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1008 West 18th Street Cedar Falls Iowa 50613-3604
Phone 319-277-4130 Fax 319-277-4312
stephanie@clohesyconsulting.com
www.clohesyconsulting.com

Researched and Prepared by:
Clohesy Consulting

For: The Philanthropic Collaborative for Integrative Medicine

April, 2003

MAPPING THE EMERGENCE OF INTEGRATIVE MEDICINE:
A Journey Toward A New Medicine

Executive Summary: Short Version

Background
In the United States, the last quarter of the 20th century was marked by a resurgence of interest in reconnecting mind and body in health and healing. Partly as a result of global cultural explorations of young baby-boomers many traditions of healing and life style entered into mass popular culture and then exploded into vast popular demand documented through research in the 1990s. This opened the way for a new generation of medical doctors and health professionals to appreciate alternatives and complementary therapies and to begin changing the practice of technology-based medicine favored in the U.S.

The formation of the Office of Alternative Medicine in 1991 (now called the National Center on Complementary and Alternative Medicine) formalized a vocabulary and opened space in medical research for mind-body questions and opportunities to prove and improve ideas about complementary and alternative therapies (CAM). By the late 1990s, U.S. medical schools began changing their curricular offerings to introduce alternative and complementary care and it is now estimated that 75% of all medical schools offer at least one option in the curriculum. At the same time the university medical centers and hospitals along with other community and private health care systems began to offer alternatives in day-to-day care and many began to create specialized centers for alternative and complementary care. The term "integrative medicine" emerged to communicate the vision of seeing medicine, health and healing as one system in which a person and/or health professional could choose best-care options from a spectrum of technology or alternative modalities. The shifting of U.S. health concerns from disease-based epidemics to chronic health problems (diet, blood pressure, pain, syndromes, etc) is intensifying the connections between technology-based medicine and alternative practices.

This report is the result of a scan of popular and professional literature and interviews with leaders of Integrative Medicine institutions. It is intended to explore and report on:

- The quantity and quality of Integrative Medicine as it is emerging in the U.S.
- Identify both accelerators and obstacles affecting the development of IM
- Communicate the IM story to increase understanding and inspire more interest in IM.

The report clearly identifies an accelerating pattern of interest in Integrative medicine. Dr. David Eisenberg's studies in IM showed in 1993 and again in

1997 that consumer interest in IM and CAM is strong and is driving medical and health institutions to respond. For example these surveys found that:

- The total visits to CAM providers (629 million) exceeded total visits to all primary care physicians (386 million) in 1997
- Out-of-pocket expenditures for CAM professional services in 1997 were estimated at $12.2 billion and this exceeded the out-of-pocket expenditures for all U.S. hospitalizations.
- An estimated 15 million adults in 1997 took prescription medications concurrently with herbal remedies and high-dose vitamins.
- The majority of CAM therapy users perceived the combination of CAM and conventional care to be superior to either alone (79%); and most typically saw a medical doctor before or concurrent with their visits to a CAM provider (70%)

Although the current definition(s) of Integrative Medicine remain controversial most leaders and founders of IM institutions agree that IM is not synonymous with complementary and alternative medicine (CAM). Rather, it is a system of healthcare in which conventional medical options along with CAM therapies are understood and recommended interdependently, depending on the needs of the patient. Proponents of IM are protective of the distinctive value-based identity of IM: It is:

- Relationship-centered
- Prevention-based
- Centered on patients being active participants in their own health care
- Patients/consumers are seen by their physicians and caregivers as whole persons: minds, family and community members, and spiritual beings in physical bodies.

The Report

The Report organizes its findings into two parts: a descriptive section that summarizes information about 9 major concept areas; and an analytical section that creates 9 theories of change that could accelerate the growth of the field of IM along with visual maps that depict the key challenges for the future of IM.

The 9 concepts include:

1. Founding Vision, Mission, Definition: Nearly all IM clinics and centers have visions and missions that are satisfying in the ideal but are not yet in full operation. The common ground of vision and mission help many clinics and leaders to feel connected to a network of like-minded innovators yet there is yet a unified vision for the future of the field.
2. Performance: The delivery of IM care is both expanding rapidly to meet consumer demand and yet also facing major developmental hurdles as the actual institutions struggle through start-up challenges similar to other

businesses and young fields of specialization. Many clinics and centers have set “break-even” goals for 3-5 years from start-up and most are also discovering that “break-even” will include a portion of philanthropic contributions.

3. Staffing: Issues of staff diversity and the level of integration of skills and therapies are major challenges for clinics and centers. The credentialing of conventional doctors to practice alternative therapies and the credentialing of CAM practitioners continues to be “in process” and controversial, yet central to the development of IM institutions.
4. Clients, Patients, Consumers: Consumers continue to drive the development of IM. Their desire for lifestyle changes and holistic thinking about healthcare is motivating changes in both the practice of medicine and the financing of healthcare. Some practitioners believe that the consumer demand may help to motivate enormous changes in healthcare by shifting the paradigm of health from “cure” to self-care and personal empowerment.
5. Sustainability: All IM clinics and centers are evolving in their search for a model of sustainability. Some clinics are close to “making it” on patient payments while others are taking a loss on every patient visit. Others are holding their institutions together with overhead from research grants while others are not covering their full research costs. Philanthropic contributions are emerging as an important part of the financial formula. The environment is volatile with new centers forming and existing centers failing.
6. External forces: Consumers are driving larger social and cultural shifts in favor of Integrative Medicine yet public policy remains an uneven patchwork of standards and regulations. Many leaders believe that consumers will soon begin to demand more intensive regulation and standards for IM services and products.
7. Research: Due mostly to the continued federal funding through NCCAM there is a steady flow of innovation and information into the field. Researchers are divided between those who favor basic research on the “science” of IM services and products; while others favor more practical research on short-term outcomes, efficacy, and cost-efficiency.
8. Education: Conventional medical schools are adding curriculum about CAM and more and more students are registering for education in individual CAM therapies (massage, acupuncture, etc). There are growing needs for more coordination and standardization of educational programs and emerging networks to help provide this.
9. Future Vision: The field also has not yet fully unified around a vision for the future of IM. Some see “one system” of medicine emerging in which conventional and CAM are equally respected parts of a single system; others believe that conventional medicine is “taking over” CAM and using CAM at a diluted level.

Challenges and Conclusions

It is clear from the data gathered in this scan that the field of IM is no longer in the early start-up stage of its life cycle. IM advocates are building institutions, changing public policy, educating the next generation of practitioners and looking for the means to grow to scale and sustain the use of IM. Venture capitalists often refer to this level of development as the "mezzanine", that stage at which an idea or enterprise is beyond start-up but is not yet at full scale. Investors understand that at this mezzanine stage the founding idea or product has "caught fire" and now requires persistent and simultaneous support of its "brand" along with deep development of the infrastructure or capacity to actually produce and deliver the product.

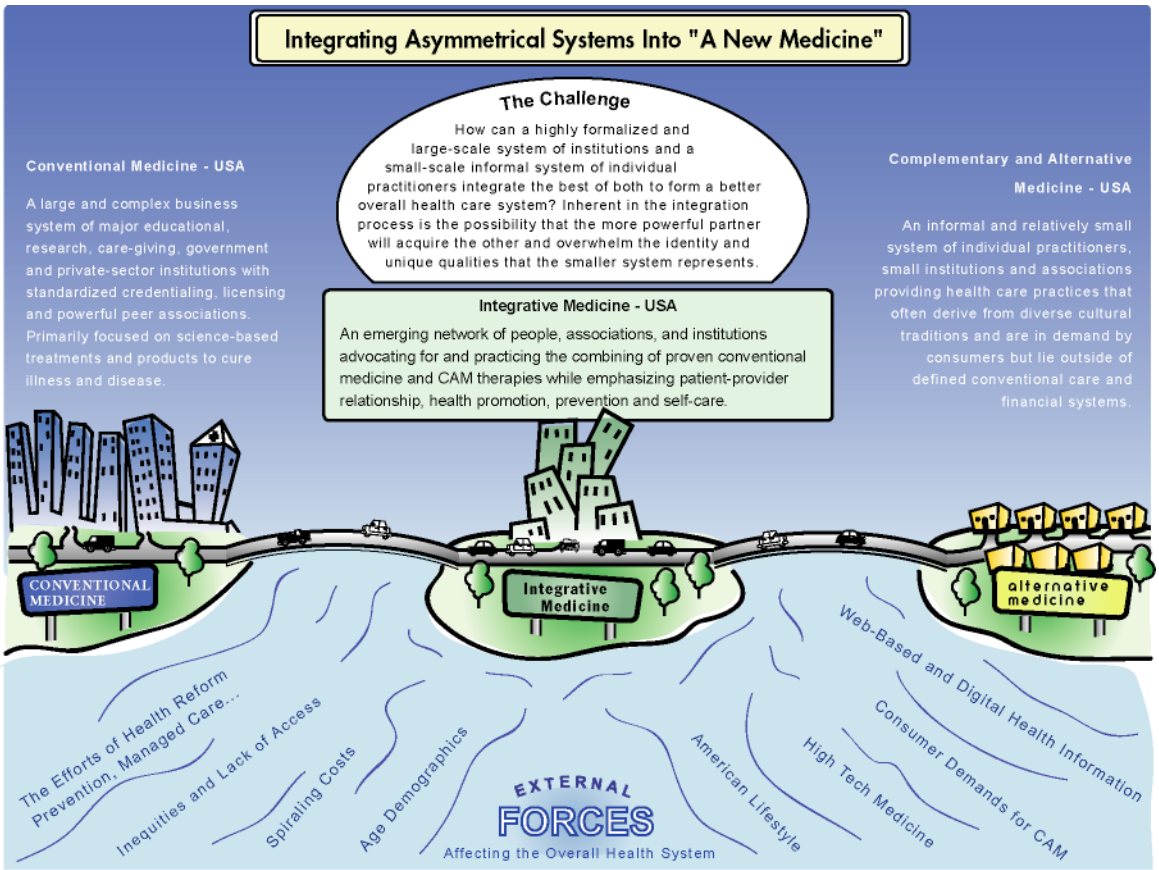
This study has brought to the surface both the accelerating growth and acceptance of IM along with some unresolved differences which stand in the way of full-strength strategic growth and development. The current growth is down from the dramatic leaps and peak-levels of development reached in 1998-2000. Most IM leaders observe that the field is stabilizing and deepening with its greatest growth and transformational potential still ahead. IM has not yet reached a "tipping point" of influence in the overall delivery of health care; yet it seems to be reaching a "tipping point" of public awareness and support. Some IM leaders see IM emerging as its own field of medicine, a type of practice that builds on and works compatibly with the existing systems but maintains its own longterm identity, institutions, and education. Others see IM as a means to an end: it will be developed as a concept and supported long enough for it to transform both conventional medicine and CAM systems into one new and improved system of medicine. Some see only positive value in thinking about "one medicine" of the future while others see dangers that include the loss of diversity in CAM therapies if CAM is absorbed into the mainstream of conventional medicine.

These uncertainties about what the "new medicine" will look like are fueling energy and innovation as the IM field emerges, yet also are slowing down progress since not all energy is focused on any one strategic option. Ultimately those desiring to support the full emergence of IM and bring it to scale are facing the challenge of how to integrate asymmetrical systems. Conventional medicine is a large and complex business system of major educational research, care-giving, government, and private sector institutions with well-established standards and procedures for licensing of people, treatments, and products. It is focused on science-based treatments and products for curing illness and disease.

On the other hand, CAM is an informal and relatively small system of individual practitioners, small institutions and associations providing healthcare practices that often derive from diverse cultural traditions and are in demand by consumers but lie outside of defined conventional care.

Most IM leaders believe that the development of IM will create a “new medicine” by transforming the entire system toward the values of holistic, person-centered care without losing access to the science and technology based cures of conventional medicine. But integrating an institutions system on one hand with an informal and small system on the other could easily mean that conventional medicine is modestly transformed while much of CAM becomes controlled through conventional institutions and agencies. How can integration truly combine the best of both?

Medical, health, industry, philanthropy, and consumer leaders are challenged to hone their insight about the dynamics of change within the field and to support those strategies and changes that achieve their ideal vision of person-centered medicine.



Four Scenarios for the Emergence of IM and a New Medicine

HIGH TRANSFORMATION
of Conventional Healthcare System

LOW EXPANSION
of Access to Diverse CAM Therapies

HIGH EXPANSION
of Access to Diverse CAM Therapies

LOW TRANSFORMATION
of Conventional Healthcare System

Big Medicine Gets Bigger

HIGH Transformation of Conventional Systems
LOW Expansion of CAM

Conventional institutions may expand their own ideas about prevention, public health, and patient education. A few CAM therapies may be grafted onto the system. The dominance of the Conventional System's transformation may starve resources and attention from CAM so that its expansion is stalled.

E Pluribus Unum

HIGH Transformation of Conventional Systems
HIGH Expansion of CAM

An integrated system emerges in which conventional medicine is highly transformed by IM/CAM and CAM therapies are proven and accessible. The "new" system recognizes the different traditions of conventional and CAMS but accepts both and enables the patient to find all options. While accepted as different from each other both are vigorous and interdependent care systems that form the larger healthcare system.

Stalled on the Bridge

LOW Transformation of Conventional Systems
LOW Expansion of CAM

The Conventional System does not change and the momentum for CAM/IM stalls. This could happen for many reasons: research outcomes on CAM therapies turn out to be inconclusive; insurance coverage shrinks as employers cut back on employee benefits, clinics and small practitioners struggle to survive in harsh economic conditions.

Networked but Not Integrated

LOW Transformation of Conventional Systems
HIGH Expansion of CAM

Conventional medicine "draws the line" on integrated care, credentialing/licensing and referrals; conventional medicine stays basically the same. At the same time CAM/IM research and outcomes-data further define the value of CAM in basic and specialized healthcare. IM and CAM institutions flourish. Partnerships with conventional medicine are likely but they do not veer towards integration.