



The Future is Now

by Richard L. Sarnat, M.D.

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Imagine you could live in a world where the medical community would utilize the strength of all of its different licensed practitioners toward one common goal—the good of the patient. Imagine that all of the economic turf battles, professional jealousies and narrow-mindedness could be transcended. Is this idealistic new age babble or is this in fact an achievable goal?

Clearly the American public, in survey after survey, has indicated that it is not comfortable with its healthcare system as it currently exists. The office visits to alternative medicine practitioners already exceeds the number of visits to conventional medical doctors. In fact, one could argue that we do not have a "healthcare system" at all. Rather we have a "disease-care system", a system where the patient only addresses his or her medical situation in the midst of a crisis.

The educated and intuitive consumer has already begun to seek wellness and prevention elsewhere from the mainstream medical community. Why then is the medical community so entrenched in a model which fails to meet the public's needs? These are questions that need to be scrutinized closely.

As a practicing physician of 19 years who is board certified in my specialty I often find myself pondering these philosophical issues:

1. Why do we ascribe to a "disease-care system," where the patient only accesses care during crisis, instead of proactively engaging in prevention?
2. Given that "lifestyle choices" create or aggravate 50–75 percent of illnesses, why do we only allocate one percent of the National Institute of Health (NIH) annual budget to research on prevention?
3. Why does it go virtually unnoticed that pharmaceuticals are the fourth leading cause of death in the United States and the FDA routinely allows new drugs to come to market which 30 percent of the time are found to be seriously morbid or fatal within two to three years of their introduction (GAO Review).
4. Why do we embrace a system which spends the most money per capita on health care and ranks between 20th and 37th worldwide when our outcomes are assessed by the World Healthcare Organization (WHO)?

To answer these questions I founded an "integrated alternative medicine" Independent Practitioners Association (IPA), contracting with BlueCross BlueShield HMO Illinois in 1997. The IPA is called Alternative Medicine, Inc. (AMI) and was designed as a scientific pilot project.

Our platform was to recognize the inherent value in both alternative and allopathic medicine, using each for its unique strength. But unlike our current system, where alternative medicine is used as a last resort, we wanted to structure a system where the entry point heavily favors a non-pharmaceutical/non-surgical approach.

We believe alternative medical practitioners provide a model of wellness, the missing foundation to a healthcare system designed to treat illness. We appreciate the life-giving intervention that allopathy can offer in cases of acute injury, life-threatening conditions or end-stage disease. Allopathy, however,

has not recognized that it fails to provide a technology for wellness. Screening for early manifestations of disease, while necessary, is not sufficient. It is lifesaving to find a positive stress test in an asymptomatic patient rather than having sudden death be the first symptom of cardiac disease (as it is in 50 percent of patients). Yet it is even more profound to alter the future by making lifestyle adjustments which will eradicate the need for a stress test altogether.

It was our hope that by integrating these disparate medical systems we could arrive at a whole that is greater than the sum of the parts. We purposefully chose managed care to clinically test our new model because of the inherent checks and balances, which provide safety as well as automatic accountability.

AMI's mission was to scientifically document whether the integration of alternative medicine with conventional medicine could deliver a higher quality of care at reduced costs compared to normative values. Our model coordinates care between MDs/DOs/RNs and DCs networked as a team throughout the greater Chicago area. Over 2500 conventional medical doctors, 15 Chicago area hospitals and a network of 30 chiropractors credentialed to MD standards (under National Committee for Quality Assurance, NCQA) worked together in an integrated fashion which had never been tested previously.

After 7000 member months of data, compiled over 24 consecutive months in a classical gatekeeper HMO model compared to normative values as published by BlueCross BlueShield HMO Illinois, our integrative medicine IPA has reduced:

- hospitalizations by over 60 percent
- outpatient surgery and procedures by 85 percent
- pharmaceutical usage by 56 percent.

*Demographic analysis of sex, age and diagnosis reveals a neutral bias of sampling in our experimental group compared to their cohorts.

We accomplished these impressive statistics by increasing access to care, not by restricting it.

Our patients see their primary care physician once every two to three weeks on average until this intensity required to make true lifestyle changes is no longer needed. At that point the interval of future care is decided together between the primary care physician and the patient and may approximate a physician encounter once every four to six weeks.

Our ultimate goal is to empower the patient to have all the tools necessary at his or her disposal to lead an autonomous happy, healthy and productive life. Even our true "healthcare system" should only be accessed on an "as needed" basis for strategic prevention or disease state management where prevention has already failed.

While our model may be labor intensive initially, it only makes sense that the most work must be done in a proactive fashion. Not only has our preliminary research substantiated the intuitive claims that the alternative/ complementary medicine industry has always hoped could be documented but they were achieved with overwhelming patient satisfaction as well.

Patient satisfaction surveys are mailed out by BlueCross BlueShield HMO Illinois annually looking for classic benchmarks such as: "thoroughness of exam," "accuracy of diagnosis," "length of time for physician response to patient phone calls," and "overall satisfaction with office physicians and ancillary personnel." We are happy to report that in all cases our integrated alternative medicine IPA out-performed its conventional medical allopathic counterparts.



Furthermore, when BlueCross BlueShield onsite nurse auditors came to "look under the hood," AMI achieved utilization management scores of 100 percent in medical management and 99 percent in administrative management. These scores earned AMI "blue ribbon" status in the BlueCross BlueShield HMO Illinois listing directory in its first year of eligibility.

Given the overwhelming success of our initial HMO pilot, and the scientific credibility it now gives our medical management and credentialing model, AMI has now begun offering its programs nationwide on a client specific basis. In keeping with the current trends of the marketplace, AMI now preferentially offers a Preferred Provider Organization (PPO) program where the same type of medical management and physician credentialing are packaged for individual clients, whether they be self-funded corporations, unions, state or federal agencies/employers or programs.

My personal sense is that at this juncture in history most of the various medical leaders have recognized the mistakes and narrow-mindedness of the past and are attempting to align themselves together in a real partnership.

This partnership is the birth of true integrative medicine, not "conventional" versus "alternative" but just good evidence-based medicine combining the best medicine of all the healing arts.

What AMI has done is to provide a credible scientific basis for a vision of the future as to how an integrative medical model can exist which is accessible nationwide. Our model is not restricted to specific integrative clinic geography nor is it a "pseudo benefit" such as is offered by the many discount affinity programs. These programs merely discount services at the expense of the providers, without giving true integration or actual insurance coverage benefits.

The credibility of our data has been appreciated by such entities as the White House Commission on Alternative/Complementary Medicine and our major corporate clients. We have been designated as the national credentialing authority of the American Academy of Chiropractic Physicians (AACP) and are soon to be endorsed publicly by many other influential professional academies and associations.

As a devoted fan of John Lennon, I never shrank from the responsibility of imagining a better world. AMI has proven that one can imagine a vision way ahead of its time and bring it to concrete reality in a rather short time frame. We encourage all of you as readers to imagine its rapid adaptation by your company as well. The easiest way to spread this model nationwide is to lobby your own healthcare payor, be it an insurance company, self-funded corporation or union, to adopt an integrative medical model such as AMI's. We will be open to sharing our data with any and all interested parties. We can be contacted at 847-433-9946 or our Web site www.amibestmed.com

Remember, the future is now . . . why delay?

Richard L. Sarnat, M.D.
President of Alternative Medicine, Inc.

Dr. Richard L. Sarnat is a board-certified ophthalmologist and author of *Physician Heal Thyself; What Every Practitioner Should Know About Alternative Medicine*. Nationally recognized as a leader in the field of alternative medicine, Dr. Sarnat often speaks at medical conventions and business symposiums nationwide to discuss "bridging the gap" between mainstream medicine and alternative care. In 2000 Dr. Sarnat received the "Presidential Citation Award" from the National College of Chiropractic and the 2000 "Leadership Award" from the American Academy of Chiropractic

Physicians. He is also a trustee of the National University of Health Sciences. Dr. Sarnat received his undergraduate degree at Washington University in St. Louis (Phi Beta Kappa). He attended Rush Medical College in Chicago and completed his residency at Northwestern University.