Nancy Sudak, MD: On Unifying the Voices of Integrative Practice

Interview by Craig Gustafson

Nancy Sudak, MD, is the executive director of the Academy of Integrative Health and Medicine (AIHM) and the American Board of Integrative Holistic Medicine (ABIHM). She recently left her unique holistic primary care practice in a community health center in Duluth, Minnesota, to support the growth of the Academy. She is on the textbook faculty of Functional Medicine (2nd Ed), Integrative Medicine (3rd Ed), and Textbook of Natural Medicine (4th Ed), and has special interests in ecological health, the availability of integrative health care for underserved populations, and the importance of the therapeutic relationship. She teaches in an adjunct capacity at the University of Minnesota Duluth School of Medicine.

Integrative Medicine: A Clinician's Journal (IMCJ): You are the executive director for AIHM, the Academy of Integrative Health and Medicine, which is basically a new organization. I understand that 2 other organizations came together to create this new organization. Could you tell me what those 2 organizations were, how they differed, and what brought them together?

Dr Sudak: Yes. The 2 organizations are the American Board of Integrative Holistic Medicine, or ABIHM, and the American Holistic Medical Association, or AHMA.

The AHMA was founded in 1972 as a membership organization primarily for MDs and DOs interested in holistic medicine. At that time, it was a small community of physicians who knew there was a better way to practice and who were in a minority. It was an important lifeline for many of those physicians. As time went on, the AHMA grew and in 2008 it opened up its membership to other health professionals.

The ABIHM began when a number of holistic physicians who were also AHMA members branched off, in 1996, to develop a certification process that could attest to physicians' knowledge in integrative holistic medicine. It was originally called the American Board of Holistic Medicine, the ABHM, and they added "I" for "integrative" in 2008 to reflect the integrative curriculum.

The ABIHM offered its first exam to create a standard for knowledge competency by MDs and DOs in 2000. Over the next 15 years, while the field of integrative medicine was just blossoming, ABIHM certified almost 3000 MDs and DOs as ABIHM Diplomates. As the ABIHM sought to broaden its mission, it made sense to bring together its sister organization, AHMA, with ABIHM as we formed the Academy of Integrative Health and Medicine, or AIHM.

The goal of the Academy is to offer a unified voice for all health professionals interested in integrative health and medicine. People were often confused about the difference between AHMA, which was a membership organization for integrative holistic medicine, and the ABIHM, which was the separate certification entity. As the ABIHM board, by and for MDs and DOs, the mission was more narrow than they wanted it to be as the years went on. When the opportunity arose to create the Academy—with a much broader vision of creating health and wellness on a global scale and the opportunity to join hands with other health professionals to put both health and care back into health care—that felt much more resonant with the purpose that both organizations' boards sought. Coming together made complete sense because we are now, as the Academy, a global organization for health professionals with key goals of education, membership, leadership, and advocacy.

IMCJ: When did talks begin and when did the official change happen?

Dr Sudak: The organizations began speaking together in October of 2013. A full merger has occurred subsequently over the past year and, at this point, we are 1 organization. As our 2 mission resonant organizations came together, we are poised for growth as the Academy.

IMCJ: At this point, are you still focused on the logistical process of bringing the 2 organizations together or have you started to move on to other projects?

Dr Sudak: While it did take some time to merge our operations and 12 staff between our Duluth, Minnesota, and Cleveland, Ohio, offices, we are now 1 staff working on implementing our goals.

We are establishing a strong membership base. All of the members of the AHMA are automatically charter members of the Academy, and active diplomats of the ABIHM have all been given free 6-month memberships to the Academy. And, we are actively recruiting new
members. As of 2016, all former ABIHM business, including the maintenance of certification process, will be carried under the Academy banner.

**IMCJ:** When will the conference be held? Have you set a date?

**Dr Sudak:** We have. The name of the conference is, “People, Planet, Purpose: Global Practitioners United in Health and Healing.” That conference is going to be offered in San Diego at Paradise Point from October 24 through October 29.

Because we are now a pluralistic and much more visibly multidisciplinary organization, the conference will not look the same as when the audience was mostly MD focused. Last year was the Academy's inaugural conference, which was a tremendous success and we learned a lot about expanding our audience. This year, we plan to offer a special track as a review course for physicians preparing for the new ABOIM exam, but it will be open to anyone who wants a 3-day intensive course on integrative medicine.

**IMCJ:** Beyond the MDs and DOs, what other groups of practitioners are you looking to recruit?

**Dr Sudak:** Our practitioner community is open to nurses, nurse practitioners, chiropractors, naturopathic physicians, licensed acupuncturists, dentists, physician assistants, psychologists, occupational and physical therapists, massage therapists, pharmacists, midwives, and many others, both conventionally and integratively oriented. Whatever one’s background, we are here to offer a home for our work together. We are deeply committed to a collaborative community feeling.

**IMCJ:** I would imagine that it could be quite a challenge to create a meaningful conference for such a diverse group of clinicians.

**Dr Sudak:** Good point and, yes, there are some challenges involved—especially when the skill sets are so different. The conference will offer something for everybody and we will make sure that we are keeping all of our attendees engaged at all times. And of course, our faculty will be more diverse in terms of disciplines represented than it has been in the past.

**IMCJ:** Thinking of the number of really key concepts and ideas that have been contributed by individuals who were not DOs or MDs that have influenced thought in holistic and integrative medicine, it seems like a terrific opportunity to foster this melting-pot of ideas.

**Dr Sudak:** That is a good way of putting it; we have so much to teach one another. One of the most significant areas of focus, as we move forward with some of the academy’s initiatives, is a team healing approach. How do we work together in teams—in clinics, in hospitals, and in communities—to create health?

**IMCJ:** As much as the opportunity exists to grow through the addition of parallel health care professions, will you be expanding efforts to educate conventionally trained physicians on integrative approaches?

**Dr Sudak:** It is important to us to be able to bring together health professionals who are already steeped in the culture of integrative health and medicine while also creating a place of belonging for conventionally entrenched health professionals. Medical education just isn't delivering on an adequate minimal standard of material on integrative medicine. We are a credible resource that will serve as a base for conventional and integrative professionals. We can offer that training to conventional professionals in a way that is digestible and thoughtful, while at the same time offering plenty of advanced content for more seasoned integrative clinicians.

One thing that I have noticed over the years as an MD is that this is largely a patient-driven movement. Patients are asking their health care providers with increasing frequency, “What is safe?”, “What is effective?”, and “What is advisable?” We have come so far in the last 15 years, such that we can now say that it is no longer responsible for conventional practitioners to know nothing about integrative disciplines—especially when they are so strongly based in lifestyle, which has gained recognition as the chief factor that maintains or undermines health.
But beyond promoting integrative tools and the art of a holistic style of practice, we are also about offering a systems-oriented, broad-minded world view and even an ecological perspective that brings meaning to clinicians because we then begin to step away from the “ill to the pill” mentality. To be in service of the integrative health agenda, we have to actually think integratively, which is much different than simply replacing drugs with a green pharmacy.

**IMCJ:** The Joint Commission has recently issued a position regarding pain management, where it is actually saying that it is better to pursue the integrative options before moving on to pharmaceuticals. How does this affect what the AHIM is doing?

**Dr Sudak:** It is a sign of the times. I think we have come into our own, where the science that we have put before our conventional colleagues is robust. We are using the same body of literature, after all. There is somewhat less of a burden of having to prove ourselves, because so much of what we are talking about is firmly rooted in good science. Now, with the Joint Commission’s standards requiring a thoughtful and much more empowering approach to chronic pain, which includes lifestyle and integrative treatments, it is simply an indicator that these recommendations are sensible and important.

**IMCJ:** How has AHIM advocacy started to take shape to support a more inclusive “standard of care?”

**Dr Sudak:** Well, one of our most exciting developments is that we are partnering with the Integrative Healthcare Policy Consortium, IHPC. Among the most important ongoing initiatives of the IHPC is the support of Section 2706 of the Affordable Care Act, which basically states that all state-licensed providers can be reimbursed by insurance and not discriminated against as long as they operate within their scope of practice. That would include acupuncturists, chiropractors, nurse practitioners, naturopathic physicians, midwives, massage therapists, and others.

We are proud to be joining hands with the IHPC as we show up to ensure that Section 2706—which is just 1 example of the issues we’ll support in tandem—is honored appropriately under the law. There is an initiative called “Cover My Care,” which is another project of the IHPC, that speaks to the consumer-action side of the 2706 equation.

As a little aside, I was seeing my own acupuncturist recently, and she knew that somehow her profession had been written into the ACA. But she had no clear sense of how to implement her rightful place within it and no real drive to do so—which I found interesting. I’m sure there are some pretty significant barriers between theory and practice here, but I’m hopeful that efforts such as Section 2706 and Cover My Care will help overcome them to the satisfaction of both practitioners and patients.

Some of our advocacy initiatives will occur jointly with IHPC, and we will have a visible presence together while remaining 2 completely separate organizations.

**IMCJ:** When you talk about the voice of the membership, tell me a little bit more about what you are trying to accomplish.

**Dr Sudak:** A focal point will be the rights of the practitioners, as we have just touched on. Another is the rights of consumers to receive integrative care and to have it covered. An important category of the membership is consumers, who have strong feelings about our work.

The voices of the Academy are health practitioners, veterans, insurers, patients, organizers, policy makers, underserved populations, community members and voices on behalf of our planet … because it’s intuitively obvious that we can’t be healthy on an unhealthy planet. The voices are far and wide and global in scope, and everyone is welcome.

The idea is that we are all stakeholders in health around the planet. We will speak not only on behalf of the right to receive full-spectrum, high-quality health care that is affordable in the United States, but around the globe as well. And we will speak on behalf of those working for healthy communities and a healthy planet. The voice will include what the membership believes in and what initiatives we support, both of which will define the expression of the organization. The policy initiatives are just part of the voice.

**IMCJ:** What other partnerships do you have planned?

**Dr Sudak:** We have built a wonderful relationship with the Academic Consortium of Complementary and Alternative Healthcare, ACCAHC. Together, we are working on the development of a certificate program that will be multidisciplinary in scope. It is called “Transforming Ourselves, Our Patients and Our World, A Certificate in the Practice of Integrative Health.” We are delighted to be partnering with ACCAHC because they are the academic experts of the CAM disciplines, and as such, they offer considerable value to our work. The certificate—and all other educational initiatives of the Academy—will aim to weave together themes of personal transformation, social justice, and planetary well-being, and will be broadly appealing to licensed health care providers.

We are also joining hands with the ACIMH, again, the former CAHCIM, as a partner for the clinical track of their International Research Congress in Integrative Medicine and Health in Las Vegas in May 2016 and are discussing an international event with other organizations into 2016, as well.

Another important connection is our partnership with Commons Health to support place-based integrative, health creation models and which will function as our...
incubator for our community and ecological health efforts. This year, we will be cohosting our second Commons Health Conference, which will again integrate the clinician voice with the local community on issues such as social determinants, climate change, food systems, and more.

Our philanthropic partners, Don and Ruth Taylor of the Taylor Family Foundation, and Ruth Westreich of the Westreich Foundation, are precious relationships to us. We are just so grateful to them for supporting our goals. We are always nurturing other partnerships—I have only named a few here.

**IMCJ:** Integrative medicine practitioners are fond of talking about the need to address the core issue rather than the symptoms. In the light of the current fee-for-service, payer-provider system, integrative practice is a bit of a square peg in a round hole. Doesn't there need to be a deeper debate about reform that needs to happen in order for all this to work?

**Dr Sudak:** Yes, and probably that is what Don Berwick was getting at when he talked about the need for radical reform. I think that is why so many practitioners have left the conventional system to offer their services as a cash-based practice. They do not feel that they can practice meaningfully within the confines of managed care.

I, personally, have been on both sides of that coin. I have practiced both ways—in cash practices and for a community health center. When you are in charge of how your office is run and how much time you are allocating per patient or client visit, both you and your patients are likely to be much more satisfied.

On the flip side of that is that if we cannot find an effective way to offer an integrative model inside current health care delivery, then we are failing our patients. Integrative health care is quite simply a smart approach to support our patients in maintaining and restoring their health. Being unable to offer it broadly is not in keeping with the goal of healthy planets, individuals, and communities. The problem is in large part a broken system, which is a misnomer because a system implies something orderly and unified, and yet we do not have the luxury of decades to find a way to implement these techniques into the current model of health care. It has to be adopted now, however imperfectly, if we are going to shift in the right direction of true health.

**IMCJ:** Where do you currently see the front lines of the organization having some success?

**Dr Sudak:** There are great successes happening right now. One wonderful example is the Cleveland Clinic. Functional medicine has been integrated into the mainstream because it has been recognized for its scientific excellence, for its efficacy, and for its value. That is a victory for the field in many ways because it means that we have been seen. Over the years, assumptions were made by our conventional colleagues that integrative practitioners were operating without a firm foundation of science and academic rigor. Our credibility has escalated because integrative medicine is science based, comprehensive and thoughtful in nature, honors the patient/practitioner relationship, and its effectiveness is measurable.

I think that other areas where you can see true progress are in the 64 medical schools that are members of the Academic Consortium for Integrative Medicine and Health, or ACIMH—formerly the Consortium of Academic Health Centers for Integrative Medicine. There is also progress visible in that 42% of hospitals have implemented some form of integrative services into their menu of options. And as we begin to see HCAHPS scores improving accordingly, integrative medicine will continue to get the attention of health care executives.

I think we need to step back and celebrate the growth of these fields over a fairly short time, the past 10 to 15 years or so. Those areas where we have seen integrative services taken up into the mainstream are real wins for this movement, although the most important beneficiaries of integrative health are the patients we serve.

**IMCJ:** Has the profile of the organization's leadership changed to keep pace with the evolving membership?

**Dr Sudak:** We may be an almost explosively growing nonprofit corporation, but we are also a tight family that puts people first. We're all so lucky to have such a dedicated, talented, and well-connected board and staff; I'm thankful every day to work beside them.

Some of the recently added board members are John Weeks; Pamela Snider, ND; Len Wisneski, MD; Lucia Thornton, RN; Rauni King, RN; Bill Meeker, DC; Jennifer Blair, LAc; and David Riley, MD. We are celebrating the increasing diversity of disciplines represented by our board of directors. Both of our predecessor organizations arrived with a fairly significant MD leadership and our board of directors is evolving to represent our constituency while maintaining its stability.

**IMCJ:** Long-term, isn't it also going to require some work with the network of medical schools in the country to improve education and to deliver the background to new practitioners? Does AIHM currently have any plans in this direction?

**Dr Sudak:** We have reached out to several student groups and we have begun to support student events, including a recent conference in Portland, Oregon, by the Student Alliance for Integrative Medicine and the upcoming UCLA event, Annual Student Conference for Integrative Medicine. We see students as our future, and have plans to enhance our conference scholarship program in anticipation of an increasing engagement with the student.
population. Students by nature have been naturally attracted to the academy and to integrative health and medicine in general, and that attraction is mutual. So we are not just interested in medical students, but all health professional students.

**IMCJ:** What would you say is the most important initiative that is coalescing at this point for AIHM?

**Dr. Sudak:** The most important initiative is simply the unification of multiple disciplines within a single organization. We know this is a unique endeavor, and we have been building toward this moment for years. It has been a dream of the board of directors of ABIHM to expand our purpose and to bring together conversations between health care professionals—that were not happening previously—into a single organization where we have the harmony of different voices. If we are going to transform health care, we need all of us.

But we also all get to maintain our autonomy. We continue to support the good work of all of the integrative organizations have been doing and will continue to do. We are not interested in eclipsing any individual or any organization's work, but in raising all boats. That really is our chief focus as we set the sails on the academy by joining hands with our fellow practitioners. We are assured of our success by the leadership we have on our board of directors and in our partners.

**IMCJ:** Has the new organization begun to see evidence of expanded interest?

**Dr. Sudak:** Oh, definitely. We are seeing chapter leadership interest around the country and we have even begun to see some interest sprouting in places as far away as Bombay, Berlin, and London. The excitement is palpable, and we are hearing from individuals around the world and from organizations inside of and outside of the United States interested in being a part of this an organization that represents so many. We know we are going to experience a pretty rapid development of new chapters, likely between 10 and 20 within the next year. And not a day goes by that we don't hear from people who want to know how they or their organizations can get involved in what we are doing. All the right leaders, members, staff, and board members seem to be presenting themselves to us at the right time—literally just falling into our laps—and the Academy to me feels like an inspired mission.