Integrative Medicine and the Health of the Public
A Summary of the February 2009 Summit

On February 25-27, 2009, the Institute of Medicine convened the Summit on Integrative Medicine and the Health of the Public in Washington, D.C. The Summit brought together more than 600 scientists, academic leaders, policy experts, health practitioners, advocates, and other participants from many disciplines to examine the practice of integrative medicine, its scientific basis, and its potential for improving health. The plenary sessions of the Summit covered overarching visions for integrative medicine, models of care, workforce and education needs, and economic and policy implications.

Integrative medicine may mean many things to many different people, as Harvey Fineberg of the Institute of Medicine observed. However, integrative medicine can generally be described as orienting the health care process to create a seamless engagement by patients and caregivers of the full range of physical, psychological, social, preventive, and therapeutic factors known to be effective and necessary for the achievement of optimal health throughout the life span.

INTEGRATIVE MEDICINE: AN OPPORTUNITY FOR CHANGE

Discussion at the Summit not only highlighted advances in the practice of health care, but it also highlighted the shortcomings of the health care delivery system and the need for reform. The current approach to health care is primarily focused on addressing immediate events of disease and injury, not always taking into account the complex interplay of biology, behavior, psychosocial factors, and how the environment shapes health and disease. As described by Ralph Snyderman of Duke University, integrative medicine could shift the focus of the health care system toward efficient, evidence-based practice, prevention, wellness, and patient-centered care, creating a more personalized, predictive, and participatory health care experience.

Sean Tunis of the Center for Medical Technology Policy reminded participants that the United States is now faced with a once-in-a-generation opportunity for major political and social change on behalf of better health care. However, health care reform cannot singlehandedly improve the health of the public. To realize this central goal of integrative medicine, additional changes will be required. Senator Tom Harkin and Kenneth Thorpe of Emory University reiterated that changes outside the health system (e.g., environmental and food policy) can have a profound effect on health, and reforms in these areas should also be considered and included in health reform discussions. Additionally, Snyderman noted that, “Even the best health care system, acting alone, cannot assure good health. It needs the individual’s engagement and commitment to health.”
**NEXT STEPS**

Throughout the course of the presentations, discussions, and breakout sessions, Summit participants offered suggestions on ways in which the science, practice, application, and effectiveness of integrative health and medicine might be enhanced. The suggestions generally fell into four areas: research, practice, education, and policy. Examples of some of the suggestions put forth include:

- **Research**: Dean Ornish of the Preventive Medicine Research Institute and Lawrence Green of the University of California, San Francisco suggested redesign of study protocols to better accommodate multifaceted and interacting factors. A number of participants, including the members of the priority assessment groups on identifying and advancing workable models of integrative care and the assessment group on integrative medicine and its role in shaping the national health reform agenda, called for the development of demonstration projects to identify effective integrated approaches that demonstrate value, sustainability, and scalability.

- **Practice**: Tracy Gaudet of Duke University and Arnold Milstein of Mercer promoted the use of multidisciplinary team approaches that could be used to improve outcomes. Donald Berwick of the Institute for Healthcare Improvement emphasized the importance of infusing care with truly patient-centered approaches. George Halvorson of Kaiser Permanente and Mike Magee of the Center for Aging Services Technologies described tools that could facilitate life span approaches to improve care processes.

- **Education**: Victoria Maizes of the University of Arizona suggested redefining the core competencies of integrative medicine. Other members of the education panel including Elizabeth Goldblatt of the Council of Colleges of Acupuncture and Oriental Medicine, and Carol Black of the Academy of Medical Royal Colleges urged exploration of new care categories and reorientation of health professions training to emphasize socioeconomic factors of health, prevention, well-being, and team approaches.

- **Policy**: Michael Johns of Emory University highlighted the need for clarity on the standards of evidence that shape practice and payment. Various participants throughout the summit, including Mary Jo Kreitzer of the University of Minnesota and Janet Kahn of the University of Vermont, called for the development of incentives that support the necessary developments in research, education, and practice, in particular those that encourage care coordination, team care, patient engagement, and an orientation to prevention and well-being.

**FOR MORE INFORMATION . . .**

This brief was prepared by the Institute of Medicine based on the workshop summary *Integrative Medicine and the Health of the Public: A Summary of the February 2009 Summit*. IOM planning committees do not issue, review, or approve individual documents. The responsibility for the published workshop summary rests with the workshop rapporteurs and the institution.

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