Mapping the Health Care Policy Landscape for Complementary and Alternative Medicine Professions Using Expert Panels and Literature Analysis

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Abstract

Objectives: The purpose of this project was to examine the policy implications of politically defining complementary and alternative medicine (CAM) professions by their treatment modalities rather than by their full professional scope.
Methods: This study used a 2-stage exploratory grounded approach. In stage 1, we identified how CAM is represented (if considered as professions vs modalities) across a purposely sampled diverse set of policy topic domains using exemplars to describe and summarize each. In stage 2 we convened 2 stakeholder panels (12 CAM practitioners and 9 health policymaker representatives), and using the results of stage 1 as a starting point and framing mechanism, we engaged panelists in a discussion of how they each see the dichotomy and its impacts. Our discussion focused on 4 licensed CAM professions: acupuncture and Oriental medicine, chiropractic, naturopathic medicine, and massage.
Results: Workforce policies affected where and how members of CAM professions could practice. Licensure affected whether a CAM profession was recognized in a state and which modalities were allowed. Complementary and alternative medicine research examined the effectiveness of procedures and modalities and only rarely the effectiveness of care from a particular profession. Treatment guidelines are based on research and also focus on procedures and modalities. Health plan reimbursement policies address which professions are covered and for which procedures/modalities and conditions.
Conclusions: The policy landscape related to CAM professions and modalities is broad, complex, and interrelated. Although health plan reimbursement tends to receive the majority of attention when CAM health care policy is discussed, it is clear, given the results of our study, that coverage policies cannot be addressed in isolation and that a wide range of stakeholders and social institutions will need to be involved. (J Manipulative Physiol Ther 2016;39:500-509)
Key Indexing Terms: *Complementary Therapies; Integrative Medicine; Health Policy; Insurance Coverage; Licensure; Professional Practice; Clinical Practice Guideline; Health Workforce; Health Services Research; Research Support*

Introduction

One generally recognized characteristic of complementary and alternative medicine (CAM) is holism, which is a focus on treating the whole person.[1,2] Complementary and alternative medicine practitioners use a wide range of techniques embedded within various broad healing paradigms to provide treatment. However, despite this broad approach and holistic goal, CAM is often addressed in policy and research as individual procedures (ie, modalities or treatments). In sociology, this dichotomy is one of CAM practitioners as members of professions vs members of skilled occupations, with professions having broader authority and autonomy because of a systematic body of theory that goes beyond skills.[3]

Each CAM profession has at least 1 signature modality—for example, spinal manipulation for chiropractors, acupuncture for practitioners of Oriental medicine, or herbal medicine for naturopathic doctors. However, these modalities are delivered within a patient encounter that includes much more; for example, they may include patient education (eg, on stress reduction, lifestyle improvements), monitoring of general health indicators, a trusting patient–practitioner relationship, and a range of wellness interventions such as exercise programs, nutrition counseling, weight management, and preventive care. In addition, the training in some of the CAM professions includes diagnosis, appropriate referral, and other traits of primary medical care. These also involve the provision of services (eg, laboratory diagnostics, imaging, physical examinations, patient counseling) beyond the signature modality.

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CAM Expert Panel: Professions	Representatives
Doctor of Oriental Medicine	1
Doctor of Chinese Medicine	1
Licensed Acupuncturist	2
Doctor of Chiropractic	4
Naturopathic Doctor	3
Massage Therapist	1
Health Policymaker Panel: Knowledge Areas	
Large health plans	1
Large self-insured companies	1
Federal legislative process	1
Medicare and Medicaid	1
Veterans Health Administration	1
US Military Health System	1
Worker's Compensation	1
Integrative medicine design	1
Laws affecting CAM professions	1

Fig 1. *Stakeholder groups represented in the 2 expert panels. CAM, complementary and alternative medicine.*

Despite the broad range of services provided, much of health care policy addresses CAM as individual therapies or modalities. Although this problem is often described as one of terminology or of semantics, it is not just a problem of definition or perception. Policies that define a profession only in terms of its therapeutic modalities or reduce a profession's scope to only a few of these modalities have a direct impact on patient access and care. These policies have substantial political consequences as the CAM professions strive to obtain full legal and social legitimization.

Therefore, this study examined the policy implications of how the dichotomy between CAM as modalities and CAM as professions is addressed across a number of health policy topic areas, including coverage, licensure, scope of practice, institutional privileges, and research.

Methods

Because *CAM* is a term that encompasses a broad range of therapies, modalities, and professions, we limited the CAM professions in this study to those recognized by the National Institutes of Health as CAM,[4] and those that "have an accrediting agency recognized by the US Department of Education, have a recognized certification or testing organization, and are licensed for professional practice in at least 1 state."[5] Application of these criteria resulted in the inclusion of the following professions: acupuncture and Oriental medicine (AOM), chiropractic, naturopathic medicine, and massage therapy. Although we limited this study to these 4 professions, the results of this study may also be of use to other CAM disciplines because they will also encounter the types of policies discussed in this report that might affect their practice.

Because the health care policy landscape facing CAM practitioners had not previously been charted, we used a 2-stage exploratory grounded approach.

In stage 1, the objective was to describe the way CAM is identified (as professions vs modalities) and represented across a purposely sampled diverse set of policy topic domains. Although much of the policy attention for CAM has been on coverage, we also examined licensure (where the profession's scope of practice is defined), published research (which provides justification for care and guides coverage), and treatment guidelines (which are based on research and guide coverage). To do this, we reviewed the research literature for the targeted CAM professions and reviewed published treatment guidelines for the conditions most often treated with CAM. We also reviewed licensure laws and available health plan coverage policies for each of the 4 professions in 2 exemplar states (California and Texas) and examined the national health care policies of Medicare, the Veterans Health Administration (VHA), and Department of Defense (DoD).

In stage 2, we convened 2 panels of stakeholders (1 panel of 12 CAM practitioners and 1 panel of 9 health policymaker representatives). The general makeup of each panel is shown in Figure 1. Using the results of stage 1 as a starting point and framing mechanism, we engaged each group in a 1-day discussion of how they each see the profession vs modality dichotomy and its impacts. To participate, panel members were asked (and all panelists agreed) to step away from representing the specific organizations to which they belong and instead represent the perspective of their type of CAM and its relationship with policy (CAM expert panel) or the