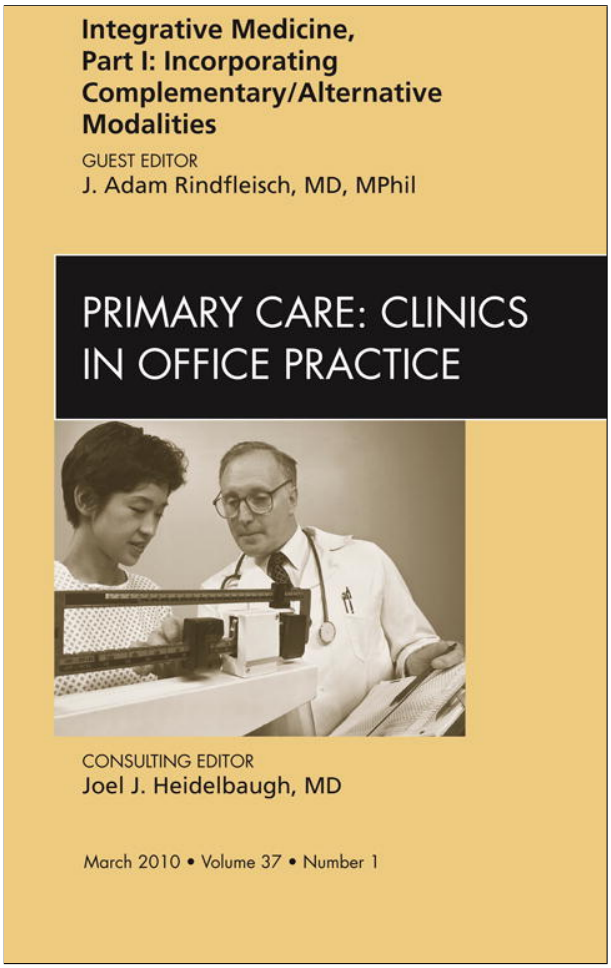

Introduction to Integrative Primary Care: The Health-Oriented Clinic

Luke Fortney, MD[a,*], Dave Rakel, MD[a],
J. Adam Rindfleisch, MD, MPhil[a], Jill Mallory, MD[b]

KEYWORDS

• Integrative medicine • Primary care • Prevention • Wellness

DEFINING INTEGRATIVE MEDICINE

Integrative medicine (IM) is healing-oriented medicine that takes account of the whole person (body, mind, and spirit), including all aspects of lifestyle. IM emphasizes the therapeutic relationship and makes use of all appropriate therapies, both conventional and alternative.[19] The term ''integrative medicine'' was coined in the 1990s to encourage the integration of complementary and alternative medicine (CAM) with conventional therapies to facilitate health and disease prevention. At that time, basic foundational ingredients of well-being, such as nutrition, the mind-body connection, and spirituality, were defined as CAM.[20] It has become increasingly obvious that it is difficult to define health without these basic components. As the culture of medicine evolves, IM becomes less concerned about labeling various therapies as CAM, focusing instead on developing insight into therapies that are needed to create optimal health. Making health the primary objective allows the professionals in the CAM and allopathic communities to collaborate to establish excellence in health creation (salutogenesis) for the communities they serve (**Box 1**).

In 2009, the Institute of Medicine (IOM) sponsored a Summit on Integrative Medicine and the Health of the Public. IOM President Harvey Fineberg described common themes that professionals from diverse disciplines can use to create new models of health-oriented care:

[a] Department of Family Medicine, Odana Atrium Family Medicine Clinic, University of Wisconsin, 5618 Odana Road, Madison, WI 53719, USA
[b] Academic Integrative Medicine, Department of Family Medicine, Odana Atrium Family Medicine Clinic, University of Wisconsin, 5618 Odana Road, Madison, WI 53719, USA
* Corresponding author.
E-mail address: luke.fortney@fammed.wisc.edu (L. Fortney).

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Key Points	Evidence Rating	Reference(s)
Salutogenesis-oriented sessions have the potential to improve patient satisfaction and outcomes	C	1
Health-oriented teams have the potential to enhance the quality of health care	C	1,2
Strong therapeutic partnerships enhance the quality of primary care and decrease care costs	B	3–5
Effective communication enhances care	B	6,7
Matching explanations of care to a patient's value system enhances care	B	8,9
Support and follow-up improve care	B	1,2
More time with providers improves patient satisfaction	B	10
Healthy behaviors of providers foster healthy behaviors and lifestyle changes in patients	A	11,12
Inquiring about healthy behaviors increases likelihood that they will change	B	13,14
Empathy and compassion enhance care	A	15
The personality of a provider is a determinant of treatment response	B	16
Home visits improve quality of care	B	17
Education in integrative medicine makes it more acceptable in various practice environments	B	18

1. An understanding that health is more important than the absence of disease
2. A recognition that health is influenced not only by physical or genetic factors but also by emotional, psychosocial, environmental, and spiritual aspects
3. A focus on health maintenance and disease prevention as well as acute and chronic care
4. An emphasis on interdisciplinary collaboration
5. Acknowledgment of biologic variation and the need to treat individuals, not statistical averages.[21]

It is important to acknowledge that health-oriented medicine takes into account and supports the health and wellness of the clinician, with the understanding that one cannot give what one does not have.

INTEGRATIVE MEDICINE IN PRIMARY CARE: KEY INGREDIENTS

Primary care is the most appropriate venue for IM. Primary care allows for continuous relationships that lead to an understanding of barriers of self-healing. Behaviors such as healthy eating, regular physical activity, and avoiding toxic substances are the main

Box 1
Principles of integrative medicine

- Patient and practitioner are partners in the healing process.
- All factors that influence health, wellness, and disease, including mind, spirit, community, and body, are taken into consideration.
- Appropriate use of conventional and alternative methods facilitates the body's innate healing response.
- Effective interventions that are natural and less invasive should be used whenever possible.
- Good medicine is based on good science. It is inquiry driven and open to new paradigms.
- Ultimately, the patient must decide how to proceed with treatment based on values, beliefs, and available evidence.
- Along with the concept of treatment, the broader concepts of health promotion and the prevention of illness are also paramount.
- Practitioners of integrative medicine (IM) should exemplify its principles and commit themselves to self-exploration and self-development, understanding that practitioners "cannot give what they do not have."
- Rather than being its own specialty area, IM is an overall approach and framework that can be incorporated into all branches of allopathic medicine.

From Maizes V, Rakel D, Niemiec C. Integrative medicine and patient-centered care. 2009:35. Available at: http://www.iom.edu/Object.File/Master/62/372/Integrative%20Medicine%20and%20Patient%20Centered%20Care.pdf. Accessed June 27, 2009.

driving forces for reducing morbidity and mortality.[22] Emotional influences often shape these behaviors, and they can be influenced most positively through relationships with family members, friends, and members of the primary care team. As primary care redefines itself through the patient-centered medical home model, there is an opportunity for the health-oriented clinic to act as a seamless transition between the polarities of health and disease, moving toward the former.[23] This transition requires a shift in intention toward health as a valued outcome.

SALUTOGENESIS-ORIENTED SESSION

In primary care, to focus more on health it is essential to create office visits that have health and healing as their primary goal. The term ''salutogenesis'', which means ''the creation of health,'' was introduced by the American-Israeli medical sociologist Aaron Antonovsky,[24] who was interested in exploring the origin of health than in looking for the cause of disease (pathogenesis). The investment in developing a relationship over time creates a ''context of understanding'' in which unique wellness needs of the individual are discovered and supported. With gentle and directed questioning, patients often self-discover and disclose the root cause of their symptoms, and see for themselves what is needed for their resolution. If providers do not have time to listen, the patient often becomes a passive recipient of treatments rather than an active participant in the healing process (**Table 1**).

HEALTH-ORIENTED TEAMS

The salutogenesis-oriented session (SOS) often requires collaboration with other professionals who are best suited to help guide the patient toward health in different ways.

Table 1
Key practitioner influences for a successful salutogenesis-oriented session

Practitioner Goals	Reasoning/Evidence
1. Develop a trusting relationship	It is through relationship that the patient feels comfortable expressing emotions, resulting in optimism and positive expectation[3,4]
2. Listen with intent and empathy to the patient's story	Being fully present with positive intention is perceived positively by patients and enhances the healing effects of the encounter.[25] It is important that the patient feels understood
3. Provide an explanation for the patient's problem	The explanation makes sense of a chaotic and threatening situation resulting in an enhanced sense of control[26]
4. Match the explanation to the patient's culture, beliefs, and values	Matching the explanation to the patient's own values allows for the development of insight.[8] It puts the problem within a context that is accepted and creates buy-in[9]
5. The explanation is accepted by the patient, and it creates insight	Acceptance of the explanation leads to treatment and positive expectation. This results in healing, even if the explanation is not true.[27] The art of medicine is when we can reproduce this effect without deception
6. Create a plan that leads to action, empowerment, and positive expectation	If the above goals are successful, the patient will be more likely to engage in a plan that empowers her/him to make changes that result in more sustainable effects toward health[28,29]
7. Provide support and follow-up	Providing ongoing support and collaboration with other providers is the hallmark of primary care and supports a continuous healing relationship[1,2]

From Rakel D. The salutogenesis-oriented session: creating space and time for healing in primary care. Explore (NY) 2008;4:42–7; with permission.

A team of professionals working toward the creation of health is different from the one that is focused on treating disease. Ideally, the incorporation and integration of these teams will result in decreased need for disease-oriented teams such as those already in place to treat conditions such as renal failure, heart disease, and diabetes (**Table 2**).

The creation of health-oriented teams also allows for improved access to health services that is not limited by the bottleneck of a required physician visit (**Fig. 1**). For example, a person with depression can first see a psychologist to explore the origins of depression. The psychologist can then collaborate with the primary care clinician if more aggressive therapy is needed. Similarly, people with abnormal lipids can see a nutritionist first and then if laboratory goals are not met, can follow up with the primary care clinician for pharmaceutical therapy. The shortage of primary care clinicians[30] demands a team-oriented approach that honors how health professionals can work together toward a common goal. This approach will improve care while reducing suffering and the high costs of treating diseases late in their progression.

THERAPEUTIC PARTNERSHIP AND THE HEALTH AGREEMENT

The therapeutic relationship is the cornerstone of integrative primary care in which patient and practitioner are partners in the healing process. Including patients as active participants in their own medical decision making is an empowering and effective way to facilitate healing. Relationship-centered care allows practitioner and patient to communicate more effectively to get to the root of the patient's concern.

Table 2
The health-oriented team

Health Ingredient	Health Professional (Examples)
Nutrition	Nutritionist, registered dietician
Exercise and movement	Exercise physiologist, yoga instructor, health coach
Emotional health	Psychologist, licensed social worker, mindfulness teacher
Spiritual connection	Chaplain, spiritual guide, pastor, rabbi, priest
Behavior change	Psychologist, social worker, health coach
Removing barriers	Social worker, case manager, health coach
Therapeutic touch	Osteopath, chiropractor, massage therapist, healing touch provider, reiki practitioner

Good communication comes from developing rapport and empathy with the patient, which in turn supports and informs diagnosis and treatment.

As the practitioner-patient relationship develops, significant health benefits ensue that have been found to improve efficiency of care by reducing dependence on excessive tests and referrals.[5] Compassionately asked, provocative, far-reaching questions about lifestyle and beliefs not only deepen the therapeutic relationship but also lead to new insights that help patients recognize for themselves which behaviors are consistent or inconsistent with their stated goals and values.[6,7] This aspect is particularly important because research suggests that psychosocial factors continue to be overlooked in the clinical setting.[31,32]

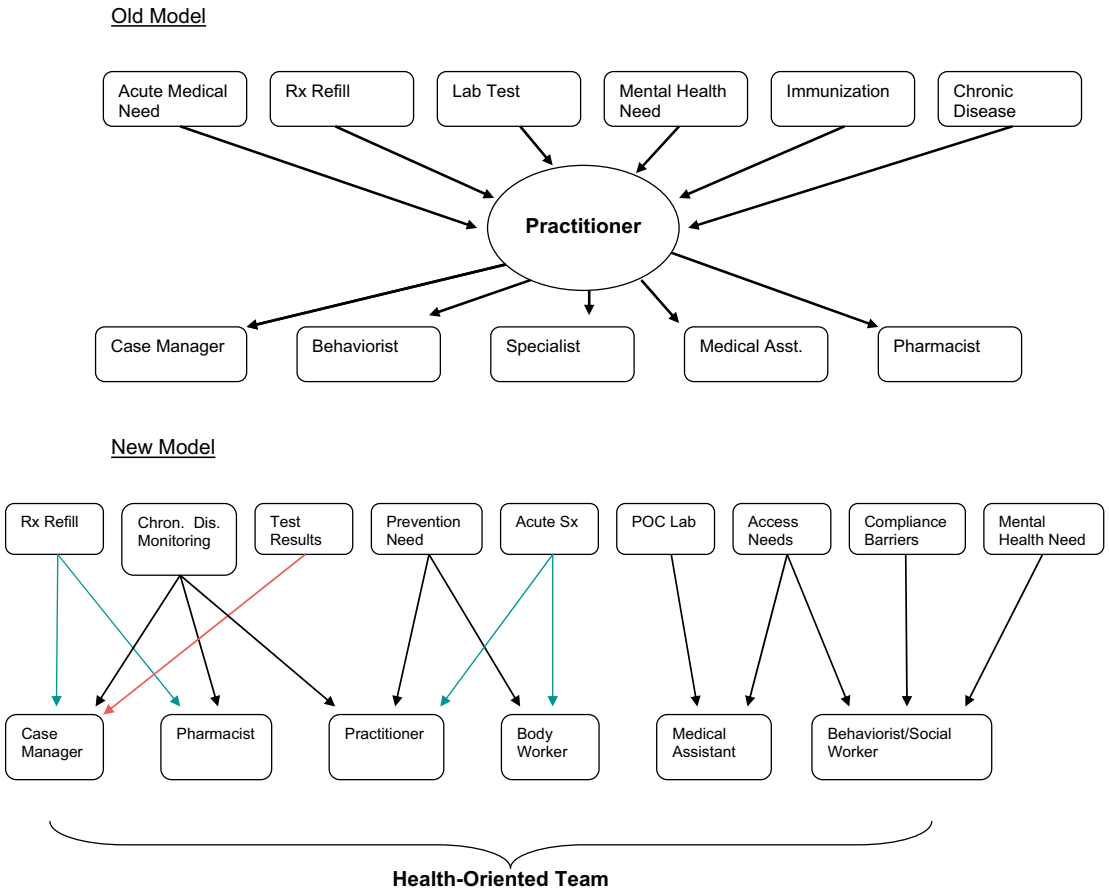

Fig. 1. Old and new models of health services. POC, point of care; Rx, prescription; Sx, symptoms. *From* Gottlieb K, Sylvester I, Eby D. Transforming your practice—what matters most. Fam Pract Manag 2008;15:32–8; with permission.

Authentically being present with the patient and listening to their concerns can help reveal undiscovered biologic, psychological, and social factors that affect his or her health. For the clinician, being mindfully present may influence the healing process and catalyze the patient's motivation for real change. This type of therapeutic interaction may require additional time per visit (SOS visits may take 40–60 minutes), but it is important to patients and has clinical value. For example, patient-satisfaction scores directly correlate with the amount of perceived time spent with the health practitioner.[10] In addition, how health practitioners are perceived by patients has direct effects on behavior and health outcomes. In a study by Rakel and colleagues,[15] patients with common cold who perceived their physician as being more empathetic showed significantly reduced severity and duration of cold symptoms. Another study found that one-third of psychiatrists treating patients with placebo were more effective in treating depression than another one-third of psychiatrists who were treating patients with imipramine, further emphasizing the point that therapeutic presence and practice style affect health outcomes.[16] **Box 2** shows examples of healing-oriented questions.

Health practitioners should exemplify the principles of wellness and commit themselves to self-care. The Healthy Doctor Healthy Patient Project shows that physicians who regularly engage themselves in physical activity are better at counseling their patients about exercise.[11] Physicians' disclosures of their own healthy behaviors improve credibility and ability to motivate the patient. This aspect is especially relevant because a major challenge of clinical practice is promoting behavior change, particularly when one considers that 40% of all mortality stems from unhealthy behaviors,

Box 2
Examples of healing-oriented questions

What do you believe is the root of these symptoms?

Asking "what do you believe" (vs "what do you think") allows for the patient to reflect on what they think is going on. Asking "what do you think" attaches a cognitive context of right versus wrong and removes the invitation to express emotions that may not have a right answer.

If this illness has created a hole within you, what do you fill this hole with?

Opportunity to explore what gives the patient a sense of meaning and purpose.

If anything were possible, what would your ideal life look like?

Inquire about potential barriers or ingredients that give meaning to life.

In a time of difficulty, whom do you turn to for support?

Explore social support and sense of community.

When these symptoms started, were there any stressful events happening in your life?

Brings awareness of how stressful life events can be internalized causing somatic symptoms.

You know yourself better than anyone. If you were your own doctor, how would you treat this condition?

Provides information on what the patient believes they need most. This should be incorporated into the health plan.

Listen for metaphor: You said that your job is "eating you up inside." Do you feel that this is related to your abdominal pain and heartburn?

Metaphor is an opportunity to bring insight into the importance of the mind-body influences on health.

such as smoking, alcohol use, overeating, sedentary lifestyle, and unsafe sexual practices.[12] In a study by Frank and colleagues,[33] patients counseled by a physician who revealed brief information about her own healthy dietary and exercise practices, and had a bike helmet and apple visible on her desk, considered her to be healthier, more believable, and more motivating than patients in a control group who did not receive this kind of disclosure.

Considering that brief advice from a physician leads to a spontaneous quit rate of 2% to 4%, just from asking about tobacco use, it is reasonable to infer that inquiring about other health behaviors would effect real change also.[13,14] One proposal involves formal reviewing of major areas of lifestyle that promote disease prevention and wellness with every annual physical examination. Offering brief suggestions based on personal and professional experience can help strengthen the therapeutic relationship between practitioner and patient, and improve clinical outcomes. Reviewing a formal ''health agreement'' with patients on a yearly basis is a practical example of a harmless way to be proactive with patient-centered care that incorporates health intent into the primary care setting.

It is also important to acknowledge that ''you cannot give what you do not have.'' ''Walking the talk'' and embodying the health the practitioners encourage in their patients is an essential piece of integrative primary care. Every small step in the direction of personal and professional wellness translates into more authentic communication and relationship with the patients, which is the keystone of good medical care.

To optimize a wellness-oriented, relationship-centered approach, the authors devised a Health Agreement (**Box 3**), which is reviewed during every new patient visit, physical examination, or SOS.

HOME VISITS: THE EXAMPLE OF BREAST-FEEDING

Home visiting is a mutually satisfying part of an integrative practice model that can help strengthen the therapeutic relationship. Populations that may especially benefit include the handicapped, elderly, postpartum women, and newborns. In general, patients appreciate the personal attention and convenience of having their primary care practitioner visit their home, and care providers also feel they gain enormous insight into their patients' lives.[17]

One of the most important benefits of having a home visit program is the optimal support of breast-feeding.[34] It is well known that the first 2 weeks of a newborn baby's life is a critical time for maternal-infant bonding, for learning feeding techniques and hunger cues, and for establishing an optimal milk supply, which are important for the health of the infant and the mother. Because current societal trends of bottle-feeding often leave new mothers with an insecure feeling about breast-feeding, it is important that new mothers have strong support and guidance from their physicians.[35] The clinician can also observe the home environment to counsel the mother about how to deal with pressures, which might be separating her from her newborn during this critical period.

It is often said that the birth of a child is an opportunity for all who are involved to learn to become servants. Likewise, at the other end of the spectrum, end-of-life care and hospice home visits by the primary care practitioner can greatly improve the quality of patient care. These are precious times for families when the health practitioner can further serve the needs of the family. The clinician comes to the home to provide supportive care and to be an encouraging advisor at the bedside of the family. This visit is a unique opportunity for a mutually satisfying patient encounter, which reconnects the health provider with beauty and meaning in the practice of medicine.

Box 3
The Health Agreement

Welcome to our clinic. Our focus is your health, but to succeed we need your help. We may only spend a few hours together each year, setting the stage for how you can optimize health and well-being the rest of the time. While it is vital to keep all your parts working and to fix them when needed, we also want to focus on you as a *whole person*. This means paying attention to emotions, thoughts, beliefs, and relationships—all the things that make you who you are. If you do this, you will be sick less often, will need fewer drugs and procedures, and will have a better quality of life. Please join us in committing to your wellness.

I, _____ , will do my best to promote my own health. I acknowledge that the following areas are beneficial to my well-being:

1. *Movement and/or exercise*. I will try to do some form of vigorous movement or exercise most days of the week.
2. *A healthy diet*. I will try to eat at least 5 servings (*1 serving size ~ the size of the palm of your hand*) of fresh fruits and vegetables daily. When possible, I will use organic and locally produced food, including multicolored whole foods. I will try to limit foods that are processed or have many artificial ingredients.
3. *Rest*. I acknowledge that my body and mind need rest in order to heal and restore. I will try to get enough sleep each night, and I will take short naps during the day if needed.
4. *A healthy weight*. I will do my best to move toward and maintain a body type that is healthy for me.
5. *Avoiding harmful substances*. If there is a substance or habit that I use too much and would have trouble giving up, such as food, caffeine, tobacco, alcohol, drugs, anger, guilt, or low self-esteem, I will seek help in letting it go.
6. *Healthy relationships*. I will focus on having healthy family ties, friendships, sexual connections, and other types of relationships. I understand that caring for others and being cared for is good for me and my community.
7. *Managing stress*. I understand that the body and mind are connected. When one suffers, the other is also affected. I will mindfully pay attention to how I feel stress in my body and explore ways to ease this.
8. *Connecting with nature*. I acknowledge that the environment influences my health, and I will do my best to help protect it. Being in nature is healing and I will spend time exploring it.
9. *Spiritual connection*. Spirituality is something that I define for myself. I recognize that being helpful and kind to others is good for me. I will reflect on what gives my life meaning and purpose, and I will do my best to help it grow and share it with others.
10. *Maintaining balance*. I acknowledge that time for myself, with others, and for play is just as important as work and finances. I will do my best to find balance in my life.

*I will do my best to practice these healthful habits. I feel I should start with number(s)*_____

Health Partner: _____

As your health care practitioner, I will help you work toward these goals. I will do my best to be available and attentive to your needs in a way that assists your own capacity to heal.

Healthcare Practitioner: _____

EDUCATION: TRAINING IN PRIMARY CARE INTEGRATIVE MEDICINE

Education is a vital piece in the creation of an integrative primary care practice. Many providers, particularly those who have been in practice for some time, have received little or no exposure to IM topics in medical school or residency. Nonetheless, patients are increasingly interested in these approaches, and an increasing body of research findings is allowing their use to become increasingly evidence based.[36] Primary care providers responsibly guide those who seek information and advise them regarding nonallopathic healing approaches.

How can a provider learn more about IM? There are numerous opportunities, but it must be borne in mind that IM is, first and foremost, an overall approach or attitude to providing care. This attitude is rooted in one's personal exploration of health and well-being, and is grounded in awareness of various forms of healing. One example of a curriculum that is designed to facilitate awareness and personal exploration is the Aware Medicine Curriculum of the University of Wisconsin Department of Family Medicine, which longitudinally incorporates self-care, self-reflection, and mindfulness exposure into residency training (point 4 in **Box 4**).

It is also important to acknowledge that the healing arts are just as important as the medical sciences and are in fact 2 parts of the same whole, a point too often forgotten in conventional health care practice. The goal of IM is not merely to add more tools to one's practice toolbox but to refocus on holism, on relationship-centered care, and on optimizing the healing environment as informed by both evidence-based medicine and personal experience grounded in humanism and professionalism.

Medical school, residency, and fellowship training opportunities in IM are rapidly becoming more available. At least 28 medical schools have IM or CAM interest groups, and 22 schools have required coursework. Competencies in IM have also

Box 4
How to learn more about IM

1. Connect with local CAM providers. It is not necessary to learn other modalities, although some providers may choose to do so. The key, as in allopathic practice, is to be able to make appropriate referrals. Who are the local health foods and supplement stores? Acupuncturists? Massage therapists? Mindfulness instructors? Chiropractors and osteopaths? Naturopathic doctors? Energy workers? These providers are often thrilled to teach others about what they do and how to collaborate. Discuss credentials, training, experience, and what disorders providers most frequently treat.
2. Build a reference library or list of Web bookmarks. The IM textbook (Rakel D, editor. Integrative medicine, 2nd edition. Philadelphia: Saunders; 2007, available online on MD Consult) is evidence based and offers numerous tools for primary care practice. Chapter 13 of this book lists numerous Web resources one can bookmark and access at the point of care.
3. Consider additional formal training. The Consortium of Academic Health Centers for Integrative Medicine, a group of 44 academic institutions, which offer IM training in various forms, has numerous educational resources and links listed on its Web site (www.imconsortium.org). The Arizona Center for Integrative Medicine offers providers a 2-year fellowship encompassing both residential weeks and online training (http://integrativemedicine.arizona.edu/). The Consortium of Academic Health Centers for Integrative Medicine offers a downloadable 202-page version of its Curriculum in Integrative Medicine: A Guide for Medical Educators at http://www.imconsortium.org/img/assets/20825/CURRICULUM_final.pdf.
4. Become aware of and model other academic programs that incorporate IM themes in medical education. Examples can be found at www.fammed.wisc.edu/integrative and www.fammed.wisc.edu/aware-medicine.

been developed.[37,38] To illustrate recent progress in this area, an Integrative Family Medicine grant, organized by the University of Arizona-Tucson, allowed 6 family medicine residency programs to create 4-year residencies or fellowships with an emphasis on IM. Moreover, opportunities for presently practicing physicians exist, including the Associate Fellowship in Integrative Medicine at the University of Arizona-Tucson and weeklong review courses on IM followed by board examination held by the American Holistic Medical Association.[39] In addition, the Society of Teachers of Family Medicine has an active Integrative Medicine Interest Group for faculty physicians. Instituting IM educational programming in conventional medical settings has led to increased familiarity with and acceptance of IM among providers and other clinic staff.[18]

Educating students, residents, colleagues, and patients is another key element in the role of integrative primary care provider. The authors' clinic group includes postgraduate fellows who participate in the Academic Integrative Medicine Fellowship Program. The group participates in weekly didactic sessions, which are built on a seminar and an experience-based format. Clinic providers and staff are welcome to attend various course offerings also. IM providers also hold interdisciplinary grand rounds on a monthly basis, which include formal IM education and case presentations. Both conventionally trained and CAM practitioners share their professional comments in an open dialog with the group in a way that fosters camaraderie and shared learning. The clinicians also attend on resident teaching services, precept residents at teaching clinics, and participate in medical student clerkships.

SUMMARY

It is essential that health care shift its focus in the direction of prevention, patient-centered care, health-oriented medical teams, and education that includes IM because (1) the demand for primary care continues to increase, (2) patient populations are becoming increasingly active in various alternative and nonconventional forms of medicine, and (3) economic pressures continue to escalate unsustainably from overuse of medical technologies and primary dependence on tertiary care. Whether one is a proponent of IM or not, it is clear that the future of medical care, research, and medical education is moving in this direction. The authors propose several models and suggestions that can be implemented on the clinic level as well as examples of philosophic change that can help inform primary care redesign and positively change the way medicine is practiced in such a way that it improves patient satisfaction, lowers health care cost with emphasis on prevention through wellness, and is based on more patient-practitioner relationship guided treatment options.

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