



# INTEGRATIVE MEDICINE BEST PRACTICES

*Introduction and Summary*

Bravewell Best Practices was written and compiled by  
*Bonnie J Horrigan*

in collaboration with

*Donald Abrams, MD*  
*Steven Amoils, MD*  
*Sandi Amoils, MD*  
*Brian M Berman, MD*  
*Susan Folkman, PhD*  
*Tracy Gaudet, MD*  
*Erminia Guarneri, MD*  
*Rauni King, RN*  
*Roberta Lee, MD*  
*Woodson Merrell, MD*  
*Daniel Monti, MD*  
*Monica Myklebust, MD*  
*Don Novey, MD*

The Bravewell Collaborative would like to acknowledge  
*Susan Stock of Neela Associates*  
for her comprehensive business analysis and planning  
with each of the Clinical Network Centers during the years 2004 and 2005,  
which provided a foundation for this report.

Copyright 2007 The Bravewell Collaborative  
[www.bravewell.org](http://www.bravewell.org)

No part of this report may be reprinted or distributed  
without written permission from the Bravewell Collaborative.

Integrative medicine is changing the way medicine is practiced in America. However, no two integrative medicine clinics or programs are identical. While many share patient populations, philosophies of care and treatment protocols, clinics and programs across the US utilize different approaches and economics, and often offer different services aimed at market segments unique to their locale and mission.

The Bravewell Best Practices project documents and disseminates the many ways that integrative medicine is emerging within our health care system. All Best Practices presented are evidenced-based and have been vetted by a committee of experts.

Released in 2007, *Best Practices in Integrative Medicine: A Report from the Bravewell Clinical Network* outlined the best practices of seven leading integrative medicine clinics in the US. From core business models to strategies for growth to key services provided and effective marketing programs, *Best Practices in Integrative Medicine* presented how each of these clinics have achieved growing success within their own unique marketplace and corporate structure.

Bravewell provides portions of the *Best Practices in Integrative Medicine: A Report from the Bravewell Clinical Network* for a focus examination of each of the clinical centers highlighted in the original report. All seven clinical center model studies can be downloaded at [www.bravewell.org](http://www.bravewell.org).

Starting in 2010, Bravewell began updating the Best Practices report. Current Best Practices information can be found at [www.bravewell.org](http://www.bravewell.org).

## THE EMERGENCE OF INTEGRATIVE MEDICINE

Fueled by a nationwide survey published in 1993 by David Eisenberg, MD, which revealed that approximately 60 million Americans had used one or more complementary and alternative medicine therapies to address health issues in the year 1990<sup>1</sup>, the conventional health care industry began to earnestly examine this growing consumer trend. As a result, the pioneering researchers, physicians and other health care providers, who for many years had been championing the need for change, started to find kernels of support within their own institutions. One outcome of this support was the establishment of a modest number of complementary medicine centers within conventional institutions that focused on delivering complementary services such as acupuncture, mind-body therapies, massage and herbal remedies. However, despite the fact that these early centers were connected to larger health care institutions, there was very little communication or collaboration between the conventional and complementary providers, a fact that would eventually limit referrals and prove problematic in other ways.

The consumer trend continued to gain momentum. A study published in the November 11, 1998 issue of the *Journal of the American Medical Association*<sup>2</sup> reported that 42% of Americans had used complementary and alternative therapies (up from 34% in 1990) and that patient visits to providers of these services totaled 629 million in 1997, an increase of nearly 200 million visits from 1990. However, even though patient demand for complementary medical modalities was obviously growing by leaps and bounds, the early complementary medical centers struggled to survive and most folded under the weight of financial burden.

In the aftermath, as health care executives, physicians and consultants sorted through the data, a clearer understanding of the market forces began to emerge. The single biggest shift in perception was that integration was the key. What had been missed in the earlier analysis was that the majority of consumers did not want to abandon conventional care in favor of a strictly alternative approach. Instead, they wanted complementary options and a more holistic approach integrated into their existing health care. Equally important, they wanted to be treated as human beings, not as a disease and injury.

What began to emerge was a new field called integrative medicine that offered consumers a choice of all appropriate therapeutic approaches, health care professionals and disciplines to achieve health and healing, and which was grounded in the healing relationship between practitioner and provider. Instead of just treating the disease or

---

<sup>1</sup> Eisenberg, DM, et al. "Unconventional Medicine in the United States – Prevalence, Costs, and Patterns of Use," *JAMA* 1993; 269:2613-2618.

<sup>2</sup> Eisenberg, DM, et al. "Trends in Alternative Medicine Use in the United States, 1990-1997," *JAMA* 1998; 280:1569-1575.

trauma the patient presented with, the integrative approach focused on healing the whole person — body, mind and spirit in the context of the patient’s community. The best of Western scientific medicine became infused with a broader understanding of the nature of illness, healing and wellness, and most significant, this new approach to medicine was delivered within conventional settings and as an adjunct to conventional care. It did not take long for the new model to begin demonstrating significant clinical success.

Hospitals paid heed to the growing market demand and this new model of care. In 1999, only 7.7% of American hospitals offered complementary and alternative services of any kind. By 2004, that number had increased to 18.3%, and by 2006, more than 25% offered these therapies in an integrative fashion.<sup>3</sup>

Although there were many contributions from all sectors of health care, much of the pioneering work in establishing the model for integrative medicine came from leaders within the American medical school system. In July 1999, with catalyzing support and funding from The Bravewell Collaborative, leaders from eight academic medical institutions convened a historic meeting at the Fetzer Institute in Kalamazoo, Michigan. The meeting — “The Consortium on Integrative Medicine” — included representatives from Duke University, Harvard University, Stanford University, University of California-San Francisco, University of Arizona, University of Maryland, University of Massachusetts, and the University of Minnesota, all of whom had significant experience in education, clinical care, and research in the field of integrative medicine.

The result of that summit and two other subsequent meetings was the formation of the Consortium of Academic Health Centers for Integrative Medicine.<sup>4</sup> In the following years, the Bravewell Collaborative continued their financial support of the Consortium and today, it has 44 members who work to “transform medicine and health care through rigorous scientific studies, new models of clinical care, and innovative educational programs that integrate biomedicine, the complexity of human beings, the intrinsic nature of healing and the rich diversity of therapeutic systems.”

Further development of the field was aided by efforts at individual schools such as the Program in Integrative Medicine (PIM), which was established at the University of Arizona School of Medicine (a founding member of the Consortium) in 1994 to train physicians to practice integrative medicine. A recipient of grants from the Departments of Education and Defense as well as the National Institutes of Health, by 2007, PIM had graduated more than 150 fellows from its integrative medicine fellowship programs, many of who have gone on to establish integrative medicine programs in medical

---

<sup>3</sup> *Complementary and Alternative Medicine Survey of Hospitals*, published by Health Forum on July 18, 2006.

<sup>4</sup> <http://www.imconsortium.org/cahcim/about/history/home.html>. Accessed March 12, 2007.

centers or hospitals throughout the country. Supporting this effort, in the early 2000s, the Bravewell Collaborative worked with the leadership at PIM to develop the Bravewell Fellowship Program, which in addition to the regular PIM Fellowship content, would include clinical experience at one of the Bravewell Clinical Network centers. This program proved highly successful and to date (2007), The Bravewell Collaborative has awarded 51 Bravewell Fellowships.

The focus of these early efforts to establish the field of integrative medicine was primarily on clinical research and education, and in the early 2000s, even though progress was being made, many centers and clinics were still struggling to achieve viable delivery models and financial sustainability.

Knowing that it was essential to develop sustainable business models so the clinical promise of integrative medicine could be achieved on a broad basis, The Bravewell Collaborative created the Bravewell Clinical Network.

## **THE BRAVEWELL COLLABORATIVE AND THE ESTABLISHMENT OF THE BRAVEWELL CLINICAL NETWORK**

Throughout American history, philanthropy has served as a catalyst for social change. In 2001, aware that the health care system in our country was in crisis, a small group of dedicated philanthropists joined in conversation with leading physicians in the field of integrative medicine to discuss the potential benefits that might be derived from collaboration. Two key questions were discussed: Could a group of philanthropists working together to fund strategic programs aimed at systems change accomplish more than individual philanthropists working alone? Did the field of integrative medicine hold some of the answers to our health care system's problems?

In both cases, the answer to the question was "yes."

Following that and two subsequent meetings, The Bravewell Collaborative was established in 2002 as an operating foundation dedicated to transforming the culture and delivery of health care. Working as an innovative community by learning, identifying, planning and funding highly strategic and leveraged initiatives, Bravewell supports rigorous research and scientific approaches in the entirety of its work, and frequently acts in partnership with like-minded institutions and individuals. Bravewell believes that by shifting the focus of the health care system to prevention, health maintenance, early intervention and patient-centered care, integrative medicine holds the power to transform the economic models that drive and impede our present health care system and improve public health, which is essential to our nation's future.

As an operating foundation, The Bravewell Collaborative chooses and manages its own initiatives, all of which support the advancement of integrative medicine by creating systemic change and translating emerging knowledge into broad practice. Bravewell Collaborative initiatives focus on advancing integrative medicine through:

- Mapping the field of integrative medicine;
- Sustaining leading clinical centers as models for change;
- Supporting physician leadership;
- Changing the way physicians are educated;
- Increasing public awareness about the benefits of integrative medicine; and
- Establishing strategic partnerships.

An understanding of the fundamental issues confronting the integrative medicine centers began to emerge in 2003 when the Bravewell Collaborative commissioned McKinsey & Company to conduct an extraordinary \$1 million pro bono study of the field. The study recommended that the philanthropists in The Bravewell Collaborative develop a network among leading integrative medicine centers through which they could share lessons learned, conduct clinical research, and develop opportunities to

expand their capacity to successfully serve patients and thrive in a rigorous competitive environment.

Based on McKinsey's recommendations, The Bravewell Collaborative adopted a strategy to empower and accelerate the growth of leading clinical centers of integrative medicine, which could then serve as models for change in the larger health care delivery system.

In the latter half of 2003, the Bravewell Collaborative identified seven leading integrative medicine centers and formed the Bravewell Clinical Network, with the intent of providing technical assistance to the centers to produce effective marketing, practice management and financial planning strategies, and to help the centers develop successful models of integrative medicine care and delivery that could be shared broadly with the field. The centers engaged in the Bravewell Clinical Network held their first meeting at the Pocantico Conference Center of the Rockefeller Brothers Fund in the spring of 2004 and have since continued to meet twice yearly in pursuit of these goals.

Today, The Bravewell Clinical Network has nine members, each of which has developed a business and clinical model that is unique to its circumstances and market. This report, *Best Practices in Integrative Medicine*, offers an in-depth look at seven of these centers — how they are organized, what markets they serve, how they are financed, what services they offer, what lessons the leaders have learned along the way, and what business plan each center is using as their specialized blueprint for success.

More information about The Bravewell Collaborative can be found by visiting [www.bravewell.org](http://www.bravewell.org).



## CLINICAL NETWORK MEMBERS

The Bravewell Clinical Network is currently comprised of nine leading clinical centers that deliver integrative care. The members are:

### **CALIFORNIA**

#### **Scripps Center for Integrative Medicine**

Scripps Health, La Jolla, California

*Erminia Guarneri, MD, FACC, Director*

[www.scripps.org/services.asp?id=6](http://www.scripps.org/services.asp?id=6)

#### **Osher Center for Integrative Medicine**

University of California, San Francisco, San Francisco, California

*Susan Folkman, PhD, Director*

[www.osher.ucsf.edu/](http://www.osher.ucsf.edu/)

Simms-Mann Health and Wellness Center at Venice Family Clinic  
Los Angeles, California

*Myles Spar, MD, MPH, Director, Program in Integrative Medicine*

[www.venicefamilyclinic.org](http://www.venicefamilyclinic.org)

### **MARYLAND**

#### **Center for Integrative Medicine**

University of Maryland School of Medicine, Baltimore, Maryland

*Brian M. Berman, MD, Director*

[www.compmed.umm.edu/](http://www.compmed.umm.edu/)

### **MINNESOTA**

#### **Penny George Institute for Health and Healing**

Abbott Northwestern Hospital Minneapolis, Minnesota

*Lori Knutson RN, BSN, HNC, Executive Director*

[www.allina.com/ahs/anw.nsf/page/ihh\\_home](http://www.allina.com/ahs/anw.nsf/page/ihh_home)

### **NEW YORK**

#### **The Continuum Center for Health and Healing**

Beth Israel Hospital, New York City, New York

*Woodson Merrell, MD, Executive Director*

[www.healthandhealingny.org](http://www.healthandhealingny.org)

## **NORTH CAROLINA**

### **Duke Center for Integrative Medicine**

Duke University, Durham, North Carolina

*Tracy Gaudet, MD, Director*

<http://dukeintegrativemedicine.org>

## **OHIO**

### **Alliance Institute for Integrative Medicine**

Health Alliance System, Cincinnati, Ohio

*Steven Amoils, MD, and Sandi Amoils, MD, Directors*

[www.myhealingpartner.com/about.htm](http://www.myhealingpartner.com/about.htm)

## **PENNSYLVANIA**

### **Jefferson–Myrna Brind Center for Integrative Medicine**

Thomas Jefferson Medical College, Philadelphia, Pennsylvania

*Daniel Monti, MD, Director and Medical Director*

[www.jeffersonhospital.org/cim/](http://www.jeffersonhospital.org/cim/)

## INTEGRATIVE MEDICINE

While the term “integrative medicine” only came into use during the past decade, the philosophy and science that informs it is not new. Integrative medicine is actually a gathering of the most successful practices from a wide variety of medical traditions coupled with a deeper understanding of illness, health and healing in an effort to deliver the best possible care. For instance, caring for the wholeness of people — mind, body and spirit — is a fundamental premise within integrative medicine that has been informed by the patient-centered care movement, holistic medicine, bio-psycho-social medicine, and many global medical traditions as well as modern humanistic and transpersonal psychology. Strategies for prevention and wellness, two important aspects of integrative medicine, are grounded in conventional medical science but also draw from the fields of nutrition, stress management, physical fitness, and environmental health. Thus, integrative medicine is a true integration of the best of all health care traditions.

Practicing integrative medicine, however, means much more than using an expanded set of medical interventions. It requires shifting the paradigm to understand people in a new way. Recognizing that each person possesses a significant, innate capacity for healing that can be supported and enhanced is a core tenet, and the primary goal of integrative medicine is to maximize this capacity so that individuals experience optimal vitality and wellness. Tracy W. Gaudet, MD, Director, Duke Integrative Medicine, explains that, “Integrative medicine sees health as an emergent property of the person as a complex living system, and represents a higher-order system of care that emphasizes wellness and healing of the entire person (bio-psycho-socio-spiritual dimensions) as a primary goal.”

The definition of integrative medicine as embraced by the Bravewell Clinical Network is given below.

Integrative medicine:

- Is patient-centered care that focuses on healing the whole person — mind, body and spirit in the context of community;
- Educates and empowers people to be active participants in their own care, and to take responsibility for their own health and wellness;
- Integrates the best of Western scientific medicine with a broader understanding of the nature of illness, healing and wellness;
- Makes use of all appropriate therapeutic approaches and evidenced-based global medical modalities to achieve optimal health and healing;
- Encourages healing partnerships between the provider and patient;
- Supports the individualization of care; and
- Creates a culture of wellness.

## **AN OVERVIEW OF THE BRAVEWELL CLINICAL NETWORK CENTERS**

Admission to the Bravewell Clinical Network is by invitation from The Bravewell Collaborative Board of Directors with the advice and consent of the existing network members. Current members were chosen based on their excellence in clinical delivery, among other attributes.

Members of the Bravewell Clinical Network gather twice a year to share business and clinical practices, discuss and solve problems, and engage in educational activities that inform both the health care industry and the public about the benefits of integrative medicine. With the guidance and support of The Bravewell Collaborative, the Clinical Network is also currently involved in establishing the first practice-based research network in integrative medicine.

The following is a broad overview of the Bravewell Clinical Network Centers.

### **FOUNDING OF THE CENTERS**

- All of the Bravewell Clinical Network Centers have been in existence for at least five years, some for as long as fifteen years.
- The impetus for founding five of the centers came from physicians who believed in integrative medicine and who then gathered support from within their institutions and with local philanthropists to build a center at their institution. Three of the centers were founded because a high-level person or a philanthropist involved in the institution believed in the benefits of integrative medicine and wanted their organization to play a leading role. They then hired a physician leader to help organize the center.
- Philanthropic dollars were a major factor in the founding of seven of the centers.
- While many types of health care providers play crucial management and clinical roles, physician leadership guides all of the centers.

### **OPERATIONS**

- Five of the centers are connected with a major university; two are connected with a large hospital system; and one just recently severed formal legal ties to a hospital system and now operates as a stand-alone corporation. In all cases, when good relations are fostered, strong institutional connections work to the benefit of the integrative center.

- Pointing to the diverse use of integrative medicine in health care, each center has a different business model, unique to its situation, which grew organically from the local market, the institution to which the center is connected, and the expertise and interests of the leadership.
- Similarly, each center has a different “most profitable” service.
- While the medical staff (physicians and nurses) tends to be salaried, the most common way to pay the complementary providers is by giving them a portion of the fees collected.
- All the centers have dedicated space for their operations, but four of the larger ones are housed in stand-alone buildings devoted solely to the center.
- At the time the Clinical Network was started (2003), none of the centers were at break-even. Today, four of the eight centers are at break-even or profitable, one is close and three are working towards profitability.

#### **CLINICAL ASPECTS**

- Lifestyle change programs represent “the heart” of this work.
- Of the various complementary medicine therapies offered, the most common modalities are acupuncture, massage, Mindfulness Based Stress Reduction programs (MBSR) or other types of meditation, mind-body therapies, nutritional counseling, and yoga.
- All of the centers offer services focused on prevention and wellness.
- The two biggest sources of new patients are word of mouth from the patients themselves and referrals from other health care providers within the center’s own governing institution.
- Five of the centers sell supplements and vitamins on site (methods vary), two are planning on adding that service and one does not offer that service.
- Seven of the centers have research programs, which boosts their reputations for quality care.

## THE CLINICAL PRACTICE OF INTEGRATIVE MEDICINE

The Bravewell Clinical Network Centers share certain common practices that contribute to clinical success, which include:

- The therapeutic interventions used are evidence-based.
- An emphasis on prevention and wellness is part of standard care.
- There is a strong emphasis on patient empowerment, and all the centers offer patient education programs.
- The inherent therapeutic nature of the patient/provider relationship is understood, valued and utilized.
- The care, while multi-disciplinary, is physician-directed.
- Patients are treated in their wholeness, meaning that a person's body, mind spirit and community/environment are all addressed in the course of the care.
- All providers are credentialed. Conventionally degreed physicians oversee the care and personally deliver conventional medical services, mind-body interventions, nutritional counseling, and in some cases acupuncture. Other appropriately trained health care providers deliver services such as Healing Touch, acupuncture and massage. (A full list of services and the providers for each service are included in the individual center sections.)
- There is good communication and consultation between all providers working with the patient, including the patient's referring primary physician and/or other specialists who are not affiliated with the center.
- Services are marketed as integrative medicine and not alternative or complementary medicine.
- An in-depth intake interview that provides lifestyle information as well as medical history and current health status is standard procedure.

## **SERVICES AND MODALITIES AS PART OF INTEGRATIVE MEDICINE**

All of the centers in the Bravewell Clinical Network offer conventional western interventions and care as well as complementary therapies and global medicine modalities in an integrative fashion. Many clinical models have been tested, and a wide range of health conditions are now addressed by integrative medicine, as illustrated in the list below. The strongest programs offered — i.e. the most well developed with the highest patient enrollment — are cardiac care, cancer care, pain management, stress management, women’s health, and the lifestyle modification and wellness programs.

An integrative medicine consultation, which involves an in-depth health analysis and the creation of an individualized health plan, is also part of standard care at each of the centers.

The following is a list of the major conventional medical services offered and conditions treated within the Bravewell Clinical Network.

| <b>SERVICE</b>                             | <b>NUMBER OF CENTERS</b> |
|--|--------------------------|
| Allergies                                  | 1                        |
| Arthritis                                  | 1                        |
| Cardiac Care                               | 2                        |
| Cancer Care                                | 4                        |
| Carpal Tunnel Syndrome                     | 1                        |
| Chemical Sensitivities                     | 1                        |
| Chronic Fatigue                            | 1                        |
| Diabetes                                   | 1                        |
| Early Detection Imaging                    | 1                        |
| Fibromyalgia and Chronic Fatigue           | 2                        |
| Gastrointestinal Conditions                | 1                        |
| Headaches                                  | 1                        |
| Healthy Aging                              | 1                        |
| Immune Disorders                           | 1                        |
| Infertility                                | 1                        |
| Irritable and Inflammatory Bowel Disorders | 2                        |
| Lifestyle Change Programs                  | 4                        |
| Men’s Health                               | 1                        |
| OB/GYN                                     | 1                        |
| Otolaryngology                             | 1                        |
| Pain Management                            | 4                        |
| Preoperative and Postoperative Support     | 2                        |
| Primary Care — Adults                      | 1                        |
| Primary Care — Pediatrics                  | 1                        |

|                   |   |
|-------------------|---|
| Physical Therapy  | 2 |
| Psychiatry        | 1 |
| Psychotherapy     | 4 |
| Sleep Disorders   | 1 |
| Sports Medicine   | 2 |
| Stress Management | 5 |
| Weight Management | 2 |
| Wellness Care     | 6 |
| Women's Health    | 5 |

In addition to the conventional interventions, the following complementary and global medicine modalities are offered:

| <b>SERVICE</b>                                      | <b>NUMBER OF CENTERS</b> |
|---|--------------------------|
| Acupuncture   | 8                        |
| Acupressure   | 1                        |
| Aromatherapy  | 1                        |
| Behavioral Management/Psychotherapy                 | 3                        |
| Botanical/Herbal Medicine                           | 7                        |
| Chinese/Eastern Medicine                            | 2                        |
| Chiropractic/Manual Therapies                       | 5                        |
| Craniosacral Therapy                                | 3                        |
| Diathermy   | 1                        |
| Energy Medicine (Reiki and Healing Touch)           | 4                        |
| Exercise  | 3                        |
| Feldenkrais   | 2                        |
| Functional Medicine                                 | 1                        |
| Homeopathy  | 4                        |
| Infusion Therapies                                  | 1                        |
| Massage   | 8                        |
| Meditation and MBSR                                 | 7                        |
| Mind-Body Medicine (Hypnosis, Imagery, Biofeedback) | 6                        |
| Music Therapy                                       | 2                        |
| Nutrition   | 7                        |
| Nutrigenomics                                       | 1                        |
| Osteopathic Medicine                                | 1                        |
| Qi Gong/Tai Chi                                     | 3                        |
| Reflexology   | 2                        |
| Rolfing   | 1                        |
| Stress Management (includes biofeedback)            | 3                        |
| Yoga  | 5                        |
| Zero Balancing                                      | 1                        |



## **SELF-CARE AND THE WORK ENVIRONMENT**

Bravewell Clinical Network leadership advises that self-care on the part of health care practitioners is an important element in being an integrative medicine provider. “It’s like Gandhi said,” explains Erminia Guarneri, MD, Director of the Scripps Center for Integrative Medicine. “You have to be the change you want to see. We have to engage in the same personal practices we teach to set the pace of the clinic, not only for our own staff, but also for the patients.”

The following practices are used by the Bravewell Clinical Network to care for the providers and create a healthy working environment.

### **SELF-CARE**

- Encourage both clinical and administrative staff to engage in stress reduction practices such as Mindfulness Based Stress Reduction.
- Encourage staff to participate in the educational programming offered at the center.
- Practice self-care.
- Teach and practice good nutrition — food is medicine.
- Practice healthy lifestyle choices.
- Teach and practice gratitude.
- Teach and practice that thought is energy and can affect biology.

### **PHYSICAL ENVIRONMENT**

- Use natural light, natural colors, and ecologically friendly materials whenever possible.
- Use the arts — including feng shui, sacred geometry and music — to create healing space within the center.
- Bring nature into the center whenever possible, i.e., via windows, plants, skylights, outdoor gardens, fountains, etc.
- Make the patient waiting room a patient activity room where patients can learn.

## **FINANCIAL PERSPECTIVES**

While each of the centers in the Bravewell Clinical Network has a unique business plan, they all share certain common financial and business practices that contribute to their financial success, which include:

- The centers actively work to develop philanthropic support.
- The centers utilize advisory boards to help them raise funds and increase awareness about integrative medicine and the center itself.
- The leadership teams pay close attention to the financial status of their center.
- The centers work to develop referrals and collaborative programs within their own systems and from the local health care community.
- The centers engage in continual community outreach and education programs.

### **PRICING**

Each center has its own fee structure, depending on the local market, institutional pricing policies, and the reimbursement plans (fee-for-service or insurance) in use.

Fees charged in 2007 by the centers are as follows:

- Initial patient visits with an MD (MD Consult) range from \$120 to \$400
- Acupuncture sessions range from \$100 to \$200
- Biofeedback sessions range from \$150 to \$175
- Nutrition counseling ranges from \$75 to \$100
- Energy healing sessions range from \$100 to \$150
- Chiropractic visits range from \$90 to \$275
- Massage sessions range from \$65 to \$120
- Psychotherapy ranges from \$110 to \$200
- Psychiatric sessions range from \$190 to \$380

## **MOST VIABLE SERVICES**

Each center has its own unique business plan based on what center leadership discovered to be the services most in demand for its location and circumstances.

| <b>CENTER</b>  | <b>MOST FINANCIALLY VIABLE SERVICE</b>                                      |
|--|---|
| CONTINUUM CENTER FOR HEALTH AND HEALING              | Integrative Pediatrics  |
| SCRIPPS CENTER FOR INTEGRATIVE MEDICINE              | Early Detection Center — Imaging for Cardiac and Oncology patients          |
| UCSF OSHER CENTER FOR INTEGRATIVE MEDICINE           | Acupuncture<br>Psychiatry   |
| JEFFERSON-MYRNA BRIND CENTER OF INTEGRATIVE MEDICINE | Physician Consultations   |
| UNIV. OF MARYLAND CENTER FOR INTEGRATIVE MEDICINE    | Acupuncture   |
| DUKE INTEGRATIVE MEDICINE                            | Three-Day Health Immersion Program and Enrollment in the Practice           |
| ALLIANCE INSTITUTE FOR INTEGRATIVE MEDICINE          | ACE Treatment (Combination of Acupuncture, Chiropractic and Energy Healing) |

## BUSINESS MODELS

Each center in the Clinical Network has a unique business plan that is tailored to the local market, the larger institution to which it belongs and the expertise and interests of the leadership. A complete description of each center and its business and clinical plans can be found in the reports on the individual centers.

| CENTER   | BUSINESS MODEL  |
|--|---|
| <p>CONTINUUM CENTER<br/>FOR HEALTH AND HEALING</p> | <p>Academic Health Center<br/>Primary Care and Consultative Model</p> <p>Insurance and Fee-for-Service</p> <p>Delivers Integrative Specialty Care for:<br/>OB/GYN<br/>Otolaryngology<br/>Physical Therapy<br/>Physiatry</p> <p>Physical Therapy/Sports Therapy Facility on Premises</p> <p>Clinical Research Program</p>                          |
| <p>SCRIPPS CENTER<br/>FOR INTEGRATIVE MEDICINE</p> | <p>Part of a Large Hospital System<br/>Consultative Model</p> <p>Insurance and Fee-for-Service</p> <p>Delivers Integrative Specialty Care for:<br/>Cardiac Care<br/>Cancer Care<br/>Pain Management<br/>Weight Management<br/>Prevention/Early Diagnostics/Health Promotion</p> <p>Health Club Facilities on Premises</p> <p>Research Program</p> |

|   |  |
|---|--|
| <p>UCSF OSHER CENTER<br/>FOR INTEGRATIVE MEDICINE</p>           | <p>Academic Medical Center<br/>Consultative Model</p> <p>Fee for Service, Accepts Medicare</p> <p>Delivers Integrative Specialty Care for:<br/>Back Pain<br/>Chronic Pain<br/>Cancer Care<br/>Gastrointestinal Conditions<br/>Women’s Health</p> <p>Extensive Research Program</p>   |
| <p>JEFFERSON-MYRNA BRIND CENTER OF<br/>INTEGRATIVE MEDICINE</p> | <p>Academic Center and Part of a Hospital System<br/>Consultative Model</p> <p>Fee for Service, Accepts Medicare and Limited Insurance</p> <p>Delivers Integrative Specialty Care for:<br/>Pain Management<br/>Menopause and Osteoporosis<br/>Cardiovascular Health<br/>Cancer Care<br/>Also offers Executive Health Screening</p> <p>Extensive Research Program</p> |
| <p>UNIV. OF MARYLAND CENTER<br/>FOR INTEGRATIVE MEDICINE</p>    | <p>Academic Health Center<br/>Consultative and Primary Care Model</p> <p>Accepts Insurance, Some Fee-for-Service</p> <p>Delivers Integrative Specialty Care for:<br/>Chronic Conditions<br/>Acute Conditions<br/>Wellness<br/>Mental Health</p> <p>Extensive Research Program</p>  |

|  |  |
|--|--|
| <p>DUKE INTEGRATIVE MEDICINE</p>                   | <p>Academic Health Center<br/> Health Immersion and Enrollment Model<br/> Consultative and Membership Model</p> <p>Fee-for-Service, Accepts Medicare</p> <p>Delivers Integrative Specialty Care for:<br/> Chronic Conditions<br/> Acute Conditions<br/> Health, Healing and Prevention<br/> Mental Health<br/> Women’s Health<br/> Pediatrics<br/> Pain Management<br/> Weight Management</p> <p>Fitness Facility and Cafe on site</p> <p>Extensive Research Program</p> |
| <p>ALLIANCE INSTITUTE FOR INTEGRATIVE MEDICINE</p> | <p>Was Previously Part of a Hospital System<br/> But is Now a Privately-Owned Center<br/> Consultative and Membership Model</p> <p>Fee-for-Service, Accepts Medicare</p> <p>Delivers Integrative Specialty Care for:<br/> Chronic Conditions<br/> Wellness</p> <p>Offers Spa Services</p> <p>Limited Research Program</p>  |

## MARKETING

All of the centers have strong referral-building programs within their own institutions and community. In addition, they also engage in other marketing efforts to increase business. Listed here are those programs that have proven most successful.

| CENTER   | MARKETING PROGRAMS  |
|--|---|
| CONTINUUM CENTER FOR HEALTH AND HEALING              | Web Site<br>No Advertising<br>Senior Physician Speaking Engagements<br>Media Coverage   |
| SCRIPPS CENTER FOR INTEGRATIVE MEDICINE              | Web Site<br>No Advertising<br>Senior Physician Speaking Engagements<br>Media Coverage   |
| UCSF OSHER CENTER FOR INTEGRATIVE MEDICINE           | Web Site<br>Free Lectures and Events for the Public<br>Media coverage   |
| JEFFERSON-MYRNA BRIND CENTER OF INTEGRATIVE MEDICINE | Web Site<br>Public Educational Events<br>Media Coverage   |
| UNIV. OF MARYLAND CENTER FOR INTEGRATIVE MEDICINE    | Web Site<br>Print and TV Advertising<br>Community Outreach<br>Media Coverage  |
| DUKE INTEGRATIVE MEDICINE                            | Web Site<br>National and Regional PR campaign<br>Corporate Marketing Campaign<br>Internal Duke Marketing Campaign<br>Speaking Engagements<br>Educational Programs |
| ALLIANCE INSTITUTE FOR INTEGRATIVE MEDICINE          | Web Site<br>Brochures (Direct Mail and Physician Offices)<br>Print Ads<br>Outreach (Speaking Engagements and Events)<br>Media Coverage<br>Public Relations        |

## INTEGRATIVE MEDICINE EDUCATION

Education is a key growth strategy within the Bravewell Clinical Network. Each of the centers not only engages in public education, but also in outreach and educational activities for health care providers.

The following is a list of the integrative medicine educational activities for health care providers offered at each of the centers in 2007.

### **SCRIPPS CENTER FOR INTEGRATIVE MEDICINE**

*For more information or to register, call 1-800-SCRIPPS or visit:  
<http://www.scripps.org/Services.asp?ID=299>.*

#### **Healing Touch Training**

Scripps Center for Integrative Medicine offers a multi-level Healing Touch training program designed for health care professionals by Healing Touch International Inc., and endorsed by the American Holistic Nurses' Association (AHNA). Healing Touch at Scripps has been conducted in its five hospitals since 1993. More than 85 workshops have been conducted, and over 1500 people have taken classes at Scripps, most being nurses. Nursing continuing education credits are available.

Healing Touch is a gentle biofield therapy that is an energy-based approach to health and healing. This non-invasive complementary technique restores and balances the human energy system. A specially trained health care provider in Healing Touch will use a light touch to balance, energize and clear the human electromagnetic fields, thus assisting the person's own self-healing abilities. Healing Touch promotes physical, emotional, mental and spiritual well-being, and complements conventional medicine. It is used as an adjunct with surgery and other medical procedures to assist in pain and anxiety reduction, wound healing and relaxation.

#### **Mindfulness Based Stress Reduction Course**

In this eight-week program, health care providers learn to cope with stress, pain, anxiety and illness by drawing upon one's inner resources. Closely modeled after the world-renowned stress reduction program developed by Jon Kabat-Zinn, PhD, the Scripps approach combines breath work, meditation, yoga and other mind-body techniques to help a person achieve serenity, health and well-being in everyday life. The techniques and practices taught in this course complement conventional medical treatment and preventive health practices by mobilizing and strengthening the body's innate resources for healing and responding to stress.

Mindfulness is living moment-to-moment, with a conscious awareness of all that is taking place in one's life and responding to it intentionally and purposefully rather than mechanically. If a person often feels stressed or anxious, experiences chronic pain or illness, or has problems sleeping, this program may be of benefit. Similarly, this program



can be highly effective in relieving physical symptoms, such as headaches, gastrointestinal problems or high blood pressure.

### **The Science and Clinical Application of Integrative Holistic Medicine:**

#### **A Review Course**

Scripps Center for Integrative Medicine and the American Board of Holistic Medicine host a comprehensive course on integrative holistic medicine for health care providers. Topics include environmental medicine, behavioral medicine, fitness, nutrition, biomolecular therapies, spiritual medicine, natural supplements, bioidentical hormone replacement and more. Specific chronic conditions such as anxiety, fatigue, coronary artery disease, depression, metabolic syndrome, osteoporosis, and pain management are explored. Board exam is only available for physicians and is optional. Continuing medical education credits are available.

#### **Bringing Integrative Medicine to Your Practice**

This symposium and site visit is designed for health care providers and administrators looking to create, introduce, or improve, their integrative health care program. From the role of philanthropy to strategic planning, the integrative medicine team at Scripps shares their real-world experiences.

#### **Natural Supplements Conference: An Evidence-Based Update**

More than two dozen medical experts in evidence-based nutritional medicine will teach the use of natural supplements for pain management, heart disease, women's health, cancer and other medical problems to physicians, nurses, pharmacists, dietitians, other health care providers. This one-of-a-kind conference provides an overview of evidence-based research to help health care providers understand regulatory issues, and discuss the risks and benefits of natural supplement use with patients. The faculty will provide information about potential herb-drug interactions, review products with potential side effects, and identify supplements that have proven to be beneficial for managing symptoms and improving health. Continuing medical education credits are available.

#### **Destination Health: Renewing Body, Mind and Soul**

This unique Hawaii retreat experience combines education and personal renewal to help people rejuvenate – body, mind and soul. Activities such as mind-body workshops, educational seminars, and relaxation exercises are led by renowned holistic health experts. Health is more than the absence of disease, and a wide range of integrative medicine topics are included to address disease prevention as well as healing. Some topics include: emotions affect health, personalized medicine, self-healing, supplements for health, music and health, connecting the heart, brain and soul, and stress management.

## **UCSF OSHER CENTER FOR INTEGRATIVE MEDICINE**

*For more information or to register, call 415-353-7700 or visit [www.osher.ucsf.edu/](http://www.osher.ucsf.edu/).*

### **CME Programs**

The UCSF Osher Center offers continuing medical education (CME) for health care providers for their regularly scheduled Living Mindfully Now and Mindfulness-Based Stress Reduction classes. On occasion, they offer special, one-time CME events such as the Gentle Massage for Children with Special Needs workshop.

### **Grand Rounds**

The physicians at the UCSF Osher Center participate in or lead Grand Rounds at the UCSF hospitals throughout the year.

## **UNIVERSITY OF MARYLAND CENTER FOR INTEGRATIVE MEDICINE**

*For more information or to register, call 410-448-6361 or visit: [www.compmed.umm.edu/](http://www.compmed.umm.edu/).*

### **Botanical Medicine Seminar**

The University of Maryland Center for Integrative Medicine co-sponsors an annual Botanical Medicine Workshop led by an internationally renowned botanist, a pharmacist, two physicians and two naturopathic physicians.

### **Traditional Chinese Medicine Conferences**

The Center sponsors conferences on Traditional Chinese Medicine nationally and internationally. Building on conferences sponsored in Hong Kong and Macau, the Center is hosting in 2007 "Status and Future of Acupuncture Research: 10 years Post-NIH Consensus Conference" with the Society for Acupuncture Research and funding from NCCAM and other NIH Institutes. In 2009, it will co-sponsor a conference in Hong Kong with its collaborators at the Chinese University of Hong Kong.

### **Distinguished Speakers and Lunch-time Lecture Series**

The Center offers periodic distinguished speaker lectures that host experts to speak on cutting-edge work in integrative medicine. The lunchtime speaker series is provided on the University of Maryland, Baltimore campus by Center staff, faculty and local collaborators. The lectures are open to all health professionals and students and faculty from all the neighboring University of Maryland professional schools as well as the public.

### **Medical School Lectures**

The Center offers a one-month integrative medicine elective to fourth-year medical students. In addition, it provides eight hours of core curriculum lectures.

### **Resident Training**

Family medicine residents receive lectures in acupuncture and are able to rotate through the Center's clinic.

### **Fellowships**

The Center provides both research and clinical fellowship opportunities. Bravewell Clinical Fellows spend two years with the Center and receive clinical mentoring by Center faculty. Fellows in other clinical departments, such as the Pain Center, have the opportunity for clinical rotations at the Center. Research fellows have the opportunity to work on both clinical and preclinical studies. In addition, visiting fellows from Hong Kong receive training and mentoring at the Center through the NIH International Center for Research in Traditional Chinese Medicine grant.

### **Systematic Reviews Training**

As part of its role as the coordinating center of the Complementary Medicine Field of the international Cochrane Collaboration, the Center provides training in the conduct of systematic reviews of the CAM scientific literature. Workshops are conducted at medical and scientific conferences in the US and abroad, including China, Brazil, Australia, Ireland and Korea.

### **Yoga, Tai Chi and Qi Gong**

The Center offers yoga, tai chi and qi gong classes at the University of Maryland Baltimore campus and at the University's Kernan Hospital that are open to faculty, staff and the public.

### **Reiki Training**

All levels of Reiki training are offered to University of Maryland faculty and staff and to the public.

## **THE CONTINUUM CENTER FOR HEALTH AND HEALING**

*For more information or to register, call 646 935-2246 or visit:*

[www.healthandhealingny.org](http://www.healthandhealingny.org)

The Continuum Center offers continuing education programs in integrative medicine for health care practitioners (nurse practitioners, clinicians in private practice), medical students and medicine residents. The training is a year-long combination of didactic lectures in integrative medicine, traditional medicine and preventive health and case conferences.

### **Stress Reduction Workshop**

A stress reduction workshop is offered monthly. Participants learn stress reduction techniques such as progressive relaxation, breathing exercises and Reiki. The workshop is open to patients and practitioners.

## **Zen Meditation**

A weekly meditation is offered at the Center to patients, faculty and the public conducted under the supervision of a Zen Roshi from the New York Zen Center for Contemplative Care. A short instruction and 30-minute meditation comprises the meditation session.

## **DUKE INTEGRATIVE MEDICINE**

*For more information or to register, call (919) 660-6826 or visit:  
<http://www.dukeintegrativemedicine.org/>.*

## **MEDICAL**

*(Offerings limited to Duke medical students, residents or faculty.)*

### Medical Student Retreat

An elective weekend retreat is provided annually for Duke medical students at the beginning of the academic year. Retreat activities focus on self-care, team building and some introduction to integrative medicine.

### Monthly Lunch & Learn Series for 1st Year Duke Medical Students

Monthly lunch conferences are focused on topics of interest to medical students as reflected in a student survey administered during the first monthly session. These range from complementary and alternative medicine (CAM) interventions such as acupuncture and nutrition to broader topics such as physician burnout and the overall mission of Duke Integrative Medicine (IM).

### Clinical Core Modules for 2nd Year Duke Medical Students

2nd year Duke medical students participate in five week-long Clinical Core modules, which precede their different clinical clerkships. Within most of these week-long modules, Duke IM presents themes related to Mindfulness, complementary approaches to cancer, self-care or general prevention. Duke IM staff also facilitates participation for second year students in a Community Practitioner program, in which they spend a half-day each Clinical Core week shadowing non-MD health practitioners. This includes six licensed acupuncturists, massage therapists, and chiropractors from the Durham community. Duke IM faculty also teaches components of the pre-clerkship offerings in OB/GYN and general internal medicine.

### Integrative Medicine Selective for 2nd Year Duke Medical Students

During this two-week selective, students complete a personal health risk assessment. They receive training in Mindfulness-Based Stress Reduction, receive personal health coaching, attend Duke IM weekly case conferences and shadow clinicians in the Duke IM clinic and in the local community. A project and presentation are also required.

### Integrative Medicine Elective for 4th Year Duke Medical Students

This four-week, full-time 4th year elective explores the issues presented in the second-year course in significantly more depth and seeks to link with each student's medical career interests. Duke IM faculty, staff and community practitioners mentor and teach in this elective, which devotes efforts to self-care, self-inquiry, health assessment, health coaching, evidence assessment in complementary and alternative medicine and Mindfulness-Based Stress Reduction. A project and presentation are also required.

### Integrative Medicine Fair Module for 4th Year Capstone

Duke IM's three-hour Integrative Medicine Fair is a required activity for the entire Duke fourth year medical class. Over 40 practitioners from Duke and the surrounding communities participate. In 2007, the event was held in the new Duke IM Health and Healing Center, and was structured around the five NIH National Center for Complementary and Alternative Medicine (NCCAM) classifications (i.e., Mind-Body Therapies, Alternative Medical Systems, Biologically-Based Therapies, Manipulative and Body-Based Therapies, and Energy Therapies).

### Integrative Medicine Elective for Resident Physicians

Elective experiences may be arranged for Duke Residents on a case-by-case basis, when circumstances align well with a particular resident's interests and availability.

## **COMMUNITY AND OTHER**

Duke Integrative Medicine faculty and practitioners provide numerous educational offerings. Some of these are specific to health care providers such Grand Rounds presentations to Duke Departments, CME offerings, lectures to physician assistant trainees, mentorship of graduate nurses, etc. In addition, a number of other educational, training or experiential activities that may be of interest to health care providers/learners are also open to the community. These are listed on the Duke Integrative Medicine website at <http://www.dukeintegrativemedicine.org/>.

Of particular note, Duke IM has a well-established Mindfulness-Based Stress Reduction Program (MBSR), which is in its ninth year of operation. Since its inception in 1998, over 2000 participants have gone through the program at Duke. Approximately 300 participants now go through the program each year. The Duke IM MBSR program follows a national model for teaching mindfulness in the service of health and stress reduction that was developed by Jon Kabat-Zinn and colleagues at the University of Massachusetts. The Duke MBSR program offers "foundation classes" that closely follow the national model, and in addition, has added a variety of mindfulness programs for graduates of the foundation classes on topics that include applying mindfulness to anxiety, chronic illness, and interpersonal relationships and the application of lovingkindness meditation for health and well-being.

Duke MBSR has also offered a weekend mindfulness meditation retreat for all levels of meditation practitioners, once a year for the past four years. A variety of future programs aimed at specific groups or issues are anticipated, as means of exploring the

further depth and breadth of mindfulness-based methods in integrative approaches to healing. Additional details are available at <http://www.dukeintegrativemedicine.org/>.

### **ALLIANCE INSTITUTE FOR INTEGRATIVE MEDICINE**

*For more information or to register, call 513-791-5521 or visit:  
[www.myhealingpartner.com/about.htm](http://www.myhealingpartner.com/about.htm).*

#### **American Academy of Medical Acupuncture**

The Alliance Center hosts the Ohio Chapter of the American Academy of Medical Acupuncture, which holds bimonthly journal club meetings at the Institute and presents several larger seminars each year.

#### **Lectures and Training Programs**

The Alliance Center conducts ongoing massage and energy medicine training programs and regularly scheduled lectures on integrative medicine for community health care providers.

### **JEFFERSON–MYRNA BRIND CENTER FOR INTEGRATIVE MEDICINE**

*For more information or to register, call 215-955-2111 or visit:  
[www.jeffersonhospital.org/cim/](http://www.jeffersonhospital.org/cim/).*

#### **CME Integrative Medicine Grand Rounds Lectures**

The Jefferson-Mryna Brind Center provides a monthly Integrative Medicine Grand Rounds Lecture that covers a range of integrative medicine topics presented by Jefferson Center practitioners and researchers, as well as leading national experts.

#### **Mindfulness Based Stress Reductions (MBSR) Programs**

The Jefferson-Mryna Brind Center's Mindfulness-Based Stress Reduction Program offers a number of education and training programs for health care professionals. These include: (a) the ability to obtain CEUs for anyone taking the standard MBSR program; (b) an MBSR training program and practicum for professionals who want to learn to teach MBSR and/or integrative mindfulness into their professional practices; (c) a graduate level MBSR course in the Jefferson College of Health Professions; and (d) occasional CME/CEU courses or seminars for physicians, nurses and other health care practitioners.

## SPACE AND SIZE

The centers range in size from small (1.5 FTEs) to large (more than 25 FTEs). All of the centers have dedicated space with four occupying stand-alone buildings.

| CENTER   | SPACE  | SQUARE FEET                                     | # OF PATIENT VISITS PER YEAR                               |
|--|--|---|--|
| CONTINUUM CENTER FOR HEALTH AND HEALING              | One dedicated floor of an office building in Manhattan   | 12,000  | 32,000 patient visits/year<br>2,800 appointments per month |
| SCRIPPS CENTER FOR INTEGRATIVE MEDICINE              | Stand-alone building adjacent to the Scripps Green Hospital and Clinic. Grounds include labyrinth, pool and track                                    | 18,000<br>33,000 when new building is completed | 30,000 patient visits/year<br>2,500 appointments per month |
| UCSF OSHER CENTER FOR INTEGRATIVE MEDICINE           | Complete floor of stand-alone building housing other UCSF Medical School clinical programs in downtown SF<br><br>Will have its own building in 2008. | 8,000   | 4,000 patient visits/year                                  |
| JEFFERSON-MYRNA BRIND CENTER OF INTEGRATIVE MEDICINE | Located in a wing of the Thomas Jefferson University Hospital in downtown Philadelphia   | 4,000   | 11,000 patient visits/year                                 |
| UNIV. OF MARYLAND CENTER FOR INTEGRATIVE MEDICINE    | 2nd Floor in Hospital  | 4,000   | 4,000 patient visits/year                                  |
| DUKE INTEGRATIVE MEDICINE                            | Stand-alone building on Duke campus  | 27,000 gross<br>19,000 net                      | 12,000 patient visits/year plus education programs         |

|   |                      |        |                            |
|---|----------------------|--------|----------------------------|
| ALLIANCE INSTITUTE FOR INTEGRATIVE MEDICINE | Stand-alone building | 11,625 | 18,000 patient visits/year |
|---|----------------------|--------|----------------------------|



## THE FACTORS THAT DRIVE SUCCESS

In 2005 and 2006, the Bravewell Collaborative commissioned Susan Stock of Neela Associates, Inc. to create individual business plans for each member of the Bravewell Clinical Network. The process of building these business plans yielded many insights regarding the factors that contribute to the success of an integrative medicine center. This section was derived from that work and describes seven of the most important success factors as synthesized by Neela Associates, Inc. in their 2005 report to the Bravewell Collaborative leadership, "Understanding Success Factors for Integrative Medicine Centers."

The factors that drive success are:

- 1) Strong medical leadership;
- 2) Truly integrated, patient-centered care;
- 3) Marketplace distinctiveness;
- 4) Credibility with traditional physicians;
- 5) Programs with traditional departments that build referrals;
- 6) Cross subsidies designed into the center; and
- 7) Minimal fixed costs.

### **Strong Medical Leadership**

Centers with strong, clinically active, physician leaders have a better chance of success than those with mediocre leaders or those led by non-physicians.

A strong leader has a range of abilities. He or she is able to set strong, lasting values for the center and create a vision that is inspiring to other practitioners and to patients. The best leaders, however, go beyond visioning to actively leading the other practitioners in the practice. They are known for their clinical skills and personally draw a number of patients to their centers.

Excellent integrative medicine leaders also engage in the day-to-day clinical and business leadership of their centers. On the clinical side, they mentor other center practitioners and problem-solve around diagnoses and treatment plans.

On the business side, good leaders make changes happen. They don't manage the day-to-day operations of their centers or create the spreadsheets, but they do understand, in detail, what drives their financials. Good leaders always know the most recent financial results.

Good leaders are also willing to take a hard look at staffing. They treat people well, but recognize the need to demand top performance (on time, patient service attitude, anticipating patient and provider needs, etc.). They set clear expectations and ensure

that staff has the opportunity to succeed. If a staff member is not working out, they do not hesitate to make the necessary change.

Good leaders also know what changes are needed to maintain or restore financial stability. They do not hesitate to put a plan – even a controversial one – into action.

### **Truly Integrated, Patient-Centered Care**

All integrative medical centers offer multiple modalities and high-quality practitioners. But the most successful centers fully integrate the care for their patients. This is a crucial success factor for two reasons.

First, an integrative approach drives clinical success and, in turn, clinical success builds referrals and patient volume. The patients who most often benefit from an integrative approach are those with chronic conditions who have not been successfully treated by conventional medicine.

Patient participation in decision-making is an important tenet of integrative medicine. The centers in the Clinical Network use the different modalities to catalyze the patient's involvement, and while all the modalities offer therapeutic benefit, often their more important role is to extend the physician relationship and enable patient control.

Second, an integrative approach builds a collaborative team of practitioners, which then increases patient confidence. Patients consistently cite having access to a team of practitioners as a primary reason for using integrative medicine centers and paying a premium for the center's services. A truly integrated approach requires that the various practitioners work together to diagnose and heal patients. The mechanisms used to create these practitioner teams vary from formal case conferences to collaborative patient intake processes to formal and informal consults.

### **Distinctiveness**

Centers that build a distinctive reputation are more successful than those that have not carved out a niche. Distinctiveness is important because most potential patients do not know about or understand integrative medicine. Attracting patients, therefore, requires a "hook." This is not a gimmick, but a specific dimension of care or expertise that makes patients willing to place a call and give the center a try.

Distinctiveness can be built on many dimensions. Some centers have specialized in a certain patient population and offer specific care such as a cardiac program or integrative pediatrics. Some centers have built cooperative programs with the hospital with which they are affiliated so that the services they offer are part of the standard of care. This enables all patients to receive truly integrated conventional and non-conventional care and healing should they choose.

Several centers have built their reputation on research-based clinical care. Patients are attracted to these centers because they feel they are getting the best of the tested protocols that come with excellent academic medical care.

### **Credibility with Conventional Physicians**

Most integrative medicine centers live or die on the number of referrals received from conventional physicians. Successful centers receive as many as half of their new patients from physician referrals. As integrative medicine matures and as individuals find better ways to navigate the medical system, in-house referrals may become less important as self-referrals increase. But today, many patients still rely on their current physicians to direct them to additional care.

Successful centers have found ways to maximize their referrals. Actively building relationships with other health care practitioners within the same system is crucial.

There are a number of ways that centers build credibility with potential referring physicians. None are complex, but all require time and a commitment to collegiality. These are:

- Participating in and leading Grand Rounds in affiliated hospitals and systems. This exposes traditional physicians to the data on treatment modalities and their effectiveness.
- Providing data to potential referring physicians on the effectiveness of integrative/complementary treatments for specific conditions. Many centers create monographs that promote the services they offer and the effectiveness of those services in treating certain diseases.
- Designing in-hospital programs so that physicians can see integrative medicine being practiced every day, and build their knowledge and trust in the integrative practitioners and approaches.
- Rigorously and promptly sending consult notes back to referring physicians. This is one of the simplest, yet most effective, means of demonstrating a center's openness and impact.
- Documenting the results of case conferences and making them available to the referring physician. Again, this is a simple, though time consuming, means of establishing trust and credibility.
- Supporting education by instituting a rotating fellowship — or even a full-time fellowship — in the center. The fellow, at minimum, becomes familiar with integrative philosophy and techniques and is willing to refer to practitioners. A fellowship's greatest impact is often on the fellow's originating department where the fellow advocates for integrative approaches to his or her colleagues.

### **Programs with Conventional Departments**

Jointly designed programs with traditional departments may be the single most effective way to truly integrate care and promote center credibility. Centers that work to create these joint programs have higher referral rates and appear to be improving the health of their patients.

Two of the centers in the Clinical Network worked with their respective oncology departments to create joint breast cancer programs. These programs have acupuncturists working alongside oncologists to help relieve patient stress and pain and to help patients focus their mental energies on health and healing. Another joint program involved the creation of a “Back Center.” Staffed by neurologists and orthopedic surgeons, the Back Center is an effort to see and treat patients with back pain with the most effective techniques and technologies. The integrative center was involved in this effort from concept to execution and included both acupuncture and manual manipulation as non-invasive means of healing back pain. Because staff was involved from the beginning, the program met with little resistance from a group of physicians traditionally hostile to non-surgical interventions.

Another center created an integrative medicine triage service that sees potential orthopedic surgery patients. The integrative physician evaluates the patient, helps identify those who are not candidates for immediate surgery, and directs those patients to less invasive approaches, including integrative medicine. This same center has a joint program with the rehabilitation department where integrative practitioners work in rehab, along side physiatrists and physician therapists to help heal patients.

### **Cross Subsidies Designed into Center**

All successful centers understand their economics and know that it is impossible to charge enough for some services (e.g., massage therapy, biofeedback, nutritional counseling, etc.) to cover overhead expenses. Despite their low margins, centers have decided that these services are important to patient care and healing. But successful centers don’t ignore the economics. They develop a thoughtful mix of higher margin services to compensate for those that won’t cover costs. In one center, the cardiology practice (which has a high number of profitable procedures) and the scanning technology contribute substantially to overhead. This allows the center to continue to offer its lifestyle change program (which consistently loses money) and many of the lower margin modalities (which only cover practitioner salaries).

Centers that are entirely self-pay see improved economics. Charging a reasonable fee that covers overhead for such things as the initial physician consults or the most popular service allows a center to continue to offer services such as massage therapy and energy healing, neither of which contribute to overhead.

One center is building a residential program in which patients will come and stay at the center for a certain period of time. The idea is to charge a fee per day (or days) that covers all physician visits and therapies during the patient’s stay. This approach avoids

the problem of low margin services, as long as the fixed costs of the program are kept as low as possible.

Adding specialists can increase the bottom line. Specialists, such as cardiologists, oncologists, and dermatologists generate a fair number of high margin procedures that can be used to cover center overhead. This will allow a center to maintain its important lower margin services.

### **Minimal Fixed Costs**

Programs with high fixed costs struggle to survive. Some centers begin life with high costs designed into the program. These centers have extraordinarily large non-medical spaces, prestigious (and expensive) addresses, or buildings that are simply too large and costly in terms of rent and utilities. Others have designed in very high personnel costs. Director salaries are sometimes large and unrealistic. Therapists are put on salary (with full benefits) rather than organizing a part-time or shared revenue solution.

Initial income projections often look fine, even with these costs, because many new centers have funding or philanthropic gifts that will cover operating losses for several years. Unfortunately, because leaders of these centers often do not have strong business backgrounds, they do not recognize the dangers in relying on a funding level that their operations cannot support. As a result, revenue and expense growth is not tracked closely enough and the centers and their funders ultimately need to absorb several additional years of losses while executing a turn-around program.

The successful centers avoid this by paying close attention to quality service, patient volume and patient revenue. Leadership tracks visits, return visits, and reasons for discontinued care. The successful centers show financial progress each year and set a high standard of financial performance for themselves. They eliminate high overhead when possible and track which services and providers are most profitable so that they can support and increase those efforts.