

‘LET’S TALK’; THE IDENTIFICATION OF BARRIERS TO EFFECTIVE COMMUNICATION AND COLLABORATION BETWEEN ACUPUNCTURISTS AND GENERAL PRACTITIONERS

Kate Roberts

PhD Candidate

Department of General Practice and Primary Health Care

Bioethics Centre - University of Otago

PhD Supervisors

Dr Tony Dowell and Professor Jing-Bao Nie

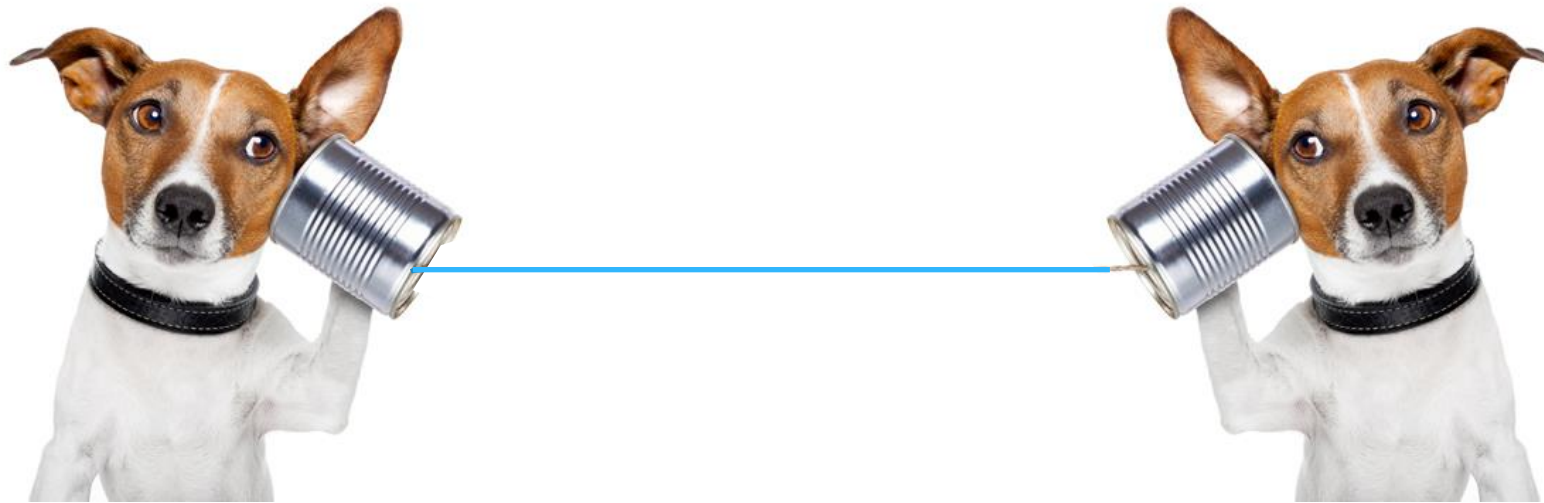
Aim of presentation

- Aim of the project
- Overview of the project
- Focusing on theme of communication
- Survey results
- Interview results
- Reflections and recommendations
- Discussion

PhD Expectations -

- What inspired me to do it?



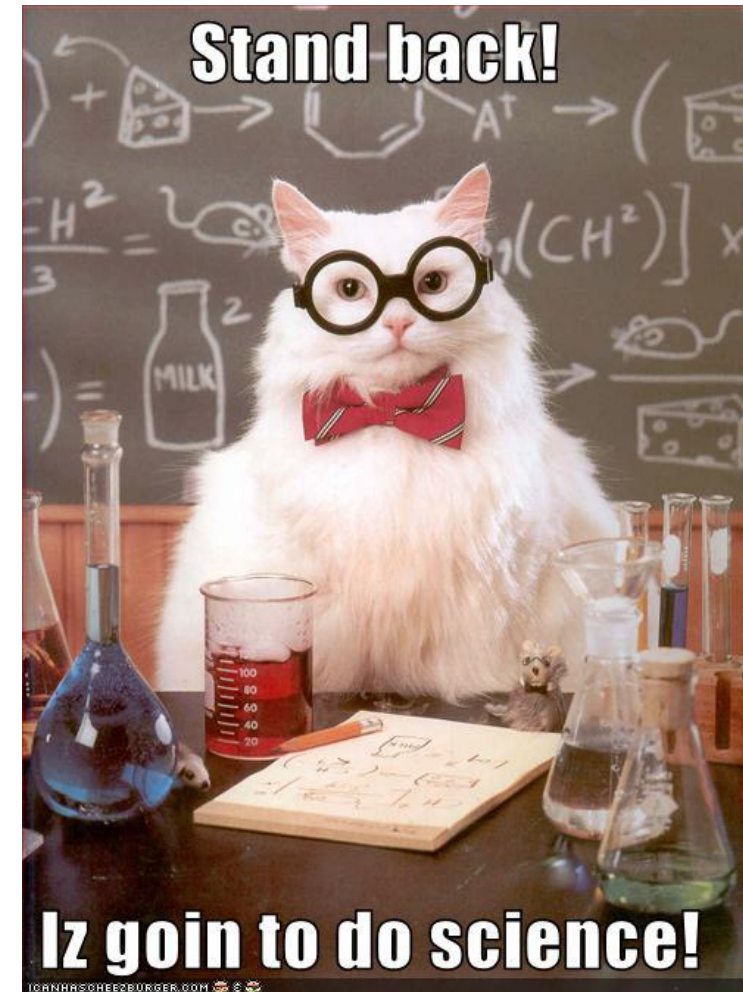
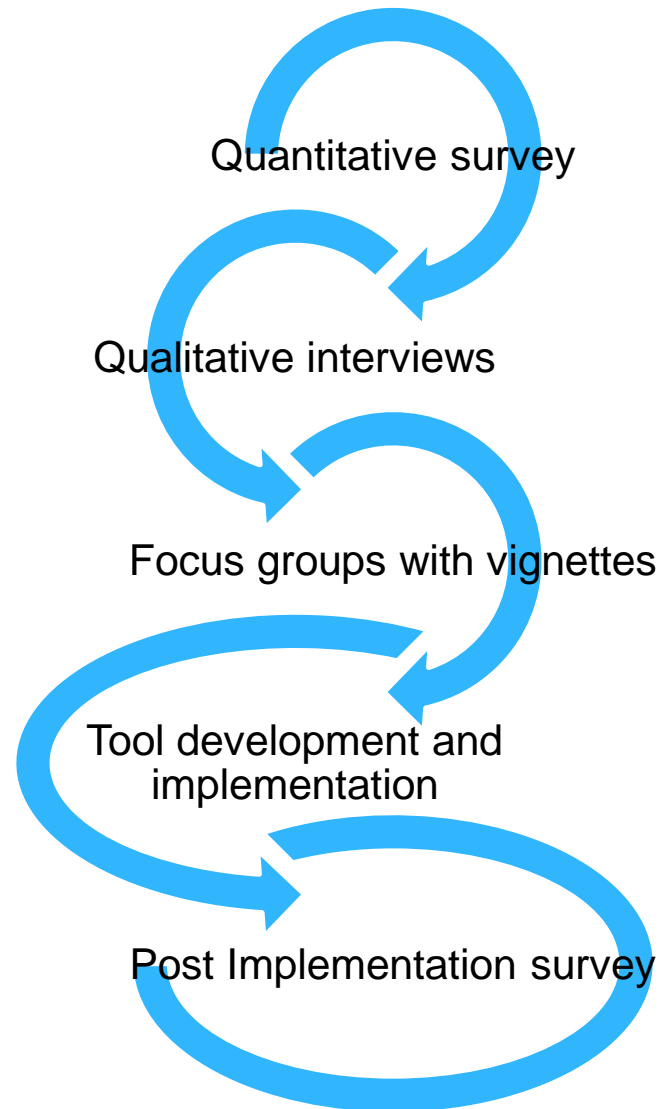


General Practitioners

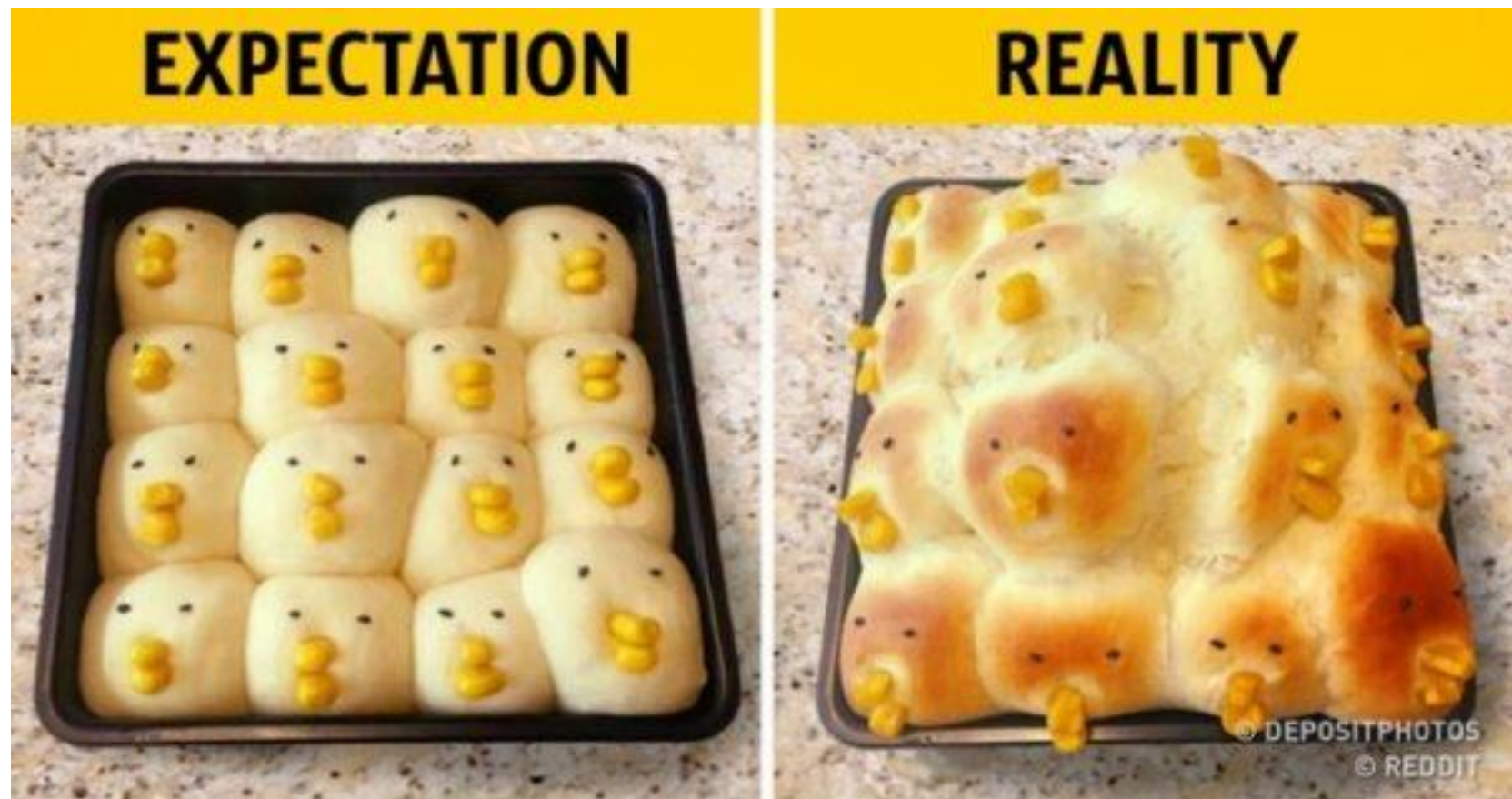
Acupuncturists

1. What are the barriers to communication?
2. How can communication be improved?
3. How will improved communication impact on provider experience in mental health care?

Can we fix it? Yes we can!!



PhD Reality



Oh dear.....first phase data collection

- Overall response rate of 24%.
- 63 GP responses (16%)
- *Further convenience sample yielded only 14 additional GP responses*
- 91 Acupuncture responses (37%)



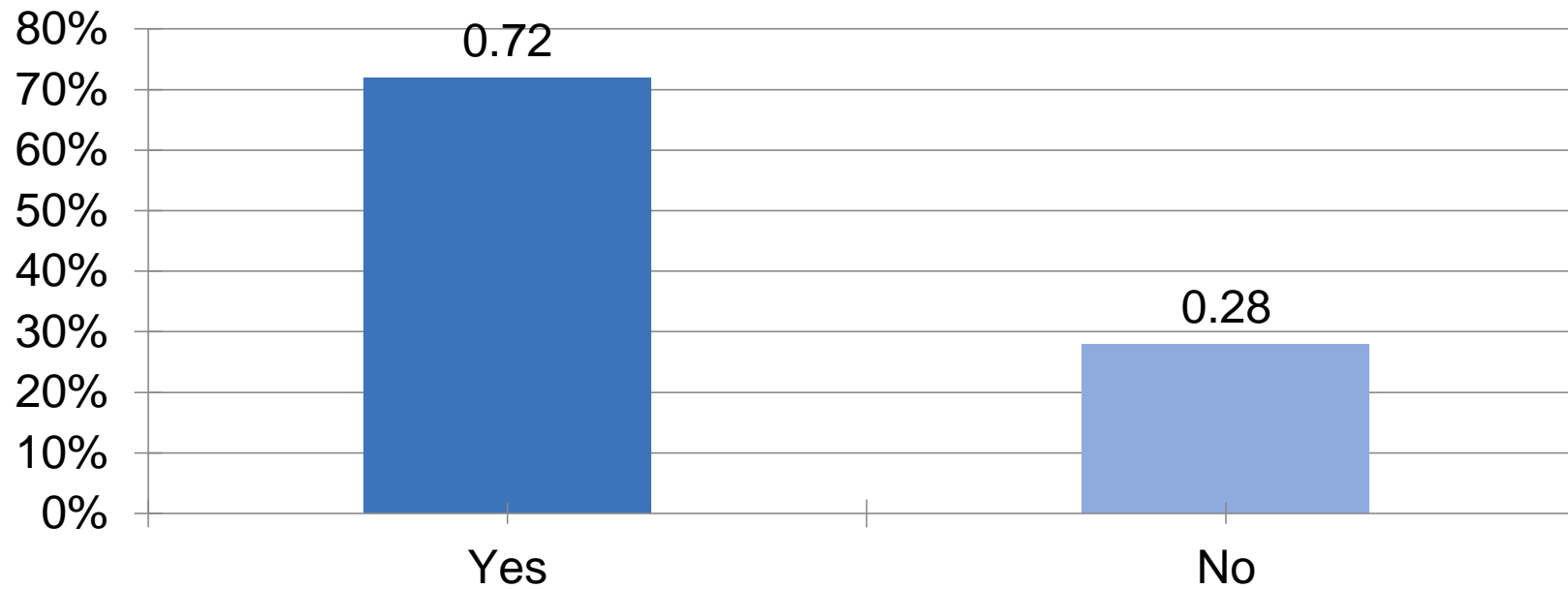
Expectations



Reality



Have you ever referred a patient to an acupuncturist?
(GPs)



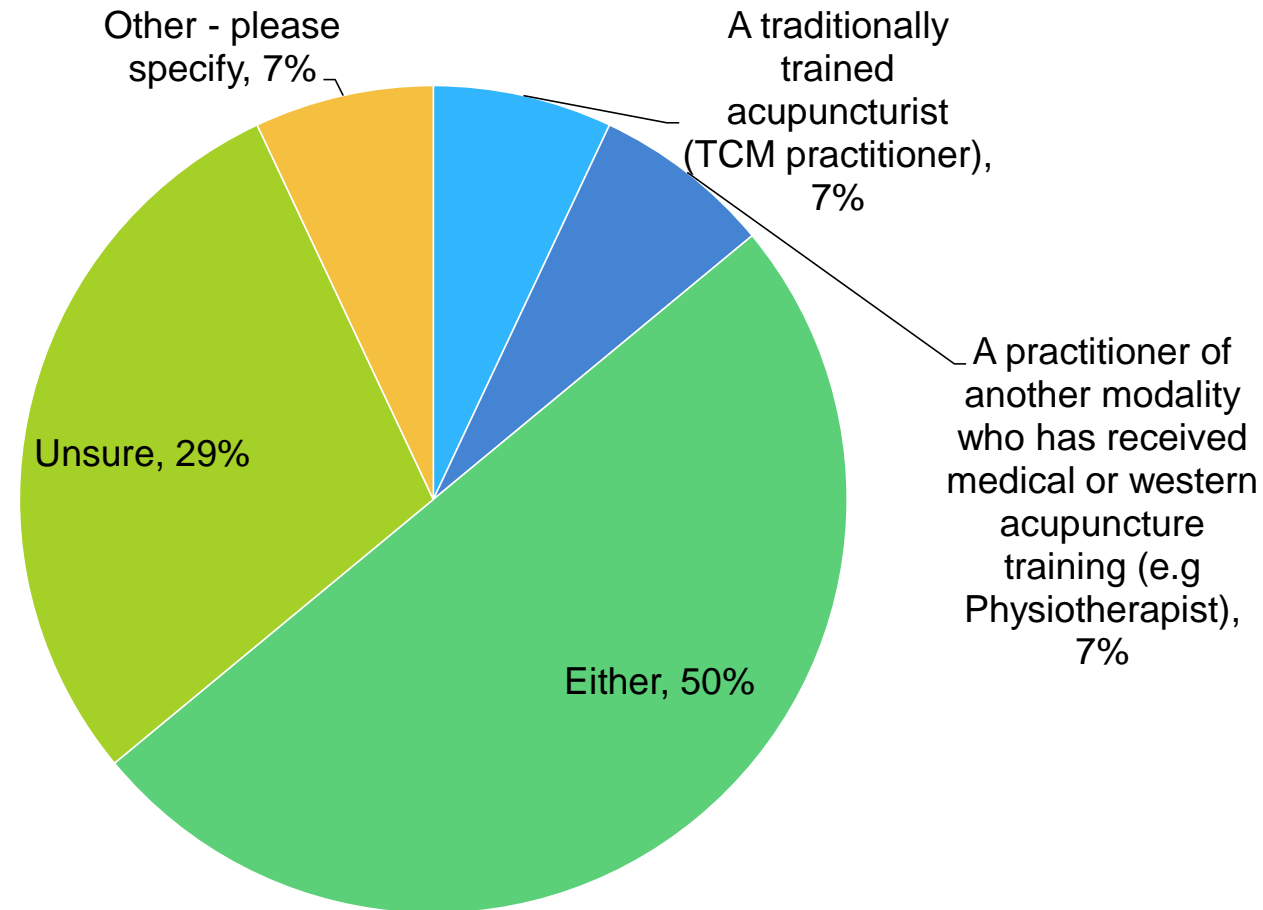
What form of contact have you had?

| What form of contact have you had with acupuncturists/GPs (select all that apply)? | GP % | ACU % |
|--|------|-------|
| Face to face meetings | 19% | 12% |
| Received /sent introduction letters from an acupuncturist about their service | 17% | 4% |
| None of the above | 15% | 21% |
| Communication about shared patients | 13% | 17% |
| Had flyers or posters dropped to practices (GP), dropped flyers to GP practice (acu) | 13% | 17% |
| At conferences | 7% | 5% |
| Been presented to at peer education sessions | 4% | 2% |
| Contact at community events | 3% | 6% |
| Presented at peer education sessions | 2% | 6% |

This looks great!

- Both groups demonstrate a willingness to communicate
- 72% of GPs already demonstrate a willingness to refer
- More than 80% of both groups had had some form of contact
- So what's the problem???

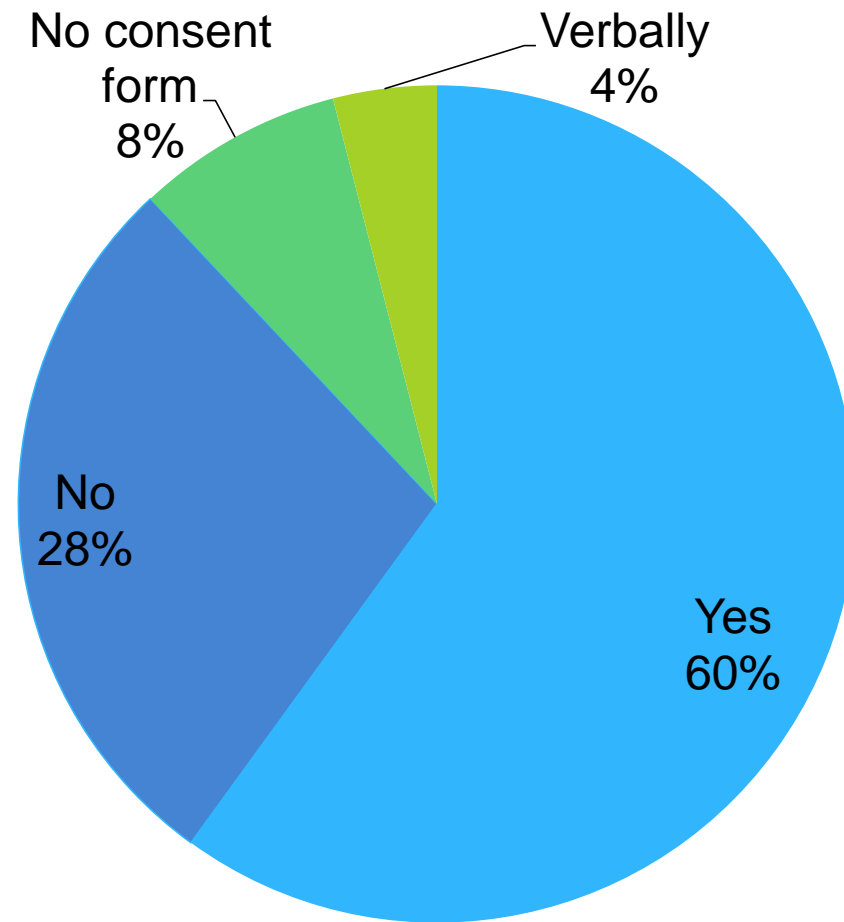
If you do or would refer a patient for acupuncture, who would you refer to?



Acupuncture qualifications NZ

| | |
|--|---|
| WHO requirements | Two years full time (2500 hours), or the part-time equivalent, with not less than 1000 hours of practical and clinical work. |
| NZ BHSci (Acupuncture) | 480 Credits, 4 years full time or equivalent including a minimum of 500 supervised clinical hours. |
| PAANZ Register of Physiotherapy Acupuncturists | 150 hours of formal acupuncture education theory and practice |
| Osteopathic - Western Medical Acupuncture Practitioner | 60 hours minimum acupuncture specific clinical training |
| AUT course in Western Medical Acupuncture - open to all those with a undergraduate HSci degree | 60 hours minimum acupuncture specific clinical training |
| Otago Physio training endorsed in Acupuncture | 30 credit points - This paper is taught by distance learning with three 3-day residential blocks held in Dunedin and approximately six audioconferences |
| Dry needling course (open to massage, chiro, beauticians etc.). | The Foundation Course of the Pain Management Course comprises of two weekend courses = 30 hours |

Acupuncturists obtaining consent to contact GPs if necessary



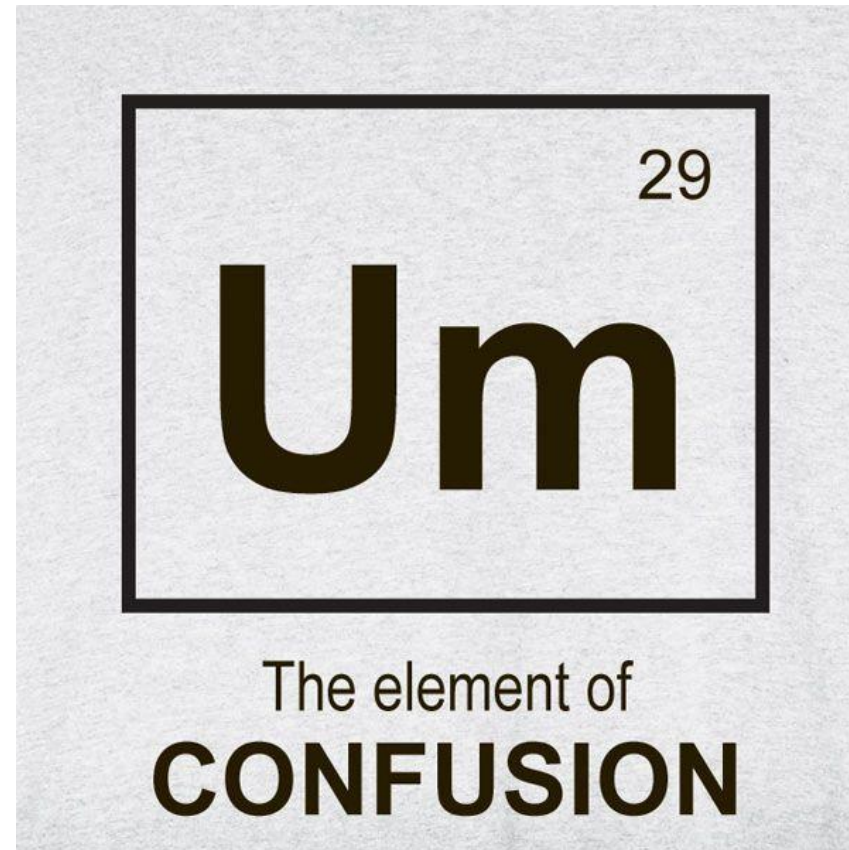
Patients disclosure of CAM use

- A comprehensive literature search identified 12 studies published between 1993 and 2002 that examined what percentage of consumers did not disclose to their medical practitioners their use of CAM
- The rate of non-disclosure of those using CAM is as high as 77% in some studies
- The main reasons patients provided for not disclosing their use of CAM to their medical practitioners were concerns about a negative response by the practitioners, the belief that the practitioner did not need to know about their CAM use, and the fact that the practitioner did not ask.

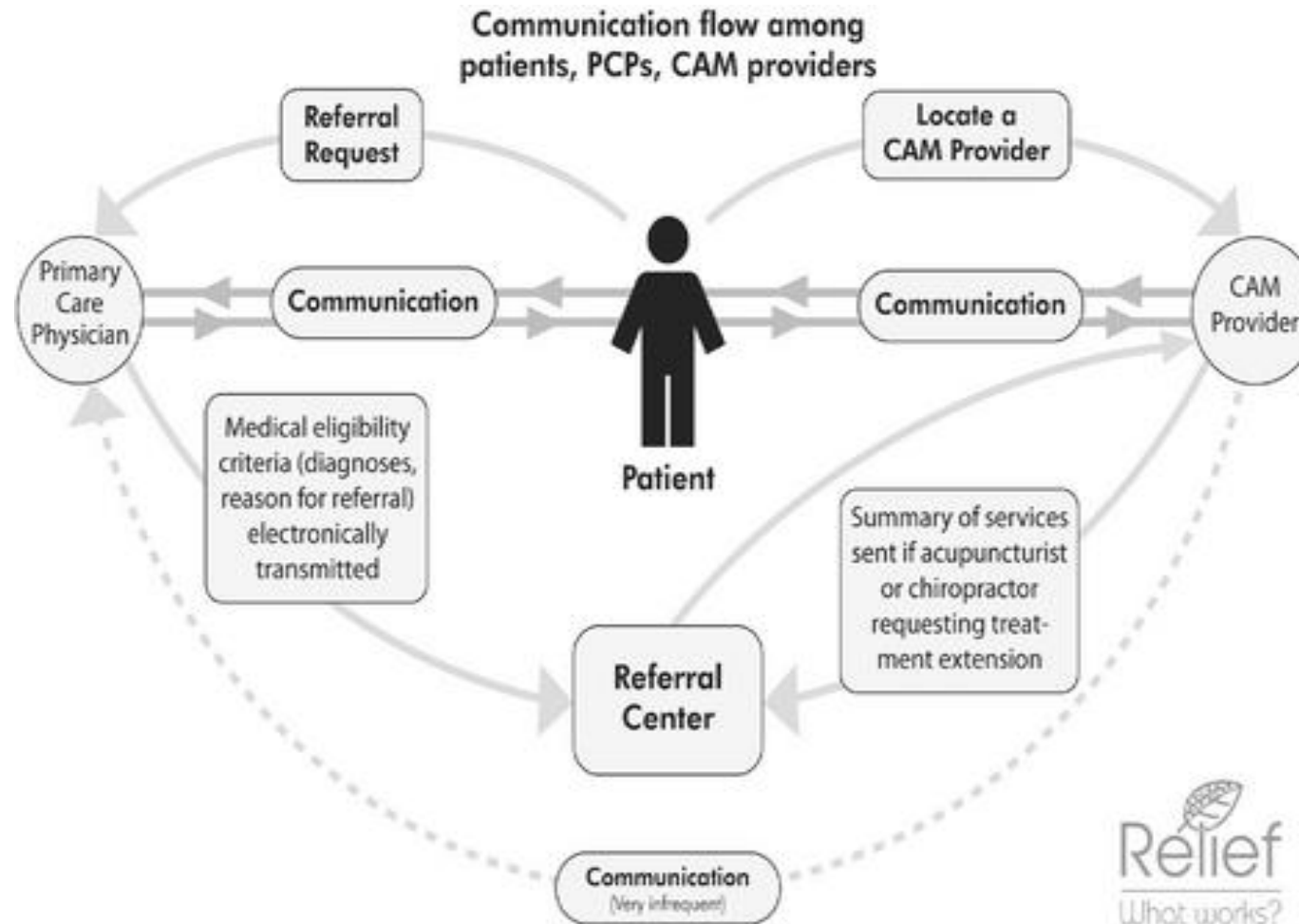
Robinson, A., & McGrail, M. R. (2004). Disclosure of CAM use to medical practitioners: a review of qualitative and quantitative studies. *Complementary Therapies in Medicine*, 12(2–3), 90–8. <http://doi.org/10.1016/j.ctim.2004.09.006>

So the problem, as I see it....

- GPs may be unsure of who they are referring to and what they do
- Acupuncturists are not always feeding back to GPs
- A high proportion of patients may not be disclosing CAM use



The current communication flow



Penney, L. S., Ritenbaugh, C., Elder, C., Schneider, J., Deyo, R. A., & DeBar, L. L. (2015). Primary care physicians, acupuncture and chiropractic clinicians, and chronic pain patients: a qualitative analysis of communication and care coordination patterns. *BMC Complementary and Alternative Medicine*, 16(1), 30. <http://doi.org/10.1186/s12906-016-1005-4>

On getting our first puppy

Expectation



VS. Reality



Ok, let's find out some more detail....

- 27 semi structured qualitative interviews
- 14 GPs
- 13 Acupuncturists
- Convenience/purposive sample (aka – whoever I could convince to talk to me!)



Oh goody, qualitative data analysis



ONE DOES NOT SIMPLY

**DO QUALITATIVE RESEARCH BECAUSE YOU THINK
IT WILL BE EASIER THAN A STATS BASED PROJECT**

Ok, enough jokes.....what did I find out? The key emerging themes

- Why we should communicate? It's about more than referrals.
- How is competence and safety determined and demonstrated?
- Evidence versus relationships when developing inter professional practice
- Science versus philosophy in the defining of acupuncture practice - Western and eastern models of practice
- Why is mental health so different? Navigating the mental health landscape.

Teasing out one theme.... Why we should communicate?

What did the acupuncturists say?

- *It is happening in the dark and they don't know what's going on. And there is no communication and how can anyone expect anything to change?*
- *Many of them don't even tell their GP they're seeing me, because they don't think it will would be approved.*
- *Some of them, yeah, they don't feel that it would be an accepted modality by a medical practitioner. So they don't feel that they would share that information.*
- *I don't know when I did the last report for a GP about a patient they've sent me. I'm very lazy, well I don't really have time to do that, so... but I don't.*

- *you simply cannot be, for the, I see 20 people a day, you know, I can't be writing a letter to 20 GPs out there and say; oh by the way your client has a sore ankle and I saw her today, and I'll let you know, you need to know.*
- *In fact none of them can be bothered, as we said. What you're finding out from the acupuncturists is no one's paying me, so why bother?*

- *The GP's said they wanted a letter from us; it never occurred to me that they'd want to hear from us, frankly. And if I hadn't taken the trouble to try and arrange some meeting with some you know, GP practices, I wouldn't have found that out.*
- *when I started working with them, I said; how do you want feedback about your patients? And they said; we don't. And I said; what? And they said; oh we don't, we get so fed up with getting continual letters and physios and osteos and everybody about you know, I've seen so and so, and I've done this and done that, we only want feedback if you've got a problem.*

What did the GPs say?

- *one has to realise that herbal medicine still, are pharmaceuticals, and they can interact with medication, so you really have to know the side effects*
- *Patients were afraid to disclose that information, you know, to their GP or their primary care provider, for fear of being ostracised.*
- *I can't have any input into a decision about whether my patient goes and sees an acupuncturist if I don't know it's happening.*

- *If my patient is going to see someone who's causing them harm, if I don't know that they're doing it, there's nothing I can do to influence it.*
- *Many people think; well what's the harm in trying such and such? Well yeah, there can be real harm, because you're delaying evidence-based treatment.*
- *I'm sure people do all these different things, and take supplements and things like that, and they don't tell you, and we're supposed to try and ask them, but sometimes you forget, yeah.*

- *we're always very keen to sort of find out what other treatments are being used, and to you know, if you don't ask, you don't find out,*
- *So I doubt if anyone, or if many people ask, you know, in your daily life, what are the range of complimentary therapies do you use.*
- *lot of that information would really be quite useful, and making that part of their medical record, I think is important, and really missing from the complementary side of things.*
- *And you're sort of left wondering; well, where's that gone? Then no output that they can sort of monitor, or is it 'suck it and see' you know?*

Reflections and recommendations

- There is the desire and the necessity for improved communication between General Practice and CAM
- There are currently no formalised systems in place
- Systems need to ensure ease of use, transferability and patient confidentiality
- Patients should be encouraged to discuss openly use of CAM through open communication
- There is potential to improve patient outcomes through incorporation and/or elimination of utilised therapies but only if usage is known and recorded.

First tier: communication tools – making communication easy from the ground up

GP focused facilitators

- CAM papers embedded in undergrad, postgrad and CPD options
- Development of referral and feedback templates to and from CAM providers to be inbuilt in PMS
- Relevant CAM information embedded within 3D health pathways based on evidence analysis
- Encouragement of routine asking about CAM use
- Remain as the centre of care and repository of feedback

First tier: communication tools – making communication easy from the ground up

Acupuncture focused facilitators

- Framework for when, why and how to communicate and or refer (CAM undergraduate training module)
- Templates for communication informed by GPs eg Introduction letter template, Initial patient contact letter, progress report letter, concluding treatment Information.
- EBP informed information pamphlet
- Phone script for quick patient updates
- Ability to input directly into PMS?
- Encouragement to present at CPD and GP conferences

Halp meh. I be stuck.



Never stop trying.....



Thank you

Kate Roberts

Kate.roberts@postgrad.otago.ac.nz

027 672 7244

