IV. Towards An Integrative Health System

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TABLE OF CONTENTS

IV.46

Purpose ....

Background ....

Language ....

Expected Outcomes of an Integrative Health System IV.47

Expected Outcomes for Each Key Gr oup IV.47

Core Values of an Integrative Health System IV.47

Key Concepts of an Integrative Health System IV.48

Challenges ....

Strategies ....

References ....

Appendix: Advisory Group Complementary and Alternative Health Care IV.52

PURPOSE

The purpose of this paper is to examine implications of the growth in utilization of complementary and alternative therapies and practices for the health system in Canada, and to describe and initiate discussion on a new model that would integrate the various effective "mainstream" and "complementary and alternative" approaches. The paper suggests expected outcomes of an integrative system, core values and key concepts of that system, challenges, and a number of strategies for overcoming these challenges and moving forward.

The views expressed in this paper are those of the Advisory Group or Complementary and Alternative Health Care and do not necessarily reflect those of the Health Systems Division, Health Canada.

BACKGROUND

This discussion paper was created by the Advisory Group on Complementary and Alternative Practices and Therapies[1], convened by the Health Systems Division[2], Health Promotion and Programs Branch in January 1999. A group of ten practitioners, educators and researchers from across Canada, we were asked to identify key health system issues related to complementary and alternative health practices and therapies[3] and suggest strategic areas for future focus. One of our key activities since the group was convened in January 1999 has been to begin describing and further developing a "conceptual model of a future integrative health system" that could assist the Branch, as well as others, in overall planning with respect to complementary and alternative medicine.

The continuous growth of complementary and alternative medicine in Canada has great potential to change the nature of our health care system and to impact overall population health. Rather than witness the development of a parallel "alternative health system" in competition with the mainstream system, members of our advisory group, as well as many other health system stakeholders, are interested in seeing a new model of health emerge and evolve: one that is built on a broader understanding of health and that integrates the various effective approaches within "mainstream" and "complementary and alternative" medicine. Developing and acting on a combination of strategies towards a new model of health care will require cooperation and innovation among a diverse group of stakeholders. We hope that the suggestions made herein will provoke discussion and stimulate concerted action.

[1] Effective July 1, 2000, this external advisory group was renamed the Advisory Group on Complementary and Alternative Health Care.
[2] Following Health Canada realignment July 1, 2000, the Health Systems became part of the Health Policy and Communications Branch
[3] The Health Systems Division is now using the term "complementary and alternative health care" to reflect this concept.

Language

In this paper we refer to a number of terms that enjoy popular use in the health sector, but which may have slightly different connotations to various individuals or groups. The following sections outline our understanding of these terms in the context of this discussion paper.

Complementary and Alternative Health Care

The terms "complementary and alternative medicine" or "complementary and alternative health practices and therapies" have commonly been used to describe practices and therapies neither typically taught in conventional medical school nor practised by most licensed physicians (Eisenberg et al, 1993, 1998)[4]. The terms complementary and alternative medicine, complementary and alternative health care, and complementary and alternative practices and therapies are used in this paper interchangeably.

The term "integrative" has recently been used to illustrate many different types of collaborations that cross scientific, institutional and/or geographic boundaries. For many, it is rapidly becoming the preferred term in Canada and the US to describe appropriate and evidence-based care across therapeutic traditions (cf. Chapman-Smith, 1999; Jonas, 1998). It is in this way that we use "integrative" in this paper. To it we have added "medicine" *and* "health", i.e., "integrative medicine and health", to underscore the importance of prevention and those interventions not delivered through clinical (medical) channels.

Population Health

A population health approach to health planning takes into account determinants of health and their interrelationships: income and social status, education, employment and working conditions, social support networks, health services, physical environments, social environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, gender and culture (Health Canada Federal/Provincial/Territorial Advisory Committee on Population Health, 1994). Working towards an integrative health system provides an opportunity to develop an enhanced understanding of the potential role of complementary and alternative health approaches in the context of health promotion, disease prevention and management of health and health conditions, across all life stages. While ultimately the discussion outlined in this paper must expand to include all aspects of a population health approach, for now, we focus on the complementary/conventional interface only.

[4] A more comprehensive definition was developed by the 1997 NIH Panel on Definition and Description: "Complementary and alternative medicine is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society of culture in a given historical period."

Expected Outcomes of an Integrative Health System

Before examining concepts of an integrative health system and strategies for achieving it, we determined what could be the outcomes, or benefits, of such a system. To start, we have attempted to define these outcomes according to the viewpoints of three key groups which we have identified as having fundamental decision-making responsibility for health at various levels: *users of health services, practitioners/service providers,* and *policy - makers*. Outcomes for other groups— for example educators, researchers and suppliers/ industry — need to be explored in further discussions. The following table is not exhaustive, but rather provides a starting point for further discussions.

Expected Outcomes for Each Key Gr oup

USER	PRACTITIONER	POLICY MAKER
• Satisfaction • Choice • Personal responsibility • Quality of life • Access to programs, resources and user- friendly, non-partisan information	• Optimal multidiscplinary cooperation and respect • Professionalism • Equal legal status for health practitioners • Evidence-based practice • Access to research resources • Access to health care institutions	• Balanced and efficient resource allocation • Accountability (safety of persons, evidence-based decision making, efficient use of public monies) • Universality and accessibility of essential health services • Access to reliable, quality information

Core Values of an Integrative Health System

Development of an integrative health system must be founded on core values or principles. The following values correspond closely with the traditional cornerstones of our health care system in Canada and with recent priorities for health reform, and could provide the foundation for an integrative health system. These values are linked closely to the work of Canada's National Forum on Health (1997) – created to provide a far-reaching and visionary review of state-funded health care – which concluded that although the core values and foundations of the national insurance plan remain largely unchanged, there is a need for more evidence-based decision- making, greater continuity of care, truly patient-centred care, more emphasis on prevention and a genuinely integrative form of health care. The values below are listed in alphabetical order with a brief definition/explanation.

Accessibility: all Canadians have equal access to essential health services regardless of residence or financial means. (Definition of essential health services discussed under "challenges".)

Accountability: each party is accountable for its responsibility in care and use of resources.

Balance: resources flow appropriately between and among wellness promotion, preventive care, disease treatment, and self-care.

Choice: capacity and resources to make personal lifestyle and health care choices optimize likelihood of individual and community health.

Comprehensive Outcomes: evidence-based decision-making is done with assessment and consideration of a full range of outcomes including quality of life and satisfaction.

Efficiency: Efficient use of scarce resources.

Mutual Respect: multidisciplinary understanding and respect for diverse traditions and cultures, reflecting both consumer and practitioner cultures.

Responsibility: active participation and shared responsibility for health care are central to the roles of users, practitioners and policy-makers.

Universality: Canadians in all provinces and territories have equal access to and choice of integrative services.

Wellness: health promotion and disease prevention are valued equally with disease/illness/ sickness care.

Key Concepts of an Integrative Health System

In addition to the core values, a number of concepts – vital to achieving an integrative health system – must be agreed upon. Following the concepts are listed challenges to achieving these concepts.

- Planned action should be based on a population health approach, balanced by individual variation. Resources must be reallocated according to that approach, supporting not only clinical care but also wellness promotion, disease prevention and treatment, and self-care.
- Product and practice issues should be appropriately balanced
- The public, practitioners and policy makers should have access to reliable, balanced information on evidence of safety and efficacy upon which they can base decisions.
- Funding should be available to develop and expand the capacity for quality research on complementary and alternative health care
- The definition of essential health services and payment options must be re-examined in light of public demand for complementary and alternative health care
- Education of practitioners must be expanded to include greater diversity of health information, roles, skills, and structure

CHALLENGES

A number of challenges must be overcome before the above concepts are realized:

Product vs. practice and informed consumer choice

As recognized in the 1998 Report of the Standing Committee on Health "Natural Health Products – A New Vision," (1998) there is a complex interdependence between product regulation, some of which is under federal jurisdiction, and the scope of practice, education and training of health professionals and the regulation of health disciplines, which primarily fall under provincial and territorial jurisdiction.

Often, but not always, natural health products are considered important elements in treatment. Currently, many of these products and devices are inappropriately regulated. Steps are being taken to address this issue. In 1999, Health Canada created an Office of Natural Health Products within its Health Protection Branch , which has as its mission to ensure that all Canadians have ready access to natural health products that are safe, effective and of high quality while respecting freedom of choice and philosophical and cultural diversity.

Existing Health Canada federal/provincial/ territorial mechanisms are also being briefed on these issues. Dialogue is being initiated with professional associations, voluntary organizations and education bodies to consider health human resource issues (e.g., regulatory approaches, education and training approaches).

Reliable evidence of safety and efficacy

In some quarters, there is resistance to complementary and alternative health approaches because of an assumption they are not evidence-based, and therefore not safe and efficacious. Indeed, because of their nature, and the relationship of both practitioners and consumers to the practices and therapies themselves, many aspects of complementary and alternative health care cannot be tested through the conventional strategies of double-blind, placebo controlled randomized trials. This is also true for many of the practices currently sanctioned within conventional medicine and health care. Thus, it is essential that appropriate, rigorous and relevant means be developed to systematically gather and disseminate information that is necessary to protect public safety, evaluate efficacy and contribute to a better understanding of the role of a range of activities in promoting and protecting the health of Canadians.

Expanded capacity for quality research

As noted in the above challenge, much research about complementary and alternative health care must still be done. Facing that challenge will require the investment of funds and the commitment to a national research agenda for integrative medicine and complementary medicine, both unique challenges in themselves.

Definition of essential health services

To be addressed in subsequent editions of this paper. It is recognized that the distinction between "essential" services and those that are less "essential" is a complicated issue requiring discussion among a range of health system stakeholders.

Education of practitioners

Complementary and alternative health practitioners may practice a diversity of approaches, some of which currently require extensive biomedical training (e.g., chiropractic, naturopathy). Many complementary and alternative health practitioners are not consistently credentialed. The differences inherent in the various practices often make recognition, licensing, and regulation challenging.

Leaders from both conventional medicine and complementary/alternative practitioners see greater integration as necessary and desirable. For example,

[5] Following Health Canada realignment July 1, 2000, the Office of Natural Health Products became part of the Health Products and Foods Branch

38% of Canadian medical schools (Ruedy et al, 1999) and 67% of U.S. medical schools (Wetzel et al, 1998) now offer stand-alone courses in complementary medicine. However, even the active proponents of integration within conventional medicine agree that there still is little systematic evidence for them to teach, and little in terms of practice guidelines that promote appropriate, patient-centred, integrated practice. As well, there are currently very few individuals within conventional institutions with the skills or knowledge base to adequately teach or incorporate complementary or alternative approaches in conventional medical education. By the same token, we believe that the education of many complementary and alternative practitioners includes too little foundation in conventional approaches and practices to enable effective integrative care, although there are almost no systematic data in Canada to document these training needs and gaps. This also applies to conventional health practitioners. There is a need for all practitioners to be aware of the limitations and contributions of the various fields of practice within mainstream and complementary and alternative medicine.

Little consensus exists within either conventional or complementary and alternative medicine on what "integrative care" might or should look like, and many practitioners in both camps seem fearful and resistant of change. Currently, there are no resources or incentives to invest in the development of new care models. There exists the significant risk of conventional medicine subsuming complementary methods as they are shown effective. This is of considerable concern to complementary and alternative practitioners. There is also the danger of specific procedures being taken out of their larger therapeutic system context and reduced to "techniques" within a medical framework.

STRATEGIES

To address some of these challenges and to work towards a fully integrative system, we suggest the following nine strategies:

- Promote extensive collaboration between key federal government groups, at the federal/provincial/territorial interface and ultimately between provincial/territorial groups and regional health authorities, and across a broad spectrum of stakeholders including the public, consumers, manufacturers, regulators, the voluntary sector, retailers, practitioners, delivery agency administrators, researchers, educators, and insurers.

- Develop and evaluate various models for delivering integrated care in which respectful and professional collaborations between practitioners and service providers capitalize on the most effective, efficient and appropriate strategies to deliver high level health care to individuals, groups, and communities.

- Develop a research agenda that looks at the safety and efficacy of complementary and alternative medicine and that includes development of best practice models for integrative care and the dissemination of proven models.

- Provide health system users, health professionals and policy makers with access to reliable, timely information, the training and services that enable them to use that information, and support for decision-making (e.g., critical appraisal of evidence).

- Reach consensus on the definition and parameters of "integrative patient-centred care and outcomes"

- Develop linkages and encourage cooperation among the groups creating standards and regulations for products, devices, and services.

- Identify and/or develop exemplar models of effective licensing and credentialing

- Review public funding of services and products defined as essential.
- Develop appropriate incentives for the effective and optimal integration of, and access to, conventional and complementary/alternative services
- Address accessibility issues for those integrated services

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APPENDIX

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