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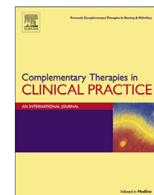

Integration of naturopathic medicine into acute inpatient care: An approach for patient-centred medicine under diagnosis-related groups

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A B S T R A C T

Background: The integration of naturopathic methods into acute inpatient care has been the subject of very few scientific studies. Patient expectations of the service received in hospital are increasing, and the integration of naturopathy into clinical practice can serve as Unique Selling Proposition.
Materials and methods: The present study was conducted over a period of two years. In total, over 1700 patients were included in the study. The setting is an acute hospital specialising in a multimodal, patient-centred approach to treatment. Patient satisfaction with the use of holistic care, patient perception of adherence to treatment and the amount of time care staff spend with patients were all investigated. The patients' principal diagnoses were also recorded using the DRG classification system, as were the number of concomitant diseases and the length of their stay in hospital.
Results: The majority of patients rate the integration of complementary care in the acute hospital very positively. The effects on patient perception of adherence to treatment and the amount of time care staff spend with patients are also assessed positively. At the same time, we can see that patients who receive patient-centred care in this study predominantly suffer from diseases and disorders of the musculo-skeletal system and connective tissue, diseases of the nervous system and mental diseases and disorders. They also have numerous concomitant diseases.
Conclusions: It could be shown that patients are very satisfied with the combination of naturopathy and academic medicine and with approaches that take patient preferences into account. Integrating naturopathy can be considered for multimorbid patients, in particular. Moreover, patient-centred care can improve staff satisfaction levels.

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1. Background

Healthcare facilities that are geared towards conventional medicine are increasingly offering methods from complementary and alternative medicine (CAM) in their patient care according to IOM 2005, healthcare facilities.. The integration of complementary therapies into inpatient care has also been the subject of scientific studies [1–6].

Patient expectations of the service received in hospital are also growing [7,8]. This includes, for example, social care and services. Patients consider themselves customers of health and other services and it is therefore becoming even more necessary to demand high-quality structures, processes and results and a culture in which hospital patients receive the individual help required in their specific situation. Integrating naturopathy, which is much sought for in outpatient care, can serve as attractor for patients and may improve patient-centred care.

Patient-centred care can be described as an interdisciplinary structure for core hospital processes and the efficient delivery of the latter by the interdisciplinary team. The aim of this study is to examine the structure of care services in the core process (Fig. 1), focusing on the provision of services that go beyond conventional care.

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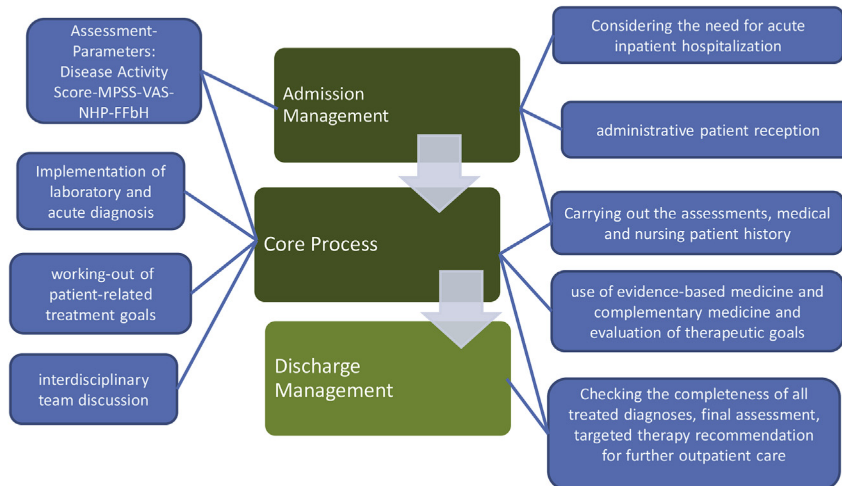

Fig. 1. Inpatient hospital process flow in inpatient naturopathy.

1.1. Integration of "care that includes naturopathy" into the acute inpatient treatment process

In Germany, complementary medicine in an acute inpatient setting is governed by the operations and procedures catalogue (OPS). The OPS is the official classification system for encoding operations, procedures and general medical measures in an inpatient setting.

The German Institute for Medical Documentation and Information (DIMDI) publishes the OPS on behalf of the German Federal Ministry of Health.

Naturopathic procedure 8–975.2 for example stipulates that the team must include qualified care staff with at least six months of experience in naturopathy as well as doctors who are trained in naturopathy. In addition, at least three of the following disciplines should be available: physiotherapists/masseurs/balneotherapists/sports teachers, ergotherapists, psychologists, ecotrophologists/dieticians and art/music therapists.

At the start of treatment, everyone involved in the treatment process is responsible for preparing a diagnosis and treatment plan that refers specifically to naturopathy.

The treatment aims must be evaluated at least twice a week in a team meeting, taking into account somatic, lifestyle and social aspects, with patient-specific documentation of previous treatment results and further treatment aims.

At least 5 of the following 8 treatment areas must be used: nutrition therapy, hydrotherapy/thermotherapy, other physical therapies, phytotherapy, lifestyle regulation therapy, exercise therapy, detoxifying therapies such as cupping, bloodletting and moxibustion or another form of therapy (manual therapy, acupuncture/Chinese medicine, homeopathy, neural therapy, art and music therapy) (DIMDI 2014/2015).

Care that includes naturopathy must be incorporated into the treatment process by qualified care staff as specified in procedure 8–975.2.

1.2. Use of complementary care after performing quality-based assessments

Practices from holistic care should be used as indicated. Every patient is assessed on admission, usually before the medical and care history is taken. This enables everyone in the treatment team to assess the physical and mental condition of the patient, the symptoms and their chronicity immediately after admission. The results of this patient-specific assessment are made available to care staff on every ward.

Assessments are used to collect in-depth data about the health status of the patient useful for the professions involved in the treatment process. This further knowledge can comprise patient related information regarding quality of life, psychological condition, physical function or disease activity. Based on the results, the goals of the therapy and the treatment plan are prepared. Moreover, the assessments allow for clinical monitoring and if necessary an adaptation of the treatment plan. In Germany, preparing a specific naturopathic treatment plan is required in acute care hospitals should naturopathic procedures be carried out. However, applying validated assessments is not mandatory in German hospitals and is only done by a few. Nevertheless, the importance of validated methods is expected to rise significantly as quality orientation is becoming (even) more central in the German health care sector.

This study uses the Hannover Functional Status Questionnaire (FFbH) to measure capacity for physical function [9,10]. It consists of 18 questions designed to identify functional restrictions in day-to-day activities. A visual analogue scale (VAS) is used to measure the severity of pain, mood, physical condition and sleep quality [11–14]. Thus, extensive information about the patients to be treated is already available for care planning and history taking.

This study uses the Mainz Pain Staging System (MPSS) to assess the chronicity of pain [15]. It is a diagnosis-independent classification model that divides the chronicity of pain into three stages using data from the history of the patient. These stages are derived from information about the temporal course and spatial aspects of the pain as well as medication-taking behaviour and the treatment administered to date. The validity of the MPSS has been confirmed by various studies [15–18]. The importance of this chronicity model for treatment planning and prognosis, which is very important for the doctors, nurses and therapists, is conveyed in its design. It shows that patients with increasing stages of chronicity associated with acute conditions require a broader range of potential treatments, which affects planning for the use of care that includes naturopathy.

The Nottingham Health Profile (NHP) is used to measure health-related quality of life [19,20]. This is a questionnaire in which 38 individual questions are assigned to six dimensions of subjective health: loss of energy, sleep, social isolation, physical mobility, emotional reaction and pain.

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