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Needs Assessment: Complementary Medicine (CM) Services

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Needs Assessment: Complementary Medicine (CM) Services

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CMMC Family Medicine Residency, May-June 2018

Lewiston, ME

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Need for Assessment:

Definitions

- ▶ **Integrative Medicine (IM)** is “healing-oriented medicine that takes account of the whole person, including all aspects of lifestyle. It emphasizes the therapeutic relationship between practitioner and patient, is informed by evidence, and makes use of all appropriate therapies.” - *Arizona Center for Integrative Medicine*¹
- ▶ If a non-mainstream practice is used together with conventional medicine, it is considered **complementary**.²
 - ▶ These practices typically fall into one of 2 subgroups, **Natural products** or **Mind and Body practices**.

Need for Assessment

National context

- ▶ Complementary health approaches have been shown to be an effective treatment for many conditions, for example:
 - ▶ Acupuncture for chronic pain caused by migraines and arthritis.³
 - ▶ Mindfulness Based Stress Reduction for prehypertension.⁴
- ▶ According to the most recent national data compiled by the National Health Interview Survey, 33.2% of U.S. adults used complementary health approaches in 2012.⁵
- ▶ However, rates of non-disclosure have been found to be as high as 61% - 77%.^{6,7,8}

Site-specific context

- ▶ The CMMC Family Medicine Residency (CMMC FMR) has historically acknowledged the importance of an holistic approach to patient care.⁹
 - ▶ Several physician faculty are certified in IM.
 - ▶ IM & CM seminars included in Resident curriculum.
- ▶ Previous Acupuncture-trained physician on staff and monthly massage therapy offered.
 - ▶ Due to staff/practitioner turnover, these services are no longer available on site.

Public Health Costs

- ▶ In 2012:
 - ▶ U.S. adults spent \$30.2 billion out-of-pocket on complementary health approaches.⁵
 - ▶ Money spent on natural product supplements was equal to 24% of total out-of-pocket spending on prescription drugs.⁵

“The reason we like looking at cost data is because cost tells you how much people value these approaches.”
- Richard Nahin¹⁰

Public Health Costs

- ▶ Insurance has not traditionally covered most complementary health approaches, resulting in increased out-of-pocket costs and limited access to these therapies.
- ▶ However, as of Jan. 1st, 2018, Maine has applied to pilot a federally-funded program for Medicaid reimbursement for acupuncture treatment of substance use disorders.¹¹
 - ▶ In Vermont, a similar program resulted in decreases in average cost of care among participants with ≥ 4 treatments.¹²
- ▶ In SFY 2016, Maine spent \$74.5 billion in substance use treatment services for Medicaid members and the uninsured,¹³ so any funded programs aimed at addressing this type of treatment would be financially beneficial.

Community Perspective: Integrative & Complementary Medicine

▶ Role in health and wellness:

- ▶ “It’s just good medicine.”
- ▶ “Can help patients open a window and see a new perspective.”
- *Josephine Conte, DO (JC) at CMMC FMR*
- ▶ “Can help people prevent disease [...] and end up saving way more [money].”
- ▶ “Each [health] player has a valuable piece to offer.”
- *Pam Brown, Certified Integrative Nutrition Health Coach (PB)*
- ▶ “Helps patients move forward on the scale of health and wellness [and] empowers patients to ask questions.”
- ▶ “It works! And provides a broader perspective than conventional medicine.”
- *Tisha Bremner, E-RYT 500, C-IAYT, and Group Organizer & Chair of the Integrative Wellness Council of Maine (TB)*

▶ Barriers to access:

- ▶ “Socioeconomic status, lack of patient education, and community availability.” - *JC*
- ▶ “Not covered by insurance and lack of patient knowledge and education.” - *PB*
- ▶ “Cost, lack of provider knowledge, and location of services.” - *TB*

▶ How could PCPs help:

- ▶ “Health and wellness classes [and] showing people what real food is like. PCP’s office is a good place to teach people!” - *PB*
- ▶ “Having a test kitchen, [...] offering yoga classes and acupuncture.” - *JC*
- ▶ “Using motivational interviewing and [establishing] provider-practitioner networks.” - *TB*

Intervention & Methodology

- ▶ Utilized Witkin's 3-phased Needs Assessment¹⁴ approach to determine specific, patient-identified needs regarding CM approaches at the Residency and to set priorities for future directions.
- ▶ Created a Phase II survey of attitudes towards, awareness of, and self-perceived needs regarding CM approaches, modifying a validated UC Irvine survey¹⁵.
- ▶ Administered survey to Established patients presenting for both regular and acute appointments at CMMC FMR.
- ▶ Analyzed and aggregated data from 28 completed surveys.
- ▶ Generated written Phase III report underscoring priority needs and proposing action plan items that was delivered to key decision-makers at CMMC FMR.

Results

- ▶ **28 total surveys** completed

- ▶ **75%** “Agree” or “Strongly Agree” that CM can prevent future development of health problems.

- ▶ **75%** “Agree” or “Strongly Agree” that CM can help manage current health problems.

- ▶ The **4 most commonly used** modalities were:

- ▶ Guided Meditation/Breathing Exercises (GM/BE) (10)
- ▶ Massage (7)
- ▶ Osteopathy (7)
- ▶ Naturopathy (5)

- ▶ For these 4 modalities, the percentage of patients who had ever spoken to a CMMC FMR physician about them were as follows:

- ▶ **GM/BE: 30%** | **Massage: 43%** | **Osteopathy: 86%** | **Naturopathy: 80%**

Results

- ▶ Of those patients who indicated that they had used or were currently using a listed modality:
 - ▶ **59%** said they were “Very Important” or “Extremely Important” to their overall health.
- ▶ When asked to indicate which modalities from the provided list, if any, patients wished were available at the Residency:
 - ▶ **Acupuncture/Acupressure** and **Guided Meditation/Breathing Exercises** were mentioned most frequently.
 - ▶ These were followed by Massage and Naturopathy.

Evaluation of Effectiveness & Limitations

► Evaluation of Effectiveness:

- Iterative needs assessments can be conducted using this project's survey over the next 3-6 months and the results then compared to this project's findings to assess for consistency in patient-reported beliefs and needs.
- At the end of the next fiscal year, a review of CM offerings at CMMC FMR can be conducted to assess which, if any, of this project's action plan items were acted upon.
 - For those action items that were acted upon, surveys assessing patient satisfaction with newly implemented services could provide valuable insight into whether the interventions proposed by this project appropriately aligned with patient-reported needs.

► Limitations:

- The sample size in this initial needs assessment was only 28 respondents, and therefore, the results are not statistically significant and may be difficult to generalize.
- This assessment's Phase II survey was a modified version of a validated tool and therefore, has no internal validity.
- Working with many providers, all of whom had different schedules, made it difficult to administer surveys to all Est. patients being seen on any given clinic day.
- Conducting iterations of this needs assessment as part of a continuous improvement cycle was time-prohibitive.
- The degree of administrative deliberation and decision-making required to implement or expand upon CM offerings at the Residency was too great to expect immediate change based upon this project's findings.

Future Directions

1. Work with current CMMC faculty member, Dr. Josephine Conte, on ongoing survey project assessing Residents' personal use of and patient referrals for CM approaches to gain insight into ways provider practices may influence patients' use of CM.
2. Given that Acupuncture and Guided Meditation/Breathing Exercises were the most commonly requested CM therapies, followed by Naturopathy and Massage:
 - ▶ Consider partnering with local Acupuncturist to discuss providing patient sessions on site, particularly in light of Maine's new pilot program for reimbursement of treatment for substance use disorders.
 - ▶ Pilot monthly GM/BE classes under the supervision of a CMMC FMR physician and possibly in conjunction with a certified meditation instructor, similar in structure to current patient groups already offered at the Residency such as the Diabetes Management group.
 - ▶ Generate a patient pamphlet outlining commonly used and scientifically studied herbal supplements for a variety of health conditions.
 - ▶ Consider reinstating the massage therapy previously offered at the Residency.
3. Conduct another Needs Assessment at the end of the next fiscal year as part of a Continuous Improvement Cycle to assess whether patient needs have changed.

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