

Healthcare System Strategic Planning:
The Role of Integrative Medicine Services Programs (IMSP)

A White Paper



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Healthcare System Strategic Planning: The Role of Integrative Medicine Services Programs (IMSP)

Introduction

Approximately one-third of U.S. academic medical centers have an integrative medicine program (IMSP) in place.¹ Since the publication of the Institute of Medicine's (IOM) *Use of Complementary and Alternative Medicine in the United States* in 2005, many hospitals and healthcare systems have either implemented similar programs or begun to explore the possibility of integrating complementary and alternative medicine (CAM) services for their patients. The benefits of an IMSP can include increased patient satisfaction, revenue, profit margins, patient retention, and decreased length of stay and costs. Every program must ensure that only those services that meet evidence-based standards of safety and efficacy are offered to patients. This paper provides an overview of the use of CAM by patients and IMSPs by healthcare systems as well as suggestions for implementation of an IMSP that can sustain, reproduce and measure results for patients and the healthcare systems who serve them.

Background

Studies show the use of complementary and alternative medicine (CAM) is as high as 90 percent for certain patient populations in the United States^{2,3} and 38 percent for all adult Americans.⁴ Another 62 percent of Americans reported using some form of CAM therapy within the 12 months that preceded a recent survey.⁵ In 2007, American adults spent an estimated \$34 billion on purchases of complementary and alternative services and products,⁶ an increase of 26 percent from the last CAM survey, conducted in 2004.

Patient demand for CAM services, as evidenced by healthcare consumers' willingness to spend up to 12 percent of out-of-pocket healthcare expenditures on CAM, is continuing to grow.⁷ Patients would benefit from appropriate CAM services offered as an adjunct to their conventional medical care in a trusted, structured, well-regulated environment such as a hospital or healthcare system. In addition, a healthcare system can integrate all CAM services, whereas currently, many patients may visit two to three different practitioners. Finally, physician oversight and quality control can bring additional peace of mind to the patient.

¹ Based upon membership in the Consortium of Academic Medical Centers for Integrative Medicine (CAMCIM) at www.imconsortium.org.

² Herman, C.J., Allen, P., Hunt, W.C., Prasad, A., & Brady, T.J. (2004, October) Use of complementary therapies among primary care clinic patients with arthritis. *Preventing Chronic Disease*. Retrieved from: http://www.cdc.gov/pcd/issues/2004/oct/03_0036.htm.

³ Callahan, L.F., Wiley-Exley E.K., Mielenz, T.J., Brady, T.J., Xiao, C., Currey S.S. et al. (2009, April) Use of complementary and alternative medicine among patients with arthritis. *Preventing Chronic Disease*;6(2). Retrieved from: http://www.cdc.gov/pcd/issues/2009/apr/08_0070.htm

⁴ Nahin, R.L., Barnes, P.M., Stussman, B.J., & Bloom, B. (2009) Costs of complementary and alternative medicine (CAM) and frequency of visits to CAM practitioners: United States, 2007. *National health statistics reports; no 18*. Hyattsville, MD: National Center for Health Statistics.

⁵ Barnes, P.M., Powell-Griner, E., McFann, K., & Nahin, R.L. (2004). Complementary and alternative medicine use among adults: United States, 2002. *Adv Data* 343,1-19.

⁶ Nahin R.L., Barnes, P.M., Stussman B.J., & Bloom, B. (2009) Costs of Complementary and Alternative Medicine (CAM) and Frequency of Visits to CAM Practitioners: United States, 2007. *National health statistics reports; no 18*. Hyattsville, MD: National Center for Health Statistics.

⁷ Ibid.

Hospital expenditures are approximately \$650 billion annually.⁸ Depending on the patient population being served, a hospital with an Integrative Medicine Services Program (IMSP) that offers CAM therapies could increase its revenue by an additional 5 to 10 percent. Education for those patients not currently aware of the benefits of CAM therapy could increase that percentage further. And, pending legislation that would make acupuncture a reimbursable Medicare service for certain diagnoses would increase the demand for acupuncture alone, a demand that tripled from 2004 to 2007.⁹

The purpose of this paper is threefold. First, we present the facts and resources for evidence-based research-driven data for complementary and alternative medicine in the United States. Second, we explain the current approach being taken by some healthcare systems to integrate CAM services. And third, we describe how to incorporate an Integrative Medicine Services Program (IMSP) into a healthcare system's strategic plan by using a research-based, data-driven, and patient-centered care model.

Definitions: Complementary and Alternative Medicine (CAM); (Integrative Medicine) IM; and Integrative Medical Services Program (IMSP)

Complementary and Alternative Medicine (CAM)

Complementary and alternative medicine (CAM) is a group of diverse medical and healthcare systems, practices, and products that are not presently considered conventional medicine. Conventional (or traditional) medicine is medicine as practiced by holders of MD or DO degrees and by their allied health professionals, such as physical therapists and registered nurses. Complementary medicine blends conventional and alternative treatment methods. For example, acupuncture can be used to decrease a patient's preoperative anxiety. Alternative medicine is used in place of conventional medicine. As new approaches to healthcare emerge, the list of CAM therapies changes as well. Some examples of current conventional medicine that began as CAM include using fish oil as an adjunctive treatment for heart disease, depression, bipolar disorder, and arthritis; glucosamine to treat arthritis; probiotics to treat irritable bowel syndrome, and acupuncture for certain types of headaches.¹⁰

Integrative Medicine (IM)

Integrative medicine (IM) is the term that is used by most hospitals and healthcare systems to identify their use of complementary and alternative therapies within the structure of traditional medical care. The first program in integrative medicine was created by Dr. Andrew Weil, one of the pioneers in the field. The definition used by Dr. Weil for The Arizona Center for Integrative Medicine at the University of Arizona is the gold standard, so we use that definition here and in our work.

Integrative medicine makes use of all appropriate therapies, both conventional and alternative. Integrative medicine is a healing-oriented medicine that takes account of the

⁸ CDC, *Health, United States*, 2008. Table 127, pg. 415.

⁹ Nahin R.L., Barnes, P.M., Stussman, B.J., & Bloom, B. (2009) Costs of Complementary and Alternative Medicine (CAM) and Frequency of Visits to CAM Practitioners: United States, 2007. *National health statistics reports; no 18*. Hyattsville, MD: National Center for Health Statistics.

¹⁰ See also the National Center for Complementary and Alternative Medicine housed within the National Institutes of Health at www.nccam.nih.gov

individual as a unique and whole person (body, mind, and spirit). The principles of integrative medicine include:

1. Patient and practitioner are partners in the healing process.
2. All factors that influence health, wellness, and disease are taken into consideration, including mind, spirit, and community, as well as the body.
3. Appropriate use of both conventional and alternative methods facilitates the body's innate healing response.
4. Effective interventions that are natural and less invasive should be used whenever possible.
5. Integrative medicine neither rejects conventional medicine nor accepts alternative therapies uncritically.
6. Good medicine is based in good science. It is inquiry-driven and open to new paradigms.
7. Alongside the concept of treatment, the broader concepts of health promotion and the prevention of illness are paramount.¹¹

Integrative Medicine Services Program (IMSP)

An integrative medicine services program (IMSP) is a program created and managed by a hospital or healthcare system that integrates safe, effective complementary and alternative medicine services with existing conventional medicine. The IMSP's CAM services may be delivered by physicians, nurses, and other clinicians within the hospital or healthcare system, if they are qualified to deliver the services. Or, the services may be delivered by licensed or certified CAM clinicians and professionals employed by the healthcare system. An IMSP may be offered to inpatients or outpatients, depending on the organization's plan. The IMSP may be centralized (housed in one department) or decentralized (housed within each service or care area). Some organizations begin the IMSP in the department of pain management and then branch out from there. Others for example, may house the IMSP in the rehabilitation hospital. In the rehabilitation hospital setting, CAM practitioners can integrate easily with the many other practitioners who serve on the patient's care team. Once the model has worked well in one area, it can be introduced to other care settings in the healthcare system. In addition, an IMSP may focus on the delivery of two or three specialized services, or may provide a comprehensive set of therapeutic choices to patients. Determining which CAM services to offer and how they are delivered, should be driven by the system's patient population as well as its values, vision, and mission statement.

Fundamental Criteria: Safety and Efficacy

The most fundamental criteria for any IMSP is to ensure that only services that are considered to be safe and effective are included in the program. The organization must determine first, based upon its patient population and its mission, the specific symptoms and conditions for which they will provide CAM services (as an option or adjunctive treatment) to patients. The organization must then determine which services are safe and effective for each symptom or condition. Figure 1 illustrates the relationship between CAM, safety and efficacy. A

¹¹ <http://integrativemedicine.arizona.edu/about/definition.html>

given therapy will fall somewhere along the spectrum of safety and efficacy. If a therapy is both safe and effective (upper right hand quadrant), in the absence of patient-specific contraindications, it should be offered as an alternative during the informed consent process. Therapies that are high efficacy-low safety and low efficacy-low safety (the left side of the box) should be eliminated from consideration. Therapies that are high safety-low efficacy (lower right hand quadrant) are the most difficult to address. And, because there are few evidence-based studies for many CAM therapies, often, healthcare providers find themselves wrestling with decision making for therapies in this quadrant – especially for therapies that patients specifically request.

A good example of patient demand for a high safety-low efficacy therapy was addressed in a recent *New York Times* article. To meet Hmong patients’ requests, a shaman traditional healer program was implemented at Mercy Medical Center in Merced, California. The shaman program was implemented to strengthen trust between doctors and the Hmong community. One goal of the policy was to expedite medical intervention by having a “healing ceremony” coincide with a hospital stay, rather than waiting days to admit a patient after he has had time to confer with family and clan leaders after a ceremony at home.¹² Although the therapy has not been proven effective through research, it is safe and embraces the patient’s cultural beliefs and needs and may play a role in recovery and improved patient satisfaction.

Figure 1. Safety-Efficacy Criteria for CAM Therapies

		Safety	
		LOW	HIGH
Efficacy	HIGH	High Efficacy - Low Safety	High Safety - High Efficacy
	LOW	Low Efficacy - Low Safety	High Safety - Low Efficacy

CAM is still in need of much evidence-based research. However, in the past 20 years, significant research has been conducted. And, the National Center for Complementary and Alternative Health (NCCAM) is funding over \$200 million of additional CAM research annually. Some CAM therapies, like Mindfulness-based Stress Reduction (MBSR) are extremely safe and can likely be used for any patients with appropriate symptoms or diagnoses. The American College of Physicians (ACP) has published a compendium of evidence-based research by symptom or condition, *The ACP Evidence-Based Guide to Complementary and Alternative Medicine*. Because new research is constantly being made available on CAM

¹² Brown, P.L. (2009, Sept. 29). *A doctor for disease, a shaman for the soul*. *The New York Times*. Retrieved from <http://www.nytimes.com/2009/09/20/us/20shaman.html>

therapies, the guide is not complete. However, the ACP manual provides a good solid basis to begin the process of identifying appropriate therapies for a healthcare system's patient population. Resources for evidence-based CAM research studies are provided in appendix C.

The ACP methodology includes grades for every CAM therapy studied for a particular diagnosis. For effect, the grade is either none, small, moderate, or large. For safety, the grade is either double thumbs up, single thumbs up, unclear, single thumb down, or double thumbs down. And for recommendation, the grade is either strong recommendation in favor, weak recommendation in favor, no recommendation, weak recommendation against, or strong recommendation against. Like the box in figure 1, these grades help healthcare providers make decisions about the therapies they will offer in their own IMSP.

One condition for which the ACP analyzes the safety and effectiveness of CAM is anxiety. The ACP analyzes 11 different CAM therapies for anxiety. Relaxation training for anxiety is graded as strong in favor and meditation is graded as weak in favor. While both therapies are considered equally safe, the research studies on relaxation training are more robust than those on meditation. So there is a need, for some level of subjective decision making by the healthcare provider to determine which safe therapies to offer or recommend to patients.

Healthcare organizations can also use data available in the Centers for Disease Control and Prevention's (CDC) National Health Statistics Reports to identify safe therapies and conditions and their appropriate CAM modalities. For example, the 2007 study showed that five of the top conditions for which Americans seek CAM therapies are back pain, neck pain, joint pain, arthritis, anxiety, and high cholesterol.¹³ The same study found that some of the most common CAM therapies used by patients includes deep breathing techniques, progressive relaxation, yoga, tai chi, qi gong, meditation, and massage. As information about safe and efficacious CAM therapies becomes more disseminated, physicians will likely have a duty to inform patients about these alternatives. Minimally, physicians should be able to answer basic questions about certain CAM therapies that their patients may ask.

Patient expenditures on CAM, which is estimated to be 12 percent of out-of-pocket spending can be used as another indicator of choice of CAM services, after validation of safety and efficacy. About 35 cents of each alternative therapy dollar is for visits to acupuncturists, chiropractors, massage therapists and other practitioners, mostly for pain relief. This represents nearly \$12 billion, or about one-quarter of what Americans spend on visits to mainstream physicians.¹⁴ Acupuncture, as a CAM modality, is perceived to be effective by most patients who use it to treat a specific condition.¹⁵ And, acupuncture has been considered to be both highly effective and highly safe by the American College of Physicians for migraine headaches and postoperative nausea and vomiting. The ACP has rated acupuncture, based on current evidence-based research, to be highly safe and moderately effective for chemotherapy-induced nausea and vomiting, cancer pain, anxiety, pregnancy-induced nausea and vomiting, acute gastrointestinal pain, premenstrual syndrome (PMS), infertility, incontinence (female), low back pain (acute and chronic), neck pain (acute and chronic), and osteoarthritis of the knee.¹⁶

¹³ <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5735a5.htm>

¹⁴ <http://www.publichealthforums.com/s-americans-spending-more-on-alternative-medicine.html>

¹⁵ LaRiccia, P.J., McMurphy, S., Gallo, J.J., Xie, D. & Branas, C.C. (2008) Perceived effectiveness of acupuncture: findings from the National Health Interview Survey. *Medical Acupuncture*. 20(4).

¹⁶ Jacobs, B.P. & Gundling, K. (2009). *The ACP evidence-based guide to complementary and alternative medicine*, Philadelphia, PA: American College of Physicians Press,

Crucial Support: The Medical Staff

The development and continued maintenance of a positive, productive and mutually beneficial relationship between the hospital and its physicians can be one of the most challenging issues for any healthcare administration. Every undertaking by the hospital that has an impact on patients should involve the medical staff. Because most physicians are not hospital employees and have multiple competing priorities, it can be difficult to obtain their participation. When implementing an Integrative Medicine Services Program (IMSP), the hospital needs the physicians to assess patient-specific therapies, order appropriate therapies, and manage the patient's overall care. The physicians need the hospital to provide appropriate staffing, training about the program, and continuous updating of new CAM research findings.

For an IMSP to be successful, the physician must order or recommend the therapy to the patient. Before a physician is willing to place an order or recommendation for CAM, he must believe in the safety and efficacy of the therapy for his patient. The hospital can deliver education and information to physicians to enable them to make good decisions about CAM and integrative medicine. Indeed, healthcare systems need to proactively provide education to physicians about CAM therapies. This may not have been true a decade ago, but today with patient demands for certain types of therapies, research available that shows the benefit of some CAM therapies, and massive changes in healthcare policy that are likely to find some role for CAM and IMSPs, it is incumbent upon healthcare systems to provide relevant resources and information to the physicians on their medical staff about such topics. The approach to education (how the information is presented) and the organization's philosophy are important components of physician training.

To obtain the best results from education and training, the use of self-efficacy based training has been found to be most effective.¹⁷ The CIMEx Health team developed the CAMPTM Method for training physicians through research conducted with physicians and residents at The Hospital of the University of Pennsylvania. The CAMP Method, which uses a proven process involving coaching, asking, mastering, and peer learning was found to be statistically significant in producing measurable results from the experimental group. And, training results of the experimental group were found to be significantly better than either the control group or the group trained using traditional hospital-based physician education methods. The CAMP methodology is published in the two-volume text, *A Compelling Case for Clinical Documentation*.¹⁸

A healthcare system intent on obtaining medical staff support for an IMSP will pull members of the medical staff into the development process. In addition, the organization will need to acknowledge differences that exist among different medical and surgical specialties. Many professional organizations have developed position statements as well as publications that address CAM. In addition to the American College of Physicians, addressed earlier, the American College of Cardiology published *Integrating Complementary Medicine into Cardiovascular Medicine*.¹⁹ The paper contains a brief review of 134 cardiovascular-related

¹⁷ Russo, R. & Fitzgerald, S. (2008). *Physician clinical documentation: implications for healthcare quality and cost*, Academy of Management Annual Meeting, Anaheim, CA.

¹⁸ Russo, R. (2009). *A Compelling Case for Clinical Documentation*. vol. 1 & 2. Bethlehem, PA: DJ Iber Publishing.

¹⁹ Vogel, J.H.K., Bolling, S.F., Costello, R.B., Guarneri, E.M., Krucoff, M.W., Longhurst, J.C., Olshansky, B., Pelletier, K.R., Tracy, C.M., & Vogel, R.A. (2005) Integrating complementary medicine into cardiovascular medicine—online appendices: a report of the American College of Cardiology Foundation Task Force on Clinical Expert Consensus Documents (Writing Committee to Develop an Expert Consensus Document on Complementary and Integrative Medicine). Available at: <http://www.acc.org/clinical/consensus/complementary/appendices.pdf>.

integrative medicine research studies. Two neurologists, Barry S. Oken, MD and Allen C. Bowling, MD, PhD have published books on CAM. *Complementary Therapies in Neurology: An Evidence-based Approach* was written by Dr. Oken, and *Complementary and Alternative Medicine and Multiple Sclerosis* was written by Dr. Bowling. Other resources and position papers on CAM and integrative medicine are available from specialty associations.

The multiple continuing medical education (CME) opportunities available to physicians on CAM and integrative medicine provide further support for the importance of physician education in this area. In 2009, Harvard Medical School's CME programs included *Structural Acupuncture for Physicians*, taught by Kiiko Matsumoto, a licensed acupuncturist. In addition, *One Day in Mind-Body Medicine*, *Psychopharmacology and the Health Food Store*, *Meditation and Visualization Practices*, and *Lifestyle Medicine for Stress Management* were all taught by physicians. *Liability Issues in Complementary, Alternative and Integrative Medicine* was taught by an attorney.²⁰

Data-driven IMSP Design: Evidence-based Complementary and Alternative Medicine (EB-CAM™)

To be effective, an IMSP must be driven by hospital-specific patient care data. In particular, an organization will want to have access to solid, reliable data that show the types of patients the system treats and where they are treated within the hospital or healthcare system. The first step in this process is to identify the symptoms and conditions that can be effectively treated with CAM therapies. Using this list of symptoms and conditions, the organization should identify the number of patients who meet this diagnostic criteria. It is essential to understand where, in the organization, patients with these CAM-treatable conditions received care, whether as inpatients, clinic patients, rehabilitation patients or at other locations in the system. The diagnostic criteria, together with the care location enables the system to begin to prioritize IMSP-planning activities. Knowing where the most potential for CAM therapies exists in the organization also allows the healthcare system to approach physicians who are most likely to treat those patients and ask them to be involved in the planning process. As noted previously in the section on medical staff support, obtaining involvement of physicians as early in the planning process as possible is the key to the success and long-term sustainability of the IMSP. It is imperative that physicians be part of the team that reviews, when necessary, the evidence-based research support for CAM therapies that the hospital may include in its IMSP.

The patient and CAM therapy analysis can be performed by the hospital's information system analysts. As an alternative, CIMEx Health has developed EB-CAM™ (evidence-based complementary and alternative medicine), a web-based application that analyzes hospital discharge data and uses layers of evidence-based research results to create an optimal model of integrative medicine services for a healthcare organization. The program is constantly updated with new research results and can be used to process current hospital clinical discharge data on a monthly or quarterly basis. Ongoing data analysis allows the hospital to identify service trends or possible changes in patient demographics that could lead to modifications in the IMSP.

²⁰ <http://cmeonline.med.harvard.edu/index.asp>

Patient-centered Care Approach

The Institute for Healthcare Improvement defines patient-centered care as care that is truly patient-centered, considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes the patient and their loved ones an integral part of the care team who collaborate with healthcare professionals in making clinical decisions. Patient-centered care puts responsibility for important aspects of self-care and monitoring in patients' hands — along with the tools and support they need to carry out that responsibility. Patient-centered care ensures that transitions between providers, departments, and healthcare settings are respectful, coordinated, and efficient. When care is patient centered, unneeded and unwanted services can be reduced.²¹

An IMSP is an excellent example of patient-centered care. Specifically, an IMSP makes the "...patient and their loved ones an integral part of the care team..." by working with them to use the integrative therapies that will work best for the patient and the patient's problem. The patient is the key decision maker in IMSP therapy selection. In addition, IMSP clearly "puts responsibility for important aspects of self-care and monitoring in patients' hands...". In an IMSP and the CAM therapies it contains, patients are often responsible for continuing the therapy outside of the care setting. This is true for most therapies such as yoga, tai chi, and meditation. Listening to and understanding patient needs from a cultural, value-driven, and lifestyle perspective is the underlying theme in all CAM therapies. The IMSP is also a good place to build patient confidence in the ability to stick to a plan. The initial stages of the therapy usually begin at the IMSP site and, as patients increase their confidence and become responsible for practice on their own time, some activities can be transitioned to home. And, when patients have a need for more structure or encouragement, they can return to the IMSP.

A component of the patient-centered care approach to the IMSP is providing community education and marketing the program to patients or prospective patients. Opening the education about CAM therapies to the community and offering classes like yoga, tai chi, and meditation lays the groundwork for satisfied patients as the organization begins building relationships during the time when healthcare consumers are well. In a healthy state, the consumer can better articulate her preferences and lifestyle needs to the organization. And, given sufficient demand, the healthcare consumer's feedback can be the source of positive change and evolution for the IMSP and the healthcare organization as a whole.

IMSP and the Strategic Plan

Every organization must know the type of value it intends to provide and to whom. In *Redefining Health Care*, Michael E. Porter's seminal work on healthcare strategy, he concludes that healthcare organizations, to be successful in the 21st century, need to compete on quality and focus on value to the patient.²² Porter and co-author Elizabeth Olmsted Teisberg use their well tested theories of business strategy to explain a different, better future for healthcare where competition is based on results and medical conditions over time, not per encounter. The IMSP model discussed in this paper allows for that transition to take place with positive impact on the patient. CAM, used as adjunctive therapy to conventional treatments, can serve as a bridge that allows patients to cross more easily from sick patient to well healthcare consumer than if the

²¹ <http://www.ihl.org/IHI/Topics/PatientCenteredCare/PatientCenteredCareGeneral/>

²² Porter, M. E. & Teisberg, E.O. (2006). *Redefining health care: creating value-based competition on results*. Boston, MA: Harvard Business School.

therapies were not available and used. Therapies like meditation, yoga, reiki, relaxation techniques, and massage can help patients manage illness.

Research stresses the importance of tying any strategic planning efforts directly into an organization's already existing values, vision, and mission statement (VVMS).²³ Assuming the VVMS is compelling and represents the organization, managers and staff should be able to get passionate about it, which helps ensure the successful implementation of strategy. Most healthcare systems have a strong VVMS that reflects their service and patient care identities. However, those organizations that have crafted their VVMS to be specific to their culture and philosophies have been found to be more successful than those organizations with boiler plate statements.²⁴ An IMSP, if created in such a way that it reflects an organization's VVMS, will help create a greater likelihood of success for the organization. Some of the benefits that an IMSP can bring, if it is an integral part of the strategic plan include the following:

1. Increased patient satisfaction can be measured using standard patient satisfaction surveys. Other measures, like a decrease in pain or stress scores, can be added. Each organization needs to determine what will work best for them.
2. Increased revenue can occur when payers cover these types of services or patients pay for the services personally. In some cases grants may support the services and provide another form of revenue to the organization.
3. Increased profit margin can result from cost shifting of some services to less expensive clinical personnel, which allows time for physicians to focus on higher clinical priorities, and also generate a higher profit margin.
4. Increased patient retention Relationship building appears to be a strong component of an IMSP as organizations are seen, by patients, to be responsive to their specific demands for certain CAM therapies.
5. Decreased length of stay can occur in some cases as noted previously with postoperative recovery.
6. Decreased costs may be an outcome in situations where therapies are used to decrease postoperative pain and possibly resulting in a shorter length of stay or earlier discharge from ambulatory surgery.

IMSP Key Metrics

You cannot manage what you cannot measure. Therefore, it is essential for every organization to put key metrics into place to measure the impact of the IMSP. The metrics are generally driven by the expected benefits of the program that are identified during the strategic planning process. The six benefits noted in the section on strategic planning are a good place to start. The specific metrics, or results, that the organization identifies as targets should be set as realistically as possible during the first year. Then, based on actual results and analysis of the need to revamp the IMSP, key metrics may be modified. It is of primary importance that the process for collecting data to measure each key metric is clearly defined and documented by the organization. It is essential to have this historical information so that future metrics can be

²³ Porras, J. & Collins, J. (1994) *Built to last*, New York, NY: HarperCollins.; Collins, J. (2001). *Good to great*. New York, NY: HarperCollins.

²⁴ Porras, J & Collins, J. (1994) *Built to last*, New York, NY: HarperCollins.

reproduced using the exact measures. Consistency is necessary so that results over time can be compared. And, tracking results is vital to the success of an IMSP because it enables the organization to recognize strengths as well as opportunities for improvement.

Each hospital and healthcare system is unique. Therefore, although key metrics should be limited to six or eight primary measures, details will vary by organization. For example, a key metric that measures improvement in patient satisfaction for an IMSP can vary greatly in terms of what data are collected, how they are collected, and how they are reported. One organization may use IMSP patient data collected to measure satisfaction of CAM therapies only. Another organization may reach out to all patients through the standard patient satisfaction survey to determine whether the IMSP has had a global impact. Another organization may blend together program specific and system-wide surveys. As noted, it is crucial that every measure be clearly defined for future use and reference.

Table 1 is an example of a key metric table that shows data over a one-year period by quarter. Some organizations may wish to collect and analyze data by month or even by week. And, the specific targets are driven by the organization, not an artificial standard. The IMSP target metrics should be viewed, at least in the first year, as a fluid process. Categories of key metrics should always include both patient care as well as financial metrics. Patient care metrics should be given priority and are generally greater in number than financial metrics. But, the tracking of financial metrics has been found to be of equal importance to the long-term success of a strategic plan as non-financial measures.²⁵ Therefore, it is essential that every IMSP key metric report include one or two financial measures, and, perhaps, more if appropriate for the organization.

Table 1. Integrative Medicine Service Program (IMSP) Key Metric Reporting

Key Metric	Target	Q1	Q2	Q3	Q4	% Achvmt
Patient Care Metrics						
1. Patient satisfaction	+ 5%	+3%	+3%	+4%	+3%	80.0%
2. Symptom scores	+8%	+5%	+4%	+5%	+5%	62.5%
3. Number of new patients	50/Q	22	28	24	25	50%
4. Length of stay	-.25 day	0	0	.12	.12	49%
Financial Metrics						
1. Revenue	+100K/Q	+50	+40	+35	+40K	40%
2. Net profits	+7K/Q	+2K	+3K	+4K	+5K	71%

²⁵ Porter, M.E. & Teisberg, E.O.(2006). *Redefining health care: creating value-based competition on results*. Boston, MA: Harvard Business School.

Conclusion

There is an increasing healthcare consumer demand for complementary and alternative medicine (CAM) therapies. Consumers paid \$34 billion for CAM therapies in 2007. Some hospitals and healthcare systems offer CAM therapies through an Integrative Medicine Services Program (IMSP). These programs can increase patient satisfaction and even speed the recovery process. Creation of an IMSP can also increase the organization's revenue and possibly have a positive impact on net income. A successful IMSP will offer CAM therapies that are proven safe and effective by evidence-based research. Although more CAM research is needed, there are numerous, reproducible studies that support the use of some therapies. To thrive, an IMSP must be supported by the medical staff, make use of clinical data to drive the selection of CAM therapies, use a patient-centered care approach, and measure progress with consistent key metrics. Both patient and financial metrics should be tracked. And, the organization should build on strengths and move on opportunities for improvement as identified through key metrics tracking.

Appendices

Appendix A:

Conditions that Complementary and Alternative Medicine Therapies Have Been Used to Treat

Anxiety
Asthma
Back pain or back problems
Cancer pain
Carpal tunnel syndrome
Chemotherapy-induced nausea and vomiting
Cholesterol
Colds
Depression
Fibromyalgia
Headaches, general
Hypertension
Joint pain or stiffness
Menopause
Migraine headaches
Neck pain or neck problems
Obesity/weight management
Osteoarthritis of the knee
PMS (premenstrual syndrome)
Postoperative nausea and vomiting
Postoperative pain
Sinusitis
Smoking
Stress
Substance abuse

Appendix B:

Types of Complementary and Alternative Medicine

Acupuncture
Alexander technique
Auricular acupuncture
Aromatherapy
Art therapy
Biofeedback
Breathing exercises
Cupping
Chiropractic manipulation
Cranio-sacral therapy
Dietary/supplement counseling
Electrical stimulation acupuncture
Feldenkrais therapy
Fasting
Gua Sha
Guided imagery
Homeopathy
Hypnosis
NADA protocol
Massage
Meditation
Mindfulness-based stress reduction (MBSR)
Music therapy
Naturopathy
Neuro-linguistic psychology
Qi Gong
Oriental/Chinese medicine
Reiki
Reflexology
Relaxation techniques
Tai Chi
Shamanism
Therapeutic touch/Laying on of hands
Trigger point release
Yoga
Zero balancing

Appendix C:

Resources for Evidence-based Complementary and Alternative Research

The ACP Evidence-Based Guide to Complementary and Alternative Medicine:

https://www.acponline.org/atpro/timssnet/products/tnt_products.cfm?action=long&primary_id=330381000

The Journal of Complementary and Alternative Medicine:

<http://www.liebertpub.com/products/product.aspx?pid=26>

The Cochrane Collaboration: The Reliable Source of Evidence in Healthcare:

<http://www.cochrane.org/index.htm>

National Center for Complementary and Alternative Medicine: <http://nccam.nih.gov/>

CAM Research Center for Cardiovascular Diseases: www.med.umich.edu/camrc/index.html

The Arizona Center for Integrative Medicine at the University of Arizona:

<http://integrativemedicine.arizona.edu>

Appendix D:

Licensed Complementary and Alternative Medicine Practitioners (states vary on license requirements and eligibility)

- a. Chiropractors
- b. Naturopathic doctors
- c. Acupuncturists
- d. Massage therapists
- e. Nurse midwives

CIMEx Health Services
Education and Training Programs for Executive team & board members Physicians Clinical staff Administrative staff Patients
IMSP Strategic Planning , including Funding options Program design & marketing ROI measurement
IMSP Implementation
IMSP Management

About the Author, Dr. Ruthann Russo

Dr. Ruthann Russo is the CEO of CIMEx Health and the principal investigator for the 2009 SIMUST™ Survey on the State of Integrative Medicine in U.S. Hospitals. At CIMEx Health, Dr. Russo provides education for medical staffs on complementary and alternative medicine, and she designs integrative medicine services programs (IMSPs) for hospitals and healthcare systems. She also is the principal architect of EB-CAM™, a web-based application that analyzes hospital discharge data and uses layers of evidence-based research results to create an optimal model of integrative medicine services for healthcare organizations. Dr. Russo has spent 20 years partnering with healthcare systems across the country to train their medical and house staffs on topics such as clinical documentation, quality of care measurement, and patient communications.

She created the CAMP™ Method, an award-winning training program that was proven effective through research with physicians and medicine residents at The Hospital of the University of Pennsylvania. Results of the research were presented at the 2008 Academy of Management Annual Meeting, Healthcare Division and published in the two-volume work, *A Compelling Case for Clinical Documentation*. In addition, Dr. Russo created HealthMap™ Forms, a web-based resource designed to help patients learn to partner responsibly with their healthcare providers. She wrote *7 Steps to Your Best Possible Healthcare* for consumers, which features a section on the use of complementary and alternative medicine. In October 2009, Random House and North Atlantic Books published Dr. Russo's book on nutrition and other integrative medical therapies, *The Raw Food Lifestyle: The Philosophy and Nutrition Behind Raw and Live Foods*.

Dr. Russo earned her PhD in business and healthcare management from Touro University and her master's degree in public health from the Robert Wood Johnson Medical School of the University of Medicine & Dentistry of New Jersey. She has worked in healthcare management for over 20 years and has studied 30 complementary medicine therapies including Mindfulness-Based Stress Reduction with Dr. Jon Kabat-Zinn from the University of Massachusetts Medical Center, auricular acupuncture with Dr. Michael O. Smith from Lincoln Recovery Center in the Bronx, New York, qi gong with Dr. Roger Jahnke, nutrition and fasting with Dr. Gabriel Cousens, Yoga as Medicine with Dr. Timothy McCall, acupuncture with Dr. Mark Seem and Traditional Chinese Medicine (TCM) with Dr. Sharon Zhao from the Tri-State College of Acupuncture.