Survey of Educators in Conventional Integrative Medicine Programs and Accredited CAM Schools on the Status of Inter-Institutional Relationships

Presenters: John Weeks & Ben Kligler, MD, MPH

National Education Dialogue to Advance Integrated Health Care:
Creating Common Ground


www.ihpc.info
The Integrated Healthcare Policy Consortium (IHPC) is a 501(c)(4) nonprofit organization. By formal agreement, the Institute for Alternative Futures (www.altfutures.org) serves as IHPC's fiscal partner on specified educational and charitable projects.
Survey of Educators in Conventional Integrative Medicine Programs and Accredited CAM Schools on the Status of Inter-Institutional Relationships

Presenters: John Weeks & Ben Kligler, MD, MPH

National Education Dialogue to Advance Integrated Health Care:
Creating Common Ground


www.ihpc.info
Constituencies Represented on NED Planning Team

**CAM Educators/ACCAHC**
Councils of colleges, accreditig & testing bodies, focus on DC, ND, AOM, MT, direct-entry Midwifery

**IM Educators/CAHCIM**
Leaders of Education Working Group, Steering Committee

**Other Educators**
Holistic nursing, public health, functional medicine, holistic medicine, behavioral medicine, allied health, plus
Vision of Integrated Health Care

NED and ACCAHC envision a health care system that is multidisciplinary and enhances competence, mutual respect and collaboration across all CAM and conventional health care disciplines. This system will deliver effective care that is patient centered, focused on health creation and healing, and readily accessible to all populations.

Approved by NED Planning Team/IHPC Education Task Force
September 22, 2004; and
ACCAHC Members Annual Retreat February 2005
National Education Dialogue to Advance Integrated Health Care:  
Creating Common Ground

NED Planning Retreat
Georgetown Conference Center, July 2004
Common Ground: Priorities

Facilitate Inter-Institutional Relationships

- **Gather Baseline Data: Where are we?**
  - Survey the field
  - Identify evolved relationships

- **Provide information**
  - Best practices
  - Examples of agreements
  - Future conferences

- **Promote relationships**
  - Faculty exchanges
  - Student-student programs
  - Clinical opportunities
  - Integrated post-graduate and residency programs
  - Etc.

Develop Educational Resources

Support Leadership for Change

Facilitate Inter-Institutional Relationships

Explore Shared Values
National Education Dialogue to Advance Integrated Health Care:  
Creating Common Ground

Phase 1 Sponsors – March 2004-September 2005

$25,000+
Lucy Gonda/Center for Integrative Health Medicine and Research
The Earl and Doris Bakken Foundation
$10,000
Institute for Functional Medicine
Participant Voluntary Contributions
$5000
Georgetown University School of Medicine
National Certification Commission on Acupuncture and Oriental Medicine
$2500
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
National Education Dialogue to Advance Integrated Health Care: Creating Common Ground

Participants in the May 31-June 4, 2005 Onsite Meeting
Georgetown University Conference Center
National Education Dialogue to Advance Integrated Health Care: Creating Common Ground
Survey of CAM-IM Educators on Status of Inter-Institutional Relationships

Methodology

• **Survey instrument** (15-25 minutes est.)
  – Respondents ask to fill out w/o research inside programs.

• **Internet-based approach**
  – Via SurveyMonkey.com

• **Active participation of organizations**
  – E-lists, cover letters, phone numbers, follow-up letters

• **Phone follow-up**
  – Drove 50% of participation
Participation Strategy: Organization Buy-in

Academic Consortium for Complementary and Alternative Health Care
Organizing CAM discipline response - Pamela Snider, ND

Council of Colleges of Acupuncture and Oriental Medicine
Elizabeth Goldbiatt, PhD, Yi Qiao, LAc, MPH, Catherine Niemiec, JD, LAc, David Sale, JD, Mark Seem, PhD, LAc

Association of Chiropractic Colleges
David O’Bryon, JD, Reed Phillips, DC, PhD, Frank Zolli, DC, EdD

Midwives Alliance of North America
JoAnn Myers-Ceicko, MPH, Sonia Ochoa, MD-Mexico, Morgan Martin, ND, LM

Council on Naturopathic Medical Education
Don Warren, ND, DHANP, Dan Seitz, JD, Paul Mittman, ND, Michael Traub, ND;

Council on Massage Therapy Accreditation
Jan Schwartz, LMP, Dawn Schmidt, LMT, Carol Ostendorf, PhD, Cynthia Ribeiro, LMP

Consortium of Academic Health Centers for Integrative Medicine
Ben Kligler, MD, MPH, Mary Jo Kreitzer, RN, PhD, Adi Haramati, PhD.

Staff support (NED for CAM, NYBI donated for CAHCIM) on follow-up calls
Melanie Edwards (CAM programs); Holly Lynton, BA, New York Beth Israel (CAHCIM programs)
## Participation and Response Rates

<table>
<thead>
<tr>
<th>Surveyed</th>
<th>Total Programs/Istitutions</th>
<th>Responded</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAHCIM Programs+</td>
<td>28</td>
<td>26</td>
<td>93%</td>
</tr>
<tr>
<td>Combined Accredited CAM Programs</td>
<td>130</td>
<td>79</td>
<td>61%</td>
</tr>
<tr>
<td>Acupuncture and Oriental Medicine</td>
<td>40</td>
<td>20</td>
<td>50%</td>
</tr>
<tr>
<td>Chiropractic Medicine</td>
<td>18</td>
<td>16</td>
<td>89%</td>
</tr>
<tr>
<td>Direct Entry Midwifery</td>
<td>12</td>
<td>10</td>
<td>83%</td>
</tr>
<tr>
<td>Massage Therapy</td>
<td>56</td>
<td>29</td>
<td>52%</td>
</tr>
<tr>
<td>Naturopathic Medicine</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td><strong>All Programs</strong></td>
<td><strong>158</strong></td>
<td><strong>105</strong></td>
<td><strong>66%</strong></td>
</tr>
</tbody>
</table>

National Education Dialogue to Advance Integrated Health Care: *Creating Common Ground*
Survey of CAM-IM Educators on Status of Inter-Institutional Relationships
Limitations and Caveats

• Definition of “formal relationship” not clear.

• Respondents unaware sometimes of activities in their institutions.

• Confusion: direct-entry midwifery with nurse-midwifery programs.

• No reciprocal data gathered from allied health.

• No data on entire conventional academic health center community.
CAHCIM Programs & AOM, Massage

- More relationship with AOM, massage therapy than other disciplines
  - Most access to these programs

- Still, roughly 1/3 informal

<table>
<thead>
<tr>
<th>Type of relationships</th>
<th>Acupuncture Oriental Med.</th>
<th>Massage Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Classroom</td>
<td>32% (8)</td>
<td>20% (5)</td>
</tr>
<tr>
<td>Formal Clinical</td>
<td>16% (4)</td>
<td>20% (5)</td>
</tr>
<tr>
<td>Formal Research</td>
<td>16% (4)</td>
<td>8% (2)</td>
</tr>
<tr>
<td>Informal</td>
<td>28% (7)</td>
<td>32% (8)</td>
</tr>
<tr>
<td>None</td>
<td>16% (4)</td>
<td>35% (10)</td>
</tr>
</tbody>
</table>
CAHCIM Programs & DC, ND

- **Geographically challenged?**
  - Only 16 DC programs, 4 ND programs

- **Politically challenged?**
  - ND, DC can be viewed as more threatening

- **Less valuable?**
  - Is there belief that there is less value in these disciplines?

<table>
<thead>
<tr>
<th>Type of relationships</th>
<th>Chiropractic</th>
<th>Naturopathic Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Classroom</td>
<td>12% (3)</td>
<td>8% (2)</td>
</tr>
<tr>
<td>Formal Clinical</td>
<td>8% (2)</td>
<td>4% (1)</td>
</tr>
<tr>
<td>Formal Research</td>
<td>12% (3)</td>
<td>8% (2)</td>
</tr>
<tr>
<td>Informal</td>
<td>15% (4)</td>
<td>8% (2)</td>
</tr>
<tr>
<td>None or no response</td>
<td><strong>up to 75%</strong></td>
<td><strong>up to 86%</strong></td>
</tr>
</tbody>
</table>

Note: The Direct Entry (homebirth) Midwifery data appear to be seriously skewed by respondents including “nurse midwifery” programs.
National Education Dialogue to Advance Integrated Health Care: Creating Common Ground
Survey of CAM-IM Educators on Status of Inter-Institutional Relationships

CAM Schools to Medical Schools/Programs

- **Significant** amount of inter-institutional activity is currently underway.

- Many relationships are of an **informal** nature.

- Some (CAM and CAHCIM) preferred to work with **individuals** instead of institutions.

<table>
<thead>
<tr>
<th>Relationship with MD/Medical Schools</th>
<th>All CAM Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom</td>
<td><strong>34% (26)</strong></td>
</tr>
<tr>
<td>Clinical</td>
<td><strong>39% (30)</strong></td>
</tr>
<tr>
<td>Research</td>
<td><strong>32% (29)</strong></td>
</tr>
<tr>
<td>Informal</td>
<td><strong>47% (37)</strong></td>
</tr>
<tr>
<td>No</td>
<td><strong>13% (11)</strong></td>
</tr>
</tbody>
</table>
CAM Programs & Allied Health/Other CAM

• Diverse relationships with different allied health
  – Yet ”no relationship” response very high
    • No relationship at 44%-54% for nursing (51%), psychology-counseling (54%), public health (50%), nutrition (51%) and “allied health” (44%).

• Fewer relationships with other CAM institutions than with conventional.
  – CAM-to-CAM an integration “sub-plot” …
CAM Schools & Other CAM

- Less relationship than with conventional medicine
- Very little research collaboration
- Up to 80% with no relations with DC, ND
- Funding issues?

<table>
<thead>
<tr>
<th>Type</th>
<th>Class.</th>
<th>Clinical</th>
<th>Research</th>
<th>Informal</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOM</td>
<td>25%</td>
<td>19%</td>
<td>7%</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>(18)</td>
<td>(14)</td>
<td>(5)</td>
<td>(19)</td>
</tr>
<tr>
<td>Chiro</td>
<td>9%</td>
<td>9%</td>
<td>7%</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>(6)</td>
<td>(6)</td>
<td>(5)</td>
<td>(8)</td>
</tr>
<tr>
<td>Midwifery</td>
<td>12%</td>
<td>10%</td>
<td>3%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>(8)</td>
<td>(7)</td>
<td>(10)</td>
<td>(10)</td>
</tr>
<tr>
<td>Massage</td>
<td>29%</td>
<td>22%</td>
<td>5%</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>(22)</td>
<td>(17)</td>
<td>(4)</td>
<td>(40)</td>
</tr>
<tr>
<td>Naturo</td>
<td>11%</td>
<td>9%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>(7)</td>
<td>(6)</td>
<td>(5)</td>
<td>(5)</td>
</tr>
</tbody>
</table>
CAM Programs: Relations with Other Conventional Delivery

- Nearly 50% have community clinic relationships
- Over 1/3 have hospital relationships
- Opportunity to explore integrated care/education in 3rd party locations?

<table>
<thead>
<tr>
<th></th>
<th>Formal Clinical</th>
<th>Informal Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid clinic</td>
<td>48% (36)</td>
<td>21% (16)</td>
</tr>
<tr>
<td>County/city clinic</td>
<td>29% (22)</td>
<td>23% (17)</td>
</tr>
<tr>
<td>Public hospital</td>
<td>38% (28)</td>
<td>33% (24)</td>
</tr>
<tr>
<td>Private hospital</td>
<td>37% (28)</td>
<td>39% (29)</td>
</tr>
<tr>
<td>Senior home</td>
<td>43% (33)</td>
<td>30% (23)</td>
</tr>
<tr>
<td>Hospice program</td>
<td>28% (20)</td>
<td>26% (19)</td>
</tr>
</tbody>
</table>
National Education Dialogue to Advance Integrated Health Care: *Creating Common Ground*

Survey of CAM-IM Educators on Status of Inter-Institutional Relationships

Useful Resources to Advance Relationships

<table>
<thead>
<tr>
<th></th>
<th>CAHCIM Programs</th>
<th>CAM Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written materials on best practices</td>
<td>73%</td>
<td>76%</td>
</tr>
<tr>
<td>Examples of agreements from best practices</td>
<td>73%</td>
<td>77%</td>
</tr>
<tr>
<td>Conferences focusing on best practices</td>
<td>62%</td>
<td>74%</td>
</tr>
</tbody>
</table>
National Education Dialogue to Advance Integrated Health Care: *Creating Common Ground*
Survey of CAM-IM Educators on Status of Inter-Institutional Relationships

And the **Most Useful Resource** is . . ..

“Availability of funding is vital if we are to explore the benefits of collaboration . . .”

<table>
<thead>
<tr>
<th>Cash!</th>
<th>CAHCIM</th>
<th>CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>96%</td>
<td>93%</td>
<td></td>
</tr>
</tbody>
</table>
But is collaboration important ... ?

Creating fully-integrated healthcare requires programs like ours to develop stronger inter-institutional relationships.

<table>
<thead>
<tr>
<th>CAHCIM</th>
<th>CAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>85%</td>
<td>86%</td>
</tr>
<tr>
<td>SA = 44%</td>
<td>49%</td>
</tr>
<tr>
<td>A = 41%</td>
<td>37%</td>
</tr>
</tbody>
</table>

SA = strongly agree
A = agree
Publication of Results

Meeting booklet at the NED onsite meeting
Georgetown University, May 31-June 3, 2005.

National Education Dialogue Progress Report
March 2004-September 2005; Appendix 2, pages 28-30

Progress Report in PDF through www.ihpc.info
Websites of some other organizations.

Executive Summary of the Progress Report in Explore
January 2006, Vol. 2, No. 1; 77-70.

Abstract in Alternative Therapies in Health and Medicine
Vol. 12 no.3, p.43.
Survey of Accredited CAM Schools and Conventional Academic Consortium Members on the Status of Inter-Institutional, Cross-Disciplinary Relationships

Authors: John Weeks, Ben Kilgler, MD, MPH, Yi Qiao, LAc, MPH, Adam Perlman, MD, MPH, Karen Lawson, MD, Pamela Snider, ND, Adi Haramati, PhD, David O’Bryon, 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.

**SELECTED DATA**

**CAM Programs Relationship**

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 and Oriental Medicine**
- **Chiropractic Medicine**
- **Direct-entry Midwifery**
- **Massage Therapy**
- **Naturophic Medicine**

**CAHCIM Programs Relationships**

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

- **Acupuncture Oriental Med**
- **Chiropractic Medicine**
- **Direct-entry Midwifery**
- **Massage Therapy**
- **Naturophic Medicine**

**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.

**DISCUSSION**

Methodology and Response Rate

The direct support of the professional organizations and their leaders for the six fields (see below), through survey letter, 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 participant reflections interest in the subject matter, the data may be skewed upward for the whole population.

**Survey Results**

Publication Results: Survey reports 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 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 Alternatives in Therapies 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 Gould/Center for Integrative Health Medicine and Research; The Earl and Doris Bakken Foundation; Jan Schwartz, LMP, Dawn Schmidt, LMT; Carol Ostendorf, PhD, Cynthia Ribeiro, LMP; Consortium of Academic Health Centers for Integrative Medicine; Don Warren, ND, DHANP, Dan Seitz, JD, Paul Mittman, ND, Michael Trau; Emperors College of Traditional Oriental Medicine; AAMTT Olympic Therapy Association; Don Warren, ND, DHANP; Dr. Andrew Weil, M.D.; Thomas Jefferson University; Michael Diamond, M.D.; Don Warren, ND; AOM; Daniel Lieber, DC; MS; Alan Feldman, PhD; Anil Kumar, MD. Other 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; Empores College of Traditional Oriental Medicine; International Association of Yoga Therapists/Yoga Alliance; Marc Dienert/Marc Dienert Productions, Inc.; University of Medicine and Dentistry of New Jersey, and the Institute for Alternative Futures.

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.

**Notes:**

- The questions in this section were shortened from the original survey to fit this format. All of these data are part of the NED project results.
- The survey to the CAM discipline participants included an additional set of questions to assess the extent of CAM School Relations with Non-CAM academic programs. This may be linked to their numbers and their geographic proximity.
- Opposites may be more pronounced as one explores inter-institutional relationships with other discipline programs.
- Issues of perception and experience.
Vision of Integrated Health Care

NED and ACCAHC envision a health care system that is multidisciplinary and enhances competence, mutual respect and collaboration across all CAM and conventional health care disciplines. This system will deliver effective care that is patient centered, focused on health creation and healing, and readily accessible to all populations.

Approved by NED Planning Team/IHPC Education Task Force September 22, 2004; and ACCAHC Members Annual Retreat February 2005
The Integrated Healthcare Policy Consortium (IHPC) is a 501(c)(4) nonprofit organization. By formal agreement, the Institute for Alternative Futures (www.altfutures.org) serves as IHPC’s fiscal partner on specified educational and charitable projects.
Constituencies Represented on NED Planning Team

CAM Educators/ACCAHC
- Councils of colleges, accrediting & testing bodies,
  focus on DC, ND, AOM, MT, direct-entry Midwifery

IM Educators/CAHCIM
- Leaders of Education Working Group, Steering Committee

Other Educators
- Holistic nursing, public health, functional medicine, holistic medicine, behavioral medicine, allied health, plus
Academic Consortium For Complementary and Alternative Health Care

Constituencies Represented in ACCAHC

Core Members: 15 agencies of licensed and federally accredited CAM disciplines
Public Members: Traditional world medicines, emerging professions, corporate, expert

CAM Councils of Schools: Federally Accredited Colleges
  DC, ND, AOM, MT, direct-entry Midwifery

CAM Accrediting Agencies
  DC, ND, AOM, MT, direct-entry Midwifery

CAM Testing Agencies: Invited
  DC, ND, AOM, MT, direct-entry Midwifery
National Education Dialogue to Advance Integrated Health Care:  
Creating Common Ground

Participants in the May 31-June 4, 2005 Onsite Meeting  
Georgetown University Conference Center
North American Research Conference in Integrative Medicine: May 2006
Joint Executive Reception with NED
Consortium for Academic Health Centers for Integrative Medicine &
Academic Consortium for Complementary and Alternative Medicine