

Health and Healing Inside Mainstream Medicine: Grounding the Concept of Integrative Medicine at a Community-Based Hospital

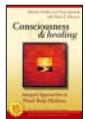
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The Institute for Health & Healing (IHH) at California Pacific Medical Center, San Francisco (CPMC) was created in 1994 by the coming together of several long-standing programs. These included the Program in Medicine and Philosophy, an educational forum in integrative medicine begun in 1989; the Planetree Consumer Health Library, begun in the early 1980s; and the hospital chaplaincy, which had been a formal part of CPMC for more than a quarter of a century. Initially high-quality educational programs were provided to the lay and medical communities. These included lectures, workshops, grand rounds, and large seminars with experts from a broad range of disciplines in the arts and sciences. From the outset, the work was seen as integral to the fabric of CPMC.¹

The goal was to increase awareness and understanding of the broadest concepts of health and the deepest meanings of healing. At the same time, the intention was to serve the vision and mission of CPMC and its diverse lay and professional constituencies. Honoring the accomplishments and realities of contemporary medicine and expanding the spectrum of what was included in the domain of health have led to the exploration of various topics, from the environmental implications of health to the spiritual aspects of illness and healing. Issues such as the challenges of changing, the need for self-responsibility, how self-care can be partnered with expert guidance, and how the broadest spectrum of healing modalities come together-not just in theory but in practice-are addressed.

This commitment to integration has led to the development of a comprehensive array of programming that includes clinical care; dozens of public health education classes, workshops, and support groups; an active consumer-oriented library and information service; a healing store that provides retail products of the highest quality, supporting self-care and well-being; inpatient bedside care employing massage, guided imagery, expressive arts, and hospital chaplaincy; an active self-care program emphasizing nutrition, physical activity, relaxation/contemplation practices, communication skills, and community support; training programs for health-care professionals; and research. Spreading the work of integrative medicine, the IHH in 1999 entered a partnership with Marin Community Health (Marin General Hospital and Novato Community Hospital) and in 2002 a similar union with Mills Peninsula Health Services in San Mateo. These collaborative ventures among SutterHealth System affiliates in Northern California have strengthened and enhanced offerings at all institutions and serve tens of thousands of people yearly.

The IHH is a program within each participating medical center that crosses departmental boundaries and contributes to the vision and mission of the host institution. At CPMC alone, more than 40 full-time employees and dozens of part-time employees, instructors, practitioners, students, and volunteers make up a diverse work force that not only serves patients but also participates in institutional wide committees, initiatives, and projects.



The Health and Healing Clinic at California Pacific Medical Center, San Francisco

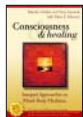
The Health and Healing Clinic at CPMC, San Francisco, is an example of grounding the concepts of integrative medicine in practice. The Clinic began in late 1998, after 18 months of planning and preparation. The goal was to "integrate" multiple practitioners of varied modalities, each of whom carried a "holistic" perspective about healing within an "establishment" Medical Center.^{2,3} There was no intent to create a "freestanding" center but rather to "complement" the work of "conventional" medicine. We sought a "relationship-centered," not a modality-based, interface of practitioners with each other and with our patients. We were committed from the outset to weekly meetings in which practitioners would review one another's work, to interactions with shared patients, to collaborative management plans, to best practices, and to the development of enhanced communication, collaboration, and problem solving. This has occurred and continues to evolve as a "work-in-progress."

After the first year of existence, the diagnoses of the first 350 new patients were reviewed. We looked at up to four diagnoses per patient. The severity of illnesses in patients presenting to our clinic differs somewhat from the often-quoted surveys of Eisenberg published in the *New England Journal of Medicine* in 1993 and the *Journal of the American Medical Association* in 1998.^{4,5} Our analysis of the most frequent diagnoses in our clinic, which we completed in 1999, showed that patients with the following conditions were seen most often: cancer (breast cancer being the most common); stress, anxiety, and depression; gastrointestinal disturbances (from irritable bowel syndrome to ulcerative colitis); chronic pain (particularly low back pain); immune-mediated diseases; chronic allergic responses; and pediatric problems such as attention deficit disorder.

We have been assessing patient "satisfaction" on an ongoing basis. Such categories as the patient's overall satisfaction with the clinic, experience and rapport with the practitioner, knowledge of practitioner, and the patient's understanding of recommendations received have consistently demonstrated results of 4.8/5.0.

We also have done an overview or "audit" of the clinic experience across diagnostic and therapeutic categories. We sought to obtain information on the impact of the clinic experience on our patients' symptoms and their objectives for being seen at the clinic.^{6,7} We anticipated that this data would show us how best to serve our patients and allow us to correct our course in a general sense. Members of our clinic population carry multiple diagnoses, have long-standing symptoms, and saw multiple practitioners of varied specialty before visiting our clinic. Their illnesses have often become a dominant feature of their lives. Given this challenging population, symptom relief requires multifaceted management and cannot be fully separated from overarching life issues such as meaning, purpose, dependency or interdependence, and change or stability. We learned that across diagnostic categories, the most common objective for patients seeking care at our clinic was a desire for a generalized sense of "enhanced well-being".

We consider this multidisciplinary, multilevel healing work to be "transformative" among its practitioners as well as those seeking care. The ongoing analysis of our work serves the evolution of the work of integrative medicine by grounding it in the actual experience of our patients and practitioners and allowing us to constantly learn and change.



The Development Phase of the Clinic

The initial impetus and funding for the clinic at CPMC came from a patient who wanted to receive care in a setting in which conventional and alternative treatment could be integrated. She wanted a facility where practitioners from multiple disciplines could communicate and collaborate in assessment and treatment. Her timing was right—there was receptivity at the medical center and in the public's mind and mood. Her action was an example of patient empowerment and pro-activity.

The idea of creating a clinic was further developed by a steering committee that included institute staff working in partnership with leaders of the medical center administration, medical staff, and the CPMC Foundation (the philanthropic limb of the medical center).

A comprehensive business plan for the first 3 years of operation was devised through the office of the vice president of business development at CPMC. At that point, a task force was formed, which included administrators, physicians, nurses, designers, alternative practitioners, institute staff, foundation personnel, and members of the public. The task force included supporters as well as skeptics. Members of the task force worked together to define the program and its appropriate facilities; design and create a calm, supportive healing environment; recruit personnel; establish policies and procedures; devise budgets; and organize internal and external communications (marketing and public relations). The business plan serves as a dynamic management tool and is updated yearly.

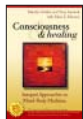
With information gathered from several focus groups (made up of users and nonusers of complementary medicine) and multiple discussions with members of our medical staff, the clinic was developed based on the specialty referral model, rather than to provide primary care. All patients, even those who are self-referred, must have a primary care physician. The clinic does not want to compete either with medical staff who have primary care practices or with complementary practitioners in the area. Rather, our goal is consistent with the institutional culture. The clinic is designed to be part of the established, conventional medical system—an integrated "complement" rather than an "alternative".

The physical environment of the clinic, although a standard physician's office in shape, was designed and remodeled to enhance healing. Patients are greeted by a receptionist who sits at a small desk with a fountain on it, rather than behind a high counter. Massage tables replace the standard exam tables. When meeting with patients, practitioners are seated in comfortable chairs instead of behind a desk. Live plants and open windows provide atmosphere and fresh air. Artwork adorns the walls.

Patient Services

Every patient who comes to the Health and Healing Clinic at CPMC in San Francisco undergoes a process of assessment and collaborative care management. At the same time, every patient's experience is different, not just because patients come with different diagnoses but because they come with different beliefs, constitutions, goals, and lifestyles. There are no formulas—no cookie-cutter approaches. The clinic seeks to respond to the patient's needs and requests. It brings together knowledge and practices from many cultures and systems of health and medical practice within an established medical center.

Each patient fills out an extensive intake questionnaire before his or her visit. A multidisciplinary conference meets weekly to review new and challenging cases. The center's



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physicians participate in these reviews, as do the clinic's manager, medical director, hospital chaplains, certified bodyworkers, and other involved practitioners from both conventional and complementary disciplines. The initial intake appointment is 60-90 minutes in length.

Through this type of comprehensive assessment, a management plan emerges. Follow-up responsibilities are shared among the involved practitioners and the patients' primary care providers. The full resources of the medical center and the community are available for consultation, diagnosis, treatment, and support. We seek to complement and potentiate ongoing medical care-not to replace it.

Communication

Effective communication-outgoing and incoming-is essential in all work but particularly in this emerging field of integrative medicine. Communication venues range from one-on-one discussions to publications that are distributed throughout the SutterHealth Network of affiliated medical institutions. We describe, explain, review, respond, seek comment, and invite questions from our constituencies, including patients, families, collaborators, health-care workers, and competitors.

At the medical center, the response to the clinic has run the full gamut, ranging from strong support to zealous resistance. At every step, some have shown support, some healthy skepticism, and others disapproval. As with any new frontier, resistance is part of the process, and it is handled by listening respectfully, modifying plans when appropriate, and continuing to educate and be educated. The clinic's intent is to receive feedback graciously, with openness and interest. Our supporters and skeptics work extremely well together, and we usually reach consensus on any given issue. Clinic personnel also work to ensure that we practice appropriate and evidence-based medicine by staying apprised of current literature and emerging information and practices.

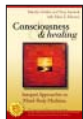
Quality Assurance and Performance Improvement

The Health and Healing Clinic is operated according to the same rigorous standards for credentialing and quality and performance improvement as those used by any clinic of Western medicine. It is also surveyed and licensed by the state. The clinic was reviewed by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 1999 and again in 2001 and was found to be compliant in all ways. Current HIPAA regulations regarding privacy are in place.

PHYSICIAN QUALITY. Clinic physicians are held to the same benchmarks of performance and ethics as other hospital physicians. The clinic's organization is consistent with the medical center model, so all the physicians are members of the medical staff and of a hospital department.

LICENSED PRACTITIONERS. Selection of practitioners other than physicians is also based on well-accepted rigorous criteria, which include graduation from accredited institutions and appropriate licensure. State-licensed practitioners, such as registered nurses and acupuncturists, must meet state-mandated standards. The practitioners are subject to competency and quality reviews, as are all employees of the medical center. Rather than pursuing their own specific disciplines in isolation, they are part of the clinic's team, which reinforces the multidisciplinary approach to patient care and helps ensure quality practice through peer review.

NONLICENSED PRACTITIONERS. Certified massage therapists and nutritionists are held to the standards of national certifying organizations. Each practitioner's credentials and job description are set out in the policy and procedure manual of the clinic. These policies and



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procedures are consistent with those of other hospital-based clinics licensed under the institution's acute care license. In sum, assurances are provided through practitioner credentialing by the medical staff and through bylaws, institutional guidelines, and laws of the city of San Francisco and the state of California. All employees are reviewed at least annually in a formal process through the human resources department of the medical center.

QUALITY IMPROVEMENT. Internal and external quality and performance improvement protocols are also applied to the clinic with the same rigor as other program units within the hospital. Peer review, chart review, and case presentations are performed weekly at regularly scheduled meetings within the multidisciplinary conference. Planning and implementation of problem-solving measures are included in the ongoing process of quality assurance. The clinic is overseen in this arena by the hospital's committee on ambulatory care quality and performance improvement. Willingness to be subject to biomedical and institutional standards is one of the strengths of the program and serves to further link us to the institution and ground the work.

QUALITY PROCESS. Ultimately, providing a high-quality product is the result of working with high-quality people. The quality of service provision also comes from the internal process of each individual practitioner. In addition, it grows out of constant discussion among the staff about how, as practitioners, they can continue to improve and grow professionally and personally. This involves not only technical competence and a knowledge base but also a willingness to collaborate, development of communication skills, and an evolving environment of trust.

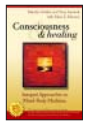
A Research Orientation

To remain responsive to new information and practice, clinical activities are linked to research instruments that assess parameters that include treatment efficacy and safety, mechanisms of action, cost-effectiveness, and patient satisfaction. The clinic participates in research through the California Pacific Medical Research Institute, which contributes to the development of integrative medicine through basic and clinical research. Studies related to acupuncture, guided imagery, and distant healing intentionality are ongoing for patients with conditions such as stroke, cancer, and HIV or AIDS.

Economic Considerations

On the institutional organization chart, the IHH and the Health and Healing Clinic are in the reporting line of the vice president for academic affairs and research. The budgets and financial plans are subject to the same scrutiny as those of any other medical center project. Funding for the IHH comes from lines of revenue (fees for service, retail sales, classes), institutional support (administrative staff support, facilities support, in-hospital services), and philanthropy (grants, project support, gifts and donations). An ongoing challenge is how the IHH can best be managed from a business perspective. Monthly and annual financial targets are projected and monitored. Expenses and revenue goals are adjusted as necessary on an on-going basis.

Talk of sustainability raises the abiding question: How will these services be funded over the long term? By and large, at the present time the responsibility for payment for complementary medicine lies with the patient. However, this is changing. As business entities move into the relationship between healer and patient, the clinic makes conscious efforts to retain the bond with each patient. The concern is that the time-intensive interaction between practitioner and patient could be diluted to increase volume and profit margin while reimbursements are ratcheted



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down. Then the attributes often ascribed to complementary practitioners-unhurried, caring, hands-on-will vanish under the pressure of economic reality. These attributes of the patient-practitioner relationship are desired by all practitioners, including MDs. Yet fiscal sustainability is a requisite if integrative medicine is to endure and its healing potentials be realized. Dreams and discussion must be translated into cost-effective action.

Lifelong Learning

The IHH provides a range of community educational programs promoting integrative medicine and spirituality, including an annual "mini medical school" that expands the community's access to information and research about complementary and alternative medicine practices; special guest lectures by leaders in the field; and classes in which patients learn specific health-enhancing practices such as nutrition and weight management, physical activity, relaxation and stress reduction, and communication and problem-solving skills. The community education and care programs of the partner institutions serve more than 60,000 people yearly in inpatient and outpatient settings. With the enormous amount of health-related information available to the public, part of the challenge is to translate that information into constructive, health-creating action for individuals seeking to change their health status.

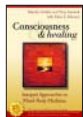
For health professionals, the institute provides integrative medicine education programs through departmental grand rounds and subject-specific training. Further, we bring together physicians, nurses, massage therapists, guided imagery therapists, expressive arts therapists, and spiritual caregivers (chaplains) to learn integrative medicine and spirituality through year-long programs. These programs involve clinical care in a hospital setting, group and individual clinical supervision, didactic presentations, interdisciplinary case conferences, and workshops. The inclusion of these diverse healing practices in hospital inpatient and outpatient settings indicates the expansion that is occurring in integrative services at established medical centers.

One of the frontiers of the current work of the IHH involves bringing complementary medicine knowledge and practices to other hospitals in the Sutter Health System in Northern California and to other institutions and communities interested in the field, wherever they are.

Design for Healing

The patient resource library, the hospital chapel or meditation room, and the healing store and self-care center are examples of sites that have been redesigned and remodeled with the recognition of the effects of the environment on healing. The healing power of space is exemplified by the Labyrinth Garden at the entry of the Pacific Campus of California Pacific Medical Center. This 30-foot diameter installation is the same style labyrinth as is found in Grace Cathedral in San Francisco and at Chartres in France. The first such installation at a major medical center, the Labyrinth Garden was established in 1997 by the Institute for Health and Healing through the generosity of an anonymous donor.

The labyrinth is a symbol of "the path" in many cultures. It appears in diverse settings, ranging from Greek mythology to Native American ritual. The use of the labyrinth in the health and healing domain allows diverse possibilities of meaning. For example, passage from a state of health to illness and the return to health, the lifelong path of changing status and direction, and the deep inner journey implicit in the presence of life-threatening illness are all applications in which the labyrinth can serve as metaphor, contribute to understanding, and lead to constructive



action. The image has drawn interest in the media, both nationally and internationally. It is used regularly by patients, their families, employees, and staff and for special events.⁸

Conclusion

The emergence of integrative medicine is part of the evolution of medicine rather than a revolution of medicine. Over time, some of the "glow" around complementary, integrative, and alternative medicine may diminish as the efficacious parts, the safe parts, and the cost-effective parts are incorporated in the healing practices of the dominant form of medicine.

Through the IHH, complementary practices have been integrated into radiation oncology, women's health, occupational health, rehabilitation medicine, and cardiology. Ultimately, the success of the Institute may be greatest when we disappear-when complementary or integrative medicine is so much a part of the mainstream that a separate entry is not needed. Then there will no longer be a separate program for integrative medicine-rather, the principles that are valuable will be incorporated throughout medicine, in the protocols and pathways where they are found to be appropriate and effective, and we will have contributed to public and personal health through the practice of "good medicine." The work of integrative medicine is truly "transformative." For this transformation to occur, the principles and practices must be grounded in sustainable programs that are truly a part of today's leading medical centers. The IHH is one model of creative healing possibility.

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