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Dan Gale

Shohei Ikoma

Quinn Meisinger

Caroline Moats

Jessica Sayre

See next page for additional authors

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Authors

Dan Gale, Shohei Ikoma, Quinn Meisinger, Caroline Moats, Jessica Sayre, Marvin Scott, Susan Varga, Mimi Reardon, Helene Langevin, Margaret Eppstein, and Robert Davis

Referral Patterns between Allopathic Physicians and Complementary and Alternative Medicine Practitioners

Gale D, Ikoma S, Meissinger Q, Moats C, Sayre J, Scott J, Varga S, Reardon M, Langevin H, Eppstein M, Davis R

Introduction and Objectives

The provision of basic healthcare in the United States may be viewed considering two different, and sometimes combined, therapeutic approaches:

- Allopathic/osteopathic medicine
- Complementary and alternative medicine (CAM)

Our study is interested in the intersection of allopathic medicine and CAM. Evidence suggests that Americans are seeking CAM at a similar or even a higher rate than allopathic medicine, yet there seems to be a division between practitioners of each discipline. Is this division created by a lack of coordination, such as an inadequately established referral system, or by a general lack of knowledge, or by the attitudes of the practitioners?

In our study our objectives were:

- To assess the referral patterns between allopathic and CAM practitioners in Chittenden County.
- To examine the various factors that may influence these referral patterns using confidential surveys.

Methods

- One questionnaire was designed for allopathic physicians, family medicine physicians and OB/GYNs. A second questionnaire was designed for CAM practitioners, chiropractors and acupuncturists. The selection of specialty was based on numbers and not the likelihood of referrals.
- A subject list was created from the Vermont State registry for licensed professionals and from a University of Vermont College of Medicine Area Health Education Center (AHEC) program registry of practitioners in Chittenden County.
- The survey assessed:
 - referral frequency from the responder to individuals or practices within Chittenden County.
 - reasons for or against referrals between allopathic and CAM practitioners.
- Surveys were administered and collected using both facsimile and postal mail. Data from the surveys was analyzed and entered into a programmed matrix to be assimilated into figures displaying referral network, referral frequency, and referral reciprocity for analysis.

Results

Figure 1. Schematic of referral network. This figure demonstrates the referrals made by and received from the 87 responders. (47% of allopathic practitioners responded, and 45% of CAM practitioners responded). The size of the circle or diamond is proportional to the number of referrals the practitioner received. The color of the line represents the referring practitioner and the arrow points to the practitioner receiving the referral. The line thickness is proportional to the frequency of referral (thinnest = “rarely,” medium = “sometimes,” and thickest = “often”).

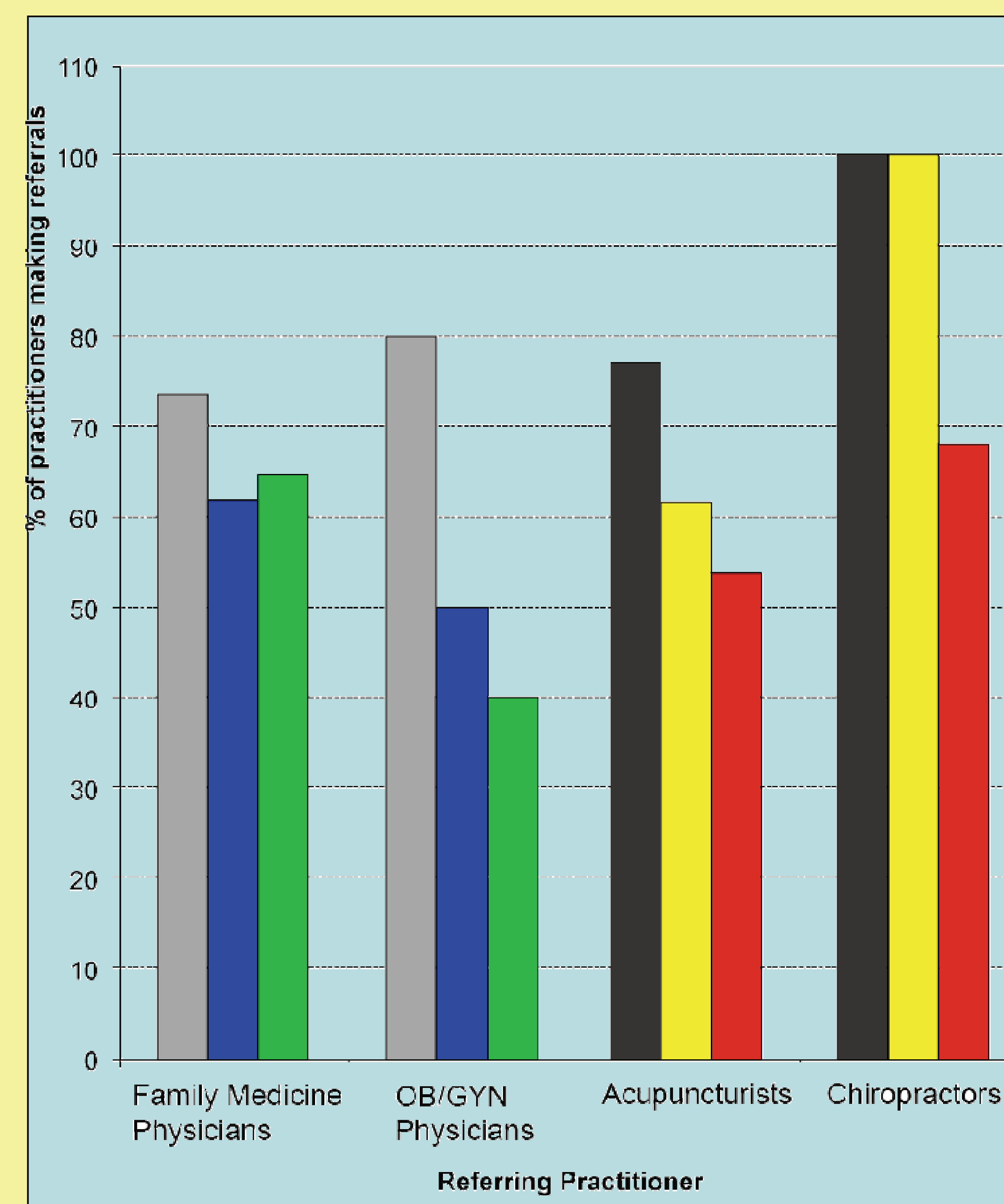


- Acupuncturist referrals
- Chiropractor referrals
- Family medicine physician referrals
- OB/GYN physician referrals

Table 1. Referral Reciprocity. This table demonstrates referral reciprocity among practitioners. The probability is given for how likely it is that if practitioner A refers to practitioner B, practitioner B also refers to practitioner A. FP=Family Medicine Physician. A=Acupuncturist. C=Chiropractor

| Referrals made: | to FP | to OB/GYN | to A | to C |
|-----------------|-------|-----------|------|------|
| from FP | -- | -- | 0.41 | 0.17 |
| from OB/GYN | -- | -- | 0.36 | 0.09 |
| from A | 0.54 | 0.45 | -- | -- |
| from C | 0.11 | 0.05 | -- | -- |

Figure 2. Percentage of referrals made by responders. This figure shows the percentage of referrals of allopathic physicians referring to CAM practitioners and vice-versa.



- Referrals to acupuncturists, chiropractors, or both
- Referrals to acupuncturists
- Referrals to chiropractors
- Referrals to Family Medicine, OB/GYN Physicians, or both
- Referrals to Family Medicine Physicians
- Referrals to OB/GYN Physicians

Conclusion

Quantitative

Our study found that the majority of allopathic responders made referrals to CAM practitioners and the majority of CAM responders made referrals to allopathic physicians. In fact, 100% of chiropractic responders made referrals to allopathic physicians.

- The referral patterns in this network vary; i.e. the majority of practitioners make and receive few or no interclass referrals, while a few practitioners make and receive many.
- Chiropractors who make many referrals also receive many referrals. However, chiropractors typically do not refer back to the same practitioners who refer to them. There is much greater reciprocity seen between acupuncturists and allopathic physicians.

Qualitative - comments

- OB/GYNs who do not refer to CAM practitioners frequently commented that they avoid making referrals because they believed certain CAM practices lacked sufficient evidence to proof of efficacy.
- Several family medicine physicians suggested that a listing of CAM practitioners and their specialties would increase their rates of referral.
- Other family medicine physicians cited patient self-referral as the reason for not referring patients to CAM services.
- Several CAM practitioners stated that they wish to work more closely with allopathic practitioners. They are concerned, however, that allopathic physicians often dismiss the effectiveness of CAM.

Lessons Learned

- Data collection presented many challenges. Facsimile and postal mail were effective methods of distributing surveys. For future projects we would recommend developing an efficient method of providing reminders to non-responders to increase the percentage of responding subjects.
- By gaining first-hand experience of CAM we hope to provide better care to our future patients.

References

Kurtz ME, Nolan RB, Rittinger WJ. Primary care physicians' attitudes and practices regarding complementary and alternative medicine. *J Am Osteopath Assoc* 2003;103:597-602.
Hsiao, A et al. A Self Report of Clinicians' Orientation Toward Integrative Medicine. *Health Serv Res.* 2005 October; 40(5 Pt 1): 1553-1569
Coulter, ID et al. Interprofessional Referral Patterns in an Integrated Medical System. *J Manipulative Physiol Ther.* 2005 Mar-Apr;28(3):170-4.
Eisenberg et al. Trends in Alternative Medicine Use in the United States, 1990-1997. *JAMA* 1998;280:1569-1575.