P.O. Box 144345 Austin, TX 78714-4345 ▪ 512.926.4900 ▪ Fax: 512.926.2345 ▪ www.herbalgram.org

HerbClip™

Christina Chase, MS, RD
Heather S Oliff, PhD
Michelle Schuman Sanger
Jill Hoppe
Diane Graves, MPH, RD
Mariann Garner-Wizard
Densie Webb, PhD

Executive Editor Mark Blumenthal ***Consulting Editor*** Don Brown, N.D. ***Managing Editor*** Terri Krakower, Ph.D.
Funding/Administration Wayne Silverman, PhD ***Production*** George Solis/Kathleen Coyne

FILE: ▪Integrative Medicine
▪Complementary and Alternative Medicine (CAM)

HC 050827 - 217

Date: October 4, 2002

RE: Integrative Medicine Industry Leadership Summit 2001

Weeks J. Integrative Medicine Industry Leadership Summit 2001 Report. *Alternative Therapies in Health and Medicine.* 2002 March/April; 8(2 suppl): S2-S11.

Over 100 representatives from 90 organizations met in Scottsdale, AZ in May 2001 to examine the business of integrative medicine and explore opportunities for collaboration. Like the earlier 2000 Summit, this gathering was convened by the author, who formerly produced *The Integrator*, a monthly journal on integrating complementary and alternative medicine (CAM) into mainstream payment and delivery systems. Invited participants were broadly representative of the emerging integrative medicine industry and included healthcare providers; medical doctors; nurses; alternative practitioners from several fields; academics; employers; national professional, consumer and industry organizations; managed care networks; the natural products industry; and information and publications workers. For three days, they participated in panel and breakout discussion sections, reviewed the operating principles of 33 healthcare organizations, evaluated a draft statement of principles for integrative medicine, and wrote consensus statements on a variety of topics. They also agreed to continue cooperating under the aegis of the newly founded nonprofit Collaboration for Healthcare Renewal Foundation (CHRF).

A pre-summit survey identified participants' perceptions and priorities about CAM and issues now facing integrative medicine. A summary of survey results is presented in the text and in Table 3, and shows a strong unanimity on most issues. For example, 84% of respondents strongly agreed with the statement, "The CAM industry should strongly align itself with efforts to enhance federal support for health promotion and primary prevention (diet, exercise, stress reduction, lifestyle changes)", while 15% mildly agreed. None of the respondents disagreed with this statement. Least unanimity was shown in response to the statement, "CAM discount products offered by employers and managed care organizations, under which employees/members still pay cash for CAM products/services but get a discount off usual fees, are a reasonable first step that will lead toward more coverage and inclusion of CAM." Seventeen percent strongly agreed, 36% mildly agreed, 10% were neutral, 19% mildly disagreed, and 18% strongly disagreed. Not all survey results are given in the article, nor are all statements in the survey presented in their entirety.

Two consensus reports from breakout discussions are included in the article and present a strong contrast. The "Employer/Managed Care CAM Networks" group was assigned to explore the current environment for coverage of CAM and integrative services and to identify practical steps to facilitate a qualitative expansion of existing CAM products and services into major payment systems. In addition to what may be called

"outside obstacles" to this goal, including the lack of adequate outcomes data to convince employers that CAM services result in lower medical costs and increased employee health and productivity, much discussion apparently revolved around "internal barriers" to collaboration. These barriers include philosophical differences; lack of personal relationships among leaders; fears and experiences of co-optation, devaluation, and disrespect; economic fears; a scarcity mentality among many practitioners; lack of a level playing field between conventional and CAM professions and institutions; and such human failings as greed, mistrust, dishonesty, envy, and ignorance. To their credit, participants came to agreement on many issues and recommended key proposals, such as working with the Society of Actuaries' (SOA) CAM subcommittee to develop cost effectiveness data on CAM modalities and working collaboratively in local multidisciplinary groups to build trust, respect, and mutual opportunities for cooperation. The key action step identified by this group was the establishment of an Office of CAM and Integrative Healthcare within the U.S. Department of Health and Human Services. This office would have the authority to oversee, coordinate, and direct federal CAM and integrative healthcare activities, including complementing the National Institute for Health's National Center for Complementary and Alternative Medicine's agenda in education, policy, health services, outcomes, cost effectiveness, and field research.

Integrative Clinic breakout sessions drew the most participants and focused on referral development and marketing, cost containment, new revenue streams, and creating a shared templates resource. This group realized that most challenges faced by integrative providers are "cultural and economic and shared rather than individual", and they made positive suggestions in all areas of concern. One concrete achievement was initiation of a shared templates resource, which already includes otherwise proprietary materials such as survey tools, community needs assessment surveys, clinical data collection forms, business administration strategy documents, follow-up letters to referring physicians, sample articles for community newspapers, workshop outlines, an internal marketing strategic plan, referral scripts, incentive-based salary formulas, site visit documents, medical disclosure forms, herbal monograph resources, sample hospital affiliation agreements, promotional materials, member wellness packages, philanthropic strategy documents, and overviews of employee-benefit discount programs.

Several working groups were created. The Employer/Managed Care Working Group will develop a national CAM effectiveness database project in cooperation with SOA, Pricewaterhouse-Coopers, and the Institute for Health and Productivity Management (contact Ira Zunin at kalen@pixi.com). The Integrative Clinics/Health Systems Working Group will establish means of communication between Summits and create an electronic database for operational tools (contact Vickie Alleman at valleman@alltel.net). The National Policy Working Group combines efforts of Summit meetings and 60 organizations represented at the National Policy Dialogue to Advance Integrative Healthcare held in the fall of 2001, focusing on public policies to improve access to integrative healthcare services. (contact Candace Campbell at candace@healthfreedom.net). The Summit Working Group produces the *CHRF News Files*, coordinates among working groups, and organizes annual Summits. The last Leadership Summit was held on April 25-27, 2002 (see http://www.thecollaboration.org). Electronic subscription to the *CHRF News Files* is presently free (contact the author at <pihcp@aol.com> to subscribe).

— Mariann Garner-Wizard

The American Botanical Council provides this review as an educational service. By providing this service, ABC does not warrant that the data is accurate and correct, nor does distribution of the article constitute any endorsement of the information contained or of the views of the authors.

ABC does not authorize the copying or use of the original articles. Reproduction of the reviews is allowed on a limited basis for students, colleagues, employees and/or members. Other uses and distribution require prior approval from ABC.