

Insurers find more treatments an acceptable alternative

Susan Yoo Contributing Writer

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More and more, Americans in search of less invasive therapies, relief from pain and better overall health are turning to herbal products, acupuncturists, chiropractors, massage therapists, nutritionists and mind-body practices.

Conventional medicine practitioners and insurers are responding to this demand for "complementary and alternative medicine" (CAM) with new services and products.

The American Hospital Association reported in its journal that hospitals in general were slightly more likely to offer CAM in 2001 than in 2000. The biggest hospitals were much more likely to offer CAM.

Meanwhile, insurers in Washington and elsewhere are beginning to cover more CAM treatments. For instance, most provide some coverage for visits to licensed chiropractors.

In some cases, state mandates are the reason alternative treatments are covered. Eight states — California, Florida, Maine, Oregon, Montana, Nevada, Washington and West Virginia — have mandates for acupuncture coverage, for example.

Coverage, however, may still include constraints on treatment. Insurance might cover the services of a physician acupuncturist but not those of a licensed acupuncturist, who may have more training in acupuncture.

Discounts but no coverage

Increasingly, insurers are helping patients get access to certified CAM practitioners and discounted fees, although the insurance policy itself doesn't cover the treatment.

These insurers contract with companies that specialize in alternative medicine and have developed their own network of medical providers. In return for the referrals, practitioners in the CAM network offer reduced fees to the insurer's plan members, who pay the practitioner directly.

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A leader in CAM networks is San Diego-based American Specialty Health (<http://www.ashplans.com>), which contracts with more than 19,000 providers and serves 68 health plans. Among its clients is Cigna, which markets its CAM program as "Healthy Rewards."

Cigna (<http://www.cigna.com>) offers CAM services as an "amenity," not as a covered benefit, because there hasn't been a demand by employers for that coverage, says Bart Bracken, vice president for strategic marketing.

One of the barriers to traditional coverage for alternative medicine is that CAM lacks "a standard care for particular conditions [and] published literature in peer-reviewed journals," says Dr. Razia Hashmi, senior medical director at Cigna HealthCare's headquarters in Bloomfield, Conn.

Among health plans, Oakland, Calif.-based Kaiser Permanente (<http://www.kaiserpermanente.org>) may be the leader in providing CAM services. Besides its partnership with a discount network, Kaiser

Permanente has a Department of Integrative Medicine in the mid-Atlantic region with one clinic in Prince George's County and another in Falls Church.

The clinic staff includes physicians and nonphysicians. All the physicians are family-practice doctors or internists, who are also licensed acupuncturists with schooling in fields such as herbalism and mind-body therapies. The nonphysicians have master's or doctorate degrees in psychology or counseling, with specialties in areas like mind-body healing or chemical dependency.

Every Kaiser Permanente plan member can get an evaluation by an integrative-medicine physician. But further coverage is only available to members whose employers purchased a special rider, similar to options for dental or eye care. Other plan members will be referred to the contracted network services.

Dr. Lydia Segal, regional manager in Falls Church for the Integrative Medicine Department, points out a critical difference in service between members covered and not covered under a rider. When patients are covered and go to one of the two clinics, their progress with CAM therapies is monitored by a clinician.

For example, if a monitored patient has been seeing a chiropractor for dozens of treatments with no improvement, the clinician may recommend discontinuing that treatment and trying a different approach.

The government's treatment of CAM

In 1992, Congress established the Office of Alternative Medicine with \$2 million in funding. In 1998 the program became the National Center for Complementary and Alternative Medicine, part of the National Institutes of Health.

The center, budgeted for \$113.2 million in 2003, focuses on research into CAM, career development for practitioners, public outreach and integration of CAM into conventional medicine.

The most important contribution of CAM is it promotes a "shift from the structure of a professional [doing] something to you to teaching self-care," says Dr. James Gordon, director of the Center for Mind-Body Medicine in D.C. and chair of the White House Commission on Complementary and Alternative Medicine, which was formed in March 2000 by President Clinton and issued its final report this past March (<http://www.whccamp.hhs.gov>).

In a self-care approach emphasizing teaching, doctors could "work with human beings, not diseases," he says, and economically the extra time given to patients might be balanced out with lower malpractice payments.

The real challenge for CAM, Gordon says, is true integration into the health care system. Even large hospitals that offer CAM, such as California Pacific Medical Center in San Francisco or MD Anderson Cancer Center in Houston, house the services in a separate program.

For true integration, medical practitioners need more evidence of CAM's safety and efficacy, Gordon says. Partnerships among Medicare, insurers, medical schools and corporations could help with large-scale demonstrations of sound techniques. Cigna says it is interested in such partnerships.

Ultimately, Gordon says, CAM needs the support of a federal office in the Department of Health and Human Services, or else "things go at their own pace."

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