Integrative Health Care Under Review: An Emerging Field

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Abstract

Objective: The purpose of this study was to review the research literature for the emerging field of Integrative Medicine/Integrative Health Care (IM) using the methods of systematic review.

Methods: We conducted an electronic literature search using PubMed, Allied and Complementary Medicine, BIOSIS Previews, EMBASE, the entire Cochrane Library, MANTIS, Social SciSearch, SciSearch Cited Ref Sci, PsychInfo, CINAHL, and NCCAM grantee publications listings from database inception to May 2009, as well as searches of the gray literature. Available studies published in English language were included. Three independent reviewers rated each article and assessed the methodological quality of studies using the Scottish Intercollegiate Guidelines Network.

Results: Our initial search yielded 11 591 citations. Of these, only 660 were judged to be relevant to the purpose of our search. Most articles deal with implementing and implemented programs. They focus on practice models, strategies for integrative health, the business case, and descriptive studies. This is followed in terms of numbers by conceptual/philosophical writings. These in turn are followed by research articles including randomized controlled trials, program evaluations, and cost-effectiveness studies. The literature reflects an emerging field in that it is focused more on how to create IM than on researching outcomes. However, the lack of definition and clarity about the term *integrative medicine* (also known as *integrative health care*) and the absence of taxonomy for models of IM make it very difficult to efficiently conduct systematic reviews of this field at the moment.

Conclusion: Our review revealed that most articles focused on describing practice models and conceptual/philosophical models, whereas there are fewer randomized controlled trials and observation studies. The lack of consensus on a clear definition and taxonomy for integrative health care represents a major methodological barrier on conducting systematic literature reviews and meta-analysis in this emerging field. (J Manipulative Physiol Ther 2010;33:690-710)

Key Indexing Terms: *Integrative Medicine; Complementary Therapies; Review; Systematic; Chiropractic*

Reviewing the literature on Integrative Medicine (Integrative Health Care or Integrated Medicine) (IM) poses several major problems. Johnson (2009)[1] identifies models of integrative care that have been discussed in the literature. As she notes, currently, we do not know if any given model is superior to another.

The first is defining what constitutes IM. In the United States, the recently held Institute of Medicine (IOM) conference on IM was generally heralded as a milestone for the field. It bought together more than 600 individuals to Washington, DC, to explore the science and practice of IM. This is the first such conference held by the prestigious IOM on this field. But even the IOM conference[2] showed some confusion about defining IM. In one part, they referred to *integrative medicine*; in another, to *integrated medicine*. In their press release, they begin by stating that

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integrative medicine is an approach to health care that places the patient at the center of care; focuses on prevention and wellness; and attends to the physical, mental, and spiritual needs of the person. But their press release ends with the statement that the Summit's leadership believes that the integrated approach to health care could provide the basis for our nation's health reform.[3] But in the United States, *integrative medicine* and *integrated medicine* are not the same thing. Then there is the issue of whether the term is *integrative medicine* or *integrative health care*. As noted above, it can refer to institutional-/organizational-based delivery of care, provider-centered care, or patient-centric integrative care.

Integrative Medicine represents a rather recent but emerging field. Its arrival as a serious academic and practice paradigm perhaps was evidenced by the recent meeting held by the IOM on IM. A recent report[2(p3)] prepared for the IOM conference on IM notes that both clinical effectiveness and cost-effectiveness are required "to formulate evidence-based policy." But whereas there is an increasing body of literature on the clinical effectiveness of Complementary and Alternative Medicine (CAM) and a much smaller literature on cost-effectiveness, there is a much smaller evidence base at the moment for IM. Two things however were very noticeable about the IOM conference: the first is that no clear definition emerged about what constitutes IM, and the second is that no taxonomy of IM practices has yet emerged that can guide a research agenda.

For the first, the definitions run the gamut from those who see it as simply the integration of CAM in some form of relationship with biomedicine (usually institutional and sometimes referred to as *adjunctive therapy* or *complementary/combination medicine*)[4] to those who propose that it is a new form of medicine as "medicine that reemphasizes the relationship between patient and physician, and integrates the best of complementary and alternative medicine with the best of conventional medicine."[5]

Institutional integrative health care in the United States is being developed in a highly distinctive manner, and there is an increasing body of literature documenting attempts to establish integrative programs/centers.[6,7] This include chiropractic, naturopathic, acupuncture and massage therapists, or holistic nurse practitioners; and increasingly, spiritual healers and touch therapy have all been brought into such settings, but the degree of integration may vary considerably.[8]

The definitions and diversity of terminology of integrative health care vary widely. Among researchers, the definition of *integrative health care* is under "debate, revision, and evolution."[9] A study on the working definition for *integrative health care* by Boon et al[9] defines it as the combination of the following: "1) an interdisciplinary, non-hierarchical blending of both CAM and conventional medicine that provides a seamless continuum of decision-making and patient-centered care and support; 2) employs a collaborative team approach guided by consensus building, mutual respect, and a shared vision of health care that permits each practitioner and the patient to contribute their particular knowledge and skills within the context of a shared, synergistically charged plan of care; 3) seeks, through a partnership of patient and practitioners to treat the whole person, to assist the innate healing properties of each person, and to promote health and wellness as well as the prevention of disease; and 4) results in more effective and cost-effective care by synergistically combining therapies and services in a manner that exceeds the collective effect of the individual practice."[9(p49)] Bell et al[10] define *integrative health care* as "a transformative system represented by a higher-order system of systems of care that emphasizes wellness and healing of the entire person (bio-psycho-socio-spiritual dimensions) as primary goals, drawing on best both conventional and CAM approaches in the context of a supportive and effective physician-patient relationship." Whatever the definition, health care practitioners and policy makers have increasingly recognized that patients are using integrative health care to improve their wellness and treat illness.[11]

Therefore, the definition of *IM* ranges from simply incorporating CAM into conventional medicine to the notion that integrative health care constitutes a new form of medical practice involving shared management of the patient, shared patient care, shared practice guidelines, and shared common values and goals (ie, to treat the person in a "whole-person approach" and not just the disease). What is noteworthy, however, is the lack of empirical evidence about how often this new form of medicine is found in actual practices. Others have found that professionals working in multiprofessional health care teams can differentiate between collaboration from integration. However, whole integration requires collaborations; but collaboration does not necessarily involve integration.[12]

For the second (a taxonomy of practices), there is a growing body of institutionally based attempts to create IM. But there is the problem that, as an emerging field, this type of practice is not clearly defined organizationally. There are almost as many organizational exemplars of IM as there are actual clinics. They vary in whether they are primarily medically based, nursing based, or based on CAM providers. They differ on what business model they embrace and the economic basis of the clinic (eg, fee-for-service vs insurance-based care). They also diverge in their locations from hospital based vs free-standing community clinics. Even where they are hospital-based IM institutions, they differ in whether it is a teaching hospital affiliated with a university, a not-for-profit nonteaching hospital, or a profit-driven hospital. In addition, they differ considerably in what kind of care is provided, from primary care to adjunctive therapy. Within the hospital setting, they may be in a primary