

Research

A Qualitative Analysis of Various Definitions of Integrative Medicine and Health

Beth Rosenthal, MPH, MBA, PhD^{1*}, Anthony J. Lisi, DC²

Address: ¹Assistant Director, Academic Consortium for Complementary and Alternative Health Care, Chicago, IL, USA, ²Associate Professor, University of Bridgeport College of Chiropractic, Bridgeport, CT, USA.

E-mail: Beth Rosenthal, MPH, MBA, PhD – brosenthal@accahc.org

*Corresponding author

Topics in Integrative Health Care 2014, Vol. 5(4) ID: 5.4004

Published on December 31, 2014 | [Link to Document on the Web](#)

Abstract

Introduction: Many terms have been used to describe the provision of healthcare services that historically had not been part of mainstream medicine. The variety of names includes complementary medicine, complementary and alternative medicine, integrative medicine, integrated medicine, complementary and integrative medicine, and others. This variation can impede understanding and comparison of the features and practices of care.

Objective: The purpose of this work is to analyze the components of a group of integrative medicine-related definitions thought to have the greatest current usage and impact in the field.

Methods: This study was a qualitative content analysis of English language definitions of select IM/H related terms. It explored the usage and context of occurring terms. Purposive sampling was used to identify sources of IM/H definitions by querying a group of subject matter experts. Summative content analysis was conducted on the text of each definition.

Results: Eight definitions were identified and analyzed, and a group of eleven themes emerged. The most common elements included whole person focus, evidence-informed, optimal health/wellness, and combination of complementary and alternative medicine (CAM) with conventional medicine. Differences existed with respect to terms such as modality/therapy versus profession/discipline.

Conclusion: The themes described may be relevant to clarify discussion of future research and policy efforts.

Introduction

According to the Merriam-Webster Dictionary, the phrase *alternative medicine*, defined as “any of various systems of healing or treating disease (as chiropractic, homeopathy, or faith healing) not included in the traditional medical curricula of the United States and Britain” was first known to be used in 1977.¹ It is not certain if the phrase was used prior to that time, but it is certain that since then multiple other phrases expressing variations on the original theme have emerged. In the peer reviewed literature different stakeholders have put forth terms such as alternative medicine,² complementary medicine,³ complementary and alternative medicine,⁴ integrative medicine,⁵ integrated medicine,⁶ complementary and integrative medicine,⁷ and others to describe the phenomenon of the provision of healthcare services that historically had not been part of mainstream medicine. There is no accepted standard term to capture this category of definitions (which points to the relevancy of this paper), so henceforth we will refer to these integration-related terms as integrative medicine/health (IM/H). The broadly changeable nature of terminology use over time is exemplified by the National Institutes of Health recent public effort to consider the renaming of its National Center for Complementary and Alternative Medicine (NCCAM) to the National Center for Research on Complementary and Integrative Health (NCRCI).⁸

The lack of a widely-accepted term to describe the growing intermingling of mainstream medicine with healthcare services historically outside of mainstream medicine presents a barrier to discussion and assessment. The need for uniform taxonomy in healthcare vocabulary and classification has been described in multiple healthcare professions including medicine,⁹ psychology,¹⁰ nursing,¹¹ and rehabilitation.¹² An understanding of the definitions associated with the various currently used terms for IM/H may help future efforts to develop a uniform taxonomy. Furthermore, such an understanding can have implications for interprofessional education and practice. Knowing what is included and what is omitted from definitions of IM/H may reflect what the authors find important and what is seen as non-essential. This can influence how students in all health care professions are being prepared to practice in teams with other health care professionals, and how practices are being organized to provide integrated, patient-centered care. The purpose of this work is to analyze the components of published IM/H definitions put forth by a range of well-known sources.

Methods

This study was an analysis of English language definitions of select IM/H related terms. The project emerged from work of the Academic Consortium for Complementary and Alternative Health Care (ACCAHC) Clinical Working Group. Because usage of terms related to the provision of healthcare services outside of mainstream medicine have been so varied, inconsistent, and changeable in the peer reviewed literature, we expected that a structured database search would yield results that were overwhelmingly varied, many of which may no longer be in common use. Instead, we sought to assess a group of definitions hypothesized to have the most frequent current use – and highest impact – among key stakeholders in the IM/H profession.

We used purposive sampling to identify sources of IM/H definitions by querying a group of subject matter experts. This consisted of ACCAHC working group members, ACCAHC leadership, and leaders of other IM/H related organizations. They were asked to identify one or more examples of IM/H definitions that they felt had the greatest current uptake and influence on the field. This was supplemented by

literature searches and general internet searches by the authors.

Definitions were read by both investigators with combined experience in IM/H practice, education, and administration. Summative content analysis¹³ was conducted on the text of each definition. This approach was selected since it allowed us to first explore the *usage* of terms, that is the similarities or differences in the occurrence of given words between different definitions, and furthermore allowed us to explore the *context* with which the terms can be read. Each definition was coded to identify key words and phrases representing themes that were described. Data were compiled and analyzed in tabular forms in Microsoft Word. This study did not involve the participation of human subjects.

Results

We identified a group of eight IM/H definitions; seven from professional institutions,¹⁴⁻²⁰ and one from a peer-reviewed publication.²¹ A cluster of 11 themes emerged from the text analysis and are described below along with the abbreviations used in Table 1.

- (C&C) Combination of CAM and Conventional Medicine: Explicit reference to the use of both complementary/alternative and conventional approaches.
- (D) Disciplines: Usage of the word disciplines to describe various health approaches.
- (E) Evidence based/informed: Reference to utilizing approaches that are evidence based or evidence informed.
- (HD) Health Determinants / Environment: Reference to factors outside of health approaches, such as lifestyle and the environment.
- (IPC) Interprofessional Collaboration: Reference to providers working with professionals in other disciplines.
- (M/T) Modality/Therapy: Reference to modality, therapy, intervention, or treatment.
- (OH) Optimal Health/Wellness Focused: Explicit reference to focus on wellness or optimal health, as opposed to focus on disease management.
- (PC) Patient Centered: Reference to focusing on the patient, and importance of patient involvement in their care.
- (Prof) Healthcare Professionals: Reference to professionals in the fields of health and medicine.

- (R) Importance of Relationship between patient and providers: Reference to the importance of the relationship between patients and their providers.
- (WP) Whole Person: Reference to approaches that address the person as a whole being: body, mind, spirit, emotions.

For comparison, each definition along with the themes that were or were not included therein are presented in **Table 1**.

Definition	Included Elements	Excluded Elements
<p>Integrative Medicine is the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.¹⁴</p>	<p>D – Disciplines E – Evidence based/informed HD – Health Determinants IPC - Interprofessional Collaboration M/T – Modality/Therapy OH – Optimal Health PC – Patient Centered Prof – Healthcare Professionals R – Importance of Relationship between patient and providers WP – Whole Person</p>	<p>C&C – combination of CAM & Conventional</p>
<p>Integrative medicine is an approach to 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. Employing a personalized strategy that considers the patient's unique conditions, needs and circumstances, integrative medicine uses the most appropriate interventions from an array of scientific disciplines to heal illness and disease and help people regain and maintain optimal health.¹⁵</p>	<p>D – Disciplines HD – Health Determinants M/T – Modality/Therapy (the term intervention is used) OH – Optimal Health PC – Patient Centered WP – Whole Person</p>	<p>C&C – combination of CAM & Conventional E – Evidence based/informed IPC - Interprofessional Collaboration Prof – Healthcare Professionals R – Importance of Relationship between patient and providers</p>
<p>Integrative medicine combines treatments from conventional medicine and CAM for which there is some high-quality evidence of safety and effectiveness. It is also called integrated medicine.¹⁶</p>	<p>C&C – combination of CAM & Conventional E – Evidence based/informed M/T – Modality/Therapy (the term treatment is used)</p>	<p>D – Disciplines HD – Health Determinants IPC - Interprofessional Collaboration PC – Patient Centered Prof – Healthcare Professionals OH – Optimal Health R – Importance of Relationship between patient and providers WP – Whole Person</p>
<p>...integrative medicine, or integrative health, means different things to different people. As an approach to</p>	<p>C&C – combination of CAM & Conventional E – Evidence based/informed</p>	<p>D – Disciplines IPC - Interprofessional Collaboration</p>

<p>enhancing health, integrative health seeks to combine the best scientific and evidence-based approaches to care with a focus on the full range of needs of the individual. Integrative medicine seeks to enable everyone to maintain their health insofar as possible, and to be empowered in partnering with health care providers when illness occurs.¹⁷</p> <p>Integrative medicine can be described as orienting the health care process to create a seamless engagement by patients and caregivers of the full range of physical, psychological, social, preventive, and therapeutic factors known to be effective and necessary for the achievement of optimal health throughout the life span.¹⁷</p> <p>Integrative medicine envisions a health care system that focuses on efficient, evidence-based prevention, wellness, and patient-centered care that is personalized, predictive, preventive and participatory.¹⁷</p> <p>Integrative health care is integrated across approaches to care - e.g., conventional, traditional, alternative, complementary - as the evidence supports.¹⁷</p>	<p>HD – Health Determinants M/T – Modality/Therapy (the term therapeutic factors is used) OH – Optimal Health PC – Patient Centered R – Importance of Relationship between patient and providers WP – Whole Person</p>	<p>Prof – Healthcare Professionals</p>
<p>The Center defines integrative medicine as healing-oriented medicine that takes account of the whole person (body, mind, and spirit), including all aspects of lifestyle. It emphasizes the therapeutic relationship and makes use of all appropriate therapies, both conventional and alternative.¹⁸</p>	<p>C&C –combination of CAM & Conventional M/T – Modality/Therapy R – Importance of Relationship between patient and providers WP – Whole Person</p>	<p>D – Disciplines E – Evidence based/informed HD – Health Determinants IPC - Interprofessional Collaboration OH – Optimal Health PC – Patient Centered Prof – Healthcare Professionals</p>
<p>Integrative medicine is a new health care discipline being established by US medical schools seeking to combine</p>	<p>C&C –combination of CAM & Conventional IPC - Interprofessional</p>	<p>D – Disciplines E – Evidence based/informed HD – Health Determinants</p>

<p>ideas and practices of Western medicine and CAM. A less precise use of the term refers to a wide variety of health care delivery models ranging from individual medical doctors, providing an assortment of CAM therapies, to a team of providers, some of whom are licensed or trained in CAM health care and traditional medicine systems.¹⁹</p> <p>This term [Integrated Health Care] describes a collaborative, team care approach between a variety of Western medical, traditional and indigenous, and CAM licensed health care providers. It implies a comprehensive access to a full range of health care systems based on patient need and cost effectiveness.¹⁹</p>	<p>Collaboration M/T – Modality/Therapy PC – Patient Centered Prof – Healthcare Professionals</p>	<p>OH – Optimal Health R – Importance of Relationship between patient and providers WP – Whole Person</p>
<p>An overall working definition of integrated service delivery is “The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system.”²⁰</p>	<p>M/T – Modality/Therapy (health services here) PC – Patient Centered</p>	<p>C&C – combination of CAM & Conventional D – Disciplines E – Evidence based/informed HD – Health Determinants IPC - Interprofessional Collaboration OH – Optimal Health Prof – Healthcare Professionals R – Importance of Relationship between patient and providers WP – Whole Person</p>
<p>Integrative health care...combination of an interdisciplinary, nonhierarchical blending of both CAM and conventional medicine that employs a collaborative team approach guided by consensus building, mutual respect, and a shared vision of health through a partnership of patient and practitioners to treat the whole person by synergistically combining therapies and services in a manner that exceeds the collective effect of the individual practice.²¹</p>	<p>C&C – combination of CAM & Conventional D – Disciplines IPC - Interprofessional Collaboration M/T – Modality/Therapy OH – Optimal Health Prof – Healthcare Professionals R – Importance of Relationship between patient and providers WP – Whole Person</p>	<p>E – Evidence based/informed HD – Health Determinants PC – Patient Centered</p>

Discussion

As we began investigating these terms, it became clear that sometimes the terms described the broader view of medicine/healthcare (approaches, philosophy) and sometimes the terms described clinical care delivery models (practice). Usage of various IM/H related terms in the literature is not consistent. The distinction between the broader descriptive view and terms used to describe health care delivery models is often blurred when people are talking about the two different concepts.

The items included or omitted from various definitions may reflect what the authors of the definitions find important, and what is seen as non-essential. Many of the reviewed definitions come from large organizations as opposed to a scientific process. Establishing policy in a large organization is known to be a multifactorial process, thus results must be viewed in this light. In addition to listing several IM/H related definitions, we also list key elements that have been included and/or left out of the particular definition and discuss the implications of that inclusion/exclusion. We also identify and summarize the similarities and differences between definitions.

The word discipline encompasses the breadth of the approach (i.e. education, training, health professionals who practice the discipline). Although reference to disciplines implies inclusion of health professionals, the reverse may not be true. Reference to health professionals doesn't always imply inclusion of the context of the discipline (there is more to the concept of discipline than health professionals). That is why we had separate notations for discipline and for health professionals in examining the definitions.

Similarities and differences between definitions

Whole person focus is a theme, stressing the importance of including physical, emotional, mental, social, and spiritual aspects of an individual (CAHCIM, Bravewell, IOM 2009, Arizona, Boon). *Evidence informed* (CAHCIM, NCCAM, IOM 2009), and *Optimal Health/Wellness Focus* (CAHCIM, Bravewell, IOM 2009, Boon) are common elements in multiple definitions. The explicit *combination of CAM and Conventional Medicine* is also a common element (NCCAM, IOM 2009, Arizona Center, NLMHI, Boon). Many of the definitions include *interprofessional collaboration* (CAHCIM, NLMHI, Boon).

A key difference between definitions is use of the terms modality/therapy/intervention/treatment vs. the terms professionals and discipline. This is a critical distinction because using the terms modality/therapy/ intervention/treatment rather than the terms professional or discipline discounts the importance of delivering the modality/therapy/intervention/treatment in context of its discipline, by practitioners who are educated and trained in the discipline. Leaving disciplines and health professionals out of the definition effectively leaves out the rich experience and context of the discipline, and de-values interprofessionalism.

Although a distinction may be made between use of the terms 'integrative' and 'integrated', this was not evident in the definitions that were most prevalent in our search. The term 'integrative' originated in the mid-1990s by conventional medical systems to refer to the combination of Western (conventional) medicine and CAM.²² Use of the term 'integrative' has evolved and broadened as evidenced in the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM) definition. The term 'integrated' is used currently by some, especially in the conventional medicine fields, to refer to coordinated care between various (allopathic and allied) health professions.

Our analysis revealed a cluster of common themes in a group of published IM/H definitions. It was beyond the scope of this work to assess the validity of any one definition, or if and how any definition's themes are translated into practice. However it seems likely that when a large organization develops a definition for IM/H, the components of that definition are in line with the organizations current practices or near term aspirations. Thus the themes reflected can have an influence on the political landscape and social culture of the IM/H profession. Furthermore, in clinical training one objective is to educate students to collaborate with other health professionals, consequently providing opportunities for integrative practice is important, and knowledge of the themes related to IM/H could be helpful in identifying IM/H practice opportunities.

The results of this study are limited to the group of definitions we analyzed, and cannot be generalized to all definitions of IM/H. We purposively sampled the definitions in this work, therefore other relevant definitions may have been omitted. Our intention was not to perform an exhaustive review of all sources, but rather to assess those definitions that appeared to have the highest impact at this point in time.

Conclusion

This work analyzed the components of a select group of published IM/H definitions and identified several themes. What is included and what is omitted from definitions has implications for interprofessional education and practice, and may influence how students in all health care professions are being prepared to practice in teams with other health care professionals, and how practices are being organized to provide integrated, patient-centered care. The themes described in this work can help inform ongoing efforts to develop standardized IM/H terminology. Such standardization is necessary to allow clear analysis and comparison of existing IM/H practices, and assist in the implementation of future clinical, educational and research policy.

Acknowledgments

This study was funded with a grant from the Leo S. Guthman Fund. The authors thank Jennifer Brett, ND, LAc, Dale Healey, DC, PhD, Melanie Henriksen, ND, LAc, CNM, Amalia Punzo, MD, Pamela Snider, ND, John Weeks, and Leonard Wisneski, MD for their assistance in the identification of integrative medicine definitions.

References

1. Merriam-Webster Dictionary. <http://www.merriam-webster.com/dictionary/alternative+medicine>. Accessed October 3, 2014.
2. Astin JA. Why patients use alternative medicine: results of a national study. *JAMA*. 1998 May 20;279(19):1548-53.

3. Lippman AJ. Pitfalls of complementary medicine: the challenge of herbal medications and nutritional supplements. *MD Advis*. 2014 Winter;7(1):28-32.
4. Wieland LS, Manheimer E, Berman BM. Development and classification of an operational definition of complementary and alternative medicine for the Cochrane collaboration. *Altern Ther Health Med*. 2011;17(2), 50.
5. Bell, I., O. Caspi, G.E.R. Schwartz, K. Grant, T. Gaudet, D. Rychener, V. Maizes, A.Weil. 2002. Integrative medicine and systematic outcomes research: Issues in the emergence of a new model for primary health care. *Arch Int Med* 162:133-140.
6. White A. Is integrated medicine respectable? *Complement Ther Med*. 2003 Sep;11(3):140-1.
7. Vogel JK, Bolling SF, Costello RB, et al. Integrating complementary medicine into cardiovascular medicine: a report of the American College of Cardiology Foundation Task Force on Clinical Expert Consensus Documents (Writing Committee to Develop an Expert Consensus Document on Complementary and Integrative Medicine). *J Am Coll Cardiol*. 2005;46(1):184-221.
8. National Institutes of Health. Bethesda, MD. <http://www.nih.gov/news/health/may2014/nccam-16.htm>. Accessed October 3, 2014.
9. Turk DC, Rudy TE. The robustness of an empirically derived taxonomy of chronic pain patients. *Pain* 43.1 (1990): 27-35.
10. Costa PT, McCrae RR. Personality assessment in psychosomatic medicine. Value of a trait taxonomy. *Adv Psychosomatic Med* 17 (1987): 71.
11. McCormick, K. A., & Jones, C. B. (1998). Is one taxonomy needed for health care vocabularies and classifications? *Online J Issues Nursing*, 2.
12. Parenti L, Foreman A, Meade BJ, Wirth O. A revised taxonomy of assistance animals. *J Rehabil Res Dev*. 2013;50(6):745-56.
13. Hsieh H, Shannon SE. Three approaches to qualitative content analysis. *Qualitative health research* 15.9 (2005): 1277-1288.
14. The Consortium of Academic Health Centers for Integrative Medicine (CAHCIM) <http://www.imconsortium.org/about/home.html>. Accessed November 22, 2014.
15. The Bravewell Collaborative. http://www.bravewell.org/integrative_medicine/what_is_IM/ Accessed November 22, 2014.
16. The National Center for Complementary and Alternative Medicine (NCCAM) <http://nccam.nih.gov/health/whatiscam/> Accessed November 15, 2014.
17. Institute of Medicine, Summit on Integrative Medicine. <http://iom.edu/Reports/2009/Integrative-Medicine-Health-Public.aspx> Accessed October 29, 2014.

18. Arizona Center for Integrative Medicine.
<http://integrativemedicine.arizona.edu/about/definition.html> Accessed October 28, 2014.
19. National Library of Medicine Health Information (NLMHI) Health Info Quest
<http://nmlm.gov/archive/healthinfoquest/pathfinders/termsCAM.html> Accessed November 22, 2014.
20. World Health Organization Technical Brief No.1, 2008: Integrated Health Services – What and Why?
http://www.who.int/healthsystems/service_delivery_techbrief1.pdf. Accessed November 22, 2014.
21. Boon H, Verhoef M, O'Hara D, Findlay B, Majid N. Integrative healthcare: arriving at a working definition. *Altern Ther Health Med*. 2004 Sep-Oct;10(5):48-56.
22. Weeks J. The Integrator Blog, Wednesday, August 6, 2008.
http://theintegratorblog.com/site/index.php?option=com_content&task=view&id=468&Itemid=189
Accessed October 15, 2014.