



PRACTICE POINTS

A model for better health care

Where CAM professionals fit in integrative medicine **BY DON DILLON**

Chiropractic is included in St. Michael's Hospital services in Toronto. In fact, chiropractic is a salaried position in a number of Canadian hospitals, confirms Dr. Deborah Kopansky-Giles, a chiropractor and clinician-scientist on staff in the Department of Family and Community Medicine at St. Michael's Hospital in Toronto.

In a panel discussion at the IN-CAM Research Symposium in Toronto recently, Kopansky-Giles described how a pilot project advanced by the Canadian Memorial Chiropractic College (CMCC) demonstrated cost savings and positive outcomes, eventually leading to salaried positions covered by hospital budgets. Chiropractic moved from fringe "alternative" to publicly accessible integrated health care.

This is not a one-off. There is a growing trend toward inclusion of complementary and alternative medicine (CAM) practitioners in traditionally western medicine settings. Registered massage therapists (RMTs) should be passionately interested in the development of integrative medicine, as it likely provides the most tangible platform in building credibility and approaching funding with government, insurers, gatekeeper health disciplines and the public/media.

There have been encouraging initiatives toward integrative models of health care in Canada, including:

- St. Michael's Hospital CMCC Clinic, Toronto
- Seven Oaks Hospital Wellness Institute, Winnipeg
- Montreal Centre for Integrative Medicine, Montreal
- CARE Program, University of Alberta, Edmonton

- Canadian Institute for Natural and Integrative Medicine, Calgary
- Integrative Health Clinic, Langley, B.C.
- Ottawa Integrative Cancer Centre, Ottawa
- University of Saskatchewan Centre for Integrative Medicine
- Connect Health Care, Calgary
- Centre for Integrative Medicine, University of Toronto, Toronto
- Integrative Health Institute University of Alberta, Edmonton

Centennial College arranged for students in the RMT program to provide care at TAIBU Community Health Centre in Scarborough, which was one of the sites identified by the Ministry of Health and Long Term Care for its Primary Care Low-Back Pain Pilot Project. While the ministry intended initially not to include massage therapy data in the analysis, Andrew Lewarne, executive director of the Registered Massage Therapists' Association of Ontario (RMTAO) met with the minister's assistant and successfully lobbied for inclusion. The RMT profession needs inclusion in more pilot projects like this to show efficacy, cost-savings and public benefit if it is to achieve broader public access.

During the IN-CAM Research Symposium panel discussion, "Exploring Integrative Models of Care: Canadian Context," moderator Barbara Findley-Reece, a registered nurse, noted an observable migration of values from integrative health care to publicly-funded health services:

- concern for patient experience, i.e. patient-centred care (healing

- environments)
- forming of patient/practitioner relationships (safety, quality)
- focus on mind-body connection for pain management
- functional medicine (metabolic)
- team-based care, inter-professional practice
- personalized medicine (as in integrative oncology)
- supportive self-care/group-based care (cost effective, empowering)

Dr. Lawrence Cheng, medical doctor at Vancouver-based Connect Health Care, described how current physician compensation models make it tough for integrated health care facilities to compete, as physicians based in current health care delivery models are rewarded for short-duration, somewhat depersonalized, volume care. Cheng explained Connect Health Care uses a membership model rolling out eight-, 12- and 16-week programs and community health initiatives to finance operations. Cheng noted programs allow more effective tracking of outcome measures than one-off or sporadic visits.

He highlighted problems in offering integrated health care: legal/regulatory (different disciplines, varied regulatory college policies), MD liability (experimental modalities, referrals), and patient mindset, such as acclimatizing to the idea of paying privately for health care.

Dr. Elliott Jacobson, medical doctor at Montreal Centre for

Integrative Medicine remarked why patients choose integrative health care: choice, feeling of empowerment, partnership in healing, and feeling listened to. Jacobson shared that physician students from McGill University can shadow doctors working in his

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integrative setting. He is a member of Canadian Integrative Medicine Association.

For professions looking for inclusion in integrative medicine, Kopansky-Giles recommends it's best to start with a pilot project, show patient benefit and cost-effectiveness, and encourage patients to advocate where health-care dollars get spent.

Kopansky-Giles outlined her vision of the "family practice of the future":

- non-hierarchical collaborative team
- shared-care model of evidence-based patient, family and community-centred care
- health-care program closely interconnected with community-based programs and needs
- shared educational model to prepare health-care professionals to work together
- embrace new communication technology and collaboration tools

- embed ongoing quality improvement, inter-professional collaboration/education and research

Dr. Dugald Seely, a naturopathic doctor and director at Ottawa Integrative Cancer Centre outlined how the centre formed a foundation and gained charitable status to help fund its operations. Seely pointed to the low-lying fruit, "Get people out of hospitals and into wellness programs."

The panelists all echoed the challenges of financing operations and alluded to the unbalanced way health care is currently funded in Canada, keeping integrative medicine in a fledgling position. At the 2012 IN-CAM Research Symposium, Dr. Herbert Emery explored the question of whether CAM should be covered by Medicare. Featured in the article, "Research made relevant" (*Massage Therapy Canada* Fall 2012), Emery suggested "government lobbying and media pressure may be effective in re-directing more funding to CAM..."

encourage government to spend more on CAM interventions that are needed, evidence-based, offer good value for money spent, and that require public funding to ensure access."

Clearly, CAM professionals should work together toward common interests. At the Highlighting Massage Therapy in Complementary and Integrated Medicine (CIM) Research Conference in May 2010, Dr. William Meeker, a chiropractor, asked siloed CAM professionals, "Why are we trying to do this by ourselves?"

The IN-CAM Symposium provides us with tangible ways – albeit not without operational and financing challenges – that integrative medicine is growing and evolving in Canada. Symposia like these point the way for the RMT profession to emulate and build strategic partnerships with other CAM professions toward shared objectives, united and bonded in the pursuit of credibility, funding and public access.



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