

## ***Tipping Point?* Cleveland Clinic Announces Partnership With Hyman/Hanaway and the Institute for Functional Medicine ... plus more**

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### ***Tipping Point?* Cleveland Clinic Announces Partnership With Hyman/Hanaway and the Institute for Functional Medicine**

In a news article on the decision to start a program in functional medicine in partnership with the Institute for Functional Medicine (IFM),<sup>1</sup> Cleveland Clinic CEO Toby Cosgrove, MD, downplayed his organization's decision. This is "not a departure for Cleveland Clinic," said Cosgrove, "but a continuation of the innovative, holistic approach that we have embraced." He noted that that clinic already has a Wellness Institute, Center for Integrative Medicine, the Center for Personalized Healthcare, and a Chinese herbal therapy clinic. Whether it is a big deal for Cleveland Clinic or represents a "tipping point" for integrative medicine, as observer Glenn Sabin opines,<sup>2</sup> it is clearly at the center of IFM's attention. The organization's president, Mark Hyman, MD, and chief medical officer, Patrick Hanaway, MD, will each commute to Cleveland, Ohio, to deliver functional medicine services. They will also help shape a research initiative on inflammatory bowel disease, type 2 diabetes, and migraines.

News of the move stimulated questions about the fit of practices historically tied to high office visit costs, expensive testing, and often hundreds of dollars of supplements in a health-system environment. In a comment responding to a *Huffington Post* piece,<sup>2</sup> IFM argued that functional medicine "has changed dramatically since its early days." They add: "The goal of the Cleveland Clinic Center for Functional Medicine is to make Functional Medicine accessible to everyone, using an insurance-based model in a leading academic medical center. They close: "Overall, this agreement represents a groundbreaking commitment by Cleveland Clinic and IFM to collaborate across a broad agenda of education, research, and clinical models in service to significant improvements in lifelong health."

**Comment:** This is good news, all. I suspect that IFM is evolving in directions that are as yet ahead of the practices of many of those who have been educated via functional medicine programs through the years—

and are in practice. IFM's former medical leader David Jones, MD, has shared changes at IFM during his term as he sought to bring a clinician's view where the founder (Jeff Bland, PhD) was a biochemist. I love the phrase "sophisticated, detailed architecture for bringing such knowledge into normal clinical practice" and would really like it deconstructed to see how and in what ways clinicians move into the deep spaces of coaching change in the humans they serve.

### ***Never Only Opioids: Policy Brief Promotes Early Use of Integrative Approaches***

"It is long past time that pain treatment stop viewing these complementary and integrative approaches and practitioners as, if anything, a last resort. The evidence is there for a massive shift in pain treatment now." So states Heather Tick, MD, in a media release on the publication of the 8-page policy brief "*Never Only Opioids: The Imperative for Early Integration of Non-Pharmacological Approaches and Practitioners in the Treatment of Patients with Pain.*"<sup>3</sup> The brief was published by a powerful coalition involving more than 40 national organizations composing the Pain Action Alliance to Implement a National Strategy (PAINNS). Tick, who holds an endowed professorship in integrative pain treatment at the University of Washington School of Medicine, is a member of the author team, led by Martha Menard, PhD, CMT, from the Task Force for Integrative Pain Care of the Academic Consortium for Complementary and Alternative Health Care (ACCAHC) (on which the present author also serves).

The policy brief makes the case for the imperative based on 2 categories of evidence: a growing body of scientific research supporting mind-body, acupuncture, chiropractic, massage, and other nonpharmacological approaches; and evidence of the "devastation caused by our current myopic focus on drugs and surgery." The team documents multiple shifts in policy and medicine's shift away from the "perverse incentives" of the production-oriented industry toward a values base. The authors argue that this is an auspicious time for the shift from "last resort" to "early use" of nonpharmacological approaches and practitioners. The ACCAHC team also developed a set of recommendations to key stakeholders including research funders, health care delivery leaders, health professions educators, and federal agencies directors who are included in the media release.

## ShortTakes

- ▶ The US Health Resources Services Administration has awarded \$1.7 million to the Arizona Center for Integrative Medicine to create a Center for Integrative Medicine in Primary Care. The project includes a significant focus on service to the underserved.<sup>4</sup>
- ▶ Long-time integrative health and medicine leader Mary Jo Kreitzer, RN, PhD, was honored as one of the top women leaders in Minnesota.<sup>5</sup>
- ▶ From September 13-14, 2014, a group of 45 energy scientists gathered in San Diego to explore the frontier called biofield science research. The gathering was backed by a powerful collaboration among the Samuelli Institute, Institute of Noetic Sciences, the MIRAGLO Foundation, and the Chopra Foundation.<sup>6</sup>
- ▶ A September 3, 2013, release from the American Botanical Council indicates sales of herbal dietary supplements in the United States increased by 7.9% in 2013.<sup>7</sup>
- ▶ At their August 2014 annual conference in Phoenix, Arizona, the American Associations of Naturopathic Physicians selected Lise Alschuler, ND, FABNO, as Naturopathic Physician of the Year.
- ▶ The US Senate was once again offered a ringing endorsement of the naturopathic medical profession via a resolution declaring a 2014 Naturopathic Medicine Week. The resolution had new sponsors in Senator Kelly Ayotte (R-New Hampshire) and Angus King (I-Maine). They joined sponsors Tom Harkin (D-Iowa) and lead sponsor Barbara Mikulski (D-Maryland).<sup>8</sup>
- ▶ Celebrate: CVS Pharmacy officially ended sales of cigarettes in its 7700 stores, foregoing \$2 billion in revenues, out of a position that cigarettes should not be sold in a place where health care is delivered.<sup>9</sup>
- ▶ In an August 28, 2014, release, the executive board of the National Consortium for Credentialing Health and Wellness Coaches (NCCHWC) announced that NCCHWC “along with leaders from a variety of health care, medical, nursing and health promotion organizations met in Minnesota to start the process of drafting new training and education standards for the emerging profession of health and wellness coaches.”<sup>10</sup>
- ▶ The National Institutes of Health (NIH) National Center for Complementary and Alternative Medicine announced a \$21.7 million research exploration on pain with 13 projects involving the Department of Defense and Veteran’s Administration.<sup>11</sup>
- ▶ The Pain Action Alliance to Implement a National Strategy (PAINS), involving a coalition of more than 40 organizations, has turned attention to the contributions of integrative health practitioners via a Member Spotlight on the Academic Consortium for Complementary and Alternative Health Care.<sup>12</sup>
- ▶ In a September 2, 2014, release, the International Association of Yoga Therapists announced that it “has embarked on a multiyear project to develop a process for certifying individual yoga therapists.”<sup>13</sup>

**Comment:** The thesis in this paper was teed up by a presentation from former Army Surgeon General Eric Schoomaker, MD, PhD, at the May 2014 International Research Congress on Integrative Medicine and Health. His title was “The Imperative for Integrative Medicine in the Military.”<sup>14</sup> In a keynote 4 months later, Schoomaker was asked whether he believed there was a similar imperative in treatment of civilians. He answered affirmatively with 2 reasons: (1) the level in civilian populations of morbidity and mortality from current pain treatment urges active exploration of nonpharma approaches; and, second, the fact that our present sick care system has led to levels of obesity that have become “a national security issue” for which he believes the integrative health and medicine community is needed to help right that course toward health creation.

### Is There a Town-Gown Split Related to Science and Evidence in Integrative Medicine?

“Evidence based medicine ... evidence-informed practice ... patient-centered care ... the art of medicine ...” These terms fly around the landscape of integrative health and medicine with the potential to ultimately generate a meaningful consensus and a shared language for how we discuss clinical decision-making and clinical practice. But more often than not, the discussion around evidence and knowing degenerates into a “Tower of Babel.” In a commentary in the journal *Explore (New York)*<sup>15</sup> coauthored by Ben Kligler, MD, MPH, former chair of the Consortium of Academic Health Centers for Integrative Medicine, and the present writer, the mixed views of research and evidence as cited in “gown” (academic medicine) and “town” (practice-driven

functional, naturopathic, and integrative conferences and texts) are explored. How do we explain decrees that there is “none or limited evidence” from the National Institutes of Health (NIH) about something on which one has just received a handout with 150 references?

The authors explore the cultural-economic-scientific rift that has led to differing uses of evidence. For instance, “town” dwellers may speak about in vitro studies as though they prove something in vivo. Meanwhile, “gown”-oriented folks, who may be overcritical about such an infraction, may practice with little appreciation that they are getting reimbursed for care for which only a small fraction may have quality evidence. The authors make the following recommendations. First is to embrace mixed-methods research to better capture whole-person outcomes. Second: Promote case reports “as a legitimate means to accumulate new clinical knowledge.” The final is recognized as a challenge for those who “hide behind the notion that every question can ultimately be answered with randomized clinical trials,” when in fact “there will always be many answers only available to us through intuition, experience, and patient-centered communication ... but that as of this moment we hide this from our students and residents.” All parties “need to be open and honest about how much of even our own type of practice is based on not knowing what evidence has to say.”

**Comment:** The idea for this column came from a plenary panel at the October 2013 International Congress for Clinicians in Complementary and Integrative Medicine in which multiple voices, including Kligler and the present author, spoke to areas of strength and challenges in fostering collaboration across our various “integrative health and medicine” organizations. Kligler broached the theme of conflicting uses of evidence. “Tower of Babel” is the correct phrase. We are talking past each other—and perhaps talking fast because we are all fundamentally insecure. Clearly, the work for everyone begins with eating a great deal of humble pie.

### Honoring the Immeasurable Contributions of Retiring Integrative Medicine Champion US Senator Tom Harkin

While the policy advances for complementary and alternative medicine are famous for their grassroots consumer advocacy, one individual stands out above all others for his immeasurable contributions: US Senator Tom Harkin (D-Iowa). As detailed in an article in the *Huffington Post*,<sup>16</sup> Harkin slipped some language in a 1991 appropriations bill to begin the NIH exploration of “unconventional medicine.” He authored the 1998 mandate giving it independence as the National Center for Complementary and Alternative Medicine then slowly upped its annual budget to more than \$125 million. Through another deft maneuver from his position as chair of the powerful US Senate Appropriations subcommittee

that oversees, among other things, the US Department of Health and Human Services (HHS), he funded the 2001 White House Commission on Complementary and Alternative Medicine Policy. Most recently, he inserted complementary and integrative practices into numerous places in the Affordable Care Act. Included is the powerful Section 2706, “Non-Discrimination in Health Care,” for which Harkin has gone to battle with HHS on that agency’s failure to respect congressional intent.<sup>17</sup> Through it all, he has used his position as a bully pulpit to decry the limits of what he calls our “sick care” industry and to promote his vision of us making the United States “a wellness society.”

**Comment:** People more experienced at woo-woo than I are needed to explain how it is that our grossly underfunded movement for integrative health and medicine—and for health creation!—found itself with a champion with such political power and appropriations clout. Imagine what the last 20 years might have been if a buddy of one of the “polarization-based medicine” (aka, sciencebasedmedicine.com) bloggers had hunkered down into that role in 1991? I am not a big adherent to the Great Man theory of history, but Harkin is in that category for our fields and for his visionary promotion of system change. The good news for us is that his very close colleague in advancing our movement, Barbara Mikulski (D-Maryland), is now the third most powerful elected official, as chair of the US Senate Appropriations Committee. And Harkin told an audience celebrating his work at a September 29, 2014, event at Georgetown University that he plans to have his work on wellness and integrative care as one of his 2 core interests from his post-Senate work with the Harkin Institute at Drake University.

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