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The Integration of Traditional and Complementary Medicine in Health Systems

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Joint IACA, IAAHS and PBSS Colloquium in Hong Kong
www.actuaries.org/HongKong2012/

The Integration of Traditional and Complementary Medicine in Health Systems

IAAHS Colloquium
Hong Kong, 6-9 May 2012



New Zealand Centre for
Evidence-based Research
into Complementary and
Alternative Medicine (ENZCAM)

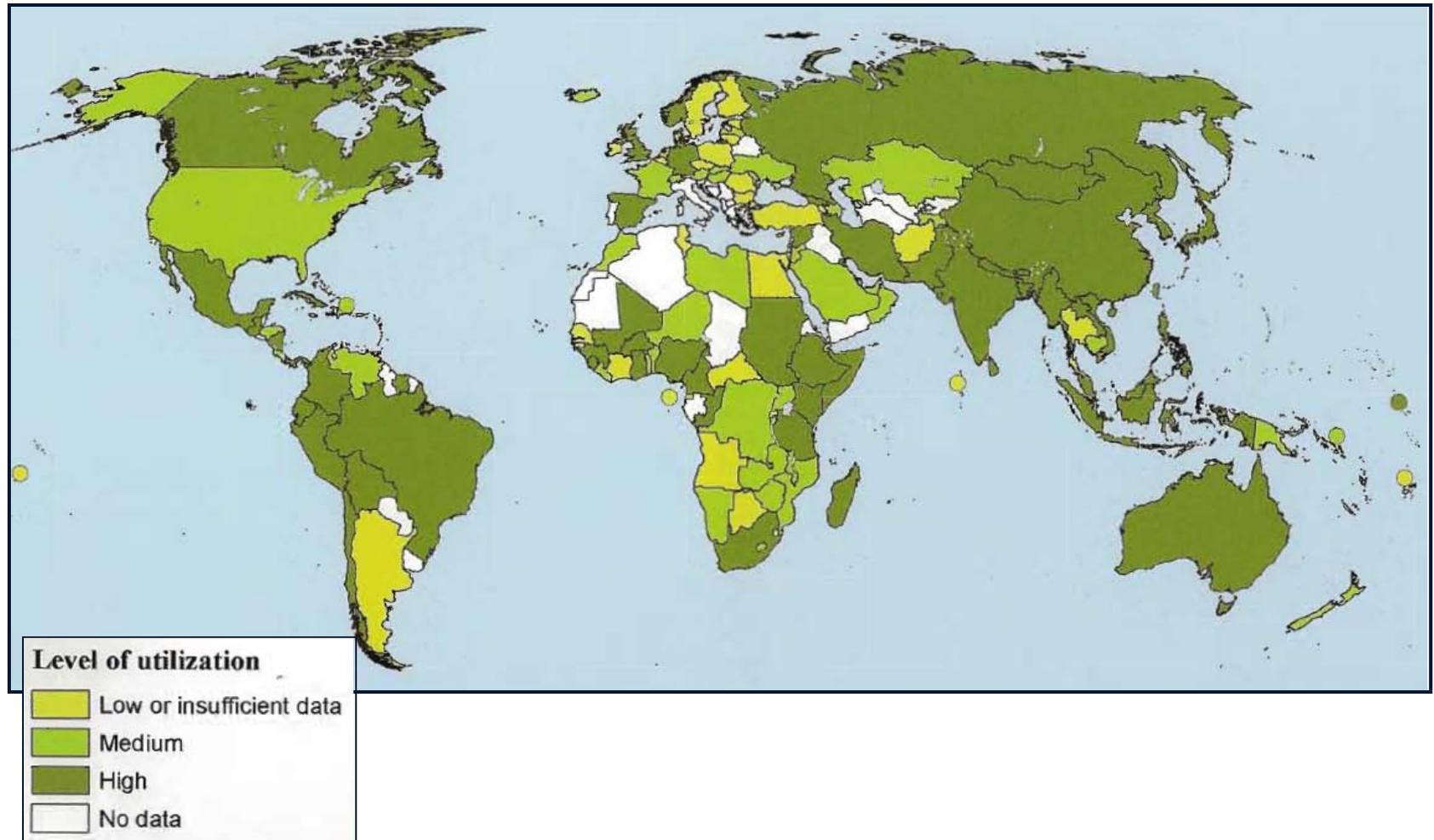
Contents

- **Heather McLeod:** Introduction; World Health Organisation Policy, “The Beijing Declaration” and integration in health systems. [Time: 15 minutes]
- **Vincent Chung:** Traditional Chinese Medicine and Western Medicine in China: Integration Policy. [35 -40 minutes]
- **Heather McLeod:** Integration of CAM in Health Insurance. The emerging field of Integrative Medicine and implications for actuaries. [20-25 minutes]
- **Questions:** [15 minutes]

WHO Terminology

- **Allopathic medicine** refers to the broad category of medical practice that is sometimes called Western medicine, biomedicine, scientific medicine, modern medicine or urban medicine.
 - Preferable term is becoming “**biomedicine**”
- **Traditional medicine (TM)** is a comprehensive term used to refer both to TM systems such as traditional Chinese medicine, Indian Ayurveda and Arabic Unani medicine, and to various forms of indigenous medicine.
- In countries where the dominant health care system is based on biomedicine, or where TM has not been incorporated into the national health care system, TM is called **complementary and alternative medicine (CAM)**.
- When referring in a general sense to all of these regions, the comprehensive **TM/CAM** is used.

Use of Herbal Medicine



Source: WHO Global Atlas of Traditional, Complementary and Alternative Medicine, 2005.

Widespread Usage

- This is a consumer-led movement:
- Use of **traditional medicine (TM)** remains widespread in developing countries: in some Asian and African countries, 80% of the population depend on traditional medicine for primary health care.
- Use of **complementary and alternative medicine (CAM)** is increasing rapidly in developed countries: in many developed countries, 70% to 80% of the population has used some form of alternative or complementary medicine.
- More than 100 countries have regulations for herbal medicines.
- Counterfeit, poor quality, or adulterated herbal products in international markets are serious patient safety threats.

Source: WHO Traditional Medicine Strategy 2002–2005;
WHO Fact sheet on Traditional Medicine

World Health Organization Policy

- Framework for action for WHO and its partners, to enable TM/CAM to play a far greater role. Four objectives:
 - **Policy:** integrate TM/CAM with national health care systems.
 - **Safety, efficacy and quality:** expand knowledgebase on TM/CAM; provide guidance on regulatory and quality assurance standards.
 - **Access:** increase availability and affordability of TM/CAM, with an emphasis on access for poor populations.
 - **Rational use:** promote therapeutically sound use of appropriate TM/CAM by providers and consumers.

TM/CAM in Health Systems

Beijing Declaration

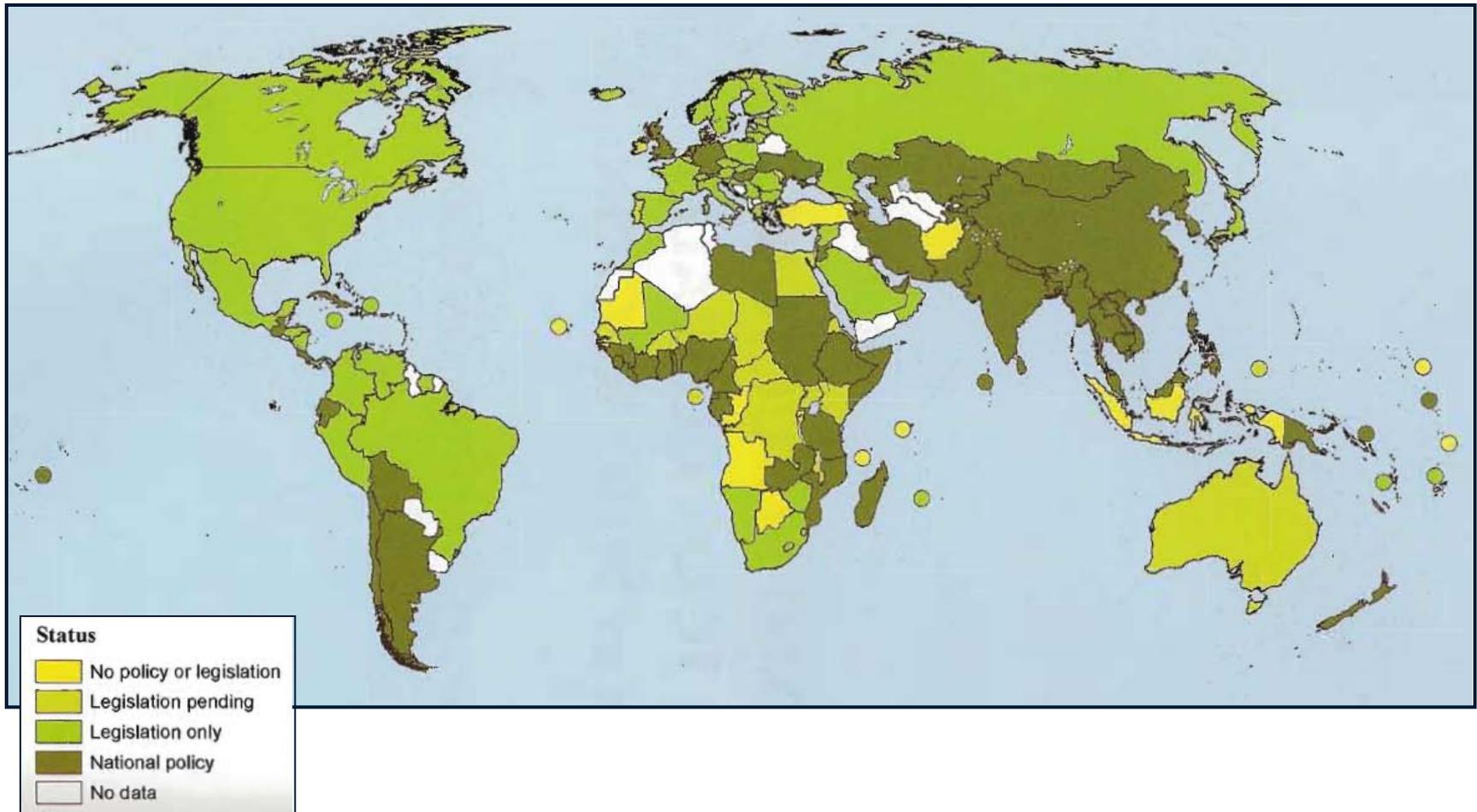
8 November 2008

- Governments have a responsibility for the health of their people and should formulate national policies, regulations and standards, as part of comprehensive national health systems to ensure appropriate, safe and effective use of traditional medicine.
- Recognizing the progress of many governments to date in integrating traditional medicine into their national health systems, we call on those who have not yet done so to take action.
- Governments should establish systems for the qualification, accreditation or licensing of traditional medicine practitioners.
- The communication between conventional and traditional medicine providers should be strengthened and appropriate training programmes be established for health professionals, medical students and relevant researchers.

62nd Session World Health Assembly, May 2009

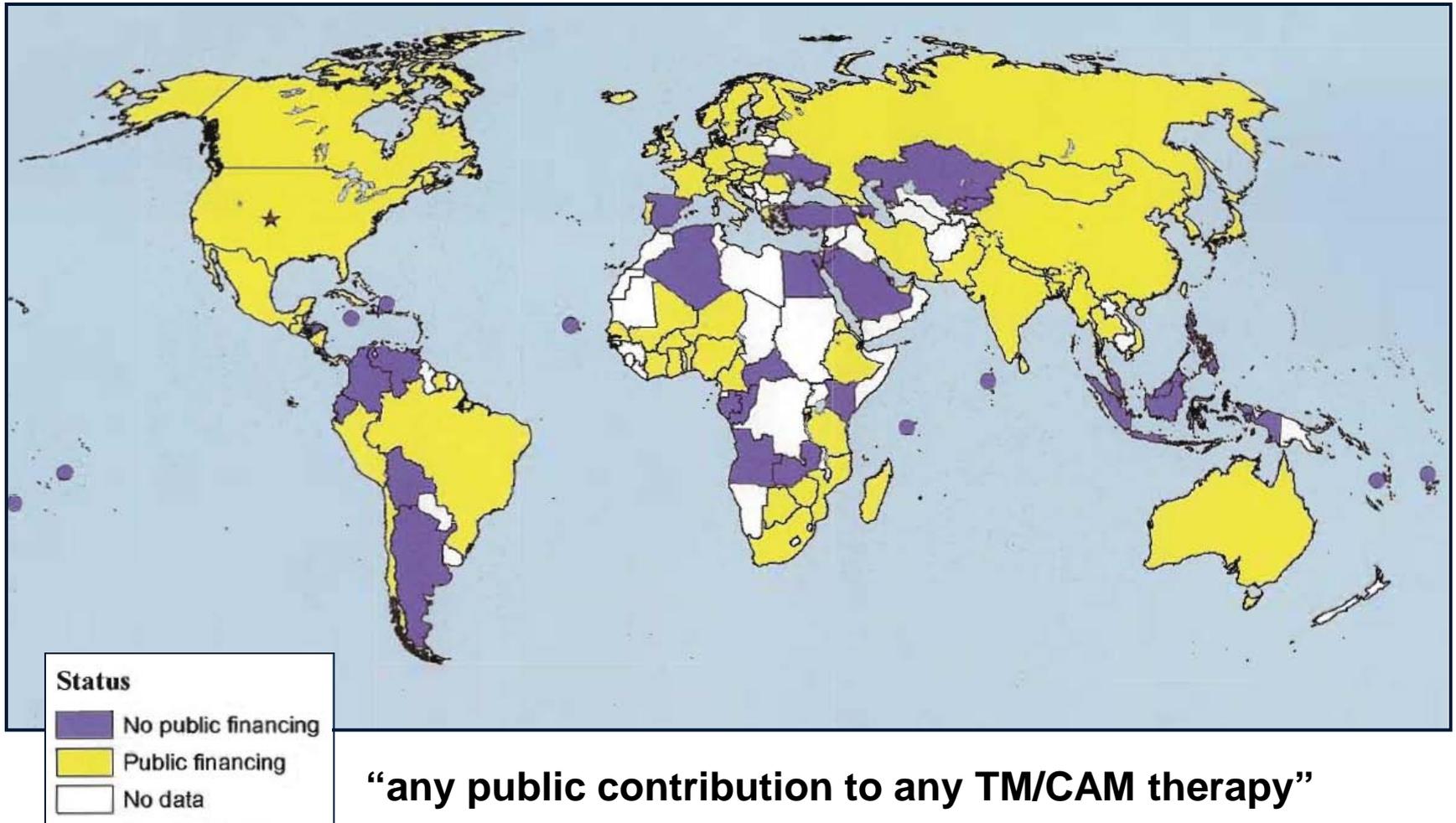
- Resolution **WHA62.13** was passed, urging Member States:
 - to adopt and implement the Beijing Declaration
 - to respect, preserve and communicate knowledge of TM;
 - to formulate policies, regulations and standards to promote appropriate, safe and effective use of traditional medicine;
 - to include traditional medicine into their national health systems;
 - to further develop TM based on research and innovation;
 - to establish systems for qualification, accreditation or licensing of practitioners;
 - to strengthen communication between conventional and TM providers, training programmes with TM content for health professionals, medical students and relevant researchers; and
 - to cooperate with each other in sharing knowledge.

TM/CAM Legislation and Policy



Source: WHO Global Atlas of Traditional, Complementary and Alternative Medicine, 2005.

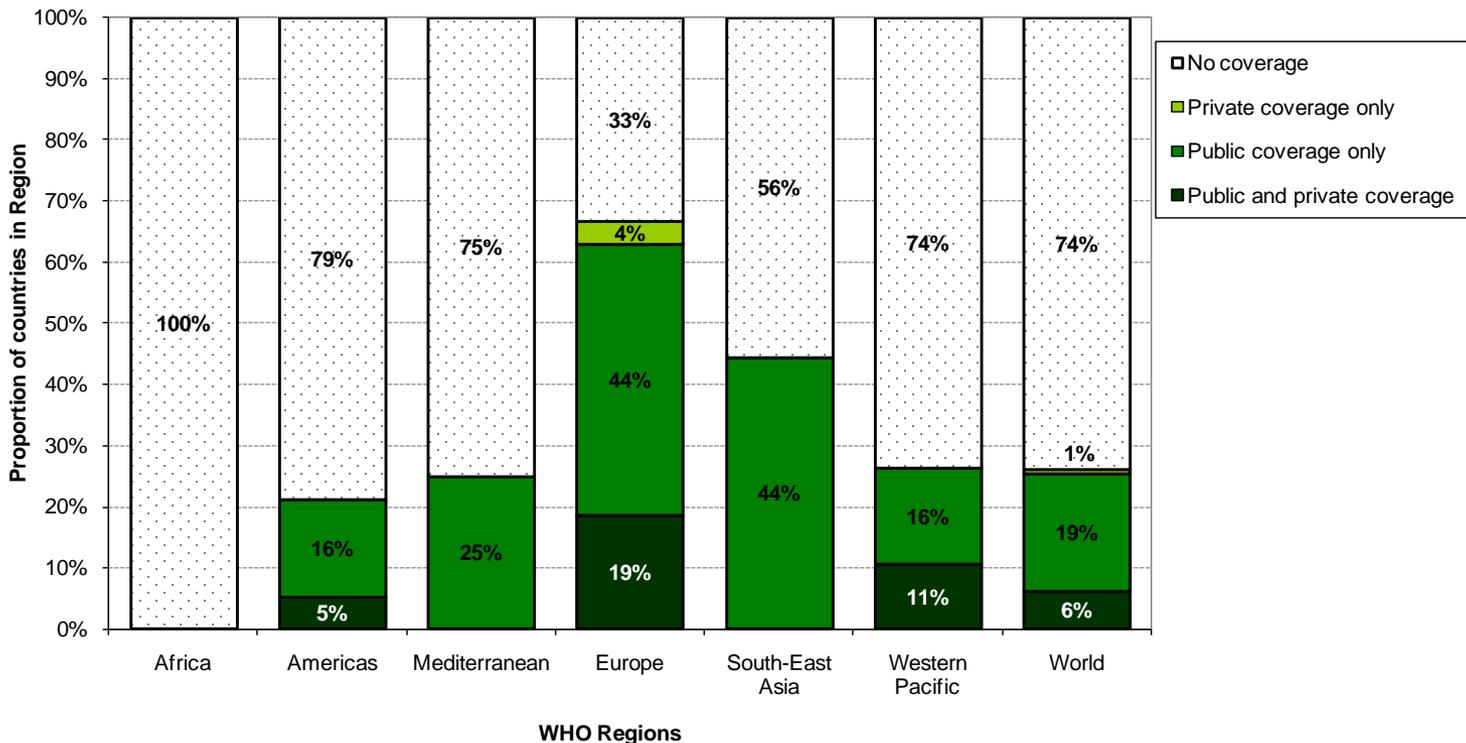
Public Financing for TM/CAM



“any public contribution to any TM/CAM therapy”

Source: WHO Global Atlas of Traditional, Complementary and Alternative Medicine, 2005.

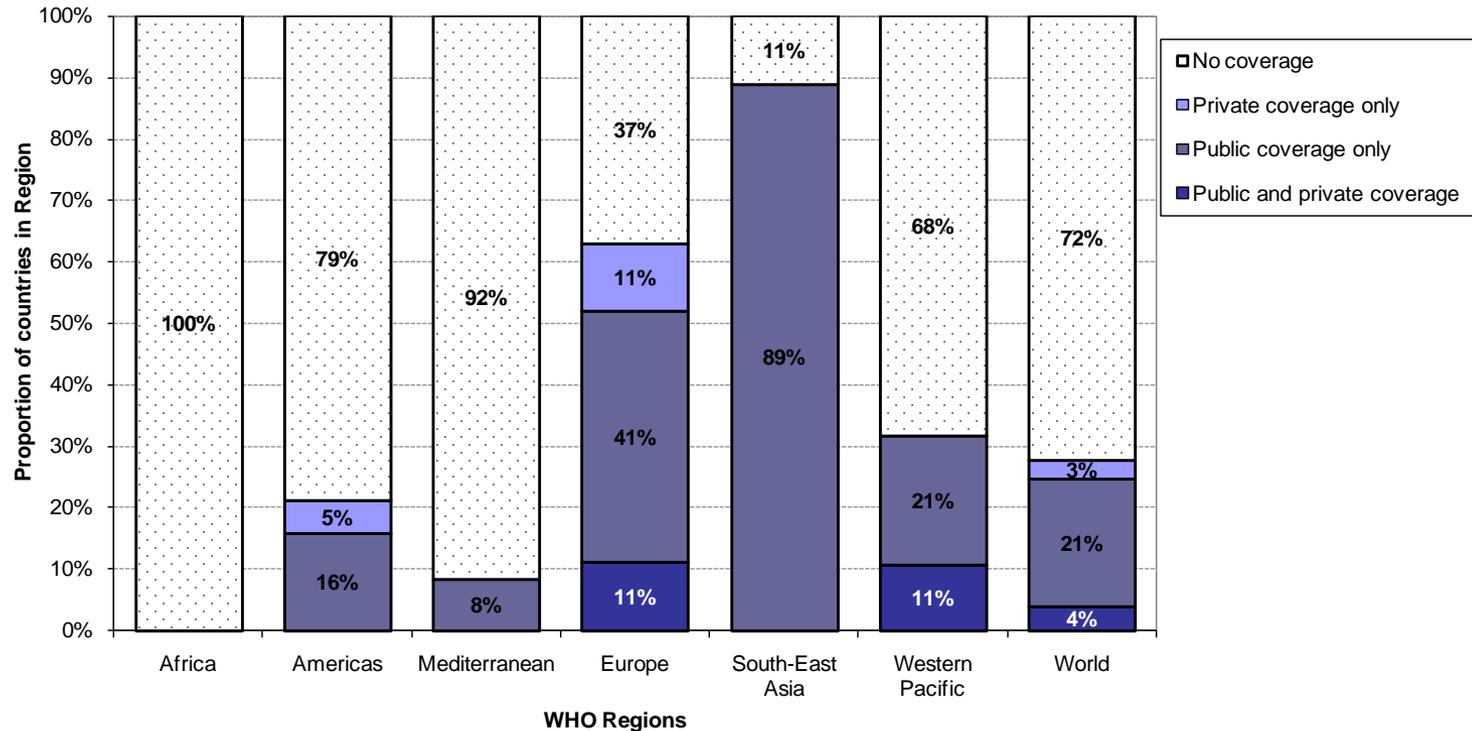
Cover for Homeopathy, Naturopathy and Phytotherapy



Available extensively in Europe, the region in which these therapies were developed. Some public coverage elsewhere but not in Africa.

Source: Helen Young (2008) The Incorporation of Traditional and Complementary Medicine Benefits in Healthcare Funding Systems: A Worldwide Review of Practice. Unpublished UCT project with Heather McLeod.

Cover for Traditional Chinese Medicine, Ayurveda and Unani-Tibb



Acupuncture enjoys the most global popularity. South-East Asia, the region of origin of Ayurveda and Unani Tibb, offers extensive public coverage.

Source: Helen Young (2008) The Incorporation of Traditional and Complementary Medicine Benefits in Healthcare Funding Systems: A Worldwide Review of Practice. Unpublished UCT project with Heather McLeod.

Degree of Integration

- The WHO has defined three types of health system to describe the degree to which TM/CAM is officially recognized part of the national health system:
- **Integrative systems**
 - TM/CAM is officially recognized and incorporated into all areas of health care provision.
- **Inclusive systems**
 - recognize TM/CAM, but has not yet fully integrated it into all aspects of health care.
- **Tolerant systems**
 - the national health care system is based entirely on biomedicine, but some TM/CAM practices are tolerated by law.

Inclusive Systems

- An **inclusive system** recognizes TM/CAM, but has not yet fully integrated it into all aspects of health care, be this health care delivery, education and training, or regulation.
- TM/CAM might not be available at all health care levels, health insurance might not cover treatment with TM/CAM, official education in TM/CAM might not be available at university level, and regulation of TM/CAM providers and products might be lacking or only partial.
- Work on policy, regulation, practice, health insurance coverage, research and education will be under way.
- Ultimately, countries operating an inclusive system can be expected to attain an integrative system.
- India, Sri Lanka, Indonesia, Japan , Australia, New Zealand, United Arab Emirates, Germany, Norway, [much of EU], United Kingdom, Canada, USA, Ghana, Nigeria, Equatorial Guinea, Nigeria, Mali, South Africa (amongst others).

Integrative Systems

- In an **integrative system**, TM/CAM is officially recognized and incorporated into all areas of health care provision.
 - TM/CAM is included in the relevant country's national drug policy;
 - providers and products are registered and regulated;
 - TM/CAM therapies are available at hospitals and clinics (both public and private);
 - Treatment with TM/CAM is reimbursed under health insurance;
 - relevant research is undertaken; and
 - education in TM/CAM is available.
- Worldwide, only China, the Democratic People's Republic of Korea, the Republic of Korea and Viet Nam can be considered to have attained an integrative system.

Traditional Chinese Medicine and Western Medicine in China: Integration Policy

IAA Colloquium in Hong Kong

Dr Vincent CH Chung

Assistant Professor

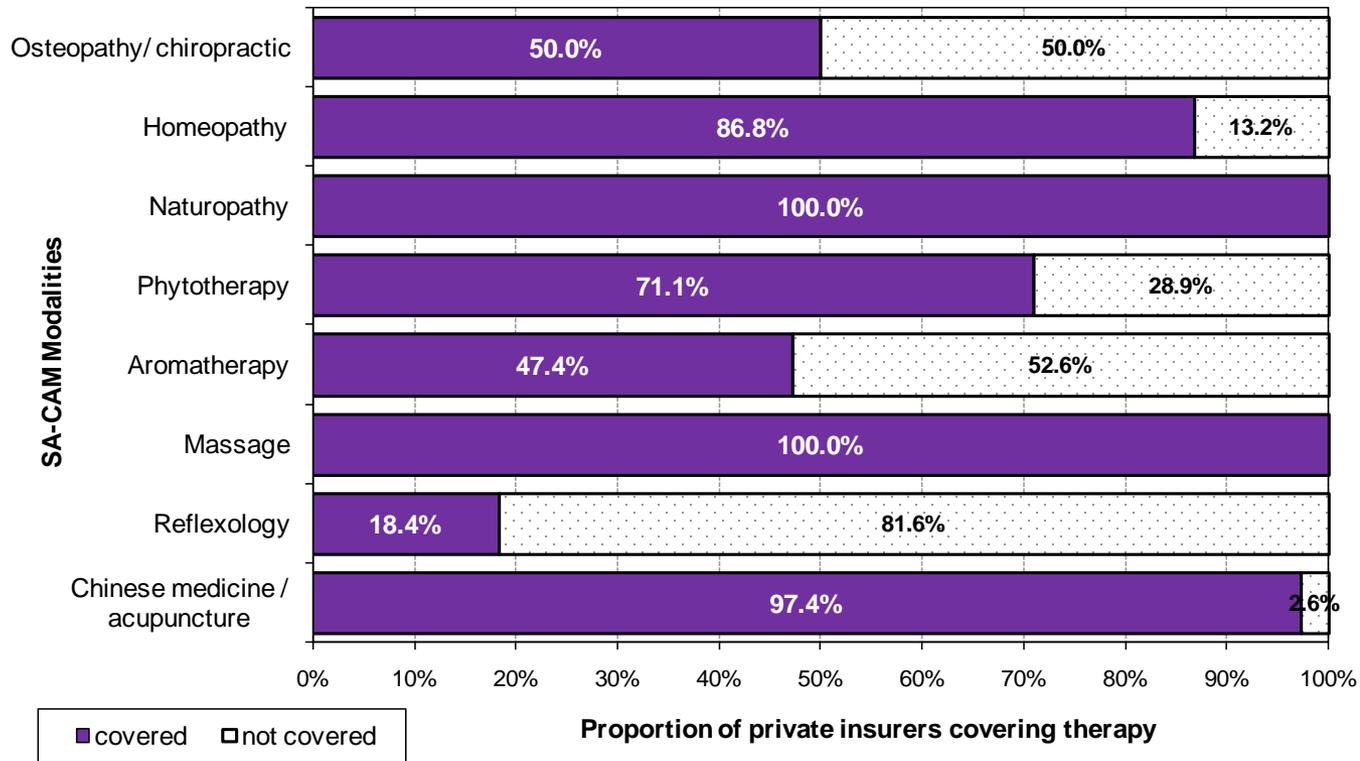
Registered Chinese Medicine Practitioner

School of Public Health and Primary Care

Chinese University of Hong Kong

TM/CAM in Health Insurance

Private Insurers in Australia



The Journal of the Australian Traditional-Medicine Society gives a summary of coverage of TM/CAM therapies by Australian private health insurers as at March 2008. Covers all 38 registered insurers.

Source: Helen Young (2008) The Incorporation of Traditional and Complementary Medicine Benefits in Healthcare Funding Systems: A Worldwide Review of Practice. Unpublished UCT project with Prof McLeod.

PHI in Australia: Medibank

- 27.7% market share 2011
- **Ancillary Provider Recognition 2012**
 - Chiropractors and Osteopaths
 - Acupuncture, Chinese Massage and Chinese Medicine
 - Homoeopathy
 - Naturopathy
 - Nutrition
 - Western Herbal Medicine
 - Remedial Massage; Myotherapy; Aromatherapy; Reflexology
 - Kinesiology; Shiatsu
 - Alexander Technique; Bowen Therapy; Feldenkrais
 - Clinical Hypnotherapy; Counselling
 - Diabetes Educators

Source: <http://www.medibank.com.au/Health-Covers/Information-For-Health-Care-Providers/Ancillary-Provider-Recognition.aspx>

PHI in Australia: BUPA

- 26.7% market share 2011
- 30 plan combinations, all with natural therapies included
- **Natural Therapist Provider Recognition 2012**
 - Chiropractors and Osteopaths
 - Acupuncture, Chinese Herbal Medicine; Traditional Chinese Medicine Massage
 - Homoeopathy
 - Naturopathy
 - Western Herbal Medicine
 - Remedial Massage; Myotherapy; Aromatherapy; Reflexology
 - Kinesiology; Shiatsu
 - Alexander Technique; Pilates; Bowen Therapy; Feldenkrais

Source: <http://www.bupa.com.au/for-providers/ancillary/For-Natural-therapists>

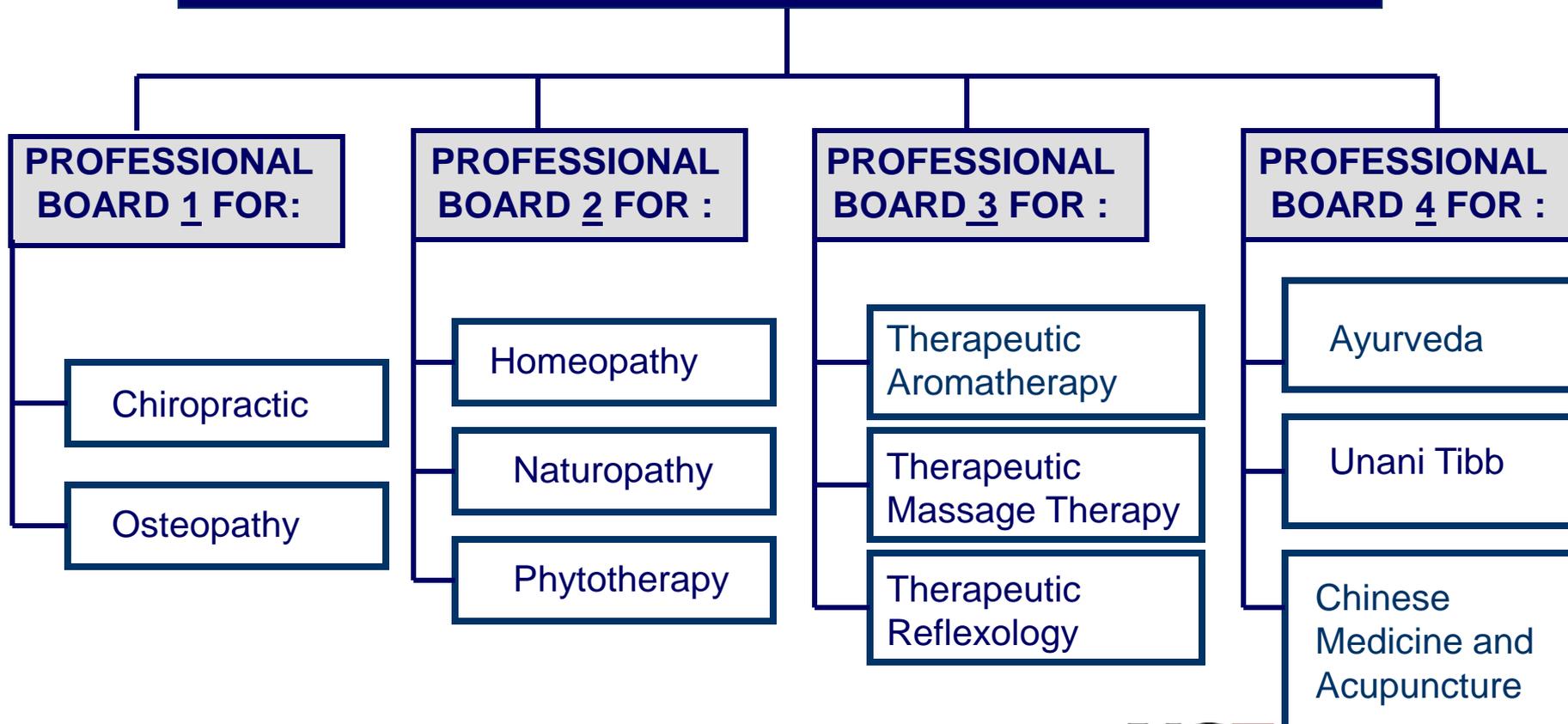
South Africa ANC Health Plan of 1994

“People have the right of access to traditional practitioners as part of their cultural heritage and belief system.”

Source: ANC Health Plan 1994;
South African Health Review 2007, Chapter 12.

South Africa Regulation of Complementary Medicine

ALLIED HEALTH PROFESSIONS COUNCIL



3,622 practitioners in May 2007.

Healthcare Practitioners in SA

- Some **34,000 doctors** (including some **7,000 GPs** in private practice);
- 11,000 pharmacists;
- 100,000 professional nurses;
- 84,000 staff nurses and auxiliaries;
- **3,600 complementary medicine practitioners**; and
- **185,500 traditional medicine practitioners.**

Why are all these TM and CAM practitioners not covered by medical schemes?

South Africa: GEMS Allied Health Services



- Largest employer-based scheme; second largest scheme
- Began operating in 2006; 1.6 millionth beneficiary reached in 2011
- Subject to referral by Designated Service Provider GP; managed care
- Subject to rules and registration with relevant statutory bodies
 - chiropractors, osteopaths,
 - acupuncturists, Chinese medicine practitioners,
 - ayurvedic practitioners,
 - homeopaths, naturopaths, phytotherapists,
 - reflexologists, aromatherapists, therapeutic massage therapists
- 2009: benefits included African Traditional Healers

Source: GEMS web-site: www.gems.gov.za

Integrative Medicine

“Fall of the Bamboo Curtain”

- The first definitive study of the use of complementary medicine in the U.S.A. (Eisenberg et al 1993) estimated that more than one-third of Americans used alternative therapies.
- Three-quarters of this amount was not reimbursed by insurers or medical systems.
- The Eisenberg study prompted a fundamental reassessment by healthcare funders of the direction in which consumers were leading them. A further study (Eisenberg et al 1998) showed that alternative medicine visits exceeded visits to primary care physicians.

Source: Caldis, McLeod and Smith (2001) The Fall of the Bamboo Curtain : A Review of Complementary Medicine in South Africa, South African Actuarial Journal

“Fall of the Bamboo Curtain”

- 17 December 1997 was heralded as “The Fall of the Bamboo Curtain”. It marks the date on which the **Journal of the American Medical Association** committed to publishing papers on complementary therapies as a result of pressure from its readers.
- Internal surveys show ranking of CAM moving from 68 to “the top three” in the space of one year.
- AMA editors called for papers on CAM, announced a special issue of JAMA each year on CAM and committed all publications in the group to carrying more reports on CAM topics.
- John Weeks, editor of the newsletter *Alternative Medicine Integration and Coverage*, explained the metaphor of the bamboo curtain as “being, appropriately, from the era of the Cold War. The freeze in communication between the medicines, behind which lies were told (on both sides), is officially melting”.

Source: Caldis, McLeod and Smith (2001) The Fall of the Bamboo Curtain : A Review of Complementary Medicine in South Africa, South African Actuarial Journal

NCCAM Classification of CAM

- 1. Alternative Medical Systems-** complete systems of theory and practice - homeopathy, naturopathy, Traditional Chinese Medicine and Ayurveda. [Also Unani Tibb]
- 2. Mind-Body Interventions** - patient support groups, meditation, prayer, spiritual healing, therapies that use creative outlets (art, music, or dance)
- 3. Biologically Based Therapies-** include the use of herbs, foods, vitamins, minerals, dietary supplements
- 4. Manipulative and Body-Based Methods-** chiropractic or osteopathic manipulation, and massage.
- 5. Energy Therapies-** involve the use of energy fields.
 - **Bio-field therapies** such as qi gong, Reiki, and Therapeutic Touch,
 - **Bio-energetic therapies** involving the use of pulsed electromagnetic fields, such as pulsed fields, magnetic fields, or alternating-current and/or alternating and direct-current fields.

Source: National Center for Complementary and Alternative Medicine (NCCAM) <http://nccam.nih.gov/health/whatiscam/>

TM/CAM in US Hospitals

- **Complementary and Alternative Medicine Survey of Hospitals 2010** found that more than 42% of responding hospitals indicated they offer one or more CAM therapies, up from 37% in 2007, 26% in 2005 and 7.7% in 1999 (first time asked).
- “Hospitals across the nation are responding to patient demand and integrating complementary and alternative medicine (CAM) services with the conventional services they normally provide.”
- “CAM services also reflect hospitals’ desire to treat the whole person—body, mind and spirit.”
- Reasons for introducing CAM: 85% of responding hospitals indicated patient demand as the primary rationale; 70% of survey respondents stated clinical effectiveness as their top reason.
- Since most CAM services are not covered by insurance plans, the services were most often self-paid by patients.

Source: American Hospital Association and Samueli Institute (2011) **Complementary and Alternative Medicine Survey of Hospitals 2010**

TM/CAM in Teaching Hospitals

- “Teaching hospitals accounted for 38.9% of the respondents with CAM services.”
- “According to the Association of American Medical Colleges (AAMC). The percentage of medical schools offering a required course in CAM has increased from 26% in 2001 to 91% for the graduating class of 2009.”
- “CAM is gaining more popularity and interest by the new generation of physicians hastened by the growing consumer interest.”

Source: American Hospital Association Health Forum (2008) Complementary and Alternative Medicine Survey of Hospitals. Summary of Results.

TM/CAM in US Managed Care



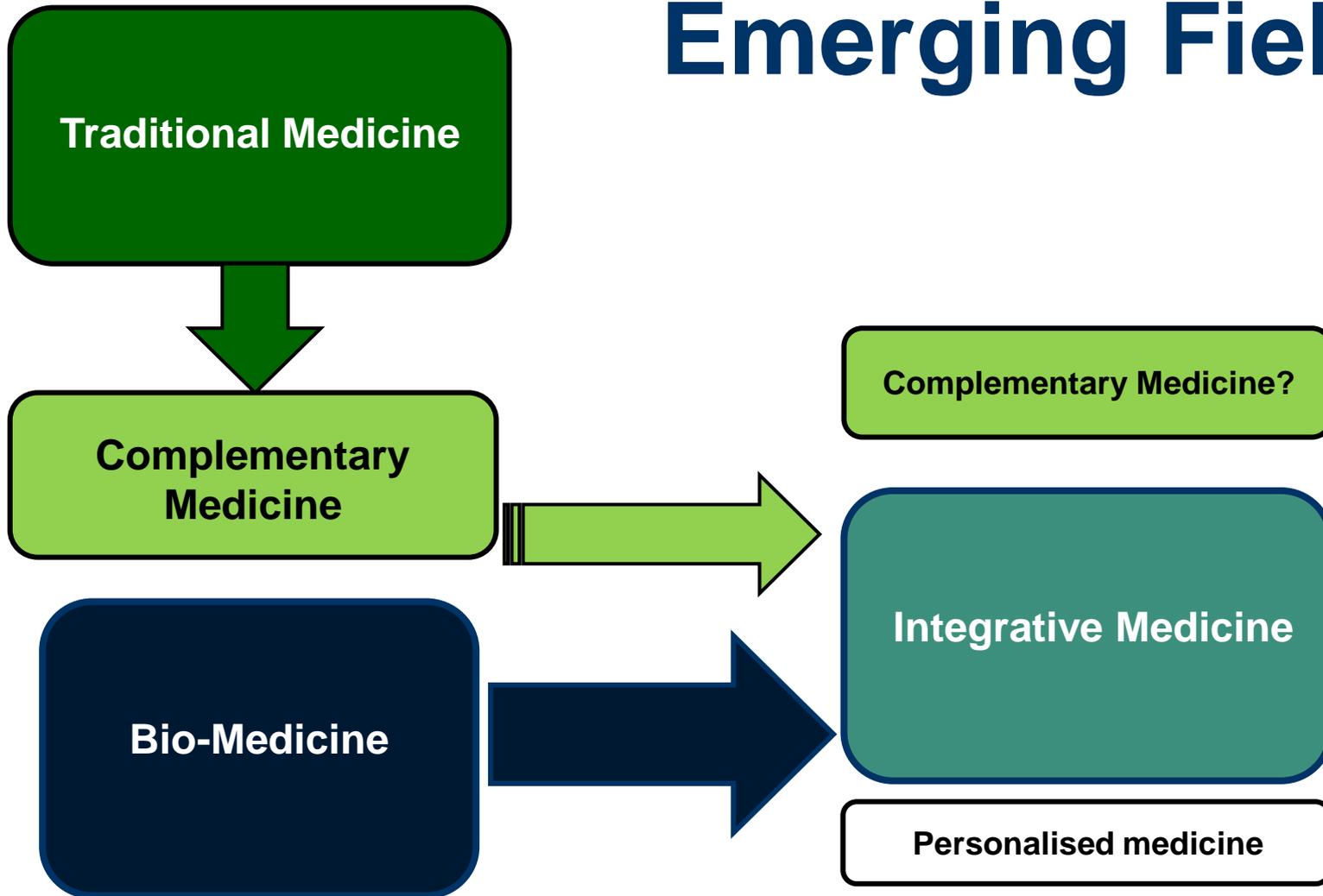
- “Today more Americans are using complementary and alternative care to help manage or prevent many health conditions. Many adopt them as part of their cultural and personal beliefs and to promote a greater sense of emotional, physical, and spiritual well-being.”
- “The Center for Complementary Medicine is part of Kaiser Permanente’s integrated delivery system. If you are a member, you will receive coordinated care from your whole Kaiser Permanente team. Your complementary medical practitioner, your primary care physician, and any specialists you are seeing will be able to access your electronic medical record to learn your health history and communicate with each other to design a program of care that meets your unique needs.”

Source: www.kpccm.org/index.html



New Zealand Centre for
Evidence-based Research
into Complementary and
Alternative Medicine (ENZCAM)

Emerging Field



A Definition of Integrative Medicine

- The term **Integrative Medicine (IM)** refers to the blending of conventional and natural/complementary medicines and/or therapies along with lifestyle interventions and a holistic approach – taking into account the physical, psychological, social and spiritual wellbeing of the person – with the aim of using the most appropriate, safe and evidence-based modality(ies) available.
(AIMA joint working party/RACGP : ‘Best Practice’ document)
- **Integrative Medicine** is the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.

Developed and Adopted by The Consortium, May 2004 edited May and November 2009

Source: Australasian Integrative Medicine Association
http://www.aima.net.au/resources/what_is_integrative_medicine.html

Terminology?

- Integrative Medicine
or
- Integrative Healthcare
or
- Integrative practice – collaboration

- **Model of co-option or collaboration?**

USA Healthcare Reform

- Legislation that supports the establishment of **Accountable Care Organizations (ACOs)** was recently enacted into law as part of the Patient Protection and Affordable Care Act, and in 2012 the Centers for Medicare and Medicaid Services will begin contracting with ACOs.
- 2006 and 2007 data sources:
 - there are at least 180,600 CAM practitioners
 - 300,000 primary care physicians
 - 600,000 specialists
- “... at the center of reform is a health care delivery system that promotes practitioner accountability for population health outcomes, care coordination, and the control of health care spending.”
- To what extent will CAM practitioners be part of ACOs?

Source: <http://www.liebertonline.com/doi/abs/10.1089/acm.2011.0364>

Integrative Medicine Centers

- **Integrative Medicine in America: How Integrative Medicine Is Being Practiced in Clinical Centers Across the United States**
- A new publication from the Bravewell Collaborative
- “provides current data on the patient populations and health conditions most commonly treated with integrative strategies.”
- In a survey of 29 U.S. integrative medicine centers, 75 percent reported success using integrative practices to treat chronic pain and more than half reported positive results for gastrointestinal conditions, depression and anxiety, cancer and chronic stress.

Source: http://www.bravewell.org/current_projects/mapping_field/

Board of Integrative Medicine

- **Establishing a new American Board of Integrative Medicine**
- The University of Arizona Center for Integrative Medicine (ACIM) has announced that it will lead the creation of a formal specialty for medical doctors in integrative medicine. ACIM, founded by Andrew Weil, MD, is in dialogue with the American Board of Physician Specialties toward establishing an **American Board of Integrative Medicine**. They are collaborating with leaders of the American Board of Integrative and Holistic Medicine (ABIHM).

University of Arizona Center for Integrative Medicine (ACIM):

<http://integrativemedicine.arizona.edu/about/>

American Board of Integrative and Holistic Medicine (ABIHM)

<http://www.abihm.org/>

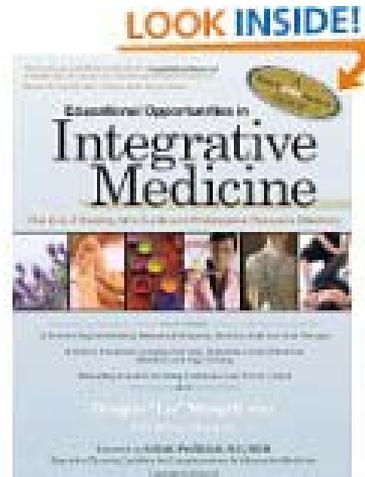
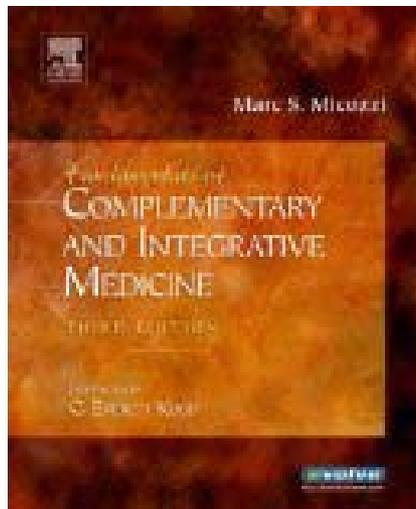
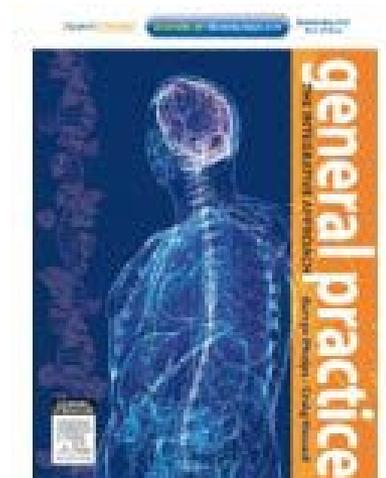
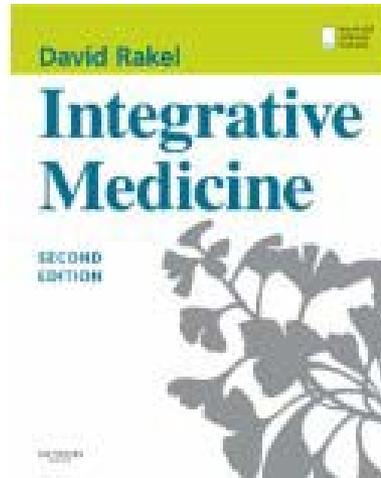
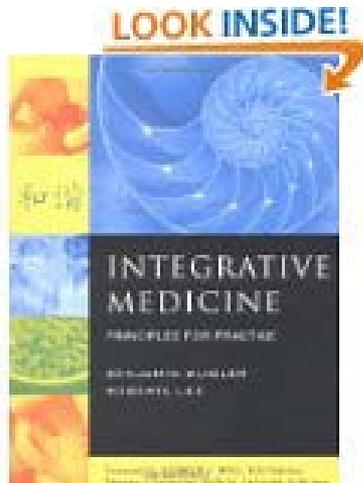
Source: http://theintegratorblog.com/index.php?option=com_content&task=view&id=780&Itemid=189

Integrative Holistic Medicine

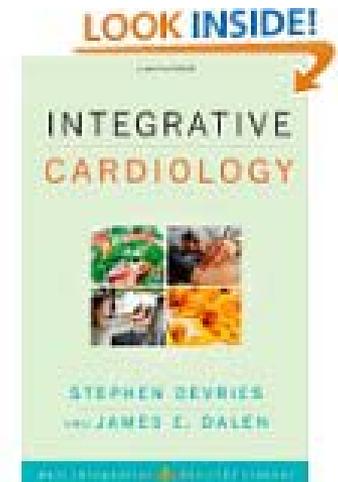
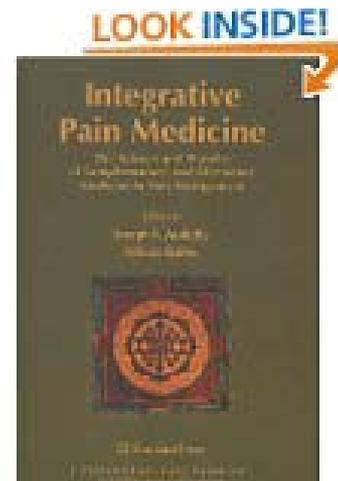
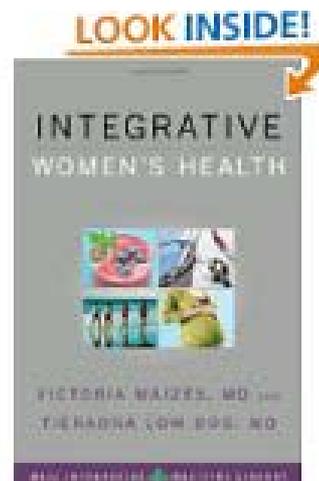
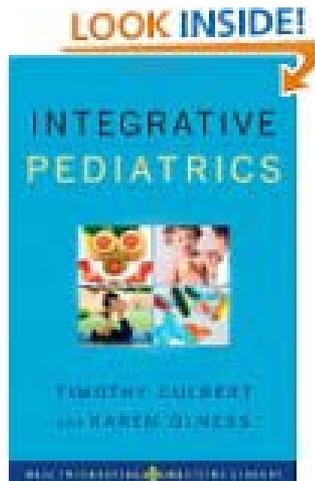
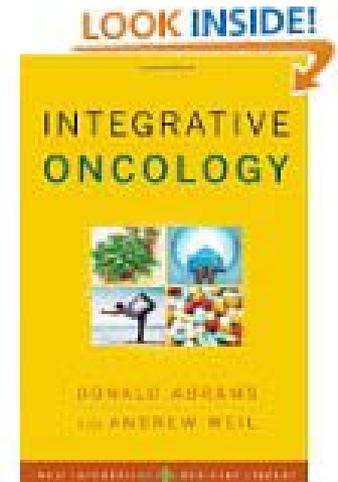
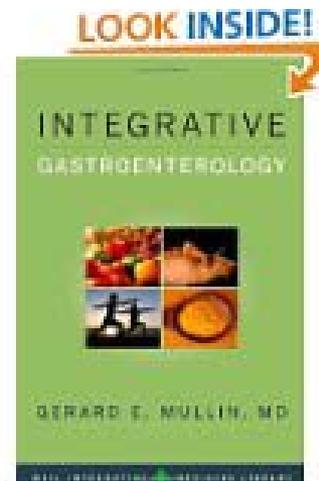
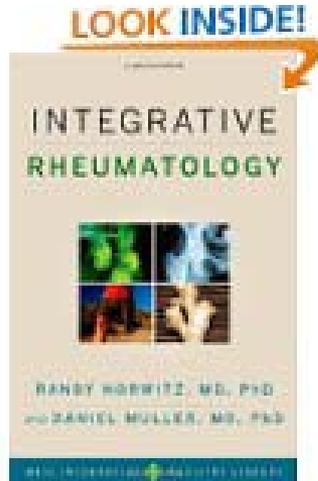
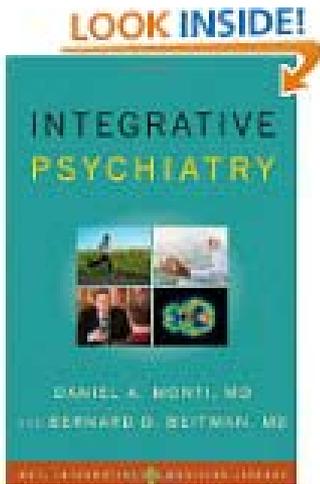
- Integrative Holistic Medicine is an emerging medical specialty that incorporates
 - caring for the whole person — body, mind, and spirit — to treat and prevent disease; and
 - empowering patients to create a condition of optimal health.
- Both outside and inside the medical profession, this concept of medicine of the whole person is gathering increasing support. The body-mind-spirit approach integrates many disciplines and modalities, including physiology, biochemistry, nutrition, exercise, environment, emotions, attitudes, beliefs, social relationships, manual medicine, herbs, homeopathy, energy medicine, prayer, acupuncture, meditation, spirituality, and biofeedback.

Source: American Board of Integrative and Holistic Medicine (ABIHM)

New Books



New Books



Implications for Actuaries

“There is no research”

- **CAMbrella in Europe**
- ... establish an EU network involving centres of research excellence for collaborative projects, ... to create a knowledge base that facilitates the understanding of patient demand for CAM and its prevalence, to review the current legal status and policies governing CAM provision, and to explore the needs and attitudes of EU citizens”
- 16 academic research groups from 12 European countries and will run for 36 months starting from January 2010.
 - <http://www.cambrella.eu/home.php>
- **Research Databases for CAM**
 - Overview of 45 published database resources for CAM
 - <http://www.hsci.canterbury.ac.nz/enzcam/databases.shtml>

“There is no evidence”

See journals such as:

- [Alternative and Complementary Therapies](#)
- [BMC Complementary and Alternative Medicine](#)
- [Complementary Therapies in Clinical Practice](#)
- [Complementary Therapies in Medicine](#)
- [EPMA Journal. The Official Journal of the European Association of Predictive, Preventive and Personalised Medicine](#)
- [European Journal of Integrative Medicine](#)
- [Evidence-Based Complementary and Alternative Medicine \(eCAM\)](#)
- [Explore: The Journal of Science and Healing](#)
- [Integrative Cancer Therapies](#)
- [Journal of Evidence-Based Complementary & Alternative Medicine](#)
- [The Journal of Alternative and Complementary Medicine](#)

“There are no reviews”

- **Cochrane CAM Field**
- “ ...an international group of individuals dedicated to facilitating the production of systematic reviews of randomized clinical trials in areas such as acupuncture, massage, chiropractic, herbal medicine, homeopathy and mind-body therapy. It is a member entity of the Cochrane Collaboration, a worldwide organization that prepares systematic reviews of all kinds of healthcare therapies, and publishes these reviews in **The Cochrane Library**.”
- Founded in 1996 and coordinated by the **University of Maryland Center for Integrative Medicine**.
- 498 reviews and 240 protocols in Cochrane Library Issue 12, 2011
 - http://www.compmed.umm.edu/cochrane_reviews.asp

Technical Barriers to TM/CAM

- **Health legislation excludes TM/CAM:**
 - Minimum benefit package
 - Registration and licensing of practitioners
- **Technical barriers to exclusion:**
 - Practice code numbers for practitioners to enable claiming
 - Consultations not included in national pricing schedules
 - NAPPI coding of all medicines used
 - ICD-10 coding by practitioners for billing
- **Medical advisors** – but wealth of evidence-based research
- **Actuaries and consultants?**

Source: Adapted from South African Health Review 2007, Chapter 12.

Actuaries and Integration

- You are probably already paying for more CAM than you know ...
 - Doctors who also practice CAM but bill as GPs
 - As integrative medicine grows, so the distinction will dissolve.
- Aging population in many countries, greater prevalence of chronic disease, more interest in spirituality and greater demands by patients.
- Patients are seeking to complement their treatment for cancer and chronic conditions such as asthma, diabetes, chronic pain.
- Cancer patients report that complementary therapies promote relaxation, reduce cancer-related distress, help alleviate the side effects of conventional treatment, and empower them.
- Widely available health information driving demand for therapies that may not be part of the standard delivery model.
- Whole person care: **Body – Mind – Spirit**

“Cultural Creatives”

- Sociologist Paul H. Ray and psychologist Sherry Ruth Anderson identified 26% of the adult Americans as “Cultural Creatives”
- 50 million people in the US and another 80 -90 million across Europe (in 2000) who have a shared value system that is changing society.
- Largely middle to upper class; male/female ratio of 40:60.
- “Cultural Creatives are defined by their interest in **spirituality** and psychology; they are into personal growth, authenticity, voluntary simplicity and mind/body thinking.
- They care about the **environment** and sustainability, natural foods, natural medicines and an equitable society. Cultural Creatives want a better world for their children and know the old society mores aren’t going to take them there.”
- A market niche that health insurance has yet to address?

See also: http://en.wikipedia.org/wiki/The_Cultural_Creatives

integrated
healing



Body, Mind, Soul

Professor Heather McLeod

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