

Integrative Health in Your Practice, Part I: What an Integrative Health Visit Looks Like, Part I

The Integrative Health approach is patient-driven and personalized. It incorporates elements of self-reflection, assessment, shared goal setting, and various types of support to achieve those goals. Using a patient vignette, this overview illustrates how to implement these strategies in clinical practice. It also demonstrates how an Integrative Health visit can empower patients and be more fulfilling for clinicians.

Key Points:

- Every Integrative Health visit will be unique, but there are certain elements, the “Key Principles of Personal Health Planning,” that are likely to be part of most of them. These include Self Reflection, Assessment, Goal Setting, and help with achieving the goals that are set, through Education, Skill Building, Resources, and Support.
- By focusing on a person’s values and building the visit upon what really matters to them, you take the conversation in new directions. People are more likely to adhere to the plan if you co-create it with them, focusing on their values.
- It is helpful to have your own introduction to Integrative Health (an “Elevator Speech”) that you can share with patients or colleagues who are new to the Integrative Health approach.
- Make use of the Personal Health Inventory (PHI) for doing Integrative Health assessment. There are tips you can follow as you review them, to make the most out of the information they contain.
- All the elements of a conversation—who, what, when, where, and how—can be shaped to support being integrative in a visit.
- Tailor your approach to your own practice style, and take time to decide how best to document and bill for Integrative Health visits.
- Remember, providing Integrative Health takes a team. Patients may learn about Integrative Health, complete a PHI, and choose areas to focus on before they ever visit a clinician. There are many ways for them to create their own health plans too.

Introduction

“To write prescriptions is easy, but to come to an understanding of people is hard.”

—Franz Kafka

How is an Integrative Health visit different from a standard medical visit? Chapters 2 and 3 of the [Passport to Whole Health](#) introduce the “Key Principles of Personal Health Planning” (Figure 1). While those chapters cover theory (and it is probably best to read them first), this overview

focuses more on actual practice. It answers practical questions, such as “How does a busy clinician use the key principles of personal health planning when time and energy are in short supply?” by providing an example of an Integrative Health visit. As you work through this narrative, pause every so often to ask how you can tailor what you are learning to suit your own practice style.

While this overview focuses on an encounter between one clinician and one patient, assuming the patient has never heard of Integrative Health before (which is increasingly rare), Integrative Health truly requires a team effort. As they say, “It takes a village to practice Integrative Health.” Therefore, throughout the overview, there are reminders to consider how a patient’s entire team can work together to make the process more successful. Several members of a patient’s care team, from across disciplines, contribute to the patient’s health plan; it is not the responsibility of any one clinician to complete the entire process.

Meet the Patient

This overview is built around the experiences of a 68-year old retired farmer named Bob..

Note: The information (including a dialog between Bob and his clinician during an Integrative Health visit) are highlighted on a yellow background in Part II of this document, in case you want to focus only on the vignette itself.

Most of us know patients like Bob. For the purposes of this narrative, assume he is coming into a clinic to visit a provider who has been taking care of him for several years. Bob typically comes alone for visits, but this time his daughter is with him. He is good about showing up for his appointments as scheduled. He does not talk much, but his brief answers to questions are polite. Even though he seems knows a lot about his different diagnoses, Bob has struggled with taking care of himself.

In terms of diagnoses, Bob has a lot going on. His many **diagnoses** include:

- Dyslipidemia. Bob’s LDL is 160, triglycerides are 260, and HDL is 30.
- Hypertension. His blood pressure average is 170s/90s.
- Obesity. His weight is 250 lb; body mass index is 33.
- Insulin resistance. His hemoglobin A1c is climbing, and he is on his way to having metabolic syndrome.
- PTSD. Bob has a few flashbacks a week, and it affects his sleep.
- Depression and anxiety. Bob does not regularly take his prescribed antidepressant, citalopram. In the past, his psychologist has been concerned about his risk for suicide.
- Chronic pain. Bob has severe arthritis in his knees. He is taking 2400 mg of ibuprofen a day.
- Chronic abdominal bloating. Ten years ago, he was diagnosed with irritable bowel syndrome (IBS) by a gastroenterologist after an extensive workup.
- Insomnia. Bob sleeps 5-6 hours a night and is tired all the time. Some nights, he uses an over-the-counter sleep aid. Every night, he drinks a shot of whiskey before bed.
- Alcohol use. Bob’s daughter reports he has been drinking heavily, even beyond the whiskey before bed, especially since he lost his wife a few years ago.

- Tobacco use. Bob smokes 1½ packs daily and has done so for over 40 years. He has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD). Bob's team feels as though they have reached the limits of what they can offer Bob as far as medications, referrals to specialists, or procedures. In the past, he has not followed through with their suggestions anyway. In fact, he often does research on the Internet or reads mailings from dietary supplement companies and tries complementary therapies that his health care team members do not know much about. Bob's primary care provider has used motivational interviewing and discussed behavior change with him dozens of times, but each year his weight and blood pressure continue to creep steadily up.



MINDFUL AWARENESS MOMENT

- When you think about the prospect of seeing someone like Bob for a visit, how do you feel?
- If you were the one seeing Bob, what could you do, both for Bob and for yourself, to make this visit as worthwhile as possible?
- How might an integrative approach help change how this visit goes?
- Is it possible that this encounter could not only be fulfilling for Bob, but also for you, as the clinician?

Before the Visit: The Personal Health Inventory

Bob has never heard of Integrative Health before. Before today, he has never completed a Personal Health Inventory (PHI), a questionnaire designed to get him thinking in more depth about his self-care and the professional care he receives. Bob received a blank copy of the [My Story: Personal Health Inventory](#) when he arrived for his visit and filled it out while he was waiting in the reception area. As Bob filled out the PHI, he noticed the Circle of Health posted on a bulletin board (Figure 1).

As you may already know, the Brief PHI is organized around the elements of the Circle of Health (Figure 1). The PHI allows people to share information not typically covered on intake forms issued by clinics or inpatient services. It casts a broad net, focusing on everything from what matters most to patients, to self-care practices, to insights a person has about what their next steps should be. The PHI is not used instead of a standard patient history and physical, but rather, in conjunction with it and any other assessments a patient completes. The PHI is an important part of the Integrative Health Assessment. For more information, refer to "[The Integrative Health Note: Beyond the Standard History and Physical.](#)"

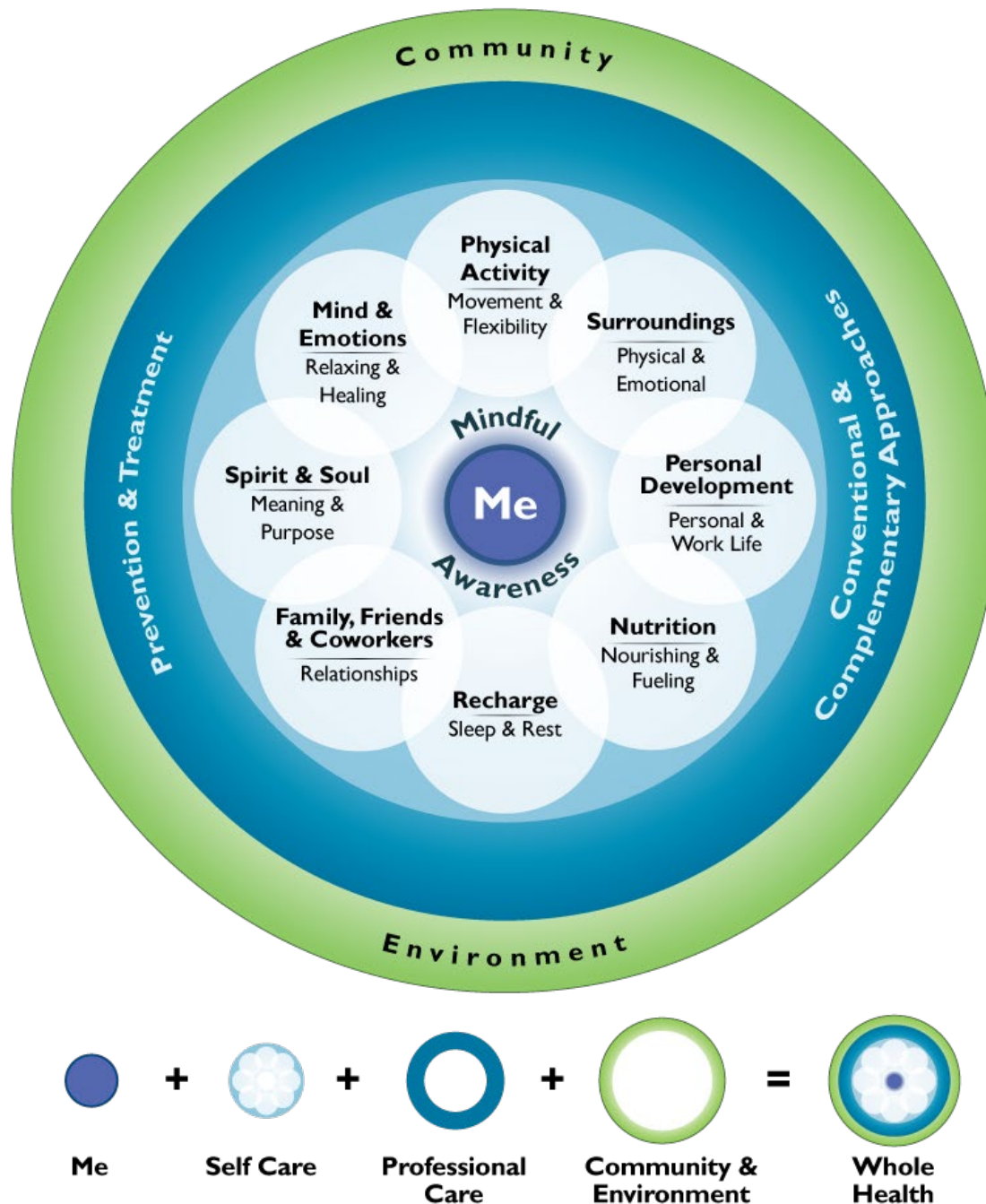


Figure 1. The Circle of Health



MINDFUL AWARENESS MOMENT

Now that you have reviewed Bob's PHI, consider the following:

- How well does the PHI give you a sense of Bob and his health care needs now, compared to when you read his health history earlier? Does it give you new perspectives?
- How long do you think it took Bob to fill out the PHI? Is the added information useful?
- How much time did it take you to review the PHI? Most clinicians say that it saves them time to have all that information before they start talking to a patient. Do you agree?
- How often should Bob complete a PHI? Yearly? Every 2 years? Every 6 months?
- How can you get the PHI into Bob's medical record?

Anatomy of Bob's Brief PHI

The 4 parts of Bob's PHI offer his clinicians a sense of the different ways they could frame a conversation with him.

1. Vitality Signs

These three rating-scale questions provide a quick snapshot of where Bob is in terms of his physical and mental/emotional well-being (which he rated 1/5 and 3/5 respectively). Bob also rated himself 2/5 in terms of how it is to live his day-to-day life. This merits further discussion, particularly since there has been a concern about his suicide risk in the past.

2. The Big Questions

"What do you live for?" "What matters to you?" "Why do you want to be healthy?" Bob's answers to these give insights into his Meaning, Aspiration, Purpose (MAP). Bob's answers on the PHI make it clear his family matters. He is focused on his role in the upcoming wedding. He also values his independence, helping others, and his faith. A clinician can bring up some of these topics when asking Bob to set goals that honor what he truly values.

3. Where You Are and Where You Would Like to Be

These nine questions had Bob rate where he is versus where he wants to be for the eight areas of self-care and his overall professional care. Some questions to consider when reviewing this section of Bob's Brief PHI include the following:

- First, what is Bob doing well? The 5/5 he gave himself on Surroundings is striking, as are his ratings of 4/4 for Personal Development and 4/5 for Spirit and Soul. 4/5 on Professional Care suggests this is another area he feels pretty good about. It can be

helpful to discuss strengths during Integrative Health visits, not just areas where there are deficits.

- What areas does Bob score low, relative to where he would like to be? Certainly the 1/4 on both Physical Activity and Nutrition stand out. So does the 2/4 for Recharge. The 3/5 for Family, Friends and Co-Workers might seem a bit surprising, given his strong ties to his daughter and her family. It may be helpful to ask what led to that rating.
- It is also interesting that he gave Mind & Emotions a 3/3. This may indicate that he is not sure what it entails, or that he is not interested in exploring that aspect of self-care at this time. This is worth asking about, as time allows.

Remember, it isn't just about the numbers. They give clinicians a sense of where to start, but then Bob needs to guide the process in terms what are his highest priorities. Of course, the clinician having a visit with him can suggest what might be a good area of focus well. This is the essence of shared goal setting; both Bob and the clinician share their perspectives.

4. Reflections

The final two open-ended questions on the Brief PHI can lay the groundwork for creating a PHP. Bob visualizes his best possible self, then he is asked how he can move in that direction. The question of "Where might you start?" is extremely helpful in guiding first steps around creating a PHP. For Bob, his answers suggest it might help to start by asking him about Physical Activity and Nutrition. Mind & Emotions may also be important, when it comes to his PTSD. Or, a different area of the Circle of Health may come up entirely.

Some clinicians, particularly mental health clinicians, prefer to go into even more detail with their assessments. Of course, a clinician may not be able to start a visit with a completed PHI, but it is still possible to do a visit. One approach is simply to show a person the Circle of Health and ask them where they would like to set a goal. To spend additional time with the various self-care circles and consider where they might want to focus, a person can use the "Circle of Health: A Brief Self-Assessment tool."

Author(s)

"Implementing Integrative Health in Your Practice" was adapted for the University of Wisconsin Integrative Health Program from the original written by J. Adam Rindfleisch, MPhil, MD (2014, updated 2018). Modified for UW Health Integrative Health in 2020.

This overview was made possible through a collaborative effort between the University of Wisconsin Integrative Health Program, VA Office of Patient Centered Care and Cultural Transformation, and Pacific Institute for Research and Evaluation.