

ACADEMIC COLLABORATIVE FOR INTEGRATIVE HEALTH

The Collaborative

Interprofessional collaboration (IPC) among complementary and integrative health (CIH) providers in private practice and community health centers



Anthony Lisi, DC
University of
Bridgeport College of
Chiropractic
Associate Professor



Beth Rosenthal, MPH,
MBA, PhD
Academic Collaborative
for Integrative Health
Working Group Director



Hannah Gravrand, DC, MS
VA Sierra Nevada Health
Care System
Chiropractor, Geriatrics &
Extended Care Service

Welcome and Overview (Beth 5 min)

BACKGROUND & PURPOSE (Hannah 5 min)

METHOD & SUBJECTS (Hannah 10 min)

FINDINGS & DISCUSSION (Hannah/Tony 10 min)

CONCLUSIONS & ACKNOWLEDGEMENTS (Tony/Beth
10 min)

Q&A (20 min)

BACKGROUND

The current healthcare environment is placing increasing emphasis on interprofessional collaboration (IPC). IPC may be of particular importance to complementary and integrative health (CIH) providers who have historically practiced in silos. The extent to which these providers are collaborating with each other and with other providers is not known.

PURPOSE

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

METHOD

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

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SUBJECTS

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

FINDINGS

- Most subjects had little to no exposure to IPE during their training, yet emphasized the importance of IPE for current/future students in their profession
- There are differences in the way referrals were approached outside the clinic.
- Most subjects reported having/finding time to communicate and meet other providers is of importance to IPC.
- Most subjects reported that IPC has a strong positive impact on patient care and professional satisfaction.

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Provider Pop	Suggestions for IPC	Impact of IPC
Private practice (PP)	<ul style="list-style-type: none">• Educate other providers about my discipline• Educate students about IPC and other disciplines• Use terminology that is understandable to others	+ IPC has positive impact on practice and on patient care.
Community health centers (CHCs)	<ul style="list-style-type: none">• Provide students with integrated education• Expose students to other providers in clinic settings• Educate others about your discipline, share supporting evidence	+ 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).

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- **...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.**

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- 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.**

DISCUSSION

CIH providers found to be collaborating with each other and other providers. Subjects indicated IPC had a positive impact on practice and on patient care. Educating students and practitioners about other health disciplines was seen as being key to collaboration between professions, as was being able to communicate using terms others could understand.

CONCLUSIONS

Results of study can 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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Specific examples of how results of this work could be relevant to the training of CIH providers:

- Students in the health disciplines could share classes and cross-training between disciplines, which could help develop relationships from the beginning.
- Students in the health disciplines could receive templates and examples of typical conversations useful for IPC.
- Students in the health disciplines could shadow providers of different disciplines, and participate in clinic rotations in different disciplines, which would also help facilitate IPC between professions.

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Specific examples of how results of this work could lead to raising IPC awareness and contribute to broadening the scope of IPC:

- Templates and handouts could be developed to help providers from CIH disciplines with outreach to educate about what they do (via written materials, presentations, complimentary treatments for providers).
- A chiropractor could work side by side with a massage therapist to offer patients a more optimal pain-care experience.
- A naturopathic doctor could work alongside a conventional medical doctor to treat chronic conditions which may benefit from a holistic approach and require a prescription.

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- Instead of offering conventional pain medication to a patient with chronic pain, a conventional medical doctor could refer a patient to an acupuncturist, naturopathic doctor, chiropractor or massage therapist for a more conservative approach.
- A direct-entry midwife (DEM) could receive a referral from an OBGYN for an expectant mother interested in a home-birth, and a DEM could also perform a warm hand-off to an OBGYN if complications arise during labor.
- CIH providers could arrange regular interprofessional meetings/case presentations with professionals from different disciplines, including allied health professionals.

Presentations

- American Public Health Association annual meeting, Chicago (2015)
- Integrative Medicine for the Underserved (IM4US) conference, Chicago (2017)
- International Congress on Integrative Medicine & Health Conference, Baltimore (2018)
- Integrative Medicine for the Underserved Conference (IM4US), Washington, DC (2018)
- Academy for Integrative Health and Medicine (AIHM) annual meeting, San Diego (2018)
- Healthier Texas Summit, Austin (2018)
- American Public Health Association (APHA) San Diego (2018)

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Beth Rosenthal ^a  , Hannah Gravrand ^{b, 1}, Anthony J. Lisi ^c

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Abstract

Background

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Q&A

What questions / comments do you have?

Please use the GTW Chat log.

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For more information contact
Beth Rosenthal at
brosenthal@integrativehealth.org