Patient Characteristics and Satisfaction for Members Using Acupuncture Services

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Consumer demand for integrating complementary alternative care with allopathic medicine has been growing. In fact, expenditures for complementary care have risen from $13.7 b in 1990 to $21.2 billion in 1997.

In July 1999, the Hawaii Medical Service Association (HMSA) began offering discounts on alternative therapies to its 600,000 members. The discount program was based on partnerships with Landmark Health-care, Inc., to provide acupuncture and nutritional supplements, and with American Specialty Health Networks to provide massage therapy and fitness memberships. As part of the agreement, acupuncturists provided HMSA with a list of users on a monthly basis from July 1999 to June 2000.

The goals of this study were to:
• Examine the characteristics of HMSA enrollees who used acupuncture services.
• Compare satisfaction with allopathic services for acupuncture users and nonusers using data from the 1999 Member Satisfaction Survey.

Methods
A total of 788 unique member identification numbers were submitted to HMSA by acupuncturists, of which 217 were unmatchable to enrollment files due to incomplete or incorrect identification numbers. Of the remaining 442 members, 129 responded to the 1999 HMSA Member Satisfaction Survey. Only members who had visited a physician in 1999 were eligible to receive the Member Satisfaction Survey.

Results
The mean age of acupuncture users (53 years, range 18 to 93) was similar to nonusers who responded to the member satisfaction survey. Sixty-six percent of acupuncture users were female, compared with 60% of nonusers who responded to the survey. Acupuncture users were more likely to be Caucasian and Hawaiian than nonusers. The self-report health status of acupuncture users was slightly higher than nonusers who responded to the Member Satisfaction Survey, with 26 percent of acupuncture users reporting excellent health compared to 17 percent of nonusers.

Mean patient ratings of access to physician services (p=0.66) and office experience (p=0.85) were the same for acupuncture users and nonusers. Despite similar satisfaction scores, members who used acupuncture were less likely to say they would recommend their physician than nonusers (Figure 1, p=0.07).

Acupuncture users were also significantly less likely than non-users to report that they would seek help again from their physician (81% vs. 83%, p=0.05).

Limitations
To be included in this study, acupuncture users had to meet all the following criteria:
• HMSA enrollee
• Useable ID number submitted to HMSA
• Had a physician visit during 1999
• Received and responded to a members satisfaction survey in 1999
• Visited an acupuncturist who voluntarily submitted member identification numbers to HMSA

Thus, the study population includes only a small fraction of acupuncture users in Hawaii. Because the member satisfaction survey was only sent to members who had visited a physician in 1999, the sample is biased toward less healthy members. Also, because submission of member identification numbers to HMSA by providers was voluntary, we have an incomplete list of HMA members who used acupuncture services.

Conclusion
This study found that acupuncture users were less likely than non-users to be in good health and to be Caucasian or part-Hawaiian. While there were no differences in patient ratings of access or office experience, acupuncture users were less likely to recommend or to seek help again from their doctor. This suggests that some needs of acupuncture users are not being met by traditional physician services.

Future studies, which link acupuncture use with administrative (claims) data, are needed to determine the utilization patterns of acupuncture users (inpatient, outpatient, drug, and physician services) and to examine the disease profiles of acupuncture users.