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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	cover, Martha Eddy to James Gordon (partial) (1 page)	04/24/2001	b(6)
001b. letter	Martha Eddy to Dr Gordon and WHCCAM members (partial) (1 page)	02/23/2001	b(6)

COLLECTION:
Federal Records
White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43235

FOLDER TITLE:
WHCCAMP Report [3]

2011-0598-S
kc858

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Groft, Stephen (NCCAM)

From: Colleen Nee [colleen.nee@onemedicine.com]
Sent: Thursday, March 29, 2001 9:07 AM
To: Groft, Stephen (NCCAM)
Subject: Fw: Monday's meeting, 3/26/01

As Jacki Hart mentioned in her email to you yesterday, she would like you and Dr. Gordon to have access to our online database. Would you be able to provide me with an email address for Dr. Gordon so I can create his account? I have created an online account so you can view this information. Please follow the steps below to logon to our site.

-Go to http://www.onemedicine.com/logon.asp

-Log on by entering your email address, GroftS@mail.nih.gov and your password, groftsl

You will be able to review all of the material found on our Members Menu, as well as our online product demonstrations found on our Licensing page.

If you have any problems accessing the site, please let me know.

Thank you,
Colleen Nee
Integrative Medicine
1029 Chestnut Street
Newton, MA 02464
877-426-6633
----- Original Message -----
From: "Jacki Hart" <jacki.hart@onemedicine.com>
To: "Colleen Nee" <colleen.nee@onemedicine.com>
Cc: "Julia Goldrosen" <julia.goldrosen@onemedicine.com>; "Tamara Swain" <tamara.swain@onemedicine.com>
Sent: Wednesday, March 28, 2001 7:05 PM
Subject: FW: Monday's meeting, 3/26/01

>
> > -----Original Message-----
> > From: Jacki Hart
> > Sent: Wednesday, March 28, 2001 7:01 PM
> > To: 'GroftS@mail.nih.gov'; 'WHCCAMP@mail.nih.gov'
> > Subject: Monday's meeting, 3/26/01
> >
> > James S. Gordon, M.D.
> > Director
> > The Center for Mind-Body Medicine
> > 2934 Macomb Street, N.W.
> > Washington, D.C. 20008
> >
> > Dear Dr. Gordon,
> >
> >
> > As both a physician and a medical editor, I am writing to
> > express a few of my impressions and ideas stemming from the WHCCAM
> > conference on information dissemination which took place on Monday
> > 3/26/01.
> >
> > First, it was a pleasure to see a well organized operation with
> > the conference running very close to on time throughout the day - no
> > easy feat with such significant ground to cover. Secondly, I was quite
> > impressed with your style, Dr. Gordon, in presiding over the
> > Commission. You were clear, direct, and insightful; in addition, you

> > were able to keep both panelists and committee members focused and on
> > track during the discussion, redirecting them appropriately and doing
> > so in a kind manner. Not being involved in the political arena, it
> > was fascinating for me to watch government in action. Both you and Mr.
> > Groft clearly had a hand in the agenda, punctuality, and choices for
> > the panelists.
> >
> > However, I did have a few concerns. One was that there seemed to
> > be a lack of awareness on the part of several committee members
> > regarding existing mechanisms to help evaluate information and
> > facilitate its dissemination. My hope is that the level of some of the
> > questions may not reflect a lack of knowledge but, rather, a desire to
> > hear how the panelists responded. There were several questions that
> > prompted me to express this concern. The first example arose in the
> > morning regarding how to search for and uncover data about herb-drug
> > interactions and adverse events from herbs and supplements. I found it
> > quite surprising that this particular committee member did not seem to
> > realize that there is (a) a mechanism through the FDA for making such
> > data public via press releases and warnings posted on their website,
> > (b) several well researched, well written, and well presented
> > commercial sources of such data, and (c) that a simple search in
> > MEDLINE and/or EMBASE would uncover this data directly. Similarly, in
> > the afternoon, there was a series of questions regarding the FDA and
> > the FTC and when a supplement becomes a drug. I do realize that the
> > jurisdiction of the two separate agencies often becomes muddled and
> > that it is confusing to keep the bureaucracy straight; however, I felt
> > that some of the questions were basic and repetitive. It was as if the
> > answers would change if they continued to be asked, simply because the
> > particular committee member inquiring did not like the response.
> >
> > I was also concerned that several of the suggestions made in the
> > subcommittee group on Internet and the Media seemed neither logical
> > nor feasible. The suggestion to have a site that hosts "pros and cons"
> > of all CAM related information, for example, is a huge, extremely
> > unrealistic (not to mention unbelievably expensive) undertaking that
> > will not contribute to lessening consumer confusion but, rather, will
> > increase this perplexity. From my perspective, what seemed to be
> > stated by several different panelists throughout the day is a need for
> > consumers to have some help in determining reliable, dependable
> > sources of health related information, particularly in the area of CAM
> > and integration, not to recreate information that already exists in
> > other sources. I thoroughly agree with this need.
> >
> > Within the industry, there has actually been an attempt to try to set
> > standards for health information on the web. One non-profit
> > organization is called Hi-Ethics, Inc; there may be others. Health
> > information sites that market directly to consumers can voluntarily
> > join Hi-Ethics, Inc. by paying a membership fee (albeit sizeable at
> > $20,000 annually) and meeting a set of criteria defined by the
> > organization. I work for a company called Integrative Medicine
> > Communications. (Dr. Gordon, you are scheduled to be our keynote
> > speaker at an upcoming meeting.) We license both professional and
> > consumer databases to internet companies, hospitals, health centers,
> > HMOs, etc. Our clients, in turn, provide information directly to
> > individuals either through the internet, other electronic media, or
> > print. We are proud to say that several of our web based clients are
> > members of Hi-Ethics including allHealth.com/iVillage, AmericasDoctor,
> > Discoveryhealth.com, HealthGate, and InteliHealth. This means that
> > they, and therefore we, must meet the current industry standards.
> >
> > I believe that a potentially valuable recommendation by the WHCCAM
> > might be to set up a short-term subcommittee to evaluate the existing
> > criteria initiated by the industry (e.g. Hi-Ethics, Inc.), determine
> > if these criteria are adequate for consumer protection, and set
> > government standards including evaluation of sites to see if they meet
> > these standards. This could be achieved through either a government
> > fund or a nominal fee to the companies so that a greater number of

> > health information websites would be able to participate in the
> > evaluation process compared to the limitation of Hi-Ethics due to
> > their steep price. Then, a website, via either NCCAM or a separate
> > organization, could have a section describing those standards with
> > links to companies that meet the criteria.
> >
> > The overriding message that I am trying to deliver is that there is no
> > need (nor is it in anyone's best interest given the time, expense,
> > difficulty, etc.) for the Commission to reinvent the wheel. Becoming a
> > content provider as well as a content deliverer (both of which are
> > inherent in the suggestion to "host a site with pros and cons on CAM
> > related topics") is a massive undertaking from every angle; this is
> > not, in my opinion, the charge of your Commission. It seems much more
> > reasonable to use existing databases and effectively point consumers
> > and professionals toward the best researched, best supported, and best
> > presented data in both the private and the public sectors.
> >
> > One very interesting issue raised by both Lee Raines, M.S. and Susan
> > Detwiler, M.B.A. is the question of how most consumers are accessing
> > websites today. Using this to help direct how best to deliver
> > recommendations to the consumer regarding assessment of the quality of
> > health information is very important.
> >
> > Thank you for taking the time to listen to me. I hope that this is of
> > some help. If I think of additional suggestions, I will forward them
> > on to you. I wish you, Mr. Groft, and the committee tremendous success
> > in this very difficult task. From my experience on Monday, it appears
> > that you, the staff, and several of the committee members are doing a
> > wonderful job. Plus, despite my concerns mentioned here, I had a
> > heartening conversation with Corinne Axelrod, M.P.H. who was quite
> > reassuring that extremely impractical ideas and concepts will not make
> > their way into the final report.
> >
> > Dr. Gordon, we have been very excited at Integrative Medicine that you
> > will be our keynote speaker for the upcoming Summit conference in May.
> > Having met you briefly and watching how seamlessly you conducted the
> > meeting on Monday 3/26/01, I am even more enthusiastic given that you
> > are a dynamic speaker. I will send a message to our Customer Service
> > Manager, Colleen Nee, so that she may set up complementary accounts
> > for you and Mr. Groft to have access to our databases on Integrative
> > Medicine. These include the English translation of the Commission E as
> > well as an expanded version of Comm E (called Herbal Medicine) with
> > explanations of that Committee's recommendations and references.
> > Another important database is our comprehensive fully integrated
> > product called Access, which is available in both consumer and
> > professional versions and includes monographs on conditions from an
> > integrative perspective, CAM modalities, supplements, herbs, herb-drug
> > interactions for any of the botanical medicines in our database, and
> > supplement depletions by the most commonly prescribed medications. Two
> > of our most recently updated monographs on the website include
> > Hypertension and Prostate Cancer which contain a very interesting
> > section entitled Integrative Treatment Strategy, a unique feature that
> > we created to teach readers how to bring complementary and
> > conventional healthcare together.
> >
> > Thank you again for your time and attention.
> >
> > Sincerely,
> > Jacki Hart, MD
> >
> > Jacqueline A. Hart, MD
> > Senior Medical Editor
> > Integrative Medicine Communications
> > 1029 Chestnut Street
> > Newton, Ma. 02464
> > 617-641-2300 x 261
> > jacki.hart@onemedicine.com

> >
> >
> > CC: Stephen C. Groft, Pharm D
> >
> >
> >

HEALTHCENTRAL

Americans favor regulation of dietary supplements

March 28, 2001

NEW YORK (Reuters Health) - As the government gets set to issue new regulations for the dietary supplement industry, survey findings show that most Americans favor tighter quality control of the burgeoning market.

In response to growing concerns over the quality and safety of dietary supplements, which are largely unregulated in the US, the federal Food and Drug Administration (FDA) has developed manufacturing rules for the industry. The regulations have not yet been finalized.

The FDA and supplement manufacturers have been widely criticized for the lack of standards in manufacturing and marketing dietary supplements. But, according to a report in the March 26th issue of the Archives of Internal Medicine, little is known about how Americans view government regulation of popular supplements such as St. John's wort, ginseng and creatine.

Now an analysis of six national surveys on Americans' attitudes about dietary supplements shows that about 80% favor giving the FDA greater authority over manufacturers.

There also seems to be widespread confusion about the government's current role in overseeing the supplement industry, according to researchers led by Dr. Robert J. Blendon of the Harvard School of Public Health in Boston, Massachusetts.

One survey of about 2,000 people revealed that more than one-third believed the government currently regulated supplements and another 12% were unsure.

Since 1994, the year Congress passed the Dietary Supplement Health and Education Act (DSHEA), supplement sales have risen by nearly 80%, the authors note. DSHEA made manufacturers responsible for testing the safety of supplements before marketing them and for ensuring that the product contents match what is on the label. Manufacturers can also make certain claims about a product's health-promoting effects without FDA approval.

While the popularity of various over-the-counter herbs, amino acids and hormones continues, dietary supplements have garnered some bad publicity of late. For instance, independent analyses have revealed that the ingredient labels on many product brands may not match what is inside the container.

The surveys Blendon's team examined showed that half of Americans regularly use some type of supplement, including vitamins and minerals. About 18% regularly use botanicals such as echinacea and ginseng, amino acids such as creatine, or synthetic hormones, which include the purportedly muscle-building androstenedione. And these users believed whole-heartedly in the health benefits of supplements. In one survey, one-third said supplements would help them live longer. Overall, 85% of regular users said dietary supplements promote good health and well-being.

"However," Blendon and his colleagues report, "the growing enthusiasm for dietary supplements does not mean that there is not support for stronger regulation that would require FDA review of the safety of new dietary supplements prior to their sale and that would give the FDA ample authority to remove from the market those products shown to be unsafe."

But, the researchers note, many Americans also seem skeptical about scientists' motivations for scrutinizing supplements. They will likely want "clear evidence" of a safety hazard before favoring the removal of certain supplements from the market, the authors conclude.

Groft, Stephen (NCCAM)

From: zhangx@who.ch
Sent: Thursday, April 19, 2001 10:36 AM
To: Groft, Stephen (NCCAM)
Cc: Chang, Michele (NCCAM); ""linda.vogel@ties.itu.int"_ <SMTP:linda.vogel@ties.itu.int>"@who.ch
Subject: RE: (US) White House Commission on Complementary and Alterna

Keep touch.

Xiaorui

-----Original Message-----
From: "Groft; Stephen (NCCAM)" <grofts@od31em1.od.nih.gov> at inet
Sent: Thursday, 19 April 2001 09:01
To: "'zhangx@who.ch'" <zhangx@who.ch> at INET
Cc: "Chang; Michele (NCCAM)" <changm@mail.nih.gov> at INET
Subject: RE: (US) White House Commission on Complementary and Alterna

Dear Dr. Zhang,

Thank you very much for your assistance. As we mentioned in our conversation, we wanted to look at the document to give us a better idea of what is going on in the International area of CAM.

We will also send a coy of our report to you in the draft stage for your comments.

Best wishes.

Steve Groft

-----Original Message-----
From: zhangx@who.ch [mailto:zhangx@who.ch]
Sent: Thursday, April 19, 2001 7:35 AM
To: Chang, Michele (NCCAM)
Cc: Groft, Stephen (NCCAM); mhuynh@usuhs.mil; templebrownn@whowash.org; quickj@who.ch; sawyerj@who.ch; maruyamay@who.ch; leev@who.ch
Subject: RE: (US) White House Commission on Complementary and Alternative Medicine Policy
Importance: High

Dear Michele and Stephen,

It was nice to discuss with both of you on the phone yesterday. I have discussed with my Director on your request. In principle, he agreed to provide two draft documents to you. I will contact you when I come back from Iran.

Regards

Xiaorui

-----Original Message-----
From: Chang, Michele (NCCAM) [mailto:changm@mail.nih.gov]
Sent: Monday, 16 April 2001 19:01
To: zhangx
Cc: Groft, Stephen (NCCAM); Mylene Huynh (E-mail)
Subject: FW: (US) White House Commission on Complementary and Alternative Medicine Policy

> Dr. Zhang:
>
> We understand that WHO has recently completed its work on two important
> reports:
>
> 1. WHO Strategy for Traditional Medicine
> 2. Legal Status of Traditional Medicine and Complementary/Alternative
> Medicine: A Worldwide Review.
>
> As you may know, the White House Commission on Complementary and
> Alternative Medicine Policy was established by the President of the United
> States in March 2000 to develop policy recommendations for our
> Administration and Congress on the use of complementary and alternative
> medicine (CAM) in this country.
>
> We feel that our final recommendations should consider and reflect the
> experience of other nations regarding CAM use. We are fortunate to have
> Dr. Mylene Huynh on our staff, who has agreed to conduct a world-wide
> review of CAM and provide us with an analysis. Unfortunately, Dr. Huynh
> is available to us for only a short period of time and is scheduled to
> complete her assignment with us in early June 2001.
>
> We are requesting, if at all possible, a chance for Dr. Huynh to receive
> an embargoed copy of the WHO documents referred to above, so that she can
> include these critical sources in her analysis. We understand the need
> for the draft documents to be kept confidential and assure you that their
> proprietary and embargoed status will be completely respected. We would
> also be pleased to provide you with an advance copy of Dr. Huynh's report
> for your review and comments, as well as copies of the interim and final
> reports from the Commission. If you prefer to send the copies directly to
> me, I will assume responsibility for maintaining the embargo of the
> contents to meet your needs.
>
> I would welcome a direct conversation with you on this matter at your
> earliest convenience. I can be reached at 301-435-6199, or I would also
> invite you to speak with Michele Chang, the Executive Secretary for the
> Commission, at 301-435-6232.
>
> Thank you for your consideration and assistance. I look forward to
> talking with you soon.
>
> Stephen C. Groft, Pharm.D. Michele M. Chang,
> CMT, MPH
> Executive Director Executive
> Secretary
> White House Commission on
> Complementary and Alternative Medicine Policy
> E-mail: sg18b@nih.gov
> website: http://whccamp.hhs.gov
>
>

30 Mar 01

Steve,

FYI for your call w John Webb,

Joe

Kaczmarczyk, Joseph (NCCAM)

From: Pihcp@aol.com
Sent: Thursday, March 29, 2001 6:28 PM
To: jkaczmarczyk@hrsa.gov; Kaczmarczyk, Joseph (NCCAM)
Subject: Phone mtg tomorrow 6:00 my time

prinall.doc

Hello JK --

Looking forward to speaking. Think you'll find these below, and the attached, of interest. The "principles" work.

Congrats on your new pres-elect role .. tho congrats for being top dog in a professional association is probably best expressed as "condolences ...."

206-933-7983

John

DRAFT DRAFT DRAFT
March 26, 2001

Principles for Integrative Health Care/Outcomes
For Accelerating Personal and Health System Renewal

Integrative care engages new/old approaches to health for the individual, system, community and environment, grounded in relationships, seeking sustainability, energized by mystery, and informed by continuous exploration of strategies for uniting the best of the world's evolving health care practices and traditions.

These design principles, based on the missions and visions of diverse stakeholders, are an initial expression of an effort to create a unifying view of a renewed system for health care delivery and payment. They are offered here for community review and amendment by the ad hoc Task Force on the Principles of Integrative Care which grew out of the Vision Group of the Integrative Medicine Industry Leadership Summit 2000.

Winter 2001

The design principles for integrative care are:

1. Body, mind, spirit, community and environment are an integral whole that cannot be separated into isolated parts. All interventions, regardless of their focus, affect the whole.

2. Enhancing the innate capacity for self-repair and healing, and the individual's capacity for personal empowerment, are the common denominators for all clinical decision processes.

3. Care follows a therapeutic hierarchy which begins with education in healthy choices, follows with those treatments that are least invasive, and escalates toward approaches linked to increased likelihood of adverse effects or higher cost.

4. Illness represents an opportunity in which healing and balance are always

possible even when curing is not.

5. Clinical choices are continuously evaluated and improved based on diverse evidence, including the desires, perceptions and outcomes experienced by those seeking care, the intuitive understandings and clinical experience of all members of the provider team, and published reports, with more stringent evidentiary standards required of interventions linked to increased risk and cost.

6. Caregivers profoundly enhance healing through inclusive, respectful partnerships with other practitioners and as servants to the informed decision-making of the individuals/families/loved ones with whom they partner in care provision.

7. All health care stakeholders seek to be knowledgeable and accountable for all outcomes of their shared choices.

8. Interventions may be swift, but healing, habit change, and transformation take time and ongoing commitment.

9. Practitioners and administrators are effective in delivering integrative care to the extent that they incorporate these principles in their personal care choices.

10. The renewal of our payment and delivery system as an instrument of health care will be fostered by making these design principles operational.

DRAFT DRAFT DRAFT
March 26, 2001

Principles for Integrative Health Care/Outcomes

For Accelerating Personal and Health System Renewal

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National Academy of Sciences: Institute of Medicine

From the recommendations in:
"Crossing the Quality Chasm: A New Health System for the 21st Century"
March 1, 2001

Context: Health system transformation

Healthcare processes shall be designed to reflect:

- continuous healing relationships
- customization based on patient needs and values
- the patient as the source of control
- shared knowledge and the free flow of information
- evidence-based decision making
- safety as a system of property
- transparency
- anticipation of needs
- continuous decrease in waste, and
- cooperation among clinicians.

Planetree Principles of Humanistic Patient-Centered Care
42 member hospitals

Context: Hospital and health system

Planetree believes that the principles of human caring, when integrated with contemporary scientific medicine, can enhance the process of healing within the healthcare setting.

1. We recognize that patients have many facets: physical, emotional, intellectual and spiritual and they are not isolated units but members of families, communities and cultures.
2. We acknowledge patients as individuals with rights, responsibilities and free choice regarding their own health and life. Personalized healthcare increases the patients awareness of choices and encourages them to become more act ive in the decision-making process – while at all times respecting their level of readiness and desire to participate.
3. It is the right of patients to have access to all information about all aspects of their illness and hospitalization. One importance source of information is the medical record. We believe that the accessibility of medical information creates an environment of trust and provides a valuable educational resource.
4. Open and honest communication is the key to collegial, equal relationships among all members of the healthcare team, including the patients and their families. We encourage direct, person-to-person communication in a warm, caring environment.
5. All people involved in patient care, including the patient, play an important role in the healthcare team. When all points of view are equally valued, an environment is created that powers everyone and enables each person to perform at a higher level.
6. A nurturing environment, one that that is supportive, friendly and caring is an essential component of quality healthcare delivery.
7. The physical environment is vital to the healing process and should be designed to promote healing, learning and patient and family participation.
8. The experience of illness and interaction with the healthcare system has the potential of being a time of personal growth for patients. It can be used to reevaluate like goals and values, to clarify priorities, and to tap inner strengths.

More from Planetree

Source: from the website planetree.org

Mission To serve as a catalyst in the development and implementation of new models of health care which:

- cultivate the healing of mind, body and spirit
- are patient-centered (rather than provider-focused), value-based and holistic, and
- integrate the best of western scientific medicine with time-honored healing practices

The Model

- Personalizing, humanizing and demystifying experience for patients and families.
- Patient-centered rather than provider-focused.
- Empowers patients and families through information and education
- Encourages healing partnerships with care givers
- Is holistic and encourages healing in all dimensions – mental, emotional, spiritual and social, as well as physical.
- Maximizes outcomes by integrative complementary medical therapies ... with conventional medical therapies
- Incorporates access to arts and nature in the healing environment

Components

- *Human interactions* ... Healing partnerships between patients, family members and caregivers are encourage by a care model which enables patients to be active participants in their health care
- *Empowering patients through information and education* Patient-centered model of care ... recognizes that the experience of illness has the potential to transform the patient.
- *Importance of family, friends and social support networks* Things that promote a sense of love, connection and community are healing.
- *Spirituality: the importance of inner resources* The vital role of spirituality in healing the whole person ... Supporting patients, families and staff in connecting with their own inner resources creates a more healing environment.
- *Importance of human touch* Touch is an essential way of communicating caring.
- *Arts and entertainment: nutrition for the soul* Music, storytellers, clowns, and funny movies create an atmosphere of serenity and playfulness ... artwork adds to the ambience.
- *Complementary therapies expand choices offered to patients* Patients have a right to options.
- *Architectural and interior design conducive to health and healing* Physical environment is vital to the healing process of the patient.
- *Importance of the nutritional and nurturing aspects of food* Nutrition is recognized as an integral part of health and healing essential not only for good health but as a source of pleasure, comfort and familiarity.

Sherman Health System/Benefit Performance Associates, LLC
Elgin, Illinois

Provided by James Novak, vice president human resources

Context: Employee Benefits

Statement of Philosophy A philosophy of personal responsibility partnership between Sherman and its employees for the attainment of their personal financial security. A shift from the entitlement philosophy of the traditional employee benefits plan design

The restructured employee benefits of SHS seeks to:

- Provide and attractive, competitive program of benefits enabling SHS to recruit and retain employees while allowing employees fl4exibility in their choice of benefits to fit their lifestyle needs
- Recognize that lifestyle and personal choices are major determinants of one's future financial security
- Heighten employee's understanding of benefits and make them aware of the value of their lifestyle and behavioral choices on the cost of their benefits and their personal financial plan
- Encourage participants to enhance their financial security through good health and financial choices, planning and education
- Offer a basic level of protection to prevent staff members and their families from incurring economic hardship due to serious injury and illness, premature death, disability or old age.
- Redistribute the unallocated benefit dollar expenditures so that more employees have the opportunity to share in these monies.
- Reallocate benefits dollars from illness and disability, to wellness and productivity.

Integrated Health Advocacy Program: Core Principles
Consultant to Sherman, Naperville Illinois

Provided by

Context: Employee Benefits

Advocacy An empowerment approach to health benefit participants, providers, and payors, incorporating the principles of wholism, accountability and responsibility in optimizing resource utilization for the individual and common welfare.

Wholism A necessary, working balance in which the physical, social, intellectual, psychological, spiritual, financial and environmental components of health are optimally integrated.

Accountability The owning of consequences based on informed choices and ongoing actions.

Responsibility An interdependent, shared expectation for appropriate productive responses, according to an individual's, group's or organization's ability to do so.

Empowerment Education, training, and decision support based upon reliable measurements of process efficiency, efficacy and sustainable positive outcome change.

Deaconess Hospital
Evansville, Indiana

Provided by Mary Beth Davis, RN, Holistic Coordinator, March 2001

Context:

Mission In keeping with its Christian Heritage and tradition of service, the mission of Deaconess Hospital is to provide quality health care services with a compassionate and caring spirit to persons, families and communities of the Tri-State.

Values Our values are based on our commitment to Quality. We define Quality as the continuous improvement of services to meet the needs and exceed the expectations of the customers we serve. Out values are:

- Quality in everything we do.
- Respect for all people
- Efficiency and effectiveness in the use of resources.
- Innovation toward continuous systems improvement
- Partnership with those we serve and with suppliers
- Education for continuous growth and knowledge
- Pride in workmanship

Deaconess Resource Center for Healthy Living

Submitted by Mary Beth Davis, RN, Holistic Coordinator, March 2001

Context: Hospital resource center

Mission To provide services that improve the health and well being of those we serve.

We accomplish this mission by acting with concern, compassion and respect for all persons, promoting healthful behavior and well being in mind, body, and spirit. In providing these services, we use as guidelines the values and goals of the hospital as stated in the organization mission statement.

Deaconess Wellness

Submitted by Mary Beth Davis, RN, Holistic Coordinator, March 2001

Context: Hospital wellness center

Wellness is an optimal level of being, achieved and maintained throughout one's life by balancing physical, emotional and spiritual health. The Deaconess vision for Wellness ensures cost effective, high quality services which include assessment, education, intervention and on-going evaluation to those we serve.

St. Joseph Health System: *Principles of Holistic Care*
Orange, California

Provided by Corrine Bayley

Context: Health system change

Note: The language here is exactly that used in the St. Joseph flier.

1. Body, mind and spirit are an integral whole that cannot be separated into isolated parts.
2. The human person has an innate capacity for self-repair and healing.
3. Relationships –among caregivers and between caregivers and patients/family/loved ones – have a profound effect on healing.
4. All people involved in care, including patients and families/loved ones, play a critical role on the healthcare team.
5. Healing is always possible, even when curing is not.
6. Staff and physicians will be effective in providing holistic care to the extent that they experience and practice it themselves.
7. There is no integration or interaction that is not holistic in its *impact* – that is, it affects the whole person.

Center for Integrative Medicine at O'Connor Hospital:
Principles of Practices

Catholic Healthcare West; San Jose, California

Provided by Sylver Quevedo, MD

Context: Integrative Clinic

The members of the Center for Integrative Medicine shall endeavor to practice the following principles of holistic health care:

1. In the practice of holistic healthcare, the goal is healing the whole person, body, mind and spirit.

2. The practice of self-care and personal development is integral to holistic health care and is a continuous process. The effort to balance what one gives to self and to others is essential to achieve and maintain wholeness.

3. Professional staff shall approach health care practice with a sense of sacredness about their work. In so doing, they create and enhance the healing environment. They make it conducive to wholeness by bringing a spiritual perspective that conveys meaning and purpose in life.

4. Catholic Healthcare West core values: Dignity. Collaboration, Justice, Stewardship and Excellence shall be practiced in the Center.

5. Recognizing the uniqueness of each individual patient, the professional staff shall endeavor to render care that is consistent with the patient's preferences, interests, culture and beliefs, family background, and hopes and dreams.

6. Professional staff will practice interventions grounded in the theory of Integrative Medicine based on research and evidence where available and with a commitment to developing new knowledge, approaches, and evidence. They will use conventional scientific approaches, while simultaneously exploring new methodologies necessary to elucidate a broader paradigm of health and healing.

7. Professional staff will encourage and allow patients to take responsibility for their own self-care, providing support, education and resources to the patient. They shall be willing to give up control of information and "knowing what is best" in order to minimize co-dependence and encourage autonomy of the patient.

8. Holistic Healthcare regards both intellectual and empirical knowledge and intuitive and empathic knowledge to be important in the care of patients.

9. Professional staff is committed to the study and acceptance of other healing traditions.

Text by Deborah Quevedo, R.N.

Catholic Healthcare Initiatives: View of Integrative Care
Denver, Colorado

Provided by Milt Hammerly, MD

Context: Health system change

The philosophical basis of integrative healthcare is comprehensive in scope, collaborative by necessity and personalized by design, drawing on the resources, skills and perspectives of q wide variety of disciplines, specialties and therapies, including complementary therapies when clinically appropriate.

- *Comprehensive* Assesses and responds to a patient's body/mind/spirit needs.
- *Collaborative* Recognizes the limitations of any one practitioner, technique, specialty or discipline, care is provided by a multidisciplinary team.
- *Personalized* Treatments are tailored to each patient.

Other identified factors:

- *Patient/community empowerment and responsibility* Care recognizes the important role patients play in their own health and attempts to engage patients and communities, wherever possible, to be an active part of health promotion and the healing process.
- *Rational and judicious selection of therapies* Choices of therapeutic recommendations are made from among a continuum of interventions and guided by risk stratification as well as evidence of therapeutic safety and efficacy.
- *Not about promoting CAM*

American Holistic Nurses Association:
Mission and Philosophy

Taken from website www.ahna.org

Context: Professional development

Mission United nurses in healing

Philosophy We believe:

1. Nursing is an art/science with the primary purpose to nurture others toward the wholeness inherent within them.
2. Nurses have a unique opportunity to provide services that facilitate wholeness.
3. Holistic nurses demonstrate expertise in a variety of roles and activities.
4. Holistic nursing assists people to assume personal responsibility for their healthcare.
5. Clients, families, and communities have the right to health care that honors the body, mind, and spirit.
6. Disease and distress are viewed as an opportunity for increased awareness of the interconnectedness of body, mind, and spirit.
7. Holistic modalities and therapies provide support and options in healing.
8. The American Holistic Nursing Association serves as a foundation and dynamic force for nursing practice. We are committed to unity and healing of self, the nursing profession, and the planet.

Developed December 1999 and revised January 17, 2000.

A Children's Hospital
Center for CAM Integration

Context: Hospital

Not for attribution

Mission to promote the development of a program for integrated pediatric care, education and research encompassing all therapies utilizing the principles of scientific evidence-based medicine, safety and quality, and to provide these services to further restore, maintain and enhance the growth and development of our patients, their famili9es, our staff, and our community.

Vision the evolution of a program that sets the standards for excellence in the establishment of a health care institution that is in harmony with the community, providing a healing, learning and nurturing environment for our patients, their families, our staff and the community.

Values
- Quality of care and safety
- Scientific evidence-based medicine
- Measurable outcomes
- Compassion
- Education
- Quality of life
- Mind/body/soul wellness

Center for Integrative Health, Medicine and Research
Santa Monica, CA

Provided by Lucy Gonda, founder

Vision
- To provide superior integrative care in a compassionate caring environment.
- To serve as a learning environment which generates important research findings towards the advancement of alternative health care.

Purpose Create en environment that
- integrates healing philosophies
- provides continuing care and council for people with a variety of conditions
- educates and empowers people around the world
- creates a dynamic, functioning model of inspiration for health care providers worldwide.

Mission
- Foster approaches to health that incorporate inno0vative and integrative styles of healing.
- Improve health by providing integrative, comprehensive and innovative healthcare that is compassionate, affordable and accessible.
- Conduct research demonstrating the effectiveness of integrative approaches to health.
- Educate the public and health professionals about these integrative approaches and therapies.

Northwest Integrated Healthcare 2010
An informal, multi-stakeholder public-private partnership based in King County, WA

Context: Community health

Mission

To improve the health of the people of the Pacific Northwest by creating an integrated system utilizing conventional and alternative health care services. This will be accomplished by engaging key stakeholders in the development and implementation of a strategic plan to promote the cost effective integration of complementary and alternative health care into health services delivery and payment systems.

American Holistic Medical Association:
Principles of Holistic Medical Practice

1993

Context: Medical practice

1. Holistic physicians embrace a variety of safe, effective, options in diagnosis and treatment, including
   - education for lifestyle changes and self-care
   - complementary approaches
   - conventional drugs and surgery
2. Searching for the underlying causes of disease is preferable to treating symptoms alone.
3. Holistic physicians expend as much effort in establishing what kind of patient has a disease as they do in establishing what kind of disease a patient has.
4. It is preferable to diagnose and treat patients as unique individuals rather than as members of a disease category.
5. When possible, lifestyle modifications are preferable to drugs and surgery as initial therapeutic options.
6. Prevention is preferable to treatment and is unusually more cost-effective. The most cost-effective approach evokes the patient's own innate healing capabilities.
7. Illness is viewed as a manifestation of a dysfunction of the whole person, not an isolated event.
8. In most situations. Encouragement o patient autonomy is preferable to decisions imposed by physicians.
9. The ideal physician-patient relationship considers the needs, desires, awareness, and insight of the patient as well as those of the physician.
10. The quality of the relationship established between physician and patient is a major determinant of healing outcomes.
11. Physicians significantly influence patients by their example.
12. Illness, pain, and the dying process can be learning opportunities for patients and physicians.
13. Holistic physicians encourage patients to evoke the healing power of love, hope, humor, and enthusiasm and to release the toxic consequences of hostility, shame greed, depression, and prolonged fear, anger, and grief.
14. Unconditional love is life's most powerful medicine. Physicians strive to adopt an attitude of unconditional love for patients, themselves, and other practitioners.
15. Holistic or optimal health is much more than the absence of sickness. It is the conscious pursuit of the highest qualities of the spiritual, mental, emotional, physical, environmental, and social aspect of the human experience.

Council of Colleges of Acupuncture and Oriental Medicine:
Mission and Goals

Provided by Elizabeth Goldblatt, PhD, MBA, President

Context: Health care education

Mission to advance acupuncture and Oriental medicine by promoting educational excellence within the field.

Goals

- Support the development and improvement of educational programs in acupuncture and oriental medicine
-

The practice of integration is undertaken in mystery, shaped by necessity of sustainability of integration is an artic

Steve, — 5/2/01

Copy for you. Mailed
Original to Dr. Gordon

D

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. letter	cover, Martha Eddy to James Gordon (partial) (1 page)	04/24/2001	b(6)

COLLECTION:
Federal Records
White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43235

FOLDER TITLE:
WHCCAMP Report [3]

2011-0598-S
kc858

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
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b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[001a]

ISMETA

International Somatic Movement Education & Therapy Association

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Voicemail (212) 229-7666
Email ismeta99@yahoo.com

Martha Eddy, Ed. D.
(b)(6)
New York, NY 10027

April 24, 2001

Dr. James S. Gordon
Chairperson
WHCCAM
6710 Rockledge Drive
Suite 1010, MS-7707
Bethesda, Maryland 20817-7707

Dear Dr. Gordon,

I wanted to write and let you know that it was a pleasure to meet you at the Health Fair at Riverside Church on March 25, 2001. It is reassuring that the WHCCAM office is led by such a caring and concerned individual. I also wanted to follow up about the letter I wrote to you following the Town Hall meeting on January 23, 2001. I wrote this letter at your request on behalf of ISMETA as a response to the questions that you posed to me during this session. I wanted to make sure that you received this letter, and offer my help if you had any further questions regarding this matter.

Thank you so much for your work regarding the various matters it raises. I have enclosed the letter and the townhall meeting statement for your convenience. If there is anything else that I can do please feel free to contact me at (b)(6) or by email mhe4@columbia.edu.

Sincerely,

Martha Eddy/KH

Martha Eddy, Ed. D.
ISMETA Board Member

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	Martha Eddy to Dr Gordon and WHCCAM members (partial) (1 page)	02/23/2001	b(6)

COLLECTION:
Federal Records
White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43235

FOLDER TITLE:
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[0016]

Martha Eddy, Ed. D., CMA, R.M.T

(b)(6)

New York, NY 10027

February 23, 2001

Dear Dr. Gordon and other members of the WHCCAM:

On January 23, 2001, I had the opportunity to speak at the WHCCAM Town Hall meeting held in New York City (Panel 17). I was representing the International Somatic Movement Education and Therapy Association's (ISMETA) view that NCCAM's classification of CAM practices has not specifically and accurately classified the practices represented by ISMETA. At the meeting you requested that we inform WHCCAM how we would like to be classified. The following is our proposal.

Currently many of the practices within our profession are listed under **Category V - Manipulative and Body-based Systems – Massage and BodyWork.** While we understand the affiliation with other manual hands-on/touch methods, as movement professionals we do not feel this is an appropriate classification for us.

We strongly urge you to review the recommendations that were sent by a number of somatic practice professional associations to the US Department of Education (DOE) as public comment for their final draft of the publication Classification of Instructional Programs (CIP – 2000).

I have included this document for your review, as well as another copy of my statement made on January 23.

As mentioned at the Town Hall meeting, ISMETA has already been in active dialogue with the DOE on this project for over one year. They have struggled to make sense out of the proliferation of educational programs that prepare individuals to become CAM professionals. This past summer, in (what was supposed to be) the eleventh hour for their final draft, they decided to adopt the NCCAM's taxonomy. As you see in our letter to them, we find there to be a difference between a classification system for research purposes and a classification system for educational training.

Proposal I

The professions represented by ISMETA would rather be listed under **Category II – Mind-Body Interventions** – of the NCCAM classification, which states:

Mind-Body medicine involves behavioral, psychological, social, and spiritual approaches to health. It is divided into four subcategories: Mind-Body Systems; Mind-Body Methods; Religion and spirituality; Social and contextual areas.

In the **Mind-Body Intervention** Category the professions which ISMETA represents would like to be listed under **Mind-Body Methods** as ***Somatic Practices of Movement Education and Movement Therapy***

Rationale:
Somatic practices of movement education and movement therapy are not solely based in the body. These practices are intrinsically educational in that they consciously engage cognitive and emotional processes. Their theoretical framework includes perceptual-motor, neuro-developmental, and behavioral theory. Thus, we feel it is best that we are listed under Mind-Body Interventions as a CAM practice instead of under Massage and BodyWork as a Body Based Therapy. Furthermore, Yoga, Tai Chi, and Internal Qigong are practices listed under Mind-Body Methods that have already set a precedent for movement based practices in this category.

If it is helpful please consider the following definition of our field.

Somatic Practices of Movement Education and Movement Therapy are practices that promote somatic awareness and optimal psychophysical functioning to enhance functional and expressive integration. The scope of practice includes skilled touch, kinesthetic awareness processes, movement observation, assessment, guidance and patterning methods, verbal, touch and movement communication. These practices include but are not limited to the following: The Alexander Technique, Bartenieff Fundamentals ™, Body-Mind Centering ®, Dynamic Anatomy ®, Halprin Life Art Processes, Laban Movement Analysis, Phoenix Rising Movement Therapy, Rolf Movement Integration, Rubenfeld Synergy ®, Somatic Movement Coaching, Somatic Movement Education, Somatic Movement Therapy, The Topf Technique®, and could theoretically include Aston Patterning, Feldenkrais Method®, and the Trager® Approach, if they desired.

In summary, and for clarity, ISMETA would like to have all the above listed Somatic Movement Practices listed under **Category II Mind-Body Interventions – Mind Body Methods – CAM Practices**, as ***Somatic Practices of Movement Education and Movement Therapy.***

If it is absolutely impossible for this suggestion to be implemented please consider its alternative, **Proposal II.**

Proposal II
Re: the new/added program title and definition ***Somatic Bodywork: Under Manipulative and Body Based Systems.***

We request that you consider a re-categorization to include the following three categories

Somatic Bodywork.
Somatic Practices of Movement Education and Movement Therapy.
Energy-Based Therapies.

Rationale:
A range of individual systems, modalities and practices is included under th
educational providers and movement specialists of some of the systems liste
identify their instructional programs as Somatic Bodywork.

For your information please consider these alternative definitions:

Somatic Bodywork. promotes physical and emotional balance and well bein
application of skilled touch principles and techniques. Methods include han
methods, anatomy and physiology, structural integration and various holistic
systems, practice management, professional standards and ethics. (Breema, B
lymphatic drainage, Rolfing/Structural Integration, Rosen Method, and othe

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™, Body-Mind Centering ®, Dynamic Anatomy ®, Halprin Life Art Proces
Movement Analysis, Phoenix Rising Movement Therapy, Rolf Movement I
Rubenfeld Synergy ®, Somatic Movement Coaching, Somatic Movement E
Somatic Movement Therapy, The Topf Technique®, and could easily inclu
Patterning, Feldenkrais Method®, and the Trager® Approach.

Energy-Based Therapies. A program that prepares individuals to promote h
being through the application of techniques intended to affect the human ene
Instruction may include a combination of theory and basic principles of ortho
energetic anatomy and physiology, energetic evaluation and integration, skill
communication and facilitation skills, energetic nutrition, movement, stretchi
practice management, professional ethics, and service delivery, as appropriat
practice. (Bioenergetics, cranio-sacral therapy, Polarity Therapy, Reiki, Ther
Touch, Qigong, and others).

In summary, we strongly urge you to accept **Proposal I** as detailed above. I
Proposal I careful consideration, its adoption is simply not possible, then w
accept **Proposal II**. In summary, **Proposal II** would entail a **re-categorizati**
appropriately separate several diverse modalities into three distinct sub-cate
Somatic Bodywork, 2) ***Somatic Practices of Movement Education and Mov***
Therapy, and 3) ***Energy-Based Therapies***.

Somatic Bodywork.
Somatic Practices of Movement Education and Movement Therapy.
Energy-Based Therapies.

Rationale:
A range of individual systems, modalities and practices is included under this title. The educational providers and movement specialists of some of the systems listed do not identify their instructional programs as Somatic Bodywork.

For your information please consider these alternative definitions:

Somatic Bodywork. promotes physical and emotional balance and well being through the application of skilled touch principles and techniques. Methods include hands-on methods, anatomy and physiology, structural integration and various holistic health systems, practice management, professional standards and ethics. (Breema, Hellerwork, lymphatic drainage, Rolfing/Structural Integration, Rosen Method, and others).

Somatic Practices of Movement Education and Movement Therapy are practices that promote somatic awareness and optimal psychophysical functioning to enhance functional and expressive integration. The scope of practice includes skilled touch, kinesthetic awareness processes, movement observation, assessment, guidance and patterning methods, verbal, touch and movement communication. These practices include but are not limited to the following: The Alexander Technique, Bartenieff Fundamentals ™, Body-Mind Centering ®, Dynamic Anatomy ®, Halprin Life Art Processes, Laban Movement Analysis, Phoenix Rising Movement Therapy, Rolf Movement Integration, Rubenfeld Synergy ®, Somatic Movement Coaching, Somatic Movement Education, Somatic Movement Therapy, The Topf Technique®, and could easily include Aston Patterning, Feldenkrais Method®, and the Trager® Approach.

Energy-Based Therapies. A program that prepares individuals to promote health and well being through the application of techniques intended to affect the human energy system. Instruction may include a combination of theory and basic principles of orthodox and energetic anatomy and physiology, energetic evaluation and integration, skilled touch, communication and facilitation skills, energetic nutrition, movement, stretching postures, practice management, professional ethics, and service delivery, as appropriate to each practice. (Bioenergetics, cranio-sacral therapy, Polarity Therapy, Reiki, Therapeutic Touch, Qigong, and others).

In summary, we strongly urge you to accept **Proposal I** as detailed above. If upon giving **Proposal I** careful consideration, its adoption is simply not possible, then we ask you to accept **Proposal II**. In summary, **Proposal II** would entail a **re-categorization** to more appropriately separate several diverse modalities into three distinct sub-categories: 1) ***Somatic Bodywork***, 2) ***Somatic Practices of Movement Education and Movement Therapy***, and 3) ***Energy-Based Therapies***.

ISMETA would also like to state that it is in support of the letter from Missy Vineyard of the American Society for the Alexander Technique (AmSAT) to Dr. Kaczmarcyzk on February 10, 2001. In particular ISMETA shares her skepticism towards "creating one big CAM amalgam, complete with a single regulatory system that attempts to be appropriate for all." However, we would also like to state that whereas some somatic movement practices (most notably those Teachers of the Alexander Technique represented by AmSAT) may not want to work toward receiving third party payments, this is not a monolithic view. There are some practitioners that may seek to work as part of HMO's or in conjunction with the insurance system in order to provide greater access of this work to more diverse people, in particular those people unable to afford, 'out of pocket' services.

Again, thank you for your extraordinary efforts to consider this update of the classification of CAM practices under the NCCAM and all that you do to support a greater understanding of the wide range of holistic practices that are being used in our country.

Respectfully yours,

Martha Eddy /KH

Martha Eddy, Ed.D.
Board of Directors
International Somatic Movement Education & Therapy Association (ISMETA)
mhe4@columbia.edu

THE ROLE OF SOMATIC MOVEMENT EDUCATION & THERAPY IN COMPLEMENTARY AND ALTERNATIVE MEDICINE WITH AN EXPRESSION OF OPINION ABOUT LICENSURE, STANDARDS, AND ACCESS.

Hello, thank you for inviting this diversity of dialogue. I am Dr. Martha Eddy, a Professor at Columbia University - Teachers College. I am currently involved in developing research models for the qualitative analysis of movement. I am here to represent the International Somatic Movement Education & Therapy Association otherwise known as ISMETA. ISMETA is a self-regulating board that registers individual somatic practitioners of movement education and movement therapy. Somatic movement education and therapy aims to enhance movement behavior. The eleven ISMETA approved training programs that teach disciplines such as The Alexander Technique, Rubenfeld Synergy®, Laban Movement Analysis, BodyMind Centering®, and Rolf Movement Integration, among others, train our registered practitioners. Each individual and professional organization in our field shares skills in assisting people to gain greater awareness of their movement habits and movement's role in communication, vitality, and self-expression.

ISMETA wishes to assert four ideas about regulation, access, and research. Firstly, access to somatic practices is currently threatened in New York State. *The massage board is challenging in particular, somatic practices that use touch.* **This has included even those somatic movement practices that use movement**

re-patterning to support the facilitation of new awareness and proprioception. The assumption that one field can establish standards for another completely different field needs to be challenged.

Secondly, we realize that the NCCAM classification of CAM practices has been developed for research purposes. However, we are aware that it is being used by other governmental agencies, such as the Department of Education as a model for their classifications of instructional programs (which in turn influences the O*NET categories). **Even without intention the NCCAM is setting a precedent for other organizations and, in our case, our practices are not specifically or accurately classified. Thus, viable and successful Somatic Movement Practices are being omitted, or inappropriately classified with other practices affecting the legitimacy of these fields.**

This furthermore can create problems when licensing is being discussed because the requirements for one discipline may not be appropriate or applicable to every other discipline. What is the solution? A licensing board for each modality? Of course not, this would be a costly and inefficient task to accomplish, however it is also unlikely that any one set of standards will be suitable for the diverse modalities classified by WHCAM. We need to find another solution.

understanding of movement principles. (E.g., that there is a constant interplay between mobility and stability; function and expression...etc) The skills employed by such a practitioner are highly individualized and the benefits may vary widely from one client to the next. Thus, standards developed from double-blind placebo studies will not always accurately represent Registered Movement Educators or Registered Movement Therapists. The case study work of neurologists Oliver Sacks and Jonathan Cole may be a useful model. Inclusion of Qualitative research methods allows for holistic, rich and in-depth analysis of these processes.

Increasing the variety of research models accepted by NCCAM to include qualitative studies, (e.g. case studies, cross case analyses, ethnographic analyses, and historical reviews) **combined quantitative and qualitative approaches, and single subjects analyses as well as multivariate analyses could better inform the public about complex and overlapping aspects of human behavior. This type of research can, in turn, support the visibility of holistic therapies and thereby the process of giving the public access to a full spectrum of alternatives.**

Thank you for your consideration of the needs of the public and the specific nature of somatic disciplines concerned with human movement in meeting these needs.

DRAFT

Report of the White House Commission on Complementary and Alternative Medicine Policy

Letters of transmittal
- The President
- Congress
  - President of the Senate
  - Speaker of the House
- Secretary Department of Health and Human Services

Prologue – Chairman's Summary – 1 page vision
Acknowledgements
Commission Members
Commission Staff
Working Groups (Planning)

Executive Summary (10 pages)
- Conclusions
- Recommendations (a) Administrative Actions
  (b) Legislative Proposals

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Part VI. Reimbursement for CAM Interventions and Products **(Maureen Miller) (to be expanded after meeting)**
(A) Financing CAM Interventions, Services and Products
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DRAFT

Report of the White House Commission on Complementary and Alternative Medicine Policy

Letters of transmittal
- The President
- Congress
  - President of the Senate
  - Speaker of the House
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(Gerry Pollen)

(A) Current Efforts and Status of CAM Research

(1) Federal Efforts
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  (8) Peer Review of CAM Research Proposals

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(Dr. Joe Kaczmarczyk)

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(B) Concerns About Liability
(C) CAM Delivery Systems
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Albrecht, Joan (NCCAM)

From: Hammerly, Milt [MiltHammerly@Chi-National.Org]
Sent: Tuesday, May 08, 2001 10:59 AM
To: Whccamp (NCCAM)
Subject: July 2001 Interim Report of WHCCAMP

IOM Chasm recommendations aims...

Dear Dr. Gordon,

We chatted very briefly after the Integrative Health Industry Leadership Summit in Scottsdale Arizona last week. I mentioned that the legislative impact of the WHCCAMP interim report to be released in July might be significantly amplified by linking its recommendations to those of the IOM. You were not aware of the latest IOM report and asked me to send you the relevant information.

There has been a tremendous amount of media attention and political frenzy surrounding the IOM recommendations. The initial report ("To Err is Human"), which focused on medical errors and patient safety, was recently followed by a more extensive report ("Crossing the Quality Chasm") which suggests a number of principles for redesigning health care. As it turns out the principles espoused by the IOM have much in common with those discussed at the Summit and with those supported by the WHCCAMP. The "prepublication" version of the latest IOM report is available as a 335 page paperback book from the National Academy Press at the following web site:
http://www.nap.edu/catalog/10027.html
The entire book can also be accessed online for free at:
http://www.nap.edu/books/0309072808/html/

I know you are very busy and may not have time to read and digest the entire IOM report so I have attached a summary of their recommendations in a Microsoft Word file for your convenience. If there is any way for the WHCCAMP interim report to "piggy back" on the IOM recommendations it would dramatically enhance the chances of having a favorable legislative impact.

<<IOM Chasm recommendations aims & rules.doc>>

Please contact me if you have any questions or I can be of further help.

Sincerely,

Milt

Milt Hammerly, MD
Director, Integrative Medicine
Catholic Health Initiatives

Porter Adventist Hospital
2525 South Downing - Administration
Denver, CO 80210

phone: 303-778-5818
fax: 877-897-3993

13 "Stakeholder" Recommendations for Health Care (IOM)*

1. All health care stakeholders should adopt the purpose statement of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry (ACCPQHCI): *"The purpose of the health care system is to continuously reduce the impact and burden of illness, injury, and disability and to improve the health and functioning of the people of the United States."*
2. All health care stakeholders should adopt the 6 aims for health care (safe, effective, patient-centered, timely, efficient and equitable) advocated by the IOM.
3. Government funding to track and report progress in achieving the 6 aims.
4. Collaborative redesign of health care processes by health care stakeholders in accordance with the 10 rules proposed by the IOM.
5. Action plans for substantial improvement in quality of care over the next five years for 15 priority conditions (based on frequency of occurrence, health burden and resource use).
6. Government funding to support innovative projects that a) promote achievement of the 6 aims, and b) improve quality of care for the 15 priority conditions.
7. Convene stakeholder workshops to address ways to: a) redesign care processes based on best practices, b) use information technologies to enhance access to clinical information and support clinical decision making, c) manage knowledge and skills, d) develop effective teams, e) coordinate care of patient conditions, services and settings over time, and f) incorporate performance and outcomes measures for improvement and accountability.
8. Government funding and responsibility for development (together with other stakeholders) of programs that improve access to scientific evidence by both clinicians and patients.
9. Stakeholder commitment to building an information infrastructure to support health care delivery, consumer health, quality measurement and improvement, public accountability and clinical research and education. This commitment should eliminate most handwritten clinical data by the end of the decade.
10. Purchasers should examine current payment methods to remove barriers and create stronger incentives to quality improvement.
11. Stakeholders should perform research that identifies and pilot tests options that better align payment methods with quality improvement goals.
12. Multidisciplinary restructuring of the continuum of clinical education and credentialing in alignment with the principles of the 21st-century health system.
13. Research to evaluate how regulatory and legal systems can a) facilitate or hinder changes needed for the 21st-century health care delivery system, and b) be modified to support the achievement of the 6 aims advocated by the IOM.

6 Aims for Health Care (IOM)*

1. Safety
2. Efficacy
3. Patient-centered
4. Timely
5. Efficient
6. Equitable

10 Rules for the 21st-Century Health Care System (IOM)*

1. Care is based on continuous healing relationships (not just on office visits).
2. Care is customized/individualized according to patient needs & values (rather than variability being driven by professional autonomy).
3. The patient is the source of control (not the professional).
4. Knowledge, information and medical records are confidential but freely accessible to the patient (instead of information being a record controlled by the medical system with limited patient access).
5. Decision making is evidence-based (not driven by training & experience).
6. Safety is a system attribute (not an individual responsibility).
7. Transparency is necessary (not secrecy).
8. The system is proactive and anticipates problems (rather than reactive).
9. Value is increased through continually decreasing waste of time or money (rather than cost reduction attempts).
10. Cooperation among clinicians is a system priority (rather than privilege and preference based on professional silos).

* Institute of Medicine: Crossing the Quality Chasm: A New Health System for the 21st Century. 2001, National Academy Press, Washington D.C
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Should I
forward this
to Dr Jones?
sent 5/9/01 Jan

Albrecht, Joan (NCCAM)

From: Hammerly, Milt [MiltHammerly@Chi-National.Org]
Sent: Tuesday, May 08, 2001 11:13 AM
To: Whccamp (NCCAM)

IOM Chasm recommendations aims...

Dr Wayne Jonas

Dear Wayne,

It was a pleasure to see you again last week at the Integrative Health Industry Leadership Summit in Scottsdale, Arizona. Thanks for going out of your way to say hi and for answering my questions. Your house analogy was excellent -- a very creative way of explaining the different types of research methodology and the questions, utility and audiences for which they are most useful.

I briefly shared an idea with Dr Gordon that you may also be interested in. The legislative impact of the WHCCAMP interim report to be released in July might be significantly amplified by linking its recommendations to those of the IOM.

There has been a tremendous amount of media attention and political frenzy surrounding the IOM recommendations. The initial report ("To Err is Human"), which focused on medical errors and patient safety, was recently followed by a more extensive report ("Crossing the Quality Chasm") which suggests a number of principles for redesigning health care. As it turns out the principles espoused by the IOM have much in common with those discussed at the Summit and with those supported by the WHCCAMP. The "prepublication" version of the latest IOM report is available as a 335 page paperback book from the National Academy Press at the following web site:
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it would dramatically enhance the chances of having a favorable legislative
impact (more mileage
per principle--so to speak).

<<IOM Chasm recommendations aims & rules.doc>>

Wayne, thanks again for saying hi and for the great work you are doing.

Milt

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Dana,
Please Prepare one of
these for each of
the meetings we
have held thus
far - including
Mon & Tuesday

Thanks

Steve -
- Just change the
dates

White House Commission on Complementary and Alternative Medicine Policy
Planning Meeting
Department of Health and Human Services

CERTIFICATION

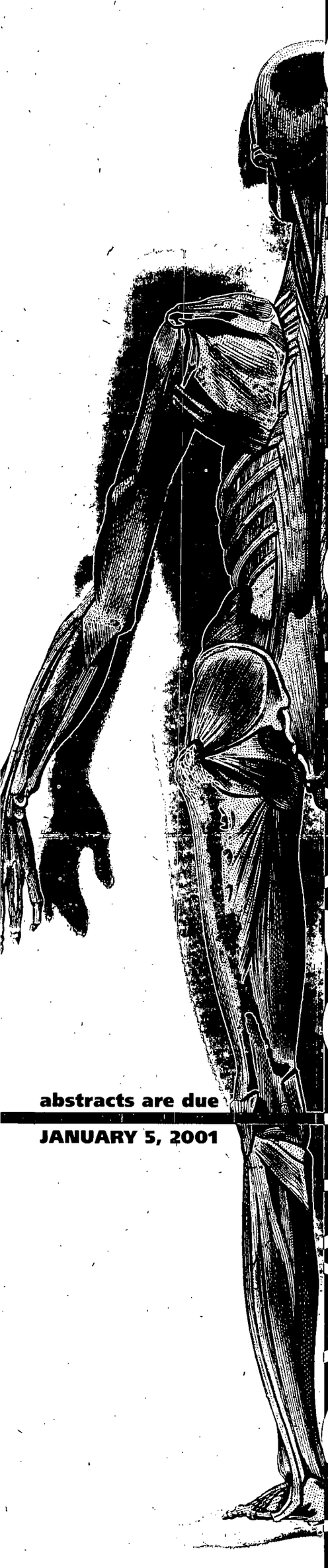
I hereby certify that the transcript is accurate and complete.

_____ _____

James S. Gordon, M.D. Date
Chairperson
White House Commission on Complementary
and Alternative Medicine Policy

_____ _____

Stephen C. Groft, Pharm.D. Date
Executive Director
White House Commission on Complementary
and Alternative Medicine Policy



CALL FOR ABSTRACTS

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Department of Continuing Education
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University of California, San Francisco
School of Medicine
Osher Center for Integrative Medicine

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International Scientific Conference on **Complementary, Alternative & Integrative Medicine Research**

May 17-19, 2001

National Directors:
David Eisenberg, MD, Harvard Medical School
Ellen Hughes, MD, PhD, University of California, San Francisco

This conference will provide a forum to showcase the best examples of ongoing scientific research involving complementary, alternative and integrative medical therapies. The meeting is also intended to foster interdisciplinary, inter-institutional and international collaboration. Interested investigators from the United States and the international community are encouraged to participate.

Abstracts involving original research will be critically reviewed by abstract selection committees and those accepted for inclusion in the conference will be presented orally or by poster. Keynote presentations and a discussion regarding the possible creation of an international professional society or association of complementary medicine investigators will be included in the program. Awards for the best abstracts in each major category will be presented.

abstracts are due

JANUARY 5, 2001

May 17-19, 2001
Cathedral Hill Hotel
San Francisco, California
Registration information: 617.432.1525

offered by:
Division for Research and Education in Complementary and Integrative Medical Therapies
Department of Medicine
Harvard Medical School
Osher Center for Integrative Medicine
University of California, San Francisco

This meeting has been supported in part by an educational grant from the Bernard Osher Foundation.

Topics of Interest

All abstracts should be author-identified according to one of the following abstract-judging categories:

- **BASIC SCIENCE** *(includes botanicals, nutritionals)*
- **RESEARCH METHODOLOGY** *(includes placebo issues)*
- **CLINICAL / HEALTH SERVICE / EPIDEMIOLOGY**
- **OTHER** *(e.g. Education, Philosophy, Legal Issues, etc)**

** Scientific abstracts addressing "Other" categories (e.g., education, philosophy, legal issues, etc.) will only be considered if they involve original research.*

Instructions for Writing, Preparing & Submitting Abstracts

- Abstract submission forms and instructions may be found at **www.compmed.caregroup.org/sci-conf.html**
Authors are required to submit abstracts as Word documents. Submission forms and abstracts should be submitted via email or sent on a floppy disk by mail.
- **Abstracts received after January 5, 2001 will not be reviewed.**
- A panel of academic experts will review all abstracts. Reviewers will be blinded to the authors and their institutions during the selection process.
- Authors of abstracts chosen for presentation will be asked to confirm their plans for presentation at the conference. Presenters must register to attend the meeting.
- Titles should be brief and indicate the content of the abstract.
- It is important that you appoint a corresponding author for the abstract to serve as the administrative contact. All contact information required in the submission form will be for this author. An email address is most helpful.
- Organize the body of the abstract as follows:
  - a statement of the purpose of the study, preferably in one sentence.
  - a statement of the methods used.
  - a summary of the results presented in sufficient detail to support the conclusions.
  - a statement of the conclusions reached. It is not satisfactory to state "the results will be discussed".
  - if private, commercial or industrial support was provided for the project, you must provide details on the abstract submission form.
- The conference directors will require all presenting authors to complete a disclosure of dual commitments. You will not need to complete this information at the time of submission. A form will be sent to authors as an enclosure to the acceptance letter. This information will be published as part of the conference syllabus.

Acknowledgement will be sent to the corresponding author within two weeks of receipt of abstracts. Corresponding authors will be notified regarding the decision by February 15, 2001.

Submissions & Questions

Robert Scholten
phone 617-632-7770
fax 617-632-7772
email camr@caregroup.harvard.edu

submission forms and instructions:
www.compmed.caregroup.org/sci-conf/

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