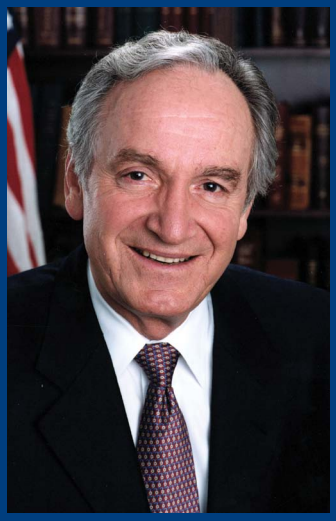
The 2014 Symposium Report

A CALL TO ACTION



on Integrative Health and Medicine Policy

Advancing the Legacy of U.S. Senator Tom Harkin

Georgetown University Hotel
and Conference Center

SEPTEMBER 29, 2014

Symposium and Testimonial Dinner

September 29, 2014
Georgetown University

Acknowledgments

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Report production on behalf of the planning committee, sponsors and participants coordinated by the Integrative Health Policy Consortium

A Call to Action
On Integrative Health and Medicine Policy

Advancing the Legacy
Of U.S. Senator Tom Harkin

Symposium Report
August 2015

Symposium and Evening Tribute to U.S. Senator Harkin
September 29, 2014
Georgetown University
Hotel and Conference Center

A Call to Action on Integrative Health and Medicine Policy
Advancing the Legacy of U.S. Senator Tom Harkin

The 2014 Symposium

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Executive Summary

On September 29, 2014 120 leaders in *integrative health and medicine* (IHM) convened at Georgetown University to celebrate the contributions that U.S. Senator Tom Harkin of Iowa has made to the acceptance and growth of integrative health during his congressional career. From the symposium program:

> "We cannot overstate the influence Sen. Harkin has had on our lives and our commitment to do everything possible to transform the present medical industry toward a system that focuses on health and wellbeing."

The list of Senator Harkin's groundbreaking contributions:

- Founding of the NIH Office of Alternative Medicine, and its later expansion to become the National Center for Complementary and Alternative Medicine, NCCAM (now the National Center for Complementary and Integrative Health, NCCIH).
- His long-standing support for the integration of chiropractic.
- The White House Commission on Complementary and Alternative Medicine Policy in 1998.
- Provisions in the Affordable Care Act that mandate "Non-Discrimination in Healthcare" and others that assert the importance of complementary and integrative health practices and practitioners.
- His outspoken advocacy for the integrative medicine model.
- His driving passion for prevention and health promotion.
- The creation of the visionary, whole-system "National Prevention, Health Promotion, and Public Health Council."

(Sen. Harkin's remarks during the dinner testimonial are on page 44)

In addition to celebrating this powerful legacy, the symposium presentations were organized around a "Call to Action" for the future, for which speakers covered the most important outcomes and trends since the ACA became law in 2010:

1. By reviewing the initiatives undertaken by the IHM community since its members held the "2010 Stakeholder's Conference," also at Georgetown, shortly after the ACA was signed into law;

2. By forecasting the opportunities to participate in and shape the dramatically changing health care and wellness environments, where quality and reducing costs of care — the keys to IHM value — are being built into new payment models.

While the results of the November 2014 national election brought new leadership to Congressional committees important to the field, and many aspects of the ACA remain unfulfilled (notably the implementation of Section 2706, "Non-discrimination"), as you will read here, symposium speakers laid out the paths critical for IHM involvement and leadership in the important years ahead, in areas such as:

- Interprofessional education
- Advancing non-pharmaceutical treatment options for pain
- Ensuring that integrative treatments become part of patient-centered outcomes research
- Guiding major healthcare institutions that are now considering integrative health approaches to care
- Collaborations with the public health sector
- Continuing to advance comparative research on IHM cost benefits
- Ensuring IHM its place in lifestyle, prevention and health promotion initiatives

As noted by Samueli Institute CEO Wayne Jonas: "The things that we used to talk about in the closet or just with two or three other people are now on the stage of all major groups in the country."

Whether those stages are in new integrative primary care clinics or in the healing ambitions of a nation state (i.e.: Samueli client, the Netherlands), the presentations clearly show a collective enterprise come of age, but one that is also in the midst of managing its own transformations.

To that end, the symposium's" Call to Action" included a declared commitment — organizational and personal — by the participants, which you can find on page 37.

Welcome and Introduction to the Day

Conference host Adi Haramati, PhD welcomed the symposium participants, noting the historic role Georgetown has played as a setting for a number of formative gatherings of the IHM community. These have included:

- The 2001 "National Policy Dialogue to Advance Integrated Health Care: Finding Common Ground"
- The 2005 "National Education Dialogue to Advance Integrated Health Care: Creating Common Ground," and
- Twice hosting the "International Congress for Educators in Complementary and Integrative Medicine," co-sponsored by Georgetown, the Academic Consortium for Complementary and Alternative Healthcare (ACCAHC) and the Academic Consortium for Integrative Health and Medicine (ACIMH: The Consortium).
- The 2010 "The Affordable Care Act & Beyond: A Stakeholder Conference on Integrated Healthcare Reform."

Dr. Haramati also noted that the Integrative Health Policy Consortium (IHPC), a main sponsor of the Symposium, was birthed at one of those early Georgetown meetings.

John Weeks, executive director at ACCAHC and coordinator of the symposium planning committee and Len Wisneski, MD, chair of the IHPC, and member of the planning committee, each noted Senator Harkin's role as the first public official to call for moving the nation from a system of sick care to a wellness society.

"It is meek and fitting that we're meeting here at Georgetown," Mr. Weeks said. He recalled that in 2010, just months after the passage of the Affordable Care Act, Georgetown hosted the most important convened symposium of the time, the Stakeholder Conference, which led directly to this "Call to Action" symposium. Mr. Weeks recalled meetings as far back as 1996 in which Harkin advised a group of early CAM/integrative health leaders of the importance of working together. He said that Sen. Harkin advised that, "we figure out what we wanted as a group. He gave us the potential of the dream. He wanted us to come together as a group that would help him on the Hill. We have since met multiple times to explore and create common ground."

He noted Sen. Harkin's sustained activism on behalf of complementary and integrative health, from the 1990's through the passage of the Affordable Care Act (ACA) and its focus on ending discrimination against providers, a process in which Harkin was still actively engaged at the time of the symposium.

Said Dr. Wisneski: "It is an honor to be with fellow pioneers. After 40 years we are at the tipping point. Virtually every stakeholder group in the US is speaking about health, wellness, and wellbeing. Now is time to roll up our sleeves and do the work. We are no longer fighting an uphill battle. We are being sought after as experts to implement what we have been working on for half a century."

Mr. Weeks asked: "What is the message as we try to move forward to new health creation?" He noted the great challenge that comes with healthcare transformation and quoted Czech Nobel Laureate Vaclav Havel: "Hope is not the same thing as optimism. Hope is not doing a thing out of the belief that good will come, but because it is the right thing to do."

"In 2010 we were celebrating areas of ACA," added Dr. Wisneski. "We've accomplished some of what we had hoped for. We have great plans for the future."

MORNING PRESENTATIONS

Integrative Health in the ACA: Where Have We Come From? Where Do We Go Next?

Moderator: Len Wisneski, MD (Chair, Integrative Health Policy Consortium)

Non-Discrimination in Health Care

Michael Traub, ND
Co-chair, Non-Discrimination Committee, Integrative Health Policy Consortium
(NOTE: Federal and especially state developments related to non-discrimination have been substantial since the Symposium. A summary is shown at the end of this section.)

Michael Traub, ND, DHANP, FABNO reviewed the actions undertaken after the 2010 Stakeholder Conference on seven recommendations to Federal healthcare policy and program managers for support of the inclusion of complementary and integrative health practices and providers in provisions of the Affordable Care Act, notably Section 2706, "Non-discrimination in Healthcare." These recommendations fell into two primary areas:

1. Extending the values of non-discrimination into other areas that affect integrative disciplines, including finance and loan repayment, and inclusion of IHM in public health programs.
2. Ensuring that the Department of Health and Human Services and other federal agencies properly direct state-based compliance with Section 2706.

Due to the demands of confronting the ineffectual federal guidance on Section 2706 that HHS issued in 2013, most actions in the first category were set aside[1]. Dr. Traub reviewed the actions most pertinent to supporting compliance with Section 2706:

1. The non-discrimination language should specify examples of insurer actions that are prohibited and those permitted under Section 2706.
2. CMS or the Secretary of HHS should issue guidance to insurers (including Medicare Advantage, ERISA, and state plans) and providers affirming that licensed CAM provider types must be included in an insurer's network, and thus be accessible to a member as readily as are other providers.
4. IHPC and its Partners for Health established a task force to:
    - Formally submit recommendations on rulemaking language to HHS
    - Determine other actions
    - Work with state-level insurance commissioners and insurance exchanges and with the National Association of State Insurance Commissioners (NAIC), and other major decision-makers.
5. Request that congressional leaders adopt these recommendations as part of their agenda.

1 Recommendations tabled for later consideration:

3. Add regulatory language to ensure that non-discrimination is also applied to (1) grants to educational institutions; (2) loan repayment programs; and (3) residency funding.

5. Consider a comprehensive non-discrimination bill for the Public Health Service Act to correct issues of loan repayment, eligibility for the National Health Service Corps, Public Health Service, and a variety of federal programs.

7. Confer with key legislators to determine whether Medicare and Medicaid are best dealt with as part of this law during rulemaking, or inclusion separately in the Social Security Act.

Dr. Traub described IHPC-organized activities that focused on the overlapping challenges that arose from agency inaction related to recommendations 1, 2 and 4 above. (Objective #5 has been strongly sustained by senators Harkin, Mikulski, Sanders and others.) Major activities undertaken since 2010:

- Congressional briefings were held on Capitol Hill for key Senate and House staff members
- IHPC and its Partner for Health member the American Association of Naturopathic Physicians (AANP) retained former State of Washington insurance commissioner Deborah Senn, Esq. to advise on 2706 implementation and compliance
- Worked with the American Association of Acupuncture and Oriental Medicine (AAAOM) and others to include AOM and other integrative disciplines in states' Essential Health Benefits (EHBs) defined by the Affordable Care Act.
- IHPC members met with state insurance commissioners, insurance company executives and other state regulators and with several HHS Regional Directors who were supportive of non-discrimination objectives
- The IHPC board approved the development of a consumer-facing website and social media-based information and engagement resource to spur grass roots support for 2706 compliance, CoverMyCare.org (http://www.covermycare.org)
- The IHPC board approved creation and publication of *"Integrative Health and Medicine: Today's Answer to Affordable Healthcare: Health Creation Economics,"* a first-time compilation of research showing the comparative economic benefits of multiple IHM disciplines in practice.

The Department of Health and Human Services (HHS) FAQ on Section 2706 (April 2013)
When the shortcomings of the guidance on Section 2706 issued by HHS to insurers became evident in the spring of 2013, IHPC concentrated its resources on responding to the seriously misguided nature of this FAQ.

- IHPC and its members sought Senator Harkin's intervention
- In July 2013 the Senate Appropriations Committee rebuked the FAQ for ignoring the intent of the legislation and directed the agencies to re-write it
- Not until the spring of 2014 did HHS open a public comment period for response to its "Request for Information on Non-discrimination" (the RFI) *
- IHPC representatives met with HHS's national liaison to providers and with the national liaison to the Center for Consumer Information & Insurance.
- IHPC Non-discrimination Committee member John D. Blum, JD, wrote an article for the April *Bloomberg BNA's Health Law Reporter* that outlined serious shortcomings in the FAQ[2].
- IHPC conducting a large (5,000+) nationwide practitioner survey in 2014 on 2706 compliance that revealed:
  - » The vast majority of insurers were doing nothing to comply with 2706
  - » Some carriers covered services out-of-network and ignored practitioner requests to be included in-network
  - » Only a small number of insurers were acting in accordance with the statutory intent of 2706

* IHPC's primary recommendation to the Spring 2014 RFI was that the agencies revoke the guidance issued in April 2013 and issue new guidance based on the specific provisions and intent of the legislation.

Despite IHPC's advocacy and that of other provider and patient organizations through 2014, the U.S. departments of Health and Human Services, Treasury, and Labor remained unresponsive to the 2013 order from the Senate Appropriations Committee. On June 24, 2014 the Committee again advised HHS: "CMS has not complied with this directive (to correct the 2013 FAQ on Section 2706). The Committee expects the corrected FAQ by November 3, 2014, or an explanation for ignoring congressional intent."

[2] BNA's Health Law Reporter, 23 HLR 574, 4/24/14. http://www.bna.com

Symposium Summary:
Dr. Traub reported: "The problematic guidance (the 'FAQ') issued on 4/29/13 by HHS, Dept. of Labor and the Dept. of Treasury narrowed the meaning of 2706 in ways that were not intended by the statute, adding criteria that were wholly arbitrary and counter-productive, providing multiple loopholes for insurers to avoid compliance. Three federal agencies have allowed insurers to violate a federal law, and to allow the very discriminatory practices that Section 2706 was intended to prevent. Despite IHPC progress toward implementation of 2706, the current situation is unsatisfactory." He recommended strengthening the community's policy capability by aligning IHPC with the Academy of Integrative Health and Medicine (AIHM: The Academy) and by strengthening leadership relationships among IHPC member organizations.

Developments Since Symposium

- On Sept. 30, Dr. Traub and others who attended the symposium met with HHS executives to learn about their plans to meet the Senate Committee's Nov. 3 deadline but did not receive guidance at that time.
- HHS did not provide a replacement FAQ to the Senate Committee by the Nov. 3 deadline.
- In December of 2014, the House Appropriations reiterated the Senate's June 2014 directive to CMC regarding response to the Senate Committee's directive:

  > "Provider Nondiscrimination — The fiscal year 2014 omnibus directed HHS to correct the 2013 FAQ on Section 2706 of the ACA to reflect the law and congressional intent; CMS has not complied with this directive. CMS is directed to provide a corrected FAQ by March 3, 2016 or an explanation for ignoring congressional intent."[3]

- In April 2014, AANP requested an update from CMS on the status of the new FAQ and was told that none was to be expected.
- On May 26, 2015, the agencies issued an updated FAQ on Section 2706. (The impact and potential effects of its revised language on insurers were being analyzed at the time of this report. For updates, see the IHPC site:www.ihpc.org/section-2706/)
- IHPC's CoverMyCare campaign (covermycare.org) launched in late October 2014.
- The IHPC booklet "Integrative Health and Medicine: Today's Answer to Affordable Healthcare: Health Creation Economics" was issued in early 2015.

[3] Explanatory statement submitted by Mr. Rogers of Kentucky, Chairman of the House Committee on Appropriations regarding the House amendment to the Senate amendment on H.R. 83, Cong. Rec., Dec. 11, 2014, pg. H9837

National Prevention Health Promotion and Public Health Council (NPC)

Janet Kahn, PhD, LMT
Member, Advisory Group on Prevention, Health Promotion and Integrative and Public Health of the U.S. National Prevention Council

When the National Prevention Health Promotion and Public Health Council (NPC) was established by the Affordable Care Act, it became a powerful, tangible expression of Sen. Harkin's vision that the nation move its healthcare thinking and care approaches to a whole system focus on prevention and wellness. With the separate ACA-created National Prevention Fund endowed with $15 billion, the prospects for such an out-of-the-box of evolution were auspicious.

Janet Kahn, PhD, LMT, a member of the NPC's advisory group and former executive director of the IHPC, described the work of the Council and the potential of its interagency relationships to "embrace health and wellness as organizing principles for all aspects of domestic policy," and possibly to open paths to greater participation for integrative practitioners.

Dr. Kahn summarized Sen. Harkin's "out-of-the-box" vision:

- Out of sickness care and into a radical, pervasive focus on fomenting health
- Out of departmental silos and professional isolation, and into collaboration and cross-fertilization
- Out of serving table scraps to public health, population health and integrative healthcare and into some serious funding to support HEALTH

Prevention Council members are the U.S. cabinet departments and other federal agencies: 18 in all and chaired by the US Surgeon General:

<u>Departments</u>
Health & Human Services
Agriculture
Education
Federal Trade Commission
Transportation
Labor
Homeland Security
Justice
Defense
Veterans Affairs
Housing and Urban Development
Interior

<u>Agencies:</u>
Office of the Surgeon General (Chair)
Environmental Protection Agency
Office of National Drug Control Policy
Domestic Policy Council
Bureau of Indian Affairs
Corporation for National and Community Service
Office of Management and Budget
General Services Administration
Office of Personnel Management

The Council's role: "To provide coordination and leadership at the interagency federal level and among all executive departments and agencies on prevention, wellness and health promotion practices, the public health system, and integrative healthcare." The ultimate strategy: "To increase the number of Americans who are healthy at every stage of life."

Moving the infrastructure of the federal government toward this objective won't be for the faint-hearted. "It calls for some optimism," Dr. Kahn said, "and requires that we believe that all the people in all of these agencies will embrace a web as a model, even though they are siloed."

As a practical matter she noted, "we have all these agencies that have not been thinking of their role in health before. How do we help them?"

The Council's *Advisory Group on Prevention, Health Promotion and Integrative and Public Health* consists of 25 members outside of government, four of whom, including integrative cardiovascular medicine leader Dean Ornish, MD work with Dr. Kahn in integrative health and medicine. The group's role: "To develop policy and program recommendations and advise the (National Prevention) Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion."

The Prevention Council, Dr. Kahn said, creates the potential for "linking opportunities" between prevention and public health programs and organizations at work in local communities. An example: The 30 Center for Disease Control (CDC)- supported National Network of Public Health Institutes that "provide technical assistance to (federal agencies; and so Prevention Council members) to increase their capacity to incorporate health criteria into decision-making by conducting a *health impact assessment* (HIA)."

HIAs are performed by the Environmental Protection Agency (EPA) to:

- Determine the potential effects of a proposed policy, program, plan, or project on the health of a population
- Consider the distribution of those effects within the population
- Provide recommendations on monitoring and managing those effects

While such health-related evaluations have been in place for years, Dr. Kahn noted: "Doing a health impact assessment, which gives you a lot of information, does not really produce something, unless you work with that information and do something."

"Doing something" effectively that involves the practice of integrative disciplines and their strategic participation in program development will take collaboration and coordination with such linking opportunities. For the integrative health community, Dr. Kahn added an important caution: "We are not going to be invited to this party. We have to step up and look at how we can move into this effort at the local level, at the state level."

Additionally, she cautioned about the evolution of the language that has accompanied the formation of the Prevention Council, and of the 2011 *"National Prevention Strategy"* that it was charged to produce. "Language is problematic here, and it matters. All prevention, health promotion, public health, integrative health (terms) get dropped out" in many discussions; "all collapsed into 'prevention'…when the words disappear the ideas also weaken, if not disappear."

Patient-Centered Outcomes Research Institute (PCORI)

Christine Goertz, DC, PhD
Member, Board of Governors, PCORI

Christine Goertz, DC, PhD, chair of the PCORI Scientific Oversight Committee, described the work of the institute since its formation under the ACA in 2011 and its continuing interest in projects in integrative medicine.

PCORI was established to "conduct comparative effectiveness research which engages stakeholders and answers real-world questions about what works best for patients." The Mission: "PCORI helps people make informed health care decisions, and improves health care delivery and outcomes, by producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers and the broader health care community."

The "true mandate" of the Institute, Dr. Goertz said is "to collect data and synthesize it to answer those questions." She added that the intention from the outset was to "actively engage patients and key stakeholders throughout the research process."

PCORI has established three strategic goals:

- Increase Quantity, Quality and Timeliness of Research Information
- Speed the Implementation and Use of Evidence
- Influence Research Funded by Others

Five national priorities areas were already established:

- Research Assessment of Prevention, Diagnosis, and Treatment Options
- Improving Healthcare Systems
- Communication & Dissemination of Research
- Addressing Disparities
- Accelerating PCOR and Methodological Research

Dr. Goertz presented PCORI's funding cycle ending July 29, 2014, during which it funded 313 projects valued at $548.9 million in 38 states, plus Washington DC and Quebec. Studies have been conducted on cardiovascular disease, mental health disorders, cancer, and musculoskeletal disease among many conditions. The research was also focused on specific populations, such as urban and rural residents, children, socio-economic status and older adults.

Dr. Goertz noted the "Congressional intent that integrative medicine be woven within the mission of PCORI." Despite this interest, she noted that the organization has received few applications from the IHM research community. Four projects have been funded, totaling $7 million (or just over 1% in total projects and in grant dollars):

- "A Comparison of Nonsurgical Treatment Methods for Patients with Lumbar Spinal Stenosis"
- "Optimizing Patient Engagement in a Novel Pain Management Initiative"
- "Evaluation of a Patient-Centered Risk Stratification Method for Improving Primary Care for Back Pain"
- "Impact of Burnout on Patient-Centered Care: A Comparative Effectiveness Trial in Mental Health"

Dr. Goertz noted in her presentation that "we welcome research proposals that focus on or include integrative medicine approaches as treatment options … our new pragmatic studies initiative calls out IHM topics as among those of particular interest."

A member of the audience asked what advice or strategy Dr. Goertz had for small practices: "How can those clinics better be engaged in patient centered outcomes research?"

Dr. Goertz described PCORnet, the National Patient Centered Clinical Research Network, which is designed to organize data derived from smaller groups. Benjamin Kligler, MD, Medical Advisor for The Bravewell Collaborative and Vice Chair of the Department of Integrative Medicine at Mount Sinai Beth Israel said that Bravewell's Bravenet is considering ways to pool patient-centered outcome date from integrative medicine sites. He noted a project with the Veterans Health Administration that he said, "in the bigger picture this should also include practitioners across the country who want to participate."

Integration in Practice: Accountable Care and Patient Centered Medical Homes

Courtney Baechler, MD, MS
Vice President, Penny George Institute, the Allina Health System

Courtney Baechler, MD, MS, vice president of the Penny George Institute for Health and Healing presented on the deep experience that the Institute has gained from the expansion of integrative healthcare in its programs since 2003. The Institute is part of the Allina Health System that includes the Abbott Northwestern tertiary hospital in Minneapolis. Allina now maintains the country's largest system-wide integrative medicine program and plans to expand access to the therapies through its clinic network.

Dr. Baechler opened the presentation noting that the paths which Allina and the Institute have taken into integrative care began via "grass roots efforts by nursing." As a result of the multifaceted use and adoption of these approaches in the years since — in outpatient and inpatient clinical care, in comparative cost research, in pilot studies and in community health initiatives – the Institute has "embedded integrative care throughout the whole system."

Pain Research

Dr. Baechler presented a summary of the results of several of the Institute's programs in which integrative therapies for pain were measured. A database of 12, 899 admissions between 2009 and 2012 was created and apportioned by clinical populations for treatment of *cardiovascular*, *joint replacement* and *oncology* pain.

% Decreases in For	PAIN	ANXIETY
Cardiovascular	46.5%	54.8%
Joint Replacement	49.9%	—
Oncology	46.9%	56.1%

Cost of Hospitalization: The average saving for all patients participating in integrative therapeutic pain treatment was $160 per patient.

Another successful pilot study examined how the use of acupuncture in the emergency room affected pain and anxiety. The results here were equally compelling:

- decrease in pain: 34%
- decrease in anxiety: 48%
- decrease in nausea 64%
- *increase* in coping 14%

Resilience Training

Resilience training has become an important concept in prevention due in part to the experience that the US military health system has had expanding its view of whole person health and wellness to the military member's close family and community. (The Advisory Group of the National Prevention Council maintains a working group on Resilience in part as a result of this experience.)

The Penny George Institute established a resilience-training program to evaluate reductions in measures of depression, stress and anxiety for participants who took part in an eight-week, group-based program. The levels of reduction:

Depression:	63-70%
Stress	48%
Anxiety	23%

Dr. Baechler's presentation showed that "most psychological improvements *lasted up to 12 months* after end of treatment." The importance of these results, she said, is that they illustrate the positive patient experience, show change in reimbursements, and demonstrate the improvement in lives for patients touched by integrative therapies. In this study, treatment also improved quality of care and decreased the length of patient hospital stays.

Dr. Baechler suggested that this approach is one way for hospitals to differentiate themselves in the market: "Most people know what they should do: eat better, move more. But if they don't do it through a broader lens, it is much harder to change."

Initiatives in local and regional communities

The Penny George Institute and Allina also extended integrative health options and measurements through its participation in: 1) the Minnesota's ACA-responsive insurance exchange *MNSure*, 2) as part of large multi-provider community health collaborations, and 3) for its own employees.

Health Exchange-covered Families and Individuals

With Blue Cross/Blue Shield, Allina created the *Blue Print* plan, an individual/family product for the ACA health exchange with silver and platinum coverage levels. The Institute pro-actively reached out to individuals with a BMI > 25. Integrative medicine treatments and resilience training were covered by insurance in this program, at a cost Dr. Baechler reported as, "the most competitive in the US." As a result, program capacity was exceeded in the first year, suggesting a doubling for the following year; and other units of the system participated. All of which shows what is possible "when health and wellness are viewed through an integrative lens."

Therapies were delivered in a cross-disciplinary, team approach that "leveraged the term 'provider,' rather than 'physician.'" Collaborations included a fellowship with Northwestern School of Acupuncture, mandatory aromatherapy training and CME offered for physicians in integrative health.

Dr. Baechler added: "The key is that you engage ongoing education *within other efforts*." For instance, a close partnership with the *mother-baby service line*, which may also prove to be a market advantage. "Nurses want integrative health to be part of training they receive as part of fetal care: embedded in — not separate — training."

Healthy Communities Partnership

This $6.5 million initiative that is overseen by the Penny George Institute involves 11 Minnesota hospitals and health systems and two in Wisconsin. The three-year grant focused on community wellness and launched in 2012. "The program's aim is to help prevent deaths and chronic diseases related to poor nutrition, inadequate exercise, smoking and hazardous drinking." Dr. Baechler noted: "A key designation is to 'connect integrative health and community wellness.'"

Employee Wellness

For its own employees, the Institute created an $1800 incentive to encourage its people to maintain their health. The program includes integrative health coaching, weight management, stress management, and a holistic approach to tobacco cessation. This prescription has been successful enough to draw the interest of large Minnesota-based businesses such as General Mills.

These projects, all integrated across health systems, clinical settings, communities of historically insured and newly exchange-insured residents and employees, have delivered encouraging results to the George Institute and the Allina system. Allina plans to put in place four "holistic family health clinics" in the next two years that provide primary care and integrative health.

Dr. Baechler noted lessons that can be used to inform further expansion of integrative therapies:

- Continuous collaboration
- Focus on the Triple Aim
- Aligning metrics
- Taking advantage of an opportunity to improve the health of the population and still push the envelope

Healthcare Workforce: Interprofessional Practice and Education

John Weeks
Executive Director, Academic Consortium for Complementary and Alternative Health Care

John Weeks presented a summary of the evidence that is building to establish the cost effectiveness and value of integrative care that fits with the goals of the Triple Aim, and the significant participation by the integrative community within the interprofessional practice and education (IPE) movement. The content and data reflect the growth of research and collaborative initiatives in which the integrative community has participated since the Affordable Care Act was passed in 2010. He first reviewed the provisions of the ACA that establish areas of "key inclusion" for the integrative health and medicine (IHM) fields:

Section 3502: Community Health Teams to Support the Patient Centered Medical Home: "…ensure that the health team established by the entity includes an interdisciplinary, interprofessional team of health care providers… that ***may include*** medical specialists, nurses, pharmacists … doctors of chiropractic, licensed complementary and alternative medicine practitioners…"

Section 5101: National Healthcare Workforce Provisions: "… The term *'health care workforce'* includes all health care providers with direct patient care and support responsibilities, such as physicians, nurses…doctors of chiropractic … licensed complementary and alternative medicine providers, integrative health practitioners … The term *'health professionals'* includes … licensed complementary and alternative medicine providers … and integrative health practitioners…"

These legislatively created designations were established largely because the maturation of the distinct integrative disciplines was firmly established and education in integrative practice for MDs, DOs and holistic nurses had become sustainable.

While the provisions of the ACA present a "potential for better integration" through new payment incentives, Mr. Weeks noted that "integrative business models tend to fare poorly in the perverse incentives of a production-based medical industry.

"We ran into problems early on with integration," he said, "because if you save money in a production based system you are not helping the goals of the system. For example: insurers are cost-plus operations. From a hospital perspective, who wants Ornish's program if it cuts down CABG (coronary artery bypass graft) and stents and takes away from revenues from these services? How much production is there from a $65 massage? Is there a bottom line that can show success from keeping people healthy rather than merely producing more services? We had to learn about these perverse incentives the hard way."

The "shifting incentives" in the market could favor meaningful inclusion if major health systems act on the kind of outcomes shown by the Allina Health System. Mr. Weeks quoted Allina CEO Ken Paulus who said: "When I first heard of integrative medicine in 2006, I thought of it as an expense … but as the Affordable Care Act's payment structure kicks in that supports keeping people healthy, integrative medicine will be an asset."

He pointed to the industry-wide framework that will measure the value of keeping people healthy: the ***Triple Aim,*** established by the Institute for Healthcare Improvement (IHI). He presented results from two surveys of IHM practitioner groups:

	Strongly Agree	Agree
"I believe our values and practices of integrative health and medicine are aligned with the values of the Triple Aim." (Leaders of academically-based integrative centers from the Bravewell *Integrative Medicine in America* report)	43%	33%
	Perfectly	**Moderately**
"To what extent do you believe that the outcomes of care delivered by the ACCAHC disciplines are aligned with the Triple Aim?" (Licensed IHM professionals: ACCAHC 2013 Annual Meeting)	43%	33%

He listed several possible payment structures in emerging accountable care organizations (ACOs) and patient-centered medical homes (PCMHs) that may be used to reflect lower costs that could be attained by keeping patients healthier:

- Bundled payments for conditions/episodes
- Hospital "transition" versus "discharge"
- Shared savings
- "Capitation like" payments

Mr. Weeks then reviewed the initiatives established by ACCAHC to capture the value-based data from IHM services. "We said let's create some resources to support people, all stakeholders, on how to **make these relationships work in the new payment system**. We call this the *Project for Integrative Health and the Triple Aim* (**PIHTA**). "We started with cost, ultimately the door you have got to walk through. We've created a section of the best cost studies one can find out there, by stakeholder type." He added that "the project will also post a list of PCMHs that are integrated, and will have the same for onsite employer clinics that include integrative practices and practitioners."

He presented recent IHM research being aggregated in PIHTA: from the Foundation for Chiropractic Progress; from IHPC; and a thorough 2012 study: *"Are complementary therapies and integrative care cost-effective? A systematic review of economic evaluations,"* prepared by two of the most experienced researchers of IHM social and economic questions in the last 20 years, Patricia Herman, MS, ND, PhD and David Eisenberg, MD. He quoted Herman's fervent assertion:

> "I'm tired of this talk that there is no evidence for cost-effectiveness of complementary and integrative medicine. There is evidence. We need to move onto phase two and look at how transferable these findings are. We can take this evidence and run."

Additionally, he reported the results of the PIHTA survey on what he calls the *"Paulus Hypothesis,"* referring to the experience of Allina CEO Ken Paulus. A set of statements were distributed to the leaders of 28 academically-based integrative centers to determine "whether opportunity is increasing under the incentives of the new 'values-based' environment."

	Strongly Agree	Agree	Somewhat Agree
System leaders increasingly view IHM as an asset	10%	19%	48%
My center is increasingly part of the plan to lower readmissions	14%	5%	52%
My center is part of the plan to better patient experience	19%	38%	29%
My center is part of the plan to reduce costs	5%	29%	38%
My center has seen increased investment in our service offerings	5%	24%	10%

Additional questions focused on the impact of the availability of IHM services as units within the greater care system:

	Strongly Agree
Our personnel have been asked onto new committees and initiatives related to these changes	57.1%
We are actively working with new specialty groups	66.7%
We experience increased interest in involvement of our services and providers in inpatient services	57.1%
We have internal evidence that we are helping the system reach one or more goals of the Triple Aim objectives.	42.9%

As a result of this work, he said, PIHTA has identified potential "high value areas for engagement," including:

- Hospital Transition
- Integrative pain treatment
- Chronic disease
- Patient self-efficacy
- 'Dual eligible'
- Care management
- Pharmacy management

The transitions required to shift out of a system based on sick care appear to be clear to many leaders of large systems, although the view of the path through is not. Mr. Weeks highlighted the sentiments of two major national health system leaders who have already posed the task to their peers.

Donald Berwick, MD, founder of IHI:

> "… The new way, the way to health, may be vastly further from the current design of care than we may at first wish it to be, or believe it to be …The pursuit of health, the creation of health, may require something even bolder [than the Triple Aim]. The redesign we need may be even more radical than we have imagined."

Jonathan Perlin, MD, chair-elect of the American Hospital Association:

> "We have been honed to focus on sick care … It is a tough transition, but we have to learn how to move from sick care to health care. I'm not sure that any of us fully understands or knows the recipe."

From the perspective of the IHM workforce one important way to formulate the recipe will be to include chefs who are experienced in preparing integrative "cuisines."

Although the provisions of sections 5101 and 3502 of the ACA embrace the broadest spectrum of licensed disciplines and advocate for team-approaches in delivering less costly care, Mr. Weeks posed the real-world uncertainty that remains: "Will a movement that claims to be team-focused and 'patient-centered' exclude — in integrity — the IHM professions?"

Noting that the fee-for-service industry is "laden with perverse incentives against collaboration and teams," he presented a number of projects formed since the ACA was passed in which Interprofessional Practice and Education (IPE) is creating a new reality around collaboration, including those initiated within the IHM community.

- "*Core Competences for Interprofessional Collaborative Practice*" published in 2011 by "Big Six" Academic Organizations (MD, nursing, DO, public health, pharmaceutical, dentistry).
- Interprofessional Education Collaborative (IPEC) formed in 2012 by the "Big Six" and which now includes ACCAHC and others as Supporting Organizations.
- National Center for Interprofessional Practice and Education (NCIPE) formed in 2012 with $13-million funding from HRSA, Macy Foundation and Robert Wood Johnson Foundation and other philanthropic groups.
- *Global Forum on Innovation in Health Professional Education* initiated by the Institute of Medicine, with backing from the Macy Foundation and Robert Wood Johnson Foundation, plus the "Big Six" organizations, and which also includes the IHM professions via ACCAHC membership.

Some IHM community initiatives in IPE include:

- ACCAHC Biennial Meetings, 2011 and 2013 that hosted North American IPE leaders to deliver keynotes and enlighten IHM discipline leaders.
- *"Competencies for Optimal Practice in Integrated Environments"* (2011) published and endorsed by the "Big Five" licensed IHM councils of colleges (chiropractic, acupuncture and Oriental medicine, naturopathic medicine, massage therapy, direct-entry midwifery).
- IPE keynotes at the 2012 *International Congress for Educators in Complementary and Integrative Medicine* produced by CAHCIM, ACCAHC and Georgetown.
- The ACIMH (formerly CAHCIM) worked with the *Journal of Interprofessional Care* on a special issue on IPE and integrative medicine, with Shelley Adler, PhD, from the UCSF Osher Center as guest editor.
- The Academy of Integrative Health and Medicine (AIHM), recently been formed as an attempt to create a single interprofessional, inclusive organization for IHM. Mr. Weeks noted the potential "Big Tent" role that AIHM intends to play.

Mr. Weeks concluded with these recommendations:

PCMHs/ACOs

- Capture Triple Aim data on your services.
- Co-create models for optimal inclusion of your services.
- Push boundaries to link clinical practice with community and public health.

Inter-professionalism and Team Care

- Practice collaboration internally (among IHM professions) to foster collaboration externally
- "Widen the circle:" engage in the broader dialogue
- Put the teams into the service of health creation

KEYNOTE

The Imperative for Integrative Health and Medicine in the United States.

Eric Schoomaker MD, PhD
Lt. Gen, US Army, Ret. and former Surgeon General, US Army

Introduction, Wayne Jonas, MD, CEO, Samueli Institute

"The center of gravity for our country is our health and wellbeing."

Keynote speaker Eric Schoomaker, MD, LTG US Army (Ret.) offered that assertion during a presentation that bridged the growing adoption of integrative health and medicine practices between the military and American healthcare and wellness systems.

Due in large measure to Gen. Schoomaker's efforts as Surgeon General of the Army from which he retired in 2012, military medicine continues to establish effective places for integrative health treatments and for prevention and wellness-focused health services: not just for individual service members but for their families and communities where they attend school, work, and live together.

"Once soldiers are recruited and trained in this demanding values based community," he said, "it is critical they remain healthy, fit and engaged and that their families are thriving. It is the centerpiece" of what the military is doing.

Gen. Schoomaker's experience implementing integrative care within the large cohesive community that is the American military provides a perspective for practical measures that could be replicated to influence US healthcare and to respond to the imperative for changing the culture of health in the nation. His prescription includes:

- An appropriate strategic focus
- Interdisciplinary teams
- Changing the business model
- Joint education and training
- Comparative effectiveness research

During his tenure, military medicine also developed research portfolios to investigate the positive — if little understood — clinical outcomes of integrative interventions for military specific conditions like PTSD and traumatic brain injury. The Dept. of Defense has also expanded wellness and prevention measures into a major cross-service initiative in resilience called *Total Force Fitness*. (TFF "views health, wellness, and resilience as a holistic concept where optimal performance requires a connection between mind, body, spirit, and family/social relationships."
http://hprc-online.org/total-force-fitness)

The Pain Bridge
Gen. Schoomaker was unambiguous about the challenge confronting American health:
"Chronic disease has engulfed the nation," he said. "We are all — everyone — victims of the current narrow perspective on treating disease by the way healthcare focuses upon it."

Pain is undoubtedly the condition most widely shared across military and civilian populations. Gen. Schoomaker focused on the intractable problems that stem from the easy availability of opioids to treat it, which he noted has led to "a four-fold increase in opioid poisoning death from 1999 to 2011." The consequent rise in addiction has led to the rapid re-appearance of heroin, whose street price is far below the cost of pain pills. "80% of new heroin users had previously used pharmaceutical opioids," he noted.

The growing availability of non-opioid and integrative pain solutions since the onset of the wars in the Middle East has given military medicine a far different set of tools and the clinical experience in outcomes that continues to influence pain management treatment in civilian care. Gen. Schoomaker described the benefits of acupuncture for a combat-wounded amputee and of guided imagery that dramatically reduced a patient's use of opioids after 15 years of her coping with chronic hip pain.

Then there is his own experience after a shoulder surgery, from which he recovered "without the usual complications of narcotics because of complementary modalities." Standard nerve blockage during surgery was effective, he said, adding: "But after surgery, because of acupuncture, I was up and walking in an hour. If it's all placebo effect, I'm all for placebo effect."

Military Strategy: Toward Health

The "mantra" for the US military Gen Schoomaker said, is "going from a system of health care to health. It is the focus of the US military. We have always been about providing health. If we are to alter the pace that disease and illness are burdening our people," he said, "we must recognize the center of gravity for our country is our health and wellbeing."

The military he said, has re-energized its efforts to provide health and wellbeing, in part "to mobilize a shrinking force. If nothing else, war teaches us that bad things are happening to good people all the time. We need to promote health and wellbeing. We are obligated to provide health and wellbeing for wounded soldiers."

Team-based Care

The strategic shift to health and wellness, he said, "cannot be achieved without the inherent need to work as a multidisciplinary team, mutually respecting roles." He referred to a pain-specific research tool that DOD uses (part of the federal interagency pain research portfolio, PROMIS) as a "way of building the infrastructure necessary to talk to one another in a common language, and common outcomes and measures of performance." http://paindatabase.nih.gov/content/current-federal-research-partnerships-pain

New Delivery Models

The most daunting challenge is likely to be altering the business models that define "how health care is resourced, how impact is measured, and its contribution to national health and wellbeing." Since the business takes 65% of our GDP, he anticipates a dramatic backlash from trying to change that model.

In the current reimbursement climate, he noted, "clinics that embrace integrative practices do so at a loss, and must rely on philanthropy. Even in the military — where no one profits from procedures or beds — we struggle to change the equation from *throughput*, and what I call widget building, to *outcomes*."

"With perhaps the exception of the military health system and the VA, we are going to require *regional experiments* to find out what is needed in (a specific) community."

(Gen. Schoomaker made a point of clarifying that he was only presenting as an individual and not as a representative of the military.)

AFTERNOON PRESENTATIONS

Emerging Trends and Opportunities in Integrative Health & Medicine

Moderator: Margaret Chesney, PhD
Chair, Academic Consortium for Integrative Medicine & Health

Building the Capacity for Real World Effectiveness Research for Integrative Health

Josephine Briggs, MD
Director, National Center for Complementary and Integrative Health (formerly NCCAM)

Dr. Briggs reflected on Sen. Harkin's "vision for the capacity of research dollars to integrate these practices and change the landscape of health."

She used the persistent skepticism showered on NCCIH and its research by critics to draw parallels with the discoveries that have justified its continued work. For example, the current portfolio for NCCIH includes heavy attention to the value of *non-pharmaceutical* options for pain. She noted that when pain management specialists starting using epidural steroids – which led to many deaths and very serious side effects – the skeptics were mostly silent. But they were happy to note the extremely rare occasions when an acupuncture intervention was associated with a fatal outcome.

"The biggest thing that outrages me as a physician is the shocking rise in the number of deaths from prescription opioids. All of us as physicians should be ashamed of these numbers," she said. Those numbers are approaching 18,000 deaths a year, a number that exceeds the combined overdose deaths of heroin and cocaine. "This is very much driven by prescribing patterns. The medical profession should be ashamed by drug overuse in this country. It is the reason why we need non-drug-based pain management."

Dr. Briggs' second example of critic-inflaming NCCIH research extended for almost a decade investigating the impact of chelation on *diabetic cardiovascular disease*. It became "another rallying cry for critics," she said. Numbering herself among the skeptics before her arrival at NCCIH, Dr. Briggs said, "the results have really surprised us. There is dramatic evidence for benefits to the diabetic subpopulation."

She said that the results of the chelation study were reviewed by the Robert Temple, MD, Deputy Center Director for Clinical Science at the FDA, who remarked: "We have not seen a drug effect of this magnitude in any agent being used to treat diabetic vascular disease."

Dr. Briggs reported that NCCIH is now part of a co-operative venture with other centers at NIH to follow up that major research project. "The outcome," she said, "could be a game changer for the Type II population in this country."

Dr. Briggs concluded by discussing the need for group-randomized trials that offer a different perspective than that of classic RCTs. "We need large studies with external validity," she said, emphasizing the need for "pragmatic trials in real-world healthcare settings."

Intersecting Futures for Public Health, Primary Care and Integrative Health & Medicine

Clem Bezold, PhD
Founder and Chair, Institute for Alternative Futures

> *"Each individual profession can do something related to the social determinants of health."*

Futurist Clem Bezold took symposium participants on a tour of the near future in which public and clinical health efforts focused on the *social determinants of health* may play a significant role in the participation of IHM practitioners in their communities.

The Institute for Alternative Future's experience assessing IHM disciplines began with the development of future scenarios for chiropractic care. He noted Sen. Harkin's support for a *foresight seminar* in the 1990's hosted on Capitol Hill for Congressional staffers.

Dr. Bezold's presentation described "points from the future" that his Institute continuously evaluates, and their importance to IHM:

- The Triple Aim
- The role of the Patient-Centered Medical Home (PCMH) and care teams with the emergence of the Community Centered Health Home (CCHH)
- The role of solo and small group integrative providers as resolving *social determinants of health* will evolve to include more kinds of local healthcare organizations.
- The role of public health in the context of the Institute's just released "Public Health 2030." (See: http://www.altfutures.org/publichealth2030)

Re-discovering Social Determinants of Health

In current approaches to defining population health goals, Dr. Bezold said, "healthcare is consciously saying that quality for them means increasing the health of the population of their communities. And that is a huge step, in terms of defining what quality means."

He presented a chart showing the major factors affecting population health: "Healthcare is 10% to 25% of the variance in health over time. The most important factors are behavioral, socio-economic and environmental. This is a huge learning," he said, as it raises the question "what is the role that healthcare will play in focusing on social determinants? Everyone is discovering social determinants, but community health centers (CHCs) have been doing this since the 1960s."

Despite this historic role, he said, no evidence or historic data had been collected defining the areas of services that CHCs provided. As a result, he said, in 2012, the Institute along with the National Association of Community Health Centers with funding from the Kresge Foundation produced *Community Health Centers Leveraging the Social Determinants of Health,* the first database that describes the expansive types of services provided by CHCs, "reaching beyond clinical care to support their communities."

CHCs, he noted, traditionally reach out "when residents walk in the door experiencing something that the health center takes on." The survey of activities from assessments of 52 CHCs includes: youth development, family and social support, access to healthy foods, employment, health education, physical activity, community safety, nutrition, and housing.

He noted the current efforts to establish a greater awareness of these factors, such as needs assessments done by hospitals, "are reaching more and more into this domain" of social determinants.

Patient Centered Medical Home to Community Centered Health Home
Dr. Bezold noted that the elements of the PCMH will be central to the CCHM.

> *Primary Care Service Model*: One effect of the Triple Aim is in the movement of primary care into structured organizations. The Patient-Centered Medical Home (PCMH), he said, "has become the norm for defining quality in primary care; and that is a moving target."
> (See: http://www.altfutures.org/primarycare2025)
>
> *Primary Care Team:* The primary care team is evolving, he said and is likely "to be affected greatly by the degree to which we have capitation."

"The richness of teams all practicing at the top of their licenses is significant," he said.

- The MDs and DOs working on teams will become "*complexitists*"
- Nurse practitioners and physicians assistants will handle most initial screening
- 5-20% of neuromuscular problems will be handled by chiropractors and physical therapists, "who have been shown to deal more cost effectively" with such conditions.

The Technology Assist: "In 10 years," he projected, "*Doc Watson* will be a member of most healthcare provider organizations." Bezold was referring to telehealth and other technologies that will be put in place to extend and facilitate care-capabilities and relationships.

- Cognitive computing will be put into hands of clinicians
- Digital health coaches will be "personal versions" of that connection
- Community health workers will go into homes backed up by systems with intense strong bio-monitoring, personalized analysis and medicine, given the person's biochemically unique data.

The traditional roles provided by the PCMH – continuity of care, coordination through teams, shared decision making, coaching and the EMR — will be augmented in the Community Centered Health Home to reflect their traditional efforts outside of clinical care, including:

- Work with community partners to collect data on social, economic, and community conditions
- Aggregate health and safety data; systematically review health and safety trends
- Identify priorities and strategies with community partners and coordinate activity
- Act as community health advocates
- Mobilize patient populations
- Strengthen partnerships with local health care organizations and establish model organizational practices

Solo and small group Integrative providers
"What does this mean for solo and small group providers who will continue to work in more integrative kinds of settings?" Dr. Bezold said that IAF considered this question in its third round of futuring as part of developing "Chiropractors 2025." The bottom line, he said: "The larger you go in the system, the more you can reach beyond patient encounters to affect social determinants. What this means for solo and small group practitioners," he said, "is to understand the role social determinants play in diagnosing and treating your patients.

"We will come to have '*ZipCodeomics*,'" he said. "For many people your zip code is more important than your genetic code, especially if you are poor…Providers will need to know the neighborhood conditions of their patients and how they factors into their care. And they will need to diagnose and treat more sensitively."

Dr. Bezold recommended that IHM practitioners learn about social-determinant *enhancement* programs now forming in their regions, where support and partnerships could be created. [Editor's note: An example from symposium itself: Chris D'Adamo, PhD's presentation on "Mission Thrive" in Baltimore; see next.] He noted that chiropractors are involved in spine and movement health in this context.

He pointed to the highly regarded organization *Health Leads* (www.healthleads.org), one of several initiatives in which prescriptions are written against the negative social determinants. "Those will increasingly come into being."

Public health

Dr. Bezold noted that, "public health historically will do what nobody else will do that needs to be done…Public health leads in what society does to ensure the conditions for all to be healthy."

He closed his presentation noting that like integrative health practice, public health is also evolving in ways that could be complemented by IHM approaches:

- "Health equity is growing across the US: in the language being used and the recognition of fairness of health. Public health is playing a role, even as it faces multiple challenges in funding, automation of functions, competition."
- "The bottom line for public health is that it too is going upstream. Its highest calling is to be *chief health strategist* for its communities, to ensure that greatest leverage is being put on shaping conditions for all to be healthy."
- "The integrative community needs to look to your public health departments, in addition to hospitals and others who are increasingly focused on population health."

"Mission Thrive" and Nature as Health

Chris D'Adamo, PhD

Director of Research, University of Maryland Center for Integrative Medicine

Chris D'Adamo presented on two community lifestyle-enhancing initiatives, including one that is among the first in the country to evaluate the impact of a suite of complementary and integrative behavior-enhancing activities. Both programs were conducted with and for adolescents in underserved neighborhoods in Baltimore, MD. Both the Center for Integrative Medicine and The Institute for Integrative Health (TIIH), which managed the projects, are located in the city.

Two six-week interventions were conducted:

- *"Spice My Plate,"* which encouraged students to create and choose healthier versions of the foods they routinely eat.
- *"Mission Thrive,"* a set of lifestyle choices that addressed deficiencies in nutrition, food awareness, physical fitness, and stress management.

Dr. D'Adamo noted that these programs extend the important clinical advances in healing made possible by integrative health and medicine and the important role they are playing in moving to a wellness society. "The foundation of a wellness society is in healthy lifestyle and healthy behaviors," he said. "This is particularly important for underserved communities where there is a disproportionate burden of chronic disease."

The programs were conducted in neighborhoods where residents face difficult circumstances on a daily basis. The impact of the negative determinants of health that are present in a community, he noted, can become exacerbated during the summer months. In the Baltimore neighborhoods where study participants live and attend school, the barriers to healthy lifestyles include:

- A preponderance of food deserts
- A built environment not conducive to physical activity
- School foods that are sub-optimal
- The absence of physical education from most schools
- Disengaging nutrition and health education

TIIH developed "extensive" partnerships with the school community, including staff, teachers and students, a large urban farm in the heart of the city, and city youth employment programs. The University of Maryland Center for Integrative Medicine conducted the evaluations.

Spice My Plate

This six-week nutrition education program focused on 12 core spices and herbs that were selected after extensive consultation with participants. 110 students from two high schools participated. The program elements consisted of the following:

- A personal workbook, with food and nutrition history, recipes, group activity and games
- A grocery store tour
- Cooking class with a professional chef

The objective was to offer healthier versions of the foods the kids normally consume, which Dr. D'Adamo described as often "a chicken box" – fried chicken and French fries — meals. The program encouraged the students to create chicken "out of the box:" a healthier meal prepared using the spices and herbs selected.

The study established a control group in which students participated in a one-hour standard nutrition education class based on the USDA's "My Plate" program. The intervention group also used this program, but added the "Spice My Plate" spices and herbs. Data was collected at baseline, after three weeks, at the program conclusion at six weeks, then four weeks later. Results:

- Did not see meaningful differences in vegetable, fruit or dairy intake
- Did see increases in whole grain and protein intake
- In assessing attitudes, significant changes were observed in the "Spice My Plate" group for a preference for vegetable, fruit and dairy.

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"Mission Thrive Summer Program"

Mission Thrive is a six-week, multi-modality integrative health program for high school students in the summer that is designed to improve several behaviors. The activities included:

- Farming: tending to crops, harvesting, mulching
- Extended exercise, beyond "gym" to more enjoyable sports options
- Yoga and mindfulness
- Cooking, including their harvested vegetables

The cooking activity Dr. D'Adamo said, "Gave them a sense of where their food comes from, which is something that very few had at baseline."

The outcomes:

- No change in stress or mindfulness ("Not surprising," he said, given the small sample size)
- Increases in physical activity
- Increases in a willingness to eat a healthier diet

Student willingness to try new vegetables, Dr. D'Adamo concluded, is "ultimately a big part of what this is all about: to expose students to healthier behaviors and get them excited about it at an early age so that they can carry that through the rest of their lives."

Creating Wellbeing Leadership Group

Wayne Jonas, MD
President & CEO, Samueli Institute

Dr. Jonas explored the new initiatives, opportunities and challenges that face the integrative fields at a time when the acceptance, adoption and value of integrative health and medicine approaches is moving deeper into the plans of major healthcare systems and large organizations.

His first example of a large organization is a country: The Netherlands. The national government has engaged him to help develop and plan for expansive adoption of integrative medicine into the country's healthcare system. He said that as he considered this request, he reviewed the evolution of integrative work in the US. The path includes the formation of the Office of Alternative Medicine, NCCAM, the White House Commission, several Institute of Medicine reports, and the recent major national commitments created by the ACA in PCORI and the National Prevention Council, as well as successful efforts in military health.

"I realized," he said, "that we — you, all — have been *very successful*. We now have two of the largest health care systems in world asking the question of 'how do I put integrative medicine into my system?' Not: 'what is it?' Or: 'does it work?'"

Later in the presentation Dr. Jonas referred to the activities of the Federal Healthcare Futures group, which began in the Department of Defense and has grown to include representatives from seven or eight other federal agencies who meet regularly. Their tagline he said is, "'*how do you go from healthcare to health*?' That's success. The things that we used to talk about in the closet or just with two or three other people are now on the stage of all major groups in the country to discuss."

As a result of reaching this level of achievement, Dr. Jonas suggested, "We now need something very different. We need to figure out how to help these large organizations actually get integrative practices into their systems. That's a very different animal than doing randomized controlled trials or mechanistic research or even health services research."

He continued: "We are talking about process improvement for an organization: an IHI-like breakthrough collaborative (Institute for Healthcare Improvement), where people can begin to learn how to implement integrative medicine within a system. We need a process to do that. The next wave will have to incorporate organizational change efforts in which organizations are being facilitated in how to implement integrative health."

Dr. Jonas described a second major indicator of the field's collective success: the efforts of the nation's leading health organizations that fund programs, knowledge creation and enabling initiatives in public and community health. These are focusing their strategies in ways that offer potential to the IHM community. He mentioned some examples:

> **The Kellogg Foundation**: Now funds the *Well Community Project*, trying to take holistic models of community wellbeing into some of the most underserved communities.
>
> **Robert Wood Johnson Foundation:** Has changed its strategy to focus on creating a *Culture of Health,* including establishing the means for investing in its creation.

Recently, Samueli institute and the Institute for Alternative Futures established the *Creating Wellbeing Leadership Group*. It hosts a bi-weekly dialogue, he said, "with participants from the corporate sector, government, communities, non-government organizations, media and academic representatives to talk about 'what is wellbeing and what is health?' How do we get from a medical care treatment system to something that creates health?"

The *Creating Wellbeing Leadership Group* has produced a document, the *Campaign for Community Wellbeing, Security and Prosperity,*" (http://samueliinstitute.org/research-areas/health-policy-communities/wellness-initiative-for-the-nation) in which the links between wellbeing, health promotion, and salutogenesis are addressed, examining their value to national security, prosperity, worksite wellness and community wellness."

Looking to the future, Dr. Jonas suggested that "the legacy of Sen. Harkin will be the policy efforts and national efforts that are ready to create a community of wellbeing."

Reaching this position of readiness, he noted, leads to collective reflection for the integrative professions. "So, what is our role?" he asked. "The world has caught up to us. We're not at the cutting edge any more. This is a mainstream discussion."

"This group still has an important role," he said, "if we set up our own collaborations in integration among ourselves, we'll be able to move this along and find a unique hub for the kinds of practices that have been delivered since ancient times and are now being sought by the modern world. If we can learn to put our professional affiliations aside and work together about how healing happens and how to provide healing to the public, there are a tremendous number of resources. We are perfectly positioned to move forward."

Holistic Approaches to Community Health and Wellbeing

Ahmed Calvo, MC, MPH
CMO and Senior Advisor, Office of IT and Quality, HRSA

Dr. Ahmed Calvo offered tactical approaches for taking community-based wellbeing projects to national scale by originating, developing and owning concepts as a community, rather than depending on the government to inaugurate a project or program.

"I am interested in taking the phrase 'holistic approaches to community health and wellbeing' and thinking about how to visualize going to full blown scale-up: How to take what we're doing and to put it in action as a national 'Whole of Nation' concept, with global implication. We have to begin with this end in mind. If we start just with a little pilot or demonstration, I'm not so sure that we have the evidence that a little pilot can truly be taken to scale."

Dr. Calvo said his experience at the Health Resources and Services Administration (HRSA) and elsewhere in HHS and DOD offered cautions for engaging with federal agencies on projects. He urged participants to be mindful of a "semi-permeable membrane" that exists with federal agencies on one side and communities on the other. That experience he said "has taught me important key concepts, in terms of how to take this to scale. It is dangerous for a federal employee to accept any voluntary donation of money or effort into a federal program. By definition, I can't accept donations to augment a federal program."

But from the community side of the membrane, he said, "it is completely cool to start in community, and it is *owned* by the community – of practice, solutions, geographic, or the modern community of communities connection between all of you. If you own the thing as a community, it is permissible to have the feds do an augmentation of your efforts; i.e. with funds, components."

Dr. Calvo spoke of the extensive nationwide network of existing community-based initiatives whose work offers great promise but are not yet well connected. There are "points of lights all over the nation that could be of use here. There are outcomes that are amazing all over the country, but they are unevenly distributed."

Another massive network-in-waiting: the 9,000 Federally Qualified Health Centers that serve 23 million patients. He noted that the FQHC community "doesn't think itself as the largest healthcare network; it doesn't think of itself of a network. It is not a safety net anymore, but could be the center of thinking and apparatus building in the community under Affordable Care Act."

The second tactical concept Dr. Calvo discussed: "Health as national security and strategic imperative. "A lesson he said he has taken from recent years as a member of the federal health futures group: "When I open the conversation of *health as a national security concern*, suddenly we have both the left and the right of the nation in dialog about it; which means we have avoided a lot issues around affordable health care." The focus here, he said is "the broader construct of health, of prevention, and a cultural shift upstream."

He continued: "If we talk about health of the nation, it is health in the broader sense of it. Which means it cannot be dependent on doctors, cannot be dependent on hospitals or health care per se. It's got to be us, as citizens, us as community, us as networks owning this thing. The beauty of that is that you don't have to ask permission of the federal government to do this. You can just do it. Once you have the notion of community-owned effort, the feds are completely able to help convene to help move it."

"The bottom line is that the way forward is community, the way forward is whole nation, in the sense of a network of networks." He concluded: "My message: dare to take this and own it at the community level, this community in particular. All the policy and advisory stuff is so feds can come and help you build this. Take it up to scale."

Reflections on the Day

Mary Jo Kreitzer, RN, PhD, FAAN
Director, Center for Spirituality and Healing, University of Minnesota

Dr. Mary Jo Kreitzer identified the major themes that emerged during the day's presentations and discussions.

- ***Importance of inclusivity:*** at every level: in education, in clinical models, and at the policy level, to support active advocacy in major practice issues:
  - » Access and nondiscrimination in health care.
  - » Workforce planning taking account of integrative providers.
  - » Discussions around scope of practice.

- ***Identifying outcomes that matter***
  - » In accord with the Triple Aim: to identify value-based health care, combining quality and financial metrics.
  - » Outcomes at personal level, i.e.: in symptom management.
  - » Expanding methodologies
  - » Designing cluster RCT's, as well as improving dissemination of data.

- ***A Future of Wellbeing***
  - » We are all invested in distinguishing health and health care from sickness, and moving beyond that: to what people are yearning for in their lives, which is wellbeing.
  - » We need to operate at many levels: for the individual, family, community, and the nation.

Dr. Kreitzer asked: "How do we create cultures of health and wellbeing? What is the imperative?" She continued: "Integrative health care *is in fact a disruptive technology*. One of the reasons that is so important is because it is practiced not for its own sake, but because it improves health and wellbeing and it relieves suffering. We need community-based and global models that are scalable and sustainable. We need love and working together as a collective."

She suggested that the fields can adopt the principles of gentle action that are based on complexity and systems theory:

- Small actions can have large effects.
- Turbulent systems may be very sensitive to change while stable systems are highly resistant. This is good news for us.
- Small collaborative and highly coordinated actions have great power.

Dr. Kreitzer quoted a discussion comment from Ben Kligler: "To change everything we need everybody." For next steps, she urged that we "celebrate our gains." She urged participants to "look around the room at who showed up —pioneers and young people who are emerging leaders." Who, she asked, "is not here – who do we need?"

"Our charge as we go forward tonight: we should be thinking that the '*Call to Action*' is real. And we really want to honor Harkin's legacy. The time is now. This is a very critical time. We are the people that we have been waiting for."

A Call to Action on Integrative Health and Medicine Policy

Participant Commitments

As a testimony on behalf of Sen. Harkin's support over the years, participants were asked to offer personal and/or organizational commitments to advance health in our communities. Some were volunteered at the event; others later on via follow up email.

Organization	Spokesperson	Commitment
Association of Accredited Naturopathic Medical Colleges	**Jane Guiltinan**	To reach out to FQHC's across the country for collaboration with the naturopathic community to see what value and solutions we might bring to the needs of FQHC's and other community health clinic systems. Collecting data would be a secondary aim.
American Academy of Pain Management		Commits to working on 2706/Cover My Care and engaging our state-based grassroots networks in the process.
ACCAHC	**John Weeks**	Build out the Project for Integrative Health and the Triple Aim to include a section on how to best connect clinicians to community heath creation and public health.
ACCAHC	**John Weeks**	Redouble efforts to move the IOM Global Forum on Innovation in Health Professional Education to have a two-day workshop on how and why to best implant courses on self-care, health, resilience and well-being in the curricula of all health professionals.
AIHM	**Danny Friedland**	Continue to work to create within the Academy a loving community to create transformative change.
AIHM		The Academy is committed to engaging a global community of health professionals, health seekers and all integrative health-related organizations in innovative education, certification, leadership, inter-professional collaboration, research, and advocacy that embraces all global healing traditions, to promote the creation of health and the delivery of evidence-informed comprehensive, affordable, sustainable person-centered care. An invitation has been extended to all the associations and organizations to join together in a meeting at the inaugural Academy Conference in San Diego on October 25.
Bastyr	**Coquina Deger**	Use our new CENTER FOR DIVERSITY AND SOCIAL JUSTICE as a platform to assess the underserved in our communities for needs not being met in terms of the top health determinants: zip code, behavior, access to care. And we will explore more ways of conducting healthcare outreach to better serve the underserved communities in both our Seattle and San Diego teaching clinics.
Bastyr	**Coquina Deger**	We'll keep showing up! Will keep convening these conversations at the local and the federal level, as we have been for the past three decades
ACIMH (CACHCIM)	**Adi Haramati & Margaret Chesney**	Increase connections with health systems, disseminating integrative health discoveries into practice.
ACIMH (CACHCIM)	**Adi Haramati & Margaret Chesney**	Continue our commitment to the advancement of integrative medicine through policy initiatives at meetings for our members, collaborators and colleagues; and with policy makers at the state and federal levels.
California Health MRC	**Mei Lin Fung**	California Health MRC based in Palo Alto offers to be the "Point of Contact" for organizations who are considering or want to connect to health innovators and disruptive technology in Silicon Valley, including movements like the Quantified Self. We are part of the Medical Reserve Corps, the volunteer corps organized by the US Public Health Service.
Global Advances in Health and Medicine	**Michele Mittelman**	Commits to providing a multi-media communication platform to disseminate information centered around whole person and whole systems approaches to health and well-being and will always be open to publishing information related to this movement for health.
Gallup Organization	**Jade Wood**	On behalf of the Gallup Organization, I pledge to continue Senator Harkin's exceptional legacy by bringing an evidence-based, holistic model of Well-Being to mainstream organizations previously divorced from the integrative health movement, in order to facilitate thriving cultures and employees in uncharted territory.

Organization	Spokesperson	Commitment
Georgetown University	**Adi Haramati**	Urges us to meet more often and if any of the groups meet, offers Georgetown as the venue
Georgetown University	**Hakima Amri**	Continue our educational mission to train the new generation of healthcare providers with an open yet critical mind to not only explore but also use integrative medicine to take care of themselves and their patients; a new generation that has a more inclusive and integral vision of health.
HOSA/Future Health Professionals	**Mei Lin Fung**	With 165,000 members in 3200 educational institutions in the US, we are the youth arm of the civilian volunteer corps who work with the US Public Health Service. Youth can be mobilized in service of Integrated Health, HOSA is a 37-year leadership development organization that runs school, district, state and national challenges related to health and welcomes partners to improve health. We offer to match associations and organizations who want to connect to YOUTH to local HOSA chapters who might have synergy with your goals and objectives in integrated health.
IHPC	**Alyssa Wostrel**	Place an IHPC board member on a PCORI work group.
IHPC	**Alyssa Wostrel**	With our Integrative Practice Communities group, focus on health homes rather than PCMHs.
HPC	**Alyssa Wostrel**	Apply inter-relatedness to CoverMyCare, a consumer advocacy and outreach campaign to garner grassroots support for the correct implementation of the Non Discrimination provision of the ACA, Sec. 2706.
IHPC	**Janet Kahn & Alyssa Wostrel**	We will send to everyone a brief survey to help us become an ever more intricately connected web of organizations working effectively to establish the United States as a nation comprehensively attending to the health and well-being of her people and their communities: giving you the picture of the web of workstations and asking to define the center of the web of our collective mission or goal and your place in the web. We will share the picture created by combining all your answers and an organizational analysis of that.
IHPC	**Michael Traub**	I'm committed to IHPC coordinating policy for all the organizations here today.
Integrative Medicine, A Clinician's Journal (IMCJ)	**Joseph Pizzorno, ND, Editor-in-Chief**	Editorial on Senator Harkin's remarkable advancement of integrative medicine with quotes from many of the attendees. With 30,000 distribution, this will help the community understand and appreciate his legacy. Commitments to Advance the Harkin Legacy
Maryland Naturopathic Doctors Association	**Emily Telfair, ND**	We commit to holding a spirit of collaboration with other healthcare providers to support community wellness in our state.
Maryland University of Integrative Health	**Frank Vitale**	The highest level of education for practitioners and other committed to integrative health care. Commitments to Advance the Harkin Legacy
National Center for Homeopathy	**Karen Allen**	Explore how unlicensed practitioners best plug-in to community health.
National Center for Homeopathy	**Doug Faulkner**	Bring to the NCH Board the recommendation that they strengthen their support for 2706 through education of their members, and advocate for the IHPC's grassroots program CoverMyCare. To increase the presence and participation of the emerging homeopathic profession in the broader integrative healthcare system (CAM) and advocacy organizations through the voice of the NCH.
National Certification Commission for Acupuncture and Oriental Medicine		An intention: Make a commitment to getting our Diplomates connected with healthcare organizations who are expanding into patient-centered care models of practice so that they can be members of the team.

Organization	Spokesperson	Commitment
National College of Natural Medicine	**David Schleich**	NCNM will work closely with qualified partners to unfailingly support the successful matriculation of students into new, appropriately CNME-accredited, sustainable ND programs anywhere in America. Goals: 2 new by 2020; 10 by 2030.
Penny George Institute/Allina	**Jeff Dusek**	Redouble efforts to get data/outcomes from Allina out faster, for everyoneÕs use
Society for Integrative Oncology)	**Jun Mao**	We are committed to advancing evidence-based, comprehensive, integrative healthcare to improve the lives of people affected by cancer.
The Institute for Integrative Health	**Brandin Bowden**	We commit to engage young people (adults) in conversations about the promotion and dissemination of integrative health resources and modalities. This could also serve as a way to promote awareness and brainstorm ways to gain support for the community centered health home.
The Institute for Integrative Health	**Brian Berman**	We commit to widely disseminate the results of our Definition of Integrative Health project, once it is finished.
Transformative Health Solutions	**Susan Haeger**	Continue collaborative leadership for development of an accredited Integrative Healthcare Medical Home to bring integrative healthcare practice and clinicians into greater partnership with Medical Neighborhoods nationally for greater impact on healthcare delivery in the US.
UNC Program on Integrative Medicine	**Susan Gaylord**	Commit to continue teaching our "Principles and Practices of CAM" course (now in its 20th year!) in order to educate medical and other health professions students about complementary and alternative medicine and inspire them towards integrative health care initiatives.
UNC Program on Integrative Medicine	**Susan Gaylord**	Commit to expand education and training in CAM/Integrative Health Care for health care providers and researchers.
PERSONAL COMMITMENTS		
Janet Kahn		I will work with the Surgeon General to bring massage therapists into his recently announced effort to reduce the incidence and increase the early detection of skin cancer in the US. In doing this we will also demonstrate effective collaboration between the Integrative Health Care workforce and national public health efforts.
Nancy Gahles		Promoting the Wellness Bill of Rights
Ather Ali		I commit to authenticity and integrity in research, education, clinical care, and leadership in Integrative Medicine Commitments to Advance the Harkin Legacy
Michael Crawford		My Commitment is, as a retired Iowan living close to Drake University, to support the Harkin Institute, and assist in any appropriate way.
Beth Clay		I commit to continue to "show up" and to continue connecting policy & legislation needs & opportunities to research, practice, and Advocacy Community and help expand consciousness of higher purpose.
Christine Goertz		I commit to working with others to explore the possibility of creating a "friends of Integrative healthcare". I also commit to working more closely with Integrative HC stakeholders to explore possibilities for a higher level of involvement in PCORI.
Tamara Stuchlak		Go back to my public health roots as an MPH and create a relationship with Fairfax County health leaders and public health community for advancing the culture of health in my local community.

Evening Tributes to Senator Tom Harkin

Symposium dinner tributes:
Moderated by Christine Goertz, DC, PhD

Josephine Briggs, NCCIH

- Gratitude for your insight that there was something important here that was being neglected by the conventional medical community.
- Your clear vision that there could be ideas outside the mainstream that really deserved rigorous science.
- Thank you for your incredible advocacy across the board for the NIH
- Your recognition that our health care system desperately needs change. For your advocacy for the ACA and the kinds of changes it is creating in our health care system.

Adi Haramati, PhD, Georgetown University

- The creation of NCCAM led to issuing an RFP in Dec. 1999 seeking to engage conventional medical schools in CAM. A subsequently awarded grant to Georgetown allowed the medical school to introduce mind-body medicine to its students. The results: "We have more students who learn about meditation and mindfulness — *experientially* — than at any other medical school on the planet."
- The grant also initiated training of now more than 100 members of faculty who lead the student groups.
- Georgetown also created a Masters program so students can learn about the CAM/IHM field before going on into medical school.

Guy Riekeman, DC, Life University

- Recalled a meeting with Sen. Harkin in Washington in the early 90's describing the need for federal research dollars for chiropractic care. That led to a walk down the hall to Ted Kennedy's office, which led to the first funding ever for this research.

"It was a small thing," Riekeman said, "but a big thing for the chiropractic profession."

Brian Berman, MD, University of Maryland (via audio recording):

- In the mid-1990's the registry of random controlled trials focused on complementary and alternative health topics numbered 1,000. Today, that number is more than 55,000, plus 700 systematic reviews.

Len Wisneksi, MD, IHPC

- "After passage of the ACA, with seven areas focused on integrative practice, you've been with us every time … (Your guidance) brought together the different disciplines. We now speak with one voice and that is about integrative health. That is the key that is leading to the transformation."

Margaret Chesney, PhD, ACIMH

- In 2000 a small group of leaders at eight US academic health centers discussed creating a consortium to share their work in complementary and integrative medicine. At about the same time, NCCAM began awarding grants to academic health centers. As a result, those original eight have grown to 60. And the Consortium is opening its arms to embrace all other consortia and groups here today.

- Noting that including integrative clinical care has not always been simple, Dr. Chesney said, "Because of the ACA this has been a game changer. Now with incentives – like the Triple Aim — clinics are being better integrated into large health systems. Now they want us. All of this will facilitate faster change to a health system for the nation. … This would not be possible if it hadn't been for you."

David O'Bryon, JD, ACCAHC
We wouldn't be here but for the groundwork you set.

Quoting President Andrew Johnson: "Do not let us talk about party. Let us talk a little about country.' You've always been about country."

Daniel Friedland, MD, AIHM

- "We have a dream to work together with all our brothers and sisters here today, which is to advance your dream to establish a new paradigm of healthcare.
- "In order to manifest this vision, we're dedicated today to create a global community of healthcare providers and health seekers: around leadership, around education, around membership, certification, and around advocacy. Of all of these, we see policy as a key for setting the stage to empower this dream; it can't happen without policy.
- "Our dream that we hold today of what we can all do working together has been enabled by your dream and the commitment you made to advance the field of integrative medicine."

Wayne Jonas, MD, Samueli Institute

- In his afternoon panel presentation, Dr. Jonas described advising the Netherlands on bringing integrative practice into its national health system: "They wanted to know how the United States did it. I gave them a long complicated answer. Then I thought: You know what, this is simpler than it looks. I could have given them a three-word answer: Find your Harkin."
- He acknowledged Sen. Harkin and Sen. Arlen Specter for elevating the NIH Office of Alternative Medicine to a National Center at NIH; and Sen. Harkin's integral role in bringing integrative practice into military medicine.

Congressman Berkley Bedell
Berkley Bedell recounted meeting Harkin, who would become his "best friend of all the people I know in the world," in his Iowa campaign office before "the election we would both lose in 1972." In the next Congressional election cycle they both won. Bedell served until 1986.

"Things have changed in Congress since we went to Congress," he said. "We used to work together. Today it's like a prizefight. Everybody is fighting each other, and what they do in the fight is more important than what happens in our nation.

"Tom has been up in that ring fighting for us all these years. We were all the audience, watching that prizefight. Now he's getting out. Thank God! Because I don't think it's those people that are in the ring fighting who will make the changes we have to have in our society. I think it's us. And Tom, we're so glad you're joining us!"

Introduction of Sen. Tom Harkin

Sen. Barbara Mikulski, Maryland

Calling the evening a night "filled with poignancy," Sen. Mikulski recalled Berkley Bedell telling her what greater access to alternative care could mean and how it could change lives. "I was mesmerized," she said.

Citing her arrival in the US Senate in 1986 as the first Democrat woman elected in her own right, she said: "Although I was by myself I had great guys around me: Ted Kennedy, Paul Sarbanes and Tom Harkin."

Harkin's guidance: "You should be a transformer. You should make change that will make a difference. His whole approach was that the best ideas come from the people, from bottom up." She noted his singular achievements: in transforming the way we think of people with disabilities and in ensuring that women were included in NIH research protocols, which, until the mid-1980's, they were not.

Sen. Harkin's "passion for integrative medicine," she said, was really expressed in passage of the Affordable Care Act.

"Tom, you're not leaving," she told him. "You're just arriving at a different place."

Noting the changing committee leadership assignments for the 2015 Congress, she said she would work with the new chairman, "to make sure that the philosophy that you advocated, that is embodied in the men and women in this room, and the institutions they represent continues. We're not just a gathering, not only a symposium. We are a movement. We're going to work to continue the cause."

"We will move 2706," she said, "and make sure that any licensed provider finally gets a chance to do the job that they were trained and have a passion to do."

"Like Ted Kennedy, you are the leader of a movement. At a Democratic convention so many years ago, what Ted Kennedy said then can be said about you and about every single person in this room: 'The work goes on, the cause endures, hope still lives, and the dream will never die.'"

Remarks by Sen. Tom Harkin

Sen. Harkin reciprocated Sen. Mikulski's collegial admiration: "She fights for those that don't have a lot of power: the least, the lost and the left out; people who don't have other voices for them. As I leave the Senate and the appropriations committee, I can leave knowing you're in good hands. This community — the complementary, alternative, integrative health community – you're in good hands with Barbara Mikulski."

"I want you all to know that Drake University in Des Moines has started a Harkin Institute of Public Policy." [www.drake.edu/harkininstitute/abouttheinstitute] Harkin said that at the Institute, he will narrow his focus on issue areas that he cares most about, including "not just complementary and alternative medicine but the idea that we need to change our system, change from an illness system to a health care system, not just one that answers a sick person's need, but also how do we focus on keeping people healthy."

"That's where I see you fitting in," he told the audience, "keeping people healthy, keeping people out of the hospital in the first place, keeping people from getting chronic illness."

He said he wants the Harkin Institute to work on "just that concept in the ACA: How do we continue to promote prevention and wellness and integrative health?"

Integrative Origins

"I didn't know hoot about integrative and complementary medicine," he said, until reaching the Senate in 1986 when Berkley Bedell was retiring from the House because of illness. Berkley headed off to Canada to seek experimental treatment for his Lyme disease which I thought was kind of odd, to tell you the truth."

When he saw his friend a year later, Sen. Harkin added, "I can't believe it. He looks great; his health is back. He told me about the treatment he had gotten for Lyme disease and cancer. He looked like a million bucks. Then he said that no one at NIH is looking at these things."

Harkin then saw a holistic practitioner recommended by Congressman Bedell for his own allergies, a treatment that was successful: "I thought: this Berkley Bedell, he's on to something. That's what led to my establishing in 1991 the Office of Alternative Medicine (OAM) at NIH. He opened my mind as to the fact that there were other ways to treating illness than allopathic medicine. And I am forever grateful to him."

The ACA – Prevention and Wellness

Sen Harkin thanked Sen. Mikulski for their mutual work on the Affordable Care Act, noting the free preventive screenings and checkups that it created, and the $1 billion annually budgeted for the Prevention Fund. This, he said, provides funds "to communities for grants for community wellness programs, changing their environment, so people can lead healthier lives and prevent acute and chronic illness. My idea," he said, "was always we have to get off of a sick care system into a wellness society, keeping people healthy. I hope that prevention fund will have a lot to do in that regard."

In parallel with his support for integrative health care in the first decade of the century, Sen. Harkin was also creating a model for community nutrition. As chairman of the Senate Agriculture Committee in 2002, he established a program with $5 million — "just like with OAM" — in which 100 schools in four states would receive "free fresh fruits and vegetables, not in lunchroom, but as a snack in the morning when they get the *growlies*, in the afternoon, and even on the bus." The program survived during the Bush years. In 2008, he was able to expand it so that now it is a $150 million annual investment "to schools all over America so kids in inner cities, especially poor kids, can get free fresh fruits and vegetables every day they are in school."

Back to the Future Name

He also mentioned his long interest in naturopathic medicine and visits to Bastyr University: "We've got to get more states to pass laws to let naturopaths do their jobs in all these states."

In noting the name change for NCCAM to the National Center for Complementary and Integrative Health, Sen. Harkin said, "if I could have turned the clock back we would have started out where we are now. As *integrative*, not as something outside, but as integrated *in*."

"I might be retiring from the Senate, but I'm not retiring from the fight…I've seen (integrative health) blossom and come of age. Even allopathic medicine is saying we need something else. We need to integrate new thoughts and new ideas into our medicine. It is one area I will continue to be with you on."

INTEGRATIVE HEALTHCARE POLICY CONSORTIUM

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Palmer Center for Chiropractic Research

September 29, 2014

Senator Tom Harkin
731 Hart Senate Office Building
Washington DC 20510

Dear Senator Harkin,

We join millions of Americans in thanking you today for your legacy.

As Senator of Iowa, you are Senator of Health Creation and Wellness for all 50 states. Your legacy of wellness legislation permeates every jurisdiction of this land.

We met in 1995 during your initiative to elevate the Office of Alternative Medicine to NCCAM, when I worked closely with Bastyr University President Dr. Joe Pizzorno on national policy.

We, along with many others here worked hard to support you in this effort and in other wellness and non discrimination initiatives over the years. I was a young naturopathic physician who dreamed ardently of the CAM philosophies and professions helping to create a healthier world, by turning philosophy into policy.

For me and for everyone in this room, your courage, vision, integrity and leadership are a central inspiration for this dream. Your example of statesmanship is breathtaking. And this dream is becoming reality through your actions.

And in 1996 you told us, "I can't do this alone: organize yourselves—create a unified voice on Capitol Hill. Be the voice that we turn to, to get this job done."

The Integrative Healthcare Policy Consortium (IHPC) was born in 2000 as a direct result of your call to action, under our friend Candace Campbell's fine leadership. We represent over 350,000 lives and diverse CAM and integrative health care disciplines and organizations.

We are united with our sister coalitions in the dream of health creation—the Academic Consortium for Complementary and Alternative Health Care (ACCAHC), the Consortium for Academic Health Centers for Integrative Medicine (CAHCIM), the Integrative Medicine Consortium (IMC) and the newly formed Academy of Integrative Health and Medicine (AIHM). We represent millions of lives united in creating a healthier country–all a legacy of your powerful call to action.

We and all of our partner organizations in IHPC thank you from the bottom of our hearts for who you are and what you've done for this country—and for the dream we share.

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Your inspiration and empowerment lives in me and in each of us.

In thanks, we dedicate this poem by Ted Loder to you:

"Empower me
to be a bold participant,
rather than a timid saint in waiting,
in the difficult ordinariness of now;
to exercise the authority of honesty;
rather than to defer to power,
or deceive to get it;
to influence someone for justice,
rather than to impress anyone for gain;
and, by grace, to find treasures
of joy, of friendship, of peace
hidden in the fields of the daily
You give me to plow."

With our great respect and our immense gratitude for your inspiration and your legacy of a healthier world, on behalf of the Integrative Healthcare Policy Consortium,

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Vice Chair

Bill Reddy, Lac, DiplAc
Secretary

Len Wisneski, MD
Chair

Gerry Clum, DC
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Alyssa Wostrel, MBA
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Clem Bezold, Institute for Alternative Futures
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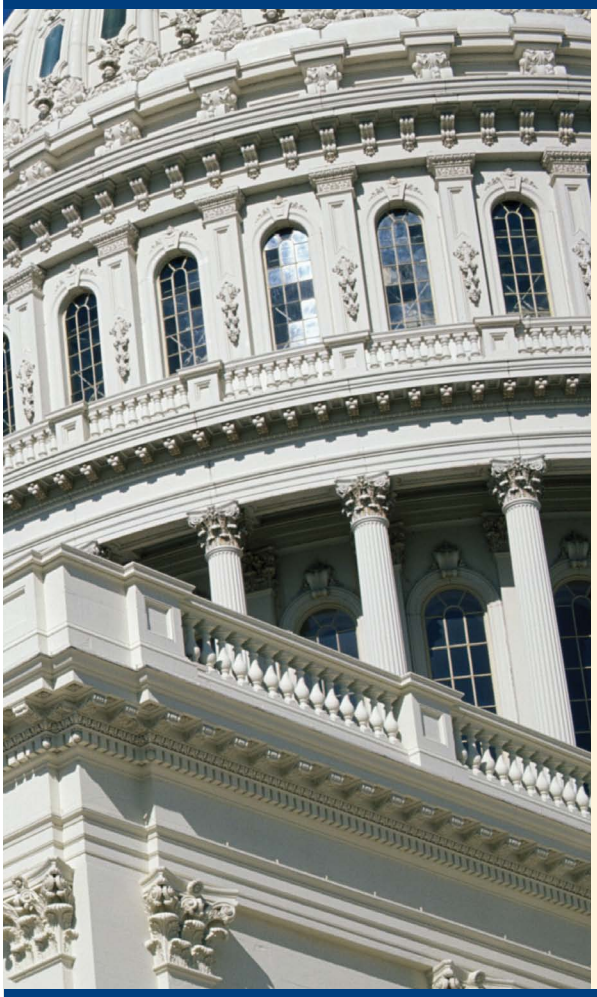

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