

A Pandemic's Silver Lining: Building a Collaborative Integrative Therapy Program

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Patients and staff at St. Mary-Corwin Hospital, Dorcy Cancer Center in Pueblo, Colo., identified two great impacts of the COVID-19 pandemic: 1) feelings of isolation and 2) identification of silos that existed between Centura Health Cancer Network sites in our offerings of integrative therapies. Prior to the pandemic, a few Centura sites had their own in-person Integrative Therapy programs, which varied in shape and size. Furthermore, six of the total nine sites did not have any integrative therapy offerings. To meet patients' needs during the height of the pandemic, Centura's social workers and a nurse navigator took it upon themselves to create a collaborative and more efficient hybrid-style Integrative Therapy Program for all of its oncology sites.

What is Integrative Therapy?

Integrative therapy is used in conjunction with conventional care—not in replacement of—to aid patients' physical side effects due to their disease or treatment that cannot be alleviated in totality with conventional treatment. Integrative therapies provide relief from psychological distress, depression, and/or anxiety, and they can increase one's spiritual strength, hope, and desire or ability to cope with emotions. Integrative therapies can include auricular detox, yoga, tai chi, education sessions, and so much more. Often the terms “complementary therapy” and “alternative medicines” can be used interchangeably with “integrative therapy.”

Globally, over the past few decades, there has been close to a 25 percent increase of cancer survivors who utilize integrative and/or complementary therapies.¹ Anywhere from 40 percent to 83 percent of cancer survivors use integrative therapies after a diagnosis, and up 90 percent of those who use integrative therapies report some benefits, whether it be improved coping with stress or side effects.¹

Going Virtual

The COVID-19 pandemic gave our health system the opportunity for staff to learn more about each other and to ask ourselves how we could continue to support our patients. Patients needed our integrative therapy offerings

more than ever before. Many people found themselves feeling socially isolated and disconnected because of the pandemic. We wanted to make sure that despite current events we could continue to provide a space for our patients, survivors, and caregivers to share their emotions and experiences. Many may have feelings of sadness, anger, and depression (all of these emotions accompany a cancer diagnosis), and those feelings were intensified by the pandemic.

Transitioning Centura's various site-specific Integrative Therapy programs to a virtual format ensured we could continue to support the psychosocial health of our patients, survivors, and caregivers. The social workers and nurse navigators who led the program at three Centura sites, including myself, met via Zoom to decide what classes to offer to our entire network and at what time. This collaboration led us to create a monthly calendar of our offerings, so no two subjects overlapped. We combined the programs at the cancer centers to touch more people. Now we offer an array of groups and classes (e.g., exercise, self-care, COVID-19, etc.) that are put on by different Centura sites and that are offered to the entire network via Zoom. These opportunities are for patients, survivors, caregivers, and community members. People do not have to be affiliated with Centura to engage in these opportunities. Additionally, those clinic sites that did not originally have an integrative therapy program can now access our centralized virtual program, to which they can make referrals.

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In starting this transition, I and two others came together and asked who wanted to offer what programs. For example, Parker Cancer Center wanted to host a tai chi class that is offered Tuesday mornings, Dorcy Cancer Center offers yoga every Tuesday evening, and Penrose Cancer Center offers an easy chair yoga every Wednesday. We worked hard to break down existing silos and to not duplicate any efforts. This way all classes and groups are better spread out over the week.

Once we got the schedule in place, the next step was to determine how to offer these opportunities virtually in the easiest manner for our participants. We knew we wanted to make sure that there was consistency in the Zoom link used, so participants did not have to juggle multiple links for multiple classes. Therefore, we decided to have all our classes use one Zoom link and one login. The exercise classes we offer do require a waiver consent form to participate, so we determined how to complete this step electronically as well.

Finally, we decided that one person should develop the flyer, which includes a visual monthly calendar and course descriptions. I took this task on, so I send the updated calendar to the social workers, nurse navigators, and the marketing team in the Centura network every month. They then share the flyer with their patients, survivors, and caregivers. Though some of our programs are recorded, most are not, like the exercise classes. But if a class is on an educational topic and a patient is not able to make it, we record the class and share it with them if they reach out to us prior to the class. Additionally, we send out slide decks to all participants. Because of this new virtual model, we can provide more options to participants. We offer chair yoga, tai chi, support groups, a biweekly survivorship “sit, stand, and stabilize” class, as well as classes on self-care strategies, journaling, guided meditation, nutrition, wellness, and more.

Coming together during the pandemic was easy. Our social workers and nurse navigator had this great idea that we all agreed needed to happen. Gaining buy-in from our leadership team was an easier task than expected. We all spoke to our directors at our cancer centers. They bought in right away because they saw the value in the program and did not want to see this

necessary support removed from patients during the pandemic.

Continuing to Adapt

If it were not for COVID-19, we may have never thought about changing the way we offer our Integrative Therapy Program at Centura Health Cancer Network. The pandemic gave us an opportunity to think outside of the box and to continue this thinking as we move into a post-COVID-19 era. As pandemic-related restrictions loosen in our communities and across the nation over time, we will have an opportunity to do some activities in person, while keeping other offerings virtual. We do not want to remove anything we currently offer because we still want to be able to reach our communities in the way that they need.

When our fully virtual program went live in January 2021, we sent out a survey after the first month because we wanted to make sure that participants were receiving our intentions as we wanted them to be. When asked what made participants choose to attend a certain class or classes:

- 69 percent said to improve their quality of life
- 34 percent said because of current life stressors
- 28 percent said for social connection
- 18 percent said because of the topic
- 19 percent said for pain
- 13 percent said for anxiety
- 9 percent said for another reason.

Note: Percentages may equal more than 100 because respondents could select multiple answers.

What's great is that 92 percent of the respondents indicated that after attending a class(es), their symptom or concern improved. Eighty-five percent indicated that the quality of the class(es) was excellent. When asked whether attendees prefer virtual or in-person classes, 39 percent of respondents said they prefer virtual, whereas only 5 percent said in-person and 45 percent said they prefer a combination of the two.

For me these data were eye-opening. Prior to COVID-19, we never thought about offering a virtual integrative therapy program. What we are seeing now is that 45 percent of participants prefer virtual and



in-person offerings, and 39 percent prefer virtual only. These results could be for a variety of reasons: virtual classes cut back on participants' travel time (many of whom drive over 30 miles for treatment), it is easy to hop on and access them from the privacy of one's home, and if participants are busy, they can access these classes from anywhere (work or home). This hybrid format now removes travel as a barrier to attending our Integrative Therapy Program.

The final question in the survey asked respondents whether they were a current oncology patient, caregiver, or cancer survivor. Fifty-three percent of respondents identified as a survivor, 34 percent identified as a patient, and 13 percent identified as a caregiver. What these statistics mean is that the Integrative Therapy Program is making a difference in the communities we serve. Data show us that our patients, survivors, and community members are receiving relief from symptoms by attending the program. We are providing evidence that the program is reducing pain, anxiety, and life stressors while also improving social connection and quality of life, which is wonderful. Furthermore, these data suggest that transition to a hybrid model (with virtual and in-person options) allows us to better meet the needs of all of our patients, survivors, and caregivers.

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Reference

1. Quresha M, Zelinski E, Carlson LE. Cancer and complementary therapies: current trends in survivors' interest and use. *Integr Cancer Ther.* 2018;17(3):844-853. doi: 10.1177/1534735418762496.