

# PUBLIC POLICY IMPACT: RIGHT ACTION IN TIME AND PLACE

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*This is the second article in a series on public policy and its impact on the practice of integrative medicine. The first article provided a simple landscape upon which public policy decisions are made. This article explores some of the major trends and forces at play upon that landscape, and offers practical suggestions for actions that healthcare providers can take to influence the policy formation process.*

“To everything ... there is a season ... and a time to every purpose under heaven.” (Words adapted from the *Book of Ecclesiastes* by Pete Seeger)

The first article in this series\* concluded that being an architect of public policy minimally requires showing up and becoming involved. Once on the game board, however, healthcare providers can increase the probability that their efforts will have an impact by focusing their actions at times and in places that make the biggest difference. In other words, novices tend to invest a lot of energy in doing the wrong things, or doing the right things at the wrong time or in the wrong place. Identifying and taking right actions in time and place is the Holy Grail of public policy professionals (by the way, no one ever gets it right all the time). Many see this as mysterious and as more art than science. Nonetheless, you can increase your success rate by observing, understanding, and leveraging the natural flow and interplay of various trends, interests, and processes.

Experienced participants in the public policy process appreciate that there are a variety of trends and forces at play that are running on different timetables, in different directions, and with varying momentum. Each has its own cycle and season. It's a bit like the patterns created by waves and currents in the open ocean. There is a multitude of energy forms moving every which way, each with a different direction, speed, length, and height. Sometimes waves line up in synergistic fashion to create reinforcing waves, which in the extreme can build a rogue wave large enough

to capsize ocean liners. Also, many of the waves are large, rolling behemoths, the legacy of storms many hundreds of miles away, which may have been traveling for days. Others are smaller, choppy waves formed by local conditions. A seasoned sailor watches how the waves move and interplay, and maneuvers his boat to take advantage of the positive combinations and avoid the dangerous ones. He also knows when to ignore certain water patterns because they offer neither advantage nor harm, or because there is little he can do about his situation. Then his choices are to either hold a course until things change or batten down the hatches and minimize his losses.

Providers are a bit like sailors navigating complex seas, except they have a distinct advantage. They have the capacity to anticipate the trends that will affect them, the ability to influence some of the forces, and the opportunity to make a few waves of their own.

## READING THE WAVES

Much of the pain that healthcare providers experience in their daily practices comes as a consequence of processes and decisions made years ago, and in which they likely did not participate. As a result, their interests and perspectives were ignored, poorly understood, or perhaps never even heard. It may be that they did not participate because they weren't aware or organized to do so. Or, perhaps, those earlier discussions simply did not have the foresight to see how decisions would play out over time, and ultimately have unexpected and unintended effects. Or both. In any event, integrative medicine providers over the past decade have found themselves frustrated with a host of challenges. This is evidenced by the non-alignment of

\*Matteson D, Russell M. Healthcare providers: victims or architects of public policy. *Integr Med* 2002;1:46-51.

Current Procedural Terminology (CPT) codes with various alternative modalities and the resulting confrontations with insurance companies for reimbursement; exclusion altogether of many therapies from insurance coverage; and the lack of inclusion of various complementary and alternative professions in federal programs.

The current situation, however, is significantly different than it was even 5 years ago. There is no shortage today of discussions that are now focused on “how” to make integrative medicine work, as opposed to “should” integrative medicine be allowed. But make no mistake, there are a number of committee hearings, conferences, and private sector meetings happening right now to discuss various and competing solutions for fixing what is wrong with healthcare. For integrative medicine providers, this climate represents an opportunity to get involved in those discussions that have the greatest potential to affect their practice. Through these discussions, specific policy factors can be identified and acted upon. If providers are not at the proverbial table when the new rules are established, there will be new painful surprises several years down the road when these new policies and guidelines begin showing up in the day-to-day operations of practice.

The solution is to be involved, and the right time is *now*. What is the right action? Which of the many opportunities is the right place? Insight into the answers to these questions lies in reading the waves and choosing a path that is right for you as an individual provider.

Here is a sample of some of the dominant trends and forces at play that are defining the future of healthcare.

### **CATCHING THE WELLNESS WAVE**

One of the fundamental shifts over the past decade is the expansion of what is considered to be encompassed by the term “healthcare,” and who is responsible for care. Traditionally, conventional healthcare has primarily focused on diagnosis and the medical treatment of disease, and prevention typically has been focused on early detection and prediction of specific diseases. By contrast, health and wellness has tended to focus on the promotion of an individual’s natural abilities to ward off disease and maintain high levels of function and has not always been included as part of conventional disease care or prevention. Part of the common confusion between medical providers and complementary and alternative medicine (CAM) providers is that MDs tend to be identified with disease care, and CAM providers tend to be identified with health and wellness care. The problem is that the lines are not that well drawn, and the trend is to blur them even further.

Other shifts are contributing to choppy seas. For example, the explosive growth of the natural products industry in the 1990s is one demonstration of a major shift in healthcare consumer behavior toward taking more responsibility for personal health. And, what was considered “fringe” 10 years ago is no longer a separate industry,

but is now in large part being incorporated into mainstream markets. Even corporate America is catching the wellness wave. Its use of wellness programs is increasing, and it is shifting health programs from “defined benefits” to “defined contributions.” All of these developments place more accountability on employees to make their own health choices. Throw in the fact that one of the dominant uses of the Internet is the search for health-related information, and some might argue that the consumers/patients are becoming partners with providers.

Perhaps it is simply easier to recognize the emerging trend toward 2 potentially different industries, disease care and health and wellness care. The disease care industry is well established and will likely double in size over the next 10 years. The health and wellness industry is relatively young and, as economist Paul Pilzer predicts in his book, *The Wellness Revolution*,<sup>1</sup> it will emerge as a fully distinct and separate industry worth \$1 trillion over the next decade. Conventional, CAM, and integrative medicine providers are likely to operate in both worlds. If this occurs, then the health and wellness industry will be creating rules and policies to guide its development. By contrast conventional healthcare will be focused on how to manage change and growth.

What is the policy factor here? Perhaps that individual providers will need to decide how to align themselves with one or both of these closely related healthcare arenas.

### **THE CRYSTAL BALL OF EDUCATION**

The changing nature of education of licensed healthcare providers is one good predictor of future practice patterns. Therefore, it is significant to note the trends in graduate healthcare education. Over 80 of the 144 accredited allopathic and osteopathic medical schools now offer some course work in CAM. There are now 11 major medical schools, including Duke, Georgetown, University of Minnesota, and the University of Arizona to name a few, with significant programs in integrative medicine. These schools have formed a consortium that will focus on development and support for integrative medicine education. The National Center for Complementary and Alternative Medicine within the National Institutes of Health has established major education grants for curriculum development in MD/DO schools. Curricula at accredited schools of chiropractic, naturopathic medicine, Ayurveda, and acupuncture and traditional Chinese medicine are increasingly science-based, with many requiring basic science training comparable to conventional medical programs.

There is also a plethora of non-accredited schools cropping up that provide varying levels of seminars, short courses, distance learning, and even “degree” programs on a wide range of health and healthcare topics. This is in part a market response to the increasing interest in CAM by the public, which in turn has created demand amongst providers to learn more about CAM

and integrative medicine. These educational programs are also a market response to the growing demand by non-licensable and lay healers. With the recent passage of health freedom legislation in a number of states, including California, that allows most anyone to sell services as a healer, we expect to see an increasing number of these programs.

What is the policy factor here? How will consumers know a well-trained, competent provider when they meet one? As Congress reauthorizes the Higher Education Act, states consider licensing laws and health freedom bills, and insurers consider educational requirements for network participation, there is much at stake. Even though educational issues seem far removed from day-to-day practice, what is decided at the policy level will surely be a large waveform to be reckoned with eventually.

### **YOU SAY COMMITTEE, I SAY COMMISSION**

In late October 2002, the Institute of Medicine (IOM) announced that it was forming a committee to explore the scientific and policy implications of CAM use by the American public. In this effort, the IOM reported that it would examine 4 principal areas: CAM research challenges and needs, CAM regulation in the United States and other countries, interface and integration of CAM with conventional medicine, and CAM training and certification.

Reports published by the IOM have historically been used to guide Congress' thinking in health policy. Although an independent and private organization, the institute has been consulted by policymakers on a range of issues. There is no doubt that the report ultimately issued by the IOM on CAM usage will play a major role in Congress' consideration of the extent to which CAM is treated in health policy in the future.

The interesting factor in this development is that it comes less than one year after the White House Commission on CAM Policy issued its own report. That commission was charged with addressing research on CAM practices and products, delivery of and access to CAM services, dissemination of reliable information on CAM, and appropriate licensing, education, and training of CAM practitioners. After 2 years of hearing testimony and debating recommendations, the commission issued a report that was met with both cheers and jeers. Interestingly, the recommendations in the report were not given nearly as much attention in the media as was a minority opinion issued by 2 of the sitting commissioners.

Was the dissent among this small number of White House Commissioners strong enough to leverage the seating of another commission? Is the IOM process simply cloaking an attempt by CAM critics to convey their perspective on the issue? What is the policy factor here? Is lack of consensus among CAM committees and commissions a threat to integrative medicine? What road will

Congress take when it reviews these 2 CAM reports? What road will you take as a healthcare provider and an advocate of CAM?

### **THE ASSURANCE OF INSURANCE?**

Ten years ago, the nation's healthcare system was in crisis. Costs had spiraled out of control and consumer choices among healthcare providers had been curtailed. Scores of competing proposals were offered to respond to this crisis, many of which suggested that the core problem was with runaway health insurance companies. Following the convening of a task force created to explore a range of issues, a bill of behemoth proportion was introduced in the then Democratic-controlled Congress suggesting a comprehensive overhaul of the nation's healthcare system.

In an effort to defeat the bill, the Health Insurance Association of America launched a multimillion dollar television campaign featuring a fictitious couple (Harry and Louise) discussing at their kitchen table the effect that the bill would have on their family. Millions of people all over the country imagined themselves as Harry and Louise, and generated millions of phone calls, letters, and faxes to Congress. Ultimately, the bill was defeated, and a relatively small series of incremental reforms was passed to respond to the "crisis." Ten years later, we find ourselves facing the ultimate irony. Following the reforms of the 1990s, the IOM has issued a report suggesting that the healthcare system is confronting another crisis, and "is incapable of meeting the present, let alone the future, needs of the American public." Déjà vu? Perhaps. But the landscape is profoundly different. We now have a Republican president and Congress. How will the administration respond to this crisis?

There are many issues related to insurance, and one of the hottest is the debate over coding. The process of determining which CPT codes will be used has become devilishly complicated. Not long ago, an American Medical Association committee determined CPT codes, and that was that. Today, however, there is a need for a common set of codes that covers conventional, integrative, and CAM procedures, and the dialogue now includes many voices. The outcome of the current high-level discussion on coding will directly influence code use and reimbursement schedules from federal programs on down to private insurance networks.

What is the policy factor in this conversation? If insurance is the mainstream pathway to care, how will access to care be affected? How will the budgetary crises facing many states affect programs such as Medicaid? What will Congress' role be in tackling this crisis? What should your role be as a healthcare provider?

### **THE RURAL ROUTE TO HEALTHCARE**

Providing more appropriate access to care in rural and medically underserved parts of the country has long been a goal of policymakers. Community health centers have

deployed significant resources to ensure that individuals and families in rural communities benefit from the same quality health services that are provided in urban settings. Congress realized the importance of this goal in 1970, when it authorized the National Health Service Corps (NHSC). Today, the NHSC offers school loan repayment as an incentive to healthcare professionals to practice in medically underserved areas for a dedicated period of time.

With more than 53 million people living in communities without access to primary healthcare, efforts have recently been stepped up to provide an improved mix of providers to meet the range of the residents' healthcare needs. Historically, providers of conventional medicine have represented the ranks of the Corps. However, with growing interest among the public and private sectors in CAM, steps have been taken to create a better pathway for CAM providers to participate in the federal program. Under some proposals, chiropractors, naturopathic physicians, acupuncturists, and other licensed CAM providers would be specifically identified as eligible for NHSC participation.

What is the policy factor here? Could it be provider nondiscrimination, responding to the inherent bias against CAM providers in federal programs? Can the 3.6 million people currently receiving services from NHSC providers benefit from a multidisciplinary approach to healthcare? What should Congress' role be in responding to this opportunity? What should your role be in speaking on behalf of your profession to ensure access to care in rural America?

### TWO TAKES ON TORTS

One of the proposed policy pathways to healthcare reform is through tort reform. Advocates of medical liability reform claim that litigation has gone out of control. According to the American Tort Reform Association, the "inequities and inefficiencies of the medical liability system negatively affect the cost and quality of healthcare as well as access to adequate healthcare." The most widely discussed provision in most of the tort reform proposals is a cap on non-economic damages for "pain and suffering." Juries have historically awarded large sums to plaintiffs in medical liability cases, many times in the tens of millions of dollars.

After almost a decade of consideration, the US House of Representatives recently passed a bill that included such a cap. Despite the full court press of the trial lawyers' lobby that has historically opposed the legislation, the bill passed by the narrowest of margins. Although the bill was defeated in the Senate, which many attribute to the number of trial lawyers who now serve in the Senate, the bill is expected to return early this session. The providers and the trial lawyers are preparing for the showdown once again.

Dr Louis Sportelli, president of the NCMIC Group, the largest chiropractic malpractice insurance company in the nation, speculates that Congress will pass medical liability reform this session. He agrees, however, that the battle will not be easily won. According to Dr Sportelli, the core tensions among various interest groups still remain, and are evident in the power of trial attorneys, a "lottery mentality" on the part of both juries and plaintiffs, and juries awarding large judgments to get back at big corporations with "the anti-tobacco mentality spilling over to the insurance companies."

What is the policy factor in this discussion? How will tort reform affect access to care? Is this a pivotal issue in the ongoing dialogue of healthcare reform? What will your role as a healthcare provider be?

### CHOOSING RIGHT ACTIONS

This sampling of issues and trends affecting the future of healthcare is most certainly incomplete, and is intended to illustrate the key point: policy decisions are made amidst a wide range of seemingly unrelated, independent forces. Legal considerations, financial and payment structures, marketplace and cultural trends, educational curricula, political leadership and partisan wrangling, natural business cycles, and consumer preferences are like waves on the ocean, each with its own momentum. Yet, they appear to act in an interconnected fashion, collectively defining the moment in which any policy decision gets made. In addition, the nature of their interaction changes from moment to moment.

There is no indisputably right answer, and because the seas are in constant motion, no good answer is likely to work for long. What is required is a constant vigilance and engagement as much with the process of public policy as with the substance of the policy itself. Maintaining balance and headway is the goal.

Providers must realize that many forces affect the sea upon which they operate, and they have a choice. They can float along at the whim of these forces, like a cork in the currents. Or, they can learn to read the waters and learn to navigate. The latter requires, at a minimum, being involved, taking an interest, working together, and forming enough of a force of their own that they are not simply jostled about.

Deciding and taking the right action at the right time and place seems like an overwhelming assignment, particularly to most providers. However, if you keep it simple, do something—even a little bit—is important because it will make a difference, even a small one.

- **Start with what you know.** Learn more about an issue with which you are already familiar or that is of particular importance to you. Be enthusiastically curious about all aspects of the issue, particularly the parts that aren't so obvious. What are the other forces

at play that affect the momentum and nature of the issue? Identify the policy factors at play.

- **Commit to being involved, not to a particular outcome.** Advocacy as much about the process as it is about the substance of the outcome. Resist advocating a “right” solution too early. Pushing too hard, particularly at the wrong time, can create an equal or greater push back. Develop patience for the slow and incremental nature of the process. Read the waters before making a move, and take advantage of opportunities to make gradual progress in the right direction.
- **Do your homework.** Just being involved is not enough. The facts matter, and the numbers have to add up. Know the substance of your issue as well as you can.
- **Identify decision makers and get to know them.** Who are the people already involved in the issue who can influence it or who are decision makers? What forces are at work and what do the seas look like now? Understand these players as people and imagine the world through their eyes.
- **Work with others.** Be involved in the issue, and

get others involved as well. As people have done with investment clubs, get a small group of people to work together to understand an issue and choose an action (your investment) that you can do together. This can be done on your own, or through an existing organization like your professional association.

- **Look for high leverage moments.** Anticipate when opportunistic moments will come along. A hearing, an opportunity to meet with a decision maker, a letter to the editor, a speech to a local civic club, or the chance to invite a colleague to an informational meeting are each opportunities to get involved that have the chance to make a difference.

#### REFERENCE

1. Pilzer P. *The Wellness Revolution*. Hoboken, NJ: John Wiley and Sons; 2002.

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