

HOW HEALING WORKS IN PAIN

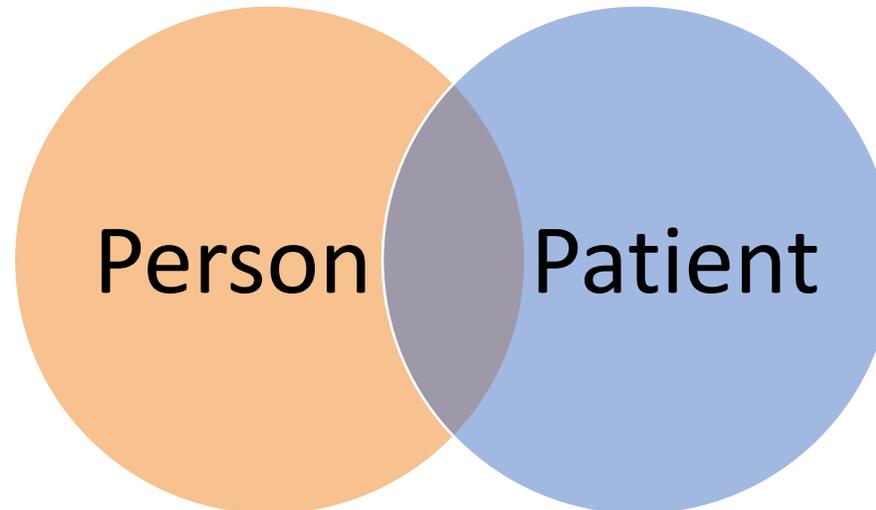
AND HOW TO MAKE IT HAPPEN IN YOUR HEALTHCARE SYSTEM

**WHAT IT MEANS FOR PATIENTS, PRACTICE, HEALTH SYSTEM
IMPROVEMENT AND THE FUTURE OF HEALTHCARE**

 *@DrWayneJonas*

How can we integrate *healing* and *curing*?

*What
Matters?*

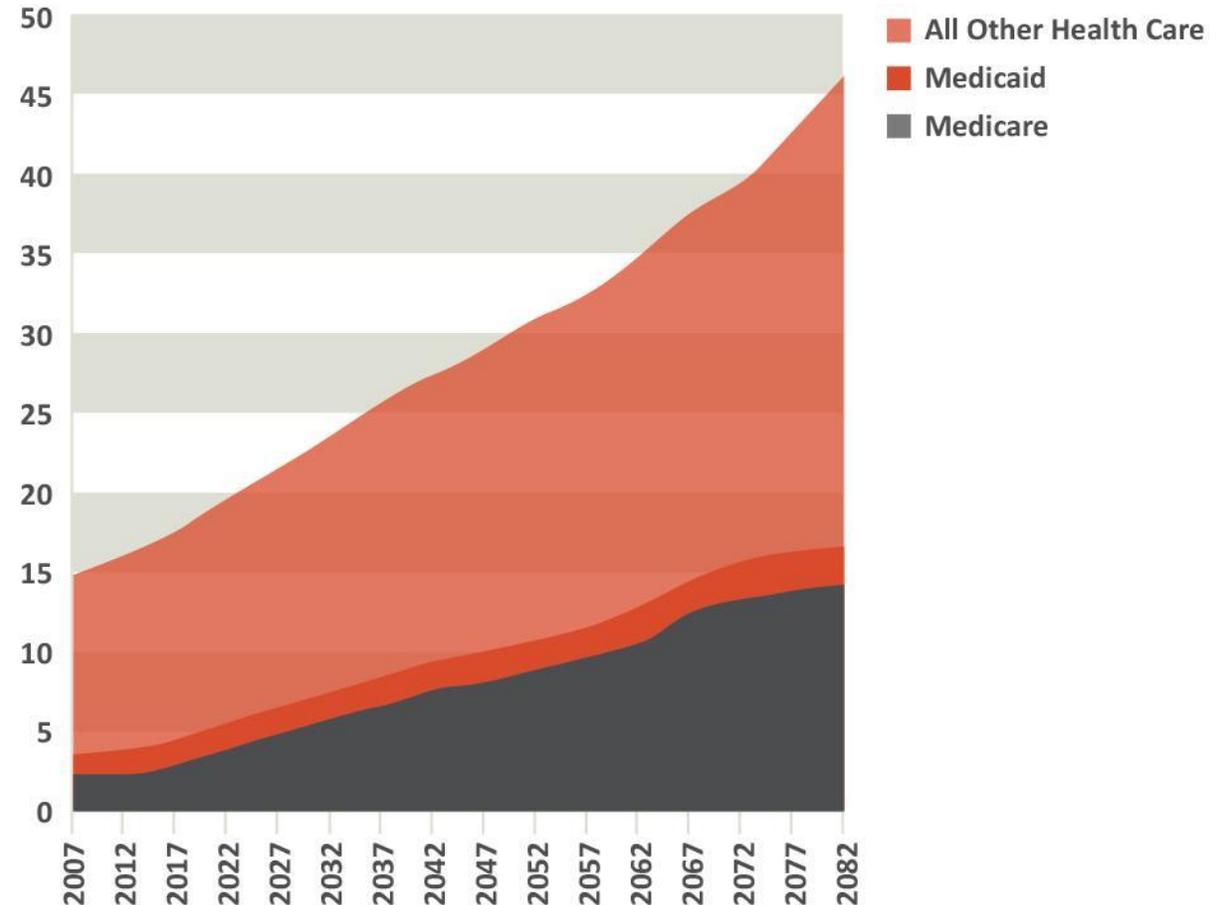


*What's the
Matter?*

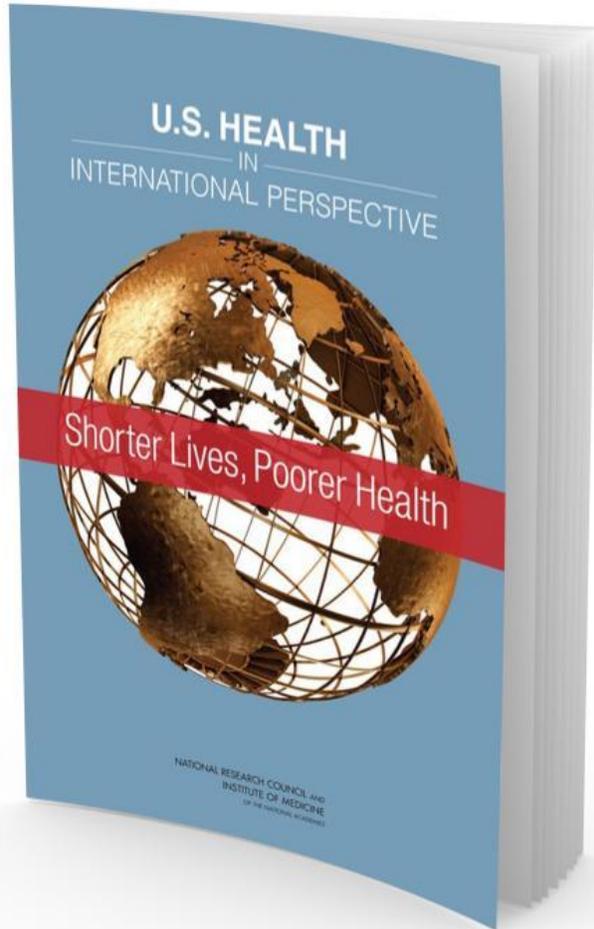
How do we get from
health care to
health and wellbeing?

CHALLENGES TO OUR CURRENT HEALTH CARE SYSTEM

- We are **FIRST** in spending
- **37th** in health
- **20%** of the GNP by 2025
- Health disparities are **INCREASING**

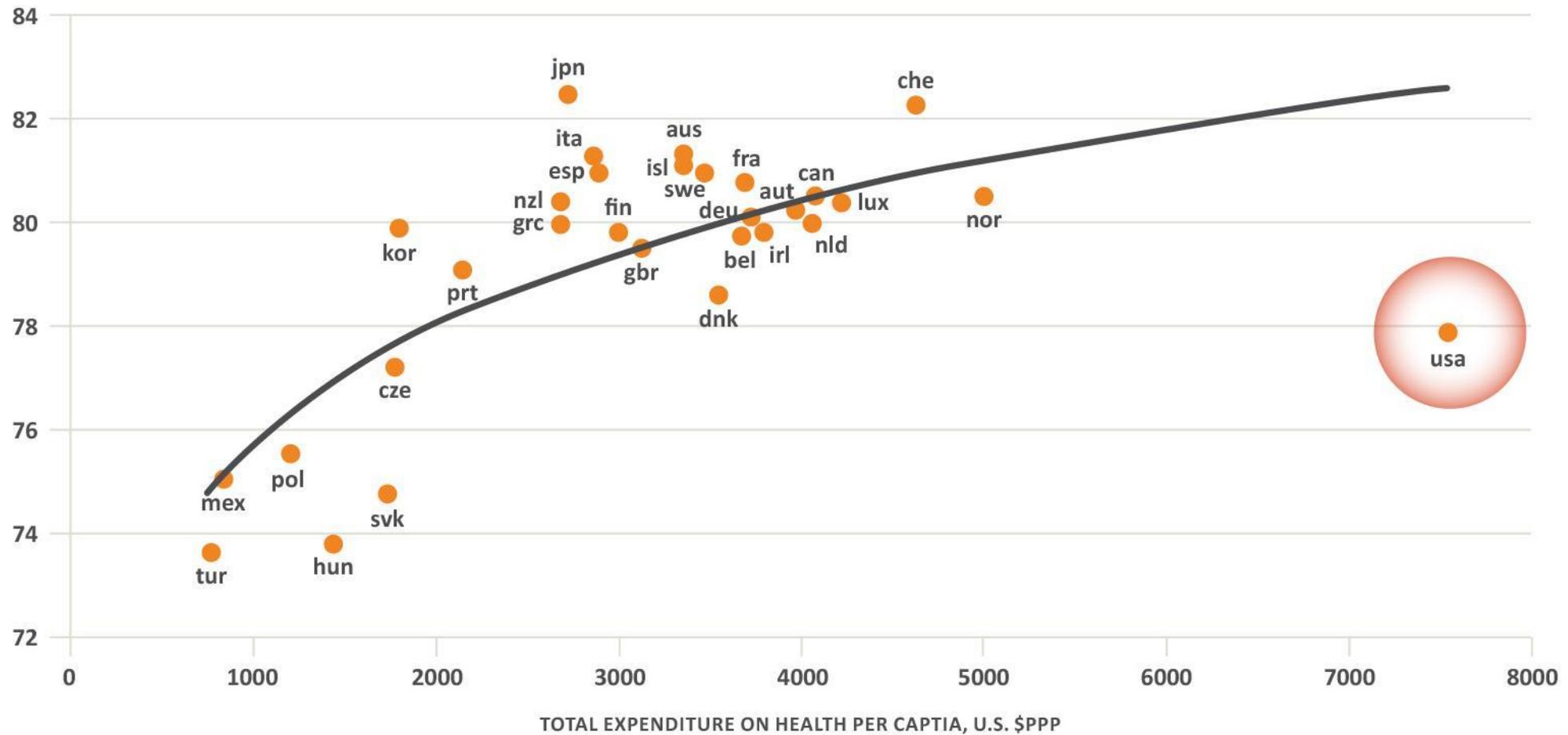


NAM REPORT: *SHORTER LIVES, POORER HEALTH*



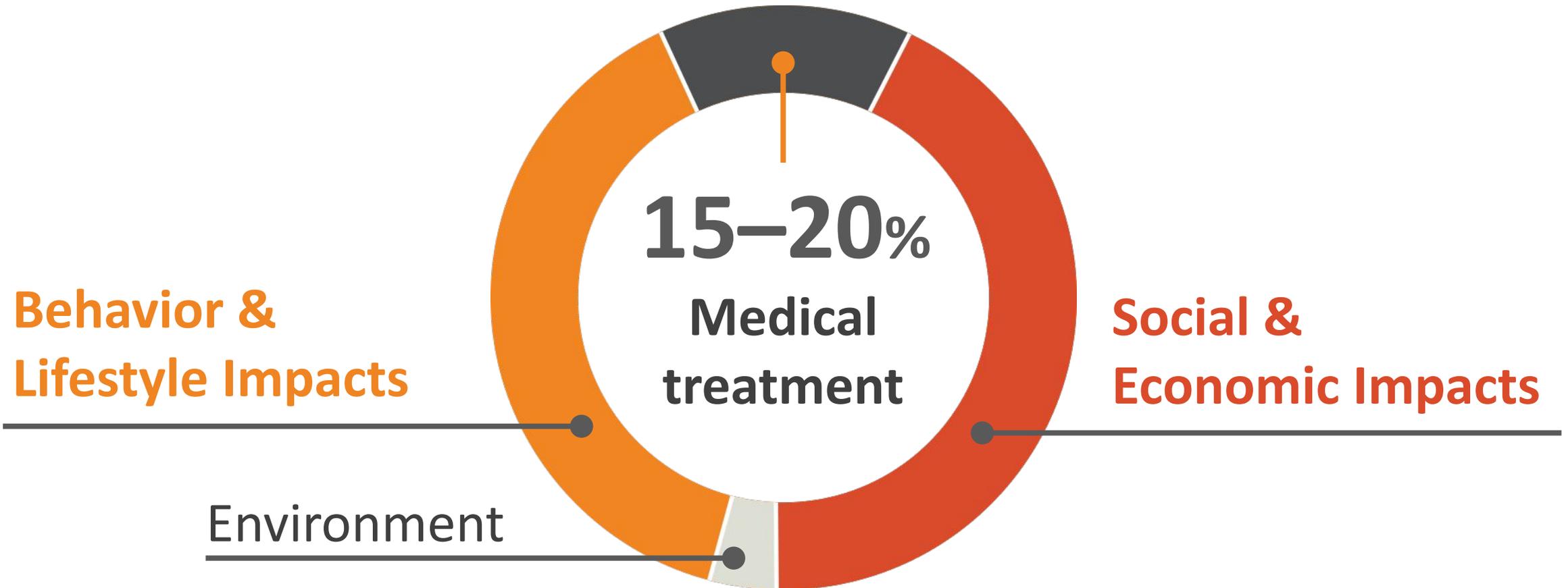
- Infant mortality
- Homicides and injuries
- HIV & AIDS
- Drug-related deaths
- Teen pregnancy & STIs
- Obesity & diabetes
- Heart & lung disease

PER CAPITA HEALTH EXPENDITURES & LIFE EXPECTANCY



Source: Institute of Medicine. For the Public's Health: Investing in a Healthier Future. Committee on Public Health Strategies to Improve Health, Board on Population Health and Public Health Practice. Washington, DC: National Academies Press, 2012

WHERE HEALTH COMES FROM



Sources: McGinnis JM, Williams-Russo P, Knickman JR. The Case For More Active Policy Attention To Health Promotion. *Health Aff (Millwood)*. 2002 Mar-Apr;21(2):78-93. doi: 10.1377/hlthaff.21.2.78

Hood CM, Gennuso KP, Swain GR, Catlin BB. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. *Am J Prev Med*. 2016 Feb;50(2):129-35.

**TO HEAL, WE NEED
DIFFERENT TOOLS**



THE SOAP NOTE

SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN

Making the medical diagnosis
and treatment plan

Asking
“What’s the matter?”

- ***Subjective*** – what the patient describes
- ***Objective*** – what you observe and test
- ***Assessment*** – the diagnosis and CPT code
- ***Plan*** – your treatment and its access

INTRODUCING SALLY



SALLY'S HISTORY



- Sally was an executive VP
- Had a car accident
- Developed LBP – it persisted
 - X-Ray, CT, MRI, etc.
 - NSAIDS and physical therapy
 - TENS – electrical stimulation
 - Injections with steroids
 - Opioids
- Behavioral medicine
- Opioid recovery

THE SOAP NOTE FOR SALLY

SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN

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- *Assessment* – the diagnosis and CPT code
- *Plan* – your treatment and its access

SALLY'S "TEAM"



- **Primary Care Physician**
- **Physical therapist**
- **Pain specialist**
- **Surgeon**
- **Behavioral medicine**
- **Pharmacologist**

OPIOID PRESCRIPTIONS have increased by **60%** from 2000–2010

OPIOID-RELATED DEATHS topped **60,000** in 2017 and 2018

12 MILLION Americans misused opioids in 2017 - **more now**



NON-PHARMACOLOGICAL APPROACHES TO PAIN



COMPLEMENTARY AND INTEGRATIVE MEDICINE

- **Therapeutic massage**
- **Yoga**
- **Acupuncture**
- **Spinal manipulation**
- **Mind-body**

W B J

THE HOPE NOTE

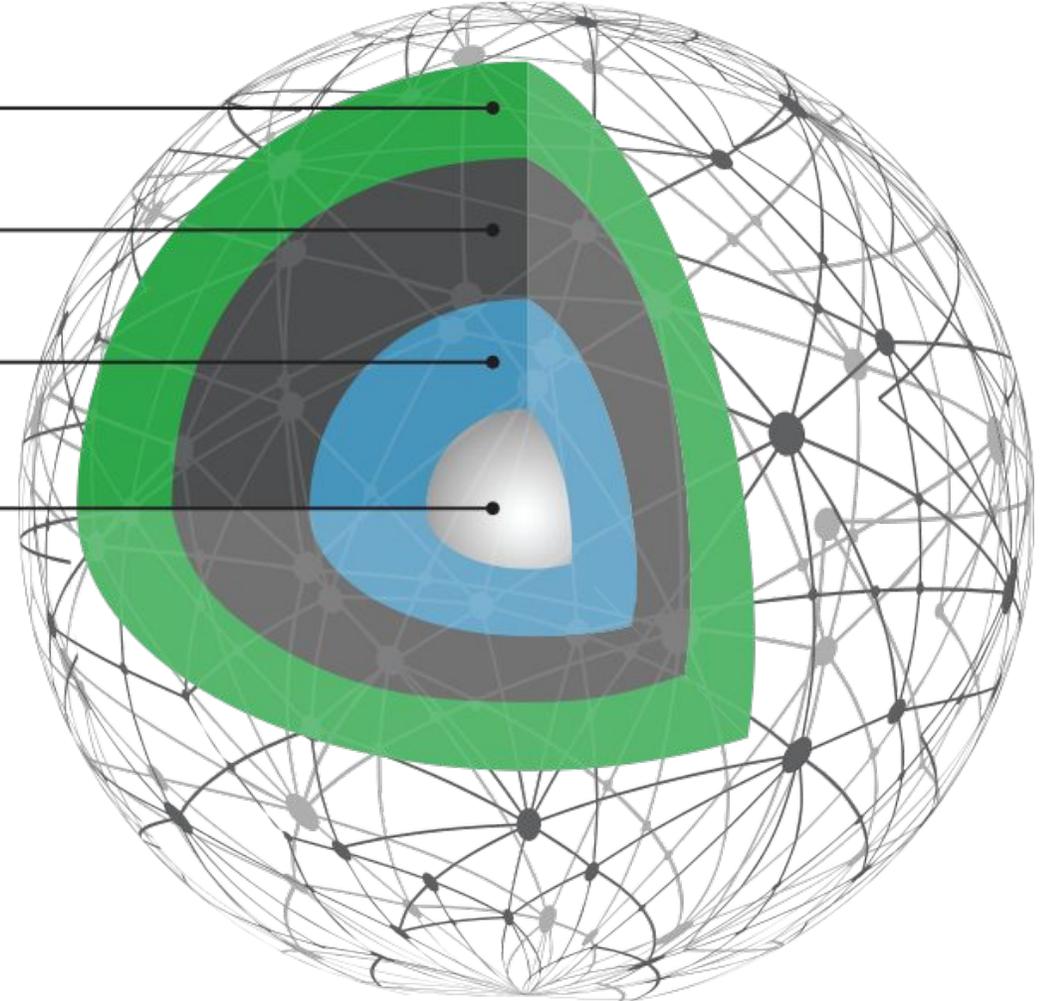
HEALING ORIENTED PRACTICES AND ENVIRONMENTS

BODY & EXTERNAL

BEHAVIOR & LIFESTYLE

SOCIAL & EMOTIONAL

SPIRITUAL & MENTAL



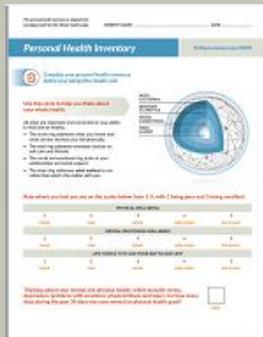
Exploring a patient's personal
determinants of healing

Asking "What Matters?"

HOPE FOR HEALING CARE TOOLS

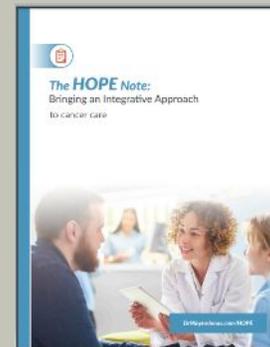
CHANGE OUR MINDSET:
Open the Dialogue

Personal Health Inventory (PHI)



CONNECT WITH PERSON:
Engage, Educate, Learn

Integrative Health Visit/ HOPE Note



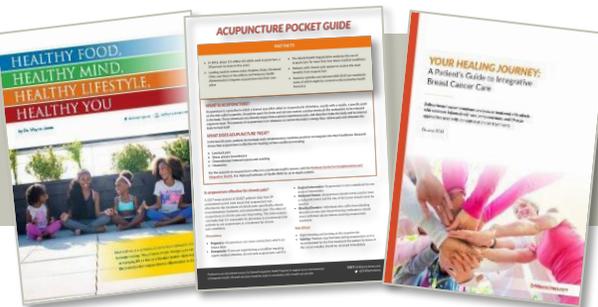
DISCOVERING SOLUTIONS:
Empower and Support

Personalized Health Plan (PHP)



SUPPORTING RESOURCES

Information, Access, Implementation, Adaptation



THE PERSONAL HEALTH INVENTORY

FIRST PAGE

- Dimensions of a whole person
- What we will be discussing
- How is your health and wellbeing now?

This personal health inventory is adapted from and aligned with the VA's Whole Health model.

PATIENT'S NAME: _____ DATE: _____

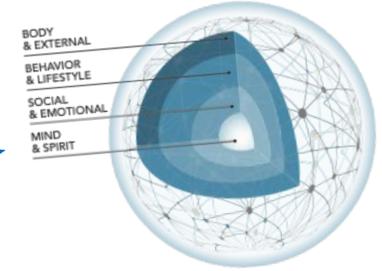
Personal Health Inventory DrWayneJonas.com/HOPE

 Complete your personal health inventory before your integrative health visit.

Use this circle to help you think about your whole health.

All areas are important and connected to your ability to heal and be healthy.

- The outer ring addresses what your home, work are like and how you are physically.
- The next ring addresses everyday choices on self-care and lifestyle.
- The social and emotional ring looks at your relationships and social support.
- The inner ring addresses what matters to you rather than what's the matter with you.



Rate where you feel you are on the scales below from 1-5, with 1 being poor and 5 being excellent.

PHYSICAL WELL-BEING				
1	2	3	4	5
POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

MENTAL/EMOTIONAL WELL-BEING				
1	2	3	4	5
POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

LIFE: HOW IS IT TO LIVE YOUR DAY-TO-DAY LIFE?				
1	2	3	4	5
POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

Thinking about your mental and physical health, which includes stress, depression, problems with emotions, physical illness and injury, for how many days during the past 30 days was your mental or physical health good? DAYS

PHI-V11

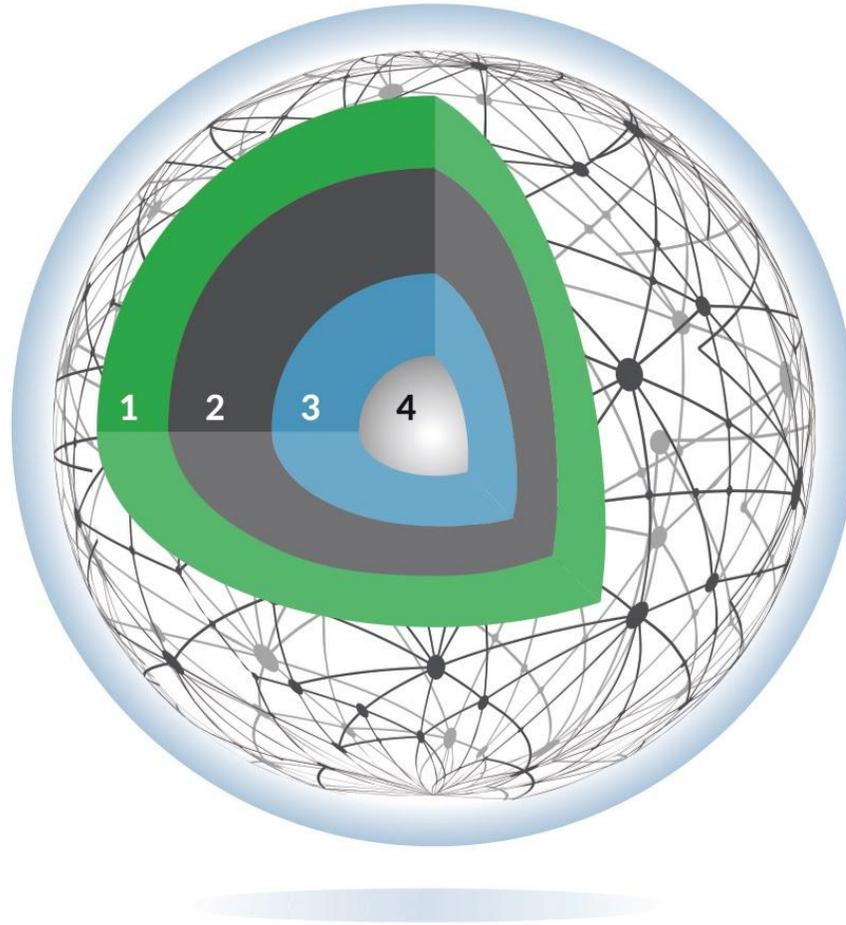
THE HOPE NOTE QUESTIONS

BODY & EXTERNAL

- *What is your home like?*
- *Your work environment?*
- *Do you get out in nature?*

BEHAVIOR & LIFESTYLE

- *How is your diet?*
- *How is your sleep?*
- *How is your stress?*
- *How is your activity level?*



SOCIAL & EMOTIONAL

- *How is your social support?*
- *How was your childhood?*

SPIRITUAL & MENTAL

- *Why do you want to be healthy?*
- *What is most important for you in your life?*

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A PERSONAL HEALTH PLAN

SALLY'S HOPE NOTE

HEALING ORIENTED PRACTICES & ENVIRONMENTS

WHAT MATTERED FOR SALLY

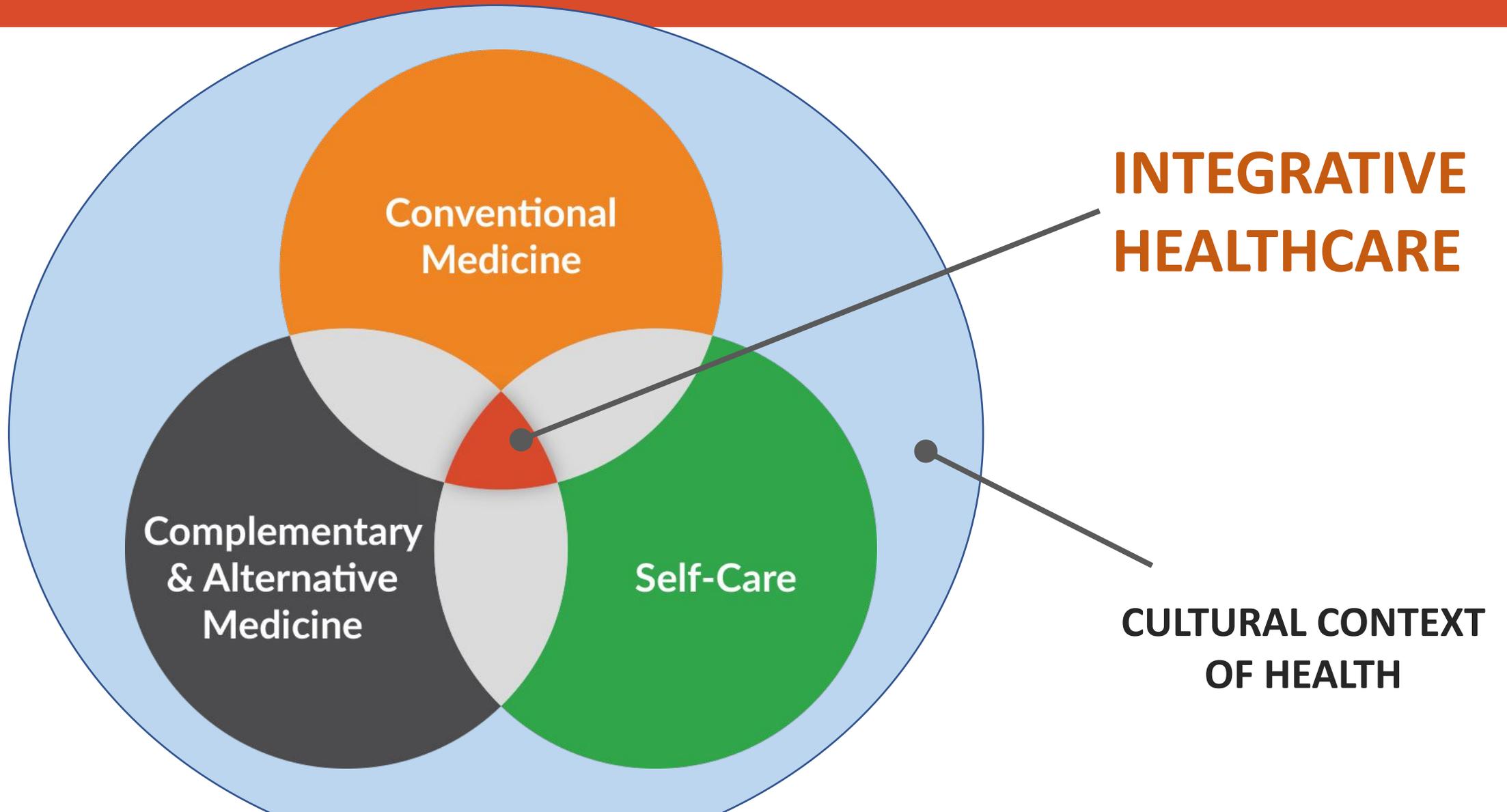
- Medication management
- Heat and stretching
- Sleep and stress
- A place and time to heal
- Loss of purpose

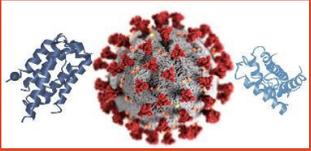
SALLY'S TEAM



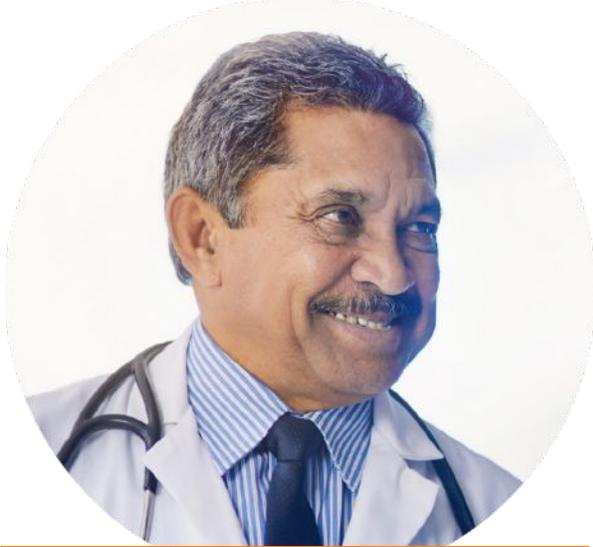
- **Physician**
- **Pharmacologist**
- **Behaviorist**
- **Yoga therapist**
- **Her family**
- **Her body!**

A DIFFERENT TYPE OF HEALTH CARE





COVID AND OUR CURRENT HEALTH CARE SYSTEM



PRIMARY CARE PHYSICIANS

By the end of 2020,

- 25% permanently lost practice members
- 41% have unfilled staff roles
- 48% report mental exhaustion

Primary Care Collab. Covid Survey, Larry Green Center, Nov-Dec 2020



FAMILY DECISION MAKERS

- More mental health crises
- More obesity, addiction, community violence
- Increases in racial disparities

Primary Care Collab. Covid Survey, Larry Green Center, Feb 2021

Disparities, NEJM, July 2020



HEALTH CARE EXECUTIVES

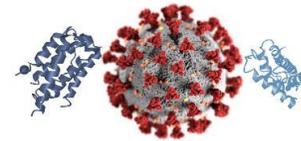
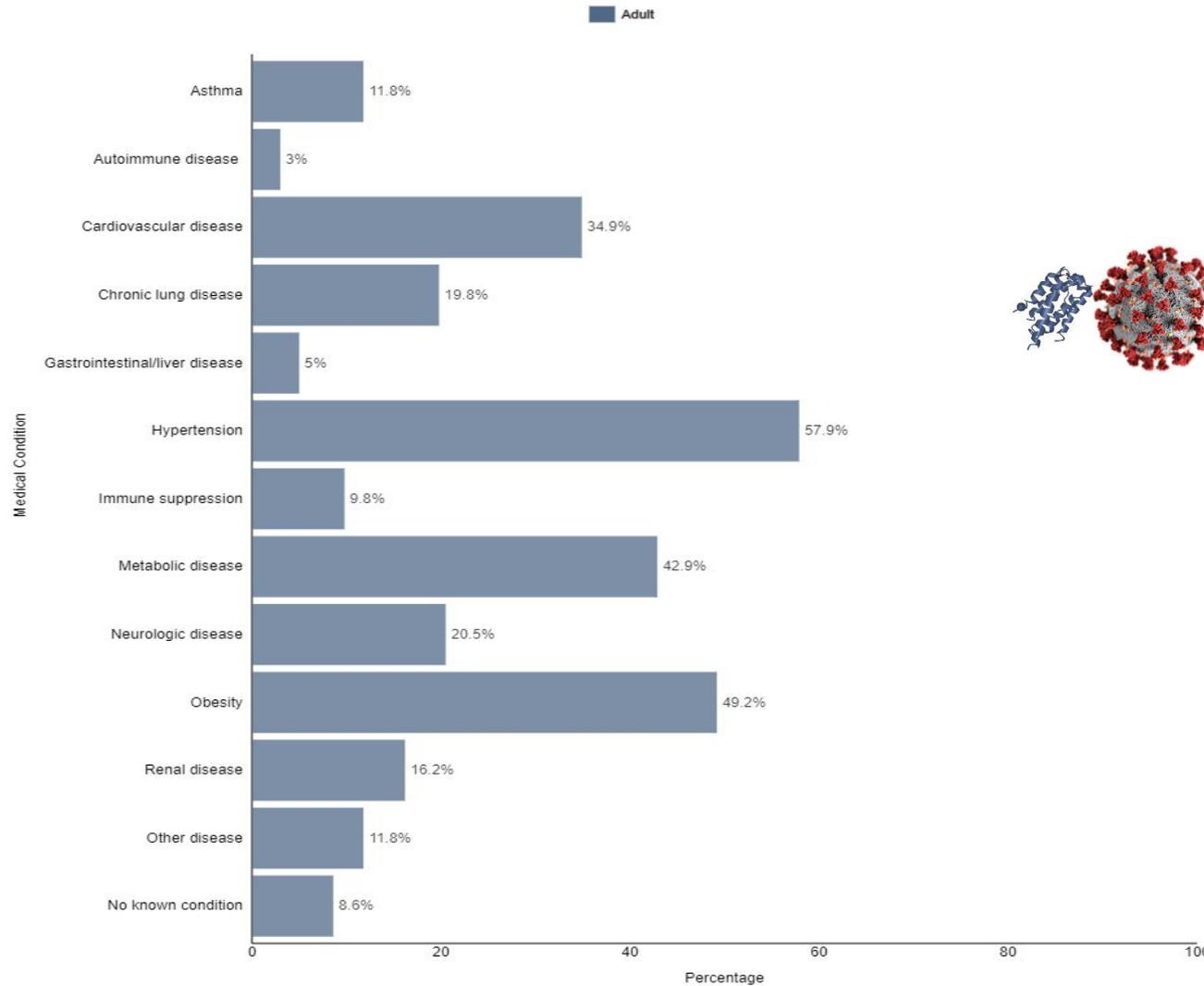
- ICUs at and over capacity
- Revenues have declined
- Rural systems are closing
- Quality improvements on hold

Fierce Healthcare, Feb 2021



COVID-19 Laboratory-Confirmed Hospitalizations

Selected Underlying Medical Conditions



WHO DIES WITH COVID?

THE SAME PEOPLE AS BEFORE COVID

- **Elderly**
- **Chronic Disease**
- **Blacks**
- **Hispanics**
- **Native Americans**
- **Low Income**
- **Poor Healthcare**
- **Service Jobs**

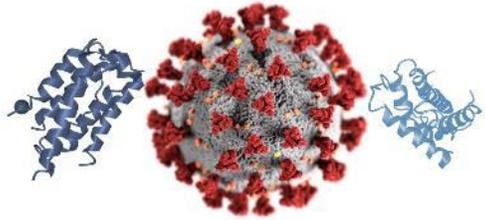
Source: CDC - COVID-NET

https://gis.cdc.gov/grasp/covidnet/COVID19_5.html

Accessed 02/22/2021.

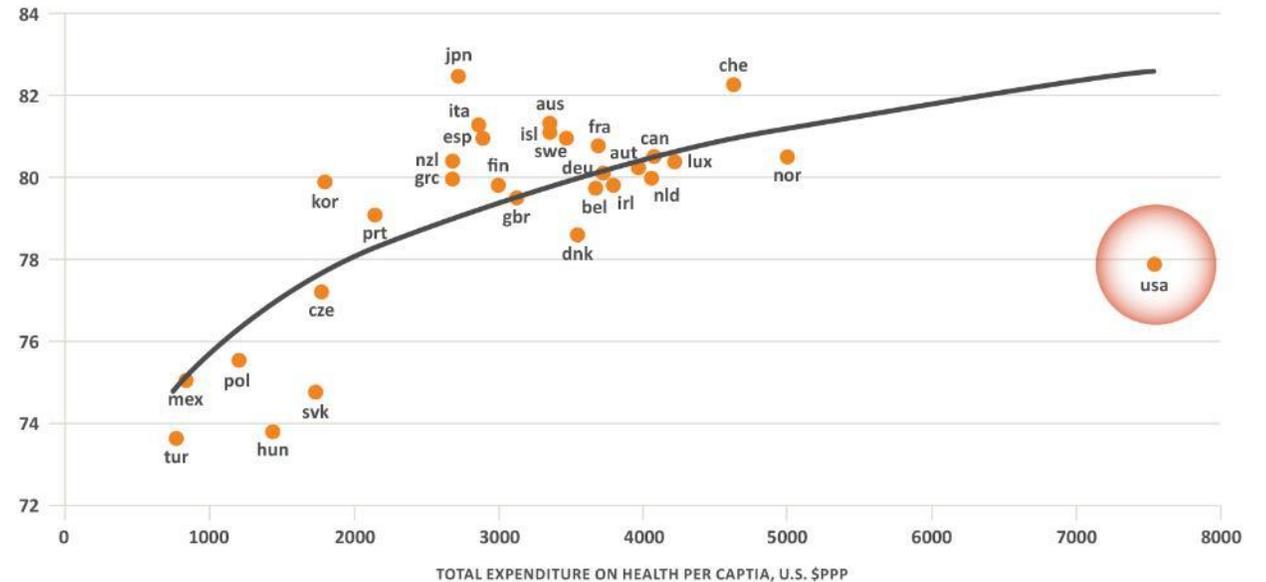
1. COVID-NET hospitalization data are preliminary and subject to change as more data become available. In particular, case counts and rates for recent hospital admissions are subject to delay. As data are received each week, prior case counts and rates are updated accordingly.
 2. Data are restricted to cases reported during March 1–December 31, 2020, due to delays in reporting. During this time frame, sampling was conducted among hospitalized adults aged ≥18 years; therefore, counts are not shown, and weighted percentages are reported. The denominator for percentages among adults includes sampled cases with data on these conditions. No sampling was conducted among hospitalized children; therefore, the denominator for percentages of underlying medical conditions among children includes all pediatric cases with data on these conditions. Underlying medical conditions among pregnant women are included when "Adults" and/or "Pediatrics" is selected.

COVID IMPACT ON LIFE EXPECTANCY



- **1-year reduction**
- **3-4 times that in people of color**

We project that COVID-19 will reduce US life expectancy in 2020 by 1.13 y. Estimated reductions for the Black and Latino populations are 3 to 4 times that for Whites. Consequently, COVID-19 is expected to reverse over 10 y of progress made in closing the Black–White gap in life expectancy and reduce the previous Latino mortality advantage by over 70%. Some reduction in life expectancy may persist beyond 2020 because of continued COVID-19 mortality and long-term health, social, and economic impacts of the pandemic.

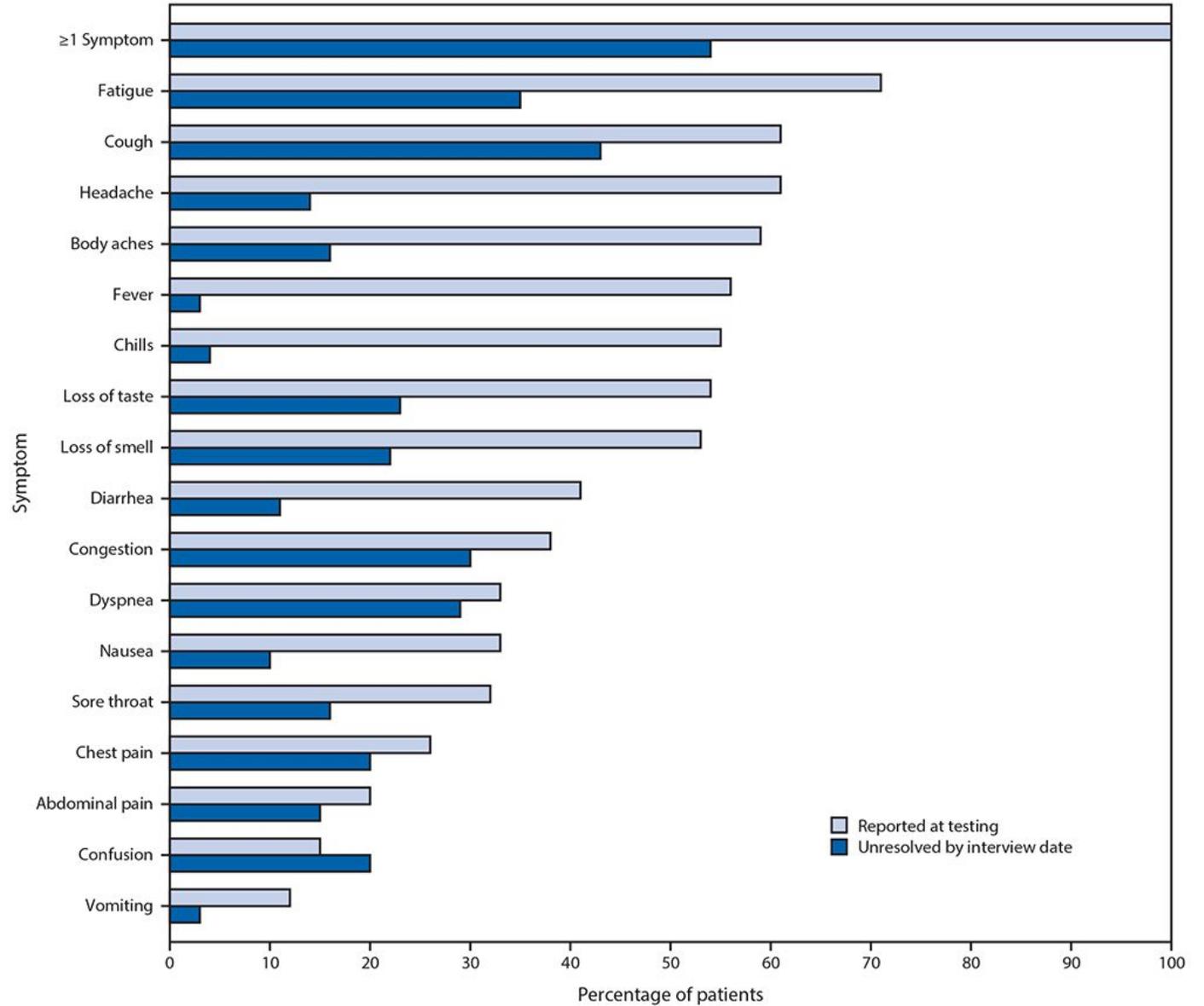
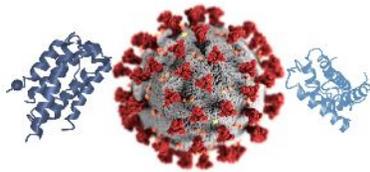


Source: Institute of Medicine. *For the Public's Health: Investing in a Healthier Future*. Committee on Public Health Strategies to Improve Health, Board on Population Health and Public Health Practice. Washington, DC: National Academies Press, 2012

Theresa Andrasfay and Noreen Goldman. Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations. *PNAS* February 2, 2021 118 (5) e2014746118. <https://doi.org/10.1073/pnas.2014746118>

PERSISTANCE OF SYMPTOMS

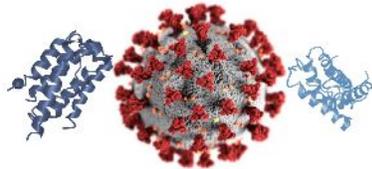
One third to one half of post-COVID patients have significant symptoms 20-60 days after the infection.



THE UBIQUITY OF SYMPTOMS

AND AN INCREASED RISK OF DEATH

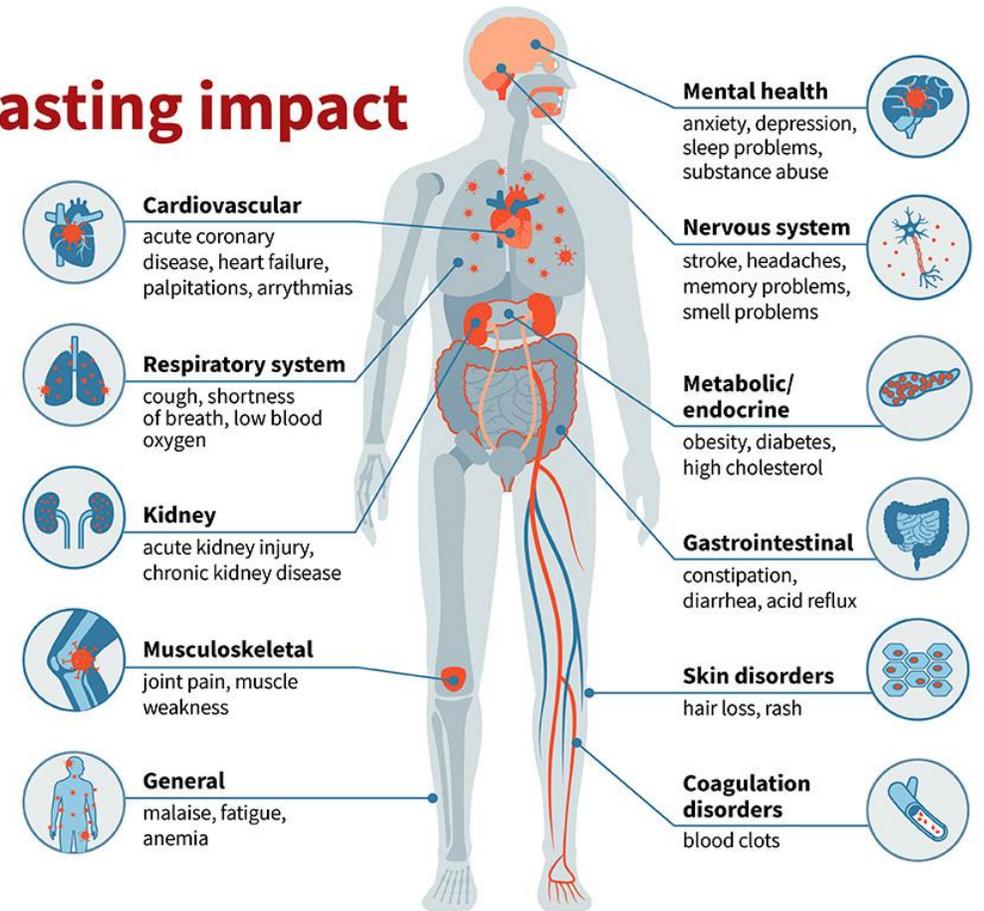
Non-hospitalized patients who had COVID have a 60% higher risk of death than those not infected.



COVID-19: Lasting impact

Even those survivors with mild initial cases can have wide-ranging health issues for six months or more.

WashU researchers link many diseases with COVID-19, signaling long-term complications for patients and a massive health burden for years to come.



Nalbandian, A., Sehgal, K., Gupta, A. *et al.* Post-acute COVID-19 syndrome. *Nat Med* 27, 601–615 (2021). <https://doi.org/10.1038/s41591-021-01283-z>

Al-Aly Z, Xie Y, Bowe B. [High dimensional characterization of post-acute sequelae of COVID-19.](https://doi.org/10.1038/s41586-021-03553-9) *Nature*. April 22, 2021. DOI: 10.1038/s41586-021-03553-9.

COVID TOO NEEDS A WHOLE PERSON APPROACH

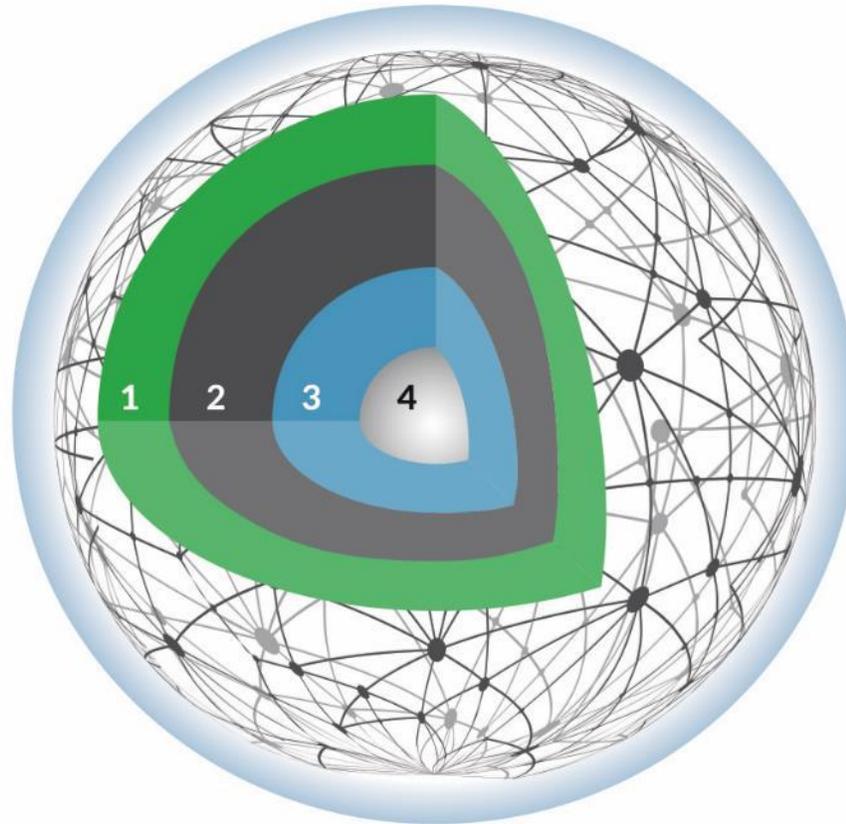
Risk factors for persistence of symptoms: **high blood pressure, obesity, mental health conditions**

1 BODY & EXTERNAL

- Chronic pain/ Headache
- Organ damage
- Breathlessness

2 BEHAVIOR & LIFESTYLE

- Fatigue/ Sleeping issues
- Stress management
- Limits on activity



3 SOCIAL & EMOTIONAL

- Anxiety, depression, PTSD
- Social isolation

4 SPIRITUAL & MENTAL

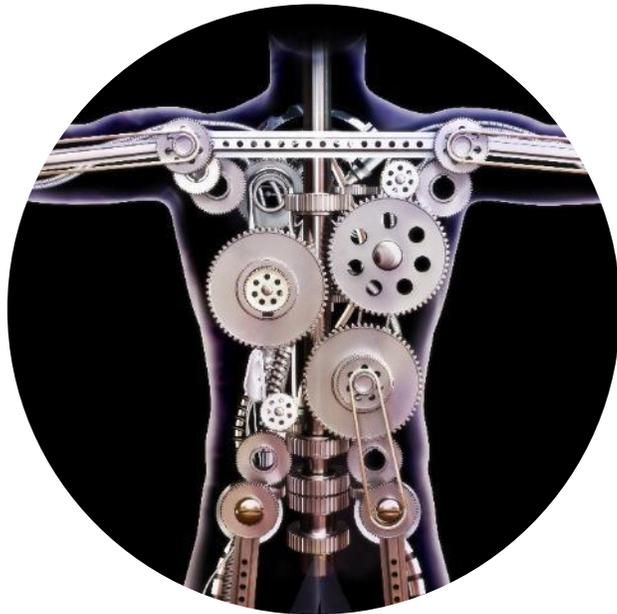
- Memory issues/ brain fog
- Loss of purpose/ apathy

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CHANGING OUR THINKING

Mechanical Mindset

Parts of People



Acute Care Thinking

Ecological Mindset

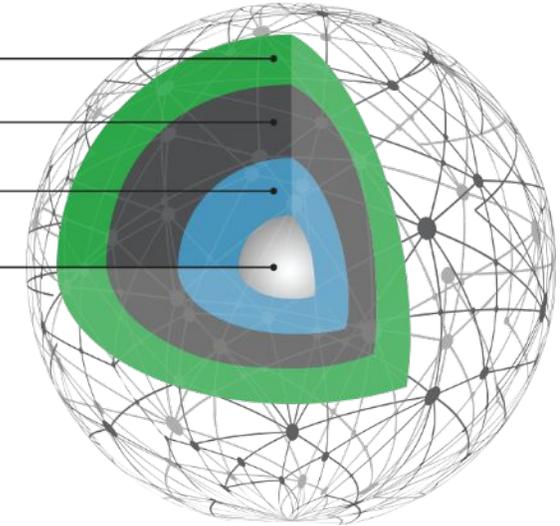
Whole People and Communities

BODY & EXTERNAL

BEHAVIOR & LIFESTYLE

SOCIAL & EMOTIONAL

SPIRITUAL & MENTAL



Chronic Care Thinking

HEALTH & WELLBEING



EMPOWER & SUPPORT self-care

INTEGRATE conventional, complementary and lifestyle

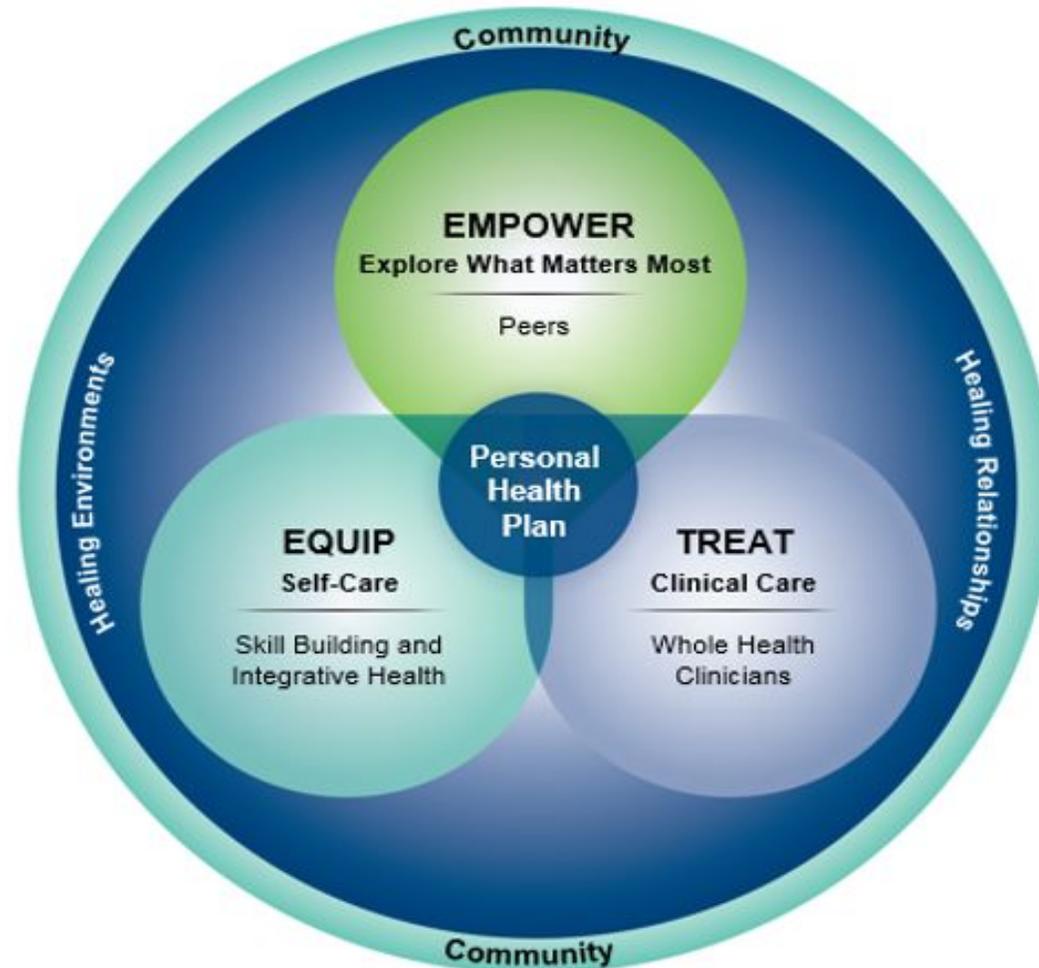
EVIDENCE SHOWS that patients managing their care are healthier

**CAN WE DO THIS
WITHIN OUR
CURRENT SYSTEM?**



WHOLE HEALTH IN THE VETERANS HEALTH ADMINISTRATION

***THE
PERSONAL HEALTH
INVENTORY***



***THE
PERSONAL HEALTH
PLAN***

<https://www.va.gov/patientcenteredcare/explore/about-whole-health.asp>

THE CENTER OF THE COVID CRISIS

- **Alan Roth, DO**, Chair, Dept of Family Medicine, Jamaica Hospital Medical Center, Queens, NY
 - Most diverse city in American
 - Cares for 1.2 million patients
 - 75% Medicaid or no insurance
- 2019 — Started placing **integrative health practices (IHP)** into their care in a safety net hospital
- 2020
 - Center of the first COVID surge
 - Launched a post-COVID clinic using IHP



Source: AP Photo/ Seth Wenig/

AP News – Jan 19, 2021 - <https://apnews.com/article/new-york-jamaica-coronavirus-pandemic-new-york-city-74bbc1b8433e936ba6a31c25d5f36873>

WHOLE PERSON HEALTH DURING COVID-19

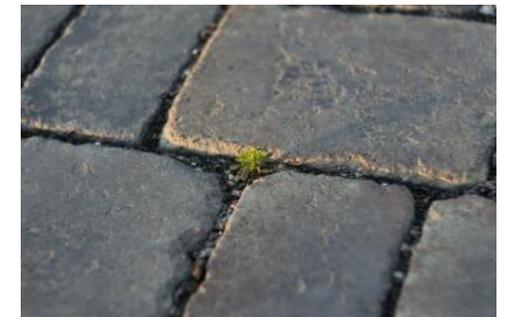


Dr. Wayne Jonas
Executive Director
Samueli Integrative Health Programs

- [Avoiding Burnout](#)

- [Enhancing immune system](#)

- [Building Resilience](#)

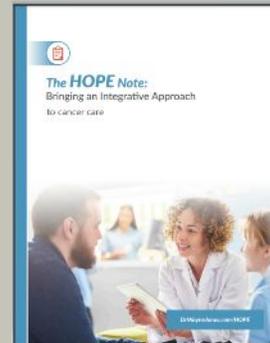


HOPE NOTE CARE TOOLS

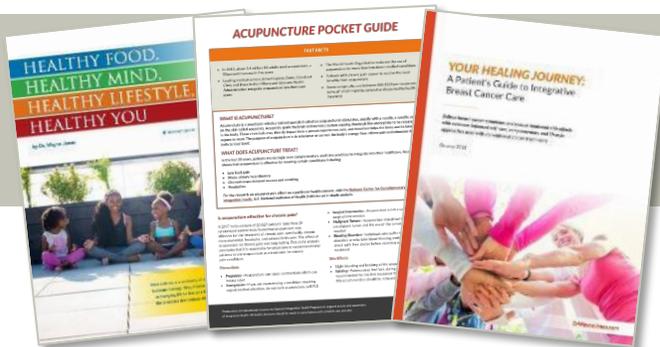
Personal Health Inventory



Integrative Health Visit/ HOPE Note



Personalized Health Plan



Related Resources

RESOURCES AVAILABLE FREE AT DRWAYNEJONAS.COM/HOPE

INTEGRATIVE HEALTH DURING COVID

PROVIDERS

Self-care
Stress Management
Improve Performance

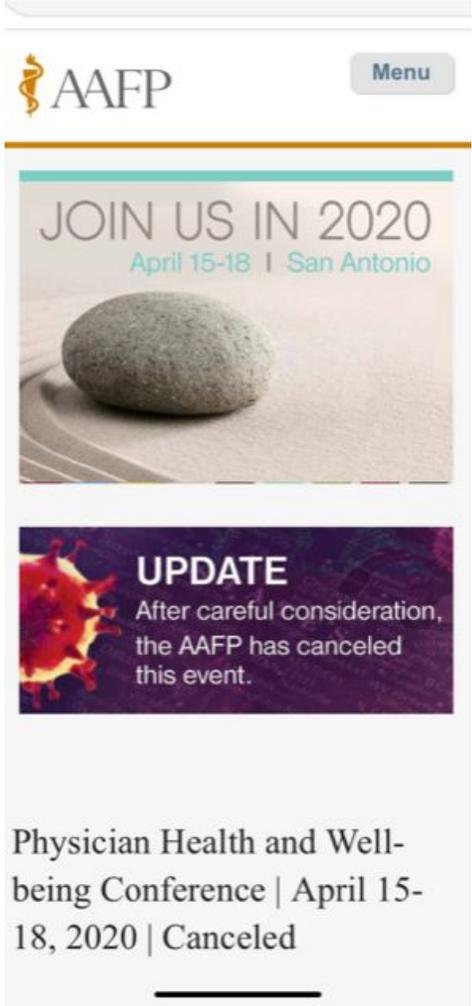
PATIENTS

Support Healing
Build Resilience
Enhance Immunity

COMMUNITY

Preventative Care
Loneliness
Trauma

HEALING THE HEALER



AAFP Menu

JOIN US IN 2020
April 15-18 | San Antonio



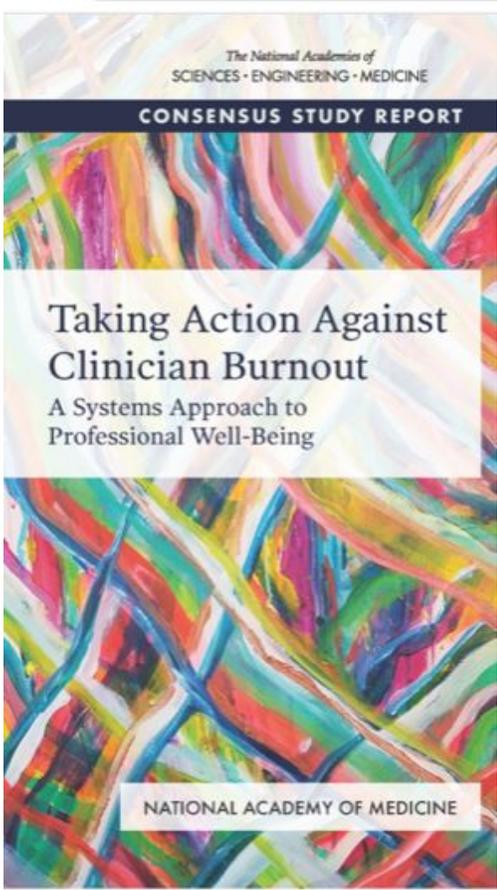
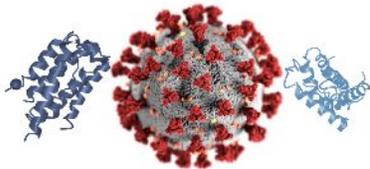
UPDATE
After careful consideration, the AAFP has canceled this event.

Physician Health and Well-being Conference | April 15-18, 2020 | Canceled

CLINICIAN WELLBEING AND BURNOUT

AAFP

NAM



The National Academies of SCIENCES • ENGINEERING • MEDICINE

CONSENSUS STUDY REPORT

Taking Action Against Clinician Burnout
A Systems Approach to Professional Well-Being

NATIONAL ACADEMY OF MEDICINE

BOOST MENTAL RESILIENCE



Materials typically have two options upon experiencing stress and strain



Return to Normal or Break



People have a third option: USE THE STRESS TO GROW

Those who thrive have strong relationships to patients, peers and purpose

**MINDSET
MATTERS**

MIND-BODY RESOURCES

How To Balance Your Mind, Body, and Soul During a Crisis

- <https://drwaynejonas.com/how-to-balance-your-mind-body-and-soul-during-a-crisis/>

Guided Imagery Pocket Guide

- <https://drwaynejonas.com/resource/guided-imagery-pocket-guide/>

Free Imagery Streaming from Belleruth Naparstek

- <https://drwaynejonas.com/meditate/>

Healing Tool Series: HeartMath® emWave® Training System

- <https://drwaynejonas.com/healing-tool-series-heartmath-emwave-training-system/>

Breathing Gratitude Meditation

- 15-minute guided meditation: <https://youtu.be/COhxZBvTHp0>

SIMPLE AND EFFECTIVE TOOLS FOR REDUCING BURNOUT

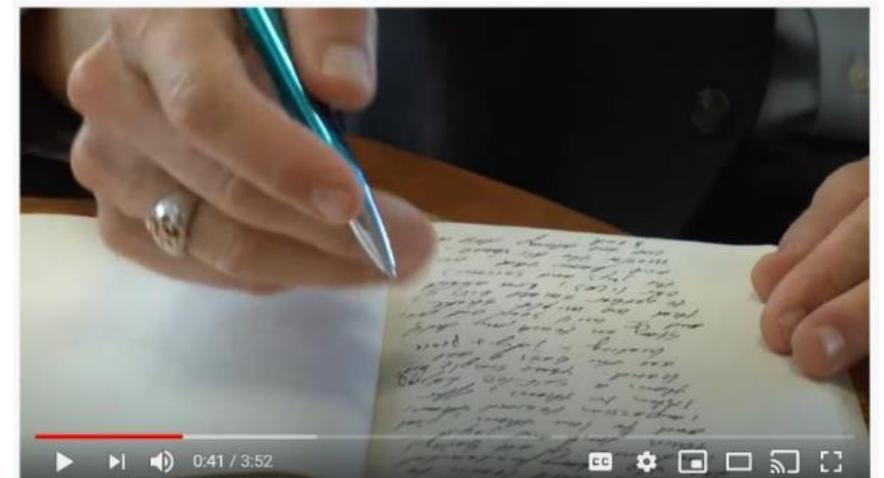
1. DO A MIND-BODY PRACTICE

- once a day – [picture is link](#)



2. GRATITUDE JOURNALING

- at the end of the day - [LINK](#)



Journaling

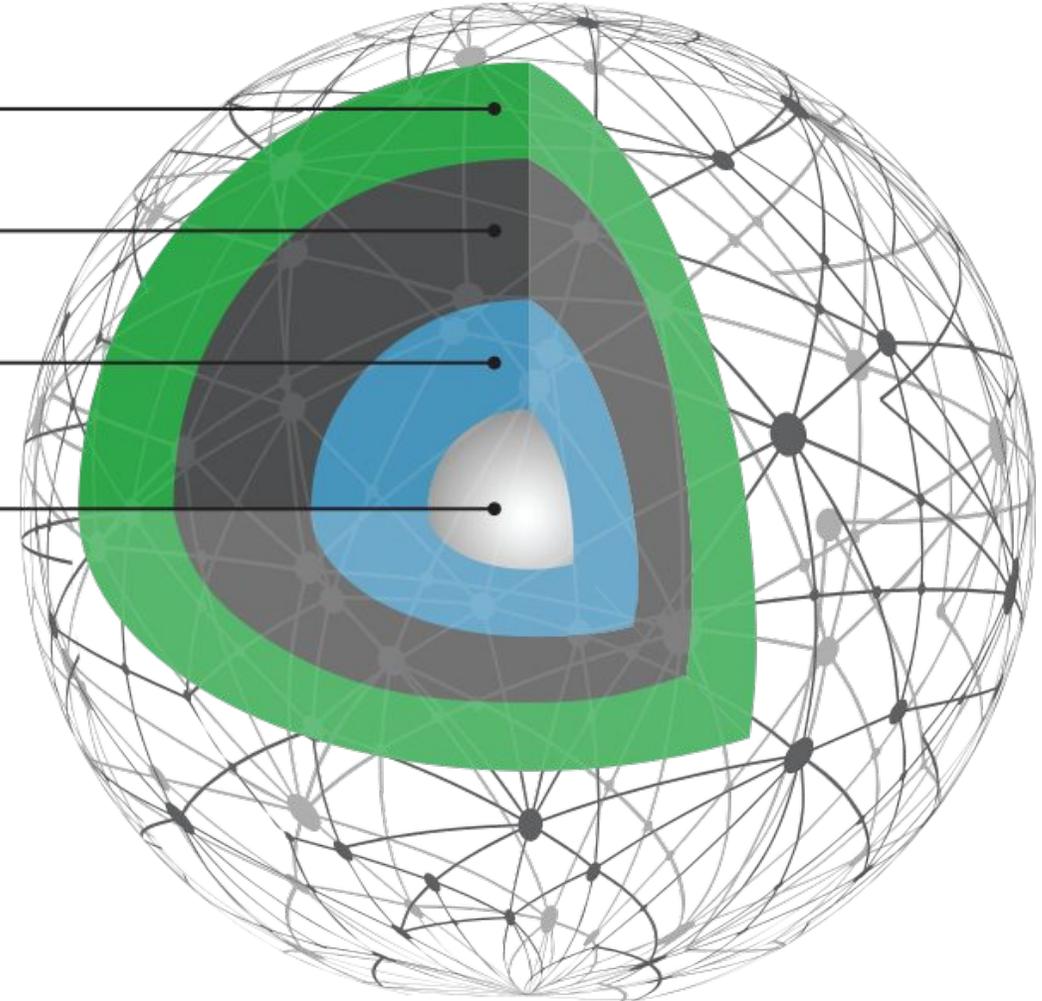
TAKE A WHOLE PERSON APPROACH TO CARE

BODY & EXTERNAL

BEHAVIOR & LIFESTYLE

SOCIAL & EMOTIONAL

SPIRITUAL & MENTAL



Explore your personal
determinants of health and wellbeing
Focus on “What Matters?”

REDUCING LONELINESS WITH SOCIAL SUPPORT

THE SCIENCE SAYS...

- Loneliness **increases inflammation** in the body (c-reactive protein) and can lead to the worsening of chronic conditions
- Loneliness can **weaken the immune system** and increase vulnerability to infection
- Loneliness **increases the risk** for mental and physical health
- **Suicide** and death increased

YOUR ROLE IS TO...

- **Listen and connect**
- Help patients learn about the resources in their area
- Identify what changes they are ready to make



A HEALING PRESENCE

RESOURCES AND LINKS DURING COVID

HEALING PATIENTS IN THIS TIME OF LONELINESS AND SOCIAL ISOLATION

- <https://drwaynejonas.com/healing-patients-in-this-time-of-loneliness-and-social-isolation/>



A healthcare professional in a white lab coat is smiling and holding a tablet, engaged in a conversation with a patient in a blue shirt. Another staff member in a blue shirt is visible in the background. The scene is set in a bright, modern clinical environment.

The Clinical Encounter

WHAT PROVIDERS CAN DO

CONTINUE STANDARD CARE — the care you already provide

- **Do an Integrative Visit using a PHI and HOPE Note**
 - Reframe questions and goals to address health determinants
- **Add Simple Methods**
 - Ear acupuncture, mind-body, nutrition, safe supplements
- **Advanced Healing Technologies**
 - HRV Biofeedback, CES devices, behavioral apps, telehealth
- **Re-design Teams for Health**
 - Health coaching, team care, group visits, shared decisions

DOING AN INTEGRATIVE HEALTH VISIT WITH THE HOPE NOTE TOOLKIT

Healing Oriented Practices & Environments

1

PREPARATION

Preventing and managing chronic disease requires considering all aspects of a person's life—focusing not just on treating disease, but also on promoting health. This requires fully integrating preventive care, complementary care and self-care into the prevention and treatment of disease, illness, and injury. Learn how and how to pay for it.

LEARN MORE

2

HOPE VISIT

HOPE consists of a set of questions geared to evaluate those aspects of a patient's life that facilitate or detract from healing. The goal is to identify behaviors that support healing and serve as a tool for delivering integrative health care through a routine office visit. Download tools to get you started.

LEARN MORE

3

CONTINUING SUPPORT

After an integrative health visit, the hard work will begin for the patient. You can make it easier by connecting the patient's priorities and health goals to medical advice, and offering support in implementing the changes. Access resources that will help your patients with making behavior changes.

LEARN MORE

RESOURCES AVAILABLE AT [DRWAYNEJONAS.COM/HOPE](https://drwaynejonas.com/hope) 48

CLINICAL IMPLEMENTATION

The HOPE Note

A TOOL FOR ADDING INTEGRATIVE
HEALTH CARE TO A ROUTINE OFFICE VISIT

A robust suite of resources and tools including:

- Evidence summaries
- Electronic Health Records
- Coding and billing
- Patient encounter scripts
- Patient tools and resources
- Frameworks for team care
- Patient outcome measurement tools

Looking for better strategies
for treating your patients
with chronic pain?

Tufts | School of
UNIVERSITY | Medicine
Office of Continuing Education

CENTER FOR INNOVATION
IN FAMILY MEDICINE 

- **EARN 4 AMA PRA Category 1 Credits™**
- **EARN 12 AAFP Prescribed Credits**
- **GAIN A CERTIFICATION in Integrative Approaches to Chronic Pain Management**
- **FREE** – thanks to a grant from the Samueli Foundation

LEARN MORE AT **IntegrativePainCME.com**

WHAT PATIENTS CAN DO

FOCUS ON SELF CARE — what works for you now

- **Find your meaning – take the Personal Health Inventory (PHI)**
 - What matters to you? What brings you joy?
- **Ask provider to do an Integrative Health Visit and HOPE Note**
 - Explore how the areas of your life impact your health
- **Develop your own health care team and plan**
 - Traditional, complementary & alternative providers, health coaches, choose one simple change for Monday!

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Guide to Nutrition for Chronic Pain: What you eat can make a difference

Learn how to navigate the health care system to find relief. Build your pain management team including traditional and complementary providers. Read your rights and responsibilities as a person with pain and how to make the most of your insurance coverage.

[READ MORE](#) 



A Guide to Optimizing Treatment Through Integrative Health for People Living With Pain

Learn how to navigate the health care system to find relief. Build your pain management team including traditional and complementary providers. Read your rights and responsibilities as a person with pain and how to make the most of your insurance coverage.

[READ MORE](#) 



Women and Pain: Taking Control and Finding Relief

There's a gender gap when it comes to pain. Women have more frequent, longer lasting, and severe pain than men. For instance, one national survey found that while about 16 percent of white men and 8 percent of black men reported severe pain, those numbers jumped to about 22 percent for white women and 11 percent for black women, respectively.

[READ MORE](#) 

WHAT TO LOOK FOR IN A PROVIDER

**This is a time to
CHOOSE what kind
of care you want**

Addresses Social Determinants and Social and Emotional Domains

- Reframes questions and goals to address health determinants
- Has process to access community resources

Uses Proven Non-Drug, Self-Care Methods

- Ear acupuncture, mind-body, nutrition, safe supplements

Open to Advanced Healing Technologies

- HRV Biofeedback, CES devices, behavioral apps, telehealth

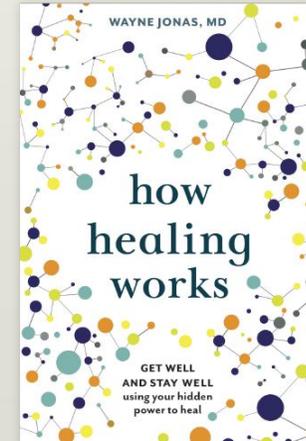
Re-designed Teams for Health



DrWayneJonas.com provides information and tools for physicians, health professionals and patients to improve health and wellbeing.



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SOME QUESTIONS YOU HAVE

1) Have you heard of Forteo causing worsening CRPS symptoms?

Teriparatide is used to treat bone loss (osteoporosis) in people who have a high risk of getting fractures. Have not heard of it worsening CRPS symptoms and not in side effect profile – but see question on sensitivity below.

2) 2) How can I get low-dose naltrexone prescribed for me in the state of California?

Ask a physician to prescribe it “off label.”

3) Has Dr. Jonas found that exposure to household airborne chemicals (such as air fresheners and cleaning product vapors) contributes to CRPS or other health issues?

NO - but there are patients with environmental sensitivity (and CRPS) who are very sensitive to small exposures to chemicals

4) I have been using low-dose naltrexone for RSD since 2011. Are there any long-term effects from 4.5 mg?

Not that I have heard of or in my experience. Tolerance is always a concern but less at low-doses.

5) Can a patient with an SCS also get a DCG?

I don't know. Diathermy is contraindicated with spinal cord stimulators.

Consider doing something like Alpha-stim, which can help train the brain to process central response to peripheral signals differently. FDA cleared for sleep, anxiety, depression. I use for pain.