



HerbClip™

Shari Henson
Heather S Oliff, PhD
Densie Webb, PhD

Brenda Milot, ELS
Marissa Oppel, MS

John Neustadt, ND
Cathleen Rapp, ND

Executive Editor – Mark Blumenthal *Consulting Editors* – Dennis Awang, PhD, Steven Foster, Roberta Lee, MD

Managing Editor – Lori Glenn

Funding/Administration – Wayne Silverman, PhD *Production* – George Solis/Kathleen Coyne

FILE: ■ Integrative Health Care Centers
■ CAM Therapies in Academic Hospitals
■ CAM Liability Issues, Hospitals

HC 050252-287

Date: August 31, 2005

RE: Policies Governing the Integration of Complementary and Alternative Medicine in US Hospitals

Cohen MH, Hrbek A, Davis RB, Schachter SC, Kemper KJ, Boyer EW, Eisenberg DM. Emerging credentialing practices, malpractice liability policies, and guidelines governing complementary and alternative medical practices and dietary supplement recommendations: a descriptive study of 19 integrative health care centers in the United States. *Arch Intern Med.* 2005;165:289–95.

The clinical use of complementary and alternative medicine (CAM) practices—such as acupuncture, chiropractic, massage, and nutritional and herbal approaches—is increasing in popularity in hospitals in the United States. However, little is known about the policies governing the integration of CAM practices and providers. The objective of this study was to document emerging approaches related to the integration of CAM practices (e.g., credentialing, malpractice liability, and pharmacy and therapeutic guidelines) in select US hospitals. Knowledge of the status of current practices can help clarify whether standard approaches are emerging that will facilitate reproducible models of integrative health care and clinical research.

The authors identified 21 academically-affiliated and 13 non-academically-affiliated hospitals with integrative health care centers. An academic health care center was defined as "a health care center that includes an allopathic or osteopathic school of medicine, at least one other health professions school or program, and one or more university-owned or -affiliated teaching hospitals." The medical directors of these health care centers were asked to participate in a survey that was developed to determine the approaches used therein to integrate CAM therapies. Twelve of the 21 (57%) academically affiliated centers and 7 of the 13 (54%) non-academically affiliated centers responded with completed surveys between 1 May 2001 and 1 June 2002. Of the 19 respondents, 11 were tertiary care hospitals, 6 were community hospitals, 1 was a freestanding center that was affiliated with a community hospital, and 1 was a university-based rehabilitation hospital.

The results of the survey suggest that "hospitals are using heterogeneous approaches to address licensing, credentialing, and scope of practice of complementary care providers; malpractice liability; and dietary supplement use in efforts to develop models of integrative care." Furthermore, the approaches used to educate and train health care providers in CAM therapies and to facilitate consistent research among the institutions are not standardized. There was no consistency in the mix of providers across the centers studied. Most of the centers had a "mind-body" provider on staff; however, only 4 of the centers had a naturopath, 16 had a massage therapist, and 7 had a chiropractor. The requirements for professional liability insurance, informed consent disclosure, and hiring status were minimal and inconsistent among the respondents. Four centers responded that they did not require written informed consent or verbal discussions before initiating CAM therapies. Less than one-third of the respondents had a formal policy concerning dietary supplement use. Those centers that sold dietary supplements lacked a consistent rationale for which products to include or exclude in their pharmacies.

Three specific obstacles to the safe and efficacious implementation of CAM therapies were identified: 1) inconsistent state laws concerning the licensure of providers (e.g., acupuncturists, massage therapists, chiropractors, and naturopaths), 2) inconsistent approaches to liability management strategies (e.g., malpractice insurance, informed consent procedures, and hiring status), and 3) inconsistent approaches concerning dietary supplement recommendations. These inconsistencies create "significant impediments to the delivery of consistent clinical care and the implementation of multisite evaluations of the safety, efficacy, and cost-effectiveness...of CAM therapies...as applied to the management of common medical conditions." It is recommended that consistent policies related to the clinical delivery of CAM and research involving integrative care be developed.

—*Brenda Milot, ELS*

Enclosure: Referenced article reprinted with permission from the American Medical Association.

The American Botanical Council provides this review as an educational service. By providing this service, ABC does not warrant that the data is accurate and correct, nor does distribution of the article constitute any endorsement of the information contained or of the views of the authors.

ABC does not authorize the copying or use of the original articles. Reproduction of the reviews is allowed on a limited basis for students, colleagues, employees and/or members. Other uses and distribution require prior approval from ABC.