



Health system innovation:

Using Fullscript to
power integrative care

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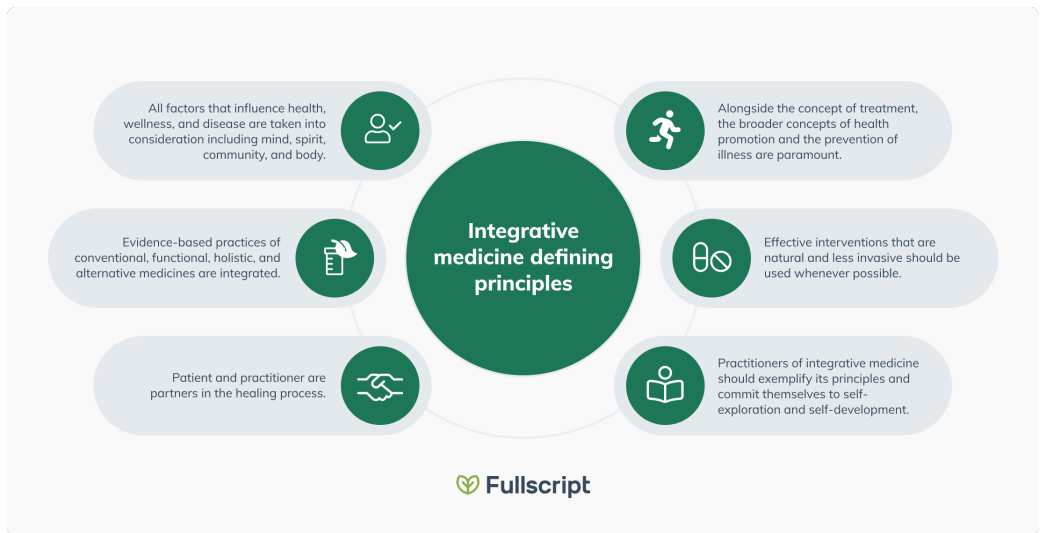
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What is integrative medicine?

Integrative medicine is typically described as the combination of conventional medicine with complementary and alternative medicine (CAM). However, this definition or approach does not capture the full scope of integrative medicine or what it has to offer. ([Bell et al. 2002](#))

Integrative medicine is a 'healing-oriented' medicine that considers the whole person within the context of a collaborative therapeutic relationship between the practitioner and the patient. It can help promote overall health and well-being and aid chronic disease management and prevention. ([NIH 2014](#))

Furthermore, integrative medicine is informed by scientific evidence, uses appropriate integrative therapies, and is guided by the defining principles outlined in the graphic below. ([University of Arizona 2022](#))



4 in 10

American adults use some form of complementary or integrative medicine.

([Agarwal 2018](#))

4 in 5

Americans use dietary supplements.

([CRN 2021](#))

> 50%

of office-based medical doctors recommend some type of complementary health approach to their patients.

([Stussman et al., 2020](#))

The benefits of integrative medicine

Studies have shown that integrative medicine can help:

- Improve patient outcomes ([Dickman et al., 2007](#)) and quality of life ([Wolever et al., 2011](#))
- Improve self-efficacy and self-management ([Wolever et al., 2011](#))
- Prevent the recurrence of disease ([Hanai et al., 2006](#))
- Manage chronic diseases such as asthma ([Kligler et al., 2011](#)) and diabetes ([Bradley et al., 2012](#))

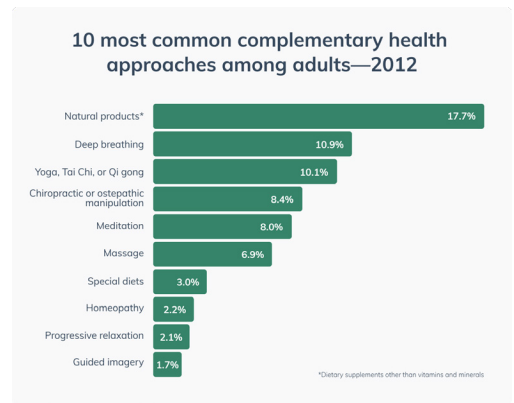
Providers of integrative medicine

Many licensed healthcare practitioners provide integrative care to their patients. Examples of practitioners and doctors who may practice integrative care include:

- Chiropractors
- Dietitians and nutritionists
- Doctors of oriental and Traditional Chinese medicine
- Medical doctors
- Naturopathic doctors
- Nurses & nurse practitioners
- Osteopathic doctors

Types of CAM therapies utilized in integrative medicine

According to a 2012 survey, dietary supplements are the most commonly used integrative modality among American adults. Therapeutic breathing techniques and yoga/ Tai Chi/Qi Gong were also identified as popular CAM therapies. ([NCCIH 2021](#))



([NCCIH 2021](#))

Integrative medical practitioners may recommend a variety of possible therapies (in addition to dietary supplements) along with conventional care, such as:

- Botanical or herbal medicines
- Dietary and lifestyle recommendations
- Spinal manipulation
- Traditional Chinese Medicine (TCM) ([NCCIH 2021](#))

What is Fullscript?

Fullscript is a powerful, free integrative care delivery platform used by thousands of practitioners to boost revenue, strengthen treatment adherence (compliance), and improve patient outcomes.

Practitioners can conveniently dispense healthcare's best supplements and nutraceuticals right to their patients' doors. If in-office dispensing is preferred, practitioners also have the option to order wholesale products on Fullscript.

Health systems can earn a profit on direct-to-patient prescriptions without managing inventory or overhead costs.

Among other treatment applications, practitioners often use Fullscript to address drug-induced nutrient depletions and identify potential interactions. The platform also offers treatment adherence features, like refill reminders, patient education materials, practice resources, data insights, and more, to help patients stay adherent and practitioners stay on top of patient progress.

The purpose of this guide

At Fullscript, our mission is to help people get better. We are continuously working toward building a frictionless technology platform that simplifies the delivery of integrative medicine for practitioners and their patients. This guide highlights key considerations for delivering integrative care and outlines innovative tech tools found within the Fullscript platform that empowers and supports clinicians.



Five key considerations for clinicians

1. Focus on optimizing treatment adherence

Integrative medicine can help individuals become more engaged in their healthcare and increase their ability to self-manage their health and maintain lifestyle changes. ([Wolever et al., 2011](#)) In other words, integrative medicine increases treatment adherence—the extent to which a patient follows an agreed-upon prescription or treatment plan. It considers the patient's views and choices, allowing them to play an active role in developing their treatment plan. ([Chakrabarti 2014](#))

In 2021, Fullscript's Integrative Medical Advisory Team (IMAT), in conjunction with the Institute of Functional Medicine and the University of Maryland School of Medicine, published a [white paper on treatment adherence](#) in the peer-reviewed, PubMed-indexed [Integrative Medicine: Clinician's Journal](#). ([Bailey et al., 2021](#)) The purpose of the white paper was to, first, contribute to the growing body of evidence on adherence in integrative medicine, and second, learn how the Fullscript platform can better support adherence through both practitioner and patient tools and resources. The white paper highlighted how low treatment adherence limits the effective management and treatment of chronic conditions, creates a significant healthcare burden, increases costs to the healthcare system, and leads to poor patient outcomes. ([Bailey et al., 2021](#))



15-30%

of patients are non-adherent to their new treatment plans.

50%

of individuals living with a chronic disease are non-adherent to their treatment plans.

30 to 69%

of hospital admissions are linked with non-adherence to medications.

\$100-290 billion

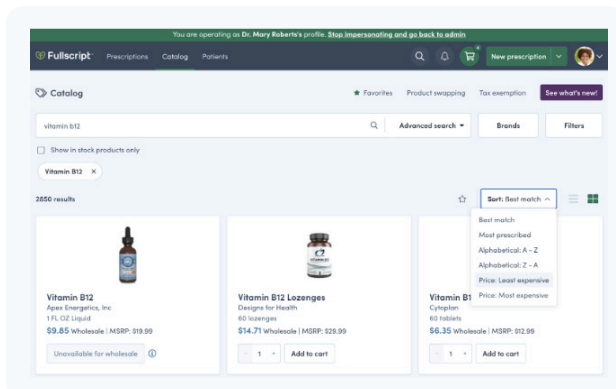
Non-adherence cost to the U.S. healthcare system

(Bailey et al., 2021)

In addition, the report discussed many factors that can influence treatment adherence. Strategies that may improve adherence include considering treatment costs, utilizing reminders, and actively monitoring adherence. (Bailey et al., 2021) Insights gathered from the literature review and a practitioner survey fueled the development of key adherence tools in the Fullscript platform.

Fullscript improves adherence through cost considerations

Cost is a primary barrier to adherence; as a result, reducing out-of-pocket costs can improve adherence. (Holbrook et al., 2021) The Fullscript catalog enables practitioners to filter health products according to cost. Practitioners may choose to pass on earnings to their patients in the form of discounts. Practitioners can also set store-wide discounts for all patients or set individual discounts for certain patients, giving them even more control over making treatment plans accessible.



Fullscript improves adherence through ongoing patient engagement

Studies have shown that electronic reminders can increase treatment adherence by 18 to 22%. (Kashgary et al., 2017) With that in mind, Fullscript developed an advanced automatic refill reminder to help patients stay adherent without increasing administrative burden.

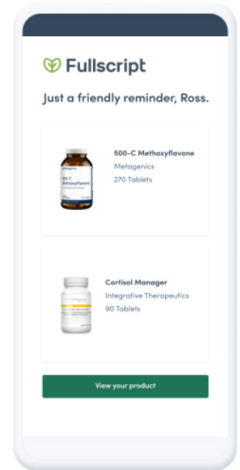
Fullscript improves adherence by simplifying treatment plans

Fullscript's ordering experience is designed to help patients get the wellness products they need quickly and easily.

Dose-supply ordering in the cart means patients can order by time and/or quantity, making it easy to follow recommendations without having to do tedious calculations.

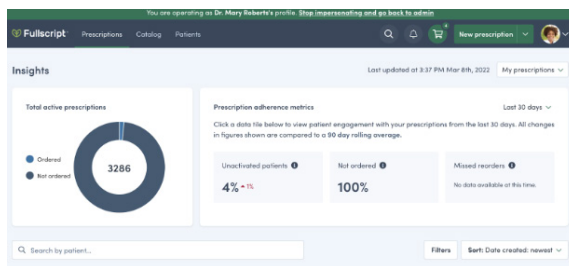
Patients can also subscribe their favorite products to Autoship, which will automatically place orders based on their chosen delivery frequency.

Dose-supply ordering options and Autoship are only a few ways Fullscript helps patients remain adherent to their treatment plans.



Fullscript improves adherence by providing feedback to health providers

The Insights Dashboard provides practitioners with adherence statistics, including patient ordering behaviors and unactivated patients, over various customizable reporting periods. Reminders can be sent directly from the dashboard to patients who may require additional encouragement in placing an order or have accidentally missed a refill.



In addition, the Insights Dashboard automatically sends Adherence Surveys to patients who have not filled their recommendation after seven days. The information gathered from these one-question surveys are fed directly into the dashboard, allowing practitioners to combine qualitative and quantitative data to build patient engagement strategies.

2. Empower patients through health education

Integrative medicine practitioners utilize health education to empower their patients, increase treatment adherence, and improve outcomes. However, studies have shown that 40 to 60% of Americans struggle with poor health literacy. ([Kutner et al., 2006](#); [Health Literacy in Canada 2008](#))

Health literacy has two components: personal and organizational. Personal health literacy is defined as “the degree to which individuals have the ability to find, understand, and use [health] information and services.” In contrast, organizational health literacy emphasizes the organization’s role in enabling and supporting personal health literacy. ([Health Literacy in Healthy People 2030, 2021](#))

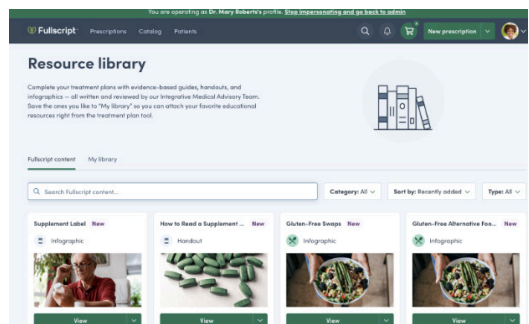
Poor health literacy was identified in Fullscript’s treatment adherence report as a key barrier to treatment adherence. ([Bailey et al., 2021](#)) As a result, IMAT began researching health literacy to improve Fullscript’s educational offerings and contribute to health literacy research within integrative medicine. The literature review revealed that poor health literacy is a global health issue that increases the risk of emergency care use, hospitalization, and death. ([Berkman et al., 2011](#); [Miller 2016](#); [Hickey et al., 2018](#))

Furthermore, the literature review identified that most health information is too complex for patients, especially individuals with limited health literacy skills. ([Brach et al., 2012](#)) While offering easy-to-read materials does not eliminate poor health literacy or necessarily lead to health behavior change, it can improve patient comprehension and empower them to be active participants in their healthcare. ([Sudore and Schillinger 2009](#); [Brega et al., 2015](#))

Fullscript improves health literacy through evidence-based patient resources

It’s no secret—practitioners are busy. Curating or creating evidence-based resources takes time and attention that many simply can’t afford to spare. Fullscript is proud to offer an extensive library of patient resources that are engaging, evidence-based, professionally designed, and accessible for a diverse audience.

Over 140 medically-reviewed guides, handouts, and infographics can be found within our Resource Library and attached directly to treatment plans or downloaded and provided to patients at a later date.



3. Use evidence-based clinical decision support tools

Integrative medicine is evidence-based, and this evidence base is expanding daily. It can be challenging and even overwhelming to stay up to date considering the demands of a busy clinical practice.

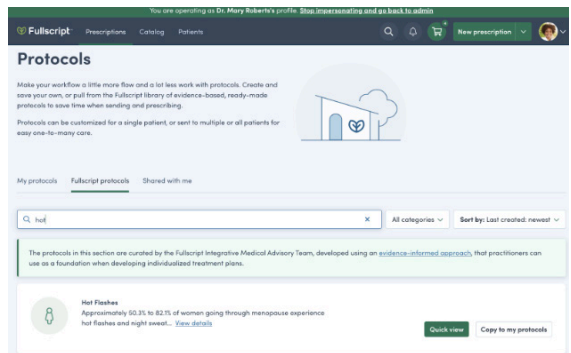
Fullscript improves clinicians' abilities to provide evidence-based care

Fullscript offers over 35 evidence-based protocols and nutraceutical ingredient reviews to help practitioners stay easily up to date with the most current research. Fullscript protocols are available directly on the platform, making prescribing health easy.

Fullscript's practitioner educational guides, research updates, nutrient depletion tool, white papers, and webinar series provide additional insights to healthcare providers delivering integrative medicine.

Moreover, Fullscript has partnered with top educational leaders in integrative medicine to bring practitioners industry-leading resources. Some of our educational partners include:

- American Nutrition Association (ANA)
- Institute of Functional Medicine (IFM)
- Personalized Lifestyle Medicine Institute (PLMI)

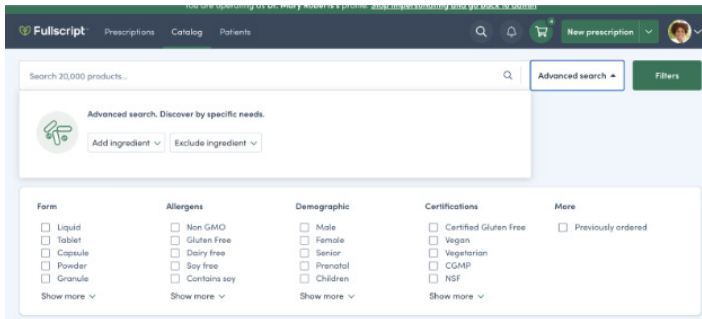


4. Recommend high-quality dietary supplements

The Food and Drug Administration (FDA) oversees the regulation of dietary supplements and natural health products in the United States. However, dietary supplements are not as strictly regulated as pharmaceutical medications. As a result, many dietary supplements lack transparency regarding purity, quality, and safety. (NIH 2020)

Fullscript helps practitioners recommend high-quality dietary supplements

At Fullscript, your patient's health and safety are a top priority. Fullscript partners with healthcare's best brands compliant with Good Manufacturing Practice (GMP) standards to ensure its catalog provides the highest quality products.



The advanced search functionality of the Fullscript catalog enables practitioners to filter products according to third-party quality certifications, such as USDA Organic and Non-GMO Verified. Practitioners can further filter their search by desired or unwanted dietary ingredients, supplement forms, or allergens, to find the perfect product for their patients.

5. Leverage innovative technology for care delivery

The current design of the medical system places great demands on healthcare providers. Practicing integrative medicine can further increase those demands as the model requires more time and resources from healthcare providers to support treatment adherence, behavioral change, and health literacy. Virtual dispensing offers a modern way to deliver care to patients that creates a passive revenue stream while reducing administrative burden for staff.

Fullscript streamlines integrative care delivery

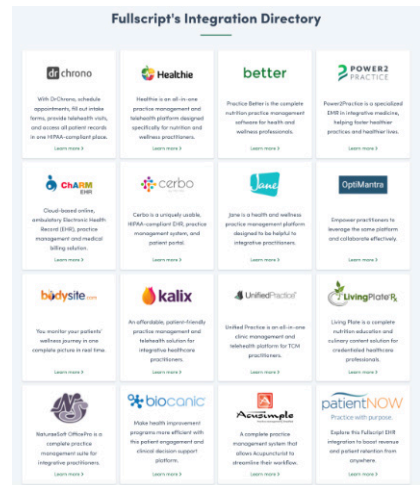
Fullscript offers integrations with over 20 Electronic Health Record (EHR) and informatics platforms, such as DrChrono, Jane, CharmHealth, and Optimal DX. These integrations create a complete, integrative health workspace to support patients and practices across North America. With an extensive catalog of 40,000+ products from more than 450 brands at practitioners' fingertips, Fullscript enables them to incorporate wellness and personalized care into their practice at scale.

How Fullscript provides solutions and support:

- For practitioners: Reduces administrative burden, improves efficiency, offers research-backed education content and decision support, and provides visibility to support adherence while delivering improved patient care
- For patients: Easy access to quality products, refill reminders, and options for automated refills, improving adherence and outcomes
- For EHRs: Integrates into existing workflows providing an expanded solution offering with revenue-generating capabilities, reinforcing comprehensive care

Practitioners often see the loss of productivity as a key barrier to adopting new technologies like EHRs and virtual dispensaries. (Jamoom et al., 2014) Fullscript's dynamic sales team supports every practitioner in setting up and optimizing the use of their Fullscript account. Patients may also receive support regarding their accounts and purchases from Fullscript's friendly and helpful customer success team.

Fullscript integrations deliver a secure and compliant way to create treatment plans and maximize efficiency, patient adherence, and revenue, while ensuring Fullscript abides by the security standards of working with ePHI and medical APIs.



College Park Family Care Center

College Park in Kansas City offers compassionate, comprehensive care with a commitment to treat the “whole” patient — body, mind, and spirit.

A part of their integrative approach to care is offering top-quality supplements and nutraceuticals both in-office and virtually to patients through Fullscript.

Two years of growth using Fullscript



College Park Family Care Center has seen incredible growth in just two years.



Our online supplement sales continue to grow steadily each month, and the Fullscript inside sales support is beyond excellent. The reports on the platform each month showing sales trends and profits are invaluable and so impressive to our upper management.

– Mary Willis, RDN/CDE



	March 2020	March 2022
 Profit growth	n/a	198%
 Number of providers	1	10
 Total number of ordering patients	37	1468% increase
 Number of ordering patients per month	37	800%

Fullscript benefits include:

- ✓ Free-to-use
- ✓ Safe, secure, & HIPAA compliant
- ✓ Top-quality dietary supplements to address nutrient-depletions caused by pharmaceutical medications
- ✓ Integration with many popular EHRs
- ✓ Virtual & in-office dispensing

The benefits College Park has seen

Being able to dispense supplements in-office and online is not only convenient, but it also adds another valuable income stream. With the help of refill reminders, autoship, an insights dashboard, and more, the College Park team has also seen a boost in treatment adherence (compliance).

How College Park has simplified dispensing & increased adherence:

- ✓ Less time managing inventory
- ✓ No more product expiring
- ✓ Patient refill reminders
- ✓ Easy reorder with refill reminders
- ✓ On-site recommendations captured online
- ✓ Autoship

Why did College Park choose Fullscript?

Because Fullscript is a powerful, free integrative care delivery platform used by thousands of practitioners to boost revenue, strengthen treatment adherence, and improve patient outcomes. Practitioners can conveniently dispense healthcare's best supplements and nutraceuticals right to their patients' doors. If in-office dispensing is preferred, practitioners also have the option to order wholesale products on Fullscript. Health systems can earn a profit on direct-to-patient prescriptions without managing inventory or overhead costs.



Ready to learn more?

Put your practice on the path to success. Book a demo today.

Book a demo

QR code

Wholesale ordering is currently available for practitioners in the US only. References are available in Fullscript's Treatment Adherence in Integrative Medicine Report. Personal care products are available to patients if the practitioners allows access to the 'Full product' catalog.

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References

1. Agarwal, V. (2018). Complementary and alternative medicine provider knowledge and discourse on holistic health. *Frontiers in Communication*, 3.
2. Bailey, R., English, J., Knee, C., & Keller, A. (2021). Treatment adherence in integrative medicine—part one: Review of literature. *Integrative Medicine*, 20(3), 48–60.
3. Bell, I. R., Caspi, O., Schwartz, G. E. R., Grant, K. L., Gaudet, T. W., Rychener, D., Maizes, V., & Weil, A. (2002). Integrative medicine and systemic outcomes research: Issues in the emergence of a new model for primary health care. *Archives of Internal Medicine*, 162(2), 133–140.
4. Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: An updated systematic review. *Annals of Internal Medicine*, 155(2), 97–107.
5. Brach, C., Keller, D., Hernandez, L., Baur, C., Parker, R., Dreyer, B., Schyve, P., Lemerise, A. J., Schillinger, D. (2012). Ten attributes of health literate health care organizations. *NAM Perspectives*, 02(6).
6. Bradley, R., Sherman, K. J., Catz, S., Calabrese, C., Oberg, E. B., Jordan, L., Grothaus, L., & Cherkin, D. (2012). Adjunctive naturopathic care for type 2 diabetes: Patient-reported and clinical outcomes after one year. *BMC Complementary and Alternative Medicine*, 12, 44.
7. Brega, A., Barnard, J., Mabachi, N., Weiss, B., DeWalt, D., Brach, C., Cifuentes, M., Albright, K., & West, D. (2015, February). Health literacy universal precautions toolkit, 2nd Edition. AHRQ.
8. Bulaj, G., Ahern, M. M., Kuhn, A., Judkins, Z. S., Bowen, R. C., & Chen, Y. (2016). Incorporating natural products, pharmaceutical drugs, self-care and digital/mobile health technologies into molecular-behavioral combination therapies for chronic diseases. *Current Clinical Pharmacology*, 11(2), 128–145.
9. Chakrabarti, S. (2014). What's in a name? Compliance, adherence and concordance in chronic psychiatric disorders. *World Journal of Psychiatry*, 4(2), 30–36.

10. Cheen, M. H. H., Tan, Y. Z., Oh, L. F., Wee, H. L., & Thumboo, J. (2019). Prevalence of and factors associated with primary medication non-adherence in chronic disease: A systematic review and meta-analysis. *International Journal of Clinical Practice*, 73(6), e13350.
11. Complementary, alternative, or integrative health: What's in a name? (2021, April). NCCIH.
12. CRN reveals initial data from 2021 consumer survey on dietary supplements. (2021, November 3).
13. Dickman, R., Schiff, E., Holland, A., Wright, C., Sarela, S. R., Han, B., & Fass, R. (2007). Clinical trial: Acupuncture vs. doubling the proton pump inhibitor dose in refractory heartburn. *Alimentary Pharmacology & Therapeutics*, 26(10), 1333–1344.
14. Dietary supplements: What you need to know. (2020, September 3) National Institutes of Health (NIH).
15. Fischer, M. A., Choudhry, N. K., Brill, G., Avorn, J., Schneeweiss, S., Hutchins, D., Liberman, J. N., Brennan, T. A., & Shrank, W. H. (2011). Trouble getting started: Predictors of primary medication nonadherence. *The American Journal of Medicine*, 124(11), 1081.e9–e22.
16. Fischer, M. A., Stedman, M. R., Lii, J., Vogeli, C., Shrank, W. H., Brookhart, M. A., & Weissman, J. S. (2010). Primary medication non-adherence: Analysis of 195,930 electronic prescriptions. *Journal of General Internal Medicine*, 25(4), 284–290.
17. Gearing, R. E., Townsend, L., MacKenzie, M., & Charach, A. (2011). Reconceptualizing medication adherence: Six phases of dynamic adherence. *Harvard Review of Psychiatry*, 19(4), 177–189.
18. Hanai, H., Iida, T., Takeuchi, K., Watanabe, F., Maruyama, Y., Andoh, A., Tsujikawa, T., Fujiyama, Y., Mitsuyama, K., Sata, M., Yamada, M., Iwaoka, Y., Kanke, K., Hiraishi, H., Hirayama, K., Arai, H., Yoshii, S., Uchijima, M., Nagata, T., & Koide, Y. (2006). Curcumin maintenance therapy for ulcerative colitis: Randomized, multicenter, double-blind, placebo-controlled trial. *Clinical Gastroenterology and Hepatology*, 4(12), 1502–1506.
19. Health literacy in healthy people 2030. (2021, August 24). Health.gov.
20. Hickey, K. T., Masterson Creber, R. M., Reading, M., Sciacca, R. R., Riga, T. C., Frulla, A. P., & Casida, J. M. (2018). Low health literacy: Implications for managing cardiac patients in practice. *The Nurse Practitioner*, 43(8), 49–55.
21. Holbrook, A. M., Wang, M., Lee, M., Chen, Z., Garcia, M., Nguyen, L., Ford, A., Manji, S., & Law, M. R. (2021). Cost-related medication nonadherence in Canada: A systematic review of prevalence, predictors, and clinical impact. *Systematic Reviews*, 10(1), 11.
22. Jamoom, E. W., Patel, V., Furukawa, M. F., & King, J. (2014). EHR adopters vs. non-adopters: Impacts of, barriers to, and federal initiatives for EHR adoption. *Healthcare (Amsterdam, Netherlands)*, 2(1), 33–39.
23. Kashgary, A., Alsolaimani, R., Mosli, M., & Faraj, S. (2017). The role of mobile devices in doctor-patient communication: A systematic review and meta-analysis. *Journal of Telemedicine and Telecare*, 23(8), 693–700.
24. Kleinsinger, F. (2010). Working with the noncompliant patient. *The Permanente Journal*, 14(1), 54–60.
25. Kleinsinger, F. (2018). The unmet challenge of medication nonadherence. *The Permanente Journal*, 22, 18–033.
26. Kligler, B., Homel, P., Blank, A. E., Kenney, J., Levenson, H., & Merrell, W. (2011). Randomized trial of the effect of an integrative medicine approach to the management of asthma in adults on disease-related quality of life and pulmonary function. *Alternative Therapies in Health and Medicine*, 17(1), 10–15.
27. Kutner, M. E., Greenberg, E., Jin, Y., & Paulsen, C. (2006). The health literacy of America's adults: Results from the 2003 national assessment of adult literacy (NCES 2006–483). US Department of Education. Washington, DC: National Center for Education Statistics.
28. Miller, T. A. (2016). Health literacy and adherence to medical treatment in chronic and acute illness: A meta-analysis. *Patient Education and Counseling*, 99(7), 1079–1086.

29. Neiman, A. B., Ruppap, T., Ho, M., Garber, L., Weidle, P. J., Hong, Y., George, M. G., & Thorpe, P. G. (2018). CDC grand rounds: Improving medication adherence for chronic disease management - Innovations and opportunities. *American Journal of Transplantation*, 18(2), 514–517.
30. NIH complementary and integrative health agency gets new name. (2015, July 22). National Institutes of Health (NIH).
31. Osterberg, L., & Blaschke, T. (2005). Adherence to medication. *The New England Journal of Medicine*, 353(5), 487–497.
32. World Health Organization. (2003). Adherence to long-term therapies : evidence for action / [edited by Eduardo Sabaté] World Health Organization.
33. Health Literacy in Canada: A Healthy Understanding 2008 (Ottawa: 2008). 38 pages.
34. Stirratt, M. J., Curtis, J. R., Danila, M. I., Hansen, R., Miller, M. J., & Gakumo, C. A. (2018). Advancing the science and practice of medication adherence. *Journal of General Internal Medicine*, 33(2), 216–222.
35. Stussman, B. J., Nahin, R. R., Barnes, P. M., & Ward, B. W. (2020). U.S. physician recommendations to their patients about the use of complementary health approaches. *Journal of Alternative and Complementary Medicine*, 26(1), 25–33.
36. Sudore, R. L., & Schillinger, D. (2009). Interventions to improve care for patients with limited health literacy. *Journal of Clinical Outcomes Management*, 16(1), 20–29.
37. Viswanathan, M., Golin, C. E., Jones, C. D., Ashok, M., Blalock, S. J., Wines, R. C. M., Coker-Schwimmer, E. J. L., Rosen, D. L., Sista, P., & Lohr, K. N. (2012). Interventions to improve adherence to self-administered medications for chronic diseases in the United States: A systematic review. *Annals of Internal Medicine*, 157(11), 785–795.
38. University of Arizona. (n.d.). What is Integrative Medicine? The Andrew Weil Center for Integrative Medicine. Retrieved March 14, 2022.
39. Wolever, R. Q., Webber, D. M., Meunier, J. P., Greeson, J. M., Lausier, E. R., & Gaudet, T. W. (2011). Modifiable disease risk, readiness to change, and psychosocial functioning improve with integrative medicine immersion model. *Alternative Therapies in Health and Medicine*, 17(4), 38–47.





Fullscript

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Friday & Saturday 9am - 5pm EST



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