Pediatric Integrative Medicine – a view from North America

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Author: The Holistic Pediatrician
Mental Health Naturally
Addressing ADD Naturally
Authentic Healing

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US Pediatric Integrative Medicine: History 1

- 1930 American Academy of Pediatrics founded
- 1960’s Civil Rights; 1970’s Women’s Movement; anti-war skepticism about authority
- 1978 American Holistic Medical Association
- 1993 *NEJM* paper by Eisenberg on CAM Epi; rise of internet – direct access to health info
- 1995 Academic Pediatric Association CAM SIG
- 1996 “The Holistic Pediatrician” published
- 1997-8 Programs @ Boston Children’s, UAZ
- 1998 AAP member survey on CAM; 1st resident pgm
- 1999 Kemper APA address (“Good Pediatrics”) and UAz Pediatric Integrative Medicine conference
- 2000 AAP Task Force on CAM
Early research from Boston Children’s (1)

  - Most consults for oncology
  - Most consults for symptom management (pain, nausea, insomnia, agitation)
  - Most common questions about supplements, diet, guided imagery, biofeedback, massage

- Recent research mirrors this (Cotton S, *J Altern Comp Med*, 2014)
  - Most consults for pain/anxiety
  - Most common service: Massage
Early Research from Boston Childrens (2)

- CAM Practitioners
  - Chiropractic (Lee AC, Kemper KJ. *Arch Pediatr Adolesc Med*, 2000; 154 (4): 401-7 ); 11% of visits are kids
  - Homeopathy and Naturopathy (Lee AC, Kemper KJ. *Arch Pediatr Adolesc Med*, 2000;154(1):75-80 ) 1/3 visits from kids; most don’t recommend immunizations; wouldn’t refer febrile baby
  - Massage (Lee AC, Kemper KJ. *J Altern Complement Med*. 2000 Dec;6(6):527-9) less than one pediatric visit/week

- 86% of Pediatric Pain Treatment Services (fellowship training programs) nationally use CAM: 65% biofeedback, 49% guided imagery/hypnosis, 35% massage, 33% acupuncture (Lin YC, Lee AC, Kemper KJ, Berde CB. *Pain Med*, 2005;6(6): 452-8)
Pediatric Integrative Medicine: History 2

- 2000 AAP Task Force on CAM starts
- 2004 **PIM Leadership Initiative Summit I**
- 2004 PedCAM, IPIM listserv started
- 2005 Provisional **AAP Section on Integrative Medicine (SOIM)** and Integrative Pediatric Council (IPC) established
- 2005-2008 PIM/Pangea conferences, AAP NCE CAM sessions
- 2007 *Pediatric Clinics of North America* volume on PIM (Rosen)
- 2008 Section on CHIM official, IPC sunsets
- 2008 AAP Policy (Use of CAM) published in *Pediatrics*, *Pediatrics in Review* series on CAM debuts
- 2009 *Textbook on Integrative Pediatrics* published (Culbert ed.)
AAP SOIM Mission (2005)

- Develop and identify educational opportunities and advocate for research on complementary and alternative therapies used in pediatrics
- We support the overall AAP mission to promote optimal health and well-being for all children by
  - promoting policies to enhance patient-centered care
  - integrating evidence-based, safe and effective complementary therapies into high quality pediatric practice
  - educating clinicians and families; promoting research on commonly used complementary therapies
  - advocating for appropriate payment for safe and effective services
  - respectfully collaborating with diverse health professionals dedicated to enhancing the health of infants, children, and adolescents

http://www2.aap.org/sections/chim/
Your doctor needs to know about your child’s health care practices in order to provide the best care possible.

Talk with your doctor about all the therapies and remedies your child is using.
Clinical progress

- Pediatric Integrative Medicine **Intake Form** – shared among several programs; by 2015, starting to be incorporated in EPIC patient portal; use in research (ask kathi.kemper@osumc.edu)


- **Up to Date** – pediatric integrative medicine section since 2001


- Hospital policies, procedures, credentialing
  - Acupuncture (usually under MD/anesthesia)
  - Massage (PT or Nursing)
  - Healing Touch, Reiki, Therapeutic Touch (nursing)
  - Herbs and Supplements Policies (Pharmacy)

Academic pediatric integrative medicine

- Pediatrics’ newest specialty?


Thanks to Sunita Vohra
Pediatric Integrative Medicine: History 3

2010 AAP publishes Mental Health Naturally


- 2014 Inaugural SOIM Pioneer Award (Kemper)

2014 Guide to Integrative Pediatrics published *(Misra/Verissimo)*

- 2015 PIM Summit II
Pediatric CAM Epidemiology, US NHIS

- 2002 – little focus on pediatrics; 62% of adults if prayer included; 36% if prayer excluded

- 2007: 12% of children used CAM (Barnes, et al, 2008), most often if parents did (prayer and MVMM excluded)

- 2012: 12% of children use CAM if prayer and MV excluded
  - Kemper KJ, Gardiner P, Birdee GS. Acad Pediatr, 2013: 29% among those with mental health concerns, higher income, education, other health probs; most often therapies with easy access (mind-body and diets/supplements)
  - Bethell C, Kemper KJ, et al. Pediatrics, 2013: 30% among those with recurrent headaches, especially those with emotional/mental health problems; most often dietary/supplement or mind-body
Recent PIM Research Achievements

- *Children*, 2015 March, special issue on Pediatric Integrative Medicine (McClafferty, editor)
- *Medical Acupuncture*, 2015 December, special issue on Pediatric Acupuncture (Tsai, editor)
- *Current Problems in Pediatric and Adolescent Health Care*, 2016 February. Special issue on Pediatric Integrative Medicine (Kemper, editor)
- Special presentations on battlefield acupuncture at *Pediatric Academic Society* meetings in 2015 and 2016
Pediatric Integrative Medicine in Residency

Thanks to Hilary McClafferty
PIMR Site Map

Pediatric Integrative Medicine in Residency

Thanks to Hilary McClafferty
2015 Surveys of Practitioners and Parents

- **Practitioners (ACCAHC)**
  - Acupuncturists, Educators, Massage Therapists, Physicians, Herbalists, health Coaches, Naturopathic Physicians, Chiropractors, Psychologists, Yoga Therapists
  - SWOT analysis

- **Parents**
  - Over 1500 readers of Kiwi magazine, 98% parents with kids at home
Parent Survey, 2015

- 75% at least somewhat familiar with integrative care
- 61% do not see their pediatrician as being integrative, but 68% think it is important to find an integrative pediatrician (MISMATCH)
- 73% gave kids dietary supplements
- Information sources about health care
  - Blogs/online, 58%
  - Friends/other parents, 52%
  - Magazines, newspapers, 35%
  - Health food store/pharmacy, 35%
  - Family member, 31%
  - Pediatrician, 28%
Parent Survey – Therapies of greatest interest to have in pediatric office

- Nutrition/dietitian: 60%
- Behavioral/mental health services: 48%
- Massage: 46%
- Homeopathy: 46%
- Aromatherapy: 45%
- Herbalist: 43%
- Yoga: 42%
- Chiropractic: 40%
- Meditation: 26%
- Acupuncture: 25%
PIM Vision

- Integrative pediatric care will be the standard of care = good medicine
- Equitable access to conveniently co-located high quality care of whatever type is needed to achieve optimal health (nutrition and mental health)
- Ongoing funding of PIM Research to continuously improve care
- Ongoing standard education in PIM for all pediatric health professionals
- Thriving pediatric health professionals
- Flourishing collaboration between all parties interested in child health to advocate for children in all health-related policies
Thank You!

- Summary
- Next steps
If time permits, SWOT analysis
# Pediatric Health Care Strengths

<table>
<thead>
<tr>
<th>Dedication to kids and families; developing trust and good relationships</th>
<th>Dedication to health and wellness; greater focus on prevention and health promotion than many other specialties</th>
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<tbody>
<tr>
<td>Excellent job of acute and emergency care</td>
<td>Increasing respect for parents as partners</td>
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<td>More choices than historically</td>
<td>Immunizations</td>
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<td>Cancer therapies (cure rates for ALL)</td>
<td>Holistic approach</td>
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<tr>
<td>More use of vitamin D and probiotics than historically, responsive to data and able to change</td>
<td>Screening (newborn screening), Differential diagnosis, and referral to specialists</td>
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<td>Promoting physical activity and healthy diet</td>
<td>Focus on education</td>
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<td>Infectious diseases - antibiotics</td>
<td>Collaborative with schools, parents, other professionals</td>
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Weaknesses
# Pediatric Integrative Health Weaknesses

<table>
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<tr>
<th>Weakness</th>
<th>Improvement</th>
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<tr>
<td>Providing insufficient information</td>
<td>Insufficient advocacy for broader public policies: transportation, environment, climate change, criminal justice,</td>
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<tr>
<td>Insufficient marketing of strengths</td>
<td>Could be better role models of healthy living and nutrition counseling</td>
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<tr>
<td>Insufficient collaboration with parent groups and others interested in child health</td>
<td>Define health and wellness as well as disease categories</td>
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<td>Poor job at helping kids cope with stress</td>
<td>Be more honest about limitations of conventional medicine</td>
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<td>Lingering Big Pharma bias toward meds; need to use more non-drug therapies</td>
<td>Insufficient attention to environmental toxins</td>
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<td>Insufficient collaboration with CAM professionals</td>
<td>Overwhelmed and overworked</td>
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<td>Driven by RVU-generating system to shorter visits</td>
<td>Poorly informed re: CAM professionals’ training, paradigms, referral</td>
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<td>Insufficient time spent on lifestyle counseling</td>
<td>Limited research in PIM; reliance on adult data</td>
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Threats to Integrative Pediatric Care
## Threats

| Increasingly corporate/commercial culture in medicine, driving shorter visits and diverting emphasis from patients to employer goals ($$$); decreased professionalism | Increasing mental health morbidity – ADHD, anxiety, autism, depression |
| Climate change; dependence on oil/gas/coal which are polluting; increasing threat of drought; disruptions in food supply; natural disasters; fracking and oil transport disasters; refugee crises |
| American culture and politics emphasizing profit (Big Pharma and Big Farma; TV; internet; entertainment) over human health (organic food, nature, community) | Obesity and related conditions related to unhealthy food supply |
| Misinformation on internet and media; negative press about CAM | Stressed families with inadequate support |
| Families that don’t know how to cook | Competition from retail clinics/urgent care centers; overprescribing abx |
| Increasing competition for limited NIH and other research dollars | Increasing prevalence of pediatricians shaming and firing parents who delay vaccines |
| Slow changes to laws on telemedicine. Limited research on CAM in kids. Limited research funding. Unfriendly to PIM EHRs. | |
Pediatric Opportunities
## Pediatric Integrative Health Opportunities

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<tr>
<th>Collaboration with other professional groups</th>
<th>Collaboration with parents</th>
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<tr>
<td>New technology: web-based and apps; blogs, media (journals, magazines); telemedicine</td>
<td>Collaboration with other advocacy groups to address psycho-social-ecologic determinants of health</td>
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<tr>
<td>Collaboration with other pediatric groups (ABP)</td>
<td>New clinical models: integrative clinics; group visits; telehealth</td>
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<td>Increasing awareness of importance of organic, locally grown food; school gardens</td>
<td>Increasing awareness of importance of spending time in nature</td>
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<td>Increasing awareness of threats of climate change</td>
<td>Increasing global emphasis on clean energy</td>
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<td>Increasing opportunities for graduate and professional training in PIM</td>
<td>Define competencies in PIM</td>
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<td>Support for committed leaders</td>
<td>Include PIM in ACGME, GMG, MOC</td>
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What implications does this have for Pediatric Integrative Health Care outside North America?
What can you do?

- Assess local resources and interests - Partner with local pediatric health professionals
- Work within existing systems
- Ask families what they want!
- Consider broader social and ecologic factors affecting health and health care
- Remember the infrastructure (policies, credentialing, payment)
- Build community and collaboration
- Every barrier is an educational and/or research opportunity
PIM historical references

- Integrative pediatrics: the future is now. Rosen LD. *Altern Ther Health Med*. 2009 Sep-Oct