



Hawaii State Consortium for Integrative Healthcare

**INSURANCE COVERAGE FOR COMPLEMENTARY AND ALTERNATIVE
MEDICINE (CAM) TREATMENTS FOR
CANCER PATIENTS**

(Final Report)

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MEDICINE (CAM) TREATMENTS FOR
CANCER PATIENTS**

Contract with:

**DEPARTMENT OF HEALTH
CHRONIC DISEASE MANAGEMENT AND CONTROL BRANCH**

**COST/INSURANCE REIMBURSEMENT CONTRACT
FOR HAWAII CANCER PLAN 2004-2009**

(Final Report)

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This is a two-part study involving, first, a survey of which insurance companies cover complementary and alternative medicine (CAM) and, second, a needs assessment survey of cancer patients to determine their use of CAM and the implications for them of non-reimbursement by insurance companies.

	Page
Part One: Insurance Coverage	2
Part Two: Needs Assessment	5
* Process	6
* Findings of the Survey	
* Extent of CAM Use	7
* Most Frequently Used Treatments	7
* Payment	8
* Reasons for Use	8
* Level of Satisfaction	9
* Financial Issues & Access to Treatment	9
* Perceived Impact of CAM Treatments	10
Attachment A	12
Patient Survey Questionnaire	

PART ONE

INSURANCE COVERAGE FOR
COMPLEMENTARY ALTERNATIVE MEDICINE IN HAWAII

SUMMARY

Background As the survey explored the impact of insurance non-reimbursement for complementary and alternative medicine treatments it was seen as important to determine what insurance coverage was available.

Process: An individual interview was conducted with representatives of each insurance company.

Results It was found that insurance coverage is available with all insurance companies for the most recognized and researched areas of complementary and alternative medicine such as chiropractic care, acupuncture, massage and psychological counseling. The two largest Hawaii-based insurance companies offer this coverage as a rider (add-on). The smaller insurance companies offer it as part of their plans.

With the exception of medicare, the decision relating to CAM coverage rests with the employer or, in the case of individual plans, with the individual. Unions, representing employees, can also decide to negotiate for CAM coverage.

Medicare Medicare is the nation's largest health insurance program covering nearly 40 million Americans. Medicare is a health insurance program for people 65 years of age and older, some disabled people under 65 years of age, and people with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant). It covers the following complementary treatments:

- chiropractic
- psychological counseling (mental health care) inpatient and out patient
- social worker support
- nutrition therapy --- for kidney disease or diabetics---physician referral
- physical therapy --- medically necessary

HMSA is the largest insurer in the state covering approximately 65%-70% of Hawaii residents. Their CAM coverage includes the following;

- a chiropractic rider that is barebones, pays \$10
- an American Specialty Health rider which employers can choose to buy which includes

- a. Chiropractic
- b. Massage
- c. Acupuncture
- d. Psychological counseling (physician referral required)
- e. ASH offers a discount for herbal supplements

Representatives of HMSA note that employers are increasingly less likely to choose this rider. The reason cited is that employees are not using the benefits. Thus, the largest insurance provider in the state covers very little in the way of complementary and alternative medicine treatments.

Kaiser is the second largest insurer in the state covering an estimated 20% of Hawaii healthcare consumers. Kaiser also provides a rider plan under American Specialty Health for companies interested in CAM. So, for group coverage, it depends on what the employer chooses. There is also an individual option for a person purchasing an individual plan which includes:

- chiropractic
- acupuncture both with co-pay only

CAM treatments covered under the “base coverage” with Kaiser include:

- psychological counseling
- diet/nutritional counseling
- social worker support
- health and wellness classes which have a minimal charge for the following
 - i. yoga
 - ii. fitness
 - iii. exercise counseling

Kaiser also has a Network plan with CAM providers listed on the Kaiser Network. In return for being listed, they are expected to give a discount to Kaiser members.

UHA (University Health Alliance) was started in Hawaii by physicians who wanted to be able to make the controlling decisions regarding necessary treatments and coverage for patients. www.uhahealth.com. UHA covers the following:

- chiropractic
- acupuncture
- psychological counseling (physician referral or if a condition is involved)
- dietary/nutrition (if the patient is “at risk”)
- fitness (has a pilot program with 24 Hour Fitness with 10 training sessions)

HMAA (Hawaii Management Alliance Association) focuses on insurance for small businesses. It covers the following:

- nutritional counseling (needs to be with physician referral and will be evaluated for coverage)
- psychological counseling
- social worker support
- acupuncture

- naturopathic
- physical therapy
- chiropractic

American Specialty Health American Specialty Health (ASH) is the largest national program providing complementary alternative health “riders” for health insurance plans and employers. It covers chiropractic, massage (with physician referral to address pain, not stress reduction) and acupuncture. ASH also covers herbal supplements, giving a discount for HMSA members. Under this plan, clients are self referred and the first 6 visits are without a treatment plan. If they want more than 6, there may be some managed care with ASH approving. Providers are credentialed through ASH.

Sumerlin Summerlin Life & Health Insurance Company (Summerlin) is the newest insurance company in Hawaii. Founded in 2003, Summerlin is headquartered in Las Vegas, Nevada with a regional operations center in Honolulu, Hawaii. Summerlin has a comprehensive network of more than 4,100 providers in Hawaii.

For the Hawaii market, Summerlin offers a health insurance product suite called Summerlin Hawaii. It offers an "All 20%" coinsurance plan, a "\$15 Office" co-pay plan, a "PPO" plan and a "90/10" plan. These plans offer open and direct access to providers. Consumers are free to go directly to any physician, hospital or health care professional for covered services. No referral is required! All four plans feature coverage for routine preventive care, specialty care, hospitalization, surgery, diagnostic testing and emergency care. Only a small number of services require preauthorization.

Following are complementary treatments available under Summerlin:

- dietary /nutritional counseling with a newly diagnosed diabetic condition
- psychological counseling (mental health care) inpatient and out patient
- social worker support if enrolled in hospice or home health
- nutrition therapy --- for kidney disease or diabetics---physician referral
- acupuncture with \$300 annual benefit maximum
- naturopathy -- only in 90/10 plan, see note below
- chiropractic is limited to spinal manipulation services by licensed chiropractor- \$750 annual benefit maximum
- physical therapy/exercise counseling PT is covered/exercise counseling if integrated as part of PT treatment plan

Summerlin 90/10 plan has a combined benefit for chiropractic, acupuncture and naturopathic with a \$600 combined annual maximum.

Unions Coverage for CAM treatments can also come through labor unions although this is selective and limited coverage. For example a union might negotiate with a particular hotel for CAM coverage but not be able to provide it for their union members at other hotels.

PART TWO:

**INSURANCE COVERAGE FOR COMPLEMENTARY AND ALTERNATIVE
MEDICINE (CAM) TREATMENTS FOR
CANCER PATIENTS
A Needs Assessment Survey**

SUMMARY

Background A recent study by the John A Burns School of Medicine (JABSOM) shows that CAM use by healthcare consumers in Hawaii is 4 to 10 times greater than on the mainland. Motivated by these findings as well as the fact that cancer is such a serious and financially draining disease, this survey was undertaken to see to what extent cancer patients used CAM to address their disease and the financial impact on them in either doing so or wanting to do so without insurance reimbursement. This survey also explored the types of CAM used, why the consumer decided to use CAM, their general satisfaction with their CAM use and whether they would prefer hospitals that provided CAM.

Methods A two-page survey questionnaire was given to the three major hospitals, Queens Medical Center, Kaiser Permanente and Hawaii Pacific Health which includes the following hospitals: Straub, Poli Momi, Kapiolani Women's and Childrens and Wilcox Memorial. Queens engaged members of their volunteer staff to administer the survey and the other two hospitals asked receptionists in the outpatient oncology clinics to give the surveys to patients. (See Attachment A)

Results While the percentage of those responding was influenced by the way that it was administered, i.e. whether patients were inclined to fill out the questionnaire (HPH and Kaiser) and the active role of the Queens volunteer which would more likely get a more accurate reading, all results suggest that there is extensive use of CAM by cancer patients. Other findings from the survey show that the CAM used by patients is relatively safe and non-threatening, that the patient is most likely to use it as a way of taking an active role in their own healing process and that finances are definitely an issue in considering and using CAM. Difficulty in finding a CAM provider or gathering information is also an issue.

Conclusions The use of CAM by cancer patients should not be ignored by hospitals or by physicians. Based on the desire of the cancer patient to be involved in their own healing process, there is a need to provide them with more information about CAM options and help them identify reliable providers and resources. There is also a need to engage the oncologist in the process by assuring that he/she is well-informed about the CAM options, about their patient's use of CAM and has had some contact with the CAM provider for purposes of a comprehensive patient record.

INTRODUCTION

This survey was initiated by the Cost/ Insurance Reimbursement Committee of the Hawaii Comprehensive Cancer Coalition. The purpose of the needs assessment survey was to identify the extent of CAM (complementary and alternative medicine) use by active cancer patients, their motivation for using CAM, satisfaction with the treatments and the financial impact of non-reimbursement for CAM treatments. The survey was motivated in part by recent research by the John A Burns School of Medicine (JABSOM) showing that use of provider-directed CAM treatments was substantially higher in Hawaii than on the mainland. Since cancer is both financially draining for many patients as well as potentially fatal, if cancer patients are using CAM treatments at a significant rate, hospitals treating cancer patients may want to become actively informed about and involved with integrating quality-controlled CAM treatments into their treatment plans. They might also want to explore sources of funding, including insurance reimbursement to support integrative cancer treatments. Thus, this survey was seen as a needs assessment survey, not research.

Previous research on CAM use by cancer patients was done by the Cancer Research Center of Hawaii (CRCH) and published in the Hawaii Medical Journal in April 1999. Their study involved identifying patients through the Hawaii Tumor Registry, obtaining physician permission to contact patients, and data was collected by an onsite interview, often in the patient's home. A total of 367 patients participated in their study and it was found that 36% of the patients had tried CAM with prayer being the most frequent type of CAM used, followed by making lifestyle changes such as dietary and supplements changes and using herbal medicine.

PROCESS

The process we engaged in involved surveying people who were actively engaged in the conventional medicine approach to cancer rather than using CAM as an alternative to conventional medicine. We did this by including only those people who were being attended to on either an outpatient or inpatient basis in one of the participating hospitals.

Two approaches were taken to administering the survey, and were based on the decision of the participating hospitals. Queens Medical Center engaged their volunteer staff in administering the questionnaire. Kaiser and Hawaii Pacific Health hospitals distributed the surveys in their clinics by engaging receptionists in handing out the questionnaire and collecting them. Receptionists were instructed to assure patients that we wanted their responses even if they were not using CAM treatments. Probably the most reliable process was the one that Queens Medical Center used since it did not rely on the general willingness of patients to participate but rather actively engaged them in a supportive process of responding to the questions.

Participating hospitals We made several attempts to include neighbor island hospitals. Dr. Diane Thompson of the oncology department at Queens, hand delivered forms to Maui Memorial Hospital and asked for their participation. Michelle Meredith, the Executive Director for Oncology at HPH called Wilcox Memorial Hospital on Kauai to request their participation. In both cases, the hospitals failed to participate in the survey process. Thus, hospitals involved in the needs assessment survey included HPH's Straub Oncology units, Kapiolani Women's

Cancer Center, Kapiolani Women's Center; Queens inpatient and outpatient oncology units and Kaiser oncology unit.

FINDINGS OF THE SURVEY A total of 130 survey forms were filled out with Queens accounting for 69 of these surveys. Kaiser turned in 31 surveys and HPH turned in 31.

EXTENT OF CAM USE Findings show that the use of CAM varies substantially between hospitals. Queens showed 60% of its inpatients and outpatients using CAM; 65% of those responding to the questions with HPH used CAM; and 42% of those at Kaiser used CAM.

***Analysis** These findings may have been influenced by the way that each hospital conducted the survey, i.e. Queens using volunteers to administer the survey while Kaiser and HPH left it up to the receptionist and the willingness of the cancer patient to participate. They may also reflect the existence of CAM treatments which are available at each hospital. Both Queens and HPH offer CAM treatments to their cancer patients, especially at Kapiolani, while Kaiser does not. It wasn't within the scope of this study to identify which services were offered at which hospital. The most frequently used CAM, however, was vitamins and herbal supplements which was most likely not part of the services and treatment offered at the hospitals.*

MOST FREQUENTLY USED

Kaiser patients used an average of 2.7 treatments each. At Kaiser Hospital, the most frequently used CAM treatments were as follows:

- vitamins/herbal supplements 46%
- energy healing and massage/body work 46%
- meditation/mindfulness 39%
- energy healing 39%

At Queens, patients were a bit more engaged in a variety of treatments using an average of 3.6 treatments each. The most frequently used were

- vitamins/herbal supplements 59%
- massage/body work 50%
- social worker support 33%
- special diet 29%
- nutritional/diet counseling 26%

Only 19% of those using CAM at Queens reported using energy healing which is interesting since Queens has such an active healing touch program.

HPH participants used an average of 4.3 CAM treatments with the following ranking order of use:

- vitamins/herbal supplements 65%
- massage/body work 60%
- special diet, psychological counseling, meditation/mindfulness, nutritional counseling all 35%

Analysis *The most frequently used CAM involves a process that does not engage a provider but allows the cancer patient to determine and have control over their own process, i.e. use of vitamins and herbs. This is also something which is familiar and non-threatening to most of us, unlike acupuncture. The second most frequently used category, massage and body work is also something that is relatively non-threatening and familiar but should only be done by practitioners trained to work with cancer patients. Use of types of CAM suggest a need for education, including the effectiveness and benefits of each, such as vitamins and herbs, how they might interfere or support the conventional medicine process and information on which CAM treatments might offer cancer patients substantially more in the way of benefits in reducing side effects, such as acupuncture.*

PAYMENT

Following is the source of payment for the CAM treatments used.

Queens: Of the 129 CAM treatments used by survey respondents,

- 41% paid in full
- 29% had free services
- 16% had full or partial insurance payment
- 13% paid partial

Kaiser: of the 30 CAM treatments used

- 46% had free treatments
- 43% paid in full
- 6% paid partial
- 3% insurance paid in full or part

HPH: of the 77 CAM treatments used

- 51% paid full
- 27% were free
- 16% had some insurance payment
- 7% made a partial payment

Analysis: *As with research done throughout the country, we learn from this survey that the majority of people are paying for the CAM treatments entirely or partially out of their own pockets.*

REASONS FOR USE

Reasons for using CAM also differed between hospitals.

At **Queens Medical Center** the ranking reasons were as follows:

1. hope to improve my quality of life and family/friends encouraged it 67%
2. wanted to participate in my own healing journey 59%
3. belief it would help overcome cancer 57%
3. wanted to reduce side effects 52%

Kaiser patients used CAM for the following reasons:

1. wanted to support my inner healer and to reduce side effects from conventional medicine 63%

2. believe it might help overcome cancer, wanted to participate in my own healing journey, something I read, friend/family encouraged 54%

HPH patients used CAM for the following reasons:

1. improve quality of life 75%
2. something I read 70%
3. wanted to participate in my own healing journey 65%
4. physician encouraged it 60%

Analysis: *It seems clear that quality of life is important to the respondents, as is the importance of taking an active role in their own healing process. This active role includes going outside conventional medicine to reduce the side effects of their treatment. They have relied on family and friends, as well as material they read, to decide what to do. Physicians support played a very small role at Kaiser 32% and at Queens 40% while 60% of respondents using CAM at HPH said that their physicians encouraged their use of CAM. Since CAM use is particularly high at Queens and HPH, these hospitals would do well to engage their physicians in becoming informed about the extent of CAM use, what their patients are using and how they can best work together with the CAM provider.*

LEVEL OF SATISFACTION

Patients are clearly satisfied with the CAM treatments they have been receiving.

91% - Queens

96% - Kaiser

92% - HPH

Analysis *The level of satisfaction suggests that those using CAM are likely to continue, arguing, again, for engaging the conventional therapist in an integrative approach to cancer.*

FINANCIAL ISSUES AND ACCESS TO TREATMENT

One of the major questions that the survey sought to address was the financial challenges of the cancer experience and whether cost was an impediment to using CAM. A number of people who had not used CAM responded to this question, as well as all of those who did use CAM. Following is their response:

Queens: Although 60% of respondents reported using CAM 76% of respondents answered questions regarding financial issues and access to treatment

- Money an issue - 71% responded that they would use alternative treatments more if money wasn't an issue.
- Financial stress of illness - 60% said their family was experiencing financial stress as a result of the illness
- Prefer a hospital with CAM – 61% said they would be more likely to go to a hospital with CAM treatments
- Want insurance coverage - 91% said they wished their insurance policy covered CAM treatments
- Would pay more – 43% would pay more for a policy with these treatments
- Challenge locating CAM provider – 40% said it was difficult finding the right provider.

Kaiser Although 42% of Kaiser patients use CAM, 48% of respondents addressed these questions with the following results:

- Money an issue - 69% reported that they would use alternative treatments more if money wasn't an issue.
- Financial stress of illness – 60% reported that their family is experiencing financial stress as a result of the illness
- Prefer a hospital with CAM – 61% said they would be more likely to go to a hospital with CAM treatments
- Want insurance coverage – 91% wished that their insurance policy would cover CAM
- Would pay more – 43% said they would pay more for such coverage
- Challenge locating CAM provider – 40% said that it was difficult locating the right alternative treatment provider

Hawaii Pacific Health Although 65% of the respondents used CAM, 74% responded to this question

- Money an issue - 70% reported that they would use alternative treatments more if money wasn't an issue.
- Financial stress of illness – 62% reported that their family is experiencing financial stress as a result of the illness
- Prefer a hospital with CAM – 75% said they would be more likely to go to a hospital with CAM treatments
- Want insurance coverage – 71% wished that their insurance policy would cover CAM
- Would pay more – 71% said they would pay more for such coverage
- Challenge locating CAM provider – 44% said that it was difficult locating the right alternative treatment provider

Analysis *The high response rate to financial issues tells us that more people would use CAM if money was not an issue. It is also interesting that the vast majority of people responding to the questionnaire would prefer a hospital with these services available to patients. Given the competitive nature of the business, this would suggest that hospitals would do well to incorporate CAM into their treatment options.*

PERCEIVED IMPACT OF CAM TREATMENTS Finally, because of the mind/body connection between perceptions of treatment's effectiveness and the impact of treatment, it seemed important to explore how patients perceived that the CAM treatments affected their health status.

Queens: 74% believed that it had a significant impact on improving their health status. 94% would repeat the CAM treatments if their health required it.

Kaiser 83% believed that the treatments had a significant role in improving their health status and 85% would repeat them if necessary.

HPH 88% believed that the CAM treatments played a significant role in improving their health and 88% would repeat them if necessary.

ATTACHMENT A

A survey-----to determine the impact on patients of insurance nonreimbursement for complementary alternative medicine treatments.

Aloha,

Would you please help me?



Would you please take just a few minutes to fill out the questionnaire.

Please give it to the receptionist when you have finished filling it out.

Thank you!!

INSURANCE COVERAGE FOR CAM TREATMENTS
A SURVEY

Aloha We are doing a survey to find out whether people diagnosed with cancer or other serious illnesses are using what are called “complementary alternative medicine treatments.” We are also want to know how you are affected by the cost of such treatments. Please help us by taking a moment to fill out this survey. *Thanks so very much.*

1. Diagnosis Have you been diagnosed with cancer ____ (yes) ____ (no) and/or another serious condition (please specify)_____

2. Treatments Used and Payment For Since your diagnosis, have you used any of the following complementary treatments. Please check if you have and indicate whether you paid full, partially, insurance paid in full, or there was no cost.

Type of Treatment	You paid full	paid partial	insurance paid (free (no cost)
___ massage/body work			
___ acupuncture			
___ special diet			
___ psychological counseling			
___ yoga/tai chi/QiGong			
___ meditation/mindfulness			
___ osteopathy			
___ biofeedback			
___ hypnosis			
___ vitamins/herbal supplements			
___ chiropractic			
___ naturopathy			
___ nutritional/diet counseling			
___ art/music therapy			
___ social worker support			
___ energy healing			
___ other _____			

3. Reasons for Using Complementary/Alternative Therapies What were the primary reasons you decided to try the above. Please indicate how important that reason was on a three point scale by circling the appropriate number.

1 (not very important)

2 (somewhat important)

3 (very important)

- a. 1 2 3 something I read
- b. 1 2 3 friend/family encouraged
- c. 1 2 3 physician encouraged
- d. 1 2 3 doctor(s) said they couldn't do anything more for me
- e. 1 2 3 it helped a friend/family member
- f. 1 2 3 I believed it might help me overcome cancer
- g. 1 2 3 I wanted to support my inner healer
- h. 1 2 3 I had a good relationship with the treatment provider
- i. 1 2 3 I wanted to participate in my own healing journey

j. 1 2 3 I wanted to reduce side effects from conventional medicine

k. 1 2 3 I hope to improve my quality of life

4. Level of Satisfaction with **Treatments** How satisfied were you with the treatments you received. Using the five point scale below, please circle the appropriate number next to each type of treatment.

1 (very dissatisfied) 2 (dissatisfied) 3 (neutral) 4 (satisfied) 5 (very satisfied)

1 2 3 4 5 massage/body work

1 2 3 4 5 acupuncture

1 2 3 4 5 special diet

1 2 3 4 5 psychological counseling

1 2 3 4 5 yoga/tai chi/QiGong

1 2 3 4 5 meditation/mindfulness

1 2 3 4 5 hypnosis

1 2 3 4 5 vitamins/herbal supplements

1 2 3 4 5 chiropractic

1 2 3 4 5 naturopathy

1 2 3 4 5 nutritional/diet counseling

1 2 3 4 5 art/music therapy

1 2 3 4 5 social worker support

1 2 3 4 5 energy healing

1 2 3 4 5 conventional physician's treatment

1 2 3 4 5 mainland healing center

1 2 3 4 5 other _____

5. Financial Issues and Access to Treatment Indicate your agreement with the following statements by circling the appropriate number.

1 (strongly disagree) 2 (disagree) 3 (neutral) 4 (agree) 5 (strongly agree)

a. 1 2 3 4 5 If money wasn't an issue, I would use alternative treatments more

b. 1 2 3 4 5 My illness has created financial stress for me (and my family)

c. 1 2 3 4 5 I would be more likely to go to a hospital that has complementary/alternative treatments such as massage, acupuncture, healing touch, etc.

d. 1 2 3 4 5 I wish my insurance policy covered complementary/alternative treatments

e. 1 2 3 4 5 I would be prepared to pay more on a policy that would include these treatments

f. 1 2 3 4 5 Locating the right alternative treatment provider has been a challenge

g. 1 2 3 4 5 Getting transportation to the treatment provider has been a barrier to treatment for me

6. Impact of CAM Treatments Please indicate the impact that the complementary alternative medical treatments had on your health status by circling the appropriate number.

1- disagree 2- not sure 3- agree

1 2 3 Significant part of improving my health status

1 2 3 Would repeat the complementary alternative medical treatments if my health status requires it

Please give the survey to the receptionist and thank you very much for your kokua.