

# Interprofessional Collaboration among Complementary and Integrative Health Providers in Private Practice and Community Health Centers

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## Introduction

### Purpose of study:

Investigate aspects of *interprofessional collaboration (IPC)* occurring in a sample of *complementary and integrative health (CIH)* providers from licensed CIH disciplines, both *private practice (PP)* providers and those practicing in *community health centers (CHCs)* providing care to *medically underserved communities (MUCs)*.

Licensed CIH disciplines:

- Acupuncture and Oriental medicine (AOM)
- Chiropractic (DC)
- Direct entry midwifery (DEM)
- Massage therapy (MT)
- Naturopathic medicine (ND)

## Methods

Qualitative health services study using semi-structured interviews and a purposive sampling approach.

### Study Subjects

	Private Practice	CHC
AOM	2	2
DC	3	5
MT	2	2
DEM	3	0
ND	2	2
Other CHC	-	3
<b>TOTAL (26 subjects)</b>	<b>12</b>	<b>14</b>

## Findings: Common Themes

Provider Population	Suggestions for IPC	Impact of IPC
<b>Private practice (PP)</b>	<ul style="list-style-type: none"> <li>• Educate other providers about my discipline</li> <li>• Educate students about IPC and other disciplines</li> <li>• Use terminology that is understandable to others</li> </ul>	+ IPC has positive impact on practice and on patient care.
<b>Community health centers (CHCs)</b>	<ul style="list-style-type: none"> <li>• Provide students with integrated education</li> <li>• Expose students to other providers in clinic settings</li> <li>• Educate others about your discipline, share supporting evidence</li> </ul>	+ Patients benefit and feel cared for. + Providers feel reassured that the patient's other conditions are taken care of. + IPC is gratifying. + Providers learn from each other.  - Challenges of differences in provider style/cultures/ways of thinking. - Time (delayed treatment if waiting for another provider; sacrificing clinic time for meetings).

- **...not every modality is perfect for everyone;** you never know what's going to click for someone.
- [IPC] makes [patient care] stronger, because **all the different modalities have something that we excel at.**
- **[IPC] improves my practice.** It adds credibility to the profession, and it definitely gets me more referrals.
- **I love collaborating, because I feel like we get people's needs met better, and we have better outcomes.**
- IPC helps our practices. It helps us to learn more. I think it's actually **healthy that we question ourselves** and we question what it is we're doing or why are we doing it.
- **Patients like to know that there's a team supporting their health.**
- **Sometimes we're all teaching each other different things** that we learned, so it's pretty cool.
- **The way to make really optimally informed referrals is to have experienced that particular modality,** either as a colleague or as a patient.
- **Developing personal relationships outside of our discipline is important.**
- **...the more we can understand what each other is doing and the more that we can speak each other's language, the better that's going to flow.**

## Conclusions

With a better understanding of collaborative care processes between CIH providers in single discipline private practice and between those CIH providers and conventional providers, *strategies may be identified to improve this collaboration.* A better understanding of collaboration of CIH providers in CHCs which serve MUCs can *help improve the incorporation of CIH providers into teams providing these services.*

Results of this study may contribute to broadening the scope of IPC, improve clinical outcomes, improve efficiency for healthcare systems, and may be useful to institutions engaged in training CIH providers in development of curricular content.

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