

# Health Insights Today

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## Working as a Team: Integrative Healthcare in Theory and Practice Interview with Leonard Wisneski, MD

Interview by Daniel Redwood, DC

**T**ruly integrative healthcare rests on a foundation of cooperation and coordination among health practitioners for the benefit of their patients. Sometimes this occurs in a group practice under one roof; in other cases, it takes the form of interdisciplinary networking across a town, metropolitan area or a region. In all cases, it requires teamwork based on mutual respect, active listening, and creative problem solving. Leonard Wisneski, MD, recently named to head the Integrated Healthcare Policy Consortium, is an integrative medicine pioneer.

Dr. Wisneski is Clinical Professor of Medicine at George Washington University Medical Center and Adjunct Faculty in the Department of Physiology and Biophysics at Georgetown University, where he is a founding member of the Complementary and Alternative Medicine Curriculum Planning Committee. He teaches a course at Georgetown University entitled “The Western Approach to Eastern Medicine.” Dr. Wisneski is currently the Dean and President of the University of Sint Eustatius School of Medicine, a medical school devoted to integrated medicine, medical education research, and innovation.

Dr. Wisneski served as Vice Chairman of the NIH Consensus Panel on Acupuncture and Chairman of the NIH Advisory Board on Frontier Sciences at the University of Connecticut. He holds fellowship positions in The American College of Physicians, The American College of Nutrition, and The American Institute of Stress. He served on the board of the American Holistic Medical Association and was President of the International Society for the Study of Subtle Energies and Energy Medicine. He has published over 30 scientific articles and a textbook, *The Scientific Basis of Integrative Medicine* (CRC Press, 2009) now in its second edition.

In 1999, Dr. Wisneski co-founded and served as the regional president and medical director of American WholeHealth, an integrated, multi-practitioner center. He also served in the role of Medical Director and Chief Medical Editor of Integrative Medicine Communications, a publishing company which produced textbooks and newsletters devoted to this new field of medicine.

Dr. Wisneski graduated from Thomas Jefferson Medical College and performed his postgraduate training in internal medicine and endocrinology in the George Washington University healthcare system, where he served as Chief Medical Resident in Internal Medicine. From 1977-1997, Dr. Wisneski was the Corporate Medical Director of Marriott International, Inc., and Director of Medical Education at Holy Cross Hospital in Silver Spring, Maryland, an affiliate of George Washington University Medical School and Children’s National Medical Center.

*When you went to medical school, I assume you were not taught how to work collaboratively with members of other professions such as chiropractors, massage therapists and acupuncturists. In your medical practice, when did you start working with members of non-medical professions?*

It was within the first year or two.

*What led you in that direction?*

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Within the first couple of years of medical practice, in the mid-1970s, as an extension of my research in my endocrinology fellowship, I did a lot of work with the hormone, calcitonin. I was on the international lecture circuit, and I was invited to an osteopathic school in Des Moines, Iowa. There was a Professor Zinc in attendance, who was one of the leaders in osteopathic manipulation. At the time, I think he was in his 80s. When I got off the plane to go to give the lecture, I twisted the wrong way and it was very obvious that I had wrenched my back.

I had no prior experience with complementary and alternative medicine. I gave the lecture on osteoporosis, and Professor Zinc, from the audience, said he was aware that I was in discomfort. He then had a table brought out. In front of about 500 people, he told me to lie on the table and that he would come up and treat me. I had a picture in my mind of anything from going directly to the hospital, to immediate paraplegia.

*And yet it was hard to say no.*

It wasn't hard, it was impossible. He manipulated my back, and I sprang off the table, feeling phenomenal, feeling full vitality and no back pain. I was amazed. And that was a defining moment for me. I took a course in counterstrain [an osteopathic manual method], I took the UCLA acupuncture course, I studied herbal medicine, and I studied much more nutrition than I had ever received in medical school. I also studied medical anthropology, which led me into traditional medicine, which got me into the area of bioenergetic medicine. It was a quest from then on. My colleagues in endocrinology—where I was pretty well established in the osteoporosis realm—were wondering what I was doing and discouraged me from that path. But I felt that this was a passion and something that I just needed to follow. So that's what led to me changing my career at a very early stage of my practice.

I was the director of education at a George Washington University affiliate. There was a reticence to discuss these topics until I was able to convince some of the Indian and Chinese medical residents to open up to their background. Some of them felt thrilled to have honor accorded to their cultural roots. We started having group discussions on various CAM techniques, based on the traditions of their homelands. And this led me to a love affair with integrative medicine.

I came very early to realize that in medical school I was taught about pathology (the avoidance thereof) and treatment, purely on the physical level. Other than a psychiatry rotation as a senior medical student, I was not prepared to deal with emotions of individuals. And studying the various traditional systems, I saw a great overlap, a congruence between body, emotion, mind and spirit, and how important each of those components were to the true vitality of the human being.

Then, in the late 1970s, I became one of the members of the then nascent American Holistic Medical Association. I became good friends with luminaries such as Everett Loomis, who started the movement in the Sixties, as well as Norm Shealy and Bill McGarey. It led on from there, and I tried to do my best to carry this concept into George Washington University, and eventually Georgetown as well.

*Later, you were later involved with a large multidisciplinary clinic in the Maryland suburbs of Washington, DC.*

I had the opportunity, in the late 1990s, to explore the potential of selling my practice and developing a 25-practitioner integrative medicine group, which was American WholeHealth. We set up an office in Bethesda, 10,000 square feet, and we had practicing physicians, osteopaths, chiropractors, acupuncturists, Reiki therapists, and massage therapists. We worked together as a team and I developed a rehabilitation medicine approach where the team would have regular meetings and decide what we thought was best for the patient. We would then present it to the

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patient, and the patient would decide what course they were most comfortable with, as we explored possible therapies. I feel like I had an amazing glimpse of the future of medicine. I saw how incredibly helpful this was for individuals and how pathophysiology that wasn't supposed to reverse, actually reversed, in many cases.

*What you just described about the process of triage, diagnosis, and determining what kind of treatment to pursue, seems strikingly non-hierarchical. Am I hearing that correctly? And what do you see as the pluses and minuses, if any, of that approach?*

I didn't see any minuses. What I really established was that individuals trained in conventional medicine were essentially the initial pathology triage officers. They would be the first people to screen for tissue pathology, and to determine whether it was a functional disorder. And from there, we could decide—along with the patient and the team—what the best therapeutic options would be. It was completely egalitarian. It took me about six months to get CAM-trained individuals to the point where we left our initials at the door. I actually would say that. I would say, "I don't care what degrees you have, or what your initials are, we come together with different talents and we want to work together for the best interests of each and every individual patient."

*For a practitioner who is considering entering a practice with someone from another profession, what kinds of issues should they consider in determining whether it's the right choice?*

They would have to feel comfortable working in a team. They would have to feel comfortable, given that they may be proud of their credentials, that conventional medicine teaches only one aspect of treatment in the healing process, and to be open to learning a cornucopia of new techniques, as well as an inherent philosophy which is ageless, ancient, modern, and perhaps reflects more truth of the inherent vitality of the human being.

*What eventually happened with American WholeHealth?*

It no longer exists, except as a referral network. What happened was that the "Ask Dr. Koop.com" website got started. This was during the dot-com boom, and the board of directors decided to put their money there instead. We had clinics in Chicago, Washington, Denver and the Boston area. Despite the fact that one or two were already profitable, and ours was about six months away from profitability after functioning for a year and a half, the board of directors decided to take the money they had invested in the clinics and turn it into a virtual company.

*What a loss!*

So we closed. While we existed, we really brought a lot of information to public attention and to the academic world as well. In Washington, I had medical students rotating through from George Washington, Bethesda Naval, and Georgetown. So the word was really spreading that this was the way to go forward. That's the way I look at it. When I think about what could have been, if the business people ... let's just say I've had difficulty over the years with situations where the "service to profit" ratio is greater than one. [Laughter].

*You've been in private practice, taught in medical schools, written textbooks and you are now working in the political arena to advance complementary and alternative medicine and integrative care. Could you tell us about the Integrated Healthcare Policy Consortium, of which you're now the interim director.*

The goal of IHPC is to be an umbrella organization, a consortium of organizations, devoted to what is best for the healthcare of the citizens of this country. That would include conventional as well as CAM organizations. We're not

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slanted in one direction or the other, but approach this in a true integrative fashion. This is congruent with the new health reform law, which is mostly insurance reform but does provide openings for alterations in healthcare delivery reform, which hopefully will be facilitated within the next five to ten years.

*How can public policy, in the form of legislation and executive branch regulation, help the cause of integrative care?*

One thing that's part of the healthcare reform law is nondiscrimination. The nondiscrimination clause, which has been passed, essentially calls HCFA [the Healthcare Financing Administration] and third party insurers to recognize the need to have reimbursement for services provided by any licensed healthcare professional.

*How is the term "licensed integrative healthcare practitioner," which appears in the health reform law but is not specifically defined, likely to be defined.*

I think it will be defined by the new committees that are being formed [which will include members from the integrative healthcare community]. There are presidentially appointed committees and committees that will guide the direction of HCFA. I would like to see it expanded into the Bureau of Primary Health Care. First, it will affect federally sponsored or funded committees, then at the state level, and hopefully it will get into the private sector.

*But who exactly are these "licensed integrative healthcare practitioners?" I assume that this designation is not just a synonym for CAM practitioners, because the health reform law at certain points mentions CAM practitioners separately.*

I think it will also include nurse practitioners, nurse midwives, etc. That's why I alluded to the wide umbrella of our coalition. This will include disciplines that heretofore have not been included. Another example would be nurse anesthetists. As I see it, this is an attempt to break down the hierarchical structure and be more egalitarian in the way we promote healthcare delivery in the United States.

*You sound at least guardedly optimistic that good changes are on the way.*

Well, when you live a guardedly optimistic life, yes. I feel that this is a time when we are poised to make major changes in the way we perceive and deliver healthcare. I feel that there is a lot of education that needs to be given to the public. Though many of the population avail themselves of these various techniques, I don't think there is a broad enough awareness. I also don't know of a good source for them to get, if you will, integrated education.

*How might health professions more fully incorporate integrative concepts and approaches into the training of their future practitioners?*

With regard to medical education, you may be aware of the Consortium of Academic Health Centers for Integrative Medicine. Approximately 50 medical schools are part of that. It's been growing over the past five years. They have regular meetings, and if you look at their website, there's a model curriculum that they've put out. I feel the movement will happen, perhaps slower than I would like, but in a catalyzed fashion which will hopefully lead to major change. The thing I'm concerned about is that with it being housed within the academic medical community, hopefully this will not lead to the furtherance of a hierarchical system. That remains to be seen.

*Are there other areas that you are passionate about, or that you are focused on, that you'd like to mention?*

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Yes. Around the time that I was working with American WholeHealth, I became medical director of a group called Integrative Medicine Communications. That was a Boston-based print and e-publishing company focused on integrative healthcare. We published the German Kommission E monographs [on herbal practice], and I edited a newsletter called the *Integrative Medicine Consult* that went out to thousands of conventional practitioners. I feel that the cornerstone, and what sways it, is really sophisticated, well-delivered education, both at the professional and the lay level. I really feel that this type of education is most important. This education needs to start in the early years of health profession education. Young individuals need to be taught an integrative philosophy as they go forward. I think that will lead to a major shift in the future practice of both medicine and all other forms of health care.

*What hopeful signs do you see now that this is happening?*

I've done a lot of lecturing at Georgetown University, and I'm lecturing now at the University of Colorado. I've lectured at different schools throughout the country, and what I'm seeing is that the students are very much interested in this approach. They're hungering for more information. I'm also on the editorial review panel of the American College of Physicians, which has a CAM section in what's called the Pier Resource for the College. Though it's early, this is starting to gain momentum as far as having a place for physicians to go to get well-qualified information. Because even those MDs who wish to explore, don't have a well-defined, well-recognized source to go to with a high confidence level.

*Are there certain markers that, if achieved in the next five or ten years, would indicate to you that this new, more integrative model is really taking hold? Are there certain recognizable goals we can look for?*

What we are seeing at the University of Colorado, at Jefferson University in Philadelphia, at hospitals in New York, Stanford, the University of Arizona and elsewhere, are integrative medicine centers that are either aligned with the hospital administration, or are being integrated and run by the departments of medicine. I do see a coalescence just starting to develop, that I think will spread with time. Some of the movement to incorporate integrative healthcare in these facilities, and hundreds of hospitals at this point, is the fact that it's marketing what its perceptions are of the consumers' wishes. In some hospitals, they are allowing chiropractors, acupuncturists, to come and deliver care to inpatients. This is the type of movement that I feel will take hold, and can only grow. Hopefully, that's not just optimistic but realistic.

**Daniel Redwood, DC, the interviewer, is a Professor at Cleveland Chiropractic College—Kansas City and Editor-in-Chief of *Health Insights Today* and *The Daily HIT*.**