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*?
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

WHERE HEALTH COMES FROM

Behavior & Lifestyle Impacts

Medical treatment (15–20%)

Social & Economic Impacts

Environment


TO HEAL, WE NEED DIFFERENT TOOLS
THE SOAP NOTE
SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN

Making the medical diagnosis and treatment 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
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
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
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
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?
THE PERSONAL HEALTH INVENTORY

SECOND PAGE

• What is important to you in life?
• Why do you want to be healthy?

• What are the personal determinants of health you need and are ready to improve?
THE HOPE NOTE QUESTIONS

A PERSONAL HEALTH PLAN

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

SOCIAL & EMOTIONAL
- How is your social support?
- How was your childhood?

BEHAVIOR & LIFESTYLE
- How is your diet?
- How is your sleep?
- How is your stress?
- How is your activity level?

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

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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

INTEGRATIVE HEALTHCARE

Conventional Medicine

Complementary & Alternative Medicine

Self-Care

CULTURAL CONTEXT OF HEALTH
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

*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*
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.
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.

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

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

THE UBIQUITY OF SYMPTOMS AND AN INCREASED RISK OF DEATH

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.


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
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

EMPOWER
Explore What Matters Most

Poors

TREAT
Clinical Care

Whole Health Clinicians

EQUIP
Self-Care

Skill Building and Integrative Health

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

THE PERSONAL HEALTH PLAN
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/
WHOLE PERSON HEALTH DURING COVID-19

▪ Avoiding Burnout

▪ Enhancing immune system

▪ Building Resilience

Dr. Wayne Jonas
Executive Director
Samueli Integrative Health Programs
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

<table>
<thead>
<tr>
<th>PROVIDERS</th>
<th>PATIENTS</th>
<th>COMMUNITY</th>
</tr>
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<tbody>
<tr>
<td><strong>Self-care</strong>&lt;br&gt;S Stress Management&lt;br&gt;Improve Performance</td>
<td><strong>Support Healing</strong>&lt;br&gt;Build Resilience&lt;br&gt;Enhance Immunity</td>
<td><strong>Preventative Care</strong>&lt;br&gt;Loneliness&lt;br&gt;Trauma</td>
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</tbody>
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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.

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


Guided Imagery Pocket Guide


Free Imagery Streaming from Belleruth Naparstek

- [https://drwaynejonas.com/meditate/](https://drwaynejonas.com/meditate/)

Healing Tool Series: HeartMath® emWave® Training System


Breathing Gratitude Meditation

- 15-minute guided meditation: [https://youtu.be/COhxZBvTHp0](https://youtu.be/COhxZBvTHp0)
1. DO A MIND-BODY PRACTICE
   • once a day – picture is link

2. GRATITUDE JOURNALING
   • at the end of the day - LINK
TAKE A WHOLE PERSON APPROACH TO CARE

Explore your personal determinants of health and wellbeing

Focus on “What Matters?”
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
RESOURCES AND LINKS DURING COVID

HEALING PATIENTS IN THIS TIME OF LONELINESS AND SOCIAL ISOLATION

The Clinical Encounter
• 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.

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.

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.

RESOURCES AVAILABLE AT DRWAYNEJONAS.COM/HOPE
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?

- **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!
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.

Start Now

Wjonas@samueli.org

Or visit DrWayneJonas.com/signup to receive our newsletter, videos and commentaries.
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) 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.