The integrative health and medicine movement ranges from self-care recommendations to inclusion of new modalities or therapies in existing practices, to inclusion of members of licensed disciplines who are not typically included in the conventional workplace. Values Whole person, patient-centered, inclusive and respectful team-based care that focuses on creating health and well-being. Self-care example: Meditation, mind-body practice, food, breathing, yoga, rest, natural products/supplements, sleep, exercise, positive emotions.

Adding modalities and approaches The holistic movement in nursing and medicine was birthed in the late 1970s “Integrative medicine” was born in academic medicine in the mid-1990s. Both feature conventionally trained practitioners who either 1) add non-conventional therapies and referrals to usual care, and/or 2) undergo a philosophical shift toward practice focused on personal values.

Inclusion of professionals from other disciplines The chart below describes the professional development stages of the five licensed integrative health and medicine with a U.S. Department of Education recognized accrediting agency.

Project for Integrative Health and the Triple Aim (PIHTA):
An Exploration of Mission and Practice Alignment
John Weeks 1, Jennifer Olejnik, PhD 2, Karen Milgate 2, Molly Punzo, MD 3
1Academic Consortium for Complementary and Alternative Health Care; 2Health policy consultant; former Deputy Director, CMS; 3Internal Medicine, Quality Improvement Advisor, Integrative Healthcare Practitioner

Alignment: Incentives: Payment and “Health Creation”
Is the Big Money in Integrative Health/Medicine in Savings? Hospitals and health systems typically offer integrative services to most patient interest and for competitive advantage. Yet the historic FFS business model’s focus on producing services severely incentivized against exploring integrative health approaches and providers that many integrative health practitioners believe will limit high-end tests and procedures. The Triple Aim, team care, ACOs, and PCMHs each elevate the importance of patient-centeredness and focus attention on cost-saving strategies. Each supports exploration of integrative health and medicine.

From Production of Services to Creating Health A Mayo Clinic innovation leader argues that we need to “change the focus of the health care industry to creating health, not just producing health.” Donald Berwick, MD calls this “more radical shift than we have imagined.” He and the chart-on the ARCA each acknowledge that fee “fully understand or know the recipe.” Berwick specifically points to mentors from the integrative health movement. Might the patients who funded the movement toward integrative health practices and practitioners be guides to how to develop a system that creates health?

Alignment: Integrative Practitioners Perspectives
A pre-conference symposium administered to a multidisciplinary group of integrative health and medicine educators and clinicians in June 2013 asked: To what extent do you believe that the outcomes of care delivered by the ACCAN disciplines are aligned with the Triple Aim of 1) improving the patient experience 2) improving population health, and 3) lowering per capita health costs.

Emergence of the Licensed Integrated Health Professions

PIHTA Basics

Purpose Assist decision-makers in the optimal use of the values, practices, and disciplines of integrative health and medicine in meeting the goal of the Triple Aim.

Goal 4: Data Continuously build out the most useful base of published research, high quality gray literature and examples from the field to support engagement and implementation decision making. The PIHTA literature and materials focus on outcomes in real world environments.

Goal 2: Engagement of leaders, highlight emerging practices, and feature experts in this area to build an interprofessional, multi-stakeholder community towards optimal use of these modalities and health professions in the emerging patient-centered, team-care, ACO/PCMH era.

References