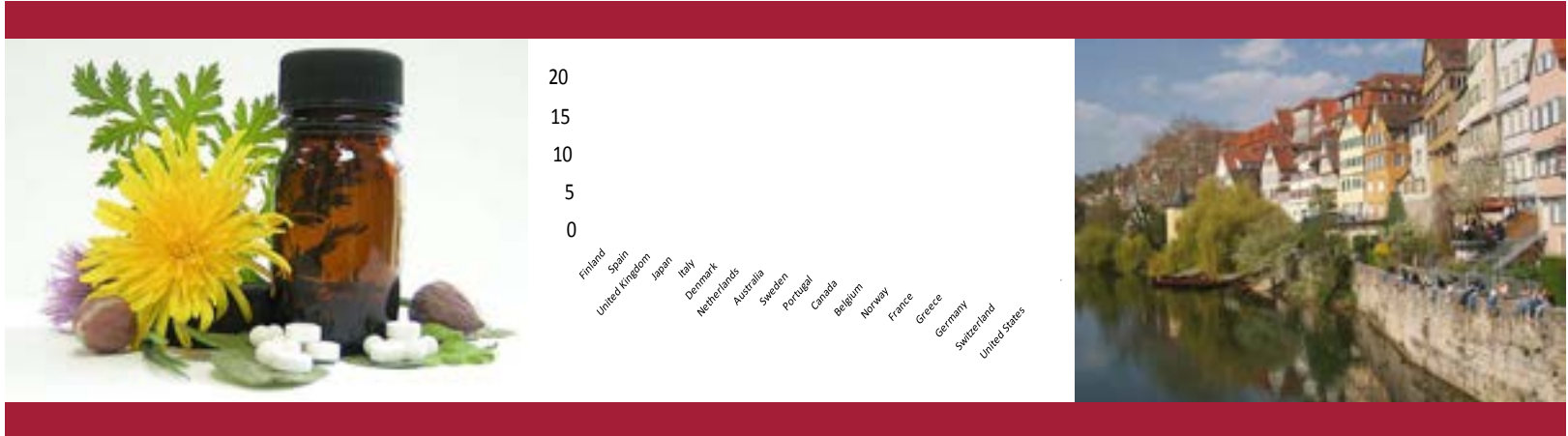


Integration of Complementary and Alternative Care in Primary Health Care

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- **What is „primary health care“?**
- **CAM in primary health care - status quo in Germany**
- **Study findings**
- **Future challenges**



Helen, 38, presents with neck pain, mild headache for the past 3-4 months, works a lot with computers, much stress with her 2 children, no time for sports in the moment

Since you are her GP for some years, you know that she is keen to explore 'natural' management of her symptoms. The further anamnesis and examination leads you to the diagnosis:

Chronic neck pain with tension headache

What treatment can you advise?

Evidence-based recommendations:

- pain killers (NSAR)
- physical activity/exercise
- manual medicine
- acupuncture
- Peppermint oil (headache)
- relaxation techniques (headache)





Primary Health Care...

... is based on **practical, scientifically sound** and **socially acceptable methods** universally **accessible** to individuals and families [...] provided by a **suitably trained workforce** [...] maximises individual **self-reliance** [...] and involves **collaboration** with other sectors.

(Declaration of Alma-Ata, 1978)



→ **General practitioners are key provider in PHC**

Core competencies of general practice:

defined by the European Academy of Teachers in General Practice

- Primary care management
- Community orientation
- Specific problem solving skills
- **Person-centred care**
- **Comprehensive approach** (health promotion and disease prevention)
- **Holistic modelling** (bio-psycho-social model)

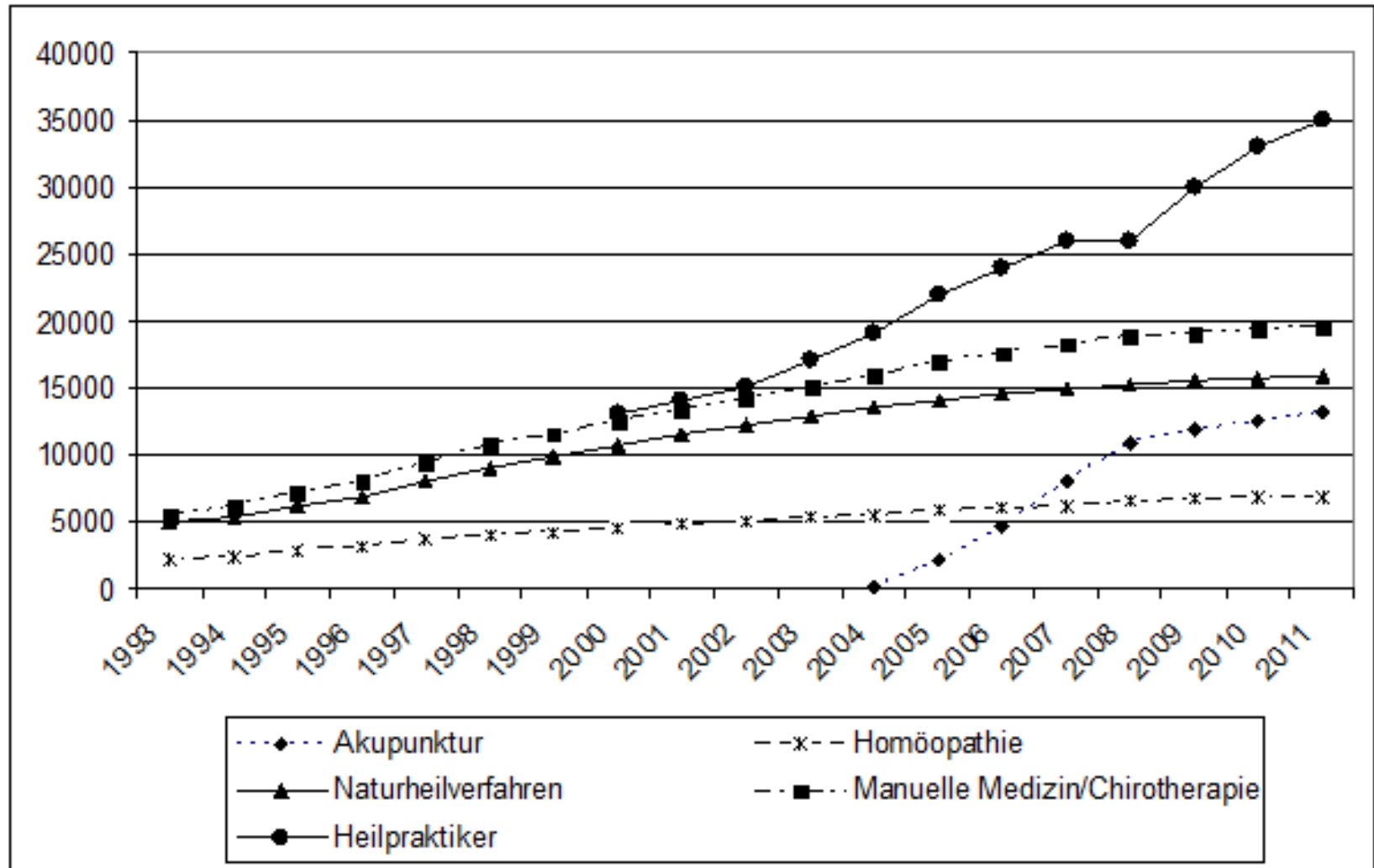


Professional groups in primary care providing CAM in Germany

- Physicians (additional qualifications in acupuncture, naturopathy, homeopathy, manual medicine)
 - Heilpraktiker (= state licensed non-physician naturopaths without standardized educational curricula and competencies)
 - Dentists
 - Nurses
 - Physiotherapists
 - Midwives
 - Dieticians usw.
- **multiprofessional field**
→ **lack of transparency**
→ **lack of cooperation**
-



Development of physicians with CAM qualification and „Heilpraktiker“



Reimbursement of CAM services in ambulatory care in Germany (statutory health insurance):

- Phytotherapeutics (limited to misteltoe, ginkgo, St. John's wort, flea seeds)
 - Acupuncture (low back pain, knee pain)
 - Manual medicine (limited over time)
 - Physiotherapeutic interventions (limited over time)
 - Homeopathy, osteopathy (limited to special contracts)
- all other services/phytotherapeutics have to be paid out-of-pocket or by additional private insurances
- not in accordance with scientific evidence and guidelines
- much more physicians provide CAM in their practices
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Postal survey among 3.000 GPs in Germany (response rate: 50%)

Questions:

- Do you use CAM in your daily practice?
- Which CAM methods do you use in practice?
- What do you think about CAM?

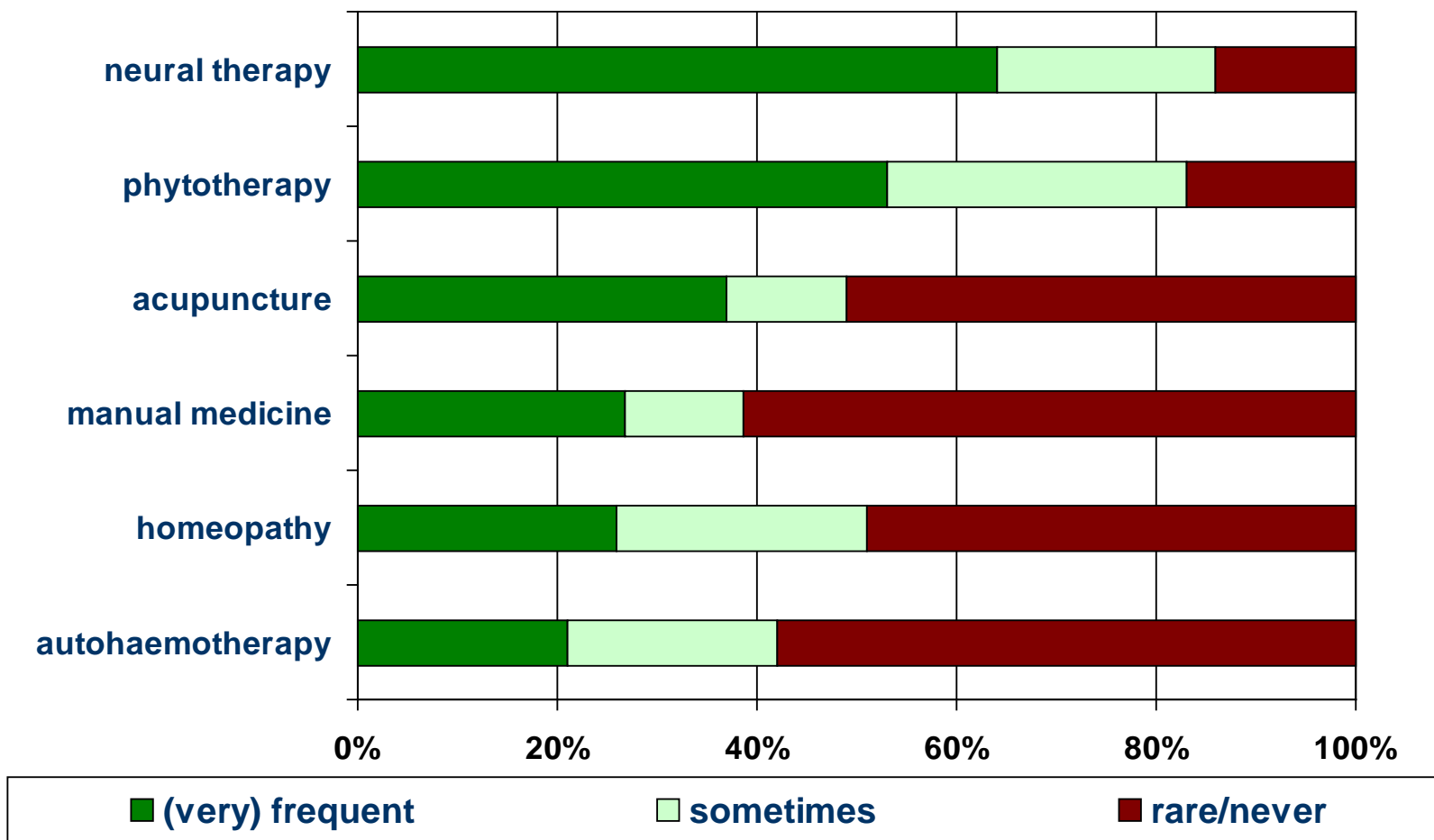
Results

- 60% of GPs use CAM
- 49% have a **positive** CAM attitude
- 12% have a **negative** CAM attitude





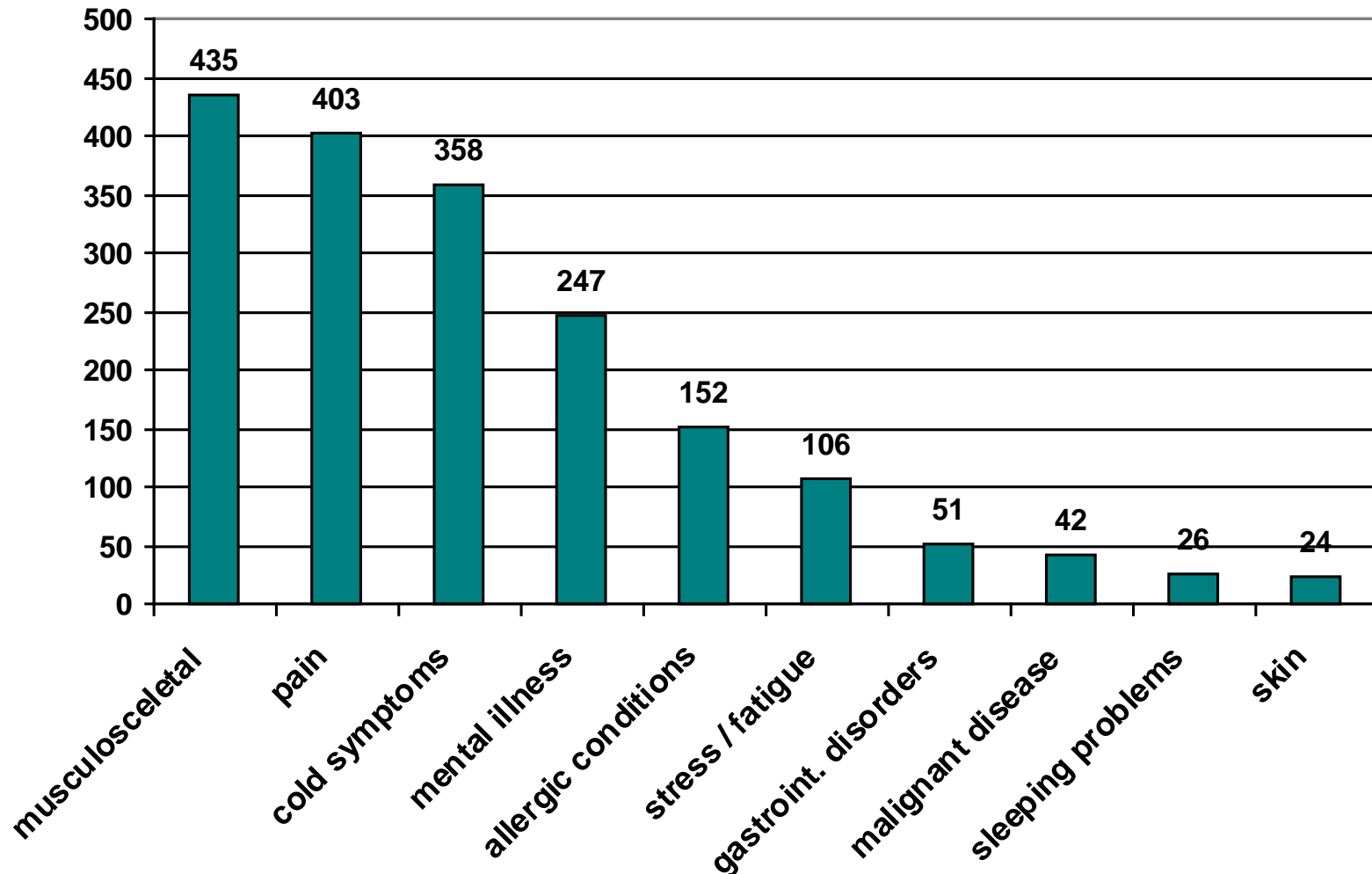
Which CAM methods do you use in practice?





Indications for CAM use

number of mentions/free text; max. 3 possible



Are there differences between GPs using CAM vs. not using CAM?

✓ Personal characteristics

- younger, female, non-smoking, own use of CAM

✓ Practice characteristics

- more privately insured patients

✓ work load

- less working hours/week, higher job satisfaction (only those with „positive attitude“)

Question:

- Which patients are seen by Heilpraktiker?

Methods:

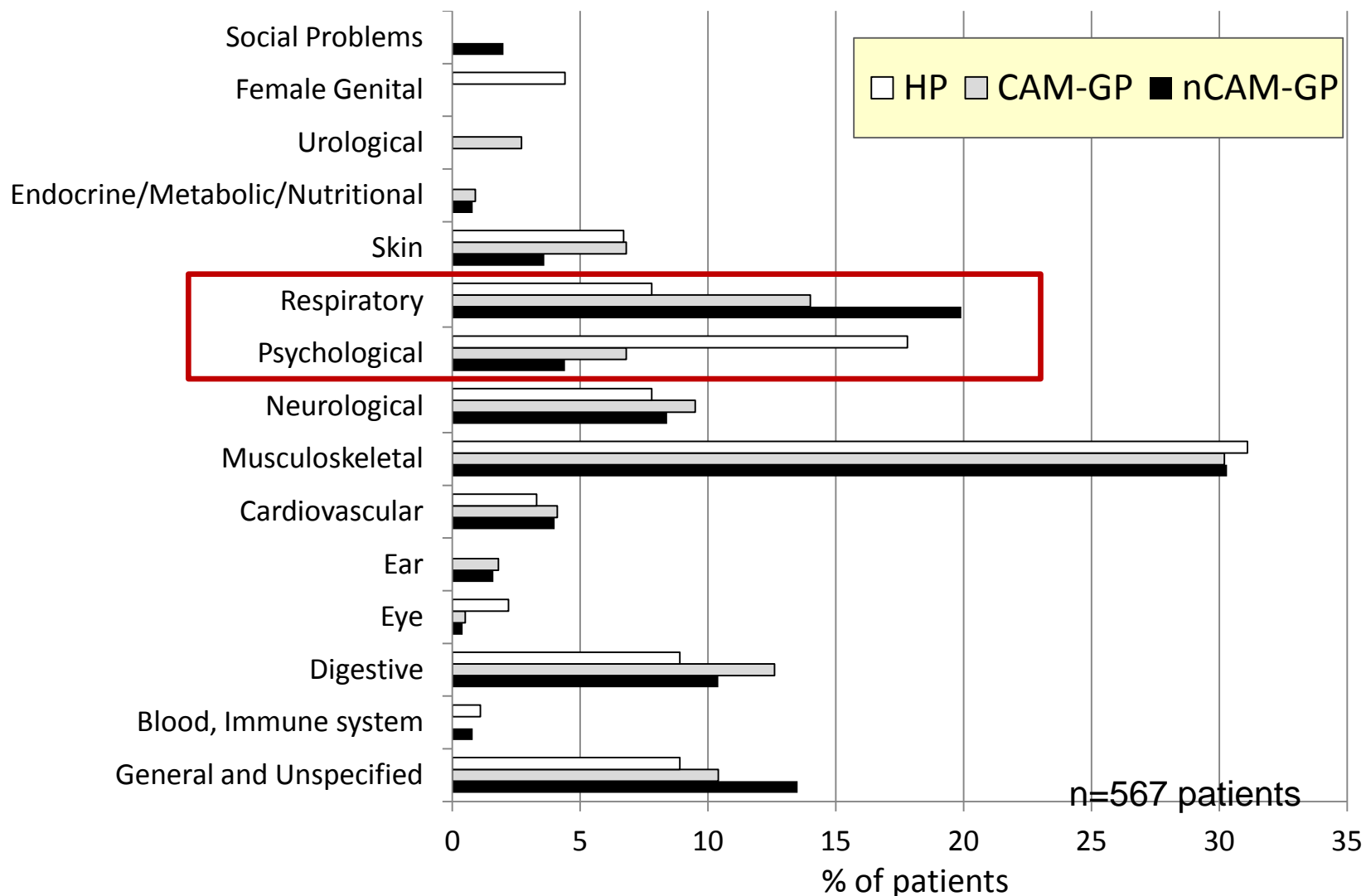
- cross-sectional study with patients of randomly selected GPs with and without CAM provision (CAM-GP vs. nCAM-GP) and Heilpraktiker (HPs)
- questionnaire asking patients in the waiting rooms for health status, current symptoms (MYMOP-D) and more
- 567 patients from 11 HPs, 15 CAM-GPs, 19 nCAM-GPs included

Results:

Comparison of patients from HP vs. CAM-GPs vs. non-CAM GPs

- HP patients higher educated and more often female

Reasons for consultation*

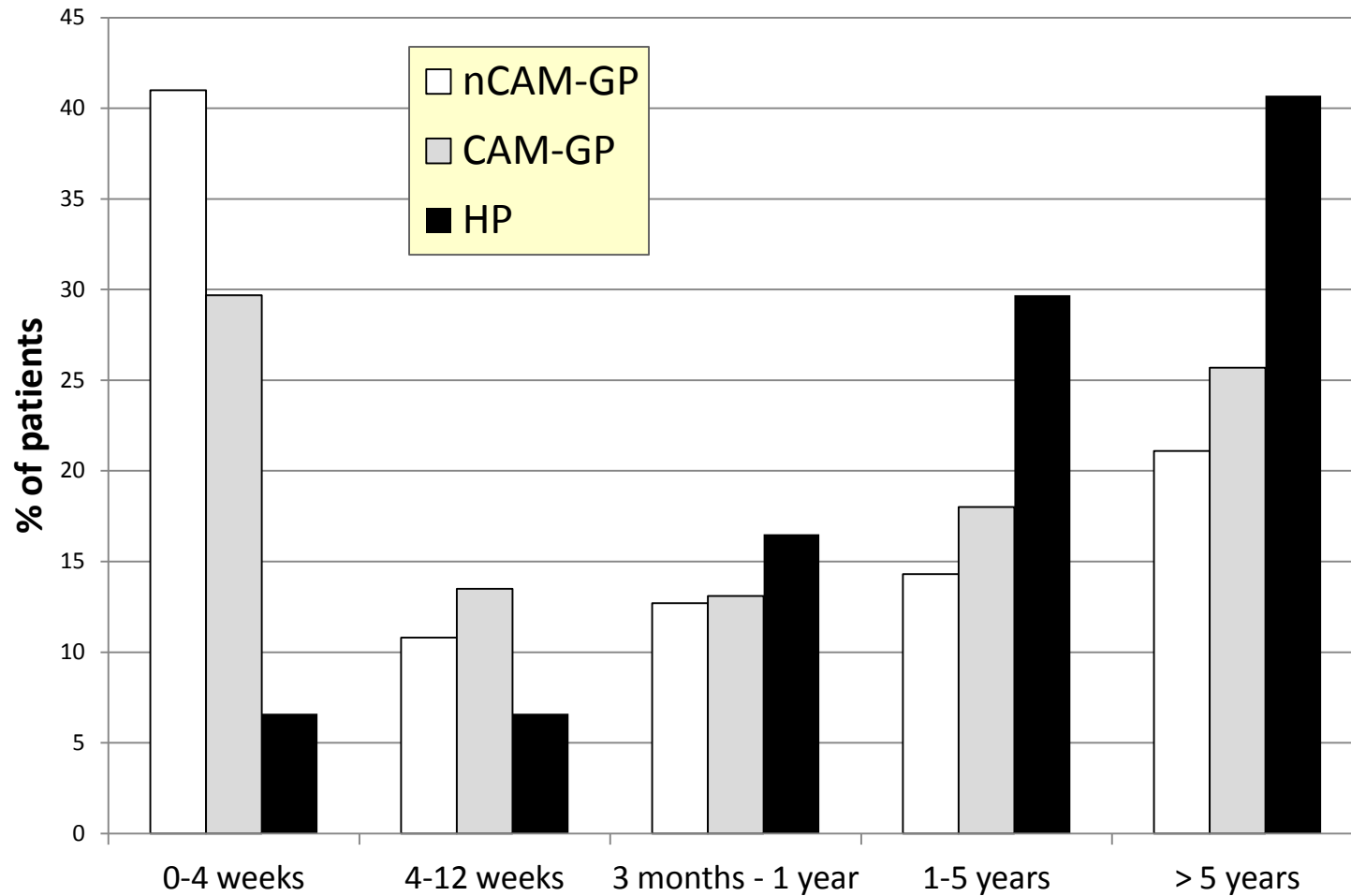


*patient reported reasons for consultation posthoc classified with the Internat. Classific. f.Primary Care (ICPC)



Duration of symptoms

n=567 patients



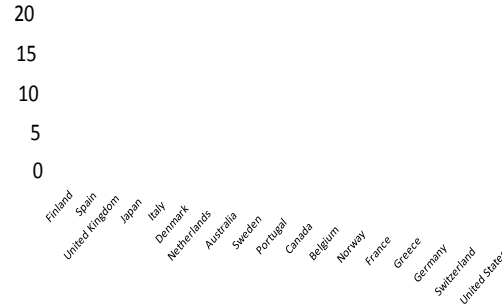
n=567 patients



- **CAM well integrated** in primary health care
 - **multiprofessional field** with heterogeneous education/trainings
 - strongly **increasing numbers of qualified CAM providers** in the last 15 ys
 - **lack of reimbursement** for evidence-based CAM
 - **60% of GPs use CAM**; only 12 % negative attitude
 - **Heilpraktiker** see more patients with **long-term symptoms** and **psychological problems** compared to GPs
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- further rigorous **research** in primary care setting (incl. cost-effectiveness studies) to increase CAM evidence is needed
 - **for GPs: integrating CAM in postgraduate training**
 - **for Heilpraktiker: starting to define competencies** and developing standardized curricula
 - promoting **reimbursement of evidence-based therapies** (implementation research in cooperation with insurances)
 - improving **interprofessional cooperation**
 - need of **quality control** (for health care and education)
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Thank you for listening!

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