You, Your Patients, and the Team
CAM and Communication

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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/](http://www.herbalgram.org/)
- Facts and Comparisons
- Natural Products Comprehensive Database
  - [http://www.therapeuticresearch.net/](http://www.therapeuticresearch.net/)
- Natural Standard
  - [http://naturalstandard.com/](http://naturalstandard.com/)