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Issues in Coverage for Complementary and Alternative Medicine Services:

Report of the Clinician Workgroup on the Integration of Complementary and Alternative Medicine

Executive Summary

This report documents the establishment and work of the Clinician Workgroup on the Integration of Complementary and Alternative Medicine (CWIC). This three-year process initiated by the Office of the Insurance Commissioner represents a constructive partnership between the public and private sector as well as health insurance carriers and providers. Participants included complementary and alternative medical health care providers, conventional medical providers employed in health insurance companies, primary care providers working in primary care organizations, educators of complementary and alternative medical students, and representatives of state regulatory agencies. One of CWIC's charges was to identify the many issues related to insurance coverage for services that may be considered "complementary and alternative" to "conventional" medical services. One of the most powerful outcomes from CWIC was the positive working relationships developed between the various participant communities. Some of the terms used in this report are specifically defined within the text, in footnotes, and/or appendices to clarify their usage. It is recognized that some terms may have other meanings that should not be extrapolated beyond the context intended here.

The Environment Preceding the Clinician Workgroup on the Integration of Complementary and Alternative Medicine - CWIC

In 1993, health care reform legislation was enacted by the Washington State Legislature that included provisions assuring consumers in Washington could buy health insurance even if they were sick or had changed jobs. Several provider groups pursued inclusion of all licensed providers in the state for insurance reimbursement of services within their respective practice scopes. To preserve the insurers' ability to select competent and efficient providers, the final legislation settled on the term every category, or type, of licensed provider being reimbursable, without mandating inclusion for every individual practitioner. Subsequent revisions to the law preserved these aspects of reform and the Office of the Insurance Commissioner (OIC) promulgated administrative rules to implement the legislative intent. Concurrent with and following court challenges, efforts were made by the OIC to pursue non-adversarial processes to identify issues, barriers, and solutions for implementing legislatively mandated changes.

The first attempts at initiating these processes included discussions about coverage options for complementary and alternative medicine (CAM), services as well as how carriers would credential providers for their networks. These meetings were initially legally focused and were shifted to a more clinical direction after the agreement to include outside facilitation was made.

Formation of Workgroup - CWIC

The Office of the Insurance Commissioner's health policy staff and outside facilitators met with provider groups to identify those categories that would be most affected by this law. A series of informal discussions with health care practitioners helped identify those considered CAM, licensed by the Department of Health, and caring for patients with health conditions covered by the Washington State Basic Health Plan. Simultaneously, facilitators conducted face-to-face and telephone interviews with potential participants to further refine issues of interest and concern.

A representative group of payer medical directors and CAM providers was established using criteria that insured balance and emphasized provider experience. External independent facilitation was arranged and funded privately by the group participants themselves. In-kind OIC staff resources were provided, but the majority of direct costs for this effort were borne by the carriers and providers themselves.

Health Insurance Carriers
- Aetna US HealthCare
- Community Health Plan
- Group Health Coop of Puget Sound
- Pacificare of Washington
- Premera Blue Cross
- Qual Med Washington Health Plans
- Regence BlueShield
- UnitedHealthcare

CAM Provider Associations
- Acupuncture Association of Washington
- American Massage Therapy Association, Washington Chapter
- Midwives Association of Washington State
- Washington Association of Naturopathic Physicians
- Washington State Chiropractic Association
- Washington State Dietetic Association

Physician Organizations
- Hall Health Primary Care Center
- Multicare
- Providence Health System
- Providence Seattle Medical Center
- University of Washington Physicians
- Valley Medical Center
- Virginia Mason Health Plans

Network Providers
- Alternare Health Services
- American Complementary Care Network
- American WholeHealth Network

Educational Institutions
- Ashmead College
- Bastyr University
- Brenneke School of Massage
- Brian Utting School of Massage
- Northwest Institute of Acupuncture and Oriental Medicine
- Renton Technical College
- Seattle Midwifery School

1998 CWIC Activities

An aggressive agenda was proposed to address coverage decisions, technology assessment, medical necessity, data collection and the gathering of literature on costs and practices, exploration of holistic[1] health care versus condition care, and integration of CAM services. A variety of approaches were used, including didactic presentations by outside experts or group participants, workshops and training, literature and survey research, group discussion, and/or facilitated decision-making. For obvious logistical and efficiency reasons, experts within Washington State were used.

1998 CWIC meeting topics included: Inventory of existing standards for CAM practices; status of coverage and use of CAM services by carriers and physician groups; carrier procedures for technology assessment, medical necessity determinations and coverage decisions; survey of CAM patients' views of perceived benefits; clinical guideline training; CAM as add-on versus replacement to conventional care in high cost conditions; CAM integration into conventional delivery settings.

1999 CWIC Activities

The next full year of CWIC was directed at: Exploration of existing successful integrated CAM and conventional medical (CM) practices and development of draft clinical care pathways, algorithms, and protocols by participant CAM organizations; training of participant representatives in written clinical care pathway development; development of draft examples of clinical care pathways for conditions that the respective CAM providers might commonly address; identification of possible next steps for the group or future spin-offs; and research opportunities. Dedicated training was aimed at using evidence review as well as expert and community-based consensus development to draft written protocols in a way that non-CAM providers could apply within their respective professional communities.

1999 CWIC meetings topics included: Multidisciplinary clinic presentations; discussion on insurable practices; clinical care pathway and algorithm training; CAM practices survey project presentation; discussion on high cost conditions; research planning with University of Washington and Bastyr University

[1] Of or relating to wholism, emphasizing the importance of the whole and the interdependence of its parts. For the purposes of this report, the use of the word "holistic" should be considered to include health promotion, disease treatment and prevention, and wellness. The term does not fully reflect the range of differences in paradigms between CAM disciplines.

researchers interested in CAM; presentations from Bastyr University, University of Washington and CWIC participants; presentation of draft algorithms by participants; and summarizing of CWIC experience and review of material and information for the final report.

Variations in Coverage Strategies for CAM

There are currently several different coverage models for CAM services in use in Washington State. No preferred or "right" ways of including these benefits are being recommended by CWIC or OIC. Each approach has advantages and limitations for various constituencies.

- *Dollar Cap*: Applies maximum dollar expenditure per coverage year for a set range of CAM services.
- *Condition Based*: This CAM coverage model bases benefits on allowances related to specific clinical diagnoses or conditions. The covered benefit may require specific clinical regimens to have been followed prior to referral for CAM services.
- *Gatekeeper Method*: Characteristic of managed care coverage. Use of CAM requires direct referral from PCP gatekeeper, and benefits follow a medical necessity model. Some carriers include naturopathic physicians as PCPs.
- *Open Access Model*: Built on integration and coordination without a gatekeeper. This design allows a member to access network providers of all categories without the requirement of a PCP referral.
- *Self-referral and Preventive Care*: This model is usually structured as a rider to a core benefits package and usually follows a medical necessity model for coverage decisions. This could include patient access to a set number, or amount, of services without PCP referral, but require referral for additional coverage.
- *Discount Networks*: Some carriers have negotiated with CAM providers to provide discounts to their members, but do not provide reimbursement for the members' expenses for the services. This approach attempts to enhance access to CAM providers but does not reimburse for any of the services.

Lessons Learned

- Better understanding of each other's language and philosophies is needed.
- A forum of insurers and providers is a valuable environment for discussing coverage, payment and cost concerns.
- Creation of resources is needed for use in other like forums.
- Building trust and relationships breaks down barriers.
- The CWIC process increased awareness of the multifaceted nature of the current health care delivery system.
- Payers began to see the value in CAM delivery experience; providers gained understanding of managed care systems and payer issues.
- Practice guidelines have become integral in conventional medical delivery settings and assist payers in gauging medical necessity as well as appropriateness of care.
- CAM providers could benefit from broader application of quality improvement protocols to reduce variation and document improvement in patient progress and overall outcomes.
- Many of the changes in health care have resulted from marketplace factors that are frequently beyond the direct influence of providers, payers and regulators.

Next Steps

- Research should be a top priority. Specifically, cost data, claims experience, utilization appropriateness and other health services research issues will need to be better understood to assist in making coverage decisions.
- Care management considerations need to be explicitly addressed. Clinical guidelines and condition specific care pathways will assist CAM providers in conveying clinical rationale and the need for coverage determinations. Attention to these issues can also help CAM providers better understand their approaches and address practice variation.
- Education was an important by-product of the CWIC experience, and a forum to allow that to continue should be considered. CAM providers who can communicate well and can be made available should be identified.
- A collaborative forum for communication between payers, CM providers, CAM providers, and regulators should be established, perhaps at the national level.
- Integration of CAM and CM services was an ongoing theme throughout the CWIC process. Additionally, members felt that options and approaches for integration should be explored and inventoried.
- Delineation of care thresholds, financing mechanisms, and the quantification of cost-benefits for CAM and other preventative services will need to be prioritized.
- In general, sources of funding and resource support need to be identified for all of these activities.

Key Issues Regarding Integration

- Relationship Development: Mutual respect and recognition of perspectives is essential.

- Speaking Different Languages: Patience and openness is required regarding differences in training and experience, hence the syntax used for communicating each other's views and needs.
- Learning Each Other's Paradigms: Attitudes toward healing, intervention, care coordination may vary between CAM approaches and compared to CM approaches. Appreciation for how this impacts approaches to care is essential for coordination and integration.
- Algorithms and Guidelines: Recognition of these tools for both improving quality and outcome of care, along with communicating CAM care decisions and thresholds is important. Documentation of recognized limitations and strategies for preventing inappropriate use are essential.
- Research Support: The absence of research in support of a particular intervention's effectiveness should not by default be treated as though there was scientific evidence demonstrating ineffectiveness.
- Members May Have Different Needs: Each constituent, payer, CAM provider, CM provider and regulator has different perspectives, needs and accountable bodies that must be recognized. A forum for constructive engagement and problem solving is essential.

Recommendations of CWIC the for Integration of CAM

- Individual CAM professions should work closely with carriers to assist them in knowing when to cover their services for a specific condition, and to provide clinical algorithms to assist in supporting the claim.
- Insurers should involve the respective CAM professions when establishing CAM benefits packages.
- Participants in CWIC and their organizations should explore ways to maintain an informal network and consider seeking broader, perhaps national support for establishing an ongoing forum for dialogue and problem-solving.
- Educational strategies should be adopted for enhancing cross-fertilization and understanding of the issues of payers, CAM providers and conventional providers. Recognition of areas of mutual interest should be made explicit, and areas of divergent needs and priorities should be acknowledged and engaged constructively.
- Explore opportunities to use technology and communication to keep members aware of various methods to integrate CAM and CM.