You, Your Patients, and the Team
CAM and Communication

Reid Blackwelder, M.D.
(blackwel@etsu.edu)
Professor Family Medicine, ETSU
Director, Medical Student Education Division

Goals
- People utilize therapies that aren’t "prescribed"
- Review common modalities being used
- Consider CAM for common psych conditions
- Emphasize team care
- Give you practical therapeutic (and life) suggestions
- Mess with your minds (some)

CAM Definitions and terms
- Eisenberg’s definition (Harvard 1992)
  - Not taught in US medical schools
  - Not available in US hospitals
  - Not reimbursed by third party payers
- Medical curricula changing
  - Over 2/3 of schools have some courses
- Hospital milieu changing
  - “Patient-Centered”
Who uses CAM?

- CAM use spans people of all backgrounds.
- CAM use is greater by:
  - Women than men
  - People with higher educational levels
  - People who have been hospitalized in the past year
  - People who see physicians, too

Most Common Conditions for which People use CAM

- Backpain
- Headcold
- Neck pain
- Joint pain
- Arthritis
- Anxiety/Depression
- Stomach upset
- Headache
- Recurrent pain
- Insomnia

What are some of the risks with CAM?

- Communication/Education issue
- We don't ask, patients don't tell
- Info comes from clerks, celebrities
- Interactions of supplements and herbs with prescription drugs
- Siloed Care!!!
  - None of us talk
  - Our systems do not talk
  - We create barriers
Placebo/Healing Effect/Response

- All treatments can have a specific effect
- All treatments have some healing effect
- All encounters have potential effect
- Key part of a good bedside manner

Randomized Double-Blind Controlled Studies

- Much of what you may read is more
  - Experiential or anecdotal
  - May be based on limited study
- We tend to believe studies we agree with
  - You can almost always find one that does!
- Patients are really looking for help with mood issues

NCCAM at NIH

- Whole systems (TCM, Ayurveda)
- Mind-Body approaches
  - All illness is psychosomatic!
  - The main focus for today
- Natural Products
- Energy Medicine
Energy Medicine

- Based on premise of bioelectric fields
- Anything to this?
- What about EEG, EKG, MRI?
- What about magnets and pain?

Energy Medicine

- “Woo-Woo”
- Remarkable research at U of AZ by G. Schwartz (The Living Energy Universe)
- Do you believe in Physics?
- Tuning forks and energy transmission
- Where does the energy measured by the EKG go once it leaves the skin?
- Keep an open mind

Botanicals

- Most likely to be used by pts without telling health care workers
- Most easily accessed
- Supplements/botanicals available OTC
- Likelihood of concurrent prescription drugs
- Increased need for education
CAM and Mood Disorders

- **Herbals**
  - Kava
  - Valerian
  - Lemon balm
  - St. John’s Wort
  - Aromatherapy
- **Mind-Body**
  - Prayer
  - Meditation
  - Yoga
  - Relaxation breath
- **Acupuncture**
  - Tremendous studies in PTSD and Vets

Herbs ARE Drugs

- They tend to have lower concentrations of the active components
- So take longer to act
- Generally are “safer”
- But that is a relative term
- Natural does not mean safe!
- Anything that can have an effect can have a bad effect!

Botanicals

- Standardized vs. whole plant approach
  - The part of the plant that is the drug ...
  - ...is the plant
  - Standardization and research
- St. John’s Wort
  - Hypericin
  - Hyperforin
  - Herbalism
- The danger of green plants to white powders!
EB and Herbs
- Panax Ginseng: mood disorders
  * American Family Physician 2003
- St. John’s Wort: mild depression
  * JAMA 2004
- Valerian: calming and sleep
  * Meta-analysis, American Journal of Medicine, 2006

Drug-Herb Interactions
- “Potential” concerns...
  - Commonly raised
  - Any cases get major press
  - Standardization issues are critical
  - For perspective, however...
    - 200-400,000 deaths/yr from reactions to correct prescription drugs...
    - ...used properly
    - 3rd leading cause of death in US

Mind-Body and Health

Make this practical
Practice Mind-Body Medicine!

- Communication skills & tolerance
- Create a Collaborative effort with your providers
- Behavior/Lifestyle Issues Key

Health and Habits

- Drugs and Herbs can not make up for poor lifestyle and behavioral choices
- Recognize your health depends upon
  - Healthy Diet choices
  - Exercise
  - Sleep
  - Stress “reduction”/psychological support
    - Stress response!
  - Smoking cessation
  - Weight control

Healthy lifestyles

- Take a "news fast" - turn off your TV!
- Surround yourself with
  - Meaningful relationships
  - Nurturing environment
  - Play
Some Options

- Work in a garden
- Keep a Journal
- Create your reality
- Get regular
- Massage
- Energy/body work
- Yoga

Some Options

- Get some sunlight each day
- Laugh regularly and easily
- Rediscover ritual and ceremony in your life
- And...for healthcare providers...

Be Patient-Centered!

- It’s about relationships
- It’s about stories
- It’s about social responsibility
- It’s about service
- It’s not patient-centered until the patient says it’s patient-centered!
Our Current Reality

- Medical care is mainly Provider-Centered
- Still in many ways despite transformation
- Access is on our terms
  - Where we are
  - When we are open
  - Who (or what) you can talk with
  - Autoattendants
  - When you can be seen
- “Health Care System” (sic)

Provider-Centered Care

- Medical Care
  - What we provide – services, call, hospital
  - Our rules for visits, medications, etc
  - Our rules for loss of access to us
- We have an imbalance
  - More sub-specialty than primary care
  - Still not all people are insured
  - Access still a problem
- Mental Health services carved out!

The Patient History

- Semantics
  - It is called “His” or “Her” story for a reason.
  - But we have lost the emphasis on obtaining stories
    - Instead we check boxes on templates.
    - One of the dangers of EHR!
    - Or you don’t even write notes!
The Patient History

- How much time do we allow patients to tell their story before we interrupt and take control?
- 15 seconds!
- This shift is due to time pressure
  - Fee for service/pay for volume
- Significant oversight of our documentation
  - For billing, NOT for patient care

The Provider of “Now”

- Must be patient-centered
- Must focus on Health!
- Must be relationship-based
- Must be team-based
- Must balance technology with compassion
- Starts with personal choices

Basic Communication Skills

- Rapport
- Facilitation
- Agenda setting
- Information management
- Active listening
- Negotiating Common ground
Basic Communication Skills

- These are such important clinical skills!
- They are life skills
- They are not specialty specific!
- Engage completely!
- Be present

Rapport

- First impression of office
- First impression of your staff
- First impression of you
- How do you start your interview?

Scenario

- You are seeing a new patient, with “Depression” as the chief complaint
- Patient looks fine
- What do you ask first?
  - How are you?
  - What can I do for you, or variant?
  - How long have you been depressed?
  - Other closed ended questions.
Instead:
- “Tell me about your depression.”
- “Tell me more.”
- “Anything else?”
- Amazing how much info you get!
- Early use of close-ended questions
  - Shuts your patient up
  - Requires you to guess right!
  - Takes more time!

Agenda setting
- Clarify agenda
  - Yours
  - The patient’s …
  - and sadly, the EHR’s!
- Must put into the context of the time you have available
- Limitations are real and more controllable than one may think

And, the “Biggie”
- Recognize and respond to emotion!
  - Without becoming defensive
  - Or Angry
  - Or clicking into didactic mode
- Information does not overcome emotion!
- You are not required to “fix” anything
  - And you can’t fix anything!
- Emotion is okay and real and needs validation, not fixing
Handling Emotion
- Recognize it and state it
  “You are…”
  angry/frustrated/sad/whatever
- Trust your intuition as to what it is
  Just listen
- Try not to say “I understand”
  Or “Don’t be…”
- Be okay with saying “I’m sorry you have to deal with this”

Handling Emotion
- Be supportive
  Handle your own emotions
  Especially anger, defensiveness
  Be honest about your own emotions

EBM for New Model
- A patient-centered interview improves health outcomes!
- Team-based care improves outcomes
- Patient-centered medical homes
  - Change how care is delivered
  - Change how care is paid for
- Challenge our schools to serve:
  - Meet their social responsibility
  - Graduate workforce this country needs
Truths and Goals
- For better outcomes, patients need:
  - Health Insurance coverage
  - Routine source of comprehensive, continuous, coordinated care
  - Primary Care!
  - They need relationships!
- Right Care
  - in Right place
  - at Right time
  - from Right person

Teams!
- We are never alone
- We must remember how to communicate
- We must overcome limits of EHRs
- We must avoid:
  - duplication of care,
  - fear-based care
  - fragmented care

Action
- Who is your team?
- What relationships do you need?
- What can you do to build a stronger relationship?
Thanks for your time

Care for and about yourself
and your patients

Medical references
- American Botanical Council
  - http://www.herbalgram.org/
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  - http://www.factsandcomparisons.com/
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  - http://www.therapeuticresearch.net/
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