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Recommended Citation
Hubbard, Molly; Khattab, Hany; LeComte, Matthew; Peet, Lindsay; Small, Meghan; Win, Khine; Zimmerman, Asha; Eppstein, Margaret; Langevin, Helene; and Trabulsy, Phil, "Referral Patterns Between Allopathic Physicians and Complementary and Alternative Medicine Practitioners: A Followup Study" (2010). Public Health Projects, 2008-present. 40.
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Referral Patterns between Allopathic Physicians and Complementary and Alternative Medicine Practitioners: A Follow-up Study


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-referral 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

<table>
<thead>
<tr>
<th></th>
<th>Allopathic responders (n = 41)</th>
<th>CAM responders (n = 11)</th>
<th>All referrers (n = 37)</th>
<th>All non-referrers (n = 14)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Mean (SE) or %</td>
<td>n</td>
<td>Mean (SE) or %</td>
</tr>
<tr>
<td><strong>General</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age (years)</td>
<td>41</td>
<td>49.0 (2)</td>
<td>10</td>
<td>44.0 (2)</td>
</tr>
<tr>
<td>Years Practicing in Chittenden County</td>
<td>41</td>
<td>14.0 (1.7)</td>
<td>10</td>
<td>12.0 (2)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>13</td>
<td>31.7%</td>
<td>5</td>
<td>50.0%</td>
</tr>
<tr>
<td>Female</td>
<td>28</td>
<td>68.3%</td>
<td>5</td>
<td>50.0%</td>
</tr>
<tr>
<td><strong>Self (Allopathic/CAM) Usage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>9</td>
<td>78.0%</td>
<td>9</td>
<td>90.0%</td>
</tr>
<tr>
<td>no</td>
<td>32</td>
<td>22.0%</td>
<td>1</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

Reasons for referring to (Allopathic/CAM) Practitioners

<table>
<thead>
<tr>
<th>Reason for referral</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honor Patient Requests for referral</td>
<td>24</td>
<td>58.4%</td>
</tr>
<tr>
<td>The treatment I provided didn’t attain the desired result</td>
<td>21</td>
<td>51.2%</td>
</tr>
<tr>
<td>I feel that combination of both allopathic and CAM would be most beneficial</td>
<td>29</td>
<td>70.7%</td>
</tr>
</tbody>
</table>

Reasons for not referring (Allopathic/CAM) Practitioners

<table>
<thead>
<tr>
<th>Reason for not referring</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t believe that (Allopathic/CAM) is effective</td>
<td>4</td>
<td>9.8%</td>
</tr>
<tr>
<td>Patients refer themselves</td>
<td>13</td>
<td>30.0%</td>
</tr>
</tbody>
</table>

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 we 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.

References


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