INTEGRATIVE HEALTHCARE: ARRIVING AT A WORKING DEFINITION
Heather Boon, PhD, Marja Verhoef, PhD, Dennis O’Hara, ND, DC, PhD, Barb Findlay, RN, BSN, Nadine Majid, BSc

INTEGRATIVE HEALTHCARE: ARRIVING AT A WORKING DEFINITION
Heather Boon, PhD, Marja Verhoef, PhD, Dennis O’Hara, ND, DC, PhD, Barb Findlay, RN, BSN, Nadine Majid, BSc

The increasing use of complementary and alternative medicine (CAM) in North America appears to be leading to a growing integration of CAM with conventional medicine, at least at the individual consumer level. Although conventional medicine has increased its efforts to integrate healthcare services within its own therapeutic discipline with such initiatives as multi-disciplinary clinics and case managers, the potential integration of conventional medicine with CAM has received relatively little attention. This interplay is currently typified by a fragmentation of services rather than the seamless coordination of care that has been identified as a goal for healthcare delivery. It is also important to understand how CAM and conventional medicine are being combined because it is feared that potentially adverse interactions involving CAM and natural health products on the one side, and conventional therapies and prescription medications on the other, are not being properly identified and tracked.

Many different terms (eg, integrative medicine, integrated medicine, integrative healthcare, multidisciplinary care) and a variety of definitions are used to describe the idea of integrating CAM with conventional medical care. The lack of a consistent and accepted conceptualization of integration makes it difficult to assess when integration is actually happening. It is extremely difficult to practice, teach, research, and formulate policy about such an elusive entity. Very often practitioners find themselves “just doing it” without being clear what the goals of working together may be or how the team approach may influence health outcomes. Without clearly defined objectives, it is impossible to assess if a new team approach is “working.” This paper will explore current efforts to define the concept of integrative healthcare and to identify its key components. The development of common terminology will provide a context for intelligible dialogue, facilitate research involving CAM and conventional medicine, and will assist in policy decisions and development. At the same time, it is recognized that as society’s approach to health, health policy, and therapeutic protocols continues to evolve, any definition of integrative healthcare will undergo its own gradual evolution.
CLARIFYING TERMINOLOGY

There is great diversity in CAM, whether one is considering types of therapies, types of delivery, degrees of legitimacy and public acceptance, or levels of scientific validation by evidence-based medicine. Therefore, it is not surprising that there is a comparable diversity in terminology: no single set of terms can hope to capture every distinction and nuance of this landscape.

Integrative Healthcare, not Integrated Medicine

Although the term CAM (complementary and alternative medicine) is commonly found in the literature, it may be more accurate in our current context to use the term “healthcare” as opposed to a more narrow focus on “medicine.” Our argument for the healthcare terminology is based on a growing acknowledgment that human health has a broad range of determinants and interrelationships, not the least of which are: income and social status, personal education, social support networks, security of home and employment, workplace conditions, lifestyle habits, pre- and post-natal development, biological and genetic endowments, physical environment, and accessibility to healthcare services. This shift to a population health approach to healthcare assessment and planning recognizes that medical care is but one of many factors that contribute to the health of an individual or societies. Hence, the broader term—healthcare—is used in this paper instead of medicine when describing the concept we are attempting to define—integrative healthcare. (Similarly, while the term Complementary and Alternative Healthcare (CAHC) might more accurately describe the therapies and practices usually captured by the term CAM, we will nevertheless use the latter term because of the overwhelming familiarity with it.)

Similarly, we prefer the term “integrative” rather than “integrated” since the latter implies that the event of integration has not only occurred but is also completed. As the literature notes, integrating the range of healthcare therapies and practitioners in a way that provides the most effective and cost-effective care to the patient is far from achieved. The evolution of this approach to patient care seems to be more nascent than finalized. Consequently, the term “integrative” is used in this paper since it infers that the process is both dynamic and still evolving.

Levels of Integration

A diversity of definitions for integrative healthcare can also result from the range of levels and degrees of integration that can occur. Various authors may be providing descriptions and definitions for different levels of integration, resulting in definitions that share some common elements but not others. Therefore, it is important to declare which level of integration is being considered when a definition or policy recommendations are being proposed.

Tataryn and Verhoef have examined the levels and degrees of integration that can occur between CAM and conventional medicine, particularly as a result of what they have identified as an “upward pressure” for integration that begins with consumers melding together a disparate selection of services into a collective that attends to their healthcare needs and beliefs. Six levels of integration are described, beginning with consumers who have forced integration upon the healthcare system through their demands for more access to complementary care. These demands have prompted some practitioners to become better educated in the practice of CAM, and to adopt some of these therapies into their practices or to refer their patients to those who can provide such care. While the degree of integration at the practitioner level is undoubtedly less than occurring

![Diagram: Level in Healthcare System](image-url)
among consumers/patients, it is arguably more advanced than is presently happening at the clinical level. (See Figure 1.) Integrative healthcare clinics are emerging in an effort to offer patients comprehensive care that supports the promotion and restoration of their health, and to provide the instruction that they need to be more active in their own care.

At the institutional level, integration is more limited as few teaching and healthcare institutions have introduced courses and treatment protocols that permit CAM to become an integral part of the health system. Only recently have some of the regulatory bodies for medicine, pharmacy and nursing addressed the integration of CAM as part of their practice guidelines and standards of practice, and in some cases, have permitted their registrants to refer to or collaborate with certain CAM professions. At the level of health policy, some areas are well-developed (although perhaps flawed), while minimal policy exists in other areas. However, economic and consumer pressures have recently prompted new dialogue and efforts by third-party payers and government agencies in this regard (e.g., the development of the National Centre for Complementary and Alternative Medicine (NCCAM) as part of the National Institutes of Health in the USA; three Canadian Institutes of Health Research (CIHR) now include CAM within their funding mandates and CIHR recently funded the Canadian Interdisciplinary Network for CAM Research (or IN-CAM)).

TOWARDS A DEFINITION OF INTEGRATIVE HEALTHCARE

Every definition reflects a particular worldview and is formulated as part of a specific agenda (consciously or unconsciously). Therefore, it is not surprising that definitions vary widely and are often the subject of debate, revision and evolution. This is particularly true of a definition for integrative healthcare. While no single definition is likely to satisfy all readers, a review of existing attempts to define the term might lead to a new understanding that can receive wide acceptance.

A review of the literature indexed in Medline, PubMed, and Alt HealthWatch, using the MeSH headings “Delivery of Healthcare, Integrated” and “complementary therapies”/“alternative medicine”; “Group Practice” and “complementary therapies”/“alternative medicine” and the key words “integration,” “Integrative Medicine,” “Integrated Health Care,” and “Collaborative Practice” and “complementary therapies”/“alternative medicine” was completed to identify all articles that purported to discuss or define the concept of integrative healthcare. The search was structured to capture articles specifically discussing the integration or bringing together of CAM and conventional care. The terms alternative, complementary or holistic were not used alone because they were not found to be sensitive enough; searches with these terms alone yielded thousands of articles that did not discuss the topic of interest. In addition to the literature search, the reference lists of all articles were hand-searched for additional non-indexed material that was relevant to this discussion. Recognizing that authors used many different terms to describe what is considered here to be integrative healthcare, the definitions and explanations of the concepts used in each document were the focus of this search, rather than the specific terminology. All definitions, principles, components and/or features of the concept “integrative healthcare” were identified and extracted from each document. The authors, using basic content analysis, independently reviewed the material to identify key themes. Consensus on the themes was achieved at a face-to-face team meeting. Subsequent clarification of each theme and coding issues were resolved in a series of team conference calls.

In total, approximately 200 articles were identified in our searches. After reviewing titles and abstracts, 57 that focused specifically on the combination or integration of CAM with conventional medical care were identified. Four key themes emerged from the many attempts in the literature to define integrative healthcare, namely: 1) philosophy and/or values which describe an underlying worldview or set of values as the fundamental basis for guiding the emergence of integrative healthcare; 2) structure, where integrative healthcare was described by its constituent elements and the infrastructure that links them together; 3) process, where integrative healthcare was described by the unique process of interaction between the patients and practitioners and among practitioners involved—i.e., by the internal dynamics of the integration; and 4) outcomes, which focus on the possible products or results that might occur when integrative healthcare is operational. Each of these themes will be examined in more detail.

Philosophy and/or Values

Integrative Medicine, then, shifts the orientation of medicine to one of healing rather than disease, engaging the mind, spirit, and community as well as the body. The integrative approach is based on a partnership of patient and practitioner within which conventional and alternative modalities are used to stimulate the body’s innate healing potential.

For some commentators, the defining feature of integrative healthcare is the philosophy and values that underlie this approach to patient care. The structure, process and outcomes of integrative care subsequently follow from this defining and foundational epistemology. For them, the mere addition of selective aspects of CAM therapies with conventional medicine does not result in integrative healthcare since this does not represent an acceptance and integration of the holistic principles that tend to characterize CAM. This is especially true when the term integration is used in its traditional lexicographic sense—i.e., the incorporation of equals into a common way of being. The co-optation or assimilation of pieces of a whole system of care, removed from their proper context, does not represent the collaboration of equals. However, when these values and philosophy are respectfully incorporated with the technical rigor of conventional medicine, a “higher-order system of systems of care” can result that draws "on both conventional and..."
CAM approaches in the context of a supportive and effective physician-patient relationship.22,23

The proponents of this perspective define integrative healthcare as care that considers the whole person as an unique and integrated individual comprised of several dimensions including physical, psychological, spiritual, social and even cosmological aspects.24-25 The health of the individual depends on the relative balance, harmony, and integration of each of these dimensions, while at the same time being influenced by the health of the society and physical environments in which the person lives.26 Not surprisingly, then, the cause of disease is described as multifactorial, and so, too, is the treatment that follows. Since the diagnosis and treatment can involve any dimension or variety of these factors,27 the treatment plan designed by the patient and the practitioner invariably considers issues that extend beyond the presenting complaint and/or the typical diagnostic categories of conventional medicine.28

Accordingly, they place the dominant focus of integrative healthcare on the wellness and healing of the person rather than the symptoms and curing of a disease. In this approach, healing of the patient may be possible even when the cure of a disease is not.29 The practitioner also recognizes the intrinsic or innate healing properties already operative within the person and seeks to assist these rather than ignore or supplant them.30-31 Consequently, there is an emphasis on the role and responsibility of the patient for her/his own health, as well as a need to include patient participation, preferences and self-knowledge when designing any treatment plan.32,33 Therefore, patient-centered care is a foundational tenet in integrative healthcare.34,35

In this perspective of integrative healthcare, the influences on an individual's health include factors beyond personal being and societal structures. They might include ecosystem health36-37 and more cosmic factors such as chi energy or prana.38-39 This is an understanding of health that broadens the notion to include influences that do not depend solely on the person or human society. In this revised worldview, the illness that a person experiences might be viewed as the body's effort to restore the person to a healthier state of being. Thus, illness and health are both part of the emergence of the individual within a specific environment in a way that seeks to engage the creative tensions of living and promotes the fuller realization of the person. Illness and symptoms might become opportunities for learning and personal growth. The goal of a therapeutic intervention is to assist this personal emergence, and if treatment is necessary, it is directed at the cause of the disease rather than the symptoms that manifest.21-27

Structure

An 'integrative' model of care is interdisciplinary whereby biomedical and other therapies outside its boundaries work together in non-hierarchical ways for the good of the patient.16,25,34

Definitions of integrative healthcare that focus on structure consider the constituent elements and the infrastructure that holds these together. While some commentators contend that integrative medicine "selectively incorporates elements of complementary and alternative medicine into comprehensive treatment plans alongside solidly orthodox methods of diagnosis and treatment,"26 it can be argued that integrative healthcare does more.27,28 As Schroeder notes, integrative healthcare blends both CAM and conventional medicine in a non-hierarchical manner to arrive at the best treatment plan to promote the health of the patient.29 Since the former resembles what Caspi has described as a "cut and paste approach" to the delivery of patient care or a form of assimilation, he concludes that such co-option or "combination medicine is not integrated medicine."30 For this reason, Caspi rejects the notion that an increase in complementary/alternative medicine courses at medical schools represents a move toward integrative healthcare.31

The National Network of Libraries of Medicine website also provides examples of definitions that reflect the structure theme. It describes integrative healthcare as:

a collaborative, team care approach between a variety of Western medical, traditional and indigenous, and CAM licensed healthcare providers. It implies a comprehensive access to a full range of healthcare systems based on patient need and cost effectiveness.32

This team care approach can operate according to different forms with each form resulting in a somewhat different pattern of integration. For example, Leatt et al note that horizontal integration "involves the affiliation of organizations that provide a similar level of care under one management umbrella," while vertical integration "involves affiliation of organizations providing different levels of care under one management umbrella."33,34 Marriott and Mable have provided a broad description of the players who would comprise such a team. They also describe the interactions among the players and the goals of integrative healthcare. They begin by recognizing that the team players would not only include conventional and CAM practitioners, but would also "involve and be representative of the individuals and communities served."35,36 Such inclusivity would undoubtedly be premised on the public having access to quality information about their health options and any assistance that they might require to navigate this information.37,38 Marriott and Mable go on to note that an integrative healthcare system would integrate a continuum of services encompassing health promotion, disease prevention, wellness, and health maintenance, into community-based, facility-based and specialized institutional forms of care. Public funding would be population-based and designed to provide flexibility in how it meets the needs of different populations. Effectiveness of planning and management would be enhanced by commitment to evidence-based practice, needs assessment and evaluation. It would foster collaboration between profes-

Defining Integrative Healthcare

ALTERNATIVE THERAPIES, SEPT/OCT 2004, VOL. 10, NO. 5

51

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
sionals and communities as well as between health and other sectors, to realign professional perspectives to support the goals of reform. An interdisciplinary practice, on the other hand, tends to support greater integration of care as the members of the clinical team deliberately coordinate their services across their various disciplines. Echoing the non-hierarchical structure described above, Ray contends that, "In an ideal interdisciplinary healthcare team, decisions are made by consensus and each discipline has an equal opportunity for input into decisions. The membership of the interdisciplinary team would vary according to the needs of the patient and the care required. Interdisciplinary care is better able to meet the complex healthcare needs of patients than can any one practitioner since it draws from any variety of healthcare professions. For the interdisciplinary team of providers to functional in a truly integrative manner, however, they must share a common understanding of health and patient care, and be dedicated to operationalizing those principles as they share expertise and information in a collaborative and respectful manner. Fourthly, Ray describes transdisciplinary practice as: team members from different disciplines who share knowledge and skills as a result, the traditional boundaries between professions become less rigid, allowing members of the team to work on problems not typically encountered by or seen as the responsibility of their discipline.

For such synergism to occur, the various providers must work collaboratively, interdependently, with mutual respect and trust, and with an appreciable understanding of each other’s perspectives and abilities. The particular skills and knowledge that each member of the team brings to the collaborative interaction—including those of the patient—contribute to the decisions, plans, implementation and outcomes of the healthcare intervention; similarly, each shares in responsibilities, burdens and rewards. The competence, confidence, knowledge and insights of each contributor coalesce in a synergistic collaboration that promises the best and potentially most comprehensive care for the patient.

Ray examines how that synergistic collaboration might come about by comparing undisciplinary, multidisciplinary, interdisciplinary and transdisciplinary practices. While an undisciplinary practice has a single practitioner operating in isolation from other providers, a multidisciplinary practice "refers to a clinical group whose members each practice with an awareness and tolerance of other disciplines." The various practitioners in a multidisciplinary practice communicate with each other through varying degrees of contact while nevertheless primarily practicing within their respective silos. It is even possible that the disciplines involved in a multidisciplinary model would not extend beyond the boundaries of conventional medicine, but would only include sub-disciplines within that larger umbrella (e.g., medical specialists collaborating with a family physician, or various dental specialties collaborating with a dentist). Treatment decisions tend to be made by one individual in a multidisciplinary practice, often after consultation with the other members of the ad hoc team.
## Table 1: Indicators of Successful Integration at Various Levels in the Continuum of Care

### Indicators of Successful Integration

#### Patients / Consumers Level
- Do not have to provide successive practitioners with their complete medical file
- Test results are shared among practitioners thereby reducing replication
- Via the dissemination of information through the system, each practitioner involved in their care is kept abreast of medical events in the patients’ lives
- Provision of services is not delayed due to limited capacity at successive levels of care
- Choices are informed by clear, accurate, contemporary and accessible information
- Single portal of access to any service in the system
- Experience patient-centered care that
  - Deliberately optimizes their autonomy
  - Actively involves them in significant decisions
  - Favors disease prevention and health promotion
- Have access to a diversity of practitioners and treatments options
- Receive the information and support that they require so that they can become effective participants in their own care
- Financial barriers are not a significant determinant of whom can access CAM

#### Practitioner Level
- All practitioners in an interdisciplinary practice are involved in deciding fiscal issues
- Fiscal policies help to make CAM therapies accessible to patients
- Financial incentives bring CAM practitioners into the interdisciplinary system
- CAM practitioners have access to and make use of the facilities & services of the healthcare system
- All practitioners use the same billing system and administrative service rather than each relying on their own
- CAM practitioners participate in policy formation and governance
- All practitioners can advocate for quality patient care

#### Clinical Level
- The most appropriate treatment is preferred whether it is conventional or CAM
- CAM is integrated into practice guidelines and algorithms for medical decision making
- Evidence that supports the use of CAM is disseminated among all practitioners
- Consensus processes decide clinical protocols and patient care
- CAM is not relegated to a role of “when all else fails”
- CAM is regularly included in outcomes data for the system and CAM practitioners participate in the design of relevant outcome measures
- CAM is tracked for efficacy, cost effectiveness, use, and additive costs vs. replaced costs
- CAM delivery is evaluated by benchmarks appropriate to its disciplines
- CAM practitioners are as comparably trained and experienced as conventional medical staff

#### Institutional Level
- All aspects of patient care—conventional and CAM—are supported equitably
- CAM is viewed as integral to the mission, goal, and action plan of the institution
- Wellness care, health promotion, and disease prevention are included in programs in a truly integrative and interdisciplinary way
- Administrative and clinical leaders are committed to the effective inclusion of CAM
- CAM is fully integrated into the system’s information management
- Patient-centered data is retrieved across a continuum of care
- Quality improvement programs include CAM clinical activities
- There is system-wide education of conventional clinicians about appropriate CAM referrals
- CAM practitioners are trained concerning procedures, protocols and appropriateness of referrals to conventional practitioners
- Marketing staff are informed of the benefits of CAM and integrative healthcare
- Integrative healthcare is marketed by the system

#### Regulatory Level
- Cross-disciplinary co-operation is not only permitted but encouraged whenever it will benefit patient care
- Professional liability insurance includes the provision of CAM therapies
- Regulations governing health professions tend to focus more upon controlled acts than on providing control of “scope of practice turf” to specific professions

#### Policy and Systems Level
- Third-party payers—whether government or insurance companies—include coverage of valid CAM therapies and regulated CAM professions
- Research funding is provided to demonstrate the effectiveness and cost effectiveness of CAM
- Policy makers and system administrators are knowledgeable concerning CAM

---

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
practitioners would also be governed by the regulations of their professions and would be functioning within that respective scope of practice. Therefore, the mutual trust and respect that underscore integrative healthcare do not only apply to the processes of decision-making but they also extend to the daily tasks of patient care.  

Outcomes

"Clinical integration focuses on providing the most appropriate treatment and approach to care for the patient... This aspect of integration reflects the extent to which patient care is coordinated across all disciplines and sites, to maximize the quality and value of services."  

In addition to themes of philosophy/values, structure and process, the literature proposes outcomes that would result when an integrative healthcare system is operational. In a general sense, outcomes are all of the possible products or results that might occur when a particular program or approach is used. While intended or expected outcomes do not always match actual outcomes, healthcare treatments or approaches are more likely to be considered successful when they do. Since the most important outcomes can vary by stakeholder groups or subgroups, it is always important to ensure that the outcomes chosen for study are relevant to the end user(s).

Outcomes may be identified at each of the different levels of integration described above and in Figure 1. For example, a common expectation of an integrative healthcare system is that it will result in high quality care that is more effective and more cost-effective than care provided as part of the current conventional medical system.  

When integrative healthcare is optimal, it is thought that the various therapies will synergistically provide a level of care that exceeds the collective effect of the individual practices.  

Outcomes may also describe expectations that fall into one of the three theme areas already explored: philosophy/values, structure, and process. The elements of the three previously identified themes are often not only representative of each theme, but can also describe favorable outcomes. For instance, "health promotion and disease prevention" is a trait that commonly appears in philosophical discussions of integrative healthcare, and it is also an outcome that one would hope to observe if a healthcare system is operating in an integrative fashion. Similarly, "a collaborative team approach involving both practitioners and the individual and communities served" describes the structure of an integrative healthcare approach, while at the same time identifying the outcome desired.

At the most simplistic level, outcomes are measured or assessed by indicators. Indicators are observable and assessable items that permit one to recognize and evaluate the reality of a particular attribute, trait or process—i.e., the outcome—in the situation under study. A variety of authors have identified indicators

<table>
<thead>
<tr>
<th>Philosophy and/or values: Describes an underlying worldview or set of values that guide the emergence of integrative healthcare</th>
<th>Structure: Describes the constituent elements and the infrastructure that links them together</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Human health is part of ecosystem health</td>
<td>• Non-hierarchical integration of conventional and CAM</td>
</tr>
<tr>
<td>• Treat the whole person—body, mind, spirit, social, environmental</td>
<td>• Collaborative team approach involving both practitioners and the individuals and communities served</td>
</tr>
<tr>
<td>• Focus on health and healing rather than disease and cure</td>
<td>• Publicly funded, population-based, flexible</td>
</tr>
<tr>
<td>• Respect and work with the intrinsic healing power of the body</td>
<td>• Provides comprehensive access to a full range of conventional &amp; CAM care</td>
</tr>
<tr>
<td>• Prefer health promotion and disease prevention to treatment of disease</td>
<td>Process: Describes the unique process of interaction between the patients and practitioners involved—i.e., the internal dynamics of the integration.</td>
</tr>
<tr>
<td>• Emphasize importance of lifestyle in creation of health</td>
<td>• Separate and shared knowledge and skills synergistically combined</td>
</tr>
<tr>
<td>• Treat the cause not the symptoms of disease</td>
<td>• Interdisciplinary communication and decision making that is respectful of unique contributions</td>
</tr>
<tr>
<td>• Disease and health can be part of the emergence of a person</td>
<td>• Patient participates in review of information and decision making</td>
</tr>
<tr>
<td>• Partnership of patient and practitioner</td>
<td>• Integrated plan of management derived and accepted through consensus model</td>
</tr>
<tr>
<td>• Illness is the body’s attempt at self-healing</td>
<td>• Decisions tend to be made by consensus, involving all disciplines equally</td>
</tr>
<tr>
<td>• Commitment to evidence-based practice</td>
<td>• Public access to quality information about health options</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Philosophy and/or values: Describes an underlying worldview or set of values that guide the emergence of integrative healthcare</th>
<th>Structure: Describes the constituent elements and the infrastructure that links them together</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Human health is part of ecosystem health</td>
<td>• Non-hierarchical integration of conventional and CAM</td>
</tr>
<tr>
<td>• Treat the whole person—body, mind, spirit, social, environmental</td>
<td>• Collaborative team approach involving both practitioners and the individuals and communities served</td>
</tr>
<tr>
<td>• Focus on health and healing rather than disease and cure</td>
<td>• Publicly funded, population-based, flexible</td>
</tr>
<tr>
<td>• Respect and work with the intrinsic healing power of the body</td>
<td>• Provides comprehensive access to a full range of conventional &amp; CAM care</td>
</tr>
</tbody>
</table>

Outcomes: Describes the possible products or results that might occur when integrative healthcare is operational |

- • More effective healthcare |
- • Coordinated continuum of care/a seamless continuum of quality patient care |
- • More cost-effective healthcare |
- • Synergistic care that exceeds the collective effect of the individual practices |
that suggest that integrative healthcare is being provided or at least is emerging within the healthcare system. A summary of key indicators identified in the literature are summarized in Table 1.

Working Definition for Integrative Healthcare

Having reviewed various discussions concerning the integration of CAM and conventional medicine, it is possible to summarize the main themes within those deliberations and to formulate a working definition for integrative healthcare. As previously mentioned, authors typically define integrative healthcare by focusing on one (or more) of four themes: 1) philosophy and/or values, 2) structure, 3) process, and 4) outcomes. (Elements from each of these four themes are summarized in Table 2.) Although it has been necessary to examine each of these themes in isolation, they are often interrelated and overlapping, and any comprehensive understanding of integrative healthcare would necessarily involve a mixture of all themes.

Therefore, what are arguably the most significant elements from each theme are incorporated into a working definition. It is not intended that this definition will be all-inclusive, and/or accepted by all; the still-evolving and diverse nature of integrative healthcare precludes such a possibility. It is hoped, however, that the definition will garner wide acceptance and help to bring greater clarity and rigor both to current discussions on integrative healthcare and the development and evaluation of models for integrative healthcare delivery.

Working Definition

Integrative healthcare

- seeks, through a partnership of patient and practitioner, 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 (philosophy and/or values);
- is an interdisciplinary, non-hierarchical blending of both conventional medicine and complementary and alternative healthcare that provides a seamless continuum of decision-making and patient-centered care and support (structure);
- employs a collaborative team approach guided by consensus building, mutual respect, and a shared vision of healthcare 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 (process);
- 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 practices (outcomes).

CONCLUSION

The definition derived from the literature above appears to be less a definition of a system of care delivery and more a mission statement or a goal of how healthcare should be delivered. This definition appears to be the construction of integrative healthcare as an ideal type. An ideal type is not necessarily an accurate representation of any specific system of care delivery, but rather a theoretical construct that is used to compare and differentiate systems of care delivery along theoretically relevant categories. Weber explains:

Whatever the content of the ideal type, be it an ethical, an aesthetic, or a religious norm, or a technical, an economic, or a cultural maxim or any other type of valuation in the most rational form possible, it has only one function in an empirical investigation. Its function is the comparison of empirical reality in order to establish its divergence or similarities, to describe them with the most unambiguously intelligible concepts.  

An ideal type should be recognizable by any individual who is part of the phenomenon being described, even though it may not accurately describe any single care delivery system.

This paper takes a first step toward clarifying the terminology and concepts that are being used to discuss the phenomenon of integrative healthcare as it has emerged to describe the combination of CAM and conventional care. This provides a starting point from which to compare and contrast the different models of care that are evolving across North America and Europe. The terms integrative or integrated medicine/healthcare are also used in other disciplines such as the study of organizations and organizational behavior. This paper has provided a definition that can be used to allow researchers from a variety of disciplines to begin to discuss the similarities and differences with respect to how this term is conceptualized across different fields and has the potential to facilitate interdisciplinary research and theoretical development in this area.

Our approach is entirely theoretical. The next step is to test the definition or ideal type identified here. Can it be applied to real world settings where integrative healthcare is being delivered? Can it help to differentiate between settings that provide integrative healthcare and those that provide other models of care? Can this definition be used to help formulate outcomes and indicators of integrative healthcare? These are the next challenges. Basic agreement on the meaning of integrative healthcare and ways to assess whether it is occurring, as well as its outcomes, are needed to facilitate research and the development of evidence-based policy in this area.

Acknowledgments

The authors would like to thank the participants of the workshop, "Integrative Health Care: Defining and Operationalizing the Fundamental Principles," held in Toronto on November 15-18, 2002, for their comments and suggestions on the first draft of this paper. The workshop and the preparation of this paper were generously funded by the Health Policy Research Program, Health Canada.

References
