Research

CAM Services Provided at Select Integrative Medicine Centers: What Do Their Websites Tell Us?

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Abstract

Background: The utilization of complementary and alternative medicine (CAM) services in the United States has been well described. Recently there has been a growth of "integrative medicine" (IM) centers located at or affiliated with academic medical centers. Various structures and facilities exist for the delivery of such services; and within some of these settings, various CAM providers are reported to be providing care. CAM is subject to multiple interpretations and there may be variation among such centers. The inclusion or exclusion of given CAM services in academic medical centers may have policy consequences.

Purpose: To document and describe the CAM services and CAM provider types that are specified on the public websites of a group of IM clinics affiliated with academic medical centers.

Methods: The websites of the IM centers of the 44 member institutions of the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM) were searched. Targeted data from the website review were entered in a spreadsheet (Microsoft Excel) for analysis. Descriptive statistics are reported.

Results: The public websites of 29 of the 44 CAHCIM member institutions specify any clinical services provided. Data on provider types were scarce. The most common CAM therapies specified were stress reduction, acupuncture, and biologically-based practices, each included in 72% or more of websites.

Conclusion: There is variation in breadth and depth of content provided on public websites of CAHCIM member institutions. These preliminary results can inform further research to understand the variation in services provided, as well as the determinants and consequences of such variation.

Introduction

The utilization of complementary and alternative medicine (CAM) services in the United States has been well described.[1,2] The National Center for Complementary and Alternative Medicine (NCCAM) defines CAM as "a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine."[3] Various structures and facilities exist for the delivery of such services; and within some of these settings, various CAM providers are reported to be providing care. Recently there has been a growth of "integrative medicine" (IM) centers located at or affiliated with academic medical centers, and previous investigators have described CAM services provided at nine such centers.[4] Because the concept of integrative medicine is subject to multiple interpretations, there may be much variation among such centers.[5] An understanding of the use of CAM services and inclusion of CAM provider types in these environments may help to inform decisions on clinical services, research and education. Thus the purpose of this study is to document and describe the CAM services and CAM provider types that are specified on the public websites of a group of IM clinics affiliated with academic medical centers.

Methods

The websites of the IM centers of the 44 member institutions of the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM) were searched. These centers were targeted due to the perceived importance of the CAHCIM institutions in driving dialog and policy in IM clinical services, research and education. Our aim was to provide preliminary insight into these centers by describing the types of health care services presented on their websites.

We identified CACHIM member centers and their websites via the CACHIM website [www.imconsortium.org]. When websites for centers were not listed we performed general internet searches to identify such sites. We

limited our search to facilities with English language websites.

Website reviews were performed in August 2009 and data were entered into a spreadsheet (Microsoft Excel) for analysis. We extracted data on provider types and services provided whenever these were specified. We captured the terms used for these providers/services exactly as they appeared on the websites. When terminology across more than one site differed but was very similar (e.g. "nutritional supplements" and "nutritional supplementation") we collapsed those findings into one category. However when other terms were somewhat related but not very similar (e.g. "nutritional supplements" and "herbs") we left these as separate categories. The primary investigator reviewed the websites and extracted data, after which both investigators analyzed the data and reported the results. Descriptive statistics are reported. This project did not involve obtaining information about living individuals and consequently was determined to be exempt from review by the University of Bridgeport's Institutional Review Board.

Results

Of the 44 CAHCIM institutions, no websites were found for 2, a French language website was found for 1, and websites that did not specify clinical services were found for 12. Websites specifying clinical services to any extent were found for the remaining 29 institutions, and data are reported on these sites.

Table 1: CAM services specified as being represented in IM centers (n=29).

Service	n	%
Mindfulness/stress reduction	23	79%
Acupuncture	21	72%
Biologically Based[1]	21	72%
Massage therapy	18	62%
Yoga	14	48%
Meditation	11	38%
Traditional Chinese Medicine	10	35%
Medical hypnosis	10	35%
Biofeedback	8	28%
Craniosacral therapy	8	28%
Naturopathy	7	24%

Chiropractic	7	24%
Homeopathy	6	21%
Guided imagery	6	21%
Nutritional supplements	6	21%
Qi gong	5	17%
Reiki	5	17%
Spiritual counseling	4	14%
Tai chi	4	14%
Ayurveda	3	10%
Reflexology	3	10%
Chinese herbs	3	10%
Osteopathy	2	7%
Feldenkrais method	2	7%
Intravenous nutrients/cocktails	2	7%
Energy healing	2	7%
Anthroposophically extended medicine	1	3%
Manipulation/manual medicine	1	3%
Herbs	1	3%
Orthomolecular medicine	1	3%
Healing touch	1	3%

[1] As defined by NCCAM, *biologically based* refers to the "use of substances found in nature, such as herbs, foods, and vitamins."[19] Also known as *natural products*.

There was much variation in the breadth and depth of content presented. The information on CAM provider types was very limited and we could not obtain sufficient data to analyze. We were able to extract data on types of CAM services provided. **Table 1** presents a master list of all CAM services specified. The most common services specified were stress reduction, acupuncture, and biologically-based practices, each included in 72% or more of websites.

In addition to CAM services, we also identified healthcare services that are more commonly considered to be part of mainstream medicine such as psychotherapy, art/music therapy and physical therapy. These are presented in **Table 2**.

Table 2: Conventional healthcare services offered at IM Centers.

Services	n	%
Extended intake with medical physician MD	21	72%
Psychotherapy	8	28%
Art / Music therapy	8	28%
Physical therapy	4	14%
Pharmacological prescription review	2	7%
Dietician	2	7%
Prolotherapy[1]	1	3%
Hyperbaric therapy	1	3%
Eye movement desensitization and repositioning[2]	1	3%
Unspecified physical medicine treatment	1	3%
Occupational medicine	1	3%
Sexual health counseling	1	3%

[1] *Prolotherapy* refers to various injections aimed at improving ligament and/or tendon strength.

[2] *Eye movement desensitization and repositioning* is a used by mental health professionals to aid in treating a wide variety of emotional and mood disorders.

Discussion

This work presents a summary of the CAM services that are listed on the public websites of a select group of IM centers. Although this was a simplistic study design, the results may be interesting to CAM professionals for several reasons. First, this appears to be the initial report of any measure of prevalence of CAM services provided at a defined population of IM centers. Prior reports have described CAM services provided to special patient populations, interdisciplinary relations in practice settings, the creation and function of academic CAM clinics aspects of the educational process and provider perceptions to integrative care.[6-17] To our knowledge the frequency of CAM services vis-à-vis other services offered has not been reported. Secondly, because the landscape of IM continues to evolve, documentation of the services specified at present may be helpful for comparison with future points in time. Finally, prominent medical institutions such as CACHIM members play a role in shaping public perception and ultimately policy on IM services. Inclusion or exclusion of given services in the public message presented by these institutions may have policy

consequences.

There was much variation in content provided and terminology used by different IM centers, so strong comparisons cannot be made. Additionally, many terms can overlap in meaning and others are not directly comparable. For instance, some terms used describe healthcare professions such as chiropractic (24%), naturopathy (24%) and osteopathy (7%); other terms describe therapies such as acupuncture (72%), biofeedback (28%) and Reiki (17%); and other terms describe whole systems such as traditional Chinese medicine (35%) and Ayurveda (10%).

For the three health professions that were mentioned (chiropractic, naturopathy and osteopathy), it is interesting that numerous therapies within their typical scope of practice were listed separately. Indeed the top therapies found–mindfulness/stress reduction (79%), acupuncture (72%), biologically-based practices (72%), and massage (62%)–can be provided by chiropractors, naturopaths or osteopaths. However the design of this study could not determine if these or any other providers are delivering these or other services.

There are many relevant features of integrated care beyond the mere inclusion of a given CAM provider type at an IM center. Characteristics of the structures, processes and outcomes of care (such as patient access, clinical care algorithms, degree of provider integration, collaborative decision-making, patient outcomes, etc) are likely highly variable. Indeed a recent systematic review identified over 11,000 citations on integrative medicine yet only 6 of these met the authors' operational definition of integrative healthcare as a "collaborative and integral part of the healthcare system."[18] The design of our work could not provide any insight into these characteristics. Subsequent study in this arena may include surveys and/or interviews with key informants at IM centers to more definitively identify the types of services and providers therein. Additional work may look at clinical and business models, and ultimately patient-based and system-based outcomes.

There are limitations to this study. We only counted the presence of a service on a given website; we have no indication that the absence of a service actually means that this service is not provided at the given IM center. It is also possible that some websites' content may have changed since the time of our analysis. Furthermore, there is no indication that even a currently up to date website will accurately list all healthcare services of that center. However, it seems likely that a facility would want its public website to reflect the full complement of services provided to potential patients.

Conclusion

The public websites of 29 of the 44 CACHIM member institutions specify any clinical services provided. There is much variation in breadth and depth of content provided. The most common CAM therapies specified were stress reduction, acupuncture, and biologically-based practices, each included in 72% or more of websites. Chiropractic, naturopathic and osteopathic approaches were mentioned, but it was not possible to determine the specific procedures offered, number of practitioners, nor the possibility of cross training of the staff providing those services. Further research is needed to understand the variation in CAM services and providers, as well as the determinants and consequences of such variation.

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