



Complementary and Integrative Healthcare: How it Fits in the Healthcare System

White Paper

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Executive Summary

The ever evolving healthcare system will see significant changes coming in the future. Complementary (CAM) and integrated medicine will continue to grow as major players in how Americans treat medical problems. CAM is defined as a “group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine...” “The Complementary medicine” refers to use of CAM **together with** conventional medicine, such as using in addition to usual care to help lessen pain. Most use of CAM by Americans is complementary. “Alternative medicine” refers to use of CAM **in place of** conventional medicine. “Integrative medicine” combines treatments from conventional medicine and CAM for which there is some high-quality evidence of safety and effectiveness. It is also called integrated medicine.” (National Center for Complementary and Alternative Medicine (NCCAM))¹ As healthcare costs continue to rise from a variety of things like hospitals creating monopolies in the marketplace by buying out local medical labs and private practices, the rise in the number of people enrolling in Medicare and Medicaid, (with no legal option for Medicare to negotiate the price of prescription medicine), and more specialist seeing patients, people will seek CAM options for care. Also, patients will find the holistic approach used in CAM where the patient-doctor relationship is prioritized in stark contrast to the quality of the patient-doctor relationship in conventional medicine where patients may find care compromised as the result of a doctor shortage and the fear that managed care organizations are more concerned with the bottom line than their well-being. The Kotsanis Institute is a cutting-edge integrated medical facility that provides exceptional care and education to its patients. As a board certified otolaryngologist and otolaryngic allergist, nutritionist, and surgeon, Dr. Kotsanis combines his 27 years of personal clinical experience with the latest scientific information about emerging technologies to deliver outstanding patient treatment and care. He also incorporates evidence-based research from many disciplines and many countries. The Institute also provides a vast array of educational items and teachings for the general public and other physicians, as well as being a leader in Insulin Potentiation Targeted Low Dose Therapy (IPTLDSM).

¹ <http://nccam.nih.gov/health/whatiscam>

How has the Traditional Healthcare System Evolved?

What was the system like in the past?

According to the article “Improving Health Care: A Dose of Competition”, the present day health care systems have evolved away from the family physicians of the twentieth century, where people chose the doctor they wanted to see and there was little involvement from the insurance company.² In the 1980s and early 1990s, managed care began to take over as the main form of health care. The report states, “In 1980, the overwhelming majority of the population was enrolled in an indemnity insurance plan³ and managed care organizations (MCOs) accounted for a small percentage of the market. Fifteen years later, these patterns had reversed, and various managed care offerings accounted for an overwhelming majority of the insured population.” (Federal Trade Commission and the Department of Justice)⁴

What is the system like now?

As people became more frustrated with managed care organizations the “Improving Health Care: A Dose of Competition” report goes on to state that:

“New forms of health care delivery have emerged, including preferred provider organizations (PPOs), point-of-service (POS) plans, and "concierge care." PPOs involve a broad network of providers, who agree to accept discounted FFS payments in exchange for participating in the network.³³ POS programs generally require consumers to select a primary care gatekeeper, yet allow them to use out-of-plan providers for services in exchange for a higher co-payment. Some physicians who seek to avoid managed care entirely have begun concierge practices, where they provide personalized care, including house calls to patients willing and able to pay out of pocket for health care costs.³⁴ The price of these options vary, with consumers facing greater out-of-pocket costs if they select less restrictive options.” (Federal Trade Commission and the Department of Justice)

What will it be like in the future?

Lisa Zamosky, introduces some of the changes coming in the future for healthcare. Under the Patient Protection and Affordable Care Act (PPACA), Zamosky’s⁵ report states:

- “New coverage options. Health insurance exchanges will provide a marketplace where small businesses and people who don’t get health insurance through their employer can shop for plans. The exchanges will offer the full range of private and public health insurance options available to them in their state.” (Zamosky)⁶

² “Under the fee-for-service method, doctors and hospitals got paid for each service they performed. There were no limits on their treatment decisions; doctors or hospitals could order as many tests as they felt necessary.” (Managed Health Care vs. Fee-For-Service) <http://www.faqs.org/health/Healthy-Living-V2/Health-Care-Systems-Managed-health-care-vs-fee-for-service.html>

³ “The different types of fee-for-service include indemnity plans and reimbursement plans. In an indemnity plan, the insurer sets an amount that it will pay for a specific medical service. In a reimbursement plan, the patient must pay all fees up front and then file claims to be reimbursed by the insurer.” (Managed Health Care vs. Fee-For-Service)

⁴ http://www.justice.gov/atr/public/health_care/204694/chapter1.htm#1

⁵ <http://www.webmd.com/health-insurance/features/health-reform-summary-benefits?page=2>

⁶ <http://www.webmd.com/health-insurance/features/health-reform-summary-benefits?page=2>

- “Help paying for coverage. For people making \$43,000 or less, or families of four making less than \$88,000, the government will subsidize premiums -- the monthly payment you make to insurers for coverage -- for health plans purchased through health insurance exchanges. You’ll pay anywhere from 2% to 9.5% of your income for health insurance, and the government will pick up the rest. Reduced copayments, coinsurance, and deductibles may also apply to assist with coverage cost. Also, the new law states that the cost of premiums can be no more than three times as expensive for older people than for younger people.” (Zamosky)

Also, in section 2706 of the PPACA, it states that “A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider’s license or certification under applicable State law.” This language allows for coverage from licensed or certified CAM providers. Therefore, it is likely that in the future of conventional healthcare, the usage of CAM will increase.

Furthermore, as healthcare continues to evolve it is not unlikely that new programs will be proposed. It is critical that future costs are considered and controlled. The following examples show predictions are not always accurate. Elwood states in “The Future of Health Care in the United States”, that, “Projecting future costs never is an easy task, but if history is any guide, it is worth noting there is a tendency for advocates of new programs to underestimate what eventually will transpire...In 1988, home care costs under Medicare were projected to be \$4 billion. Instead, they were \$10 billion.” (Elwood) In “Medicare Looks Like a Government Program Run Amok,” it says “After President Lyndon B. Johnson signed Medicare into law in 1965, the House Ways and Means Committee

“but the cost of that private insurance — and therefore those subsidies — will be much higher than if the same people were enrolled in Medicare at an earlier age... because Medicare buys health care services at much lower rates than any insurance company. Thus the best way to lower the costs seems to be to bring near seniors into the Medicare system before they reach 65. They could be required to pay premiums based on their incomes, with the poor paying low premiums and the better off paying what they might have paid a private insurer. Those who can afford it might also be required to pay a higher proportion of their bills — say, 25% or 30% — rather than the 20% they’re now required to pay for outpatient bills.” (Brill)

“A comprehensive review of 25 surveys of physician practices and beliefs regarding five commonly used CAM practices-acupuncture, chiropractic, homeopathy, herbal medicine, and massage-found that about half of the surveyed physicians believed in the efficacy of these five CAM practices.⁵⁶ This study found that a significant proportion of conventional physicians were both referring patients to CAM practitioners and/or offering some of these CAM treatments in their practice.” (White House Commission on Complementary and Alternative Medicine Policy)

predicted that the program would cost \$12 billion in 1990. Its actual cost by then was \$110 billion. It is likely to be nearly \$600 billion this year.” (Brill)

The Evolution of Complementary and Alternative Medicine

Where Has CAM Come From?

Beginning in the mid twentieth century, Americans were being introduced to treatments and ideas from other countries that dated back for centuries. Some of these “new” ideas were that food and supplements could be used to treat illness, a holistic approach was beginning to be embraced⁷, making healthy lifestyle choices could help a person stay well, and the use of chiropractors, yoga, tai chi and massage could also improve health.⁸ (White House Commission on Complementary and Alternative Medicine Policy)

What is CAM like Today?

CAM is growing, and more traditional health providers are showing interest. According to the article, “5 Rising Trends in Health Care”⁹, “The trend toward integrative medicine -- the combining of conventional Western medicine with alternative treatments -- is growing in popularity in the U.S. . . .” “I call it the best of both worlds. My principle is you do whatever is needed to help the patient, using the most recent research of both science and alternative medicine,” said Dr. J. Ying Williams, a Harrisburg doctor who integrates Chinese medicine into her practice.” (Staff) In fact at the Kotsanis Institute, an integrative medical facility, Dr. Kotsanis is always looking for the latest technologies; he attends numerous conferences and visits clinics in other countries to learn about what other scientists and doctors are doing. He also networks with other thought leaders on the Internet – exchanging research, questions, and answers – to explore specific questions that arise in unusual cases. He welcomes information from patients on new treatments they may have tried or would like to know more about. It is his passion for practice that keeps him at the forefront of innovation.

Along with more doctors, like Dr. Kotsanis, integrating CAM into their practices, many people are using CAM. According to a study by the National Institute of Health, in 2007¹⁰ “38.3% of adults (83 million persons) and 11.8% of children (8.5 million children under age 18 years.)” (Barnes, Bloom and Nahin) have used CAM. According to the National Center for Complementary and Alternative Medicine, “people with cancer, chronic back pain, and chronic pain use CAM the most. Other studies have

Using data from the 2007 NHIS, we estimate that U.S. adults spent about \$33.9 billion out of pocket on visits to CAM practitioners and on purchases of CAM products, classes, and materials.

⁷ “Holistic practice emphasized an attention to the whole person, including the physical, spiritual, psychological, and ecological dimensions of healing. Holistic health care incorporates practices and concepts of Eastern philosophy and diverse cultural traditions, including acupuncture and the use of herbs, massage, and relaxation techniques as well as conventional medical practices.”²⁶

⁸ <http://www.whccamp.hhs.gov/fr2.html>

⁹ http://www.pennlive.com/bodyandmind/index.ssf/2011/02/5_rising_trends_in_health_care.html

¹⁰ <http://www.cdc.gov/nchs/data/nhsr/nhsr012.pdf>

documented that people with painful chronic conditions, including arthritis and headache, and psychological problems (insomnia, depression, and anxiety) are frequent users of CAM therapies, particularly massage, chiropractic, and acupuncture.^{13,45} (White House Commission on Complementary and Alternative Medicine Policy)

A number of surveys have been conducted on the use of CAM. Shown below are a few of them with the results.¹¹

CAM Usage Surveys	Results
“Survey that assessed both the prevalence and predictors of CAM use in a comprehensive cancer center population where all were using conventional therapies	63% had used at least one CAM approach other than a spiritual practice” (White House Commission on Complementary and Alternative Medicine Policy)
“Survey of almost 2,000 tumor registry patients selected at random	75% had used at least one CAM modality. ³⁸ ” (White House Commission on Complementary and Alternative Medicine Policy)
“A recent national survey by Astin ¹⁷ found that back problems were the most common medical condition for which people reported using CAM treatments. In this survey, neck problems also were associated with frequent use of CAM.	24 % used CAM” (White House Commission on Complementary and Alternative Medicine Policy)
Chiropractors	<ul style="list-style-type: none"> • “1/3 of all patients suffering from back pain choose chiropractors over physicians to treat them • provided 40% of primary care for back pain.^{41,42} • retained a greater proportion of their patients (92%) for subsequent episodes of back pain care than did other providers.” (White House Commission on Complementary and Alternative Medicine Policy)
“Krauss and colleagues ⁴³ found that CAM practitioners and products were chosen more often than conventional physicians and therapies by those persons with chronic pain	(52 versus 34 %) and headaches (51 versus 19 %), as well as by persons suffering from other associated maladies, including depression (34 versus 25 %), anxiety (42 versus 13 %), and insomnia (32 versus 16 %).” (White House Commission on Complementary and Alternative Medicine Policy)
“Surveys of rheumatology patients have found similarly high CAM utilization rates	Ranging between 19 and 63 %, depending on the type and severity of their condition. ⁴⁴ ” (White House Commission on Complementary and Alternative Medicine Policy)
“The majority of cancer patients enrolled in clinical trials at the National Institutes of	This same study found that the most frequently utilized therapies were spiritual approaches,

¹¹ <http://www.whccamp.hhs.gov/fr2.html>

Health used at least one CAM therapy, with an average use of two therapies per person. ³⁹	relaxation, imagery, exercise, lifestyle, diet (e.g., macrobiotic, vegetarian), and nutritional supplementation therapies.” ¹² (White House Commission on Complementary and Alternative Medicine Policy)
“A similar pattern of CAM usage has been found among men with prostate cancer	42 % of those surveyed used vitamins, prayer or religious practices, and herbs to treat their condition. ⁴⁰ ” (White House Commission on Complementary and Alternative Medicine Policy)

The surveys show that a majority of these patients chose at least one form of CAM for treatment. Also, Craig Lambert said in his 2002 article, “The New Ancient Trend in Medicine”¹³, “In 1992, the National Institutes of Health (NIH) created an Office of Alternative Medicine with a \$2-million budget; in 1998 the office became the National Center for Complementary and Alternative Medicine, and today its research budget has increased fifty-fold, to \$100 million. Furthermore, with 70 percent of their generation routinely using CAM therapies, today’s medical students increasingly demand education in this area...the NIH recently awarded the new Harvard Medical School division a \$2-million grant to build the first clinical model of integrative care within an academic teaching hospital—a model that could eventually be replicated throughout the United States.” (Lambert)

How Has The Doctor -Patient Relationship Changed in Traditional Medicine and how is CAM Different?

Patient Trust

As healthcare evolved from family doctors to managed care, the doctor-patient relationship also changed. Managed care made insurers’ responsible for patient management and the physician responsible for patient treatment which consequently reduced the patient trust. The patient felt that care was limited because managed care plans focused on making profits rather than making the patient better. “Grumbach in 1999 (5) noted that 25% of patients had been forced to change primary care physicians in the previous 2 years because of changes in their medical insurance plan.² and Kenagy et al (4) point out that the U.S. health care system is the world’s largest service industry, and it excels in its capacity for treatment of serious illness. Despite this, however, physician satisfaction, respect for physicians, and trust in our health care system are declining. Polls conducted in 1994 (9,10) reveal that 75% of Americans felt that our health system requires fundamental change, and 84% said that there was a crisis in health care. The crisis relates to the lack of availability of health insurance, accelerating costs, and quality of care and service from managed care providers.”³ (Friedenberg) Patients see primary care doctors less

¹² “Patients unanimously believed that these CAM treatments helped to improve their quality of life by helping them cope more effectively with stress, decreasing their discomforts related to treatment and the illness itself, and giving them a better sense of control” (White House Commission on Complementary and Alternative Medicine Policy)

¹³ <http://harvardmagazine.com/2002/03/the-new-ancient-trend-in.html>

and specialist more with managed care. It was also noted by Friedenbergr that “A major element necessary for patient trust is continuity of care with an individual physician. A major factor stressed by Sherger (6), which managed care providers do not seem to appreciate, is that diseases do not come for treatment, people do. Patient care is fundamentally based on human interaction, and healing requires such relationships. He stresses that patients do not care how much a physician knows until they know how much the physician cares. Trust in the physician is formed from patient-doctor encounters. The level of trust is used by the patient to judge the physician’s knowledge or skill (7).” (Friedenberg) Interestingly, Susan Dorr Gold¹⁴ pointed out that “actual time spent together is less critical than the perception by patients that they are the focus of the time and that they are accurately heard. Other aspects important to the relationship include eliciting patients' own explanations of their illness, giving patients information and involving patients in developing a treatment plan.” (Gold and Lipkin) And that the doctor-patient relationship can be compromised by “Standardization of practice”. They said, “Standardization is often touted as promoting fairness by treating like individuals in like manner.... The danger to the doctor–patient relationship in these movements is that individual patients with their individual needs and preferences may be considered secondary to following practice guidelines.” (Gold and Lipkin)

The elements fundamental to a good patient-doctor relationship such as those listed above, are becoming harder to find in managed care organizations, however, they are priorities in CAM practices. The Kotsanis Institute believes that helping a patient is more than just writing prescriptions. Getting to know the patient as an individual and involving the patient in their care is critical to its success. CAM and integrated medical facilities like the Kotsanis Institute want to ensure that the patient’s physical and emotional needs are being met, and they make themselves available as much as possible to their patients. They have also found that including patients in developing their own treatment plans saves money. At the Kotsanis Institute, it is understood that every patient has a unique set of symptoms, conditions, circumstances and needs. After listening to a patient’s goals, Dr. Kotsanis will investigate his/her complete history, do a physical examination, and will perform a series of diagnostic tests to determine what the patient’s specific needs are. After the reviewing the results, a highly customized treatment plan will be designed to help the patient reach specific goals.

Doctors Leaving Private Practice

Another issue changing the doctor-patient relationship is the trend for more doctors to be giving up private practice. A New York Times article reported¹⁵ that, “As recently as 2005, more than two-thirds of medical practices were physician-owned — a share that had been relatively constant for many years, the Medical Group Management Association says. But within three years, that share dropped below 50 percent, and analysts say the slide has continued... Ideally, bigger health care organizations can provide better, more coordinated care. But the intimacy of longstanding doctor-patient relationships may be going the way of the house call.” (Harris)

¹⁴ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1496871/>

¹⁵ <http://www.nytimes.com/2010/03/26/health/policy/26docs.html>

Again the CAM offers patients a personal experience and a foundation of care through a strong doctor-patient relationship.

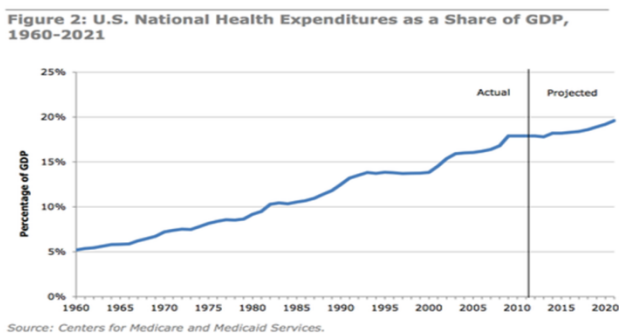
A Doctor Shortage

One last issue threatening the doctor-patient relationship is the doctor shortage. The article, “Doctor Shortage Likely to Worsen With Health Law”¹⁶, reports that “The Association of American Medical Colleges estimates that in 2015 the country will have 62,900 fewer doctors than needed. And that number will more than double by 2025, as the expansion of insurance coverage and the aging of baby boomers drive up demand for care. Even without the health care law, the shortfall of doctors in 2025 would still exceed 100,000. Health experts, including many who support the law, say there is little that the government or the medical profession will be able to do to close the gap by 2014, when the law begins extending coverage to about 30 million Americans... Experts describe a doctor shortage as an “invisible problem.” Patients still get care, but the process is often slow and difficult.” (Lowrey and Pear) It is not hard to predict that with a shortage of doctors that the use of CAM to treat people will increase greatly.

What do Americans Spend on Traditional and CAM Medical Care?

How Much Money is spent on Traditional Health Care?

As far as costs go “The United States spends a larger share of its gross domestic product (GDP) on health care than any other major industrialized country.”¹⁷ (Agency for Healthcare Research and Quality)



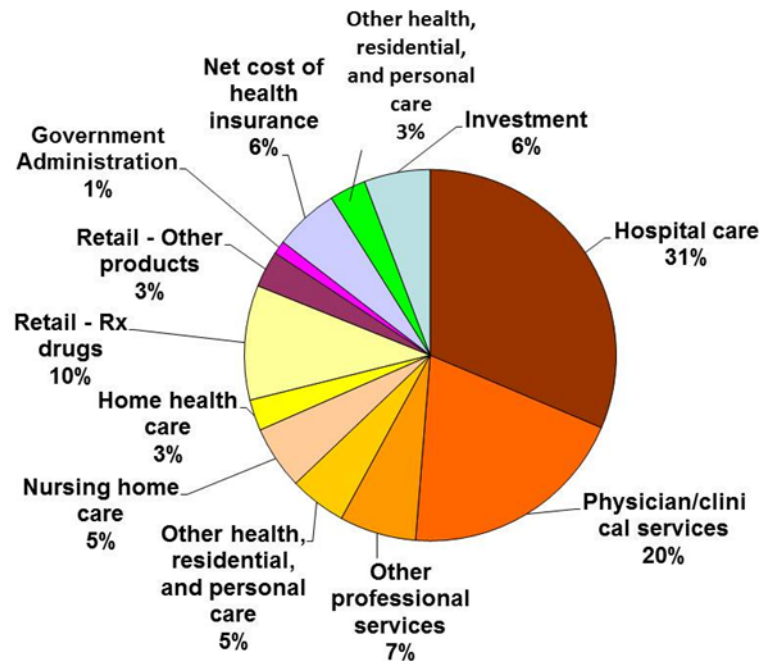
“Health expenditures in the United States neared \$2.6 trillion in 2010, over ten times the \$256 billion spent in 1980... Since 2002, employer-sponsored health coverage for family premiums have increased by 97%, placing increasing cost burdens on employers and workers. In total, health spending accounted for 17.9% of the nation’s Gross Domestic Product (GDP) in 2010.” (Kaiser EDU)¹⁸

¹⁶ http://www.nytimes.com/2012/07/29/health/policy/too-few-doctors-in-many-us-communities.html?_r=1&

¹⁷ <http://www.ahrq.gov/research/findings/factsheets/costs/health-care/index.html>

¹⁸ <http://www.kaiseredu.org/Issue-Modules/US-Health-Care-Costs/Background-Brief.aspx>

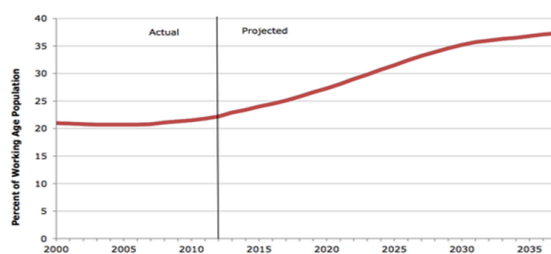
National Health Expenditures, 2010



Total = \$2.3 Trillion Source: Martin A.B. et al., “Growth In US Health Spending Remained Slow in 2010; Health Share of Gross Domestic Product Was Unchanged from 2009,” *Health Affairs*, 2012.

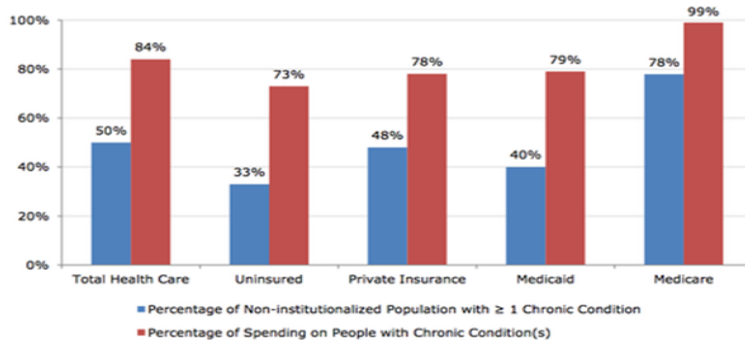
Health care expenditures will continue to rise because, “About 1.6 million baby boomers are expected to enroll in Medicare annually while the working population decreases, almost half the U. S. population has a chronic condition that requires some type of treatment, and nearly 2/3 of adults are overweight or obese.” (Appleby and News)

Figure 3: Population Over 65 as Share of Working Age Population



Source: Congressional Budget Office.

Figure 4: People with Chronic Conditions Account for 84% of National Health Care Dollars and 99% of Medicare Spending



Sources: Medical Expenditure Panel Survey, 2006 and Robert Wood Johnson Foundation, *Chronic Care: Making the Case for Ongoing Care*, February 2010.

Also driving up the cost of healthcare is the fact that hospitals are buying out private practices and becoming dominant providers with little competition. As a hospital gets bigger the negotiating power of insurance companies drop and prices for services ultimately rise. According to Stephen Brill, “The hospitals’ continuing consolidation of both lab work and doctors’ practices is one reason that trying to cut the deficit by simply lowering the fees Medicare and Medicaid pay to hospitals will not work. It will only cause the hospitals to shift the costs to non-Medicare patients in order to maintain profits — which they will be able to do because of their increasing leverage in their markets over insurers. Insurance premiums will therefore go up — which in turn will drive the deficit back up, because the subsidies on insurance premiums that Obamacare will soon offer to those who cannot afford them will have to go up.” (Brill)

Another reason healthcare costs are increasing is that prescription drug costs are unregulated and pharmaceutical companies are allowed to charge whatever they like for a pill, even if that medicine is the only one available for the treatment. “More than \$280 billion will be spent this year on prescription drugs in the U.S. If we paid what other countries did for the same products, we would save about \$94 billion a year... Just bringing these overall profits down to those of the software industry would save billions of dollars. Reducing drugmakers’ prices to what they get in other developed countries would save over \$90 billion a year. It could save Medicare — meaning the taxpayers — more than \$25 billion a year.” (Brill) “Federal law also restricts the biggest single buyer — Medicare — from even trying to negotiate drug prices. Instead, Medicare simply has to determine that average sales price and add 6% to it. Similarly, when Congress passed Part D of Medicare in 2003, giving seniors coverage for prescription drugs, Congress prohibited Medicare from negotiating.” (Brill)

As far as looking at costs in terms of medical conditions a report on Web MD¹⁹ shows the costliest conditions as:

Heart Conditions..... \$95.6 Billion

¹⁹ <http://www.webmd.com/healthy-aging/medical-cost-disability-11/slideshow>

Trauma.....	\$74.3 Billion
Cancer	\$72.2 Billion
Mental Disorders.....	\$72.1 Billion
Joint Disorders(including osteoarthritis)	\$57.0 Billion
Chronic obstructive pulmonary disease (COPD).....	\$53.7 Billion
(Includes the lung diseases emphysema and chronic bronchitis)	
Hypertension.....	\$47.4 Billion
Diabetes.....	\$45.9 Billion
Hyperlipidemia.....	\$38.6 Billion
Back Problems	\$35.0 Billion
.....	
Normal Childbirth.....	\$35.0 Billion

Furthermore, According to the Agency for Healthcare Research and Quality²⁰,

Twenty-five percent of the U.S. community population was reported to have one or more of five major chronic conditions:

- Mood disorders.
- Diabetes.
- Heart disease.
- Asthma.
- Hypertension.

**Spending to treat these five
conditions alone amounted to
\$62.3 billion in 1996
(Stanton)**

No matter how the numbers are examined, the cost of healthcare is enormous. Even with the passage of the PPACA, the number of people expected to enroll in Medicare in the upcoming years will strain healthcare to the breaking point if it continues unchanged. These costs open the door for CAM, as it tends to use less costly means to treat patients than conventional medicine. At the Kotsanis Institute, Constantine A. Kotsanis, MD combines traditional medicine, functional medicine and nutrition to optimize your health, wellness, and anti-aging process. Dr. Kotsanis knows that good nutrition provides the base that optimal health is built on. In fact, “the largest diabetes-prevention trial, completed in 2001, found that lifestyle intervention, including diet, exercise, and behavior modification, reduced by nearly 60 percent the chances of developing type 2 diabetes in those at high risk. In comparison, drug therapy (with Metformin) produced only a 31 percent reduction.” (Wadyka, How Integrative Medicine Can Help You Be Healthier) Dr. Kotsanis is also a skilled at acupuncture, and “Acupuncture is also widely used for a variety of conditions, including nausea (from chemotherapy or pregnancy), infertility, fibromyalgia pain, arthritis, PMS, and menopausal symptoms. It has the backing of many randomized, controlled trials, and "the National Institutes of Health concluded that there is promising evidence for using acupuncture in specific conditions," (Wadyka, How Integrative Medicine Can Help You Be Healthier) As the healthcare system continues trying to manage

²⁰ <http://www.ahrq.gov/research/ria19/expendria.htm#MostExpensive>

costs with care, and its eventual form is still undetermined, a promising way of controlling costs with the integration of CAM practices into the traditional medical system was seen in a study in Washington State²¹ that compared the costs of people suffering from back pain, fibromyalgia, and menopause symptoms, with insurance that used CAM to those with the same insurance coverage that did not use CAM found that:

- “**CAM users had lower average expenditures than nonusers.** (Unadjusted: \$3,797 versus \$4,153, $p = 0.0001$; beta from linear regression $-\$367$ for CAM users.)” (Lind, Lafferty and Tyree)
- “CAM users had higher outpatient expenditures that which were offset by lower inpatient and imaging expenditures.” (Lind, Lafferty and Tyree)
- “The largest difference was seen in the patients with the heaviest disease burdens among whom CAM users averaged \$1,420 less than nonusers, $p < 0.0001$, which more than offset slightly higher average expenditures of \$158 among CAM users with lower disease burdens.” (Lind, Lafferty and Tyree)

How Much is Spent on Complementary and Alternative Medicine ?

A 2007 study by the National Institute of Health estimates that “U.S. adults spent about \$33.9 billion out of pocket on visits to CAM practitioners and on purchases of CAM products, classes, and materials. This equates to 1.5% of total health-care expenditures in the United States and to 11.2% of out-of-pocket health-care expenditures (7). Almost two-thirds of CAM costs were associated with self-care therapies such as nonvitamin, nonmineral, natural products; homeopathic products; and yoga...and the data in NHIS data indicate that the U.S. public makes more than 300 million visits to CAM providers each year. The table below show that the public is willing spend billions of dollars out of pocket for CAM treatments.” (Barnes, Bloom and Nahin)

Dollars Spent out of pocket To Purchase nonvitamin, nonmineral, natural products	Dollars Spent out to pocket to Purchase Pharmaceuticals	Dollars Spent out of Pocket on visits to CAM providers	Dollars Spent out of Pocket for Conventional Physician Services
\$14. 8 billion	\$47.6 billion	\$12.4 billion	\$49.6 billion

Data for the above table was found in the 2007 National Institute of Health study. (Barnes, Bloom and Nahin)

Conclusions

In looking at the health care system, the doctor-patient relationship, and costs, several observations can be drawn,

²¹ <http://www.ncbi.nlm.nih.gov/pubmed/20423210>

- 1) The health care system is ever evolving, always seeking to balance costs with patient care.
- 2) The doctor-patient relationship is a vital part of the care, and needs to be a priority.
- 3) Spending more on healthcare does not always translate into “better” healthcare.
- 4) As baby boomers age and enroll in Medicare, the costs of care will continue to go up, and more financial burden will be placed on the health care act going into effect.
- 5) As more doctors leave private practice for hospitals or bigger health organizations, competition decreases and costs could rise.
- 6) There is a real risk of a doctor shortage in the near term.
- 7) A shortage of primary care doctors will dramatically affect how people receive medical care.
- 8) People are taking more control of their health as can be seen by the number of people seeking care from complementary and alternative medicine.
- 9) Complementary and alternative medicine is growing and becoming more accepted by mainstream practitioners.
- 10) The public is showing support for CAM by willingly spending billions of dollars on CAM options.

The Kotsanis Institute: Blending Conventional and Complementary Medicine

Want a Doctor That Combines Medicine & Nutrition?

Constantine A. Kotsanis, MD combines traditional medicine, functional medicine and nutrition to optimize your health, wellness, and anti-aging process.

Want a Doctor That Thinks Outside the Box?

Dr. Kotsanis understands that every patient has a unique set of symptoms, conditions, circumstances and needs. He will listen, investigate your history and research the interactions in your genetics, environment, lifestyle, and diet.

Want Control Over Feeling Better?

Dr. Kotsanis and his team, provide a strategy that will elevate your health and wellness. We strive to make you feel better and to find the root causes of your illness, chronic condition, or disease.

Choosing your cancer treatment is an important decision. When considering chemotherapy, radiation or an alternative approach to your treatment, know your options. In our comprehensive cancer care program, we not only treat your cancer, but provide nutrition therapy and a detoxification program to build your immune system and mind/body therapies to keep you on a low stress positive mental path. For those wanting a gentler more compassionate treatment or those who are having difficulties with side effects, Dr. Kotsanis introduced Insulin Potentiation Targeted Low Dose Therapy (IPTLDSTM) into our comprehensive cancer care program to give patients an alternative choice to therapy which targets and kills cancer cells and does not target healthy cells.

The Kotsanis Institute is a cutting-edge integrated medical facility that offers treatments for many conditions including: allergies, autism, cancer and cancer after care, chronic fatigue, detoxification, digestive and learning disorders, hormone imbalances, nutritional assessments and weight management. Please call (817) 380-4992, Toll Free (888) 302-9740 for more information or visit the website at <http://www.kotsanisinstitute.com/>.

Information included here is based upon Dr. Kotsanis' personal clinical experience treating patients for over twenty- nine years, as well as review of published scientific literature and medical studies. Dr. Kotsanis integrates both mainstream and complementary medicine. This practice, known as integrative medicine, embraces principles and treatment methods which may or may not be accepted or embraced by conventional medicine providers, individual physicians or other health care institutions.

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