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Ashley M. Bjornerud
University of North Dakota

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Integrative Medicine in Primary Care

Ashley Bjornerud MPAS PA-S
Department of Physician Assistant Studies
University of North Dakota School of Medicine and Health Sciences
Grand Forks, ND 58202-9037

Introduction

- Integrative medicine (IM) is an approach to care that puts the patient at the center and addresses the full range of physical, emotional, mental, social, spiritual and environmental influences that affect a person's health (Rakel, 2017). Commonly, IM is associated with complementary and alternative medicine therapies (CAM). These are two separate entities. CAM is one of the modalities used in integrative medicine.

Statement of the problem

- Many types of therapies are used in primary care for common complaints. These therapies include pharmacotherapies and referrals to other specialties. IM and CAM have been around for many years but have recently grown in popularity as patients are looking for alternative therapies for their ailments. There is little research and evidence for these types of therapies being used in conjunction with traditional medicine in primary care settings.

Research Questions

1. What studies have been done to provide evidence-based use of integrative medicine in primary care?
2. What has research proven for outcomes of integrative medicine in primary care?
3. How are providers incorporating integrative medicine into primary care using evidence-based methods?

Methods

- The process for selecting relevant sources included using Clinical Key and DynaMed Plus. The following search terms were included in the search: "Integrative Medicine" [Majr], "Family Practice" [Majr], "Primary Health Care" [Majr], "Patient Care Team" [Mesh], "Complementary Therapies" [Mesh], and "Patient-Centered Care" [Majr]. Articles older than five years were excluded from the research. Articles broad in IM were included and avoided problem specific outcomes.

Literature Review

- One-third of the U.S. population uses CAM therapies, while underserved and multicultural communities utilize them even less. One idea proposed is to incorporate IM into residency programs (Berz, Barnett, Gardiner, & Saper, 2015).
- A perceived benefit to including IM into primary care is to offer an alternative to pharmacological treatments in patients with chronic pain, which is one of the most common reasons individuals seek integrative care (Rakel, 2017).
- Medical students strongly believed that IM should be taught in medical school (Flaherty, Fitzgibbon, & Cantillon, 2015).
- Consumer pressure to use CAM have risen in the past 20 years, and most medical schools in the U.S. are now offering courses in CAM according to an editorial published in the Evidence-based CAM journal by Shirwaikar et al. (2013).
- The authors brought up an important concept that standardization of these alternative therapies is also necessary to ensure quality (Shirwaikar et al., 2013).
- Veziari, Leach, & Kumar (2017) performed a systematic review Two barriers were identified in this process: capacity and culture. Capacity encompassed elements such as access, competency, bias, incentives, and time. Culture relating to the values and complex system of CAM were also identified.
- Flaherty et al. published a study in 2015 measuring the attitudes of medical students toward the practice and teaching of IM. Medical students strongly believed that IM should be taught in medical school.

Thanks . . .

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Discussion

- What studies have been done to provide evidence-based integrative medicine in primary care?**
- Mehl-Madrona et al. 2016 research on opiate reduction was one of the most robust studies proving the efficacy of IM in primary care. Evidence from this study showed those that were willing to commit to the group medical visits (GMV) and physical activity over a six or more-month period continued the same dose or decreased their dose of opiates during this period.
- Flaherty et al. published a study in 2015 measuring the attitudes of medical students toward the practice and teaching of IM. Medical students strongly believed that IM should be taught in medical school.
- What has research proven for outcomes of integrative medicine in primary care?**
- The opiate reduction study (Mehl-Madrona et al., 2016) results showed positive outcomes for IM in the primary care setting. The evidence of the study showed no one that continued in the study for six or more months increased their dose of opiates. Seventeen of the 42 reduced their dose, and seven people stopped opiates. In conventional care, no patients reduced their opiate use, and almost half increased their dose over the two years of the project.
- Questionnaires that were assessed in the article by Hunter et al. (2013) were unable to provide usefulness in the setting of IM in primary care.
- How are providers incorporating integrative medicine into primary care using evidence-based methods?**
- Hunter et al. (2013) investigated many questionnaires but was unable to conclusively identify a questionnaire that may be beneficial to use in the primary care setting.
- Introducing Group Medical Visits (GMV) provided education about non-pharmacological methods for pain management, as well as including some form of physical activity once a week (Mehl-Madrona et al., 2016).

Conclusions

- Multiple barriers exist for the research and application of CAM. As these therapies continue to grow, it will become essential to have evidence to back their use. Addressing the barriers such as capacity, meaning access, competency, bias, incentives, and time CAM professions will be able to integrate evidence-based practice in CAM.
- The opiate reduction study (Mehl-Madrona et al., 2016) showed positive outcomes for IM in the primary care setting. The evidence of the study showed no one that in the study for six or more months increased their dose of opiates. Seventeen of the 42 reduced their dose, and seven people stopped opiates. In conventional care, no patients reduced their opiate use, and almost half increased their dose over the two years of the project.
- Development of a questionnaire about IM in a primary care setting will benefit future research on this topic.

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