therapies and non-conventional philosophies of care within the context of a holistic medical system. Featured speakers include LARRY DOSSEY, MD; ARTHUR FRANK, PhD; DEENA METZGER, PhD; and ROBERT MOORE, PhD. An early registration discount is available until March 1. For more information: 505-292-7788, or www.holisticmedicine.org/events/events_conference.shtml

9. CHRF Website: Revised and Evolving

The website of the Collaboration for Healthcare Renewal Foundation (CHRF—www.thecollaboration.org) has recently been redesigned. As the work of the CHRF has evolved and its Working Groups grown and changed, communicating a wide range of information at a higher level of navigation has become increasingly important. This work has been possible thanks to a generous donation by the CENTER FOR INTEGRATIVE HEALTH, MEDICINE AND RESEARCH (www.ctrintegrative.org).

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CORRECTION: In the story about “American Botanical Council Databases” from News File #63, the listing of their HerbProMed(tm) database should have read:

HerbMedPro(tm) -- Hyperlinked, evidence-based information on 167 herbs providing short summaries and links to clinical studies, arranged in user friendly categories. HerbMedPro is a database of the Alternative Medicine Foundation, available through the ABC on a co-branding arrangement.
www.herbalgram.org/default.asp?c=herbmedpro

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Lagging Language Labels Limit Learning — Stephen Bolles, Executive Director, CHRF

Forgive the alliterative spasm, but Bonnie Horrigan’s got it right: labels limit what can be communicated, and “integration” in healthcare is not being clearly described by many of the words in current use. Unfortunately, no single description fits, and conversations about the taxonomy of integrative healthcare need to draw attention to this. A lexicon that is shared by agreement of a majority of interests is an important goal. Perhaps it will come from the efforts of the new Foundation for Integrative Healthcare. There are wonderful educational opportunities in their direction.

The distinction between “complementary” and “alternative” is artificial in language terms and may prove to be even more artificial as research identifies the role of patient expectations in healing outcomes. “Medicine” as a description of the healing arts is broadly applicable, but carries political baggage for many non-medical professions that have been excluded from the club until recently. “Integration” is
imprecise—it describes both a goal of integrative efforts and a non-specific range of therapeutic choices. "Integrative" is an accurate description where customized care is the outcome of a process that is individually applied for each patient/client and conveys something more vital at work.

The view here is that "integrative medicine" covers the most linguistic territory. "Medicine" is not the province of political medicine anymore. It is an open job description, and all members of the healing arts are encouraged to apply. Integrative is an organic and dynamic term, and should be. It also is not dependent on a power locus that resides solely with providers. Consumers have clearly become architects of their own integrative strategies and should be encouraged to continue their ownership of this process. After all, provider designs of integration are still pretty much a top-down approach, and patient compliance is still viewed as a behavioral goal. We have some growing up to do.

CAM is dead. May integrative medicine live long—but more importantly, may it live well.

To subscribe or unsubscribe to the CHRF News Files, or to change your email address, please contact PriesterC@thecollaboration.org. To access an archive of previous CHRF New Files, go to www.thecollaboration.org.

End, CHRF News File #64, February 10, 2004

CHRF NEWS FILE #65, February 29, 2004

1. MediMerge Launches Integrative Medicine Network
2. University of Arizona PIM Celebrates Landmark
3. Branding a Key Factor for Successful Integrative Clinics
4. CEIG St. John's Wort Monograph Released for Selective Review
5. Lewin Study: Increased Vitamin Use Could Save Medicare $1.6 Billion
6. ACA Legislative Conference in Washington, D.C.
7. Integrative Medicine Conference on Maine Seacoast
8. Publications

Plus: Looking Under Rocks — Stephen Bolles, Executive Director, CHRF

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible through a grant from the Center for Integrative Health, Medicine and Research.

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Elaine Zablocki at ZablockiE@thecollaboration.org.
1. MediMerge Launches Integrative Medicine Network

To support current clients and future health market demands, MEDIMERGE GROUP, LLC, is launching a provider network, called the INTEGRATIVE MEDICINE NETWORK (IMN). It will include 15 different types of providers, including MDs, DOs, nurses, chiropractors, naturopaths, massage therapists and other bodyworkers, acupuncturists, homeopaths, and practitioners of Ayurvedic medicine, oriental medicine, and botanical medicine. Because it includes providers from smaller networks with previous MediMerge relationships, it starts out with 30,000 providers. "We expect to have 40,000 in the network by the end of the year," says RICHARD FURBER, president and CEO of MediMerge.

Providers can participate in the IMN at three different levels. The first is an affinity discount provider network, accessible to consumers, self-insured employers, and other health plan market participants. The second level is a preferred provider network, which will receive direct referrals from MediMerge health plans (through specially trained nurses who act as health advocates for patients). Participants in the preferred provider network will be paid at the 80th percentile; in other words, their fee will be set at a level greater than four out of five providers in that modality in the state. While there is no membership fee for the first level, there is an $89 fee to join the preferred provider network. In addition, about 200 providers throughout the country will be invited to become peer reviewers, the third level of participation in the network.

Preferred providers in the IMN will submit claims through the use of encounter forms/super bills using ALTERNATIVE LINK's ABC codes, which can describe a patient encounter with great precision. These codes support an equitable, relative-value-based level of reimbursement, Furber says. "In addition, the consistent use of ABC codes offers a way to develop evidence-based integrative protocols. Without that, CAM will remain in large part a collection of CAM practices and specialized treatments based on anecdotal evidence and product-sponsored studies. We're building ABC codes into our reimbursement process as a way to support ongoing outcome and cost differential effectiveness research." For more information: rfurber@medimerge.com, www.integrativemedicine-networks.com, or http://www.medimerge.com/Welcome_General_IMN_.pdf

2. University of Arizona PIM Celebrates Landmark

The PROGRAM IN INTEGRATIVE MEDICINE (PIM) at the UNIVERSITY OF ARIZONA Health Sciences Center recently passed a landmark. "We've now sent out 100 graduates into the world, and that's a significant number," says VICTORIA MAIZES, MD, executive director of the PIM. The program graduates four residential fellows a year. In addition, each year about 40 associate fellows participate in a two-year, 1000-hour distributed learning program which includes three residential weeks in Tucson, plus 8–10 hours of study per week at their home institutions.

Of the four residential fellows who graduated this December, one is continuing for another year's study at the PIM with a focus on research; another is working at the University of Syracuse to develop an integrative medicine experience for internal medicine residents there. One is applying for a research grant to pursue botanical
medicine. The fourth, RANDY HORWITZ, MD, PhD, has accepted a position as the new medical director for the PIM.

The 40 associate fellows who graduated in November are pursuing diverse career paths, Maizes says. Several are teaching integrative medicine at academic medical centers. Some are helping to create new centers for integrative medicine focused on specific areas such as pediatrics and cancer. One fellow, DEBBIE WALHOF, MD, a pediatrician in northern California, has a grant to do pediatric care in under-served populations. Another, ESTHER KONIGSBERG, MD, is working within the Canadian system to develop a membership model that would permit physicians to spend larger amounts of time with patients.

"When we first started talking about this program, people asked what difference four doctors a year would make," Maizes recalls. "I would argue that our graduates have had a significant impact because they go on to teach at other academic programs. When you look at the cumulative effect of having 100 physicians out there in the world moving integrative medicine forward, there is a substantial effect." For more information: http://integrativemedicine.arizona.edu/

### 3. Branding a Key Factor for Successful Integrative Clinics

For integrative medicine clinics, one key factor for success is branding, according to IRA ZUNIN, MD, MPH, MBA, founder MANAKAI O MALAMA INTEGRATIVE HEALTHCARE GROUP AND REHABILITATION CENTER in Honolulu. "Branding means that all the people within the organization are clear about what business we're in, share core values, and are able to speak comfortably about what makes our facility unique. It means creating a consistent experience for consumers as they interact with each aspect of the organization." For example, Zunin describes the brand at MANAKAI O MALAMA as "bringing together the best of modern medicine and traditional healing arts. It is a partnership among providers and with our patients for health and well-being." The brand expresses itself even in the environment patients experience when they first step out of the elevator: a rust-colored floor, broad-leaved plants, the sound of running water, and the faint smell of lavender.

Both providers and support staff come together at branding workshops to explore "who we are as a clinic, who we want to be, our philosophy, and the kind of care we provide," Zunin says. For Manakai O Malama, branding means creating a healing environment with smiling faces waiting at the reception counter and sometimes taking extra time to listen to patients. "But we're not on cloud nine. We're subject to the same reimbursement and time challenges as everyone else," Zunin says. "With vision, skill, and an open heart, integrative healthcare can be imparted with a glance." The branding workshops were delivered in a series during the early days of the clinic, and refreshers are offered periodically.

Another aspect of this partnership with patients is offering them the information they need to understand and make choices about their health. This means that new patients receive a packet of articles about the clinic and its work, as well as information on preventive care and knowledge products related to their specific conditions and concerns. "We also read and comment on materials our patients bring to us," Zunin says. "In every aspect, we try to convey that we are interested, capable, and dedicated to caring for our patients." For more information: (808) 535-5555 or Zunin@GlobalAdvisoryServices.com (Global Advisory Services provides
consultative services for establishing new integrative clinics and troubleshooting with existing ones.)

4. CEIG St. John's Wort Monograph Released for Selective Review

The COST-EFFECTIVENESS INTEREST GROUP (CEIG), a CHRF Working Group, has completed their initial work on the clinical effectiveness and cost-savings implications of St. John's Wort as a first line therapeutic agent for treatment of mild to moderate depression. The monograph is currently being distributed to selected members of the healthcare and benefits management community for expert comment.

Authors include BRENT BAUER, MD; LANA DVORKIN, PharmD; MICHAEL MONTAGNE, PHD; PAMELA WEISS, RN, PhD, LAc; and MICHAEL SHOR, MPH. Contributing reviewers include JAMES DILLARD, DC, MD; JOHN REED, MD; and MARSHA HANDEL, MLS. "The objective of CEIG is to provide evidence-based resources to help the benefits management community and employers improve clinical outcomes and reduce spiraling medical costs," says Michael Shor, MPH, the group's organizer and chair. "We're communicating with corporate purchasers of health and medical services, as well as clinical decision-makers." The group is targeting publication in one of the employee health benefits journals.

CEIG tele-meetings continue once a month, with the next one scheduled for March 26 at 1 P.M., EST. The next CEIG monograph will focus on the clinical and cost-effectiveness of mind-body training. Meeting notes and background materials are posted on the CEIG Meeting Page on the CHRF website (www.thecollaboration.org). New participants who would like to join the next meeting should contact Michael Shor at michlshor@aol.com.

5. Lewin Study: Increased Vitamin Use Could Save Medicare $1.6 Billion

THE LEWIN GROUP released a new study showing that daily use of a multivitamin by older adults could lead to more than $1.6 billion in Medicare savings over the next five years. The health effects were particularly important for cardiovascular health and improved immune functioning.

"A Study of the Cost Effects of Daily Multivitamins for Older Adults" uses Medicare claims data and widely accepted Congressional Budget Office cost accounting methods to determine possible savings associated with the health benefits of vitamins. Savings would result from reduced hospitalizations for heart attacks, as well as reduced hospitalizations and nursing home admissions from infections such as pneumonia and urinary tract infections. These estimates are conservative, the authors say, because they assume only one-third of the elderly population would benefit from vitamin use. The study was funded by WYETH CONSUMER HEALTHCARE. Many thanks to JOHN REED, MD, national medical director of American WholeHealth, for alerting us to this study. For more information, a fact sheet, and a full copy of the report: http://www.lewin.com/Spotlights/Features/Spotlight_feature_Multivitamin_Study.htm

6. ACA Legislative Conference in Washington, D.C.
The AMERICAN CHIROPRACTIC ASSOCIATION (ACA) is holding its annual legislative conference March 3-6, 2004, in Washington, D.C., the 29th consecutive year that supporters of chiropractic have gathered in the capital to discuss issues and influence public policy. House Speaker DENNIS HASTERT and HHS Secretary TOMMY THOMPSON recently confirmed their attendance at the meeting. Issue briefs for ACA’s 2004 legislative agenda are posted on their website. They include:

-- Medicare: Urge prompt implementation of chiropractic demonstration project
-- Military Health Care System: Co-sponsor HR 3476 to extend chiropractic care to military retirees, beneficiaries, and survivors
-- Military Health Care System: Restore the Department of Defense’s Chiropractic Advisory Panel
-- Veterans Health Care: Implement the chiropractic care benefit for veterans approved by Congress
-- Public Health Service: Include DCs in the Commissioned Corps of the U.S. Public Health Service
-- ERISA/AHPs/Managed Care: Halt federal preemption of state patient and provider protection laws and unfair practices within managed care

For more information: www.acatoday.com/pdf/2004_issue_briefs/

7. Integrative Medicine Conference on Maine Seacoast

TRUE NORTH HEALTH CENTER in Portland, ME, will hold its third annual integrative medicine conference entitled "Deepening Relationships – Implementing Integrative Care," October 20–23, 2004, at the Black Point Inn in Scarborough, ME. Keynote speakers include CHRISTIANE NORTHRUP, MD; MARY JO BULBROOK, RN, PhD; DIANA SCHWARZBEIN, MD; and DAVID JONES, MD. "We'll address science-based evidence supporting the role of relationships in healing, gender issues in medicine, nutrition, functional medicine, and more," says True North executive director, VALERI SAFFER. The conference is co-sponsored by the INSTITUTE FOR FUNCTIONAL MEDICINE, the AMERICAN HOLISTIC MEDICAL ASSOCIATION, and MERCY HOSPITAL of Portland, ME, and is approved for 20 CMEs or 24 CEUs. For more details, call (877) 821-4488 or email conference@truenorthhealthcenter.org.

8. Publications

A. MARK HYMAN, MD, co-medical director of Canyon Ranch in the Berkshires, has been named editor-in-chief of ALTERNATIVE THERAPIES IN HEALTH AND MEDICINE. Hyman is board-certified in family medicine and serves on the faculty and board of directors of the Institute for Functional Medicine. He is co-author of the recently published book Ultraprevention: The Six-Week Plan That Will Make You Healthy for Life, and he lectures widely on natural approaches to common health conditions. "We are confident that Alternative Therapies will attain new heights of excellence under Dr. Hyman’s leadership," says RAM CAPOOR, publisher of the magazine and CEO of INNOVISION COMMUNICATIONS. Hyman is assembling his editorial team and editorial board, and they will be announced in the May issue. For more information: www.innerdoorway.com

B. On February 10 the WALL STREET JOURNAL ran a substantial story on mind-body audiotapes now used before, during, and after surgery in many major hospitals. "A new generation of audiotapes are finding a place inside the operating rooms of some of the nation's most prominent hospitals including COLUMBIA PRESBYTERIAN,
CEDARS-SINAI MEDICAL CENTER in L.A., and the CLEVELAND CLINIC,” writes AMY DOCKSER MARCUS. "Though the heart surgery tapes feature a calming voice and serene music similar to the standard cancer and pain tapes, many of them go far beyond, conveying pointed messages aimed at addressing specific medical concerns and fears of major heart surgery." The full article is available to WSJ subscribers at http://online.wsj.com/article/0,,SB107637743881425246-email,00.html

C. The February 9 issue of AMERICAN MEDICAL NEWS has a cover story on efforts by non-physician providers to expand their scope of practice. "Non-MD, non-DO practitioners, who have argued successfully that expanding their scope expands access to care, are emboldened by past victories," writes MYRLE CROASDALE. "Alternative medicine practitioners have been energized by consumer demand....Health insurers also are more willing to cover such care." The FEDERATION OF STATE MEDICAL BOARDS panel on scope of practice is working to develop a white paper on the issue. For the full article: http://www.ama-assn.org/amednews/2004/02/09/prl10209.htm

Looking Under Rocks — Stephen Bolles, Executive Director, CHRF

As I walk around and pick up metaphorical rocks in our social landscape to see what’s crawling around underneath, four issues seem worth noting. In no particular order, they aredarkly connected...something of a Burma Shave ad campaign on acid. Read and respond:

Lack of National Leadership on Healthcare Solutions
It should not be surprising that the Presidential election shaping up between Bush and Kerry contains no new answers, but to someone foolishly oriented to common sense, the lack of innovative solutions still seems amazing. Democrats can be forgiven for being twitchy after the “Billary Plan” went down in flames in Clinton’s early days. At the same time, the Democratic rallying cry of “affordable healthcare for everyone” comes across as a limp echo of the now dominant Republican platform. Specifics for fixing the fatal flaws of the American system are easy to bring up and crucial to discuss. Indeed, there may never be a better time, as consumers’ imagination is at the early stages of an awareness that what we now have in place just may not survive. The individual or party that demonstrates the willingness to at least call a spade a spade would have a real advantage over the rest of the field. Even losing the election would still reserve the right to claim “I told you so” when the future we all know is coming unfolds in time.

Mortgage on Medicare
It’s time to wake up and smell the coffee: Medicare is a joke. Its epitaph will read that it served one generation well, got the hopes up of a second (only to dash them), and reinforced to a third how out of touch with reality and honesty the establishment is. How will the political landscape handle Alan Greenspan’s recommendations on decreasing Medicare benefits? Ask the millions of Americans on fixed incomes, struggling with the present benefit set and unrepentant pharmaceutical company pricing. What guise will healthcare rationing be wearing when it is floated as a strategy to control costs? Memo to AARP: You will never have a better opportunity to proactively influence federal policy rather than be angry after a defective solution is put in place without your participation.
Opportunity Lost or Co-Opted
The work of the medical Academic Consortium is methodically building the foundations of consensus—or grudging participation—that will enable it to achieve its goal of a critical mass of academic medical centers which, once achieved, will be the tipping point for medical education and systemic reform. After that, look out, we’re going to see Marcus Welby again, but this time as a younger man (and woman). Cold, calculating clinical strategies are out. Relationships are back in. But where’s the parallel in non-medical healthcare education? If the silence is to be interpreted, it may suggest that natural healthcare education views its therapeutic and relational territory as safe from co-option. That illusion and its consequences will be painful when it is shattered by a system that closes ranks around a healthcare system that codifies and stratifies integration and compensation while preserving medical clinical decision-making at the apex of case management.

Wellness in the Public Imagination
Healthcare providers of all types seem vulnerable right now to one potential future: that no one profession positions itself in the public imagination as the primary resource of wellness information. What’s the risk, you ask? Aside from the marketing opportunities being ignored by natural healthcare professions (understandably preoccupied with survival in a system that continues to harden its position on excluding alternative healthcare from core benefit sets), the risk is that the American public will express its profound discontent with healthcare leadership in this area by casting a vote of silence. Eisenberg’s data on consumers withholding information about self-designed integrative strategies from their medical physicians may become a pattern for all healthcare professions, not just for an entrenched medical profession.

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1. **NCCAM Invites Input for 5-Year Strategic Plan**

The NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (NCCAM) is inviting public input for its strategic plan for the next five years (NCCAM was created five years ago). The plan will encompass future directions for research, training, outreach, and integration in complementary and alternative medicine. Strategic planning and stakeholder forums are scheduled in two cities:

Natcher Conference Center  
National Institutes of Health, Bethesda, MD  
March 22, 2004, 1–5 PM

Westin Seattle  
1900 Fifth Ave., Seattle, WA  
April 19, 2004, 1–4 PM

To learn more, or to register to attend or speak:  
http://nccam.nih.gov/about/plans/2005/. Written testimony can be submitted through this same website. The draft 5-year strategic plan will be available for public comment on the NCCAM website in the fall.

2. **ASH Offers Diverse Benefit Designs**

AMERICAN SPECIALTY HEALTH, INCORPORATED (ASH) has developed a national provider network of more than 28,000 acupuncturists, chiropractors, dietitians, massage therapists, naturopathic doctors, fitness clubs, laboratories, and X-ray facilities. Employers can choose which services to offer their employees, the co-payment amount, and the annual visit limit. "We literally have hundreds of combinations," says ASH co-founder, CEO, and president GEORGE DEVRIES. "I believe that when employers look at the cost of a dental or vision or behavioral healthcare plan, rates are very comparative and very attractive." DeVries shared a few sample benefit designs with News Files readers:

ASH Insurance Company Sample Benefit Plans and Rates (per member per month)

*Chiropractic/Manual Manipulation Services*
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### Chiropractic/Manual Manipulation and Acupuncture Services

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### Acupuncture and Massage Therapy Services

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### Acupuncture, Massage Therapy, and Dietetic Counseling Services

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<th>Co-Pay</th>
<th>Employee plus 1</th>
<th>Employee plus family</th>
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<tr>
<td>$10</td>
<td>11.09</td>
<td>22.18</td>
</tr>
<tr>
<td>$20</td>
<td>6.55</td>
<td>13.10</td>
</tr>
</tbody>
</table>

All of these sample rates are for benefit designs with a 20-visit annual limit for each service offered. These are a sample of the rates employers would pay for groups of 1,000 or more employees. Rates are about 25% higher for groups of 50–249 employees, and 10% higher for groups of 250–999 employees. The above rates are examples only, can vary by state and are subject to change. Source: ASH Insurance Company. For more information: http://www.ashcompanies.com/

### 3. Integrative Clinic in Portland, ME, Enters Third Year

TRUE NORTH HEALTH CENTER, near Portland, ME, is starting its third year as a nonprofit integrative clinic. It grew out of conversations among three nurses at Mercy Hospital, who wished there were a holistic model of care to offer their patients. From that nucleus grew a whole group of people who met weekly for three years to talk, dream, and plan. They eventually raised $500,000 in initial funding and then leased, gutted, and remodeled a 7,500 square-foot facility.
Today the clinic has five MDs, three nurse practitioners, a naturopath, and nine practitioners of complementary modalities that include acupuncture, massage, healing touch, shamanic healing, Rubenfeld synergy, and pediatric hypnotherapy. The clinic offers individual visits, classes and workshops, and a specialty supplement store.

True North doesn’t bill any insurance. Patients pay out-of-pocket, and receive some reimbursement from their insurance companies. Typically a new patient visit with a physician lasts 90 minutes (and costs $250) while a follow-up visit lasts an hour. Most complementary sessions last an hour and cost $75. "We hope to play a role in changing healthcare, and insurance gets in the way," explains executive director VALERI SAFFER. "We're encouraging patients to think not just about what their insurance will cover, but about what will really bring them long-term, sustainable health."

With 17 providers and 10 administrative staffers, the clinic's annual budget runs just below $1 million per year. They hope to reach breakeven about three years from now. Meanwhile, they raised $30,000 last year in grants, and $500,000 from individual contributions. "We have a full-time director of development, and we raise funds from donors nationwide," Saffer says. "Why does someone from Oregon or New York give to an integrative clinic in Portland, ME? Because they want to help one clinic develop as a living, breathing model, and show that it's possible." For more information: www.truenorthhealthcenter.org, or vsaffer@truenorthhealthcenter.org

4. Massage Therapy Research Consortium

Over the past year, nine massage therapy schools have joined together to create the MASSAGE THERAPY RESEARCH CONSORTIUM. Their goals: to enhance research capacity and activity at each member school, and also advance massage therapy education and practice generally. The schools include:

BODY THERAPY INSTITUTE (NC)
BRENNEKE SCHOOL OF MASSAGE (WA)
CORE INSTITUTE (FL)
IPSB COLLEGE (CA)
KINE-CONCEPT INSTITUTE (Quebec)
MUSCULAR THERAPY INSTITUTE (MA)
POTOMAC MASSAGE TRAINING INSTITUTE (D.C.)
SOMERSET SCHOOL OF MASSAGE THERAPY (NJ)
SWEDISH INSTITUTE SCHOOL OF MASSAGE THERAPY (NY)

JANET KAHN, PhD, is the director of research. "Our initial focus will be internal education on research design and research methods, because that hasn't been something massage educators receive during their initial training," she says. Kahn is a research assistant professor in the Department of Psychiatry at the University of Vermont and a practicing massage therapist.

The consortium has been acting as a consultant to the HARVARD MEDICAL SCHOOL DIVISION FOR RESEARCH AND EDUCATION IN COMPLEMENTARY AND INTEGRATIVE MEDICINE – OSHER INSTITUTE to create scope of practice documents for massage therapists, as part of an NIH grant to develop a model of integrative care. "As a research scientist and massage therapist, who is not an educator, it's very exciting to
be working with massage therapy educators. There is such a wealth of experience here that ought to inform both the content and design of research on massage. I’m just overjoyed to be creating, together with these educators, a structure through which that could become possible." For more information: Kahnj@jsc.vsc.edu

5. Russell Takes Leave of Absence from IHPC

The INTEGRATED HEALTHCARE POLICY CONSORTIUM (IHPC), a CHRF affiliate, announced in early March that its executive director MATT RUSSELL, president of Arizona-based Russell Public Affairs Group, has taken a temporary leave of absence. IHPC is working intensively on its fundraising strategy for a number of critical initiatives, and expects Russell to return as soon as longer-term funding is secured. Please direct all inquiries to ihpc@ihpc.info.

6. Conferences: IFM, AOMAlliance, AAMA

A. The INSTITUTE FOR FUNCTIONAL MEDICINE will hold its 11th International Symposia on Functional Medicine, May 11-15, 2004 in Vancouver, Canada. The topic is "The Coming Storm: Reversing the Rising Pandemic of Diabetes & Metabolic Syndrome." Nationally, diabetes has increased nearly 50% in the past 10 years, and the Centers for Disease Control predicts that one in three Americans born in 2000 will develop diabetes. "Put an end to thinking diabetes is boring and changing patient behavior is hopeless," conference organizers say. "Join us for a stimulating and inspiring exploration of underlying issues and innovative solutions." Speakers include DAVID JONES, MD; THOMAS SULT, MD; MARTIN MILNER, ND; BARRY BOYD, MD; and JEFFREY BLAND, PhD, FACN, CNS. The event qualifies for up to 31 CME credit hours. For more information: http://www.functionalmedicine.org/eduprog/symp_next.asp

B. The AOMALLIANCE (Acupuncture and Oriental Medicine Alliance) will hold its 2004 Annual Conference and Expo April 30–May 4, in Los Angeles, at the Hollywood Renaissance Hotel. Topics will include "Emerging Models in Oriental medicine," "Vitality Medical Gigong: Empowering the Patient and the Community," and "Integration or Collaboration: What do Acupuncturists Want?" For more information: www.aomalliance.org, or call (800)814-5956.

C. The AMERICAN ACADEMY OF MEDICAL ACUPUNCTURE (AAMA) will hold its 16th annual symposium April 1-4, 2004 at the Chicago Hilton. Called "Medical Acupuncture in the New Millennium: Integrating Science with Tradition," it will meet the need of physician acupuncturists for information on scientific studies and research findings relating to acupuncture. Several different disciplines of acupuncture will be reviewed, including neuro-anatomic, energetics, five-element, and Traditional Chinese Medicine. Attendees will look at different ways of treating the same clinical problems using these different disciplines. Qualifies for up to 22 hours CME credit. For more information: www.medicalacupuncture.org, or call (323) 937-5514.

7. Publications: Integrative Medicine, Townsend Letter

A. The April/May issue of INTEGRATIVE MEDICINE: A CLINICIAN’S JOURNAL includes a thought-provoking article by RICHARD FURBER and JAMES F. SARGENT titled "Motive and Influence in Mainstreaming Integrative Medicine: Introducing the IMSI Rating." The authors systematically rate healthcare stakeholders on their motivation
to champion integrative medicine, as well as their degree of influence. They assign a numerical weight to each factor, and end up ranking stakeholders according to the "integrative medicine support index." Based on these rankings, they suggest the best development partners for those with ideas on how to promote integrative medicine. They also discuss critical elements in marketing integrative medicine, and review implications for public policy. The issue also includes an article on "The Path Ahead: Education, Evolution, and Collaboration" by journal editor Joseph Pizzorno, ND; a profile of John Bastyr, DC, ND, "The Father of Modern Naturopathic Medicine;" and an overview of osteoporosis. To subscribe: www.imjournal.com. To order a single issue, send an email request to janet.ortiz@innerdoorway.com.

B. An article about the INTEGRATIVE MEDICINE DEPARTMENT at EVANSTON NORTHWESTERN HEALTHCARE appears in the April issue of THE TOWNSEND LETTER. The feature article by CHRF News Files managing editor ELAINE ZABLOCKI discusses the Evanston clinic at some length, and includes interviews with department director KAREN KOFFLER, MD, as well as a nutritionist, massage therapist, and an enthusiastic patient. For archives, subscriptions, and back issues: www.townsendletter.com/

"Research, Best Practices, and Pluralism" — Stephen Bolles, Executive Director, CHRF

The new effort being coordinated by Dr. Kahn and others to create a research orientation for massage therapy education and practice should be closely watched and supported. There is a lot riding on the Consortium’s efforts, not only in terms of the role and voice of one profession within integrative healthcare, but for pluralism in general.

Developing the cultural attributes of a research orientation is a worthy effort all by itself. The complexity of study designs, the simple power of touch itself, the training involved to carry out research that meets existing academic standards, and the political structure for dispensing funds and creating policies are all aspects that need to be guided by the hand (no pun intended) of the massage therapy profession itself.

Massage is not alone in its vulnerability to co-option and dilution in a pluralistic clinical culture, but it does stand out. The profession/industry is fragmented, with a suspicious archetype in the public’s imagination that is slow to fade. Establishing standards that are based on and informed by research is an essential element by which trained massage practitioners can define legitimate differences in levels of skill and expertise. Professionals who have background but no explicit training (i.e., nurses) and who currently provide some of these services, bring instant credibility (and often, good care) while at the same time potentially inadvertently weakening the profession itself.

For integrative healthcare to thrive and for pluralism to endure, best practices must be developed and promulgated by all professions involved, ideally coming from internally unified efforts. The dynamic tension between de facto community standards and conceptions of best practices viewed from the vantage point of research can be significant—and potentially corrosive to a profession that handles it poorly.
Chiropractic's experience offers an object lesson. The meetings in 1993 that led to the publication of the Mercy Conference Guidelines were a well-intentioned effort that was also a painful look in the mirror. It turned out that at the time (since then, this has changed a lot), not much in the way of then-current practices was supported by strict interpretation of research results. Coming as they did during the early reign of managed care, the Mercy Guidelines were used as a blunt instrument by insurance companies in their evaluation of chiropractic practices and billing claims. The effects were not popular, and further deepened the political and clinical schism within the profession. The rebound effect was that the ICA (International Chiropractors Association) published its own guidelines later in the decade, with a crucial difference from the Mercy efforts. Their avowed intention was to be supportive of the existing broad range of clinical practices (not standards) and to align them with research findings in the fairly thin professional literature. It was more a focus on assets than deficits. Both efforts have left aspects valued by the other camp unexamined, and the truth probably lies somewhere in the middle, but this is not popular real estate. These differences have become political fodder for long-term internal border skirmishes, and these conflicts have not enhanced chiropractic's image.

This history may help the Massage Therapy Research Consortium as it travels a path fraught with potential problems. Consensus on infrastructure, goals, and results have implications for their immediate efforts as well as for the long-term viability and strength of the profession. As integrative healthcare works to find its own voice and place, the role and distinction of massage therapy will be a key part of its identity.

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End, CHRF News File #66, March 21, 2004

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CHRF NEWS FILE #67, March 31, 2004

1. 12,000 Patient Visits Per Year at Minneapolis Clinic
2. Medical School Faculty Positive Toward Some CAM Practices
3. CAM Providers Work Together To Protect Washington State Law
4. Other States Consider Limits On Benefits
5. Chiropractic At VA and DoD
6. Parish Nurses As Wellness Advocates
7. Contemplative End-of-Life Program Moves Into Second Year
8. Cancer Close To Home

Plus: "Darwinism At Work"— Stephen Bolles, Executive Director, CHRF

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible through a grant from the Center for Integrative Health, Medicine and Research (CIHMR).
1. 12,000 Patient Visits Per Year at Minneapolis Clinic

The ALTERNATIVE MEDICINE DIVISION at HENNEPIN FACULTY ASSOCIATES (HFA) in Minneapolis is one of the oldest and largest integrative clinics in the country. HFA provides medical services to HENNEPIN COUNTY MEDICAL CENTER, the teaching hospital affiliated with the UNIVERSITY OF MINNESOTA MEDICAL SCHOOL. The division opened its clinic in 1993, and now has 18 employees and 12,000 patient visits per year. It offers chiropractic, acupuncture, many types of massage, craniosacral therapy, Reiki, hypnosis, guided imagery, Chinese and Ayurvedic herbs, and western botanicals.

It accepts insurance and has a full-time staffer to deal with insurance issues. Chiropractic is almost universally covered, and many insurers pay for acupuncture, says PATRICIA CULLITON MA, LAc, director of the Alternative Medicine Division. "It can be difficult, there are discounted rates, and we do sometimes get angry at managed care rules," Culliton says. "On the other hand, we are able to provide more services to a broader population than if we were a cash-only clinic."

The clinic started very simply. "The artwork on the walls were all things I took out of my house," Culliton recalls. "I had been working at HFA doing research and offering clinical services for several years when we were given the opportunity to establish the clinic. Since I was already treating about 100 patients a month, our schedules were partly filled the week we opened. Administrators took a big risk to establish the clinic, and when they told us to go ahead, they also said we must break even within the first few months. By the end of the first quarter we had done so."

Eleven years later the clinic has a million dollar annual budget and makes a small profit. "We support ourselves, we have an extremely high patient satisfaction rate, and we attract people to our system who then go on to see other specialists on our campus," Culliton says. She believes the keys to their success have been starting small, growing when they could afford it, and providing personalized, high-quality services.

In addition to the clinic, HFA has a public health initiative that uses acupuncture for substance abuse and mental health problems. With about 25,000 patient visits per year, the addiction program has gotten so much attention that some observers aren't aware of the full clinic program, which offers a range of modalities and treats many different conditions. The clinic has just opened discussions with a marketing company and is developing a strategy to adjust and rebalance its public image. For more information, contact Culliton at culli007@umn.edu

2. Medical School Faculty Positive Toward Some CAM Practices

A recent survey of 143 faculty members at MOREHOUSE SCHOOL OF MEDICINE found that the majority had used CAM therapies and would like more training in some of them. Researchers at Morehouse's PROGRAM FOR HEALTHCARE EFFECTIVENESS RESEARCH listed 30 CAM therapies in their survey. The top five considered to be legitimate medical practices by more than 70% of the faculty were...
nutrition and diet, counseling or psychotherapy, fitness and exercise, emotional support groups, and biofeedback. An additional six therapies (acupuncture, herbal medicine, massage therapy, chiropractic, hypnotherapy, and meditation) were considered legitimate medical practices by more than 50% of the faculty members. However, less than 25% classified colon therapy, naturopathic medicine, macrobiotic diet, therapeutic touch, bioelectromagnetics, tai chi, Ayurvedic medicine, aromatherapy, or Reiki as legitimate medical practices. For more information: www.ahrq.gov/research/dec03/1203RA25.htm

3. CAM Providers Work Together to Protect Washington State Law

Chiropractors, acupuncturists, massage therapists, and other CAM providers have been working together in Washington State to defend patient access. In 1996, the state implemented the pioneering “Every Category of Provider Law,” which states that when insurers cover a condition, each patient has the right to select licensed providers he or she believes are best able to treat that condition (so long as the providers abide by utilization review and cost containment standards, and the provided services are within their scope of practice). During the just-ended legislative session, CAM providers fought back attempts to gut the law. "For the last four legislative sessions insurers have worked closely with business groups to repeal it because they believe having a choice of providers increases the cost of insurance," says LORI BIELINSKI, executive and government relations director of the Washington State Chiropractic Association (WSCA), who chaired the CAM provider coalition. The key conflict this session came during an attempt to stabilize the small group insurance market by setting up a limited, "bare bones" benefit plan. Small business lobbyists argued that at least one bare bones plan should drop the "Every Category" provision. Debate was prolonged and heated, with strong lobbying efforts against Every Category. "We were successful in removing the repealer, and the limited benefit bill did pass without hurting us," Bielinski says. She predicts that defending the Every Category law will be a continuing issue for Washington State CAM providers. For more information, contact Bielinski at dalailobby@chirohealth.org

4. Other States Consider Limits on Benefits

In addition to Washington State, several other states are experimenting with stripped-down packages of healthcare benefits, according to a January 20, 2004, article by MILT FREUDENHEIM in The New York Times. Some policymakers and healthcare experts argue that limiting benefits is a reasonable way to make health insurance more affordable. Maryland’s governor, for example, has presented a plan to the state legislature to cut the coverage that the state requires all private insurance plans to provide. The concept of a basic benefit is being tested in Utah, Oregon, and Idaho and by counties in several other states, Freudenheim says.

5. Chiropractic at VA and DOD

A. On March 30 Department of Veterans Affairs (VA) Secretary ANTHONY PRINCIPI issued far-reaching guidelines to fully include chiropractic care in the U.S. veterans healthcare system. Principi decided to implement more than three dozen recommendations on veterans' care made by a multi-disciplinary healthcare advisory panel, policies that will bring chiropractic care into veterans hospitals coast to coast. The polices include:
-- Endorsement of the integration of full-scope chiropractic care (under applicable state law) into all missions of the VA healthcare system, including patient care, education, research, and response to disasters and national emergencies
-- Endorsement of a patient-friendly model (based on operations of the BETHESDA NATIONAL NAVAL MEDICAL CENTER) of full integration of doctors of chiropractic as partners in healthcare teams
-- Inclusion of chiropractic care into the VA's funding of research into treatment of service-connected conditions
-- Inclusion of chiropractic colleges and students in training programs at VA facilities
-- Establishment of a goal to ensure continuity of chiropractic care for newly discharged veterans who have been receiving chiropractic care through the Department of Defense healthcare system

B. The NATIONAL DEFENSE AUTHORIZATION ACT, signed by President Bush in late November 2003, includes a provision ordering the Pentagon to speed up implementation of chiropractic care benefits for America's active-duty military service personnel. Chiropractic physicians are now treating patients at 42 military health facilities across the U.S., including Bethesda Naval Medical Center, Walter Reed Army Medical Center, Andrews Air Force Base, Camp Lejeune, Fort Benning, Camp Pendleton, and Langley Air Force Base. During 2004, the Defense Department is expected to make chiropractic care available at even more facilities and to provide for the hiring of more DCs.

Meanwhile, the AMERICAN CHIROPRACTIC ASSOCIATION is mobilizing support for HR 3476, a bill now before Congress that would extend chiropractic care benefits to military retirees, dependents, and survivors. For more information: www.acatoday.org/government/dod/military_bases.shtml

6. Parish Nurses as Wellness Advocates

Since September 2003, CAROL A. FETTERS ANDERSEN, MSN, RN, has been the parish nurse for FIRST ENGLISH EVANGELICAL LUTHERAN CHURCH in Baltimore, Maryland. She works collaboratively with the pastor and a group of church members called the Health Ministry Cabinet to help the congregation explore a balance between health, wellness, prayer, and social support. "It's important in our busy lives to encourage people to remember that we each have a reservoir of energy. If we're always making withdrawals and never renewing and making deposits, soon we're overdrawn and our holistic health suffers," Fetters Andersen says. Parish nurses serve as wellness advocates and health educators for church members dealing with illness and aging. To fund the first year of the program, the church received a grant from DIAKON LUTHERAN SOCIAL MINISTRIES for four hours per week of parish nursing. Local fund-raising efforts brought in donations for supplies. In future years the congregation will assume more of the financial responsibility. This year the congregation is focusing on the slogan, "Take five." This means remember each day to take five minutes to relax and renew and center our lives, Fetters Andersen explains. "To take five minutes in prayer and meditation to reflect on the gifts we've been given and the difference they can make. Also, throughout the year to contribute five dollars when possible so we can continue to reach out to others who have needs." Parish nurses serve throughout the U.S., Fetters Andersen says, but have a longer history in some parts of the country, especially the Midwest. Parish nurse positions can vary from full-time or part-time paid positions to volunteer positions. To contact Andersen: FettersAndersen@aol.com. For more information on parish nursing: http://ipnrc.parishnurses.org/forpn.phtml, or www.parishnursing.umaryland.edu/resourcesforprof/
7. Contemplative End-of-Life Care Program Moves into Second Year

A certificate program for healthcare professionals on "Contemplative End-of-Life Care" offered by NAROPA UNIVERSITY of Boulder, CO, in partnership with RIGPA FELLOWSHIP's Spiritual Care Program has been a success and will be repeated next year. The pilot program included 21 healthcare professionals from all over the U.S., including five physicians, two hospice and palliative care directors, nurses, social workers, chaplains, therapists, and trained hospice volunteers. The program was marked by vibrant online discussions, in which students of varying backgrounds shared their experiences and viewpoints on end-of-life care. During the program, students were encouraged to demonstrate practical applications of contemplative care and explore creative ways to integrate it into their work. For example, one nurse, who works with veterans recovering from substance abuse, plans to introduce contemplative practices to her clients. A medical director of a Texas hospice plans to research the effects of contemplative practices on his patients and their families over the next year. Topics to be covered during the 2004–2005 program include:

-- Hospice and Palliative Care: Historical Perspectives and Current Principles
-- Contemplative Communication and Listening Skills
-- Deepening Meditation
-- Needs of the Family: Supporting Families in Making a Connection and Letting Go
-- Aging: Introduction to Needs of the Elderly, Understanding Dementia
-- Responding to Legal and Ethical Issues at the End of Life
-- Deepening Compassion
-- Complications in Grief
-- Professional Practice and Ethical Dilemmas
-- Children and Death
-- Care for Caregivers: Recognizing and Preventing Burnout
-- Integrating Meditation with Work and Life

The program starts in September 2004 and ends May 2005. It includes three residential sessions totaling 16 days plus weekly on-line presentations. Continuing education credit (CEU) is available for nurses and other professionals. For more information and registration, contact Fleet Maull at (303)447-8051 or by email at fleet@indra.com, or visit www.naropa.edu/contemplativecare or www.spcare.org

8. Cancer Close to Home

BELLE RUTH NAPARSTEK, who has created many guided imagery audiotapes to help people who are battling cancer, recently told friends that her husband has been diagnosed with "a nasty case of lung cancer." In an emailed newsletter, Naparstek described her "mad scramble for resources, assistance, and support," and asked herself, "if I'm this overwhelmed, what do people do who aren't 'in the business', so to speak?"

She passes along key points she's learned from the experience:
-- Don't assume providers know what they're talking about.
-- Use whatever contacts you have to get the most up-to-date information possible.
-- Think outside the treatment box, especially if you know standard protocols have limited success rates.
-- Be really clear with friends and family, what you need from them and what you don't need from them.
-- Be smart about asking people to do what they're good at.
-- When people start giving you unwanted advice, be ready with a firm, fast
response.
Naparstek shares information about the innovative cancer treatment her husband is following, offering it as an example of what can be done beyond standard care. "Of course, he's also listening to guided imagery (for the first time in his life)," she adds. She offers her thanks to the many who are keeping the family in their prayers. To see a full version of her comments:

“Darwinism at Work” – Stephen Bolles, Executive Director, CHRF

For 109 years chiropractic has undergone many changes to become the profession we see today. Its history and those of its philosophical and historical siblings osteopathy and naturopathy illustrate a range of different forces, influences, and choices.
The assimilation of osteopathy into organized medicine in the 1960s proved to be a sword that cut two ways. The legitimacy and funding sources that resulted from accordance proved a boon in many respects. At the same time, the process of conformity led to the shedding by most of the profession of its original singular modality: manipulation. By the late 1990s only 10% of the profession claimed to use the therapy once held at the core of its identity. Broadened therapeutic effectiveness and social acceptance offset the loss for many in the profession, but certainly not for everyone.

Chiropractic, on the other hand, split into two political and therapeutic camps early and is still trying to figure out what to do about it. The profession has survived despite its inability to reconcile internal differences, and its core therapeutic approach is still one that is held in common by both bickering sides. So far it has not had to make the same choice as osteopathy. This may not be true forever.
Naturopathy has likewise had a protracted struggle between factions split along the lines of classical and academic training. The classical grassroots forces are strong, but the profession is slowly sharpening its political focus to counter the arguments of the frequently compelling representatives of its cultural origins who do not favor regulation. It is difficult to imagine any reconciliation but equally difficult to picture solutions to problems associated with what may be an inevitable separation into two professions with overlapping "brands."
The achievements of chiropractic at the federal level over the last few years are not clinical, but political. Demonstrating viral marketing at its most effective, chiropractic has developed an effective lobbying organization and some crucial relationships. They have been able to back up early hard-won opportunities with clinical and relational successes outside of the political arena, and this has led to even more significant opportunities. Proving themselves will take awhile, but probably not long.

The chiropractic profession, which is poised to move into mainstream health delivery on a scale unimaginable a few years ago, has had to struggle with evolutionary forces and influences that have often been matched up against its core precepts and philosophies. Its self-described identity as a separate and distinct healing art may not be as discernible in the active- and inactive-duty armed forces healthcare system. Its principal modality will be held up to the cold light of scientific examination as never before. It will be poked and prodded and its limitations (and strengths) will be revealed and described in ways it has not had to deal with in the past. How the profession handles the latter adolescence of its growth will determine how it looks in adulthood. A deepening of the schism within its ranks is probably unavoidable and will greatly influence what chiropractic becomes in the public imagination. This, in turn, will augment or inhibit the extent of utilization by that same, increasingly discerning pool of consumers.
The evolutionary forces transforming chiropractic await every profession seeking a
place in integrative healthcare. If integration is merely the assembly of a service menu for patients, nothing needs to be surrendered, and little is at stake. But if integration is the collaborative exploration of assets and efficacy customized to the needs of individuals, no one profession or modality can ever be viewed as central to the healing process. This exploration will require more vulnerability and courage, but there’s a good chance that outcomes will improve as consumers continue to learn to coordinate their own care. The ingredients are all being added to create “one medicine.” Which elements remain distinct and which elements lose their distinction as they contribute to the effectiveness of the whole will often be a painful choice for those professions at risk. But the dance has begun, and partners are being chosen.

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End, CHRF News File #67, March 31, 2004

CHRF NEWS FILE #68, April 19, 2004

1. Northern California Clinic Offers Range of Services
2. American Botanical Council Licenses Content
3. Clinicians' Conference A Success
4. Chiropractic College at Florida State University
5. Perlman Receives Endowed CAM Professorship
6. Conferences; InnoVision, Center for Mind-Body Medicine

Plus: “One Information = One Medicine” — Stephen Bolles, Executive Director, CHRF

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CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Elaine Zablocki at ZablockiE@thecollaboration.org.

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1. Northern California Clinic Offers Range of Services

The INTEGRATIVE MEDICAL CLINIC OF SANTA ROSA (IMCSR), founded by BOB DOZOR, MD, has been open for 31 months, and is now at breakeven or a bit better.
IMCSR has a 6700-square-foot building and roughly 20 practitioners, including two family physicians, an internist, a naturopath, an acupuncturist, two chiropractors, three neuromuscular educators, two massage therapists, a registered dietician (who also does biofeedback), an herbalist, and two psychotherapists. It is organized into four legal entities, three for-profit and one nonprofit (which seeks grants and donations).

At first the clinic billed insurance companies for reimbursement, but found this didn't work out since payments were so low. One problem, Dozor says, was low reimbursement rates due to their Santa Rosa location (it is treated as a rural area, although in fact it is quite urban, with price levels to match). Today IMCSR still bills insurance directly for the two PPOs it participates in, as well as for Medicare and Workers’ Comp. All other patients pay out-of-pocket, if possible on the day of service. The clinic submits a courtesy bill to the insurer electronically or by mail, so the insurer will send its payment directly to the patient. "There are many hassles," Dozor says. "Often they send the check to us, even though we have correctly filled out the form, and it should go to the patient."

For an integrative clinic to be successful, it must seek out additional revenue streams, Dozor says. In addition to provider services, IMCSR also has a shop that sells nutritional supplements, herbs, and other health supplies. It offers a sophisticated pain management program (at a global fee) to Workers’ Comp carriers. Soon it will offer "concierege services," which are time-consuming, personalized services offered at a high fee to sick, wealthy, older people. The services might include home visits, long phone calls, and personalized research, at a cost ranging from $1,000 per month upward.

Dozor used his family inheritance to buy the clinic building, selling high-priced tech stocks at what turned out to be the market peak. Since then, refinancing the building has basically covered the clinic's initial negative cash flow. "You do something like this because you really want to do it, not because it's the best business opportunity available," he says. "We started out saying that pioneers get the arrows and settlers get the land. I intended to be a settler, but it turns out I'm a pioneer." For more information: http://www.imcsr.com/ or info@imcsr.com

2. American Botanical Council Licenses Content

The AMERICAN BOTANICAL COUNCIL (ABC) has developed a co-branding web content licensing program that offers access to reliable information about herbs to a wide range of organizations. ABC maintains four different herbal databases, plus a range of more static information such as booklets and pamphlets. Called Herb-Ed-Web (TM), its program provides information on the licensee site with the same "look and feel" as the rest of the client's website, even though ABC is responsible for maintaining and updating the content. "This program is able to multiply our effectiveness in getting out science-based information manifold," says WAYNE SILVERMAN, PhD, the council's chief administrative officer. "It also drives significant new traffic to the licensee site through our content."

ABC offers information about the use of herbs which can be oriented either towards healthcare providers or consumers. Companies that rely on ABC's co-branding program include large natural product grocery stores such as WHOLE FOODS, manufacturers such as NATURE'S RESOURCE (Pharmavite) and STANDARD PROCESS (which supplies practitioners with a line to sell to their patients), healthcare providers such as MD ANDERSON and the UNIVERSITY OF ARIZONA PROGRAM IN INTEGRATIVE MEDICINE, and governmental agencies such as the FDA.

ABC sets different fee schedules for use of its information, depending on the amount
of information used, whether it is Internet or Intranet, and whether it is by a for-profit or nonprofit entity. For a commercial Internet site, the licensing fee might range from $50 a year for a one- to two-page review of literature to $3000 a year for one database, and up to about $14,000 for the full range of available information. Prices drop dramatically for nonprofit websites. Price reductions are given to “sponsor members” and to organizations or companies that want information only for their own employees (Intranet). For example, ABC licenses all its content to the FDA, for its employees who access it on the FDA Intranet, for about $4,800 per year. For more information, contact Silverman at wayne@herbalgram.org or call (800) 373-7105.

3. Clinicians' Conference a Success

Over 200 clinicians from a variety of disciplines gathered in Miami the first weekend in April for the First Annual Integrative Medicine Clinician's Conference and Natural Health Expo. Developed by JOE PIZZORNO, ND, editor of Integrative Medicine: A Clinician's Journal, and sponsored by INNOVISION COMMUNICATIONS, its publisher, the conference featured integrative clinical teams presenting information on resources, research findings, and interdisciplinary relationships. Of particular interest: clinical protocols and algorithms for the management and/or co-management of patients with common diseases. A large number of vendors provided important support for the conference. Pizzorno comments, "The response was gratifying for a first-year effort. There is clearly a need to advance integrative clinical strategies, and we see this type of endeavor as an essential way to promote clinical integration. Patient care will truly be enhanced." For more information about this and future conferences, contact Pizzorno at drpizzorno@salugenecists.com

4. Chiropractic College at Florida State University

The Florida legislature has passed, and Governor Jeb Bush has signed, a bill authorizing development of a chiropractic college at FLORIDA STATE UNIVERSITY, and appropriating $9 million for the coming fiscal year. It will be the first school of chiropractic in the U.S. that is part of a public university. "This public chiropractic college will open doors for people who otherwise couldn't afford to enter the profession," says JACK HEBERT, director of government relations for the Florida Chiropractic Association. In addition, it will establish a chiropractic program at a first-class research institution, facilitating authoritative research studies. The chiropractic program at FSU will be a dual-degree program, combining a DC with a master's degree in nutrition, public health, health policy, movement science, or bio-mechanics. It will be open only to those who've already completed a bachelor's degree. The first class is scheduled to enter in the fall of 2005 (though a possible earlier start date is under discussion), but it will take several years before the college ramps up to its planned full complement of 500 students. Unfortunately, the chiropractic college at FSU has been caught up in Florida's ongoing debate about educational governance. In 2002, voters passed a constitutional amendment creating a centralized authority for higher education called the Board of Governors. The new chiropractic college has been approved by the Florida legislature and by Governor Bush, but it was not approved by the Board of Governors, and amendment supporters are said to be planning a lawsuit. When you ask Hebert how seriously he takes this threat, he replies, "Any time someone says they're going to court, you get excited." But he thinks newspapers haven't been reporting the story accurately. "They make it sound like the college was pushed through in a couple of weeks, when in fact the legislature has funded studies about it
5. Perlman Receives Endowed CAM Professorship

ADAM PERLMAN, MD, MPH, has been named to an Endowed Professorship in Complementary and Alternative Medicine at the UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ). This is the seventh UMDNJ chair endowed by the HUNTERDON HEALTH FUND, each of them accompanied by a $1.5 million endowment.

Perlman is also executive director of the Institute for Complementary and Alternative Medicine (ICAM), based at the UMDNJ School of Health Related Professions, and director of the Carol and Morton Siegler Center for Integrative Medicine at St. Barnabas Medical Center in Livingston, NJ. His clinical practice focuses primarily on integrative care for chronic conditions such as fibromyalgia, multiple sclerosis, and cancer, and he serves on the steering committee of the Consortium of Academic Health Centers in Integrative Medicine.

6. Conferences: InnoVision, Center for Mind-Body Medicine

A. This spring in Santa Fe, NM, INNOVISION COMMUNICATIONS and the SOCIETY FOR SHAMANIC PRACTITIONERS will present their third annual conference on "Shamanism in Medicine." The conference "immerses practitioners in spiritual healing through shamanism," organizers say, providing a way for both complementary- and Western-trained clinicians to reclaim their role as healers. An introductory course will be held May 24-25. The main conference (May 26-30) will look at ways clinicians trained as shamanic practitioners apply these skills in both their practices and their lives. Topics include "Using Spiritual Light in Clinical Practice," "Dreams in Shamanic Healing," and "Healing Our Ancestors, Healing Ourselves." The conference qualifies for continuing education credit for physicians, nurses, psychologists, and social workers. For more information, call (866) 828-2962 or email Victoria.gonzales@innerdoorway.com

B. The CENTER FOR MIND-BODY MEDICINE is offering a week-long professional training program on "Food As Medicine." To be held June 20-26 at the Claremont Resort and Spa in Berkeley, CA, the program addresses concerns of professionals who want to guide patients in developing effective, individualized dietary programs. It also offers evidence-based guidance for physicians, nutritionists, and dieters who want to take the next step in counseling patients and teaching students. Faculty will be led by SUSAN LORD, MD, adjunct assistant professor in the Department of Physiology and Biophysics, Georgetown University School of Medicine, and JAMES S. GORDON, MD, former chair of the White House Commission on Complementary and Alternative Medicine Policy. Some scholarships are available. For registration and additional information: www.cmbm.org or email slord@cmbm.org or call (202) 966-7338, ex. 57.


A. MARY A. HERRING, MSN, BSN, RN, and MOLLY MANNING ROBERTS, MD, MS, have edited Blackwell Complementary and Alternative Medicine: Fast Facts for Medical Practice, a concise, well-organized book for healthcare providers who need background information on CAM therapies and advice on how to discuss the issue with patients. The book was selected as recommended reading by the AMERICAN BOARD OF HOLISTIC MEDICINE, and the AMERICAN MEDICAL STUDENT
ASSOCIATION provided it to participants at their summer 2003 Leadership Conference. It includes chapters on acupuncture, guided imagery, homeopathy, energy therapies, Feldenkrais, hypnosis, massage therapy, naturopathy, therapeutic touch, and other healing disciplines. The chapter, "Guidelines for Advising Patients about CAM," by MARVIN HERRING, MD, is particularly good, with advice on how to choose a CAM consultant and how to develop collaborative relationships in caring for patients. The book retails for $22.95. To order, call (800) 216-2522.

B. An article about the SPIRITUAL CARE PROGRAM appears in the May issue of The Townsend Letter. This program, based on insights of Tibetan Buddhism, trains caregivers and healthcare professionals to work with chronically ill and dying patients. The feature article by CHRF News Files managing editor ELAINE ZABLOCKI includes interviews with Spiritual Care educators ANNIE EICHENHOLZ, BS, RN, CRNH, and KIRSTEN DELEO. Eichenholz describes an emergency room doctor who found he could not meditate in the traditional upright posture, due to severe back pain. "He discovered meditation could happen while he was lying on his back," she says. "All of us need to remember that the most important point isn't the physical posture, but what happens in your mind and heart." For archives, subscriptions, and back issues: www.townsendletter.com/

C. The Spring 2004 issue of Complementary and Alternative Medicine at the NIH is now available. It focuses on NCCAM-funded studies on botanicals (both completed and underway). For more information: http://nccam.nci.nih.gov/news/newsletter/


E. The article titled "Motive and Influence in Mainstreaming Integrative Medicine: Introducing the IMSI Rating" by RICHARD FURBER and JAMES F. SARGENT, which was described in CHRF News File #66, is now available on the Internet at www.medimerge.com/MainstreamingCam_MotivationInfluence_IM_Apr-04.pdf

“One Information = One Medicine” – Stephen Bolles, Executive Director, CHRF

At the recent Clinician’s Integrative Medicine Conference sponsored by InnoVision Communications, Joe Pizzorno and the able conference planning staff brought together a variety of people who presented information on integrative approaches to clinical care. The tandem presentations by mainstream and non-mainstream providers illustrated how far these clinical dialogues have come.

I was struck by the many changes over the last eight years in the ownership and sources of information shaping integrative healthcare. Integration must be based on information provided by both mainstream and non-mainstream sources, but not that long ago, non-mainstream information was foreign to the system and not widely trusted. Certain individuals may have had credibility, but the information as a body of science and art did not. These individuals often functioned as oracles for the new, paradigm-shifting resources.

In the years since, more people on the mainstream side have come to know how to interpret non-mainstream information, and much more research has helped bridge the gap. As a result, there is now an evolving, shared sense of ownership about much of the information. Shared ownership is crucial for integrative medicine to
advance. Both “sides” put something into the pot that the other finds valuable. Over time, with shared use, the boundary between who owns the information breaks down.

This breakdown can be risky for the participants because there is still a great deal of suspicion about what will be done with the information. If knowledge of a sentinel point in pain control from a TCM practitioner is passed on to someone in a different field, has the value of the TCM practitioner been diminished (even if the point is used appropriately only some of the time)? Issues of overlapping training, practice scope, and cosmology can be found between almost any two healing professions. Knowledge is important for clinical success, but knowledge is also power. If the low road gets taken and knowledge gets used for the sake of power, it will be to the detriment of patient care.

More progress is needed before it can be claimed that the information is held jointly and equitably, but there is a lot of momentum in that direction. “One medicine” ultimately depends on “one information.” If the process is consciously managed with appropriate guidance by pluralistic values, the opinion here is that everyone will benefit.

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End, CHRF News File #68, April 19, 2004

CHRF NEWS FILE #69, April 30, 2004

1. Solucient Data on Chiropractic and Acupuncture
2. Integrative Pain Medicine Course at Columbia
3. NCCAM Holds Five-Year Plan Public Meetings
4. ASH Streamlines Utilization Management
5. AHA/Health Forum Leadership Summit in July
6. IOM CAM Report May Be Released In Fall
7. Michael Cohen on Ethics in CAM

The CHRF News Files, a product of the COLLABORATION FOR HEALTHCARE RENEWAL FOUNDATION (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible through a grant from the Center for Integrative Health, Medicine and Research (CIHMR).

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Elaine Zablocki at ZablockiE@thecollaboration.org.

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1. Solucient Data on Chiropractic and Acupuncture

There's been a dramatic increase in patient encounters for chiropractic and acupuncture services, according to the most recent data available from SOLUCIENT. Solucient tracks data on many outpatient procedures, based on procedure and diagnostic codes from more than 160 million service records. Their white paper, "Top Growth Areas in the Outpatient Market," reports that chiropractic visits increased 91% from 1999 to 2001, while acupuncture visits increased 200%. "Noteworthy growth in chiropractic and acupuncture results from physician acceptance, patient demand, and insurers covering the therapies," the report says.

Estimated encounters for chiropractic treatment*:

1999 60,534,483  
2000 69,808,382  
2001 115,505,330

Estimated encounters for acupuncture treatment (with and without electrical stimulation)*:

1999 1,302,266  
2000 1,317,760  
2001 4,103,084

Three-year data on financial charges for spinal chiropractic manipulation*:

1999 2000 2001  
Medicare $465,680,289 $670,788,602 $914,840,950  
Commercial $983,844,498 $1,574,282,405 $2,880,522,101

*Source: Solucient's Outpatient View (TM) 1999-2001

Managed care organizations and other third-party payers have strong incentive to reimburse for chiropractic care as studies demonstrate that the therapy reduces the rate of surgical interventions and inpatient stays," says Solucient. "Spurred by their patients, physicians are increasingly recommending CAM, especially for chronic conditions, such as back problems, anxiety, depression, and headaches. For a copy of the report, go to http://www.solucient.com/forms/outpatient_whitepaper.asp and fill out a short form.

2. Integrative Pain Medicine Course at Columbia

COLUMBIA UNIVERSITY's third annual COURSE IN INTEGRATIVE PAIN MEDICINE was a big success, with 275 people attending and enthusiastic comments winging through the internet.
afterwards. MICHAEL SHOR, chair of the CHRF Cost Effectiveness Interest Group, says "JAMES DILLARD and his team did a great job of pulling together the kind of information those who pay and provide pain-related services really need." Held April 16-17 at Columbia University Medical Center, the course offered a broad overview of conventional and CAM therapies for pain. Speakers included WOODSON MERRELL, MD, on nutritional strategies; JON KABAT-ZINN, PhD, on mindfulness-based stress reduction; DAVID RILEY, MD, on bioenergetic therapies; BRIAN BERMAN, MD, on acupuncture, and JOSEPH F. AUDETTE, MD, on CAM integration in a pain center. For more information: http://cpmcnet.columbia.edu/dept/cme/PH-34-04/PH34-04.html

3. NCCAM Holds Five-Year Plan Public Meetings

The NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (NCCAM) recently held two public meetings for input into its strategic plan for the next five years. The first meeting, on March 22, took place on the NIH campus in Bethesda, MD, and was attended by about 150 people. Speakers expressed a wide range of viewpoints and included representatives of the National Center for Homeopathy, the Society of Toxicology, the American Association of Oriental Medicine, the Federation of State Medical Boards, Memorial Sloan Kettering Cancer Center, the George Washington Institute for Spirituality and Health, and the Council on Naturopathic Medical Education. A brief summary of the meeting, plus a full list of speakers, is posted at http://nccam.nih.gov/about/plans/stakeholder/bethesda.htm

The second meeting, held April 19 in Seattle, was attended by about 100 people. When JOE PIZZORNO, ND, urged NCCAM to fund research at accredited schools in the CAM disciplines (instead of focusing research dollars on allopathic schools) and on systems of healing rather than just single therapies, you could hear enthusiastic audience applause out in the hallway, one observer says. Pizzorno, the editor of Integrative Medicine: A Clinician’s Journal, also argued that more CAM professionals should be involved in decision-making at NCCAM and serve on its advisory committees. Bastyr University President TOM SHEPHERD, DHA, testified that research should target areas that will provide the greatest benefit to the general population—and where CAM can
potentially show the greatest impact—such as diabetes, obesity, cardiovascular disease, asthma, and cancer. He wants to see increased support for developing CAM researchers at CAM schools.

"To truly understand and support whole system research as practiced clinically, the CAM-trained researcher must be at the center of research methodology development, to provide the most beneficial outcome from the research agenda," he said. Other speakers stressed the need for research in many CAM disciplines, in particular acupuncture and TCM. They also said the five-year plan should examine access and reimbursement issues for CAM providers and include plans to integrate CAM into mainstream healthcare delivery systems.

Written testimony about NCCAM's five-year strategic plan can still be submitted at http://nccam.nih.gov/about/plans/2005/ and the draft plan will be available for public comment on its website in the fall.

4. ASH Streamlines Utilization Management

AMERICAN SPECIALTY HEALTH NETWORKS (ASH Networks), a subsidiary of American Specialty Health, Incorporated (ASH), just announced an initiative to identify and reward providers who offer clinically efficient, evidence-based chiropractic care. The "Treatment Form Waiver Program" means that participating chiropractors with a good track record will have fewer pre-treatment forms to fill out. "As we work with 14,000 chiropractors across the country, we find they have different backgrounds and different levels of experience," says GEORGE DEVRIES, ASH chairman, president, and CEO. "Our management requirements should reflect that, instead of 'one size fits all.'"

Here's how the new program works. All providers start at Tier 3. This means they see patients for up to five visits without any prospective utilization management oversight. After five visits, the provider submits a treatment form documenting the medical necessity for additional visits. In addition, from the first visit onward, there will be some degree of retrospective review, and ASH pays close attention to customer satisfaction surveys and complaints on a provider-specific basis.

Under the new program there are five additional tiers, with varying degrees of oversight. Once a provider has been contracted with through ASH for at least three years and has seen at least 100 ASH patients, he or she may qualify for Tier 4, 5, or 6. At Tier 4, treatment plans are needed after visit 8; at Tier 5, after visit 12. At the top level, no treatment plan need be
submitted at all. The decision on which tier will be made by a committee of practicing ASH providers, based on a review of patient complaints and satisfaction surveys, appropriate medical records, and whether the provider meets diagnosis-specific norms and evidence in getting patients well quickly. The program has now been in effect for four months. About 60 providers have qualified for Tier 6, and 390 more are at Tiers 4 and 5. "These providers have been in our system for many years, and we know they are effective and efficient providers with very high patient satisfaction, so we don't need case-by-case oversight," says DOUGLAS METZ, DC, chief health services officer for ASH Networks. Tiers 1 and 2 apply to providers who require more than the usual amount of oversight, Metz says. For example, a provider who takes x-rays on an exceptionally high percentage of patients may be placed in Tier 2. They would still have a treatment window but would need prior medical necessity review before x-rays are reimbursed. At Tier 1, the provider must submit a clinical treatment form for review of medical necessity for all services following the initial patient visit. At present no one is in Tiers 1 or 2. ASH Networks developed the waiver program after many years of evaluation and pilot studies, and hopes to initiate similar programs with its other provider groups in the near future.

5. AHA/Health Forum Leadership Summit in July

The 2004 LEADERSHIP SUMMIT, co-sponsored by the AMERICAN HOSPITAL ASSOCIATION and HEALTH FORUM, will be held July 25-27 in San Diego. "Leading and Innovating in Today's Complex Health Care Environment" will cover managing chronic care for healthy communities, challenges in patient safety, and ways to meet the demands of leading complex organizations. Keynote speakers include WALTER ISAACSON, president and CEO, The Aspen Institute; JULIE L. GERBERDING, MD, MPH, director, U.S. Centers for Disease Control and Prevention; THOMAS PETZINGER, JR, CEO and chairman, LaunchCyte; DONALD BERWICK, MD, CEO, Institute for Healthcare Improvement and BRENT JAMES, MD, executive director, Intermountain Institute for Healthcare Delivery Research. There's a $100 discount if you register before June 21. For more information: (773) 622-5648 or
6. IOM CAM Report May Be Released in the Fall

The IOM COMMITTEE ON CAM USAGE is currently meeting in closed sessions to complete its conclusions, recommendations, and final report. The most recent meeting (its seventh) was April 26-28. They hope to release their report in fall 2004. However, a spokesperson notes that all IOM reports go through a peer review process, and because reviewers' schedules and availability are unpredictable, at this stage the release date is uncertain.

7. Michael Cohen on Ethics in CAM

MICHAEL H. COHEN, JD, a well-known expert in CAM-related legal issues, has just co-authored two articles exploring ethics in CAM. "Ethics in Complementary Medicine: New Light on Old Principles" was published in the March issue of Contemporary Pediatrics. It discusses several fascinating clinical scenarios and uses them as a basis for examining general ethical principles in pediatric integrative care. "Ethical Problems Arising in Evidence-Based Complementary and Alternative Medicine" was published in the April issue of the Journal of Medical Ethics. Cohen is currently assistant professor of medicine and director of legal programs at Harvard Medical School Osher Institute, where he directs research and educational programs relating to law and policy in integrative medicine. In addition, as an attorney, he offers legal services to clinicians, hospitals, spas, and other organizations integrating CAM therapies into healthcare, addressing business structure, operations, regulatory compliance, management of liability risk and a range of other issues. More details, resources, and downloadable articles are available at www.michaelhcohen.com.

For the full text of the pediatrics article, to to: http://www.contemporarypediatrics.com/be_core/search/show_article_search.jsp?searchurl=/be_core/content/journals/k/data/2004/0301/camethics.html&title=Ethics+meet+complementary+and+alternative+medicine%3A+New+light+on+old+principles&navtype=k&query=kemper+cohen+complementary+medicine. (You must copy and paste the URL because of limits on link connections.)

For the abstract of the article in Journal of Medical Ethics: http://jme.bmjjourrnals.com/cgi/content/abstract/30/2/156.
8. Other Publications: Newsweek, New York Times

A. Newsweek’s April 26 cover story on “Treating Back Pain” highlights "simpler, less invasive ways to end the agony," and asks, "Is massage better for you than surgery?" The eight-page article highlights the statistics: 65 million patients with back pain and more than $100 billion a year in medical bills, disability, and lost productivity at work. Moreover, between 1996 and 2001, there was a 77% increase in spinal-fusion surgery, the most costly and invasive form of therapy. Newsweek general editor CLAUDIA KALB discusses the growing popularity of chiropractic, acupuncture, and massage for back pain. The article is posted online at http://www.msnbc.msn.com/id/4767268/

B. The April 18 New York Times Magazine special issue was headlined in bright red letters on a white background: "Now Are We Ready To Talk About Health Care?" It includes an article on difficulties the self-employed face in finding insurance by JODY and MATT MILLER; the role of primary care by LISA SANDERS, MD; and "The Crisis that Never Went Away" by HILLARY RODHAM CLINTON. Of special interest to News Files readers is an article by MELANIE THERNSTROM about RITA CHARON, a physician who leads a movement to put listening to patients at the center of healthcare. "I listen not only for the content of [the] narrative but for its form--its temporal course, its images, its associated subplots, its silences, where [the patient] chooses to begin in telling of himself, how he sequences symptoms with other life events," Charon said. The articles are still available online for a fee; search the Times archives at http://www.nytimes.com/

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End, CHRF News File #69, April 30, 2004

CHRF NEWS FILE #70, MAY 17, 2004
1. Hennepin Clinic Wins JCAHO Accreditation Again
2. Integrative Medicine Wellness Center at U. of Michigan
3. IMCSR Streamlines Pain Rehab and Education Program
4. AANP in D.C. for Federal Legislative Initiative
5. D.C. Mayor and City Council Approve ND Licensing
1. Hennepin Clinic Wins JCAHO Accreditation Again

The ALTERNATIVE MEDICINE DIVISION at HENNEPIN FACULTY ASSOCIATES (HFA) in Minneapolis, MN, was the first integrative clinic in the country to be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Recently it won accreditation for the third time. Independent clinics, of course, don't need to deal with JCAHO, but accreditation is an option for any ambulatory clinic that's part of a hospital system. "It's a gold star in the marketplace if you're JCAHO-accredited," says PATRICIA CULLITON, MA, LAc, director of the Alternative Medicine Division. "It really means you're 'top of the line.'"

Winning JCAHO accreditation is a stressful process. At the HFA Alternative Medicine Division, visiting JCAHO staffers spent three days going through patient charts and employee files, and reviewing all key processes. They checked everything. Any employee might be stopped in the hallway and asked, "What's your fire and evacuation plan?" Preparing for JCAHO accreditation means training employees to be sure they meet standards on a host of measures. For example, the JCAHO requirement is that any patient who complains about pain should be asked about their pain on every visit. "About 80% of the people who come here experience pain," Culliton says. "We developed a pain questionnaire and trained our staff to ask about pain in an open-ended way, every time the patient is seen."

JCAHO also emphasizes good chart documentation. For integrative clinics, this can be a special challenge, since some CAM providers are used to relatively informal charts. "Training CAM providers to document in charts to the level of academic medicine is an ongoing process," Culliton says. "Everyone who joins us has required training, some more than others."

The HFA Alternative Medicine Division has been dealing with JCAHO accreditation for six years and has developed a substantial body of expertise, Culliton says. They now offer consulting services to other hospital-based integrative clinics on how to prepare for JCAHO accreditation. For more information: Pat.Culliton@hfa-mn.org
2. Integrative Medicine Wellness Center at U. of Michigan
The INTEGRATIVE MEDICINE WELLNESS CENTER (I M Well Center) in Ann Arbor, part of Michigan Integrative Medicine and University of Michigan Health Services, opened its doors in May 2003. It is located within an existing family practice clinic, which substantially lowers overhead, says medical director MONICA MYKLEBUST, MD. The clinic revamped the space to create a healing environment with a water feature in the lobby, wooden cabinets, and comfortable chairs, and they offer patients fabric gowns rather than paper. For start-up funds, a substantial grant from a private donor was matched by the medical school. This will offer support to the clinic throughout its first two years, and Myklebust expects other aspects of the clinic, such as a retail service for herbs and supplements, will eventually be in place to bring in additional income.

The I M Well Center has developed an unusual model. At present, it does not offer primary care. Instead, patients come in for a 90-minute consultation with an integrative physician, to tell their story and review all their current conventional and alternative therapies. They then return in 2 to 4 weeks for a 30- to 60-minute visit, to discuss a comprehensive, integrative plan for their care. Ongoing follow-up visits are recommended. The fee for the initial visit is $300 and for the second, $100–$200. Services are offered on a cash-only basis. Most commonly, people who seek out this service are dealing with chronic physical or mental health challenges or with life-threatening diseases, or are people who want to optimize their health. Myklebust spends 40% of her time doing clinical work at the I M Well Center, and the other 60% handling administrative responsibilities and bringing integrative ideas into the entire health system. "Historically we've seen that large medical institutions tend to develop silos, and specialty centers function quite separately from other aspects of the institution," Myklebust says. "Our goal is to offer integrative care throughout the system." For example, energy healing, massage, acupuncture, and music could be offered to patients, their families, and staff. Massage is already offered in certain programs, but Myklebust envisions a coordinated effort to offer services like these to all those who could benefit from them. For more information:
http://www.med.umich.edu/imp/imwell

3. IMCSR Streamlines Pain Rehab and Education Program
The INTEGRATIVE MEDICAL CENTER OF SANTA ROSA (IMCSR) has developed a comprehensive pain program which offers valuable assistance to patients. The Pain Rehabilitation and Education Program (PREP) is a training program in which people learn self-management skills. People who are experiencing chronic pain meet together for five hours a day, two days a week. They participate in facilitated group support sessions on how to cope with the pain. They learn pacing and positioning skills, meditation, and other stress reduction skills. They have a movement class, and they study anatomy and nutrition. They also experience a range of CAM modalities to see which ones might be most effective for them.

IMCSR uses the Dartmouth COOP Functional Assessment Charts to measure outcomes. By the end of the PREP experience, patients have more functional ability and an improved quality of life, says medical director ELLEN BARNETT, MD, PhD. "Most PREP participants find that while pain may decrease somewhat, they are still coping with pain. What changes is they've learned how to manage that pain."

At present, worker's compensation is the only insurance that covers the program, and it takes the equivalent of a full-time staff person to track the paperwork and billing, Barnett says. The first versions of the PREP program lasted 12 weeks and were billed at a case rate of $19,000, although in some cases, the clinic never did get paid, due to stringent paperwork requirements.

IMCSR has now revised the program to make it equally effective at a lower cost. It
no longer includes individual CAM modality treatment sessions as part of the core program. "When we did evaluations, everyone said group support was the most important thing, though other parts of the program also helped," says Barnett. The new schedule offers an eight-week program, integrated with three weeks of self-care, followed by six months of group support or behavioral change support. The clinic offers this revised PREP program at $8,300 per participant, with additional fees for private sessions with CAM practitioners. IMCSR has learned a great deal about how to structure and bill for this sort of program and now offers consulting services to other integrative clinics planning to institute comprehensive pain programs. For more information: http://www.imcsr.com/ or info@imcsr.com

4. AANP in D.C. for Federal Legislative Initiative
The AMERICAN ASSOCIATION OF NATUROPATHIC PHYSICIANS (AANP) held its second annual Federal Legislative Initiative (FLI) in Washington, D.C., on May 2–3. Designed by executive director KAREN HOWARD, this event provides orientation to current legislative agendas and training for effective lobbying. Participants heard from speakers such as KONRAD KAIL, ND, on federal demonstration projects, and JIM TURNER, president of Citizens for Health, on how to make a difference as a public advocate. A total of 45 naturopathic physicians from 19 states then traveled to Capitol Hill for meetings in their respective congressional offices. Staff at 34 House and 34 Senate offices were educated on issues of concern to NDs. The highlight of the day was a "Whole Health Lunch and Fair" co-sponsored by the House Disability Caucus. About 200 hungry young Hill staffers ate a healthy lunch and visited information tables on botanical medicines, online health risk assessment programs, and naturopathic treatment of diabetes, cancer, and asthma. During AANP's first FLI, representatives from each state advocated for their own respective legislative priorities. This year, the organization decided to jointly focus its advocacy efforts on ND participation in the federal loan repayment programs, says NANCY DUNNE, ND, AANP president. "Graduates of accredited naturopathic medical colleges are available to fill positions as licensed primary care providers in underserved populations. There is legislation pending in Congress to reauthorize the Indian Health Service Amendments Act. We are looking at opportunities to address multiple needs—participation in loan repayment programs and filling service gaps in areas where NDs are uniquely qualified to be of use."
Dunne became president of the AANP in January, having served on the board of directors since 1995. She opened Bitterroot Natural Medicine, a family medicine clinic in Missoula, MT, in 1990, and participated in the successful effort to win licensure for Montana NDs in 1991. She's a founding member of the North American Board of Naturopathic Examiners and served as president of the Federation of Naturopathic Physicians Licensing Authorities. For more information: n.dunne@earthlink.net

5. D.C. Mayor and City Council Approve Licensing for NDs
Naturopathic physicians will soon be licensed as primary care providers in the nation's capital. ANTHONY WILLIAMS, mayor of Washington, D.C., has given final approval to a bill to license NDs, which was unanimously approved by the city council in April. The new law must still be reviewed by the U.S. Congress, but licenses could be issued as soon as September 2004. This means that 13 states, the District of Columbia, the U.S. Virgin Islands, and Puerto Rico now have laws enabling NDs with four years of training at a naturopathic medical college to serve as providers of primary care.
6. Alternative Link and Clinical Nurses to Collaborate
The **NATIONAL ASSOCIATION OF CLINICAL NURSE SPECIALISTS (NACNS)** will collaborate with ALTERNATIVE LINK to create additional nursing terminology within the ABC coding system. NACNS is assembling nursing experts to work on codes needed for 48 different nursing specialties and is the first nursing group to take a formal role in developing code terminology. "The NACNS decision to collaborate with Alternative Link not only demonstrates their support and belief in the use of ABC codes, but also recognizes the immediate need to fill critical gaps in mandatory standards under the Health Insurance Portability and Accountability Act (HIPAA)," says MELINNA GIANNINI, president and founder of Alternative Link. The company also recently announced an expanded set of ABC codes developed specifically to help control costs and support consumer-driven healthcare. The new, supplemental coding system fills gaps in older medical and dental coding systems and the national health information infrastructure. Visit the newly designed Alternative Link website to see updated information on ABC codes and other coding-related solutions for alternative medicine, nursing, integrative, and consumer-driven healthcare at www.AlternativeLink.com

7. Herbal Treatments in the News: NPR, NY Times
On May 10, **NATIONAL PUBLIC RADIO’s MORNING EDITION** ran a remarkably sophisticated story on research currently underway on herbal remedies for menopausal symptoms. SUSAN REED, a Stanford-trained MD, and JANE GUILLINAN, ND, are cooperating on the study, and both were interviewed by NPR. "The typical clinical trial pits a single drug against a placebo or an existing drug. But naturopaths use combinations of things—exercise, herbs, and diet," explained the NPR reporter. "Fitting all that into a circumscribed scientific model was a bit like trying to put a multipronged round peg into a square hole."
On the same day, the **New York Times** ran a story headlined "Herbal Drug Is Embraced in Treating Malaria," as it reported efforts by world health agencies to find sources of artemisinin, a Chinese herbal drug that has proved strikingly effective against malaria. The herb "cut the death rate by 97% in a malaria epidemic in Vietnam in the early 1990's," the Times reported. "The new Global Fund for AIDS, Tuberculosis and Malaria has given 11 countries grants to buy artemisinin and has instructed 34 others to drop requests for two older drugs, chloroquine and sulfadoxine-pyrimethamine, and switch to the new one."
To listen to the NPR story, [click here](#).

8. CAM in Preventive Medicine: Promises and Challenges
The **Journal Evidence-Based Integrative Medicine** has published an article, "CAM in Preventive Medicine: Promises and Challenges for the Clinician," by Brent A. Bauer, MD, and Milt Hammerly, MD. The article reviews our experience with CAM and predicts that the emphasis on lifestyle inherent in most CAM therapies may yield a unique opportunity to enhance preventive health approaches. "Initial skepticism (and oftentimes, open hostility) on the part of conventional medical providers has slowly given way to curiosity and interest," the authors write. "Patients who are interested in CAM may also be more health conscious and interested in taking control of more aspects of their health. By recognizing this quest for autonomy, physicians can form an alliance with such patients, working collaboratively to educate one another about the pros and cons of various treatments." The abstract is posted at [http://www.openmindjournals.com/EBIM-1-2-Bauer.htm](http://www.openmindjournals.com/EBIM-1-2-Bauer.htm). A copy of the full article can be found on the CHRF website at [http://thecollaboration.org/resource/ihealth.html](http://thecollaboration.org/resource/ihealth.html)
9. Federal Court Rules Against ACA in Trigon Case
On May 6 the U. S. Fourth Circuit Court of Appeals ruled against the AMERICAN CHIROPRACTIC ASSOCIATION (ACA) in its lawsuit against TRIGON BLUE CROSS BLUE SHIELD OF VIRGINIA. The ACA and other plaintiffs plan to appeal and say they will take the case to the highest levels, even to the U. S. Supreme Court, if necessary. They have 14 days to petition for a rehearing.
The Appeals Court ruling is a setback, but the Trigon case has already resulted in increased access to chiropractic care for millions of Americans, the ACA said. "The National Blue Cross Blue Shield Association and ACA have begun working cooperatively to improve chiropractic recognition and coverage in BCBS plans nationwide," said a spokesperson. "One tangible benefit that is a direct result of ACA’s legal action is a new chiropractic benefit—worth an estimated $120–$140 million per year—in the Federal Employee Health Benefits plan administered by Blue Cross Blue Shield. Another favorable outcome of the Trigon case is the launching of the Blue CCHIP program (Blues/Chiropractic Clinical Healthplan Program), a liaison program that has allowed doctors of chiropractic to become integrated into local Blue Cross Blue Shield medical policymaking committees across the country." For more information: http://www.amerchiro.org/media/releases/051204.shtml

10. Center for Mind-Body Medicine Offers Scholarships
The CENTER FOR MIND-BODY MEDICINE will be able to offer a limited number of need-based scholarships for its upcoming Food as Medicine professional training program. The comprehensive program for health professionals will be held in Berkeley, CA, June 20-26. The deadline to reserve discounted accommodations at the Claremont Resort is May 19. For more information about the program: http://cmbm.org/trainings/FoodAsMedicine/index.htm and about the scholarships: http://cmbm.org/trainings/FoodAsMedicine/scholarship.htm

"Limited Resources, Limited Options” — Stephen Bolles, Executive Director, CHRF
Limited payer support for comprehensive integrative programs such as the one offered by the Integrative Medical Clinic of Santa Rosa is forcing the creation of a model that could be a formula of what we’ll see for some time to come. System economics are not demonstrating much support beyond approaches that produce measurable functional improvements or measurable pain improvement for patients coping with "unchangeable" clinical conditions. Research is likely to add new therapies to covered intervention sets, but the political fights will be lively and pitched over which other therapies these may displace in a system close to rationing. For those who can afford it, the “full meal deal” will be available. With American consumers having demonstrated they are willing to pay for services that work, it’s likely that many integrative practitioners will find success in establishing livelihoods. But the bet here is that what non-allopathic practitioners often imagine in the way of inclusion and broad-based requirements for clinical integration is still a long way off, if ever achievable.
It’s not that a tipping point of scientific validation can’t, or won’t, be reached. It’s more that the slippery path our system is now heading down may simply not provide enough time to see compensation established for every effective intervention. The pot of available money is not growing bigger. With defined contribution plans likely to become more dominant as employee options become more limited and expensive, the struggle is going to shift from “what should we cover” to "what should we allow our plan members to include in their elective spending accounts.” That is a profound shift, and I can’t say consumers or providers are prepared for it. The responsibility and accountability for managing a healthcare checking account will
not be comfortable for a populace with a 50-year history of being taken care of and an understandable sense of entitlement. And providers will probably have the added role of “marketer” in the changing healthcare marketplace, stirring up a whole new array of ethical questions. If nothing changes, this will all be taking place in a marketplace where basic information on price and quality is often elusive, confusing, or simply unavailable.

I suggest that what is happening in Santa Rosa—among many places—is likely to become the business structure for integrative healthcare. Focusing as it does on core services and menus of other services, it offers the most flexible environment for integrative healthcare, and the most likely match to consumer needs and benefits.

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1. **NCCAM Survey Measures CAM Usage**

According to a nationwide survey just released by the NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (NCCAM), 36% of U.S. adults use some form of CAM. If prayer specifically for health reasons is included, the number rises to 62%. CAM approaches are most often used to treat back problems, colds, neck problems, joint pain, anxiety or depression, headaches, and insomnia. Usage is greater among women, people with higher education, and those who’ve been hospitalized within the past year. The percentage of adults who seek care from licensed CAM practitioners is 12%.
This survey is part of the CENTERS FOR DISEASE CONTROL AND PREVENTION's 2002 National Health Interview Survey (NHIS). More than 31,000 adults were asked about 27 different CAM therapies during face-to-face interviews, yielding the most comprehensive and reliable data to date describing CAM use in the U.S. According to the survey, the most commonly used CAM therapies and the approximate percentage of U.S. adults using each therapy during the previous 12 months are:
- Prayer for own health – 43%
- Prayer by others for the respondent's health – 24%
- Natural products (herbs, other botanicals, enzymes, not including vitamins) – 19%
- Deep breathing exercises – 12%
- Participation in prayer group for own health – 10%
- Meditation – 8%
- Chiropractic care – 8%
- Yoga – 5%
- Massage – 5%
- Diet-based therapies (such as Atkins, Pritikin, Ornish, and Zone diets) – 4%
- Progressive relaxation – 3%
- Guided imagery – 2%
- Homeopathic treatment – 1.7%
- Tai Chi – 1.3%
- Acupuncture – 1.1%
- Energy healing/Reiki – 0.5%
- Naturopathy – 0.2%
- Biofeedback – 0.1%

The most popular herbs included echinacea (used by 40% of those who used natural products), ginseng (24%), ginkgo biloba (21%), garlic supplements (20%), glucosamine (15%), and St. John's wort (12%).

The survey also yielded interesting data on the reasons people use CAM:
- 55% believed it would help them when combined with conventional medical treatments.
- 50% thought CAM would be interesting to try.
- 28% used CAM because they believed conventional medical treatments would not help with their health problem.
- 26% used CAM because a conventional medical professional suggested they try it.
- 13% used CAM because they felt that conventional medicine was too expensive.


2. Society for Shamanic Practitioners Grows Quickly
The newly formed SOCIETY FOR SHAMANIC PRACTITIONERS (SSP) is off to a strong start with over 200 members and 20 more joining each month. Its goal is to facilitate dialog among all traditions and approaches to shamanic practice and to nurture and educate practitioners. BONNIE HORRIGAN, the former publisher of Alternative Therapies in Health and Medicine, has been involved in shamanic practice since the 1980s and now serves as the executive director of the new organization. Horrigan helped create the organization because, "while conventional medicine addresses biology very well, we are spiritual beings as well as biological beings and healing this aspect of illness is missing in our current approach to healthcare."

SSP grew out of a core group of practitioners who've organized several conferences on shamanism and medicine. It will soon have its website up (www.shamansociety.org) and is making plans for an e-newsletter, mentor program, case study database, online library, and annual conference. The founding board includes CECILE CARSON, MD; TOM COWAN, PhD; ALAN DAVIS, MD; SANDRA HOBSON; SANDRA INGERMAN, MA; GREG MILLER, DO; CAROL PROUDFOOT; ED
TICK, PhD; and DON WARNE, MD. An application for nonprofit status has been filed, with approval expected by the end of the year. For more information or a membership application, please email shamansociety@cox.net or call Horrigan at (760) 634-4947.

3. Campaign for Better Health Mobilizes Grassroots Effort
When you visit the CAMPAIGN FOR BETTER HEALTH (CBH) website, you see two large buttons. The first, for its "Healing is Happening" campaign, invites consumers and practitioners to tell their stories to Congress. CBH made a strategic decision to invest in a sophisticated website design, so each individual's story is automatically forwarded to his or her Congressional representative and both Senators. "We're starting to hear some reactions to this campaign, some buzz in the hallways on Capitol Hill," says ANA MICKA, president and CEO. "Legislators are pleased to hear from their constituents about different approaches to healthcare."
The second button directs you to a local, community-based action program called "Healthy Kids, Healthy Families." It highlights grassroots programs such as the Olympia School District's organic lunch program, and Del Rio Elementary School's campaign to help kids get more active by enjoying sports. Hopefully these stories will serve as models and energizers for other communities.
CBH is supporting these activities with two million color brochures scheduled to arrive in natural health food stores the first week in June. The brochures will encourage people to:
- Contact Congress in support of Herbal Alternatives, an issue briefing by JAMES DUKE, PhD, to be held June 17 in Washington, D.C.
- Visit the CBH website and download information about actions they can take in their own communities to support children's health.
- Join a national health action network, send letters to Congress about key issues, and register to vote.
Each month 6,000 new people take some form of action through the CBH website, and during the course of the year, 6 million flyers will be distributed through natural health food stores. By December, the organization expects to create a 250,000-strong national grassroots network of health-conscious voters. "Through this sort of mobilization, we can stop the government from trespassing on our right to make individual health decisions," Micka says. "We need to put basic decisions on how health and wellness are created and defined back in the hands of individuals."
For more information: www.betterhealthcampaign.org. For examples of local action for children's health:
http://www.betterhealthcampaign.org/community/kids_health/success_stories/olympia.cfm
http://www.betterhealthcampaign.org/community/kids_health/success_stories/del_rio_elementary.cfm

4. Integrative Center at St. Barnabas Health System into Its Fifth Year
Any integrative clinic faces advantages and disadvantages as part of a large hospital system, says ADAM PERLMAN, MD, MPH, medical director of the CAROL AND MORTON SIEGLER CENTER FOR INTEGRATIVE MEDICINE in Livingston, NJ. The center is part of SAINT BARNABAS HEALTH SYSTEM, the largest health system in New Jersey. The outpatient clinic opened its doors in April 1999 and offers acupuncture, comprehensive integrative medicine consultations, massage/bodywork, herbal medicine, and nutritional counseling, as well as mind/body modalities such as biofeedback, guided imagery, hypnotherapy, and stress management.
"One of my personal goals is to help reshape the way medicine is practiced," Perlman says. "You can do that more effectively when you start out as part of a large
conventional facility, instead of a free-standing structure." It may be easier for a hospital-based clinic to get referrals from other physicians, Perlman speculates, since it is viewed as a more credible source of care. Another advantage: an affiliated clinic can potentially access resources of the larger organization, such as a budget and expertise in marketing.

On the other hand, being part of a large system may mean limited flexibility and autonomy, and evaluation by standards that don't really fit the specific situation. For example, many medical centers are trying to cut expenses by limiting FTEs. At the Siegler Center, that standard doesn't make sense, since therapists are paid on a per-encounter basis. When more patients are scheduled for massage, the number of FTEs goes up, but it's a sign of economic health. "It doesn't mean we're doing overtime, it means we've had a busy week," Perlman explains.

Many specialized ambulatory care centers (not only integrative clinics) find they must navigate carefully within the larger hospital system, sensitive to the needs and wishes of the medical staff. For example, Perlman offers integrative medicine consults, but does not offer primary care since that might be threatening to some primary care physicians. And while chiropractic care could potentially be a money-maker for integrative clinics, due to the long history of tension between chiropractic and allopathic care, this can be a particularly controversial issue for hospital-based clinics.

Perlman expects the Siegler Center to break even, but it's not likely to be a real money-maker. He currently serves as medical director on a quarter-time basis. "When a healthcare system is making plenty of money, it values programs like ours, which attract good press and are value-added," he says. "When things get tighter, they may be cut." Right now things are pretty tight, but his contract as integrative medical director was just renewed for another two years. For more information about the Siegler Center: http://www.sbhcs.com/services/integrative/about-us.htm

5. Community-Based Effort Supports Lifestyle Change

A well-designed, community-based health transformation project called CORONARY HEALTH IMPROVEMENT PROJECT (CHIP) has been underway for five years in Rockford, IL, and is attracting national attention. CHIP brings together employers, hospitals, schools, and faith communities, all participating in a concerted effort to increase broad public awareness of healthy lifestyles. Nearly 30 Rockford restaurants include CHIP-approved meals on their menus. In a recent 337-person study, hypertension in participants decreased from 18.5% at the start of the program to 7.5% by the end, total cholesterol declined an average of 12%, and the number of diabetics in the group decreased by 38%. A detailed article on the progress of CHIP, by HEIKE ENGLERT, PhD, MPH; HANS A. DIEHL, DrHSc, MPH; and ROGER L. GREENLAW, MD, appeared in the April issue of Preventive Medicine (http://www.chipusa.org/downloads/Rationale.pdf). Another article about the program will appear in the June/July issue of Absolute Advantage, published by the Wellness Councils of America.

6. Michael Carbine Develops CME Courses and Webcast

MICHAEL E. CARBINE, for many years a consultant on healthcare business development, market positioning, and strategic partnerships, has several interesting projects simmering these days. He's working on the evaluation phase of a NATIONAL INSTITUTE ON AGING-funded CME course for physicians on HIV/AIDS and seniors. The interactive, case-based module was developed by HEALTHCARE EDUCATION ASSOCIATES (HCEA), www.hceassoc.com. He's also developing a case-based CE course for pharmacists on the evidence-based use of herbs and supplements to
ameliorate the side effects of cancer treatments. Carbine is currently recruiting experts to help compile information for this course, plus an expert review panel for the project.

In addition, he’s putting together an 80-minute, live streaming webcast for physicians on how to advise HIV/AIDS patients about complementary medicine, including herbs and supplements. Participating physicians will be able to ask questions via telephone or email before and during the webcast, and they will receive a handout for distribution to patients. This webcast will serve as the pilot test for a training module, which will eventually be available as a web-based CME program. The project will be co-sponsored by HCEA and the UCLA/PACIFIC AIDS EDUCATION AND TRAINING CENTER, with the initial webcast planned for early in 2005.

Further down the road, Carbine and HCEA plan to develop CME programs for physicians and residents on physician-patient communication about CAM usage. Carbine is currently seeking funding for some aspects of these projects. For more information: www.ndhealthcare.com or by email at mec@ndhealthcare.com

7. Other NCCAM News: Five-Year Plan, Research Education Grants
A. Public comment on the NCCAM Strategic Plan for 2005–09 is still welcome on the NCCAM website, through June 30. A draft of the five-year strategic plan will be available in October. For more information: http://nccam.nih.gov/about/plans/2005/
B. NCCAM recently announced a new series of grants called the CAM PRACTITIONER RESEARCH EDUCATION PROJECT GRANT PARTNERSHIP. These grants are designed to enhance CAM practitioners’ exposure to and appreciation of evidenced-based biomedical research literature and approaches to advancing knowledge. Under these grants, CAM professional schools will partner with a research-intensive institution, such as a university, medical, or nursing school, in developing and implementing their programs. The grants are limited to CAM schools that offer doctoral degrees in a CAM practice that is licensed or certified at the state level, such as naturopathy, chiropractic, or traditional Chinese medicine. The maximum total direct cost for the first year of the grant will be $100,000, since the first year will be devoted to planning. The maximum amount to be requested for subsequent years (the implementation phase) will be $200,000 per year.

NCCAM says, "While this program announcement is limited to schools offering doctoral degrees, it is anticipated that the experience gained from this initiative will provide data that will inform the incorporation of research education at CAM institutions offering other types of terminal degrees and certificates." Deadlines for applications are September 15, 2004; September 15, 2005; and September 15, 2006. For more information: http://grants.nih.gov/grants/guide/pa-files/PAR-04-097.html

8. Publications: Townsend Letter on Integrative Cancer Care, Washington Post on Employers
A. An article about integrative cancer care appears in the June issue of The Townsend Letter. Written by CHRF News Files managing editor ELAINE ZABLOCKI, it includes interviews with BARRY BOYD, MD, medical oncologist; BEVERLY PIERCE, MLS, MHD, RN, CHTP, cancer program manager at the Center for Mind-Body Medicine; and CHRISTINE GIRARD, ND, director of naturopathic medicine for Cancer Treatment Centers of America at Southwestern Regional Medical Center. The article also discusses mind/body methods offered by PEGGY HUDDLESTON and BELLERUTH NAPARSTEK, as well as the comprehensive program at CANCER TREATMENT CENTERS OF AMERICA. For archives, subscriptions, and back issues: www.townsendletter.com. For a link to Zablocki’s Townsend Letter articles on the
B. A May 26 article in the Washington Post discusses the lack of employer participation in the healthcare debate. "From the largest corporations to the smallest mom-and-pop shops, business executives identify double-digit increases in health insurance costs as perhaps the biggest threat to their bottom lines and their future," writes Jonathan Weisman. "Yet beyond their vocal complaints, businesses have been strikingly absent from the burgeoning political debate and largely unwilling to take sides." 


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**Which Way Do We Hold The Compass? — Stephen Bolles, Executive Director, CHRF**

The utilization data from the NCCAM survey tells us that in rough proportions Americans are using CAM in numbers within sight of those reported by David Eisenberg back in 1993. So, what’s changed in a decade? Integrative medicine has emerged as a field of study, an area of clinical and business experimentation, and as a market. American healthcare payers have struggled with evaluating integrative modalities and struggled even more to know whether they belong in core or affinity benefit sets. Some therapies are now considered mainstream. Some are not. Some have come and gone, especially those washed in and out by the capricious tide of affinity benefits appeal.

It’s clear that the research and policy infrastructure that supports medicine has begun to extend itself, however slowly, to allow for integration. Indeed, some nontraditional therapies have become accepted alternatives to mainstream approaches, while others are clearly superior. Depending on where you stand, these signs are either hopeful or discouraging. Beyond that, though, what do the numbers mean? What does it mean that a given number of people use a particular treatment for their care? Should it lead to a call for coverage? So far, using utilization as a primary argument has not proved effective. On the other hand, even if utilization has not changed in a decade, visibility certainly has.

Many have hoped that this kind of information might guide policy development, informing a rational system that would change when confronted with evidence. But economics usually trump policy, and unfortunately CAM utilization data have not caused any widespread changes in healthcare policy terms over the last ten years. So deciding what we do with the information is still perplexing. Our hope is that normal evolutionary processes might offer enough time for integration to mature. But we are not far from the point where the system figuratively throws up its hands and shifts all responsibility to the consumer. While this abdication may allow for more latitude in paying for healthcare services, it may also stop most arguments for integrative medicine in their tracks.

Perhaps the best application of utilization data like NCCAM’s is with the Internal Revenue Service. With IRS determinations limiting which health expenses fit under medical savings accounts and their siblings, the new keys to the kingdom are less likely to be found in our healthcare policies and more likely to end up in the Uniform Tax Code. Will utilization change? Stay tuned.

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**CHRF NEWS FILE #72, June 21, 2004**

1. Unusual Congressional Maneuver to Limit Dietary Supplement Sales
2. Citizens for Health Mobilizes Natural Health Constituency
1. Unusual Congressional Maneuver to Limit Dietary Supplement Sales

BETH CLAY, president of BC&A International, LLC., just sent CHRF News Files an inside look at the latest news from Washington, D.C. She writes: “As Washington did double duty to catch up from work not done during the week of mourning for Ronald Reagan, two divergent positions were in play on Capitol Hill. On Thursday, June 17, CITIZENS FOR HEALTH hosted JIM DUKE, PhD, world-renowned ethnobotanist, in a lunch session of the CONGRESSIONAL CAUCUS FOR COMPLEMENTARY MEDICINE AND NATURAL FOODS. He spoke to a packed audience about herbal alternatives to prescription drugs. In his grandfatherly tones, Duke opened the eyes of many young staffers and suggested that future clinical trials for pharmaceuticals should be required to conduct a third arm of the study, to include comparisons with herbal alternatives. He also discussed the frequent misrepresentation of herbal research in the headlines. “On Friday afternoon, Senator DICK DURBIN (D-IL) circumvented the usual committee process and brought to the floor of the Senate an amendment to the DEPARTMENT OF DEFENSE authorization bill that would ban the sale of stimulant dietary supplements (including those containing caffeine) on military bases, unless manufacturers agree to report serious adverse events to HHS. Movement on this amendment has been delayed until Monday (6/21), and trade and grassroots organizations have asked their constituencies to contact their Senators, urging them to oppose it. Ephedra sales were banned on military bases a year before the FDA banned them in the U.S. Durbin argues that surveys show high use of supplements in the military and that one report has described 30 serious adverse events in military members who used ephedra. Logic suggests that the appropriate solution for these concerns would be for the Surgeons General of the services to require doctors on military bases to report adverse events for dietary supplements and all other products to the FDA’s Medwatch system. In addition to this particular amendment, Durbin is likely to continue pushing for mandatory adverse event reporting and for more limited
consumer access to dietary supplements with stimulant properties. He is not alone in this battle. Those working with him include Congressmen HENRY WAXMAN (D-CA) and JOHN DINGELL (D-MI)."

Many thanks to Beth for her detailed, timely reports from the Capitol. For more information: beth@bethclay.com

BREAKING NEWS ON THE DURBIN AMENDMENT
As we go to press, BONNIE COBERLY of Citizens for Health tells us that late on Monday (6/21), Senator Durbin withdrew his amendment. He has agreed to work together with Senator ORRIN HATCH (R-UT) and dietary supplement manufacturers on a legislative strategy to create a system for reporting Adverse Event Reports to the FDA. This issue will be included in the existing Hatch/Biden bill, the Anabolic Steroid Control Act. "Consumers can certainly be credited for making a huge difference in this issue," Coberly says. "Over 12,500 letters, emails, and faxes were sent to Congress over the last six days in opposition to Durbin's amendment."

2. Citizens for Health Mobilizes Natural Health Constituency
CITIZENS FOR HEALTH (CFH), the political action and lobbying arm of the CAMPAIGN FOR BETTER HEALTH (CFBH), is using 21st century technology to mobilize natural health voters and make them a significant force on Capitol Hill (see CHRF News File #71 for other CFBH news).

With the support of NOW FOODS, CFH organized the Herbal Alternatives Congressional briefing as mentioned in the above story. When CFH asked its supporters to email their congressional representatives and to emphasize the importance of this meeting, more than 20,000 did so. As a result about 120 Senate and House staffers attended the briefing. "As they checked in, several of them walked up to us with those emails in their hands, saying 'This is why we're here,'" a CFH spokesperson reports.

The CFH website has a legislative scorecard that ranks members of Congress on two issue areas: 1) "Whole Person Health," which includes access to natural food supplements, alternative medicine, and wellness practices and 2) "Food, Water and Ecological Health," which looks at organic foods, reduced exposure to pesticides and toxins, and more informative food labels.

In addition, consumers can easily contact their representatives through the website. They can review, edit and sign pre-drafted letters on a number of issues, which will automatically be forwarded to their two Senators and their Congressional representative. One recent focus was Senate Bill 722, the Dietary Supplement Safety Act, which would single out dietary supplements and hold them to a higher standard than many over-the-counter medications and food additives. By early June, visitors to the Citizen's website had sent 17,500 letters to their representatives opposing this bill.

Another key, long-term focus for the organization is getting people registered to vote as natural health voters. It's possible to register online, using a button on the CFH website. The organization invites natural health practitioners and others who are committed to natural health to post a hyperlink on their own websites to connect to the "Register to Vote" button on the CFH website.

For the legislative scorecard:
http://www.citizens.org/yourcongress/index.cfm. To add a "Register to Vote" link to your website, email julia@citizens.org. To sign up for an e-newsletter, visit www.citizens.org
3. Hawaii Clinic and Large Insurer Collaborate on Pain Program
MANAKAI O MALAMA INTEGRATIVE HEALTHCARE GROUP AND REHABILITATION CENTER in Honolulu is putting together an innovative integrative pain program at the request of Hawaii's largest insurer, HAWAII MEDICAL SERVICE ASSOCIATION (HMSA). "The medical director of HMSA asked us to find a solution for their pain patients," says IRA ZUNIN, MD, MPH, MBA, founder of the clinic. "They know we already have a great deal of experience working with pain patients, including sports injuries, work-related injuries, and chronic illness."
Program participants will come from several sources. HMSA plans to review utilization data and flag patients who meet certain criteria, such as pain medications used for several months, or frequency of ER visits. Then the patient's primary care physician will get a letter encouraging patient participation in the program. In addition, HMSA will use its member magazine and other information channels to let people know the new program is available.
In MANAKAI O MALAMA's Intensive Outpatient Program for Pain Management, selected patients will come to the clinic three hours a day, two or three days a week, for six to twelve weeks, to receive case management services and participate in an intensive outpatient program. "Learning self-management skills is critical," Zunin says. "They will participate in meditation, group psychotherapy, and physical therapy including therapeutic yoga. We've learned that acupuncture treatment just before physical therapy can be invaluable. Another key point: it's essential to identify and manage patients with concurrent reactive depression." Conventional insurance payments for CAM are frustrating, Zunin says, since there are strict diagnosis-related limits regarding which practitioner can be reimbursed for which services. With a program like this one, the insurer pays for blocked-out time, and the clinic has significant latitude in deciding which services will be offered during that treatment window.
MANAKAI O MALAMA and HMSA are currently negotiating financial terms. "The insurer has expressed a strong commitment to getting this done in the near term, and they've agreed that the current version of the program is what they are looking for," Zunin says. Eventually the workers' comp market will be another likely source of clients. However, in Hawaii this is a fragmented market, so successful marketing will mean intensive outreach and discussion with multiple stakeholders. Once the first segment of the program is up and running, expansion to workers' comp is next on Zunin's list. For more information: zunin@globaladvisoryservices.com

4. Institute for Health and Healing and Canyon Ranch Form Partnership
The INSTITUTE FOR HEALTH AND HEALING (IHH) at CALIFORNIA PACIFIC MEDICAL CENTER in San Francisco, recently announced its affiliation with CANYON RANCH, a leading health resort. This partnership offers interesting synergies for both organizations and suggests a new business model for healthy lifestyle enhancement. The agreement was years in the making, says JUDITH TOLSON, IHH director of programs and operations. Key IHH donors are also enthusiastic supporters of Canyon Ranch, so there's been a long-term network of informal connections, followed more recently by formal getting-acquainted visits between the two organizations. Canyon Ranch wanted an affiliation with a major hospital and integrative medicine program because they are far more than a health spa, Tolson says. "They have a health and healing center that is actually quite similar to our clinic. In addition to allopathic care, they offer several CAM modalities, including acupuncture, behavioral health, Feldenkrais, and other somatic therapies." Canyon Ranch also offers executive health packages and medical work-ups, as well as a week-long health enhancement program for people with heart disease or obesity. For IHH, Canyon Ranch offers another way to encourage preventive care and self-care outside the
hospital setting. The hope is that people will learn new habits there, which will enhance their health when they return home. Both organizations will benefit from outreach to new clientele.

The two organizations have signed a collaborative agreement by which each party is covering its own expenses. They plan to feature visiting speakers from each other's organizations. For example, PHIL EICHLING, MD, Medical Director of Canyon Ranch in Tucson, was the first speaker at the Institute's community lecture series, discussing the connection between sleep deprivation and weight management problems (more than 450 people attended). Each organization will also house a trained concierge who is familiar with the partner's services, to enhance continuity of care and follow-up in both settings. For more information: http://www.canyonranch.com/ and http://www.myhealthandhealing.org/

5. NCCAM’s Advisory Council Announces Six New Members
The NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE’s National Advisory Council just added six new members, to serve four-year terms and replace previous members. They include:
CARLO CALABRESE, ND, MPH, research professor at the National College of Naturopathic Medicine (NCNM) and a clinical assistant professor at Oregon Health Sciences University (OHSU)
JEANETTE M. EZZO, PhD, MPH, MsT, research director of James P. Swyers Enterprises, a company that develops evidence-based CAM materials for a variety of audiences. Ezzo is a certified massage therapist who maintains a private practice in Baltimore and teaches critical appraisal skills to breast cancer advocacy groups.
ROBERT E. FULLILOVE III, EdD, associate dean for community and minority affairs and professor of clinical sociomedical sciences at Mailman School of Public Health of Columbia University, New York, NY. He currently co-directs the Community Research Group at the New York State Psychiatric Institute and Columbia University.
L. DAVID HILLIS, MD, professor and vice chair of the Department of Internal Medicine, University of Texas Southwestern Medical School, Dallas, TX.
BALA V. MANYAM, MD, professor, Texas A&M University System Health Science Center College of Medicine, and director, Plummer Movement Disorders Center, Temple, TX. Manyam researches Ayurvedic drugs, especially for degenerative neurological disorders such as Alzheimer's disease.
JOEL G. PICKAR, DC, PhD, associate professor at the Palmer Center for Chiropractic Research at Palmer College of Chiropractic, Davenport, IA. Pickar's research laboratory is studying neurophysiological issues related to the vertebral column and chiropractic manipulation.

6. Healthcare Spending Growth Rate Slows for Second Year in a Row
According to a recent report from the CENTER FOR STUDYING HEALTH SYSTEM CHANGE, the rate of growth in healthcare spending fell for the second year in a row in 2003. Healthcare spending per privately insured person increased 7.4%, down from a 9.5% increase in 2002 and a 10% gain in 2001. However, the growth rate remains high by historical standards. Healthcare spending grew nearly twice as fast as the overall economy, which grew 3.8 percent in 2003. For the third straight year, consumers faced significant increases in cost sharing, due to higher deductibles, co-payments and co-insurance. For the complete report: http://content.healthaffairs.org/cgi/content/abstract/hlthaff.w4.354

7. Surgeon General Confirms Smoking Affects Whole Body
U.S. Surgeon General RICHARD H. CARMONA recently released a new
comprehensive report on smoking and health, confirming that smoking causes
disease in nearly every organ of the body. The first report on smoking and cancer
from the Surgeon General in 1964 concluded only that smoking was a cause of
cancers of the lung and larynx in men and chronic bronchitis in both men and
women. Later reports expanded the list to include cancers of the bladder, esophagus,
mouth and throat; cardiovascular diseases; and reproductive effects. The new
illnesses and diseases listed in the current report include cataracts, pneumonia,
acute myeloid leukemia, abdominal aortic aneurysm, stomach cancer, pancreatic
cancer, cervical cancer, kidney cancer, and periodontitis. According to the report,
smoking kills an estimated 440,000 Americans each year. On average, men who
smoke cut their lives short by 13.2 years, and female smokers lose 14.5 years. The
economic toll in the U.S. exceeds $157 billion each year -- $75 billion in direct
medical costs and $82 billion in lost productivity. The report and additional materials
are available at www.cdc.gov/tobacco/sgr/

8. News from PIM: Online Courses and Osher grant
The PROGRAM IN INTEGRATIVE MEDICINE (PIM) at the UNIVERSITY OF ARIZONA
HEALTH SCIENCES CENTER is launching a series of online nutrition and botanical
courses for healthcare professionals. The first, "Nutrition and Cardiovascular Health,"
includes macro- and micro-nutrients, fad diets, supplements, phytonutrients,
motivating patient change, and research and resources in the field. Over 60
physicians and healthcare providers were enrolled in the inaugural class, and the
next class begins September 15. The cost is $495 for physicians and $395 for other
healthcare professionals. For information about continuing education credit and
online registration:
http://integrativemedicine.arizona.edu/nutrition/cvhealth/index.html
More news from PIM: It has just received continuing support from the OSHER
FOUNDATION for its residential fellowship program and thus will soon be recruiting
for the next class of Osher Residential Fellows. The deadline for applying is
September 1. For information about the application process:
www.integrativemedicine.arizona.edu, or call Kathy Ben, program coordinator,
at (520) 626-6480

9. True North Conference Reminder
The early-bird $50 discount for TRUE NORTH HEALTH CENTER's third annual
integrative medicine conference expires July 1. "Deepening Relationships --
Implementing Integrative Care," will be held October 20-23, 2004, on the Maine
seacoast. There's an additional $50 per person discount when two or more people
register together. For more information: (877) 821-4488, or
www.truenorthhealthcenter.org/conference

Pressure Relief — Stephen Bolles, Executive Director, CHRF
The welcome news late Monday (6/21) that Senators Durbin and Hatch were going to
work together to create an adverse event reporting process to the FDA seems to
have averted a fight that could have increased the stress on the issue of supplement
regulation.
Such a process is obviously important and will reinforce arguments that DSHEA is
enough protection. This comes at a welcome time when the legislative winds might
have shifted and forced entrenchment of positions rather than collaboration. The tea
leaves are hard to read on this one, but one of the unintended benefits of
“ownership” of issues related to natural supplements by a broader constituency is
that mainstream processes start looking appealing to those who mistrust structures
like DSHEA.
In this case, applying evaluation, approval, and other regulatory processes that were created to ensure prescription drug safety to supplements is an easy legislative reaction to problems related to supplements, but as consumers are pointing out, the existing legislation is strong enough. It simply needs to be used. Quick mobilization of over 12,000 consumer messages to legislators proved to be powerful guidance to our elected officials. As consumers become more educated about their own health needs, and as health benefit designs increasingly emphasize consumer choice and accountability, the importance of nutritional supplements will only grow.

The fact that consumers are more on their own in healthcare than ever was underscored again yesterday when the Supreme Court ruled against state laws that permitted patients to sue their health maintenance organizations. The ERISA shelter has withstood the challenge that a handful of states has tried to pose, and further action on change is in the lap of Congress. The bottom line for consumers: we cannot abdicate responsibility to healthcare providers. Becoming educated and assuming more responsibility for our healthcare is really the best defense against medical errors.

As I see it, the educated, empowered, and aware consumer citizen is really going to become the centerpiece of healthcare. Successes like the Durbin/Hatch compromise only reinforce the fact that when consumers talk, our leaders will listen.

To subscribe to the CHRF News Files, or to change your email address, please contact PriesterC@thecollaboration.org. To access an archive of previous CHRF New Files, go to www.thecollaboration.org.

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CHRF NEWS FILE #73, June 30, 2004

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2. Research Grants at UMDNJ’s CAM Institute
3. Mitchell Medical to Incorporate ABC Codes into its Software
4. George DeVries Receives 2004 Innovators Award from AHIP
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6. Writing (and Listening) at Integrative Clinics
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8. Doctor of Chiropractic Graduates from Naval Medical Center
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Plus: Another Fork in the Road – Stephen Bolles, Executive Director, CHRF

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1. Triad Grows as CAM Benefits Manager
TRIAD HEALTHCARE, INC. foresees increasing opportunities as a CAM benefits manager and uses a very interesting model to manage its chiropractic services network. The specialty managed care organization was formed in 1996 as a subsidiary of the NCMIC GROUP (National Chiropractic Mutual Insurance Company). Today it is an independent organization, with a network of 7,500 chiropractors nationwide. In addition, it has vendor relationships with other CAM specialty networks, totaling about 5000 providers.

This is a difficult time for CAM provider networks, says CEO AGOSTINO VILLANI, DC, because simply having a network makes providers available at a discounted fee, but offers no additional market value position. Almost all providers belong to almost all networks. "But as a benefits manager, our business is exploding," he says. Triad offers medical management, claims processing, credentialing, call centers, and network services on an administrative basis or through risk "carve-out" arrangements. "There is a tremendous need for creative and effective methodology to manage benefits that are reasonable, practical, and member-oriented. We expect to see strong growth in creative management solutions for the third party payer."

For example, Triad is now beta-testing a management program for INTRACORP, a CIGNA company that manages workers' comp benefits. Under this pilot program, chiropractors will often be the first line of treatment for employees who experience musculoskeletal injuries on the job. "This program is strongly aligned with Triad's fundamental operating principle, that successful healthcare delivery requires cooperation between the patient, the provider, and the payer," Villani says. "Solutions developed from this perspective will yield high-quality, sustainable, clinical, and economic outcomes."

Triad does not offer affinity discount programs. Many chiropractic plans limit care to a pre-defined dollar amount or number of visits per year. Triad, remarkably, only accepts clients who choose to offer an uncapped benefit, limited only by medical necessity. "We start out by accepting that it is appropriate for patients with pain to be treated by a chiropractor. We expect the provider to give us very specific measures of pain and function, and we evaluate medical necessity based on the patient's response to treatment," Villani says.

Triad has gathered six years of utilization data, managing tens of thousands of patients. They see a wide variation in the number of visits, Villani says. Some Triad patients need only one visit, others may need 40, but the average number of visits is close to averages seen by other companies that limit care to 10, 15, or 20 visits per year. "We recently surveyed our providers, and most of them said the average chiropractic patient needs 20 to 30 visits per year. However, in their own practices, they had a much lower average number of visits," Villani says. "There is a conflict between their perception of needed treatments, and the reality of their own actual treatment patterns." For more information: tvillani@triadhealthcareinc.com

2. Research Grants at UMDNJ's CAM Institute
A growing number of academic MDs with an interest in integrative medicine are focusing on CAM research. ADAM PERLMAN, MD, MPH, executive director of the INSTITUTE FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (ICAM), has four research grants underway.
ICAM, founded in 1999 (under a different name), is an initiative of the UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY (UMDNJ), the largest health services
university in the country. It includes two medical schools, an osteopathic school, a school of public health, a dental school, a nursing school, and a graduate school of biomedical sciences. ICAM is housed within the School of Health-Related Professions, but its goal is to support CAM-related research, education, and clinical services throughout the university." At present we have a strong focus on research, and we're fostering collaborative relationships within the university and also with other organizations," Perlman says. ICAM research grants include:
A one-year, $400,000 study on the effect of multivitamins on academic performance in elementary school children, with funding from the U.S. DEPT. OF EDUCATION through the HEALTHY FOUNDATION. Researchers from UMDNJ and Rutgers will collaborate on a placebo-controlled study of 1600 students in the Newark parochial schools, to start in October.
A one-year, $133,000 study, funded by the NATIONAL CANCER INSTITUTE, to determine the prevalence of CAM usage among cancer patients at the Cancer Institute of New Jersey. This survey will look at which CAM methods are used and whether patients discuss CAM with their allopathic healthcare providers.
A one-year, $110,000 grant from the NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE (NCCAM) to evaluate a new, computer-supported method to efficiently communicate information about dietary supplements to consumers. The study will be carried out at UMDNJ, Rutgers, and Florida State University.
A one-year, $66,000 study in conjunction with the Yale-Griffin Prevention Research Center, to look at the efficacy of massage therapy in lowering pain and improving joint mobility in knee osteoarthritis. Funds are from the CENTERS FOR DISEASE CONTROL (CDC).
Perlman lectures on CAM methods to students in several healthcare professions. ICAM is working to develop formal certificate programs in CAM, and Perlman visualizes a masters program in integrative health further down the road. Recently he was named to an UMDNJ Endowed Professorship in Complementary and Alternative Medicine, with a $1.5 million endowment from the HUNTERDON HEALTH FUND. Decisions about endowed professorships are made by a vote of all of the deans of the healthcare schools, so this decision was a significant sign of acceptance, Perlman says. "It demonstrates a commitment on the part of UMDNJ to support further development within CAM. It lends increased credibility to our work and will make it easier to recruit the kind of team we need." For more information: www.umdnj.edu/csacmweb/

3. Mitchell Medical to Incorporate ABC Codes into its Software
ABC CODES won an enthusiastic response from those attending a recent MITCHELL MEDICAL User Group Meeting in San Diego.
Mitchell Medical supplies claims processing and bill review software and services for automotive injury claims. Their clients include many top, brand-name automobile insurance companies. At the invitation-only meeting, about 75 upper managers focused on industry trends and new information, including a presentation on ABC Codes.
"The scope of practice guidelines that ALTERNATIVE LINK supplies have very specific information about alternative medicine providers," says MICHELE Iacobacci, senior director of Health Information Management for Mitchell. "Since automobile injury claimants tend to gravitate to physical therapists, chiropractors, osteopaths, and similar providers, this will be very useful for our clients, letting them know what specific providers can or can't do."
Mitchell plans to incorporate ABC Codes as a reference in its full range of software products and outsourced claims management solutions during 2005. At present, they are educating clients to prepare them for the transition. Eventually, the codes will be
fully integrated into the software. "Many of our clients had been unaware that this information could be available to them," Iacobacci says. "They were energized and enthusiastic to learn that it's in the pipeline, because until now they've been sort of shooting in the dark." For more information: www.mitchell.com/mitch/solutions/medical.asp

4. George DeVries Receives 2004 Innovators Award from AHIP
GEORGE DEVRIES, cofounder, chairman, and CEO of AMERICA SPECIALTY HEALTH (ASH) in San Diego, just received the 2004 Innovators Award from AMERICA’S HEALTH INSURANCE PLANS (AHIP). DeVries was recognized for establishing the first national specialty benefits insurance company for complementary healthcare. He cofounded ASH in 1987, working from a second bedroom in his home. Since then, it has grown to become the nation’s largest complementary healthcare services organization in terms of annual revenues ($100 million), total number of contracted providers (over 28,000), and total contracted health plans (over 60). For more information: www.ashcompanies.com

5. NCQA Makes Quality Data on Physicians Widely Available
The NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) just announced that data on physician quality will soon be available to tens of millions of consumers. The information is drawn from physician recognition programs related to diabetes and cardiac/stroke care, developed by NCQA and its partners, the AMERICAN DIABETES ASSOCIATION and the AMERICAN HEART ASSOCIATION /AMERICAN STROKE ASSOCIATION. These recognition programs measure how consistently doctors provide certain key screenings and how well they control their patients’ key metabolic indicators such as blood pressure and cholesterol. The new, searchable database just added to NCQA’s website allows visitors to search for a physician by area of expertise, location, and other criteria. In addition, to ensure that consumers have access to recognition data through other web locations, NCQA recently arranged that the GEOACCESS division of INGENIX will include this data in the online physician directories it manages for hundreds of health plans and major employers. As this sort of information becomes more widely available, it has far-reaching implications for our healthcare system as a whole, insofar as people can select their doctors based on objective measures of quality. To use the new tool: www.ncqa.org/PhysicianQualityReports.htm

6. Writing (and Listening) at Integrative Clinics
One of the common themes we’re hearing from integrative clinics is the importance of listening while patients tell their stories. At the INTEGRATIVE MEDICINE WELLNESS CENTER (I M Well Center) in Ann Arbor, MI, patients initially come in for a 90-minute consultation with an integrative physician, to tell their story and review their current conventional and alternative therapies. They return in two to four weeks for a 30- to 60-minute visit, to discuss a comprehensive, integrative plan for their care. "When people are given a chance to tell their full story, they usually talk for 30 to 40 minutes," says MONICA MYKLEBUST, MD, the center’s medical director. "It's phenomenal, because a great deal of healing can take place in that 40 minutes. Often it's the first time they have been allowed to tell their entire story without being interrupted."
ELLEN BARNETT, MD, PhD, medical director of the INTEGRATIVE MEDICAL CLINIC OF SANTA ROSA (IMCSR), agrees. She recalls a study in JAMA a few years ago, where people with rheumatoid arthritis or asthma were given a chance to write about their most traumatic experience, while a control group wrote about what they had done
that day. "It was a small but well-designed study," Barnett says. "They followed the patients for four months and 47% of those who wrote about stressful experiences had clinically relevant improvements in their condition, compared to 23% in the control group." [Smyth JM et. al. JAMA vol 281: 1304-1309 April 1999]

As part of the ongoing group support at IMCSR's Pain Rehabilitation and Education Program (PREP), people who are dealing with chronic pain are encouraged to create a book that represents the story of their pain. They may use cut-out pictures or drawings or words to tell the story, in a process that takes an hour a day for several days. "Something about fully telling the story of the pain, and getting that story outside, in a form where you can look at it, is very helpful in letting people feel they have the ability to manage their pain," Barnett says.

7. A Call for Collaborative Research on Patients' Perspective of IM
ELLEN BARNETT, MD, PhD, medical director of the INTEGRATIVE MEDICAL CLINIC OF SANTA ROSA (IMCSR) wants to network with other News Files readers about integrative medicine research. IMCSR is a free-standing integrative clinic which sees about 10,000 (and growing) patients per year. "I'm very interested in doing what we might call qualitative research," Barnett says. "My key interest is what integrative medicine means from the patient's perspective. Many of us feel we are working on a different way to 'do' medicine and healthcare, a different model. How can we articulate and communicate what our partners in that process -- the patient/client/families -- feel and think and experience? How can we do research that goes beyond narrowly measured outcomes and looks at our patients' continuing experience of lifestyle and wellness and the meaning this has for them and their families?

Barnett would like to talk with other News Files readers about these issues. In particular, she'd like to communicate with other clinics about the challenges of doing CAM research when you're not affiliated with an academic institution. "There is power in numbers and collaboration," she says. "Is CHRF a vehicle for networking on this issue? Does anyone have similar thoughts? Is anyone already doing this that we could work with?" Please email her at ellen@IMCSR.com

8. Doctor of Chiropractic Graduates from Naval Medical Center
A doctor of chiropractic has graduated from a military hospital residency program for the first time in history. JOANNA HUDEC, DC, completed a fellowship in integrative medicine at the NATIONAL NAVAL MEDICAL CENTER (NNMC) in Bethesda, MD on June 18, 2004. NNMC is considered the flagship of naval medicine, since it is the site at which sitting U.S. presidents and other dignitaries receive care.
"There were hundreds of people in the audience and medical brass from all branches of the Army and Navy were present," says GARY CUNEO of the American Chiropractic Association, who attended the ceremony. "On stage were Dr. Richard Carmona, U.S. Surgeon General and numerous other dignitaries. I don't think anyone could have predicted a few years ago that the bastion of conservative medicine would be the setting for honoring one of our own."

9. Samueli Institute Job Openings
The SAMUELI INSTITUTE FOR INFORMATION BIOLOGY (SIIB) currently has two job openings (one for a clinical research assistant and one for a clinical research associate) in its East Coast office in Alexandria, VA. SIIB is a non-profit, non-affiliated medical research organization directed by WAYNE JONAS, MD. It conducts rigorous basic and clinical research aimed at discovering the efficacy and underlying mechanisms of complementary, alternative, and traditional healing practices. For
more information: www.siib.org or cgoertz@siib.org. Curriculum vitae and salary requirements should be sent to Christine H. Goertz, DC, PhD, Samueli Institute, 1700 Diagonal Road Suite 400, Alexandria, VA 22314.

10. Publications: NIH, Townsend Letter
A. The Summer 2004 issue of Complementary and Alternative Medicine at the NIH is available now on the Internet. Most of the issue reports on the recent NCCAM survey on CAM usage, including well-done graphic summaries. For more information: http://nccam.nih.gov/news/newsletter
B. An article about integrative cancer care by CHRF News File managing editor ELAINE ZABLOCKI appears in the June issue of The Townsend Letter. The feature article includes information about mind-body methods for cancer care, as well as fully integrated programs such as CANCER TREATMENT CENTERS OF AMERICA. The article is available online at http://www.townsendletter.com/June2004/pathways0604.htm. For archives, subscriptions, and back issues: www.townsendletter.com

Another Fork In The Road -- Stephen Bolles, Executive Director, CHRF
Giving consumers access to the NCQA database will provide important information when they’re choosing providers, assuming consumers can figure out what the quality measurements used by NCQA actually mean. The focus on quality is appropriate. The challenge for the industry is to define it in ways that become commonly held and understood.
It has been frustrating for many of us observers to watch issues of cost dominate healthcare reform. Our misgivings about whether this exclusive focus is appropriate have been partially vindicated as costs continue to escalate despite efforts to wring efficiencies out of nearly every level in the system. While the rates of increase may be slowing, no one believes that the system will be immune from new pressures. So, quality has come into focus as a way of improving care and appropriately lowering costs. Inefficient care is a driver, but hard to define and pin down. Some estimates assert that up to 50% of American healthcare is inefficient. To those in integrative healthcare, these estimates are quite believable.
A recent article in the Harvard Business Review (“Redefining Competition in Health Care,” June 2004) argues that “the wrong kinds of competition have made a mess of the American health care system. The right kinds of competition can straighten it out.” The current situation of “zero sum competition” has been created in part by the wrong kind of competition: competition based on costs.
While quality may become one replacement for cost as a focus for reform, to consumers, quality may be more subjective than those metrics used by NCQA. To healthcare purchasers (especially as “retail” healthcare expands and fully insured benefits go on the endangered species list), quality includes things like access to care, customer service, and the relational skills of providers. These factors may not be overt influences in the system now, but they are clearly on the minds of consumers when it comes to decisions about services, providers and plans.
The overall equation obviously includes more factors than cost and quality. Outcomes really are the end game and defining them has the potential of offering finality to the definition of quality metrics. The individuality of outcomes, however, makes these discussions challenging. The voice of the consumer will be even more important as we continue to struggle with what to pay for, whom to pay it to, and to what end.

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CHRF NEWS FILE #74, July 19, 2004
1. IHPC Education Task Force to Foster Action-Oriented Dialogue  
2. Revitalized Acupuncture Organizations Hire New Directors  
3. Dossey, Riley and Horrigan to Edit New Journal, Explore  
4. Oxford/Triad Partnership Benefits Both Organizations  
5. New Curriculum Guidelines for Integrative Medicine  
7. Zablocki Seeks Your Opinion on DSHEA

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On July 13, we sent an appeal to our readers, outlining our current financial situation. The CHRF News Files have been supported by a grant from the Center for Integrative Health, Medicine and Research (CIHMR), which will end on August 1. We appreciate your encouraging responses and continue to explore all possibilities, but our future remains uncertain, and we welcome your suggestions. We hope to find a way forward that will allow us to continue to serve our readers and the greater community of integrative medicine stakeholders. If you have any questions or suggestions, or would like to make a contribution, please contact CHRF executive director Stephen Bolles, (952) 975-1727 or (612) 910-4814 (cell).

1. IHPC Education Task Force to Foster Action-Oriented Dialogue
The INTEGRATED HEALTHCARE POLICY CONSORTIUM (IHPC) Education Task Force has two major initiatives under way. First, it is taking steps to convene an academic consortium of CAM educational institutions, associations, and accrediting bodies. This consortium will be the CAM counterpart of the CONSORTIUM OF ACADEMIC HEALTH CENTERS FOR INTEGRATIVE MEDICINE (CAHCIM), which represents conventional academic centers with a special interest in integrative medicine. Eventually, task force participants hope the two groups can engage in a productive dialogue. "Bringing together two groups that have had extensive talks within their own communities for a dialogue will help everyone understand the various disciplines and how they would fit into a better healthcare delivery system," says DAVID O’BRYON, JD, task force chair. "While the meeting is called a 'dialogue,' it is clear from the caliber of our team that participants are seeking clear, actionable outcomes which can move educational integration forward."
Toward this end, a major invitational gathering called the **NATIONAL EDUCATION DIALOGUE TO ADVANCE INTEGRATED HEALTHCARE** is now being planned for June 1-4, 2005, according to **JOHN WEEKS**, project director for the Dialogue. Participants will include representatives of both conventional and CAM academic communities, discussing key issues and steps to foster collaborative relationships and alliances for advancing integrated healthcare. "As the poet says, we create the path by walking on it," O'Bryon says. Initial conversations with potential participants have been encouraging, with well-known representatives of major institutions expressing interest in the project.

IHPC has received an anchor grant from the **CENTER FOR INTEGRATIVE HEALTH, MEDICINE AND RESEARCH/LUCY GONDA FOUNDATION** to support start-up work for both the National Education Dialogue and the nascent CAM academic consortium. A planning meeting at the end of July in Washington, DC, will take the first steps toward developing the Dialogue. According to project director Weeks, the team developing this initiative includes the vice chair and founding education Working Group leaders of CAHCIM, representatives from top educational organizations for acupuncture, chiropractic, naturopathic medicine, and massage, as well as representatives from holistic nursing and holistic MD organizations.

**Education Task Force Members currently include:**

- **Candace Campbell**
- **Pali Delevitt, PhD (c.)**
- **Elizabeth Goldblatt, PhD**
- **Adi Haramati, PhD**
- **Benjamin Kligler, MD**
- **Mary Jo Kreitzer, PhD, RN**
- **Thomas Kruzel, ND**
- **Linnea Larson**
- **Richard Liebowitz, MD**
- **Victoria Maizes, MD**
- **Carla Mariano, RN, EdD, AHN-C**
- **Woodson Merrell, MD**
- **Paul Mittman, ND**
- **David O’Bryon, JD**
- **Carole Ostendorf, PhD, LMT**
- **Adam Perlman, MD, MPH**
- **Reed Phillips, DC, PhD**
- **Sheila Quinn**
- **Scott Shannon, MD**
- **Pamela Snider, ND**
- **John Weeks**

A list of task force members' affiliations is posted on the IHPC page on the CHRF website. For more information about the **IHPC Education Task Force**, contact Obryonco@aol.com

2. **Revitalized Acupuncture Organizations Name New Directors**

Two major acupuncture organizations have new executive directors this month, both professionals with substantial experience in association management. And it couldn't have happened at a better time! In response to the current push to control ephedra and other herbs, acupuncturists are now organizing themselves to become more effective voices in the public sphere.

**MICHAEL R. McCOY, MDiv, PhD**, the new executive director of the **ACUPUNCTURE AND ORIENTAL MEDICINE ALLIANCE (AOMAlliance)**, has been public affairs and program director for the Society of Toxicology, as well as executive
director of a multi-state library consortium. He's taught college level courses in religion, French, German, Greek, Hebrew, and Latin.

**REBEKAH CHRISTENSEN**, the new executive director of the **AMERICAN ASSOCIATION OF ORIENTAL MEDICINE, (AAOM)**, also has a remarkable background. For ten years she worked for the Departments of Defense and Energy, on initiatives to reduce toxic contamination. "I saw that the earth didn't contaminate itself; the source of the problem was human choice," she recalls. She moved on to serve for three and a half years as the executive director of the California State Oriental Medicine Association. "I believe that as we use alternative healing methods and take more responsibility for our health, we will also make different, more responsible choices for the earth," she says.

The **AOMAlliance** website is now set up to allow anyone to send an email message directly to federal or state legislators. They've posted sample messages and suggestions on the most effective ways to lobby your representatives. "We've also just implemented a new e-commerce strategy," adds McCoy. "You can do almost anything on the website, from renewing your membership to ordering leaflets and professional practice development packets, 24/7."

Both organizations are working on state-level initiatives, including licensure for acupuncturists in Michigan. And both organizations are committed to stronger cooperation among all groups that support Oriental Medicine. "Given our current environment, we must work closely together," says McCoy. "We're planning to build links and contacts with all the other organizations, and my board strongly supports this position." Christensen agrees. "One of our primary emphases will be the unification of the profession at both national and state levels," she says. "Given so many current impacts on the profession, such as the ephedra ban, or the move to limit acupuncture coverage to MDs only, stronger cooperation is a necessity." McCoy adds, "We are both brand new in our roles. I believe we are both determined to demonstrate a new level of cooperation and a new day of professionalism and success for all acupuncturists." For more information: rchristensen@mindspring.com and mmccoy@aomalliance.org

3. **Dossey, Riley and Horrigan to Edit New Journal, Explore**

The founding editors of Alternative Therapies in Health and Medicine are back in the saddle again, as Elsevier announced its plans to publish a new journal, **EXPLORE: THE JOURNAL OF SCIENCE AND HEALING**, with a scheduled launch in January 2005. "Written for a broad spectrum of healthcare providers, Explore will address the scientific principles behind and applications of evidence-based healing practices from a wide variety of sources, including conventional, alternative, and cross-cultural medicine," Elsevier says.

The editorial team for the new journal includes executive editor **LARRY DOSSEY, MD**; editor-in-chief **DAVID RILEY, MD**; editorial director **BONNIE HORRIGAN**; associate editors **BEN KLIGLER, MD**, and **MARY FENTON, RN, DrPH**; and CME editor **VICTOR SIERPINA, MD**.

In the U.S. and Canada, subscriptions are $49 for individuals and $149 for institutions. To order, call (800) 654-2452 or email elspcs@elsevier.com. Manuscripts are welcome and can be submitted electronically to explorejournal@cox.net. For more information: bonniehorrigan@cox.net

4. **Oxford/Triad Partnership Benefits Both Organizations**

**TRIAD HEALTHCARE, INC.** and **OXFORD HEALTH PLANS** have developed a highly integrated working relationship that benefits both organizations, they say. Essentially, Triad is managing Oxford’s chiropractic benefit. The relationship began in March 2002, after 18 months of discussions. At that time, each organization had its
own network of chiropractic providers. The two networks merged, and Triad took on responsibility for ongoing recruitment and development of the provider network, as well as a broad range of network management services, including administrative support, education and annual provider performance evaluation, claims processing and payment, quality improvement initiatives, and medical management of chiropractic services.

"This was an opportunity to bring in a whole range of expertise from the outside," says JAMES N. DILLARD, MD, DC, CAC, Oxford's medical director for Complementary and Alternative Medicine. "Triad had a group of chiropractors who were already doing utilization management and review; they had the complete process in place." For example, Dillard says, Oxford is now in compliance with state-required turnaround times for member appeals on chiropractic benefits. Before the Triad relationship, they weren't always in compliance. "They're saving us money and time," Dillard says. "But more importantly, they have the expertise to administer this benefit more completely than we were able to do on our own."

Triad has dedicated call centers for the Oxford provider network, and it handles 99% of interactions with the network. "Oxford and Triad have integrated operations to the point where Triad is as transparent or invisible as you can be in an arrangement like this," says TRIAD CEO AGOSTINO VILLANI, DC. The company is also developing, with Oxford, a pilot program called Chiro-on-Call, in which chiropractic patients will be able to call in to get answers about the nature of their chiropractic benefit and speak directly to Oxford chiropractic consultants through an 800 number about issues related to the best way to utilize chiropractic care for their condition. Triad has also assisted Oxford in developing and distributing educational materials to Oxford's members and their employers about this program. "We've targeted a number of Oxford's clients who have high degrees of chiropractic utilization among their employees," says Villani. "Questions related to a specialty like chiropractic care can best be answered by a chiropractor." For more information: tvillani@triadhealthcareinc.com and jdillard@mindspring.com.

5. New Curriculum Guidelines for Integrative Medicine

The Working Group on Education of the CONSORTIUM OF ACADEMIC HEALTH CENTERS FOR INTEGRATIVE MEDICINE (CAHCIM) has developed curriculum guidelines for integrative medicine, and published an 11-page article on the subject in the June issue of Academic Medicine. The lead author is BENJAMIN KLIGLER, MD, MPH, of Beth Israel Center for Health and Healing, and co-authors include VICTORIA MAIZES, MD; STEVEN SCHACHTER, MD; CONSTANCE M. PARK, MD, PhD; TRACY GAUDET, MD; RITA BENN, PhD; ROBERTA LEE, MD; and RACHEL NAOMI-REMEM, MD. The article reviews the knowledge, values, attitudes, and skills an integrative physician should develop. "Systems such as Chinese Medicine are complex and are founded on paradigms that differ significantly from the allopathic medical model," the authors write. "A lecture on acupuncture is unlikely to capture the sensate experience of having an acupuncture needle placed...Inclusion of traditional systems of medicine and other complementary approaches requires both a synthesis of additional facts and a need for experienced-based understanding."

In addition to the article, the Working Group has developed a superb 200-page User's Guide. It includes a review of needed competencies, as well as case studies of twelve different curriculum modules, such as a legal issues, CAM overview, interview skills, herbal medicine, back pain/chiropractic, mind/body skills, spirituality, and cross-cultural issues. These modules include course descriptions, schedules, lecture notes, evaluation forms, and readings. This valuable resource should be a useful tool in expanding the dialogue between allopathic and CAM practitioners. The article abstract is available by clicking here, and the full article is available
online for a fee. The User’s Guide is available for download at www.imconsortium.org/html/education.php and is also available on CD-ROM. For more information: bkligler@bethisraelny.org

   A. The June 28 Washington Post Health Section included several articles on alternative treatments. One featured a discussion of Georgetown University’s masters program in CAM, the first of its kind in the U.S. "Unlike other academic endeavors devoted to alternative medicine, it's devoted less to teaching clinical applications and more to training researchers to subject complementary treatments to scientific scrutiny," writes author MATT McMILLEN. The article is available online by clicking here. Other articles from the section include:
      A brief review of CAM insurance coverage (One particularly interesting note from this article: AETNA members’ usage of biofeedback, chiropractic, and acupuncture each increased by 75-100% from 2002 to 2003.);
      A review of ten popular therapies, including echinacea, ginseng, massage, chiropractic, and yoga; and
      A discussion of craniosacral therapy, thought field therapy, neurofeedback and other alternative mental health approaches;
   B. An article about a comprehensive integrative pain management program by CHRF News Files managing editor ELAINE ZABLOCKI appears in the July issue of The Townsend Letter. It features the Pain Rehabilitation and Education Program (PREP) at the INTEGRATIVE MEDICAL CLINIC OF SANTA ROSA (IMCSR), and expands on a story which appeared in CHRF News File #70, The Townsend Letter article includes an interview with patient Stewart Barbee, a Vietnam combat cameraman who was surprised to find that "touchy-feely stuff" really could help him manage his pain. It is available online. For archives, subscriptions, and back issues: www.townsendletter.com

7. Zablocki Seeks Your Opinion on DSHEA
   News Files managing editor and writer ELAINE ZABLOCKI is planning an article in The Townsend Letter about the DIETARY SUPPLEMENTS HEALTH AND EDUCATION ACT of 1994 (DSHEA). "I find that supporters of integrative medicine have widely varying opinions about this benchmark legislation," she says. "Some think DSHEA is fine as it stands. Some think more comprehensive legislation is needed. Some think that change is inevitably coming, so supporters of integrative medicine should try to shape and influence that change." She welcomes your emailed comments about DSHEA, suggestions on sources to interview, and pointers to useful websites on this topic. Her deadline for incoming information on this topic is July 30. Please email her at ZablockiE@thecollaboration.org

To subscribe to the CHRF News Files, or to change your email address, please contact PriesterC@thecollaboration.org. To access an archive of previous CHRF New Files, go to www.thecollaboration.org.
End, CHRF News File #74, July 19, 2004

CHRF NEWS FILE #75, August 10, 2004
1. Senator Harkin Introduces Help America Act
2. Health Journeys Thrives Under CEO Kohler
3. Institute for Health and Healing Celebrates 10th Anniversary
4. Global Advisory Services Promotes “Health Tourism” in Hawaii
5. Dept. of Veterans Affairs Offers Chiropractic at 26 Centers
6. Trainings: Center for Mind-Body Medicine, Naropa University
7. People on the Move: Janet Kahn

Plus: Market or Perish -- Stephen Bolles, Executive Director, CHRF

CHRF News Files Plans for Shutdown
As of August 1, 2004, our grant from the Center for Integrative Health, Medicine and Research (CIHMR), which has funded the CHRF News Files for more than two years, has come to an end. A number of individuals have offered contributions to support the continuation of the News Files, and we appreciate their support very much. Many thanks to Lou Sportelli, DC; Jacquelyn Wilson, MD; and The Townsend Letter. We also received a number of messages from people like David Eisenberg, MD, director of the Osher Institute at Harvard; Liz Quam, director of the CDI Institute; and Harvey Caine, director of Synergy Healthcare, who all approve of the subscription model and would be happy to subscribe to the News Files for $50 or $60 per year. However, in order to move to such a model, we would need to get over some daunting logistical hurdles and no doubt still need some core funding.

At this point, we are far short of the funds needed to keep the News Files going forward. Editor Charlie Priester and managing editor Elaine Zablocki are planning to produce two more issues without compensation, to allow enough time for an orderly shutdown. We expect to send out issue #76 in mid-August and #77, our final issue, soon after Labor Day.

1. Senator Harkin Introduces Help America Act
Senator TOM HARKIN (D-IA) recently introduced the HELP AMERICA ACT, which would reduce healthcare costs by giving Americans access to better preventive care and consumer information promoting healthier lifestyles. It would include:
   -- Promotion of increased physical activity for children, and healthy alternatives to junk foods sold in school vending machines.
   -- Assistance for businesses and communities in offering a range of opportunities for people to start leading healthier lives, such as tax credits to businesses that offer comprehensive employee health programs, and incentives for roads that accommodate bicycles and pedestrians.
   -- Responsible marketing, including accurate menu labeling at chain restaurants. The bill would give the FDA authority to reduce smoking by preventing tobacco advertising that targets children.
   -- Reimbursement for prevention services, including screenings for chronic diseases and mental health disorders, counseling to improve nutrition and physical activity, and treatment for substance abuse and smoking cessation.
These programs are expected to cost approximately $5 billion per year. The Help America Act will cover all new costs by setting up a Wellness Trust Fund based on penalties paid by tobacco companies that fail to cut smoking rates among children, and ending taxpayer subsidies of tobacco advertising. The bill has been referred to the Senate Finance Committee.
Chronic disease is the leading cause of death and disability in the U.S., and 75% of the $1.8 trillion we spend annually on healthcare goes for treatment of chronic diseases. Yet, at present, only 2% of annual healthcare spending in the U.S. is spent on prevention of chronic disease.
In late July, Harkin called on Secretary of Health and Human Services (HHS) TOMMY THOMPSON to require Medicare to reimburse physicians and other providers for
preventive services such as nutrition, physical activity counseling, and smoking cessation. Thompson announced a new policy allowing Medicare to potentially cover interventions for seniors and disabled Americans who are obese. Harkin is urging him to take the next step, and not only treat obesity and other diseases, but also work to prevent them. For more information:
www.harkin.senate.gov/wellness/index.cfm

2. Health Journeys Thrives Under CEO Kohler
Since DAN KOHLER, MBA, took over as CEO of HEALTH JOURNEYS, INC., their customer base has tripled. The company offers the Health Journeys series of audiotapes and videotapes on personal growth, health, and guided imagery, developed by BELLERUTH NAPARSTEK. However, another reason for its current growth spurt is the expansion of its product line to include other well-known figures, such as Andrew Weil, Jon Kabat-Zinn, Cyndi Lee, Steven Mark Kohn, and Carol Dickman. "That strategy broadened the subjects and categories we were able to offer," Kohler says. "People gravitate toward different styles, depending on their own needs, so we listened and responded to our customers."
In August 2003, the company launched a newly engineered website, designed as a destination site offering reference materials and guidance for providers and practitioners as well as consumers. The company has also developed a much-expanded catalogue, which is mailed to both healthcare providers and consumers. And it has increased its customer contact strategy, combining email newsletters with printed newsletters for distributors and brochures for consumers.
In the past, Health Journeys offered its products primarily through partnerships with health professionals such as psychologists, nurses, and other clinicians. Now, it is broadening its target audience in two directions. It has greatly expanded outreach direct to consumers and also expanded co-branding arrangements with large organizations. For example, OXFORD HEALTHCARE now has a link on their website which takes members directly to the Health Journeys site. In California, KAISER PERMANENTE is offering a "Preparing for Successful Surgery" program under their own label, with credit also given to Naparstek. Kohler has also developed co-branding arrangements with large pharmaceutical companies such as ROCHE ABBOTT, ORTHO BIOTECH – PROCRIT, and BLUE SHIELD, to name a few. Health Journeys Guided Imagery products are integrated with the healthcare company's products and strategies. For Roche, Health Journeys provides a title for people undergoing chemotherapy. For Ortho Biotech – Procrit, it offers Meditation for Relaxation and Wellness. And for Blue Shield, it’s has created a Pre-Surgical Guide. These partnerships offer a way to introduce large numbers of mainstream consumers to the benefits of mind-body methods. For more information:
www.healthjourneys.com

3. Institute for Health and Healing Celebrates 10th Anniversary
The INSTITUTE FOR HEALTH AND HEALING (IHH) at CALIFORNIA PACIFIC MEDICAL CENTER in San Francisco, one of the success stories in integrative medicine, is celebrating its 10th anniversary. It started in 1994 with a $250,000 budget, and today has a $4 million budget. It began with programs in only one hospital and today offers services at three campuses of that hospital, plus three additional hospitals. It started with a focus on education and chaplain services and recorded 1,000 patient visits the first year. While it continues to stress education, it has now expanded into clinical care and research, and patient visits per year are now up to 60,000.
In addition to this dramatic growth, IHH has also broadened its continuum of care, which now ranges from the treatment of complex chronic disease and life-
threatening illness by integrative physicians, to wellness and self-care, massage, and natural facials. "We offer spa-type services, and we also take care of very sick people who need options that go beyond conventional western medicine," says business manager DOUG WINGER. "The self-care programs we've established during the last three years are growing like gangbusters. Our revenue for the first seven months of 2004 is up 42% compared to the same period last year.

At its inception IHH was 100% dependent on donor contributions. It now fundraises only about 20% of its budget. The hospital contributes a million dollars annually, which covers administrative core expenses. "The hospital funds us because we contribute substantially to the quality of care that patients receive, so we are part of its core mission," says JUDITH TOLSON, IHH director of programs and operations. Generous donors contribute about $700,000 per year. The remainder of the budget comes from patient fees (all patients pay for services out of pocket).

The Health and Healing Center at IHH includes four components: clinic, store, classes, and self-care programs. They all generate income, and according to a newly developed, detailed business plan, they are each on track to reach breakeven or better within five years.

However, IHH as a whole will continue to depend on donors for a significant portion of its budget for a considerable time, due to the far-reaching responsibilities of an integrative center that's part of a major academic institution. "We will still need to raise money for health professional education, community education, community outreach and other special programs," Tolson notes. "Fundraising is one aspect of building a community." For more information: http://www.myhealthandhealing.org/

4. Global Advisory Services Promotes “Health Tourism” in Hawaii

GLOBAL ADVISORY SERVICES, a division of KOKUA INTEGRATIVE HEALTHCARE SOLUTIONS INC., is moving forward on plans to create a "Hawaii Wellness" brand and establish the state as a premier health destination. "Health tourism has the potential to fuel an economic boom in Hawaii, to improve access to healthcare services for local people, and to preserve and support the indigenous Hawaiian culture," says IRA ZUNIN, MD, MPH, MBA, founder and president of Kokua’s division of Global Advisory Services. Throughout the year, key healthcare and tourism stakeholders have been meeting in small working groups to analyze key steps in the process. They include conventional and CAM healthcare facilities, the Hawaii Tourism Authority, the state’s largest hotel chains, and the spa association, among others. They’ve developed an inventory of available wellness services in the state, and designed the infrastructure needed to support a growing wellness sector, including small business loans and assistance with business planning and marketing.

"Healthcare and CAM practitioners need to absorb a whole new body of knowledge in order to understand the visitor industry and be optimally prepared for this population," Zunin says. He envisions a business development center to support the emerging wellness tourism business.

In late spring all stakeholders convened for a day-long meeting to review each group's findings. "Based on market research, Hawaii has a 24-month window to establish its brand before the 'first mover' advantage would be lost," Zunin says. Global Advisory Services is now moving forward to build a comprehensive web tool that will help develop infrastructure and services, and ultimately become a portal for access and booking by consumers and travel agents. Concurrently, it is convening working groups in major sectors such as integrative medicine, eastern healing arts, sports and fitness, and “agri-tourism.” It is conducting further market research, including focus groups, to refine the concept of the Hawaii Wellness brand. If all goes well, stateside consumers may start to see ads for Hawaii Wellness vacations.
sometime in 2005. For more information: (808) 535 5555 or Zunin@GlobalAdvisoryServices.com

5. Department of Veterans Affairs Offers Chiropractic at 26 Centers
The Department of Veterans Affairs (DVA) recently released a list of VA medical centers selected to offer chiropractic care through the VA healthcare system this fall. In announcing the list, VA Secretary ANTHONY PRINCIPI said, "Today, Veterans Affairs makes another significant improvement to the world-class health care we provide for eligible veterans. Veterans who will benefit from chiropractic services will now have the opportunity to receive chiropractic care to restore them to good health." These actions respond to legislative directives passed by Congress in 2002 and 2003, establishing a permanent chiropractic benefit through the VA system. The VA list includes 26 facilities located throughout the country. At each of them, DCs will either be hired as full-time or part-time employees, or will be contracted to provide care at the facility. For more information and a list of sites:

6. Trainings – Center for Mind-Body Medicine, Naropa University
A. The CENTER FOR MIND-BODY MEDICINE is offering a training program on "MindBodySpirit Medicine" in Minneapolis, October 3-9. It is designed for healthcare professionals who want to integrate mind-body methods into the clinical practice of medicine, psychology, social work, nursing, holistic, and other healing professions. "The program is particularly appropriate for those who work with people with cancer and other life-threatening illnesses, and for those who want to bring MindBodySpirit approaches to people affected by war and terrorism," the Center says. It is jointly sponsored by the Center for Spirituality and Healing and the Academic Health Center, both of the University of Minnesota. Continuing education credit is available for physicians, psychologists, nurses, counselors, and social workers. Some partial scholarships and group discounts are also available. For more information: (202) 966-7338, ex. 16, or go to www.cmbm.org/.

B. NAROPA UNIVERSITY’s School of Extended Studies is enrolling students now for its Contemplative End of Life Care Certificate Program for Healthcare Professionals. The professional certificate program begins September 26, 2004, with a 7-day residential intensive. It then includes 16 days of residential training plus 21 weeks of online education, ending with another residential session May 9-15, 2005. It provides professional training in contemplative approaches to end of life care, including care-giving as a spiritual practice, communicating effectively with patients and families, compassion and mindfulness practices, understanding grief and supporting the bereaved, and preventing burnout. Continuing education credit is available for nurses and other professionals. For more information: call (303) 245-4800 or go to www.naropa.edu/contemplativecare.

7. People on the Move: Janet Kahn
JANET R. KAHN, PhD, coordinator of the undergraduate Wellness and Alternative Medicine program at Johnson State College in Johnson, VT, is refocusing her efforts on other projects. "I had signed on for a one-year contract only to see if I could be of help," she tells the CHRF News Files. "I am now more aware of the inherent dilemmas in creating an undergraduate program in this field and believe that building a first-rate program will take more resources than the school has available at the present time. I want to concentrate my energy on building the Massage Therapy Research Consortium, conducting my own research, and clarifying and advancing the
integrative healthcare agenda. For more information: jkahn@igc.org

Market or Perish -- Stephen Bolles, Executive Director, CHRF

Marketing is now a necessary element in any strategy associated with business success, including the world of integrative healthcare. The notion of speaking directly to consumers is not new in healthcare, but its appeal has grown stronger now that the payer system appears to be less interested in comprehensive integration than was first hoped. The popular view early on was that plans and employers would be moved by various forces to cover, embrace, or at least tolerate CAM. For those of us who march to the beat of values-oriented drummers, holism may be a goal that is self-explanatory, but the system demands stronger arguments for it than have been made so far.

On the other hand, it may not matter. Consumers either are not waiting for the system to acknowledge their interests, or they don’t care. As consumers, we are not demonstrably “buying” CAM in greater proportions than we were a dozen years ago. At times, the system has sought to repackage CAM, but none of these efforts has worked very well. One lesson may be inescapable: consumers don’t look within the system for their answers in most areas of integrative medicine. This may make more sense when viewing consumer decisions about CAM from a marketing perspective. Neither bad nor good advertising has made much of a difference. Consumers are making values-based decisions, even if the system has not been able to connect with them on that level. So, if the system has become more indifferent to including or incorporating CAM providers and services, what are the options? Political activism is one, but it does not always lead to short-term solutions (and even if there are solutions, they are vulnerable to opponent activism in response). Policy is another necessary social conversation but may not have much connection with market realities at this point.

One of the new tools of integrative medicine is marketing directly to consumers, and conversely, designing services, management solutions, and financial solutions that address newly identified needs and trends. Market research may become integrative medicine’s new best friend. It may just hold the key to business viability when models operating within the current delivery system fail to find financial autonomy. If so, providers may have to ignore the system and speak directly to their patients about the value of their services.

The “opportunity window” Dr. Zunin’s group identified in its business model should be seriously considered and adopted for integrative healthcare planning. CAM providers, now more than ever, have an opportunity to take their case directly to the public. The public is already paying attention, and its focus will sharpen even more when the economic models of consumer-directed plans allow consumers to build up a financial reserve. If providers miss this opportunity to connect with patients and prospective customers, then health plans, employers, and others will do their best to insert themselves and their marketing messages between providers and patients. Consumers may win, no matter what, but providers will surely lose if they don’t think in marketing terms.

Marketing is now an unavoidable element in business strategies for integrative healthcare. The twist is that new and credible arguments can and must be made to successfully position integrative healthcare as a necessary decision and expense for consumers who have new power over their personal benefits budget.

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1. National Education Dialogue Holds Planning Meeting in Washington, D.C.
A lively planning meeting in Washington, D.C., at the end of July achieved excellent progress in developing plans for a National Education Dialogue to Advance Integrated Healthcare to be held June 1-4, 2005. Participants represented a wide range of health profession educators, from conventional academic medical centers, nursing, and colleges of chiropractic, naturopathic medicine, and massage (a last-minute cancellation kept the acupuncture educator from attending). Core constituencies included leaders of the CONSORTIUM OF ACADEMIC HEALTH CENTERS FOR INTEGRATIVE MEDICINE and the newly forming ACADEMIC CONSORTIUM FOR COMPLEMENTARY AND ALTERNATIVE HEALTHCARE. Attendees, a subset of the members of the Education Task Force, were:
PALI DELEVITT, PhD (c.)
ADI HARAMATI, PhD
JANET KAHN, PhD
BENJAMIN Kligler, MD
LINNEA LARSON
CARLA MARIANO, RN, EdD, AHN-C
PAUL MITTMAN, ND
DAVID O’BRYON, JD
ADAM PERLMAN, MD, MPH
Those attending agreed on the vision, mission, goals, and deliverables for the Dialogue, determining in the process that their action-oriented agenda must span a series of meetings and ongoing interactivity, rather than terminating with the mid-2005 gathering. Among the anticipated deliverables are the development of processes and commitments for clarifying core competencies and values across disciplines, the dissemination of information on inter-institutional agreements and even setting a process for collaborative fundraising to create the grant potential that will bring the goals to fruition.

The June 2005 event represents the start of a multi-year process that will yield continuing inter-institutional collaboration and support, a common language, and increased communication among educators and academic institutions from different healthcare disciplines. "We realize information alone is not sufficient to generate organizational change," says Sheila Quinn, chair of the board of the Integrated Healthcare Policy Consortium (IHPC -- the parent organization under which the Dialogue work is being conducted). The Dialogue will look at what is known about obstacles to change, will present current thinking on models of change, and will send participants home with strategies and tools to facilitate organizational change. It will also offer opportunities for exposure to current models and mutual interests of integrated care. "We expect participants will come prepared to represent their organizations, and to take their learning from this process back with them to facilitate change within their own institutions," says John Weeks, the Dialogue's project director. IHPC has received an anchor grant from the CENTER FOR INTEGRATIVE HEALTH, MEDICINE AND RESEARCH/LUCY GONDA FOUNDATION to support start-up work on this project. Participants in the planning meeting included representatives from the 20-member Education Task Force. For copies of the National Education Dialogue vision, mission, goals, and deliverables, a list of the Education Task Force members, and for more information on ways to participate in this process, email kimballweeks@yahoo.com.

2. Integrative Medicine Program at Henry Ford Health System
The Complementary and Integrative Medicine program (CIM) at the HENRY FORD HEALTH SYSTEM (HFHS) opened its doors in June 2002 and expects to reach breakeven by the end of 2004. The 3,500-square-foot facility offers acupuncture, chiropractic, massage therapy, St. John Neuromuscular Therapy, mind-body therapies, holistic nutritional counseling, movement re-education, and holistic physician consultation. It bills insurance for chiropractic treatment (when the patient's policy covers it), but other forms of care are paid for out of pocket. CIM expects to begin offering integrative services at two additional locations before the end of the year.

The clinic has 15 practitioners on staff (both full- and part-time), all of whom enter treatment notes in the patient's electronic medical record. The program is co-directed by MICHAEL SEIDMAN, MD, an ear-nose-throat surgeon who specializes in nutrition and supplements, and ROBERT A. LEVINE, PhD, who has more than 70 publications in basic research in neurology. More than 30% of patients have been referred to CIM by other HFHS physicians. "Our strong background in conventional care and research has been important in winning acceptance among the physicians here," Levine says. Another major factor: HFHS includes a large HMO, which is reimbursed on a capitated basis (a standard payment per-member per-month). "Our integrative medicine services mean HMO patients will require fewer expensive
conventional services in future years," Levine says.
In addition to clinical care, the program carries out integrative medicine research. It recently received funding ($1 million over three years) from the HEALTH ALLIANCE PLAN, a large Michigan managed care organization, to conduct a clinical trial comparing CAM modalities with conventional care for low back pain. The SUSAN G. KOMEN BREAST CANCER FOUNDATION is funding a study ($250,000 over two years) to test acupuncture versus the antidepressant Effexor for hot flash symptoms in breast cancer patients receiving hormonal therapy.
In addition, CIM is collecting outcomes data such as pain and functional status on all patients. "We anticipate that this data, which quite impressively shows that we can dramatically reduce pain and bother in patients who have failed conventional care, will entice insurance companies and corporations to initiate coverage for many of our modalities," Levine says. For more information: bob-levine@earthlink.net

3. Integrative Medicine Program at M.D. Anderson
The Integrative Medicine Program at the University of Texas M.D. ANDERSON CANCER CENTER in Houston is combining education, research, and clinical care. Their educational website, which averages over 30,000 hits per month, contains evidence-based information and detailed scientific reviews on complementary therapies for cancer for patients and healthcare staff. Recently they licensed content on herbal medicines from the American Botanical Council and Natural Standard and made it available to patients who visit their learning center, as well as to the over 13,000 employees on the organization's intranet.
The Integrative Medicine Program is also doing research on the benefits of complementary therapies for cancer patients. A small study they did recently on the use of Tibetan yoga found the combination of movement and meditation meant that patients had better sleep quality (they fell asleep faster, slept longer, and used less sleep medication). Together with the CANCER HOSPITAL, FUDAN UNIVERSITY, in Shanghai, China they recently received a $263,000 grant from the NATIONAL CANCER INSTITUTE (NCI) to establish an international center investigating traditional Chinese medicine for cancer patients. "It is important to do research and publicize the results, because so many patients are using natural methods of healing," says LORENZO COHEN, PhD, director of the program. "Recent studies of our breast and gynecological patients indicated that 50% were taking mega-doses of vitamins or supplements or herbal products, and almost half of them were not discussing this with their doctors."
Complementary care is provided at their clinic, PLACE OF WELLNESS, offering over 40 unique programs each month including many forms of massage, support groups, meditation, acupuncture, music therapy, and movement classes such as yoga, tai chi, qigong, and pilates, to name a few. Services are available to family members and unrelated caregivers, as well as patients. The paid staff includes massage therapists, acupuncturists, and music therapists, as well as the support staff, but many of the services offered at the center are donated by volunteers who work at M.D. Anderson in other professional capacities. For example, a statistician who's also a certified yoga instructor teaches a yoga class each week. Patients pay out of pocket for acupuncture services and full-body massage but a ten-minute relaxation chair massage is offered at no fee.
Place of Wellness isn't close to breaking even, and Cohen says, "there's no expectation that it will. We know it's the right thing to do for our patients." For more information: http://www.mdanderson.org/departments/cimer

4. CAM Services at Group Health
GROUP HEALTH COOPERATIVE (GHC), a Seattle-based managed care
organization with 550,000 members, has been offering some CAM services on a self-referral basis. When GHC first began offering CAM services to members in 1996, it was strictly on a referral basis. "We wanted coverage for CAM services, like other services, to be based on medical necessity," says LAURA PATTON, MD, Group Health's clinical director for alternative services. "We didn't want to set any limit on the number of authorized visits."

GHC, a strong advocate for evidence-based medicine, developed a list of approved conditions where a primary care physician could refer for massage, acupuncture, or naturopathy services. This list was based on the available evidence, plus practitioner comments, Patton says.

At the start of 2002, GHC decided to move in the direction of self-referral for certain medical specialties such as orthopedics, dermatology, and OB-GYN. At the start of 2003, it began allowing self-referral for naturopathy and acupuncture, with a limit on the initial number of visits. "We didn't authorize self-referral for massage, for two reasons," Patton explains. "In this state, diagnosis is not within the massage therapy scope of practice, so we wanted members to have a diagnosis from an appropriate practitioner before seeing a massage therapist. In addition, we didn't want members to turn to us for a spa-type massage."

Under the self-referral program for acupuncture, a treatment summary is required after the first five visits, and additional visits may be authorized if the patient has shown improvement. For naturopathy, patients may self-refer for the first two visits, and additional visits may be authorized upon the patient's or the provider's request. In general, even though patients were self-referring, utilization did not increase beyond the average increases from year to year. "We are pleased with the response to these self-referred benefits. Patients and practitioners are very happy with the easier access to CAM services." For more information: patton.l@ghc.org

5. CodeBlueNow! Hosts Health Care Congress in October

CODEBLUENOW! is hosting the first grassroots American Health Care Congress to launch an organizing campaign for national healthcare reform based on guiding principles and core values. The American Health Care Congress will take place in Ontario, CA, on October 12, 2004. Principal speakers include former Oregon governor JOHN KITZHABER, MD and JAMES KYLE, MD, MDiv, dean of the School of Public Health of Loma Linda University. In the afternoon small workgroup sessions will focus on outlining and mapping how a patient-centered healthcare system would work, from the clinical to the financing and management. Some work groups from the local community will focus on county-wide strategies to create a sustainable healthcare infrastructure. A similar meeting is being planned for the East Coast. "We want to create a template against which any healthcare system change should be measured, rather than simply relying on the old paradigm of cost, quality, and access—pick two," says CodeBlueNow!'s founder and president, KATHLEEN O’CONNOR. For the preliminary agenda for the Congress, go to http://www.codebluenow.org/Congressagenda.html

CodeBlueNow! also recently published a summary report of the findings from its "Build an American Health System Challenge," held last fall. The report ("Solving the Unsolvable: Fresh Perspectives on the Health Care Dilemma") highlights ideas from the top finalists.

6. Humanistic Medicine Summit in March 2005

Next year, the first SUMMIT ON HUMANISTIC MEDICINE will take place at the Esalen Institute in Big Sur, CA. This summit will not address education, curriculum, research, reimbursement, public policy, or clinical protocols. Instead, it will examine the strengths, weaknesses, and interdependence among major membership groups
within holistic medicine, focusing not on potential projects, but on the issues that have historically impeded effective collaboration. An even more inclusive summit will follow to address specific goals in early 2006.

The Summit is scheduled for March 4-6, 2005, and 20 leaders in the field will be invited to attend. Those who have already confirmed include the presidents and presidents-elect of the American Holistic Medical Association (AHMA) and the American Association of Naturopathic Physicians (AANP), as well as the presidents of the American Board of Holistic Medicine (ABHM), American Holistic Nurses Association (AHNA), and American Medical Student Association (AMSA), and student representatives of the AHNA and AANP. Original members of the Institute for the Study of Humanistic Medicine and other futurists will also be invited. For more information: billbenda@earthlink.net.

7. Cost of Providing Employee Health Benefits Limits Job Growth
The New York Times reported on August 19 that employers hesitate to hire full-time employees because health benefits cost so much. "Government data, industry surveys, and interviews with employers big and small indicate that many businesses remain reluctant to hire full-time employees because health insurance, which now costs the nation's employers an average of $3,000 a year per worker, has become one of the fastest-growing costs for companies," writes EDUARDO PORTER. "Health premiums are sapping corporate balance sheets even more than the rising cost of energy." During the second quarter of 2004, the cost of health benefits rose at a 12-month rate of 8.1%, more than three times the inflation rate and the rate of increases in wages and salaries. Some employers are raising premiums and deductibles, eliminating coverage for dependents, freezing wages, or canceling healthcare plans altogether. Meanwhile, the temporary employment industry, where many jobs do not include health benefits, has grown 9% since last year, while the labor force in general only increased 1%. To see the article: http://www.nytimes.com/2004/08/19/business/19care.html?hp

8. Recommended Books
ATUL GAWANDE recently published a collection of his New Yorker articles on healthcare. Complications: A Surgeon's Notes on an Imperfect Science will interest everyone who wants to look closely at the intricate decisions underlying medical care. In the chapter "When Doctors Make Mistakes," Gawande is remarkably frank about his own errors during an emergency tracheotomy, when his patient almost died. Also see "The Pain Perplex," on low back pain and other chronic pain syndromes. In "Education of a Knife," he discusses the process of surgical training, and "When Good Doctors Go Bad" looks at ways to recognize and help doctors who aren't functioning appropriately.

At the Will of the Body: Reflections on Illness isn't new, but if you haven't read it, you'll want to. Author ARTHUR FRANK had a heart attack at 39, and cancer a year later. In this book, he describes the interior experience of serious illness, with rare honesty. "Together Cathie and I lost an innocence about the normal expectations of life. At one time it seemed normal to expect to work and accomplish certain things...Now we realize that these events may or may not happen." On the pressure to keep up appearances: "When an ill person can no longer conceal the effects of illness, she is expected to convince others that being ill isn't that bad...much of the time it takes hard work to hold this appearance in place.

The Next Voice -- Stephen Bolles, Executive Director, CHRF
The CHRF News Files will be silent after the next issue, at least for now. Different strategies and funding sources are still being explored that could lead to a
resumption. Whether this silence lasts or is only temporary is still open to question. What is not open to question is that these News Files have been extraordinarily valuable. Coming out of John Weeks’ seminal work in integrative healthcare journalism and the collaborative relationship-building he helped guide toward some remarkable achievements, the News Files have been a unique source of information about integrative healthcare. Our user survey responses last year gave us some very specific awareness of that. The fact that new users continue to discover the service and want to be added to the mailing list affirms this sense of value. How this value translates into ongoing financial support for the News Files is less clear. Some of our readers responded to our call for support with personal donations, some with sincere thoughts and ideas, and others with simple good will. The sum total, however, has not been enough to continue. So a silence will ensue. What will fill it is still unknown.

That there is a “voice” at all is largely due to the support of stakeholders and the generosity of Lucy Gonda. Lucy is the rare soul who, born with the gifts of an artist and provider, has been further blessed with the means to identify and support just causes. The News Files have been one of these causes, and although Lucy is an intensely private person, a degree of public acknowledgement must be made over her objections. Without Lucy’s support, the News Files would not have achieved the level of accomplishment they have. Thank you, Lucy, and blessings on your further work as it unfolds and develops.

As John began to look for adventures further afield than the Pacific Northwest, he had the wisdom to look for others to carry on his original work and had the good fortune to have two remarkable people within easy reach. One is Charlie Priester, a quiet but fervent acolyte of integration and its social importance. For Charlie, there is no distinction between “talking the talk” and “walking the walk.” Charlie has been our institutional memory, advocate, and glue in more ways than we can count. Get him talking some time about his diverse interests of social importance, and you will find that they weave into a very personal but important tapestry. Were our society to wear that tapestry as a mantle of core values, it would simply be healthier. In all respects.

The other is Elaine Zablocki, an old soul who has “covered the waterfront” with a thoroughness and integrity that meets the highest standards. Elaine is a dogged researcher, a craftsman of measured prose, and one for whom the spiritual values of integration clearly begin at home. Her muse is internal. She writes it because she lives it. Though following John’s “first act” must have been daunting, she has done a wonderful, remarkable job and made the second act a rich and rewarding experience.

The third act, if there is to be one, is yet to be written and produced. The next and last News Files will be couched in terms that say “so long for now,” but not “goodbye.”

To subscribe to the CHRF News Files, or to change your email address, please contact PriesterC@thecollaboration.org. To access an archive of previous CHRF New Files, go to www.thecollaboration.org.

End, CHRF News File #76, August 31, 2004

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CHRF NEWS FILE #77, November 4, 2004 – LAST ISSUE (FOR NOW)
Special Message from Elaine Zablocki
The CHRF News Files, a product of the Collaboration for Healthcare Renewal Foundation (CHRF), reports on collaborative initiatives and business developments of relevance to the emerging integrative medicine industry. Your receipt of the News Files is made possible through a grant from the Lucy Gonda Foundation.

CHRF is a multi-stakeholder, not-for-profit organization funded through industry participation and philanthropic contributions, dedicated to seeding and networking collaborative efforts to foster optimally integrated healthcare. For more information, go to www.thecollaboration.org. If you have News File ideas, please contact Elaine Zablocki at ZablockiE@thecollaboration.org.

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Special Message from Elaine Zablocki
John Weeks and I were competitors once. As a healthcare reporter, I'd used him as an information source for several stories about CAM. When I was invited to edit an alternative medicine newsletter, I called to let him know I'd be competing with his newsletter, The Integrator. A couple of years later, when John decided to take a sabbatical, he invited me to step into his shoes and become the editor of CHRF News Files. One reason, he said, was the fact that I'd made that phone call.

It's been an honor to report on all the exciting developments in integrative medicine and healthcare renewal during the past two years. I'm so grateful to John for choosing me, and to Lucy Gonda and the Center for Integrative Health, Medicine and Research for funding the News Files. Charlie Priester, who's worked with John for many years, has been an invaluable support and a reliable storehouse of CHRF institutional memory.

While writing the News Files, I've kept myself in the background, and your stories in the foreground. Now that it's time for me to move on to other projects, let me say how much I've enjoyed talking with you, and sharing your news with others. I'm sure this movement will continue to grow, to find new ways to communicate its vision, and to speak with an effective voice when healthcare policy decisions are made. In the future, if you'd like to get in touch with me, the best email address to use is chrf@ezab.net.

-- Elaine Zablocki, Managing Editor, CHRF News Files
1. New Academic CAM Consortium Announces Ambitious Plans

The newly forming ACADEMIC CONSORTIUM FOR COMPLEMENTARY AND ALTERNATIVE HEALTHCARE (ACCAHC) is making progress towards two related goals, according to Consortium director PAMELA SNIDER, ND. "First, we expect to participate in the National Education Dialogue meeting next June at Georgetown University as a cohesive group of CAM educators and academic leaders. By working together, CAM educators will have a more productive and useful meeting with conventional healthcare educators. Our second goal is to identify ways to move the CAM academic community forward, to 'promote educational excellence, outstanding clinical training, research advancement, national policy leadership, and expansion of healthcare integration through active collaboration among accredited and emerging CAM academic institutions.' ACCAHC, as an independent group, recognizes among its members a shared vision for healthcare renewal and health creation in diverse communities.” Snider is the former associate dean of public and professional affairs at Bastyr University, and a long-time leader in national policy issues related to integrated healthcare.

ACCHAC membership will include two representatives from each of the licensed CAM professions, one representing that profession’s association of colleges and one representing that profession’s accrediting agency. A taskforce of traditional and indigenous medicines and modalities (e.g., Ayurvedic medicine, nutrition, botanical medicine, etc.) is also being developed to participate in ACCAHC activities. ACCAHC members have begun to explore several key goals for the organization, including to:

-- Communicate what the CAM academic community is doing to a broader community, especially institutional collaborations and best practices in mainstream integration.
-- Focus on a mission/vision that includes public health, the environment, and health promotion.
-- Develop and share core curriculum and guidelines for patient-centered, competency-based integration.
-- Improve education, research, clinical training, leadership development and academic resources at CAM academic institutions.
-- Conduct research through the CAM academic and clinical research community, including cooperative projects that involve two or more CAM disciplines.
-- Establish better understanding of each other's disciplines and communities (language, concepts, issues, and challenges).

ACCAHC members are eager to focus on specific projects and initiatives that will produce visible results within a reasonable time. They believe such efforts can increase CAM institutions’ visibility and effectiveness, and yield measurable political progress.

The CENTER FOR INTEGRATIVE HEALTH, MEDICINE AND RESEARCH/LUCY GONDA FOUNDATION has awarded a small anchor grant to the Integrated Healthcare Policy Consortium (IHPC), the parent organization for the National Education Dialogue. The grant includes start-up funding for ACCAHC. The group is seeking additional operating funding and special project funding.

JOHN WEEKS, who has observed the development of both ACCAHC and the CONSORTIUM OF ACADEMIC HEALTHCARE FOR INTEGRATIVE MEDICINE (CAHCIM), the conventional academic group, notes that a significant difference in the two groups is the level of philanthropic support fueling efforts. “CAHCIM members have done some fine work based on their substantial effort and multi-millions in philanthropy. ACCAHC has assembled a group of top-notch, dedicated veterans and an agenda with tremendous potential value for integrated healthcare. The question is, will ACCAHC find the funding to take on some of their more ambitious projects?”

IHPC’s Education Task Force chair, DAVID O’BRYON, JD, executive director,
Association of Chiropractic Colleges, oversees both initiatives and notes that “the groundwork being done in 2004 is very timely, because the healthcare debate will be front and center in 2005.”

An ACCAHC task force, led by JAN SCHWARTZ, NCTMB, immediate past chair, Commission on Massage Therapy Accreditation, has developed a formal mission statement. Concurrently, efforts are underway to raise funds for basic ACCAHC operations and to begin exploring long-term plans. The group plans to meet face-to-face for a retreat in early February at Southern California University of Health Sciences (SCUHS) hosted by SCUHS president REED PHILLIPS, DC, PhD. Dr. Phillips is also board member and immediate past-president of the Council on Chiropractic Education (CCE).

For more information on ways to participate in this process, and for a complete list of ACCAHC members, email John Weeks at kimballweeks@yahoo.com or Pamela Snider at plsnider@comcast.net, or call (206) 517-4527.

2. Cancer Treatment Centers of America Growing Rapidly

CANCER TREATMENT CENTERS OF AMERICA (CTCA), headquartered in Arlington Heights, IL, is growing fast, with its patient load increasing by about 25% per year. And it is on track for continued growth, says ROBERT MAYO, CTCA vice chair. "Our growth is predicated on our complete commitment to patient empowerment and patient-centered decision-making," he says. "Our focus groups tell us that patients appreciate having all their caregivers under one roof. They place a high value on a team approach to care."

In addition to conventional cancer care, CTCA offers mind-body methods, naturopathic medicine, nutritional counseling, pastoral or spiritual care, psychoneuroimmunology, massage, and pain management. Virtually any insurance carrier that allows patients to travel out-of-state covers care at CTCA, Mayo says. When CAM services aren't covered by insurance, CTCA absorbs the cost.

Today CTCA operates hospitals in Zion, IL, and Tulsa, OK, as well as an outpatient practice in Seattle. "When someone has advanced cancer, the last thing they want to do is leave their family to seek care," Mayo says. "Our goal is to develop regional centers of excellence throughout the country within 300 miles of the largest population centers." In late September, CTCA bought PARKVIEW HOSPITAL in Philadelphia and will invest $44 million in renovations for an October 2005 opening. For 15 years, CTCA has leased the building Oral Roberts built in Tulsa, but it's now building its own hospital there, scheduled to open next April. In Seattle, CTCA is negotiating to buy land for a full-service hospital to serve as its West Coast center. For more information: www.cancercenter.com

3. Humana Update (and Talk Radio) from Samuel Benjamin

SAMUEL D. BENJAMIN, MD, founder of the Arizona Center for Health and Medicine, a pioneering CAM clinic, now discusses integrative medicine six days a week through a call-in radio show. Hosted by Phoenix radio station KFNX-AM, the hour-long program presents information about alternative medical treatment options, prescription drugs, the latest medical research, and other current health topics, with the goal of helping listeners take control of their own health and lifestyle habits. It is also available in Kansas City and over the Internet, and it will soon be syndicated in several states in both Spanish and English.

Benjamin is also the corporate medical director for integrative health strategies for HUMANA, INC., which has 5.8 million members located in 15 states and Puerto Rico. Humana is investing heavily in educational, prevention-based strategies, he says. It has committed hundreds of millions of dollars for information systems to support personal health, such as personal web pages, voice-activated telephone information,
predictive modeling to see who is at high risk for various conditions, and "personal nurse navigators" to work with members to reduce their risks.

"What differentiates Humana is that alternative medicine has become integrated within the entire system," Benjamin says. "CAM should not be an add-on. It should be held to evidence-based research standards of cost-effectiveness and efficacy, just as conventional medicine should be." For example, he says, Humana’s wellness and disease management programs educate members in complementary and alternative medicine on an equal footing with conventional medicine. Patients at high risk for myocardial infarction learn about the benefits of fish oils as well as statin medications; patients with congestive heart failure learn about nutritional supplements such as L-carnitine. For more information: email Benjamin at drsam@humana.com. To listen to his program over the internet, go to www.1100kfnx.com/drsam.htm.

4. **Elements Health Plans Combines Insurance and Self-Care**

**ELEMENTS HEALTH PLANS, INC.,** based in Ashland, OR, offers employers and employees a unique approach to healthcare and insurance. At present it has designed coverage for corporations and their employees in California, Oregon, and Washington, and is preparing to make its unusual insurance and self-care program available to individuals and associations.

Elements is an insurance brokerage and consulting firm serving mid-to-large employers who want to emphasize prevention and self-care strategies plus a broad network of provider choices. "Our model is to integrate the insurance side of health with education and self-care," says **BARBARA CLARKE**, Elements editorial director. "We believe that there is more to good health than just good insurance."

Elements emphasizes interactive Employee Health Management Programs that typically include 24/7 wellness counseling, online coaching, and onsite programs to encourage healthy changes such as stress management and exercise. These programs combine the latest health information with incentives and active support for change. Provider networks include MDs, naturopaths, nurse practitioners, chiropractors, acupuncturists, and massage therapists. Benefit structure (deductibles and co-payments) is very flexible, and is tailored to each employer's needs. Employers may partially self-fund insurance coverage, but are reinsured so their exposure is limited.

This approach offers dramatic successes, Clarke says, in an environment of double-digit healthcare cost increases. "At this point there’s little you can do to ameliorate cost increases until you start working with people’s behaviors and their health issues." Once you do, she adds, costs can indeed be controlled. For example, an Elements employer in Washington state had a 1% premium rate increase last year. An Elements employer in California was able to return two months of premiums to their employees, because their healthcare costs were so much lower. For more information: (866) 858-5558 or info@elementshealthplans.com

5. **InnerDoorway Acquires Alternative Medicine**

**INNERDOORWAY, INC.,** recently announced its acquisition of consumer magazine Alternative Medicine, which publishes ten issues a year on holistic health and wellness. Available through bookstores, supermarkets, and by subscription, the magazine also has a substantial website. Its average paid circulation stands at 125,000.

In addition, InnerDoorway publishes three peer-reviewed professional journals: Alternative Therapies in Health & Medicine; Integrative Medicine: A Clinician's Journal; and Advances in Mind-Body Medicine. "There are important synergies between Alternative Medicine and other parts of our portfolio," says **CEO RAM**
CAPOOR. "This gives us a unique opportunity to take fresh research information published in the peer-reviewed journals and present it in a consumer format." The company plans to invest resources in circulation and distribution of Alternative Medicine and predicts rapid growth. "People today seek health information on the Internet, but the evidence shows they combine it with print publications," Capoor says. "We are also interested in exposing more practitioners to the magazine and hope they will display it in their waiting rooms. Our model is to embrace both the consumer and the practitioner." For more information: www.innerdoorway.com or www.alternativemedicine.com.

6. Integrative Textbook Edited by Nancy Faass
Integrating Complementary Medicine into Health Systems, edited by NANCY FAASS, MSW, MPH, is now available from Jones and Bartlett at a discounted price of $123.95. There’s also a special textbook price of $99 for instructors and discounted prices for bulk purchases. John Weeks has described this book as "a remarkable compilation, a definitive work that manages to bring between two covers exceptional information from diverse, hands-on workers, who are all leaders in CAM." Next spring, Jones and Bartlett will publish Complementary Medicine in American Healthcare, also edited by Faass. For more information: www.jbpub.com or email Faass at wordworks@sbcglobal.net.

7. Townsend Letter Seeks Essays on Naturopathy
The Townsend Letter for Doctors & Patients is holding a competition for the best essays from naturopathic physicians, faculty, and students, focusing on any theme related to the diagnosis, treatment, practice, and philosophy of naturopathy. Winning essays and articles will receive an honorarium for $350. The deadline is November 20, and submissions must be in rich text format, while any charts, graphs, or photos must be in high resolution pdf or tif files. Winning essays will appear in a special issue of The Townsend Letter to be published in February 2005. For more information: (360) 385-6021 or editorial@townsendletter.com.

8. Michael Cohen Launches Cam Law Weblog

9. Farewell from John Weeks
Elaine Zablocki wrote a note to me a couple of days ago. She nailed something on the head when she suggested that maybe part of why I am having trouble writing this note -- I’ve missed about six deadlines -- is that it is not easy to let the News Files go.

The Files have been continuously published, electronically, since August 1998 -- six years and roughly 140 issues. Their history reflects the changing character of the movement we have sought to shape and inform. Their origin was in the wildest time of CAM business possibilities. New CAM provider networks, hospital clinics, med school programs, managed care products, and CAM associations were popping up right and left, with nothing there to document the phenomena. Rumors of billions in the Eisenberg studies converted to dreams of business opportunities that were breaking over all of us long-timers in the field.

It was then that Charlie Priester and I first began publishing the Industry Health
News Files -- a private venture, part of a more expensive information and consulting product that complemented our work in The Integrator. People wanted information of the moment and we had -- for better and for worse -- the best there was. We ultimately had 45 subscriber-clients and a useful income addition to Integrator subscriber revenue.

In 1999, I sold The Integrator and the Industry Health News Files to a dot.com company, Integrative Medicine Communications (IMC). This was the height of the dot-com frenzy that happened to converge (clearly through intervention of playful and ironic gods) with the emergence into the mainstream of a CAM field always long on commitment and short on cash. We took advantage of the moment, happily. The News Files lived until June 2001 under IMC’s ownership, still produced by Charlie and me.

Then the dot-bust coincided with a significant retraction of private capital investment across all fronts. (Of all financial investment, only the public sector, through NIH/NCCAM was upping its investment, principally in conventional academic medical centers, leading to their current dominant role in the field today.) IMC folded The Integrator and gave me back the News Files so that I could donate them to a new non-for-profit, the Collaboration for Healthcare Renewal Foundation, which Jery Whitworth and I co-founded following the second Integrative Medicine Industry Leadership Summit in April 2001. The News Files would be CHRF’s glue, holding people together, sharing experience, and hopefully adding value. In December, Lucy Gonda made the first of two significant donations that allowed my (and then Elaine’s) work with Charlie to continue (now in a not-for-profit vein) from January 2002 through this closure date of 2004.

From for-profit excitement through dot-com bust to not-for-profit service to not-for-profit bust, this cat has already had several lives. We are officially putting her to sleep for now. Not dead, exactly. Your names, on a list, will lie dormant. Perhaps a time will come when you’ll wake to an email that lets you know that something like the News Files will live again. Perhaps not. Stranger things have happened.

I thank Elaine for being there when my family and I left on sabbatical in September 2002. She has combined just the right feel for the community, for movement, for politics and business, with commitment to the field and significant skills as a healthcare journalist. It was Elaine’s work as a mainstream healthcare journalist that first grabbed my attention. If you or someone you know needs good healthcare reporting, or writing, she’s top-notch, and she’s presently got a hole in her schedule. I also thank Charlie, deeply, for his gardener-Tai Chi-artist-in-everything-he-does editor self. He has been a close collaborator, source of strength, and good and durable friend through all of this. Finally, thanks to Clem Bezold for repeated, critical guidance and for hanging in there with CHRF above and beyond.

To all of you, I hope the service has been valuable and wish you the best with your initiatives and your collaborations.

-- John Weeks, Co-Founder, CHRF

10. Farewell from Charlie Priester

John reminds us that it has been six eventful years since the CHRF News Files editorial team began publishing useful, timely information for stakeholders in the business of alternative, complementary, and (now) integrative medicine. Indeed, the News Files were launched before spam began to overwhelm the email airwaves (if you can even remember such a time). Our mission was to share information, create community, and, ideally, improve business for everyone engaged in the science (and art) of natural healing. For my small part in this effort, I would like to say it has been an honor to serve such a dedicated, hard-working group of professionals, and I hope that our e-newsletter has helped you all achieve at least some of your goals.
I would also like to thank John and Elaine for their skill as reporters, their wisdom as individuals, and most especially for their passion as advocates. It has been a privilege and a great pleasure to work with them both.

Even though we may no longer be reporting on the latest CAM news, it doesn’t mean it’s not happening. Take care of your own good health so you can continue to help others.

– Charlie Priester, Editor, CHRF News Files

11. Praise for the News Files: Sheila Quinn, Integrative Medicine Alliance

A. In working with Elaine since she took over the CHRF News Files from John Weeks, I have always been struck by her journalistic competence and integrity. She has been meticulous about fact checking, language, and balanced reporting. If Elaine has written it, I know it’s true! She has always honored confidentiality requests from our group (IHPC) and knows just how far to go with “deep background.” All of us at IHPC will miss Elaine’s experienced voice and are sad to see her and the News Files go out of our lives.

Many thanks also to Charlie Priester for his behind-the-scenes expertise and his heartfelt commitment to the work of integrated healthcare. Thanks to both of you for the two final issues, a graceful exit, and for all you have contributed over these years. Our warmest wishes go with you.

-- Sheila Quinn, Board Chair, Integrated Healthcare Policy Consortium

B. The Integrative Medicine Alliance (IMA) team wishes to express our sadness at the closing of the CHRF News Files and also to express our thanks to the organization. In a true spirit of collaboration, managing editor Elaine Zablocki has been particularly helpful and supportive of the IMA, an independent New England nonprofit dedicated to bridging the gap between alternative and conventional medicine. She has been generous with her time by providing guidance in the development of our newsletter efforts as well as insightful information to our membership about public relations. We've gleaned timely and interesting information from the News Files and have often highlighted their articles in our own IMA newsletter. We wish you all well, and hope to work together again in the near future. All the best,

-- Catherine Saar, Newsletter Editor, Integrative Medicine Alliance

Editorial note: Elaine Zablocki prepared a memo called "Sharing Our Stories, Influencing Decisions," which was distributed at the IMA Leadership Forum last December. It discusses the ways CAM practitioners and supporters of integrative medicine can make their voices heard in public debate. It will be available for download from the CHRF website (www.thecollaboration.org).

End, CHRF News File #77, November 4, 2004