



# Establishing an Integrative Medicine Center

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*What can I do to manage my symptoms while I'm being treated for cancer? Where can I get good advice about herbs to improve my sleep? Will acupuncture help with nausea? Should I drink essiac tea?*

These are the kind of questions that patients with cancer are asking themselves and increasingly are asking their mostly traditional healthcare providers (Eisenberg, 1997). One response from medical institutions has been the establishment of complementary and integrative medicine centers in existing, traditional structures (La Puma & Eiler, 1998; Ott, 2002; Sparacino, 1997). This article focuses on how to accomplish this goal. It includes a composite of the findings from a literature search, specific recommendations from researchers and clinicians, and the results of my personal experience as a mental health nurse practitioner at a hospital-based integrative medicine center, the Center for Health and Well-Being (CHWB) of Iowa Health Systems in Des Moines. These ideas and suggestions first were presented at the Oncology Nursing Society Institutes of Learning in Nashville, TN, in the fall of 2004.

## Getting Started

**Phase I:** Because some of the components of an integrative medicine center can be controversial, the initial steps need to be as inclusive as possible, with a focus on communication as well as sharing of information. The initial step is to create a working group composed of as many medical disciplines as possible.

1. Find out who is interested.
2. Appoint a small task force.
3. Develop a template for decisions.
4. Agree on an action plan.

**Phase II:** Once the planning group is established, the next step involves the development, implementation, and evaluation of

a needs assessment. Some items will reflect the organizational culture. In Des Moines, a concern existed about having a chiropractor on staff. Consequently, this discipline was not added until the CHWB's third year.

Items to consider for inclusion are

- Scope of services
- Location
- Practitioners
- Reimbursement concerns
- Start-up costs
- Focus groups.

The introductory phases help the planning group establish cohesion as it develops goals. An opportunity arises during both phases for potential conflicts or barriers to emerge in the group or from the community. An example of a barrier to access of services at CHWB was offering yoga classes. This was perceived by some members of the community as a religious practice that was not compatible with their beliefs, resulting in avoidance of all CHWB services. No one on the planning group had anticipated such a concern.

## Key Strategies

Milton and Benjamin (1998) recommended evaluating the capacity for innovation. Is the planning committee ready to offer energy work such as healing touch or Reiki? Would it be more comfortable starting with massage? This will help determine the kinds of services and practitioners that will be available at the institution. Milton and Benjamin's experience was that overcommunication, total commitment of the administrative team, and community support were essential. I was surprised constantly to discover that hospital staff members did not know of the existence of the center. As the project proceeds, develop a staff education program to familiarize people with the value of complementary and

alternative medicine (CAM) approaches, establish a credentialing mechanism for the new staff, and carefully build in a system for ongoing evaluation of outcomes.

A prescription for success was offered by Weeks (2001): Bring in experienced integrative providers, underwrite development costs, and focus marketing on internal relationship building rather than direct-to-consumer strategies. Other clinicians are more likely to refer to providers who have an established reputation in the CAM field. Some of the allopathic physicians currently are using CAM interventions or referring patients for them. Information about this degree of "openness" can be of immense help in planning and launching a center.

One author (La Puma & Eiler, 1998) suggested teaching allopathic physicians alternative skills as a way of increasing their awareness and belief in such approaches. He also suggested a conservative beginning (e.g., nutrition, tai chi for seniors). Providers who are unfamiliar with CAM can be offered a more hands-on approach, such as receiving a massage or osteopathic service, or can be funded to participate in a CAM workshop (Richardson, 2001).

## The Role of Medical Staff

Physicians often have conflicting opinions regarding treatments in conventional medicine. Concerns exist in the area of CAM as well, particularly because of a shortage of clinical trials in most CAM modalities (Santa Ana, 2001). Often, physicians have

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