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The First Publicly Funded, Government Sponsored Natural Medicine Clinic : A Descriptive Case Study

Jennifer Lynne Schneider
Portland State University

THESIS APPROVAL

The abstract and thesis of Jennifer Lynne Schneider for the Master of Public Health in Health Education/Health Promotion were presented December 5, 1997, and accepted by the thesis committee and the department.

COMMITTEE APPROVALS:

[redacted]
Leslie McBride, Chair

[redacted]
Judith Sobel

[redacted]
Valerie Dull

[redacted]
David Morgan
Representative of the Office of Graduate Studies

DEPARTMENT APPROVAL:

[redacted]
Leslie McBride, Interim Director
School of Community Health

ABSTRACT

An abstract of the thesis of Jennifer Lynne Schneider for the Master of Public Health in Health Education/Health Promotion presented December 5, 1997.

Title: The First Publicly Funded, Government Sponsored Natural Medicine Clinic: A Descriptive Case Study.

The Natural Medicine Clinic (NMC) is the first publicly funded, government sponsored clinic of its kind in the United States to integrate natural medicine and conventional medicine at the public health level. The purpose of this thesis was to provide a holistic, contextually-based, in-depth, and meaningful description of the emergence and development of the NMC.

For the purposes of illuminating and understanding the formation of the NMC, a descriptive case study was chosen. The case study approach is considered an excellent strategy for describing in-depth a unique, real-life phenomenon such as the NMC, and when posing how or why research questions. Inquiring was guided by two questions: 1) Why is the NMC emerging at this particular place and point in time?; and 2) In the development of the NMC, how will full practitioner collaboration and service integration be made possible?

Data collection consisted of document review, observation, and taped interviews with key individuals. Analysis methods employed included open coding

and subsequent categorization resulting in themes grounded in the experiences of participants key to the emergence and development of the NMC.

The case study report includes a national and local analysis of factors enabling the emergence of the NMC, including consumer demand, uniqueness of the Northwest, roles of key individuals, and the persuasive power of personal experience. Factors enabling successful collaboration and integration are explored, as well as an analysis of challenges to integration and subsequent strategies employed. Results also include a description of the conceptualization of the NMC and its development process.

The NMC is considered a new model in health care that will potentially have a revolutionary impact on the health care system. Providing a richly detailed and descriptive account of the formation and development of the NMC may generate understanding and interest in future collaborations between natural and conventional medicine, serving as a useful guide for other health care professionals who are either working with clients interested in utilizing an integrated approach, or who are seeking to bring together the worlds of natural and conventional medicine to provide integrative care.

THE FIRST PUBLICLY FUNDED, GOVERNMENT SPONSORED NATURAL MEDICINE CLINIC:

A DESCRIPTIVE CASE STUDY

by

JENNIFER LYNNE SCHNEIDER

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Trell Anderson, my husband, and **Omer** and **Lynne Schneider**, my parents. Thank you for your unwavering emotional, financial, and intellectual support, and for always believing in my abilities and my goals.

Individuals involved with the creation, formation, and development of the Natural Medicine Clinic, particularly members of the **Seattle King County Department of Public Health**, **King County Council**, **Bastyr University**, **Community Health Centers of King County**, the **King County Natural Medicine Clinic Coordinator,** the **core originators of the idea**, and all of those participants who engaged in interviews. Thank you for your vision and dedication to the Natural Medicine Clinic, and for your openness and support of my research endeavors to document the first publicly funded, government sponsored clinic to integrate natural medicine, conventional medicine, and public health.

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PREFACE

Introduction

In February of 1995, the Metropolitan King County Council (Seattle, WA area) proposed and passed motion 9491 to form a Natural Medicine Clinic (NMC) that would "... integrate natural medicine with conventional medicine to achieve the highest quality health care at the most affordable cost" (King County Council, Motion 9491, 1995). The motion, which past almost unanimously, further defined the goals of the NMC as: (a) foster collaboration and innovation between natural and conventional medicine practitioners; (b) enhance patient choice; (c) integrate natural medicine and conventional medicine to achieve affordable, high-quality, prevention-focused health care for low-income populations; and (d) establish sound scientific research regarding the efficacy, cost-effectiveness, and patient satisfaction of an integrated model of care.

The County Council is the legislative branch of the King County Government with thirteen district elected Council members. The County Council adopts laws, policies, and holds final approval over the budget. The executive branch of the King County Government is the elected executive officer, the King County Executive. The Executive submits legislation and budgets to the Council for review and approval and has veto power over ordinances passed by the County Council (County Brochure, 1995).

The Seattle King County Department of Public Health (SKCDPH), under the direction of the County Council and Executive at the time, was assigned to carry out the intent of the motion and implement the NMC. From March 1995 to July 1996, the

SKCDPH gathered information, framed the clinic design, secured public funds, and selected applicants to manage and operate the clinic. The SKCDPH determined a competitive bidding process to the be the best option for fostering innovative and collaborative partnerships between natural and conventional medicine practitioners and organizations. They designed and issued a Request for Proposal (RFP) for the funds to provide the services, management, and research of the NMC. On July 2, 1996, the County Executive, upon recommendation from the Director of the SKCDPH, announced the winning proposal to be the collaborative partnership of Bastyr University, Community Health Centers of King County, and Statistics and Epidemiology Research Center

To many involved, this journey to create the first publicly funded, government-sponsored integrated NMC is seen as a revolution--an attempt to address consumer demand for health care that is patient-centered, natural, less-invasive, and cost-effective, while also offering to the public more options for managing and preventing chronic health conditions. For me, the emergence of this innovative clinic fostered my own thesis journey to document the formation and development of the NMC.

I first learned of the NMC in November of 1995. Having a personal and professional interest in non-Western healing modalities as a viable option for health promotion, disease prevention, and fostering overall wellness, and a desire to bridge the gap between conventional medicine, public health, and natural medicine, I was immediately intrigued by the NMC. I learned of the NMC during its formative stages

and became convinced of the importance to document the history of this unique venture.

Purpose

Thus, the purpose of this thesis is to provide a holistic, contextually-based, detailed, in-depth, and meaningful description of the emergence and development of the NMC. The focus of my study is not to evaluate the NMC or compare or contrast the efficacy of natural medicine versus conventional medicine. Rather, the focus is to document the story of how the motion came to be, as well as the process implemented, challenges faced, and strategies utilized to ensure the successful integration and collaboration of natural and conventional medicine within a public health and primary care setting.

The importance of the study is supported both by the uniqueness of the NMC and its potential future health care implications. The outcomes and successes of the NMC may have far-reaching influence on such things as health care policy, the delivery of innovative, integrated, and affordable health care services, and the enhancement of research and acceptance of natural medicine. The precedent-setting nature of the NMC makes it worthy of intensive study and documentation. Furthermore, it is my hope that providing a richly detailed and descriptive account of the formation and development of the NMC will generate understanding and interest in future collaborations between natural and conventional medicine. I hope this descriptive case study will serve as a useful guide for other health care professionals and organizations who are either working with clients interested in utilizing an

integrated approach, or seeking to bring together the worlds of natural and conventional medicine to provided integrated services.

Research Approach and Methods

For the purposes of illuminating and understanding the formation and development of the NMC, I chose a descriptive case study as my research strategy. The case study approach is considered an excellent strategy for describing in-depth a unique, real-life phenomenon such as the NMC (Patton, 1990; Bradshaw &Wallace, 1991; & Yin, 1989). Furthermore, the case study strategy is the preferred strategy when posing "why or how" questions. Motivating and shaping my research were two questions:

1) Why is the NMC emerging at this particular place and point in time? and
2) In the development of the NMC, how will full practitioner collaboration and service integration be made possible?

To explore these two questions, I engaged in document review, observation, and interviews. For my document review, the SKCDPH provided me with copies of meeting minutes, drafts of clinic plans, correspondence, media articles, RFP packet/selection criteria, newsletter updates, advisory board minutes, and various other related documents. For my observation, I was given permission to observe internal planning meetings of the SKCDPH workgroup team and collaborative partners, council presentations, meetings related to the selection of applicants, a provider workshop, and media events. For my interviews, I engaged in semi-structured, taped interviews with key participants central to conceptualizing and implementing the

clinic. Interviews were conducted with people representing a variety of perspectives, including: Council members, SKCDPH personnel, consumer advocates, natural medicine providers, conventional medicine providers, and members of the chosen collaborative team.

Field Setting/Timeline

After obtaining permission from the SKCDPH and other key participants, I entered the field in January, 1996. Predominately, for the first six months I engaged in document review and observation. My role was that of non-participant observer. Participants were fully informed of my presence and purpose (i.e. I explained I was there to " look, listen, learn, and understand, not to evaluate or judge"). On occasion I moved into more of a semi-participant role when asked by participants for information or input (Ely, Anzul, Friedman, Garner, & Steinmetz, 1991). Wanting to reciprocate, I provided information when asked, but otherwise attempted to remain neutral. All participants were encouraged to contact me with any questions or concerns they might have regarding my study.

After approximately six months in the field, I began engaging in interviews with key participants identified as such through my document review, observation, and conversations with others. I conducted thirteen one on one interviews, one group interview, and one interview with two participants, all of whom were key to the formation and development of the NMC (See Appendix A for interview guide, and consent form). To the best of my ability, I have attempted to insure participants' confidentiality, and identify them in the study through their position, role, and/or

affiliation with organizations. I have provided the names of key organizations and entities because of media interest and project visibility. Many of the key organizations have already been identified through media articles and the public process nature of the NMC. Furthermore, these key organizations and places are an important aspect of the context which has allowed the NMC to emerge

My timeline for remaining in the field followed the timeline for developing and opening the NMC. I officially removed myself from the field in mid-November 1996, shortly after the grand opening of the NMC. When I left the field, many of the key participants referred to me with affection as "the historian" of the project. I embrace this title as an honor and compliment, and continue to follow the growth of the clinic by remaining in contact with key individuals.

Note on Terms

The use of the terms "natural" and "conventional" medicine will be used throughout this descriptive case study. They are chosen because they are the terms identified in the Council motion and used by the key participants of the NMC. The term conventional refers to the Western biomedical approach encountered in our current health care system (O' Conner, 1995). The term natural has been defined in the motion passed by the County Council as: "...the cure or prevention of disease through the use of vitamins, minerals, amino acids, enzymes, herbs, and other natural substances, or the use of non-surgical, drugless approaches, such as acupuncture, that support the body's own healing process." Furthermore, the SKCDPH chose a shorter working definition of "natural medicine" as: "... the types of health care practiced by

natural medical providers [such as] acupuncturists, chiropractors, homeopathic practitioners, naturopaths, nutritionists, and others (SKCDPH, 1995, p. 2).

I view the participants involved with the formation and development of the NMC as the creative source and driving force behind it. Thus, when possible I have tried to use etic or native terms and labels generated by the participants themselves in my attempt to descriptively document the NMC (Lofland & Lofland, 1995). The etic or native labels are indicated in the document by citing the source or by double quotation marks. Otherwise, the term or label is researcher generated.

Limitations/Audience

Qualitative research does not aim to generalize findings, as does quantitative research, but rather applies working hypotheses and descriptions which are time and context-specific. For this study, universal generalizations of findings will not be sought. Rather, because the aim of the study is to holistically understand the formation and development of the NMC, a more natural, intuitive, and context-specific application will be sought by supplying sufficient thick and rich description of the phenomenon (Erlandson, Harris, Skipper, & Allen, 1993; Lincoln & Guba, 1985).

The audience for which this study is aimed includes health care professionals, policy makers, and health educators interested in fostering collaboration between conventional and natural medicine to provide affordable, prevention focused, and integrated services. The former interim-director of the Office of Alternative Medicine has foreshadowed that natural medicine will enter the mainstream through the arena of public health (Citizens for Alternative Health Care, 1995). Thus, health educators and

other allied health professionals need to be aware of this future trend of integrating natural medicine into the public health and medical care system. Health educators, playing key roles in facilitating health promotion and disease prevention, have an obligation to familiarize themselves with consumers' use of and demand for natural medicine. As natural medicine becomes mainstreamed, consumers will have many more choices for treating chronic illnesses and maintaining healthy lifestyles. Health educators have a responsibility to be knowledgeable about natural therapies, understanding their differences and appropriate uses, and thereby assisting consumers in making informed and educated decisions (Shireffs, 1996) Documenting the formation and development of the NMC will help to sensitize health educators and other health care professionals to the trend of integrating natural medicine into the health care system, and hopefully will increase their understanding of natural medicine as a tool for prevention and health promotion.

Data Analysis Methods

My approach to data analysis was guided by a variety of sources. Overall, my analytical approach was shaped by Lofland and Lofland's (1995), and Wolcott 's (1994) approach of representing, describing, and interpreting. Since I am most interested in describing the "how and why" of the NMC, I was guided by Lofland and Lofland's notion of human agency. As they suggest, I take the viewpoint of "humans as creative and probing creatures who are coping, dealing, designating, dodging, maneuvering, struggling, and so forth" (p.145). Viewing the individuals involved as the creative source, my data analysis focused on "thinking units" such as roles,

relationships, challenges, and strategies of the people affiliated with the NMC (Lofland & Lofland, 1995).

My descriptive report is guided not only by the above analytical approach but also specific data reduction and reconstitution techniques. I engaged in a series of data reduction steps and theme building, each step building upon the work of the prior step. Erlandson et al., (1993) describe an indexing process of extracting chunks of data onto notecards or computer files for reducing observational data and documents. I used this method. Reading through my observational transcripts in chronological order, I marked passages that struck me as important or interesting, reflecting on the thinking units and my research questions. I then reviewed the coded transcripts, indexing passages onto notecards. The notecards were given tentative labels or categories (i.e. "process challenge"), generated from the concept of the passage or from words of the participants. During the coding and indexing process, I jotted analytic memos to myself in a notebook. These memos included ideas for connecting, managing, or categorizing emergent themes, suggestions on what to include in the final report, and reminders to review certain sections of my fieldnotes. After coding and indexing all of my observational data and documents, I created an initial outline for the report based upon the emergent themes from this process.

For reducing and analyzing my interview transcripts, I engaged in a similar process. However, instead of indexing marked passages onto notecards, I created file categories on my word processor. Guided by Seidman's (1991) advice on analyzing interviews, I coded in the margins of the transcripts interesting and relevant passages.

After engaging in this process for three complete interview transcripts, I reviewed marked passages and began generating labels for file categories. I continued this process with all interview transcripts. I then created files in my word processor and proceeded to go through my coded interview transcripts, pasting marked passages into the appropriately labeled file category. Some of the marked passages fit well into more than one file category, so I pasted them into both with a cross-reference notation. When I completed this process I printed out two copies of the completed file categories for review. I then engaged in a another level of data reduction, further marking and coding one complete set of file categories. Guided by the now coded files, I reduced and reconstituted the second set of file categories into more refined themes and a detailed outline, always keeping in mind my two research questions.

My case report includes a great deal of narrative constructed from the observational and interview transcripts. The use of narrative excerpts is justified in case study research. Stake (1995) describes the importance of representing in-depth how things were at a particular place and time by using words of key participants. Stake emphasizes how the "why" of something comes not from the researcher explaining it, but from the thick description generated by the participants. He states, "...a case study researcher is justified in lots of narrative description in the final report" (p. 102). Furthermore, Wolcott states in his book that "...first hand description is the basis upon which provocative analysis and interpretations may be founded" (1994, p. 16). In Chapters One and Two I provide a lot of first hand narrative for describing the story of the NMC, which lays the groundwork for analysis and

interpretation in the following Chapters. For creating narrative accounts, I was guided by Seidman's (1991) work on vignette creating, and Wolcott's approach of focusing on the chronology of the story along with the important players.

Trustworthiness

Qualitative research has been criticized for lacking strict procedures for determining the credibility and trustworthiness of the data and research process. Qualitative researchers have acknowledged the need to apply criteria to determine that data generated is "valid social knowledge" (Lather, 1986, p. 66). For my research, I have applied the criteria of the naturalistic paradigm which includes credibility, transferability, dependability, and confirmability (Erlandson et al., 1993; Lincoln & Guba, 1985).

Credibility, dependability, and confirmability are addressed through triangulation: multiple sources of evidence (observations, interviews, document review); multiple perspectives (descriptions grounded in the words and experiences of a range of participants); and multiple analysis tools (thinking units, vignettes, metaphors). By having a range of data sources, multiple constructions of the NMC are provided, demonstrating the generation of valid social and contextual knowledge (Lincoln & Guba, 1985; Yin, 1989). Peer debriefing was used to enhance credibility by engaging members of my thesis committee, graduate students, and other peers in ongoing critical analysis and feedback of my emerging report. Credibility has also been enhanced by engaging in member checking with individuals key to the formation and development of the NMC. Throughout the data collection process, I regularly

checked in with key informants to verify facts, gain clarity, and negotiate sensitive topics. Furthermore, key participants reviewed drafts of my thesis that pertained to their role, or reflected their words and actions. Participants were able to check for factual accuracy and palpability of accounts, ensuring the report reflects their experience and reality with the NMC.

Dependability and confirmability are also addressed through my data base of fieldnotes. The data base consists of observational and interview transcripts, document review notes, analytic memos, and personal reflections. This data base can be made available for review, allowing an external reviewer to follow the chain of evidence from initial research questions to the final descriptive report (Yin, 1989. P. 102). Transferability is addressed by providing sufficient thick description so that similar judgments are possible by another person contemplating application of the NMC in a different setting (Lincoln & Guba, 1985). Furthermore, Stake suggests that generating thick description from the words and perceptions of key actors allows for better experiential and naturalistic understanding of the event under study (1995).

Synopsis of Content

What follows is my best attempt to holistically document the formation and development of the NMC, while being guided by my two research questions and the perspectives voiced by key participants. The structure and style of my case study report differs the traditional format of a masters thesis. I believe the uniqueness and unfolding story of the NMC is diminished by this traditional format, and so chose a novel-like approach to better reflect the uniqueness of the project. Thus, my research

questions and methodology are described in this preface, and my literature review is incorporated throughout the thesis, particularly in Chapters Three, Four, and Six. This format allowed the subsequent chapters to be dedicated to describing in depth the formation and development of the NMC and answering my two research questions.

Chapter One and Two tell the story of how the clinic came to be and the subsequent development and implementation of the clinic. Chapter One is the *genesis story* focusing on the origin of the idea and passage of motion 9491. Chapter Two is the *development story* including the roles, relationships and planning process of the SKCDPH and the eventual collaborative partners. Both stories in Chapters One and Two are told by key participants involved in the formation, development, and implementation of the NMC, with my voice taking on a narrative role. Having laid out the full story of the NMC's origin, evolution, and implementation, I offer some analysis in the following Chapters. Chapter Three addresses my first research question regarding why the NMC has emerged at this place and point in time. I address this question through an analysis of enabling factors, both national and local, to the idea and motion. Chapter Four addresses my second research question regarding how integration and collaboration will manifest in the development and implementation of the NMC. I address this question through an analysis of the challenges faced by key participants and organizations, and subsequent strategies employed by participants to promote successful integration and collaboration. Chapter Five is an extension of Chapter Four, focusing on the process challenges to the NMC. Chapter Six offers

some concluding thoughts, including a discussion of outcomes and implications of the NMC.

I recognize the tone of the report shifts. The first three chapters present great enthusiasm and optimism, while Chapters Four, Five, and Six present a more cautious tone. I believe this shift in tone accurately reflects the project as it unfolded, mirroring the excitement of the early development and implementation process and later realization of the challenges to creating integrative care. To the best of my ability, the report is grounded in the words and experiences of key individuals involved in the formation and development of the NMC.

CHAPTER ONE -- GENESIS STORY

When I first learned of the King County NMC from an press release announcement *Alternative Therapies in Health and Medicine*, one of the first questions that came to my mind was, "from who and from where did this innovative idea spring forth?" At first glance it seems as if the story of the NMC begins with passage of the Council's motion. However, I was interested in learning how the Council came to even consider the motion. I desired to learn what took place prior to the passage of the motion to implement an integrated NMC, and to understand who or want inspired this unique idea. After eleven months in the field observing and speaking with key participants, I began to understand the genesis process of the NMC. What follows is the story of the birth of the idea and the subsequent process that gave rise to the writing and passage of motion 9491. The description of this genesis story is told in voices of the five core individuals who originated the idea of a NMC and brought it forth to the Metropolitan King County Council. My role is that of narrator, guiding the story along, but allowing the story to be told by those individuals most instrumental to the conceptualization of the NMC.

Genesis of the NMC -- "a blinding flash of the obvious"

The idea of the NMC originated initially with one particular individual who has resided in the King County area for most of her life. She has established herself, in the words of one fellow participant, as "a tremendous organizer and very innovative thinker." Professionally, she works as a stress management and management consultant specialist, providing training expertise to individuals, businesses, and

industries. Furthermore, a few years back she was appointed by the King County Council as a trustee for the county hospital and trauma center, Harborview Medical Center. During the birth of the NMC she was entering into her fifth year as trustee for Harborview, and was also serving as a board member for Bastyr University. Bastyr University is one of three accredited schools of naturopathic medicine, and is considered an international leader in the education and research of natural medicine.

So this "Catalyst", as she would later describe herself, resided both in the worlds of natural medicine and conventional medicine. From this unique perspective, and from a confluence of her roles, professional experience, and awareness of emerging scientific literature, the idea began to take hold.

> So as a board member it occurred to me, when I read David Eisenberg's landmark study [1993], that we at the County should be addressing the fact that those who need these services and would choose these services if they could afford them, aren't getting them. Eisenberg's work showed that more educated, and affluent people paid 13 million dollars out of pocket for these services, and I thought, "Well wait a minute, why aren't we providing that to these citizens?" They deserve to have these options in a public health setting where we are offering health care to them.

She goes on to describe the moment the idea of an integrated clinic came to her and why she felt it was a valid idea.

> I mean I was just tooling along in these two branches -- from the Bastyr side I was very excited because of my familiarity with [natural medicine], and from the Harborview side I was really busy trying to help Harborview function and do the job that a trustee does. But one day actually, I had what I call the blinding flash of the obvious! Why aren't we bringing these systems together? How can we do this? In addition, having been acquainted with this material [natural medicine] for a good thirty years, I felt that we from the board perspective, and in the larger sense the county tax-payers, that we could experience significant cost savings. We could perhaps reduce the number of what we call iatrogenic disease, which is right now killing thirty thousand

> people a year in this country...And that just is disgusting to me when I know that some other choices that have been around from three to five thousand years would not do that kind of injury. So, from the cost effectiveness, the reduction of human suffering, and providing choice to a disenfranchised group -- those three reasons made sense to me.

She identifies her role in the NMC as a person who precipitates and stimulates change when she says, "I'm a catalyst in a way. I don't fit the true definition, but a catalyst in the true definition is not changed by the process they stimulate, and I certainly have been changed by this process." Drawing upon both her connections with the King County Council and Bastyr University, she moves the idea of the NMC forward into reality by bringing together these two important forces.

> At that point I thought, "Well the first thing I ought to do is introduce Bastyr to the County Council." Well I went to [the Council Chair], and said, "I would like to introduce you to [President of Bastyr]." And he said, "All right." I explained my three reasons and they met. I sat in on that meeting [and] made the introduction. It was really quite fabulous because I think [the President of Bastyr] did not expect that [the Council Chair] would have any knowledge and he would have to sell him on the whole concept of natural medicine. But for the first half hour [the Council Chair], who has a doctorate in organic chemistry, was busy relating anecdotal stories about this, that , and the other thing, quoting out of books and other studies he knew about. And I think [the President of Bastyr's] jaw just dropped!

The President and co-founder of Bastyr also describes this first meeting with the Council Chair at the time as a unique and unusual experience signaling the future possibilities of the NMC.

> So [the catalyst] came to me -- I think it was October '94 -- and afterward I thought about the idea of doing a natural medicine clinic at some public health environment and I said, "I thought it was a great idea!" So she introduced me to [the Council Chair]. And it was kind of an unusual experience in that I talk to a lot of people about natural medicine and I have my prepared spiel about how wonderful it is and there's good science behind it, etc., etc. [But] I spent the whole half hour listening to [Council Chair], with his Ph.D. in chemistry,

> tell about how wonderful natural medicine is! So clearly [he is] a person who understood the medicine and was willing to utilize his position of public trust to give this medicine a chance to demonstrate its value to the public.

The Council Chair goes on to explain his interest, understanding, and motivation in natural medicine.

> The situation with me is that I'm a chemist by education and profession. I have a Ph.D. in chemistry and so I'm naturally interested in biochemical processes. I'm also interested in health issues because I'm the Chair of the Law, Justice, and Human Services Committee of the County Council. And the Law, Justice and Human Services Committee does involve health issues. I have worked with various people who have tried to find better systems of health care and in recent years there's been a movement towards improved health care and health care reform. There's been a lot of bills introduced at the Federal level and the State level that have been fairly far sweeping. But whenever I'd look at these bills they often did not reduce the cost of health care or make health care better, they often make it more bureaucratic and even more costly. And as I started looking more and more at the situation, and I began looking at people who had various illnesses, I became convinced that many of their problems are due to nutritional deficiencies of modern day diets. And so you don't have to be brilliant to realize that a lot of the root causes of many of the problems in society today can be solved with natural and nutritional approaches.

Interconnections and Personal Experiences -- "A famous meeting"

Following the introduction of the Council Chair to the President of Bastyr University, several meetings were called to discuss the idea of the NMC. One of the participants of the meetings recalls their intent as initial planning meetings to thrash out the idea and goals of a natural medicine clinic. Attending these initial planning meetings was a core group of five well respected local experts. The Council Chair describes the meeting participants.

> Well there is a famous meeting that was held in Kent, and there were five participants. One was a famous doctor who is probably the dean of all natural medicine physicians in the world. He is most respected. And then [there was]

> the President of Bastyr University -- the university for naturopaths -- who has an outstanding record of leadership. And then [we had] a Ph.D. -- he is the CEO of HealthComm International, and he is also one of the most brilliant researchers in the world on natural medicine. He's written some excellent books. And then the forth person was [the Catalyst], who was my appointment to the Harborview Board of Trustees. She's a tremendous organizer and very innovative thinker. And then I was the fifth main attendee.

Over the course of their professional careers and through their advocacy for natural medicine, the members of this core group had developed prior relationships and history with one another. These prior relationships facilitated their strategizing for the NMC. As mentioned previously, the Catalyst had already established ongoing relationships with the Council Chair, President of Bastyr, Ph.D./CEO of Healthcomm, and medical doctor. The medical doctor also had a prior history with the Council Chair, the Ph.D. researcher, and the President of Bastyr. He served on the board of Bastyr from 1981 to 1992, serving as Chairperson for two of those years. The Ph.D./CEO of HealthComm also had a prior relationship with Bastyr University and its President going back to 1978. The two founded the Council for Naturopathic Medical Education to certify naturopathic medicine through the Department of Education. The CEO was also one of Bastyr's first board members. The benefits of these prior relationships manifested in networking and having similar motivation regarding natural medicine.

Additionally, all five members of this core group shared some sort of transformational experience in their lives which motivated their interest in and advocacy of natural medicine. For some, the experience consisted of a personal loss of a loved one or a health condition of their own for which they turned to natural

medicine for an explanation. For others, the experience involved witnessing the successful application of natural medicine, such as vitamins, for the treatment of a client's condition. While the specifics of the experience may have differed for each participant, the outcome was very much the same -- a transformation which shaped both their professional development and their ongoing advocacy for natural medicine. The following are examples from four of the participants.

Example 1

> A very peculiar thing happened. The woman who married my roommate from college was cured of rejuvinelle rheumatoid arthritis by someone called a Naturopathic doctor. And I thought, "Well that's weird." She was cured by a practitioner I had never heard of before. I didn't even know there was more than one kind of doctor. So when I looked into it, the concepts of natural medicine -- of treating the person rather than the disease, of promoting health rather than relieving symptoms -- [it] made a tremendous amount of sense. So I went and enrolled in the naturopathic college.

Example 2

> Well I was completely unconscious all the way through medical school. Let's start with that. I came out here and ran into a woman who had infected, intractable leg cramps that had been treated with every single drug in the book, and none of them worked. She came in [to see me] and brought a copy of Adelle Davis's book and basically the paraphrase went like this, "None of these drugs work. Adelle Davis says that vitamin E might help my leg cramps. Can I take vitamin E?" I told her that vitamin E wouldn't kill her and to go take some. Well she called up about two months later and said, "The vitamin E is keeping my legs from cramping." So I started looking up all this stuff that Adelle Davis is talking about and found out that occasionally she got some of her information from medical journals wrong, but most of the time she got it right! So I thought, "Well good grief, there's all this stuff in this book that they didn't tell me about in medical school." And so I started trying it with patients and it worked.

Example 3

In the sixties I was on the Board of Directors of a school for neurologically handicapped children.. So I got acquainted with what it was they were doing, particularly for these children. Well, back then [scientists] were just experimenting with particular properties of B-complex in the treatment of schizophrenia. They had phenomenal results with megadoses of certain nutrients. [So] I made it a habit to investigate all kinds of what we call alternative, complementary, natural medical treatments, including lifestyle issues, meditation, relaxation techniques, and biofeedback. There is hardly anything I haven't explored and taken training in, and usually with the originator...So that's what prompted it. It was so that I could have a meaningful practice and provide the very best service. I wanted to have many, many approaches in what I call my 'armamentarium.'

Example 4

So what drew me into this was a personal experience in 1970 . I had just moved here having finished my graduate final exam, and had come out here with my wife and two small children. One of whom was an infant of three months and the other who was a boy of 15 months. And my infant son of 3 [months] died of SIDS three or four days after we arrived here for my first job. The whole experience that resulted in him being vulnerable to this condition, through the pregnancy and the previous 10 months, indicated to me that there was something about the lifestyle and the stress and the diet that we'd been on, my wife and I, because of finishing up our work and all sorts of things that had been going on. And I said to myself, "If I could direct my professional energies in such a way to prevent one parent from having to go through this, I will have made my life worthwhile." So, it gave me a very strong personal motivation to start looking at the reasons why people get ill.

Content and Outcome of Initial Meetings -- "NMC: the real solution"

What occurred at these initial planning meetings included identifying the overall goals of the clinic, reflecting on the evolution of natural medicine in the Pacific Northwest, and determining a name for the clinic and subsequent strategy for its implementation. The goals of the clinic can be described best by one of the core participants.

> We were talking about ways that we could make progress with regard to natural medicine which all of us knew was the real solution to improvement with health care. There were a lot of good suggestions as to how to proceed, and the idea of a natural medicine clinic came up. We decided at the meeting that a natural medicine clinic would be a good opportunity, and that government should play a role. Part of the problem is that government is trying to find these solutions to health care costs and improved health, but no government was advocating natural medicine. So we felt that we ought to be the first. We also recognized that if a government were involved, that would give some prestige to the issue. We felt our number one goal was to help people in need and the clinic we realized could help a lot of poor or low income people who -- particularly since insurance doesn't reimburse for natural medicine -- don't go in for natural medicine since they have to pay for it out of their own pocket. We felt it would be particularly helpful for lower income citizens who were not getting the benefits of natural medicine. Our secondary goal was to establish a data base to accumulate good science based data which we could then turn over to insurance companies and others to show how effective the clinic had been. In other words, we wanted some accountability and some performance measures.

The meetings also offered an opportunity to reminisce on the progress and evolution of natural medicine over the years. According to another core participant,

> We discussed whether the King County Council would be ready for a presentation on natural medicine as it relates to their stewardship of the medical center in Seattle, which is the publicly held medical center that the University of Washington calls its teaching hospital -- Harborview. And that conversation was a very, very rich and interesting conversation. It gave us a chance to kind of review 17 to 18 years of evolving knowledge and our own experiences.

During these initial planning meetings the participants also discussed what would be the most appropriate name for the clinic they were envisioning. I highlight here the description of how the name of the clinic came to be, from the perspective of two core participants. The name and terminology used regarding the clinic become factors later in its development and implementation.

Participant

We were sitting around the table and talking about what we should call the clinic. We had on the table 'alternative medicine clinic.' And I said I didn't like the name 'alternative medicine.' It really sounds kind of fishy like it's an alternate that might suggest it's inferior. So then someone suggested 'complementary medicine' and I said, "Well that might be better than 'alternative', but people are going to struggle with the name 'complementary medicine'." They're going to think, "Does that mean it's free?" I suggested 'nutritional medicine' and I thought that was better than anything that I'd heard. [With] 'nutritional medicine' at least everyone believes in nutrition and so at least that had a positive ring to it instead of 'alternative' or 'complementary', which I didn't think had the positive connotation. The problem with 'nutritional' is that it doesn't imply the subtleties. Some people might think you're getting your five food groups and all the calories you need. And so I wasn't completely satisfied at that point. I don't think anyone else was and then suddenly [the CEO of HealthComm] said, "Well what about 'natural medicine clinic'?" And that instantly clicked and everyone said, "Yeah, that's it! -- that's what we want to call it!" And so it was [the CEO of HealthComm] who at this roundtable discussion of these five people suggested the term 'natural medicine clinic' and I knew instantly that was the right name.

Participant

I don't think I should really take credit in absentia, because what happened really was that lots of things were being discussed, lots of words were out there. And I basically connected together words that had been floating around. Because there was a little bit of a drift not to call it medicine because calling it medicine by some people's views built too much into a previous model of bias. If people thought medicine, they thought bottles and drugs and surgery, and so maybe we don't want to call it medicine. And I felt that medicine needed to be in there because that is a term that's identified within the consumer and public that relates to something that will be done for them, hopefully beneficially, related to their health or disease...I like 'natural' over some of the other terms that we had been throwing around. There had been some movement to want to cave in to the political expediency of 'alternative' because we have the Office of Alternative Medicine, and we have the 'alternative medicine program' at Harvard. So people were saying, "Well it's already in the ground-swell, so let's go with the flow because we already have people that will support us." But I think it's entirely a misnomer -- alternative to what? So anyway, that discussion lead ultimately to people saying, "Well I guess a term we could all agree on is that these substances came from natural sources." So 'natural medicine' sounded like a reasonable compromise.

Testimonials to the County Council -- "a landmark meeting"

After several meetings in the Fall of 1994 to determine the name of the clinic, its goals, and the need for government involvement, the five core participants also determined the next step and strategy for implementing the NMC.

> So we had a strategy meeting where we said, "Well let's bring this to the King County Council and see what interest they have." So we talked about the King County Council and about what their interest was. We knew that one or two of the members had interests in natural medicine, but didn't know of any others. We realized that natural medicine actually had a lot to offer people who suffered from the chronic health problems, like some of the Council members, so we decided to make a presentation to the Council about the valuing of natural medicine.

The Catalyst, fulfilling her role as one who initiates change, helped to guide this next step.

> I said, "Well all right now, we got this relationship going, what is it that we should do about this?" And it occurred to me we should bring these ideas to the Council. And so that meeting was scheduled. I then arranged for some special experts to come and present some important data and I think we had about an hour on the agenda.

The experts presenting testimonials to the County Council in January of 1995 included three of the core participants of the initial planning meetings: the President of Bastyr University; the Ph.D./researcher; and the medical doctor practicing bio-nutritional and natural medicine. Also presenting was a client of the medical doctor's who shared her story with the Council regarding natural medicine and the health conditions of her children.

As an example of the kind of testimony being presented to the Council, the following is an excerpt from one of the expert presenters and meeting participants.

His presentation was entitled, "Establishing the Cost-Effectiveness of Natural Medicine -- Advocating for a Natural Medicine Clinic."

> We have a unique opportunity to save billions of dollars in health care expenditures by implementing true reform which improves the cost effectiveness of the health care system. Health care providers all want the same things: to provide services to improve the health of their patients as effectively and efficiently as possible. Unfortunately, cost containment and managed health care, brought on by the spiraling inflation in health care during recent years, have threatened their ability to accomplish that goal.
>
> Doctors and patients alike are concerned about this trend. Doctors fear the high standards of U.S medical practice will be compromised. Patients, many of whom already feel the system does not adequately consider their needs, are afraid it will be further dehumanized. And neither the present system nor the evolving managed care system empowers patients to take an active role in managing their own health care.
>
> One solution to this escalating problem is to offer medical services which rely less on technology and involve patients in their own health management. Such a system would include alternative therapies -- nutrition, lifestyle modifications, exercise, environmental modification, herbal medicine, hyrdrotherapy, acupuncture, homeopathy, and traditional Chinese medicine -- as alternatives or adjuncts to conventional medical care.
>
> A program of integrated natural medicine might best be described as an approach which complements conventional medicine by providing lower-technology, less-expensive alternative modalities that may be used in conjunction with or in place of pharmacological or surgical interventions for the management of chronic health problems.

Participants presenting to the County Council further describe the testimony given by the patient of the medical doctor and the overall impact of the testimonials and presentation.

> Participant
>
> They asked me to bring in a patient who could tell the Council about, "Well, this is why I think a natural medicine clinic would be a good idea." So actually I brought in a mother of a child whom I'd seen first when she was four years old. She told the Council about her daughter not having to have a kidney transplant. And what we've done for her is put her on a simple sugar. That's

all it took! No drugs, no surgery for the child. And actually, that was just as convincing telling the Council about that.

Participant

We got together and we made our presentation. The [Medical Doctor] brought in one of his miracle patients and made a very compelling presentation. My experience has been that for the last 25 years I've been telling people about natural medicine, and most people when you tell them about the concept of natural medicine -- tell them about the research that has been done, the clinical results -- it makes sense to everybody you talk to.

Participant

I can tell you that the Council chambers were packed and I don't think there was a dry eye after that women's story -- that was marvelous. In the meantime, the Council members periodically would signal the Chair and wanted to say something. So someone would get up and say, "And do you know I saw on TV last night about Downs Syndrome. Do you know they can treat them with thus and such and it even changes their facial features. Now this should be a crime that they aren't doing that. This information has been studied for twenty years and why aren't they talking about it." It was just one after the other was saying something like this. I think eleven of the thirteen Council members knew some specific data about some form of [natural medicine]. And for themselves, some of them spoke of their own treatment.

Participant

It was a very good presentation [and] very well received by the Council. So a couple Council members at the meeting volunteered and they said they were 'coming out of the closet' to talk about their medical problems and how natural medicine helped them. And some of them were quite specific. And it got quite a bit of attention. It made the front pages of the Seattle Times!

Motion 9491 -- "We Hereby..."

The next step in the process of birthing the NMC was determined to be the drafting and passage of the Council motion (see Appendix B for full draft of motion 9491). The Catalyst describes this next step.

> Well that day, given the enthusiasm, it occurred to the Council that maybe what they should do is draft a motion to direct the Executive to establish a natural medicine clinic in some way. And in consultations with so many different people, it wound up in the form you now see in the motion itself.

The Council Chair took the lead in drafting the motion, soliciting support and help from fellow Council members.

> I began contacting County councilman, my own colleagues, to see whether they'd be interested in it. I didn't know what I'd find out. I'd heard just from prior discussions a couple of Council members were personally interested in natural medicine. And I tried them first. They of course liked the idea. And then I tried some others who I thought might be interested and to my stunned amazement, they were extremely interested! And Council member after Council member that I talked to said, "Oh yeah, I already use natural medicine myself." In fact eleven of the thirteen Council members used natural medicine and had very good results with natural medicine. A couple of the members said they didn't have an experience but they weren't negative to the idea. It sounded logical to them and so they were happy to be supportive. But we had eleven of the thirteen Council members who were absolutely positive and really wanting to move out on this.

One Council member in particular contacted by the Council Chair had prior experience with health care and natural medicine. She was a former nurse and married to a medical doctor who had also graduated from Bastyr University as a Naturopathic physician.

> So [Council Chair] came to me [after] he had already drafted quite a bit of the proposal. I looked at it and he asked me for comments. He knew I was an ally. He asked me for comments and I proposed some different language. The

> 'where as's' of the original were pretty threatening to allopathic medicine. You know, "where as medicine has totally failed being able to provide this country with any decent health care." I thought, "No, you don't want to write that. It's absolutely not necessary and it's going to turn off some potential allies and make this seem not so credible." Because, of course, traditional or allopathic medicine has been beneficial. You can't deny the good that it's done. Also there was no component for research, so I had [him] draft some language that would make sure that a major component of this clinic would be a research facility, which to me was just a really obvious thing. It's absolutely what natural medicine needs, some ability to do more research. So that got in and it had very good support.

The Council Chair not only solicited the support and advice of fellow Council members, but also approached the King County Executive to determine his support.

> I then talked to the other side of the equation, the County Executive -- of course he has to sign or veto our ordinances and he also is responsible for staffing and handling the County from an administrative, executive side. Now he's of Chinese ancestry and when I talked with him he was very positive. He said, "Oh, yes, my family has used Chinese herbal medicine for years. I'm already an advocate of what you're doing." So, it was just an incredible set of circumstances where there could be that many elected public officials who were already using natural medicine themselves, had found it successful and positive, and really wanted to do something.

On February 27, 1995, the motion was formerly presented to the King County Council and passed with unanimous support. The Catalyst describes the moment the motion passed.

> So, that motion was passed the following month, unanimously, with again a great packed house. I believe when they finished their role, we all spontaneously stood up, and gave them our thanks. And it was really special. And of course the press went crazy on it and we've made front page stories on it from then on. And it's been history, and it's swept my life away for the last year!

A local citizen education and advocacy group for natural medicine, known as Citizens for Alternative Health Care (CAHC), also describes in their citizen action newsletter, *Choices*, the moment when the motion was unanimously approved and passed.

> The spontaneous applause that broke out in Council's chambers following passage of the motion for the clinic released pent-up emotion many of us have experienced during the past two years as we testified at hearing after hearing on health care reform, trying to persuade political leaders that we could not reduce health care costs without including cost-effective alternatives...While it has taken the signatures of thousands of you to help us make evident to politicians how many people want alternatives, it has taken the political leadership of [the Council Chair] to unite individuals whose support is essential...(Spring, 1995)

Conclusion -- "Life of it's own"

Since the passage of motion 9491 to implement the NMC, the project continues to be viewed as revolutionary and precedent-setting. Over 300 media articles, both local and national, have been written about the NMC. It has been covered in the *New York Times*, *Wall Street Journal*, and *Economist*, and in magazines such as *Let's Live*, *Self*, *American Health Magazine*, and *People*. Features on the NMC have appeared on *Good Morning America*, *CNN*, *World News Tonight*, and *National Public Radio*. Internationally, a French television film crew has visited the opened clinic for a documentary they are producing, and a delegation of Chinese health care practitioners has toured the clinic. Furthermore, the NMC has been highlighted at a variety of newly emerging alternative medicine symposiums and conferences in the United States, including the *World Med '96 Conference/The Congress on Complementary Therapies in Medicine*, where the keynote address was

given by former Surgeon General, C. Everett Koop. The NMC is viewed by its creators and supporters as a new model in patient care, integrating the best of conventional and natural medicine, that will have implications for the future of our current health care system. In a *Choices* article, the Council Chair was quoted saying, "I see this as a cornerstone upon which we can build a natural medicine program that could even sweep the nation!" (Spring, 1995).

The origin of the NMC as an idea and the passage of motion 9491, is very much due to the creativity, advocacy, professional relationships, political drive, and expertise of the five core participants. Furthermore, these individuals were facilitated by local and national enabling factors which helped provide momentum to the idea and motion, pushing it forth into reality. These contextual enabling factors will be discussed in Chapter Three. To conclude the genesis story of the NMC, the individual who originated the idea and brought together the needed political, expert, and creative forces to make motion 9491 happen, was recognized by Citizens for Alternative Health Care in their Spring 1996 newsletter. The article acknowledges her creativity, connections, and dedication to conceptualizing the NMC.

> We all owe a debt of gratitude to [the Catalyst], the individual who first thought about having a publicly funded Natural Medicine Clinic where allopathic and alternative practitioners could work side by side. Furthermore, she knew the right people at the right time and is now seeing her idea take root not only locally but nationally.

The Catalyst adds her own thoughts, summarizing her experiences with the NMC.

> I've dedicated so much time just to help answer questions, help guide or straighten out or bring the background to the people who needed the background, and so forth and so on. So it's been my pleasure to just help this thing grow. But it's also been my pleasure to see it has a life of its own.

The following chapter will move from the genesis story into the development story, exploring in-depth the design and development of the NMC.

CHAPTER TWO -- DEVELOPMENT STORY

Even with the revolutionary and momentous passage of Metropolitan King County Council motion 9491 to implement an integrated NMC, many questions were still left to be answered. The public, health care community, and media were all witness to an historic idea -- the first government sponsored, publicly funded integrated NMC, yet none were too sure just how the clinic would be actualized. Many questions were being put forth by interested parties, such as: Who would manage the clinic? Where would the public funds come from? What would be the appropriate mix of providers? Who is the exact target population? Where should it be located? How will integration and collaboration happen? And what research outcomes will be evaluated?

Eventually the County Executive assigned Seattle King County Department of Public Health (SKCDPH) the role of answering these questions and implementing the NMC in accordance with motion 9491. As the SKCDPH described at a statewide health conference, the motion "charged the Health Department to operationalize this -- to define what the clinic would look like."

Chapter Two takes off where Chapter One left off, moving from the genesis story into the development story. The development story is the story of answering these questions and actualizing motion 9491 into a health clinic which successfully integrates natural medicine and conventional medicine. The development story spans the time from the passage of motion 9491 in February 1995 to the selection of the

winning collaborative partners to manage and operate the NMC in July 1996, encompassing several phases and key players. The first phase is the initial reaction and response to motion 9491 from interested parties, including Bastyr University and the SKCDPH. The second phase is the very meticulous planning process of SKCDPH. This phase includes designing the framework for the NMC, securing funding, designing and managing a Request For Proposal (RFP) process, and selecting the winning collaborative proposal for the NMC (see timeline diagram). Simultaneous to the SKCDPH planning process and inspired by the motion, were the emerging relationships between natural medicine and conventional medicine organizations and practitioners. Included in the development story is the story of the early partnership formed by the winning collaborative team of Bastyr University (BU), Community Health Centers of King County (CHC), and Statistics and Epidemiology Research Center (SERC). The development story concludes with comments from members of the Health Department's internal workgroup team, reflecting on the their roles, the process, and their experiences with implementing the NMC. Like the genesis story, the development story is told in the voices of key participants from the Health Department, County Council, and collaborative partners, quoting directly from interviews, documents, and observations. Again, I take on the role of narrator, guiding the reader through the development story.

Phase One

Bastyr's Early Response -- "What does this mean?"

One of the first responses to motion 9491 came from Bastyr University. With the President of BU being one of the five core originators of the idea, and with BU named in the motion as a possible entity to operate the NMC, a response from BU attempting to answer the unknowns was logical. The individual within BU who took on this task is a naturopathic physician within the research department at BU. He describes his role in leading the response to motion 9491 from the point of view of the natural medicine community.

> I heard that this presentation had been made to the Council. It went by and I heard that they had passed the resolution and I was pretty shocked about it. I was amazed that this had happened. And they [BU] were beginning to have meetings around what needed to be done on it. One evening at home I got a call....[They] had been hashing over what they were going to do, and they called me up during that meeting and asked me to organize the first Bastyr response to this. So I took that on, and I guess it took about six weeks. The approach that I took to it was I had several sequential meetings with principals involved or communities who were interested in influencing it.... We had meetings with different MD's, and different stakeholders of all kinds, [like] patient advocates. But mostly it tended to be, "Okay, here's our guess as to what the problems are and what we think ought to be done".... I began developing a framework of what I thought needed to be addressed in this. The way I orchestrated this is I'd have a meeting and then every week or so I would turn out the latest version. I would circulate it to all the people I had talked to and they would comment on it and then I would put it back into the computer and re-circulate it....And then I would just listen to everybody's comments. Where there were contradictions, I tried to come to some compromise or resolution, I wasn't making a lot of judgments on my own, but if there were additions I'd just add them in if it didn't upset some part of the plan....We came to a document which included a budget that added up to a couple million dollars or something like that. We did not know a lot of things at that time. There was a research plan, a staffing plan, a facilities plan and that kind of thing.

After six weeks of drafting this initial response, the individual at BU also came into contact with the Health Department. He describes their formative relationship in regards to the NMC, and the role this early Bastyr document played in the Health Department's process.

> It [the document] was basically Bastyr's response. I talked to the Health Department to get a sense of -- well they were just getting involved. They didn't really know what role they would play because no one had made a decision relative to who's in control of this thing. The first person in the Health Department to do it [respond] was the epidemiologist. We had already been working with [her] on another project. We had her as a consultant doing scientific reviews for us on our HIV project. So it was easy to talk to her and she was in a place where she was kind of gathering information....I think they [Health Department] called on it [document] to some degree. I guess my approach was [this was] the first time that anybody had done any coherent thinking around "what does this mean?"

Health Department's Early Response -- "developing a framework"

During the passage of motion 9491 and the early response of BU, the Health Department was discovering what their role would be in actualizing the NMC. Operationally, the SKCDPH is the regional public health agency for King County, including incorporated cities and unincorporated areas. The SKCDPH receives oversight and leadership from King County (including County Council and County Executive), and the City of Seattle. Thus, with the motion passed by the County Council directing the County Executive to establish a NMC, it was logical the SKCDPH would be assigned some role in implementing the clinic. Furthermore, the County Council was in the process of confirming a new Director for the SKCDPH during the time of motion 9491. In anticipation of the Health Department's role in

carrying out the intent of the motion, the County Council may have been sensitized to look for a new Director who would be supportive of integrating natural medicine into the public health arena. The Catalyst describes the County Council's confirming of the new Health Department Director, while simultaneously considering passing motion 9491.

> [It was] very interesting because the first hour before the Council meeting began they were interviewing to confirm the [new Director]. So I sort of peeked in and was listening and they were asking him a lot of questions about natural medicine. They wanted to know what he knew about it, what did he think about it, and this and that. And it was just wonderful that they were already tuned into wanting to make sure that the new head of the public health department would be favorably disposed to such a project. And he assured them that, "Oh yes," he helped to get acupuncture in the public health system in Boston. So anyway, that's a side light that was quite ironic.

The Deputy Director of SKCDPH, who at the time of the motion was serving as Interim Director, describes first learning about the NMC and her realization of the Health Department's pending role and needed response.

> When [the Director] was being confirmed into the department as its new director, at that same hearing unbeknownst to us basically, was a discussion of the NMC. So I recall looking around and seeing [the Chief of Nursing] and saying, "Can you stay and listen to what this is about because I'm sure it will come back around and be a part of our responsibility?" My first view of what was being talked about here was through [the Chief of Nursing]...All of this was happening at the time when I was still Interim Director. [The new Director] was confirmed but did not assume on-site leadership for several months. So I went recruiting for, "Who's the best person that might get involved in this?" And [the Epidemiologist's] name kept coming up and she was just very gracious about being there in the early stages. I really believe in the early stages it was [the Epidemiologist] who was acting in an initiator project manager role.

The Epidemiologist who was recruited to lead the Health Department's response describes how she became involved, her role, and early activities.

> My boss mentioned it to me about May. It was several months after the motion had passed. I hadn't heard about it previous to that. She had known that I had been a consultant to Bastyr University in the HIV/AIDS research. That role had come about through my criticizing their research. So it wasn't something I requested to do. I mean I have to say I am interested in natural medicine and I do believe there's potential for some big results from it. As one of the providers I work for has mentioned, it is the people in conventional medicine as well as natural medicines' role and responsibility to find out what works, what doesn't work, and what is just costing people money. So I came to it with that kind of perspective...I was asked to play the lead in drafting the plan and how we would respond to motion 9491. I didn't feel like I was the best person for the role of planning the clinic, not really being an administrator. I'm a researcher and I felt like I had a lot to add to the research project and design.... So the [Deputy Director] asked me and because of my history with Bastyr [and] I was willing to do it. It was a big change from what I usually do, so that made it interesting to me. I don't know if there was some expectation that I would be known in the alternative medicine community or have contacts that would be helpful, but I never tried to present that I had such. So I came on as the lead, and we established the workgroup.

The early internal workgroup team formed by the Health Department included the Epidemiologist as project manager, the Deputy/Interim Director, several senior epidemiologists, and several Health Department administrators. The team's task was to develop a plan responding to motion 9491, to be submitted to and approved by the County Council on August 1, 1995. The team engaged in information gathering and planning from March - July 1995, educating themselves on natural medicine matters and soliciting community input. The information gathering that guided the Health Department's design of the NMC included literature reviews, interviews and meetings with local and national experts, conducting a needs assessment, and managing and

following up on phone and letter inquiries. In a June 1, 1995 progress report to the County Council entitled, "Progress Report: The Plan for a NMC", the Health Department described their information gathering approach and community response.

> A large number of individuals and organizations have been contacted by the Health Department to explore resources, options, and opinions. To date, letters from 19 individuals representing 10 organizations have been received. Letters were predominantly (79%) positive, approximately half of the correspondents also have offered assistance.

Throughout the process, the Health Department continued to receive letters and phone calls from the public and interested parties. Some of the supportive letters were from individuals requesting a certain modality or practitioner be included in the design of the NMC. Letters such as these requested the inclusion of homeopathic medicine, chiropractors, massage therapists, and nurse practitioners. Some letters of support came from natural medicine clinics, community clinics already integrating some form of natural medicine, and hospital facilities, all offering advice on how to implement the NMC. The Health Department also received some letters of concern from the natural medicine community regarding Bastyr University being named in the Motion as a possible entity to manage the clinic (this concern is further described in Chapter Five under "motion interpretation"). Overall, response from the pubic was also quite positive, including testimonial letters of gratitude sent to the County Council and Executive, documenting successful personal use of natural medicine for a variety of health conditions.

TIMELINE HISTORY OF THE KING NATURAL MEDICINE CLINIC

CONCEPTUALIZATION STAGE

"An idea whose time has come"

Late 1994 - Genesis of idea
- Gathering of experts

to - brainstorming - motion drafts - testimonials
- **Feb. 1995 - King County Council passes Motion 9491**

Early 1995 *A motion requesting the King County Executive to establish a natural medicine clinic to provide the best possible health care for citizens...*

DEVELOPMENTAL STAGE

"Nuts and bolts planning"

Informational Phase: *Seattle King County Department of Public Health charged with carrying out the intent of the motion and addressing the needs of King County Citizens.*

March 1995 - Needs assessment of providers and clients
- Information gathering with local and national experts

to - Identification of guiding assumptions
- **Final Report: A Plan for the Natural Medicine Clinic**

August 1995 A guiding framework for the clinic site, staffing, management, funding, Advisory Board, and evaluation/research goals.

Request for Proposal/Selection Phase: *A competitive bidding process to foster innovative and collaborative partnerships.*

Jan. 1996 - Funding secured
- RFP design and dissemination
- Bidders Conference April 1996

to - RFP Review Panel selected
- Three Proposals received June 3, 1996
- RFP Review Panel convenes/ makes recommendation June 24, 1996

July 1996 - **July 2, 1996 - Winning Proposal chosen**: *Bastyr University, Community Health Centers of King County, and Statistics and Epidemiology Research Center*

TRANSITION STAGE

"An integrated wellness collaboration between Bastyr University, Community Health Centers of King County, Statistics andEpidemiology Research Center, and the Seattle King County Department of Public Health"

July 1996 - Contract negotiations
- Collaborative partners clarify roles/ relationships
- Prepare marketing and public relations strategies

to - **Oct. 21, 1996 - Clinic Opens to Public**
- Grand opening celebration November 1, 1996

Nov. 1996 - Provide staff training on integration and collaboration Nov. 1996

Response from the conventional medical community was mixed. A letter of support from the President of the Physicians Bureau of King County, stated the following:

> [We are] anxious to add any new modality to conventional therapy as long as the study, design, and data obtained are carefully and scientifically scrutinized in an objective manner....We hope this project may help to improve communication across disciplines, since our patient's health and well-being are always our primary goals (November, 1995).

On the other hand, a letter identifying several areas of concern was sent to the County Executive in March of 1995 by the King County Medical Society Board of Trustees. These concerns included: targeting a disadvantaged population who "historically are least likely to make appropriate health care decisions...encouraging patients to use unproven alternative health care methods would make our task more difficult"; expressing concern medical physicians would not be placed as leaders overseeing the clinic; and questioning the "expediency of allotting tax-payers money for the clinic when the County is already overburdened." The King County Medical Society Board of Trustees advocated that " the funds would be better spent on proven health care programs." Overall, the Health Department's response to letters and phone calls, whether they expressed support or concern, was to acknowledge and incorporate the feedback, encouraging further participation in the planning process.

As part of their early response, the Health Department also engaged in telephone interviews with 47 persons. The Health Department describes the aim of these interviews as thus:

> The primary aim of the interviews was a needs assessment from the medical community's point of view. However, the persons with various areas of expertise were also queried for additional information to help frame the clinic design. Persons chosen for interviews were those representing conventional medicine, mostly in public health or community clinic settings, or various branches of natural medicine. Persons in leadership roles, or whose name came up over and over again, or who represented some arm of medicine not previously heard from or who had a different viewpoint or special area of expertise were also interviewed. (Final Report, 1995)

As another form of information gathering, the Health Department hosted two Roundtable meetings to solicit expert input and community participation for shaping the NMC. For the first meeting in May 1995, the Health Department brought in a professional facilitator. Thirty-three individuals attended, representing a diversity of perspectives. Representatives were present from: local hospitals, community clinics, natural medicine clinics, and institutes; County Council; independent researchers; the Health Department; the National Institutes for Health Office of Alternative Medicine (OAM); and the original core group conceptualizing the idea. At this meeting members of the Health Department reviewed the history of the motion and explained their approach, which was "to be thoughtful and inclusive...with expertise from this meeting and community [continually] used" (minutes). The content of the first meeting documented the history of natural medicine in the area and articulated the challenges involved in setting up an integrated NMC. These included determining whether one or several clinics should be established, deciding how services would be made geographically and economically accessible, and developing the appropriate research methodology for studying and evaluating clinical outcomes. The second meeting, held in July 1995, had many of the same participants but focused on advice

for designing appropriate research outcomes. Throughout its information gathering and planning process, the Health Department also sought the expert advice of two nationally known individuals. One was the representative from the OAM mentioned above, and the other was a physician nationally recognized as an expert in American's use of natural medicine.

The Health Department's internal workgroup team designed and implemented a short needs assessment in July 1995 that was distributed at two Health Department clinics, and six clinics of Community Health Centers of King County. The needs assessment determined that, "If conveniently located and easily affordable, 59% of patients [surveyed] stated they would seek care from a natural medicine provider" (Final Report, p. 4, '95).

Finally, the workgroup team engaged in several site visits to gather data on clinic demographics and finances, visiting a variety of natural medicine, public health, community, and hospital affiliated clinics. From this information gathering, the Health Department began developing a guiding framework for the NMC design and implementation. The design, entitled "Final Report: Plan for NMC", was submitted to the County Executive on August 1, 1995. In the cover letter to the Executive, the Health Department Director summarized the department's approach and process to the Final Plan.

> With this letter, we transmit our final plan. This is a timely project that has the potential to improve the health of King County Residents. The Health Department has worked diligently to create a proposal which attempts to balance the numerous and diverse interests in the new clinic.... The design

> process has strived to maintain contact with and gather knowledge from the local natural medicine community, the local conventional medicine community, and natural medicine researchers locally and nationwide.... We have established an open and inclusive process and believe that our final result plans for a fiscally sound, cooperative, and innovative clinic – one with vast potential for clinical success and the ability to make inroads in the evaluation of natural medicine.... In transmitting our proposal for clinic design we have attempted to be responsive to the original motion.... The attached clinic design is a framework. The Department stands ready to continue work on the further detail over the next few months. We see our role as facilitative for the present. In the future, we will act as contract manager as well as have some participation in the evaluation.

At the heart of the Final Plan is a list of ten assumptions developed by the Health Department and modified with input from the local and national experts who gave ongoing counsel to the project. They are key to the planning process of the NMC, and have described by the Deputy Director as "the framework to guide the development [of the model]." These assumptions attempt to respond to some of the unknown components of the clinic and its process, while also attempting to reflect the intent of motion 9491. The ten assumptions identified in the Final Plan document are:

1. The Seattle King County Department of Public Health Natural Medicine Clinic will start off **small** (limited in scope), **focused** (primary care), **integrated** (natural medicine and conventional medicine), **co-located** (physically integrated), and **time-limited** (two-year pilot).
2. The clinic will be hosted by or under the auspices of an **existing primary care clinic** framework in order to build on clinical, billing, and other existing policies, procedures and resources.
3. Primary goals of the clinic are **innovative, integrated** (natural and conventional medicines) **service delivery** and evaluations of that delivery. Research goals are also welcomed, to the extent resources are available.
4. Patients will be offered **informed choice** in their selection of health care providers and treatment modalities.
5. In the two-year pilot phase, the clinic will emphasize selected conditions with both conventional and natural medicine expertise available.

6. The clinic will **serve low income populations** as a primary charge. Persons of all incomes will be welcome on a sliding fee scale. Insurance billing will be aggressively pursued.
7. The clinic will need to demonstrate cost efficiency and the ability to obtain available revenue.
8. The host site will be expected to provide **in-kind or donated service(s)** throughout the partnership, these may include: physical plant, medical personnel, medical residents and/or supervisory personnel, academic facilities, and other services or resources.
9. **One single recommendation** will be directed to the King County Council in response to Motion 9491. The County Council may choose to back or fund the entire project or to select elements from within the recommendation for funding.
10. Should the pilot project prove successful and show the capacity of eventual fiscal self-sustainability, gradual and managed **growth** will be expected and planned.

The Final Plan also documents the history of the motion, and the Health Department's progress to date, and acknowledges input from local and national experts. The plan highlights the major challenges to and goals of the clinic that were encountered in the planning process. These goals and challenges included: establishing need; offering truly integrated care; acknowledging the importance of integration for patient care; emphasizing the importance of the concept of enhanced patient choice; establishing sound fiscal viability; enhancing research and acceptance of natural medicine; determining the optimum patient population focus; and emphasizing the importance of a prevention focus. The majority of the plan describes the clinic design and the recommended approach to implementing the NMC in accordance with motion 9491. The following is a brief description of the Health Department's recommendations taken directly from the Final Plan document.

1. Site: The clinic will be housed in a host site selected through a reverse RFQ (request for quotation) process. Criteria for the site selected include adequate physical capacity for expansion, high accessibility, visibility, capability for managerial expansion, flexibility, and a history of provision of services for low income patients.
2. Staffing and Management: A lead agency for staffing and management will be selected through an RFQ (request for quotation) process. Criteria for the lead agency selected will include the ability to draw together a diverse team of natural medicine specialists (through a consortium or sub-contractual relationship); a vast experience in interdisciplinary practice; and the ability to rapidly mobilize a clinical and management staff.
3. Evaluations: A team of researchers will be selected through an RFP (request for proposal) process. Their task will include conducting patient satisfaction, costs, and health outcomes research. Criteria for the research team (or consortium) selected will include the scientific merit of the proposal, the public health experience, and the ability of the applicant to conduct qualitative and quantitative research.
4. Executive Advisory Board: A joint executive and consumer advisory board, appointed by the County Executive and confirmed by the County Council, is recommended. This 13 person board will provide direction and oversight to the clinic.
5. Budget: The budget for the recommended clinic design attempts to leverage all available resources including the wavered availability of third party reimbursement under Medicaid. The budget is provided with three different sets of funding assumptions that establish a funding range from 725 thousand dollars to 1.8 million dollars per year. Continuing discussions with third party payers as well as organizations potentially able to provide public and private grant support will occur in the next several months and may impact the final budget figures.

So from the initial response of BU to the formation of the Health Department's internal workgroup team and the many months of information gathering, the early response to motion 9491 culminated in August of 1995 with the Final Plan document. Throughout the remainder of the process to implement the NMC, this plan served as a "foundation," as one workgroup team member would later describe it. The County Council and the Health Department, while relying on this foundation as a guide, were also flexible in their approach and open to adjusting the recommendations in the Final

Plan as needed. As the Health Department entered into Phase Two of the planning process, adjustments were made to the Final Plan, and will be noted.

Phase Two

Implementation -- "funding"

Following approval of the Final Plan by the County Council, the next phase in the process was described by one member of the Health Department's workgroup team as the "very nuts and bolts" planning of the clinic. These very detail oriented and time consuming tasks included: designing the RFP; soliciting letters of interest from potential collaborative partners; determining a rating criteria for evaluating proposals; and selecting the winning collaborative partnership to manage and operate the NMC. However, before any action could take place regarding these tasks funding for the NMC needed to be secured. The Health Department, as well as other interested parties, assumed money for the NMC would come from the County. When no apparent money appeared in the County's budget for the clinic, concern arose over having to cut traditional public health programs to fund the NMC. In their letter to the Executive submitted with the Final Plan, the Health Department alludes to this concern:

> The clinic has not been built into the SKCDPH budget. Members of the conventional medicine community have indicated that their support for the project is contingent on the fact that moneys to fund it would not be subtracted from Public Health's available resource.

Foreseeing no funding from the County, the Health Department began to look for outside funding for the NMC. They learned of the State Legalization Impact Assistance Grant (SLIAG) which is described by one workgroup team member as "federal funds available to states for providing innovative services" geared towards immigrant and refugee populations. The Health Department submitted a proposal to the Department of Social and Health Services (DSHS) at the state level, requesting 1.4 million of the SLIAG moneys to fund the NMC for one year. According to one workgroup member, they determined their application to be unique due to two factors. The goal of the funds was to provide integrated natural and conventional medicine services to low income and culturally diverse populations, and the request came from outside the DSHS rather than internally.

Realizing the unusualness of requesting SLAIG funds for these purposes, the Health Department, County Council, and interested parties such as Bastyr University and consumer advocates, lobbied hard for the funding request. The Council Chair describes the lobbying process for the SLAIG funds.

> We had progressed to the point where we were essentially there. We had to try and get money. The County didn't have a lot of money, but we heard that a grant from the State might be available, so we lobbied for that. We had a new lobbyist and he was helpful. And as it turns out, some of the Governor's staff had connections to natural medicine...they used their internal lobby to influence [it]. They were working it behind the scenes and there was much legislative interest. The State legislature thought it was an innovative program. It was consistent with the legislators' desire for real health care reform. And [so] the lobbying effort in favor of it was very intense, but very skillful.

As an example of this intense and skillful effort, nine of the County Council's members signed off on a letter sent to a State Representative who was Chair of the House Health Care Committee. The letter requested his assistance in contacting and encouraging the Secretary of DSHS to support SLIAG funding for the NMC. Furthermore, citizens lobbied the Governor's office for his support in funding the NMC with SLIAG money. Members of Citizens for Alternative Health Care faxed, called, and wrote the Governor's office to obtain his support. Eventually, the lobbying efforts prevailed and in December of 1995 the Governor's budget allocated $750,000 of SLIAG money to the NMC for one year. After further debate and discussion in the next 60-day legislative session, the funding level was finally approved in March of 1996.

Implementation -- "nuts and bolts planning"

By January of 1996, after determining the funding source, the Health Department began to dig into the "nuts and bolts" planning of implementing the NMC. This part of the process included designing and issuing an RFP and review process, and selecting the winning collaborative partners. Entering into the tenth month of implementing the NMC, the makeup of the Health Department's internal workgroup team began to change. This change was due to both the time commitment demands of the project and the need to bring in individuals with particular expertise. The team now consisted of the Epidemiologist, Deputy Director, a budget expert, and two individuals unaffiliated with the Health Department. One individual was a representative from the County Council, recently assigned by the County Chair as the

King County NMC Coordinator. She served as a liaison facilitating dialogue and understanding between the County Council and Health Department. The other individual joined the team temporarily in a contract position, leading the design of the RFP. After this person's departure, another Health Department employee joined the team in late March, bringing her expertise and experience in RFP design, selection, and contract negotiation.

The Health Department continued to be open and flexible in its approach to implementing the NMC, often describing the process as evolving. For example, due to time and cost constraints, as well as the need to encourage community collaboration, the Health Department decided to issue one single RFP rather than the two quotes (site and service) and one proposal (research) originally described in the Final Plan. Instead, the Health Department combined these three into one RFP of site, services, and research (Update Vol.3, 1996).

RFP. The Health Department's internal workgroup team took a careful and cautious approach to the RFP process and selection of a grant recipient, describing themselves as "facilitators" and not "dictators" of the process. Throughout their planning process, members of the internal workgroup team articulated and discussed their approach in meetings. The team was guided by comments such as: "put up no barriers; be precautionary; always include experts and good thinkers; and create a non-bureaucratic and bullet proof process."

In an attempt to make the RFP process "as easy as melted butter", the workgroup team began the process by soliciting Letters of Interest. The team sent out letters to all individuals and organizations on their NMC database who had indicated an interest in the clinic. The intent of the letter was described as "the first step in the RFP and contract selection process to foster coordinated planning and an opportunity for interaction between conventional and natural medicine providers."

The Health Department received 21 Letters of Interest from a variety of conventional community clinics, hospitals, natural medicine organizations and clinics, and private practitioners. In an attempt to "stimulate further and continued discussions about collaboration," the team provided a complete listing of responding organizations to all those who submitted a Letter of Interest.

In the following months, the internal workgroup team diligently finalized the RFP design. During these meetings, the team identified and shared with interested applicants "criteria for a successful applicant." The criteria included the following:

> (a) Evidenced ability to bring together experienced natural medicine providers and conventional primary care providers in a collaborative effort to offer integrated services; (b) Ability to offer a well defined scope of natural medicine services;(c) Intention to offer high quality services to low income, culturally diverse populations, especially immigrants and refugees, at an affordable cost; (d) Provision of natural medicine services with a prevention focus; (e) Ability to operate a program that is fiscally sound and financially viable; (f) Evidenced intention to select and collaborate with an unaffiliated research/evaluation entity to conduct one or more outcome research projects; (g) Willingness to provide updates and present findings to a natural medicine clinic advisory board and other policy-making bodies; (h) Be responsive to the priorities and data needs of the SKCDPH and the selected research entity. (Update 6/4/96)

In late March of 1996, the RFP was distributed to all interested entities who submitted Letters of Interest, as well as to anyone requesting an RFP. Applications were due back to the SKCDPH by June 3, 1996.

Bidder's Conference and Review Process. During the months awaiting the return of applications, the Health Department internal workgroup team planned and facilitated a bidder's conference and an RFP review process. The intent of the bidder's conference was identified in the RFP application as an opportunity "at which technical assistance will be offered to applicant agencies in understanding and completing the application packet." The team's approach to the bidder's conference was guided by the expertise of one team member with prior experience in facilitating RFPs and bidder conferences. Upon her guidance and in an effort to keep the RFP process smooth, and lacking in contention, the bidder's conference was designed to be more formal and structured than other aspects of the Health Department's process. On April 18, 1996 the internal workgroup team along with over 20 individuals representing a variety of organizations attended the bidder's conference, facilitated by the Deputy Director and internal workgroup. Questions posed from the applicants focused on the specific aspects of the RFP, such as location, mix of providers, budget, and research.

Following the Bidder's Conference, the internal workgroup team finalized the RFP review process. As part of this process, the team established an internal technical review to highlight any inconsistencies in the submitted applications before turning them over to external reviewers. The team determined the need for outside experts to

review the applications. According to the team, the external experts needed to be credible, flawless in reputation, beyond reproach, and resilient to pressure. The team formalized the criteria for an acceptable review member to be the following:

> Personal and professional knowledge of natural and conventional medical services; non-conflicted as determined by the King County Code of Ethics; independence from the project, King County, and potential bidders; high degree of knowledge in some aspect of the NMC (clinic operation, integration of health care modalities, research); and national or local reputation for competence in their fields. (Update 6/4/96)

After a thoughtful and careful search for individuals matching the above criteria, three individuals agreed to be RFP Review Panel members. One individual worked for the Washington State Department of Health with expertise in community and minority health; the second individual worked for the NIH's Office of Alternative Medicine with expertise in research and integration of natural and conventional medical services; and the third individual was a well-respected Naturopathic physician with expertise in natural medicine.

On June 3, 1996, three proposals were submitted to the SKCDPH representing twelve organizations (see Appendix C for copies of submitted Abstracts). The three proposals included the following organizations: 1) Bastyr University, Community Health Centers of King County, and Statistics and Epidemiology Research Center; 2) Harborview Medical Center, Yesler Terrace Health Clinic, Northwest Institute of Acupuncture, and University of Washington; and 3) Pacific Medical Center, International District Clinic, Seattle Indian Health Board, Sea Mar Community Health Center, and University of Washington. Following the technical review conducted by

the internal workgroup team regarding issues of completeness and accuracy, the proposals were forwarded to the Review Panel where they were rated against the listed criteria.

On June 24, 1996, the Review Panel came together for the first time to discuss their ratings and offer a recommendation to the SKCDPH. The internal workgroup team facilitated the meeting, offering instructions to the Review Panel regarding their process. These instructions included the need to be responsive to the motion and funding source; the need for confidentiality due to the highly visible and competitive nature of the project; and the "need to go back to the spirit of why this was created...to show an integrated health care model works and is cost effective" (observation notes, 6/24/96). (**Note:** As a promise to the SKCDPH to respect the confidential nature of the review process, details on the rating discussion and the ratings themselves will not be disclosed. However, in Chapter Four I will refer back to some of the general issues raised during the Review Panel discussion)

After three hours of negotiations and discussions, the Review Panel submitted its recommendation to the Director of SKCDPH for his review and final approval. Throughout the RFP process, the Health Department clearly indicated that the Director would have final authority in determining the winning proposal. On July 2, 1996 a press conference was held at the King County Courthouse in Council Chambers to announce the winning proposal. Attending the press conference were members of the core group of five individuals including the Catalyst and County Chair, other Council

members, the County Executive, the Health Department's internal workgroup team and Director, members of the winning collaborative team, and the media.

Prefacing the announcement of the winning proposal, the SKCDPH Director acknowledged the "three very good consortiums" that applied, which made for a strong, competitive, and tough decision. The Director described for those present what "secured the winning proposal" as the following:

> (a) A fully integrated service model; (b) a regional orientation -- being a regional magnet that draws in low income, immigrant, and refugee clients; (c) the site having physical capacity and adjacency to target population; (d) ability to meet needs of target population; and (e) the ability to evaluate the pilot so health outcomes are vigorously studied.

The Director explained to all present why the winning collaborative team of Bastyr University, Community Health Centers of King County, Statistics and Epidemiology Research Center, and the host environment of the City of Kent, had a clear edge over the others. He described how they met these criteria with BU's previous experience with their own natural medicine clinic, with the regional orientation of CHC's network of community clinics and strong referral system, with their strong site capacity, and with SERC's strong and sound research experience and expert affiliation with University of Washington.

Interestingly, while the criteria cited by the Director as securing the winning proposal is congruent with the criteria identified by the internal work group team and in the RFP, it is emphasized and presented slightly differently. In part this is due to what emerged from the Review Panel discussion. A member of the internal

workgroup team later reflected that based on the Review Panel discussions regarding who provides the best integration for the clinic, capacity arose as an issue. She recalls how "capacity became an issue not really discussed at the review." The Review Panel, due to time and location constraints, was not able to visit each site identified in the applications. However, the Director of SKCDPH, as part of finalizing the decision, was able to visit each site and incorporate this information into his final decision for selecting the winning collaborative partnership.

After almost 18 months of planning, the SKCDPH completed its mission to implement the NMC in accordance to motion 9491. The Health Department would now transition from lead "facilitator" into a contract management role as the winning collaborative partnership of BU, CHC, and SERC made final preparations to open the clinic. What follows next is the early history of the formative relationship between BU, CHC, and SERC, describing how they came together to operate, manage, and research the NMC.

History of Winning Collaborative Partners

During the time the Health Department was issuing the Letters of Interest and designing the RFP process, organizations interested in receiving the grant funds to manage, operate, and research the NMC were beginning to seek out collaborative partnerships. Knowing the Health Department had created a process mandating that a coalition of equal natural and conventional medicine organizations apply, BU and CHC began the process of determining who would be an appropriate partner. To

describe the early and evolving partnership of BU, CHC, and SERC, I have constructed three vignettes. Each vignette is told in the voice of a key person from each organization. The vignettes describe how the three organizations came together to apply collaboratively for the RFP, including their interest in the NMC project, their criteria for partnering, and reflections on the nature of their early collaborative relationships.

Vignette One -- Bastyr University

Bastyr University applied for the RFP as the lead agency in charge of managing grant funds, hiring and supervising natural medicine providers, and working in partnership with CHC to create an integrated health care model. The following vignette is told by the President of BU, who was also a member of the core group conceptualizing the NMC.

> Criteria for Partnering -- "We had to be wanted"
>
> This is our project. We created it. We had to have our criteria [for partnering], which ended [up] being that[number] one, Bastyr had to be the lead agency. Number two, we had to make sure the medicine that was being practiced would represent the best quality of alternative medicine services available. Number three, you had to have the appropriate patient population. And number four, we had to be wanted. We didn't' want to have to force ourselves on anybody. One of our very great fears when the Harborview proposal came out was that it would have been dominated by Harborview, using alternative medicine practitioners as secondaries to the medically dominated health care system. And we didn't want to have anything to do with a system that would continue to promulgate the current dominance in health care in this country.
>
> Searching for Partners
>
> We talked to a lot of different groups and we got a range of responses. Initially we were quite attracted about working with [a local hospital]. And the main

reason there is that they have such a long history of commitment to people of low income and limited needs. Philosophically, we've had some meetings before with various doctors and staff over there and we thought there would be an easy meeting of minds because there is such a commitment there with them. We talked to their medical director who has a long history of willingness to take on awkward projects when he feels they would be a benefit to patients. Unfortunately... they didn't have space for the clinic in the areas that were needed to fulfill the requirements of the grant.

[A community clinic] ended up deciding not to do it. And from our side, it was blocked by their medical people that didn't want to be involved with alternative medicine. [Regarding another hospital based medical center], I was very impressed with the quality of their services for immigrant populations. They clearly understood the needs of that group quite effectively. However, there [were] major problems with them. Number one, was they would only do it if they were the lead agency. And number two, they wanted to include all alternative medicine practitioners whether they were educated or not or whether they were licensed or not. From our perspective, the intent was to demonstrate that a consistent body of knowledge, such as found in naturopathic medicine, acupuncture and nutrition, could work in [this] environment. Bringing in other healers, who may indeed have great value but who don't have a codified body of knowledge behind them to work from, we thought would make the grant totally unworkable.

CHC an "excellent choice"

Now the Community Health Centers of King County, they actually turned out to be quite an attractive partner because of the multi-clinic part and ability to use the multi-clinics as our control groups. That proved to be quite nice. They also had a clear interest themselves in doing the Natural Medicine Clinic, and they stated to us many times that if they didn't do it with us, they would do it with somebody else because they wanted to bring this to their people. And then they had the right population too. They had low income and immigrant populations, with a very large percentage of them requiring translators and such.... We realized they were actually an excellent choice because [they] could provide the population, and had a good willingness to do it.

Reflections on Partnering with CHC

I think we've been really pleased with our working with them. There's been no variance in their commitment to wanting to do a good quality Natural Medicine Clinic. And their medical director has been extremely open and very cooperative. When we looked at issues of triage and cross-referrals and such,

> [we've all] been committed to resolving the issues rather than getting into conflict over them. So it's been great!

Vignette Two -- Community Health Centers of King County

Community Health Centers is a private, non-profit health care agency with a 25 year history of serving low income populations. They have a network of six health care centers, with one located in the City of Kent, the host site of the NMC. The CHC comes to the partnership and grant as the operator, providing site, conventional medical and administrative staff, target population, and established operational procedures such as billing, quality assurance protocols, and translation services. The following vignette is told by CHC's Chief Executive Officer.

> Reasons for Participating -- "How do we do this?"
>
> It really has always been an interest of mine to integrate. I come from a family with several osteopaths who at least in the past had more of a natural perspective on things. I had my own personal health care needs where I have used alternative or complementary health care providers. I think the third thing is that it became very evident that's what consumers were beginning to look for, as well as the fact that our patient population -- refugees, immigrants, minority populations -- may have used more natural remedies. I guess the other thing is my strong feeling that what is available to the rest of the population with discretionary income -- that [these] people could go avail themselves of chiropractors, naturopaths and massage therapists and so forth -- [while] the afore [mentioned] populations could not. It seemed to make sense to try and make that available to the local community population as well. So that was my main interest in being able to do that and also an interest to see if we could make it cost effective....Maybe it would be cost effective to incorporate some complementary forms of healing and wellness, especially if it might speak to people's cultural backgrounds. When the grant became possible, [I said], "Okay, how do we do this and participate," because we had already proven we really wanted to do that. And I think rather early on it became clear to me that it makes sense to do the partnering with Bastyr. They were the ones that had the expertise and the experience and some oversight.

Getting Commitment

The other thing I did was I went to all the Community Health Centers of King County -- we have a network where we have a base -- and asked them to support us. We had the space for it. The RFP was calling for a certain amount of space. Initially what we had wanted to do actually was to disperse it somewhat and...share it amongst our community health centers so we could have it in all areas. But prior to the bidder's conference when I checked in with [the Health Department], they said, " That's not the intent and that's not going to be acceptable. This is going to be one site only." And given that, rather than have all the community health centers compete with each other, it was agreed that we were the only ones who would make available enough space to house it. So the community health council agreed to support our application and the commitment we made is that we would try and see if we couldn't raise other funds to expand [it] in some way to the other community health centers. We're committed to having this be a prominent part of us, assuming that our patients use and want it.

Criteria for Partnering -- "We took it seriously"

[President of BU] asked me some very pointed questions when we met. I had our medical director with me and he had his team of people. And he point blank said, "Why do you want to do this?" I think he wanted to make sure that this was just not some people going after some grant money. So I told him my own personal reasons for wanting to do it...and also my strong feeling that this ought to be an opportunity for low income people we were serving to have access to these kinds of services. And that our management team was really willing to work on this. So I think [he] felt that we were really sincere in terms of what we wanted to do. And we told him basically, "We want to do this whether we get the grant money or not, whether we partner with you for the grant money or not, we still want to be involved with you." So we made that very clear that we were going to go forward with this....We have been very clear, and Bastyr has been very supportive, that this is truly an integrative model. And I think that's the other thing -- that we took the RFP seriously. I'm not sure that other people really wanted to take it as seriously as we did.

Reflection on Partnering with Bastyr

Bastyr and CHC have worked extremely well together on this project. [We] both have high respect for each other and have worked well together in terms of pulling together the protocols and the model. So that's been critical. And I think our staffs have fully committed themselves to it and have worked very

well with each other. That part of it, I think, has probably gone smoother than I thought it would.

Vignette Three -- Statistics and Epidemiology Research Center

Statistics and Epidemiology Research Center comes to the partnership as the required research entity to conduct independent research on patient satisfaction, cost-effectiveness, and health outcomes. Founded with the notion of conducting interesting and important clinical research, SERC was established in 1979 by people who were primarily faculty from the School of Public Health at the University of Washington. The Chief Technical Officer of SERC describes how they became interested in the NMC project.

Reasons for Participating

There are a couple of different directions that we came at it. First of all [the Principal Investigator] has been involved in research at Bastyr University for a number of years. So that connection existed. Our Chief Operating Officer also has an interest in alternative medicine and she's been seeking out involvement with Bastyr. She made some contacts with the folks there and expressed interest in getting involved in any research programs that they might have coming along. And so when the King County initiative came out, we started talking to them about providing the research component. We all said, "Hey, this looks like a great one for us to do." And I think a number of us on staff have an interest in alternative medicine, and wanted to see it well studied. There's been a lot of studies that have come out that have not been well designed or well executed. And we'd like to, since we have the expertise, be able to contribute. We like to work with people as part of a team. So I think working with this consortium between Bastyr, and [Community Health Centers], and ourselves, is a comfortable relationship for us.

Conclusion -- Reflections on the Process

Eighteen months from the passage of motion 9491, the NMC was becoming a reality due to the diligent planning efforts of the SKCDPH and their internal workgroup team. Through input from many experts and community advocates, the SKCDPH designed and implemented the NMC in accordance with motion 9491. The ability to bring together a diverse array of interested parties was due to the tireless work of the internal workgroup team, many of whom put in over 300 volunteer hours on the project. To conclude the development story of the NMC, it seems fitting to include reflections of the internal workgroup on their role, their strengths, and the characteristics they brought to the process that helped guarantee its success.

Roles, Strengths, and Characteristics of Success

In a group interview with the internal workgroup team, members reflected on their long and successful journey to develop and implement the NMC. Members identified the primary role, strength, and attributes they brought to the team, which helped move the process forward and ensure the project's successful implementation. The specific role and/or strength each member identified as important to the process included: executive authority and project management experience; research design experience; budgeting knowledge and detail orientation; bidder's conference and contract management experience; and legislative experience, including understanding the expectations and perspectives of King County Council members. Additionally, each member identified the nature of the workgroup team and its characteristics of

success. These attributes included: providing sincere dedication, having personal interest and a specified role to play, engaging in pre-planning, meeting gaps in knowledge, being resilient and communicative, and creating the collaborative reality of the clinic. The following vignettes describe these characteristics of success and are constructed from either one or several members' reflections.

Sincere dedication

I want to collectively describe the group...as sincere dedication. That was really at every meeting. I just was in awe with the amount of dedication that each member brought. (Another member adds)...And there are times in your life where you are involved with people and they just kind of hum -- they go the extra mile, they have the dedication, their expertise complements. And I feel about this project like that. This is what was going on. And just the fact that nobody on this team was really budgeted. Everybody was balancing their full work load against what they do here. And so I think that's part of what people did -- they gave ample time if they could. I just think people in this group are wonderful and I'm awed, at various times, from the patience in the early stages to crafting in a quick turn around fashion speaking points or putting together the detailed examination of the fiscal planning. There's never been a moment where I thought it should be better. It's just always good.

Personally interesting

One of the side benefits of this project, is that you really did get engaged and more aware of people and issues and input that was personally interesting, valuable. (Another member adds)...I learned so much from this process. Not only about natural medicine, but about group dynamics, about budgets, about research, about RFP's, and procurement process...I learned about efficiency. I mean, this is a huge project. So that made it really enjoyable.

All had a role to play

You know, it was certainly a team. And as we said numerous times, I think our diversity is what helped make it that. If we had, let's say, two or ten researchers, we probably all would have been saying, "Well I don't think they should use that formula for the power calculations!"[laughter from group] But there was only one of me, one of you, one of you . We all really had a role. And it helped us feel important. And we had goodwill towards each other.

High-operating people

I think one of the other dynamics is that if we were to share some characteristics of almost all of us, is we're very high-operating people. We also, to some degree, like to at least guess on what the outcome of a project is, if not control the outcome of a project. What is always fun is when you're locked into a situation where ultimately you're not going to [know],it is fun to speculate about it. (Another member adds)...And I think we all did that really well, and we're very present in our meetings. When we were dealing with drudging through the details of the RFP, etc., we were really there, and I think that helped a lot

Pre-planning and laying the "foundation"

We did a lot of good pre-planning and process here....All in all it was a project from the beginning I envisioned to have the potential to be disastrous. And that didn't happen. (Another member adds)...The RFP, the procurement procedure, the allocation decision, the eventual contract, all of that stuff could not have been done in any kind of fair and impartial way without a good working document that preceded it. I think it's the foundation of everything that's to follow. It's a very impressive document.

Meeting gaps in knowledge

I felt like the gaps in knowledge were really met, in part...by creativity and persistence. (Another member adds)....I think in terms of gaps in knowledge, that [Deputy Director] was especially good at going and finding people that she needed to fill the gaps all along the way. Especially bringing in [Procurement person] at such a late point in the project. She made a huge difference in how well the project was carried off, and that was what we needed to do. As you can see, the team members changed throughout the year and a half or so that it's been in existence. So, I think that just strengthened it. (Another member adds)....And there has been so many things to appreciate about this effort. The fact that there has been a really good blend of expertise and great leadership.

Resiliency, Balance, and Communication

One word to describe the project -- there was a certain resilience. I mean even in developing the bidder's conference and in responding to that reaction to the locked door. It was a took-it-in-stride kind of attitude. And that doesn't always happen in projects. So I think any balance of people saying, "hold it" or "think about this" or "you shouldn't" against people saying "we should and this is how." So balance and resiliency....And I think we did more good communication in this group.

Creating reality

I think my all time favorite moment in the project was the day [we] went to Sound Health Clinic. We were right there, in this very empty space, talking with these people, and I thought, "My God! We are really creating -- it's going to look kind of like this maybe!"...And one thing I'm struck with...is this list of policy tenets. There are ten or twelve, but one of them is, "If you want to change the system you need to change the incentives" -- pretty basic. What we did here that really honors that is in creating and mandating cooperation through the coalition. We really changed the way this whole process could have or would have occurred. A Bastyr only obligation would not have done it. And so the word "integrated" we took into a certain reality. Real different! When I realized there were only three applications, I thought, "of course!" because we had asked for this mandated cooperation.

The Director of the SKCDPH recognizes that the role of the internal workgroup team, and the high-profile placement of the project within the Health Department, were two critical and essential factors in bringing about the successful development and implementation of the NMC. Having laid out both the genesis story and the development story, the following chapter will explore the contextual forces that have enabled the conceptualization of the NMC and the passage of motion 9491. It is these contextual forces which helped push the idea of the NMC into a concrete form, providing the wave of momentum which carried the development and implementation process of the SKCDPH.

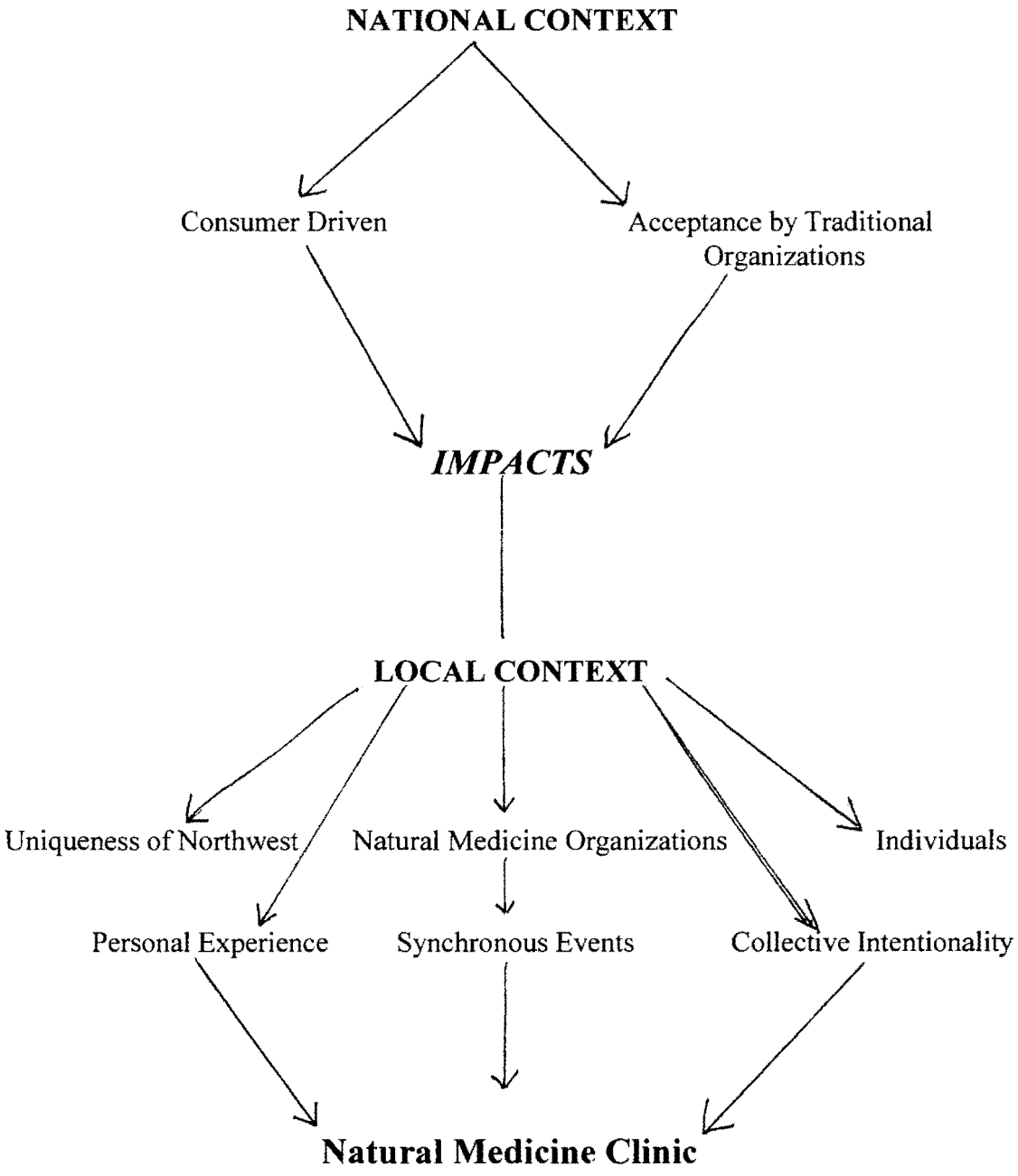
CHAPTER THREE -- ENABLING FACTORS to the IDEA and MOTION

"An idea whose time had come"

For many of the key participants involved with the NMC, the clinic was part of a "wave" of change in our health care system. As part of that wave, the NMC was often referred to as something that just made sense as an idea whose time had come. All participants agreed, though, that a variety of simultaneous dynamics seemed to be converging at once which enabled the conceptualization of the idea and passage of motion 9491 to bring forth the NMC. As a researcher observing the unfolding of the NMC, I was curious to uncover factors which facilitated the emergence of the NMC in King County. This in turn shaped my first research question, an exploration of what enabled the NMC to come into being at this particular place and point in time.

This chapter will explore the enabling factors that facilitated development of the idea and motion. These enabling factors fall into two main categories: a national context and a local context. The national context allows for exploration of facilitative factors in the larger macro-environment, while the local context allows for exploration in the micro-environment of King County and the Northwest. Following under the two main categories of national and local context are more specific sub-categories (see diagram). Both main and sub-categories are derived from themes which emerged from interviews with key participants and are also supported or expanded upon from findings in the literature.

National and Local Enabling Factors



Chapter 3 diagram

National Context

Conventional (allopathic) medicine, as the dominant system of health care in the United States, is considered excellent for effectively treating acute conditions or traumatic injuries. It has been less successful in dealing with the chronic conditions now prevalent in the population. These chronic conditions are grounded in intertwining social, economical, educational, biological, and environmental factors, and therefore require complex and multifaceted treatment approaches. With escalating health care costs, increasing specialization and technology utilization, and decreasing patient time, conventional medicine is failing to meet the health needs of many Americans. Over the last few decades the U.S has seen an emergence of natural practices being sought outside the domain of allopathic medicine. And in more recent years, a subtle trend of acceptance has been growing, moving away from labeling natural medicine practitioners as quacks and users of natural medicine therapies as uneducated and desperate (Chantilly Report, 1992). In exploring the national context, two dominant forces emerge: demand by consumers and acceptance by conventional institutions and practitioners.

Consumer Demand -- "a growing disenchantment"

According to both the literature and key participants involved with the NMC, consumer demand is the driving force for the increased use and prevalence of natural medicine in the U.S. Many key participants described consumers' "growing disenchantment" with the high-cost, de-personalization, and poor people skills associated with conventional medicine. Participants also cited the growing public

awareness of the importance of self-care and the desire to be in partnership with their health care practitioner.

The literature also supports consumer demand as the driving force mainstreaming natural medicine. For example, in a household survey, 75% of respondents rated the U.S. health care system as poor or fair (DiMatteo, Shugars, McBride, & O'Neil, 1995). This low level of satisfaction with the current health care system contributes to the use of natural medicine by consumers. One ground breaking study already mentioned found that one in three Americans used at least one natural therapy in the past year (Eisenberg, Kessler, Foster, Norlock, Calkins, & DelBanco, 1993). Extrapolating the data, the researchers estimated 425 million visits were made to natural practitioners in 1990, exceeding the 388 million visits to primary care physicians. The study concluded that natural medicine has "an enormous presence in the U.S health care system" (p.251). Key participants frequently referred to the Eisneberg study as a turning point that shook up the whole scene and demonstrated a hidden majority in the U.S. that desires both conventional medicine and natural medicine options. As shared in Chapter One, the Catalyst cites Eisenberg's study as an influential factor inspiring her idea of a natural medicine clinic. Additionally, participants and the literature (Clark, 1992; Sabatino, 1993) identified other factors influencing the consumer trend towards natural medicine:

- The Baby Boom generation is reaching a health conscious age and seeking better attention from the health care system.

- Emerging scientific literature linking biological processes, such as the immune response, to emotions and attitudes, is both reaching and intriguing the public. For example, the 1993 five part series aired on PBS entitled, *Healing and the Mind with Bill Moyers*, received a huge viewership and brought mind-body concepts to the attention of the general public, scientists, health care professionals, and policy makers.
- The overemphasis by conventional medicine on technology, leaving people without a meaningful role in their own healing.
- The public's concern with the high cost of medical care which focuses on drugs and surgery, juxtaposed against an increasing public interest in cost-effective, non-invasive preventive self-care including diet, nutrition, exercise, and fostering emotional and spiritual well-being.
- The emergence of a belief that conventional medicine reduces healing to a mechanical "fix-it" process, and an increasing awareness of natural healing practices which can enhance health and offer relief from pain and suffering.

Studies on the use of natural medicine by consumers have contradicted the assumed stereotypes regarding the type of person who seeks natural medicine options. These studies have found that consumers of natural medicine tend to be well-educated and financially capable of paying the non-reimbursable natural medicine services (Cassileth, 1984; Eisenberg et al., 1993). However, one of the criticisms of natural medicine research is that it frequently excludes non-White, non-Anglo populations. Therefore, the frequency and patterns of use of these populations who might be using

natural medicine therapies reflective of their heritage is not known (i.e. Hispanic communities' use of folk medicine by curanderos). Furthermore, it is unknown whether persons with less financial resources are either willing or able to pay for natural medicine services (Hufford, 1995; Final Report, 1995). One of the goals of the NMC is to provide natural medicine services to lower income, immigrant, and refugee populations. The research that will emanate from the NMC by SERC will help fill a needed gap in knowledge, illuminating the patterns of use of natural medicine by lower-income, immigrant, and refugee populations.

Acceptance by Conventional Institutions/Practitioners -- "legitimizing the field"

Also contributing to the mainstreaming of natural medicine is the increasing acceptance of natural medicine by traditional institutions and practitioners. For example, Congress responded to the growing interest in natural medicine in 1992 by establishing the Office of Alternative Medicine (OAM), within the National Institutes of Health. The OAM's mission is to research and communicate the efficacy of natural medicine. The establishment of the OAM is considered by several of the participants as the legitimization of the field and an indicator to conventional medicine practitioners and scientists that "we deserve to be looked at."

Other factors have assisted the increased acceptance of natural medicine by conventional institutions and practitioners. Conventionally trained physicians are increasingly interested in the use and possibilities of natural medicine. One mail survey sent to primary care practitioners found 51% of respondents encourage their patients to use five or more natural medicine therapies (Blumberg, Hendricks, Dewan,

Kamps, & Grant, 1995), while another regional survey of family physicians reported 70% of the responding practitioners consider natural therapies legitimate and would be interested in receiving training in natural medicine modalities (Berman, Singh, Lao, Singh, Ferente, & Hartnoll, 1995). Tapping into the increased interest in natural medicine, conferences and symposiums on natural medicine are springing up throughout the country. These conferences are being sponsored by traditionally allopathic and academic institutions, such as Harvard Medical School, and are geared towards educating medical doctors and other allied health professionals on a variety of natural medicine modalities and issues. Also, according to the Richard and Hinda Rosenthal Center for Alternative Medicine at Columbia University, over 30 medical schools now offer one or more courses on natural medicine and holistic health practices. For example, the University of Arizona College of Medicine has recently established a two-year Program in *Integrative Medicine* for medical doctors. The program is directed by Dr. Andrew Weil, a medical doctor who is popularizing integrative medicine through his many books and lectures. Additionally, health insurance providers are even beginning to reimburse for some natural medicine therapies (Sale, 1995; Final Report, 1995).

According to one key participant, impacting the national context is an international influence. During the 1970's when dialogue opened with China, the U.S. population was exposed to other forms of health care, such as Traditional Chinese Medicine and the use of acupuncture. With technological advances and the globalization of the economy, the U.S. population has also been exposed to the

popular use of herbal and homeopathic remedies prevalent in European nations such as Germany, France, and England. As this key participant described, "we have through our international dialogue brought forward more information [on natural medicine] to a broader audience."

Overall, the growing discontent by consumers of conventional medicine, the seeking of natural medicine to maximize options for prevention and health promotion, and the increasing acceptance and legitimization of natural medicine by traditional institutions and practitioners, have all converged to foster a climate for a new health care model integrating natural and conventional medicine. The NMC is a reflection of these national trends, as well as a model for how integration can successfully occur. These national trends helped to inspire the idea of the NMC and also fostered an awareness and openness to natural medicine within the local context of King County and the Northwest.

Local Context

While the national context certainly helped to set the tone for the emergence of the NMC, something unusual was also occurring at the local level. As an observer of the process, I wondered what was unique to this area that enabled the NMC to come into being at this particular place and point in time? Interviews with key participants produced some factors enabling the idea and motion that are specific to the local environment.

Northwest -- "a special place"

Geography. One of the reasons often given by key participants regarding why the NMC emerged in the Northwest relates to its geography, climate, and cultural diversity. Several participants spoke of the relationship between being close to the mountains and ocean and striving to live a health conscious and natural life. As one participant stated, people in the Northwest have "a greater public awareness of ecology and nature" and when you develop the concepts of ecology, such as "what you do to Mother Earth impacts us all," people begin to extend this into their personal lives. For many of the participants, a connection exists between the beauty of the Northwest's natural environment, and the desire to live naturally, including the use of whole foods and natural, non-toxic therapies for health and well-being. A local news article posted in the January 26, 1996 edition of the *News Tribune*, summarized the role that the geography of the Northwest played in facilitating the development of the NMC, saying "...it is no surprise that the Pacific Northwest, long influenced by Asian and Indian cultures and an environmental consciousness is a leader in bringing natural medicine into America's mainstream."

Westward expansion. Another unique quality of the Northwest cited by participants relates to the type of person who came west to live. As one participant said, individuals who have come west and chosen the Northwest as their home, have a different attitude about life. She described these people as explorers who care about making things better, who have vision, and who can see there is probably something better around the corner. The people who are drawn to the west are ready to take

action and not be content with the status quo. Another participant described people drawn to the Northwest as mavericks who are seeking freedom to be inventive. They are able to be inventive because they are residing on the edges of the centers of power, in such places as Seattle rather than Washington DC or New York City. Therefore these mavericks are less visible and so less worth the political energy to squash.

Another unique aspect of the Northwest is that it is considered by many to be the hotbed, mecca, or center for natural medicine. Some participants say it is just serendipitous that the Northwest is a center for natural medicine. Other participants believe it is because of the geographic and environmental attraction of the area, combined with the maverick/activist mindset of the individuals drawn to the Northwest. Regardless, the Northwest is seen as being both progressive and health conscious, making it fertile soil to plant the seed for an integrated natural medicine clinic. Unlike other places in the United States, in the Northwest it is common, and almost trendy, to speak of seeing a chiropractor, naturopath, acupuncturist, or massage therapist for one's health care. For example, Washington State passed the first law of its kind in January 1996 to broaden the types of providers covered under commercial insurance plans. The law states, "...all licensed health care providers licensed by the state, irrespective of the type or kind of practice, should be afforded the opportunity for inclusion in certified health plans...." Even though the law has been challenged by seven of the state's largest insurance providers, the state Insurance Commissioner, who has personal experience with natural medicine, is committed to carrying out the law increasing insurance coverage for natural medicine (Merwin, 1996; Final Report,

1995). The new Director for the SKCDPH, coming from another part of the country, summarized the uniqueness of the Northwest and King County when he said, "Something else is happening in the dynamic of thinking about health and well-being in King County, that is very, very different from the Northeast."

Prevalence of Natural Medicine Organizations -- "luck favors the prepared"

One of the reasons the Northwest is referred to as the mecca for natural medicine, is because of the many natural medicine institutions and organizations situated in the area. Located within the boundaries of King County are the following natural medicine entities: Bastyr University; the Northwest School of Acupuncture and Oriental Medicine; the Acupuncture Research and Treatment Association; the American and Washington State Associations of Naturopathic Physicians; the International Foundation for Homeopathy; Citizen's for Alternatives in Health Care; and many natural medicine clinics, practitioners, and researchers (Final Report, 1995). The presence of Bastyr University was often cited by key participants as an important factor in creating the NMC. For over twenty years, BU has been a leading force in establishing natural medicine as credible and science based. Through their efforts, BU has become the first fully accredited natural medicine school, and the first to receive funding from the NIH's Office of Alternative Medicine for research. Bastyr has been preparing for years, educationally, scientifically, politically, and publicly, to mainstream natural medicine. According to many participants, BU has laid the groundwork for acceptance and integration of natural medicine, legitimizing natural medicine and establishing it as a respectable, science-based form of health care.

Along with the presence of BU and other well-respected natural medicine entities, the area also has a strong consumer group presence. Citizens for Alternative Health Care (CAHC) is an advocacy and education consumer group that does a tremendous amount of lobbying in support of natural medicine and for increasing choices in health care. As mentioned previously, members of CAHC lobbied the County Council to pass motion 9491, and also lobbied the Governor to support SLIAG funding for the NMC. Their efforts continue in support of the NMC, informing the public and their members on the progress of the NMC in their newsletter, *Choices*.

Role of Individuals -- "strong leaders"

With the many natural medicine organizations residing in the King County area come the individual mavericks and activists who are mission driven to establish the acceptance, education, research, and integration of natural medicine. More and more people of this ilk have come to the Northwest, bringing their expertise and strong leadership. People who fit that activist and maverick personality, and who are cited as being instrumental to conceptualizing the NMC and passing the motion, include the group of five core individuals described in Chapter One. These five individuals, all residing in the area, have been networking for years with the common goal of distilling the concepts of natural medicine.

Other key individuals who played a vital role in the NMC include the new health department Director and the department's internal workgroup team. Their role was seen as a very positive force, working efficiently and effectively with the County Council, health care providers, and many others to design and implement the clinic.

These individuals who played vital roles in conceptualizing the NMC, passing the motion, and implementing it, all share the maverick personality. Two of these key individuals describe the maverick type approach and attitude they brought to creating the NMC.

> Example -- "pushing the envelope"
> I realized that very early on that if it is possible to do a natural medicine public health partnership out here in the Northwest, then I should really push the envelope....There seems to be a receptiveness to doing things in an innovative way to improve the public's health with fewer constraints than I was used to in tradition bound New England. So for me, it was a quick sense that I really could push the envelope more on these things...So that was good -- establishing sort of the ground rules for what I could do in the Northwest.

> Example -- "show me attitude"
> I think the most significant thing I have brought to this, is the Missouri 'show me' attitude. I think I got the attention of the Council when I said, "You know there is a lot of criticism on the part of conventional medicine that there are no studies demonstrating the efficacy of natural medicine. And that's a self-fulfilling prophecy because they won't ever allow studies to be done. And if they are done, they are done with a vested interest in which the protocol procedures are already set to show a negative result. And so if in fact they really are interested in facts and bettering outcomes for patients, then why don't they allow us to do a really legitimate study with people who know this medicine and not someone who has never done it before."

These powerful individuals played crucial roles in establishing the NMC by combining their knowledge, expertise, and activist-like attitude to help bridge the gap both between public health, conventional medicine, and natural medicine, and between the Council and the consumers.

Uniqueness of Council -- "taking a political risk"

The King County Council presides over the 12th largest local government in the nation. The Council describes themselves as having a unique regional government that allows them to provide innovative programs. Furthermore, there is a unique combination of people on the 13 member council that also fit the maverick or activist profile. According to participants, the Council is composed of assertive, independent, and creative thinkers, who also have the desire to serve the public. The Council Chair, as mentioned before, is a strong advocate of natural medicine and is considered by other Council members "as a model of preventative care who is always encouraging us to take our vitamins." While he provided the political will and leadership, other Council members also strongly supported the NMC. One included a Council member mentioned in Chapter One, who was a former nurse and whose husband is trained as both a naturopath and medical doctor. As one participant described, the idea of the NMC seemed to have touched a vital interest in the Council, making them willing to take the political risk to sponsor an integrated clinic of natural and conventional medicine.

Personal Experience -- "the best teacher"

A crucial factor in tapping into the Council's vital interest in the NMC seems to be based in Council members' personal experience with natural medicine. With the prevalence of BU and other natural medicine organizations, awareness of natural medicine benefits and services have been percolating throughout the King County communities. As one participant put it, ten years ago one had to explain what a

naturopath was, while today homeopathics and herbal remedies are sold in grocery stores. With Washington State having licensed naturopathic doctors since 1918, and BU producing natural medicine practitioners for over 20 years, one is more likely to encounter licensed naturopaths, chiropractors, acupuncturists, and massage therapists in the Northwest. The prevalence of natural medicine practitioners in the Northwest was described by one participant as having "more practicing naturopaths in Washington and Oregon per square [mile] than we have anywhere else in the whole country." According to a local newspaper article in the *News Tribune* (1/96), the state Insurance Commissioner estimates that 45% of the state's population uses some form of natural medicine. This strong concentration of licensed natural medicine providers has increased the public's awareness of natural medicine, and increased the likelihood that the public in general, and politicians in particular, will have personally experienced some form of natural medicine.

Positive personal experience with natural medicine seems to be at the heart of why motion 9491 passed so effortlessly and with such enthusiasm. As mentioned previously, during the hearings to pass the motion, eleven of the thirteen Council members "came out of the closet" to publicly share their own experiences with natural medicine and how they found it effective. Even the other side of the political equation, the County Executive, was supportive with his familiarity of natural medicine through his Chinese ancestry. These positive experiences with natural medicine by so many of the Council members bolstered the credibility of natural

medicine as a viable health care option. Two key participants describe the important role of personal experience in passing motion 9491.

> There are the many County Council members, and the County Executive, who had personal experience with natural medicine. I've worked a lot with elected officials and I hadn't seen this large of a percentage of elected officials who had experience in natural medicine. And that speaks to the penetration of natural medicine practice in the county. Which leads to another factor, being the number of practitioners, and training sites. There is such a mound of activity going on that natural medicine practices are penetrating large amounts of the community including many elected officials.

> One of the reasons why our medicine has become successful is because many people in positions of political authority and responsibility are using natural medicine and are liking the results. So...in the past when an MD came up and said, "Oh this is terrible, this is quackery, you shouldn't have anything to do with it," people just automatically believed them. But now when the MD comes up and says, "This is quackery or not valid," they know that's wrong because they've had personal experience with it. So I think it's really appropriate that people's personal experiences with the medicine [are] why we are going forward.

The role of personal experience with natural medicine is also being recognized at conferences and in the literature. For example, the role of personal experience was discussed at the *Alternative Medicine: Implications for Clinical Practice -- Third Annual State-of-the-Science Symposium*, sponsored by Harvard Medical School, and directed by groundbreaking researcher David Eisenberg, MD. At this conference held in March 1997, two keynote presenters emphasized the persuasive power of personal experience in regards to the use and acceptance of natural medicine. Ted Kaptchuk, OMD, discussed the historical and cultural commonalties of natural medicine modalities. He identified four principles common to the diverse array of modalities clustered together as alternative medicine. These principles are: nature (natural,

organic, pure rather than artificial, synthetic, or toxic); vitalism (a living, healing force such as innate intelligence, prana, life energy, etc.); spirituality (linking religion and science rather than separating it); and science (observation, case histories, and holistic rather than laboratory based or reductionistic). Kaptchuk stated that these four principles taken together are powerful, compelling, and persuasive to a person who is ill. Regardless of whether the natural medicine therapy cures or is considered scientifically sound by Western science, the four principles offer a person a connection that transcends the limitations of illness. Natural medicine therapies offer an opportunity for people to participate and experience their illness and health in a way that connects them to nature, vitalism, and spirit, rather than isolates them with limited options. According to Kaptchuk, people's health and illness experiences are honored with natural medicine, affirming that "what ever you feel is real." According to Kaptchuk, this serves as a compelling and persuasive force for people to both value and use natural medicine.

Similarly, the other keynote speaker, Kenneth Pelletier, Ph.D., MD, also emphasized the power of personal experience. Representing the Complementary and Alternative Medicine Program at Stanford University (CAMPS), Pelletier described a survey CAMPS conducted of 18 managed care providers and insurance carriers to determine their current and anticipated coverage of natural medicine modalities. Pelletier reported that when they asked why natural medicine therapies were being incorporated into the organization's coverage, one of the most cited reasons was

positive personal experiences with natural medicine by a key medical or senior executive in the organization.

Furthermore, O'Conner (1995), discusses how the assertion of "no scientific evidence" which is commonly used to refute natural medicine, seldom has a deterrant effect on people's use of and belief in natural medicine. She explains this is due to people realizing that science is not the only source of valid information. Another source of valid information for people is their own experiences. She states, "Anyone who obtains the desired effects from any healing effort, especially if he/she obtains them repeatedly or obtains them after other strategies have failed, is likely to be convinced of the therapies' efficacy on the basis of personal experience" (p. 163).

Regarding the conceptualization of the NMC and the passage of motion 9491 to implement it, positive personal experience was the compelling and persuasive force which facilitated the clinic's coming into existence. As one participant recalls during the hearing to pass the motion, personal experiences with natural medicine won out over the medical community's resistance to the NMC based upon lack of scientific evidence. For example, the following is a recounting of a turning point in the acceptance of the NMC by the County Council, told in the perceptions and words of a participant present at the hearing.

> I think almost everyone in this field is drawn to it out...of some personal experience....I think this field is driven actually by personal experience more than intellectualization. It's what I call, "following the rule of reasonableness," that there is something reasonable about the concept that "what we do in the world effects our health." What we do in the world in the broadest context of the environment that we live [in], but also the micro-environments of our bodies....[Well] the next time the Council met on this topic, [a] medical school

> administrative group had mobilized their forces and came loaded to basically discredit natural medicine by saying, "How could the Council even look sympathetically at this with the legal, liability issues of an unfounded, non-science based form of health care in the litigious time in which we live!" And one of the members of their staff who had been designated as their point person was describing how irresponsible this would be to be supportive even secondarily to a medicine that was so poorly grounded and could be injurious. And as I recall, this venerable member of the Council interrupted him and said, and I'm paraphrasing, "I don't mean to be impolite, but you know the last time we discussed this we had three presenters in the natural medicine side that seemed to be very well prepared and really didn't seem like they were harebrained and without basis from science. And in fact they talked about one condition -- benign prostatic hypertrophy as I recall -- and they were giving a list of things a natural medicine person might do. And you know, I've had BPH for many years and its been a real continuing and increasing bother in my life. So I was listening. I have also been under the care of a physician out at your facility, taking the drug of choice, and I have to tell you it hasn't worked worth a darn. So I decided I had nothing to lose and wrote these things down. I went over to the health food store and I asked them if they had these and they did. And I've been trying them now for the last six weeks and I haven't had better function in my prostate glands in the last couple of years. So a lot of this stuff that you're describing is a lot of intellectual baggage which I don't think we even need to discuss. I just think we need to get on with it." And everybody kind of laughed. It was quite humorous. But it was actually a break through point in this discussion because personal experience, as I said, is the best teacher. And if it stands the "rule of reasonableness", all other intellectualizing goes away.

With their personal experience, the Council had an experiential basis for valuing natural medicine that was reasonable to them, even in the face of criticism by conventional medicine practitioners that natural medicine is scientifically unfounded and potentially dangerous.

Synchronous Events -- "those strange coincidences"

Throughout the efforts to pass motion 9491 and develop the NMC, many of the key individuals involved commented on the synchronicity of the vision and how the NMC was bringing everyone together at one time who had an interest. According to key informants, the formation and development of the NMC seemed to be helped along by "strange and meaningful coincidences," or events characterized as synchronous. Synchronicities can be defined as " those events connected not by cause and event but by their occurrence at the same time and their relevance to one another" (Gordon, 1996), or as "coincidences that are so unusual and so psychologically meaningful they don't seem to be the result of chance alone" (Peat, as cited in Talbot, 1991).

The story of how the NMC came to be, as well as how it developed, is peppered with events connected by relevance and meaning which seem to have facilitated the idea of the clinic and its successful implementation. Three synchronous events in particular stand out for how often they were referred to by key individuals. These events were occurring around the same time as the passage of the motion, and are spoken of by the participants as "strange coincidences" that facilitated the emergence of the NMC. The first event relates to the confirmation of the new Director for the SKCDPH, and his surprising background in establishing acupuncture at his prior place of employment in Boston. The second event relates to CHC's search for a new medical director open to integrating natural medicine, prior to ever knowing about the motion to implement an integrated natural medicine clinic. The third relates to the

host site of the NMC, the City of Kent, and how residents were establishing Kent as "the Wellness Capitol of the World." Each synchronous event is told in the words and perspective of a key individual who was witness to the event.

Synchronous Event #1 -- "What are the chances of somebody with this background being here at this time?"

The following synchronous event is recounted by the new Health Department Director. The event occurred during his confirmation hearing by the Council, which took place just prior to the meeting to pass motion 9491. During the confirmation hearing, the new Director was surprised by a question from the Council regarding his experiences and openness to natural medicine.

> In my confirmation hearing with the County Council when I first came, I was asked about [natural medicine]. When I was in Boston directing the Public Health Department for the previous 8 years, one of the things I had done was establish the first ever acupuncture program that was based in an academic teaching hospital as part of a public health department. This was professionally the first time I tried to develop an alternative modality in the context of the public health system. I learned a lot about the resistance to this and how difficult it was to get that established. But as soon as it [was] established, it [became] a tremendous success and quickly branched out from just doing detox to doing pain relief for people with particular late stage HIV/AIDS and tabacco cessation. And we began to branch out with acupuncture to our system of neighborhood health centers. It was just a tremendous modality of which there was a lot of demand. So that was my first experience. [And what I learned was] when you set up these modalities, people will come to alternatives....So for me, it's like when Dorothy says, "I'm not in Kansas anymore." I knew I was no longer in Boston! I knew because it was the first time I was being held accountable by the Council as a public entity, as a potential health officer, and the most charged issue was around natural medicine. [That] was something that would never have happened in the City of Boston, ever!....[Because] there was not that kind of interest

amongst elected officials, or in the public health community, around alternative practices and natural medicine.

Synchronous event #2 -- "having the right people in the right places"

This event is recounted by the Executive of CHC, explaining how, prior to ever knowing about the motion or the NMC, she was searching for a new medical director who would be open to incorporating natural medicine into CHC's health centers. As she described in Chapter Two, she had prior personal experiences with natural medicine, and a patient population that was asking for these options. Similar to the surprising background of the new Health Department Director, the new medical director chosen for CHC also had prior experience with natural medicine.

> I would say in terms of looking at what we could do and how we could begin to bridge this [natural medicine], I really started thinking about it three years ago. I started to see if our patient population was interested in it. I was talking to some chiropractors and also some naturopaths. The major step I [took] was to look for a new medical director. We were thinking of the criteria for hiring the medical director and to make sure they were comfortable and willing to have [natural medicine] as part of the vision for where we were going in the future. And certainly not everyone I interviewed was comfortable or interested in that. So the [new medical director] just sort of dropped out of the sky from Washington DC and came for an interview. And I remember speaking to him and when I told him that I was very interested in [natural medicine] and that I thought our patient population was very interested, and that it would be important for a medical director to be comfortable with that, he said, "Oh yes, I'm very comfortable with that." (You know, you are never quite sure when you are interviewing people if they are giving you what you want to hear). But he had actually worked and had [residency] placement with Dr. James Gordon, who is on the alternative health care commission for the NIH -- and so had learned some of the natural medicine modalities himself.

Synchronous Event #3 -- "Kent: The Wellness Capitol of the World"

The third event is related to the site of the NMC, the City of Kent. The Catalyst, who lives and works in Kent, was concerned with the City's somewhat negative reputation, and desired to improve its image. After the passage of motion 9491, the Catalyst met with the Mayor of Kent in June of 1995 to suggest the City of Kent benefit from the momentum generated by motion 9491 by embracing the theme of natural medicine to improve the City's image. Like some members of the King County Council, the Mayor of Kent had his own positive, personal experiences with natural medicine. With the assistance of the Catalyst, the Mayor formed a Natural Medicine Task Force to bring natural medicine practitioners, researchers, and organizations to Kent as an economic enterprise. In January of 1996, almost one year from the passage of motion 9491, the Kent City Council passed a resolution which stated:

> Whereas, policies at all levels of government are changing to properly acknowledge the efficacy, [and] professional licensure of natural medicine practitioners, and to respond to the demand by an overwhelming number of citizens to have choices in health care...the City of Kent desires to become the home to the most comprehensive array of alternative and natural medicine services in the United States.

The recounting of how the City of Kent became a friendly place for natural medicine is told by the Mayor of Kent.

> We talked about how we would raise the level of awareness of natural medicine in the community, and out of that I appointed the Natural Medicine Task Force. I asked [the Catalyst] to chair it. Their role was to give the whole natural medicine community some visibility ,and steer us through the process to establish Kent as the "Wellness Capitol"...It started out as an economic

> development idea. We're a city of about 60,000. We have one of the leading [holistic] practitioners. We have a strong wellness program for our city employees.. [We have a] parks and recreation programs, which have a strong wellness portion to it. When you start looking at all of those aspects, you say, "Well why shouldn't we be a Wellness Capitol?" And then recognizing that no one else has done it. So you are what you say you are -- and it has become a self-fulfilling prophecy, that we have said, "We are the Wellness Capitol!"

At the time the Kent City Council passed the resolution declaring Kent the Wellness Capitol, no one involved with the Natural Medicine Task Force or resolution knew Kent would eventually become the host site of the NMC. However, once the Health Department's RFP process began in the Spring of 1996, the Mayor and Task Force members began advocating for the City of Kent to be the host environment. Due to the efforts of the Catalyst and Mayor to form the Task Force and pass the resolution, and due to the fact one of the winning collaborative partners, CHC, has a clinic in Kent, the City of Kent positioned itself as an open and receptive environment for the location of the NMC.

These three synchronous events helped facilitate and establish the NMC, for they seemed to bring together in a significant way the right people and forces at the right time. As one key person said, you add in the meaningfulness and relevance of these synchronous events along with other facilitative factors, and "the whole thing comes together and flies."

Collective Intentionality -- "a unified approach"

Another factor which seemed to enable both the idea and the motion to come into reality was the focused dedication and one-pointed purpose brought to creating the NMC. Several of the participants spoke of a unified approach or a coming together of

key people with similar interests converging in one place with a commitment to make something happen. Another key participant commented on this collective intentionality by referring to it as a unified field of participation. She describes this experience as people participating "in the creation of the reality they'd like to experience," as people collectively brought forth their leadership, expertise, commitment, tenacity, and political savvy.

Another key participant described this collective intentionality as not just one or two people making the NMC happen, but a "unique combination of factors and people with natural medicine expertise and personal experience coming together" who were able to tap into a broader and cultural level of interest. Yet another key participant described it as an intellectual confluence of experts dedicated to natural medicine; having a commonality in their advocacy for natural medicine, and seeing it as their art or expression in life. One key participant describes this collective intentionality, both in regards to the realization of the possibilities of the NMC and in the dedicated, one-pointed approach many key individuals brought to the idea and motion.

> When you're an elected official and your job is to help people and you have lots of sick people out there who need help, and you know they're not getting the help from a lot of conventional approaches, and they could get help in a natural medicine clinic, then to suddenly have an elected official, a Council member, say, "Why doesn't King County start one?" Well, it is just an idea whose time has come! And everyone drops everything and starts working for it. And it comes to fruition really nicely. The nice thing is, we were able to make it come to fruition so effectively. That's why I say this is a revolution that's going to sweep the nation because I think it will work and we will prove to be an excellent model.

Conclusion

A combination of simultaneous dynamics converged enabling the idea an integrated natural medicine clinic to take root, and motion 9491 to successfully pass. Facilitating the emergence of the NMC at this particular place and point in time were two contextual forces, a national context and a local context. Nationally we are experiencing a health care crisis where consumers are dissatisfied with the current system, feeling disconnected and seeking other options to assist with illness and promoting health. As consumers have sought out natural medicine therapies, politicians, conventional medicine practitioners, and the media have taken notice, helping to legitimize natural medicine through research, the OAM, and media articles. This national context tilled the already fertile soil of the Northwest, considered to be a mecca for natural medicine schools, research organizations, and practitioners. With the presence of such entities comes a diverse array of individuals with the expertise, motivation, and leadership to advocate for natural medicine, and a local public more likely to have experienced natural medicine services. The persuasive force of so many key people in decision-making positions having positive personal experiences with natural medicine, along with the collective intentionality of many key people involved with birthing the clinic, served as turning point for passing the motion. All of these factors are key ingredients, coming together to help give rise to the NMC both as an idea and as a reality. As one participant said, when you combine all of these ingredients, "the stew comes to a boil and here we are!"

CHAPTER FOUR -- COLLABORATION and INTEGRATION

At the heart of the NMC's uniqueness, and core to my interest, is the goal to integrate natural and conventional medicine at the public health level. My desire to document the emergence and development of the NMC was fostered by a personal and professional interest in care that integrates conventional and natural medicine. Reflecting my own bias, I believe the goals of health education and promotion blend well with the approach of many natural medicine modalities, making them excellent partners for optimizing health. In turn, this belief shaped my second research question on how practitioner collaboration and service integration would be made possible in the development of the NMC. I surmised that in any attempt to integrate disciplines challenges will arise. Central to the challenge of blending natural and conventional medicine at the NMC is the paradigmatic differences that may emerge, as one participant described, when "east meets west." The paradigmatic challenges arise out of interweaving two distinct healing traditions with different philosophies of health and illness. How these paradigmatic challenges are transcended to provide true collaborative and integrative care is key to the success of the NMC.

This chapter will explore my second research question, regarding just how collaboration and integration have manifested at the NMC. The exploration will first offer more background on the paradigmatic challenges of interweaving natural and conventional medicine. Next, the qualities of the *ideal* type of NMC envisioned by participants key to the clinic's formation and development will be described. This ideal type will set the tone for describing the *actual* collaboration and integration

protocols at the NMC. Following will be a discussion of the resistance faced regarding collaboration and integration and the solutions implemented to address this challenge. The final section of the chapter will explore other factors enabling successful collaboration and integration, helping to move the NMC beyond the paradigmatic challenges of blending two healing traditions.

Background: Paradigmatic Challenge -- "the clash of medical values"

Over the past few years there has been a movement in the human services sector towards integration and collaboration, which strives to make human services more efficient, effective, and responsive to the needs of service recipients. The movement advocates integration of services and is characterized by collaboration, multidisciplinary staffing, comprehensive planning, and listening to the "voices" of service recipients (Golden, 1990; O'Looney, 1993). The movement towards integration is also manifesting within health services. A realization has emerged within health services that the conventional medical model, with its emphasis on diagnosing and curing with surgery and drugs, is not adequate for meeting the complex, chronic health needs of the population. One of the solutions proposed by the U.S. Department of Health and Human Services is to promote innovative partnerships and shared responsibility through collaboration among a diversity of health care practitioners, such as health educators, psychologists, nurses, primary care physicians, and natural medicine providers (Goodloe & -Cloud, 1995; Stone, 1993). The NMC is an example of the movement towards integration of services, as well as a model for how to interweave two different healing traditions.

Paradigms, or worldviews, can be defined as explanatory models which "refer to a set of assumptions and propositions explaining reality in some setting" (Cassidy, 1994. p.6). In this case, the setting refers to the NMC and the challenge of integrating two different healing paradigms: (a) the reductionistic paradigm of conventional medicine; and (b) the holistic paradigm of natural medicine. Reductionism is the basis of our current scientific model and is characterized by classifying and reducing things into independent categories and producing oppositional, either/or thinking (Cassidy, 1994). Holism, on the other hand, rejects dualistic thinking and subscribes to connected thinking based on the principle that the organic whole is more than the sum of its parts (Alster, 1989; Cassidy, 1994).

While the challenges of blending natural and conventional medicine are mostly philosophical and ideological, they do manifest in practical differences. For example, conventional and natural medicine have different views on the meaning of disease. Conventional medicine sees disease as an external entity, separate from the body, which needs to be removed or neutralized through some form of treatment. Natural medicine, however, views disease not as an invading enemy, but rather accepts it as natural and an inevitable process of life helping to harness the body's own healing powers (Black, 1989). Conventional medicine seeks to cure disease while natural medicine seeks to strengthen the body's own healing capacity. According to Black, one of they key differences between natural and conventional medicine is that "natural medicine focuses on the general state of our individual adaptive powers, while

conventional medicine focuses on specific remedies for specific diseases that exist apart from individuals" (p. 37, 1988).

Another paradigmatic difference between conventional and natural medicine concerns how they view health and the body. Regarding health, conventional medicine focuses more on disease prevention rather than health promotion. Natural medicine, conversely, views health as more than just physical well-being and the absence of disease. Natural medicine views health as a balance and integration among physical, mental, spiritual, social, and environmental aspects of a person. Natural medicine also views health as embedded in the entire life context of a person, while conventional medicine views health as removal of disease from the person, separate from a person's social, mental, spiritual, and environmental context (Alster, 1989; Black, 1988). Regarding the body, conventional medicine's reductionistic view of the body is best summarized by the metaphor of the human body as a machine, reducible and analyzable by breaking it down into its basic components. In contrast, the natural medicine perspective embraces the metaphor of the body as a living system. In natural medicine, the body is understood not by isolating and separating parts, but by viewing the body as interconnected and in constant, dynamic process (Harman, 1988; Cassidy, 1994).

One of the issues that arises with blending paradigms is that of dominance and power. The reductionistic paradigm of conventional medicine is the dominant force in our current health care system, and therefore retains the power. Natural medicine on the other hand, considered adjunctive, complementary or quackery by the dominant

paradigm of conventional medicine, is non-dominant and less powerful. This asymmetric power relationship can create difficulty for integrating natural and conventional medicine because the dominant power does not always recognize or admit to being in power.

> Where there are power asymmetries in human relationships, the exercise of this power tends to be relatively invisible to those in the more powerful position. To the less powerful, it is obvious that power is being exercised, and they see exactly how this rebounds to their disadvantage. But to the more powerful, it is relatively easy to construe their being in power, and exercising power, simply as a manifestation of the fixed normal order of the universe...thus their power escapes critical scrutiny (Brody, H.; Rygwelski, J.; & Fetters, D., 1996, p. 15).

The power differentiation due to dominant/non-dominant paradigms of conventional and natural medicine has already manifested in the NMC. Two examples highlight this paradigmatic challenge of dominance/non-dominance and power. One example emerged during the Review Panel rating discussions to select the winning collaborative proposal, and the other example relates to BU's criteria in choosing a collaborative conventional medicine partner.

Example One: Review Panel Discussion – "practicing on the edge of the dominant school"

As mentioned previously, three independent, and well-respected individuals came together to review and rate the proposals to operate and manage the NMC. The three individuals included a medical doctor/Ph.D. from the Office of Alternative Medicine; an individual with expertise in community health and cultural issues from the State Department of Health; and a naturopathic physician with expertise in natural

medicine and politics. During their discussion regarding collaboration and integration criteria, a dialogue ensued reflective of the power issue between natural and conventional medicine. In their discussion, the naturopathic physician made the point that integrated care would breakdown theoretically if true integration and collaboration did not exist. She explained that true integration and collaboration was not about having a couple of natural medicine providers located within a conventional medicine setting where the dominant paradigm prevails. When confusion arose from the other reviewers regarding the ND's comments, she further explained her perspective as the thinking of an oppressed group "who has been practicing on the edge of the dominant school of conventional medicine." She explained that true integration and collaboration comes down to who decides and who has the power regarding patients' health. From her perspective, one way to rectify the power differentiation and provide truly integrated care is to have at the NMC "an administration that is natural medicine oriented." She went on to explain that BU, applying as the lead agency, had the edge regarding integration and collaboration because "when you operate from the outside you have to be collaborative."

The naturopathic physician, coming from the less dominant paradigm of natural medicine, was attempting to explain to the other reviewers, who came from the dominant paradigm of conventional medicine, the power issue involved in blending two healing paradigms. From her perspective, true integration and collaboration would not manifest at the NMC unless conventional medicine gave up some of their

power to natural medicine in the form of a natural medicine administration at the clinic (i.e. BU as the lead agency).

Example Two: Bastyr's partnership criteria -- "had to be the lead"

The points raised by the naturopathic physician relate to the second example of the dominance/power struggle between the healing paradigms of conventional and natural medicine, which manifested in BU's criteria for collaborative partnerships. Bastyr, as a natural medicine entity practicing on the fringe of the dominant power for many years, is quite aware of the uneven power relationship. And as the naturopathic reviewer commented in the review process, BU realized that to rectify the power imbalance and ensure natural medicine has equal footing with conventional medicine at the NMC, BU needed to be the lead agency for the grant application. By being the lead agency, BU increased their power and position as overseer and administrator of the grant funds. The importance of being the lead agency is described by the President of BU.

> We had to have our criteria which ended up being that Bastyr had to be the lead agency...One of our very great fears when the [hospital] proposal came out was that it would have been dominated by the [hospital] who was using alternative medicine providers as secondaries to the medically dominated health care system. And we didn't want to have anything to do with a system that would continue to promulgate the current dominance in health care in this country!

In summary, collaboration between natural and conventional practitioners, and the ability to provide integrated services within the NMC, is challenged by how well the two healing paradigms move from conflicting perspectives to one that arises from

the expectation of mutual partnership and a blending of philosophies and practices. Referring to this challenge as a "clash of medical values", one key participant to the NMC summarizes this struggle.

> For me one of the major problems that is going to come up is the clash of medical values. Who is in control of the clinical issues when these patients come in? Because although most of natural medicine is complementary to what conventional medicine does, some of it is not. I mean what does the patient see first?...And it is these clashes of medical values or the values that predominate that I think are really important here. Because if you do a deconstruction of "what is it that naturopaths versus allopaths know," what you find out is that they both have a body of knowledge. So you've got two professions who, at their best, are serving their patients. What they have got to come to terms with is the fact that they really don't know what they are doing. And this is where the clash of values become potentially very intense. Because when people sort of don't know what they are doing, they begin clinging to a position rather than an exploration...So the values of the dominant paradigm are going to dominate in this clinic. When I say dominate, I mean that our default decision is going to be of a certain kind. They have put [the NMC] under the public health department. And the public health department operates out of the dominant paradigm. And with all of their intentions to cooperate, it operates out of the dominant paradigm. And when push comes to shove, it is the predominant paradigm which will prevail.

Ideal Type and Definitions

Having identified the paradigmatic challenge of integrating natural and conventional medicine, I would like to describe one way in which individuals key to the formation and development of the NMC began to address this challenge. As mentioned previously, key individuals brought forth not only their expertise, but also their creativity and common intentionality to successfully create the NMC. As part of this, individuals core to the planning and development of the NMC shared their vision of an *ideal* type of NMC where the challenges of blending are transcended and patients

are experiencing truly integrative and collaborative care. An *ideal* type, according to Lofland and Lofland (1995), is a descriptive way of expressing a mental construct created by a diverse array of individuals. This mental construct or ideal type is like a hypothetical case, or pure case, and has distinct characteristics and features. Prior to the collaborative partners being chosen and the actual NMC opening, participants central to the early conceptualization and development of the NMC, including the five core originators, Council members, and Health Department, were asked how they envisioned integration and collaboration manifesting at the clinic. Analysis of these participants' responses to this interview question reveals characteristics of what they considered to be their ideal type of integrative clinic -- their dream for the NMC. Also, through interviews and observations of planning meetings, participants shared with me what they thought was meant by integration and collaboration. The following is a compilation of the characteristics of this ideal type of NMC derived from a variety of individual's perspectives, followed by the various interpretations of integration and collaboration. The words in bold highlight the key characteristics of the ideal type of NMC as expressed by participants.

Characteristics of an ideal type of NMC -- "my ideal world"

The NMC is envisioned to be a **primary health care facility** with a **range of options and expertise** for patients to choose from. Providers would participate in a **group approach or group treatment plan**, which would include some form of **daily case meetings** where they would come together to discuss patients' needs and

treatment plans. These daily case meetings would also be an opportunity **to listen and learn from one another**, and come to understand and respect the boundaries of their own and each others discipline. One of the Council members describes the importance of the mutual respect necessary to encourage open discussion and foster understanding.

> Well both disciplines are going to need to be open to integrating aspects of both. The allopathic medicine, I think, needs to be more open to other types of treatment and inclusion of the patient. And natural medicine needs to be more open to trying to identify what it is you're treating so that you don't have some terribly serious process going on that [is] missed. And so I sort of see it as sharing. One [discipline] is sort of stronger with the heart, and one is stronger with the mind, and there is a reason why you need both. So, [they need to] realize that each of them have their own strengths and then that way they'll be more secure. And when you are secure you are able to listen to people who know something different than you. So I think maybe in that setting up of the clinic, they need to find ways to honor each other and demonstrate to each other that they respect the other's point of view and the other's knowledge base. And once they've got that respect, then they will be more open to change and listening.

Not only do the providers at this ideal NMC need to be fully committed and willing to learn from one another and work together, but they also need to be willing to offer the **least invasive method of treatment** first for the patient. If appropriate and safe to the patient's condition and needs, natural medicine should be the **first option** at the NMC.

> I think a common sense approach is what's needed, but the focus should always be on what helps the patient and what gets at the root cause of the problem. Not what covers up the pain. Not a quick fix to just satisfy some patient who just wants to take a pill and keep on with their own inappropriate lifestyle. But [offer] something that really gets at the root cause of the problem.. That's how we integrate.

At this ideal NMC, naturopathic doctors would serve as **gatekeepers** just as medical doctors do currently, monitoring and assessing a patient's needs and treatment plan. Patients could then **choose** either an ND or an MD as their primary care physician. However, as one participant envisioned, there would need to be a **"semi-permeable membrane"** between all providers at the ideal NMC. As many of the participants key to conceptualizing and developing the NMC indicated, providers would need to be willing to **work jointly** and **freely recommend and refer** one another to the patient.

> People would need to be able to pass back and forth [between providers]. And who ever has the most expertise, you would refer the patient to that person. And then once that expertise has been imparted and the patient is partaking of it, then they would go back to their primary care doctor. And so people might be more comfortable with a medical doctor who is open to referring or some people might be more comfortable with a naturopathic doctor. But both of them would be referring to chiropractors or homeopaths or massage therapist or counseling [etc.].

To avoid being operationally separate, providers would need to move beyond just being co-located in a building to working **side by side** in a **cross-fertilization** of healing approaches. Key participants to the conceptualization and design of the clinic envision as part of the ideal NMC an expectation that providers will not only freely refer, but also begin to incorporate the approaches or techniques of other disciplines into their care for patients.

> Natural medicine as practiced in its best form is patient and health oriented, where conventional medicine is very much disease-oriented. So I think what you'll see happening is the medical doctors in the clinic picking up natural medicine therapies. So for example, when people have high-blood pressure, one of the things [natural medicine] does is give them garlic. Well, we give

> them garlic because it helps them decrease their cholesterol levels and decrease blood pressure. My assumption is that within a few weeks the MD's will be recommending garlic too because it is easy and it works very well. So there are things of that nature [that will be] going on.

At the crux of it all for the ideal NMC is that the clinic be **patient-centered**. All of the participants central to the conceptualization and development of the NMC who were interviewed identified the patient as "the main team member" who has control over his/her health care experience at the clinic. According to participants, the patient-centered focus is one of the keys to transcending the clash of medical values and paradigmatic challenges of blending natural and conventional medicine. One of the core originators, an MD working at a private integrated clinic, offers the following observation.

> We have two medical doctors, a naturopath and an osteopath here, and we all get along just fine. A lot has to do with basically whether or not one is centered around taking care of patients rather than centered around one's discipline. And as you know, a lot of our problems in health science [are] being more aware of what our peer group thinks than the patient's needs. So if we could get away from the profession centered orientation and just keep our eyes on the ball -- and the ball is "we got somebody here who is not well and what is it going to take to bring him or her from not well to as well as possible?" -- then we'll all get along just fine. That's what it's going to take, is patient focus rather than profession focus.

Another core originator offers a summary vision of the features that might be found in an ideal integrated clinic. Ultimately, what is hoped for in the NMC is a transcendence of paradigmatic differences into the best possible medicine for both patients and providers.

> So I think to me, the mixture of these two views should be done in such a way that it makes the best possible medicine for the person. It should not

> synthetically differentiate between "well I'm sorry you are a natural medicine practitioner and I'm a conventional medicine practitioner because I have a body of knowledge you don't have and I don't respect you or vice versa." Both bodies of knowledge are in fact interfaceable into forming a complete understanding or better understanding of the patient. So my hope is that the NMC will have people in it serving as professionals who do not set up synthetic or arbitrary distinctions between what is natural medicine and what is conventional medicine. What we will have are people that are good seekers, listeners, fact-finders, information gatherers that will then put together an understanding of the patient based on their cultural, ethnic, genetic, environmental connection with their bodies which then leads to a different way of treating the patient. Maybe sometimes the best treatment will be surgery and maybe sometimes it will be echinacea or ginkgo biloba or a different diet.

Definitions of Integration -- "the 'word' is a challenge"

Along with the characteristics of an ideal integrated clinic, participants key to the development and formation of the NMC were also guided by their own interpretations of integration and collaboration. Key participants referred to the language in motion 9491 as a guide for developing an understanding of what is meant by integration, but also brought their own perspective and understanding to the planning and implementation process.

The following are three interpretations of integration and collaboration from three perspectives -- the County Council, the Health Department, and the collaborative partners. The interpretations evolve over time, each with a slightly different perspective and each expanding upon the other. Like the characteristics of the ideal integrated clinic, these definitions helped shape the NMC and address the challenge of blending two healing traditions.

County Council. The overarching definition of what is meant by integration is offered by the County Council in the text of motion 9491 (see appendix). In the motion the Council, highly influenced by the core originators of the idea, defined integration as "a combination of conventional medicine and natural medicine [which] gives the best, most cost-effective health care" while addressing the root causes of the problem.

Health Department. The Health Department's understanding of integration and collaboration was guided by the County Council and motion 9491. However, they extended the definition to include public health as part of the partnership, describing collaboration as the classic three-legged stool weaving together a conventional medicine, natural medicine, and public health partnership in an existing primary care clinic. The Health Department's approach was also influenced by local and national experts who helped to further clarify what was meant by integration. For example, in an early planning meeting, local experts offered their interpretation of integration. They said, "Integration is not trying to have patients see all practitioners...rather the clinic will use the best of both and within the integrity of each discipline." The Health Department's interpretation of integration and collaboration manifested into the criteria described in Chapter Two. The Health Department instructed all applicants that they expected to see evidence the collaborative partners had thought about issues of collaboration and integration and had strategized mechanisms for handling them.

Winning Collaborative Partners. The collaborative partners of BU, CHC, and SERC offered their interpretation of integration and collaboration as shaped by the County Council's motion and the Health Department's process. At a presentation to the County Council prior to officially opening the NMC, the partners defined their interpretation of integrative and collaborative care. They defined it as helping the patient make informed choices to improve their health by choosing natural medicine, conventional medicine, or both within one site.

The characteristics of the ideal clinic and the definitions guiding the County Council, Health Department, and collaborative partners have all facilitated understanding around a complicated issue -- blending together two healing traditions. While the characteristics and definitions may be broad, they guided the development of mechanisms to ensure integration and collaboration in the *actual* NMC. The following section moves from the ideal type of NMC into the actual NMC, describing the collaborative partner's mechanisms for working through paradigmatic challenges and offering patients integrative and collaborative care.

Actual Clinic -- Collaboration and Integration Protocols

Bastyr and CHC ultimately determined the integration and collaboration protocols at the *actual* NMC. In particular, two key individuals from each organization were charged with leading the process for cooperatively addressing the clash of medical values in a way that worked for all providers at the clinic. The two individuals included an ND, the Chief Medical Officer at BU, and an MD, the Medical

Director of CHC. Together, they conceptualized the patient's experience, setting up the clinical parameters of "how this integration would work."

In establishing the integration and collaboration protocols, these two individuals were guided not only by the motion and grant application, but also by the work of Dr. James Gordon. As mentioned previously, the Medical Director of CHC had interned with Dr. Gordon prior to coming to CHC. Gordon, an advisor to the OAM, has been integrating natural and conventional medicine for over 20 years, and has recently described a new model for health care in, *Manifesto for a New Medicine* (1996). According to Gordon, key to the new medicine is determining what is best for the patient by creating a healing environment which transcends the paradigmatic differences of various healing disciplines. Gordon describes a model for care that is patient-centered and collaborative, in which a variety of health practitioners work together creating a healing synthesis for the patient.

Medical directors of CHC and BU incorporated aspects of Gordon's model into NMC's approach to integration and collaboration. Their approach -- focusing on the patient, offering a mix of providers, willingness and compatibility of providers, and opportunities for learning -- was very similar to the characteristics of the ideal NMC envisioned by key participants. The medical directors describe their approach.

> What integrated medicine would look like to me is a seamless quilt. A patchwork quilt that works well together but truly is made up of very different disciplines and models. And that the driving force is the patient, and what the patient wants. What's best for the patient in terms of their healthcare.

> The key to integration is that is has to focus first on the patient. That it is patient-centered, and actually patient driven. So what we are offering patients is the option to have their health care concerns treated through a variety of options...ranging from alternative or natural medicine all the way through to conventional medicine. And that part of the integration effort is offering that to the patient. The second part of integration is having the range of services available that you are offering the patient. And the third part of that is having a group of providers that can work together and have an understanding and a compatibility around the types of treatment modalities offered. And the take off on that is you simply need to have time. You need to have time set aside for our providers to work things out together. There needs to be training of providers, there needs to be integration workshops, there needs to be didactic workshops, etc., but ultimately the sole focus is on the patient -- what's best for the patient.

The NMC is expected to treat between 100 and 130 patients a day, providing a full complement of community oriented primary health care services. The mix of providers at the NMC includes medical doctors, nurses, medical assistants, naturopathic doctors, resident naturopathic doctors, an acupuncturist, nutritionist, chiropractor, massage therapist, mental health specialist and health educator..

Combing their collective expertise, the medical directors designed a patient flow chart (see Appendix D) that offers three general options for patients: 1) choosing or being referred to an MD; 2) choosing or being referred to an ND; and 3) being educated on natural medicine options if they are unknown, and given a choice of either an MD or an ND. The directors realized that differences of opinion may exist in natural and conventional medicine regarding the treatment for certain conditions. To help facilitate treatment agreement and continued integration and collaboration, they identified 20 conditions for which conflicting treatment approaches exist (Appendix D). According to the grant, these conditions will guide provider training and assist in

the development of co-management protocols (see Appendix D for an example of a conflicting treatment condition which may be co-managed by an ND and MD). To facilitate understanding of the flow chart, one of the collaborative partners gave the following description.

Early conceptualization of patient experience

> Our current conceptualization is basically when a patient comes into the clinic, they will be presented with information about the two routes and actually provided a real live person they can talk to. And that person would help educate the person on what their various choices are [at the clinic]. And then the patient might have some kind of condition where they are automatically routed into the medical route. The idea is any condition which we consider emergent, i.e. that may require immediate hospitalization, then that person will be immediately shunted that direction to not waste any time for the patient. Or conditions where clearly the high-tech intervention is obviously necessary, the person gets shunted in that direction. Unstable angina, for example, or things of that nature. Then the patient, once that decision has been made on which route, would then see either the medical doctor if its the conventional route, or the naturopathic doctor if its the natural medicine route. For the natural medicine doctor, they would then make the appropriate diagnosis and develop with the patient a treatment plan which may involve an acupuncture treatment, massage therapy, spinal manipulation, or it may involve some combination of them all. Or after the evaluation and diagnosis, the naturopathic doctor may say, "You need to go into the medical route because the condition you have requires a high-tech intervention." And then the patient will go through that process, and if they are not satisfied with the outcomes or experience, then have the freedom to switch the other direction. And so a comparable kind of experience in the medical route, i.e. the medical doctor will make the diagnosis and provide treatment. And we are expecting that the MD's will also make referral to the natural medicine practitioners as appropriate.

Patients will have one integrated record which will be accessible to all providers. At the heart of the model is the ability of patients to make informed choices regarding which avenue of health care they would prefer, choosing either a natural or conventional medical provider, or both.

In an effort to foster full collaboration of practitioners to provide integrated services, the medical directors developed an aggressive joint provider education program with both informal and formal components. According to the grant, the informal components will include monthly joint case review, joint training sessions, and co-management of identified conditions. To ensure a fully integrated model of care, cross-fertilization of medical approaches will be encouraged during joint training sessions. These will have the following objectives: familiarize natural and conventional medicine providers with the ways in which they each provide medical services and the reasons for choosing various diagnostic and treatment approaches; discuss openly and objectively the differences in approaches to diagnosis and treatment; discuss the commonalties and differences between the services planned for the NMC and the other primary care clinics of CHC; and conduct problem solving as the integrated approach is implemented. The formal component involves a two day intensive seminar which will be discussed in a later section.

At the time my data gathering was concluding, characteristics of the ideal NMC were being put into practice at the actual NMC. A comparison of the characteristics of the ideal NMC to the actual NMC in Table 4.1, reveals the qualities hoped for in the ideal NMC are being transferred into practice goals for the actual NMC.

Comparison of the characteristics of an *Ideal* NMC to the *Actual* NMC

CHARACTERISTICS of IDEAL NMC	***GOALS of ACTUAL NMC***
primary health care facility	**YES** Kent Community Health Center
range of options and expertise	**YES** mix of providers (MD's, ND's, DC's, LMT's, LAC's, MA's, RN's, etc.)
group approach to treatment	**YES** co-management protocols, cross-referral, case meetings, integrated patient record
avenues to "listen and learn (i.e. case mtgs.)	**YES** case meetings, didactic and group educational trainings, integrated patient record
natural medicine emphasis - first option	**YES** patient flow chart, ND residents as triage, patient choice
ND's as gatekeepers	**YES** patient flow chart, cross-referral, patient choice
freely recommend and refer/ work side by side	**YES** patient flow chart, co-management protocols, case meetings, integrated patient record, educational training opportunities
patient choice/patient centered	**YES** patient flow chart emphasizes informed choice, opportunity to request type of provider, integrated patient record

Table 4.1

Reflections on Integration and Collaboration Protocols

The following are comments from the medical directors, reflecting on their experience of developing and adjusting the patient flow chart/patient experience and the co-management protocols. These reflections help to highlight some of the challenges of blending two different healing traditions.

Patient Flow Chart -- "just from realism"

> We basically sat down and talked about how patients see natural medicine providers and get into CHC. And just from realism, [we] said, "Okay, here a patient calls the clinic and then what's next?" And from there we kind of outlined the steps....The trouble was it [patient flow diagram] wouldn't work with our clinic [CHC] because what it assumed was that everyone came in and got an appointment at the front desk. Instead [in] our system [it] works where everyone has an appointment when they come in. And so we had to re-think how we did it to meet BU's concerns that patients were offered a choice. And that triage person at first was a nurse or nurse practitioner. But it evolved into naturopathic residents because we wanted people who would be able to educate and inform patients about their choices for alternative medicine. The thing that's interesting about that whole arm too is that conventional medical providers when they saw it were very concerned that the patients were going to be steered into natural medicine. And from my standpoint, I wanted that to happen because I wanted a strong offering of natural medicine made to the patients that might not otherwise be aware of it.

Creation of co-management protocols -- "we just sat and talked about them"

> I am amused and surprised that these co-management protocols get put on this pedestal as being some great revolutionary thing because they really were fairly casual discussions that the two of us had. I'd go back and look in some books and [the other] would look at some books and we'd talk again – "Well what would you do if this diabetic came in with this, and how comfortable would you feel treating a diabetic with natural medicine at this level of blood sugar?" And it was really fairly casual...but there was a foundation too. I pulled some literature and would say, "Okay, where is it likely that insulin wouldn't work for instance or when is it likely that insulin will be required?"...I don't know how often, but I'm sure it has happened that a conventional provider and

> alternative provider have sat down and come up with something very similar. So that's how they came about. We just sat and talked about them.

As indicated by these comments, fostering integration and collaboration and developing protocols was not always a smooth process. The following section explores the greatest hurdle to blending the two healing traditions, that of resistance.

Resistance as the Greatest Challenge -- the work of "fire-breathers"

The success of blending natural and conventional medicine did not happen without some resistance. In fact, according to key participants, resistance was the greatest challenge to integration and collaboration: resistance by conventional medicine providers, resistance by natural medicine providers, and resistance by public health providers. According to participants, it is about holding rigidly to one's own perspective and not comprehending the value of the other. As one medical director described, resistance comes from both conventional and natural medicine.

> I think we both have fire-breathers of our brand on both sides. I've got those that fire-breath conventional medicine and [say] the rest of the stuff is voodoo. And likewise you have fire-breathers that say those conventional medicine doctors are poisoning everyone with their approach - that's all they do is cut, burn, and poison.

The following is an exploration of resistance from conventional medicine, natural medicine, and public health. It includes strategies to move beyond resistance and create a healing environment conducive to integrated care.

Conventional Medicine Resistance

Resistance from CHC's conventional providers was largely due to the process by which CHC became a collaborative partner with BU. Some CHC providers felt they were not given a choice regarding participating in this new, innovative, and potentially risky integrated clinic. Rather, as one participant described, "this vision bomb came down and exploded on them" from top management. Resistance emerged as a result of feeling forced down a path that they would not ordinarily choose for themselves.

Liability -- "Biggest concern"

According to key participants, the "biggest underlying concern" for CHC providers was one of liability. As an example, the medical director for CHC describes how CHC providers expressed concern over liability when they learned of the integrated patient chart that would be used at the NMC.

> The chart was a major issue for the providers. We put together this integrated chart where we have the natural medicine notes added right into the conventional medicine notes. So the way the chart works is that if you come see me for this visit, I'll write my note, and the next time you see [another practitioner] their note goes right over the top of my note...However, my providers looked at it as a big liability. That is were a lot of headache came initially. So my providers flipped on that because what they saw was all of a sudden they would have to be responsible for what the naturopath is doing, and have to be knowledgeable of what the naturopath is doing. So they saw it as an increased liability concern for themselves.

According to David Studdert, JD, MPH, the concern over liability when working with natural medicine providers is often misplaced. Studdert, who has

researched medical malpractice and natural medicine, reported at the *Alternative Medicine: Implication for Clinical Practice Symposium* (1997) that the rate of claims against natural medicine providers is lower than for conventional providers. Regarding the liability implications for conventional providers, his research suggests the following:

> The mere act of referral of a patient by one medical practitioner to another competent medical practitioner who is subsequently negligent in caring for the patient generally does not expose the referring physician to liability. This rule has been applied by courts around the country...no reported cases appeared to have ruled this way in actions against providers of alternative medicine.

Competition

Resistance by CHC providers was also due to a perceived increase in competition with ND's, who are licensed Washington State as primary care physicians and who are serving as equals at the NMC. For some CHC providers, the natural medicine providers threatened their power position as the sole legitimate source of health care services.

> One of the problems, however, is that there is a bit of a competition issue because in this State naturopaths are licensed as primary care physicians, while acupuncturists are not. So I think acupuncturists are thought of as less of a threat because they are there to be referred to since they are not primary care physicians. You refer your patients to them for pain control or whatever. Versus a naturopath, who may actually compete with a family primary care physician for patients.

While resistance is an ongoing challenge, some CHC providers are attempting to move beyond their resistance to a level of understanding and acceptance.

> It's interesting, we have one provider that still is just resistant, just extremely resistant. But I think that two of the other ones that were kind of so-so, one of them is really trying to grasp, deal with, practice, and incorporate some of the methods into her practice. And then [the other], was kind of breathing fire, but now he is like, "Well, this is okay, this is all right." I don't think he's actually seeking out and trying to add some of the natural medicine approaches to his practice, but he's dealing with it just fine and has come along.

Natural Medicine Resistance

With my own bias and understanding of the paradigmatic challenges facing the blending of two healing traditions, I anticipated there would be resistance from the conventional medicine community. I did not anticipate the resistance expressed by those representing natural medicine, whom I assumed would see integration and collaboration as an opportunity to further the acceptance and use of natural medicine as a viable health care option. However, just as fears and resistance manifested in a variety of ways for conventional practitioners at the NMC, so too did they for natural medicine practitioners.

Hostility towards conventional medicine

Not all of the natural medicine providers associated with BU were supportive of the NMC or the idea of integration and collaboration. Like conventional medicine providers, resistance stemmed from fear and defensiveness regarding the other. According to the medical director of BU, she believes this resistance comes from natural medicine providers having an "inferiority complex."

> Some of my colleagues have a defensiveness and almost a hostility towards conventional medicine. And I think that's mostly because they are unaware

> and maybe haven't had much experience with conventional providers. Or the experience they have had happened to be a bad one. There are those in my profession who think medical doctors are 'bad people,' and [that] conventional medicine is almost always the wrong approach and shouldn't be used. I think this perception comes from being ill informed and defensive, and is associated with insecurity and feelings of inferiority.

Don't get into bed with conventional medicine

Resistance from natural medicine providers was also expressed in the concern of selling out or being co-opted by conventional medicine. References were often made to the discipline of osteopathy, which has origins in holistic principles like naturopathy, but has blended into mainstream health care to the point of loosing these roots, making it difficult to decipher the difference between an osteopath and an MD. This concern is grounded in the paradigmatic dance of power, with the dominant force of conventional medicine diluting or taking over the non-dominant force of natural medicine. For some of the natural medicine providers, concern arises that in the effort to mainstream, natural medicine may lose it roots and what makes it a distinctive form of health care.

> I've had a few people come to me and talk to me about concerns that we're selling out. They say that we will be diluting our medicine trying to be reasonable and compromise, and that we will lose our souls much like osteopathic physicians did -- so we better not do it. [They say] "Don't get into bed with conventional medical providers. You don't have enough power, and you don't have enough public and officially sanctioned legitimacy to match up with them. The playing field is not level, and you're going to be swallowed up with them. This is bad for our profession." And there are people who believe just that.

Along with resistance, another challenge faced by the natural medicine providers is learning to provide integrated services in a resource constrained

environment. This is a particular challenge for the natural medicine providers who often have serviced a population with the financial means to pay the out of pocket expenses of their medicine.

> One of the things that we have found is that this is a different practice setting I think, than the naturopaths have traditionally practiced in. So providing naturopathic medical services to low-income, underserved populations has been quite a challenge and so have attempts to adapt styles to fit the resource constraints -- which may mean you are not always practicing optimum naturopathic health care. It means for instances, we don't always practice optimum conventional medicine. We can't in the setting we are in quite often.. So I think that has been one of the things about our integration model -- we're all learning to work within the limits that we have resource wise and that our patients have resource wise.

Public Health Resistance -- "no zero-sum relationship"

Resistance to the NMC and the idea of integration and collaboration also emerged from officials within the SKCDPH. The resistance from some health department personnel manifested both in funding concerns and in offering natural medicine services as direct services for public health clients. Concern arose that money would be removed from traditional health programs to support the NMC. In their minds, directing public health money towards a perceived risky venture of integrating natural modalities was inappropriate. The Director of SKCDPH describes the resistance he experienced.

> This is a health department where there are some folks here who don't think we should be in direct personal care services at all. So there is a lot of diversity within the field on "what is a public health department." Some of our clinic staff were concerned about this. When I arrived, there had been discussions about this, and some of our clinic staff and physicians had already staked out a position on this. And so I had to do some inside work so they would understand the importance of developing new models -- as well as

> understanding that we're talking about a pilot project, which is really important in the context of doing this in the health department with pubic funds -- that we're talking about evaluating a pilot approach. We were not talking about taking money out of established and well needed public health services. It was not a situation where we had to reduce TB control services or STD control services or well-being clinics in order to do this. So the early selling of this was that we were sure we could figure out a way where we could do this without it being some kind of zero sum relationship to our other programming. We knew we had to try and figure out how to find funding for this that would not trade off other important public health funds.

The challenge to integration and collaboration found in the various forms of resistance, as well as the hope of transcending the challenge, is summarized by one of the medical directors.

> The challenges are finding a way to blend very different models of medicine with individual personalities and individual styles of providing health care, into a system that's already heavily resource limited. So to me, that is really quite the challenge, and quite the opportunity -- to take a look at all of those things and say, "How do we create this seamless quilt?" with patients who may not be able to afford this medicine even though it is heavily subsidized by the grant. It is still not free. And it still poses a challenge to patients, and to providers, who have come from very different models. And I don't mean just the conventional providers and the alternative providers, but among the alternative providers we have the Chinese medical model and we have the naturopathic model which is much more similar to the Western model than it is to the Chinese model. And within the same model we have practitioners who practice with very different styles. I had no idea how many different layers of issues there would be.

Solutions to Resistance -- "how to make the seamless quilt"

In response to the challenge of resistance posed by integration and collaboration, key participants have implemented solutions. According to participants, particularly those from BU and CHC, central to overcoming the paradigmatic

challenges and clash of medical values is the willingness to interweave and to compromise.

"Capacity to compromise"

> All that we can depend on is the capacity to compromise of the individuals involved. And basically, when you are dealing with the dominant paradigm it means the capacity of the people on the conventional side to relent, and the capacity of the people on the alternative side to insist. And this is what is going to have to happen. And the mechanics of it is a lot of negotiation.

As an example of the capacity to compromise can be seen in the dominant force of CHC giving up something to the non-dominant force of BU in order to become collaborative partners. As described previously, BU insisted on being the lead agency with any collaborative partner to ensure more equality between natural medicine and conventional medicine at the NMC. The CEO of CHC describes her reasoning and approach for relenting and giving up being the lead agency in order to partner with BU.

> You have to incorporate into this "what is the end result you want and what do you want to achieve and what are you going to give up for it." So as I looked at those things, I was willing to give that up[being the lead] and let Bastyr become the grantee, for the opportunity to be able to be involved in the program and be able to have the services available to our patients. Even though there was agreement all the way along that this was a shared, joint project. We had some very in-depth meetings in terms of how we would handle this and I think we've followed that very well.

The following are more specific solutions to resistance implemented by the Health Department, BU, and CHC.

Public Health Department Solution

The resistance within the Health Department to integration and collaboration was born mostly out of concern that limited public health program dollars would be diverted to fund the NMC. To address this concern, the Director and the internal work group team secured outside funding in the form of SLIAG monies, described in Chapter Two. They also lessened fears of resistant public health employees by inviting them to participate in the design and evaluation of the NMC. As the Director describes, this lessened resistance by "giving a sense we were applying our technical and collective epidemiological skills" on the NMC. He describes the reasoning he offered to those resistant to the NMC.

> I strongly believe that a public health department -- particularly one this large [which is] established in personal care services-- [that we] provide client services for high risk populations. That's an important part of public health practice. And innovations like the NMC, which could well serve that same population and extend our ability to provide needed services to them, is a natural corollary. So it [integration] seemed like the way I thought about the evolution of public health practice, and that's how I expressed it to people and argued for it internally.

Natural Medicine Solution

The solution for handling the resistance coming from the natural medicine providers was basically to forge ahead and trust the vision coming from the President of BU. Also, to relieve fears of co-optation and to assist natural medicine providers in overcoming their fears of integration and collaboration, natural medicine providers

were encouraged to focus on what's best for the patient. The medical director for BU explains.

> To me that whole stance comes from a place of wanting to be right more than wanting to help the patient. If you can stay focused on what everyone is trying to do in medicine -- help people -- then you should be able to work collaboratively without feeling like you're 'selling out.' I don't believe anyone practicing any form of medicine is trying to hurt patients. Everyone is trying to help patients. If you can believe that, then you can embrace all forms of medicine in the ways they help patients. So I think those 'sell out' opinions come from a place where it is more important to be right, than it is to take care of your patient. And that's what I say to them, "So what if we sell out if that is the right thing for the patient. If you want to call it selling out, fine. I call it, doing what's best for the patient." There must be room for honest disagreement, but there must also be room for compromise.

Conventional Medicine Solutions

To alleviate the resistance from the conventional medicine providers at CHC and the feeling of being carried away by someone else's "vision bomb," the medical director did attempt to provide opportunities for CHC providers to give input on the NMC.

"Airing of concerns"

> The other thing we tried to do was receive our providers comments before the grant went in. Now they will tell you that they didn't have adequate comment, and partly maybe they didn't, because of the way you have to get grants in sometimes -- you just don't have the time. But we did have some airing of the providers' concerns. And the other thing is that when we thought the providers were really concerned, we did put together a working group -- an advisory group of conventional medicine providers to help try and address and walk through some of their concerns.

Liability -- "critical piece"

The big concern over liability expressed by the CHC's conventional providers was appeased by formally approaching their professional liability carrier regarding the coverage of malpractice claims within a new, integrated model of care such as the NMC. The CEO of CHC explains how carrier was supportive of the integrated model of care.

> Now I'm not sure every professional liability carrier would have been comfortable with [the natural medicine clinic]. So that was a critical piece for us. It was a critical piece for the rest of our providers in trying to convince them. So at least they could feel comfortable that there was not a problem with claims being covered. Now that did not relieve their concern about being sued as an individual and it being on their record. That's something you have to work through in terms of your protocols and such so you try and protect them as much as possible.

As described earlier in the Chapter, CHC and BU did work towards setting up practice protocols around integration and collaboration that would ease blending and alleviate liability concerns. The protocols served as "safety parameters" and included such things as the patient flow chart, co-management protocols, trainings, joint case meetings, and the integrated patient record. These protocols, especially the integrated patient record, were designed to decrease liability concerns. However, initially the integrated patient record increased conventional medicine providers' concerns around liability. According to the medical director for CHC, the solution to this dilemma was to explain the reasoning behind the integrated patient record and forge ahead with its use.

> And a lot of things we tried to put in place such as education, integration workshops, practice parameters, making sure all of this was under the same QI program and quality assurance program, was directed at trying to decrease liability. We did it [integrated record] with the intention in mind that if everyone could see what each other was using it would create dialogue and that would insure...what was best for the patient would be done. Because everyone taking care of that patient would know what was being done. Which in fact, in talking with our liability carrier, the liability carrier said, " As long as we have some time set aside so people can talk and learn, that probably decreases risk and decreases bad outcome potential for the patient too." But that [integrated record] did create a lot of concerns. But I wouldn't do it different. I mean I would just go through and deal with the concerns. I think it still is what's best for the patient, actually, having that integrated record.

Protocols -- "creating a safety net"

One of the most important strategies the two medical directors engaged in to decrease resistance and fears of liability for the conventional medicine providers, was to create the various practice protocols listed above. In particular, conceptualizing and codifying the co-management protocols for conflicting treatment conditions seemed to decrease resistance and increase acceptance and understanding between natural and conventional practitioners.

> I think a major piece of reducing conventional provider resistance was developing the co-management protocols. The goal of these protocols was to create safe parameters for both conventional medicine and natural medicine so they knew the limits. In reality, what we laid out as protocol is probably how an ND or an MD would routinely practice. We wrote it down and all of the providers reviewed them, and this resulted in an increased comfort level for the conventional providers. Working through that created a lot of safety for our providers and I think also brought them to understand that there is scientific basis...It was a process that needed to be done and it helped providers realize the commonalties between the models.

Training and Education -- "key component to this whole thing"

As mentioned previously, the two medical directors established in the grant the need for and importance of training and education for the providers. Realizing that resistance and fears to integration and collaboration are often grounded in inexperience and not knowing the other, they specifically set up both informal and formal training components to breakdown resistance and to "get that change happening" for the providers.

> I think it's easy to be opposed to that which you don't know. That's where racism comes from. So part of what we wanted to do was to give knowledge and try to educate...We knew that our providers were going to have some concerns. And one of the strategies we tried to lay out and built into the grant, was training time. Number one, we tried to get some didactic training where the naturopaths come and tell us what natural medicine is. [They] offered some basic education about what natural medicine is and some strategic approaches to patient care. And the acupuncturist was involved with that as was the nutritionist. So it was really basic information for the conventional providers, most of whom were not familiar at all even about [naturopathic] educational standards and licensing standards. And I think this went a long way towards informing them there is a scientific basis to a lot of what is done in natural medicine...The number two thing we did was set up this integration workshop with Jim Gordon. Those were the two big things that we did.

For both CHC and BU, education and training is considered a key component to ensuring strong and ongoing integration and collaboration at the NMC. The integration workshop mentioned above was part of the formal component of training and education, and is described here as an example of a strategy to transcend the challenges of blending two healing traditions. The collaborative partners consider the integration workshop as an important tool in overcoming barriers to integration and collaboration.

Formal Component: "Integration Workshop"

The integration workshop was a two day event held in November of 1996, just shortly after the official opening of the NMC. Present at the two day workshop were individuals working at or intimately involved with the NMC, including administrators, receptionists, nurses, medical assistants, natural and conventional medical providers, and operational staff from both CHC and BU. The goal of the integration workshop was to have an open dialogue about staff's feelings and response to the NMC. The workshop was an opportunity for staff to express their concerns and fears regarding integration, as well as their hopes. The integration workshop was professionally facilitated by Dr. James Gordon. The two medical directors chose Dr. Gordon to lead the event because of his national presence, and because they felt conventional providers would listen to him since he incorporates natural medicine into his own practice. For the medical directors, he represented a broad understanding of both conventional and natural medicine traditions and was someone who could speak to the concerns of the providers.

The following is a synopsis of both the fears and hopes expressed during the integration workshop, with the fears highlighting the barriers to integration and collaboration and the hopes highlighting the willingness to overcome these barriers and optimism to succeed.

Fears. The fears expressed manifested in the form of four general concerns at the project level, patient level, practitioner level, and overall level. At the project level

concern was expressed regarding being under the microscope due the uniqueness of the project. People felt the pressure of being the first integrated natural medicine clinic and of being a new model in health care that was being closely watched and scrutinized by the County Council, local and national media, and policymakers. Staff expressed fear and stress of having to be perfect and learn new things while under such a microscope. At the patient level, concern emerged regarding the cost prohibitiveness of integrated medicine to low income patients. Staff expressed disappointment in the low funding level for the clinic and concern regarding limited resources and if this would challenge their ability to provide affordable integrative care. At the practitioner and staff level, fears were expressed regarding how one's job will change and the stress of learning new roles and boundaries. Concern was expressed from conventional providers about not knowing everything regarding natural medicine modalities, while natural medicine providers expressed their fears of loosing their roots in the integration process. Overall, concern emerged regarding whether or not integration will actually work, and if the staff can transcend the "we vs. they mentality" on a daily basis while not loosing the patient in the process.

Hopes. The hopes expressed by the staff also manifested at different levels, including success for the integration model, success for patients, success for staff, and overall future success for the NMC. At the integration level, staff expressed hope they would be open to criticism, learn from each other, and be creative in addressing challenges. Staff also hoped the collaborative relationships would continue to grow and integration would expand to other CHC clinics. Staff hoped for the sense of being

under a microscope to end so they could just be in the flow of the clinic. For patients, staff expressed hope that the model really will be more affordable and accessible to low income clients. They hope that patients leave the clinic healthier and more empowered, and that the experience for patients is always healing centered. For the staff, hope was expressed for more trainings and opportunities for dialogue. Staff also expressed hope the natural medicine services would be accessible to them and their families, and that they become models for holistic health care themselves. Staff hoped to receive better compensation and ultimately to remember to have fun with one another and their work. Overall, the future hopes for the NMC included obtaining insurance coverage and becoming a national wellness center, as well as a research and training center, for others interested in integrated care. Ultimately, the staff hopes to transcend being "alternative medicine integrated into conventional medicine" and eventually become "what medicine is."

For some staff, the workshop brought forth issues regarding resistance to integrating natural and conventional medicine. However, overall the staff did find common ground and understanding with one another, as expressed by one of the workshop participants: "We all want the same thing -- to help patients. We just use different tools to get there." The two medical directors offer some final comments, reflecting on the impact and importance of the workshop to ease concerns and facilitate integration and collaboration.

> It was pretty successful. On a scale of zero to ten, I'd give it about a seven or an eight. Even if it was hard stuff to hear and deal with, it came out. And

> better than not coming out -- that's really important. It also focused need on continuing frequent staff meetings which are happening now...But I think it did meet the intention of wanting to have open dialogue about everyone's feelings, concerns and hopes. I think it helped build a stronger team in the sense of people being motivated to do this clinic. And that's why I think it worked. Days afterwards, there was more of an understanding that we are all in this together. The team building that we wanted to take place, did take place.

Other Factors Enabling Integration and Collaboration

Along with very specific protocols and training opportunities developed by the two medical directors, the following factors have also helped the collaboration at the NMC overcome barriers to providing integrative care.

Approach: Health Department's Process

In their design process, the Health Department intentionally attempted to bring down barriers to integration and collaboration, trying to "make them low enough to jump over." The Health Department's approach, described in Chapter Two, was careful, thoughtful, and inclusive as they explored issues of a natural, conventional, and public health partnership. The Health Department was careful to form an internal interdisciplinary workgroup team, incorporate input from the community, local and national experts, and always be guided by the intent of motion 9491. From this process, the Health Department was able to develop a framework to guide the development of the NMC, based upon the ten assumptions (Chapter Two) found in the *Final Plan* document. Only after going through this process, understanding the model and securing funds, did they develop the RFP, which required applicants to "come as

partners" and be collaborative. To many, mandating a collaborative partnership was a key component to facilitating integration and collaboration at the NMC. Furthermore, since they were invited to be involved in the planning process, many of the RFP applicants were already open to and understanding of the integration and collaboration aspect of the clinic

The Letter of Interest process and the bidder's conference also fostered coordinated planning and promoted collaboration. Furthermore, the Health Department developed and made a available to all interested individuals and entities a monthly *Update* newsletter, which informed people on the changes to and expectations of the process and project. Overall, the Health Department's process helped set the tone for successful integration and collaboration.

Approach: CHC and BU

Described in Chapter Two, both CHC and BU had specific criteria for partnering and reasons for wanting to be a part of the NMC. BU wanted to be the lead agency and work with a conventional medical organization that "wanted them," while CHC wanted to partner with the most respected, science-based natural medicine organization possible -- BU. Both organizations were guided by leaders who understood the vision of the NMC as a new model in health care with great potential for patients. Because of the belief, vision, and criteria expressed by the leaders of CHC and BU, they took the grant seriously and were willing to compromise to ensure successful interweaving of disciplines and philosophies.

"Past that stereotype"

Another factor enabling integration and collaboration is that key individuals within the Health Department, BU, and CHC have already moved beyond the biases and fears originating in paradigm differences. In part, this is due to the Health Department's process of requiring a collaborative partnership for the grant, for only those truly interested in and willing to integrate and collaborate would put forth the effort to apply for the funds. One of the core originators of the idea observes the following.

> In general, I have noticed that people who are attracted to this project, whether they are a medical doctor who already does something that is called natural medicine, or whoever, they're past that hurdle. I've noticed that people are interested in this project do not have the bias to overcome. So I can not imagine that in the clinic they will be plunking a conventionally trained, western MD, kicking and screaming, or a natural medicine person kicking and screaming, to come into the clinic and collaborate. Indeed, it will be the opposite. These people will already value each other and their modalities. If we were just imposing this, 'thou shall do this', well then we'd have a challenge. I think in this context we are not talking about that kind of challenge. I know so many medical doctors, naturopaths, acupuncturists, etc., that already work together and they're already there -- we just need those people in the clinic. So I don't anticipate the NMC will be made up of people who are being dragged there and don't like each other. Both groups have their commitment to their way and again, I believe that in this particular context, many of the interested parties have already gone past that stereotype.

An example of key people going "past the hurdle" of fearing or rejecting the other's healing paradigm are the two medical directors of BU and CHC. Each has had prior experience with the other's discipline and has come to value the healing benefits of the other. Both recognize the value in interweaving their disciplines for patient

care. This respect has facilitated their ability to come together, compromise, and develop the integration protocols.

Key People -- "have your leadership 100% behind you"

Another factor which has facilitated the successful blending of natural and conventional medicine is having the support of key people within key organizations. For CHC, BU, and the Health Department to overcome resistance, it was necessary for the leadership within each to be fully behind the idea of the NMC. For example, CHC, as a conventional medical organization, needed approval and support of their board of directors and medical director to move forward with the idea of integration and participate in the NMC.

> I think that is a critical step. You've got to have your leadership in your organization, especially your medical director, willing to do this. And then the rest of our management team was willing to take a look at [integrative care]. The next step was to approach them [board of directors] and say, "We've done our homework on this"... I mean that's critical. You can't hurl something that's apparently this controversial into a program without having your leadership, your board of directors, 100% behind you.

Fortunately, both medical directors were fully committed to the NMC and working through the challenges of integration and collaboration. For them to do this, it was important to establish a caring, respectful, and communicative relationship with one another so they could engage in the critical conversations of integration and collaboration. They describe sharing a high respect for one another and the other's discipline, as well as a strong commitment to the integrative model. The medical

director of CHC emphasizes the importance of having supportive leadership to set the direction and manage the resistance from providers.

> I'll tell you, with the resistance that I saw among our conventional medical providers, it takes a medical director to take a stand to have natural medicine happen. I am not trying to blow my own horn here, but I think it is the people that were in the key roles that make this happen. And I think that if it was a standard conventional medical provider that hesitated about natural medicine and what it can offer, I don't think it [the clinic] would have been implemented in the same way. Versus my attitude which was very much, "This is good, let's do it -- this stuff is going to work and it's fine and I have no problem with it."

"More areas of convergence"

According to participants, the clash of medical values between BU and CHC was not as insurmountable as anticipated, particularly when both focus on health promotion. For some, this was because the gap between the model of health care for naturopathic medicine and community health was not that large. On a continuum of health care modalities, naturopathic medicine and community health are more similar in patient approach and services than, for example, hospital based medicine and Traditional Chinese Medicine. Because of this, CHC and BU were able to find areas of convergence.

> In fact, I think they found more areas of convergence than we know. BU working with CHC is not like working with the Mayo clinic. I mean to work with the Mayo clinic, that's a real clash of cultures. The community health movement has been so community oriented, and prevention focused, and holistic in the broad sense of the word, that I think we are talking about an overlap between their approach and natural medicine. I think they will discover much more convergence. That's why I always felt that a community health center partnership, that we would push that as the model...There wasn't that much separating the basic philosophy. There may be particular therapeutic differences and tool kit differences that are not broad cultural healing

differences between CHC and natural medicine. But I think that those are little hurdles.

The medical directors also recognized blending being facilitated by the similar framework of natural medicine and community health. They offer the following observation.

> I think in some ways, we [naturopathic providers] have a similar western way to look at the patient. We still do a history, a physical, and we do most of the same standard lab work, and make diagnoses pretty much on the same system that conventional providers use. That part is easier for them [conventional providers] to understand us and us to understand them. We use basically a common language, versus the Chinese system or the Eastern system which is very, very different.

> I think there is a wide range of alternative therapies and alternative therapy type providers out there, and there are some that would have been totally uncomfortable for us [CHC] to work with because of the tradition in conventional medicine of having some sort of scientific foundation. The fact that Bastyr and the approach naturopaths' use are founded in scientific understanding made it a lot easier to bring this together. And I think that facilitated bringing in acupuncture because basically there is some understanding among conventional medicine that it works at least for pain. And the other thing is, this [acupuncture] is something that has been done for centuries...[rather than.] some of the stuff that comes up now as alternative therapies [which] has no historic foundation behind it.

Another way in which convergence was found and integration and collaboration facilitated was that the design of the NMC emerged from the public health arena rather than the medical arena. The medical profession did not control the design and implementation of the NMC. Rather, it was in the hands of public health officials with a history of challenging the medical establishment and, who like community health and natural medicine, focus on prevention and lifestyle change.

> One thing that is particularly nice about this is that it is in the public health arena. This is not dominated by the medical profession. As a matter of fact, historically you see most of the improvements in health and longevity of human beings has come from the efforts of public health people, often in opposition to the medical profession. So here is a group of people who are much more open and receptive to new ideas.

Awareness of Physical Integration

While the resistance and challenge of integration was addressed through the various protocols mentioned, participants key to the NMC also recognized the important role of physical integration. For the first year of the NMC existence, the clinic will be located in a temporary building as construction ensues on a new CHC building which will eventually house the NMC. The temporary building is a combination of the old CHC clinic at Kent and an attached modular unit brought in to handle the increase space needs for the incorporation of natural medicine. Great concern was expressed by interested parties that the temporary building not be seen or experienced by patients as two separate spaces, one for natural medicine and one for conventional medicine. In an effort to create that seamless quilt, CHC and BU took care to connect the modular unit and clinic together, creating one central space for patients to experience, rather than two separate clinics. By recognizing the implications of the physical space, the collaborative partners demonstrated a commitment not to allow integration to break down due to physical barriers.

"Patient-centered"

Throughout the process to design the clinic and foster integration and collaboration, the focus has always been on what is best for the patient. When faced with hurdles and resistance, the Health Department, CHC, and BU have all returned to the common dominator -- the patient. As suggested earlier in the chapter, one of the critical pieces to integration is focusing on what is common to all three disciplines. This focus on the patient, rather than on one's own discipline, has been key to facilitating the blending of natural and conventional medicine. Participants recognize that future ideological barriers and fears can be transcended when the focus is the health of the patient and the public. One of the core originators explains.

> My simple minded answer to that [how to integrate] comes out of a conversation I had with a friend. I've had discussions with him about what this field is, having been in it over thirty years. His view is that the way this is integrated is basically by practicing good medicine...And we should not bifurcate or synthetically try to compartmentalize -- this is all complementary or natural and this is conventional. What we have to do is ask, "What is best for the patient"... And I don't care if you are doing Traditional Chinese Medicine or you're doing specialty internal medicine -- you are going to ask questions that will help you understand the patient.

Conclusion

My second research question, how well practitioner collaboration and service integration manifests at the NMC , is challenged by how well the two healing paradigms of conventional and natural medicine move from conflicting perspectives to a seamless partnership, blending philosophies and practices. The paradigmatic differences emerging in the dominant/non-dominant relationship of conventional and

natural medicine manifest most concretely in the form of resistance, particularly liability, co-optation, and funding concerns. To alleviate resistance and foster integration and collaboration, the collaborative partners designed specific practice protocols and trainings. Along with the protocols and trainings, other factors assisted the interweaving of natural and conventional medicine. These factors include the approach of the Health Department and collaborative partners, support of key leadership, overcoming stereotypes, blending health care models with similar frameworks, addressing physical barriers, and always focusing on the needs and care of patients. Ultimately, key to integration and collaboration, key to the ability to incorporate characteristics of the ideal NMC into the actual NMC, and key to moving from a clash of medical values to a seamless quilt, is the patient-centered approach of the NMC. Paradigmatic challenges are transcended, and ideological barriers and fears removed, by placing the patient and patient choice at the heart of the NMC. As one participant stated, blending natural and conventional medicine is no problem when the focus is one's patient, rather than one's profession. A final comment from a key participant concludes Chapter Four, as he reflects on both the challenges and the potential of an integrative, collaborative partnership between conventional medicine, natural medicine, and public health.

> What is interesting about what could be woven back together is something that is much more problem-oriented, patient/community specific -- about what works best for maximizing wellness for this group at this time. And drawing from a variety of therapeutic interventions that are much more designed around community patient needs than rigid, tradition specific ideologies about "this is what it has to look like." And so I think the possibilities here are much more truly client and community centered care, with prevention plans that draw

more eclectically on public health, conventional medicine, and natural medicine traditions. Bringing in things that have established efficacy, but not being so ideologically rigid about "this is pure prevention or this is pure natural" -- you know, just breaking down those ideological barriers...Because when you have a hundred years of a different way of thinking about things, when you start to bring different traditions together in common practice, it takes a while. And you see that in the early relationship between the partners that were awarded the grant. Like any relationship, people have different backgrounds and they are still trying to figure these things out. And they will. There is probably much that CHC will have to learn from BU and vice versa. But they will learn each other's cultures and they will find and reach a convergence.

CHAPTER FIVE -- PROCESS CHALLENGES

The paradigm issues described in Chapter Four were not the only hurdles which emerged to challenge the ability to successfully integrate and collaborate and provide innovative, patient centered services at the NMC. The Health Department and collaborative partners faced other challenges throughout the development and implementation process which impacted their efforts to successfully blend natural and conventional medicine and bring the NMC into reality. Documenting these other process challenges is important because they impact both the effort to integrate, and the overall success of the NMC. Key participants involved in the development and implementation of the NMC have expressed the importance of conveying to others that the development and implementation process "has not always been easy...a lot of blood, sweat, and tears have gone into this."

The challenges described in this Chapter arise not so much from integration issues, but rather from the very process of developing and implementing the NMC. They reflect the specific context which gave birth to the NMC. Both the Health Department and the collaborative partners faced these challenges, experiencing them at different stages. From analysis of interviews and observations of Health Department and collaborative partner planning meetings, this Chapter will describe these other process struggles which include challenges from external health care forces, funding, research, motion interpretation, role conflicts, and ownership.

External Forces

One of the challenges cited by key participants is the impact of external forces upon the NMC. Participants expressed concern the success of the NMC might be jeopardized not by an inability to interweave natural and conventional medicine, but by the challenge of coping with outside forces. The two outside forces most often mentioned related to coping with the precedent setting nature of the project, and the reaction and competition from other health care organizations.

Precedent Setting Nature of Project

One of the unique qualities of the NMC -- being "the first publicly funded, government sponsored NMC..." -- placed tremendous pressure on the development process and eventual success of the clinic. As mentioned in Chapter Four, feeling "under the microscope" has been an ongoing experience for the participants. Throughout the development and implementation process, the Health Department and collaborative partners were continually aware of the local and national political, public, and media interest in the NMC. Because of this intense interest in the NMC, participants were constantly concerned about the possibility of negative reactions from stakeholders or poor publicity from the media. An example of this constant need to be aware of potential backlash from politicians, public, and media, was the Health Department's decision to stay clear of the new insurance law passed in Washington to cover natural medicine modalities. While this law, described in Chapter Three, served a contextual purpose for the NMC by fostering openness towards incorporation of

natural medicine modalities, it also created tension. The law generated negative reactions from major insurance companies in the form of lawsuits. The Health Department, concerned the NMC might suffer from this backlash, decided to keep a distance from it, realizing the NMC "could go up with it or down with it." The precedent setting nature of the project was an added challenge to the development process, influencing the Health Department and collaborative partners to always be careful, thoughtful, and fair in their efforts to implement the NMC. Two participants of the Health Department's internal workgroup team reflect on the challenge of coping with such a precedent setting project and how the team reacted to this challenge.

> I was told that this was a precedent setting project and would I be willing to step up to the plate. I've seen a lot of those [types of projects] come and go. When I started working with this group, I saw it was inventive and I saw the direction it was going, but I didn't have any sense for the magnitude. That continued up until the weekend I attended the conference in Washington DC. There were between five to six-hundred people at that conference and they spent half of one day talking about this project -- and most of the people in the room were not alternative providers but mainstream providers. And the questions, the inquiries, and the comments really made me at that point realize, "Wow, this is really much larger than I had even began to imagine!" And since that time I've become more aware on a daily basis of the magnitude. And I think this was a motivator for me to really make sure that this project is successful and done to the 'T'.
>
> Yes, [the precedent setting nature of the project] did impact it. I know that at least with the procurement stuff, we bent over backwards . We went well past the standard procurement procedures to accommodate the intent, which was to keep the playing field level and also the process accessible to all. We did a lot of extra stuff in that way, and I think it was really worth it.

Reaction and Competition

Another challenge to the eventual outcome of the NMC is the reaction by established conventional medicine organizations, such as pharmaceutical and insurance companies. Concern was expressed that these organizations would feel threatened by the innovative and potentially cost-effective services offered at the NMC. Key participants expressed concern regarding the ability of the NMC to remain financially stable as it competes for resources and a place in an already tight health care market. During the development and implementation process, participants expressed concern that in the race for financial security and a competitive edge, the managers of the NMC might potentially loose site of the unique integration and collaboration aspect of the clinic. Two key participants from the County Council share their concerns regarding these challenges.

> The next challenge will be to get the insurance companies to reimburse under insurance plans. Right now they decide what to reimburse for based on what they call peer review groups. That means they're usually conventional physicians...So, natural medicine practitioners face prejudice. And I think it is the threat from the profit motive. In other words, a lot of drug companies, a lot of medical equipment makers, and a lot of surgeons make tremendous amounts of money by treating the symptom of the problem [rather than the root cause, as does natural medicine].
>
> I think probably what's happening on the outside with health care and funding [is a challenge]. It creates complications that you have to compete with all these kinds of providers, and I don't know if that is going to pull resources away. It is very complicated. I'm hoping that it doesn't pull from the focus. But I think that is going to be a challenge, to make sure that they compete and can fund themselves. And I think it is going to be a challenge to not try and do everything -- to be all things to all people. I think the expectations are going to be really high... So, if we don't try and be all things to all people, and move

> relatively cautiously, I then think the danger is going to be the financial piece of it.

Funding Challenge

As mentioned above and in previous chapters, funding for the NMC has been an ongoing challenge. The challenge manifested initially in securing and sustaining funding for the NMC, and later in addressing the requirements of the eventual source of funding -- SLIAG. For the Health Department, the early design and development process was hindered by not knowing where or how much money would be available. Once the Health Department realized funding would not be coming from the County, they scrambled to creatively discover an alternative source. However, securing the SLIAG dollars meant the NMC not only needed to serve low-income populations, but also the specific needs of immigrant and refugee populations. As commented on by key participants, the funding source was a creative solution, but it also shaped and complicated the development and implementation process in a way some participants regret.

> In terms of regrets for me, I agree with [others] about feeling like SLIAG wasn't the best fit for funding the clinic. I know that a lot of people worked very hard to get that funding, and I really applaud those efforts because it means the project is going to take place. But, it has shaped the project, and it has turned parts of it into a political problem that wouldn't [exist] if SLIAG weren't there. But I am not disappointed that we are going to offer services to a special target population that I think will definitely benefit. So I go back and forth on that.

The funding source shaped and politicized the NMC by creating another stakeholder with a watchful eye turned to the project -- the State Department of Health

(SDOH). This made the Health Department and collaborative partners beholden to the SDOH, having to design and implement integration and collaboration at the NMC in a way that assures accessibility and use by immigrant and refugee populations. The Health Department and collaborative partners realize they have opened themselves up to criticism from the SDOH, and from other service providers who normally receive the SLIAG funds. One of the collaborative partners from CHC reflects on the challenge of the funding source, both in terms of fulfilling the requirements and how it may impact service delivery at the NMC.

> The other thing that was very much of concern for me was I knew where these funds were coming from when it came to the State. I was expecting some political backlash from Eastern Washington that SLIAG dollars, which are primarily for immigrant and refugee populations, would be coming over here to a metropolitan area. We wanted to make very sure that those funds were going to be used for low-income and refugee and immigrant populations, which they are designated for. There was concern that if this wasn't going to some sort of community based organization that traditionally serves that population, then that would be a problem...I'm sure there will be some people who will say, "Well wait a minute, I'm medically indignant too when it comes to natural medicine services because it's not covered under my insurance. I want access to that." We don't turn anybody away. We don't only serve lower-income folk, but anybody that comes in. So my concern is that I take seriously where this money came from. We really have to do outreach to refugee and immigrant populations. And if the rest of the population is looking for this service and wants to come too, that's fine. But what we may have is too much time going to people that are of the higher income line, and then we may have to do some actual slot choosing in terms of having our appointments accessible to these other groups. So I don't really know what is going to happen when we open the door.

Research Challenge

Designing and conducting research also posed challenges to the development and implementation of the NMC. As described in motion 9491, the County Council

requested research be conducted on the efficacy and cost-effectiveness of integrating natural and conventional medicine. The Motion states the following:

> In addition to providing high quality health care, the clinic should conduct research and development of promising therapies based on either historic use or on preliminary published studies.

The Motion, while requiring research, does not offer guidance as to how the research will be accomplished. Therefore, the Health Department and collaborative partners were left to determine the focus and structure of the research. This posed a variety of challenges, for there is a debate in scientific circles as to the most appropriate methodologies for studying natural medicine, or whether methods commonly used in conventional medicine research are applicable or not for natural medicine research.

> Other alternative systems and methods have not been adequately studied. One reason for this, according to various alternative medicine practitioners, is that conventional medicine researchers typically and inappropriately demand application of the 'gold standard' -- that is, prospective randomized clinical trials -- when they are not appropriate. This demand occurs despite the availability of a range of suitable research methods from which to choose and the possibility that new methods will have to be identified to fit the situation. (Chantilly Report, 1992, p. 290)

The particular situation for the NMC is the challenge of researching not just natural medicine modalities as compared to conventional medicine, but the impact of an integrated approach. Furthermore, the challenge of studying natural medicine also stems from the fact there is not one, but many, natural medicine modalities with similar and dissimilar explanatory models. The research hurdles shape and are shaped by the paradigmatic challenges of blending natural and conventional medicine. Within

the NMC, different paradigms govern conventional medicine than natural medicine, and furthermore different paradigms govern naturopathic care than acupuncture, and so on. Also, natural medicine modalities are often explained in terms of eliciting an innate healing capacity from within a person, such as *chi* or *prana*. Yet, how is this healing force studied and/or measured? The Health Department and collaborative partners have been the ones contemplating and addressing these challenges, determining how and what should be studied at the NMC.

These research challenges are many and complicated, and can not be addressed here. However, recognizing the importance placed upon the eventual research at the NMC, I do want to describe two challenges described by participants which impacted the development and implementation process.

Altering the clear image

The first challenge relates to balancing the original vision of the research to be conducted at the NMC with the funding source and public health priorities. The five core originators of the idea had envisioned the kind of research they hoped to see come from the NMC. This vision had to be altered to address the concerns of the Health Department and funding source. One of the core originators of the idea describes this challenge.

> It was frustrating. We had a very crystal clear image of what we wanted to do and how to do a demonstration project. But as it went into the public health department, they had their priorities and their needs. And so they modified the project to meet their needs. And so many times we had to try to pull back on

> track, but it ended up still not being exactly what we wanted. And then when you account for where the money actually came from, the SLIAG funds, it again causes further diffusion of the initial intent of the research....What we had wanted to do is six test conditions. But going through the process, one of the only negative public oppositions that we got out of this was from people whose condition wasn't covered. They were feeling left out. And then also, once the money ended up coming in, it was clear that we had to meet a public health need, rather than simply do this as a demonstration project. And we are delighted to meet that public health need because we are here to improve the health and well-being of all in the community.

Balancing interests

The second challenge in designing and conducting research at the NMC lay in balancing the perspectives of various stakeholders on how the research should be conducted. From core originators, to County Council, to Health Department, to collaborative partners, to local and national experts, all of the stakeholders had opinions on what treatments to research and whether to do a randomized controlled trial or focus on health outcomes. One of the members SERC reflects on this challenge.

> There are a lot of people who have taken a lot of interest in this study. A lot of different ideas have been brought to the table. Sorting through those ideas, figuring out what's going to be feasible in this setting, has been somewhat of a challenge. In the requirement to come up with a research question before we have an opportunity to really look at the demographics that this clinic serves and the sorts of alternative therapies that they are going to be offered -- it poses challenges. What are we studying?

Through negotiations and compromise amongst the Health Department, collaborative partners, and oversight committee established according to motion 9491, agreement has been reached on NMC research. Research conducted by SERC will be outcome based and focus on three sentinel disease conditions: hypertension, otitis

media, and migraine. Through a case study, researchers will also explore non-disease outcomes such as patient satisfaction, change in provider beliefs and practices, and understanding issues of integration and collaboration.

Motion Interpretation

An ongoing challenge faced by the Health Department and collaborative partners has been the struggle to be responsive to the intent of motion 9491, while also addressing their own needs and needs of the public and media. It has been challenging to interpret the language of the Motion, and therefore the intent and expectations of the County Council and core originators, while also maintaining a fair, impartial, and public process. According to the County Council, language in the Motion was "meant to reflect guidance...to be inclusive language and used as a guideline." Yet, inclusion of certain entities and individuals, and interpretation of certain words in the Motion, created challenges. For example, within motion 9491, the Council named both BU and Harborview Medical Center as recommended organizations to manage and host the NMC.

> The County Council recommends that Bastyr University...be considered for managing the clinic... The County Council recommends that Harborview Medical Center be invited to participate in the program...

The naming of these two organizations created a challenge for the Health Department once they were assigned to carry out and develop the NMC. The challenge lay in the Health Department's duty to develop an open, inclusive, fair, and public process to implement the NMC, while also honoring and interpreting the

recommendations posed in motion 9491. Because of BU's reference in the Motion, there was "an underlying sense they would be the lead." By just naming BU in the Motion, some backlash was generated from other natural medicine organizations in the area who interpreted BU's mention literally, and felt they were just as qualified as BU to lead the NMC. Feeling the pressure both from the Council's recommendation and from feedback from other natural medicine organizations, the Health Department pushed forward with the open and competitive bidding process to manage and operate the NMC. However, realizing the recommendation of the Council, the Health Department did inquire as to the Council's reaction if BU and/or Harborview were not chosen to run the NMC. The Council responded that scenario would be acceptable, as long as the process had been fair.

Another example of the challenge to interpret the intent of motion 9491 came from naming certain individuals as possible members of the oversight/advisory committee. For example, the Motion stated the following:

> The expertise possessed by these four national experts is typical of the specialized knowledge, background and experience that would be important to an independent oversight committee. The council recommends the establishment of such a committee...and suggests that the members of the committee consist of persons comparable to [names the four experts].

Again, for the Health Department and collaborative partners, concern arose for how literally this suggestion should be interpreted. As they discussed in planning meetings, do they "follow the motion to the letter of the law" regarding these recommendations, or interpret it as suggestive but not binding. For the Health

Department, Motion language was mostly viewed as suggestive, combined with carefully creating an open, fair, and credible selection process. One of the members from the Health Department's internal workgroup team reflects on the challenge to interpret motion 9491 and balance this with the need for an open and public process.

> To have Bastyr be running it, that was the assumption from the beginning, and that ended up being the outcome. And, you know, maybe at the outset we should have come to the realization that they should have been a single source contract from the beginning, and not have a competitive bidding process because a lot of people thought they were destined to be the runners of the clinic. They were definitely proven right. So...read what's written literally in 9491, or you read the sub-text. And the sub-text might be, "It shall be Bastyr University that gets this: and they did. And the sub-text might be, "So and so shall be on the advisory panel" and they might become that. But I felt more comfortable with a more open decision.

Natural vs. Integrated Clinic

Another challenge in developing the NMC stemming from motion language, emerged from the use of the term "natural." Motion 9491 very specifically identifies the clinic name as the "natural medicine clinic." In fact, as described in Chapter Two, the five core originators of the idea included as part of their brainstorming and planning a discussion around what to call the clinic. They discussed how terms such as "alternative," "complementary," "unconventional," or "unorthodox" were inadequate and conveyed negative connotations. The originators of the NMC realized these terms would not be conducive to fostering integration and collaboration because they perpetuated the dominance and power of conventional medicine by placing natural medicine as secondary or less than conventional medicine. So after discussion on an appropriate name, the originators carefully chose "natural" as the term to

identify and describe the clinic. However, both the Health Department and some members of the collaborative partners found the term "natural" a challenge. The Health Department, in their development process, often referred to the clinic as "the integrated clinic." At one point in the designing of the RFP, the name of the clinic was changed to "Natural and Conventional Medicine Clinic." Members of the internal workgroup team felt this title was less confusing and more descriptive of the actual goal and intent of the clinic. Yet, because the Motion identified the clinic as the "natural medicine clinic", and because this was the name associated with the clinic in media reports, the Health Department decided that changing the name would alienate the County Council and confuse the public. Additionally, some members of the collaborative partners also struggled with the use of the term "natural" in the title of the clinic, believing it to be a relatively inaccurate description of the clinic's intent. However, because the originators of the idea and the County Council used the word "natural", both the Health Department and collaborative partners retained this term, often following "natural medicine clinic" with a clarifying sentence such as "integrating natural and conventional health care."

For both the Health Department and the collaborative partners, it has been an ongoing challenge to balance the intent of motion 9491 and the Council's expectations with their own needs and the reality of implementing a project of this nature. While this challenge placed increased pressure on the ability to successfully integrate and collaborate, the solution was always to maintain an open dialogue with the County Council through the individual assigned as the NMC liaison. Serving as a conduit, this

person continues to assist and guide the Health Department and collaborative partners in interpreting the intent of motion 9491 and expectations of the County Council and core originators.

Transition Challenges: Role and Ownership

In later stages of the development and implementation process, transition of roles for the Health Department and collaborative partners also created challenges. These challenges emerged in two forms: role confusion, and ownership struggles. The Health Department's role was changing from hands-on facilitator to overseer/contract manager. The collaborative partners were now moving into the central role of implementing the NMC, desiring to make the project their own. One of the Health Department's internal workgroup members describes the transition challenge of letting go of the NMC as a Health Department project.

> As the contract manager, I'm feeling this a lot. The collaborative partners are developing a concept about the NMC and it is becoming theirs. And it's not going to be just ours anymore. And I don't know if we did a check around the room if our individual perceptions about the clinic would match. But I do know there would be an awful lot of similarity about that vision. And it's been interesting to be simultaneously letting go of it, and watching it take on a different form. Here it's in my mind and it's going to change because these folks are not beholden to carrying out my vision of what it is. But it is interesting because I have to keep reminding myself that it's not just "our little project" anymore.

Role Confusion

Role confusion challenges continued as the Health Department began to establish the oversight committee requested in the Motion, and work with the

collaborative partners to clarify the research component to be strong and responsive to the Council's expectations. For the collaborative partners, functioning now within the realm of a public process, concern developed regarding the role of the oversight committee and what degree of power the committee would have in shaping the clinic's services and research. It was important to diffuse this concern, and so the Health Department, as contract manager, articulated the chain of command. Doing so clarified the oversight committee's role to the collaborative partners as one of guidance and suggestion, mediated by the Health Department. The committee would offer advice to the Health Department and collaborative partners, but would not dictate services and research at the clinic. This clarification helped to relieve the collaborative partners and assure them that their vision of integration and research would not be controlled by the oversight committee.

Other role challenges emerged during the transition period. Providers at the NMC struggled with role and boundary issues as the clinic opened. The individual serving as the County's liaison to the NMC experienced role conflict from the collaborative partners who misunderstood the intent of her role. With BU's lack of experience working with the public sector, they initially viewed the liaison's role as a threat and unnecessary now that the contract was awarded. However, the liaison explained her role was not "one of a spy [but] to report progress to the Council and give the partner's advice on how to handle the Council's wishes." After explaining the nature of her role and the request by the County Council for her continued

involvement with the NMC, positive and supportive working relationships developed between the liaison and the collaborative partners.

Ownership

With so many stakeholders involved with the NMC, defining and clarifying roles during the transition period was initially a challenge. Confusion arose as to who controlled and owned the NMC. The struggle for ownership of this innovative and history-making project first developed earlier in the process. As one core originator recalls, the struggle began after the passage of motion 9491 and the naming of BU as a possible operator of the clinic.

> I think one place we probably were naïve, from my perspective, is the degree of in-fighting there would be in the complementary medicine community about who should own this. I'm actually not really big in ownership of anything because I think once you get into it you get rigidification. What you want to do, from my perspective, is to collateralize the movement to distribute the energy to as many sources as possible so it gains a constituent ground swell that is not isolated around any one person or one organization. But there was this huge positioning, and still is, about who's going to own this now that it's getting some professional support. Everybody wants to be the person in the history books that gets labeled as the owner. I have always felt that the most legitimate place to house this was at a University whose whole raison d'etre was natural medicine. But that of course has been a point of great controversy amongst different groups who think they should own it. And I think that probably has surprised me because I underestimated the degree of ego that we have invested in this movement.

The ownership challenge, became strongest during the transition period as the collaborative partners were educating not only themselves, but the public and media, on their new role as manager and operator of the NMC. For both BU and CHC, it was important that their names be associated with the NMC, even though the clinic was

still considered a County Council project. Struggles arose in the attempt to educate the media and public as to their roles, while also honoring the County Council's role. Two individuals describe this ownership challenge. One person represents the point of view of one of the collaborative partners, and the other person represents the view of King County and the Council.

"Continually overshadowed"

> This is a very complicated process. It's very different because of the personal attachments so many people seem to have with this clinic. It's almost as if it is like a religion. I mean the people [who]-- and myself being one of them -- feel like this is the right way to go. And it has been so hard in the medical establishment to go this way when it makes sense. Yet, the number of stakeholders in this, everybody taking some ownership, has made it a much more complicated program for us to work with...And then now the media picks that up and chooses to interpret it. You know, it becomes "Bastyr's Natural Medicine Clinic" or it becomes "King County's Natural Medicine Clinic", and yet the program is operating, the patients -- how the whole thing is going to be managed -- is all Community Health Centers of King County...And I think that [BU] has gotten what [they] want from this -- nationally, every where you read it is "Bastyr gets the first publicly funded Natural Medicine Clinic." Even though we all agreed that in any PR that we put forth, it would be a joint effort with them [BU] just being the fiscal agent. Yet, that's the way it reads, and that's the way it comes across. So it is a high-risk program for us to be taking on and sort of continually be overshadowed by the kind of PR that's being done on it. It's probably my only regret that now everybody and their brother says that they are responsible for the clinic. But again, we just try and keep our focus on if people want these services available to our population, then we want to be a high-quality program and clinic.

"Remains a King County Project"

> But it's going to remain a King County project. -- by name at least. You have probably picked up on a lot of the subtle growing pains of the collaboration. I sat in a meeting and the struggles were clear. One of the things that they talked about in that meeting was changing the name. Community Health Center is concerned it will not reflect part of their name. Bastyr wants to go off tagging their name onto the project. And I sat very quietly for a while and then said, "Wait a minute, you've all lost the big picture here -- it is a King County

> project. And it's going to remain the King County Natural Medicine Clinic and you are all contracted to the Health Department overseeing the King County Natural Medicine Clinic." The way that it is intended by the Council. And I don't think that we are going to allow either of the collaborators to take this on as their project. They're going to shape it, they're going to mold it, their input is going to change, but it has to remain basically a King County project.

As described above, one of the concrete ways in which the ownership challenge manifested was in what to name the clinic and how to refer to it. Should the clinic now be called BU's and CHC's Natural Medicine Clinic, or does it retain the name "King County Natural Medicine Clinic"? Much like how the Health Department responded to the name earlier in the process, the collaborative partners felt the name was confusing -- confusing to the patient population, public, and media. Furthermore, not using the term "integrated" in the title seemed to further diffuse the clinic's intent in the minds of the collaborative partners. The struggle to own and name the clinic emerged in a debate regarding letterhead for the clinic. The NMC liaison and the Council Chair negatively reacted to the collaborative partner's suggested letterhead which labeled the clinic as thus: "King County *Integrated* Natural Medicine Clinic at Kent Community Health Center - a wellness collaboration between Community Health Center's of King County, Bastyr University, and Seattle/King County Department of Public Health" (emphasis mine). The collaborative partners advocated for this new title for several reasons: (a) the word "integrated" captures better what is unique and different about the clinic; (b) the title presents BU and CHC as equal collaborative partners; and (c) the title keeps intact BU's and CHC's own corporate identity. The collaborative partners felt changing the name on the letterhead was an important issue

which showed their identity. Yet the Council felt the change in name was too confusing and did not honor the history of the project or the language of the Motion. After negotiation and compromise with the Council Chair, the collaborative partners agreed to alter the letterhead title to better reflect King County's role and the original name of the clinic. Recommendation was made by the Council Chair to place the word "integrated" into another section of the title. Not wanting to engage in conflict, the collaborative partners agreed to the following letterhead title: "King County Natural Medicine Clinic at Kent Community Health Center - an *integrated* wellness collaboration..." (see Appendix E for an example of letterhead use).

Conclusion

As with specific challenges to integration and collaboration described in Chapter Four, the Health Department and collaborative partners addressed challenges which emerged from the development and implementation process with the same open-minded flexibility and willingness to compromise. Their solution to challenges posed by external forces, funding, research, motion interpretation, and role/ownership issues, was to always strike a balance -- a balance between what was envisioned and what could be done in reality; between political/media pressure and need for a fair public process; between funding limitations and needs of other social service programs; between funding source, patient population served, and research conducted; between the motion intent and what is reasonable and feasible; and between identity/ownership and honoring all of the stakeholders involved with the NMC. The

ability of both the Health Department and collaborative partners to strike this balance kept these process challenges from hindering their efforts to blend natural and conventional medicine and provide integrative and collaborative services. In fact, at one point in the development process as those challenges were struggled with, the Health Department affectionately referred to the clinic not as the natural medicine clinic, or even as the integrated clinic, but as the "balanced clinic." Ultimately, challenges have been met by compromise, creativity and carrying forth common intentionality of all those involved. As one key participant suggested,

> There are always hurdles, but I don't think any of them have to prevent [the NMC's] success. I think the only hurdle we could ever have would be if people forget to use their creativity to get past the hurdles - and I don't anticipate that!

CHAPTER SIX -- CONCLUDING THOUGHTS: OUTCOMES AND IMPLICATIONS

The goal of this final chapter is to bring a meaningful conclusion to the story of the NMC by addressing the clinic's potential outcomes and implications. The first section of the chapter explores the positive and negative outcomes of the NMC. The second section highlights potential local and national implications of the NMC, including duplication, through an exploration of participants' metaphors. The third section offers discussion of the transformational quality of the NMC, and the final section offers my concluding thoughts and a synopsis of findings.

Outcomes of the NMC: Positive and Negative

While it may be a few years before the success and impact of the NMC is fully known, participants core to the development and implementation have reflected on a few possible outcomes of the clinic. These outcomes, both positive and negative, relate to provider fall-out, population use, and future integration attempts. For example, CHC is facing both positive and negative outcomes regarding their participation in the NMC. On the negative side, there continues to be resistance from some conventional medicine providers within the CHC system. The medical director of CHC describes the potential long term consequences of their involvement with the NMC project.

Provider Fall-out

> There is going to be some fall out for having done this within our clinic system. I would think that over time, out of the six clinics, we may lose some providers because they think we have gone the wrong direction. And so this is an ongoing process. And in time, there may be some people that decide not to stay on Bastyr's faculty because their leader is taking them too much into the integrated approach....I've only been the medical director of this organization for a year, and right now I've got to spend the next year probably building back provider trust because there are many in the organization that are still very upset that we moved without their full consent. It [trust] will come back, but the long term implications will be interesting.

At the conclusion of data collection, one of CHC's conventional medical doctors assigned to the NMC decided to leave CHC. Unable to accept the explanatory model or use of natural medicine, and unable to overcome liability fears, this provider decided working at the NMC was against her self-defined sense of being. At the same, one of the natural medicine providers was expressing concern over the resource limitations at the clinic, which he believed prevented him from practicing optimum natural medicine. Since that time, this natural medicine provider has chosen to leave the NMC. On the positive side, however, the medical director of CHC has observed a definite shift towards acceptance among most CHC providers. And according to BU's medical director, the other natural medicine providers are satisfied and excited to be apart of this innovative, and integrative clinic.

Another potential outcome for CHC relates to the future expansion of integrated care into their other clinics. Expanding the integrated model to all CHC sites, and making natural medicine options available to all of CHC's clients, is a long term goal for the CEO and medical director of CHC.

> I hope that we would expand this. We will try and incorporate it to the extent we can in our other sites, or certainly at least make it available to patients at any of our other sites. If they want to travel to be able to come up here [to Kent], then we would expect other providers to refer them, no matter of their site. We treat our system as one system, and it's important for the whole system to be supportive of [the NMC].

Population use

The use of integrated care and natural medicine by the population being served at the NMC continues to be an unknown. Uncertainty exists regarding whether the designated population of low-income, immigrant and refugee people will accept or utilize natural medicine. Research into the utilization and acceptance of natural medicine by underserved, lower-income clients has not been adequately addressed (Hufford, 1995). Research that has been done indicates a demographic of natural medicine use by white females of higher education and income levels (Chantilly Report, 1992; Eisenberg, et al., 1993). As a key participant explained, one of the biggest weaknesses of natural medicine is that it demands far more of the patient. Natural medicine, with its strong emphasis on lifestyle change and its perception of being the medicine of the wealthy, may not be acceptable to populations in crisis. To help highlight this unknown outcome of the NMC, the two medical directors from BU and CHC share their concerns regarding the usage and acceptance of natural medicine by the population served at the clinic.

> It is still hard to say what the acceptance is...because one of the big questions is, "Will natural medicine modalities be accepted and used by low-income, underserved populations?" I hope so, if it is available, but I don't know. A lot of times when you are stressed out, it is easier to take a pill than do lifestyle modifications that might work for you.... I think the kind of patient we are

> going to see more of in the clinic is the patient who may not necessarily understand that those changes are going to be asked of them and it may be very difficult for them to make those changes because of their limited resources. For instance, when we ask patients to go off wheat products and dairy products, which is a very common recommendation that naturopaths make for people with all sorts of conditions, we may give substitutes for those foods that may be difficult to find and expensive because they happen to be in health food stores. That could be almost an impossible request to make of someone who is low-income or homeless. We may run into the situation where [patients] come in looking for a pill, but they want it to be a "natural pill" so it won't hurt them. They are looking for this "natural magic bullet" for their depression or their muscle pain or whatever. Naturopathic medicine is not about magic bullets. It really is about empowering the patient to make changes that are healthy for their life. And that's going to be the question -- whether we can really do natural medicine in this population.

Reflecting on the positive side of the population's use of natural medicine, both medical directors do hold out hope that natural medicine options and integrated care will appeal to low-income, immigrant and refugee populations. Beyond appealing to and being used by these populations, the medical directors foresee natural medicine as a powerful empowerment tool that could reverberate into all aspects of the patients' lives, transforming them for the better.

> The flip side of that, though, is that if this type of medicine is accepted and utilized by low-income and underserved [people], it can have a lot of implications for the rest of their life. Thinking from the standpoint that some low-income and underserved [people] are very dis-empowered and that the type of care that we're offering here is a very empowering type of care...where you really do need to be empowered to take care of your ownself. And that could spill over into other areas of their lives

Word of Caution

With all the attention and excitement generated by this innovative project, participants core to the NMC offer a word of caution. Participants realize that the

birth, development, and implementation of the NMC at this place and point in time is due to a unique convergence of factors, and that other communities and health care providers/organizations may still not be ready for integration to transform our health care system. For many in the health care arena, acceptance of natural medicine and movement towards integrated care may require more time and research. One of the members of the Health Department's workgroup team reflects on the need to remain cautious and not to expect everyone in health care to be supportive of future integration attempts.

> I think...the perception is because we [health department] are open to the clinic that, "yes, we are hiring [natural medicine] people." I think there is just a little bit more caution out there and a little bit more balance than what is coming across....There are people who really want to see results before they change their minds. There are people who don't see naturopaths as primary providers, [and] people who are worried about different therapies being potentially harmful and so on. So, there is some balance that needs to be in there.

Impact of the NMC: Local and National

Throughout the development and implementation process, key participants would often refer to the potential impact of the NMC in metaphorical terms. In their simplest form, metaphors illustrate the likeness or unlikeness of two terms, revealing shared characteristics. For example, one participant referred to the NMC as a new seed taking root in the garden of health care. According to Corey and Atkinson, metaphors figuratively use language as "a device of representation through which new meaning may be learned...illuminating how individuals and groups organize and

express experiences" (p. 85). Furthermore, metaphors can express a sense of collective identity, shared knowledge, and values. Those core individuals involved with birthing and forming the clinic had both shared knowledge in the form of positive personal experiences with natural medicine, and focused intent on the shared goal of seeing natural medicine fully integrated into the health care system. For those individuals, the use of metaphors helped to represent the NMC as an impetus towards and model for change.

Noticing this use of metaphors, I began asking what metaphor came to mind when reflecting on the local and/or national impact of the NMC in my interviews with key participants. They chose the words *energy*, *expansion*, and *enlightenment* to symbolize the local impact the NMC has facilitated. These words represent what key participants have experienced -- their lives being altered and enriched, and worldviews expanded -- due to the emergence of and involvement with the NMC. Nationally, the impact of the NMC has been metaphorically described as a catalyst representing a need for change in health care. Reflecting on the clinic's national symbolism, participants again referred to a sense of expansion and transformation. They view the health care services at the NMC as more than just what conventional medicine or natural medicine can provide individually, but a synthesis of the best of both. There has also been a sense that the NMC represents freedom in choice and a change in our attitude and approach to health and wellness.

The most powerful metaphors emerged, however, when key participants reflected on the impact of the NMC as a potential model for other communities to duplicate. According to one participant, the NMC represents an ice-cutter in the Bering Straight opening a pathway for future "ships" to go through the same canal. The NMC is seen as both a force breaking down barriers for future integrated clinics, and as a model for interested communities to learn from. Drawing upon another metaphor, one of the core originators of the idea discusses the likeliness of duplicating the NMC.

> I know people have said to me, "Well, you know we probably couldn't duplicate this in our community," and I have said, "Oh, I think you are mistaken. It's like breaking the four minute mile." Once it was done, I think they had three people do it in the following year. So communities can duplicate this, you just have to approach it with sound, psychological savvy....Many, many communities have called me and wanted copies of the motion and etc., and so I just encourage them to think differently about it -- it is possible.

Participants expect that communities with a context similar to the one in which the NMC emerged will have an easier time developing an integrative clinic. Similar context would include the presence of natural medicine entities, practitioners, and researchers; political, public, and practitioner advocates for integration; local, supportive leadership in public health, community health, conventional and natural medicine settings; positive, personal experience with natural medicine; and focused determination and creativity. One participant comments on the likelihood of several communities attempting to copy the NMC in the future.

> Now that this one exists, I think that it's going to be copied. And it's possible that it will be copied in a way which is much more efficient. In other words, we kind of crunched our way through a lot of the problems. How do you get medical staffs together? How do you determine a pathway for what is actually going to happen to a patient? I see it as a critical experiment in integration. We've basically got an articulation of values with the experience of this in the public arena, and so it's going to be easier for other places to copy it.

As I was concluding my data collection, representatives from Arizona and Maryland were already contacting NMC participants for assistance with duplicating the model in their respective communities. In late November of 1996, Arizona's Director for Public Health flew key participants of the NMC to Arizona for a day long discussion on duplication.

With the expectation that communities with similar contexts may want to duplicate the NMC, I designed a chart diagramming how interested communities might approach the process (see appendix F). The chart represents a synthesis of advice offered by a variety of individuals core to the formation and development of the NMC. To begin the process participants suggest first identifying community resources such as advocates for and experts of integrative medicine. Along with this is the importance of determining the need and demand for an integrated clinic within the community. After identifying interested parties and determining need, a coalition of broad representation needs to form for developing and advocating a plan. The coalition needs to identify and define assumptions guiding the development of the clinic. For example, how will the coalition define integration? What will be the funding source, or will the clinic be a private or public venture? Reflecting on and evaluating the components of the King County NMC will help others clarify their own

development assumptions. Throughout the process, all interested parties need to be informed, involved, and committed to building collaborative partnerships. Additionally, participants involved with the NMC identified "lessons learned." These lessons are identified in the chart as obstacles to be cautious of and agreements to strive for (see chart for details).

The two medical directors of BU and CHC offer a final comment on duplicating the NMC. Both foresee future integration attempts following a similar path where the less dominant force of natural medicine comes into the dominant setting of conventional medicine.

> If there is to be integration in this country, it's going to probably be along models very similar to this, where we are taking alternative therapies and adding them into unsuspecting conventional medicine providers. There are other integration models where you have a group of conventional medical providers who are working with naturopaths, but they are probably practicing some of it themselves somewhat extensively. So this [project] is unique. If this works, this is an interesting model because most medical care in this country -- a large part of it -- is given through an organized system of conventional medicine. [So] if integration is going to happen, it's going to be recruiting enthusiastic natural medicine providers to come into these settings.

Transformational Quality of the NMC

Individuals involved with the NMC are not the same as when they began the journey to form and implement an integrated clinic, just as the integrated care offered at the NMC is not the same as the care individually offered within strictly conventional, natural, or public health settings. A transformation has occurred, as represented in the meaning of the metaphors shared to describe the clinic's impact.

The clinic has been metaphorically referred to by participants as having a transformational quality in phrases such as, "many forces coming together" or "an aligning of the stars." Participants have described the transformational quality of the NMC, particularly regarding political roles, and creating a new model of health care.

Transcending Political Roles

The NMC is referred to by participants as the single issue where there has been complete coherence among County Council members, and between the County Council and the County Executive. Within the County government, regardless of position or political persuasion, the NMC seems to have the support of everybody.

> Usually democrats and republicans are somewhat suspicious of one another. Urban Council members and Rural Council members are suspicious of one another or the Executive is suspicious of the Council and vice versa. Well in this case, everyone felt this great sense [of agreement], and everyone decided to work together. No one was worried about who was going to get the credit or lion's share of publicity. It was like a basketball team where all the players are playing on the same team instead of individually seeing who can get the highest statistics. They just really cared about making this happen. [We've] seen conservative republicans working hand in hand with liberal democrats. [We've] seen the State legislature working cooperatively with King County elected officials. I don't think I've ever seen as good bipartisan cooperation on anything my whole life. They just all worked together.

New Model of Care

The creation of the NMC is also the creation of a new model in health care. The NMC is a weaving of three distinct disciplines, which when integrated, articulate into something they were not previously. Because the focus is on integrated care and not just co-location of diverse providers, the care at the NMC becomes something

more than the care offered individually by either conventional medicine, natural medicine, or public health. A key participant describes this transformation.

> This is a public health, conventional, and natural medicine partnership. That kind of three leg stool is very important and very innovative. If you can think of this as three traditions that have not been brought together as much as they should be, then that's what is very exciting about this clinic. Public health has a way of thinking about health and wellness and illness that has diverged away from conventional medicine, probably around the time of the Flexner Report, when conventional medicine began to get very teaching and hospital based, and very closely allied to a particular interpretation of scientific medicine. Conventional medicine kind of diverged from population health thinking around the turn of the century. So those are two tracks. Natural or alternative approaches diverged from both of those at probably historically an early point. All of these were mixed in 1870/80 when they were all legal. But by about 1910, or 1920, they began to all diverge. And other [approaches] were either marginalized like public health, or stigmatized like alternatives, as conventional medicine established itself as the dominant profession in health by the 1930's. It's an interesting thing that at the other end of the century, we have a pilot that begins to weave these three things back together again. And that is very exciting. As we found out during the course of the century, what happens when you unravel these approaches to health [is a] very diseased focused, very expensive hospital based allopathic medicine. You get a lot of good things, but you still have public health unfunded and out there at the margins with some very important approaches to prevention and population health, but not much linkage to changing the system. And you have a whole series of practices in the natural and alternative area, that need to be looked at, evaluated, and incorporated...There are not a lot of precedents for it [NMC]. And staying with the weaving metaphor, when things come apart and you weave them back together, they don't quite look the way they looked before

Concluding Reflections

This case study report has attempted to comprehensively and holistically document the story of the King County NMC. While the report reflects my personal encounter with a complex phenomenon, shaped by my two research questions and my

personal bias towards seeing the NMC succeed, I have attempted to ground the story in the experiences and perspectives of individuals key to the formation and development of the NMC. Within the unfolding story of the NMC, I have explored why the clinic came into being at this place and point in time, and how practitioner collaboration and service integration is manifesting. In answering these two questions, I have also documented in depth the origin of the idea, development process, pertinent project challenges, and discussion on the clinic's potential outcomes and impact. Openness, creativity, inclusiveness, willingness to compromise, focused and dedicated purpose, and belief that integration is inevitable and positive, are qualities that describe the people involved with the conceptualization, development, and implementation of the NMC. These qualities, along with a convergence of unique local and national factors, gave rise to the idea, carried the idea into development, and manifested the idea into reality in the form of the first publicly funded, government sponsored, integrated natural medicine clinic. Consumer dissatisfaction with our current health care system, establishment of the Office of Alternative Medicine, development of the Northwest as a center of natural medicine, and the persuasive force of key people in decision-making positions, are all factors which contributed to why the NMC emerged at this particular place and point in time. Manifestation of integration and collaboration at the NMC, and the paradigmatic challenges of integrating conventional and natural medicine, are being addressed through cooperation and compromise, strong and supportive leadership, educational opportunities, patient-centered focus, and the design of protocols to facilitate blending of disciplines and practitioners.

The success of the NMC in terms of integration and collaboration, patient use/satisfaction, and cost-effectiveness, will not be known for sometime. The clinic has energized, educated, and transformed health care providers, politicians, media and the public, inspiring national and international interest. As natural medicine, conventional medicine, and public health are woven back together at the NMC, a reconnection is being made bringing the *care* back into health care. The NMC is creating a new form of health care -- integrated, patient-centered care -- as so aptly envisioned by Dr. Gordon in his book, *Manifesto for a New Medicine* (1996).

> In the practice of the new medicine, the drugs and surgery that are currently central to biomedicine are peripheral, highly prized, but seldom and carefully used. Approaches that have been regarded as peripheral -- self-awareness, relaxation, meditation, nutrition, exercise -- are its vital center. Self-care is understood to be the true primary care. Health promotion is as way of life. At the heart of the new medicine is an approach to physical and psychological functioning that is at once scientific and celebratory. The new medicine fosters an optimistic and hopeful attitude toward the experience of illness. It is based on a therapeutic relationship that is more egalitarian than authoritarian. And it creates a new synthesis of ancient and modern, conventional and unconventional techniques, the best of modern science and the most enduring aspects of perennial medical wisdom (p.241-2).

The NMC is a revolutionary pilot project embracing and modeling this new medicine. It may be that the NMC will breath new life into a frustrated, strained, impersonal, and ineffective health care system. Documenting the formation and development of the NMC, from the story of its birth and development, to integration challenges, to its implications, will assist others in understanding the movement towards a new model in care which partners natural and conventional medicine with public health, and potentially inspire others to attempt similar integrated clinics. I

would like to conclude the story of the NMC with this final comment from a key participant.

> This pilot is...an interesting example of how you can weave these things back together so we can look and see what an integrated practice looks like -- what the clients think about it, how the providers from different perspectives interact and learn from each other, and what satisfaction and improved outcome there may be -- it's just a very interesting reconnection of divergent things.

PROLOGUE

As of October 1997, almost a year from opening the doors of the NMC, key participants continue to provide integrative care and strive for successful outcomes. The clinic has moved into its permanent location within CHC's new building in Kent, WA. Community outreach to the target populations continues, with brochures translated into a variety of languages. Key participants have finalized a video on the NMC's history and services, research protocols are underway, and positive local and national media pieces continue. The second provider integration workshop was held and facilitated again by Dr. Gordon, and was described as a very positive experience for all who attended. The collaborative partners remain fluid in their approach to integration and collaboration, making adjustments to their process when needed. For example, several months into the opening of the clinic it became apparent the triage role of ND residents was not necessary. Most patients making appointments for the NMC have been well versed in their options and have not required the assistance of the ND residents to explain the natural medicine and conventional medicine options. From this feedback, the collaborative partners have transitioned the ND residents from their former triage role into seeing patients directly.

Even with the growth and success of the NMC to date, funding continues to be a challenge. On September 17, 1997 the Health Department convened a meeting to identify stable funding sources for 1998 and beyond, and to articulate "where are we going with the future of the NMC." Attending this meeting were advisory board

members, collaborative partners, Health Department personnel, the NMC liaison for King County, a Council member, and a facilitator. As the NMC reaches the end of the two year pilot period, key participants are struggling to transition the project into a real and sustainable community resource that is financially stable. For the Health Department, concern continues for the need to balance their support and enthusiasm of the project against not funneling funds away from designated public health programs. The collaborative partners have agreed to review, evaluate, and ratchet down any excess expenses, while others affiliated or supportive of the NMC have been asked to think creatively about addressing the funding shortfall and obtaining additional long term funding. Everyone agreed upon the importance of maintaining excellent integrative care and rigorous research while attempting to make the NMC a financially sustainable entity.

During the meeting, participants also engaged in a free-flowing discussion of the future vision of the NMC. All present agreed that any funding source would want to see a mission articulating the long term vision and goals of the NMC. To assist in this process, participants shared their current perspective and vision for the NMC. The Council member, who was one of the core originators of the idea and motion, shared his obligation to make the NMC successful for future generations. He encouraged the collaborative partners to remain intact, as he continues his role of advocating for County support and funds for the NMC. Other participants shared their vision for the NMC including: demonstrating the success of integrating natural medicine into a conventional medicine setting; teaching other conventional medicine organizations

how to make integration work; broadening the definition of care and accessibility by making integrative services available to those who can't afford them; influencing and increasing insurance coverage for natural medicine with the resulting research; and creating seamless data collection methods within an integrated care model for future researchers to follow. The meeting concluded with the goal of developing a strategic plan for the NMC which can be presented to the County Council and other funding sources.

Even in the face of ongoing funding struggles, the support of and dedication to the NMC has not waned. All of the people involved with the NMC, from its inception, to its implementation, and now to its transition into a sustainable clinic, continue to creatively envision and manifest successful outcomes for the first public health, natural medicine, and conventional medicine partnership.

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APPENDIX A

example of interview guide
&
consent form

INTERVIEW GUIDE

"Grand tour" opening questions (context related):

1) Briefly describe for me your current position and activities?
2) What has been your previous experience with natural medicine? (or if the if the person is a natural medicine provider) Describe for me how you came to be a natural medicine provider?
3) How did you become involved in the NMC?
4) What has been and continues to be your role in the development and formation of the NMC?

More specific contextual questions relating to research question # 1 (Why is the NMC emerging at this particular place and point in time?):

5) The Nation is seeing an increase in the use and interest of complementary therapies, as evidenced by Eisenberg's study, medical schools beginning to incorporate coursework on alternative therapies, and the growing establishment of natural medicine schools and journal around the country. Keeping in mind that the natural medicine activities are occurring all over the country, what is unique about the King County community so that the formation of this clinic is taking place here? (i.e. What's going for King County?)
6) What conditions or elements are present now facilitating the emergence and development of the NMC, which were not present before? (i.e. Was there a specific catalyst or a variety of factors?)

More specific questions relating to question #2 (How will practitioner collaboration and service integration be made possible at the NMC?):

7) One of the main goals of the NMC is to foster collaboration between natural and a conventional medicine practitioners to provide innovative and integrated services.
   a) What does collaboration and integration mean to you (you're definition)? Also, it has also been acknowledged that practitioners from different disciplines do not

always integrate easily. B) With that in mind, what role will you play to bring about collaboration and integration?

8) Natural and conventional medicine are shaped by two different healing paradigms, one is holistic and the other more reductionistic in its approach. With this in mind, a) What problems or obstacles for collaboration and integration has the marriage of two healing modalities produced? (i.e. or has this been an issue to far?) b) What solutions would you offer to facilitate the successful blending of natural and conventional medicine?
9) Moving into the future, let's say the clinic has opened and I am a client visiting for the first time. Describe for me the various things I would see and experience at the NMC that would demonstrate collaboration of practitioners and integration of services?
10) What do you believe to be the greatest challenges getting in the way of full collaboration of practitioners and integration of services at the NMC?

Concluding questions:

11) Describe for me what you feel to be the larger symbolism of the NMC, both locally and nationally?
12) What metaphor might you choose to describe the significance of the NMC?
13) How have you been changed by your involvement with the NMC?
14) What advice would you give to others who'd like to duplicate the NMC in their community?
15) In your opinion, what is the likely success of the NMC? (i.e. Hurdles to success? What do the planners of the clinic have to contribute to the clinic's success?)
16) Is there anything else you would like to share regarding the formation and development of the NMC that has not been touched upon yet?
17) Do you have any suggestions for me regarding other individuals to interview?
18) May I contact you in the future for clarification or obtaining more information form you?

STATEMENT OF INFORMED CONSENT

I, _____, agree to participate in this descriptive case study research project on the formation and development of the Natural Medicine Clinic. This study is being conducted by Jennifer Schneider, MPH graduate student, School of Community Health, Portland State University, Portland, Oregon.

I understand that the study involves open-ended, semi-structured interviews that will last approximately one and a half hours and will be audio-taped recorded. Jennifer has explained to be that the purpose of this study is to holistically understand and document the context which has allowed the formation and development of the Natural Medicine Clinic.

I understand that to prevent violations of my own or others' privacy, I have been asked to respond to the questions asked of me and not discuss my own or other people's private experiences which do not pertain to the formation and development of the Natural Medicine Clinic.

I understand that I may not receive any direct benefit from participating in this study, but that my participation will help document the Natural Medicine Clinic and may help others in the future.

Jennifer has offered to answer any questions I may have about the study and what I am expected to do. Jennifer has promised that all information I give will be kept confidential to the extent permitted by law, and that the names of all people involved in the study will be kept confidential.

I understand that participation in this study is entirely voluntary, and that I am free to stop participating or leave at any point and do not have to give any reasons or explanation for doing so.

I have read and understand this information and I agree to take part in the study.

_____ _____

Today's Date Your Signature

If you have concerns or questions about this study, please contact the chair of the Human Subjects Research Review Committee, Office of Grants and Contracts, 105 Neuberger Hall, Portland State University, (503) 725-3417.

APPENDIX B

Motion 9491

CHRISTOPHER VANCE
LARRY GOSSETT JANE HAGUE
MAGGI FIMIA GREG NICKELS
BRUCE LAING LOUISE MILLER
PETE VON REICHBAUER
BRIAN DERDOWSKI
KENT PULLEN CYNTHIA SULLIVA

February 22, 1995 Introduced By:

natmeasb Proposed No.: 95-151

MOTION NO. 9491

A MOTION requesting the King County Executive to establish a natural medicine clinic to provide the best possible health care for citizens at the lowest possible cost.

WHEREAS, a program of natural medicine integrated with conventional medicine gives the best possible opportunity for people to achieve quality health care and wellness at the most affordable cost, and

WHEREAS, natural medicine can be defined as the cure or prevention of disease through the use of vitamins, minerals, amino acids, enzymes, herbs, and other natural substances, or the use of non-surgical, drugless approaches, such as acupuncture, that support the body's own healing processes, and

WHEREAS, natural medicine also involves the sensible avoidance of toxins, allergens, pollutants, chemicals, and many unhealthy food additives, and

WHEREAS, natural medicine has frequently proven to be successful by treating the underlying root cause of the problem instead of merely masking the symptoms, and

WHEREAS, in many situations, natural medicine can be more efficient, less costly, with fewer side effects than conventional medicine, and

WHEREAS, the Metropolitan King County Council constitutes the King County Board of Health and has significant responsibility for the health of citizens of King

County, not only in its role as the Board of Health, but also by the operation of the King County Health Department, and as contractor through the Board of Trustees for medical services at Harborview Medical Center;

NOW, THEREFORE BE IT MOVED by the Council of King County:

A. The county executive is requested to prepare a plan for the establishment of a natural medicine clinic that will commence operations as soon as possible, but no later than March 1, 1996.

B. The purpose of the clinic should be to integrate natural medicine with conventional medicine to achieve the highest quality health care at the most affordable cost. In addition to providing high quality health care, the clinic should conduct research and development of promising therapies based on either historic use or on preliminary published studies.

C. The county council recommends that Bastyr University, the first fully accredited multidisciplinary institution of natural medicine in the world, be considered for managing the clinic.

D. The county council recommends that the clinic be staffed by a Natural Medicine Health Team to consist of an M.D. (for clinical services); an N.D. (a Doctor of Naturopathy for clinical services); a Ph.D. (research design, data collection and analysis); a nutritionist, with a minimum of a Master of Science degree (nutrition and lifestyle counseling); a Certified Acupuncturist; an R.N. (to assist physicians); M.D. and N.D. residents (for education, clinical services, research and data collection); a receptionist (admissions and record keeping); and an administrator (administration and budgeting).

E. Consideration is to be given to establishing the clinic at a public health center or community clinic of the King County Health Department; a storefront clinic offering maximum visibility is desirable.

F. The county council recommends that Harborview Medical Center be invited to participate in the program by voluntarily providing a physician and a statistician to observe, assist, and collect data.

G. Bastyr University, or the organization selected to manage the clinic and develop the clinic plan, should utilize natural medicine approaches that may include, but not necessarily be limited to, treating hepatitis, recurrent childhood infections (such as otitis media), benign prostatic hypertrophy, arthritis, gastritis, irritable bowel syndrome, hypertension, osteoporosis, kidney stone formation and bladder problems, female hormone-related problems, coronary heart disease and other vascular disorders, arthralgias, myalgias, and some chronic and migraine headaches.

H. The approaches to healing may include, but are not necessarily limited to, bionutritional support, Chinese herbal medicine, biofeedback methods, and acupuncture.

I. Two years after the establishment of the clinic, Bastyr University or the organization selected to manage the clinic, should provide a report to the county executive and county council that evaluates and documents, by strict scientific standards, patient satisfaction, medical outcomes of natural medicine, the potential for reducing the high cost of health care, and results of the research program.

J. With the passage of this motion, the county council thanks the panel of experts who previously testified before the council on the subject of natural medicine: Dr. Jeffrey Bland; Dr. Joe Pizzorno; and Dr. Jonathan Wright. The council also would like to thank Dr. David Eisenberg of

Harvard Medical School for supplying the council with valuable supporting information. The expertise possessed by these four national experts is typical of the specialized knowledge, background, and experience that would be important to an independent oversight committee. The council recommends the establishment of such a committee, which would coordinate jointly with the county executive and the county council, and suggests that the members of the committee consist of persons whose technical backgrounds are comparable to those of Drs. Bland, Eisenberg, Pizzorno, and Wright. The purpose of the oversight committee should be to review data relating to the efficacy of the clinic, to help ensure the success and credibility of the clinic's processes, and to encourage the communication of the results of the clinic's programs to numerous practitioners of both conventional and natural medicine.

K. The county executive is requested to submit a progress report on the plan to the county council by June 1, 1995; the county executive is requested to submit a final report describing the plan and recommendations to the county council by August 1, 1995. These dates are intended to enable the executive's proposed 1996 budget to include funds to implement the plan.

PASSED by a vote of 12 to 0 this 27th day of February, 1995.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Kent Pullen
Chair

ATTEST:

Gerald A. Peterson
Clerk of the Council

Attachments: None

APPENDIX C

Applicant abstracts

ABSTRACT

The Natural Medicine Clinic, developed in collaboration between Bastyr University and the Community Health Centers of King County, is intended to provide high quality natural and conventional health care services to immigrants, refugees and individuals and families with low incomes. The goals of this innovative, integrated clinic are to deliver culturally appropriate, accessible and cost-effective health services to the South King County area; create a framework of services that will enhance total health through natural medicine therapies, wellness promotion and disease prevention, lifestyle and nutrition counseling, and community outreach efforts; develop a model for integrated conventional and natural health care that optimizes quality health outcomes and patient satisfaction; and, provide an environment and collaboration to conduct outcomes research.

The clinic will offer conventional medical services together with naturopathic medicine, acupuncture and herbal medicine, nutrition and stress reduction counseling, massage therapy and chiropractic care. Special emphasis will be placed on wellness and disease prevention through classes, workshops, printed materials and other community outreach efforts. Natural medicine and conventional medicine services will be integrated through co-management of specific presenting symptoms, on-going joint case review, and cross-training modules.

As lead agency, Bastyr University, brings with it the most comprehensive complement of natural health care providers, advisors and researchers found anywhere in the United States. It is the first accredited multi-disciplinary college of natural medicine in the world, the first NIH Office of Alternative Medicine Center funded for Research in Alternative Medicine, and publishers of the internationally recognized standard setting *A Textbook of Natural Medicine*. Since 1978, Bastyr has taught hundreds of natural health practitioners who have influenced the direction and practice of science-based natural medicine healers throughout the world. As lead agency, Bastyr University will be responsible for the management and operational oversight of the team of natural medicine providers and developing the clinical values model for the integrated clinic with our host partner.

The Community Health Centers of King County (CHCKC) is a private, 25 year old non-profit agency with six established community health centers in King County. For the purpose of this proposal, the Kent Community Health Center located in the City of Kent will be the site of the integrated clinic. However it is expected that the Natural Medicine Clinic will draw patients from the entire South King County area. The mission of the CHCKC is to provide comprehensive, community-oriented primary care to low income and other underserved people who cannot access needed health services due to their finances, language, culture, handicap or social status. About 20 percent of the population served require interpretation services and 98 percent are at or below 200 percent of the Federal Poverty Level Guidelines. The principal roles of the CHCKC will be to (1) serve as the host site, (2) staff for the conventional medical provider (MD), and (3) provide support services including billing and computer services.

The Statistics & Epidemiology Research Corporation (SERC) will work with Bastyr University and the CHCKC to provide research expertise. Incorporated in 1979 by the faculty in Biostatistics and Epidemiology Departments at the University of Washington, SERC's role will be to develop and conduct the research project comparing outcomes across care variations on health conditions which have significant public health impacts. The principal investigator is Nayak Lincoln Polissar, Ph.D.

If additional resources were available in the first year, the clinic would expand its services by providing primary and natural health care services for HIV/AIDS patients. Further expansion would be in the area of community health promotion and expanded wellness programming.

ABSTRACT: THE YESLER TERRACE CENTER FOR HOLISTIC CARE

The Yesler Terrace Center for Holistic Care (YTCHC) will be a collaborative effort between Harborview Medical Center (HMC), Yesler Terrace Health Clinic, The Northwest Institute for Acupuncture and Oriental Medicine (NIAOM), and the University of Washington. Carey Jackson, MD at Harborview will be responsible for providing conventional allopathic care through HMC for the clinic. Through a subcontract, NIAOM will take the lead in coordinating and providing an array of alternative medical services, including acupuncture, chiropractic, homeopathy, naturopathy, massage, training in Tai Chi Chuan, and nutritional education. These services will be provided in a primary care model based at the Yesler Terrace Health Clinic with the exercise and educational component based in the neighboring community center.

The clinic is intended to target immigrants and refugees, but will serve anyone choosing it for primary care. Located in one of Seattle's central housing developments, the YTCHC will be immediately accessible to the residents of public housing and the surrounding Central and International Districts. Yesler Terrace housing is 40% Vietnamese, and approximately 20% East African, most of these people are immigrants or refugees. Patients will be provided care in this setting with the understanding that they will receive team care provided by both an allopathic physician and a naturopathic physician or Oriental Medicine practitioner. Ancillary support services, subspecialty care, emergency coverage, and hospitalizations will occur through HMC.

The YTCHC will be linked to key clinics within the HMC system that already provide complementary healing modalities to their patients. The linkage of clinics providing integrated care is referred to as the Harborview Integrated Care Plan. For example, Refugee Clinic physicians, acupuncturists, and staff will deliver care at both the Refugee Clinic and YTCHC. The participation of the YTCHC in a larger network of integrated services at Harborview will provide a number of advantages to the new clinic. The integrated care network will facilitate referrals from related sites to the YTCHC as a primary site of care since the same clinicians will practice in both locations. On those days that the YTCHC is at full capacity, a related clinic will be able to provide seamless service as a drop-in site of care. The overlap between clinics will also provide a source of services that have been developed to serve the targeted populations, such as the programs for non-English speaking families in the Refugee clinic, social services networks in the Pioneer Square Clinic, HIV/AIDS resources in the Madison clinic. The larger network of integrated care will also be a source of both cases and controls for the outcomes studies.

The evaluation of the clinic will be subcontracted through Mari Kitahata, MD, MPH in the Department of Medicine at the University of Washington. Hypertension, chronic low back pain, and HIV disease will be the conditions of focus. The appropriate outcomes measures will include; medication usage, functional status measures, patient derived measures of quality of life, symptoms status, satisfaction with care, objective disease specific physiologic outcomes measures; as well as measures of evaluative care. In addition, a qualitative evaluation will examine the impact of the process of integrating care on the clinicians practicing together, and the experience of the patients receiving care from the different practitioners.

If additional funds became available there would be two priority additions to the core activities. The integrated care network would be expanded to provide alternative care in additional clinics such as the Adult Medicine Clinic, or the Rehabilitation Service. The evaluation would be expanded to include additional conditions, such as diabetes, that lend themselves to outcomes evaluation and quality of life measures.

Proposal for Natural Medicine Clinic at Beacon Hill

ABSTRACT

Recognizing the diversity of the communities we serve, and each community's unique way to health, Pacific Medical Center (PMC) in collaboration and partnership with the Cross Cultural Health Care Program (CCHCP), the International District Community Health Center (IDCHC), Seattle Indian Health Board (SIHB), and Sea-Mar Community Health Center propose the development of a Natural Medicine Clinic (NMC) pilot which has as its primary goal the integration of natural and allopathic medicine. The development of this proposed pilot is the result of a long-standing partnership between these community clinics and PMC, and expands the current scope of natural and allopathic health care to include a community-centered approach. The Natural Medicine Clinic pilot we propose has as its focus natural medicine with an emphasis on the ways of healing as they are conceived of, and practiced in the indigenous, immigrant, refugee and communities of color in King County. The pilot proposed presents a truly holistic view of health encompassing both the individual and the community in the healing process.

The Pacific Medical Center/Beacon Hill Clinic will serve as the lead agency and the clinical site of the Natural Medicine Clinic. The Cross Cultural Health Care Program at Pacific Medical Center will provide mechanisms for community input and education, cultural competency training for providers relative to the integration of diverse healing systems, and interpretation and translation services for the project. The International District Community Health Center, Seattle Indian Health Board, and Sea Mar Community Health Center will be collaborating partners, will serve as a specialty referral providers for patients from the Natural Medicine Clinic, will provide consultation relative to indigenous, and traditional healing systems, and will serve on the NMC Advisory Board.

This clinic will be a pilot to test the integration of multiple healing techniques and to train providers and patients to utilize these services effectively. An Advisory Board comprised of collaborating partners, providers, consumers, representatives from PMC administration, the CCHCP, and the research team will provide oversight and community input for the NMC. In addition, the Advisory Board will provide a point of contact for the SKCDPH Natural Medicine Executive Advisory Board. A case conference/assessment model will be utilized to maximize integration of approach. A primary care team comprised of allopathic physicians, naturopathic physicians, a Chinese Traditional Medicine Provider, an indigenous traditional healing specialist, and a mental health professional will conduct patient assessments and determine a course of care for patients utilizing the NMC. Referral will be made, when appropriate, to specialists including those on staff or under contract with PMC or the collaborating partners. The team will review cases referred by the Intake/Triage Specialist, which require special consideration and discussion, and randomly select review cases for quality assurance and research purposes. A research team representative will also meet will the team to document the clinic implementation and development.

The current service areas of the PMC Beacon Hill, the ID Clinic, Sea-Mar, and Seattle Indian Health Board encompass a broad area of King County, and will serve as the geographical target of the Natural Medicine Clinic.

Independent research will be conducted to determine patent outcomes in the conventional Beacon Hill clinics and the integrated system, to document the development and implementation of the Natural Medicine Clinic, and to determine the effects on patients and providers relative to the integration of multiple healing systems. The principal investigators on the project will be Noel Chrisman, Ph.D., Sharyne Shiu-Thornton, MA and Diane Martin, Ph.D from the University of Washington.

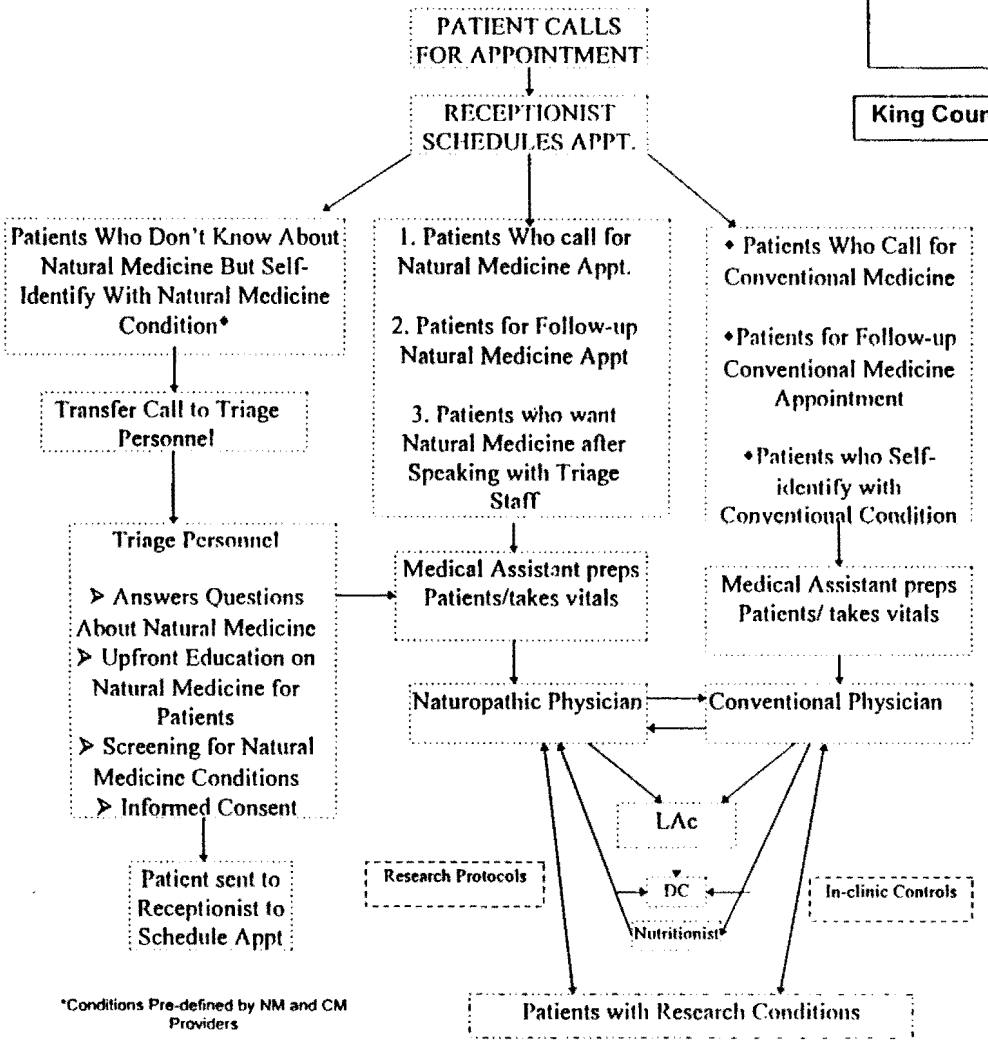
The potential systemic impact of the integration of natural and conventional medicine services provided by this pilot are enhanced by the extent of expansion possible throughout PMC's system of 22 clinics. If additional funding and support became available expansion of the NMC could include the 22 PMC clinics currently operating in locations throughout King County, as well as at additional sites at each of the collaborating community clinic partners.

APPENDIX D

Patient flow chart
&
Integration protocols

PATIENT FLOW CHART

King County Natural Medicine Clinic



CLINICAL PROTOCOLS OF THE COLLABORATIVE PARTNERS

Conventional Medicine First Conditions

* newborn and infant care only through two months
* acute abdomen
* undifferentiated chest pain
* acute hypertension
* lacerations
* initial hospitalization follow-up visits
* acute congestive heart failure
* fractures
* acute respiratory distress
* initial evaluation of arrhythmia
* acute/initial evaluation of confusion
* gross GI bleeding
* stroke
* syncope
* pregnancy/prenatal care

Conditions Appropriate for Naturopathic Physician Referral

* acne
* anxiety
* asthma and hay fever
* candidiasis
* chronic fatigue syndrome
* common cold
* constipation
* crohn's disease and ulcerative colitis
* cystitis
* depression
* ear infection
* eczema
* food allergy
* headache
* heavy menstrual periods
* hypertension
* insomnia
* irritable bowel syndrome
* menopause
* migraine
* osteoarthritis
* osteoporosis
* premenstrual syndrome
* prostate enlargement
* rheumatoid arthritis
* sinusitis
* upper respiratory infection
* ulcers
* urinary tract infection
* vaginitis

Conflicting Conditions requiring Co-management of Providers

Infectious Disease

* strep pharyngitis
* sinusitis
* bronchitis
* otitis media
* vaginitis
* bacterial & fungal skin infections
* conjunctivitis

Chronic Problems

* asthma
* hypertension
* arthritis
* menopausal
* back pain
* acne
* atopic dermatitis
* migraine
* allergic rhinitis
* IBD
* CHF
* diabetes

Source: Grant application of BU, CHC, and SERC

DIABETES, Non-insulin Dependent

Key Receptionist Terms: *"diabetes", "high sugar"*

Co-management Protocol: *The optimum goal for any type II diabetes patient is a fasting blood sugar of 115 with treatment, but a fasting level of 140 is acceptable. Any patient who initially presents with a fasting blood sugar above 270 shall be offered co-managed care with a conventional medicine provider. For those patients who present with initial fasting blood sugars between 140 and 270, the natural medicine providers may manage their care for up to 6 months alone. After 6 months, any patient who maintains a fasting blood sugar above 140 shall be offered co-managed care with a conventional medicine provider.*

Natural and conventional medicine providers shall offer all patients with diabetes annual eye exam with an opthamologist to screen for diabetic retinopathy. In addition, patients shall receive annual urine screening for protienuria with an appropriate test which measures micro-albumin excretion. Those patients with an elevated urinary albumin excretion shall be offered co-managed care with a conventional medicine provider to discuss the addition of an ACE-inhibitor to the patient's treatment regimen.

(See Allergies regarding prescribed natural medicine and conventional medicine therapeutics.)

APPENDIX E

Letterhead example

FACT SHEET
THE KING COUNTY NATURAL MEDICINE CLINIC
at the
KENT COMMUNITY HEALTH CENTER

An integrated wellness collaboration by Community Health Centers of King County, Bastyr University, and the Seattle/King County Department of Public Health.

WHAT IS THE INTEGRATED NATURAL MEDICINE CLINIC?

The King County Natural Medicine Clinic is a ***collaborative effort*** by ***Bastyr University*** and ***Community Health Centers of King County (CHCKC)***, with funding provided by the Seattle/King County Department of Public Health. The purpose is to provide integrated ***conventional family practice services and natural medicine services for poor and uninsured people*** in the Kent community and throughout South King County.

WHAT IS THE NEED FOR INTEGRATED NATURAL MEDICINE IN SOUTH KING COUNTY?

- A survey of CHCKC patients in 1995 showed that ***60% of current patients were interested in receiving natural medicine services.***

- ***Nearly one-fifth (20%) of CHCKC's patients need translation services.*** Many of these patients are people who have recently arrived in this country ***who are often more accustomed to receiving natural medicine health care services.*** The languages that are most common among these patients are Russian, Spanish, Korean, Ukrainian and a variety of Asian and Southeast Asian languages.

WHAT SERVICES WILL THE INTEGRATED NATURAL MEDICINE CLINIC OFFER?

Basic health care services will be provided by clinicians working in collaborative teams to maximize effectiveness. These integrated services include:

- ***family practice primary care***
- ***prenatal and obstetrical services***
- ***health education and prevention (e.g., immunizations)***
- ***referral to specialists***
- ***hospitalization***
- ***naturopathic medicine***
- ***acupuncture***
- ***massage therapy***
- ***chiropractic care***
- ***stress management***
- ***nutrition counseling***

In addition, all patients will have access to the following ancillary and enabling services:

- ***Language Interpretation*** at ***No Charge***
- ***Case Management and Mental Health services***
- ***Patient Advocacy*** with other governmental and social service agencies

WHO IS THE TARGET POPULATION?

The target population includes the traditional target population for Community Health Centers of King County. This includes people who are low-income, uninsured, Medicaid and Medicare beneficiaries, people who are immigrants and/or refugees and any other people who are medically underserved.

HOW WILL PATIENTS PAY?

Payment for services will be according to CHCKC's current policies. This includes:

- acceptance of ***Medicaid fee for service***
- acceptance of ***Basic Health Plan*** and ***Healthy Options*** when enrolled in the ***CHCKC/Community Health Plan of Washington***
- acceptance of ***Medicare assignment***
- acceptance of other third party
- ***sliding fee discounts*** for patients who are uninsured and poor

Like the primary health care services traditionally provided by Community Health Centers of King County, natural medicine services emphasize ***health promotion and disease prevention as well as acute care. Natural medicine services are a "natural partner" with CHCKC's primary care services.***

APPENDIX F

Duplication advice chart

DUPLICATION ADVICE CHART

Identify interest and resources in the community

Conduct a needs assessment to determine need and demand for an integrated clinic

Identify advocates and experts in the form of elected officials, cm and nm practitioners and organizations, researchers, public health, community clinics, citizen groups, business leaders, etc.

Invite and involve all interested parties in the process

Form a coalition or task force of broad representation

Develop a plan

Evaluate the components of the King County NMC for appropriateness and fit to own community

Identify and define assumptions guiding clinic development (ie. Co-locatiod, fully integrated, patient-centered, range of services/providers, public or private venture, compatibility of providers, mandate collaboration, research, evaluation)

Foster partnership building between the healing disciplines

Keep all parties involved and participating
(ie. Meetings, newsletters, other communication)

Determine funding source early in the process

Cautions and Obstacles

- don't be too radical or create backlash
- expect a long process
- don't hurry the process
- expect opposition
- expect strong opinions and feelings from all stakeholders involved
- set aside egos

Agreements

- be open to learning and new ideas
- be inclusive and open in dialogue
- agree to a collaborative approach
- agree to have organizational leadership fully supportive
- agree to allow time for process
- agree to honor and negotiate all opinions
- engage in conceptual thinking
- have goodwill and respect for each other