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Use of Complementary and Alternative Medicine (CAM) by Washington State Hospices

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Purpose. To assess the use of complementary and alternative medicine in hospice care in the state of Washington.
Methods. Hospices offering inpatient and outpatient care in Washington State were surveyed by phone interview.
Results. Response rate was 100%. Results indicated that 86% of Washington State hospices offered complementary and alternative services to their patients, most frequently massage (87%), music therapy (74%), energy healing (65%), aromatherapy (45%), guided imagery (45%), compassionate touch (42%), acupuncture (32%), pet therapy (32%), meditation (29%), art therapy (22%), reflexology (19%), and hypnotherapy (16%). Most hospices relied on volunteers with or without small donations to offer such services.
Conclusions. Complementary and alternative therapies are widely used by Washington State hospices but not covered under hospice benefits. Extensive use of these therapies seems to warrant the inclusion of complementary and alternative providers as part of hospice staff, and reimbursement schedules need to be integrated into hospice care.

Keywords: hospice care; palliative care; end-of-life care; complementary and alternative medicine (CAM); integrative palliative care; integrative end-of-life care

Introduction

During the past 10 years, complementary and alternative medicines (CAMs) have been slowly integrated into various areas of health care. The term "integrative medicine" is becoming increasingly used in the United States by conventionally trained health care providers to refer to evidence-based CAM practices that are currently being blended into the clinical setting. Integrative medicine emphasizes the therapeutic relationship between patient and provider while using all appropriate therapies, conventional and alternative, that have shown to be effective for certain conditions. This tendency toward an integrative model of care is most evident in those areas in which comfort care becomes a priority, such as oncology and palliative care. For example, integrative oncology centers have been established in major medical centers throughout North America including academic centers such as the Memorial Sloan-Kettering Cancer Center, the MD Anderson Cancer Center at the University of Texas, and the Zakim Center at the Dana-Farber Cancer Center in Boston (a teaching affiliate center of Harvard Medical School).

Hospice and palliative care providers in the United States increasingly recognize the value of CAM therapies in comfort care when used in conjunction with traditional medical practices (National Hospice and Palliative Care Organization.

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Complementary Therapies in End-of-Life Care, 2006). Public interest in using CAM as well as the promising evidence that some CAM may improve quality of life in end-of-life care has prompted hospices to offer CAM therapies along with standard care. Still, little has been published in the peer-reviewed literature about how these complementary therapies are delivered by US palliative care services and hospices.[1]

When searching the literature, we found only 1 study published until now reporting the extent to which CAM therapies were offered by hospices in the United States. In 2004, Demmer[1] surveyed a random sample of 300 hospices throughout the United States that were selected from a national directory of hospice organizations. Of 169 hospices that responded to this survey, 102 (60%) offered complementary therapies whereas 67 (40%) did not. Hospices that offered complementary therapies were more likely to be older and had more patients than other hospices. Hospices offering complementary therapies served an average of 438 patients per year compared with 159 in other hospices. Most hospices (73%) reported that less than one quarter of patients had received complementary therapies, 20% reported that one quarter to one half of patients received complementary therapies, and only 7% reported that more than one half of patients had received complementary therapies. Respondents were asked to indicate the types of complementary therapies offered to patients. The most common complementary therapies offered were massage therapy (83%), followed by music therapy (50%), therapeutic touch (49%), pet therapy (48%), and guided imagery (45%).

Other studies found in the literature reported on the efforts of hospices to offer CAM therapies or investigated the prevalence of CAM use in end of life by interviewing relatives of the deceased. In 2003, Lewis et al[2] documented the efforts of a San Diego Hospice to integrate CAM therapies, reporting the use of acupuncture, massage, energy healing (Therapeutic Touch and Reiki), aromatherapy, harp and music therapy. In 2004, Tilden et al[3] investigated the prevalence of CAM use by an end-of-life population in Oregon. Their study used random selection of death certificates to locate caregivers, who were interviewed by telephone 2 to 5 months after the patients' deaths. From 423 caregivers interviewed, 54% responded that the deceased relative had used CAM therapies at the end of life. From those who had used CAM, massage was the most frequently used therapy (57%), followed by relaxation techniques (20%), and acupuncture (7%).[3]

The use of CAM in palliative and hospice care has also been documented in countries other than United States. A study published by Lewith et al[4] in 2002 surveyed palliative and hospice care patients with cancer in Southampton, United Kingdom, reporting that 32% of the respondents had used some form of CAM. The 5 most common therapies used by these patients were massage, nutrition, aromatherapy, relaxation, and reflexology. Half of those patients using CAM were hospice patients (n = 162). From the pool of patients who were not receiving CAM at that time, 49% wished they could have received CAM services. Of the patients who wished to receive CAM but were unable to access these services, 76% reported they would be willing to pay for these treatments out of pocket.[4] A recent online survey of Canadian palliative care settings (answered by 76 out of 136 palliative care providers) reported that 11% of surveyed palliative care settings provided CAM while 45% allowed CAM to be brought in or to be used by patients. The 3 most commonly used CAM therapies reported were music (57%), massage therapy (57%), and therapeutic touch (48%). Less than 25% of patients received CAM in the settings that provided and/or allowed these therapies. Complementary and alternative medicine therapies were mostly provided by volunteers, and at most settings, limited or no funding was available.[5]

The goal of this study was to provide data on the extent to which CAM treatments were offered by Washington State hospices, the specific modalities used, and the means of paying for these services.

Methods

A list of 36 hospices offering inpatient and outpatient care in Washington State was obtained in 2005 through the Washington Hospice and Palliative Care Organization and the Washington State Department of Health. Only organizations identified as "hospice providers" (inpatient, outpatient, or both) were included in the survey. Organizations that offered home health care but were not primarily hospice providers were excluded. All the participant hospices were contacted by telephone in 2005-2006 by one of the investigators. Answers were obtained from the hospice director, a nurse with administrative duties,

or a volunteer coordinator, depending on the organization's structure.

The survey consisted of 11 questions inquiring about the following issues: provision of CAM services, type of CAM services available, 'popularity' of services offered, daily census of the participant hospice, provider compensation for the CAM services, and extent of volunteer services involvement in providing CAM services.

Data Analysis

Survey data were entered into an Excel spreadsheet (Microsoft Corp, Redmond, Wash). Data were exported to STATA 8 statistical package for descriptive analysis (StataCorp, College Station, Tex). Descriptive statistics were used to report CAM services available in the hospice population. Types of services offered, daily census, CAM marketing strategies, CAM service planning, and program administration, and payment were reported as counts and percentages. Means were reported where survey respondents were asked to estimate counts or percentages (ie, reported percentage of patients who use CAM services when offered).

Results

The survey's response rate was 100% (n = 36). Results indicated that 31 of the 36 interviewed hospices (86%) offered at least 1 type of CAM therapy to their patients (Figure 1). Hospices that did not offer CAM services were all in the eastern section of the state, and tended to be small and rural, with daily estimated censuses of 2, 5, 12, 45, and 63. Of the 5 hospices that did not offer CAM therapies to their patients, none had plans to offer them. According to the hospice spokesperson interviewed at these hospices, they did not offer CAM because of a "lack of interest on the part of their clientele." All hospices in the metropolitan Puget Sound corridor offered CAM services.

Type of CAM Services Available

For those hospices offering CAM services, 23 (74%) offered between 3 and 7 different therapies. Four hospices (13%) offered 8 to 12 different therapies, and another 4 (13%) offered 1 or 2 therapies. For the hospices providing CAM services, massage was the most frequently offered therapy (87%), followed by music therapy (74%), energy healing (65%), aromatherapy (45%), guided imagery (45%), compassionate touch (42%), acupuncture (32%), pet therapy (32%), meditation (29%), art therapy (22%), reflexology (19%), and hypnotherapy (16%). A category of "other therapies" (with a frequency use of 25%) included therapies such as life review, soothing video, gardening, chi gong, and volunteer companionship. For a summary of therapies offered, see Table 1.

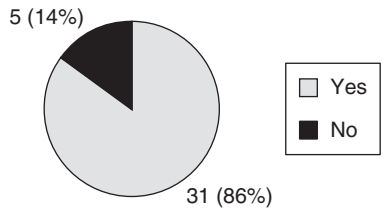

Figure 1. Number of hospices in Washington State offering CAM. CAM, complementary and alternative medicine.

Hospice spokespersons were asked about which therapies among those offered by their hospice were most popular with their patients (posed by the question "What are your most popular CAM services?"). The 3 therapies most frequently offered by all hospices—massage, music, and energy healing—were also the top 3 therapies cited as "most popular" among the patients. For 24 hospices (77%), massage was a "most popular therapy," followed by music therapy (52%), energy healing (19%), pet therapy (13%), acupuncture (10%), guided imagery and compassionate touch (both 7%), and aromatherapy, art therapy, and "other" (3%).

Daily Census of Hospices Participating in the Survey

Of the 36 hospices interviewed, 7 (19%) had a daily census of 200 or more patients and 9 (25%) had a daily census of 100 to 200 patients. All hospices with a census of 100 or more patients a day (44%) provided CAM services. Four of the 36 interviewed hospices (11%) had a census of fewer than 10 patients a day. Figure 2 summarizes the daily census of hospices interviewed in this survey.

When the average reported daily census of all hospices interviewed was totaled, Washington State hospices had a combined daily census of 2514

Table 1. CAM Services Offered by Washington State Hospices in 2005 (n = 31)

Service	No. of Hospices Offering Service	Percent
Massage	27	87.1
Music therapy	23	74.2
Energy healing	21	67.7
Guided imagery	14	45.2
Aromatherapy	14	45.2
Compassionate touch	13	42.0
Acupuncture	10	32.3
Pet therapy	10	32.3
Meditation	9	29.0
Other	8	25.8
Art therapy	7	22.3
Reflexology	6	19.4
Hypnotherapy	5	16.1

Abbreviation: CAM, complementary and alternative medicine.

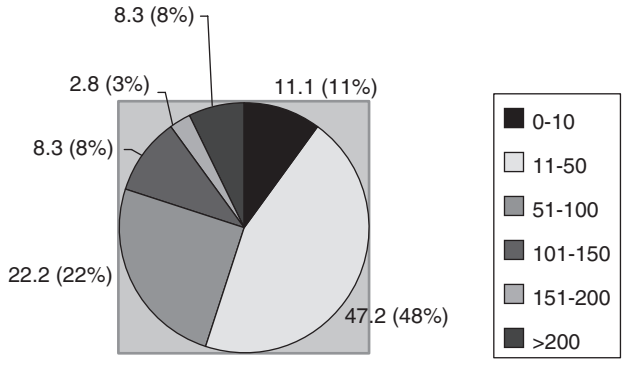

Figure 2. Average daily census of surveyed hospices.

patients. Hospices offering CAM services accounted for 2387 of these patients. Therefore, we estimate that 95% of patients in Washington State had some access to CAM therapies through their hospice service.

Use of CAM Services

We asked the hospice spokesperson to provide an approximate percentage of patients who actually used the CAM services available at their hospices (these numbers represent a subjective appreciation by the hospice spokesperson; they may or may not necessarily reflect exact numbers). The percentage of use declared by the hospice spokespersons is summarized in Figure 3. Four (13%) hospices reported patient use within the ranges of 51% to 75% and

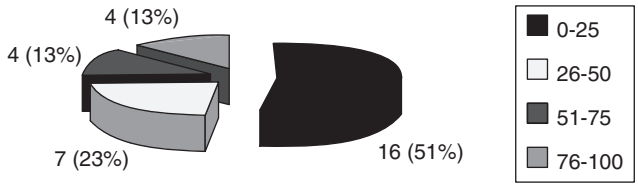

Figure 3. Average percent of patients using CAM per hospice. CAM, complementary and alternative medicine.

76% to 100%, 7 hospices (22%) reported 26% to 50% usage and 16 hospices (52%) reported CAM use by 0% to 25% of their patients. The average reported percentage of patients using CAM was 35% (SD 30%).

Complementary and Alternative Medicine Providers' Compensation

Of the 31 hospices that provided CAM services, 20 (65%) relied at least in part on volunteers to administer these services, and 8 (26%) relied on volunteers exclusively. A summary of CAM providers' compensation is provided in Table 2.

To pay for CAM services, 18 hospices (58%) used "hospice funds" from a variety of sources, including general donations special funds provided for the purpose of delivering CAM services, and grants obtained through private foundations. Fourteen hospices (45%) relied on some combination of unpaid volunteers and hospice funds to provide these services, and 5 hospices (censuses ranging from 2 to 140) relied entirely on unpaid volunteers. Therefore, most hospices relied either on volunteers or a combination of volunteers, grants, and donations to offer CAM services.

Other sources of CAM service compensation included regular care provided by hospice staff in 4 hospices (13%), out of pocket in 3 (10%), and billing patient insurance in 1 hospice (3%). Only 2 of the 31 hospices interviewed that offered CAM relied either on out of pocket payments or a combination of out of pocket and hospice funding (6%).

Discussion

Complementary and alternative medicine therapies appear to be widely used in comfort care in Washington State hospices. At least 17 different CAM therapies were reported as offered through hospice care,

Table 2. Payment for Services (n = 31)

Payment	Freq	Percent
Hospice funds and volunteer	6	19.4
Unpaid volunteers	5	16.1
Hospice funds and other	5	16.1
Other	4	12.9
Hospice funds	3	12.9
Volunteer and other	3	9.7
Combination of ≥3	3	9.7
Out of pocket	1	3.23
Out-of-pocket and hospice funds	1	3.23

Abbreviation: Freq, frequency.

with massage, music therapy, energy healing, and mind/body interventions (guided imagery, meditation, and hypnotherapy) being cited most frequently. Hospices that did not provide CAM services tended to have smaller censuses (equal to 2, 5, 12, 45, 63) and were located in either rural or small urban areas in the eastern portion of the state. The largest of these hospices was not rural but was located in a small city. All 7 hospices (19%) with a census of 100 or more patients a day provided CAM services. All hospices in the metropolitan Puget Sound corridor, even those serving more rural areas, offered CAM services.

Regarding payment for CAM services, the survey results indicate that 93% of hospices rely either on volunteers or a combination of volunteers, grants, and donations to fund CAM services. Results from our survey seem to agree with those published in 2004 by Demmer[1] in that these CAM therapies were usually provided by volunteers or a combination of volunteers, grants, and donations. Still, most hospices (86%) managed to offer a variety of CAM therapies, ranging from 3 to 12 different CAM modalities per hospice.

The Medicare Hospice Benefit is the only federally funded program that mandates the provision of volunteer services.[6] According to this mandate, 5% of services offered must be volunteer-based for any hospice receiving reimbursement by Medicare.[7] Therefore, it makes sense that CAM services will also be delivered by volunteers. According to this survey's results, however, the extent to which CAM services are delivered by volunteers in Washington State hospices is far beyond this 5% provision of volunteer services required.

The study had some limitations. One clear limitation is that we did not include home care providers that were not exclusively hospice providers, therefore leaving out a portion of the population served by hospice. Another limitation was that the answer to certain questions, such as those regarding the popularity of CAM therapies among patients, were naturally biased by the personal perspective and beliefs of the person answering the question for the hospice. We asked the spokesperson about their subjective appreciation because no official data were available regarding public request for CAM therapies. In addition, patients may naturally be selecting those therapies that are actually offered by a given hospice. Therefore, the information about popularity of a certain CAM therapy is to be considered with caution and only as information within this biased context.

This study represents the first published account of CAM services offered by hospices across Washington State and how these services are paid for. As such, this survey is not by any means exhaustive, but rather should be considered a first attempt to identify patterns of CAM delivery by hospices in Washington State.

Conclusions

Results from this survey suggest that the use of CAM therapies in Washington State hospice is rather extensive. Our results seem to be in line with those published by the only national survey available until now.[1] Issues regarding CAM reimbursement need urgent attention because hospices are relying mostly on availability of volunteers and small grants from private donors to deliver CAM services. Although volunteers make impressive contributions, relying almost exclusively on volunteers and small grants is problematic. Quality control of CAM services may be difficult when CAM is delivered by volunteers because they may have very different training and degree of experience. Also, volunteers may not be available to provide services as regularly as paid professionals. Small-grant funding needs to cover for services that can reach all patients who request them and given the shortened life expectancy of this population, these services need to be offered within an appropriate time frame.

According to the results of this survey, the use of CAM in Washington State hospices is so extensive that the official inclusion of CAM providers as part of hospice staff seems warranted. Hospice reimbursement schedules for CAM need to be integrated into hospice care or other solutions need to be

explored. This is particularly evident in the case of some of the therapies offered that are either already regulated, such as massage and acupuncture, or are practiced by professionals who are already part of the reimbursed care system, such as mind/body therapies and energy healing frequently offered by nurses and pastoral care providers. Complementary and alternative medicine providers who work in the hospice environment should be considered health care professionals, and as such, be submitted to the same rules and benefits other health care professionals receive. Consistent training and adequate reimbursement for their services should be included in future CAM hospice programs.

This survey raised a variety of questions that should be investigated by future studies. Data are needed about efficacy and costs of delivering CAM programs through hospice and palliative care. In addition, studies should further investigate which modalities may be more likely to have the greatest comfort to end-of-life populations as well as which modalities are preferred by those receiving comfort care.

Acknowledgments

This study was inspired by an unpublished report written by one of the coauthors (*Hospice and the Healing Arts [Exploring How Complementary Therapies Are Incorporated in Hospice Work]* by CW). We thank CW for her inspiration and collaboration in this study. The authors also thank Stuart Farber, MD, for his support and encouragement in carrying out this study. This study was presented at the North American Research Conference on Complementary and Integrative Medicine in May 2006. LEK thanks the George Family Foundation and the Consortium of Academic Health Centers for Integrative Medicine for their support through a Young Investigator Award given to the author in recognition for this study.

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