Feature

BY DON DILLON, RMT

United Front

Physician-led "integrated" medicine

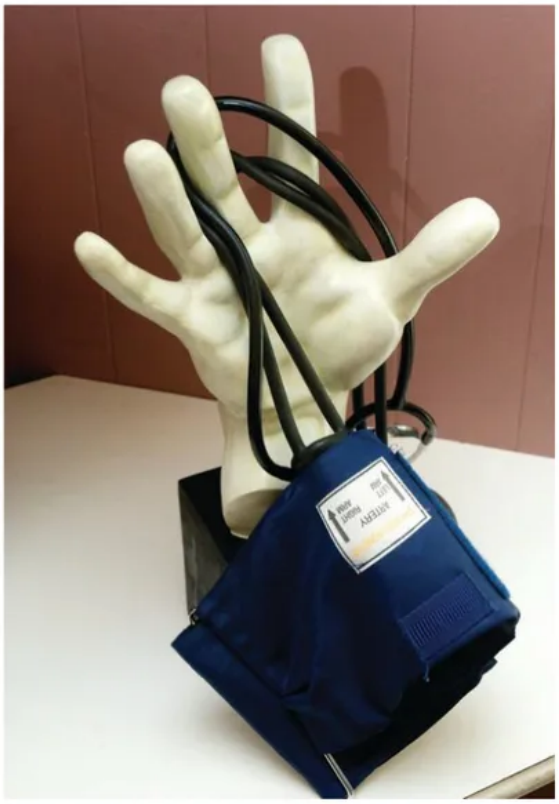
Complementary and integrated medicine (CIM) is a physician-led community medical practice embracing CAM, which itself includes massage, chiropractic (osteopathic), homeopathy/naturopathy and acupuncture/traditional Chinese medicine. Collaboration between mainstream medicine and CAM poses benefits beyond more holistic medicine. A radical shift away from individual CAM professions fighting for funding, supportive policy and positive public relations to an integrated, physician-led model has particular benefits for CAM practitioners, physicians, government health-care policy makers, insurance funders, and a wellness-focused and information-savvy populace.

Interest has grown in CAM. A study funded by Health Canada, *Complementary and Alternative Health Practices and Therapies – A Canadian Overview*, states Canadians spent an estimated $3.8 billion dollars on alternative treatments in 1998. "Many Canadians have already integrated complementary and alternative health practices into their health care, and consumption is likely to grow."[1]

"The study shows it is time for us to move on from the mistrust that has characterized the relationship between conventional medicine and alternative practitioners in Canada, and start examining broader questions about alternative therapies, their place in the health-care system, and how efficacy is determined. This work is sorely needed," said Joan Gilmour, associate director of the Centre for Health Studies at York University, professor of law at Osgoode Hall Law School and a co-author of the study.[2]

A more recent study by the Fraser Institute estimated 74 per cent of Canadians had used at least one CAM sometime in their lives, and 35 per cent of Canadians had tried massage. Expenditures in 2006 were estimated at $5.6 billion out-of-pocket for visits to CAM providers in Canada.[3]

The public appears somewhat dissatisfied with administration of public health care.[4] With drug interactions, skyrocketing expenditures, unnecessarily invasive and costly procedures in lieu of lower-cost and less invasive options, long wait times, idiopathic diseases and burned out health-care providers, there is increased interest in seeing health-care reform delivered with less risk and as minimally invasive as possible. Current medical practice needn't be replaced, but rather supported and supplemented.



Pooling resources and maintaining a working relationship with allopathic medicine is an opportunity for mutual benefit.

Many physicians are increasingly dissatisfied with linear, non-holistic approaches for their patients,[5] and are looking for partners in delivering holistic care integrated with other providers. Dr. J. W. Diamond, MD, relays, "The recent focus on health-care reform has unfortunately been geared almost entirely toward increasing access and decreasing costs. While these are laudable goals, creating increased and affordable access to a failing medical system does not address the actual causes of the high costs and poor outcomes – causes that include a rapidly rising epidemic of chronic disease and a health-care system poorly designed to counteract or prevent it. It is the practice of medicine that should be addressed first, with the greatest potential for effective change coming from [combining allopathic and complementary and

alternative medicine]."[6] Gatekeeper physicians and registered nurse practitioners could recognize substantial business benefits and cost offsets through collaboration, not to mention better patient outcomes and considerably less professional isolation.

Complementary and alternative medicine (CAM) providers are typically directed into sole practice without the health-care policy infrastructure that physicians and nurses have to support them. With this lack of infrastructure comes insufficient business models or management experience required to successfully operate, promote and administer a business. Unlike administration-led hospitals or large medical facilities, CAM providers frequently work without administrative/support staff, public and media relations experts or a board of directors (advisors). CAM is financed primarily out-of-pocket or by employee benefit/workplace plans, a situation that impacts access to care and treatment plan fulfilment. By collaborating with physician-led practices, CAM practitioners could reap the benefits of business models employed by progressive allopathic practices and hospitals, extend CAM scope in public health and disease prevention, and avoid many of the pitfalls currently dogging them.

CAM has traditionally been considered an alternative to allopathic medicine, and there has developed an unfortunate opposition between the two ideologies. It's unlikely public/government funding will support CAM until its providers, regulators, researchers and educators demonstrate efficacy, cost-savings and willingness to work together with allopathic medicine. CAM is typically seen by insurers, government, media and the public as expensive and experimental. Despite this skepticism, public expenditures for CAM continue to rise annually.

Resource-rich baby boomers and their benefactor offspring and grandchildren are seeking out and financing, with workplace benefits or out-of-pocket discretionary income, more and more complementary and alternative medicine. Government and insurance companies[7] will become more interested in the cost savings CIM provides, and serving the broader interests of information-savvy health-care users.[8] Baby boomers have made it clear they are willing to finance a broader range of health-care services for themselves and their families, and they expect health-care providers to work together towards best practices.

Government agencies and insurance companies want evidence-based practice, cost savings and public safety. Working alone, independent CAM professional associations are woefully inadequate in providing these assurances. CIM would yield stronger lobbying efforts and influence on government policy, better compensation in insurance plans, more resources towards research and evidence-based practice (and hence greater public safety and cost-savings), and stronger public confidence.

At the Highlighting Massage Therapy in CIM Research conference in May 2010, William Meeker, DC, MPH, asked the salient question, "Why are we trying to do this by ourselves?" Moderating the panel "Role of Massage Therapy in Public Health," Meeker described that CAM professions are all pursuing the same goals: generating research and evidence-based practice, lobbying government for policy change and inclusion in health care, negotiating with the insurance industry for better service funding, and raising the standards of education and training in their respective practitioners. Working alone, each profession is limited by resources and is ultimately slow and ineffective. Meeker suggested CAM professions collaborate on resources, share knowledge and co-ordinate lobbying and education initiatives.

Detractors from this argument may complain that physicians have the most authority in such a model and could impair CAM administration (or salaries, or other benefits to CAM practitioners) or may argue a loss of professional identity with such collaboration. I would counter that, for the proper administration of health care, we need an "overseer" – someone who can direct the treatment plan, especially in complex cases. With the support of physicians and other gatekeepers, I believe CAM pratitioners can assist in co-ordinating care very well, especially if that care is provided under one roof in a collaborative effort.

Secondly, CAM providers are already losing ground. In particular, massage therapists in many Canadian provinces pay disproportionate taxes compared to their counterparts, physiotherapists and chiropractors; experience barriers to insurance coverage; face exclusionary health-care policy and negative public and media perception (Google "massage insurance fraud"); deal with snubbing by gatekeeper health professions or exploitation by profiteering in large rehab and spa facilities. Massage therapist professional associations don't retain the resources or political leverage to overcome these obstacles. Massage therapists are relegated as adjunctive/assistive providers under the direction of gatekeeper health professions, or skilled labour service providers in spas. Our professional identity, our training and education, our position with government, insurance companies and other health-care providers and our image in the public eye have all been depreciating, I would contend, for years.

However, imagine the momentum generated by a united front of CAM professions. Individually, none of these professions have a chance at integration into mainstream medicine . . . there's too much opposition. However, when collaborating, pooling resources and maintaining real working relationships with mainstream (allopathic) medicine, an adversarial, territorial stance becomes an opportunity for mutual benefit. Maintaining their favourable position as gatekeepers, physicians (and Registered Nurse Practitioners) would realize better profit margins and cost-savings by overseeing and working with CAM counterparts in their medical clinics and hospitals. CAM practitioners would enjoy well-oiled business models and could concentrate on providing care instead of marketing, billing and operations. And public citizens could finally enjoy and benefit from the vast knowledge and experience base afforded by a truly integrated health-care system.

Now is the time. Talk to the leaders of your professional associations, schools and regulatory bodies and press them to open a dialogue across North America. Then approach other CAM professions, and eventually allopathic providers, to stage a coup and change the face and the relationships of public health care.

Please visit www.massagetherapycanada.com, for article with references.

Don Dillon is the author of *Better Business Agreements* and the self-study workbook *Charting Skills for Massage Therapists.* More than 60 of his articles have been published in industry publications, including *Massage Therapy Canada, Massage Therapy Today, AMTA Journal, Massage Magazine* (online), *AMTWP Connections, Massage Therapist* (Australia) and various massage school and professional association newsletters. Don has presented in seven provinces to massage therapy schools and associations, and his website, www.MTCoach.com, provides a variety of resources for massage therapists.