CHAPTER EIGHT

Creating Models for Change

"You never change things by fighting the existing realty. To change something, build a new model that makes the existing model obsolete."

— R. Buckminster Fuller

ANOTHER *COMMUNITY OF PRACTICE* that emerged from Bravewell's work was the Bravewell Clinical Network.

The concept of "communities of practice" was first articulated by Jean Lave and Etienne Wegner in their book, *Situated Learning: Legitimate Peripheral Participation*. According to Wegner, "communities of practice are formed by people who engage in a process of collective learning in a shared domain of human endeavor: a tribe learning to survive, a band of artists seeking new forms of expression, a group of engineers working on similar problems…." These communities can evolve organically because people share a common interest, or they can be deliberately created with the goal of advancing the members' knowledge base. Wegner goes on to explain that through the process of sharing information with one another, members of the community expand their own knowledge base. Everyone is elevated.

The Bravewell Clinical Network was an intentionally created community of practice.

ESTABLISHING THE NETWORK

At both the Miraval and Pocantico meetings, the philanthropists deliberated over which strategies would provide the most leverage in moving integrative medicine forward. During those conversations, they quickly realized that it would be essential to have examples of what success actually looked like. In short, they needed to be able to point to integrative medicine centers that were not only delivering outstanding care but were also financially viable.

"The real test and benefit of any medicine is in the care of patients in clinical practice," explains Diane Neimann. "We needed to be able to show, without reservation, that not only did integrative medicine work, but it was also replicable and sustainable across a variety of healthcare settings."

Initially, there were only a handful of integrative medicine centers leading the way, and most of those were struggling financially. However, the philanthropists felt that simply infusing cash into these centers was not a sustainable solution. They looked at the problem through an old but trusted principle—*Give a man a fish and you feed him for a day. Teach him to fish and you feed him for a lifetime.*

In 2002, before setting their strategic course, at Bravewell's request, McKinsey & Company conducted a $1 million pro bono management study of six of the leading integrative medicine centers.

While McKinsey offered a number of recommendations for overcoming the barriers to success, the study strongly recommended that Bravewell develop a network (*a community of practice*) among the leading centers, so they could share lessons learned, help each other build clinical capacity, and develop viable business models.

Offering another perspective, Bill George explains that, "Harvard Business School professor Michael Porter, PhD, MBA, talks about the value of clusters, which are geographic concentrations of companies, suppliers, service providers, or associated institutions in a particular field. Their proximity to each other increases productivity. You see it in New York City around art and in Silicon Valley around computers. It's about very creative people feeding off each other's ideas."

"Our challenge was that the most creative people in the field of integrative medicine were spread all around the country—even all around the world," he adds. "So we needed to bring them together; we needed to create a virtual cluster."

In 2003, the Bravewell membership fully embraced the idea of

creating a "Clinical Network" that would build community and facilitate the exchange of information. As with the Academic Consortium, the members agreed to fund the chosen centers' participation for the in-person gatherings, and once again, this foundational support made all the difference in the world.

Members of the Bravewell Clinical Network held their first meeting at the Pocantico Conference Center of the Rockefeller Brothers Fund in January 2004, and continued to meet twice a year until Bravewell's closing.

"You have to realize that what Bravewell did, we never did ourselves. We simply provided structure, stability, and funding for the people who were already involved," remarks Ann Lovell. "Our work was leveraging others, facilitating, and bringing people to the table. This can be a huge gift, because what comes from those meetings, what comes from connecting people, can be life-changing, and often world-changing."

A RISING TIDE FLOATS ALL BOATS

Mimi Guarneri, MD, had worked closely with Diane Neimann and Penny George to help plan the first Miraval event and visualize how integrative medicine could be moved into the mainstream. She had also co-founded, with Rauni King, RN, a successful integrative medicine center at Scripps Health in La Jolla, California, which in 2002 was one of the few viable centers in the country. So when the Clinical Network was being established, The Bravewell Board of Directors asked Mimi if she would be its chair.

She said yes. "The goal was to have a network of clinical sites that would work together. Usually everyone's in competition with one another, but from what I knew of the field, I thought we could do it," explains Mimi. "The mainstream medical movement did not understand what we were doing, nor did they understand that they were

focused on disease care while we were focused on prevention and chronic disease management and delivering compassionate, holistic care. And they weren't going to understand it unless they could see it. So we all knew that the success of one center was really the success of all the centers."

Mimi Guarneri, MD, chaired the Clinical Network from 2004 to mid-2012.

Donald Abrams, MD, chaired the Clinical Network from mid-2012 to June 2015.

CREATING COMMUNITY

Charles Terry facilitated the Clinical Network meetings, which he did with his usual focus on fostering a deeper human connection among the people in the room. "I have been involved in starting a number of organizations, some of which really flourished," explains Charles. "So I've seen it over and over. Money and knowledge are helpful, but when you bring people together on a deeper level, it makes a huge difference."

One of the tools of the trade Charles used was to hold opening and closing circles in which everyone was asked to speak briefly on a certain subject such as, what is new in your life or what challenge are you currently facing? "Just making room for everybody to think about and communicate whatever they are feeling is a powerful tool," he explains.

Of course, not everyone was smitten with this type of sharing as Myles Spar, MD, MPH, director of integrative medicine at the Simms/Mann Health and Wellness Center at Venice Family Clinic quickly found out. "When I first invited our program manager to come to a Clinical Network meeting, I thought she was going to stand up and walk out of the room during the first opening circle," Myles

laughs. "But it wasn't too long before she was looking forward to the circles as much as to the data-focused parts of the meeting."

"There were both practical and tangible aspects, and then there was the intangible, which for me, was the most valuable," says Tracy Gaudet, MD, former director of Duke Integrative Medicine and current director of the Office of Patient-Centered Care and Cultural Transformation for the Veterans Health Administration. "In those early days, it was like warfare. Every day you were fighting the system over this or that, and it was exhausting. So the sustenance—just that caring, the support, and knowing that someone believed in us—is what kept us going."

DIVERSITY OF MEMBERSHIP

The centers that comprised the clinical network were chosen, in part, because they represented some of the best integrative practices in the United States. But Bravewell also ensured that different models were represented. Members of the network included:

- Clinics operated by three large health systems
  (Scripps Health in California, Allina Health in Minnesota, and Beth Israel Medical Center in New York)
- A stand-alone clinic owned by its physicians
  (Alliance in Ohio)
- Clinics established within four university medical school systems
  (Duke University in North Carolina, University of California, San Francisco, University of Maryland, and Jefferson University in Pennsylvania)
- A clinic established by a physician's group
  (Northwestern in Illinois)
- A center run by a free clinic
  (Venice Family Clinic in California)

"We needed the Clinical Network to have enough diversity so that the models of care were relevant to a continuum of possibilities within healthcare," explains Christy Mack.

Having a free clinic in the network was an important statement. "Being a member of the Bravewell Clinical Network has brought those without financial means and with poor access to healthcare to the table. The importance of this cannot be overstated," explains Myles. "In inviting Venice Family Clinic to join the network, Bravewell showed that it stood for integrative medicine as a solution to the problem of access to good healthcare in the United States. It showed Bravewell's commitment to demonstrating that integrative medicine can be used to prevent some of the health challenges that disproportionately affect those with lower incomes and poor access to care, and it showed that integrative medicine is the solution to the many problems faced by our nation's healthcare system."

BUSINESS PLANNING

At the time of the Clinical Network's formation, most of the centers were operating at a loss. Based on the recommendations from McKinsey & Company's pro bono study that each center create a business plan, Bravewell hired Susan Stock of Neela Associates, Inc. to work with the Clinical Network members, guiding them in the process of developing their own business plan based on their unique circumstances. With its own plan, each center would then be able to address marketing strategies, practice implementations, and financial management so that it would be better equipped to achieve viability.

"This process helped the centers move toward sustainability and gain firmer footing within their own institutions. It also serves as a perfect example of our funding of the overall vision for integrative medicine," remarks Christy.

STAYING CONNECTED WITH THE WORK

As with all of Bravewell's initiatives, the Clinical Network was fully staffed from the onset. In addition, members of the Bravewell Board of Directors regularly attended the meetings so they could observe progress and be kept informed about the work being done by these integrative leaders.

MILESTONES

In addition to business planning and the sharing of information at the meetings, the members of the Clinical Network participated in other Bravewell programs:

- The Bravewell Fellowship Program, which trained physicians to be integrative medicine specialists (see Chapter Nine), was adopted at the second meeting in July 2004 in La Jolla, California.
- In the fall of 2007, with Bravewell's financial support, the Clinical Network members published the highly consulted *Best Practices in Integrative Medicine: A Report from the Bravewell Clinical Network*.
- In 2008, with financial assistance from The Bravewell Collaborative and advice from the National Cancer Institute (NCI) and the Office of the Director at the National Institutes of Health (NIH), the Clinical Network organized BraveNet, the first practice-based research network (PBRN) in integrative medicine. (See Chapter Sixteen.)

THE CREATION OF VALUE

One lesson learned from the centers that opened in the 1980s and early 1990s, many of which were set up to compete with the

existing healthcare system and many of which have since closed or reorganized, was that the public did not want to choose between conventional and integrative medicine—for the most part, they wanted both. When center leadership changed the way they approached their own institutions and the healthcare system at large, integrative medicine began to flourish.

A good example is what Jon Kabat-Zinn accomplished with mindfulness. Aware that many healthcare practitioners and systems objected to meditation as an intervention because they felt it promoted Buddhism, Jon abstracted the basic process and renamed it Mindfulness-Based Stress Reduction, which removed it from religious connotations and tied it to a health issue. Then, instead of confining mindfulness to patient care, it was also offered as an answer to challenges any organization might face, such as physician burnout or faculty resiliency. Thus, mindfulness came to be seen as a solution to widespread problems rather than an isolated integrative intervention. Recognizing win-win opportunities such as this—looking for ways to helpfully situate oneself within the current culture or solve a larger institutional challenge rather than being dogmatic in one's approach and remaining outside the culture—creates the means for greater acceptance and eventual transformation.

"The question to answer is this: Where can the principles and practices of integrative healthcare bring added value to the organization?" explains Adam Perlman, MD, MPH, executive director of Duke Integrative Medicine.

Members of the Clinical Network embraced this approach—building alliances and creating win-win situations—early on. For example, the Osher Center for Integrative Medicine at the University of California, San Francisco (UCSF) works closely with the UCSF Helen Diller Family Comprehensive Cancer Center to support

people with cancer on their journey. Patients find the addition of integrative care to the regimen helps with both recovery and survivorship, which the conventional oncologists also value, and over the years, referrals to the Osher Center from the UCSF Cancer Center have tripled.

During the past decade, the Penny George Institute for Health and Healing at Abbott Northwestern Hospital expanded its reach by offering inpatient services to support the healing process for hospitalized patients. "The program has proven so successful in reducing pain, anxiety, and nausea that Allina Health is instituting it in its ten other Allina hospitals," explains Courtney Baechler, MD, vice president of the Penny George Institute.

Collaboration and integration have proven to be key factors to growth. "One of the things we are most pleased with is our ability to build bridges to other departments in our own health system and achieve a high level of service line integration, so that integrative medicine isn't this department off in the corner but is a thriving integral part of what the whole institution does," says Daniel Monti, MD, executive director of the Jefferson–Myrna Brind Center of Integrative Medicine. "We have numerous collaborative clinical protocols with the Cancer Center and several joint initiatives with the hospital for employee wellness. Our faculty frequently present lectures in departments throughout the hospital and university campus, and our CME-approved Integrative Medicine Grand Rounds is frequently attended by faculty in other departments."

In addition to establishing a partnership with the R Adams Cowley Shock Trauma Center, the Center for Integrative Medicine at the University of Maryland collaborates on research projects and education. "We are part of the culture now," says Brian Berman, MD, director of the Center for Integrative Medicine. "We have a seat at the roundtable."

AN ENDURING COMMUNITY

As the Bravewell Clinical Network built a *community of practice*, it also built an enduring community among its members. "Being in the Clinical Network made us feel like we were part of a bigger picture," remarks Sandi Amoils, MD, co-director of the Alliance Center for Integrative Medicine. "It wasn't that we were just this one little center in the middle of the country trying to do something. We realized it was a national movement and we were part of it. That helped to keep us inspired."

The exposure to the ideas and practices of other leading centers resulted in cross-fertilization. "We all have our own lens through which we see the world, but when we can collaborate in the way the Bravewell Clinical Network has allowed us to, then you see things that you wouldn't see otherwise, and many things become possible that wouldn't have been possible before," adds Tracy.

"It was invaluable to be able to share what worked and what didn't work, to be able to help each other and not have to reinvent the wheel every time you wanted to do something," explains Mimi. "We created a network of colleagues, which we will forever have in our lives, people who have become friends and whom we can call at the drop of a hat. The Bravewell Clinical Network was a unique and powerful experience."