

Conducting an Integrative Health Interview



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Complementary medicine incorporates the use of non—evidence-based complementary modalities into conventional (Western) medicine. Alternative medicines are approaches that are used in place of conventional medicine. Integrative medicine is the synthesis of conventional medical treatments with “evidence-based” complementary medical practices. When complementary approaches are incorporated into mainstream health care, it is called integrative health (IH). Among children and adults, IH is common despite not all therapies being safe and/or effective. Clinicians have suboptimal knowledge of their patients’ IH use because, in part, they do not know what questions to ask and/or do not have a standard intake form to collect an IH history, as recently demonstrated by an American Academy of Allergy, Asthma, and Immunology membership survey. To address this unmet need, a group of Complementary and Alternative Practice in Allergy Committee members and interprofessional collaborators reviewed the existing literature to locate IH history forms that could assist in identifying patients’ IH use. When none was located, the group created 3 templates for the systematic collection and documentation of IH practices: 2 general screening surveys that could be given to patients to complete before an appointment and a third template that provides the clinician with open-ended questions to help uncover IH practices in culturally diverse patient populations. Specialists, already acknowledged as skillful interviewers, can expand their patient-centered expertise by developing their own IH competencies. © 2017 American Academy of Allergy, Asthma & Immunology (J Allergy Clin Immunol Pract 2018;6:436-9)

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The health intake interview is the foundation of patient care, exploring specific subjective complaints and physical findings to arrive at an assessment of the patient’s medical status and needs. It is also an opportunity for clinicians to create a trusting relationship with their patients characterized by the free flow of communication and mutual agreement around health and disease management decisions, a process referred to as shared decision making.¹

Effective health and disease management requires clinicians to collect a comprehensive health history so that they can determine the patient’s needs and prescribe treatment that is evidence based and guideline directed. However, clinicians must have the time to do this, which may explain, in part, why patients seen in primary care have lower rates of controlled asthma compared with specialty care.² Clinicians would like even more time to engage with their patients, but care systems encourage shorter appointments and electronic charting. When there are time pressures in clinical settings, patients’ use of nonprescription therapies becomes a secondary line of inquiry despite the fact that such use may be the source of a considerable amount of conversation to develop a mutually derived plan for that individual patient. This means that important questions may go unasked risking misalignment of patient and provider goals.

INTEGRATIVE HEALTH

When unconventional nonprescription practices with evidence basis are used with conventional medical approaches, it is described as *complementary medicine*; when used in place of conventional medicine, unconventional approaches are labeled *alternative*. For the purpose of this paper, we will use the term “alternative” to indicate both alternative and/or complementary modalities. Integrative medicine and integrative health (IH) are the terms used to denote the purposeful coordination of conventional and unconventional approaches together.³

Integrative health use in the United States

IH is healing-oriented care that “puts the patient at the center and addresses the full range of physical, emotional, mental, social, spiritual and environmental influences that affect a person’s health.”⁴ According to 2012 U.S. data, 33% of adults and 12% of children use IH.⁵ However, these rates increase to 47% when caregivers of children with chronic conditions were asked about IH use in the last 12 months.⁶ Although this high use alone would warrant the inclusion of IH interview questions, there is an even greater urgency considering that the safety and efficacy of natural therapies may be largely unknown and some supplements/herbal treatments can interact with other medications.⁷

Abbreviations used

IH- Integrative health

CAP- Complementary and Alternative Practice Committee

AAAAI- American Academy of Allergy, Asthma, and Immunology

EHR- Electronic health record

NCCIH- National Center for Complementary and Integrative Health

Alternative modalities and health behaviors

Of utmost concern is when patients eschew conventional medical care for alternative practices. As seen in one patient survey, two-thirds of patients presenting to an allergy practice preferred an integrative approach,⁸ drawing on what is believed to be the best of both traditions. Endorsement of alternative modalities may be a marker for dissatisfaction with conventional biomedical care, reflecting philosophical or cultural differences,⁹ signaling unresolved fear, disappointment, or cost of conventional care. The use of alternative and IH modalities has been associated with delays in seeking appropriate medical attention for acute asthma,¹⁰ medication nonadherence,¹¹⁻¹⁴ and lower rates of appointment keeping,¹⁴ thus underscoring the need for a health history inclusive of IH. Why then is this not routine practice?

Patients and clinicians do not discuss alternative or IH approaches

Patients may not voluntarily disclose use of alternative or IH modalities^{15,16} because their clinicians may not be seen as having interest or expertise in these areas.^{17,18} Also, patients are concerned that disclosure may threaten the therapeutic relationship and fear that clinicians will be frustrated or angered on learning about such use, or even ridicule patients' decisions to use alternative or integrative approaches.¹⁹

In turn, clinicians do not ask about alternative or IH use,^{19,20} perhaps avoiding questions they feel ill-prepared to answer or circumventing their own feelings of disappointment or frustration when patients choose to use IH.²¹ Failure to recognize and reconcile conflicts in treatment preferences may lead to misalignment of patient and provider goals with patients abandoning treatments that empirical evidence suggests would benefit them in favor of untested and potentially unsafe IH.²²

IH AND THE HEALTH INTERVIEW

Complementary and Alternative Practice Committee survey identifies potential unmet needs

Recently, the Complementary and Alternative Practice Committee (CAP) reported the results of an American Academy of Allergy, Asthma, and Immunology (AAAAI) membership survey distributed to more than 5000 members (N = 420; 8% response rate).^{23,24} Eighty percent of respondents indicated interest in learning more about alternative and IH treatments.²³ In addition, responses to the following questions identified potential unmet needs regarding IH history intake forms: 54.9% do not routinely ask their patients about IH use and 95.8% of respondents did not have a standard intake form to collect an IH history.²⁴ Although the survey may reflect response bias in that only clinicians interested in alternative and IH approaches participated, more than 400 members identified that a standard IH intake form, with the potential to aid in initiating important conversations with patients, was missing from their practice

toolkit. Although these respondents may represent a small fraction of the entire membership, these early adopters could lead the way for future innovation in health history taking. Therefore, the committee members and interprofessional collaborators conducted a review of the literature to locate IH health history forms to meet this unmet need.

IH history collection tools

A review of the literature did not locate any IH history intake forms outside of one small trial that assessed the feasibility of collecting self-reported cardiology-specific dietary supplements using a simple computer interview application with a database backend for storage.²⁵ In addition, the review identified an electronic health record (EHR) that was successfully adopted for use in homeopathic practices.²⁶ However, it has been argued that conventional hospital or health care system EHRs are not suitable for alternative or IH documentation because practitioners do not have a shared understanding of practice-specific care.²⁷ Some conventional EHR software companies are offering automated modules with customizable templates to collect an IH history ("add-on") at an additional cost. When available, these add-ons have focused on herbal and dietary supplements to the neglect of other alternative and IH practices.²⁸ Personal health records, with patients assuming responsibility for accessing, managing, and sharing their alternative and IH information, offer another approach. However, personal health records have had low rates of adoption due to patients' concerns about privacy and providers' concerns about the accuracy of the data.²⁹ In addition, attention should be paid to the side effects, complications, and interactions of herbal and dietary supplements with pharmaceutical medicines.

Where does this leave the allergist who would like to learn more about his or her patients' alternative/IH use? To address this unmet need, committee members and collaborators created 3 templates for the systematic collection and documentation of such practices: 2 screening surveys that allow patients to self-report use of alternative/integrative modalities and a third template that provides the clinician with open-ended questions to help uncover traditional practices in culturally diverse patient populations.

THE IH INTAKE FORMS

Integrative Health Overview Checklist

Most IH practices fall into 2 broad categories: natural products and mind and body practices. A third domain is described by the National Center for Complementary and Integrative Health (NCCIH) as "other complementary health approaches."³ To provide a comprehensive evaluation of these 3 categories, we created the Integrative Health Overview Checklist (Appendix 1, available in this article's Online Repository at www.jaci-inpractice.org). The Integrative Health Overview Checklist is a quick screening tool for patients to self-report practices that may warrant further discussion at the visit, such as to identify the specific purpose, type, and dose of natural product.

The Integrative Health Index of Natural Products

The Integrative Health Index of Natural Products (Appendix 2, available in this article's Online Repository at www.jaci-inpractice.org) can be used as a stand-alone self-reported patient survey of specific natural products. Alternatively, the Integrative Health Index of Natural Products intake form can be used to collect more

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