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Hospital-Based Integrative Medicine

A Case Study of the Barriers
and Factors Facilitating the
Creation of a Center

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Summary

No uniform definition of integrative medicine (IM) exists, but current IM practices in hospital settings involve some form of partnership between complementary and alternative medicine (CAM) and biomedicine. Given the historic and very public animosity between CAM and biomedicine, integrating them might seem a daunting task.

Despite this challenge, a growing number of attempts have been made to incorporate CAM into the institutional home of biomedicine, the hospital. While the literature is full of anecdotal reporting on some of these attempts, no rigorous, in-depth analysis has been conducted that isolates the factors that facilitate integration and those that act as barriers.

This study arose out of a request for applications (RFA) from the National Center for Complementary and Alternative Medicine for research “to identify barriers and facilitators to the integration of CAM and conventional health care practices.”

The study adopted a longitudinal methodology to track the establishment of a single hospital-based IM center. As it turned out, this was also a study of the unexpected collapse of the center. Thus, the report tells the story of the center’s creation and demise.

Using extensive qualitative interview data, the project staff conducted a stakeholder analysis of all participants involved in the establishment and operation of the center. The respondent sample included members of the board of directors, hospital administrators, medical staff; IM providers, attending physicians; community physicians, community-based CAM providers, and patients. In addition to inter-

views, data were collected from hospital documents, patient files, patient questionnaires, and provider questionnaires.

The analysis follows the story of the center, which has three parts: planning, implementation, and demise. Each part was characterized by internal and external factors that both helped and hindered the establishment and operation of the center.

This case study represents what might be termed the first generation of integrative medicine. With few models and no experience in creating such a clinic, the hospital made some decisions in the areas of administration, finance, and legal issues that created barriers. The business model was based on faulty assumptions and projections; it did not adequately anticipate or address the challenges of practicing CAM in the hospital setting. The legal structure created to protect the center and the hospital (a professional corporation) proved to be a major barrier to the center's success as an economic enterprise. On the other hand, factors that many thought would harm the center, such as medical opposition, turned out to be less of a problem than expected.

Some factors clearly worked in favor of the IM center, including a perception of strong support from the board of directors. Both the board and the Medical Executive Committee approved the plan to implement a research-based CAM program, and the fact that the IM center was initiated by the chief of medicine had a significant impact. The reputation of the hospital contributed to the success of the project—the institution is known for initiating innovative programs and meeting community needs.

There was evidence (albeit misinterpreted) of a large consumer demand for CAM, and it appeared to be a clear, untapped revenue source. An organizational home was found for the new IM center in the hospital foundation. Set up as a consultative practice, it did not pose an economic threat to other hospital programs.

The fact that the key players in the center were western-trained biomedical doctors (internal medicine) also helped allay fears about “voodoo medicine.” The implementation of a hospital-wide credentialing procedure that included hospital privileges was a major accomplishment that allowed the appointment of CAM providers.

However, more factors militated against than for the success of the center. It was established during an economic downturn in the health field. The business plan included unrealistic expectations and financial projections, and there was no strategic plan, vision, operating budget, or marketing research. The professional corporation created for the center turned out to be an enormous barrier to its success.

The center's location, design, and décor also held it back. It never became an integral part of the hospital. Its space was inadequate and not "prestigious," and it was located in an area where many competitors provided CAM services.

The center was obliged to take the insurance provided for hospital employees, as well as Medicare and Medi-Cal, which had a drastic impact on its ability to generate a profit. Supplements and herbs were sold by the hospital pharmacy rather than by the center.

Widespread skepticism about the center hindered broad-based referral of patients within the hospital, and many departments already had their own CAM therapies in place.

Ironically, the institution's prestigious reputation made the medical staff wary about bringing in CAM modalities. Many felt that the center was a threat to their credibility.

The corporate structure that gave the center regulatory freedom and independence from oversight also made it impossible to shift costs or bury any losses, and the time frame allotted for its success was insufficient.

As a proposed center for research, it lacked the infrastructure necessary to conduct research. Further, the clinical and education demands were high, leaving little time for research.

Many of the CAM providers the center wanted to hire lacked appropriate licensure and were not familiar with hospital protocols and the referral process.

In terms of survival, the center ultimately was not successful. But if it is judged in terms of its achievements, it can be called successful.

In retrospect, the center was expected to do too much, too fast. In fact, it was surprising that the creators and participants achieved the results they did. They managed to take a vision, create a center in a highly bureaucratic and somewhat skeptical environment, hire CAM

providers, open for business, develop a clientele, and provide services with which clients, for the most part, were satisfied. The center and its outreach efforts promoted the integration of CAM and biomedicine, and various CAM modalities are still being practiced in this institution today.

Ultimately, however, the IM center's impact may become apparent only in years to come. By thinking outside the box, the creators of this program dared to merge CAM and biomedicine under the same roof. Their example has already inspired two staff members to establish IM centers elsewhere and will likely inspire more attempts.

The most apt metaphor for our findings about the center might be that of evolution. At the end of the process, some forms of CAM and IM survived within the hospital. These were the modalities that adapted. The IM center itself, as it was initially conceived, did not adapt and did not survive. For those contemplating creating a center of integrative medicine in a hospital setting, the story suggests some facilitators of and barriers to survival that merit close scrutiny.