

---

**POSTER ABSTRACT****Integrative approach as a dormant element of integrated healthcare**23<sup>rd</sup> International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023Diana Araja<sup>1</sup>, Angelika Krulina, Uldis Berkis, Zaiga Nora-Krukle, Modra Murovska

1: Riga Stradins University, Riga, Latvia

---

This abstract focus on the integrative approach as a dormant element in the arsenal of integrated healthcare. The World Health Organization has noted that there are various challenges to implementing integrated health care, among others related to the coordination of care between sectors. This coordination includes the following strategies: Integration of health and social care, Intersectoral partnerships, and Integrating traditional and complementary medicine into modern health systems [1]. Each of these strategies has its own positive evidence-based examples and guidance on potential risks. Overall, integrated health services delivery is defined as an approach to strengthen people-centred health systems through the promotion of the comprehensive delivery of quality services across the life-course, designed according to the multidimensional needs of the population and the individual and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care [2].

At the same time, a group of researchers working towards a common understanding of integrative healthcare has developed a definition that considers integrative healthcare to be a collaborative, coordinated, transdisciplinary, person-centred model of care informed by a holistic model of health and the best available evidence. Care is facilitated by an interdependent, multi-disciplinary team of like-minded, biomedical, allied and complementary health professionals that work together in a collegial, non-hierarchical, communicative and respectful environment in order to prevent illness and optimize health, healing and wellness in individual clients [3]. The current perception is that there are at least two parallel strands – integrated healthcare and integrative healthcare – and that these cleavages do not improve already fragmented healthcare.

In this context, the authors of the current abstract conducted a case study involving a coach in the healthcare process of myalgic encephalomyelitis/ chronic fatigue syndrome (ME/CFS) and long-COVID patients, and obtained significantly positive results [4]. For these diagnoses, there are also publications on the results obtained using complementary medicine and different types of cognitive and exercise practices. Thus, the collaboration between integrated healthcare and integrative healthcare approaches should be encouraged, strengthening methodologies and developing common guidelines. Such cooperation would demonstrate true integrity and serve the interests of patients.

## References:

1. World Health Organization. (2015). People-centred and integrated health services: an overview of the evidence: interim report. World Health Organization. <https://apps.who.int/iris/handle/10665/155004>

2. World Health Organization. Regional Office for Europe. (2016). Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery. WHO Regional Office for Europe. [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/315787/66wd15e\\_FFA\\_IHSD\\_160535.pdf](https://www.euro.who.int/__data/assets/pdf_file/0004/315787/66wd15e_FFA_IHSD_160535.pdf)
3. Leach MJ, Wiese M, Thakkar M, Agnew T. Integrative health care – Toward a common understanding: A mixed method study. *Complementary Therapies in Clinical Practice*. 2018; 30:50-57. doi: 10.1016/j.ctcp.2017.12.007
4. Araja D, Krumina A, Berkis U, Nora-Krukle Z, Murovska M. The Advantages of an Integrative Approach in the Primary Healthcare of Post-COVID-19 and ME/CFS Patients. In: Palermo PS, Olivier B. editors. *COVID-19 Pandemic, Mental Health and Neuroscience – New Scenarios for Understanding and Treatment [Working Title]*. London: IntechOpen. 2022. <https://www.intechopen.com/online-first/82708>. doi: 10.5772/intechopen.106013