



Survey of Accredited CAM Schools and Conventional Academic Consortium Members on the Status of Inter-Institutional, Cross-Disciplinary Relationships

Authors: John Weeks, Ben Kligler, MD, MPH, Yi Qiao, LAc, MPH, Adam Perlman, MD, MPH, Karen Lawson, MD, Pamela Snider, ND, Adi Haramati, PhD, David O'Byron, JD, Michael Goldstein, PhD

CONTEXT: NATIONAL EDUCATION DIALOGUE

Most healthcare disciplines developed in isolated silos. Educational standards, institutional habits, accreditation, testing and practice are typically products of self-referential world-views. Now the choices of patients, the characteristics of chronic diseases, and the known value of team care, call the distinct disciplines out of their silos and into greater relationship. For the CAM/IM fields, the movement into more collaborative relationships in educational practice can be especially challenging, given the historic estrangement between the CAM disciplines and conventional healthcare institutions.

The **National Education Dialogue to Advance Integrated Healthcare: Creating Common Ground** (NED) was formed in March 2004 as a project of the **Integrated Healthcare Policy Consortium** (www.ihpc.info) in response to recommendations for closer collaboration between CAM and conventional educators. These came from the National Policy Dialogue to Advance Integrated Care (2001) and the White House Commission on CAM Policy (2002) -- and later the Institute of Medicine (2005). NED's founding assumption was that practitioners who are educated with understanding of different disciplines will be more likely to serve their patients through collaborative practice.

PURPOSE

The survey was engaged to discover base-line data on the status of inter-institutional relationships -- in classrooms, clinical sites, and research -- between education programs and institutions representing the conventional IM field and the five CAM disciplines with federally-recognized accrediting agencies. The version of the survey administered to the CAM disciplines also explored CAM discipline relationships with other CAM disciplines, with allied health programs, and with other conventional delivery sites.

METHODS AND PARTICIPATION

Two survey instruments were developed with input from members of the **Consortium of Academic Health Centers for Integrative Medicine** (CAHCIM) and the **Academic Consortium for Complementary and Alternative Health Care** (ACCAHC). The survey was administered, through SurveyMonkey.com, to a list of accredited CAM schools, obtained through ACCAHC, and conventional academic programs, from CAHCIM's membership. Follow-up phone calls were used to increase participation.

Surveyed	Number	Responded	Percent
<i>CAHCIM Programs</i>	28	26	93%
Acupuncture and Oriental Medicine	40	20	50%
Chiropractic Medicine	18	16	89%
Direct-entry Midwifery	12	10	83%
Massage Therapy	56	29	52%
Naturopathic Medicine	4	4	100%
<i>Combined CAM Programs</i>	130	79	61%
All Programs	158	105	66%

SELECTED DATA

CAM Program Relationships: To the best of your knowledge, note whether your program has an formal classroom or formal clinical connection with any of the following types of programs:

Type of CAM School	Medicine classroom	Medicine clinical	Medicine research	Nursing classroom	Nursing clinical	Nursing research
Acupuncture and Oriental Medicine	7/35%	9/45%	9/45%	6/30%	5/25%	5/25%
Chiropractic Medicine	8/50%	8/50%	8/50%	6/37%	5/31%	4/25%
Direct-entry Midwifery	3/30%	3/30%	2/20%	3/30%	3/30%	3/30%
Massage Therapy	8/28%	10/30%	3/10%	6/21%	5/17%	1/3%
Naturopathic Medicine	0/0%	0/0%	3/75%	0/0%	0/0%	1/26%
<i>All CAM</i>	<i>26/34%</i>	<i>30/39%</i>		<i>22/28%</i>		<i>18/23%</i>

Notes: The same questions were also asked regarding relationships with public health, osteopathic medicine, nutrition, allied health, psychology and the other CAM disciplines. In addition, respondents were asked whether "informal" relationships or "no relationship" best indicated their understanding.

Relationship to Conv. Medicine	Acupuncture Oriental Med.	Chiropractic Medicine	Direct-entry Midwifery	Massage Therapy	Naturopathic Medicine
Informal relationships	10/50%	8/50%	3/30%	14/48%	2/50%
No relationships	4/20%	1/4%	1/10%	5/17%	0/0%

CAHCIM Program Relationships: To the best of your knowledge, note whether your program has an formal classroom or formal clinical connection with any of the following types of programs:

	Acupuncture Oriental Med.	Chiropractic Medicine	Direct-entry Midwifery	Massage Therapy	Naturopathic Medicine
Formal Classroom	8/32%	3/12%	4/15%	5/20%	2/8%
Formal Clinical	4/16%	2/8%	3/12%	5/20%	1/4%
Formal Research	4/16%	3/12%	3/12%	2/8%	2/8%
Informal relationships	7/28%	4/15%	0/0%	8/32%	2/8%
No relationships	4/16%	3/12%	12/46%	10/40%	3/12%

Most Useful Resources to Optimize Your Inter-Institutional Relationships

Programs	CAHCIM	All CAM
Written materials on best practices	73%	76%
Participation in conference calls	15%	38%
Examples of formal agreements of others	73%	77%
Conferences focusing on best practices	62%	74%
Strategies for developing internal support	58%	70%
Special funding for developing collaboration	89%	79%

Issues of Perception and Experience

	CAHCIM SA + A	All CAM Programs SA + A
Creating a fully-integrated healthcare system requires programs like ours to develop stronger, inter-institutional relationships	23.85%	65.86%
The conventional and CAM educational institutions in our region would be interested in partnering with others on IM projects	20.80%	52.80%
Availability of funding is vital if we are to explore the benefits of greater collaboration with (other discipline programs)	25.96%	71.93%
Opposition within my institution has prevented us from exploring inter-institutional relationships with (other discipline programs)	6.23%	8/10%

Notes: The questions in this section were shortened from the original survey to fit this format. All of these data are part of larger set available through downloading the March 2004-September 2005 Progress Report of the NED from www.ihpc.info.

CAM School Relations with Non-Academic Conventional Medical Delivery Organizations

The survey to the CAM discipline participants included an additional set of questions to assess the extent of relationships between these programs and other conventional healthcare delivery sites. A core objective, with these questions, was to discover where "third party" sites may exist to explore clinical collaboration across the disciplines.



DISCUSSION

Methodology and Response Rate The direct support of the professional organizations and their leaders for the six fields (see below), through cover letters, e-mail and phone lists, follow-up letters, and in some cases, endorsement and follow-up phone calls, proved essential in driving the 66% response rate. Responses were lowest for the two CAM fields with the greatest number of accredited schools -- massage therapy (52%) and AOM (50%). If participation reflects interest in the subject matter, the data may be skewed upward for the whole population.

Credits: The following organizations (and leaders) assisted with initial cover letters or follow-up mailings: Consortium of Colleges of Acupuncture and Oriental Medicine - Elizabeth Goldblatt, PhD, Yi Qiao, LAc, MPH, Catherine Niemiec, JD, LAc, David Sale, JD, Mark Seem, PhD, LAc; Association of Chiropractic Colleges - David O'Byron, JD, Reed Phillips, DC, PhD, Frank Zull, DC, EdD; Midwives Alliance of North America - JoAnn Myers-Cockro, MPH, Soana Ochoa, MD-Mexico, Morgan Martin, ND, LAc; Council on Non-Pharmaceutical Medical Education - Don Warren, ND, DPHAN; Don Sore, JD, Paul Mittman, ND, MEd; French ND Council on Massage Therapy - Accreditation - Jan Schwartz, LMP, Dawn Schmidt, LMT, Cami Ostendorf, PhD, Cynthia Ribeiro, LMP; Consortium of Academic Health Centers for Integrative Medicine - Ben Kligler, MD, MPH, May Jo Krutner, RN, PhD, Adi Haramati, PhD. In addition, Melissa Edwards managed follow-up calls for the CAM programs, and Holly Lyman, BA, for the CAHCIM programs.

Limitations and caveats The survey had a number of significant limitations at the outset. Others were discovered in the process.

- The definition of "formal relationship" was not clear.
- By targeting CAHCIM programs, and not surveying allied health, the survey does not allow conclusions about the extent of the broader conventional-CAM relationships.
- Respondents sometimes omitted relationships which are known by reviewers to exist but were not known represented in the answers.
- In the case of direct-entry midwives, data suggest that the conventional respondents may have confused the set with *nurse-midwifery* programs.

CONCLUSIONS AND DIRECTIONS

- A significant amount of inter-institutional, cross-disciplinary activity is underway among educators, though largely of an informal nature.
- CAHCIM programs are most often involved with AOM and massage therapy programs. This may be linked to their numbers and their geographic proximity.
- CAM disciplines typically have less inter-institutional relationships with other CAM disciplines than they have with conventional academic institutions.
- CAM schools have a great diversity of relationships with other parts of the conventional delivery system, particularly in treating the underserved.
- While challenging to develop inter-institutional relationships, respondents believe these are critical to creating a fully integrated healthcare system.
- Participants are interested in an additional resources, and focused meetings, especially relating to best practices of existing models.
- Accessing focused funds will be required to deepen the inter-institutional relationships, and collaboration, between the disciplines.

Publication of Results Survey results were published in a meeting booklet and presented at the *National Education Dialogue* onsite meeting at Georgetown University, May 31-June 3, 2005. Outcomes were subsequently published as Appendix 2, pages 28-30, of the *National Education Dialogue Progress Report*, March 2004-September 2005 (available at www.ihpc.info and websites of some other organizations). An *Executive Summary* of the Progress Report was published in *Explore*, January 2006, Vol. 2, No. 1, 77-70. An abstract of the survey was published in *Alternative Therapies in Health and Medicine*, Vol. 12 no.3, p.43.

Sponsorship The survey was engaged as part of Phase 1 of the NED project which received financial support and grants from: Lucy Gonda/Center for Integrative Health Medicine and Research; The Earl and Doris Bakken Foundation; Institute for Functional Medicine; Participant Voluntary Contributions; Georgetown University School of Medicine; National Certification Commission on Acupuncture and Oriental Medicine; Association of Accredited Naturopathic Medical Colleges; American Holistic Nurses Association; American Massage Therapy Association; Association of Chiropractic Colleges; Emperors College of Traditional Oriental Medicine; International Association of Yoga Therapists/Yoga Alliance; Marc Diener/Marc Diener Productions, Inc.; University of Medicine and Dentistry of New Jersey; and the Institute for Alternative Futures.