

Business Management, Organizational Behaviour, Quality and Safety in the Integrative Medicine Healthcare Model

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ABSTRACT

Integrative medicine (IM) has the potential to reshape health care delivery in a more patient-centered direction. Those programs must prove themselves from financial and clinical operational perspectives in order to achieve this potential. The active clinical infrastructure of expertise in alternative therapies and well-done organizational behaviors (OB) are critical success factors. As with any health care project, there are no substitutes for clinical excellence or sound management. Implementation of integrative oncology programs should be based on the best evidence and should be continually under evaluation to ensure quality, optimization of techniques, collection of new data, and cost-effectiveness. Symptom control, adherence to treatment protocols, quality of life, individual outcomes, prevention, rehabilitation, potential advantages of a whole-systems health approach, and economics of health services are important clues in this field. Applications and implications for the millennium addressed in this article.

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Introduction

Management has often perceived in varying contexts as people or processes. As people, administration refers to the senior authority assigned for the monitoring and supervision of the organization's activities. From the operational perspective, management can widely perceive as the effective utilization of resources to attain the predefined objectives of an organization [1].

Organizational Behaviour (OB) is the study of human behavior in governmental settings, the bond between human behavior and the institution, and the organization itself [2]. Organizational Behaviour researchers study the conduct of individuals primarily in their regulatory roles. One of the main objective of OB is to revitalize organizational theory and develop a better conceptualization of corporate life.

Quality is the rank to which health services for individuals and populations increase the productivity of desired health results and are consistent with current professional knowledge [3]. Quality care for the 21st Century is centered on the conceptual components of quality rather than the measured indicators: quality care is safe, effective, patient-centered, timely, efficient, and equitable. Thus safety is the base upon which all other aspects of quality care are built [4]. Patient safety, in general, is defined as the prevention of harm to patients and is the cornerstone of high-quality health care.

Much of the work establishing patient safety and practices that prevent damage have focused on adverse outcomes of attention, such as mortality and morbidity [5].

Integrative Medicine (IM) is "healing-oriented medicine" that takes account of the holistic person (body, mind, and spirit), including all forms of lifestyle [6-7]. It accentuates therapeutic alliances and makes use of all appropriate therapies, both conventional and alternative. National surveys consistently inform that approximately one-third of adults and 12% of children use complementary and integrative medicine therapies. Although there are barr to primary care professionals engaging in discussions about lifestyle change and complementary and integrative medicine options, there is also great potential to impact patient well-being. Variations in practice philosophy that can help inform primary care redesign, facilitate the creation of patient-centered medical homes, strengthen provider-patient relationships, and enhance patient satisfaction are significant [7].

As per Rakel and Weil, the philosophy of integrative medicine is not new, and it is about for years across many disciplines. It merely has overlooked as a pendulum of accepted medical care swings from one extreme to another [8]. We are currently experiencing the beginning of a shift toward recognizing the benefits of combining traditional medicine with complementary and alternative medicine. This shift is creating a new paradigm in healthcare.

Official data suggest that between 9% and 91% of people with cancer combine conventional cancer treatment with some form

of complementary medicine. In the U.S., this integration is so crucial that for years. There has been an officially recognized national reference center (the National Center for Complementary and Integrative Health). It is responsible for promoting scientific research on therapies and complementary medicine products, value their usefulness, and guide in making decisions about which ones may be most beneficial [9].

Integrative oncology was defined by this U.S. institute in 1998 as one that combines the most effective complementary alternative medicine (CAM) and of greater scientific rigor with conventional oncology but placing the latter as an essential part of treatment. Therefore, place the two therapies at different levels of importance. The traditional would be the one that dominates over the other. It is oncology open to new approaches but, at the same time, practices a very rigorous medicine based on science [10]. It is, therefore, an ambiguous position, often challenging to implement.

As per Rodriguez-Diaz and Morales-Borges, there is a need and significance of models at outpatient clinics and hospitals nationwide. The making of an integrative medicine service model exists in other national centers [10]. The study of new archetypes of care, by themselves and in combination, should be a centerpiece for the area of integrative oncology in its next phase of evolution. Evaluating patients in the right image of care is essential to provide useful and quality integrative oncology care.

Superior management accomplishments are required to guide these programs through adolescence into clinical and business maturity. By carefully seeing the staffing, team building, compensation methods, marketing, and program evaluation and development issues, health care, and physician executives should be capable of steering between the cobblestone on their way to integrative medicine agreements that are right for their organizations [11]. Many claim that integrative medicine has the future to reshape health care delivery in a more patient-centered direction. While this may be true, such plans must prove themselves from financial and clinical practical viewpoints to accomplish this potential. Essential clinical skills are not enough to guarantee the survival of such programs—a strong clinical base of expertise in alternative therapies is a critical success factor. As with any health care project, there are no substitutes for clinical excellence or sound management. Applications and implications for the millennium will be addressed in this article.

Business in Integrative Medicine

In business literature, business model groundworks are used to understand how organizations are aligned to achieve their goals. Fredriksson et al. [12] conducted a systematic literature review with an explanatory fusion approach to understand how business model structures have been applied in health care. They found a significant increase in the functions of business model structures during the last decade. E-health was the most common context of the application. There are six applications of business model frameworks: business model description, financial assessment, classification based on predefined typologies, business model analysis, development, and evaluation. They conclude that the intent and context should inform the choice of business model framework and constituent elements of the application. There is a need for concurrence in the selection of items to increase generalizability, simplify use, and help organizations realize the Triple Aim.

According to Weeks, before a summit in IM year 2001, a survey of participants' perceptions and priorities concerning CAM was done

with 77% of the participants, and they found that the consumer as having the most substantial interest in the emerging industry [13]. Around 94% of responders ranked consumers as the primary or secondary stakeholders in this industry, so it suggests that the business is mainstreaming and integrating the best by demand-side approaches. As in all sectors and companies, consumers are usually stakeholders of business in that they kicked by the quality of service and its value.

Hale and Giese reviewed to evaluate the presented literature to categorize how health tutoring influences the charge of chronic disease management in covered adults with chronic conditions [14]. They found that health coaching can improve chronic disease management and lower health care expenses. Further long-term research is needed to appraise the cost-effectiveness of health coaching. It has forecasted that the profitability of health coaching will be long-term or over 12 months after initiating the health coaching program.

Lanni and Patricolo from Beaumont Health System in Michigan, USA, opened an Integrative Medicine program in 2006 affiliated to a cancer center [15]. Their program rapidly expanded, offering services such as clinical massage, a clinical massage training program, Reiki, guided imagery, acupuncture, and naturopathic medicine. Patients and physicians conveyed enjoyment with the increasing number of complementary services given at the institution, and the facilities are heavily employed. In 2012, the project had additional 18,000 patient visits, of which 10,191 were for clinical massage, 6,515 for acupuncture, and 1,030 for naturopathic medicine. In this study of the establishment and carry out an Integrative Medicine program in an extensive healthcare system, a successful program could initiate with the appropriate planning and support from administration. Due to the fact at the time that no insurance plans covered these services, the team needed to be creative in developing a model that was self-sustaining for the foreseeable future. The health system decided to use a cash model when care was delivered for any IM service. IM is one of a handful of departments in the order that does not accept insurance since there currently is minimal reimbursement for IM services. However, their health system has its insurance program that is offered to employees and their families, and some IM services are covered under this insurance plan. Therefore, their employees can access IM services with a minor co-pay. This outcome is a result of providing clinical data over the years and providing safe, effective, evidence-based holistic care. With the advent of health care reform, they may find that more IM services will be covered as many CAM modalities are cost-effective compared to traditional therapy. The program initially received donations to sustain it financially. They opened a retail store for certified herbs and supplements, guided imagery CDs, yoga mats, and candles. Within seven years, the program received over \$400,000 in financial gifts from individual patients. This money has been used to help support the program through new initiatives and support staff. Opportunities for stewardship with potential donors continue to help support the program. The program is shown to be financially viable, as the Integrative Medicine (IM) department has become self-sufficient and no longer requires financial support from other hospital departments. The numerous testimonials indicate that the program has been rewarding for practitioners, staff, and patients.

Definitively we know that applying a business model in IM will harmonize all the elements together, place the patient as the stakeholder, with health coaching, having a retail store for supplements and others, and receiving endowments will be more

cost-effective and financially sound at long-term.

Organizational Behavior in Integrative Medicine

Interprofessional education (IPE) should incorporate theory-driven, evidence-based methods, and build competency toward effective collaboration [16]. Organizational science is a framework for understanding how health care teams' function; specifically, it outlines the team system model of action and planning phases in synergetic work. Important issues include a discussion of leadership and followership, including how locus (a leader's integration into a team's usual work) and conventionality (a leader's responsibility conferred by the traditional hierarchy) affect the team functions. A description of dynamic delegation, an approach to conceptualizing escalation and delegation is vital within health care teams. Team leaders or members should analyze performance, adopt behaviors that improve the association and create team-based health care delivery mechanisms that lead to improved clinical outcomes.

Leadership in the environments of health care should not be viewed as fixed, but rather as "coproduced" [17- 18]. Mainly, it should elaborate leaders and followers working together to accomplish goals, with each team member leading and following at times, and each affecting and enhancing the joining process. To be useful in a leadership capacity, people should provide team members with the resources and support they need to be outstanding in their roles [19]. Some leadership responsibilities, such as setting up goals and giving feedback, are critical in the planning phase. In contrast, others, like providing organizational structure and managing internal and external resources, are more critical during the action phase [19]. If leaders realize these responsibilities, team members can complete their duties and meet their individual goals, and the team, in turn, can achieve the team's goals. In health care, overseers must, therefore, appreciate the range of expertise and understand the abilities of all professionals on the side, recognize what each team member requires to succeed, and ensure individuals' needs are met. Besides, they must be able to engage squad members who are separated by geographic and hierarchical barriers and realize when another group member is better equipped to lead the team.

The two essential and vital aspects of a growing organization are foundational organization design and secure communication [2].

The proactive steps are:

Define Strategic Goals – Clear strategy in place to guide the organization.

Formalize Organizational Structure – Standardized performance management process, which clearly defined role descriptions and expectations for measurement.

Communication & Awareness – It's vital in the time of changes to have honest and consistent conversations.

Organizational psychology and cognitive-behavior therapy in the industry has four essential components: (a) assessment and evaluation, (b) awareness-building and cognitive restructuring, (c) skill training, and (d) application on the job [20].

Regarding IM, integrated care is a proper field. As is often the case in new areas of investigation and action, a conceptual description is demanded. Without such attention, it would be challenging to advance theory and practice in this increasingly crucial professional arena. Kodner [21] explored the intellectual territory of integrated care and underscored the need for a patient-centric imperative and meaning. He also examined the practical applications and implications arising from his view. The intention is to stimulate fertile dialogue and debate about what 'integrated care' could and should be. So, communication is critical in

business management and organizational behavior in any industry, particularly in healthcare.

Quality & Safety in Integrative Medicine

Patients often feel that the problems they perceive as necessary fail to receive enough attention. When integrated into an evidence-based program of supportive care, complementary therapies may improve patients' quality of life, increase satisfaction, and strengthen physician-patient relationships. Anticancer technology is fundamental but needs to be softened. Integrative oncology is humanistic and empathetic, but it is also scientific. In North America, integrative oncology is already having a significant impact on cancer care. It provides added value to standard cancer treatment. The aim of integrative oncology should be one medicine, not alternative; it should be patient-focused; it should be evidence-based; and it should provide the best care for a cancer cure, prevention, symptom control, and quality of life [22].

The measurement of the quality and safety in this field is established accordingly to the Society for Integrative Oncology (SIO), which is an international organization dedicated to encouraging scientific evaluation, dissemination of evidence-based information, and appropriate clinical integration of complementary therapies. They assembled a panel of experts in oncology and integrative medicine. They use the conventional treatment approach plus the nature of specific alternative therapies, the realistic expectations, and the potential risks and benefits of each one. SIO published a series of guidelines with their recommendations accordingly to the established grading based on the quality of evidence, benefits and risks versus burden, the strength of the evidence, and their implications [23].

Essential Issues in the New Millenium

Integrative medicine constitutes a higher-order system of systems of care that accentuates wellness and healing of the whole person (bio-psycho-socio-spiritual aspects) as primary goals, designing on both conventional and CAM perspectives in the context of a supportive and effective physician-patient relationship. It is a system of care that considers health (or disease) as an emergent property of the person in an environmental context, conceptualized as a whole, unified dynamic system. IM is a complex, dynamic, higher-order system of systems, conventional and CAM [24]. As such, the life domains that medical care and medical outcomes research must address extend far beyond clinical laboratory test results or lesions in specific organs. It is the challenge of health outcomes research to prove or disprove the relevance of this integrative, systemic worldview to the field of medicine and to test the feasibility of its emergence as a practical and desirable way to provide clinical care.

Several implications arise from an analysis of Kodner [21] such as:

- Patient benefit. Target population who would distinctly benefit from integrated care (e.g., the frail elderly).
- Barriers. There are many macro and micro barriers to integrated care. We must better understand these key variables and how they affect experience and performance in differing countries, patient populations, organizational environments, and program designs.
- Costs. Integrated care is supposed to be more efficient. However, savings from integration are only a "hope." The total costs of integrated care—including outlays for staff and support systems, services, and start-up—must be carefully defined, tracked, and calculated before we can make pronouncements on the strategy's cost-effectiveness.
- Patient and family involvement. Successful integrated care (i.e., models that are effective in meeting patient needs) demands the ongoing participation of patients and family

carers in program planning, implementation, and oversight. This will ensure that user needs and expectations are reflected where it counts and that consumer satisfaction issues can be realistically addressed.

- Research and evaluation. Integrated care is a complicated phenomenon. We must not only systematically examine the interventions themselves, but also a wide range of outcomes, including health, psychosocial, and economic measures. A shared research agenda—national and cross-national in scope—would be helpful in theory-, model-, and evidence-building.

Faass wrote a comprehensive and in-depth guide that include full case studies by over 40 model organizations and a thorough analysis of acupuncture, chiropractic, therapeutic massage, clinical nutrition, and herbal therapy [25]. They included trends and data, practical strategic planning, reimbursement, marketing, and policy, credentialing and staffing, regulations, clinical operations, and assessment and research. She mentioned that the National Institute of Health (NIH), The White House Commission on Complementary and Alternative Medicine Policy and the USA Congress have studied those disciplines in detail and noted their effectiveness. It's an emerging industry in this new era allowing professional healthcare organizations and insurances incorporating integrative medicine practitioners into their programs, including preferred provider organizations (PPO's). Experienced health care executives are being called upon to lead the integration of CAM services into their traditional health systems. Today's health care consumers expect performance at the highest level, which is measured by cost, quality, access, convenience, and innovation. Knowledgeable health care executives and decision-makers need to transition quickly into CAM and apply three significant concepts such as administrative functions, organizational structures and models, and providing a description, research, and resources for the integrative medicine disciplines. Three strategic phases need to go with, which are: maximizing health promotion programming, expanding the capacity of the infrastructure, and integrating complementary therapies.

Weeks stated that consumers lead the way. The population group, with the most critical use, is baby boomers, particularly women [26]. The CAM movement began to reshape the care towards the consumer needs and represented a tremendous change by the late 1990s. By 2010, Weeks expected that consumers' experience in the USA might be comparable to the current CAM utilization, by the time of its publication, in Germany where acupuncture, botanical medicine, vitamins, massage, and chiropractic adjustments are regularly used [13]. Now it's true because we are observing that trend in the last decade. The integration and coverage process, with the increased scrutiny from payers and mainstream providers, will be humbling for some CAM advocates. Integration with diverse local stakeholders is essential, and looking for deepened conversations about optimal levels of public health policies and advisory panels are recommended.

Regarding health care organizational behavior and business management in general, Guo stated that health care leaders should acquire some core competencies such as health care system and environmental competences, organizational competences, and interpersonal skills as tools for better understanding of leadership performance to further use in strategic vision [27].

Attitude and subjective criterion interacted with perceived control such that both were more potent predictors of intention at higher levels of control [28]. These outcomes recommend adaptations of the integrative model. Attention to the trusts that underlie attitude revealed that the best candidates for change were feelings of

security regarding future health and certainty that the treatment will be adequate.

Lee et al. [29]. Stated that it's essential external funding to jumpstart such programs, particularly from a prestigious source such as the NIH, and of institutional commitment to sustain such work into the future. The R25 grant recipients identified a few critical topics as crucial to the success of integrating CAM into health professions curricula. The rationale for incorporating CAM curricula was in part to enable future health professionals to provide informed advice as patients dramatically increase the use of CAM. The success of new CAM education projects relied on leadership, including top-down support from institutions' highest administrators. Formal and informal engagement of crucial faculty and opinion leaders raised awareness, interest, and participation in programs. A range of faculty development efforts increased CAM-teaching capacity. The most effective techniques for integration addressed a crucial curriculum need and used some form of evidence-based practice framework.

IM is not the depiction of specific modalities, but rather a philosophy of healing. Though scheduling conflicts, skepticism, and insurance coverage may be obstacles toward IM, collaboration among specialists, and with patients should be the goal [30]. As a result, research was designed to explore the challenges IM physicians look in collaborating with traditional practitioners to provide patient care. Analysis of examinations with 14 clinicians at one center for integrative medicine revealed four specific summons they look in their attempt to co-practice IM with traditional medicine. The four difficult issues include (a) challenges to collaboration, (b) challenges to legitimacy, (c) difficulties to consistency, and (d) challenges to unification [31]. Future research should investigate how these provocations can be addressed, so that collaboration throughout the system is facilitated. The professional teaching of clinicians, the structuring and allocation of integrative medicine, and enhanced systems for communicating patient information all play a significant role in this transformation.

So, leaders are needed to shift from treating illness to supporting the pursuit of wellness. Both allopathic medicine professionals and complementary and integrative medicine professionals can play a role in the new medicine. Dieticians and coaches are as essential as physicians and nurses in supporting wellness. Similarly, direct care practitioners are leaders as much as hospital administrators because leadership is a role someone plays rather than an ascribed title. Currently, leaders are working within the new medicine model who supports wellness through meaningful and purposeful connections, and their efforts need to be further documented in the scholarly literature [32].

Concerning research, we need to start getting involved in clinical trials integrating traditional medicine with complementary & alternative medicine (CAM) for cancer patients [28]. In the United States, a center for research into complementary medicine at the National Institutes of Health has a \$68m (£45m) budget and supports many trials and research centers. The United States also has many units for research into complementary medicine that is based at traditional investigations institutions such as the University of Maryland, Columbia University in New York, Harvard University in Massachusetts, and Memorial Sloan-Kettering Cancer Center in New York [33]. we need to work with comprehensive IM protocols including IV and oral nutrients and botanicals for clinical research studies looking for response rates, survival rates, toxicity profiles, compliance, and cost-effectiveness as well as integrating psychosocial studies too. We need to eliminate the taboo in this 21st Century for the benefit of our

patients. Also, the quality of care and safety are basics to continue doing our job, but we agree that guidelines need to be followed.

Conclusions

Business development initiatives, marketing, and communications are foundational as the engine for the growth of any integrative health enterprise, but having good organizational behavior and strategic plan is vital. We need to focus that the patient is our consumer to address the proper integrative disciplines to use according to their needs. Consumer behavior demonstrated that integrative services are wanted and in demand, but most providers aren't differentiating themselves sufficiently in the market to make a quality, sustainable impact keeping the safety of all IM modalities. Education and research are other vital issues that need to be covered in the business plan. Finally, health care professionals need to get together and eliminate barriers.

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