Author's response to reviews

Title: Integrating complementary and alternative medicine into mainstream healthcare services: the perspectives of health service managers

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Version 2

Title: Integrating complementary and alternative medicine into mainstream healthcare services: the perspectives of health service managers

Authors: Judy Singer and Jon Adams

Thank you for consideration of our manuscript for publication in your journal. We have revised the above manuscript according to the reviewers’ comments.

Authors’ response to review

Reviewer 1: Sandra Grace

Major compulsory revisions

1. Methods section: The methods are well described. The first sentence needs qualification because it suggests that a particular methodology, namely that of Singer and Adam, has been used. However, this is not evident in the description that follows.

   The first sentence of the methods section has been amended to:

   ‘The methods employed in this study were first reported in a previous paper [13].’

2. Results section: There are some interesting and important findings that tend to be buried in the results. I’d like to see more concise and focused presentation of the results which at the moment seem repetitive and tend to meander.

   For example, the first part of the Results dealing with the overarching theme of CAM enhancing the holistic capacity of health care services could simply have an introductory paragraph followed by the section on ‘Treating the whole person’ to avoid repetition. Diagram 1 was a great help.

   For clarification and to avoid repetition, the following changes have been made to the first part of the Results section:

   “In this section we describe the main themes that emerge from the thematic analysis of participants’ perceptions about the role of CAM and their rationale for including CAM into clinical care.
Diagram One summarises the various ways in which the service managers explained how CAM improved holistic capacity.

Insert Diagram 1

The overarching theme to emerge from the analysis of participants’ views was a perception of the inclusion of CAM as enhancing the holistic capacity of health care services. The health service managers in both the CHS and hospitals stated that the inclusion of CAM enhanced the capacity of their organisation to deliver a holistic service.

“We talked about bringing in some [CAM] therapies because there was interest in seeing [our service] become more holistic in terms of attending to different aspects of a person” (CHS2a)

Health service managers perceived CAM to improve holistic capacity in three specific ways: through treating the ‘whole person’; by filling therapeutic gaps in existing service delivery; and via increasing healthcare options for patients”.

More could be made of the CAM and psychology/social work in the findings. For example, the point about ‘bringing the body into focus through CAM approaches’ on the bottom of p14, and made elsewhere (e.g. quotation at the bottom of p18) could be highlighted. Other interesting findings include the use of CAM for health promotion as a strategy to facilitate acceptance of CAM (bottom of p15), and the use of CAM by some groups to bridge the gap to mainstream health care.

We appreciate the Reviewer’s comment. However, following protocol, we understand that the purpose of the Results section is to report the analysed data, in this case a thematic description of key themes (including the themes noted by the Reviewer on pages 14 and 18). Examination and further exploration of the results (key themes) is detailed in the Discussion. Paragraphs 6 to 8 in the Discussion specifically address the Reviewer’s interest in the role of CAM in psychology/social work; in health promotion and to bridge the gap into mainstream health care.

3. Results section: In some sections quotations given to support themes may be more appropriately used in another section. For example, the quotation on the bottom of p11 ‘We take a holistic approach to … may not be enough’ (CHS3) could have just as well been located in the trauma section.

We have moved the following quotation from the bottom of p 11 and inserted it into the trauma section – page 17.
‘We take a holistic approach to contributing to recovery, because we know that with trauma the body is bruised as well as the mind, so it is appropriate to respond to the body as well as the mind, and just responding to the mind may not be enough’ (CHS3)

4. Results section: The quotation on the top of p12 contains a reference to CAM being about ‘supporting the body to health itself’. This is a new concept that doesn’t belong in holism. A discussion of holism is called for in the introduction.

We appreciate the Reviewer’s comment that the last sentence of this quote introduces a ‘new concept’ - that being the idea that CAM ‘supports the body to heal itself’. We have removed the quote. In its place we have inserted a new quote (originally from page 14) that better articulates the theme of ‘treating the whole person’.

The following has been removed:
‘There is nothing that is the same as CAM … in and of itself it offers certain health benefits that can’t be offered by a different discipline … CAM is about not just treating the symptoms [but’] supporting the body to heal itself, that’s the difference’

The following has been inserted (removed from page 14 and inserted into page 12):

‘CAM practitioners do a lot more, they are in situations where they might find out a lot more about people’s stories and about their mood … rather than simply talking to them about diet’ (CHS1)

The Reviewer has also requested a discussion of holism to be inserted into the Introduction. In response, we argue that the participants’ perception that CAM enhanced the holistic capacity of their healthcare service was a key theme to emerge from the thematic analysis. As this is a theme that emerged from the analysis we examine and discuss this theme in the Discussion section (paragraphs two and three).

5. Results section: The quotation at the bottom of p12 is redundant because we’ve learned already in the Methods that one IHC had integrated CAM over 30 years ago.

We point out that the quote identified by the Reviewer at the end of page 12 does not mention the fact that this service had a CAM program for over 30 years:

‘[This service] is not a medical centre with CAM therapists; it is a health centre where all of the services are equal in importance … [we have] many disciplines under the one roof sharing and cross referring and [engaged in] coordinated care’ (CHS5)
However, the text preceding the quote does state that this service has had a CAM program for over 30 years:

As indicated in the quote below, a holistic model was seen to be well established within this particular organisation as CAM had been included since the organisation’s inception over 30 years ago.

We argue that this is important information that helps to contextualise the CAM program in this particular health care service.

6. The reason why services for CAM were free or low cost is not explained. How are these services funded?

Table 1a ‘Community Healthcare Services - CAM programs’ and Table 1b ‘Overview of hospital CAM programs’ include a column titled ‘Funding of CAM program/practitioners’. The detail of the funding arrangements for the CAM programs in the healthcare services is described here.

We have added the last sentence to paragraph two on page 12:

The CAM practitioners comprised: naturopaths, traditional Chinese medicine practitioners, yoga and shiatsu practitioners and massage therapists. CAM was co-located with the other disciplines in the service. Table 1a and 1b provide further details including referral processes, funding arrangements and longevity of the CAM programs.

Minor essential revisions

7. Background section: p4 Amend bracket [For example 1, 2-4]

The following amendment has been made:

[For example 1-4]

8. Methods section: first paragraph p6. For consistency, change ‘conventional medicine’ to ‘mainstream medicine’

The following amendment has been made:

‘not necessarily mainstream medicine’

9. Methods section: p7 second paragraph. Change ‘masseurs’ to ‘massage therapists’

The following amendment has been made:

‘... massage therapists’

10. Methods section: p7 Study sites: Hospitals. point 2. should be followed with ‘CAM programs dealing with ...’
The following amendment has been made:

‘2. CAM programs dealing with an unspecified physical condition ....’

11. Methods section: p10 second paragraph. Data 'were', not data 'was'

The following amendment has been made:

‘Data were thematically .....’

12. Results section: p12 second paragraph. 'Scope of health care practitioners' should be 'scope of health care practices'

We suggest that the sentence remains as originally included (scope of health care practitioners) in order to preserve the meaning and context of the sentence:

The health service manager explained that the scope of health care practitioners, which included counsellors, nurse practitioners, doctors and CAM therapists, enabled ‘different ways of creating environments for health and well-being’ (CHS5).

13. Results section: p23 Third paragraph ‘... CAM therapies were offered in conjunction with the medical treatment that initially led to their hospitalisation’. Was it really the medical treatment that led to the hospitalisation?

The following amendment has been made:

‘CAM therapies were offered in conjunction with the patient’s medical treatment’.

14, Title: The title could also refer to the CAM - psychology/social work alliance.

We thank the Reviewer for this suggestion. We propose that the term ‘mainstream healthcare services’ is an inclusive description of a range of different healthcare practices and therefore specific disciplines such as psychology do not need to be itemized in the title.

15. Methods section: p7 last paragraph. Could change 'body-based' and use a more usual term like physical therapies.

We thank the Reviewer for this suggestion. However, we propose to keep the original term ‘body-based CAM’ as this term clarifies the fact that we are not discussing non-CAM therapies such as physiotherapy.

16. Results section: The section on p14 on case history and the quotation that followed ‘I had no idea … addressed in therapy’ (CHS2b) made me wonder
about client confidentiality. Clearly details revealed to the CAM practitioner by the client had been shared with the health services manager. I assume that there was client consent although there was no mention of this.

As stated in the sentence before the quote, the health service manager in this service was also the counsellor:

\[
\text{Described in the quote below, the health service manager, who is also a counsellor in the service, explains that the CAM practitioner was able to identify significant issues about the client’s health behaviours which had gone undetected during the psychological assessment.}
\]

Taking up the Reviewer’s point regarding confidentiality and consent from the client for the practitioners to discuss their case details, we have added the following sentence on page 14 paragraph 3:

\[
\text{Written consent provided by the client enabled the counsellors and CAM practitioners to share important details regarding the client’s wellbeing.}
\]

17. The quotation at the bottom of p13, ‘CAM training … deficiencies and disease states’ could be moved to the section on health promotion.

We thank the Reviewer for this suggestion. However, we propose to keep this quote in the section on ‘treating the whole person’ as it provides an important description of the theme articulated in this section.

18. Another suggestion, although not essential, is to combine the sections ‘care for the body’ in psychological trauma and ‘care for the body’ in chronic disease. There are too many quotations on p17. Also on p20, the quotation at the bottom of the page ‘Clients from particular ethic groups … recovery and healing’.

We thank the Reviewer for this point. As our aim has been to highlight the various ways in which the health services managers understood the role of CAM in their services we propose to keep these sections distinct. On page 17, two quotes are included. These describe the importance of CAM in addressing psychological trauma. In keeping with the Reviewer’s suggestion to highlight the ‘role of CAM and psychology/social work in the findings’ (Point 1); we propose to keep the two quotes, as well as the two referred to by the Reviewer on page 20.

19. Results section: p27. First paragraph refers to knowledge proficiency of health service managers. How did they gain their knowledge proficiency?
A more detailed description of the role of the health service managers is described in our previous paper and referred to at the end of the paragraph referred to by the Reviewer:

As we have previously described, the health service managers’ sound understanding of the clinical applications of CAM within their service was seen as a key component for ensuring effective integrative practice [13].

20. Discussion: Discussion could sum up main findings to help the reader. For example, a brief summary could follow the first sentence on the top of p27.

The Discussion section begins with the following paragraph. We suggest that this paragraph provides a brief summary of the main findings:

The health service managers interviewed in this study linked the inclusion of CAM in their services to notions of holism within integrative models of health care. They understood CAM to add ‘holistic capacity’ to their service by treating the whole person, by filling therapeutic gaps and by broadening the scope of healthcare options for patients. The health service managers universally reported that it was the specific inclusion of CAM therapies that increased the holistic value of their healthcare context.

Reviewer 2 – Helen Cramer

Major Compulsory Revisions

• There are no Major Compulsory Revisions

Minor Essential Revisions

1. Between page 11&12 there is an erroneous page break in my version

We apologies for this inconvenience; however the original version does not have a page break between pages 11 and 12.

2. Page 18 a paragraph that starts ‘The health service managers perceive’ is wrongly indented

This paragraph is part of a case study. All of the paragraphs in this section have been indented in order to highlight that they are part of the case study.

3. Page 27 second paragraph starting ‘The health service managers’. The third sentence starting ‘However, a study by…’ The sentence just has a reference [20] and needs instead to say something like ‘Kopansky-Giles and colleagues…’.
The sentence has been changed to:
‘However, a study by Kopansky-Giles and colleagues [20]

4. Table title ‘Table 1a’ is given twice
One title has been removed

5. Table heading in Table 1a CHS 2a and 2b. Why there is 2a and 2b isn’t very clear to the reader.
For clarity, the following has been included at the end of the table:
  ** CHS 2a and 2b denotes the two workers that job-share managing the CAM program
  ** Has been included in Table 1a Headings

6. Table 1b. This might be a language difference but should ‘physio’ not be ‘phyiotherapist’
‘Physio’ has been changed to ‘physiotherapist’

7. Some of the paragraph lines in between the references have squashed the references together.
An extra line has been included between references 13 and 14 and between 25 and 26

Discretionary Revisions

• It might just be my personal preference but I struggled with the abbreviations throughout. Although CAM was OK for me and I think quite widely familiar to most people, the term IHC & CHS are less familiar to me and so i had to keep stopping to think what they meant and this made reading the article much harder.

As the BMC journals are web not paper based and so word limit less of a problem could these terms be used more in full?

We agree with this recommendation. Throughout the text we have changed:
  IHC to integrative health care – pages: 2, 4-7, 9, 20, 29
  CHS to community health service/s – pages 6,7, 11-13, 24, 28