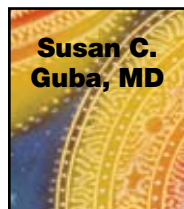


Cost-effective, Holistic, Integrative Medicine Program



Today a growing number of physicians are interested in developing or expanding integrative medicine programs at their community cancer centers. This surge of interest in integrative services is based on two factors: increased patient interest and increased acceptance among major payers to reimburse for these services. Still, any discussion of integrative medicine must also address affordability factors. And whether these services are delivered in an oncology practice, at a freestanding cancer center, or at a hospital-based cancer program, effective integrative medicine programs have one essential requirement—a physician champion.

Building Blocks to Holistic Care

Integrative medicine can be defined as the clinical practice of coordinating standard, evidence-based medical practices provided by a physician or physician extender with multiple other disciplines such as massage, acupuncture, psychosocial counseling, and nutrition counseling. Holistic medicine, which is a new framework for integrative medicine, requires more active participation by the physician and the healthcare team, and is a way of ensuring that the *entire* person—not just the disease—is treated. Total patient care includes many disciplines not traditionally considered to be “complementary,” but which address the patient’s total health status and are included under the umbrella of holistic care. This approach is particularly important in emotionally-charged illnesses such as cancer.

Holistic programs require a coordinated interaction between the patient and healthcare team. Physician champions are key to this standard of care (see box on page 36). In fact, the physician champion can be considered the team “captain” because, without the physician’s support and

oversight, the team would likely not succeed. Each team member, however, is equally important and contributes components of care based upon his or her areas of expertise. The physician champion builds the team of holistic caregivers and, with the team, creates an algorithm for care delivery. The crux of that algorithm is empowerment of the patient and all members of the holistic care team.

A first step to developing or growing a holistic cancer program is to look at all services that will improve the patient’s cancer journey. Adopt a “go slow” approach and begin by building on the services you already offer. Unrolling multiple new services on “Day One” of the holistic program is unnecessary and will likely require a tremendous amount of resources. Instead, start with healthcare basics that are standard medicine and are already part of your practice or program. These basics include adequate aerobic exercise, adequate sleep, stress-reduction techniques, proper nutrition and water intake, regular dental care, regular preventive care, and healthy lifestyle choices (see Table 1). By themselves, the basics support better health because most are likely to decrease stress and support the immune system of your cancer patients.

When covering these “basics,” physicians and cancer program staff should discuss both conventional *and* non-conventional or CAM (complementary and alternative medicine) modality options. A thorough discussion of these modalities is the first, cost-effective way to practice integrative, holistic medicine. In addition to beginning to answer the cancer patient’s question, “*What can I do?*” these discussions offer a way for cancer providers to truly partner with their cancer patients. Bottom line: even these “basics” require patient participation and empower the individual—one of the most important aspects of holistic care.

The “go slow” approach to holistic medicine benefits the cancer patient as well. As we all know, during the first few visits, the cancer patient and his or her caregivers are simply overwhelmed. After the most urgent discussions regarding evaluation, treatment, and prognosis of their cancer, patients are saturated. Therefore, the “basics” of holistic cancer care should be addressed in small sound bites over several visits, and then recapped by about the third visit. These basics can then be expanded over time with educational programs provided by staff.

Education Programs: The Next Step

Patient education programs are integral to any holistic cancer program and developing and implementing these programs need not be resource intensive. For example, chemotherapy and nutrition education are already provided at most oncology practices and all hospital-based cancer programs—often on an individual basis. Education classes beyond these two can and should be developed as



needed. Oncology practices, freestanding cancer centers, and hospital-based cancer programs that develop formal education classes will likely need to provide patients with verbal information, handouts and other printed material, and online resources, as well as the opportunity to ask questions.

When developing appropriate handouts and materials, busy cancer programs should not “reinvent the wheel” but instead use available information from trusted organizations, such as the American Cancer Society, the National Cancer Institute, and other well-respected groups. These organizations can be found online; they also exhibit at major professional meetings such as the American Society of Clinical Oncology (ASCO). Specific information varies by site, but frequently includes:

- Disease-specific information (staging, treatment, clinical trial information, and prognosis)
- Psychosocial support (including local and virtual support group information and access)
- Symptom management recommendations
- Nutrition information and recipes
- End-of-life care
- Integrative medicine information

- Useful links to cancer resources, cancer message boards, and other patient tools.

While many of these patient education resources are free, thus saving oncology programs the cost of material development, cancer programs will likely need to establish a dedicated patient resource area to house both print and online education materials. This onsite resource room should include at least one computer that provides links to vetted information and resources. Developing this patient education room will require staff time and financial resources, but it will be an asset to patients who seek more in-depth information.

The next step in developing a holistic, integrative program would be to develop a curriculum of patient education classes that address the full continuum of cancer care. These classes might cover a range of topics from touch, mind and body, and creative therapies, to financial and family counseling (see Tables 1 and 2).

Developing this curriculum will require staff time and cancer program resources; however, the benefits to cancer patients and staff will more than support this effort. For example, the knowledge that a patient will attend a specific educational class, which can last as long as one hour, allows clinicians to focus on other, more individual matters during an already-packed office appointment. Patient education classes can also be cost-effective, reducing the number of office visits, the length of the office visits, and the number of telephone inquiries.

In addition to education programs, larger oncology practices, freestanding cancer centers, and hospital-based cancer programs should consider hosting onsite cancer support groups. Often the facilitator—a physician, nurse, or psychotherapist—donates their time. Support groups can be educational and informational; provide psychosocial insight; and/or offer patients an opportunity to discuss such issues of concern as nutrition, symptom management, and childcare. If your patient population does not support hosting your own support groups, leverage available patient survivor coaching programs and virtual support groups, including those listed in Table 3. A good start is the American Cancer Society’s website, www.cancer.org, which lists support groups by location. The American Cancer Society also sponsors one-on-one sup-

continued on page 35

Figure 1. Sample of an Integrative Medicine Referral Form

Referral Coordinator Hours: Monday thru Friday, 9am – 5pm Phone 555.111.1111 Fax 555.222.2222

Integrative Medicine Referral(s) Form

Patient Name _____ DOB _____ Zip Code _____

Telephone (home) _____ (work) _____ (cell) _____

Diagnosis _____ ICD/CPT Code _____

Physician Name _____ Phone Number _____ Date _____

INSTRUCTIONS: (1) Mark the Referral (2) Fax Referral to Referral Coordinator: 555.222.2222

APPT. DATE	APPT. TIME	DESCRIPTION
		1. Focus on Healing (Movement and Exercise) <input type="checkbox"/> Physical Therapy – Evaluate and Treat <input type="checkbox"/> Yoga <input type="checkbox"/> Tai Chi <input type="checkbox"/> Pilates <input type="checkbox"/> Therapeutic Touch <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Water Exercise <input type="checkbox"/> Wellness/Training Assessment <input type="checkbox"/> Exercise/Personal Training <input type="checkbox"/> Focus on Healing/Movement and Dance Class <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> One-on-one Nutrition Counseling <input type="checkbox"/> Group Nutrition Class <input type="checkbox"/> Weight Loss Program <input type="checkbox"/> Wellness Package 1 <input type="checkbox"/> Wellness Package 2 <input type="checkbox"/> Walking
		2. Education/Nutrition/Support Groups <input type="checkbox"/> General Nutrition Counseling <input type="checkbox"/> Herbal/Supplement Counseling <input type="checkbox"/> Guided Imagery <input type="checkbox"/> Individual Biofeedback <input type="checkbox"/> Individual Psychotherapy <input type="checkbox"/> Self Hypnosis <input type="checkbox"/> Lymphedema Clinic <input type="checkbox"/> Oncology Support Group ____ Breast ____ Prostate ____ Pediatric ____ General <input type="checkbox"/> Pet Visitation Therapy
		3. Integrated Approaches Spirituality – Evaluation Requested: _____ <input type="checkbox"/> Pastoral Care <input type="checkbox"/> Healing Prayer/Sacraments Sleep/Wake Medicine Institute— Evaluation Requested: _____ <input type="checkbox"/> Sleep/Wake Screening— Evaluate and Treat Pharmacy Services (For Physician Use Only) Evaluation requested: _____ <input type="checkbox"/> Drug Information on Herbal Products and Other Supplements <input type="checkbox"/> Drug Interaction

Physician Signature _____ M.D. Date _____

NOT PART OF PERMANENT MEDICAL RECORD

What's in a Name?

Through the years, the medical community has used many buzz words and descriptors to talk about services offered outside of standard or “traditional” medical, surgical, and radiation oncology modalities used to treat patients with cancer. Here are some of the more commonly used terms briefly defined:

- **Alternative Medicine:** Medical practices used *instead* of or in place of standard Western medicine.
- **Complementary Medicine:** Medical practices used *in addition* to standard Western medicine.
- **CAM (complementary and alternative medicine) Therapy:** A term coined by the National Center for Complementary and Alternative Medicine, an office of the National Institutes of Health.
- **Integrative Medicine:** Medical practices *coordinated with* standard Western medicine.
- **Holistic Medicine:** Medical practices that incorporate and coordinate *many* disciplines to care for the entire person.



counseling or another form of intervention.

Assessing patients' psychosocial status—to be sure their needs are appropriately met—is an important part of holistic care. Not all cancer patients require professional psychosocial counseling. Some patients can be counseled by the oncologist or an experienced oncology nurse, depending upon his or her level of expertise and comfort.

Because psychosocial counseling is a key component of holistic, integrative cancer care, most of the larger community cancer programs have counselors on staff to help cancer patients and their care providers. Depending on patient volume, however, even an oncology practice or smaller cancer center may find it beneficial to add a psychologist or licensed professional counselor, such as a social worker or RN who is an LPC, to their staff. These professionals can bill for their services, and these services are often covered by insurers.

Building Your Program

The next step in developing a holistic program of care is to offer cancer patients access to “complementary” modalities (see Table 2). Introduction of other modalities requires knowledge that may be discomforting for some physicians trained in the Western medical tradition. Fortunately, many medical school curricula now include some basic training in “complementary” areas of holistic care. In August 2007, the Society for Integrative Oncology (SIO) announced publication of integrative oncology practice guidelines.² The 17 guidelines

port from cancer-survivor volunteers who are trained to mentor a current cancer patient through his or her diagnosis and treatment.

Psychosocial Counseling

Stress and distress (or “bad” stress) are present in nearly all newly diagnosed cancer patients and their families; 20 to 40 percent of cancer patients show significant distress.¹ Part of holistic cancer care is assessment of distress, beginning with the first office visit. In January 2007, the National Comprehensive Cancer Network (NCCN) published distress management guidelines that suggest a distress assessment score should be determined at key office visits and should be considered the sixth vital sign. Using NCCN's “Distress Thermometer,” patients rate their distress during the past week on a scale of 1 to 10. The NCCN guidelines also suggest that clinicians ask specific questions about family issues, emotional problems, spiritual concerns, physical challenges, and logistical issues. This assessment enables the clinician to intervene, if appropriate, or refer the patient to

Table 1. Basic Holistic Care

Proper Nutrition and Adequate Water Intake

- Physicians available for patient counseling
- Patients referred to nutritionists
- A listing of community education resources such as the American Cancer Society (www.cancer.org), Caring4Cancer (www.caring-4cancer.com), the Association of Cancer Online Resources (www.ACOR.com), The National Cancer Institute (www.cancer.gov), the National Center for Complementary and Alternative Medi-

cine (www.nccam.nih.gov), and The Wellness Community (www.thewellnesscommunity.org).

- A listing of approved cancer cookbooks such as *Eating Well Through Cancer* by authors Clegg and Miletello.

Exercise

- Physicians available for patient counseling
- Patients referred to physical therapists or personal trainers

Adequate Sleep

Stress-reduction Techniques

- Aerobic exercise
- Massage
- Yoga
- Tai Chi
- Meditation/prayer

Lifestyle Choices

- Smoking cessation
- Healthy eating choices
- Appropriate alcohol intake

Dental Care

Preventive Medicine

The Role of Physician Champion

The physician champion not only has a specific interest in holistic care, but typically is someone with training in at least one area of holistic care. This training may, for example, be in acupuncture, Healing Touch, or yoga and meditation. The Center for Mind-Body Medicine (www.cmbm.org) and the Benson-Henry Institute for Mind-Body Medicine (www.mbmi.org) are among the institutions that provide a variety of programs and certifications in mind-body medicine. Both centers have programs specifically for the cancer care professional. The Center for Mind-Body Medicine offers a Cancer Guide Program (professional training in integrative oncology for physicians and other healthcare providers, teaching them how to develop individualized programs of holistic care). The Southern Medical Association also has an excellent program in complementary and alternative medicine.

Alternatively, the physician champion may have more extensive and/or general CAM training through an integrative medicine fellowship program such as those at the University of Arizona and the University of Wisconsin. Other programs, such as those at the Oregon Health and Science University and Maine Medical Center, include integrative medicine training within family medicine programs. While the physician champion may not provide any of the complementary care services, he or she must be able to build the program within the

included an overview of integrative oncology terms and how various modalities fit within assigned categories. Your physician champion can help develop holistic treatment plans for cancer patients, either by being a resource to other physicians in the practice or hospital, by providing a consultation service, and/or by individually evaluating patients.

Of course, to build a holistic, integrative cancer care program, the physician champion will require support and staff. In fact, developing a network of non-physician healthcare providers is critical to the success of the program. Effective team-building will be carried out at the

oncology practice or cancer center, or by networking with an affiliated hospital.

A key role of the physician champion is to build the integrative medicine cancer care team. Non-physician healthcare provider licensing varies by states and area. The four CAM professions most commonly licensed in the United States are chiropractic, acupuncture, massage therapy, and naturopathic medicine. When identifying potential colleagues—particularly in fields with which the physician champion may not be completely familiar—the appropriate state licensing boards can assist with vetting CAM practitioners' credentials. In states in which licensing of these or other CAM professions is not required, verification of training and credentials is more difficult. The following websites sites along with state licensing boards can be used to check the licensing requirements of many CAM providers:

- National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM): <http://www.nccaom.org/find.htm>
- Federation of Chiropractic Licensing Boards: <http://www.fclb.org/boards.htm>
- American Association of Naturopathic Physicians: <http://www.naturopathic.org/licensure/licensing.aspx>
- National Certification Board for Therapeutic Massage and Bodywork: <http://www.ncbtmb.com/>
- American Massage Therapy Association: <http://www.amtamassage.org/default.aspx>.

grassroots level. Calling providers and talking to them can help the physician champion get a feel for the person, his or her training, and professional interests. Many integrative providers have specific interests, so identifying those individuals with a specific interest in cancer care is a good first step. The physician champion may want to consider “auditioning” potential staff on his or her own time and at his or her expense to avoid a conflict of interest.

The cost of building this part of the program can be a barrier particularly because these “complementary” services are not always covered by insurers. In fact, cancer patients

Table 2. Beyond Basic CAM Therapies

Alternative Medical Systems

- Traditional Chinese medicine
- Ayurveda: an ancient system of healthcare that is native to the Indian subcontinent
- Homeopathy: a system of medicine that is based on the Law of Similars
- Naturopathy: a school of medical philosophy and practice that seeks to improve health and treat disease chiefly by assisting the body's innate capacity to recover from illness and injury

Mind-Body Interventions

- Biofeedback
- Relaxation, guided imagery
- Meditation
- Prayer
- Movement, art, or music therapy
- Qi gong, Yoga, Tai Chi

Biological-based Therapies

- Herbal and dietary supplements
- Special diet therapies

Bodywork Therapies

- Chiropractic
- Massage

Energy Therapies

- Qi gong, Yoga, Tai Chi
- Healing Touch, therapeutic touch
- Reiki
- Massage, such as craniosacral therapy, somato-emotional release, reflexology, shiatsu, and lymph drainage



Table 3. Individual, Community, and Online Cancer Support Groups

- The American Cancer Society's *I Can Cope* is a general support group. The American Cancer Society also trains patient survivors to individually mentor newly-diagnosed patients, including three free programs: *Reach to Recovery* (for breast cancer patients); *Man to Man* (for prostate cancer patients); and an Ostomy support group (for ostomy coaching).
- The Association of Cancer Online Resources' (www.acor.org) *Oncochat* provides real-time, global support from people who share similar experiences and emotions. Cancer patients do not receive medical advice or professional counseling.
- CancerCare is a national, non-profit organization that provides free, professional support services for anyone affected by cancer. Visit their website at www.cancercare.org for information about professionally-facilitated online support groups and individual telephone counseling with trained social workers, as well as information about local support groups.
- The Wellness Community (www.thewellnesscommunity.org) lists local and virtual support groups; professional counselors facilitate these free sessions.
- Other organizations, such as the Lance Armstrong Foundation (www.livestrong.org); Gilda's Club (www.gildasclub.org); Susan G. Komen for the Cure (<http://cms.komen.org/komen/index.htm>); and many others offer support groups, networking groups, and wellness groups.

will most likely need to pay for this care at the point of service. Oncology practices and smaller cancer programs should consider adding the most commonly used complementary modalities, such as massage (massage therapist) and nutrition counseling (nutritionist), first. Then expand your program as it can pay for itself. Grants or fundraising events may pay the overhead for at least the first several years of the program, after which ongoing donations or point-of-care payment may support these services. Whatever model you choose, understand that these services require effective marketing, starting with educating your own cancer patients.

If you feel that adding an integrative medicine component at your program is too far, too fast, another option is to partner with a hospital or fitness center. Most hospitals have fitness or rehabilitation centers, many of which already provide massage and nutrition counseling in addition to physical therapy and fitness training. In this type of partnership, the physician champion can develop a "prescription" for referral.

At our program, we have coordinated all integrative therapies provided at the hospital or hospital fitness center onto one prescription pad (see Figure 1). Because all services and personnel are credentialed by the hospital, the referring physician need not worry that a patient may be referred inappropriately. In our situation, these integrative services are not limited to cancer patients, but are used by all hospital patients and the general public, so patient throughput is high. Therapists are used on a PRN (as needed) basis, so the hospital does not incur costs related to salary and benefits. And because the fitness center had already been built, additional space overhead is low. As a result, the cost-effective integrative medicine program that we developed actually pays for itself.

Oncology practices that find an integrative medicine program—and its related costs—too burdensome or oncology practices that are not in a position to expand the integrative services they offer in-house may want to consider a similar partnership. In other words, consider developing an extensive, integrative medicine cancer program in partnership with a freestanding or hospital-based cancer center in your area.

However you "grow" your program, you must have collegial buy-in. Some physicians may be reluctant to use integrative medicine therapies because of their lack of knowledge about them, concern over finding an appropriate therapist, or cost consideration. The physician champion is critical to the success of the program at this point; this individual needs to actively participate in physician education both by promoting the program locally and by providing physician education lectures. At our program, a coordinator receives all physician prescription referrals. The coordinator then contacts the patient and explains the services the physician has requested. If the coordinator feels a patient may benefit from other services, he or she contacts the referring physician for an additional referral. In this way we ensure that our physicians learn about available integrative medicine services.

Integrative medicine and holistic cancer care build bridges between the patient and healthcare team, between the patient and the patient's recovery, and between the patient and the patient's commitment to a healthier lifestyle. Serious illness is a tremendous catalyst to compliance and to building the habits of a new lifestyle. Integrative medicine provides the tools and impetus to facilitate the transition from illness to wellness, from disease to ease. ☐

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