

Tales from Two Cities: Toronto and Los Angeles

Community-Based Integrative Healthcare Education in Licensed Integrative Healthcare Professions

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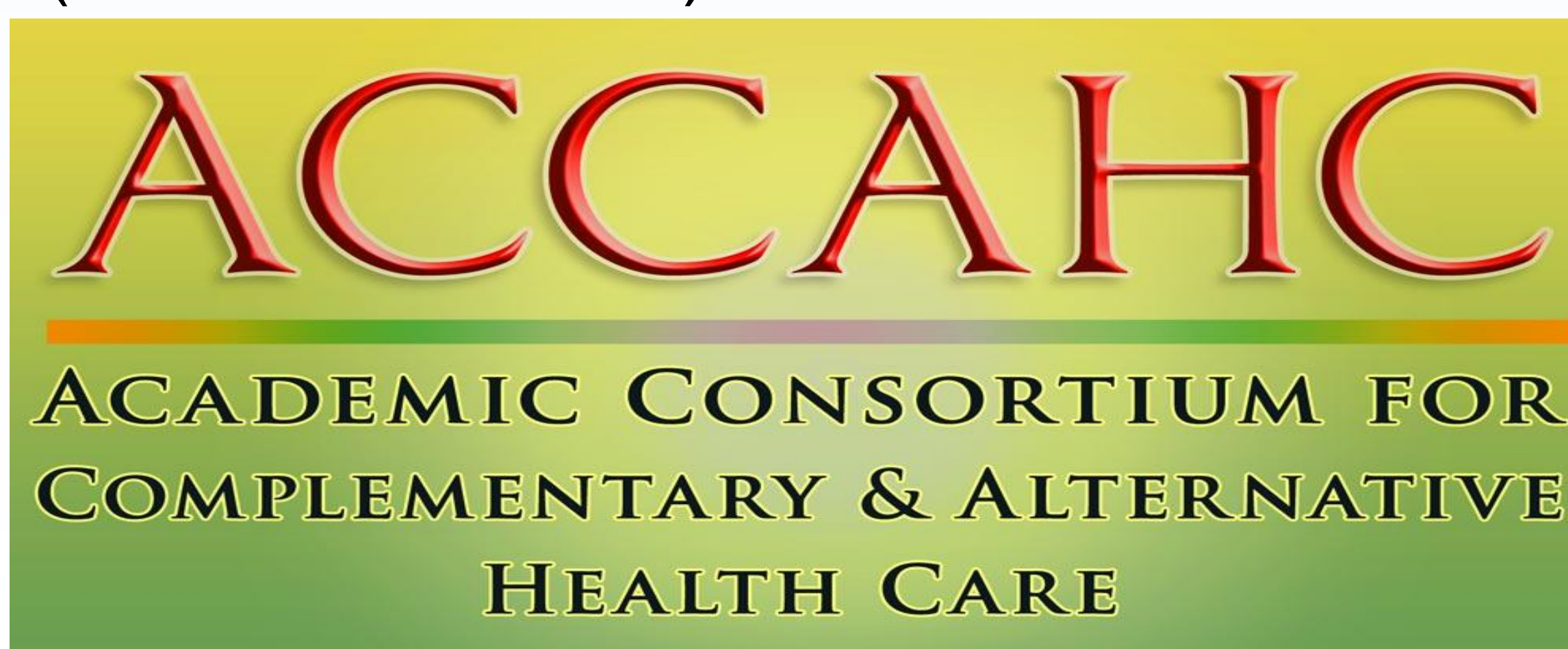
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Introduction

There is growing utilization and high patient satisfaction with Complementary and Integrative Medicine (CIM).^(1,2) In addition, there is a need to provide training in such CIM services to allopathic medical practitioners as well as to CIM practitioners to foster an integrated approach that benefits patients with chronic conditions. To address these types of conditions and to better imbed their clinical education in the community, many CIM institutions are establishing relationships within the conventional healthcare delivery system. The rationale of two such partnership models for this community service movement in integrative health and medical education is described and summarized.

Methods

A prior survey by the Academic Consortium for Complementary and Alternative Health Care (ACCAHC) of all accredited US and Canadian institutions from the chiropractic, naturopathic, acupuncture and Oriental medicine, massage therapy and direct-entry midwifery schools found that 34% have (continued above)



Methods

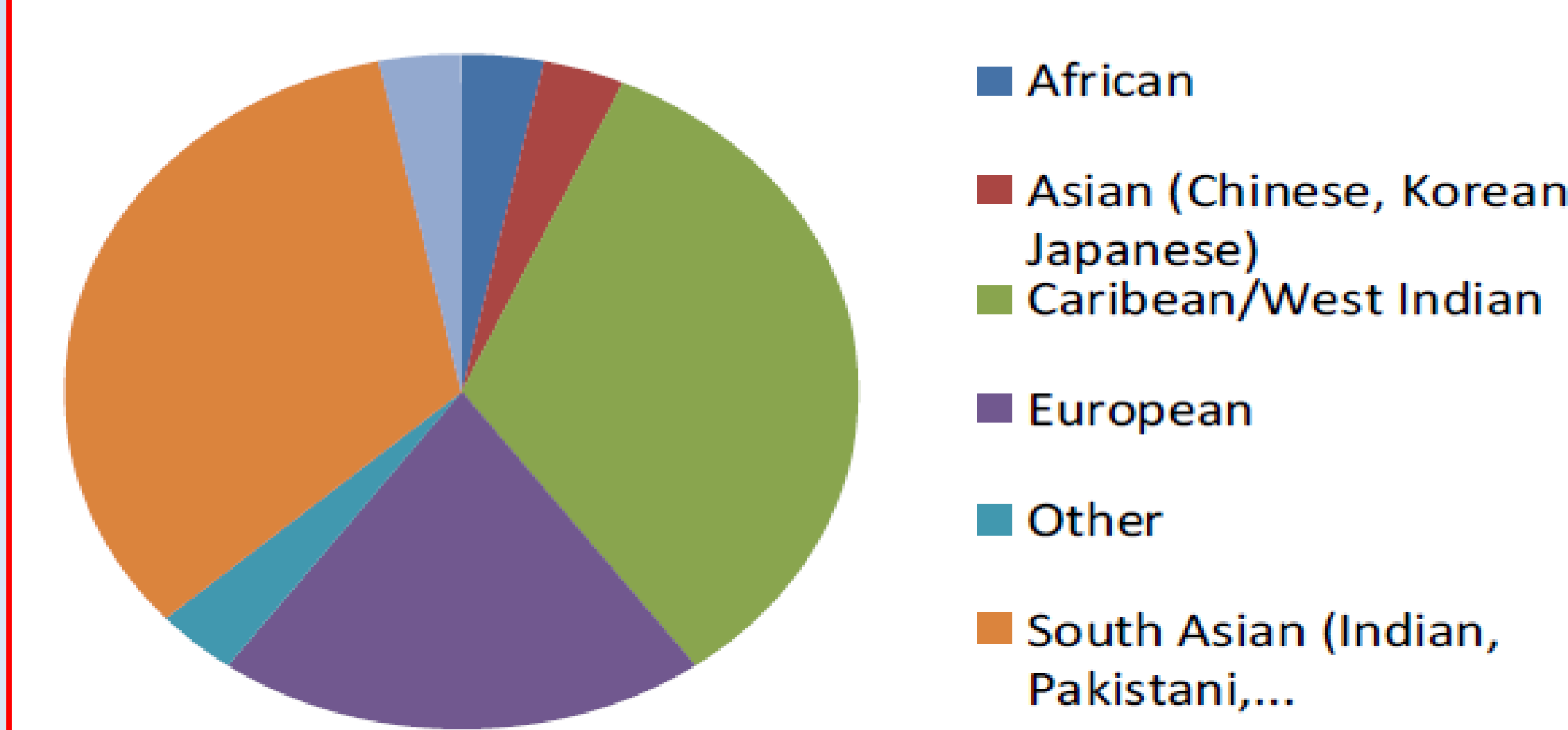
formal classroom experience with medical doctors, 39% have formal clinical experience involving care from medical doctors and approximately 30% have clinical education provided through city or county-sponsored clinics. (3) An informal assessment of two community-based healthcare education scenarios involving integrative and conventional healthcare illustrate emerging models of cooperative community-based care and the education of healthcare professionals are illustrated.

Integrative Pain Clinic

In the **Los Angeles**-based Venice Family Clinic, a chronic pain program for underserved and largely Spanish-speaking patients integrates medical staff and residents with interns and their licensed clinical supervisors from two acupuncture colleges along with the Los Angeles College of Chiropractic (a college of Southern California University of Health Sciences [SCU]) and other licensed and unlicensed disciplines. Following triage by the medical director, integrative practitioners can make additional cross referrals. The chronic pain clinic has been successful in showing significant improvement in patient outcomes and is routinely one of the most sought after clinical rotations for chiropractic and acupuncture interns.

Building Relationships

Figure 1: Ethnicity of Patients Attending BNTC



In the Greater **Toronto** Area suburb of Brampton, the Canadian College of Naturopathic Medicine opened the Brampton Naturopathic Teaching Clinic (BNTC) within a conventional medical hospital clinic, Brampton Civic Hospital (BCH). BNTC, however, operates during the BHC ambulatory clinic's off-hours. With staff not physically working side-by-side, true inter-professional clinical integration has only occurred through effort and initiatives of administrators and faculty. After little more than one year, inter-professional collaboration has begun to grow. A grant proposal for integrative care of diabetes is being pursued. Referrals and interprofessional care are budding.

- Distribution of appointments
 - 42% TCM
 - 33% Chiropractic
 - 25% Osteopathy
 - Limited use two modalities concurrently
- Average length of time with pain
 - 5 years! (59.83 mos)
- Level of pain
 - Average score of worst pain in past month: 8
 - Average of average pain in past month: 5.7
- Top referral diagnoses:
 - 29% Back pain
 - 14% Neck pain
 - 11% Shoulder pain
 - 14% Knee pain
 - 7% leg pain
 - 4% Headache
 - 3% Arthritis
- Other diagnoses include:
 - Fibromyalgia
 - Whole body pain
 - Hand
 - Stomach

Discussion & Conclusion

There is mutual interest by conventional and CIM educators in providing experience in integrated environments as well as offering such services to the community at large. There is growing interests by CIM educators in providing experience with patients that are more diverse than their own teaching clinics. These programs help close gaps between different types of practitioners, reducing isolation in the name of community health. These programs may also improve the public perception of CIM practitioners, encouraging many to access a type of care they ordinarily would not consider.

References

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