

CALIFORNIA COALITION ON SOMATIC PRACTICES
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NEXT MEETING: Sunday, July 12, 1998, in San Francisco
SUMMARY, FEBRUARY 1, 1998 MEETING (LOS ANGELES)

Present: Don Krim, Beverly May, Marie Evans, Brian Parks, Ralph Strauch, Jacquelin Siff, Katherine Gagne, Doris Dietemann, Larry White, Karen Polek, Joannie Hillerts, Christine Issel, Robert Flammia.

I Opening Statements

A. Handouts:

- 1 "Managed Care Meets Massage: A Mixed Blessing" by Susan Rosen;
- 2 CCSP Certification Chart - 12/31/97
- 3 CCSP Registry - Draft, by Ralph Strauch.

II. Treasurer's Report:

Jacquelin reporting for Amy MacLennan: The bank balance, prior to today's meeting costs, is \$, 4,579.17.

III. Assessment of Commitment to projects

Beverly: Communicating with all different factions is overwhelming. Feels it's extremely important to continue to strengthen this connection, especially with organizations, but also individuals.

Journal: "Alternative Therapies in Health and Medicine" - recent issue included special report from U.K. on integration of complementary and alternative medicine into healthcare - it noted concerns over lack of certification and credentialing of CAM.

Vasconcellos Bill: Proposed a study group under Dept. of Health to look at regulations, certification, etc. of the alternative healthcare field - passed by both houses, vetoed by governor. Strong interest shown; it will happen again, in one way or another; we need to be part of any studies affecting our field.

IV Managed Care -

1. Monitoring; Database fields; Collection of data, input, analysis.
2. Update on CHC, Blue Cross, other programs (developing alternative healthcare options)
 - A. Blue Cross is now setting up own network, with massage first, then others later.
 - 1) Application sent out; they hope to present their plan in the Spring
 - not requiring specific discount
 - simpler than CHC
 - B. Alternative Healthcare (AHC) in Thousand Oaks, CA - still high discount required.
 - C. CHC now classifies us as manual therapies and somatic education
 - 1) Acupuncture program soon to be approved by State; will be included; "benefited".
 - 2) Chiropractic - being set up - "benefited"
 - D. Discussion of CHC process. Don suggested they took advantage of CCSP and

what we had. Everything worked OK, but because of shortcuts they didn't go to individual organizations. Now, Blue Shield Insurance has questionable definitions of some modalities. We need to be careful who has access at this time.

Beverly: CHC came up with definitions, then submitted them to me. I requested that they be sent to associations; they needed it ASAP. Timing was bad.

Ralph: This is common in bureaucratic processes.

E. Models -There are three models (See "What Next...?" paper for more detailed information)

1. Medical - evaluation and treatment - need license in healing arts therefore, Managed Care (MC) can't integrate us into this mode
2. Adjunctive - not-treatment based; education based. Can be used as an adjunct to #1.
3. Wellness - health enhancement. Not "benefited", i.e., insurer won't pay. It's preventive.

Example: Dr. Dean Ornish's Healing Heart Program... can't be reimbursed for this unless diagnosed with serious heart problems

Ralph: There may be a possibility that employers will offer #3 as a benefit to employees; we could be a part of this.

Beverly: Blue Shield has a discount for health clubs

Also, as of 1999, intention is for somatics to be "benefited" or "non-benefited", i.e., client could be approved for 10 sessions for specific covered condition, then could continue on own at a discount.

Jacquelin: Who (in the somatics field) would want to join and be dictated to?

Don: If HMO's are going to be the organizations to address health and I want to be part of addressing this, then I can't embrace the negatives. It's a mistake to reject only on negatives; must look at the potential.

Brian: Making somatics available to the masses is great PR, even if we as individual practitioners never join. Healthcare isn't the only reason for getting massage; there's the recreational benefits.

Don: This philosophical debate is going on in all modalities. CCSP needs to be more connected to the critical decision-making processes in society.

If MC (Managed Care) is interested in alternative practice with covered benefits, they will find practitioners. Regardless of our individual concerns, if we want to affect the process - define the territory - we need to participate.

My hope would be that the territory is defined by those less financially dependent, more politically connected organizationally, more broad in their perspective of understanding. This requires more association input and participation.

Doris: If we monitor now then we're part of the solution

Ralph: Monitoring means:

1. looking over CHC's shoulder - they will allow us to review their ongoing data (utilization review process)
2. there are also other programs in other agencies - will CCSP have access?
3. more pro-active questions to somatics practitioners involved in CHC (and others) (i.e., more CCSP questionnaires)
4. do we want to be ombudsmen (i.e., individuals from both "sides" looking to us to address problems)

This "monitoring" is part of mission statement, but how extensively, and if yes, where are the resources, the people, the money, etc.

Don: This is a way for them to be gathering utilization data on our "25% discount" work.

-CHC gives Blue Shield the assurance that unlicensed providers have been screened as "OK" providers

- PR for both CHC and Blue Shield to customers

Robert: Fear that we'll be subsumed like chiropractors into Kaiser.

Beverly: June or Sept. - CCSP should send out first request for information on monitoring those in managed care (see attached handout in small print)

- Also, ask for funding/donations for results to be sent.

Ralph: should also see/review what CHC has gathered prior to sending out survey. They'll share provider list and utilization data.

Beverly: this information would be helpful in influencing CHC. They expect to be collecting information each month, and analyzing it.

Ralph: need to be looking at other "players" in managed care field.

I fear that we will look like an adjunct group to CHC if we don't ask about other memberships in MC's

Larry: Only appropriate that we look at CHC - only data out there. We're not excluding anyone yet.

Beverly: Enough time may not have passed for there to be any information in the field except from CHC. It's still important to ask practitioners if they've joined other networks.
 - Re: handout re Managed Care in Washington state (Massage Magazine, Jan-Feb.'98):
 advise being part of a group...cookie cutter... breadth of scope..."

Don: Cover letter: state clearly that CCSP and CHC aren't connected. We're monitoring (reluctantly) to help guide the field in our favor.
 Don will help Allison Ross write the cover letter.

Sub-committee for monitoring managed care:
 Beverly, Don (co-chair with Beverly), Ralph, Katherine, Christine, Sharon, Gary(?), Allison.

Jacquelin: CCSP becoming known for other things to other groups.

Beverly: I'm being asked for lots of information by lots of individuals and groups, in and out of state.

V. Projects (each of the following projects have been approved):

1. Managed care - integration into health care and MC programs

- a. issues - committee to continue to look at these
- b. monitor all information (i.e., definitions being used, who's joining, etc.)

2. Network to associations -

- a. to elicit their participation - We need to help nationals recognize that CCSP can help them cope with what's going on re: MC's, etc. We need their input, their perspective.
 comments: some organizations are national, with no CA. chapter. Their energy to focus on the state level is limited. Only way they'll focus is if asked specific questions
- ask for specific representative to come OR
- send minutes/questions to association for Board approval
- b. clarify who's at CCSP meetings to represent each organization
- c. to ask for money to continue our activities and send out "What Next" document
- d. California Alliance of Massage and Bodywork Schools -newly formed to address school concerns. Wants to support and work with CCSP.

Formed by Teresa West of Body Institute in Granite Bay and Judy Dean of Mueller College in San Diego - will send reports to all schools

Comment - Keep request simple or they'll take too long to respond.

3. Educate and hear from practitioners

- a. we should try at least once a year, like an annual report
- b. "What next..." letter
- c) website access to members
- d) press releases - "letter out... SASE or website"
- e) As for the "What next..." letter: CCSP should send them out so we can build our mailing list. Also include question: "What is your preferred method of communication?"

Larry: CCSP has carved out a niche - de facto representative for all.

4 Certification Table (Ralph's GREAT handout)

1. What other fields to add? (Hanna Somatic, Alexander Technique Int'l, etc)
2. Send to associations? - ask if we've represented them correctly
3. Who to contact for information/requests?

Ralph: there's a question of when this is finished... constantly changing information.

5. Practitioner database

Ask organizations about suggestions?... "This is what we have so far..."

Discussion of Jocelyn's (AHP) letter, "CCSP Proposal" re: joining AHP

Comments: We need to stay at the state level. Maybe national later, but right now, stay CCSP.

- we need to define what being a "professional" in our own field means.
- we need to stay simple and straightforward
- CCSP has built a very solid reputation of trust out in the field, and it continues to grow.
- (AHP) is proposing a national practitioner organization. A Registry is different... just information/data. Would AHP maintain a list (a Registry) for \$10 just to maintain a database... and no other services?
- question of spinning off a group from CCSP:
 - if we became a resource for industry/public, etc.
 - clearinghouse - casual list
 - AHP seems loose enough that we could use them for our own purposes
 - we couldn't do for a long time what AHP requires (i.e., formal membership).
 - It's beyond our scope and energy to go along with AHP.

Beverly will write a letter to Jocelyn

- a. suggest that, if we do develop a Registry, it won't be a membership process
- b. we need accurate information on each individual as they present it.
- c. we'd welcome projects together, i.e., ad campaigns

Discussion of registry - can't support Registry yet -

We would have to pay someone to organize and oversee a Registry

There's still the ongoing organization of this process - who's going to make decisions?

There's a need for a clearinghouse of information re: Registry participants - it could come from CCSP (back to separate organizations) or our own database

1. Also need for someone to do more data gathering - not difficult to get data, but need someone to organize, administer, then analyze.
2. Also lots of convincing, advertising, etc. to get voluntary registrants. look at future, it's important

Today, we have found that state licensing is not feasible, but there are still too many unacceptable laws and restrictions. We need to develop an alternative for future.

CCSP has developed quite a reputation for integrity; we need to continue moving forward for the benefit of all.

At this point we haven't had support and participation from organizations -- we're more a congress rather than a coalition.

Ralph: I'm no longer sure about a registry - mixed feelings - part of conflict

1. need for more stable organizational structure
2. registry would have to have standards for locals (i.e., city gov'ts, clients) to use it effectively
3. potential for challenges from those excluded.

Bev: clarify: CCSP made decision to focus on broader somatics group; but MT's don't feel like their local ordinance concerns are being addressed.

Doris: I came today with a formal offer of assistance from the Calif. Federation of Massage and its people. We are prepared to volunteer for whatever projects we might be able to work on.

Discussion of CFM's offer to help set up registry or database:

Ralph: re: Doris' offer: are you willing to work for others, maybe even against your own interests?

Doris: I agree that, in order to get volunteers, they need a project. We must recognize that it's beyond one modality.

Ralph: To others in attendance, to what extent would other organizations object to CMF getting actively involved?

Don: Should we discuss this if we haven't yet decided about a Registry?

Brian: I remember two different lists:

- 1, just to sign up - no restrictions - just who's interested
2. a possible list of certifications, and those qualified
3. There are other issues for CCSP to focus on:
 - a. watching out for legal developments
 - b. developing community (the field of somatic practitioners)
4. Easing into a registry could develop these other areas
5. With a formal Registry (with restrictions): "restraint of trade" - legal issues; class action?

Beverly: Any legal problems would be specific to massage, not to somatic community in general. Most challenges (i.e., restraint of trade) have been upheld in favor of cities and their laws.

Jacquelin:

1. somatics vs. massage: people not doing massage are STILL being hindered - anyone who touches is included.
2. Registry - hoping massage therapists would wish to join the Registry, but we'd still have to fight city by city.
3. do we really have a mandate? we still don't know what the majority wants, only those who responded to the survey.

Ralph: about 6.5 to 15% return from 22,500 sent out (some duplicates); 1,478 total returned.

Beverly: as we clarify the problems we've had to change/modify our direction.

- Example: Dana Ullman: Homeopathic Education Council
- he took on project of developing a clearinghouse for Homeopathy
 - it's referred to constantly - achieved credibility just with his information

Jacquelin: We could include a disclaimer: "this is a volunteer registry..."

Don: if we do this clearinghouse, how would we deal with "splits" or unaffiliated, or constant changes in the field?

Karen: who would be the intended end-user of this Registry?

Beverly: One would be CHC; the state - Health Dept.; general public; cities... Definitely need to define what we're doing and where we're headed.

Beverly: I want to propose studying Registry further and work with Doris and her group.

Doris: Many questions: Why do we want to register anyone at all? How to do it? What to ask?

The fact that we're informal gives us leeway. "Pretend you're god - how would you create somatics?" We're in that position now - we can create anything - need to continue that climate for creativity. We're conceptualizing what we wish as we go along. There's richness in our diversity of associations and individuals.

Don: Registry: no technical problems or manpower needs, but whether or not a registry would help or inhibit our attempts to carry out mission statement; i.e, we should be serving the field, not who's qualified. That's the formal associations' jobs. Unless we want to be something for the "unaffiliated".

There's a difference between a Registry (i.e., just registered) and a database (with information about that individual practitioner). Should we be defining who can be in the field?

Ralph: How to establish standards?

- a. take list of certifications: requirement for being in our list is to be certified by someone else
- b. Therefore, no need to set up additional certification.

Beverly: one field of those who are certified and one field of people who aren't.

Brian: letting public know about differences between two groups - depends on how database is set up - could have names with asterisks.

Katherine: We need to establish standards. What is our purpose if not to establish standards?

Don: membership with no standards means you are interested in supporting the Mission Statement: unifying diverse modalities is one of our purposes.

Beverly: problem with creating standards - too "exclusive-izing"

- don't think all certifications are valid
- if just keep data simple, we won't have to be investigators
- what enhances practitioner when working with client?
 - if learn what others in the field are doing, it will motivate them to improve (ex., get more education)
- CHC arbitrarily decided on 300 hours and 3 years experience. That's OK. Others will have different rules.

Jacqueline: Avoid term "registry" - still connotes "high standards" in public's mind. We'd be responsible.

Katherine: We can't be "no standards/inclusive" and also be respected as a strong entity. Also, we continue to be reactive; need to be more pro-active.

Jocelyn: We are not a validating body: to "register" or "certify" is redundant. We're deciding what we can do by not excluding people.

Christine: Mandate was to "look into it" - not pursue. The emphasis was on self-regulating.

Ralph: my conclusion: a registry isn't the answer.

Larry: the public - we think - need standards. Practitioners - we think - "we don't want standards, just unity."

Beverly moved that we continue to study the issue of Registry (now calling it a Database, including pro's and con's of having one and whether or not to have standards, and whether it's aligned with the Mission of CCSP.

Vote: Unanimous (13)

Committee: Beverly, Ralph, Jacquelin, Katherine, Robert, Larry.

VI. Website

Ralph: a natural way to go for communication

1. Two potential sites: <http://www.somatic.com/ccsp> and <http://members.aol.com/SVUmassage/CCSP.html>
2. has basic information about CCSP on both
3. What other stuff do we want to list? meeting minutes? certification chart?
4. Should he use "html" (easier to read) or "pdf" (easier to copy)
 - he recommends pdf for maintaining formatting of charts, reports, html for short content best read online
5. Definitely will put up agenda on website for next meeting
6. Maybe an abbreviation of topics discussed at last meeting

Will "What next..." letter go out before next meeting? YES.

Next meeting: Sunday, July 12, 1998 in San Francisco

Meeting adjourned at 5:00 p.m.

Respectfully submitted by Marie Evans. Editing by Beverly May.

For more information on our next meeting, or for comments, you can contact us at:

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