

# APPLYING INTEGRATIVE HEALTHCARE

| Sita Ananth, MHA |

**G**iven a choice, most of us would opt to have the widest array and combination of therapies available to us when faced with disease or disability. If there was a therapy that was known to be effective and safe, wouldn't we want to know about it? Unfortunately, that is not always the case in healthcare today. Medicine still tends to be operating in silos of Western medicine and complementary therapies, with integrative and collaborative medicine still a somewhat distant ideal. And justly so. Applying integrative and collaborative medicine is no easy feat—it requires hard work and time commitment by all.

The term *integrative healthcare* is commonly used to describe a team of healthcare providers working together to provide patient care. Seven models of team-oriented practice have currently been identified<sup>1</sup>:

- parallel: characterized by independent healthcare practitioners working in a common setting
- consultative: expert advice is given from one professional to another
- collaborative: practitioners, who normally practice independently from each other, share information concerning a particular patient who has been (is being) treated by each of them
- coordinated: a formalized administrative structure requires communication and the sharing of patient records among professionals; a case coordinator is responsible for ensuring that information is transferred to and from relevant practitioners and the patient
- multidisciplinary: is characterized by teams, managed by a leader that plans patient care
- interdisciplinary: emerges from multidisciplinary practice when the practitioners that make up the team begin to make group decisions about patient care
- integrative: consists of an interdisciplinary, nonhierarchical blending of both conventional medicine and comple-

mentary and alternative healthcare; patient centered; and based on a specific set of core values that include the goals of treating the whole person, assisting the innate healing properties of each person, and promoting health and wellness

Milt Hammerly, MD, of Catholic Health Initiatives, the largest nonprofit health system in the country, suggests that when organizations are considering developing integrative healthcare programs, the following questions should be the first asked: "Why should we attempt to combine Western medicine with complementary therapies?" "What advantages exist for collaboration?" and "What problems occur when programs continue to operate in parallel?" The advantages, he says, are clear. Providing more comprehensive and personalized care based on the preferences and needs of the patient can help ensure the best clinical outcomes while simultaneously improving patient satisfaction and quality of life.<sup>2</sup> Ultimately, says Hammerly, the single most important imperative for integrative and collaborative medicine is the provision of person-centered care.

On the other hand, there are some clear dangers and disadvantages of not collaborating or not communicating. Some 70% of patients who use complementary therapies do not inform their physicians of their use of these therapies for fear of ridicule,<sup>3</sup> which could create potentially dangerous interactions and increase professional liability risks for practitioners and institutions.

The risks of applying integrative medicine should also be closely considered, says Wayne Jonas, MD, president and CEO of the Samueli Institute, a nonprofit research and service organization with a mission to transform healthcare through the scientific exploration of healing. Quality of care, particularly related to licensure of practitioners; quality and safety of natural health products; and the quality of

the supporting science<sup>4</sup> (which the Samueli Institute is working to address through its rigorous scientific investigation of healing practices) are a few of the areas that pose potential risk. On the other hand, conventional medicine has much to learn from complementary and alternative medicine (CAM) practices and practitioners, says Jonas. Empowerment, participation in the healing process, time, and personal attention are essential elements of all medicine. However, these elements are easily lost in the subspecialization, technology, and economics of modern medicine. Conventional medicine can also learn from complementary practices and providers how to "gentle" its approach by focusing on the patient's inherent capacity for self-healing. Finally, low-cost interventions such as lifestyle modifications, diet, and supplement therapy can help reduce our skyrocketing healthcare costs.

With 38% of American adults and 12% of children now using complementary therapies as part of their regular healthcare regimen,<sup>5</sup> hospitals throughout the country have been, for the last decade, looking at ways in which they can respond to this growing demand. In fact, the number of hospitals offering CAM therapies has more than doubled, from 7.9% in 1998 to 19.8% in 2006.<sup>6</sup> A more in-depth study of what services hospitals were offering, their motivations, reimbursement, and staffing revealed some interesting themes.<sup>7</sup> A typical hospital offering CAM is in the Eastern or Midwestern United States and maintains between 100 and 300 beds. The majority of all services are offered on an outpatient basis, with massage therapy (54%), acupuncture (35%), and relaxation training (27%) among the most popular. On an inpatient basis, the top modalities offered are pet therapy (46%), massage therapy (40%), and music/art therapy (30%). Key reasons hospitals gave for offering CAM services were patient demand (84%), clinical effectiveness (67%), and reflecting organizational mission (57%).

Hospitals have taken varied approaches to integrating complementary therapies into the hospital setting. At Abbott Northwestern Hospital in Minneapolis, Minnesota, the unique inpatient services program offered through their Institute of Health and Healing has delivered 50,000 patient visits with a team of 15 providers over the last year. Every patient admitted to the hospital is offered the opportunity to access CAM services. In addition, nurses, physicians, and family members can also request these services on behalf of the patient. Pain, anxiety, and nausea are three most common reasons for which CAM therapies are requested, says Pat Vitale, inpatient manager for the Institute. With regard to the CAM providers, who are traditionally fiercely independent thinkers and practitioners, allowing them the opportunity to continue to perform at their highest capacity while working in a team setting has been a challenge, says Vitale.

However, integrating CAM into the inpatient setting was no easy feat, says Lori Knutson, RN, director of the Institute. Relationship and team building, both among the CAM providers and between the Institute's team and the hospital's medical and nursing staff, was key to their success. Looking for opportunities to be of value to patients and consistently inserting themselves into the process; ensuring complementary services are documented in the patient's electronic medical record; and outreach to the medical, nursing, and administrative staff through in-services and participation in various committees, as well as demonstrating the return on investment in CAM related to its impact on patient satisfaction, employee turnover, and satisfaction, has been crucial to building their visibility and to the success of the program.

California Pacific Medical Center's Institute for Health and Healing in San Francisco was established in 1994 and was the first integrative clinic to be certified by the

state of California. Founded primarily as an educational program and resource library, they soon found that patients wanted to access their CAM clinical care within the safety and reliability of the hospital setting. The clinical program was established as a physician-driven model, with integrative physicians working closely with a diverse group of CAM providers that delivered therapies ranging from Traditional Chinese Medicine to Ayurveda, Feldenkrais, and Chi gong. A distinctive feature of the program is the weekly team meeting of all providers to collectively case review their patients and collaboratively explore treatment options. This investment of time has proven to be crucial to the success of the program, says Doug Winger, the Institute's business manager. It has helped create a shared language among the providers, build learning opportunities, and improve relationships. Additionally, a conscious effort by all providers to furnish feedback to the referring physician has proven to be a savvy strategic move. Referrals from hospital physicians now account for 30% of clinic visits, which were up to 8,500 this past year. The clinic is also breaking even for the first time: they now accept insurance, and sales from their extensive retail store are contributing to the bottom line. With a wait list of six months, the Institute's challenge now seems to be finding qualified physicians.

A decade ago, it was widely acknowledged there was no such thing as alternative medicine, that all medicine, whether "Eastern" or "Western," be held to the same standards for scientific rigor of safety and effectiveness,<sup>8</sup> and that all practitioners should deliver "good medicine" or "new medicine" that was, above all, patient centered. In fact, labeling healthcare as "complementary" or "alternative" served little function except to divide practitioners and frustrate patients. Although it has not been easy, both public and private or-

ganizations like the Samueli Institute and the Bravewell Collaborative have been working toward establishing standards for complementary and alternative medicine. Perhaps it will be the concept of person-centered care that unites healthcare providers across disciplines and health systems—a powerful outcome for patients who continue to seek healthcare approaches that offer them choice, safety, and effectiveness.

## REFERENCES

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