

GLENN SABIN  
TAYLOR WALSH

*The* **Rise** *of*  
**Integrative Health**  
**& Medicine**

*The Milestones: 1963–Present*

First Edition

*Presented by*



*Introduction by* **JOHN WEEKS**

*The Rise of Integrative Health & Medicine:*

*The Milestones: 1963—Present*

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*The Rise of Integrative Health & Medicine:*

*The Milestones: 1963—Present*

By Glenn Sabin and Taylor Walsh. Introduction by John Weeks.

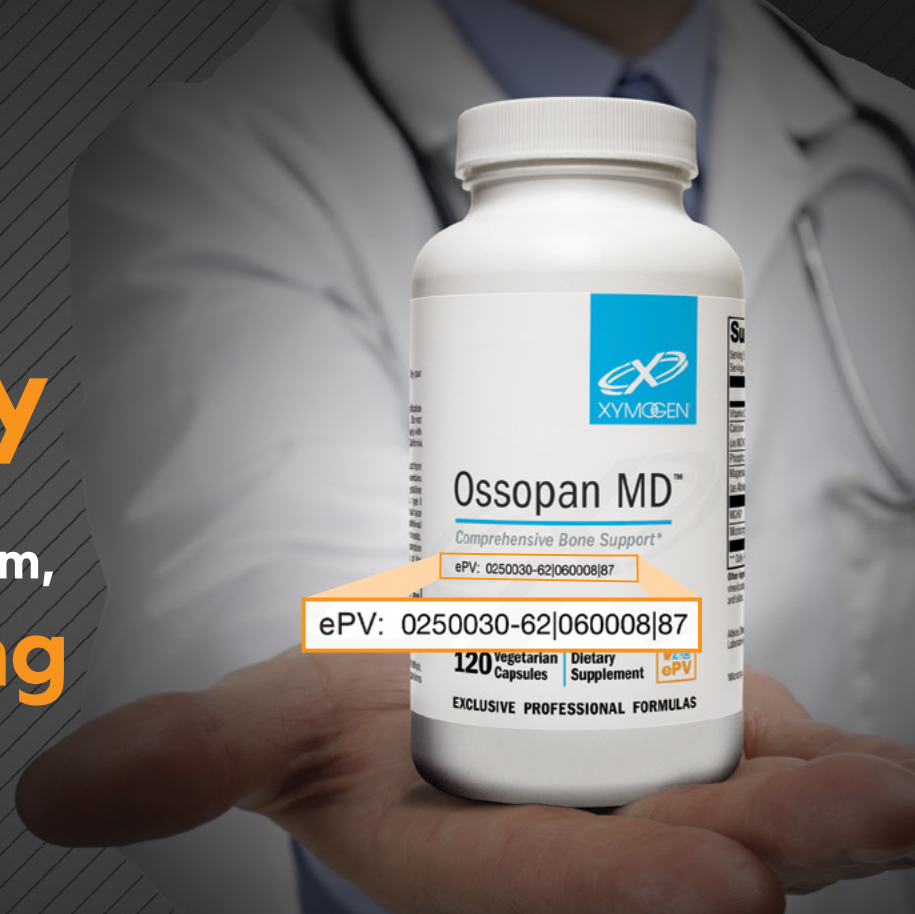
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## INTRODUCTION

John Weeks, Publisher-Editor  
*The Integrator Blog*

**A**t what point can an emergent movement look back and claim a history? And what *is* that history if, over the course of the time chronicled, separate strands have knit together into a whole that was unimagined at the outset? Do the lineages of each become the shared ancestry of what is emerging?

These questions face anyone who chooses to look back on the evolution of what many of us now call the “movement for integrative health and medicine.” What’s in? What’s out? What stories will rise to frequent retelling in this melded family history? Which will be hushed up or edited down?

The first of the 120 notable achievements in this timeline from Glenn Sabin and Taylor Walsh begins, appropriately, in the '60s. East met West. Back to nature. Whole foods. Rise of the feminine. Whole systems. That one herb that made us think about the power of others. Environmentalism. Globalism. Social justice.

After a decade of gestation, a remarkable set of change agencies rose out of that cultural amniotic stew. The following were born concurrently, and separately, between 1977-79. An organization for holistic medical doctors. Another for holistic nurses. The first new naturopathic medical schools in two decades. The birth of patient-centered care. Ground-breaking mind-body research. The first herb industry organization. A national institute promoting wellness. Within two years a national organization for acupuncturists. Parallel play of the first order.

In Washington, DC, during a 1979 congressional briefing, the internationally honored futurist, Clement Bezold, PhD—who 20 years later would become a player in the integrative care movement—had his finger on the pulse. He told the assembled elected officials and their staff that there was a trend taking shape. He called it “alternative medicine.”

*Alternative, holistic, complementary, CAM, functional, blended, restorative, root cause, integrative.* Something was afoot.

We can, with confidence, now point to distinct eras. Work in silos, following the emergence from the stew. Fifteen years later, the shock to regular medicine and other mainstream stakeholders from a 1993 publication out of Harvard showing widespread patient use and billions spent. The quick synthesis in the invention of “integrative medicine.” Then, just after the century turned, the birth of multiple collaborations and consortia to power up the new potential. Inclusion in a series of Institute of Medicine reports. Key provisions—including a call for “non-discrimination”—in the Affordable Care Act. Barriers between disciplines lowering.

Now with this maturation, we see a potential convergence for these carriers of whole system, patient-centered, conservative care. They increasingly come together with the medical industry’s efforts to form delivery and payment methods that focus on what former Center for Medicare and Medicaid Services administrator Donald Berwick, MD, MPH learned from integrative care leaders to call “salutogenesis” or “creating health.”

## INTRODUCTION

This document offers the bare bones of that history. Many of the milestones were culled from *The Integrator Blog* chronicle through which, with the investment of patrons, I have had the pleasure of tracking the many strains of our shared history. Often, the achievements reflect courageous, sweat-to-mission efforts by practitioners, frequently with consumer allies. They established professional societies, standards, academic institutions, consortia, and accrediting bodies. They passed state and federal laws. Others suffered the scorn of colleagues to engage in trials of new kinds of therapies and practices. In more recent years, individuals in positions of power—former US Senator Tom Harkin, the exemplar—threw open doors to reveal new territories for integrative care models.

These are passages that have also been, and still are often, characterized by overt or covert suppression of access, of rights, and of evidence. This is a ‘coming of age’ tale of a grassroots movement with parallels to those for women’s rights, for people of color, and for clean water, soil, and air. There was even a Big Honking Lawsuit—the decade-long *Wilk v. the American Medical Association (AMA)*—like *Brown v. the Board of Education*, *Roe v. Wade*, and the *Karen Silkwood* trial, that helped set the course.

As circumstances and the persevering intention of multiple players continue to transform healthcare, expect the next planned edition of this timeline (spring 2018) to be crowded with more examples of interprofessional engagement percolating since 2000.

Many long timers in the field share a paradoxical feeling about these decades of work. We would like to have seen further movement toward deeper mutual respect and an actual system for advancing health care. At the same time, the movement from the shadows into the light is wonderful and astonishing. And, we hope, a proud platform from which you newbies are launching. Thank you Glenn and Taylor for creating this document.

Now the work begins to interweave additional strands many of you may want reflected in this shared timeline.

“Glenn is a poster child for evidence-based integrative oncology and an exemplar of what might be achieved for others. I highly recommend this book.”

**MARK HYMAN, MD**

*Director, Cleveland Clinic Center for Functional Medicine, and 10-time #1 New York Times bestselling author*

“How do we maintain a rigorous, scientific, yet open mind when it comes to discovery in medicine? In *n of 1*, Glenn Sabin reminds us that every observation is important—to be woven into the rubric of knowledge so that we may heal with collective experience.”

**DEBU TRIPATHY, MD**

*Professor and Chair, Department of Breast Medical Oncology, The University of Texas MD Anderson Cancer Center*

“*n of 1* is the amazing tale of Glenn Sabin’s resilience in the face of adversity, and is motivation for us all. A moving testament of how a positive attitude plus a healthy lifestyle can have a profound impact on one’s life.”

**NEAL BARNARD, MD**

*President, Physicians Committee for Responsible Medicine*

“A riveting account of one man’s journey in fighting his cancer successfully with an unconventional approach. Thought-provoking!”

**GARY DENG, MD, PHD**

*Medical Director, Integrative Medicine Service, Memorial Sloan-Kettering Cancer Center*



foreword by **DEAN ORNISH, MD**

**n<sup>o</sup>1**



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remission of incurable cancer  
using only natural methods**

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## 1. Chiropractic Care Attains Insurance Coverage State mandates begin

▶ 1963

**Delaware** enacted the first state mandate for chiropractic benefits in 1963, followed by 19 states in the 1970s, and 24 in the 1980s. **The American Chiropractic Association** estimates that by 2015, some 87% of all insured American workers have chiropractic coverage.

All 50 states, the District of Columbia, Puerto Rico, and the United States Virgin Islands officially recognize chiropractic as a health care profession, with services available under state workers' compensation laws. Chiropractic care is available at armed forces and veterans' medical facilities. Certain services are covered by **Medicare** and **Medicaid**.

Additional information can be found here:

"Chiropractic in the United States: Training, Practice, and Research;" Chapter VI: "Insurance Coverage of Chiropractic Services," Gail A. Jensen, PhD; Robert D. Mootz, DC; Paul G. Shekelle, MD, PhD; Daniel C. Cherkin, PhD. 1997.

American Chiropractic Association:

[xymo.co/RISE/001](http://xymo.co/RISE/001)

## 2. US Recognizes Chiropractic Education Accrediting Agency Scottsdale, Arizona

▶ 1974





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In 1974 the **US Department of Education** recognized Council on Chiropractic Education as the national accrediting body for Doctor of Chiropractic degree programs. It is also recognized by the **Council for Higher Education Accreditation** as the accrediting body for solitary purpose chiropractic institutions.

This designation was preceded by many years of voluntary efforts to improve chiropractic education dating back to 1935, when the **National Chiropractic Association (NCA)** created a Committee on Educational Standards (CES).

[xymo.co/RISE/002](http://xymo.co/RISE/002)



### 3. **College of Chinese Acupuncture, U.S. Founded in Maryland; Precursor to Tai Sophia Institute** Columbia, MD

▶ **1974**

The College of Chinese Acupuncture, U.S., the precursor of the Tai Sophia Institute (now Maryland University of Integrative Health), is incorporated in Maryland by co-founders Bob Duggan and Dianne Connelly. It is an outgrowth of a program begun in Kenilworth, England, in which US students studied acupuncture with J.R. Worsley, MD. Duggan and Connelly later establish the Traditional Acupuncture Institute that became the Tai Sophia Institute.

[xymo.co/RISE/003](http://xymo.co/RISE/003)

4. *The Relaxation Response* by Herbert Benson, MD,  
and Miriam Z. Klipper.  
Boston, Massachusetts



## ▶ 1975

Dr. Benson is a professor, cardiologist, and founder of Harvard's Mind/Body Medical Institute. *The Relaxation Response* describes the scientific benefits of relaxation, explaining that regular practice can effectively treat a wide range of stress-related disorders. Benson is largely credited for demystifying meditation and helping to mainstream the practice. (See entry 72 on the Herbert Benson Institute).

[xymo.co/RISE/004](http://xymo.co/RISE/004)

5. **Bastyr University Founded**  
Kenmore, Washington  
San Diego, California



## ▶ 1978

Bastyr is the world's leading academic center for advancing and integrating knowledge through its schools of Naturopathic Medicine, Traditional World Medicines, and Natural Health Arts and Sciences.

Bastyr was founded in 1978 at a time when continued naturopathic education was questioned as to its validity. Three graduates of the **National College of Naturopathic Medicine** organized a new institution in the name of an early champion of science-based natural medicine, **John Bastyr, MD**. It became the first school of natural medicine to be regionally accredited in 1989. Notably, the **Canadian College of Naturopathic Medicine**, which thrives today as a leading institution of

natural medicine, was also founded in 1978.

[xymo.co/RISE/005](http://xymo.co/RISE/005)



## 6. American Holistic Medical Association Founded Independence, Ohio

1978

The **American Holistic Medical Association (AHMA)** was founded in 1978 to transform conventional healthcare into a more holistic model. The organization created a safe harbor for pioneers—conventionally trained physicians and students of integrative and holistic medicine. It served as a center for scientifically sound exploration of holistic and integrative care, focusing on the art and science of healing based on the whole person, and interconnectedness: body, mind, emotions, and spirit.

In 2014 AHMA became part of the **Academy of Integrative Health & Medicine (AIHM)**; see entry 113).

[xymo.co/RISE/006](http://xymo.co/RISE/006)



## 7. Planetree Founded Derby, Connecticut

1978

**Planetree** provides the pathway to change for healthcare institutions by deploying a structured methodology for humanizing, personalizing, and demystifying the patient experience.

First formulated in 1978, the Planetree approach guides healthcare organizations around the world, and across the care continuum, in making patient-centered care the centerpiece of a cohesive strategy of quality improvement and cultural transformation. The process is powered by the stories and insights of patients, long-term care residents, family members, and healthcare professionals whose inspiration serves to enrich quality of life and create lasting change.

[xymo.co/RISE/007](http://xymo.co/RISE/007)

## 8. **American Holistic Nurses Association** Topeka, Kansas

▶ 1979

The **American Holistic Nurses Association (AHNA)** was founded in 1981 by **Charlotte McGuire, MA, RNC, HNC**, who has said, “My vision was that all nurses would be holistic nurses.”

Today AHNA’s 5,400 members are recognized by the **American Nurses Association** as practicing an “official nursing specialty” with its own defined scope and standards of practice. Ensuring the integration of complementary and integrative modalities into nursing curricula, AHNA conducts more than 150 educational activities and publishes the *Journal of Holistic Nursing*.

[xymo.co/RISE/008](http://xymo.co/RISE/008)





9. **Jon Kabat-Zinn, PhD, Develops Mindfulness-Based Stress Reduction (MBSR)**  
Worcester, Massachusetts

1979

In 1979, **Jon Kabat-Zinn, PhD**, recruited chronically ill patients who were not responding well to traditional treatments to participate in a newly created eight-week program at the **University of Massachusetts Medical School (UMMS)**. The course would later be titled *Mindfulness-Based Stress Reduction (MBSR)*, and it would play a seminal role in the era. At UMMS, he founded the **Center for Mindfulness in Medicine, Health Care, and Society**, and was a founding convener of the **Consortium of Academic Health Centers for Integrative Medicine (CAHCIM**, now the Academic Consortium for Integrative Medicine & Health).

[xymo.co/RISE/009](http://xymo.co/RISE/009)



10. **Townsend Letter**  
Port Townsend, Washington

1983

In 1983, *Townsend Letter*, the Examiner of Alternative Medicine, formerly *Townsend Letter for Doctors*, then *Townsend Letter for Doctors & Patients*, began publishing one of the first periodicals focusing on complementary and alternative medicine. The publication continues to examine the use and outcomes of integrative treatments for many common and difficult conditions.

The publication was founded and remains edited by **Jonathan Collin**,

**MD**, who maintains offices in both Port Townsend and Kirkland, Washington.

[xymo.co/RISE/010](http://xymo.co/RISE/010)

## 11. International College of Integrative Medicine Bluffton, Ohio

▶ **1983**

In 1983, seven physicians met in Cleveland, Ohio and envisioned what would later become the nonprofit **International College of Integrative Medicine (ICIM)**, teaching physicians the latest research in preventative, alternative, and innovative treatments. Members from around the globe focus upon treating health concerns relating to circulation, the brain, the immune system, hormones, digestion, pain, and/or toxicity, with a specialization in chelation.

ICIM hosts biennial conferences and advanced-level trainings to fulfill its mission of providing physicians with a comprehensive understanding of integrative medical care.

[xymo.co/RISE/011](http://xymo.co/RISE/011)

## 12. National Wellness Institute Stevens Point, Wisconsin

▶ **1985**

The **National Wellness Institute, Inc. (NWI)** was formed in 1977 as the **Institute for Lifestyle Improvement** under the **University of Wisconsin-Stevens Point (UWSP) Foundation**.



## THE MILESTONES: 1963—PRESENT

In 1985, it became the National Wellness Institute, and attained independent nonprofit status in 1989.

NWI was founded under the Six Dimensions of Wellness model: intellectual, emotional, social, spiritual, occupational, and physical. To date, all six remain the focus for its programs in undergraduate health promotion and wellness, and certification for professional wellness practitioners.

[xymo.co/RISE/012](http://xymo.co/RISE/012)



### 13. US Recognizes Naturopathic Medical Education Accrediting Agency Great Barrington, Massachusetts

▶ 1987

Founded in 1978, the **Council on Naturopathic Medical Education (CNME)** is the accrediting agency for naturopathic medical education that is recognized by: a) the four-year naturopathic colleges and programs in the United States and Canada; b) the American and Canadian national naturopathic professional associations; c) by the **North American Board of Naturopathic Examiners (NABNE)**. CNME advocates for high standards in naturopathic education. The **US Department of Education** recognizes CNME as the national accrediting agency for programs leading to the Doctor of Naturopathic Medicine (ND or NMD) or Doctor of Naturopathy (ND) degree.

[xymo.co/RISE/013](http://xymo.co/RISE/013)

#### 14. American Botanical Council Austin, Texas

1987

Established in 1988, by founder Mark Blumenthal, the **American Botanical Council (ABC)**, publisher of the highly regarded *HerbalGram*, is the leading independent, nonprofit, international member-based organization providing education using science-based and traditional information to promote the responsible use of herbal medicine. ABC serves the public, researchers, educators, healthcare professionals, industry, and media, and has been a highly respected source and an innovative force for many years. Membership and support for individual programs provide resources for the extensive information and education programs that ABC provides.

[xymo.co/RISE/014](http://xymo.co/RISE/014)



#### 15. Chiropractic Wins Lawsuit Against the American Medical Association (AMA) US District Court Northern District of Illinois Eastern Division

1987

On August 27, 1987, **Judge Susan Getzendanner** found the **AMA**, the **American College of Surgeons**, and the **American College of Radiology**, guilty of conspiring to destroy the chiropractic profession in the United States.

Following 11 years of legal action, the court ruled in *Wilk, et al. v. AMA, et al.* that the AMA and others had violated the Sherman Antitrust Act





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by organizing a national boycott of doctors of chiropractic by medical physicians and hospitals, using an “ethics ban on interprofessional cooperation.”

Additional information is available here:

Chiro.org—Summary of history

[xymo.co/RISE/015A](http://xymo.co/RISE/015A)

“U.S. Judge Finds Medical Group Conspired Against Chiropractors,” Associated Press in *The New York Times*, 8/29/1987.

[xymo.co/RISE/015B](http://xymo.co/RISE/015B)



### 16. Cancer Treatment Centers of America Schaumburg, Illinois

1988

**Cancer Treatment Centers of America® (CTCA)** was established in 1988 by **Richard J. Stephenson** following the death of his mother. He created a new model of care, introducing whole-person cancer treatment that today includes immunotherapy, nutrition, mind-body medicine, and spiritual support, along with state-of-the-art treatment from teams of oncologists, surgeons, and other health experts. CTCA’s national network of five fully accredited hospitals has earned Full Standards Compliance from the Joint Commission, and recognition from the **Association of Community Cancer Centers** and the **American College of Radiology**.

[xymo.co/RISE/016](http://xymo.co/RISE/016)

**17. American Holistic Health Association**  
Anaheim, California

**1989**

The **American Holistic Health Association (AHHA)** was founded at the urging of an association of holistic medical doctors who recognized the need to educate the American public about the power of the holistic—whole person—approach to wellness. AHHA was incorporated in 1989 as a free and impartial nonprofit. Through the years the work of AHHA has expanded to include offering resources to support individuals so they can actively and confidently participate in their own health and healthcare. The advent of the internet has dramatically expanded AHHA's outreach.

[xymo.co/RISE/017](http://xymo.co/RISE/017)



**18. Accreditation Commission for Acupuncture and Oriental Medicine**  
Eden Prairie, Minnesota

**1990**

The **Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)** is a private, not-for-profit founded in 1982 by the **Council of Colleges of Acupuncture and Oriental Medicine** and the **American Association of Oriental Medicine**.

Recognized by the **US Department of Education (USDE)** as a “specialized and professional” accrediting agency, ACAOM's primary purposes are to establish comprehensive educational and institutional requirements for acupuncture and Oriental medicine programs, and to



# THE LANCET

## THE MILESTONES: 1963—PRESENT

accredit programs and institutions that meet these requirements. As an independent agency, the commission's decisions are not subject to review or change by any outside organization or regulatory body.

ACAOM was first recognized by the US Department of Education in 1988 for the accreditation of master's degree and master's level acupuncture-only programs. In 1992, ACAOM added accreditation for programs in Oriental medicine.

[xymo.co/RISE/018](http://xymo.co/RISE/018)

### 19. *The Lancet* Publishes Results of Ornish “Lifestyle Heart Trial” London, New York, Beijing

#### 1990

“Comprehensive lifestyle changes may be able to bring about regression of even severe coronary atherosclerosis after only 1 year, without use of lipid-lowering drugs.”

That was the summary from a trial conducted and led by **Dean Ornish, MD**, to determine the effect of lifestyle changes on coronary atherosclerosis. For patients adhering to a low-fat vegetarian diet, who stopped smoking, participated in stress management training, and engaged in moderate exercise, 82% had an average change towards regression. Patients in a usual-care group showed progression.

To learn more:

“Can lifestyle changes reverse coronary heart disease? The Lifestyle Heart Trial”

*The Lancet*: Volume 336, No. 8708, p129–133, 21 July 1990.

[xymo.co/RISE/019](http://xymo.co/RISE/019)

**20. First US Academic Center for Integrative Medicine (CIM) at University of Maryland  
Baltimore, Maryland**



▶ **1991**

With the support of **Sir Maurice Laing** and the **Laing Foundation**, and the **University of Maryland, Brian Berman, MD**, opened the doors to the first integrative medicine program at an American academic medical institution.

In 1994 the program received first **National Institutes of Health (NIH)** grant to study the effects of acupuncture on osteoarthritis. It would go on to play a founding role in the North American Consortium of Academic Health Center for Integrative Medicine, today called Academic Consortium for Integrative Medicine & Health (ACIMH).

[xymo.co/RISE/020](http://xymo.co/RISE/020)

**21. The Center for Mind Body Medicine Founded  
Washington, DC**



▶ **1991**

The **Center for Mind Body Medicine (CMBM)** was founded by **James Gordon, MD**, initially to serve medical students, inner-city youth, and individuals living with life threatening and chronic illness (including cancer, HIV, and heart disease). In the years since, CMBM has specialized

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in serving the residents of conflict-riven areas, notably Kosovo, Haiti, Gaza, and Israel.

[xymo.co/RISE/021](http://xymo.co/RISE/021)



### 22. Institute for Functional Medicine Founded Federal Way, Washington

1991

**The Institute for Functional Medicine (IFM)** was founded in 1991, by Jeffrey Bland, MD, and Susan Bland. Its mission is to educate and provide clinical support for functional medicine across disciplines as a systems-biology *approach* to the prevention and management of chronic disease utilizing appropriate tools including nutrition, lifestyle, exercise, environment, structural, cognitive, emotional, and pharmaceutical therapies to meet the individual needs of the patient.

The Blands funded and administered IFM until 2001, when IFM became a separate nonprofit. IFM is in partnership with the Cleveland Clinic in its Center for Functional Medicine (see entry 114).

[xymo.co/RISE/022](http://xymo.co/RISE/022)

NIH Begins  
Research on  
Alternative  
Medicine



### 23. Congress Establishes the Office of Alternative Medicine Washington, DC

1992

With the leadership of **Sen. Tom Harkin, D-Iowa**, Congress established the **Office of Alternative Medicine (OAM)** in 1991 (Title 404E,

Section 601 of the Public Health Service Act), to serve as a coordinating center within **the Office of Director (OD)** at **NIH**. Its mandate: “facilitate the evaluation of alternative medical treatment modalities” through coordinated research and other initiatives with NIH’s institutes and centers. OAM’s primary mission, in its first six years, was to emphasize rigorous scientific evaluation of complementary and alternative medicine (CAM) treatments, develop an infrastructure to coordinate and conduct research, and to provide information to the public.

NCCIH: History of the organization

[xymo.co/RISE/023](http://xymo.co/RISE/023)

## 24. “Chantilly Report:” First NIH-Organized Workshops on Complementary and Alternative Medicine Chantilly, Virginia

▶ 1992

In 1992, the **NIH Office of Alternative Medicine (OAM)** conducted two workshops in Chantilly, Va. to develop a baseline of information on CAM use in the United States. The meetings examined six fields of alternative medicine and addressed issues of research infrastructure, research, and methodologies. The resulting “Chantilly Report” or “Alternative Medicine: Expanding Medical Horizons”—was released in 1995. It is significant because it was the result of the first NIH-sanctioned meetings held to discuss the field of complementary and alternative medicine as a whole.

These initial OAM meetings on CAM are described in the 2002 report from the Institute of Medicine (IOM), “Complementary and Alternative



Medicine in the United States." [xymo.co/RISE/024](https://xymo.co/RISE/024)



**25. Publication of “Unconventional Medicine in the United States” by a Team Led by David Eisenberg, MD**

New England Journal of Medicine

**1993**

This 1990 national research project established that “The frequency of use of unconventional therapy in the United States is far higher than previously reported.”

Thirty-four percent of survey respondents used at least one of 16 unconventional therapies in the previous year. 83% of those seeking treatment for serious conditions also saw a medical doctor. 425 million patient visits were made to unconventional providers (37 million more than to US primary care). In 1990, the population spent \$13.7 billion on unconventional healthcare, of that an estimated \$10.3 billion was out-of-pocket. Compare those numbers to the \$12.8 billion that patients spent out-of-pocket on yearly care at conventional hospitals.

“Unconventional Medicine in the United States—Prevalence, Costs, and Patterns of Use,” David M. Eisenberg, et al. N Engl J Med 1993; 328:246-252 January 28, 1993 DOI: 10.1056 / NEJM199301283280406.

[xymo.co/RISE/025](https://xymo.co/RISE/025)

**26. OAM Co-Hosts "Complementary and Alternative Medicine: Issues Impacting Coverage Decisions"**

**1993**

With support from Wayne Jonas, MD, the Office for Alternative Medicine (OAM) co-hosts this workshop with the former Agency for Health Care Policy and Research (AHCPR), which is now the Agency for Healthcare Research and Quality (AHRQ) to discuss the issue of CAM and reimbursement in health plans.

[xymo.co/RISE/026](http://xymo.co/RISE/026)



**27. Benjamin Kligler, MD, Receives First Health Resources and Services Administration (HRSA) Grant for CAM in Family Medicine**

**1994**



**28. Fetzer Institute Publishes "Relationship-Centered Healthcare"**  
Kalamazoo, Michigan

**1994**



**29. University of Arizona Center for Integrative Medicine**  
Tucson, Arizona





## 1994

The **Center for Integrative Medicine at the University of Arizona (AZ CIM)** was founded in 1994, by **Andrew Weil, MD**, as the **Program in Integrative Medicine** in order to create a cadre of physicians trained in integrative medicine who, in turn, would train their peers.

The AZ CIM developed the first and most comprehensive academic curriculum in integrative medicine; its residency program is a national model. A co-founder of the **Consortium of Academic Health Centers for Integrative Medicine (CAHCIM, now ACIMH)**, the AZ CIM embodies the philosophy and practice of healing-oriented medicine and—through multiple federal, foundation, and private philanthropic grants, including Weil’s own foundation—has been an engine of change ever since.

[xymo.co/RISE/029](http://xymo.co/RISE/029)



30. **Mary Ann Leibert, Inc. Publishes *The Journal of Alternative and Complementary Medicine*, First Peer-Reviewed Research Journal in Field**  
New Rochelle, New York

## 1994

[xymo.co/RISE/030](http://xymo.co/RISE/030)



31. **Washington State Enacts “Every Category of Provider” Statute**  
Seattle, Washington

## 1995

In 1995 the **Washington** legislature passed the *Alternative Provider Statute* (Every Category of Provider law), becoming the first state to require insurers to include in their coverage plans: licensed practitioners of naturopathic medicine, massage therapy (soft-tissue manipulation), acupuncture and Oriental medicine, chiropractic, direct-entry (home-birth) midwives, and other licensed specialists.

The law, which was successfully defended against insurer attack by then Washington State Insurance Commissioner Deborah Senn, JD, required that insurers “permit every category of health care provider to provide health services or care for conditions included in the basic health plan.” It did not apply to Medicare, Medicaid, state-subsidized Basic Health Plans, or to self-funded plans. The state has since supplied a treasure trove of data on real world integration.

Additional resources can be found here:

“Supreme Court Affirms Washington State’s ‘Every-Category’ Law,” in *Dynamic Chiropractic*, April 19, 1999

[xymo.co/RISE/031A](http://xymo.co/RISE/031A)

Melanie L. Curtice, “Every Category of Provider: Hindsight Is 20/20 Vision,” in *Seattle Law Review*, Vol. 21:317

[xymo.co/RISE/031B](http://xymo.co/RISE/031B)

## **32. First-in-Nation Public Funding for Natural Medicine Clinic** **King County, Washington**

**1996**

In October 1996, the **King County Natural Medicine Clinic** at the



**Kent Community Health Center** opened as the first natural medicine clinic in the nation to be underwritten with public funding. The two-year pilot program was initiated with a \$750,000 federal grant then an additional \$500,000 from the state legislature. Clinic staff included medical and naturopathic physicians; nurse practitioners; physician assistants; massage therapists; acupuncturists; chiropractors; and dietitians who work in underserved communities, making natural health available to many who could not afford it. The program continues today as part of the HealthPoint network of over a dozen federally qualified health centers.

Larry K. Fried, "Kent Clinic: A Model for the Future of Community Health Care?" in *National Choice Directory of Puget Sound 1997/98* edition

[xymo.co/RISE/032](http://xymo.co/RISE/032)



### 33. First of a Series of Harvard Medical School CAM Conferences, Hosted by David Eisenberg, MD

### 34. American Board of Holistic Medicine

## 1996

Since the **American Board of Holistic Medicine** was founded in 1996, it has twice evolved: In 2008 as the **American Board of Integrative Holistic Medicine**, and in 2015 as the **Academy of Integrative Health & Medicine (AIHM)**, see page 19). Its vision has been retained throughout: To establish and maintain the highest standards of medical care, ignite and sustain the joy and passion of physicians in their work, establish the role of unconditional love as the basis of healing and support, and to recognize the importance of the health of

the planet as integral to human health.

[xymo.co/RISE/034](http://xymo.co/RISE/034)

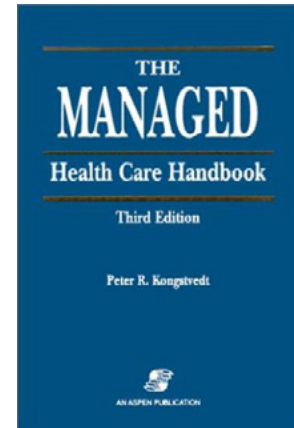
### 35. Report from the Managed Healthcare Congress Workshop Series on CAM

The Managed Health Care Handbook

▶ 1997

One of the first and most thorough reviews of the history and place for CAM disciplines in American medicine that is published by a mainline healthcare organization.

For further reference: John Weeks, “Complementary and Alternative Medicine Integration: Trends, Structures and Challenges,” in *The Managed Health Care Handbook, Fourth Edition*, Aspen Press, Peter R Kongstvedt, Ed.



### 36. Congress Creates The National Center for Complementary and Alternative Medicine (NCCAM)

Bethesda, Maryland

▶ 1998

Through an informal coalition of integrative health and CAM leaders inside and outside of government, six years after establishing the Office of Alternative Medicine, the **US Congress** elevated that office to the **National Center for Complementary and Alternative Medicine (NCCAM)**. At that time, the NIH director said the new NCCAM: “...will



provide greater autonomy to initiate research projects at a time when the public is increasingly interested in CAM therapies." A 16-member outside advisory council was also created (50% of its members were to be from the CAM professions, but that ratio has not been achieved since the founding of the council). Also see 2015 entry 118. "NCCAM becomes the National Center for Complementary and Integrative Health (NCCIH)"

[xymo.co/RISE/036](http://xymo.co/RISE/036)



**37. First of Two “Practical Applications of CAM”  
Conferences; Hosted by Harvard, Stanford**

**1998**



**38. Cancer Treatment Centers of America Introduce  
Naturopathic Medicine  
CTCA Network Hospitals**

**1998**

In 1998, as part of its integrative oncology services, **CTCA** introduced naturopathic providers to recommend treatments to support normal metabolism and digestion during cancer treatment; manage any side effects such as nausea or fatigue; and to boost immune function. The naturopathic provider acts as a consultant to CTCA oncologists by using a wide variety of natural therapies to focus on reducing the risk of harmful effects from cancer treatments.

[xymo.co/RISE/038](http://xymo.co/RISE/038)

39. *The Integrator for the Business of Alternative Medicine*

Seattle, Washington

▶ 1998

*The Integrator for the Business of Alternative Medicine* was one in a series of monthly, print newsletters written by **John Weeks** during the formative years of CAM integration, 1996-2001. It became a journal of record for the business of emerging integrative medicine and healthcare enterprise. Its work has been widely referenced by major American media and seminal national integrative policy initiatives, including the **White House Commission on CAM Policy** (2002), the **Bravewell Collaborative's** "Clohesy Report" (2003), and **Institute of Medicine's** *CAM in the United States* (2005). It is a precursor to *The Integrator Blog*.

[xymo.co/RISE/039](http://xymo.co/RISE/039)

40. **First NCCAM Grant for Education in CAM**

▶ 1999

41. **Highmark Study Shows \$17,000+ Treatment Savings from Ornish Heart Disease Program**

▶ 1999

In 1997, **Highmark** undertook an analysis of the impact of the **Dean Ornish, MD**, program for Highmark members. They concluded that the Ornish program was likely to save \$17,687 over a



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three-year period for patients ill enough to require an intervention (angioplasty or coronary artery bypass graft). Highmark subsequently became the first insurer in the United States to reimburse for the Ornish Program for Reversing Heart Disease. This non-invasive treatment, which combines stress management, moderate exercise, group support, and a low fat, whole-foods nutrition plan, has proven to be effective and sustainable for patients who suffer from many cardiac issues.

In addition, further information is available through the following:

[xymo.co/RISE/041A](http://xymo.co/RISE/041A)



### 42. Highmark Markets Dean Ornish Lifestyle Advantage Program; with No Medicare Coverage, Initiative Fails

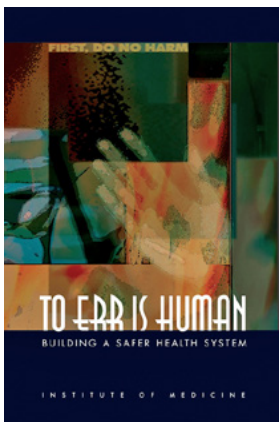
1999

### 43. Institute of Medicine Publishes “To Err is Human: Building a Safer Health System” Washington, DC

1999

By 1999, studies of hospital care revealed that as many as 98,000 people died in hospitals each year from preventable medical errors.

After its examination of the problem, the **Institute of Medicine (IOM)** concluded: “It is not acceptable for patients to be harmed by the health care system that is supposed to offer healing and comfort—a system



that promises, 'First, do no harm.' Its resulting report, "To Err is Human", set a goal to reduce errors by 50% by 2004.

[xymo.co/RISE/043](http://xymo.co/RISE/043)

#### 44. Joint Commission Pain Guideline Notes Presence of "Non-pharmacological" Therapies



▶ 1999

#### 45. First Annual Integrative Medicine Industry Leadership Summit Fetzer Institute Kalamazoo, Michigan



▶ 2000

By the end of the 1990s, "integrative medicine" had established inroads into conventional healthcare. But the leaders of these efforts did not yet view their work as part of a greater community. These three annual (2000-02) meetings, convened by John Weeks, in concert with the then-publisher of his Integrator newsletter, Integrative Medicine Communications, were early efforts to define a new industry of health creation. Its goals at the outset included:

- ▶ Assessing the state of integration
- ▶ Identification of best practices
- ▶ Intensification of collegial networking
- ▶ Understanding optimal models

These meetings ultimately led to the formation of institutional, academic,



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research, policy, and clinical groups that have advanced integrative practice since.

For a report on the initial meeting:

[xymo.co/RISE/045](http://xymo.co/RISE/045)



### 46. *Holistic Primary Care—News for Health & Healing* Founded New York, New York

## 2000

*Holistic Primary Care—News for Health & Healing (HPC)* was launched in 2000 as a print publication for educating physicians about natural medicine and non-pharmaceutical treatment. Today the publication reaches some 100,000 physicians in the United States. The first “Heal Thy Practice” conference was launched in 2009.

*HPC*’s goal is to help doctors and patients arrive on the same page about natural and preventive medicine, and to heal the patient-practitioner relationship. *HPC* content comes, in part, from conferences where practitioners of natural medicine share scientific and clinical experiences.

[xymo.co/RISE/046](http://xymo.co/RISE/046)

## 47. **Samueli Institute Formed** Alexandria, Virginia

▶ **2001**

The **Samueli Institute for Information Biology** was founded in 2001 by former NIH OAM director Wayne Jonas, MD, and philanthropists **Susan and Henry Samueli**. The couple said at the time:

“We recognized the need for an organization committed to innovative research in the areas of complementary, alternative and integrative health care ... to explore the safety, effectiveness and integration of healing-oriented practices and their role in medicine and health care.”

The Institute helps organizations, worldwide, to evaluate, understand, and implement healing practices. Examples:

- ▶ Military and veterans medicine
- ▶ Large-scale health systems
- ▶ Employers and workplace leaders
- ▶ National US health policy leaders

[xymo.co/RISE/047](http://xymo.co/RISE/047)

## 48. **National Policy Dialog to Advance Integrated Health Care: Finding Common Ground** Georgetown University, Washington, DC


▶ **2001**

This seminal meeting at **Georgetown University**, organized by an



**SAMUELI INSTITUTE**  
EXPLORING THE SCIENCE OF HEALING

**NPD: Seminal  
Interprofessional,  
Multi-Stakeholder  
Events Begins  
The Movement**



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interprofessional and multi-stakeholder steering committee, drew leaders from more than fifty national stakeholder organizations to begin a consensus-building process around the future of integrated health care. The meeting led to new alliances among providers, educators, researchers, payers, and consumers committed to advancing integrated care.

Key recommendations sought greater acknowledgement and commitment from federal agencies for research, CAM access in rural areas, recognition of the disciplines, and the formation of a national office “to foster the creation of an integrated health care (IHC) system focused on health promotion and disease prevention.”

The report is located here:

[xymo.co/RISE/048](http://xymo.co/RISE/048)



### 49. US Recognizes Direct-Entry Midwives Accrediting Agency Midwifery Education Accreditation Council Ann Arbor, Michigan

## 2001

The **Midwifery Education Accreditation Council (MEAC)** was formed in 1991 by the **National Coalition of Midwifery Educators** as the accrediting body for direct-entry midwifery educational programs. MEAC plays an essential role in the development and support of the profession by requiring continuous improvement in providing midwifery education.

[xymo.co/RISE/049](http://xymo.co/RISE/049)

## 50. Integrated Healthcare Policy Consortium Formed Conifer, Colorado



2002

The **Integrated Healthcare Policy Consortium (IHPC)** was created as the fulfillment of a recommendation by the “National Policy Dialogue to Advance Integrated Health Care: Finding Common Ground” (NPD). (See page 51) IHPC was formed in response to requests from key Senate and House legislators for an interdisciplinary, non-partisan consensus voice that could speak to the factors influencing integrative health and medicine policy. The steering committee of the NPD provided the first organizational members who have represented the professional CAM associations and education institutions. IHPC incorporated as a 501(c)4 lobbying organization in 2003. Today IHPC is the Integrative Health Policy Consortium.

[xymo.co/RISE/050](http://xymo.co/RISE/050)

## 51. Formation of the Consortium of Academic Health Centers of Integrative Medicine (CAHCIM) Fetzer Institute, Kalamazoo, Michigan



2002

Academic Consortium for Complementary & Alternative Health Care (ACCAHC) established a parallel strategic track in education, creating the first collaborations for the leaders of national CAM educational institutions and accrediting agencies. Led in its first years by Pamela Snider, ND, its members laid the groundwork for multidisciplinary research and academic projects such as a survey with the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM)

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to measure the status of inter-institutional relationships of both. ACCAHC incorporated in 2008 with 10 core organizations.

In 2016, ACCHAC became the **Academic Collaborative for Integrative Health (ACIH)**.

[xymo.co/RISE/051](http://xymo.co/RISE/051)

### 52. Formation of the Bravewell Collaborative Minneapolis, Minnesota

2002

The **Bravewell collaborative** was a group of philanthropists who substantially advanced the field of integrative medicine by accelerating its integration in centers of convention medical education and clinical practice.

The collaborative financed seminal initiatives such as **CAHCIM** (see page 44), the alliance of medical schools, a first mapping of medical doctor-led integrative practices around the country, and the **2009 National Summit on Integrative Medicine and Health of the Public**, in conjunction with the **Institute of Medicine**.

Believing it had completed its goals, the collaborative sunset its operations in 2015.

[xymo.co/RISE/052](http://xymo.co/RISE/052)



### 53. Report of the White House Commission on Complementary and Alternative Medicine Policy Washington, DC



▶ 2002

The “White House Commission on Complementary and Alternative Medicine Policy” provided the president with recommendations for ensuring optimal benefits from CAM services would be available to the public.

The commission’s final report addressed:

- ▶ Increasing knowledge about CAM products through research
- ▶ Educating and training health care practitioners
- ▶ Providing reliable CAM information to health care professionals
- ▶ Defining appropriate access to and delivery of CAM services

Recommendations focused on support for research and development, the dissemination of information, and ensuring the safety of CAM methods and products.

[xymo.co/RISE/053](http://xymo.co/RISE/053)

### 54. US Recognizes Massage Therapy Accreditation Washington, DC



▶ 2002

**The Commission on Massage Therapy Accreditation (COMTA)** accredits both educational institutions and programs offering instruction in massage therapy and bodywork, or esthetics and skin care. The

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organization maintains the quality and integrity of the profession and is governed by a commission of elected volunteers. COMTA was recognized by the **US Department of Education** as a specialized accrediting agency in 2002.

[xymo.co/RISE/054](http://xymo.co/RISE/054)



**VA**  
HEALTH  
CARE

### 55. Chiropractors Authorized as Providers in Veterans Health System US Veterans Administration, Washington

**2003**

**Congress** authorized the **Veterans Administration** to begin providing chiropractic services in 1999. In 2001, the Department of Veterans Affairs Health Care Programs Enhancement Act established chiropractic care nationwide and increased spending on veterans' health programs by \$1.4 billion.

Since late 2004, chiropractic services have been included as part of the standard Medical Benefits Package available to all enrolled veterans. Through 2014, the number of veterans receiving chiropractic care has increased from 4,000+ to more than 30,000.

Other references are available at:

[xymo.co/RISE/055A](http://xymo.co/RISE/055A)

[xymo.co/RISE/055B](http://xymo.co/RISE/055B)

## 56. “Mapping the Field of Integrative Medicine” The Clohesy Group Minneapolis, Minnesota



▶ 2003

Early in 2001, **Bravewell Collaborative** members (see page 45) in partnership with **Clohesy Consulting** undertook a first industry mapping study to develop a broad understanding of the forces at work in the emergence of integrative medicine. The study was organized to identify, confirm, and document the existing landscape of the field.

This first of three total studies:

- ▶ Identified key activities, leadership, and resources
- ▶ Identified obstacles in mainstream healthcare
- ▶ Identified the societal shift towards integrative medicine
- ▶ Developed information to tell the story to the public

[xymo.co/RISE/056](http://xymo.co/RISE/056)

## 57. Formation of The Society for Integrative Oncology New York, New York

▶ 2003

The **Society for Integrative Oncology (SIO)** was the first multi-disciplinary 501(c)(3) not-for-profit professional organization created by a group of academics from major cancer centers to explore the science and clinical delivery of integrative oncology. SIO programs in communication, education, and research bring together practitioners who care





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for cancer patients and survivors.

SIO members include oncologists, nurses, psychologists, social workers, nutritionists, complementary therapy practitioners, naturopathic doctors, herbalists, patient advocates, acupuncturists, and massage therapists. Their mission is to advance evidence-based, comprehensive, integrative healthcare to improve the lives of people affected by cancer. [xymo.co/RISE/057](http://xymo.co/RISE/057)



### 58. Penny George Institute for Health and Healing Founded Minneapolis, Minnesota

2003

The **Penny George Institute for Health and Healing** is the nation's largest integrative health center embedded in a health system: **Allina Health of Minnesota**.

Programs combine leading medical practice with holistic, integrative health approaches that encompass the health and wellness of the whole person, mind, body, and spirit. The institute is also a leader in research on economic and health benefits of integrative care, and has deployed integrative options throughout the Allina system. Founded as the Institute for Health and Healing, the name was changed in 2008. [xymo.co/RISE/058](http://xymo.co/RISE/058)

59. **Formation of the Academic Consortium for Complementary & Alternative Healthcare**  
Mercer Island, Washington



▶ 2004

The **Academic Consortium for Complementary & Alternative Health Care (ACCAHC)** was formed in 2004 as a project of the **Integrated Healthcare Policy Consortium (IHPC)**.

ACCAHC established a parallel strategic track in education, creating the first collaborations for the leaders of national CAM educational institutions and accrediting agencies. Led in its first years by **Pamela Snider, ND**, its members laid the groundwork for multidisciplinary research and academic projects such as a survey with the **Consortium of Academic Health Centers for Integrative Medicine (CAHCIM)** to measure the status of inter-institutional relationships of both. ACCAHC incorporated in 2008 with 10 core organizations and became the **Academic Collaborative for Integrative Health (ACIH)** in 2016.

[xymo.co/RISE/059](http://xymo.co/RISE/059)

60. **“Core Competencies in Integrative Medicine for Medical School Curricula”**  
Consortium of Academic Health Centers for Integrative Medicine (CAHCIM)



▶ 2004

The **Education Working Group of CAHCIM** proposed curriculum guidelines and competencies for integrative medicine instruction in medical schools based on fundamental values, knowledge, attitudes,

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and skills then emergent in integrative medicine.

Citing studies from the Institute of Medicine and others the authors wrote:

“The public desire for the integration of ‘alternative or ‘unconventional’ treatment approaches into conventional health care settings has been well-documented.”

As well:

“Physicians’ dissatisfaction with the current system of care is also prevalent.”

In *Academic Medicine*, Vol. 79, No. 6 / June 2004.

[xymo.co/RISE/060](http://xymo.co/RISE/060)

**NED: First Steps to Integrative Role in Interprofessional Education**



### **61. National Education Dialogue (NED) to Advance Integrated Health Care** Georgetown University, Washington, DC

**2005**

The **NED** followed a recommendation from the 2001 National Policy Dialogue and critical affirmations of the importance of complementary and alternative medicine.

NED set out to enhance health care by creating common ground among educators and institutions involved in the education of healthcare professionals. Academics from more than a dozen health professions were involved. Its participants took the first steps to establish the models for interprofessional education that characterizes shared integrative medicine education among healthcare professionals today.

For the full report of the event see:

[xymo.co/RISE/061](http://xymo.co/RISE/061)

**62. American Medical Association Invites Naturopathic Doctor and Licensed Acupuncturist to Join Chiropractor on its Current Procedural Terminology (CPT) Codes Advisory Panel**



▶ **2004**

**63. *Annals Of Internal Medicine* Seminal Article On Acupuncture Therapy For Knee Osteoarthritis**



▶ **2004**

"Effectiveness of acupuncture as adjunctive therapy in osteoarthritis of the knee: a randomized, controlled trial," published the results of an early clinical trial led by **Brian Berman, MD**, of the **University of Maryland Center for Integrative Medicine**. The trial included 570 patients with osteoarthritis of the knee and concluded: "Participants in the true acupuncture group experienced greater improvement in WOMAC function scores than the sham acupuncture group at 8 weeks."

[xymo.co/RISE/063](http://xymo.co/RISE/063)

**64. American College of Lifestyle Medicine Founded**



▶ **2004**

### **The American College of Lifestyle Medicine**

(**ACLM**) members are physicians and medical professionals whose work promotes lifestyle medicine domestically and globally as the first treatment option, rather than treating symptoms with expensive, ever increasing quantities of pills and procedures. Lifestyle medicine is, “the therapeutic use of lifestyle, such as a predominately whole food, plant-based diet, exercise, stress management, tobacco and alcohol cessation, and other non-drug modalities, to prevent, treat, and, more importantly, reverse the lifestyle-related, chronic disease that’s all too prevalent.”

ACLM publishes the *American Journal of Lifestyle Medicine*.  
[xymo.co/RISE/064](http://xymo.co/RISE/064)

### **65. IOM Publishes “Complementary and Alternative Medicine in the United States”** The Institute of Medicine, Washington

**2005**

At the request of the **National Institutes of Health (NIH)** and the **Agency for Healthcare Research and Quality (AHRQ)**, the **Institute of Medicine (IOM)** produced this assessment of Americans’ reliance on complementary and alternative medicine (CAM) therapies at the time. The report called for developing research methods and setting priorities for evaluating products and approaches within CAM. It also called for holding conventional and complementary and alternative treatments to the same standards for demonstrating clinical effectiveness, noting, “New research methods to test some therapies may have to be devised.”

[xymo.co/RISE/065](http://xymo.co/RISE/065)





## 66. NCCAM R25 Grants Promote Inter-institutional Collaboration Academic Health Centers, CAM Schools

▶ 2005

Beginning in 2005, seven integrative healthcare academic institutions were awarded grants through the National Center for Complementary and Integrative Health (NCCAM), now known as NCCIH, at the National Institutes of Health (NIH) for a program titled: CAM Practitioner Research Education Project Grant Partnership. Grants were designated as R25, a code used by the center.

The grants provided seed funding to create academic programs to enhance research literacy, and increase the use of research in clinical decision-making.

## 67. American Academy of Pediatrics Creates Section on Complementary and Integrative Medicine Elk Grove Village, IL

▶ 2005

The **Section on Complementary and Integrative Medicine (SOCIM)** was established by the **American Academy of Pediatrics** “to develop and identify educational and policy strategies to advocate for research on complementary and alternative therapies used in paediatrics.” Among the section’s objectives:

- ▶ To become an active participant in both the general pediatric and integrative medicine communities



## THE MILESTONES: 1963—PRESENT

- ▶ To develop priorities, goals, and strategies for enhancing reimbursement for effective, appropriate CAM therapies

For further information see:

“The American Academy of Pediatrics and Integrative Medicine: past, present and future,” by Lawrence Rosen, MD in *Focus on Alternative and Complementary Therapies* Vol. 17(2) June 2012 116-118

[xymo.co/RISE/067](http://xymo.co/RISE/067)



**Integrative  
Healthcare**  
SYMPOSIUM

### 68. Integrative Healthcare Symposium New York, New York

2006

The **Integrative Healthcare Symposium** in New York City has been a primary national conference for the integrative and CAM professions since its predecessor “CAM Expo” was acquired by **Diversified Communications** of Portland, Maine, in 2006. National leaders in research, clinical innovation, business practice, and policy issues convene each winter in New York. A similar conference is produced by Diversified in Toronto, Canada, in the autumn.

[xymo.co/RISE/068](http://xymo.co/RISE/068)



### 69. Coalition for Patients' Rights Established Silver Spring, MD

2006

The **Coalition for Patients' Rights (CPR)** is a coalition of more than 35 organizations representing a variety of licensed health care professionals

who provide a diverse array of safe, effective, and affordable health care services to millions of patients each year.

Although these professionals provide indispensable care to large segments of the US population, medical doctors and doctors of osteopathy consistently work to limit their scopes of practice. CPR works to ensure that their efforts do not limit patients' access to the health care providers of their choice. The coalition was created defensively to respond to the Scope of Practice Partnership of the AMA which was created to limit scope expansion, and new licensing of other practitioners.

[xymo.co/RISE/069](http://xymo.co/RISE/069)

**70. First North American Research Conference  
on Complementary and Integrative Medicine  
(NARCCIM)  
Edmonton, Alberta, Canada**



**2006**

The **First North American Research Conference on Complementary and Integrative Medicine** drew more than 600 attendees for the three-day event sponsored by the **Consortium of Academic Health Centers in Integrative Medicine** (see page 44). This was one of the first events to convene researchers from around the world and from multiple disciplines, for example: chiropractic, massage, acupuncture; and including medical doctors, doctors of philosophy, registered nurses, and those who hold a master's in public health to present their work through poster sessions and presentations. The subsequent conferences have become among the most important research conferences in the field.



For the final report see:

[xymo.co/RISE/070](http://xymo.co/RISE/070)



## 71. PBS Airs the series: *The New Medicine*

2006

On March 29, 2006, the first of two episodes of *The New Medicine* was aired by **Twin Cities Public Television**. Produced by the **Bravewell Collaborative** and **PBS**, it was the first major broadcast program to introduce the public to integrative medicine.

The series focused on the power of the mind-body connection, relationships between stress and the immune system, and the brain's role in treating chronic pain. It also looked at how the growing acceptance of holistic, mind-body medicine was influencing physician training, the hospital environment, and the doctor-patient relationship.

[xymo.co/RISE/071](http://xymo.co/RISE/071)



## 72. Benson-Henry Institute for Mind-Body Medicine Founded

2006

**Benson-Henry Institute (BHI)** was established at **Massachusetts General Hospital** to extend and build on 30+ years of groundbreaking work on mind body medicine by **Herbert Benson, MD**, one of the first Western physicians to bring spirituality and healing into medicine.

BHI's mission is "To fully integrate mind body medicine into mainstream

healthcare at the Massachusetts General Hospital, as well as throughout the country and the world, by means of rigorous, evidence-based research and clinical application of this work.”

[xymo.co/RISE/072](http://xymo.co/RISE/072)

**73. Josephine Briggs, MD, Appointed Director of NCCAM at NIH Bethesda, MD**

**2008**

A highly experienced researcher, **National Institutes of Health** division director and physician, **Josephine Briggs, MD**, was appointed director of the **National Center for Complementary and Alternative Medicine (NCCAM)** in 2008. She joined NIH in 1997 as director of the Division of Kidney, Urologic, and Hematologic Diseases. Her varied career assignments include seven years at the **Physiology Institute at the University of Munich, Germany**. Today she is a member of the NIH Steering Committee, the most senior governing board, and serves on the executive committee of the important NIH Pain Consortium.

[xymo.co/RISE/073](http://xymo.co/RISE/073)



**74. American Board of Holistic Medicine (ABHM) becomes American Board of Integrative Holistic Medicine (ABIHM)**

**2008**





75. **The Samuelli Institute’s Wellness Initiative for the Nation (WIN)**  
Alexandria, Virginia

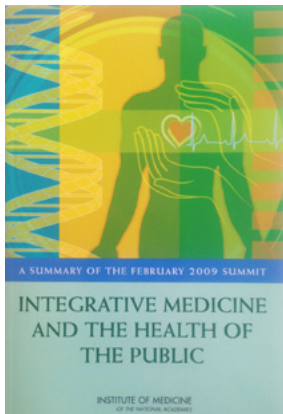
2008

**WIN** was a seminal collaboration organized by the **Samuelli Institute** that greatly influenced the creation of the **National Prevention Council on Prevention** in the ACA (see entry 81).

Closely aligned with other transformation initiatives, such as **Institute of Medicine** reports on health care quality, transformation, and integrative medicine, WIN goals sought to place prevention of disease and illness, promoting health and productivity, and creating wellbeing and flourishing at the center of US health policy.

Today WIN stands for Wellbeing in the Nation, a multi-sector strategy to stimulate community wellbeing and population health by aligning the economic and social drivers for health.

[xymo.co/RISE/075](http://xymo.co/RISE/075)



76. **IOM, Bravewell Produce “The Summit on Integrative Medicine and Health of the Public”**  
Washington, DC

2009

In February 2009, the **Institute of Medicine (IOM)**, with support from a \$445,000 grant from **The Bravewell Collaborative**, convened the seminal “National Summit on Integrative Medicine and the Health of the Public” to examine the scientific basis of integrative medicine

and its potential for improving the health of the nation. More than 600 practitioners, scientists, policy experts, academic, and industry leaders gathered—their first time together—to share their experiences and findings, made during the preceding decade, in the emerging fields.

Other resources related to this topic include:


[xymo.co/RISE/076A](http://xymo.co/RISE/076A)

[xymo.co/RISE/076B](http://xymo.co/RISE/076B)

## 77. Department of Defense Pain Management Task Force Established

The Pentagon, Washington, DC

**U.S. Army  
Surgeon General  
Launches DOD  
Pain Strategy**



▶ **2009**

The **Army Surgeon General** established the **Pain Management Task Force (PMTF)** in 2009 to recommend a comprehensive pain management strategy that was holistic, multi-disciplinary, and multimodal. The PMTF Report of May 2010 had 109 recommendations on improving and standardizing pain care in the Army. The report outlines the steps the Army would take to better care for soldiers and family members. Key recommendations:

- ▶ Focus on the warrior and family
- ▶ Synchronize pain awareness, education, and proactive intervention
- ▶ Accelerate advancements in pain management
- ▶ Develop best practices

[xymo.co/RISE/077A](http://xymo.co/RISE/077A)

[xymo.co/RISE/077B](http://xymo.co/RISE/077B)



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## 78. Cancer Support Community Founded Washington, DC

2009

The **Cancer Support Community (CSC)** formed in 2009 with the merger of two important support organizations: **The Wellness Community** and **Gilda's Club Worldwide** (named for entertainer Gilda Radner, a strong advocate of The Wellness Community; she died of cancer in 1989).

The merger was influenced by the 2007 **Institute of Medicine (IOM)** report "Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs", which emphasized addressing the social and emotional needs of individuals facing cancer. CSC is one of the world's larger cancer support communities, with Gilda's Club and affiliate locations across the country.

[xymo.co/RISE/078](http://xymo.co/RISE/078)

## 79. Alliance for Natural Health - USA Washington, DC

2009

The **Alliance for Natural Health – USA (ANH-USA)** is the outgrowth of organized efforts beginning in the 1990s to help patients attain optimal health through healthy food, nutraceuticals, and dietary supplements, exercise, and the use of complementary therapies. In 1994, the ANH predecessor, the American Preventive Medical Association (APMA), worked to pass the Dietary Supplement Health Education Act (DSHEA). In 2009, as the American Association for Health Freedom,



the group became part of the United Kingdom-based Alliance for Natural Health, and has since been advocating for legislation that directly benefits the natural health approach.

[xymo.co/RISE/079](http://xymo.co/RISE/079)

## 80. Patient Protection and Affordable Care Act (PPACA)

Washington, DC



### 2010

For the first time, federal law designated roles for integrative, complementary, and alternative medicine practice and their practitioners, in at least seven of its sections. Most significant:

- ▶ **Sec. 2706, Non-Discrimination in Health Care** (to end insurer discrimination against licensed providers)
- ▶ **Sec. 3502, Establishing Community Health Teams to Support the Patient-Centered Medical Home**
- ▶ **Sec. 4001, National Prevention Health Promotion and Public Health Council** (integrative health leaders included on advisory council)
- ▶ **Sec. 6301, Patient-Centered Outcomes Research** (established PCORI to fund and manage research)
- ▶ **Sec. 5101, National Health Care Workforce Commission** (adds “doctors of chiropractic...licensed complementary and alternative medicine providers, integrative health practitioners”)

Additional links include:

[xymo.co/RISE/080A](http://xymo.co/RISE/080A)

[xymo.co/RISE/080B](http://xymo.co/RISE/080B)



## 81. The ACA Creates the National Prevention Council and Strategy Washington, DC

2010

The **National Prevention Council** created in the Affordable Care Act, composed of 20 federal departments, agencies, and offices, and is chaired by the **Surgeon General**. In 2011, the council published the “National Prevention Strategy” which included these goals:

“...Moving the nation from a focus on sickness and disease to one based on prevention and wellness.”

The presidentially appointed **Prevention Advisory Group** assists in the implementation of the strategy, working with partners throughout the nation to develop public, private, and nonprofit partnerships. The advisory group consists of 21 members including four from integrative health and medicine fields, including Dean Ornish, MD.

[xymo.co/RISE/081](http://xymo.co/RISE/081)

## 82. US Air Force Establishes Acupuncture Clinic Joint Base Andrews, Washington, DC

2010

After extensive research on the use of acupuncture for treating pain, post-traumatic stress, and other debilitating conditions suffered in combat and other military settings, the **Department of Defense** established the military's first free standing acupuncture clinic at **Andrews Air Force Base** (now renamed **Joint Base Andrews**).

For related information see:

"Auricular Acupuncture: Convenient Technique for Battlefield Pain;"  
Department of Defense (DOD) | Department of Veterans Affairs (VA),  
June 2014

[xymo.co/RISE/082A](http://xymo.co/RISE/082A)

"Military turns to acupuncture as alternative to prescription painkillers,"  
*Stars and Stripes*. August 27, 2010

[xymo.co/RISE/082B](http://xymo.co/RISE/082B)

## 83. Medicare covers Dean Ornish Cardiovascular Health Protocols Centers for Medicare & Medicaid Services, Washington, DC

2010

After more than 17 years of developing and submitting their evidence-based heart disease treatment protocol to Medicare, **Dean Ornish, MD**, and colleagues finally won approval when the **Centers for Medicare and Medicaid Services (CMS)** ruled that "the Ornish Program for Reversing





## THE MILESTONES: 1963—PRESENT

Heart Disease meets the intensive cardiac rehabilitation (ICR) program requirements.” The specific lifestyle change-based program that guides patients to a plant-based diet, yoga, meditation, and strengthening social connections, reflects approaches long favored by integrative and functional practitioners.

Further information can be viewed here:

[xymo.co/RISE/083A](http://xymo.co/RISE/083A)

[xymo.co/RISE/083B](http://xymo.co/RISE/083B)



### 84. Allina Health System Reports \$2,000 Savings in In-Patient Care Minneapolis, Minnesota

## 2010

The earliest and most thoroughgoing effort to integrate CAM/integrative disciplines in a major hospital in-patient setting was conducted starting in 2004 at the **Penny George Institute** within the **Allina Health Abbott Northwestern Hospital**. By 2010, it had provided its 60,000th inpatient integrative visit, providing mainly massage, energy, and acupuncture practitioner care. Preliminary data then found that the care initiative was saving \$2,000 per patient per hospital stay.

See the first entry in this issue of *The Integrator Blog*:

[xymo.co/RISE/084](http://xymo.co/RISE/084)

**85. Duke Medicine reports \$2,200 Saving Per Year, Per Employee**  
Durham, North Carolina



**2010**

The Prospective Health program for employees at the **Duke University Medical System** showed significant reductions in its first two years, saving “hundreds of thousands dollars in health insurance costs and employee premiums.” In a ***Journal of the American Medical Association (JAMA)*** column **Ralph Snyderman, MD**, and **Michaela Dinan, BS**, said the program of “health risk assessment, setting personal health goals, health coaches, primary care providers and some disease management services” reduced emergency room visits, reduced costs for highest-risk patients by 3.5%, and attained per employee costs 30% lower than average.

Further reading on this subject:

*Journal of the American Medical Association (JAMA):*

[xymo.co/RISE/085A](http://xymo.co/RISE/085A)

*The Integrator Blog*, Jan. 2010: [xymo.co/RISE/085B](http://xymo.co/RISE/085B)

**86. PPACA Creates the Patient Centered Outcomes Research Institute (PCORI)**  
Washington, DC



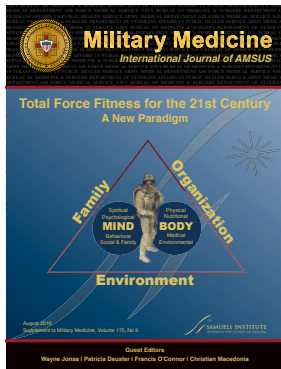
**2010**

The **Patient Centered Outcomes Research Institute (PCORI)** was established from the recognition that traditional medical research does not answer many of the questions that patients and their clinicians face.

## THE MILESTONES: 1963—PRESENT

Even reliable information is not always accessible or comprehensible to patients and caregivers. PCORI closes these gaps by involving patients to identify critical research questions, funds patient-centered comparative effectiveness research, and disseminates the results. PCORI has made a concerted effort to include integrative medicine researchers and questions in its research programs. Included on the founding governing board, as required by law, was at least one member of the licensed integrative health professions. **Christine Goertz, DC, PhD**, was the appointee.

[xymo.co/RISE/086](http://xymo.co/RISE/086)



### 87. *Military Medicine* Magazine Devotes Issue to Integrative Healthcare The Pentagon, Washington, DC

2010

In a special issue devoted to “Total Force Fitness”, *Military Medicine* compiled stories focused on research and clinical work undertaken since the imperatives of the Iraq/Afghanistan wars led to use of integrative treatments and therapies. The issue included an introduction by **Adm. Mike Mullen**, then **Chairman of the Joint Chiefs**.

Topics include research on nutritional, social, behavioral, and spiritual fitness; much of it undertaken by the Samueli Institute, the DOD’s primary partner in integrative health and medicine research.

For the special issue (PDF; may take a few seconds to load):

[xymo.co/RISE/087](http://xymo.co/RISE/087)

## 88. 2010 Stakeholders Summit on Integrative Healthcare Reform

Georgetown University, Washington, DC

### ▶ 2010

After the signing of the PPACA, the **Integrative Healthcare Policy Consortium** convened a meeting at which members of professional integrative health provider organizations, researchers, educators, clinicians, policy specialists, and others, set forth a series of recommendations to ensure compliance with the provisions of the ACA written in support of complementary and integrative practice and patient access to it.

For the report see:

[xymo.co/RISE/088](http://xymo.co/RISE/088)

## 89. Dept. of Defense Initiates Its Framework for Total Force Fitness

The Pentagon, Washington, DC



### ▶ 2011

Following several years of research and planning on resiliency and a whole person, whole community view of the military member's experience, the **Chairman of the Joint Chiefs of Staff, Adm. Mike Mullen**, issued the Chairman's Total Force Fitness Framework, which put into place the addition of comprehensive integrative health and wellness practices across the US military's health that strengthened the domains of "Total Force Fitness."

## THE MILESTONES: 1963—PRESENT

For the directive see:

[xymo.co/RISE/089](http://xymo.co/RISE/089)



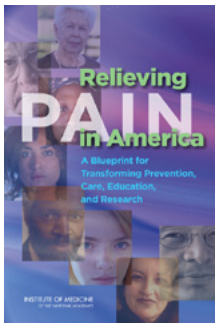
### 90. ACCAHC Publishes “Competencies for Optimal Practice in Integrated Environments”

2011

The Academic Consortium for Complementary & Alternative Health Care’s (ACCAHC) “Competencies for Optimal Practices in Integrated Environments” was developed through a collaboration of academics from chiropractic, naturopathic medicine, massage therapy, acupuncture and Oriental medicine, and direct-entry midwifery. The work emphasized the importance of collaboration via inter-and intra-professional education (IPE) in classes, clinics, and research projects.

“For members of the licensed integrative practice disciplines, education in these areas gains importance as patients form their own teams and as health systems open their doors to practice opportunities in interdisciplinary, inpatient and outpatient environments.”

[xymo.co/RISE/090](http://xymo.co/RISE/090)



### 91. Institute of Medicine Publishes “National Pain Blueprint” Washington, DC

2011

This **Institute of Medicine (IOM)** study, which includes significant mention of complementary and integrative clinical roles, noted that

“major gaps in knowledge about pain (exist) across health care and society alike....Given the burden of pain in human lives, dollars, and social consequences, relieving pain should be a national priority.” Among its recommendations to the US Department of Health and Human Services:

- ▶ Federal and state agencies and private organizations accelerate the collection of data on pain incidence, prevalence, and treatments, especially for those under-diagnosed and undertreated
- ▶ Providers should increasingly aim at tailoring pain care to each person's experience
- ▶ Self-management of pain should be promoted

More information is available at:

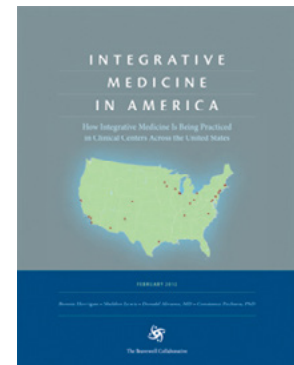
[xymo.co/RISE/091A](http://xymo.co/RISE/091A)

[xymo.co/RISE/091B](http://xymo.co/RISE/091B)

## 92. Bravewell Collaborative Publishes “Integrative Medicine in America” Minneapolis, Minnesota

▶ 2012

“Integrative Medicine in America: How Integrative Medicine Is Being Practiced in Clinical Centers Across the United States,” summarized survey data on patients and the health conditions most commonly treated with integrative approaches at 29 US integrative medicine centers. Success was reported treating chronic pain, gastro-intestinal conditions, depression, anxiety, cancer, and chronic stress.



## THE MILESTONES: 1963—PRESENT

The survey goals:

- ▶ Describe patient populations and diseases most commonly treated
- ▶ Define core practices and models of integrative care
- ▶ Determine payment for integrative care
- ▶ Identify the major factors driving implementation

[xymo.co/RISE/092](http://xymo.co/RISE/092)



### 93. First International Research Congress in Integrative Medicine & Health Portland, Oregon

## 2012

The 2012 “International Research Congress on Integrative Medicine and Health” was sponsored by the **Consortium of Academic Health Centers for Integrative Medicine (CAHCIM)**, and drew more than 1,000 attendees.

The meeting reflected CAHCIM’s growth, but also the growing organizational commitments to multi-disciplinary and interprofessional engagement. Participating organizations included chiropractic, acupuncture and oriental medicine, naturopathic medicine, massage therapy, yoga therapy, and diverse creative art therapy groups. Previously produced as the “North American Research Congress”, the 2012 title reflected international engagement with frontline issues in integrative care that drew attendees from 30 countries.

[xymo.co/RISE/093](http://xymo.co/RISE/093)

## 94. Documentary *Escape Fire* Highlights Integrative Health; Non-Opioid Pain Options



2012

*Escape Fire: The Fight to Rescue American Health Care* examines the rise of high-touch, low-cost methods of prevention and healing in US healthcare. Many of its solutions come out of holistic and integrative health, as evoked by leaders from the field including **Dean Ornish, MD, Andrew Weil, MD, and Wayne Jonas, MD**. The influential film was an important marker in the recognition of the nation's opioid addiction problem and suicide among veterans.

[xymo.co/RISE/094](http://xymo.co/RISE/094)

## 95. US Funds Integrative Medicine in 12 Preventive Medicine Residencies Rockville, Maryland



2012

The **Health Resources and Services Administration (HRSA)** funded integrative medicine courses at 12 preventive medicine residency medical school programs. The objective was “to improve the health of communities by increasing the number and quality of preventive medicine physicians who can address public health needs and advance preventive medicine practices; increase access to integrative medicine; and increase the integration of these two fields into overall primary care training and practice.” The program was the first one to be funded under the **National Coordinating Center for Integrative Medicine** (see next)

[xymo.co/RISE/095](http://xymo.co/RISE/095)



**ImPriME:**  
**Integrative**  
**Medicine in**  
**Preventive**  
**Medicine**  
**Education**



**96. HRSA Creates the National Coordinating Center for Integrative Medicine (IMPriME)**  
Rockville, Maryland

**2012**

**IMPriME** is the **National Coordinating Center for Integrative Medicine**, funded by the **Health Resources Services Administration (HRSA)**. Housed within the **American College of Preventive Medicine**, its purpose is to create a sustainable, preventive-medicine-specific infrastructure for preventive medicine residency and other health professions training programs interested in incorporating evidence-based integrative medicine content into their programs. The first grants went to the preventive medicine residency programs at 12 medical schools in the United States.

[xymo.co/RISE/096](http://xymo.co/RISE/096)



**97. Annual Visits to Military Health Clinics for Integrative Treatments Exceed 213,000**  
The Pentagon, Washington, DC

**2012**

In a 2014 report to **Congress** the **Department of Defense** found that 120 **military treatment facilities** in and outside of the United States offered a total of 275 complementary and alternative medicine (CAM) programs. Active duty military members in 2012 used 213,515 CAM patient visits. Most visits were for chiropractic care (73%) and acupuncture (11%). The report found “widespread use of CAM therapies across the [military health system] MHS”, and that “some providers have added CAM therapies as an adjunct to conventional therapies.”

For additional information see (this link downloads the PDF):

[xymo.co/RISE/097](http://xymo.co/RISE/097)

## 98. Integrative Medicine Leader Tracy Gaudet, MD, Joins Veterans Health Office



▶ 2012

**Tracy Gaudet, MD**, a pioneer in academic and clinical leadership in integrative medicine in the United States was appointed director of the new **Veterans Health Office of Patient-Centered Care and Cultural Transformation**. She had previously directed the **University of Arizona Program in Integrative Medicine** and **Duke Integrative Medicine**.

The new VA office offers “a new model of whole health care, designed to help Veterans achieve and maintain their best all-around health and well-being.” Programs include many integrative health options and are in implementation at veteran affairs (VA) facilities across the country.

[xymo.co/RISE/098](http://xymo.co/RISE/098)

## 99. CAHCIM Membership: 44 US Medical Schools

▶ 2012



## 100. ACCAHC Membership Reaches 17 National Organizations

▶ 2012





## 101. Donald M. Berwick, MD, Urges Health System to Focus on “Health Creation” Institute for Healthcare Improvement

2013

**Dr. Donald M. Berwick’s** keynote at the 2013 Annual Conference of the **Institute for Healthcare Improvement** becomes an influential marker in redirecting healthcare away from disease management.

“The new way, the way to health,” he said “may be vastly further from the current design of care than we may at first wish it to be, or believe it to be. ...The pursuit of health, the creation of health, may require something even bolder. The redesign we need may be even more radical than we have imagined.” Berwick credits integrative medicine leaders including Jon Kabat-Zinn, PhD, and Wayne Jonas, MD, as his mentors.



## 102. First Credentialing of an ND-Led Patient-Centered Medical Home Burlington, Vermont

2013

The **Mountain View Natural Medicine** center in Burlington became the first naturopathic physician-directed practice to attain Joint Commission designation as a Primary Care Medical Home (PCMH).

Mountain View serves some 3,000 patients: 60% have officially declared the center their primary care provider. Many of the other 40% see the

naturopathic doctors at the center rather than visit their declared primary care providers.

[xymo.co/RISE/102](http://xymo.co/RISE/102)

### 103. Adult Use of Complementary Therapies Stable 2002-12

2013

In a third survey of public use of “complementary and alternative medicine,” the **National Center for Complementary and Alternative Medicine (NCCAM, now NCCIH)** reported in 2012 that 33.2% of adults used CAM options as part of the annual **National Health Interview Survey** that queries tens of thousands of residents. This level was similar to percentages reported in 2002 (32.3%) and 2007 (35.5%). Use by children ages four to 17 also remained stable— 11.6%, in 2012 compared to 12% in 2007.

[xymo.co/RISE/103](http://xymo.co/RISE/103)

### 104. Tai Sophia Becomes Maryland University of Integrative Health (MUIH) Columbia, Maryland

2013

In March the former **Tai Sophia Institute** achieved university status, becoming **Maryland University of Integrative Health (MUIH)**. MUIH became one of a small number of regionally accredited universities in the country exclusively committed to integrative health. As noted by President and Chief Executive Officer Frank Vitale, “We strongly feel



## THE MILESTONES: 1963—PRESENT

that Maryland University of Integrative Health is on its way to becoming the preeminent institution in this country in the field of integrative health.”

[xymo.co/RISE/104](http://xymo.co/RISE/104)



### 105. Section 2706, “Non-Discrimination in Health Care”, of the Affordable Care Act Goes Into Effect Jan. 1, 2014

2014

The provisions of **Section 2706** would, for the first time, create equitable financial reimbursement for licensed integrative healthcare providers. The language:

Providers—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider’s license or certification under applicable State law.

[xymo.co/RISE/105](http://xymo.co/RISE/105)

### 106. Insurance for Eight Million Federal Employees Complies with Section 2706

2014

In January 2014, the **Federal Employees Health Benefits (FEHB)** announced that, in compliance with Section 2706(a), it would cover any licensed medical **FEHB Blue Cross and Blue Shield (BCBS)**



**Benefit Plan** practitioner who offered services within the scope of the provider's license. For chiropractic services, BCBS also announced that it would remove prior restrictions of one visit and one set of X-rays per year.

Further information relating to this subject is available at: "Non-Discrimination and the Role of Complementary and Alternative Medicine," by John D. Blum *BNA's Health Law Reporter*, 23 HLR 574, 4/24/14. [xymo.co/RISE/106](http://xymo.co/RISE/106)

## 107. Military Training for Medics in Use of Battlefield Acupuncture

▶ 2014

The **Defense & Veterans Center for Integrative Pain Management (DVCIPM)** and the **VHA National Pain Management Program Office** developed an acupuncture education and training program, "Acupuncture Training Across Clinical Settings" (ATACS). ATACS assigned certified Battlefield Acupuncture (BFA) trainers to receptive DOD/VA medical centers to teach this technique to qualified providers and to collect data to assess patient and project outcomes.

[xymo.co/RISE/107](http://xymo.co/RISE/107)



## 108. ABIHM Integrative Medicine Certified MDs and DOs: 2,800

▶ 2014





**109. University of Arizona Fellowship Grads: 1,100**

**2014**



**110. Board Certified Holistic Nurses: 1,349**

**2014**



**111. NCCAM Operating Budget: \$121 million**

**2014**



**112. US Senate Resolution Recognizes Naturopathic  
Medicine Week  
Washington, DC**

**2014**

Introduced by **Sen. Barbara Mikulski, D Md.**, this resolution: “Designates the week of October 6-12, 2014, as Naturopathic Medicine Week (and) recognizes the value of naturopathic medicine in providing safe, effective, and affordable health care.” The **American Association of Naturopathic Physicians (AANP)** developed activities to acknowledge the Senate resolution which are repeated annually.

The resolution: “Encourages the people of the United States to learn about naturopathic medicine and the role that naturopathic physicians play in preventing chronic and debilitating illnesses and conditions.”

[xymo.co/RISE/112](http://xymo.co/RISE/112)

### 113. Academy of Integrative Health and Medicine (AIHM) Established



▶ 2014

AIHM was established to blend the longstanding experiences of its predecessor organizations, the **American Board of Integrative Holistic Medicine (ABIHM)** and the **American Holistic Medical Association (AHMA)**. ABIHM certified medical doctors and osteopathic physicians in integrative holistic medicine; since 1978 the AHMA built a multi-disciplinary professional holistic community. The combined AIHM was formed to engage “a global community of health professionals in innovative education, certification, leadership, interprofessional collaboration, research, and advocacy that embraces all global healing traditions.”

[xymo.co/RISE/113](http://xymo.co/RISE/113)

### 114. Cleveland Clinic Establishes the Center for Functional Medicine Cleveland, Ohio



▶ 2014

**Cleveland Clinic’s Center for Functional Medicine** was established to accelerate the clinic’s ongoing emphasis on wellness and disease prevention and to address difficult chronic illness and disease conditions. The center is a collaboration with the **Institute for Functional Medicine** whose chairman **Mark Hyman, MD**, acts as director. The clinic is the first academic medical center in the US to embrace functional



medicine, the focus of which—much like all integrative medicine—is on identifying underlying causes of illness, with less emphasis on symptom management.

[xymo.co/RISE/114](http://xymo.co/RISE/114)



## 115. ACCAHC Creates Project for Integrative Health and the Triple Aim, (PIHTA)

2014

Created by **Academic Consortium for Complementary and Alternative Health Care (ACCAHC)** as a part of the **Center for Optimal Integration** to explore and support new integration potential in the era of the “Triple Aim”. The site includes resources relating to cost, patient experience, and integrative patient-centered medical homes. Results of a survey on the site suggest that new opportunities are coming available to integrative disciplines.

[xymo.co/RISE/115](http://xymo.co/RISE/115)



## 116. Joint Commission Clarification on Pain Management Standard Adds Integrative Options

2014

In November 2014, the **Joint Commission**, the primary accrediting agency for hospitals, ambulatory care facilities, home health, and senior homes, issued a clarification on its “Standard for Pain Management” adding a new and near-equal emphasis on “non-pharmacologic” treatments. These include acupuncture, chiropractic, osteopathic manipulative treatment, massage and physical therapy, and relaxation

and cognitive behavioral therapies. A note advises: “Strategies should reflect a patient-centered approach...”

See the standard here:

[xymo.co/RISE/116A](http://xymo.co/RISE/116A)

For more see:

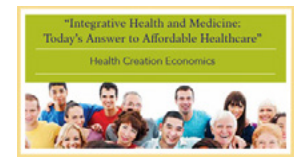
[xymo.co/RISE/116B](http://xymo.co/RISE/116B)

## 117. IHPC Publishes Compilation of Cost-Effectiveness Studies

▶ 2015

The **Integrative Health Policy Consortium (IHPC)** published “Integrative Health and Medicine: Today’s Answer to Affordable Healthcare,” the first reference to aggregate the results of multiple research studies demonstrating the cost savings possible through integrative practice. Results are shown from interventions in acupuncture, naturopathic medicine, massage therapy, chiropractic, and certified professional midwives. Designed for decision makers in clinical, policy, and regulatory positions, the report was authored by **Patricia Herman, ND, PhD; Erica Oberg, ND, MPH; and Mimi Guarneri, MD, FACC.**

[xymo.co/RISE/117](http://xymo.co/RISE/117)





## 118. NCCAM Becomes the National Center for Complementary and Integrative Health (NCCIH)

2015

In explaining the change in its name, NCCIH noted, “Since the Center’s inception, complementary approaches have grown in use to the point that Americans no longer consider them an alternative to medical care.” The change was made to more accurately reflect the center’s research commitment to studying promising health approaches that are already in use by the American public.

The NCCIH FAQ offers more:

[xymo.co/RISE/118](http://xymo.co/RISE/118)



## 119. CAHCIM Becomes the ACIHM: Grows to 60+ Member Institutions

2015

CAHCIM, founded in 2002, renamed itself the **Academic Consortium for Integrative Medicine & Health** (still known as **The Consortium**). Its new FAQ states:

“As an organization we are committed to sharing information and ideas, meeting challenges together in a process grounded by the values of integrative medicine, supporting member institutions, and providing a national voice for the advancement of integrative medicine and health.”

[xymo.co/RISE/119](http://xymo.co/RISE/119)

## 120. States Pick Up Where Section 2706 of the ACA Gets No Compliance



▶ 2015

Although the provisions of **Section 2706 of the Affordable Care Act** went into effect January 1, 2014, compliance with them through 2015 has been non-existent. Guidelines issued by the **Department of Health and Human Services** in 2013 and 2015 failed to bring about compliance in the states. As a result, in 2015, two states, **Oregon** and **Rhode Island**, enacted their own laws mirroring and expanding on Section 2706. In 2016 other states are developing similar actions.

[xymo.co/RISE/120](http://xymo.co/RISE/120)

## 121. Benson-Henry Institute's Mind-Body Interventions Deemed a Preventative Akin to Driver's Ed University of Massachusetts



▶ 2015

Benson-Henry Institute, the leader in mind-body research, released results of a study on the impact of its Relaxation Response Resiliency Program (3RP) on healthcare utilization:

A retrospective analysis of 4,000+ program patients, compared to those with regular care, showed a 43% reduction in service utilization, including across clinical encounters (41.9%), imaging (50.3%), lab encounters (43.5%), procedures (21%) and emergency room visits (over 50%).

## THE MILESTONES: 1963—PRESENT

The results led to an unprecedented policy recommendation:

"The intervention should be applied to all at risk populations, since the intervention has minimal risk, minimal cost and yields substantial benefits for patients with a wide variety of illnesses." The data suggests that mind-body interventions for healthy populations "should perhaps be instituted as a form of preventative care similar to vaccinations or driver education."

The study results can be found at *PLOS-One*:

[xymo.co/RISE/121A](http://xymo.co/RISE/121A)

An analysis and interview with the lead investigator is here:

[xymo.co/RISE/121B](http://xymo.co/RISE/121B)



## 122. Group Promotes Biofield Exploration and Consciousness in Health Initiative

▶ 2015

Biofield science explores a view that molecules, cells and organs of living systems communicate via fields of energy and information that serve as additional means of self-regulation to maintain health. Struggles to fund research led to a convening of individuals and organizations interested in frontier science, including Dean Radin, PhD; Deepak Chopra, MD; Mimi Guarneri, MD, FACC; Wayne Jonas, MD; Richard Hammerschlag, PhD; Cassandra Vieten, PhD; Shamini Jain, PhD; Ruth Westreich, and others.

The first product was the 2015 publication of "Biofield Science and Healing: An Emerging Frontier in Medicine." Interest in advancing these

explorations despite funding disinterest at the National Institutes of Health led to the creation of the Consciousness in Healing Initiative (CHI).

Additional information can be found here:

Consciousness in Healing Initiative (CHI): [xymo.co/RISE/122A](http://xymo.co/RISE/122A)

Biofield supplement from *Global Advances in Health and Medicine*:

[xymo.co/RISE/122B](http://xymo.co/RISE/122B)

## **123. Functional Forum/Evolution of Medicine Knits International Movement Web Platform Expands**

EVOLUTION OF MEDICINE  
PRESENTS  
FUNCTIONAL FORUM™

### **2015**

Launched through an e-conference that drew 65,000 from 100 countries, the Functional Forum/Evolution of Medicine has used technology to stimulate the global integrative-functional medicine hybrid. A free monthly seminar convenes 5,000 to 15,000 and others face-to-face in 75-200 “meet-ups” in over a dozen separate nations.

The firm promotes a “micro-practice” model of functional medicine, linking participants to a group of technology vendors. While one of many aggregators of clinicians seeking to “inspire the creation of a medical system capable of effectively reversing, preventing and managing chronic illness,” the initiative distinguished itself by global reach and multiple collaborations in promoting “root cause” medicine.

Additional information can be found here:

Evolution of Medicine - [xymo.co/RISE/123A](http://xymo.co/RISE/123A)

Functional Forum - [xymp.co/RISE/123B](http://xymp.co/RISE/123B)



## 124. National Pain Strategies Note Place for and Hurdles to Integrative Options Washington, DC

### 2016

In early 2016, Federal agencies released three important pain-related initiatives:

- ▶ **Department of Health and Human Services:** The National Pain Strategy
- ▶ **Center for Disease Control:** Opioid Prescribing Guidelines
- ▶ **Office of the President:** An investment plan for \$1 billion to address the opioid epidemic

Both the HHS and Centers for Disease Control and Prevention (CDC) initiatives acknowledge the value of evidence-based integrative practices and the hurdles to attain treatment on an equitable financial basis. The president's plan does not reflect patient preferences for those treatments.

A number of links are available on this topic:

National Pain Strategy, HHS: [xymp.co/RISE/124A](http://xymp.co/RISE/124A)

CDC Guideline for Prescribing Opioids for Chronic Pain:

[xymp.co/RISE/124B](http://xymp.co/RISE/124B)

John Weeks, "Chronicle of Health Creation: Are Integrative Health and Medicine Part of the National Pain Strategy?" *Huffington Post*, March 29, 2016: [xymp.co/RISE/124C](http://xymp.co/RISE/124C)

White House Opioid Initiative: [xymo.co/RISE/124D](http://xymo.co/RISE/124D)

## 125. Medicaid Accelerates Interventions for Integrative Pain and Chronic Illness Management Washington, DC

2016



Medicaid pilot programs that offered limited integrative treatments available for pain and chronic conditions in recent years have become more influential as the opioid addiction epidemic in America became a serious public health issue.

The **Oregon Health Authority** re-prioritized Medicaid treatment for back pain to begin with non-pharmacological options rather than pain-killers and surgery. These rules went into effect in July.

**Vermont** passed legislation to address the opioid epidemic that includes a \$200,000 Medicaid pilot to use acupuncture.

A three-year **Rhode Island** Medicaid pilot serving the state's most difficult and costly patients with integrative approaches will show significant cost-savings and beneficial clinical outcomes.

(Also see entry 116 for similar recommendations of the Joint Commission on pain management.)

Oregon's policy modification from *Integrative Practitioner*:  
[xymo.co/RISE/125](http://xymo.co/RISE/125)



## THE MILESTONES: 1963—PRESENT

What was utterly outside of regular practice is increasingly explored in conventional medical delivery. The calls of the integrative care community for "health care", rather than the limited reactivity of "sick care", are increasingly intoned in the pages of American Hospital Association publications. Calls from the integrative and functional medicine movement for a system that focuses on salutogenesis and health creation are percolating in hospital board rooms.

These struggles of the medical industry to become value-based are prying open hearts, minds, and budgets to new contributions.

The answers are not clear, or easy. What will the next milestones be? What is ahead in this new era of convergence? Most important, how will you or your organization fit into this emerging paradigm?



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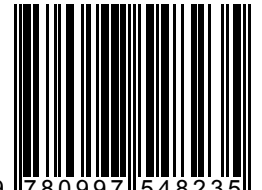
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