

LDI *Issue Brief*

Volume 10, Number 4
February 2005

Leonard Davis Institute of Health Economics

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Complementary and Alternative Medicine: Personal Preference or Low Cost Option?

Editor's note: From acupuncture to yoga, Americans' use of complementary and alternative medicine (CAM) is widespread and growing. The reasons that people give for using CAM are as diverse as the CAM therapies themselves: some perceive that conventional health care is ineffective, while others consider CAM to be more consistent with their own values and beliefs about health. As conventional health care costs rise, it is also possible that some people turn to CAM as a low cost alternative. This Issue Brief summarizes research that evaluates the relationship between CAM use and perceived access to conventional health care.

Use of complementary and alternative medicine has risen in the last decade

CAM is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. Depending on the specific therapies included under the rubric of CAM, surveys indicate that one-third to two-thirds of all U.S. adults have used CAM in the previous year.

- Definitions of CAM vary, and distinctions between CAM and conventional medicine are fluid. Common CAM therapies include herbal medicine, massage, deep breathing exercises, meditation, chiropractic care, yoga, diet-based therapies, and prayer.
- The use of CAM in the U.S. has risen over the past decade. Excluding prayer for one's own health (which is inconsistently included in CAM), the percentage of adults using at least one of 16 CAM therapies in the past year increased from 33.8% in 1990 to 48.8% in 2002.
- Some CAM modalities are practitioner-based, while others are self-directed. For example, chiropractic care requires a visit to a therapist, but meditation or special diets might be more self-directed.
- Most people use CAM as a complement to conventional health care, rather than as an alternative. Nevertheless, the number of visits to CAM practitioners each year is now higher than the number of visits to all primary care physicians.

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- The reasons for the increased use of CAM are complex. Some point to greater public awareness and acceptance of CAM as an alternative to conventional medicine; others point to a congruence between CAM and the personal beliefs, spirituality, and values of patients.
- Rising CAM use might be explained by patient dissatisfaction with conventional medicine, but it also might reflect growing financial barriers to conventional care.

National study examines CAM use and deferred or delayed medical care

The most comprehensive information on CAM use comes from the 2002 National Health Interview Survey (NHIS), a nationally representative sample of U.S. adults. The 2002 NHIS asked respondents about their use of conventional health care and a wide variety of CAM therapies. It also contained questions about whether the respondent delayed, or did not get, needed medical care because of cost.

- Pagán and Pauly analyzed NHIS data on nearly 30,000 adults to determine whether respondents who reported financial difficulties in getting needed medical care were more likely to have used CAM therapies during the previous year than other respondents.
- Nearly 61% of the respondents had used as least one of 17 CAM therapies in the previous year. The table below lists these therapies and the percentage of respondents that use each one.

CAM use by U.S. adults, 2002

Therapy	% using CAM in past year
At least one CAM therapy	60.9
Prayer and spiritual healing for own health	44.1
Herbal medicine	18.9
Relaxation techniques	14.5
Chiropractic care	7.6
Yoga/tai chi/qi qong	5.8
Massage	5.0
Special diets	3.5
Megavitamins	2.8
Homeopathy	1.7
Acupuncture	1.0
Energy healing therapy/Reiki	0.5
Hypnosis	0.3
Naturopathy	0.2
Biofeedback	0.1
Folk medicine	0.1
Ayurveda	0.1
Chelation	<0.1

CAM use is associated with financial barriers to conventional health care

Pagán and Pauly found large differences in CAM use when comparing adults according to their reported ability or inability to obtain medical care because of cost. The study controlled for other factors that might affect CAM use, such as demographics, income, insurance, and self-reported health status.

- CAM use was 71.4 % for those reporting financial difficulty in getting needed medical care, compared with 59.8 % for those not reporting any difficulties.
- After adjusting for other factors noted above, the researchers found that people reporting financial difficulties obtaining needed medical care were 61% more likely to have used at least one CAM therapy during the previous year than those not reporting any difficulties.
- These results are consistent across almost all CAM therapies, and are particularly high for special diets, homeopathy, high-dose or megavitamin therapy, acupuncture, energy healing therapy/Reiki, folk medicine, and ayurveda.

Study based on data from Mexico also links CAM use and lack of access to conventional health care

Pagán and Puig analyzed data from a similar survey in Mexico to determine whether CAM use was associated with access to conventional health care in a culture with a long tradition of folk healing. They used the 2001 Mexican Health and Aging Study (MHAS), a large survey of Mexicans aged 50 years and older. The MHAS asked questions about health insurance, physician visits, and visits to one of two CAM providers (a faith healer or homeopath).

- The study focused on adults with diabetes, a group that clearly benefits from ongoing medical management. Diabetes is the leading cause of death of adults ages 55 to 64 in Mexico. The analysis included 1,900 adults with diabetes, about 28% of whom had no health insurance.
- About 84% of adults with diabetes visited a physician in the past year, and 10% had seen a CAM provider.
- After adjusting for demographic and medical factors that might account for physician visits, the study found that insured people were 41% more likely to have visited a physician and 44% less likely to have visited a CAM provider in the past year than uninsured people.

POLICY IMPLICATIONS

These findings suggest that some patients use CAM because they are looking for lower cost care and not necessarily for alternatives that better serve their real or perceived needs. Thus, the rise in CAM use may be another reflection of the increasing lack of access to health care for many people. Alternatively, individuals may try CAM first, leaving less money available for conventional health care. Either way, CAM may be both an economic and a clinical substitute for more conventional medical care.

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POLICY IMPLICATIONS

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- From a public policy perspective, understanding more about these trends is important because of their potential health consequences. The safety and efficacy of most CAM therapies remains unknown.
- Policies that influence conventional health care costs and access to care may have an effect on the use of CAM. Recent proposals to improve access to care and decrease the numbers of uninsured may decrease the number of CAM users; alternatively, proposals that involve personal spending accounts or individual responsibility for costs might encourage CAM use (as long as funds from spending accounts can be used for CAM).
- Further research is needed to delineate the influence of cost on CAM use. Information about the relative price between CAM therapies and conventional health care would help explain whether people seek alternative therapies as a way to save money.

This Issue Brief is based on the following article: J.A. Pagán, M.V. Pauly. Access to conventional medical care and the use of complementary and alternative medicine. Health Affairs, January/February 2005, vol. 24, pp. 255-257. See also: J.A. Pagán, A. Puig. Differences in access to health care services between insured and uninsured adults with diabetes in Mexico. Diabetes Care, February 2005, vol. 28, pp. 1-2.

Published by the Leonard Davis Institute of Health Economics, University of Pennsylvania, 3641 Locust Walk, Philadelphia, PA 19104-6218.

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Published by the
Leonard Davis Institute
of Health Economics
University of Pennsylvania

Issue Brief



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