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Methods series

Integrative clinical care practice models: Sharing innovation for better patient outcomes

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1. Introduction

This is a revolutionary time in health care, with radical advances being implemented in clinical practice, public health and a variety of settings. Integrative medicine is one area advancing the clinical revolution with some gusto – encouraging the increasing integration of biomedical and complementary health approaches to improve the health and well-being of patients. Integrative medicine's combination of complementary medicine and conventional medicine approaches brings with it not only a blend of clinical and philosophical healthcare approaches, but also a dizzyingly vast number of ways in which this integrative care can be delivered. Integrative medicine is not just the adoption of complementary health approaches by conventionally trained health practitioners, but also the increasing integration of conventional medical concepts (often through professionalization) of what were once considered the "alternative" professions, as well as increasing referrals between conventional and complementary disciplines. Integrative clinical care is not limited to what single practitioners are doing – more and more integrative health care teams are being employed in the care of individual patients.

2. Why reporting practice models is important

The importance of capturing these "innovation" moments of the integrative clinical care has already been identified in the primary care literature [1]. However, it is also important to recognise that the pioneering nature of integrative medicine is often at the forefront of innovation in healthcare delivery [2]. Equally important is the fact that the innovative nature of integrative medicine should excuse it being esoteric or untested [3]. Rather innovations in integrative medicine should be both widely known and tested, as it is only via this path that benefits of this information can be passed on to patients (as well as saving them from potential harms). However, it must also be acknowledged that often the clinical innovators are too busy solving problems on the ground to even recognise themselves as innovators, let alone share their knowledge with a wider audience. To aid in this dissemination/gap, *Advances in Integrative Medicine (Advances)* has published a methodological series aimed at helping clinicians transfer their knowledge wrought from practice into a form that may be picked up peers or researchers for further practice evaluation and testing [4–6].

As it stands, the methodology papers in *Advances* have largely focused on clinical interventions (in the form of case studies, case series and medical hypotheses). However, innovative advances of the integrative clinical care occur in a variety of ways, not just the treatment provided to the patient. Some may also focus on how this care is delivered (e.g. addressing the integration, individualisation, or prioritisation of health care). The integrative clinical care delivery may include novel partnerships, combinations of therapies and tools that are not observed in ordinary circumstances. In addition, some of these innovations may reinvent old knowledge into a new era, some may bring modern advances into ancient professions. Meanwhile, these innovations may rail against the current structures of their professions, or they may return to the roots and timeless values of the professions. However, it is when these innovations are transportable to other settings that they become most compelling, and offer the most value to clinicians and patients. To help facilitate the evolution to align integrative medicine with better patient care outcomes, it is essential to share successful models, to offer insights for other practitioners, researchers and other stakeholders.

To facilitate this dissemination, *Advances* is calling for papers describing practice models or models of integrative healthcare (hereafter the inclusive term "practice models" will be used). The ultimate aim of this endeavour is to develop a database of practice models that is accessible to clinicians or organisations looking for ways in which integrative healthcare can be integrated into communities. For many clinicians and organisations, identifying the unmet need for services in a community is easy, but identifying how to best address that unmet need practically can be difficult. Through being able to access details of successful practice models in other areas, these clinicians and stakeholders can learn from the experience and knowledge of others, and more effectively tailor and develop new practice models in new settings, helping to improve patient outcomes through better delivery of integrated health care models.

3. What should be reported?

To appropriately disseminate successful practice models to those who are interested, several factors should be included in the write-up. In one sense, these practice models papers do serve as "case studies", however the guidelines around case report writing may not be entirely appropriate as these generally focus on clinical treatment in an individual patient, rather than models of delivery

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of that care [7]. Generally, papers describing clinical models of care will describe: the model itself, and what makes it innovative; who is using the model (which may include the practitioner, patient or institutional stakeholders); what has been learned so far from implementing the model; the potential impact of the model for clinicians, patients and communities; and the story behind the model (i.e. where it originated, how it compares to models elsewhere; how it evolved to meet stakeholder needs).

4. How should this be reported?

As with case studies, clinicians or clinical managers who have invested considerable time and emotional energy into developing a practice model may believe that readers want to know excruciating details of this practice model. However, authors need to remember that they must write for their readers. In relation to presenting practice models for publication, authors must consider that whilst the readers may have *similar* circumstances in which they can apply the knowledge drawn from the existing practice model, it is not very likely that the circumstances will be *identical*. This means that the practice models should present key take-home points and learning outcomes for the reader, which can be broadly interpreted enough to be of value in a variety of settings. An additional consideration for the international application of practice models papers is that there should be an acknowledgement that the regulatory, legislative, social, cultural or financial circumstances may be quite unique, and you should endeavour to present your model in a way that could be appropriated in a variety of settings (or at least offer insights for those wishing to learn from your experience), not just those that have led to the successful implementation in your case. Authors can elaborate on these factors, however, when discussing the practicalities of implementing their models, which will assist those facing the same challenges in their own implementation of integrative care practice models.

As with case studies, practice models papers should also be written in a concise and understandable manner. Recommended word limit for the case studies is 2000, with the suggested breakdown below. Please note that this serves only as a guide, and individual practice models may need to tailor this proportional template to their needs.

4.1. Title

The title must begin "Practice model case study:" and describe the elements of the practice model that are of greatest interest to the reader. The practice model title must also include details of location. For example: if your model is unique in that it addresses underserved diverse populations in Boston, a suggested title could be "Practice model case study: Integrative medicine for the undeserved in a safety net hospital in Boston"; if your model is unique in that it facilitates multi-practitioner group visits in Brisbane, a suggested title could be "Practice model case study: Multi-disciplinary group visits in integrative medicine in Brisbane".

4.2. Introductory table (abstract)

In lieu of an abstract, an introductory table will be used to elaborate on the factors raised in the title in more detail (see Table 1).

Table 1
Example table for describing the clinic setting.

Name of clinic or centre
Location (i.e. city, state, country)
Setting (e.g. inner city, suburban, rural, etc.)
Clinic orientation (e.g. primary care centre; integrative specialist care; hospital based clinic, etc.)
Provider mix (e.g. rough or average number estimates of practitioners and types of practitioners involved)

4.3. Background (~250 words)

In this section, you would discuss the history and background of your model. Are you working in a primary care clinic or hospital or other setting? Where is it? What is the demographic base of the area? When did this clinic/centre start? Is this clinic or centreintegrated into other conventional or complementary programs? Who delivers the services (i.e. what profession groups of clinical staff are there)? When or how is the integrative medicine component started? Do you have a particular philosophy that underlines treatment (e.g. Anthroposophy, traditional Asian medicines) or are you multi-disciplinary and multi-tradition? Use this section to lay the contextual groundwork that will enable readers to visualise your practice setting.

4.4. Integrative care model (~500 words)

This is where you get to describe the integrative care model that you employ. Please discuss the conceptual framework and theory behind your model – e.g. if you employ a group visit model, spend some time under a subheading talking about *how* you came to view this as suitable for your clinic – using both personal/practice/clinical experience and scholarly references to support this. Think about what makes your setting 'different' from other integrative medicine practices you've observed, and use this as an opportunity to push your 'unique selling point', what makes your model of care 'unique'. This section should also briefly discuss the main advantages you perceive for adopting an integrative model of care in this setting.

4.5. Patient population (~150 words)

In this section describe who your population base is (this will be different from the description of the area in which you are based). Are you a primary care or referral centre? Broad-scope or focused on specific therapies? Are you focused on specific conditions, or on particular conditions as the bulk of your treatment (e.g. chronic conditions). Use this section to describe what your 'typical' patients look like, so that readers can determine whether your model may be applicable to their own patient population scenario.

4.6. Practicalities (~300 words)

This is where you need to talk about some of the issues that are perhaps perceived to be "a little boring", but also practically very important for the success of a practice model. Here provide details of how you keep your clinic sustainable. How do patients pay you? Are you publicly subsidised? By how? What is your insurance mix? Do you participate in initiatives such as sliding scale payments? Do you have arrangements with large third parties (e.g. military, corporations) and provide institutional care? Are you funded by any philanthropy or grants?

Also treat this section as 'advice from experience'. What were the mistakes made that you would avoid if you could do it over? What unforeseen barriers did you encounter? Were champions or other facilitators something that you only discovered would have made it easier to get your model of the ground?

Use this section to provide any advice, based solely on practical experience that you would wish to offer someone wishing to replicate your model.

4.7. Discussion (~500 words)

Use this section to discuss why you think your model is suitable to be replicated, or why you think it is important or beneficial in contemporary clinical integrative care. This is the most 'academic' section of the paper, and should be written like a standard academic paper discussion.

5. Writing style

Special care should be taken that the manuscript should be written in an academic or scholarly tone, which may differ from phrases encountered in daily clinical practice or management. Journalistic turns of phrase or literary prose may seem to a lay person to improve readability and flair, but are usually poorly received in academic peer-review. It should also be remembered that *Advances* is an international journal, and that for a majority of the integrative medicine clinical and research community English is not their native language. Time-poor and over-burdened clinicians, managers and researchers for whom English is their first language will also appreciate a more simplified writing style. In all, empty prose should be avoided, and the results and findings should be described as succinctly as possible. Whilst scientific language somewhat lacks aesthetic or poetic beauty, it more than makes up for in the effectiveness in which it disseminates complex information.

6. Summary

Case studies of practice models are valuable resources of information that can lead to advances in research, clinical practice and improved patient outcomes. The process of conceptualising, writing and submitting a case study can appear daunting to both aspiring and long-established clinician researchers, but can be rewarding both professionally and personally, and is an endeavour that is sure to provide significant benefit to others. However, it is important to remember that case studies are not only important in clinical practice, but also in clinical implementation. There is much we can learn from each other in *how* integrated health care is delivered, in addition to *what* specific integrative care is being delivered in practice.

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