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Review

Supporting Integrative Medicine research through an Australasian practice-based research network

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ABSTRACT

Integrative Medicine (IM) where evidence-based traditional, natural and complementary medicine is combined with conventional medicine is widely practiced in both Australia and New Zealand, mostly in the primary care setting. Whilst IM incorporates a number of practices, Integrative Medical Practitioners is a term that is generally used in Australasia to describe medical practitioners who integrate conventional and complementary medicine to provide holistic, patient-centred, multidisciplinary care. There is a paucity of research in both countries and internationally describing current practice and clinical outcomes of IM.

This paper presents the case for establishing the first practice based research network (PBRN) for self-identified Australasian IM practitioners and IM clinics. The network would aim to link IM healthcare providers with academics to undertake relevant research able to inform clinical practice and policy. The opportunities, challenges and lessons learnt from other PBRNs are discussed and a way forward is proposed.

Contents

What is already known about the topic?

- There is a paucity of research evaluating Integrative Medicine (IM), especially throughout Australasia.

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- Australia and New Zealand have strong primary care services that includes a significant number of IM practitioners and IM clinics.
- Practice-Based Research Networks (PBRN) have successfully been used to build research capacity by linking clinicians with academics to investigate clinically relevant questions.
- Resources are available that provide support and guidance to help address the challenges with establishing and maintaining a PBRN.

What this paper adds?

- Australia and New Zealand are well placed to establish an Integrative Medicine Practice Based Research Network (IM-PBRN).
- The IM-PBRN could facilitate a wide range of research to inform clinical practice, health service delivery and policy in Australasia and internationally.
- The next step is for stakeholder discussion between the various professional bodies representing IM in the two countries, academic institutions and patients.

1. Introduction

Integrative Medicine (IM) is a term that has appeared alongside the growing trend of complementary medicine (CM) use in Australia and New Zealand [1–6]. CM refers to a broad range of natural, traditional and alternative healthcare interventions, products, medicines and therapies that typically fall outside the domain of conventional medicine [7]. The boundaries can be blurred however, especially with the selective incorporation of evidence-based CM into mainstream medical practice [8]. Whilst IM incorporates a number of practices including CM (see Box 1) [9], in Australasia, the term IM Practitioners commonly refers to medical practitioners who practice IM, often in the context of a multidisciplinary IM team [8,10,11].

The exact number of IM doctors in Australasia is unknown. A 2008 Australia-wide survey of (General Practitioners) GPs suggests that up to a third of GPs self-identify as practicing IM that was defined as "a holistic approach to health care that integrates conventional medical care with complementary therapies" [5]. Notwithstanding concerns about selection bias, the results from this survey posit that the use of CM in clinical practice and the practice of IM by Australian GPs is significant.

Exponents of IM claim improved patient outcomes, especially for complex health problems, comorbidity, and disease prevention [12]. Little is known however about the specifics of IM practice in Australasia, particularly IM clinical and economic outcomes. Although some studies have been conducted, these have been largely descriptive, focusing on prevalence of CM use and practice, or practitioner attitudes and knowledge [4–6,11,13–18].

A practice-based research network (PBRN) linking self-identified medical practitioners who are either practicing IM or working in an IM clinic, could support a wide range of research that critically and rigorously examines IM.

Box 1. Examples of definitions of Integrative Medicine (IM) used in Australasia.

The Australasian Integrative Medicine Association defines IM as: "*... a philosophy of healthcare with a focus on individual patient care and combining the best of conventional western medicine and evidence-based complementary medicine and therapies within current mainstream medical practice.*
Integrative Medicine reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, health care professionals and disciplines to achieve optimal health and healing.
It takes into account the physical, psychological, social and spiritual wellbeing of the person with the aim of using the most appropriate, safe and evidence-based treatments available." [9]
The National Prescribing Service (NPS) survey in 2008 defined IM as
'a holistic approach to health care that integrates conventional medical care with complementary therapies' [4,5]

2. Practice based research networks

The primary focus of a PBRN is to facilitate research by connecting and matching researchers with clinicians. It enables members to propose research topics and studies, participate in research and utilise the results [19,20] (Box 2).

One of the earliest examples of a PBRN is the Scottish Primary Care Research Network that was established in 1924 [21]. The number of PBRNs across the globe has continued to increase. For example, in 2011, the Agency for Healthcare Research and Quality's PBRN database included more than 130 PBRNs in the United States (US), mostly these were regional networks although some were national [19]. The US PBRNs represented over 16,900 clinics, 69,000 network members and approximately 53 million patients. Over 90% were in primary care; the others included dentists, pharmacists, naturopaths, and palliative medicine clinicians.

Similarly, in Australia and New Zealand, most PBRNs are primary care or community based networks [22–24]. This includes the newly established PRACI for Australian CM practitioners and ACORN for Australian chiropractors [23,24]. Twenty-one PBRNs are currently registered with the Australian Primary Care Research Network (APCReN) – a national support service for Australian PBRNs [22]. Two of these PBRNs are national networks, the remaining are state or regional. A recent APCReN survey of 18 of the 21 networks found that 7/18 represented General Practitioners (GP) only; four of the PBRNs were for GPs working alongside practice nurses; and seven were multidisciplinary PBRNs, where GPs, practice nurses, allied health and psychologists were members. A top down approach from the supporting academic institutions was most commonly used to direct the decision making process for research (13/18). Only one PBRN took a bottom up approach. Four PBRN's used a combined approach [22]. The research activities by the various PBRNs were broad including clinical trials, health services research, quality improvement programmes, action-based research, developing clinical practice guidelines, education research and workforce research. The clinical focus and purpose of these networks was broad ranging. None of the PBRNs specifically recruit IM practitioners, nor investigate IM topics.

In other countries, both non-IM primary care and disease-specific PBRNs have been used to examine IM topics. These have

Box 2. Practice Based Research Networks

Members of a Practice Based Research Network (PBRN) have the "*...opportunity to realise and interpret their own evidence and integrate this evidence into practice to improve health care delivery and influence public policy. Only with rigorous research can the [PBRN] provide critical evidence about the effectiveness of their services to their unique patient base*" [20]