

B3. Complementary and Alternative Medical Provider Survey

Complementary and Alternative Medical (CAM) Provider Survey

The CPG developed and distributed a 17-question survey to elicit knowledge, attitudes, beliefs, and behavioral information from complementary and alternative medical providers (CAM). CAM were defined as Acupuncturists, Naturopaths, and Chinese Herbalists. A total of 60 surveys were collected out of 213 mailed or hand-delivered yielding a 28% response rate.

Methodology

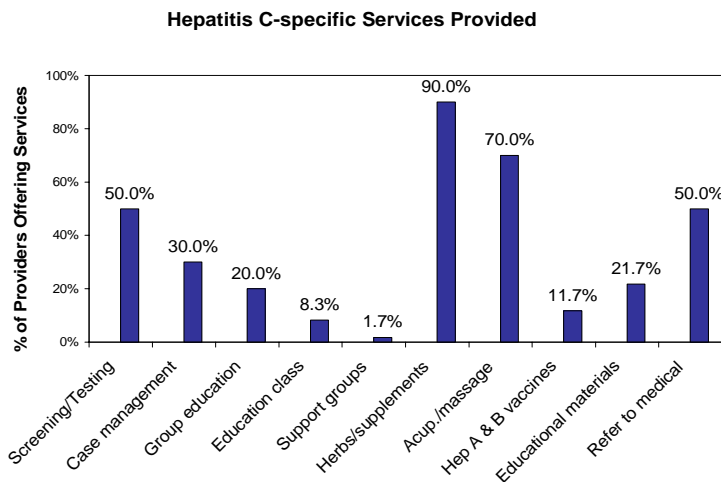
A. Design

Survey questions were designed as multiple choice or selection criteria questions. Some questions were open-ended to elicit more in-depth answers. In an attempt to identify trends and themes, some questions were repeated to other targeted survey participants (i.e. medical providers, infected or affected persons with HCV).

B. Method

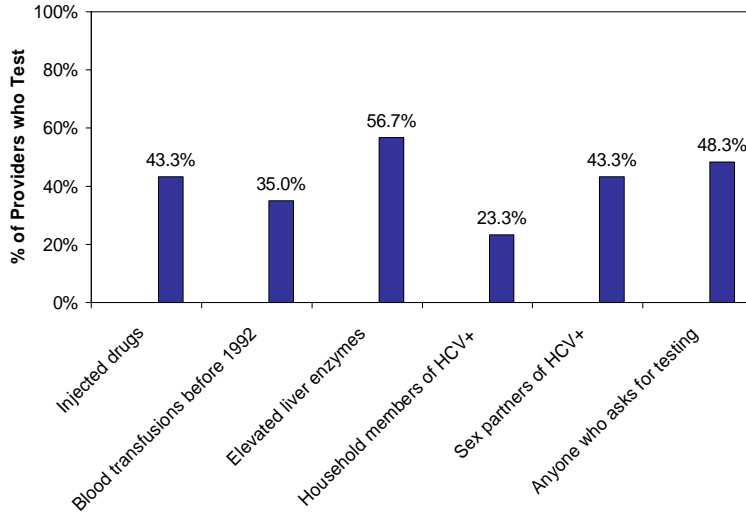
Surveys were distributed by mail or hand-delivered between October 1 and 18, 2002. A cover letter (explaining the survey purpose and deadline), the survey, and a self-addressed stamped envelope were included in each mailing to optimize response rates.

Quantitative Findings



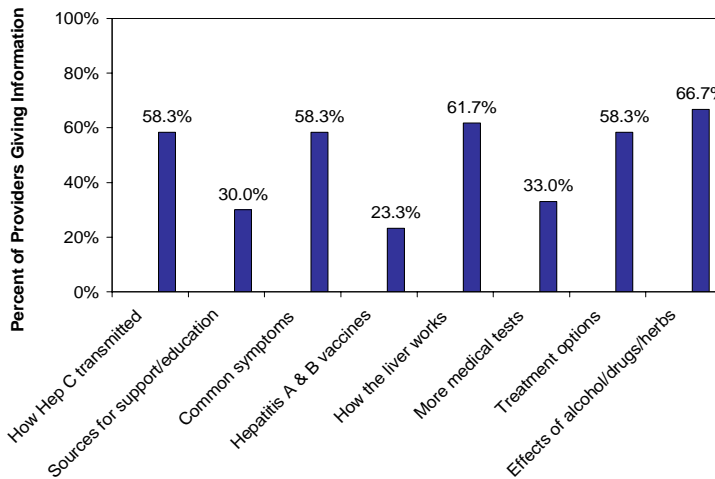
When asked what type of HCV specific services they provided, 90% of providers supplied herbs/supplements and 70% provided acupuncture/massage services. Fifty percent of providers indicated they offered screening and testing, and the same number said they provided referrals for medical services. 30% provided case management, 22% provided educational materials, and 20% offered one-to-one or group education.

Who Do You Test for Hepatitis C



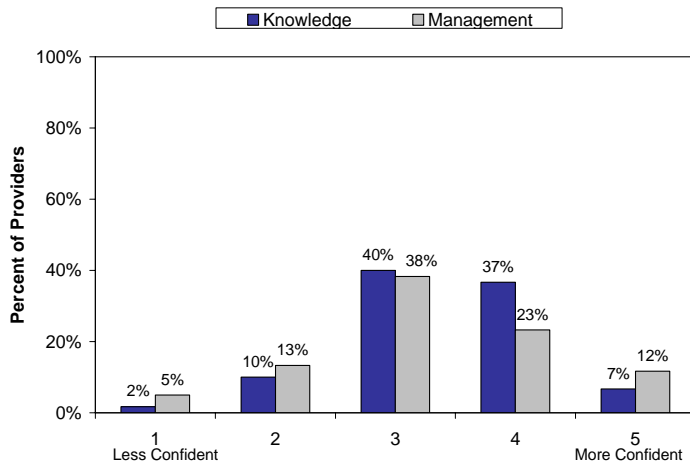
When asked which clients they test for hepatitis C, 57% of providers reported testing when clients had elevated liver enzymes, and 43% tested for clients who either had injected or snorted drugs, or who were a sex partner of someone who was hepatitis C positive. 48% of providers indicated that they tested anyone who requested testing. If they did not provide testing themselves, 58% indicated that they knew where to refer patients for testing for HCV.

Information Provided to Clients at Testing



When asked what type of information was provided to clients upon testing, two-thirds of providers indicated they gave information on the effects of alcohol, drugs, and/or herbs on the liver, and 62% provided information on how the liver works and how to protect it. 58% provided information on how hepatitis C is transmitted and prevented, and treatment options.

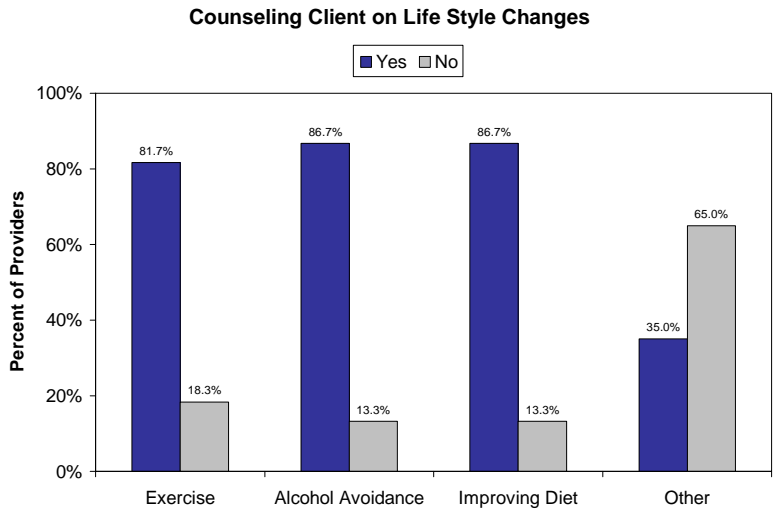
Provider Confidence Level in Knowledge and Management of Hepatitis C



When asked to describe their level of confidence in their knowledge of hepatitis C on a scale of 1-5, with 5 being more confident, there was a mean response of 3.22. The mean response when asked to rate their confidence in managing hepatitis C positive clients was 3.03. In the management of hepatitis C clients, 53% of providers indicated that they “always” or “almost always” worked with allopathic medical providers.

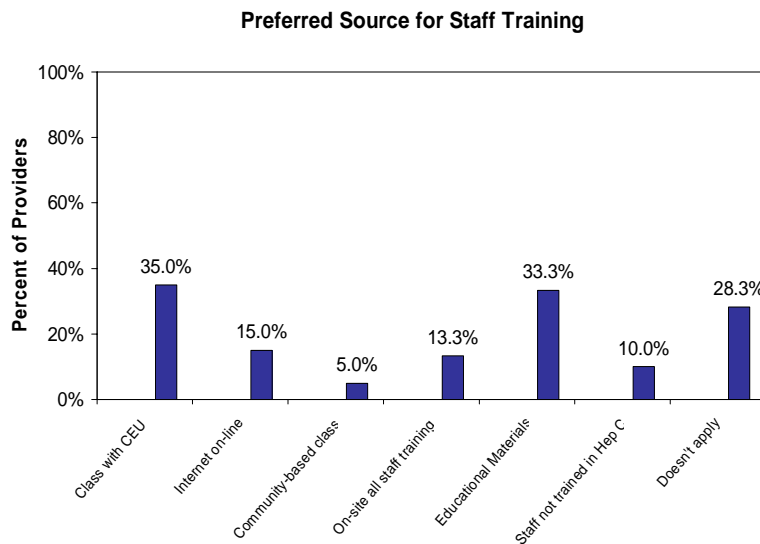
| % of CAM Providers Ranking Five Most Important Services | |
|---|-------|
| Complementary or Alternative Care | 71.7% |
| Hepatitis C Treatment | 58.3% |
| Hepatitis C Education | 50.0% |
| Alcohol and Drug Services | 45.0% |
| Health Insurance | 45.0% |
| Medical care | 41.7% |
| Help with health care costs | 35.0% |
| Case management | 31.7% |
| Support and social groups | 25.0% |
| Mental Health Counseling | 11.7% |
| Syringe/needle exchange | 6.7% |
| STD/HIV services | 6.7% |
| Hepatitis A&B vaccines | 5.0% |
| Food and/or clothing assistance | 3.3% |
| Housing assistance | 3.3% |

Providers were asked to rank the five most important services for people living with hepatitis C. In addition to those services listed in the table, the following were *not* rated in the top five services by any provider: rental assistance, transportation, child care, job assistance, or nursing care. When asked if they had needed to change their services to meet the needs of people living with hepatitis C, near 98% responded “no”.



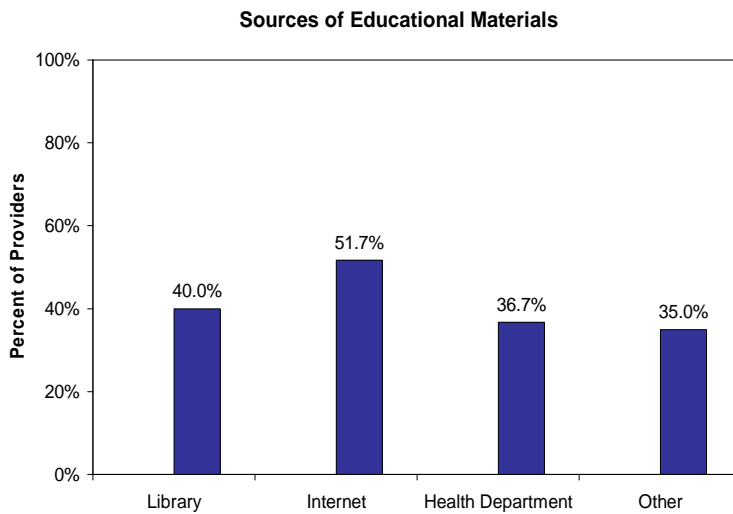
When asked if they counseled hepatitis C patients on lifestyle changes, 82% of providers gave counseling on exercise, and 87% provided counseling on alcohol avoidance and improving the client’s diet. Some of the other topics discussed included stress reduction and relaxation techniques, avoiding the risk of infecting others, and increasing water intake.

| % of CAM Providers Referring to Services | |
|---|-------|
| Western Medical care | 56.7% |
| Hepatitis C testing | 46.7% |
| Diet/nutrition | 33.3% |
| Mental Health Counseling | 30.0% |
| Alcohol and drug services | 30.0% |
| Support groups | 28.3% |
| STD/HIV testing | 26.7% |
| Interferon based therapy | 23.3% |
| Case management | 23.3% |
| Hepatitis A&B vaccines | 21.7% |
| STD/HIV treatment | 21.7% |
| Education class | 18.3% |
| Health Insurance | 15.0% |
| Syringe/needle exchange | 10.0% |
| Housing | 6.7% |
| Food and/or clothing assistance | 5.0% |
| Rent and/or utility assistance | 5.0% |
| Financial assistance | 5.0% |
| Transportation assistance | 3.3% |



Providers were asked to indicate their preferred source for staff training. 35% indicated their choice was a class with continuing education credit, followed by educational materials (33%), internet on-line (15%), and on-site all staff training (13%). 28% said this question did not apply to their staff.

| Desired Topics for Further Education | |
|---|-------|
| Latest research | 66.7% |
| Treatment options | 58.3% |
| Community resources | 53.3% |
| Hepatitis C disease progression | 40.0% |
| Where to refer clients for more medical tests | 36.7% |
| Dual diagnosed HIV/HCV patients | 20.0% |
| How HCV is transmitted and/or prevented | 15.0% |
| Interaction of hepatitis A&B | 15.0% |
| Psychosocial Issues | 13.3% |
| Effects of alcohol, drugs, herbs on the liver | 13.3% |
| Integrating HCV into programs | 13.3% |
| Common symptoms | 10.0% |
| Client risk reduction | 8.3% |



Providers were asked what sources they used for educational materials on hepatitis C. The most frequently used source of information was the internet (52%), followed by the library (40%), and the Health Department (37%). 35% of providers said they used other sources including professional journals, workshops, and continuing education classes.

Qualitative Findings

The following open-ended questions were asked and responses received.

Question 1: What, if any, hepatitis C-specific services does your practice provide?

Responses (n=6):

- Alternative medicine (4)
- Life skills counseling (2)

Question 3: Which of the following clients do you test for hepatitis C?

Responses (n=4):

- Children of mothers with HCV, people who suspect they have HCV or have clinical history, and recommended partners of clients

Question 5: If information is provided to clients upon testing for hepatitis C, what information do you include?

Responses (n=5):

- Alternative medicine options, lifestyle and/or diet counseling, if clients want information we discuss (patient driven), more information on test
- Some people are asymptomatic and seeking treatment to prevent future symptoms

Question 10: Do you counsel hepatitis C positive patients to consider any of the following lifestyle changes?

Responses (n=23):

- Lifestyle counseling (diet, breathing) (35% or n=8)
- Stress management (30% or n=7)
- Alternative medicine (22% or n= 5)
- Preventive behavior (9% or n=2)
- Referral (4% or n=1)

Question 13: Have you had to change your services to meet the needs of hepatitis C positive clients?

Responses (n=7):

- Increase Education (3)
- Increase Services (2)
- Increase Referrals (2)

Question 14: In your management of hepatitis C positive patients, which support and/or treatment programs do you generally refer patients to, and have you experienced barriers in referring them?

Responses (n=23):

Insurance (43% or n=10)

- No insurance/cost/eligibility (7)

- No coverage for alternative medicine (2)
- Patients turned down for treatment after diagnosis (1)

Medical (22% or n=5):

- Medical doctors resistant to alternative therapies

Services (17% or n=3)

- Waiting lists, access to provider, availability of service

Patient Issues (9% or n=2)

- Patients resistant to access services (2)

Education (9% or n=2)

- Lack of education on resources available

Question 15: What is your preferred source for staff training?

Responses (n=3):

- I'm the only one treating people.
- Train them
- Tell front desk about handling trash, cleaning etc.

Question 17: What, if any, are your sources of educational material on hepatitis C?

Responses (n=29):

- Literature (Journals, articles, books) (11)
- Seminars (class, conferences, workshops) (5)
- Alternative medicine education (5)
- CEUs (3)
- Providers, colleagues (5)

Miscellaneous Complementary and Alternative Medical Providers Statements:

- Some medical doctors still are very negative about their patients using complementary natural medicine and occasionally have recommended that our mutual patients not take the herbs or vitamins that I have recommended.
- People's HMOs or insurance carriers not covering naturopathic medicine is the biggest barrier for them having access to my services; their HMO PCPs are often not willing to refer for naturopathic care, therefore they can't get it covered.
- Uncooperative allopathic MDs (not providing testing, not educating patients or giving them uneducated information). Also not enough Internists and Gastroenterologists on OHP provider list.

Summary & Intervention Opportunities: Complementary & Alternative Medical Provider Survey

1. Provider Education

Development and/or distribution of HCV educational literature, with foundations in alternative and complementary care, may be useful to both providers and patients. Ongoing information-sharing targeted to CAM providers regarding the availability of free client-centered HCV education classes, peer-based HCV support groups, and provider trainings may strengthen existing expertise.

CAM providers should, at minimum, be equipped with up-to-date information regarding HCV transmission and prevention, treatment options, and resources for client support or education. Educational activities should focus on:

- Blood-to-blood transmission of HCV and activities which facilitate blood borne infections
- Transmission myths (i.e. holding hands) and realities
- Use of condoms or other latex barrier during sex with a HCV-infected person when there is a presence of blood and/or sexually transmitted disease
- Newest research, treatment options, disease progression, and community resources for support and testing services
- Free, monthly, HCV education classes. These classes are available and may be underutilized by CAM clientele. There are opportunities to optimize referrals.
- Peer support, mentor, and advocacy services as a cost-effective means of connecting CAM clients with service and information

Motivation for participating in educational programs could be increased with the receipt of continuing education credits. The Health Department can improve communication with CAM providers regarding availability of existing educational and supportive programs as well as the ability to provide technical assistance upon request. Outreach to future CAM providers may be facilitated through coordination with local and national CAM colleges and other educational institutions.

2. Barriers to Service

CAM providers realize the importance of health care access, education, and alcohol and drug support services for people living with HCV. Most initial and ongoing CAM support services are not covered by existing health maintenance organizations (HMOs). There remain opportunities to expand access to allopathic and alternative medical care among persons with insurance and those who are underinsured.

3. Other Recommendations

- CAM providers receive specialized training in areas of nutrition, preventive health, and stress reduction. CAM providers can advance the development of, and augment, care standards for persons living with HCV and other chronic conditions.
- Coordination among CAM and allopathic medical care providers could improve health outcomes for persons living with HCV. Research on the impact of CAM on persons at

various stages of liver disease could further legitimize CAM services among cautious allopathic providers and strengthen coordination.

- CAM providers may be a critical source of newly tested HCV-positive clients. Resources directed at CAM providers may be useful to support their existing and possible expanding, efforts in diagnosis, care, and alternative treatment