

The Challenge of Chiropractic Integration

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Integrated care has been [defined](#) as: "a discrete set of techniques and organizational models designed to create connectivity, alignment and collaboration within and between the cure and care sectors. ... The focus is on patients' needs as provided by an interdisciplinary team."¹ Meanwhile, according to [Bell](#), "Using the term integrative medicine to refer to the merging of complementary and alternative medicine (CAM) with conventional biomedicine (combination medicine) is not integrative. Integrative medicine represents a higher-order system of systems of care that emphasize wellness and healing of the entire person as primary goals."²

The Arizona Center for Integrative Medicine recently proposed a [model of integrative medicine](#) that "provides care that is patient centered, healing-oriented, emphasizes the therapeutic relationship and uses therapeutic approaches originating from conventional and alternative medicine. Recommendations include creating financial incentives aligned with health promotion and prevention."³

The National Center for Complementary and Alternative Medicine (NCCAM) has [defined CAM](#) as a "group of diverse medical and health care systems, practices and products that are not presently considered to be part of conventional medicine" and put integrative medicine forward as a key component of its five-year strategic plan.⁴ Of note, the World Health Organization has estimated that CAM is first tried by a [majority of the world's population](#) for serious chronic or recurrent illness.⁵

Whether or not you agree with the label, the mainstream health care system includes chiropractic under the umbrella of CAM. That said, when patients come under the care of more than one health care provider at the same time, there should be a reasonable expectation that all providers are willing to participate in consultations and develop effective, evidence-based treatment plans. Sadly, this has not been the case with chiropractic care. [Greene, et al., reported](#) in one survey that 99 percent of 517 primary care physicians had strong referral relationships with their medical physician peers, but only 12 percent said that they would initiate a referral to a chiropractor. Physicians claimed that they did not understand enough about chiropractic to know which patients were eligible for chiropractic care and what treatments were available to them. Some physicians replied that they didn't view chiropractic as a legitimate health profession.

The underlying cause of these opinions appears to be a major credibility and communication problem in interprofessional relationships with chiropractors. The lack of any direct, formalized referral relationship between primary care physicians and doctors of chiropractic may contribute to some very serious negative implications for health care efficiency, quality, continuity of care, and safety in the delivery of patient-centered care.⁶

Up to 77 percent of patients [do not inform](#) their medical practitioner of their CAM use, primarily because of concerns about a negative response by the practitioner, but also because the patient felt

that their medical doctor did not need to know and that the physician rarely even asked.⁷

Chiropractors have been excluded or marginalized by mainstream health care through regulatory restrictions and limited spheres of competence. There are also significant barriers to professional interaction and access to patient files, referral networks and diagnostic tests. All health care providers should improve communication and limit the use of esoteric terminology and specialized knowledge in order to minimize fragmentation of care and improve interprofessional referral relationships. There will continue to be opportunities to produce research evidence that support CAM therapies and the integration of chiropractic into future health care systems.^{8,9}

References

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FEBRUARY 2010