

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

### During the Visit, Part 1: The Parts of an Integrative Health Conversation

*“It is our attitude at the beginning of a difficult task which, more than anything else, will affect its successful outcome.”*

—William James

After Bob’s PHI has been reviewed, the next step is to have a conversation with him. A Integrative Health encounter requires clinicians to move beyond the “find it, fix it” model they are trained to use as students. As is reflected in the PHI, the focus shifts from “What’s the matter with you?” to “What matters most to you?” Of course, his clinician will still address health concerns and administer treatments as appropriate, but it happens in a different context; the conversation is changed.

There are five key elements to any conversation. You can move a patient visit in the direction of Integrative Health by focusing on any one of them.

#### 1. Who: The participants in the conversation

In this case, the participants are the clinician and Bob, the patient. Both have goals (agendas) for the visit. It is important to keep returning to the question of what Bob wants to get out of his time.

Having patients share during a health care visit has important health benefits. A 2003 review concluded the following:

Greater expression of patient perspectives through active participation in the medical encounter favorably impacts a variety of outcomes, presumably through a better adherence to recommended treatment regimens. Such outcomes include faster symptom resolution and better biomedical parameters, such as lower blood pressure and glycohemoglobin levels (A1c’s). Physician solicitation of patient perspectives also has a positive impact on patient trust, satisfaction, and adherence. In addition, the ability of patients to share their perspective through narrative satisfies a basic human need for expression that may in itself have therapeutic value.<sup>1</sup>

Personalizing care—and really getting to know Bob—can dramatically increase how involved Bob is in co-creating his health plan. Patient-driven care is a hallmark of the Integrative approach.

## 2. What: The message of the conversation

There are many different ways to give and receive information during a patient visit. Body language plays an important role. So does a review of his medical records. Literacy matters as well. Can Bob read and write well enough to complete a PHI on his own? Can he understand health concepts well enough to “get” what is going on with his health (health literacy)? Does he understand numerical concepts well enough to take his medications properly (numeracy)?

The questions a clinician asks are an indication of what is important to that clinician about Bob’s care. Depending on where conversation goes, Bob can be inspired to practice more self-care, or made to feel guilty about his lack of adherence to taking his medications. He can leave feeling genuinely heard and cared about, or he can leave feeling like his clinician was judging him or too rushed to engage with him. As noted in [“Implementing Integrative Health in Your Practice, Part II: The Power of Your Therapeutic Presence,”](#) a clinician’s communication skills, level of empathy, and other elements they bring into the visit can have a huge impact on patient outcomes.

## 3. When and Where: The setting for the conversation

The setting of the conversation also matters. Integrative Health conversations are best held in a welcoming setting, with good lighting and few distractions. Many factors influence the conversation’s setting, including but not limited to: wall colors, smells, noise level, room temperature, the art on the walls. Does the professional environment, be it a hospital, an exam room, or an office, foster healing? You can read more about these areas in [“Surroundings”](#) and related Integrative Health tools on this website.

Time is also a factor. If a clinician is rushed or tends to interrupt to speed up the appointment, the visit will be less satisfying to Bob. For more information on this important topic, refer to [“Implementing Integrative Health in Your Practice, Part II: The Power of Your Therapeutic Presence.”](#)

## 4. Why: The purpose of the conversation

Each of us has ways of deciding that we believe something is true. Different people trust different sources of information, and they have different views on where a conversation should be focused. A clinician’s agenda for a visit may be very different from Bob’s. Bob may want to talk about his pain, while the clinician wants to focus on meeting blood sugar goals. Bob may smoke because it is the only thing that relaxes him enough to function despite his anxiety, but if his clinician does not know that, the focus of the conversation may turn to all the reasons why smoking is bad and why Bob should quit, which probably will not be helpful unless the other issues are addressed first.

Bob may have different standards for deciding what is true for him medically. His team has discovered over time that he prefers complementary approaches. Bob draws a lot of his ideas about what to do for his health problems from the Internet and from friends dealing with similar

issues. Why is that? Which websites does he use? It may be valuable to explore these preferences and interests with him.

A clinician may be more inclined to focus on the medical literature and clinical experiences to guide personal health planning. Bob's approach is likely different. How can Bob's team members meet him where he is, yet still honor their perspectives? The more both parties can communicate where they are coming from, the better the conversation will go. You can learn more about how to work with differences in belief systems in the tool "[How Do You Know That? Epistemology and Health.](#)"

## 5. How: The tone of the conversation

Body language, empathy, communication styles, and other such factors also have an important effect on a conversation's outcome. If Bob is merely viewed as a list of problems, or if his sense is that his clinician prefers just to tell him what to do without his input, the conversation will fall flat. If the visit lacks empathy and personalization, it will be less useful to him and he may be reluctant to visit the same clinician again.

Mindful awareness on a clinician's part changes the flavor of a conversation. (See the "[Mindful Awareness](#) overview.") If Bob knows he is the most important thing on his clinician's mind during a visit and that he is truly being heard, the visit will be more useful to him and more fulfilling to the clinician as well.

## During the Visit, Part 2: Applying Principles of Personal Health Planning

Everything discussed thus far, including PHIs and the elements of an Integrative Health conversation, inform the personal health planning process, depicted in Figure 1. The PHI supports self-reflection; it is the backbone of the assessment. No matter what sort of clinician you are (dietitian, social worker, psychologist, nurse, physician, etc.) you will likely find it helps to draw certain the six elements mentioned below into a visit, as you feel appropriate. They may not always be incorporated in the same order, or in the same way, during each visit. That is fine! Again, tailor the visit to your practice style and each patient's individual needs.

Each of the personal health planning elements is described below. Then, the next section illustrates how they can be used in a visit between Bob and various members of his care team.

### 1. The Elevator Speech: Introducing Integrative Health

The "Elevator Speech," or as some prefer to say, the "Beginning statement of an Elevator Conversation," is an introduction to what Integrative Health is and why it is important. You can offer it to colleagues as well as patients. The Elevator Speech is brief; a good ballpark is that it is less than 100 written words and takes less than 30-60 seconds to present. Guidance for writing an Elevator Speech is featured in chapter 2 of the [Passport to Whole Health](#).

### 2. Self Reflection and Exploration (Meaning, Aspiration, Purpose)

Questions related to these elements are featured in the PHI. Always return to the "why" of the visit. How does the conversation reflect what is most important to the person seeking care?

### 3. Integrative Health Assessment

The PHI has already been discussed as one tool that is key for doing an Integrative health assessment. Clinicians can also use other forms and assessments, as they wish.

Regardless of whether or not a person has completed a PHI, clinicians can still show them the Circle of Health and ask them what they think about its different parts. If they do complete a PHI, the “Where You are and Where You Would Like to Be” section can offer an initial sense of their strengths and challenges.

It is good to focus first on what a person is doing well. After looking at and discussing strengths, a clinician can shift focus to areas they would like to work on. Do not assume the numbers will always indicate which area they will choose to discuss first. Also, do not let this become overwhelming; it is often best to focus on one goal in just one area of the circle. Some people initially assume that they need to talk about all of them right away. Additional circles can be discussed at future visits.

Once a person has chosen a general area of focus, their team members can help them zone in on specifics. There are entire chapters in the [Passport to Whole Health](#), as well as overviews and [Integrative Health tools](#) on this website in the modules dedicated to each of the areas within the Circle of Health. To take your assessment deeper, refer to “[Questions You Can Ask During an Integrative Health Visit](#)” for a list of potential (though, of course, not in any way required) questions you can ask about each of the different components of the Circle of Health.

### 4. Goal Setting: Creating the Personal Health Plan

One indicator of a successful visit is if a patient comes out of it with at least one specific goal. Ideally, clinicians and patients create goals together (shared goals). Motivational Interviewing training is helpful here. Goals that are Specific, Measurable, Action-Oriented, Realistic, and Timed (SMART) are especially useful. (For more information, if you need to refresh your knowledge, see “[How to Set a Smart Goal](#).”) Consider asking how important (scale of 1 to 10) the goal is, as well as how confident they are (scale of 1 to 10) they can reach the goal.

### 5. Next Steps: Skill Building, Referrals, Follow Up, and Ongoing Support

At the end of every visit, a patient should feel clear about what happens next. Unless this happens, the visit cannot be successful. Next steps may include the following:

- **Skill building.** This could mean taking a class, such classes that train a person to do yoga, tai chi, or meditation. It might also mean reading handouts or online materials like the ones featured on the University of Wisconsin Integrative Health website.
- **Referrals.** This might mean going to visit a specialist, such as a surgeon, pain expert, cardiologist, or oncologist. It might involve seeing someone in mental health, social work, chaplaincy, pharmacy, nutrition, or some other area. In addition, it may mean seeing a complementary and integrative health (CIH) practitioner.
- **Follow up and ongoing support.** Follow up and support may be offered by the clinician doing the visit, a trained peer, a health coach or any number of other team members. In some programs, nurses call patients to check in. The key is to ensure

there is some accountability; that is, people should know they are expected to report back to the care team about how it goes.

## 6. Your Therapeutic Presence

As you know, there are many ways clinicians influence a visit that extend beyond the words they say. Communication skills, empathy, listening, role modeling, and many other factors can influence how effective a patient encounter proves to be. For more information, check out [“Integrative Health in Your Practice, Part II: The Power of Your Therapeutic Presence.”](#)

## During the Visit, Part 3: What do Bob and his Clinician Actually Say?

This section provides a sample dialog between Bob and his clinician, to give you a sense of how an Integrative Health visit can unfold. What follows is an idealized example of what might be said. As you read it, consider how you would have a similar conversation. How would your own area of expertise and style of practice change things, if you were having the conversation with Bob?

There are a few Integrative Health tools that can support you with Integrative Health conversations. For example, [“Questions You Can Ask During an Integrative Health Visit”](#) features key questions for each component of the Circle of Health. You can also review and print the [“My Story: Personal Health Inventory,”](#) which has space where you can write in your recommendations for patients as you co-create their plans with them. Reminder: You may not fill out the entire template yourself, and some of the information may be gathered by other people on the care team.

### 1. Setting the Stage: The Elevator Speech

*Bob’s provider reviews Bob’s PHI using the tips listed above, and then enters the exam room.*

**Clinician:** Hi, Bob. It is good to see you again.

**Bob** (arms folded, making limited eye contact): Thanks. You too.

**Clinician:** Thanks for filling out the Personal Health Inventory (PHI) form we gave you. Have you ever had an Integrative Health visit like this before?

**Bob** (makes brief eye contact): No, not really.

**Clinician:** Well, it’s based on the idea that we want to do a better job focusing on what matters most to you. We will, of course, keep talking about your medical concerns, but I would like to frame what we talk about today around the things that are really important to you in your life, the things that you want to have your health for in the first place. Going forward I, and all of your health care team, will work with you to create a plan that honors your values and priorities. What do you think?

**Bob** (furrowed eyebrows, looking a little surprised, shifting in his seat): Hmm. Okay, I guess so.

**Clinician:** I appreciate it. So far, I am finding that this process helps me to get to know people—even ones I have taken care of for a long time—better. It also respects how so much of our health is about how we take care of ourselves. And, it is also about how to make the best use of all sorts of approaches, including complementary and integrative health (CIH) ones, which I know are important to you. After we look over the PHI – that sheet you filled out - together, I will work with you to you to create a plan. That plan can be one goal, or we might put a list of possibilities together.

**Bob** (shrugs, looks both curious and skeptical): I'm game.

## 2. Self Reflection and Exploration (Mission, Aspiration, Purpose)

**Clinician:** Great. For starters, can I just say, I was really struck by a lot of your answers on the form. It sounds like you have a lot going on in your life. Can you tell me, to start out with, what matters most to you in your life? In other words, why do you want to be healthy? What do you want your health for?

**Bob** (pausing, making more eye contact): Yeah, my family comes first. I do a lot to take care of my grandkids and help my daughter, because she lost her husband in Iraq a while back. She has 5 kids. The oldest is 22, and the youngest is 10. I like to stay on the move, and I need to be in good enough shape to keep up with my grandkids. My oldest granddaughter is getting married next year, and I want to be able to walk her down the aisle, since she doesn't have her dad to do it.

**Clinician** (realizing this is the most Bob has ever said at one time during a visit): Thanks for sharing that. I think your family is really lucky to have you. I really want to support you as you work on being ready for the wedding. And I know that could be tough with your arthritis and everything.

**Bob** (nodding): Yeah. I gotta be able to get rid of some of this pain in my knee, and I want to make sure my heart stays strong. I can't die on my daughter. She already lost her mom and her husband. Plus, if my knee hurts all the time, I can't get any exercise, and I can't get out to do photography.

## 3. Integrative Health Assessment

**Clinician** (pointing to a printout of the Circle of Health): On the form you filled out, you saw this circle. When you look at it, what areas do you think you are doing well in?

*NOTE: Remember, it is important to focus on what a person is doing right, not just to jump to the areas on the PHI where they rated themselves with a lower number.*

**Bob** (takes the diagram and studies it for a few moments): Well, I gave myself a 5 for Surroundings, because I have a great place to live. I haven't been able to keep my wife's flowerbeds going as strong as I would like, but I mow the lawn plenty, especially with all the rain we've been having. I also feel good about my photography projects and fishing with my grandsons. I am pretty spiritual too.



**Clinician** (nodding): I noticed that, and I am really glad you have all those important pieces in your life. You know, we health care people always seem to be talking about areas where you can do better, but I want to make sure you give yourself a pat on the back for all the great things you are already doing for your health. And these sorts of things—especially your spirituality and family, it sounds like—can really support you through life’s challenges.

**Bob** (nodding, eyes a little glassy): Yeah. They do.

**Clinician**: And when you look at the Circle of Health, is there a circle that jumps out at you as a place to focus on right now as somewhere you’d like to focus – maybe set a goal for? We have a lot to go over today, so maybe we can talk about one or two now and then get to others at future visits.

**Bob** (focused on the Circle): Well, on that last question on the form they gave me, I wrote down Physical Activity and Nutrition. But I am really thinking about working on Recharge too, for right now.

*NOTE: At this point, the conversation is shifting from Integrative Health Assessment into setting goals and creating a plan.*

#### 4. Goal Setting: Creating the Personal Health Plan

**Clinician**: So you are saying we should focus on Recharge, for starters. Why is this important to you?

**Bob**: My sleep has been terrible. My psychiatrist has been talking with me about medications, but anything else that can help would be great, and I really don’t want more pills. I don’t want to just go back on something like Valium. And if my sleep is good, everything else gets better, like my mood and my energy to exercise.

**Clinician** (nodding thoughtfully): Sure. I understand. And I am glad you see that connection between your sleep and other aspects of your health. I have a few ideas about things that can help with sleep, but what are your thoughts?

**Bob**: Well, one of my buddies told me there is a sleep app I could put on my phone, CBT-something.

**Clinician**: CBT-I? That stands for Cognitive Behavioral Therapy for Insomnia, and it has good research supporting it. A lot of my patients have really found it helpful. I can get you some more information on the app. And, we also have psychologists who specialize in this therapy. Would you be interested in seeing one of them?

*NOTE: At this point, the clinician could refer to a psychologist who offers CBT-I, provide Bob with a relevant patient handout, discuss mind-body skills, or teach Bob more about the CBT-I app. The “[Recharge](#)” and related tools have more information on ways to sleep. There is a Recharge chapter in the [Passport to Whole Health](#) as well.*



**Clinician** (remembering Motivational Interviewing skills training from a few years back): By the way, I see you gave yourself a 2 on Recharge and you would like to be at a 4. Why didn't you give yourself a 1?

**Bob:** Well, I do usually sleep a few hours a night, and I think of a 1 as being even worse than that. 5 would be 8 hours every night, but I don't know if that would ever be possible for me. That's why I said a 4 is where I want to be. I definitely think working with someone on my sleep might help.

*NOTE: When asking about the selected numbers for any part of the circle, it's best to ask questions such as "Why not a lower number?" or "What would a higher number look like?" Do not ask patients why they didn't give themselves a higher number. That focuses on the negative and is less effective.*

**Clinician:** In relation to your sleep (along with your anxiety and all the losses you have experienced), I also wonder if it would help to talk about how you manage stress. This is tied in with the Mind and Emotions circle. It is this circle here (points to it on the diagram). We know that our minds have a huge impact on our health, and I wonder if some sort of mind-body practice could help. We have meditation classes here at the hospital, for example, if you are interested.

*NOTE: The circles overlap in terms of what they might include, and that is fine. Working with one topic might draw in techniques from other areas. Again, Bob's responses should direct the conversation. Discussing the Mind and Emotions can guide the conversation towards mind-body tools, which might help Bob, if he is open to them. Note the clinician is asking Bob what he wants to do, rather than telling him what to do.*

**Bob:** For now, how about we stick with the CBT-I for sleep? I would need to read up more on Mind & Emotion, because I really don't know a lot about it. And by the way, one of my friends said acupuncture is good for back pain, and less pain would help my sleep.

**Clinician:** I appreciate that you are coming up with a lot of great options. How about I give you some more information on insomnia and sleep hygiene for now? Then, maybe at a future visit, depending how you are doing, we can go into more detail with other mind-body approaches or talk more about acupuncture.

*NOTE how the clinician is weaving in his/her thoughts and preferences, but also is respecting Bob's opinions.*

**Clinician:** Based on what we've been talking about I think it would be helpful for us to fill out some of the parts on this form together (shows Bob a Personal Health Plan Template) to create a plan for you. Is that okay? At this point, we decided we are going to have you see a psychologist for the sleep work, and maybe get that phone app for CBT-I at the same time. Let's take a second to write out some goals for you...

*NOTE: The clinician and Bob could now proceed in a few different directions. The Brief and Long Personal Health Plan Templates can help guide this part of the visit. One option is to write*



a SMART goal together. These are discussed in Chapter 3 of the [Passport to Whole Health](#), and in the tool [“How to Set a SMART Goal.”](#) Remember, this does not have to be elaborate; if time is tight, simply writing down one quick thing is fine.

Another way this could go would be for Bob’s plan to end up being a list of suggested handouts, courses, and referrals that Bob can look over before he gets in for a future visit. He gets homework assignments. If this is a concern for you, check out [“Implementing Whole Health in Your Practice, Part II: The Power of Your Therapeutic Presence.”](#) Also, keep asking yourself how other members of Bob’s team can support different parts of the personal health planning process.

An example of an Integrative Health plan for Bob is provided below; it offers an example of what a very detailed plan might look like

## 5. Arranging Next Steps: Skill Building, Referrals, Follow Up, and Ongoing Support

**NOTE:** As the visit proceeds and goals are set, the conversation will likely shift in different directions, to cover other necessary parts of the visit. Most likely, Bob and his provider may shift to a focus on the Professional Care part of the Circle of Health. They may talk about medication refills, test results, physical therapy for his hip, a referral to the diabetes clinic, etc. Ideally, Bob will leave the visit feeling empowered to help himself, and he will have good support from his care team.

Here is one way that this discussion might conclude for Bob:

**Clinician:** OK, so you are good with reviewing the handouts on good sleep that I will print off for you, and we’ll set you up to see a psychologist for CBT-I. I know you have explored a lot of options related to sleep in your past, and depending how things go, we can talk more later about meditation or acupuncture.

I think it would be great if you could follow up with your SMART goal. You decided it would be, “Starting tonight, I will stop reading or watching TV in bed and always try to go to bed and get up at the same time.” That is a great place to start.

Our team will call you to see how it is going. I will see you back in about two months to check in. In the meantime, I want you to follow up with your psychiatrist and your dietitian as scheduled. Those visits are already on the books.

Here is a summary about everything we have been talking about (hands Bob the completed plan, with some notes jotted down on it). We’ve covered a lot! What do you think? Does this seem doable? I don’t want to give you too much to do, but the more you can have the power to support your own health with good support from your care team, the more likely you are to be ready for the wedding!

**Bob** (more engaged than his provider has ever seen him before): I am good with looking at all this. It is good to have some new directions I can think about. Thanks. I appreciate it. I’ve never had anyone in health care talk to me about things like this before.

**Clinician:** It is my pleasure. I really appreciate you taking the time to share. I really want to hear about how things go at the wedding, when the time comes.

And so the visit concludes.

This is just one example of what a Integrative Health encounter could look like. Visits will vary based on who the clinician is, how long the visit is, and the setting where it happens (e.g., inpatient, outpatient, etc.).

In addition, each patient will respond differently to the process. Some people struggle because they are in the habit of having their clinicians tell them what to do, and they are in the habit of passively listening to instructions.

## 6. Therapeutic Presence

This is not so much a specific step in the personal health planning process as something that is a part of the whole encounter. This is the focus of "[Integrative Health in Your Practice, Part II: The Power of Your Therapeutic Presence.](#)"

Signs that Bob's clinician successfully made good use of therapeutic presence during the Integrative Health visit include the following:

- Bob feels like his provider really listened to him and paid attention to what he wants to focus on. Because of this, he is more likely to follow through with his health plan.
- The clinician has a better sense of who Bob is and what motivates him.
- The process happened in a reasonable amount of time. It will be even easier next time, because he and his clinician can pick up where they left off.
- Bob has more options, and he is more empowered. He also feels that his efforts have been acknowledged.
- The clinician feels energized by the visit, rather than depleted.

## 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.*

## References

1. Haidet P, Paterniti DA. "Building" a history rather than "taking" one: a perspective on information sharing during the medical interview. *Arch Intern Med.* 2003;163(10):1134-1140.