Developing an Integrative Health Care Program

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Recognizing the growing role of complementary and alternative medicine in their patients' lives, these VA providers found a way to incorporate some of these "unconventional" therapies into the scope of services provided by their facility.

Since the publication of Eisenberg's landmark article on "unconventional medicine" in 1993,[1] both the use of and investigation into complementary and alternative medicine (CAM) therapies have grown rapidly.[2,3] In addition to numerous journal articles, there are now several textbooks on CAM,[4,5] and the National Institutes of Health has established the National Center for Complementary and Alternative Medicine to support CAM research and educational efforts.[6]

As CAM use has increased, however, there have been legitimate concerns raised by the scientific and medical communities. For several CAM therapies, there is a lack of evidence supporting efficacy and safety—particularly regarding their use for specific medical indications.[7,8] Some therapies may have serious adverse effects, such as interactions between herbal products and prescription medications.[9–11] Others appear to operate by biological mechanisms not yet understood or not accepted by Western medical science.[7,8] Physicians also have voiced concern that a primary reliance on CAM therapies could mask serious illness, contributing to delays in accurate diagnosis and optimal treatment.[7,8] These concerns can act as a barrier to providers' enhancing their understanding of CAM and making appropriate, well grounded recommendations.

In initiating any CAM-oriented program at a conventional medical facility, therefore, it is important to address these scientific and medical concerns. Mindful of this, we developed the Integrative Health Care Program (IHCP) at the VA Salt Lake City Health Care System (VA SLCHCS) with a view toward: (1) integration of scientifically supported CAM therapies into conventional medical care in an outpatient setting, targeting those medical conditions likely to respond to such therapies; (2) education of providers and patients regarding which CAM therapies are beneficial and which are not; (3) development of clinical research protocols to assess the safety and efficacy of selected CAM therapies; (4) exploration, development, and evaluation of new models of integrative health care; and (5) reintegration of physical, emotional, mental, and spiritual life values into health care and health education. The intent was to begin with a few modalities and build on program acceptance and success.

In this article, we describe the issues we considered in planning the program, the steps we took to bring our ideas to fruition, and the administrative processes that facilitated implementation. We also describe the current operation of the IHCP clinic—which, along with staff and patient educational programs and clinical research activities, comprises the IHCP. Formal assessment of patient outcomes associated with the IHCP is beyond the scope of this article. Research activities in this area are in progress.

CAM IN THE VHA

Studies of CAM use and availability conducted within the VHA reveal trends similar to those noted in the United States in general. A 2000 survey conducted in a random sample of 508 primary care patients at the Southern Arizona VA Health Care System in Tucson indicated that approximately 50% used one or more CAM therapies.[12] In this study, CAM use was significantly associated with veterans' reports of current high lev-

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els of daily stress; a perceived negative impact of military life on physical or mental health; overseas military service; and such physician-diagnosed conditions as back pain, depression, gastrointestinal disorders, generalized pain, anxiety, sleep problems, asthma, posttraumatic stress disorder, liver problems, and chronic fatigue.[12] The sources veterans used for guidance in their choice of CAM therapy, in order of frequency of use, were: friends, family, news and magazine articles, medical references, food store clerks, and their primary care provider.[13] Reliance largely on nonmedical sources of information raises the concern that CAM therapies might supersede or adversely interact with optimal conventional medicine care.[7,8]

In 2002, a nationwide survey of CAM practices was performed at the VA's 149 health care facilities.[14] Among the 146 responding facilities, 84% indicated that they provide or refer patients for one or more CAM therapies. The most common therapies offered at these facilities included stress management or relaxation methods (59%), progressive relaxation (47%), biofeedback (45%), guided imagery (45%), hypnotherapy (33%), music therapy (26%), meditation (25%), and acupuncture (22%). The findings of this survey also indicated a need for: (1) adequate documentation of both evidence-based support for the CAM therapies chosen and the specific medical indications for the therapies, and (2) standardized criteria for credentialing CAM providers within the VA.[14]

PROGRAM DEVELOPMENT

A number of factors support the development of an IHCP at a VA medical center. First, several CAM therapies have demonstrated efficacy and safety against conditions common in the VA patient population (such as chronic pain[15]) and, therefore, could enhance quality of life for veterans.[4,5] Second, since veterans and VA facilities are already using CAM, perhaps with less than optimal guidance or approval, it is important to establish a framework for evaluating these therapies.[12,13] Third, we believe that the proper way to address issues of CAM use by veterans is to do it within the VA system, using an approach that includes education, guidance, and outcomes assessment, followed by integration of those CAM therapies and integrative health concepts that demonstrate benefit.

Issues addressed at the outset

Recognizing that CAM therapies might be controversial among some administrative and professional staff members, we met with our facility's organizational leadership to establish common ground and overcome barriers. To determine whether there was fertile ground for this program, we performed institutional assessments through in-service and workshop presentations and by maintaining a dialogue with key leaders to elicit and respond to questions and concerns. Most of the concerns raised related to evidence-based support for the use of particular CAM therapies for specific medical indications; general safety and efficacy of the therapies; and quality, certification, and licensure of prospective CAM providers.

Overall, however, we found openness at the VA SLCHCS to the integrative health approach—as long as the program adhered to institutional and professional guidelines and regulations. We came up with a business plan and budget for the IHCP, which were approved by the facility's Clinical Executive Board (CEB), a panel of the chiefs of the clinical services.

With guidance from the chief of staff, the associate chief of staff for patient services, and the executive assistant for clinical affairs, we developed guidelines for applying for CEB approval of CAM therapies (Table 1). These included referenced discussions of medical indications, safety, and efficacy of each CAM modality. We also developed a template to address quality, certification, and licensure issues when applying to the facility's Professional Standards Board for credentialing CAM providers (Table 2). In this way, CAM modalities and providers were subjected to

Table 1. Requirements for application to the Clinical Executive Board to include a CAM* therapy in the IHCP†,‡

- Briefly review the scientific literature concerning the CAM therapy
- Describe the treatment and how it works (mechanism of action)
- List the medical indications and review the evidence supporting these indications
- Discuss the adverse effects of the therapy
- Explain the intended use in veteran patients, including specific medical indications and contraindications
- Define the expected duration of treatment and discuss the anticipated benefits
- Provide selected scientific references

*CAM = complimentary and alternative medicine. †IHCP = Integrative Health Care Program. ‡Examples of completed applications are available electronically from the authors (e-mail James.Overall@med.va.gov or Sandra.Smeeding@med.va.gov).

the same review process as conventional medical practices and providers.

Selecting CAM therapies and providers

Specific CAM therapies were chosen for inclusion in the IHCP using several parameters. First, a given therapy needed data from peer-reviewed, scientific publications (such as randomized, controlled trials and technology assessments) that supported safety and efficacy for specific indications relevant to veterans. Second, the therapy should not be overly controversial and should be generally accepted by the conventional medical community. Third, the therapy was already being used or had been requested by VA providers and patients. Fourth, in most cases, there were existing VA staff members trained and certified to provide the therapy. All CAM therapies provided by VA staff are included in their scope of practice as outlined by the institution and by their state license.

To reduce initial costs (such as those associated with hiring new staff or contracting with outside providers), existing VA personnel were directed to provide CAM therapies a few hours each week as part of their regular professional duties. As a result, less than one additional full-time equivalent position was required to start the program.

Table 2. Requirements for application to the Professional Standards Board for credentialing a CAM* provider in the IHCP†,‡

- Include the same information as in the application for a CAM modality
- Provide information on the usual training, certification, and licensure requirements of a provider of this therapy
- Describe the training, certification, and licensure status of the applicant relative to the CAM therapy
- Provide supporting letters from relevant professional colleagues

*CAM = complementary and alternative medicine. †IHCP = Integrative Health Care Program. ‡Examples of completed applications are available electronically from the authors (see Table 1 footnote).

Getting other departments on board

At the start of the program, we recognized that CAM modalities would involve or affect several services and programs in the medical center. Therefore, we developed a multidisciplinary steering committee to provide guidance in establishing the IHCP. On this committee are representatives from facility administration; the departments of anesthesia, patient education, physical therapy, information management, pharmacy, physical medicine and rehabilitation, pain management, primary care, mental health, and social work; nutrition services; the learning center; and the chaplain's office. Initially, the steering committee met on a monthly basis, but now it meets quarterly. The IHCP codirectors and clinical support manager continue to meet regularly to address organizational issues and to track progress of the program.

Program literature

In order to educate patients about the therapies offered through the IHCP, we developed a program brochure that contains a short explanation of the purpose of the clinic as well as brief descriptions of the CAM therapies and classes offered. We also created more detailed brochures or flyers for specific CAM therapies and classes.

THE IHCP CLINIC

The IHCP clinic reports to the chief of staff. At present, patient evaluation and treatment occur only in the outpatient setting.

The initial target populations for the IHCP clinic were patients with chronic pain, patients with a strong desire for smoking cessation or weight management, and patients who could benefit from strategies for managing stress arising from a chronic disease (such as anxiety or depression). For these populations, there was evidence in the scientific literature of benefit from the CAM modalities initially chosen. Treatment of such patients through the IHCP clinic was integrated in an interdisciplinary fashion with services already offered at the VA SLCHCS, such as pain medicine, smoking cessation, and weight management.

Although most patients are referred to the clinic by their primary care providers, some referrals have come from specialty care, mental health, and pain medicine professionals. To date, over 90% of referrals have been for the adjunctive management of chronic pain. Most of these patients also have other associated diseases, such as diabetes, mental health disorders, chronic musculoskeletal conditions, and cardiovascular disease.

After referral, patients undergo an intake assessment by one of the IHCP clinic codirectors (Table 3). During this visit, the CAM therapies and classes offered through the IHCP clinic are reviewed with the patient

(Table 4). Following this assessment, patients may be referred for particular CAM therapies, based on their preferences and the clinical decision of the IHCP clinic codirectors. Many patients with chronic pain, for instance, request and are referred for both acupuncture and hypnotherapy clinic appointments. Recommendations to attend the weekly drop-in meditation or Qigong classes or to register for the more in-depth courses or therapies ("Choosing to Heal," "Fit and Trim for Life" weight management, the smoking cessation program, aquatic bodywork, or yoga) generally depend on the patient's needs and interests. Patients referred for aquatic bodywork or yoga receive a musculoskeletal screening by the physical therapy department to determine any restrictions for participants.

All CAM therapies and classes are provided on the VA SLCHCS campus in existing clinic or classroom space. Patient follow-up includes a routine IHCP clinic visit every six months to monitor outcome and to assess the need for additional management.

Table 3. Outline for intake evaluation at the IHCP* clinic

- Chief complaint: the reason the patient was referred or came to the clinic
- Present illness
- Past medical history
- Treatment patient has received for the chief complaint, including CAM† therapies—What has helped and what has not?
- Brief psychiatric history, including computer completion of the Beck Anxiety Index, Beck Depression Inventory, and the Short Form (SF)-36
- Exploration of life values and spirituality as they affect the patient's understanding of and decisions about personal health

*IHCP = Integrative Health Care Program. †CAM = complementary and alternative medicine.

REFLECTIONS ON THE PROCESS

We found several factors to be valuable in implementing the program. The experience and credibility of the IHCP codirectors and clinical support manager made a difference. These staff members were known to individuals in the VA SLCHCS leadership through previous experience. In addition, meeting with key decision makers at the beginning of the process to hear and respond to questions and concerns was important. Other key ingredients were:

- evidence-based and strategic selection of the CAM therapies and classes to be implemented;
- a formal process for CEB approval of the IHCP and each CAM modality;
- credentialing and privileging of each CAM provider by the Professional Standards Board; and
- use of the CAM modalities as adjuncts to, rather than replacements for, the optimal conventional medical therapy provided at the VA SLCHCS.

We did encounter some barriers. First, because of a shortage of clinic space and growth of the program, it was necessary to negotiate for additional rooms and days of use. These were made available based on demonstrated need. Second, though we attempted to implement a massage therapy program, we could not overcome the economic obstacles. Specifically, it was too costly to utilize an existing VA staff member (such as a nurse who was also a licensed massage therapist) for one-on-one massage sessions. We investigated using massage therapy school students, but issues—such as proper supervision by faculty who had sufficient experience with elderly patients with multiple medical illnesses—could not be solved to the satisfaction of both the VA and the schools.

How have patients responded to the IHCP? We have received a great deal of positive feedback, including such statements as: "I was at the end of my rope; I feel like I have my life back," and "After going through the IHCP clinic and the 'Choosing to Heal' class, I am now able to address issues in my life that I did not have the courage to face before." The patients have expressed particular appreciation of: the quality time spent with the CAM providers; the encouragement these providers give them to strive for a better life; the sense of self-empowerment that comes from participating in their own healing process and experiencing meaningful improvement; and the consideration the IHCP staff and CAM providers give to physical, emotional, mental, and spiritual aspects of their lives.

Some patients did not respond to IHCP management. The major reasons for this appear to be: lack of resonance with the CAM therapies and classes, medical or social issues that interfere with full participation, and residence too far from the VA facility to return for weekly visits.

In the initial stages of the program, many conventional providers were skeptical, and referrals were slow. Now that providers have seen improvement among many of the patients with particularly challenging

Table 4. CAM* therapies currently offered through the IHCP†

Therapy/course	Format	Description
Acupuncture	Individually scheduled clinic appointment	Ancient Chinese practice using hair-thin needles placed at specific points to stimulate or regulate the flow of vital energy (qi or chi) in meridians or channels that run throughout the body; used to restore and balance body energy and relieve and control pain
Aquatic bodywork (water shiatsu [Watsu] & Jahara technique)	Individually scheduled clinic appointment	Primary features include gentle deep relaxation combined with passive stretching in a warm water environment; practitioner supports patient as he or she moves through a series of positions to help release stress, reduce muscle tension, and increase flow of body energy (chi); strong meditative component due to the rise and fall of the patient's body with each breath
"Choosing to Heal"	Eight-week course offered twice annually; enrollment required; monthly follow-up class offered to all graduates on a drop-in basis	Provides new insights and strategies for body, mind, emotional, and spiritual well-being in chronic illness; enhances self-esteem and reduces stress by utilizing healing information from other cultures and a variety of techniques (meditation, gentle stretch exercise, guided imagery); assists patient in learning to face life's issues, improve relationships, deepen self-care, and relieve suffering
"Fit and Trim for Life" weight management	Six-week course, with drop-in class on seventh week for weight maintenance; enrollment required	Includes a food intake plan with a nutritionist, a personal exercise plan with a physical therapist, and "emotional eating" training with a motivational psychologist; two optional sessions of group hypnotherapy for weight loss offered on weeks 3 and 5
Herbal medicines/ nutritional supplement information	Individual telephone consultation with a pharmacist	Provides patient with information about these medicines and products, including the potential benefits, risks, and complications (such as herb-drug interactions)
Medical hypnosis	Individually scheduled clinic sessions	Involves focused mental awareness and concentration in a deeply relaxed state of body and mind; patients in hypnotic state are responsive to suggestion, which can effect positive life changes (such as pain relief, anxiety reduction, or assistance with smoking cessation or weight loss)

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Table 4. CAM* therapies offered through the IHCP† (continued)

Therapy/course	Format	Description
Meditation	Weekly drop-in class	Teaches patient to relax the body and quiet the mind to move toward a more peaceful state of inner awareness; helps individuals learn to stay in the present moment and to not worry about past or future events; promotes the relaxation response and helps calm the body's response to stress
Native American sweat lodge	Offered every two weeks; medical risk evaluation and permission to attend required	Provides a spiritual ceremony to meet the needs of Native American and other VA patients who wish to benefit from this tradition
Qigong	Weekly drop-in class	Consists of gentle exercises developed in China to tone and stretch musculoskeletal tissues to increase mobility, release tension and stress, and improve body function; uses mental focus to calm the mind and increase energy in the body
Tobacco cessation	Four-week course offered 10 times annually; enrollment required	Adapted from the QuitSmart‡ program; classes include group discussion and support, medication (pills or patches), and optional group hypnosis sessions for smoking cessation (on weeks 2, 3, and 4)
Yoga	Eight-week course offered twice annually; enrollment required	Ancient system of practices, originating in India, aimed at integrating mind, body, and spirit to enhance health and well-being; activities include physical postures, exercises, focus on the breath, and meditation

*CAM = complementary and alternative medicine. †IHCP = Integrative Health Care Program. ‡QuitSmart Stop Smoking Resources, Inc., Durham, NC.

health concerns, there is more widespread acceptance. Referrals have increased to the point that we now have a waiting list for the IHCP clinic.

IMPLICATIONS FOR THE FUTURE

Over time, there has been increasing openness, acceptance, and support for CAM at the VA's national level, as well as the local level. In early 2004, the VA National Leadership Board approved establishment of a National CAM Advisory Group to evaluate the efficacy, safety, and potential long-term benefits of CAM therapies using clinical, educational, and research approaches. The first meeting of this committee was held in Washington, DC in September 2004.

Our working hypothesis is that the IHCP at the VA SLCHCS will improve patients' medical outcomes, enhance their quality of life, and increase their satisfaction. It also may prove to be cost-effective over the long term, as patients assume more responsibility for their own care and healing. Proof of these benefits will require carefully designed clinical trials and assessment of outcomes. Currently, a retrospective, quantitative and qualitative assessment of patients' responses to this pilot program is underway. ●

The opinions expressed herein are those of the authors and do not necessarily reflect those of Federal Practitioner, *Quadrant HealthCom Inc., the U.S. government, or any of its agencies.*

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This article may discuss unlabeled or investigational use of certain drugs. Please review complete prescribing information for specific drugs or drug combinations—including indications, contraindications, warnings, and adverse effects—before administering pharmacologic therapy to patients.

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