



2010

COMPLEMENTARY AND ALTERNATIVE MEDICINE SURVEY OF HOSPITALS

SUMMARY OF RESULTS



About Samueli Institute

Samueli Institute is a non-profit research organization investigating the safety, effectiveness and integration of healing-oriented practices and environments. We convene and support expert teams to conduct research on natural products; nutrition and lifestyle; mind-body practices; complementary and traditional approaches such as acupuncture, manipulation and yoga; and the placebo (meaning) effect. We support a knowledge network that assists in integrating evidence-based information about healing into mainstream health care and community settings and in creating Optimal Healing Environments.

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About Health Forum

Health Forum is a center for the exchange of credible information, insights and data to help hospital management and suppliers improve performance. We embrace innovation and knowledge where the leaders of hospitals, health systems and their suppliers are committed to improvement and trusted by their communities.

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2010 COMPLEMENTARY AND ALTERNATIVE MEDICINE SURVEY OF HOSPITALS

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In 2007, the National Institute of Health's National Center for Complementary and Alternative Medicine (NIH NCCAM) conducted a survey of the American public showing a dramatic increase in the number of people using complementary and alternative medicine (CAM) therapies. Thirty-eight percent of adults surveyed had used some form of CAM (FIGURE 1)—the most popular (excluding prayer for oneself or others) being natural products, deep breathing exercises, meditation, chiropractic care, massage, yoga and diet-based therapies (FIGURE 2). CAM was most often used to treat back or neck pain, joint pain or stiffness, and anxiety or depression (FIGURE 3).

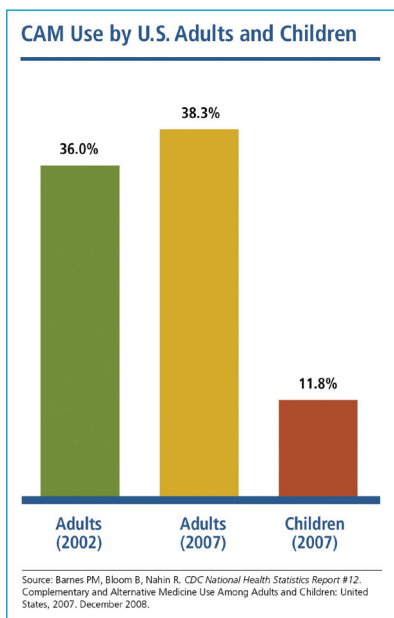


FIGURE 1

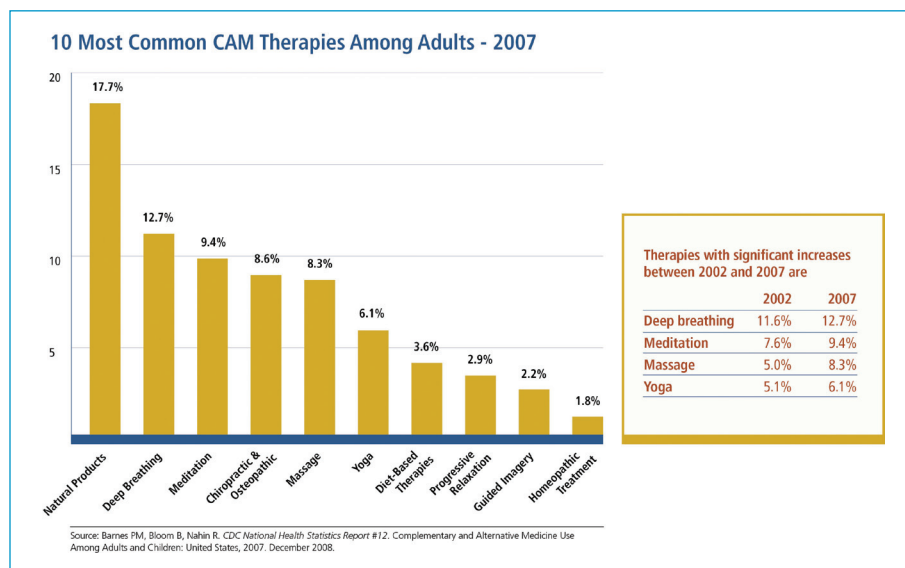


FIGURE 2

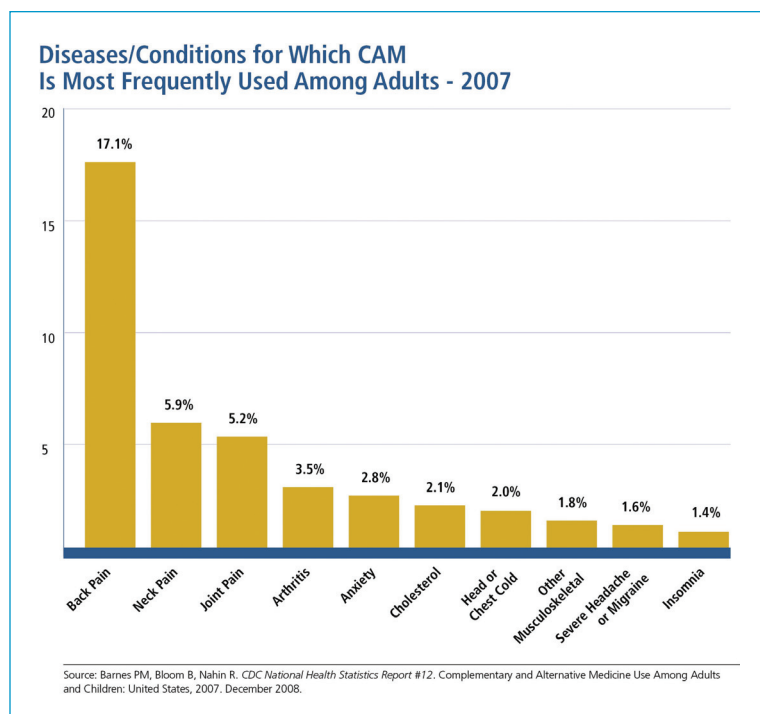


FIGURE 3

"The health of the future is not simply the search for new, modern innovations. Sometimes it means turning around to find what we have forgotten about human flourishing: those basic skills, behaviors and attitudes that maintained thriving communities before science and technology arrived. We need to revisit and reintegrate those into the modern world, using the tools of science, evidence and technology. In this way, we can truly move into a healthier future."

Wayne Jonas, MD

President and CEO
Samueli Institute
Alexandria, VA

A 2009 Survey of Health Care Consumers conducted by Deloitte found that alternatives to conventional health services are attractive to a sizeable segment of consumers. Preference and use are driven by a belief that conventional medicine is not optimal for treating their problem; cost savings are secondary, although a factor.

- Nineteen percent report treating a health problem with an alternative approach or natural therapy in the last 12 months; the percentage is slightly higher among baby boomers and the uninsured.
- Thirteen percent say they consulted an alternative health care practitioner in the last year, up slightly from 12% in 2008.
- Sixteen percent report using an alternative approach or natural therapy in addition to a prescription medication, while 9% report substituting an alternative approach or natural therapy for a prescription medication during the last 12 months (same as during the 24-month period reported in 2008).

Among users, 49% say they wanted to try a different approach first, 43% say they prefer such treatments over conventional medicine and 31% say reduced cost was important.

- One in 5 consumers prefer alternatives to traditional medicine, including homeopathic, chiropractic, and naturopathic approaches and therapies.
- Twelve percent express strong preference for natural therapies over prescription medications (same as in 2008).

Consumers frequently use alternative approaches without the knowledge of their physician.

- Of those who used an alternative approach or therapy, 19% say they had not informed their physician, and 14% are not sure if their physician was aware.
- Ten percent of consumers say they prefer doctors who have an orientation toward holistic or alternative treatments (up from 7% in 2008) and another 20% lean that way.

The American public is also demanding that their hospitals offer more than conventional allopathic health care and begin to integrate CAM therapies into the care they receive in the hospital. In response, hospitals have been looking to meet the needs of their communities. The demand for CAM services is significant, even though insurers may not cover all services or products, with the American public spending approximately \$12–19 billion on CAM providers and a total of \$36–47 billion on all services and products combined.

Beyond responding to patient demand, hospitals are attempting to differentiate themselves in the crowded marketplace, attract new patients and expand the care provided to existing patients. In fact, a 2007 McKinsey and Company report found that 41% of patients' choice of hospital is based on their offerings of "amenities" that included complementary and alternative therapies.

"Providing quality care is part of the culture and mission of every hospital. The rise in complementary and alternative medicine (CAM) reflects the continued effort on the part of hospitals and caregivers to broaden the vital services they provide to patients. Hospitals have long known that what they do to treat and heal involves more than just medications and procedures. It is about using all of the art and science of medicine to restore the patient as fully as possible and to ease their suffering. Therapies used in Oriental medicine, biofeedback and other alternatives to traditional Western medicine have provided enormous benefit to many patients. This report helps provide a snapshot of where the hospital field currently stands with CAM."

Nancy Foster

Vice President for Quality and Patient Safety
American Hospital Association
Washington, DC

To better understand which services hospitals are offering and why, Samueli Institute and American Hospital Association's Health Forum launched the fourth bi-annual Complementary and Alternative Medicine Survey of Hospitals. The purpose of this survey was to garner in-depth information about the types of CAM programs and services being offered by hospitals, including their program costs, revenue, staffing, reimbursement and other business strategies related to their efforts in integrating complementary and alternative medicine therapies into the hospital setting. The instrument was divided into four main categories:

- **CAM Services and Location:** Types of services offered and location of services within the hospital including reasons why they were chosen.
- **Finances and Reimbursement:** How services were paid for; program costs and revenue expectations.
- **Planning and Staffing:** Business planning and reporting; clinical and other staffing of clinic/program.
- **Evaluation and Research:** Metrics used to evaluate programs; outcomes and research activities.

The 2010 Complementary and Alternative Medicine Survey of Hospitals, a 42-question instrument, was mailed to 5,858 hospitals from American Hospital Association's inventory of opened and operating member and nonmember hospitals in March 2010. Respondents had the option to either complete the survey online or mail back a hard copy. A total of 714 responses were received for a response rate of 12%. Of responding hospitals, 299 (42%) stated that they offered one or more CAM therapies in the hospital—which could be either in the form of services provided to patients or employees. The following is a summary of some of the key findings.



Traditional Acupuncture

GEOGRAPHICAL DISTRIBUTION AND HOSPITAL CHARACTERISTICS

The largest percentage of respondents who offer CAM was from the East North Central (23%) region of the country followed by South Atlantic (15%) and Mid-Atlantic at 14%. The East South Central and West South Central continue to be lowest in CAM offerings at 3% and 6%, respectively (FIGURE 4).

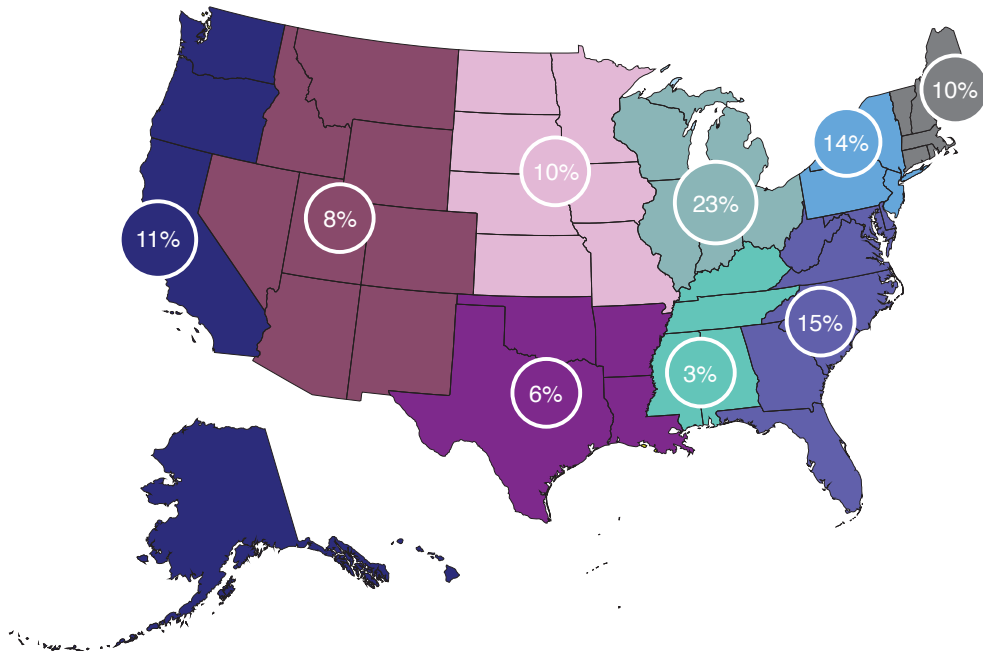


FIGURE 4

- PACIFIC Alaska, California, Hawai'i, Oregon, Washington
- MOUNTAIN Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming
- WEST SOUTH CENTRAL Arkansas, Louisiana, Oklahoma, Texas
- WEST NORTH CENTRAL Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota
- EAST NORTH CENTRAL Illinois, Indiana, Michigan, Ohio, Wisconsin
- EAST SOUTH CENTRAL Alabama, Kentucky, Mississippi, Tennessee
- MIDDLE ATLANTIC New Jersey, New York, Pennsylvania
- SOUTH ATLANTIC Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia
- NEW ENGLAND Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont



Massage Therapy

The majority of hospitals that offered CAM were urban hospitals (72%) (FIGURE 5) and were medium-sized (50–299 beds) or large (over 500 beds) (FIGURE 7). Urban settings seem to provide the prime opportunity for offering CAM services possibly due to the density of the population, the greater availability of providers in the community and the fact that most CAM professional schools tend to be located in urban areas. Further, in general, rural areas tend to be underserved by even conventional health care providers, so this trend is not surprising.

Teaching hospitals accounted for 47% of the respondents with CAM services (FIGURE 6). According to the Association of American Medical Colleges, 43% of medical schools reported that they offered CAM in their curricula in 2010. CAM appears to be gaining more popularity and interest by the new generation of physicians who are influenced by the growing consumer interest. Researchers at the University of California, Los Angeles, and the University of California, San Diego, measured medical students' attitudes and beliefs about CAM and found that three-quarters of them felt conventional Western medicine would benefit by integrating more CAM therapies and ideas.

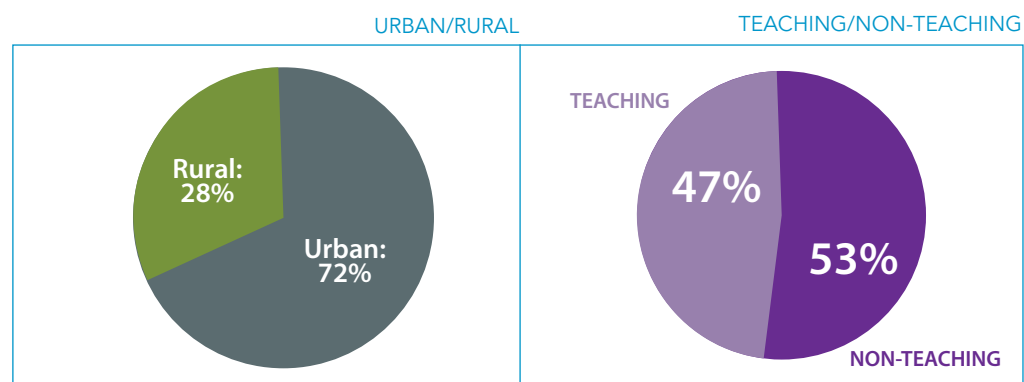


FIGURE 5

FIGURE 6

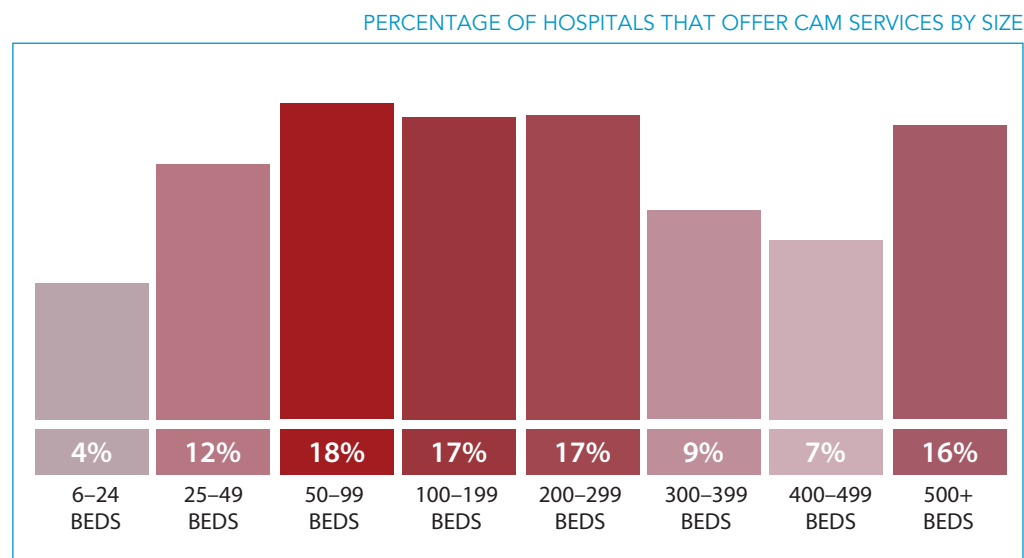


FIGURE 7

“Integrated medicine has been a part of the culture of the rural area served by Grinnell Regional Medical Center for more than 10 years. Patients and providers benefit from our efforts to foster optimal healing for all our patients throughout the hospital such as obstetrics, intensive care, surgery, and general medical/surgery patients along with outpatients, hospice, and home health. Together, integrated medicine and wellness initiatives have made a dramatic difference in employee health, bending the healthcare cost curve with minimal increases in premiums. Because of our success, we are working with area employers to tailor their own employee wellness programs using our integrated medicine services.”

Todd C. Linden,

President and CEO,
Grinnell Regional Medical
Center, Grinnell, Iowa
and member, Board of
Directors, Health Forum

As illustrated in [FIGURES 8 AND 9](#), massage therapy is one of the top two services provided in both outpatient and inpatient settings. Additionally, acupuncture, guided imagery, relaxation training and therapeutic touch are the top modalities in both outpatient and inpatient settings.

Many CAM services are offered predominantly on an outpatient basis. This could be due to the fact that they are generally less invasive and are easily administered in an outpatient setting. Also, most CAM modalities tend to focus on preventive care and chronic ailments rather than acute conditions. The downside of the outpatient-based care, particularly if it is self-directed, is the lack of true integration into patients’ course of care and a communication gap between the CAM provider and the patient’s physician.

TOP SIX OUTPATIENT MODALITIES

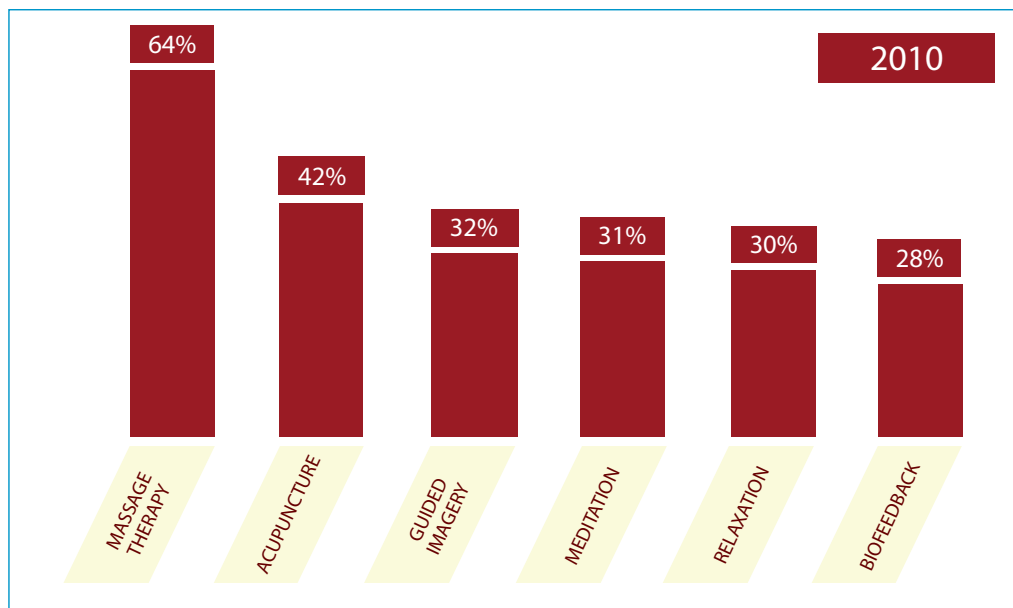


FIGURE 8

TOP SIX INPATIENT MODALITIES

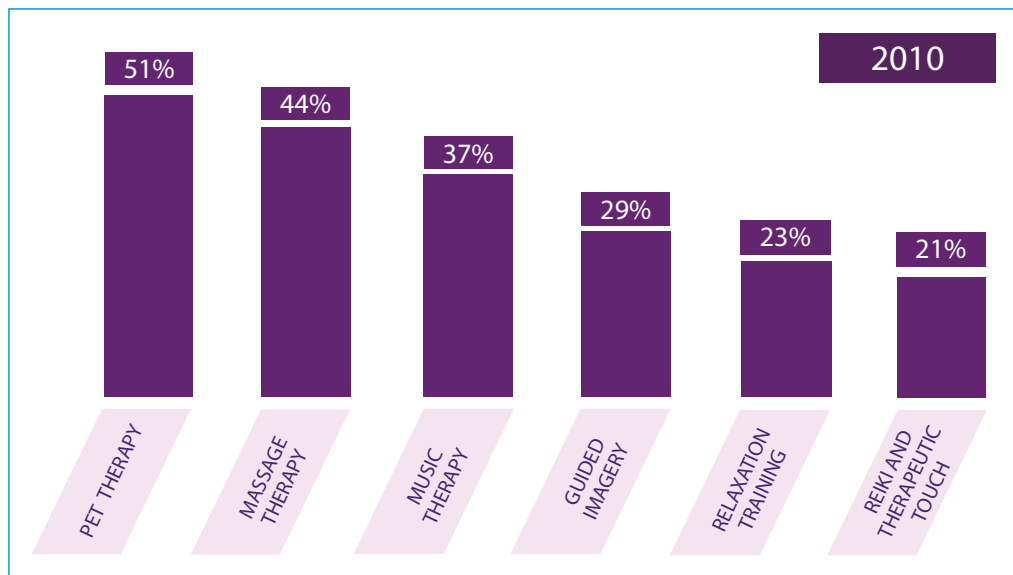


FIGURE 9

Looking at the top modalities offered in hospitals it is clear that hospitals are “playing it safe” and starting with fairly conservative and non-invasive therapies to appeal to the broadest range of patients and consumers in the their community. Pet therapy has been growing in popularity. Massage therapy is provided predominantly for pain and stress management and for cancer patients, according to the American Massage Therapy Association’s 2007 Survey of Massage Therapy Utilization in Hospitals.

Twenty-eight percent of hospitals offered their CAM outpatient services in a hospital wellness or fitness center, while 23% reported a hospital CAM center. The average amount of space allocated to CAM was 1,000 square feet with an average of three treatment rooms. The majority of respondents offer wellness services for patients and staff including nutritional counseling, smoking cessation, fitness training and pastoral care (FIGURE 10).

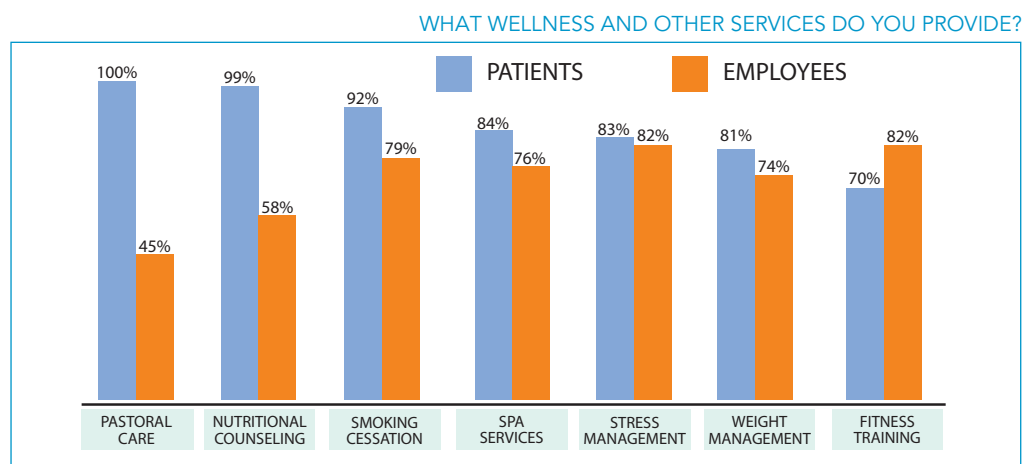


FIGURE 10

The criteria used by a hospital to select the CAM therapies offered were a combination of patient demand (78%), evidence of efficacy (74%) and practitioner availability (58%) (FIGURE 11). Wanting to provide a broader range of services to existing patients while trying to attract new ones could be driving hospitals’ desire to respond to the demands of the communities they serve.

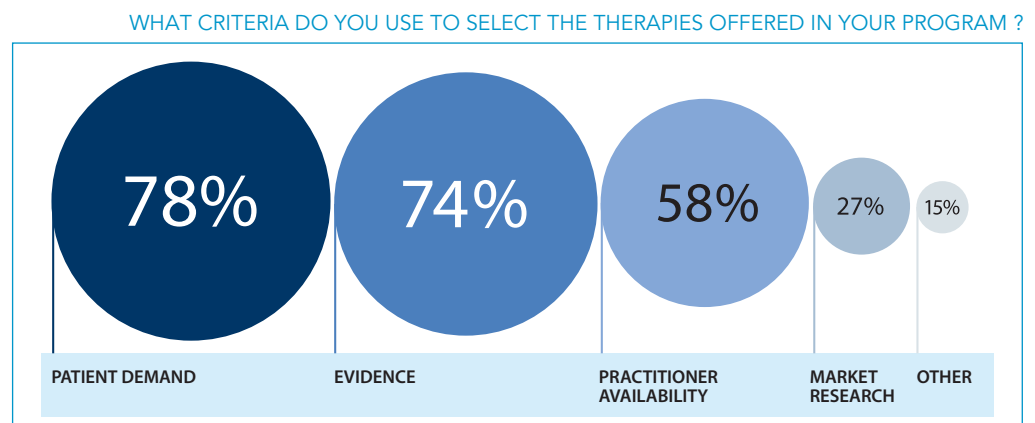
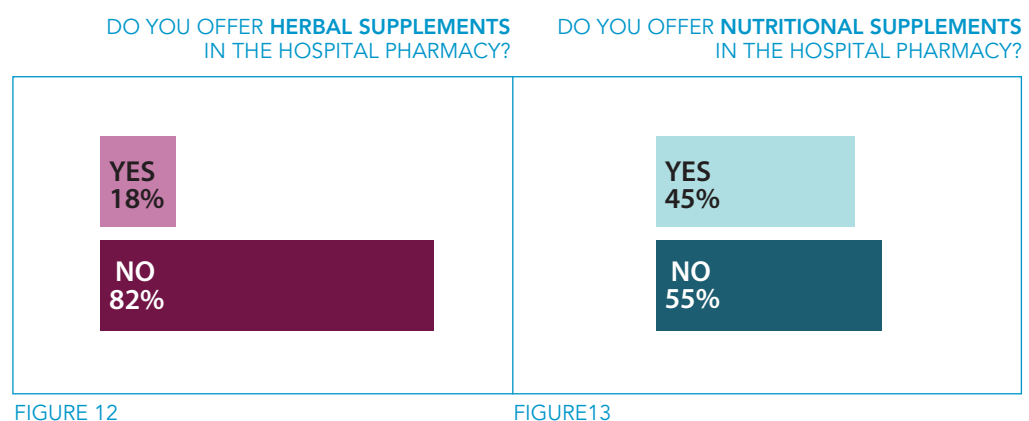


FIGURE 11

Another tool for hospitals is the Federation of State Medical Board's (FSMB) Medical Guidelines for the Use of CAM Therapies in Medical Practice. The FSMB, in its stated role is to assist state medical boards in protecting the public and improving the quality of health care in the United States, appointed a Special Committee for the Study of Unconventional Health Care Practices (Complementary and Alternative Medicine.) In April 2000, it developed model guidelines for state medical boards to use in educating and regulating (1) physicians who use CAM in their practices, and/or (2) those who co-manage patients with licensed or otherwise state-regulated CAM providers. Seventeen percent of responding hospitals said they offer their services in accordance with the guidelines.

Regarding the sale of herbal supplements, 82% of hospitals that responded do not offer herbal supplements (FIGURE 12) and 55% do not sell nutritional supplements in their hospital pharmacies (FIGURE 13). Additionally, 49% of those who do not sell supplements say that they do not plan to in the future.



Thirty-three percent of hospitals reported having formularies for nutritional supplements (only 8% reported having one for herbal supplements); and 67% reported having policies regarding patients' use of herbal and nutritional supplements during their hospitalization. Forty-three percent of anesthesia departments had policies regarding patients' use of herbal or nutritional supplements before or after elective surgery.

Sixty-five percent of responding hospitals offer CAM therapies for pain management. This could be, in part, a response to several factors:

- Pain is the most common reason patients seek medical care. Because chronic (long-term) pain can be resistant to many medical treatments and can cause serious problems, people who suffer from chronic pain often turn to CAM for relief.
- A wealth of promising evidence and research demonstrate the benefit of modalities such as acupuncture, massage, spinal manipulation and relaxation techniques for conditions such as lower back pain, arthritis and headaches.
- JCAHO's pain management standard of 2000 suggested hospitals either offer or make patients aware of non-pharmacological approaches to pain management such as relaxation.

The reasons hospitals choose to offer CAM services is quite revealing. Patient demand (85%) is by far the primary rationale in offering these services. However, many hospitals include community health and “whole person” health in their mission statements—making CAM services a natural fit. For hospitals or health systems with religious affiliations and that have a spiritual foundation, the natural next step is offering services that tend to the whole person—body, mind and spirit. Insurance coverage was not reported as one of the top reasons to offer CAM services (FIGURE 14).

WHAT ARE THE REASONS FOR YOUR ORGANIZATION TO OFFER CAM SERVICES?

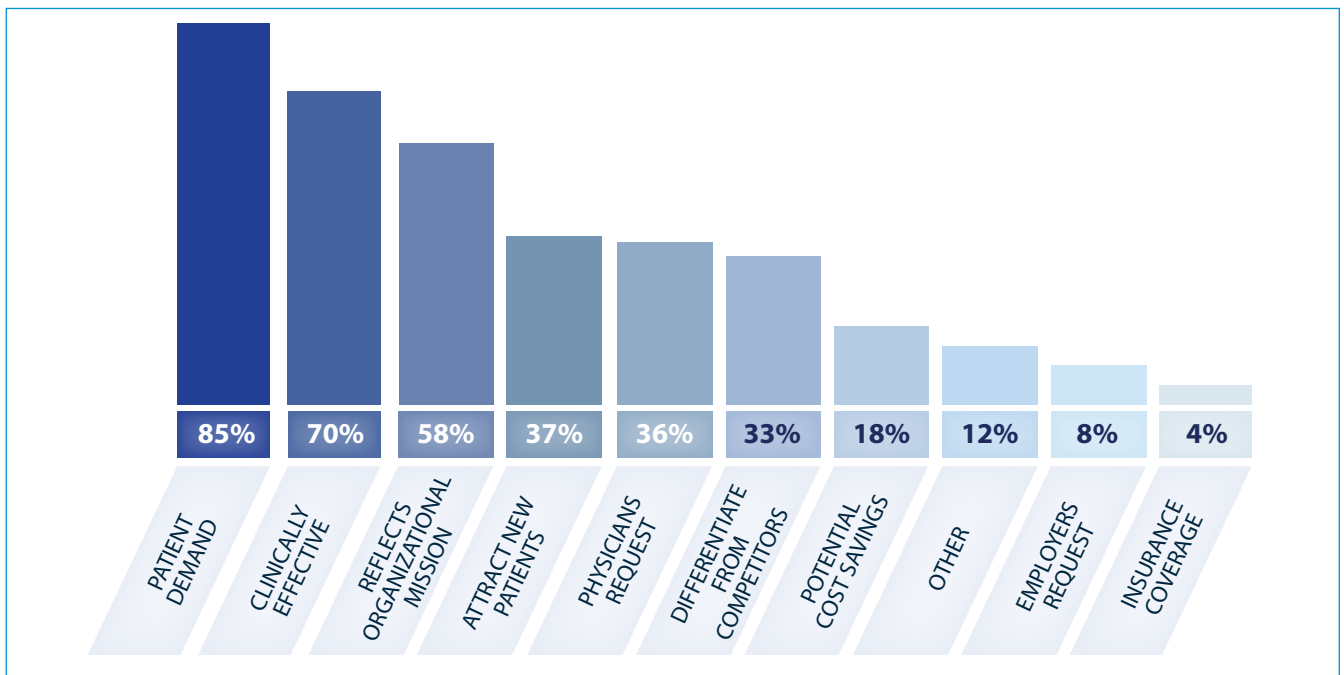


FIGURE 14

Self-referral and physician referral (both 84%) are the most common ways patients access the hospital CAM services (FIGURE 15).

HOW DO PATIENTS ACCESS CAM SERVICES?

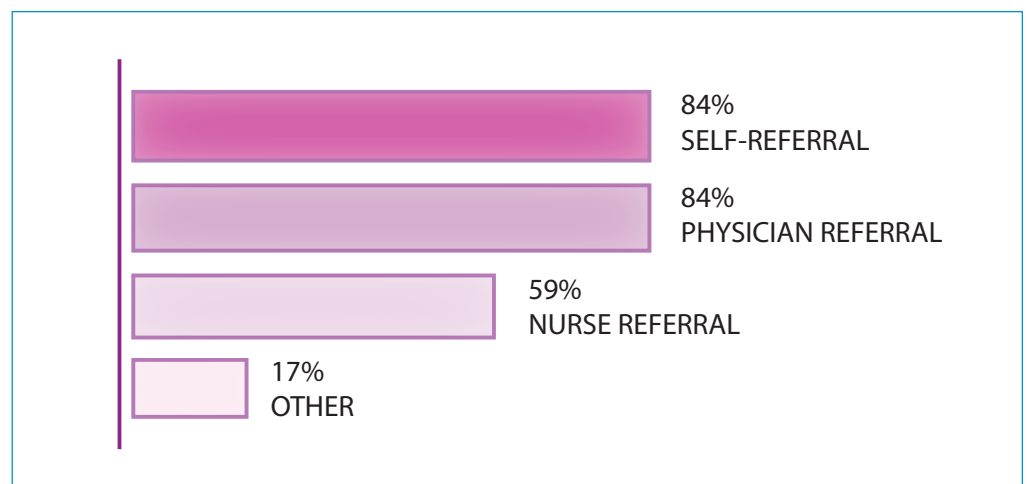


FIGURE 15

FINANCES AND REIMBURSEMENT

The majority of services are still paid for out of pocket by patients due to the fact that most CAM services are not reimbursable by insurance.

Forty-four percent of hospitals did not charge their patients for CAM services, which meant it was covered either by philanthropy or included as part of their overall care. The predominance of patient self-pay (69%) generally limits access to only those with insurance coverage or disposable income (FIGURE 16).

HOW DO PATIENTS PAY FOR CAM SERVICES?

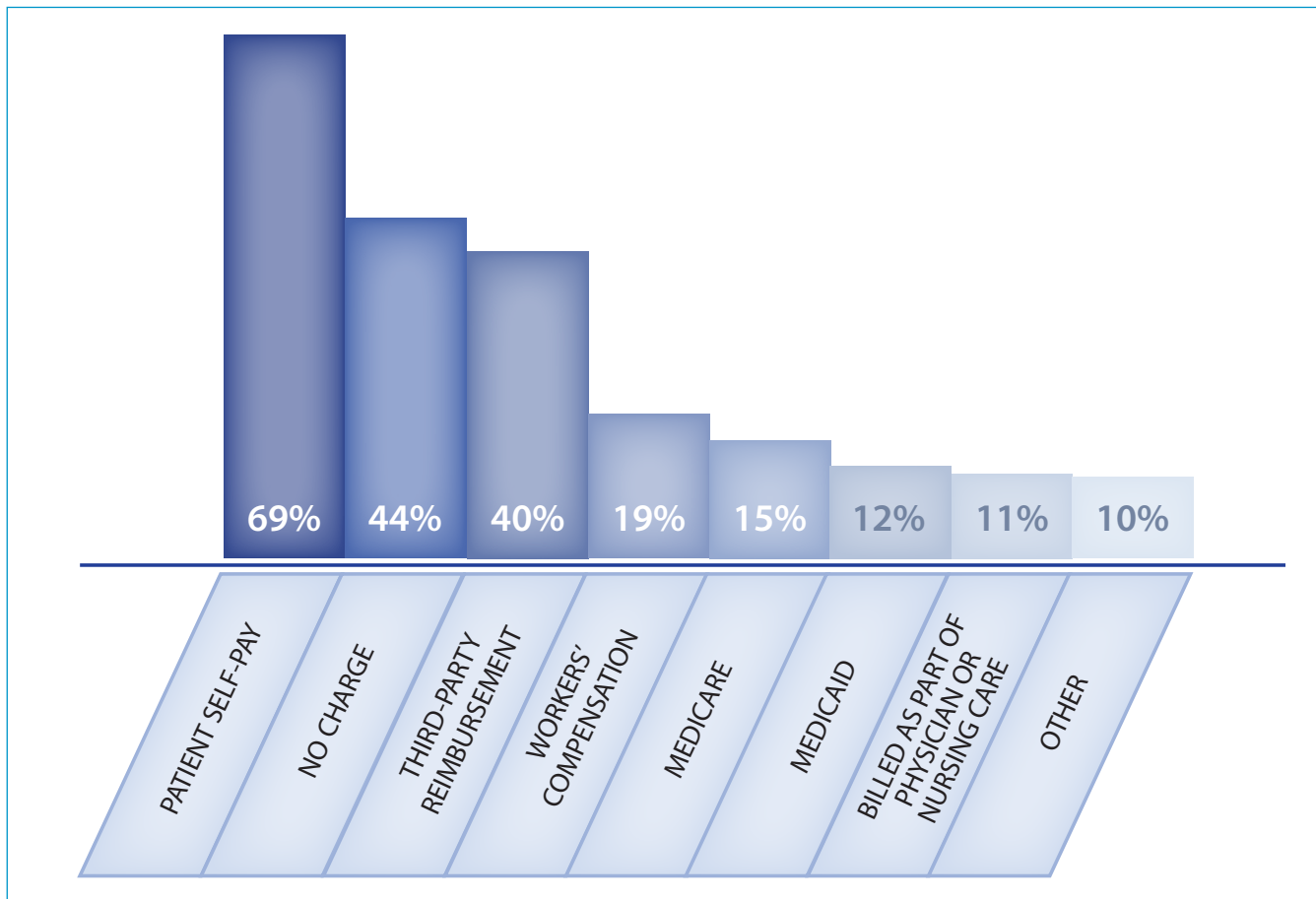


FIGURE 16

According to the NIH NCCAM, at this time, most coverage for CAM available to patients is through:

- Higher deductibles. Under this type of policy, CAM coverage is offered, but the consumer pays a higher deductible.
- Policy riders. The patient can purchase a rider that adds or expands coverage in CAM.
- A contracted network of providers. Some insurers work with a group of CAM providers who agree to offer services to group members at a rate lower than that offered to non-members. Patients still pay out of pocket, but at a discounted rate.

Workers' compensation in many states covers chiropractic care. In California, for example, injured workers can get up to 24 chiropractic visits for their injury. Except for certain chiropractic services, the federal Medicare program does not currently offer coverage for alternative therapies under Part A or Part B. In February 2005, the Federal Acupuncture Coverage Act was introduced before Congress. If enacted, it would cover acupuncture under Part B for Medicare recipients and all federal employees under the Federal Employees Health Benefits Plan.

WHAT WERE YOUR PROGRAM START-UP COSTS?

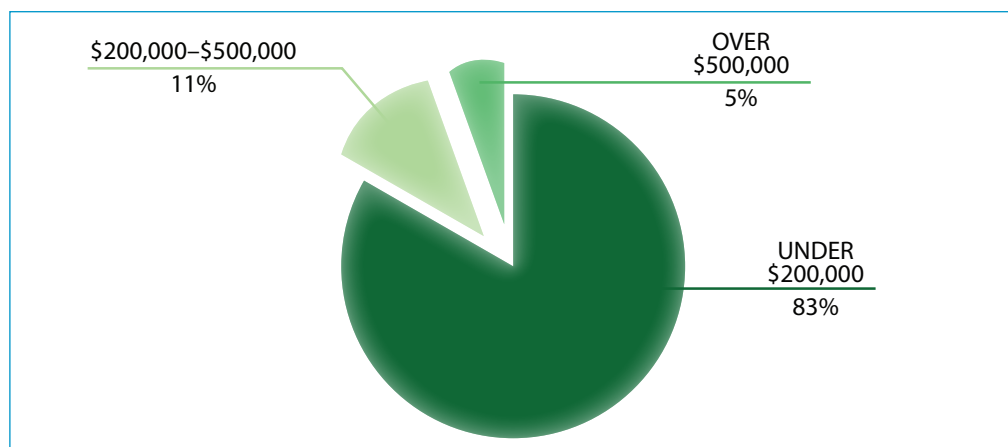


FIGURE 17

The overwhelming majority of programs cost under \$200,000 to start up—this is clearly a good sign for hospitals considering launching a CAM program because the financial investment is relatively low. This may stimulate more hospitals to add CAM to their existing portfolio of services. Having a lower start-up cost allows hospitals of all sizes and financial means to enter into this field. Additionally, hospitals are likely using creative ways to start programs with a minimum of financial resources (FIGURE 17).



Pet Therapy

Interestingly, the majority of programs were not expected to break even (FIGURES 18 AND 19). This could be due to organizations' view that the programs are part of their mission; others may provide services through philanthropic support. Some also view the CAM program as a marketing opportunity to attract new patients to their hospital and differentiate themselves in the market. The top three revenue-generating services reported were massage therapy, acupuncture and fitness programs.

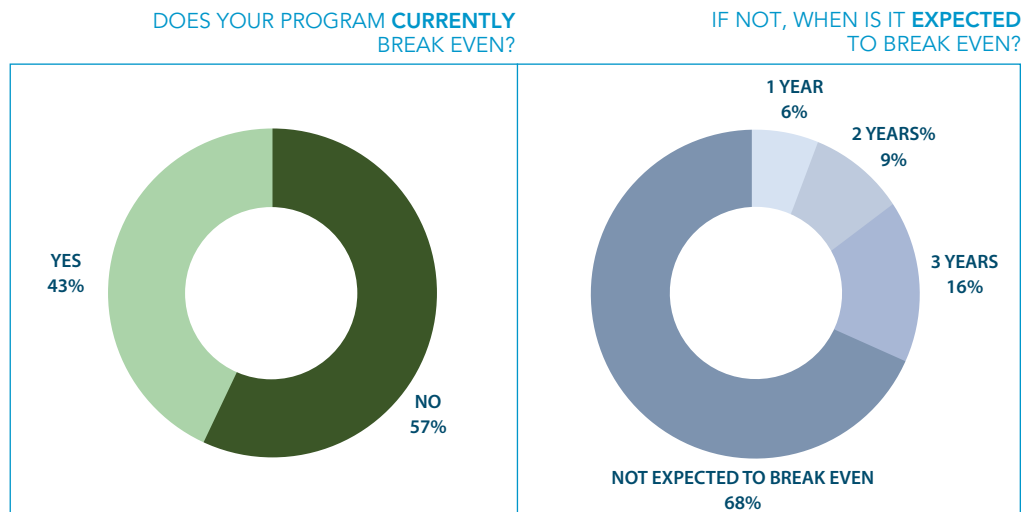


FIGURE 18

FIGURE 19

PLANNING AND STAFFING

While more than half of hospitals that offer CAM services do not have any mention of their programs in the hospital's strategic plan (FIGURE 20), only 39% have written a business plan for the CAM program (FIGURE 21). This could be due to the fact that these programs are not expected to break even and hence having a formal business plan was not viewed as necessary.

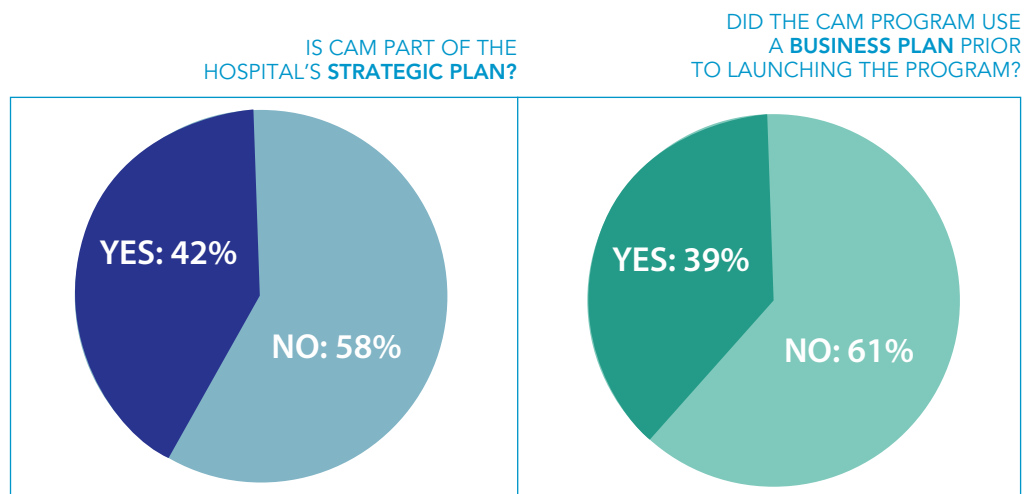


FIGURE 20

FIGURE 21

ARE THERE PERIODIC
REPORTS TO THE
BOARD ABOUT THE CAM
PROGRAM?

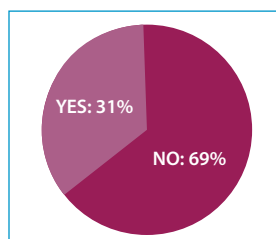


FIGURE 22

"The fact that CEOs and C-suite administrators are responsible for initiating complementary and alternative medicine programs is quite impressive in itself—especially since this has remained consistent over time. Clearly, when beleaguered senior leaders believe it's important to push CAM efforts to the forefront of multiple priorities, it speaks volumes about the perceived merits of these programs. Even more striking though, is that the champions for sustaining CAM are predominantly these same administrative leaders. That tells me that CAM must be meeting—or even exceeding—their original expectations. Their continued advocacy and support provide pragmatic testimony that CAM is delivering a strong value proposition."

Mary Hassett
Principal
Integrations, Inc.
Greenville, SC

The revenues generated by an existing CAM program may be small at many hospitals and this may account for limited reporting of these programs to the board (FIGURE 22).

Support for the CAM programs came from hospital administration, i.e. C-suite executives, who were most responsible for both launching (39%) and continuing to champion the organization's CAM efforts (33%) (FIGURES 23 AND 24).

WHO WOULD YOU CONSIDER THE MOST INFLUENTIAL IN
LAUNCHING YOUR ORGANIZATION'S CAM PROGRAM?

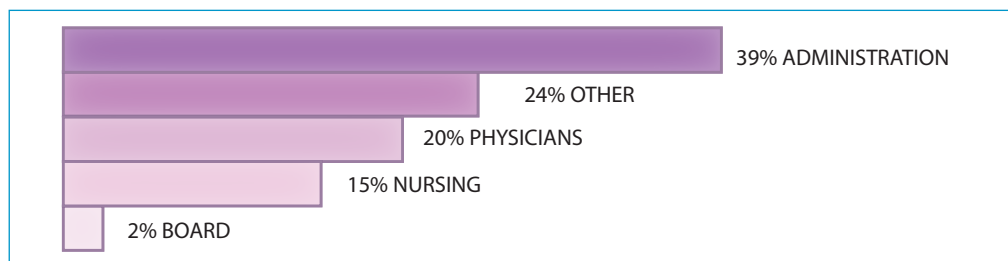


FIGURE 23

CURRENTLY, WHICH GROUP CONTINUES TO CHAMPION YOUR ORGANIZATION'S CAM PROGRAM?

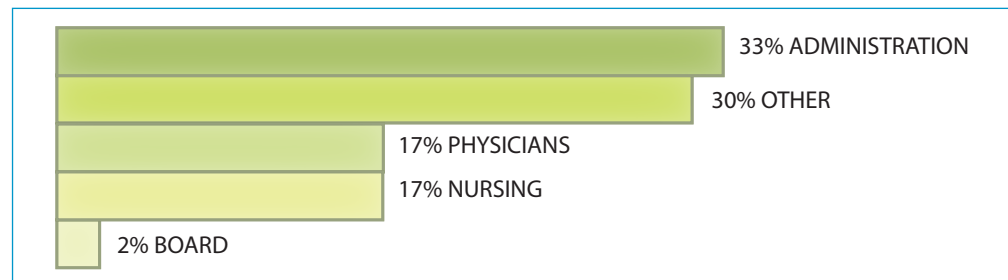


FIGURE 24

It is promising that 57% of programs have an excellent or good relationship with their medical staff (FIGURE 25). This bodes well for the future of their programs both from a revenue perspective (referral stream) and for future support and stability. A physician champion who is well respected among his or her colleagues can promote and support the hospital's CAM activities; conversely, a lack of physician support has proven to be a major obstacle in developing and building the CAM efforts.

WHICH BEST DESCRIBES YOUR PROGRAM'S RELATIONSHIP WITH THE MEDICAL STAFF?

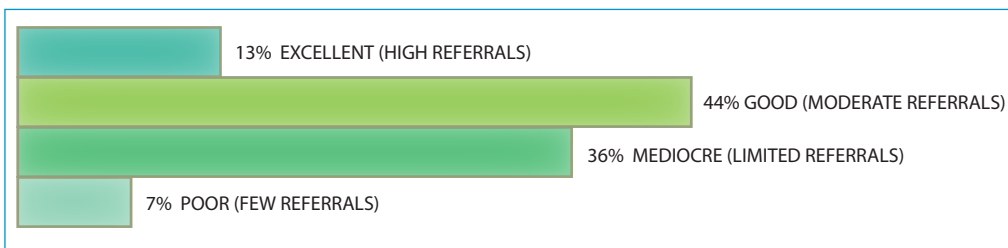


FIGURE 25

While 24% report having a physician on their CAM program staff, 52% state they have no direct physician involvement. The total number of program FTEs has stayed steady over the years at 1.4.

EVALUATION AND RESEARCH

Patient satisfaction seems to be the metric of choice for most hospitals in the evaluation of their CAM services (85%). However, most of the hospitals responding to this survey would be considered “early adopters.” They are doing it because they believe it’s the right thing to do or because it’s important to respond to the needs of their communities and patients. Forty-two percent are using patient health outcomes as a metric to evaluate the success of their program (FIGURE 26).

WHICH METRICS ARE USED TO EVALUATE THE CAM PROGRAM?

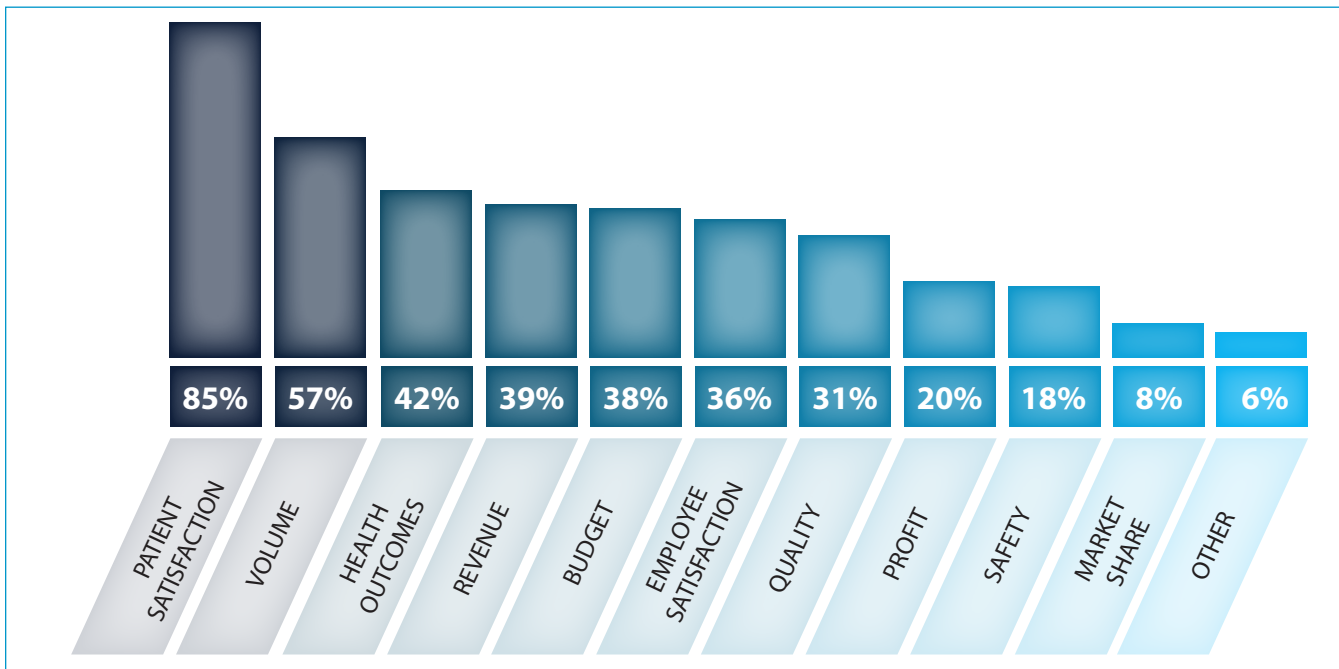


FIGURE 26

Hospitals are taking an active role in educating not only their staff but also the patients and communities they serve (FIGURE 27). Surveys have shown that 70% of patients who use CAM do not inform their primary physicians of their use. It is therefore crucial that clinicians and staff are educated about the therapies their patients may be using and are skilled in not only asking the right questions but having access to accurate and appropriate information for them to share with patients about the safety and efficacy of the therapies or products their patients are using.

WHAT KIND OF CAM EDUCATIONAL PROGRAMS DO YOU OFFER?

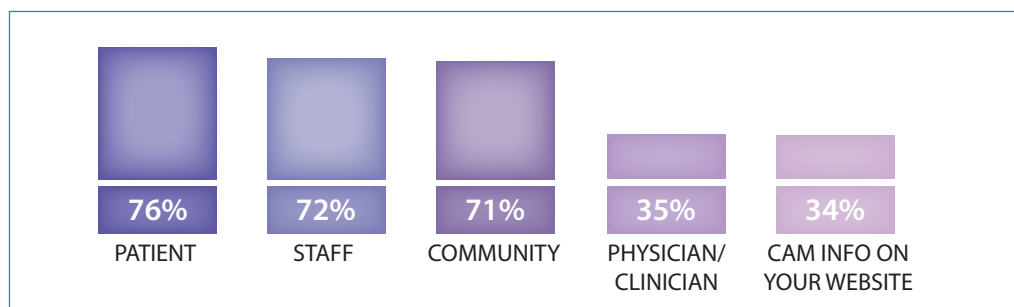


FIGURE 27

Budgetary constraints were the major obstacle for implementing CAM programs (75%). Even though start-up costs were relatively low, it appears that organizations are struggling to justify financial lack of performance by their CAM programs (FIGURE 28).

WHAT ARE THE OBSTACLES FOR IMPLEMENTING CAM PROGRAMS?

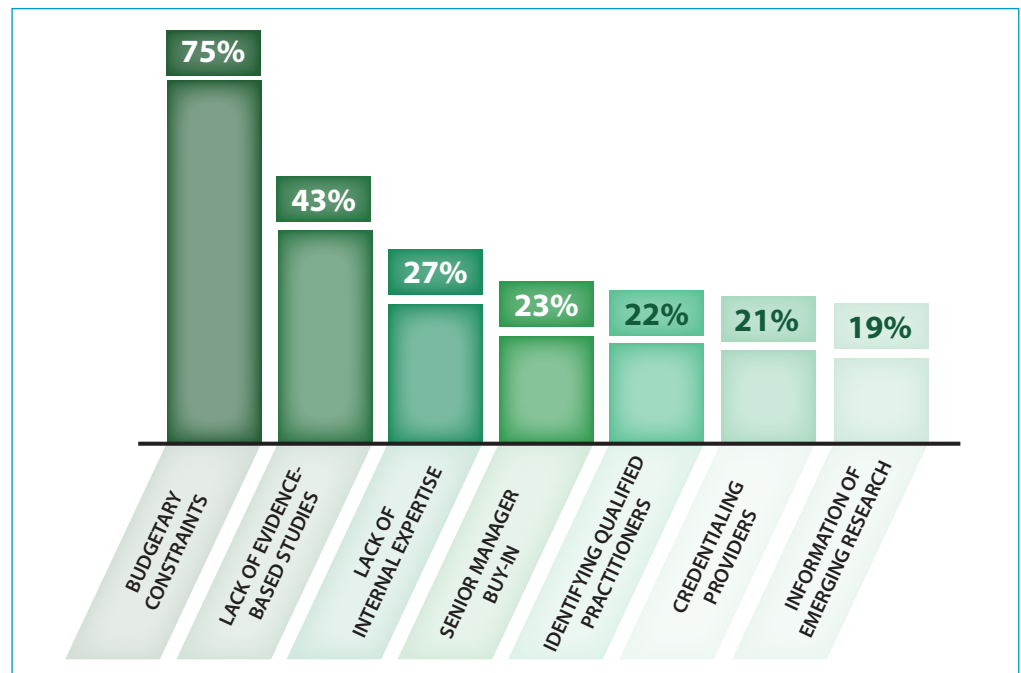


FIGURE 28

Of the reasons hospitals chose to discontinue their CAM program, poor financial performance was the most common (42%). Lack of community interest, cuts to non-essential services and lack of medical staff support (29%) were also cited. Further investigation into whether a lack of business planning and reporting to the board may have resulted in program closure is warranted (FIGURE 29).

WHAT ARE THE REASONS FOR DISCONTINUING THE CAM PROGRAM?

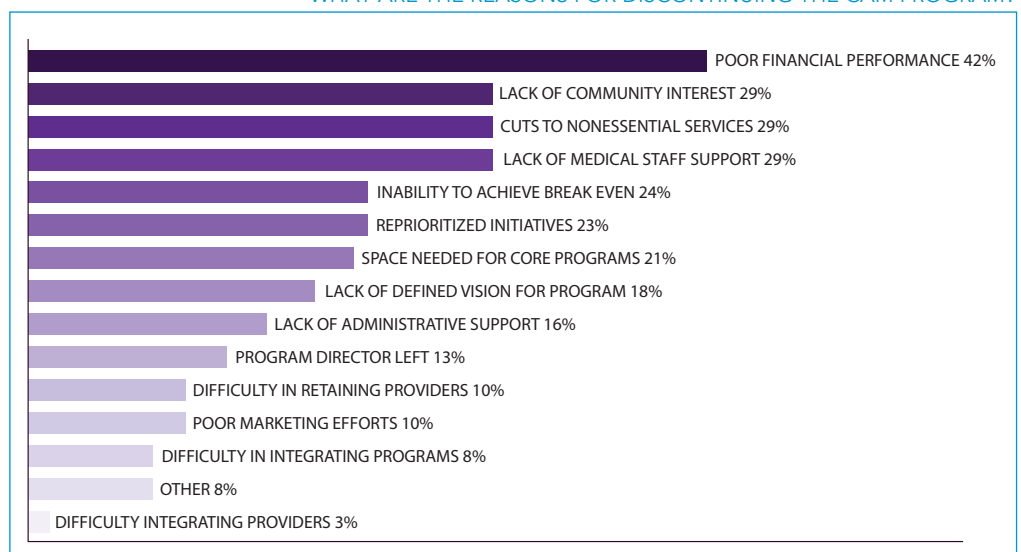


FIGURE 29

IN CONCLUSION

So why does any of this matter, and why should hospital executives be paying attention to this phenomenon?

The reasons are compelling:

- With the aging population, there is a greater prevalence of chronic disease, more interest in spirituality and greater demands by patients for personalized care are all increasing CAM's popularity.
- Patients are seeking to complement their treatment for conditions that are difficult to cure with conventional medicine—cancer, diabetes, AIDS, chronic pain, etc. The bottom line is that consumers and patients want the best that both allopathic and alternative medicine can offer.
- Widely available health information is driving demand for care and therapies that may not be part of the standard delivery model in hospitals.
- CAM users tend to be more satisfied with their care and to recommend a friend or relative. Cancer patients report that complementary therapies promote relaxation, reduce cancer-related distress, help alleviate the side effects of conventional treatment, and empower them to take charge of their treatment.
- Many hospitals that offer integrative health services to patients also make them available to, and an integral part of, health care benefits offered to their employees. In many large institutions, employees make up a large percentage of the users of these services.

But any new program or project should be undertaken with prudence:

- Start small and keep investment low
- Make sure you have management and board buy in – and a physician champion
- Choose modalities that have a solid evidence base
- Ensure practitioners are appropriately licensed and credentialed
- Do not have high expectations of break even for several years

Here are a few steps hospital leaders can take to get started:

- Ascertain their community's interest in CAM. What would the public like to see offered in the hospital?
- Conduct an educational session for the leadership team about CAM
- Experience a few modalities such as massage or acupuncture to understand how and why these work.
- Survey hospital employees and find out what “hidden” skills and interests they have related to CAM therapies
- Learn more about what CAM services, if any, are already being offered in their hospital. Are these efforts being supported by the medical staff?

As the survey results reveal, hospitals that currently offer CAM services do so because they generally believe it's the right thing to do and they want to meet the demands of their patients and staff. At the same time, as health reform pushes hospitals to test new structures, design more proactive patient-centered care models and create more cohesive care coordination, there is a great opportunity to make intentional efforts to incorporate proven complementary therapies and the body of expertise from complementary and alternative approaches.

*To download free copies of this report, please visit SamueliInstitute.org or healthforum.com.

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