Transforming Health Care:
Integrating Complementary, Spiritual and Cross-Cultural Care

A Report by the
Academic Health Center Task Force on Complementary Care

FEBRUARY, 1997
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"If there is any rule of science, it is...acceptance of the obligation to acknowledge and describe all of reality, all that exists, everything that is the case...it must accept within its jurisdiction even that which it cannot understand or explain, that for which no theory exists, that which cannot be measured, predicted, controlled, or ordered...it includes all levels or stages of knowledge..."

—Abraham Maslow
EXECUTIVE SUMMARY

The public’s interest in non-conventional health care has risen dramatically in recent years. Whether referred to as complementary, alternative or integrative care, the subject is receiving significant coverage in both the popular press and in professional journals. Several studies have estimated that 30-50% of the American adult population are consumers of complementary care. In a recent publication, Janis Claflin of the John E. Fetzer Institute referred to this movement as the “invisible mainstream”.

While initially this was a very consumer driven movement, increasingly health care professionals, third-party payers, health plans, and other purchasers of health care are taking note as evidence accumulates that many complementary care approaches achieve credible outcomes at lower costs. In an effort to support the rigorous evaluation of complementary approaches to healing, the National Institute of Health (NIH) established in 1992 the Office of Alternative Medicine.

Within the Twin Cities, health care systems are rapidly positioning themselves to offer a broad array of complementary modalities. Through the process of task force deliberations, it became clear that the community is looking to the University of Minnesota Academic Health Center (AHC) to provide leadership in the area of complementary care. This message was strong and consistent among consumers, providers, legislators, third party payers and health systems. There is a significant need for interdisciplinary models of education and research in complementary care.

In August 1996, Provost Frank Cerra created the AHC Task Force on Complementary Care to examine the issues and trends in complementary, spiritual and cross-cultural care, to propose a vision and direction for the AHC in this area and to offer recommendations for curricula, research and patient care. A forty-five member task force was convened representing the various schools within the AHC and community health care providers.

The Task Force recommends that the AHC become a center of excellence in complementary care and serve Minnesota and the nation through the conduct of research, and the development of innovative, interdisciplinary models of education and patient care that reflect an integration of conventional, complementary, spiritual and culturally-appropriate approaches to healing. The Task Force acknowledges that change of the magnitude and scope proposed will be transformative in that it will impact nearly every facet of the Academic Health Center from student selection, student life and curriculum to the research agenda, faculty incentives and rewards, and the environmental context in which faculty, staff and students work and study.
It is anticipated that as an outcome of this new vision and direction, the graduates of health professional programs in the AHC will be:

- skilled in critical thinking and the analysis and application of research findings in complementary care
- cognizant of the diversity of healing systems
- experienced with interdisciplinary teams that include complementary practitioners
- educated in the importance of cultural belief systems
- capable of talking with patients regarding their use of complementary modalities
- aware of how and when to refer to a complementary care provider and
- skilled in self-care
INTRODUCTION

The signs of the growing interest in what are frequently called complementary, alternative or unconventional therapies and systems of care are abundant.

- The public’s interest in non-conventional health care has risen dramatically in recent years. According to an often quoted 1993 study by Dr. David Eisenberg at Harvard Medical School, one out of three adults in the US report using a complementary treatment for a health problem, Americans made more visits to alternative practitioners than they did to primary care physicians and they spent $13.7 billion for such treatments, of which more than $10.5 billion was paid out-of-pocket.

- In 1992, the United States Congress created the Office of Alternative Medicine (OAM) within the National Institutes of Health to facilitate formal evaluation of complementary or alternative treatment modalities and to help integrate effective treatments into the mainstream of care. The OAM co-sponsored a national conference in 1996 to examine integration of content on complementary/alternative care into medical and nursing school curricula. The blue ribbon panel convened for the conference offered three recommendations as the conference concluded. The panel recommended that:
  - content on complementary care be formally integrated into curricula of medical and nursing schools
  - this integration occur in a collaborative manner and
  - national centers of excellence be developed to foster collaboration among complementary practitioners, nurses and physicians and to promote synergy among education, research and clinical practice.

- A review of curricula in academic health centers across the country reveals that over 40 out of 124 US medical schools are beginning to offer courses in complementary/alternative care. Many nursing schools teach complementary concepts and skills as part of undergraduate and graduate curricula. There are no national models of interdisciplinary education in complementary care.

- Since January 1996, Washington state law requires all insurers and managed care organizations in the state to make the services of licensed alternative health care providers available to subscribers who choose them. In 1997, the Oregon State Legislature will consider a similar bill. It is estimated that by the end of 1997, 18 separate insurance companies around the country will provide coverage for various complementary approaches.

- In a recent survey of physicians published in the Journal of the American Board of Family Practice on attitudes toward complementary or alternative medicine, over 70% of the physicians surveyed indicated that they were interested in more training in the following modalities: diet and exercise, behavioral medicine, biofeedback, acupuncture, acupressure, hypnotherapy, massage therapy, megavitamin therapy, vegetarianism, prayer and herbal medicine.

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*Academic Health Center Task Force on Complementary Care*
While the use of complementary approaches is often perceived as being something new or faddish, in fact, many of the modalities and alternative systems of care are ancient. Ayurvedic and Traditional Chinese Medicine are centuries old. Medicinal herbs have been used in virtually all indigenous, culturally based systems of healing. Practices such as massage and aromatherapy, therapeutic touch, relaxation and imagery have long been considered nursing interventions. In the 1800's Florence Nightingale and in the 1930's, Richard C. Cabot MD advised their colleagues to address spiritual issues in patient care. Sir William Osler's *Principles and Practices of Medicine* (1892-1949 editions) recommended acupuncture for both sciatica and lumbago. Of surprise to many people is the little known fact that there was a school of homeopathic medicine on the campus of the University of Minnesota in the early 1900's and the University's School of Pharmacy was once internationally renowned for its expertise on the medicinal properties of herbs.

In September 1996, Provost Frank Cerra appointed a Task Force to review issues and trends in complementary, spiritual and cross-cultural care and to offer recommendations for the vision and direction of the Academic Health Center in the areas of education, research and patient care. A 45 member Task Force was convened that included faculty and staff from the Schools of Medicine, Nursing, Pharmacy, Dentistry and Public Health, University of Minnesota Hospital and Clinic, Fairview Health System, Hennepin County Medical Center, the VA Medical Center, and community practitioners. (Task Force members are listed in Appendix A)

The Task Force met regularly for four months. To assess the needs of the constituents that the AHC serves, input was sought from consumers, health care providers, clinicians and administrators of major health care systems, third party payers, legislators, representatives of diverse cultural communities and complementary/alternative care providers. Twenty-five community leaders and health care professionals testified. (see Appendix B). They described consumer interest and patterns of utilization of complementary care and how health systems plan to integrate complementary care into their service delivery. They raised issues of licensure, credentialing and reimbursement and the need for research to establish safety and efficacy of complementary approaches. They also defined essential characteristics or competencies needed by health care professionals of the future.

In addition to presentations, task force members reviewed numerous articles, books and reports. Three sub-groups focused in depth on issues of research, cultural awareness and sensitivity and the educational and socialization process of becoming a healer.

At the final Task Force meeting in December, the group identified the major themes and issues that had emerged during the course of the Task Force deliberations. Recommendations from each of the sub-groups were reviewed. While there was not unanimity of opinion with respect to each theme or each recommendation that emerged from the process, a broad consensus was attained. Each Task Force member had the opportunity to review and give input into the final Task Force report.

This report will describe the proposed vision and direction of the AHC in the area of complementary, spiritual and cross-cultural care and offer specific recommendations for education, research and patient care as well as an infrastructure to coordinate and facilitate achievement of the vision.
Recognizing that complementary care is an emerging area of health care that demands academic leadership, this Task Force proposes that the University of Minnesota Academic Health Center become a center of excellence in complementary, spiritual and cross-cultural care.

In this capacity, the AHC will serve Minnesota and the nation through the conduct of research, and the development of innovative, interdisciplinary models of education and patient care that reflect an integration of complementary, spiritual and culturally-appropriate approaches to healing.
TASK FORCE FINDINGS
AND RECOMMENDATIONS

Infrastructure/Environment

Findings:

• With the emerging demand by consumers for complementary, spiritual and culturally-appropriate care, the community is looking to the AHC for leadership. This message was strong and consistent among consumers, providers, legislators, third party payers and health systems. There is a need for research and education, deliberation on the ethical implications of these changes as well as policy analysis on issues such as licensure, credentialing and reimbursement.

• The AHC should develop the infrastructure necessary to support and facilitate interdisciplinary research, education and care. Collaborative partnerships within and beyond the AHC are both necessary and desirable. To achieve effective and responsible partnerships, the AHC must define the goals and principles of collaboration.

• Faculty work within an academic system that emphasizes competition and hierarchical relationships and has a system of rewards that emphasizes research and minimizes teaching. In order to foster interdisciplinary teaching, practice and research, the AHC must address faculty development as well as faculty incentives and rewards.

Recommendations:

To achieve the proposed vision, an infrastructure needs to be created to provide direction and coordination for the complementary care initiative within the AHC. Resources commensurate with the goals and priorities also need to be assigned.

1. Establish a Center to achieve this vision and to coordinate and facilitate interdisciplinary education, research, faculty development and patient care in the area of complementary, cultural and spiritual care.

2. Create a Center advisory board comprised of faculty, staff and students from the Academic Health Center, Fairview Health System and the community to advise the Center regarding goals, priorities and strategies.

3. The Center should maximize the use of innovative communication tools to disseminate information to faculty, staff, community practitioners and consumers.

4. The Center should procure and develop print and media resources to support the education and research needs of faculty and staff.
Education of Health Professionals

Findings:

• Health professionals practicing today increasingly encounter patients who are using complementary therapies and have questions about them. Patients are also increasingly demanding a more collaborative relationship with their care providers, and expect providers to be aware of and sensitive to cultural, spiritual and emotional aspects of their health.

• Graduates of programs in the AHC need basic competencies in complementary care, prevention/wellness care, critical thinking, cross-cultural health, self care and interpersonal relationships. The health professions are responsible for preparing future practitioners who have both the intellectual skills for evidence-based practice and the knowledge base for understanding patients’ complementary care practices and initiating appropriate referrals to complementary care providers. Future providers need relationship skills to help patients make life style changes and gain greater awareness of the spiritual, emotional and physical aspects of their health.

• Content on complementary/alternative care needs to be integrated, not tacked on to existing curricula in the AHC.

• Interdisciplinary education is necessary and desirable to help students acquire the knowledge and skills required to function as a member of a health care team.

• The education of health professionals within the academic setting has produced graduates who are intellectually prepared for the healing profession. There has been less emphasis on developing the health professional’s awareness and understanding of issues of personal health and well being as well as the transformational process critical to becoming a healer.

• There is a need to re-evaluate pre-requisites for admission to health professional schools, to encourage applicants to explore what it means to be a healer and to strive to achieve increased diversity in our student population.

Recommendations:

1. Establish within the AHC systems and incentives to facilitate and promote interdisciplinary education.

2. Develop interdisciplinary core curricula that include content on complementary, spiritual and cross-cultural care and self-care. Recognizing the time it will take for curricular revision of this magnitude, begin offering elective courses in these areas as soon as possible. Appendix C includes a description of proposed core competencies. Appendix D is a sample of an interdisciplinary elective course on complementary healing practices.

3. Standardize pre-requisite course requirements so that all professional schools require course work in cultural studies prior to matriculation.
4. In addition to academic ability, assure that selection criteria for professional schools consider other characteristics critical to being a health care provider.

5. Encourage health professional students during pre-professional advisement to seek internship and volunteer experiences in areas that will expose them to cross-cultural understanding.

6. Offer students, faculty and staff multiple opportunities to acquire information and skills in self-care through lectures, workshops, guided experiences and informational materials.

7. Conduct a pilot elective self-care intensive program for students entering health professional schools that includes didactic, experiential, and small group learning. Appendix E includes a description of a proposed student self-care intensive program.

8. Appoint a task force to examine the feasibility of a joint University of Minnesota/Hennepin County Medical Center Complementary Medicine residency and post-graduate MD fellowship program.

9. Develop a graduate-level interdisciplinary program of studies in the area of complementary/cultural/spiritual health. Course offerings would include didactic, experiential and clinical courses in comparative health, cultural and medical anthropology, culturally-based systems of healing; alternative systems of healing such as naturopathy, homeopathy, Ayurvedic and Traditional Chinese Medicine; shamanism and spiritual healing; energy medicine; skill based courses in areas such as clinical hypnosis, imagery, meditation, and manual healing; clinical nutrition, herbal medicine, use of the arts in healing and research methods courses. Course offerings could be used to build a supporting program in an existing graduate program. As faculty are recruited and the curriculum developed, it is anticipated that this area of study would become a graduate level degree granting program.

10. Develop a comprehensive continuing education and outreach program focused on practicing health professionals interested in acquiring knowledge and skills in complementary/cultural and spiritual care.
Research

The Task Force engaged in numerous lively conversations on the challenges and controversies surrounding the conduct of research in complementary care. There was consensus of opinion that a scholarly, evidence-based approach is critical and that good science is open minded inquiry. Acknowledging this, it was also noted that as an outcome of research:

- The apparent mechanisms of action of some of the complementary therapies may imply the existence of new forces, fields and energy flows that are unexplained by our traditional basic sciences.

- Some of the complementary practices widely promoted and popularized may be shown to be unsafe or ineffective.

- It may be discovered that the reported mechanisms of action of some of the complementary practices are not as hypothesized. The non-specific or placebo effect may be found to account for the effect of some complementary approaches.

- The foundations and views of reality as presented by our traditional basic sciences may be challenged and found to be incorrect or incomplete. This is consistent with challenges to traditional views of reality emerging from developments in quantum physics, chaos theory and non-linear dynamics.

The culture of the Academic Health Center is formed by a world view that informs and supports the biomedical model. This is one world view with an explanatory model of the universe and human body. Other modalities in complementary care are supported by other explanatory models. Each use different modalities and metaphors to explain the human body, human disease and methods to facilitate the healing process. In order to conduct research on complementary practices, scholars and practitioners from these diverse cultural perspectives will need to learn common languages, shared research methodologies and respect for the unique contributions of each world view.

Findings:

- The AHC needs to approach complementary care from a scholarly, evidence-based perspective. There is a need to establish safety and efficacy of treatment modalities as well as to elucidate the mechanism of action.

- Research methodologies need to be developed that are appropriate for exploring the treatment modality and researchers need to be prepared with the skills to conduct research in complementary/alternative care.

- Many of the research questions that need to be addressed will require collaboration between disciplines, between researchers and clinicians and between scholars in the biomedical and complementary/alternative care community.
• In the United States, funding for research continues to be limited. Opportunities for partnerships with other agencies and with industry should be explored.

• The world views of researchers based in the biomedical model may differ from researchers and clinicians functioning in complementary/alternative care. Faculty may need to acquire new knowledge and skills to conduct research in this area and to understand and appreciate work of colleagues conducting research in complementary/alternative care.

**Recommendations:**

1. Establish a comprehensive interdisciplinary program of research in complementary, cultural and spiritual care that focuses on the following broad areas of study: safety and efficacy of modalities, mechanism of action, elements of the therapeutic process between patient and practitioner which contribute to health and healing, role of patient’s beliefs in the process of their healing, role of the healer’s beliefs, strategies for clinical integration of allopathic and complementary health care and outcomes research that focuses on restoration of health and well being, symptom reduction, quality of life and impact of use of complementary care on overall utilization of health care resources.

2. Encourage the development of new research methodologies to address emerging questions not easily or appropriately answered by conventionally used research methods.

3. Establish systems to support faculty grant applications to funding agencies including the NIH Office of Alternative Medicine.

4. Collaborate with complementary care practitioners and industry in the planning, funding and conduct of research.

5. Assist faculty and complementary practitioners to acquire the skills and resources necessary to conduct research in these areas.

6. Facilitate the development of interdisciplinary teams within the AHC to conduct research.

7. Establish systems to disseminate research findings to the health care practitioners and consumers on health and healing.
Patient Care

Findings:

- Consumers are seeking more choices in health care which they expect to be both safe and effective.
- In the Twin Cities, health systems are rapidly incorporating complementary/alternative care options into their range of services.
- There is a growing need and expectation that health care be more culturally inclusive.

Recommendations:

1. Collaborate with Fairview Health System in planning patient services to assure that the strategic vision of the AHC and Fairview Health System in the area of complementary, spiritual and culturally-sensitive care is aligned.

2. In conjunction with Fairview Health System, University of Minnesota Physicians and Fairview Physicians Association, develop clinical sites that model health care teams and the integration of allopathic and complementary care.

3. Provide consultation to clinical practices interested in integrating complementary care.

4. Establish a comprehensive complementary care program at Community University Health Care Center.

5. Establish partnerships with community-based practitioners and researchers, agencies and health systems to develop appropriate clinical training and research sites for AHC faculty and students.

Program Evaluation

Recommendations:

1. Develop a comprehensive program evaluation plan that is structured to provide ongoing performance data on achievement of short term goals and objectives, identification of best practices, and assessment of long term outcome/impact of this AHC initiative.

2. Secure the assistance of an expert in program evaluation to develop and execute this plan.
CONCLUSION

The University of Minnesota Academic Health Center has the opportunity, potential and responsibility to become a center of excellence in complementary care. There is no other academic health center in this country that has launched an interdisciplinary effort of the scope and magnitude proposed by this Task Force. Patients are searching for a full array of approaches to address the treatment of disease and injury and the promotion of their own health, health care providers are interested in expanding their practices to incorporate new skills, students are seeking educational programs that integrate complementary, spiritual and cultural care to prepare them to be healers who are knowledgeable and compassionate; and the health care industry is demanding ways to provide cost effective, evidence based care that improves the health of this nation.

Acknowledgments:

Dr. Ilene Harris from the Curriculum Affairs Office of the Medical School generously provided assistance in helping the Task Force identify broad themes and recommendations at the conclusion of the Task Force deliberations. The expertise of Karen Howard, principal secretary, is also acknowledged. Karen spent innumerable hours coordinating behind the scenes logistics critical to the work of the Task Force.
# APPENDIX A

Members of the Task Force

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Beverly Propes, RN, Exec. Director, Community University Partnership in Education & Service
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Margery Wells, Dipl. AC, L.Ac., Health Source
Lynda Whisney, RN, Park Nicollet Medical Center
APPENDIX C

Proposed Core Competencies

Graduates from health professions schools in the AHC demonstrate competence in complementary, spiritual and cultural care as evidenced by the ability to:

- assess and recognize how a patient’s cultural background, race/ethnicity, spiritual and religious beliefs, as well as gender and socioeconomic status contribute to proper diagnosis and treatment.

- recognize the importance of one’s family and community in overall health and well-being.

- assess and recognize how one’s own core beliefs and cultural, ethnic and religious background influences one’s perceptions, behavior, and ability to listen, care for and recommend treatment alternatives.

- understand the underlying philosophy, therapeutic practices and research base of selected complementary modalities, systems of care and culturally-based healing traditions.

- evaluate the strengths, weaknesses and appropriate applications of a range of research methodologies.

- evaluate research as well as determine how research results impact clinical practice.

- work within an interdisciplinary health care team that includes complementary practitioners.
APPENDIX D

COURSE TITLE: Introduction to Complementary Healing Practices
COURSE CREDIT: 3 Graduate Credits
WEEKS: 10

Course Description

Introduce complementary healing practices including historical and cultural context of the allopathic and complementary healing traditions. Philosophies, paradigms and research base of selected complementary therapies and culturally based healing traditions will be explored. Selected complementary therapies will include: Traditional Chinese Medicine; mind-body healing; spiritual and faith practices; naturopathy; homeopathy, manual therapies including chiropractic, osteopathy and massage; energy practices; and clinical nutrition. Students will have the opportunity to interact with practitioners of the complementary practices; observe demonstrations of the therapies; and to discuss with the practitioners how the therapy can be appropriately and inappropriately used for the health care of patients. Students will have the opportunity to discuss within interdisciplinary groups how complementary therapies may affect their health profession. Students will explore the primary concepts of a complementary therapy and an allopathic therapy as it is related to their own health and well-being. This course will help students envision an integrative health system for the 21st century and help them identify the skills they may need to acquire to help them practice in such a system.
APPENDIX E

Proposed Student Self-Care Intensive Program

Ironically, all current health education programs unintentionally exacerbate the stress level and compromise the physical health of its students without providing them with the self-care skills necessary to maintain their own health. The Task Force believes that the AHC has a remarkable opportunity to enhance the lives and healing potential of its graduates through an experiential self-care program for its students.

The Task Force believes that graduates of the AHC should be aware of the most effective stress management and relaxation techniques available.

Topics found to be effective, teachable and used by the public include: progressive relaxation, focused breathing, meditation, visualization, self-hypnosis, biofeedback, autogenics, nutrition, yoga, tai chi and exercise. The University and the Twin Cities community have immense resources in facilities and personnel to assist students to “walk the talk” of physical, spiritual and emotional self-care.

The Task Force believes that if students are able to discover self-care techniques which are helpful in their own lives, they will be more likely to share them with their patients. Additionally, the task force believes that graduates who practice self-care will help create healthy work and home environments.

Hence, the Task Force proposes that the AHC establish a self-care intensive program. From a practical perspective, this could be an elective experience offered to students throughout the year. However, another possibility is offering a formal interdisciplinary program for all new AHC students to begin prior to matriculation. In whatever form this initiative would take place, the Task Force believes that the AHC should formally encourage students to value their own health and to develop self-care practices that foster their health and well-being.

As noted by James S. Gordon, MD, clinical professor of Psychiatry and Family Practice at Georgetown University and director of the Center for Mind-Body Medicine, students who “explore their own capacity for self-awareness, self-care and mutual help, (who) open their minds to new approaches... will be far more likely to value and encourage these possibilities in their patients. If they are treated, and learn to regard one another with love and respect, they may well come to treat their patients the same way.”