



A CIMEx Health Webinar:

Hospital-based
Integrative Medicine Service Programs:
The *three* big challenges and the *four* big wins

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Your Speakers



Ruthann Russo, PhD, JD, MPH has worked with healthcare systems for the past 20 years designing successful educational programs for the medical staff with a focus on achieving key metrics to improve healthcare system revenue, efficiencies, and decrease costs. She created The CAMP™, Method, a proven program for increasing the sustainability of training for physicians, clinicians and other employees. She has studied 30 complementary medicine therapies including acupuncture. Most recently, Ruthann created the specifications for CIMEx Health's software application, EB-CAM™, which helps practitioners determine when and how integrative therapies should be used and helps healthcare system directors determine how to focus the planning and management process of an integrative medicine services program (IMSP). She is the former chief executive officer for Cabot Marsh Corporation, HP3, Inc. and HP3 Research Institute. Ruthann can be reached at rarusso@cimexhealth.com

Attorney Joseph J. Russo is a partner with the law firm of Russo & Russo, LLP, with offices in New York City and Bethlehem, Pennsylvania. Attorney Russo served as president and general counsel of HP3, Inc., and president and general counsel of Cabot Marsh Corporation. Further, he served as the corporate compliance officer for QuadraMed Corporation. Attorney Russo has extensive experience in representing healthcare providers on complex regulatory, compliance and fraud and abuse issues, including providers under investigation by the Office of Inspector General and the United States Attorney's Office. He is a founding member of the Health Care Compliance Association, where he served on the Board of Directors. He is admitted to practice in New York, Pennsylvania, New Jersey, and the District of Columbia, and is admitted to practice before the United States Court of Appeals (3rd Circuit), United States District Court, Eastern District of Pennsylvania, and the United States District Court, New Jersey. Attorney Russo can be reached at jrusso@russoandrusso.com.

Ian L. Diener, MD, MBA has worked with healthcare systems for the past eight years as an educator, physician consultant, and clinical documentation expert. He has successfully trained medical staffs at large academic medical centers, large multi-hospital systems, and small independent hospitals. Dr. Diener is an advocate for the use of complementary medicine as an adjunct to traditional medicine and has used complementary and alternative medicine (CAM) practices. Prior to becoming a physician educator, he was a family practice physician for 20 years in suburban Philadelphia. He was on the medical staff of Bryn Mawr Hospital, a part of the Main Line Health System in Philadelphia. Dr. Diener was also involved in the education of Bryn Mawr Hospital and Christiana Care Family Practice Residents and Thomas Jefferson University Medical Students. He received his MBA degree at Lehigh University. He was the Chief Medical Officer for HP3, Inc. from 2002 to 2006. Ian can be reached at idiener@cimexhealth.com.

Program Agenda

- Introduction and Overview
- The 2009 SIMUS (State of Integrative Medicine in US Healthcare Systems) Survey
- The 3 big challenges of Integrative Medicine
- The 4 big wins of Integrative Medicine
- Managing Hospital-based Integrative Medicine Legal Risks
- A physician's perspective on Integrative Medicine
- Panel Discussion: Operational, Legal and Clinical Perspectives on why CAM services should be managed by hospitals/healthcare systems

White Paper Health Care System Strategic Planning: The Role of Integrative Medicine Services Programs (IMSPs) can be downloaded at: <http://www.cimexhealth.com/downloads/CIMEX-White-Paper-IMSP.pdf>

Terms

- ***Complementary Medicine***...used as an adjunct to traditional medicine*
- ***Alternative Medicine***....used instead of traditional medicine
- ***CAM***...acronym for Complementary and Alternative Medicine
- ***Integrative Medicine/Integrative Healthcare***...complementary medicine offered in the traditional setting
- ***IMSP***...acronym for Integrative Medicine Services Programs
- ***Non-pharmacologic treatment***...term used to some research literature to describe complementary medicine. Non-pharmacologic treatment includes two types: *physical* and *cognitive-behavioral* strategies

*Traditional medicine = medical care delivered under the supervision of an MD/DO

Who provides CAM services?

- Physicians
- Nurses
- Licensed CAM practitioners
- Other licensed practitioners
- Other practitioners (not licensed, but possibly certified or “trained”)
 - i.e. Reiki, Therapeutic Touch, Guided Imagery, Aromatherapy, Shamanism, etc

*Traditional medicine = medical care delivered under the supervision of an MD/DO

Licensed CAM Practitioners¹

Profession	# of accredited schools	Standardized National Exam Created	State Regulation/Licensure Requirements	Est. # of Licensed Professionals
Acupuncture & Oriental Medicine	54	1985	44	25,000
Chiropractic	16	1963	50	75,000
Massage Therapy	97	1994	43	250,000
Direct –entry (home birth) Midwifery	11	1994	26	1,500
Naturopathic Medicine	7	1986	15	4,500

¹ Source: Clinicians’ and Educators’ Desk reference on the Licensed Complementary and Alternative Healthcare Professions, Academic Consortium for Complementary and Alternative Health Care, 2009.

Integrative Medicine: The Facts

- 33 percent of U.S. academic medical centers have an IMSP in place
- 55 percent of hospitals currently offer integrative medicine services
- 62 to 90 percent of Americans use integrative medicine services
- Americans spent \$34 billion on purchases of integrative medicine services in 2007
- Patients spend up to 12 percent of out-of-pocket healthcare expenditures on IM
- the number of visits to CAM providers (624 million) exceeded the total number of visits to all primary care providers (386 million) for 1997
- patients feel that CAM gives them a sense of empowerment, and it appeals to their holistic approach to health, where mind, body and spirit are inextricably linked

The Hospital's Role

CIMEx Recommendations:



- Integrative Medicine Services (IMSPs) can/should be offered as an adjunct to traditional medicine
- Patients would benefit from IMSPs offered in a structured, well-regulated environment
- The healthcare system can integrate different types of services, whereas patients may currently visit 2 to 3 different practitioners in different locations
- Physician oversight of IMSPs can bring additional peace of mind to the patient

SIMUS™ Survey Overview

- **Sampling:** (1) Calls were made to a random selection of 200 hospitals from the American Hospital Directory (www.AHD.com). (2) Emailing hospital administrators from a pre-existing list of hospital contacts.
- **Survey process:** Individuals “in charge of” the Integrative Medicine function in a hospital/healthcare system were asked to complete an online survey. If they agreed, a link was sent to the individual. The survey results were automatically compiled by the web-based survey firm.
- **Respondents :** a total of 67 individuals from 67 different hospitals/healthcare systems completed the survey

SIMUS™ Survey Preliminary Results



Currently providing IM services	55 percent
Length of time providing IM services	Started in past 5 years (40 percent); In the past 6 – 10 years (33 percent)
For hospitals with no IM, how many provided in the past?	19 percent
For those hospitals who never offered it or never considered offering it, reason why?	33 percent budget constraints
Total Hospitals providing services currently or in the past	74 percent

SIMUS™ Survey Preliminary Results



Types of IM offered?	<i>Most common:</i> acupuncture (70 percent) massage (60 percent) Others: meditation, diet supplements, breathing, guided imagery, hypnosis, yoga, art therapy, music therapy
IM used for?	<i>Most common:</i> back & neck pain/disorders; stress, anxiety Others: cancer & post op pain, fibromyalgia, headaches, osteoarthritis of the knee
IM Managed by?	About 33 percent each: Physician, Nurse Manager, & IM Practitioner In Academic Medical Centers: 50 percent of programs are managed by physicians
Who provides services?	Nurses, MDs, LMTs, Psych, Acupuncturists
How many staff?	Smaller hospitals → <5; Larger hospitals → 6-10
Payment?	35% self pay; 50% some insurance; 12% no charge, <10 funded by grants
Does IM increases patient satisfaction?	82 percent said yes
Do you believe IM decreases LOS?	14 percent said yes; 47 percent said possibly
Are you planning to expand IM services?	47 percent said yes, they were planning to expand IM services
What will you expand?	67 percent will expand acupuncture services

Greatest Barriers to IMSPs?

- Lack of knowledge of medical staff/administration about what IM is
- Lack of insurance payments/budget constraints for services
- Determining which IM services to offer and actually implementing them
- Lack of a champion

Greatest Facilitators for IMSPs?

- Receptive administration/medical staff
- Having a physician champion
- Good education to physician
- Educating the public
- Solid research support for IM

3 Big Challenges

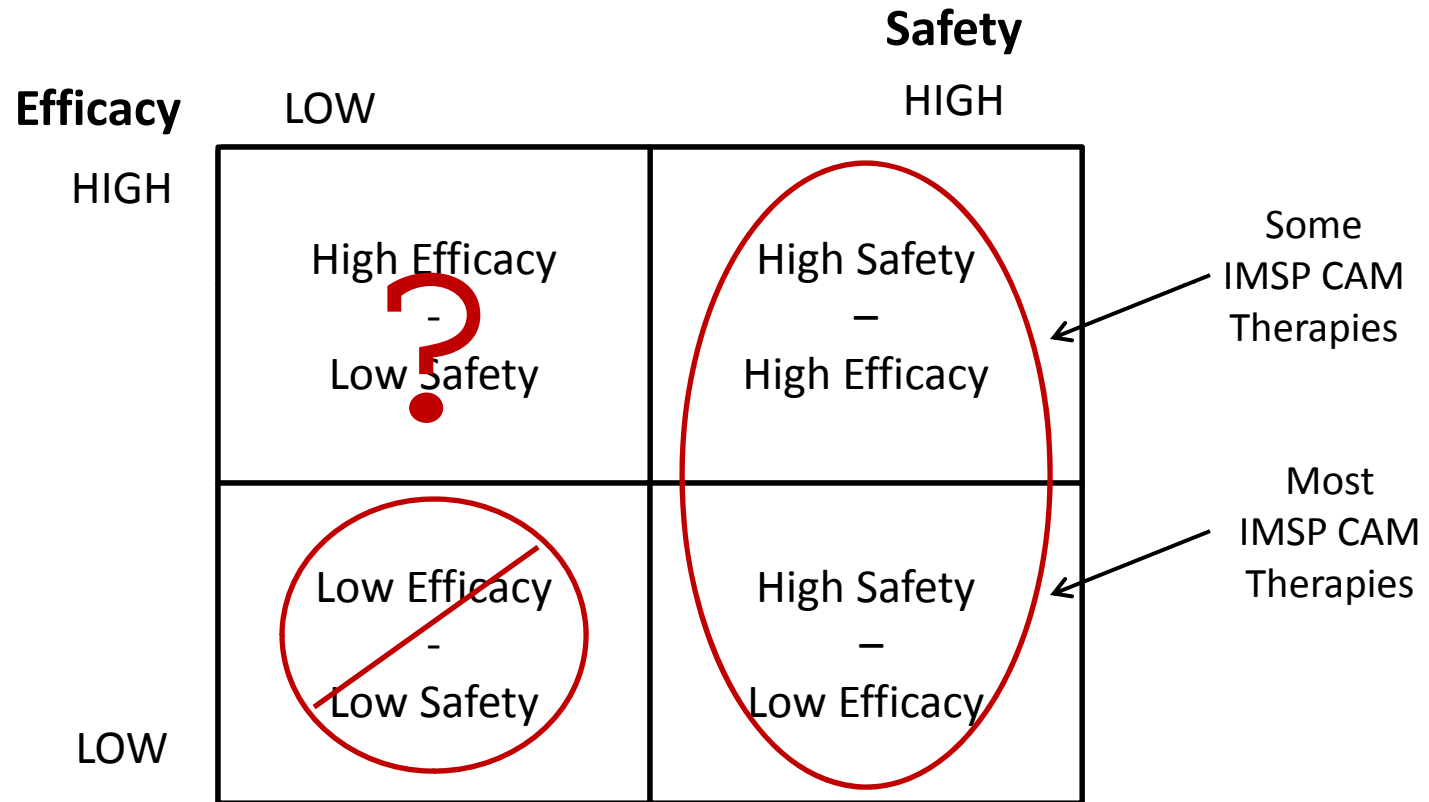
- Medical Staff Support
- How to determine which services to offer
- Educating *everyone*

Medical Staff Support: Safety-Efficacy Criteria



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

Medical Staff Support: Safety-Efficacy Criteria for CAM



Medical Staff Support

- Evidence-based support for IM. most EB-supported CAM are for therapies provided by *licensed* practitioners
- Physician leadership/champion
- Education & Training
- Solid, user-friendly resources available
- Patient-centered program
- Appropriate staffing & administration

ACP EB-Guide to CAM (partial list)

Diagnosis/Complaint	Evidence-Based Support for Treatment of this DX/SX
Acute GI Pain	Acupuncture
Asthma symptoms	Yoga, breathing techniques (Buteyko)
Cancer pain	Acupuncture, massage
Chemotherapy induced N&V	Acupncture, Relaxation training
Fibromyalgia	Massage Therapy
Infertility	Acupuncture
Major depressive disorder	Aerobic exercise, yoga
Migraine	Acupuncture, Massage, Meditation, MBSR, biofeedback, relaxation training
Neck Pain	Acupuncture
Osteoarthritis of the knee	Acupuncture
CHD – Prevention	Transcendental meditation, Yoga
Post-operative pain	Acupuncture
Pregnancy induced N&V	Acupuncture
Pre-operative anxiety	Ear acupuncture; acupuncture, meditation

CIGNA Coverage for Acupuncture¹

CIGNA covers acupuncture as medically necessary for any of the following:

- nausea and vomiting associated with pregnancy
- nausea and vomiting associated with chemotherapy
- postoperative nausea and vomiting
- postoperative dental pain, if the treatment of the dental condition was covered under the medical benefit
- headache
- back pain
- neck pain
- knee pain

¹Source: CIGNA Medical Coverage Policy # 0024, Effective date: 3/15/09

ACCP evidence-based clinical practice guidelines recommend...

(partial list)



- that all patients with lung cancer be specifically asked about the use of CAM. **Grade = 1C**
- that all patients with lung cancer be given guidance about the advantages and disadvantages of complementary therapies in an open, evidence-based, and patient-centered manner by a qualified professional. **Grade = 1C**
- for lung cancer patients, mind-body modalities are recommended as part of a multi-modality approach to reduce anxiety, mood disturbances, or chronic pain. **Grade = 1B**
- for lung cancer patients w/anxiety or pain, massage therapy delivered by an oncology-trained massage therapist is part of a multimodality treatment approach. **Grade = 1C**
- acupuncture as a complementary therapy when pain is poorly controlled or when side effects, such as neuropathy or xerostomia from other modalities, are clinically significant. **Grade = 1A**
- acupuncture as a complementary therapy when nausea and vomiting associated with chemotherapy are poorly controlled. **Grade = 1B**

Balance of Benefits to Risks and Burdens (www.guidelines.gov)				
Quality of Evidence	Benefits Outweigh Risks/Burdens	Risks/Burdens Outweigh Benefits	Evenly Balanced	Uncertain
High	1A	1A	2A	
Moderate	1B	1B	2B	
Low or very low	1C	1C	2C	2C

Source: http://www.guideline.gov/summary/summary.aspx?doc_id=11406&nbr=5925&ss=6&xl=999

- People with cancer might think about using alternative and complementary methods to:
 - relieve the side effects of mainstream cancer treatment without having to take more medicine
 - find a less unpleasant treatment approach that might have few side effects
 - take an active role in improving their own health and wellness

¹http://www.cancer.org/docroot/eto/content/eto_5_3x_guidelines_for_using_complementary_and_alternative_methods.asp#How_can_I_spot_fraud_and_questionable

Determining which services to offer

- Patient demand
- Physician support
- Funding sources

Determining which services to offer:
objective data



ICD-9 Code	ICD-9 Description	# Claims	Avg Charge	Avg Cost	Average Payment
V5811	Chemotherapy	1,520	\$26,428	\$5,854	\$4,325
78650	Chest Pain, NOS	1,402	\$6,492	\$893	\$686
78659	Other Chest Pain	1,273	\$7,625	\$1,003	\$805
78900	Abdominal Pain NOS	953	\$4,754	\$604	\$426
7242	Lower Back Pain	940	\$1,748	\$255	\$229
7222	Neck Pain	802	\$3,820	\$686	\$539

Educating Everyone



- Medical Staff
- Clinical managers
- Non-clinical managers
- Patients
- All hospital/healthcare system staff

4 Big Wins: Sample Score Card



Key Metric	Target	Q1	Q2	Q3	Q4	% Achievement
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%

Patient Satisfaction Score Card



Survey Question	Hospital Score	State Average
Would recommend hospital	79%	70%
Respect for patient preferences	73%	76%
Coordination of care	61%	58%
Information and education	57%	60%
Physical comfort	59%	61%
Safe medical practices	56%	61%
Transition to home	71%	7

Managing IMSP Legal Risks



- CAM options and informed consent by MDs and DOs
- Licensure and scope of practice
- Referring vs. employing....contracts, agreements, and education
- Compliance program considerations

CAM Options & Informed Consent



- The possible liability for NOT informing a patient about CAM options
- The American Medical Association (AMA) Code of Medical Ethics establishes informed consent as an ethical obligation of physicians.² In addition to being an ethical obligation of physicians, legislation in all 50 states requires that patients be informed of all important aspects of a treatment and/or procedures, although the details of these laws and statutes differ greatly.² Failure to obtain adequate informed consent renders a physician liable for negligence or battery³ and constitutes medical malpractice...
- Informed consent is a process through which a physician informs a patient about the risks and benefits of a proposed therapy and allows the patient to decide whether the therapy will be undertaken.⁹ It may be received in one sitting, or over a period of time.

Source: <http://www.ahrq.gov/clinic/ptsafety/chap48.htm>

Licensure and scope of practice



Profession	# of accredited schools	Standardized National Exam Created	State Regulation/ Licensure Requirements	Est. # of Licensed Professionals
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Issues include how to determine:

1. practitioners qualifications in states without licensure requirements
2. practitioner qualifications in a profession that is not licensed (i.e. Reiki, Therapeutic Touch)
3. which services a licensed and/or non-licensed practitioner can deliver

Duty to refer¹

(CAM Practitioner to Medical Doctor)



- Does patient's condition exceed the scope of CAM Practitioner's training, education & competence?
- If yes, then CAM Practitioner has a duty to refer the patient to a licensed medical doctor
- Failure to refer the patient may constitute medical malpractice

¹Source: Cohen, M.H. (2005). *Legal Issues In Integrative Medicine*. NAF, Gig Harbor, WA.

Duty to refer¹

(Medical Doctor to CAM Practitioner)



- In certain circumstances, a medical doctor may have a duty to refer a patient to a CAM Practitioner
- The referral should not delay or impair necessary conventional care
- Medical doctor has a duty to ensure that he is referring the patient to a *competent* CAM practitioner
- Medical doctor should perform due diligence and determine the CAM Practitioner's licensure, education & training
- JAMA article: the “same common sense considerations applicable to other [conventional medical] referrals will be a reasonably reliable guide regarding acceptable practice.”

¹Source: Cohen, M.H. (2005). *Legal Issues In Integrative Medicine*. NAF, Gig Harbor, WA.

- Model Guidelines that govern the use of CAM therapies in Medical Practice
- Medical Doctor must use the same standard of “safety & reliability” for CAM as utilized for conventional diagnostic methods
- Informed consent is *critical*
 - Will CAM therapy interfere with conventional medical treatment?
 - Risk/Benefit Analysis compared to other treatments
 - Is CAM Therapy reasonably likely to result in a good patient outcome?
 - Will CAM therapy achieve greater benefit than no CAM treatment?

Source: http://www.fsmb.org/pdf/2002_grpol_Complementary_Alternative_Therapies.pdf

Compliance & regulatory considerations

- HIPAA & IM services
- Medical record documentation practices of IM practitioners
- Billing for IM services
- The importance of comprehensive education on CAM and IM
- The importance of comprehensive policies and procedures on CAM (informed consent) and any IMSP activities
- Ensuring quality of care

The Physician Role

- We heavily concentrate on these steps in caring for patients
 - Information Gathering
 - Diagnosis
 - Treatment
- Sometimes we forget or can't provide
 - Faith
 - Trust
 - Adjustment to Illness
 - Well Being

Physician Attitudes Toward CAM

- A Mayo-Clinic Survey of 233 physicians
- 76 percent of physicians had never referred a patient to a CAM practitioner
- 44 percent stated that they would refer a patient if a CAM practitioner were available at their institution.
- 57 percent of physicians thought that incorporating CAM therapies would have a positive effect on patient satisfaction
- 48 percent believed that offering CAM would attract more patients
- Most physicians agreed that some CAM therapies hold promise for the treatment of symptoms or diseases
- Most physicians were not comfortable in counseling their patients about most CAM treatments.

Physicians' Attitudes Toward Complementary and Alternative Medicine and Their Knowledge of Specific Therapies: A Survey at an Academic Medical Center. Dietlind L. Wahner-Roedle, Ann Vincent, Peter L. Elkin, Laura L. Loehrer, Stephen S. Cha and Brent A. Bauer, Mayo Clinic, Rochester, MN, USA Advance Access Publication 21 June 2006 eCAM 2006;3(4)495–501 doi:10.1093/ecam/nel036, Oxford University Press

Family Practice Suggestions



- Patients requesting advice on the use and integration of CAM modalities as part of their health care should be evaluated initially by their primary care physician.
- The physician's responsibilities are to evaluate the appropriateness of that use, and to maintain contact, monitoring outcomes.
- Advice on referrals should be based on the safety of the method in question, current knowledge on indications and contraindications of that modality, and familiarity and an open dialogue with the specific therapist.

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Adjunctive Therapies

- Psychotherapy and counseling
- Acupuncture
- Chiropractic
- Dietary and health foods
- Herbal Medicine
- Massage Therapy
- Social Therapy i.e. group therapy, common interest groups
- Faith Therapy
- Traditional Cultural Remedies
 - American Folk Medicine
 - Wiccan
 - American Indian
 - Hispanic
 - Pennsylvania Dutch
- Drug use other than medically prescribed

Questions to Ask



- Patient's belief system
- Nature of alternative therapy
- Alternative practitioner's credentials
- Assessment of benefit v. harm v. neutral
- The reason the patient wants the adjunctive therapy
 - Personal
 - Family
 - Friend
 - Clergy
- Cost and responsibility
- Who will have oversight

Good Advice



- Become knowledgeable about the treatment your patient is actually receiving
 - CAM
 - OTC
 - Health Foods
 - Faith based
 - Etc
- Inform the patient of your concerns and your decision about the value of the therapy
- Communicate with the CAM caregiver
- Benefit v. Harm v. Neutral
- Time considerations
- Resource considerations
- Keep an open mind

CAM In Medical Schools



WHY TEACH COMPLEMENTARY AND ALTERNATIVE MEDICINE TO
MEDICAL STUDENTS? by Philippe Szapary, MD

<http://www.med.upenn.edu/progdev/compmed/teachcam.shtml>

A Physician's Perspective



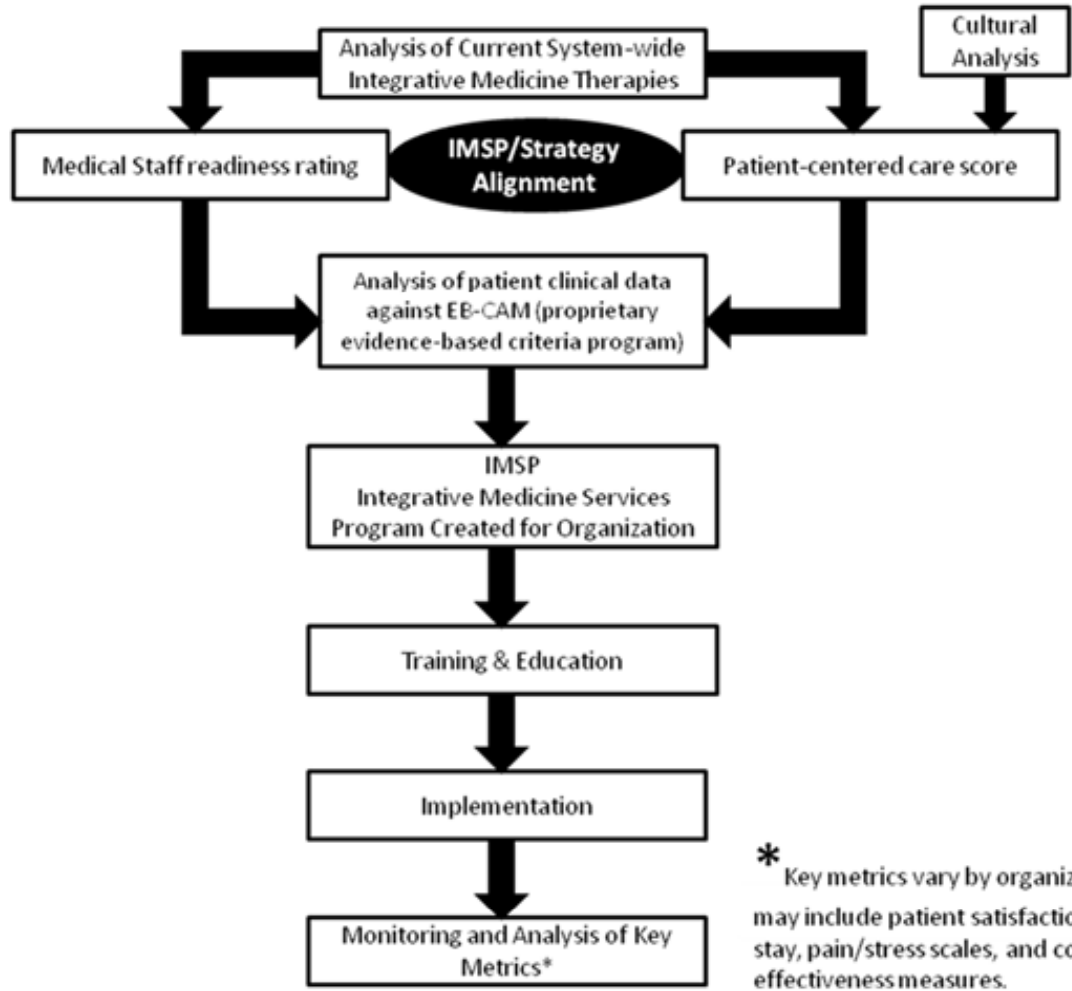
- Medical staff support in any new program
- Pros and Cons of the IMSP Physician Champion
- Responding to patient demand & resources for physician education

Best Practices: IMSPs



- CAM is best provided in the Hospital/Healthcare System (Integrative Medical Services Programs – IMSPs)
- The Value of Diversity: “Integration” of people/processes/services that are *different* provides superior outcomes....preserve the differences
- Operational/management expertise
- Quality Control
- Scope of practice concerns are minimized
- Risk Management benefits

CIMEx Health's patient-centered, staff-friendly methodology for creation & implementation of an IMSP is shown in the flow chart below:



* Key metrics vary by organization and may include patient satisfaction, length of stay, pain/stress scales, and cost effectiveness measures.

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
IMSP Risk Analysis and Risk Management

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