Available online at www.sciencedirect.com

ScienceDirect

European Journal of Integrative Medicine 6 (2014) 156–163

European Journal of INTEGRATIVE MEDICINE

www.elsevier.com/eujim

Original article

Perceptions on developing clinical practice guidelines for traditional medicine in Korea: Results of a web-based survey☆

Jiae Choi [a,1], Tae-Young Choi [a,1], Ju Ah Lee [a], Kyung-Jin Yun [a], Hyun-Ja Lim [b], Myeong Soo Lee [a,*]

[a] *Medical Research Division, Korea Institute of Oriental Medicine, Daejeon, South Korea*
[b] *Department of Nursing, Chodang University, Muan, South Korea*

Received 7 August 2013; received in revised form 12 December 2013; accepted 12 December 2013

Abstract

Introduction: Currently, 16 clinical practice guidelines (CPGs) for traditional medicine (TM) are available in Korea. This survey aimed to assess perceptions on the development of CPGs for TM and select the priority diseases and symptoms for which guidelines should be developed for Korean medical doctors (KMDs) who have a license for treating patients with TM, including acupuncture and herbal medicine.
Methods: A survey was conducted with a questionnaire consisting of 20 items classified into three categories (perceptions on CPGs, priority diseases and symptoms for CPG development and demographic characteristics of respondents). A total of 14,485 KMDs from the Association of Korean Medicine were invited to participate in the survey by e-mail.
Results: Of the 1226 respondents, more than half (685, 56%) thought that the development of CPGs-TM is essential. Regarding the purpose of the CPGs, 650 (53%) answered that the most important purpose was the provision of insurance benefits and standards for decision making. The majority of respondents thought the CPGs would provide or contribute to health care standards for TM treatments. The common cold and sprains were identified as the highest recommended symptoms for CPG development.
Conclusions: Our data suggest a need to develop CPGs for TM to provide health care standards for TM. However, we cannot completely discount the possibility that biased selection of subjects and the low response rate limit the interpretations of the study results.

Keywords: Clinical practice guideline; Traditional medicine; Web-based survey

Introduction

Clinical practice guidelines (CPGs) are defined as "systematically developed statements to assist practitioners and patients decisions about appropriate health care for specific clinical circumstances" [1]. CPGs aim to incorporate research findings and evidence-based practice for significant and consistent improvements in health care [2]. With the increased importance of evidence-based medicine (EBM), it is necessary to set standards for the process of developing and reporting guidelines [3]. Internationally, there has also been an increased focus on optimising primary care treatment and reducing healthcare costs. In England, the National Institute for Clinical Excellence (NICE) was established to develop, disseminate and implement guidelines on a range of clinical activities [4].

Currently, the use of complementary and alternative medicine (CAM) and traditional medicine (TM) is increasing for a variety of conditions worldwide [5]. The development of CPGs has been of interest and emphasised in the Korean healthcare community [6]. However, only 16 CPGs are currently available for TM. The demand for developing CPGs for TM and CAM in Korea is also increasing for several reasons. First, evidence-based CPGs for CAM or TM are required to take advantage of the unique characteristics of TM, which is based on treatment strategies according to individual symptoms. Second, there is a need for research to improve the quality of services and to provide patients with a reasonable primary care system based on modern perspectives, which are complemented by growing advances in science and medicine. Third, the CPGs-TM are expected to raise the level of clinical research standards in Korea and to establish a

☆ This article belongs to the Special Issue: Clinical Guidelines for Integrated Practice.

* Corresponding author at: Medical Research Division, Korea Institute of Oriental Medicine, Daejeon 305-811, South Korea. Tel.: +82 042 868 9266; fax: +82 042 868 9622.
E-mail addresses: drmslee@gmail.com, mslee@kiom.re.kr (M.S. Lee).
[1] Both authors contributed equally.

1876-3820/$ – see front matter © 2013 Elsevier GmbH. All rights reserved.
http://dx.doi.org/10.1016/j.eujim.2013.12.019

foundation for a cooperative system that integrates conventional and traditional East Asian medicine. Fourth, evidence-based clinical practice will contribute to improving the quality of medical services, serve as critical data for making decisions on health care system reimbursement and improving the medical fee review criteria and other factors, and provide evidence to establish the quality evaluation standards for medical services. Fifth, a standardised CPGs and its development methodology will improve Korea's position in the global TM field amid growing international interest in the TM of different countries.

Considering these needs, the CPGs-TM development seeks to raise the standards of CAM or TM practice in Korea and establish a cooperative system that integrates conventional medicine (CM) and TM. In addition, the development of CPGs-TM is intended to standardise TM practices, improve the quality of TM practice, reduce the risk accompanying TM clinical practice, and create an optimal balance between the cost and efficacy of medical services. To recognise the increasing interest in the development of CPGs-TM, this survey assessed Korean medical doctors' (KMDs) perceptions of CPGs-TM development.

Methods

Study design

This study was a survey of KMDs concerning their perceptions of the development of CPGs for TM via e-mail.

Participants and recruitment

This survey was conducted from July 16 to August 18, 2012. We contacted the Association of Korean Medicine (AKOM) and received permission to use their member database. The Ministry of Health and Welfare of Korea implemented a TM specialist training system in 1999. Medical care is provided in 8 departments: internal medicine, gynaecology, paediatrics, neuropsychiatry, acupuncture and moxibustion, ophthalmology–otorhinolaryngology–dermatology, rehabilitation medicine, and Sasang constitutional medicine. After obtaining a TM license, a practitioner can become a TM specialist through 4 years of additional training in a designated TM hospital (a 1-year internship and a 3-year resident course) [7]. These practitioners accounted for 10% of all TM-licensed doctors by 2011 [8]. KMDs are defined by law and have been regulated by the government in Korea since 1951. There are a total of 19,846 KMDs in Korea. Among them, 14,485 are members of the AKOM. A total of 14,485 KMDs who were members of AKOM were invited to participate in the survey via three e-mails sent on July 16th, 20th and 27th of 2012.

An invitation letter with a link to the web-based questionnaire was emailed to KMDs. Three reminders were distributed, and the link was open for one month. When the response rate dropped, we resent the email to maximise the response rate. A reminder email was sent 4 days later, and a final email invitation was sent 7 days after that.

A cover letter explained that the purpose of the study was to understand KMDs' current perceptions of CPGs and that the data obtained would be valuable for informing how the management of this common and challenging problem could be improved. The cover letter included a hyperlink to the questionnaire.

Survey data collection was closed two weeks after the final email. Survey data, which were downloaded from the host, did not include respondents' identifying information. The response rate was 8.5%.

Survey development and variables

The survey questionnaire was developed by the research team to elicit qualitative and quantitative information as listed in Appendix 1.

- Familiarity with the concept of CPGs-TM.
- Necessity of developing CPGs-TM.
- Development methods for CPGs-TM.
- Purpose of CPGs-TM.
- Disease and symptom priorities for CPGs-TM development.

In the first part, we asked about the respondents' perceptions of and attitudes towards clinical practice guidelines. This part contained items measuring familiarity with the concept, necessity of development, development methodology and the purpose of CPGs in health care. The second part included the priority diseases and symptoms for CPGs-TM development. To tailor the priority diseases and symptoms, respondents were asked to choose their most problematic areas. To indicate their priorities, respondents chose from a list of 14 selections concerning diseases and symptoms. Respondents were asked to indicate a maximum of three of these 14 selections. The last part included demographic data for the KMDs, including age, gender, residence, clinical experience, place of work and TM specialist status.

The selection process of prioritised diseases and symptoms for CPGs development is shown in Fig. 1. These processes are focused on expert opinions. The 14 diseases and symptoms in the questionnaire were selected by analysing and comparing the 50 diseases selected by the World Health Organization (WHO) as top priorities and the disease categories for developing clinical practice guidelines identified by the China Academy of Chinese Medicine Science with the support of WHO/Western Pacific Regional Office (WPRO). Common diseases from the two disease lists were identified from the data provided by Statistics Korea and the survey results of experts.

Data sources/measurement

We surveyed licenced KMDs of the AKOM via e-mail. Diseases with a high priority were selected by analysing and comparing the 50 diseases selected by WHO as top priorities [9] and the disease categories for clinical practice guideline development by the China Academy of Chinese Medicine Science with the support of WHO/WPRO [10–12]. Common diseases from the two disease lists were identified from data provided by Statistics Korea and the survey results of experts [13].

Bias

Most of the participants did not possess sufficient knowledge concerning CPGs. Therefore, a selection bias may have existed in this study.