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The Use of an Integrative Wellness Care Plan in Primary Care

DNP Project
Submitted in Partial Fulfillment
Of the Requirements for the Degree of
Doctor of Nursing Practice

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Abstract

Background: The United States health care system has a segmented approach to patient care when it comes to primary care delivery. Many individuals demand new models of healthcare and choose to integrate non-traditional methods into their health regimen beyond what is typically offered in many primary care settings. This project surveyed a group of patients receiving care at an integrative clinic and explored satisfaction with services based on an Integrative Wellness Care Plan.

Materials and Methods: An Integrative Wellness Care Plan (IWCP) that combines standard primary care services with integrative therapies was reviewed, and a six-question survey was developed to evaluate the patient experience. An invitation to participate in a survey was emailed to 52 patients. Each survey participant was screened to ensure that at least one previous clinic appointment incorporated the use of the IWCP. The response rate of the survey was 38%. Content analysis method of data analysis was utilized, and findings were categorized into major themes.

Results: Themes identified through analysis of qualitative data suggest that patients are highly satisfied with their integrative primary care experience and believe this model of care supports wellness and achievement of individual health goals.

Conclusions: Survey responses suggest patients are highly satisfied with the IWCP and value the provision of integrative care as an adjunct to typical primary care services. Respondents mention preferring this model of care over traditional primary care.

Keywords: integrative care, primary care, alternative medicine, integrative primary care, chiropractic care, holistic care

The Use of an Integrative Wellness Care Plan in Primary Care

Introduction

In the United States, conventional primary care focuses heavily on managing medical problems with costly drugs and other expensive therapies, with little consideration for whole person wellness (Alderman, 2012; Myklebust, Kimbrough Pradhan, & Gorenflo, 2008; Ungar & O'Donnell, 2015). This approach often seems impersonal and segmented in focus. Healthcare spending in the United States is higher than any other country, yet outcomes do not correlate with costs, suggesting the need to explore new models of service delivery (Herman et al., 2014; Unger & O'Donnell, 2015). The time is now to create new models of healthcare that are holistic, empower patients to make positive lifestyle changes, and focus on prevention, not just early detection (Myklebust et al., 2008; *Escape Fire*, 2012). Evidence demonstrates that when complementary care is integrated with traditional Western medicine, there is increased patient satisfaction and better outcomes (Singh, Maskarinec, & Shumay, 2005; National Center for Complementary and Integrative Health, 2016; Diehl, 2009).

Just over a decade ago in 2004, the Future of Family Medicine Report highlighted the need for physicians to offer more holistic care to their patients (Myklebust et al., 2008). Holistic care is based on the idea of holism, which means that the entire person is more than the sum of his or her parts, and that mind and spirit affect the body (Zamanzadeh, Jasemi, Valizadeh, Keogh, & Taleghani, 2015, p. 214). Holistic models of care have the potential to reduce the burden of chronic disease, lower the cost of healthcare, and offer a sustainable financial paradigm for our nation (Herman et al., 2014; *Escape Fire*, 2012). Several studies indicate the desire for integrative medical care growing among patients, yet the integrative medical model is not the norm in clinical practice (Danell, 2015; Myklebust et al., 2008; Pierantonzzi, Steel, &

Seleem, 2013; Singh, Maskarinec, & Shumay, 2005). According to the National Center for Complementary and Integrative Health (NCCIH), "Many Americans—more than 30 percent of adults and about 12 percent of children—use health care approaches developed outside of mainstream Western, or conventional, medicine (2016, p.1)."

This project started in response to concerns raised by owners of a private chiropractic clinic who noted that many of their patients did not have primary care providers, or if so, were not satisfied with their care. The owners decided to address this concern by exploring the feasibility of hiring a nurse practitioner who would provide primary care and also develop a framework for services adhering to the clinic's philosophy of holism. Experienced in both primary care and the use of integrative therapies, the Certified Nurse Practitioner (CNP) initiated Phase One of this project by developing an Integrative Wellness Care Plan (IWCP) (Appendix A). The IWCP represents not only the vision of the clinic but is a practical tool for applying this model of care in day-to-day practice.

The project was designed to not only develop a framework for delivering integrative services but also, to understand the lived experience of patients who received primary care at the project site and evaluate their satisfaction with this approach. Informed by Nola Pender's "Health Promotion Model", this project builds on a prevention focus and proactively addressing a patient's overall health and wellbeing.

Materials and Methods

Phase One: IWCP Development and Implementation

As stated earlier, this project was organized based on two phases, the first being the development of an Integrative Wellness Care Plan (IWCP). The following discussion describes

this plan, how it was developed, the evidence used to support decision-making and implementation of the IWCP into practice.

The IWCP is a tool that incorporates features of the traditional primary care visit, but in addition, takes into account mind, body, and spirit. While components of a typical primary care visit remain unchanged, the IWCP addresses “whole person wellness”, such as nutrition, exercise, and stress management. By offering a roadmap of sorts to guide care using this unique model, the ability to provide an integrative wellness exam is enhanced.

Development of the IWCP. The IWCP was developed after a review of the literature and analysis of several different models and styles of integrative care from both national and international sources. A number of studies demonstrate examples of how integrative care modalities can be used with different patient populations, including essential oils used in the treatment of anxiety, acupuncture and chiropractic care for pain, herbal remedies for common acute illnesses, massage therapy for stress reduction and pain alleviation, diet and exercise prescriptions for improved physical and mental health, and meditation (Danell, 2015; Denyer et al., 2012; Siegfried et al., 2014; Singh et al., 2005; Thomas & Coleman, 2004; Wagner et al., 2015). Research evidence demonstrates that customized integrative treatment plans increase patient satisfaction, along with improved physical, mental and emotional wellbeing (Myklebust et al., 2008; Diehl, 2009)

The literature was also reviewed to inform the development of the tool, specifically what areas should be included. To support whole person wellness, the following categories were selected and include: current diagnoses, health goals, complementary therapies, supplements, medications, diet, exercise, stress management, and follow-up (Herman et al., 2014; Myklebust et al., 2008; Diehl, 2009; Greenlee et al., 2014). It is important to note that recommended

categories are complementary, meaning a combination of both conventional medicine and integrative therapies focused on treating the whole person.

Evidence used to support recommendations. Besides reviewing the literature to identify topic areas included in the IWCP, evidence was also analyzed to determine the basis for recommendations regarding nutrition, exercise, supplements, and stress management.

Guidelines for exercise, diet, and dietary supplementation were sourced from the American College of Sports Medicine (2013), ConsumerLab.com (n.d.), *Nutrition for Health, Fitness and Sport* (Williams, Anderson, & Rawson, 2013) and My Fitness Pal (2015). Guidelines for essential oil use and other complementary treatments came from *Reference Guide for Essential Oils* (Higley & Higley, 2013), *Mayo Clinic: Book of Alternative Medicine* (Bauer, Frye, Wallevand, Dietmen, & Kaufman, 2007), and *Aromatherapy: A Complete guide to the healing art* (Green & Keville, 2009).

Implementation of the IWCP into practice. The final step in designing the IWCP was determining how the tool would be implemented into practice. A decision was made to utilize this wellness plan for any patient who was scheduled with the primary care provider for a comprehensive physical and address all topic areas sequentially and until thoroughly assessed. For example, when questioned about exercise, information collected should include the type of physical activity (e.g., cardiovascular or strength/resistance training), frequency, and duration. As is true with the nursing process, a component of the patient exam required the creation of a wellness plan. An important feature of this step is the fact that provider and patient construct the plan together. Recommendations often revolve around establishing health goals, determining what resources are available to support the patient in realizing these goals, and referral to other clinic services (e.g., massage, chiropractic care, acupuncture) as need be. At the end of each

visit, patients are provided with a printout of their wellness plan and also, an online portal is available for patients to access their IWCP while away from the clinic. The IWCP is currently reviewed on an annual basis when the patient returns to the clinic, and although the CNP primarily uses this tool during primary care visits, information regarding the patients' wellness goals are shared with chiropractic, acupuncture, and massage when appropriate.

Phase Two: Development, and Implementation

The IWCP was developed during Phase One and has been in use for over a year. Nearly seventy IWCPs have been completed and are part of the patient's file at the clinic, and at this point, it is important to understand patient satisfaction and whether this tool enhances care from the patient's perspective. To assess patient experience, a six-question online survey was designed and utilized to explore the lived experience of patients 18 years and older who received an IWCP as part of their primary care visit (Phase Two). Survey questions are listed in Appendix B and approval was obtained from the St. Catherine University Investigational Review Board (IRB). Fifty-two surveys were emailed to potential participants with a response rate of 38%.

Every attempt was made to blind the researcher to participants in the study by utilizing the office manager as the research assistant. An invitation flier was posted within the clinic for two weeks alerting the patients to the email message they would be receiving from the office manager inviting them to take the survey. The office manager randomly invited potential study participants from a roster of established integrative care patients who had received the IWCP as part of their plan of care. The email invitations were sent via the Survey Monkey © program to the identified participants (Survey Monkey, n.d.).

Before completing the survey questions, participants were asked to read an informed consent embedded within the Survey Monkey© system and click to provide their electronic signature to proceed with the survey or opt out by not clicking through to the survey (Survey Monkey, n.d.). The Survey Monkey© program allowed tracking for who opened the invitation, clicked through the survey and responded to the survey, was disqualified or opted out of the survey (Survey Monkey, n.d.). The office manager used this feature to identify non-responders, and an electronic reminder was sent before the second week of the study period.

Analysis method

Survey results were analyzed using a research technique known as content analysis (Graneheim & Lundman, 2004). Using this methodology, 108 codes were generated from returned surveys, ranging from descriptive, such as *supplementation*, *meditation*, and *knowledge gained*, to more abstract codes, such as *lifelong proactive approaches* and *root cause of illness*. Content analysis requires multiple cycles of review before categories are assigned and themes emerge from the data. Not all codes or themes from the analysis are included in this article, only those relevant to the research study were included.

Results

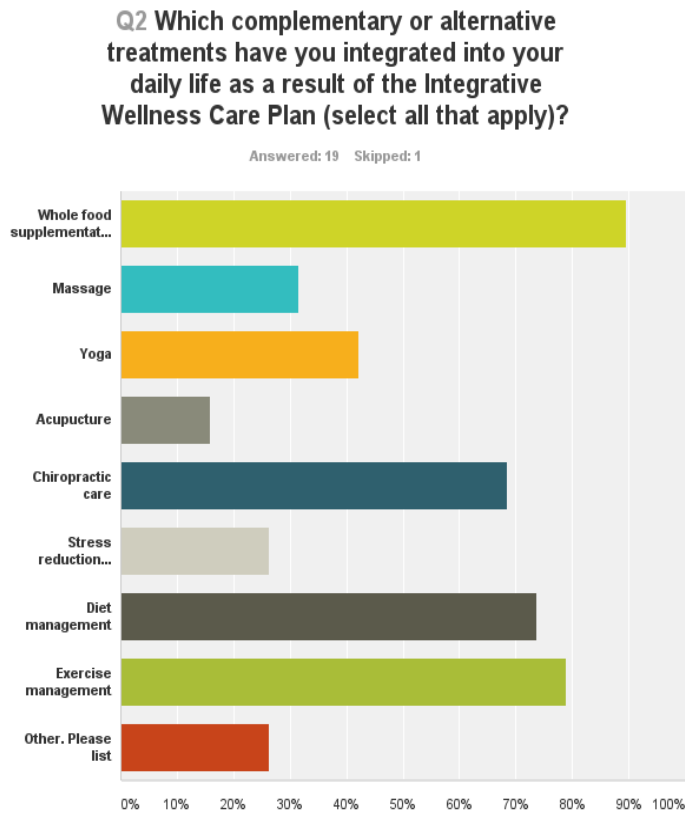
Themes

The purpose of Phase Two was to enhance understanding of patient experience and satisfaction with the IWCP. In addition, the survey focused on evaluating the usability of a wellness plan in a primary care setting and the acceptability of this approach from the patient's perspective. The following section will present project findings, with discussion following. Themes will be organized based on patient experience, satisfaction, and sustainability.

Patient Experience. Evidence demonstrates that by integrating complementary therapies with traditional Western medicine, patient satisfaction and outcomes are improved (Singh, Maskarinec, & Shumay, 2005; National Center for Complementary and Integrative Health, 2016; Diehl, 2009). Survey participants described their primary care experience with the IWCP through the following themes; *the plan attended to their needs, it was a comprehensive focus on health and wellness, the plan was unique, and the integrative approach improved their overall health.* The following themes were noted when patients compared the IWCP to previous primary care experiences; *increased education about the application of alternative health treatments, superior interaction with the provider through the IWCP versus traditional medical care, increased happiness and satisfaction with overall health, and increased time with the provider.*

When patients were asked which alternative treatments they have integrated into their daily life as a result of the IWCP, there were nine categories available for this answer choice. Therapies that the patients were using as a result of the IWCP are: (Figure 1) a) *whole food supplementation* (17 patients), b) *exercise management* (15 patients), c) *diet management* (14 patients), d) *chiropractic care* (13 patients), e) *yoga* (8 patients), f) *massage* (6 patients), g) *stress reduction techniques* (5 patients), h) *acupuncture* (3 patients), i) *other alternative treatments not listed* (5 patients). Interestingly each treatment was utilized by at least 3 patients. Additionally, 13 out of 19 patients used chiropractic care which could be related to the fact that this clinic has a strong chiropractic practice. This finding is significant because it demonstrates the fact that health and wellness are determined by individual preference, patients are drawn to different modalities and choice is important, and when patients are involved in planning their care, behavior change is more likely to sustainable.

Figure 1



Satisfaction. Several studies indicate the desire for integrative medical care growing among patients, yet the integrative medical model is not the norm in clinical practice (Danell, 2015; Myklebust et al., 2008; Pierantonzzi, Steel, & Seleem, 2013; Singh, Maskarinec, G., & Shumay, D. (2005). Patients surveyed concur with this statement, and the following themes support satisfaction with an integrative approach to care:

“The care plan has improved my health and outlook on healthy living. I have implemented habits that have improved my health, and the plan has given me valuable health data.”

Many patients spoke in detail regarding their satisfaction with the IWCP and this type of primary care, for example: “The recommendations of natural supplements and essential oils have

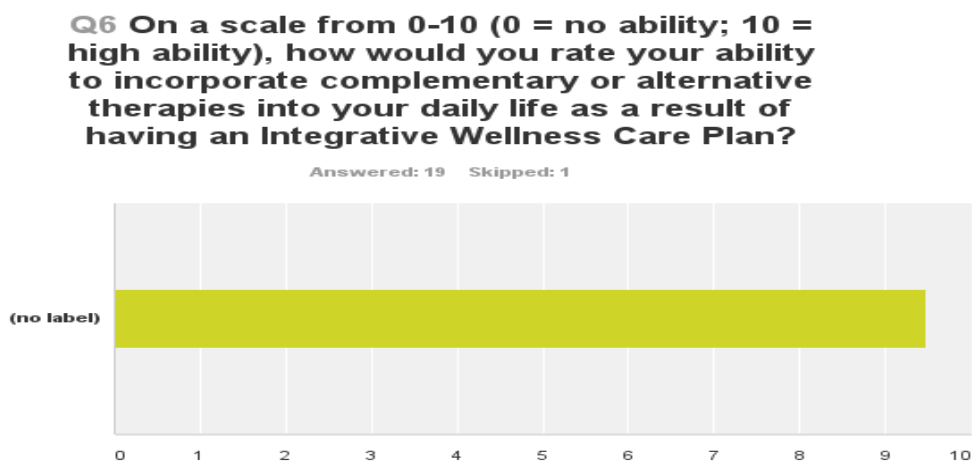
made a world of difference in how I feel on a day to day basis. By following the IWCP, I have been able to lose weight and improve my numbers to feel and look much better. More people and patients need to try integrative care.”

Certain participants spoke to specific health problems that were treated without prescription medications, for example:

“It is much more than taking a pill for high blood pressure. I can lower my blood pressure by exercising and watching my diet. The supplements also helped me lower my blood pressure.”

When asked to rate their ability to incorporate complementary or alternative therapies into their daily life as a result of having the IWCP, on a scale of 0-10 (with ten highest ability) there was a mode score of 10 and a mean score of 9.47.

Figure 2



The patients who utilized the IWCP as the basis for their care found this approach both satisfying and effective in determining their health goals. Whether patients were satisfied with their provider, or the actual visit process is unknown, but regardless this approach was well received.

Sustainability. According to the National Center for Complementary and Integrative Health (NCCIH), "Many Americans—more than 30 percent of adults and about 12 percent of children—use health care approaches developed outside of mainstream Western, or conventional, medicine (2016, p.1)."

The following themes demonstrated that the IWCP supported patients in the achievement of their health goals related to sustainability of the plan; *better understanding of their health and health goals, comprehensive education about their overall health, and easy to understand plans for health that made patients feel more control over their health.*

The following are quotes from the survey that demonstrate sustainability: "After a few months on the plan I noticed a difference in my body attitude and well-being." "Through the IWCP we have a corrective action plan in place for long standing health issues." This finding is significant; remaining healthy requires ongoing strategy because health is a dynamic process, sustainability of any behavior change is key to maintaining optimal health throughout the lifespan.

Discussion

Participants mentioned multiple times that this plan was educational for them and met their health needs. Additionally, they expressed control over their health and ability to improve their health with the integrative care approach, more so than with past experiences they have had in primary care. All patients voiced using some form of alternative healthcare treatments per this research, and many of them report using more than one alternative treatment on a regular basis. There was also mention of cost effectiveness to the plan, as participants' voiced the plan can be actualized with a fixed budget.

Another finding from the survey that is heard several times over is that this plan and type of care enabled them to have a more detailed visit with the provider, in contrast to the traditional primary care they have previously experienced. This is also echoed in the research surrounding integrative care in the literature which mentions that integrative primary care visits are longer and more individualized than traditional primary care visits (Myklebust et al., 2008; Singh et al., 2005; Herman et al., 2014). A few patients also mention that this plan helped them to achieve health goals such as; losing weight, decreasing body fat percentage, improving their blood pressure readings and their overall sense of well-being as a result of the IWCP approach.

One major limitation of this project is that the researcher is also a provider at the integrative care clinic. Although survey participants were blinded, some patients might have worried about confidentiality and altered their responses accordingly. Another limitation of the study is the low response rate, which is lower than desired for this type of study (Fincham, 2008). A final limitation is the fact that these participants are already in favor of this type of healthcare delivery model as they are purposefully seeking integrated care. While patients expressed satisfaction with this type of care, a question for further investigation would be whether patients are satisfied the IWCP tool itself, or simply prefer spending time with a provider who shares a similar philosophy of care?

Conclusion

This project effectively captured several major themes from patients regarding the IWCP and their overall experience of using an Integrative Care Model. The implications of this project are multifaceted: 1) wellness is an integration of body, mind, and spirit, 2) it is possible for primary care settings to integrate complementary therapies into a plan of care, 3) when patients are partners in care decisions, interventions are often more acceptable, desirable, and sustainable

and 4) primary care providers in the U.S. are challenged with improving patient health outcomes, and designing new models of care that improve the health of their patients. It is the author's intent to share this information with the primary care community at large, in the hopes to bring about meaningful change to the current healthcare offerings available in primary care today.

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Disclosure Statement

No competing financial interests exist.

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Appendix A

Integrative Wellness Care Plan (IWCP)

Integrative Wellness Care Plan for: (Patient name and DOB here)

Current diagnoses: (Current medical diagnoses if any here)

Current health goals: (Goals such as weight, fitness gains, stress management, BP, etc. here)

Complementary therapies: (chiropractic care, acupuncture, massage therapy, other forms)

Recommended supplements: (For example multivitamin, herbs, minerals, essential oils, etc.)

Medications: (Any prescription or non-prescription medications here)

Diet Plan: (specific diet plan here for example calorie and macronutrient goals, type of diet, mode of diet tracking/journaling)

Exercise Plan: (plan for type, duration and frequency of exercise – cardio, strength training and flexibility training are always represented in the plan)

Stress Management Plan/"My Time" Plan: (mindful meditation modalities – such as apps on their smartphones, counseling, salt baths, other things that bring about relaxation and stress reduction are listed in this part of the plan)

Follow up: (follow up is always addressed with every plan)

(All areas of the plan are always addressed with all patients. All patients are to have health goals even if the goal is to maintain the current state of good wellbeing.)

"It is Health that is Real Wealth, not pieces of gold and silver" - Mahatma Gandhi

Appendix B

Integrative Primary Care Patient Survey

1. As part of your annual physical exam, you received an Integrative Wellness Care Plan (IWCP) outlining several health recommendations tailored to your needs and preferences. Please describe your experience with this care plan.
2. Which complementary or alternative treatments have you integrated into your daily life as a result of the Wellness Care Plan (select all that apply)?
 - a. Whole food supplementation
 - b. Massage
 - c. Yoga
 - d. Acupuncture
 - e. Chiropractic care
 - f. Stress reduction techniques
 - g. Diet management
 - h. Exercise management
 - i. Other. Please list.
3. List three ways the Integrative Wellness Care Plan has supported achievement of your health goals?
4. How does the Integrative Wellness Care Plan allow you to manage your health in ways that more traditional medical care has not?
5. Based on your experience with the current Integrative Wellness Care Plan, what else would you like to see included in this care plan?
6. On a scale from 0 – 10 (0 = no ability; 10 = high ability), how would you rate your ability to incorporate complementary or alternative therapies into your daily life as a result of having Integrative Wellness Care Plan?