Our Vision at Northwestern Health Sciences University

Many feel our current healthcare system is neither healthy, nor caring. At Northwestern Health Sciences University, we believe an integrative approach to care is needed to create greater health across all populations, and sustainability of a healthcare system that produces a higher value return on investment. It’s a vision for health that we share with other forward-minded clinicians, researchers, and educators -- and are working toward in our institution. However, because healthcare is a sprawling and complicated industry, we realize this is an aspirational vision that can be expressed in different forms and, most importantly, is a journey not a destination.

WHAT IS INTEGRATIVE CARE?
The word integrate means to make whole, bring components into equal participation, and to unify. This definition contrasts with the way our current healthcare system operates, in a state of dis-integration, with siloed components and often disparate interests (see TABLE). While there is increasing interest in integrative care models, these typically focus on offering a diverse menu of care options in one location yet not integrated.

Our vision of integrative care at NWHSU extends beyond multi-disciplinary care, to include vital components like team-based and whole person care, interprofessional collaboration, and dynamic partnerships between patients and communities. We define integrative care, health, and healthcare in the following ways:

**Integrative Care:** The milieu or context of wide ranging and interdependent considerations that influence health and wellbeing, including genetics/epigenetics, social determinants of health, community support and resources, beliefs and habits influencing health, and the full range of options available within the healthcare system.

**Integrative Health:** An individual’s empowered pursuit and realization of whole person health, utilizing self-care, positive beliefs, healthy behaviors, community support and resources, and applying therapeutic order to select the safest and most effective healthcare options available.

**Integrative Healthcare:** A transdisciplinary, collaborative system that leverages evidence based, whole person care to prioritize health creation, therapeutic order, and health equity.

What follows are concepts we feel are necessary for a flourishing integrative care system.

**Whole Person Care**
People are more than patients, and patients should not be reduced to their disease or complaint. They are whole people, with multi-layered needs that influence their sense of health and wellbeing. Healthcare providers and professionals cannot support the whole person without deeply listening to the physical, spiritual, environmental, emotional, and psychological needs and goals of the patient. Cultural awareness and appreciation of individual beliefs around health, healing, and illness are essential ingredients of whole person care. Giving credence to this helps patients to better understand and transform their relationship with health. As such, acknowledging and addressing social determinants of health are intrinsic to whole person care.
Patient-centeredness, an intentional focus on specific needs of an individual patient, is central to whole person care. Working in a patient-centered model often requires a shift in the traditional power structure within the healthcare system. While clinicians may be experts in their approach to care, patients have the lived experience of their own bodies, multifaceted needs, and an individualized sense of what constitutes wellbeing. Reorienting care around a patient-centered model positions the patient at the center of their healthcare team. Surrounding them with providers and resources relevant to their present needs facilitates whole person care. A genuine partnership between the patient and a full complement of healthcare resources helps achieve optimal outcomes.

**Shift from Transactional to Transformational**

Therapeutic relationships must be restored to healthcare. Fee for service payment, misaligned provider compensation models, electronic health records, and metrics-driven systems can result in patients feeling like numbers or transactions. Providers report feeling rushed, disempowered, and burned out, with precious little time for wholistic conversation with the patient they are charged to care for. Patients often report leaving office visits feeling unheard, unvalued, and that their concerns were not taken seriously. All of this speaks to the need for a transformational shift toward a system that facilitates a therapeutic alliance built on mutual trust and deep listening.

Integrative care is predicated upon diversity of thought and life experience. This diversity brings unique insights and perspectives that enhance treatment planning and understanding of patient experiences, needs, and goals, as well as upstream opportunities to improve determinants of health. Patients should be acknowledged and respected for their lived experience. As such, a goal of an integrative healthcare system is to empower patients with agency over their health and to equip healthcare professionals to leverage a wide array of resources and expertise to support patient wellbeing. Integrative care recognizes that most variables that impact health occur outside of the healthcare system, further compelling us to shift our thinking away from transactional care, and toward transformational health creation.

**Health Creation: Moving Beyond Disease Management**

Creating health goes beyond disease management and the isolated delivery of healthcare services. It includes lifestyle medicine, changing our relationships with food and physical activity, mindfulness, creating resilience and inspiring one another to reconsider the ways we, as individuals and communities, can create wellbeing. Maintaining balance within ourselves and in our environments is key to creating health and preventing disease. Each decision we make either nourishes our health and wellness or depletes our reserves and invites disease. Practitioners should stress the importance of nutrition, lifestyle, mental health, community connection and other indicators of health creation. Compensation models should align with these preventive healthcare practices. Integrated care systems are needed to facilitate health creation in every person and community we serve, and advocate for improving determinants of health whenever and wherever possible.

Resilience is one path to health creation, and is defined as the ability to withstand, adapt to, and recover from adversity, stress, or trauma. Resilient individuals, communities, healthcare providers, and systems have qualities that allow for greater responsiveness to changing needs or unusual circumstances, such as the epidemic of obesity or a global pandemic. Integrative care fosters resiliency by incorporating principles of trauma informed healthcare, recognizing the impact of trauma on health and wellbeing and addressing it through policies, procedures, and clinical practice. Building integrative care teams that foster a healthcare ecosystem of resilient interconnectedness may also help address the fourth component of the Quadruple Aim: improving the work life of healthcare providers.
Stepped Care
Stepped care, also known as therapeutic order, is a conservative-care first method for providing the right care at the right time. Just as behaviors may contribute to either health creation or disease creation, so can treatments and interventions. Interventions that carry significant risk or that create greater downstream illness than the current condition they are meant to address may ultimately decrease wellbeing, and should be used only when conservative care options are exhausted. Lifestyle interventions and self-care should be counseled prior to interventions delivered by providers. When clinical care is needed, high-value, least invasive treatments should be applied before those with less evidence of effectiveness, shown to be of lower-value, or carry greater risk of adverse events. Examples may include dietary intervention prior to blood pressure medication; acupuncture or spinal manipulation before spine surgery; or massage and cognitive behavioral therapy before antidepressants.

In an integrative model, patients have access to health coaches and guides for health creation. Team-based providers collaborate to prioritize high-value conservative care first and refer or co-manage patients if escalated care is necessary. In complex care cases, a range of therapies should be available to create health and quality of life while managing disease. Integrative care can be seen as a large toolkit, which allows patients to select the best fit for the circumstance. 'Best fit' often depends upon the patient and their preferences or ability to access care. Currently, conservative care options are not widely accessible, which often results in greater rates of high-risk, low-value, invasive interventions performed on communities of color, with poor outcomes.

Health that is Layered and Intersectional
Clinical care is responsible for only 10-20% of health outcomes. We use the term integrative care, not integrative healthcare, because health creation must integrate more elements than only those within our healthcare system. While whole-person health considers an individual’s demographics, genetics, beliefs, values, and life circumstances, these attributes intersect within the context of a broader community, the health of which also must be considered. Safety, housing, food security, and thriving community resources support health and wellbeing. Community care may come from family, friends, and neighborhood; places of work, school or worship; green spaces and a clean environment. With the recent expansion of telehealth and better interoperability of electronic health records, we have an opportunity to think more expansively about how and where care is delivered, including in-home care, community centers, schools, workplaces, and of course, clinics and hospitals.

Public health must be more closely integrated with the delivery of care. Otherwise, it has been said, healthcare becomes relegated to a repair shop, attempting to fix the injurious effects of other determinants of health. Peace, justice, and equity have been referred to as “moral determinants of health”, as they strongly influence health and wellbeing. Closing gaps of health inequity through and in collaboration with public health intervention is essential, and can be achieved through power sharing, collaboration, and community engagement.

Health Beliefs and Behaviors
Beliefs influence health-related behaviors and outcomes in a variety of ways. What we believe about health, disease, the abilities of healers and providers, and our sense of agency over our own wellbeing influence both how individuals navigate the healthcare system, and the health outcomes associated with care. Further, while the burden of non-communicable chronic diseases like obesity, diabetes, cardiovascular disease, and cancer can be mitigated by behavioral change and stronger public health efforts, our healthcare system has been wholly insufficient to address this.

To hear more from Dr. Pauly, click here:

"Fee for service payment models don’t properly support ensuring therapeutic order for best patient outcomes. The less invasive, less expensive types of services either don’t get reimbursed at all or the rates are low. Healthcare systems promote higher profit services."

-Dr. Becky Pauly
behaviors. Understanding a person’s beliefs around their symptoms or state of health and using this information to guide patients through behavior management is a more patient-centered approach to lasting behavior change. All providers should recognize the role of health beliefs and behaviors on disease and outcomes. However, providers often lack the requisite expertise to do this well, and compensation models don’t support this activity. One solution may be to integrate community health workers and health coaches into healthcare and community health. This brings behavior change and lifestyle diseases into greater focus.

Health coaches may be a crucial member of the integrative healthcare team, partnering with patients and providers to clarify goals, identify implementation strategies, and sustain progress toward greater wellbeing.

Merging Complementary and Mainstream
Our vision for the future is that what is now called “integrative healthcare” will someday simply be referred to as “healthcare”. Integrative healthcare advocates for the inclusion of evidence-based approaches to health creation and disease management. This includes not only medical approaches considered to be “mainstream” in the US, but also eastern medicine, herbal medicine, massage therapy, chiropractic, indigenous healing, functional medicine, and many others. Current nomenclature uses the term “complementary and integrative healthcare” when referring to the inclusion of a range of healthcare disciplines in care delivery. While the term “complementary” typically applies to non-allopathic therapies and is an improvement over “alternative”, it still implies they play a supportive role only, or operate peripherally to mainstream care. This does not align with how patients actually receive care. Utilization data suggest a range of factors influence how the public chooses members of their healthcare team based on skills, scope, philosophical alignment, and access.

The delivery of care should prioritize the right treatment from the right provider at the right time, as opposed to the traditional hierarchy of the healthcare system. When needed, treatment should be based on the beliefs, needs, and wishes of the person in question. First line treatment may be delivered by any type of provider who is operating within their scope of practice, and ideally, at the top of their license. Other treatments, delivered by any type of provider, may be considered complementary to the first line intervention. Ideally, the provision of services, whether first line or complementary, should be provider agnostic. Instead, skilled providers should be empowered by the system to deliver care aligned with their education and licensure, and compensation should align with outcomes instead of credentials. It is time to erase the line between mainstream and complementary, and transcend the false dichotomy created by these terms.

Transdisciplinary Healthcare within a Collaborative Leadership System
No one healthcare provider, discipline or field can meet all the health needs of a person or community. The traditional hierarchical structure of mainstream healthcare inherently limits input from some professions and stakeholders, and importantly, often relegates the patient to a passive or deferential role. Historically, gate keepers have reinforced a hierarchical structure and may limit access to care based on cost and other considerations. Multidisciplinary care places disciplines adjacent to one another. Interdisciplinary care engages disciplines with one another, reaching across siloes of thinking. Transdisciplinary care is the most holistic of these three concepts, transcending differences in the interest of bringing multiple ideas and points of view to bear on complex problem solving. The lead in the care team may be any practitioner, depending on the needs of the patient at a given moment. All team members, including the patient, are empowered to lead and share insights from where they are, regardless of level of education. Transdisciplinary healthcare removes barriers between disciplines, departments and organizations that are typically siloed within the healthcare system.
The system must be designed for fluid leadership of all stakeholder groups: patients, families, community members, and staff to improve care delivery and outcomes. Collaborative leadership and transdisciplinary care are interdependent. Both leverage cross-functional teams to inform problem solving larger systems. This may include individuals, families, communities, social services, community resources, healthcare professionals, administrators, government, and third-party payers. Transdisciplinary healthcare is predicated on enhanced communication tools, including improved electronic health record interoperability, as well as increased opportunity for interprofessional education for healthcare professionals.

Collaborative leadership flattens the traditional hierarchical structure within healthcare. This shared decision-making model enables input from all stakeholders. In a clinical encounter, patient input is valued, and individuals feel well-informed and empowered by all members of their healthcare team to reach their therapeutic goals. Different members of the care delivery team may need to lead at different times, and the person leading at any point in time is determined by best practices and expertise required for the circumstances in question. Further, a collaborative leadership model enables diverse paradigms of healing, life experiences, and points of view to bring important perspective to the clinical reasoning process. Collaborative leadership within healthcare systems values a wide range of stakeholder input and uses it to inform care delivery. This model has been shown to increase team performance, staff engagement, and satisfaction.37

Purposeful Communication
Effective communication is an essential element in the clinical process and goes beyond identifying the right diagnosis and treatment plan.38 Multidirectional communication between patient and practitioner, and between members on the healthcare team, creates a shared understanding of what matters most to the patient and how to proceed with greatest efficiency. Patient communication must be honest but compassionate, set realistic expectations, and reflect the humility to acknowledge limitations. Other complexities of effective communication are important to consider as well, including attention to non-verbal cues, respectful tone, audience appropriate and profession-agnostic language, minimize medical jargon, shared records, and culturally appropriate considerations.

Practitioners have a responsibility to bring context to symptoms, such as pain. How alarmed should the patient be about pain? When is pain useful? Is being pain-free a realistic expectation for a given age, stage of life or a given condition? How do practitioners align with patients so that they can trust the healing process? As practitioners listen deeply and explore these complex questions with patients and peers in the system, integrative care opens a wide range of perspectives to explore, complete with risks and benefits of each therapeutic option and consistent with evidence-based practice.

Interprofessional Education - Competencies for Healthcare Providers
This shift toward integrative healthcare requires educational competencies that first acknowledge, incorporate, and develop the principles listed above.39 NWHSU has identified a series of knowledge, skills, and behaviors we believe clinicians need to provide the best integrative care within a transdisciplinary system. Competencies fall into seven domains:

**DOMAIN 1 Values, Ethics, Culture, and Diversity:** Work with individuals of other professions to maintain a climate of mutual respect and shared values, recognizing the diversity within and between disciplines and within the demographics of populations served.

**DOMAIN 2 Patient Centered Care:** Seek out, integrate, and value the input and the engagement of the patient, family, and community in designing and implementing care.
DOMAINE 3 Roles and Responsibilities: Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients, families, and communities served.

DOMAINE 4 Interprofessional Communication: Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

DOMAINE 5 Team and Teamwork: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient-centered care that is safe, timely, efficient, effective, and equitable.

DOMAINE 6 Collaborative Leadership: Engage in co-creation of a climate for shared leadership and collaborative practice.

DOMAINE 7 Wellbeing and Resilience: Recognize that the health of an individual positively and negatively impacts their ability to affect change around them and implement sustainable strategies to navigate challenges, all while remaining connected to one's sense of purpose.

We believe these domains and their aligned competencies will help clinicians create health among individuals and communities, improve outcomes, and will lead to a more sustainable healthcare system.

AN OPPORTUNITY TO NARROW HEALTH DISPARITIES

Integrative care fundamentally involves removing barriers to care, which include health literacy, awareness of treatment options, provider biases, ability to pay for services, access to care delivery, and social determinants of health. All these barriers contribute to health inequity, which remains a significant challenge within our healthcare system. It is well documented that people and communities of color are less likely to receive care that is aligned with best practices, are less likely for their pain to be properly acknowledged or managed, and are subjected to higher-risk, lower-value therapies than their white counterparts. This may contribute to low utilization of non-allopathic approaches to care.

Better leveraging the non-allopathic workforce is one strategy to increase access to healthcare services among underserved populations. That includes providers delivering care at the top of their license, establishing integrative healthcare practices within underserved communities, and ensuring that culturally diverse providers have integrative tools to engage with a broader range of resources. Increasing opportunity for people of color to pursue integrative healthcare careers may increase exposure of communities of color to a wider range of healthcare options, perhaps better aligned with their values and needs than what is currently available. Cultural agility, and social and professional diversity, are essential to create a healthcare system that serves all communities.

INTEGRATIVE CARE AS A CONTINUOUS PROCESS

The evolution toward integrative care should be viewed as a journey, not a destination. There are innumerable ways patrons, providers, supporters, and systems can work toward the facets of integrative care listed above, each dependent on unique cultural, resource and operational needs. As such, integrative care systems are best when co-created with a range of stakeholders, and with an eye toward innovation and conscious commitment to restoring healing relationships. Achieving and maintaining results over time requires consensus building, careful planning, cultural considerations, and a persistent commitment to change (See APPENDIX).

Integrative care is needed to heal a sick society and fractured healthcare system and similar to healing, the benefits may take time to actualize. Nonetheless, a shared commitment to the principles of integrative care can create meaningful improvements to the health and wellbeing of individuals and the healthcare system alike.
From the Center for Health Healthcare Innovation and Policy
For more information, please contact:

Dr. Michele Maiers, Executive Director of Research and Innovation at:

@ mmaiers@nwhealth.edu

Dr. Michele Renee, Director of Integrative Care at:

@ mrenee@nwhealth.edu

Dr. Chuck Sawyer, Special Assistant to the President at:

@ csawyer@nwhealth.edu
<table>
<thead>
<tr>
<th>CURRENT PARADIGM</th>
<th>INTEGRATIVE CARE PARADIGM</th>
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<tbody>
<tr>
<td>Symptoms, signs, tests, diagnosis focused</td>
<td>Whole person</td>
</tr>
<tr>
<td>Patient is passive, with care done “to” an individual</td>
<td>Patient-centered, with care delivered “with” the individual</td>
</tr>
<tr>
<td>Pathogenesis: focused on treating symptoms and disease</td>
<td>Salutogenesis: focused on health creation</td>
</tr>
<tr>
<td>Focus on absence or management of disease</td>
<td>Focus on homeostasis and resilience</td>
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<tr>
<td>Transactional, numbers orientation</td>
<td>Transformational, relationship orientation</td>
</tr>
<tr>
<td>Perverse incentives encourage high-risk interventions</td>
<td>Therapeutic order prioritizes least invasive methods first whenever possible</td>
</tr>
<tr>
<td>Health is addressed primarily in brick-and-mortar healthcare institutions</td>
<td>Health is created in communities, with attention to social determinants of health</td>
</tr>
<tr>
<td>Barriers to care exist for many; healthcare deserts for some</td>
<td>Constant attention to removing barriers through multiple approaches to care</td>
</tr>
<tr>
<td>(Over) reliance on modern medical model to the exclusion of other disciplines</td>
<td>Values diversity of thought and care delivery</td>
</tr>
<tr>
<td>Dualistic approach: mainstream vs Complementary and Integrative Healthcare</td>
<td>Includes all viable approaches to health and healing</td>
</tr>
<tr>
<td>“Complementary” is all things non-mainstream</td>
<td>“Complementary” interventions can be anything that supports the primary therapeutic intervention</td>
</tr>
<tr>
<td>Siloed approach to healthcare professional education</td>
<td>Interprofessional education prioritized in healthcare curricula</td>
</tr>
<tr>
<td>Knowledge resides within each discipline</td>
<td>Knowledge shared between clinicians</td>
</tr>
<tr>
<td>Hierarchical “gate-keeper” leadership style</td>
<td>Collaborative leadership style</td>
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APPENDIX: Implementation Guideposts

Ask these questions when designing a new integrative clinic or transitioning an existing one to be more integrative in nature. Since the work toward integration is never done, these guideposts should be used for iterative improvement over time, to continuously evaluate opportunities to provide a more complete integrative experience for patients, providers, and the care delivery system itself.

1. How do practitioners and patients engage in team-based dialogue and decision making? (Refer to Collaborative Leadership and Transdisciplinary Healthcare; Purposeful Communication)

2. How do you limit professional and personal bias, dissolve siloes, and regularly offer interprofessional education? (Refer to Transdisciplinary Healthcare within a Collaborative Leadership System; Interprofessional Education)

3. How does your clinic include and address determinants of health to improve health outcomes? (Refer to Whole Person Health; Health Beliefs and Behavior)

4. How do you demonstrate a commitment to health creation and not just disease management? (Refer to Health Creation; Therapeutic Order; Health Beliefs and Behaviors)

5. How does your clinic foster trusting relationships between patients, providers, and colleagues? (Refer to Shift from Transactional to Transformational)

6. How are you ensuring access to historically marginalized communities? (Refer to Health that is Layered and Intersectional)

7. How are you creating a greater value-based system, prioritizing outcomes that matter to patients? (Refer to Therapeutic Order; Purposeful Communication; Whole Person Health)

8. How do you create a climate of mutual respect among staff so that professionals can bring their whole selves to the table? (Refer to Merging Complementary and Mainstream; Transdisciplinary Healthcare within a Collaborative Leadership System; Purposeful Communication)

9. How do you prioritize health and wellbeing of healthcare professionals while they tend to others? (Refer to Health Creation)

10. How will you sustain change when the system/culture tries to return to what is established and comfortable?
References


39. Integrative Health Competencies for Primary Care Professionals. https://nciph.org/competencies.html

