

Health Policy Research Program Summary of Research Results

Title:	Integrative Health Care: Defining and Operationalizing the Fundamental Elements November 17-18, 2002
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Summary

Introduction

The increasing use of complementary and alternative health care (CAHC) in North America appears to be leading to a growing integration of CAHC with conventional medicine, at least at the individual consumer level. The widespread use of CAHC and calls for its integration into the Canadian health care system have created an urgent need for policy in this area. Yet it is difficult to make policy decisions given the wide range of perceptions about what constitutes integrative health care. This was the impetus for holding a workshop on this topic.

Objectives and Participants

The workshop on Integrative Health Care: Defining and Operationalizing the Fundamental Elements was convened with the following objectives:

- to achieve consensus on a working definition of integrative health care; and
- to identify outcomes and indicators of integrative health care at the patient, practitioner and clinical levels.

The participants at the workshop were drawn from Canada, the United States, the United Kingdom, and China. Presentations were made on the clinical practice of integrative health care at four centres: Marylebone Health Centre, London, United Kingdom; the Duke Center for Integrative Medicine, North Carolina, United States; Shanghai Yueyang Hospital, Shanghai, China; and the Tzu Chi Institute, Vancouver, Canada.

Prior to the workshop the organizers prepared a background paper reviewing the existing literature on the definition of integrative health care and proposing a working definition based on the philosophy and/or values of care, the structure of care, and the process of care. Participants discussed the definition of integrative health care put forward in the background paper, and agreed upon a set of components of integrative health care to serve as the basis for the discussion of outcomes and indicators for the duration of the workshop.

Integrative health care, as described by the participants:

- takes a person-centred, person-empowering approach to health care;
- recognizes interrelationships among physical, mental, social, environmental, and spiritual dimensions of health and well-being;
- facilitates healing;
- allows for and considers multiple disciplines and modalities;
- requires interdisciplinary and interprofessional working relationships among practitioners;
- provides access to and support for needed or desired care at the health systems level;
- supports continuity and coordination in care;
- incorporates a process of organizational (professional, clinical, institutional, systems-level) development, reflection, and evaluation on activities, process, and outcomes of care.

Proposed outcomes of integrative health care

Outcomes of an approach that centres on and empowers the person seeking care might include the following:

- The person senses that their needs are being met and the person has a sense of working in partnership with the practitioner.
- The person has a greater sense of responsibility for their health and well-being.
- The person has an increased sense of empowerment.
- The person has an increased sense of meaning in life.

Outcomes of an approach that recognizes the interrelationships among physical, mental, social, environmental, and spiritual dimensions of health and well-being might include the following:

- The approach to care deals with the whole person (body, mind, spirit, social context).
- The approach to care focuses on health promotion and disease prevention.
- The practitioner involves the person's social system (family, community, culture) in the care process.

- The person and the practitioner have an increased awareness that human health is part of ecosystem health.
- The person has an increased awareness of self and of the spiritual dimensions of health, and a greater understanding of illness and death as part of living and life.
- The practitioner has an increased sense of well-being as caregiver.
- The person, the practitioner, and their community show evidence of increased health and well-being.

Outcomes of care that facilitates healing (which is broader than the treatment of disease) might include the following:

- The person's quality of life improves.
- The care process focuses on health and healing rather than disease and treatment.
- The person has an increased awareness of self, self-efficacy, and personhood as a result of the exploration of the process of illness and health.

Outcomes of care that incorporate multiple disciplines and modalities might include the following:

- There is a demonstrable pattern of access to and use of conventional and complementary or alternative health care systems, disciplines, and modalities.

Outcomes of care that involve effective interdisciplinary and interprofessional relationships might include the following:

- Evidence of interdisciplinary or interprofessional working relationships among practitioners.
- A demonstrable culture of respect, shared vision, team approach, consensus, and synergy among practitioners.
- A demonstrable pattern of shared decision making, both among practitioners and with persons seeking care.

Outcomes of systems that are responsive to the expressed desires or needs of the person seeking care might include the following:

- The person's needs are met through a collaborative process that considers the accessibility of care, the available resources, the person's beliefs and choices, the practitioner's experience, and the evidence for a given therapy.
- Decisions are made with a spectrum of informational supports, including the practitioner's knowledge and experience, the person's knowledge and experience, peers, advocacy groups, health intermediaries, information specialists, literature, and informational databases.
- Access to care is continually improved by identifying constraints and working to overcome them.

Outcomes of efforts to provide continuity and coordination in care might include the following:

- Structures to enable or enhance communication, learning, and coordinated action.
- Processes to enable or enhance team work among practitioners and shared space in providing care.
- A care process (case management and clinical pathways) that provides evidence that there is a sharing of paradigms with regard to the various levels or aspects of health.

Outcomes of organizational development, reflection, and evaluation with regard to activities, processes, and outcomes of care might include the following:

- Evidence of reflection, learning, and development with regard to met or unmet needs, the appropriateness of care, the effectiveness of care, risks and safety, and activities for the practitioner and the person seeking care.
- Evidence of development at the professional, clinical, institutional, regulatory, and systems level with regard to the appropriateness, accessibility, acceptability, equity, effectiveness, and efficiency of care (indicators to be determined).

Indicators of measures were suggested for the above outcomes.

Policy and Program Implications

The key purpose of this workshop was to provide clarification of the concept integrative health care. Such clarification has two main uses: 1) they can be used by policy makers and health care practitioners to develop new integrative health care programs and 2) they can be used to provide guidance about evaluation and assessment of integrative health care projects currently underway. One of the key findings from the workshop was the need to recognize integrative health care as an “ideal” or “goal” to strive toward. The outcomes from this workshop will aid researchers struggling to address the question: will increasing integration of care lead to better outcomes (e.g., increased health, and decreased health care costs)?

Next steps

A revised version of the background paper will be published, as well as a paper discussing the response of the workshop to the background paper. Participants will be consulted with respect to additional next steps. The workshop report is currently being disseminated widely to all interested groups by the Principal Investigator. For a copy of the report, please contact Dr. Heather Boon at heather.boon@utoronto.ca.

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In addition to the above Summary, the full report can be accessed in the following ways:

- The print version of the full report can be obtained in the language of submission from the Health Canada Library through inter-library loan.
- An electronic version of the report in the language of submission is available upon request from Health Canada by e-mailing rmddinfo@hc-sc.gc.ca.

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