



REPORT SUMMARY

Complementary and Alternative Approaches in U.S. Health Care

By 2010, so-called "alternative" treatments - such as chiropractic, Oriental medicine, and homeopathy--will be widely recognized as appropriate primary or complementary therapy for a wide range of conditions, according to a new study released today by the Institute for Alternative Futures (IAF). At least two-thirds of Americans "will be using one or more of the approaches we now consider complementary or alternative."

The reports are the result of a two-year research project that included extensive expert interviews and research, IAF's use of its proprietary knowledge base, and focus groups with consumers and health care managers.

Chiropractic--This uniquely American approach to health, by ensuring the health of the spine and its connection to overall health, is the largest of the CAAs, serving roughly 27 million Americans (about 10%) each year. Today, it is focused largely on back, neck, headache, and musculo-skeletal problems, although many chiropractors consider themselves primary care practitioners. Chiropractors are positioned to expand their services, both as primary care practitioners and as a gateway to other CAAs. 14% to 35% of chiropractic visits are routine prevention or wellness visits. The current number of practitioners, 55,000, is expected to grow to 103,000 by 2010. Demand for chiropractic services will grow, particularly if outcome measures support its appropriateness either as primary or complementary for a growing list of conditions. However, the focused and time-effective nature of chiropractic (5-15 minutes is a typical contact time after the first visit) means that chiropractors must adjust their practice patterns if they incorporate other services. Competition from physicians and other providers doing spinal manipulation also looms.

Oriental medicine--This multifaceted set of modalities, most often associated with acupuncture, is based on sophisticated observations of the body and its functioning, and the movement of energy or "qi." In the United States about 10,000 practitioners of various types provide Oriental medicine. Some experts argue there will be 24,000 by 2010 while others forecast much faster growth. Acupuncture has been recognized by an NIH consensus panel as effective for postoperative and chemotherapy nausea and vomiting, the nausea of pregnancy and postoperative dental pain. The panel also concluded that acupuncture may be an effective adjunctive therapy for a number of pain conditions including addiction, stroke, rehabilitation, headache, menstrual cramps, epicondylitis (tennis elbow), fibromyalgia, lower-back pain, carpal tunnel syndrome and asthma. By 2010 some aspects of Oriental medicine, beyond acupuncture, may be very pervasive (e.g., following the discovery that a particular Chinese herb is truly effective in the early stages of cancer or heart disease). Acupuncture itself will have a more important role in health care, including managed care.

Homeopathy--Homeopathy works to rekindle the body's healing capacity. The underlying scientific approach (micro-doses of an herb or mineral that would give a healthy person the same symptoms as the disease being treated) is sufficiently

unfamiliar and inexplicable that its enemies have been able to hinder its broader use. Yet homeopathy has persisted. As a largely pharmaceutical approach, it can be integrated relatively easily into the protocols of managed care, and in most cases the treatment courses for its remedies are far cheaper than other medications. If some acceptable explanation or proof of its mechanism of action comes to light, it will gain credibility and respect. Some experts feel that recent discoveries will lead to this understanding in the next few years. And homeopathy has elaborate typologies for analyzing a patient's unique status and determining how symptoms, e.g., migraine headache pain, should be treated rather than suppressed, and when a remedy should focus on the person's ongoing constitutional makeup up or on the immediate health problem. These categories will be integrated with those of conventional medicine and other CAAs. Assuming that the table above provides an accurate forecast, homeopathy will be part of conventional health care and home/self-care.

FIVE HYPOTHESES

We began the study with five hypotheses based on IAF's extensive work in this arena. Here are the hypotheses and what we found:

1. Complementary and alternative approaches will be integrated into conventional medical protocols, displacing some portion of conventional medicine. Yes, to both integration and displacement.
2. CAAs will become major tools for health promotion and prevention. Yes, both through the use of CAA modalities and by lifestyle coaching by CAA providers. However, CAA providers can ignore prevention, in their treatment, as conventional practitioners historically have.
3. CAA providers will become recognized as primary care providers and care using CAAs will be funded by the dominant health care systems. Yes to funding by dominant health care systems; a more qualified yes to being primary care providers.
4. The use of alternative therapies by conventional providers and "automated" providers will increase. Yes, conventional providers have already begun to use alternative therapies and this will grow; "automated" acupuncture or chiropractic is possible but less significant; expert systems-driven homeopathic treatment is likely.
5. CAA and conventional care providers who take a significant role in creating healthy communities will gain a competitive advantage. A qualified yes. Conventional health care providers have begun moving in this direction. Some CAA groups are as well, though most stay focused on their patients. Our forecast for growth here is as much a statement of hope as a forecast.