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# Referral Patterns Between Allopathic Physicians and Complementary and Alternative Medicine Practitioners: A Followup Study

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# Referral Patterns between Allopathic Physicians and Complementary and Alternative Medicine Practitioners: A Follow-up Study

Hubbard M, Khattab H, LeComte M, Peet L, Small M, Win K, Zimmerman A, Eppstein M, Langevin H, Trabulsky P

## Introduction

- Despite the high prevalence of Complementary and Alternative Medicine (CAM) usage, several recent surveys suggest that the vast majority of patient visits to CAM practitioners are self-referred and that communication between conventional and CAM practitioners is limited.
- There is a need for a better understanding of factors influencing referral patterns across these two groups of practitioners.
- Network analysis provides a useful tool to quantify relationships between members of an interrelated social network.
- The goal of this follow up study was to quantify the cross-class referral patterns between conventional and CAM classes of practitioners in Chittenden County Vermont, as well as gather additional information on the basis of referrals for future studies.
- This study was a preliminary examination of possible reasons for the referral patterns.



## Methods

- A survey was designed for allopathic physicians in Chittenden County including family medicine physicians and OB/GYNs.
- A second survey was designed for CAM practitioners in Chittenden County including chiropractors and acupuncturists.
- The 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 asked each practitioner about the frequency of referral to practitioners (specifically named, "John Doe") in the opposite class.
- Referral frequency was categorized into "never", "1-5", "6-20", and "20 or more".
- Survey data was de-identified for analysis. Surveys were administered and collected using both facsimile and postal mail.

## Results

	Allopathic responders (n = 41)		CAM responders (n = 11)		All referrers (n = 37)		All non-referrers (n = 14)	
	n	Mean (SE) or %	n	Mean (SE) or %	n	Mean (SE) or %	n	Mean (SE) or %
<b>General</b>								
Age (years)	41	49.0 (2)	10	44.0 (2)	37	46 (2)	14	52 (3)
Years Practicing in Chittenden County	41	14.0 (1.7)	10	12.0 (2)	37	<b>12.3 (1.4)</b>	14	<b>3.6</b>
<b>Gender</b>								
Male	13	31.7%	5	50.0%	11	29.7%	7	50.0%
Female	28	68.3%	5	50.0%	26	70.3%	7	50.0%
<b>Self (Allopathic/CAM) Usage</b>								
yes	9	78.0%	9	90.0%	33	<b>89.2%</b>	8	57.1%
no	32	22.0%	1	10.0%	4	<b>10.8%</b>	6	42.9%
<b>Reasons for referring to (Allopathic/CAM) Practitioners</b>								
Honor Patient Requests for referral	24	58.4%	3	30.0%	27	<b>73.0%</b>		
The treatment I provided didn't attain the desired result	21	51.2%	6	60.0%	25	<b>67.6%</b>		
I feel that combination of both allopathic and CAM would be most beneficial	29	70.7%	7	70.0%	32	<b>86.5%</b>		
<b>Reasons for not referring (Allopathic/CAM) Practitioners</b>								
I don't believe that (Allopathy/CAM) is effective	4	9.8%	1	10.0%			4	<b>28.6%</b>
Patients refer themselves	13	30.0%	3	30.0%			10	<b>71.4%</b>

**Table 1. Descriptive statistics:** Table 1 represents the distribution of self reported information from the survey. This data is representative of the 52 responders (41 of 132 [31%] allopathic and 11 of 82[13%] CAM). Interesting results have been highlighted in red. Responses were categorized either by CAM or Allopathic responders as well as combining all referrers and all non-referrers.

## Conclusions

- An earlier study suggested the feasibility of using network analysis to characterize referral patterns between these two groups.
- Although it would be difficult to use this method in large urban areas, increased sample sizes within areas the size of Chittenden County could be obtained by improving response rates.
- In this study, efforts were made to increase response rates, however they were unsuccessful. Possible reasons for decreased response include a lack of incentive to complete a similar survey. Perhaps sampling a different population would remediate this issue.
- **Due to the extremely low response rates, this data is not statistically significant.**
- Several respondents indicated that many patients referred themselves which probably decreased referral rates.
- One reason for low referrals, as stated by allopathic practitioners, was lack of coverage by insurance companies.
- A CAM practitioner was noted as saying that they find allopaths to have a biased opinion against their work.

## Lessons Learned

- The high percentage of cross class usage may suggest that cross class exposure is important for increasing referral rates.
- Regardless of class, the most common reason for referring was that practitioners felt a combination of medical care from both classes would benefit their patient the most, which means both classes of practitioners share a common interest.
- On subsequent surveying, there was less participation than the previous year, even with the addition of follow-up phone calls.
- The database of practitioners is not static and needs to be updated yearly by re-contacting all practitioners.
- Faxing hundreds of surveys was streamlined by utilizing an online fax service.

### Suggestions for next year's study:

- Because of our decreased response rate, we believe that selecting a different demographic may result in a higher response rate.
- Re-developing the database consumed the majority of the time spent working on this project.

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