Provider-Provider Communication and Networking in Integrative Health

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The patient-provider relationship is a concept that contributes to the working definition of Integrative Health. This relationship has been well studied in biomedicine and Complementary and Alternative Medicine(CAM) over the last 15 years; where researchers have especially focused on patient-provider communication (Swenson, Zettler, & Lo, 2005; Kundo et al., 2011; Davis, Oh, Butow, Mullan, & Clarke, 2012). Studies have shown that good communication can better health outcomes (Stewart, 1995). They have also identified challenges to communicating about CAM including patients who withhold information about CAM usage and doctors who fail to inquire about CAM usage (Shelley et al., 2009; Davis, Oh, Butow, Mullan, & Clarke, 2012; Faith, Thorburn, & Tippens, 2015). One tangential concept which is less studied is provider to provider networking and communication. In fact, provider to provider relationships are part of the very foundation of Integrative Health as defined by the integration of CAM and biomedicine. This paper will look at current practices of provider-provider communication; barriers and challenges to integrate provider communication; and will identify tools currently being used to improve this practice. We will also identify gaps in our knowledge and make recommendations to areas of future research.

Provider-provider communication practices have been slow to coalesce as integrated health services have grown. Among biomedical professionals, oncologists have been at the forefront of this growth as they slowly integrate CAM therapies to improve their patient treatment outcomes. We have seen the rise of comprehensive cancer treatment centers which offer integrative services to patients. In these settings, teams of providers from a variety of disciplines will work together with patients to develop treatment plans (Richardson, Sanders, Palmer, Greisinger, & Singletary, 2000; Smith, Clavarino, Long, & Steadman, 2015). Other research has detailed some CAM integration into biomedical practices like pediatrics, but there is very little description of the provider to provider communication in these instances (Kemper, Vohra, & Walls, 2008; Bernardini, Cracolici, Ferreri, Rinaldi, & Pulcri, 2015). A few organizations have created supplemental information that can be accessed by a physician to improve patient-physician communication, such as brochures about CAM (Smith, Clavarino, Long, & Steadman, 2015) and online herb interaction databases (https://www.mskcc.org/cancer-care/diagnosis-treatment/symptom-management/integrative-medicine/herbs/search), but our understanding of how providers communicate with others is limited. A panel of cross disciplinary providers suggested that “actions to foster better mainstream medical/CAM communication promote focus by a team of providers on the patient's goals, functioning, and involvement in their care” (Klimenko & Julliard, 2007, p. 46). This would seem impracticable if the teams are not already in place to begin with!

There are barriers and challenges to provider-provider communication and networking in less-integrated settings. A lack of education and knowledge about CAM practices can keep biomedical providers from connecting with CAM providers (Ben-Arye, Frenkel, & Hermoni, 2006). This is reinforced by a fear of legal repercussions "if a physician refers a patient to an unlicensed provider, the referring physician may be liable for negligent referral" (Kemper, Vohra, & Walls, 2008, p. 1380). Physician attitudes regarding supplement quality and safety can keep biomedical providers from investigating CAM herbal therapies (Schiff et al., 2011). A lack of time available to both spend with patients and research CAM resources is also an issue. Finally, there are few practical tools to help communicate effectively with providers from other disciplines (Frenkel, Ben-Arye, Geva, & Klein, 2007).

Despite government initiatives like the National Center for Complementary and Integrative Health and education to teach CAM practitioners communication skills (Frenkel, Ben-Arye, Geva, & Klein, 2007), tools to support provider-provider communication and networking about CAM in their practices are few and far between. In a survey of physicians and CAM practitioners, Schiff et al., found that a referral letter was the preferred communication mode between providers (2011).That letter presupposes that the physician has a network of providers in hand. Other research has shown that physicians are trying new technologies to foster communication with other professionals including blogs and social media apps like twitter (Hoang, McCall, Dixon, Fitzgerald, & Gaillard, 2015).

After reviewing the practices around provider-provider communication for this article, I would recommend future research to answer the following questions. How do providers currently network and communicate with providers in other disciplines about CAM? Is it practical to use eHealth platforms which use social network theory to connect providers? How do unlicensed disciplines integrate with biomedical practices and overcome hurdles such as legal restrictions and insurance coverage? How can technology help make and support provider to provider connections? I look forward to being a part of this dialogue in the near future.

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