



Office of Public Health &
Environmental Hazards



Complementary and Alternative Therapies for Gulf War Veterans

War Related Illness and Injury Study Center
East Orange, NJ
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Presented by the **VA War Related Illness and Injury Study Center (WRIISC)**

CAM Popularity – Civilians

- Landmark *JAMA* Report (1998)
 - 42% of general population used at least one type of CAM within past 12 months
 - 629 million visits to alternative practitioners.
 - \$21 Billion spent with \$12 billion out of pocket

- National Health Interview Survey (2007)
 - ~38 percent of American adults use CAM

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CAM Popularity cont.

- **CDC Report (2004)**
 - 36% of adults used some form of CAM
 - 62% of adults 18+ used CAM in the past year
 - 55% CAM + conventional treatments
 - 26% used CAM because a medical professional suggested it
 - \$5 billion on herbal remedies
 - More women than men; higher educated; sicker; with more pain

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White House Commission on CAM (2002)

- Ensure public policy maximizes potential benefits of CAM.
- **Emphasis of Report:** Whole person care, individualization, evidence of safety and efficacy, partnership, prevention, wellness/health promotion and self-care as guiding principles.

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CAM Popularity – Veterans

- 30% to 50% of Veterans report CAM use (Baldwin et al., 2002; Kroesen et al., 2002)
- OEF/OIF, female, and younger Veterans are more likely to use CAM (Baldwin et al., 2002; Kroesen et al., 2002)
- 84% VA's provide or refer out for CAM therapies (Feldman et al., 2002)
- 76% of CAM non-users would use it if offered at the VA (McEachrane et al., 2006)

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VA's HAIG Report (2002)

- Healthcare Analysis and Information Group (HAIG) Study on CAM Utilization in VHA 2002
 - 84% of VA facilities provide some form of CAM
 - Most common offered modalities
- Acupuncture, biofeedback, chiropractic care, guided imagery, hypnotherapy, meditation, music therapy, progressive relaxation, and stress management.
 - Most provided by conventionally trained practitioners
- Integrated into treatment plans
- Wide variation in process used to credential privilege providers.
- Limited oversight in training, experience, certification and practice of CAM providers.
 - Limited utilization of scientific evidence to support use of CAM or support its safety and efficacy.

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VA's Response

- CAM Workgroup.
 - chartered March 2003 to examine:
 - Appropriateness of CAM practices and process in VHA.
 - Suggest strategies for providing ongoing national guidance related to CAM for VHA facilities and providers.
 - CAM appropriate if safe, efficacious and delivered by practitioners with appropriate training, certification and accreditation.
 - Recommend VA form a Field Advisory Group to promote research, integration, education on CAM within VA.

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VA CAM Field Advisory Committee (2002)

- Establish standards for training, credentialing, scope of practice for CAM practitioners-guidelines completed (2010)
- Identify therapies & practices to be integrated into VA care
- Implementation strategies:
 - therapies, resources, timelines
- Research and Funding: Assist ORD

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CAM FAC General Principles

- Safety of the practice must be ensured.
- Must be proof of effectiveness.
- VHA will establish credentialing standards.
 - Includes education and training.
 - State licensure vs. national or international standard.
 - All practitioners must meet standards.
- Care may be provided by allopathic or CAM providers.
- Same process for evaluating allopathic practices should be applied to CAM.

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Delivering CAM

- All CAM procedures require informed consent.
 - Utilize same standard as allopathic treatments.
- VHA will establish credentialing standards
 - Includes education and training.
 - State licensure may be used as basis for standards where it exists.
 - Education programs must be accredited
 - Must be by state or agency recognized by US Secretary of Education.
 - Certification is desired
 - Must be proof of minimum level of ongoing education and training.

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Delivery cont.

- CAM providers must be credentialed
 - Primary source verification is required
 - Must be recorded in Vetpro
 - CAM scopes of practices must be reviewed by PSB or equivalent body

- Approved CAM activities can be provided by VHA employees, of station contract or fee personnel.
 - All care must be ordered by and provided by licensed personnel.
 - VHA employees may only provide CAM if it is allowed within their occupational class.

- CAM care must be documented in the medical record.

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WRIISC Commitment to Excellence

- CAM
 - personalized medicine
 - Veteran centered healthcare

- CAM Research at WRIISC
 - Rigorous methodological standards
 - Rigorous ethical standards

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