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Narrative Medicine: Improving Patient Care and Shifting Office Culture

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Narrative Medicine

Improving Patient Care and Shifting Office Culture

Julia Shatten and Yazen Qumsiyeh

Family Medicine

March, 2017

Lewis Mehl Madronas

Problem Identification and Description of need

- **Problem: Chronic Pain and depression**
 - **Treating patients with chronic pain**
 - **1- Large population:** There are a large number of patients at **EMMC** are on chronic long-acting opiate prescriptions
 - Maine has the most prescriptions per person (21.8/100 people) for long-acting/extended-release painkillers and for high-dose pain killers according to a 2012 study from the CDC (Institute of medicine, 2011).
 - **2- Lack of Consensus:** There is no consensus on standard treatment for chronic pain conditions between medical providers and specialists (Chou et. al)
 - **3- Psychosocial Component:** Chronic pain is frequently complicated by the impact of psychosocial factors and emotional distress, frequently coexisting with depression (Delitto 2012)
 - Providers find this patient base particularly challenging to treat, on both a relational level and in difficulty in communication (Mathias et al 2012)
- **Need: Better treatment for chronic pain and depression**
 - **Treatments for physical and psychosocial components of pain:** There is no established protocol when patients “fail” treatments offered and remain in pain.
 - **Time:** Physicians have limited time to visit with their patients and **gathering an entire life story** in one of those visits is not feasible.
 - **Work Culture and Satisfaction:** Physicians consistently rate patients with depression and chronic pain as challenging and affecting their satisfaction with work.
- **Definitions:**
 - **Illness Narrative-** stories about people’s personal experiences with illness, pain and disease
 - **Narrative Medicine-** a medical model that uses a patient’s illness narrative to make meaning of their disease. It is informed by both patients centered and bio-psychosocial models of medicine

Public Health Cost and Unique Cost Considerations in Host Community

Public Health Cost

- Cost of **healthcare services**:
 - **\$261 to 300 billion***
- Cost of **loss of productivity**:
 - **\$299 to 334 billion***
 - “low back pain is the leading cause of activity limitation and work absence throughout much of the world and is associated with enormous economic burden (Delitto, et al 2012p 11)
- **Total estimates** from the institute of medicine 2010 Common chronic pain conditions affect at least 116 million U.S. adults at a cost of **\$560–635 billion** annually in direct medical treatment costs and lost productivity

• (09/11/2012), data from 2008 Medical Expenditure Panel Survey

Cost to Community:

- In the last 30 days (Feb 07,2017- Mar 9,2017), 694 out of 2420 (28.7%) patients seen in clinic at the Center for Family Medicine at EMMC, have an active chronic back or neck pain problem.
- Percocet can cost over \$650.00 for a 30 day supply without insurance, but it is extremely variable

Community Perspectives

Hannah Lawrence, M.A.,

Doctoral Candidate in Clinical Psychology, U of Maine

- The clinic at the University of Maine is one of the only treatment facilities North of Augusta that offers Cognitive Behavioral Therapy for individuals suffering from depression or chronic pain and there is a long waiting list, even for those in distress.
- Everything from knowledge of services available, to financial concerns, to an inability to find transportation to receive services makes it difficult for clients to receive care being in a rural community.
- One evidence based strategy for treating depression is **behavioral activation**, or getting individuals back out in their communities **doing things they enjoy** and interacting with others. This can be a challenge for clients who live in rural communities where opportunities to engage in these opportunities is limited.
- Many of my clients experience very real stressors (poverty, abuse, drug/alcohol dependence, isolation) and in many cases, we are left helping the client cope with such stress rather than being able to eliminate the stress all together.
- I think the more we can **tailor intervention to the individual the better**.
- There is room to intervene with subclinical depression. There is no magic line between clinical depression and subclinical symptomology. I think that treating these individuals could prevent full blown clinical depression.
- The last think ill add is **the need for dissemination**. It is impossible to treat all individuals with our current model of ongoing one-on-one care. I think we need creative ways to get treatment out to more individuals (e.g., group formats, mobile interventions, online interventions, etc.).

Heath Meyers: Candidate for Social Work Masters, University of Maine

- There is a shift in the treatment of chronic pain, attributed in part due to the new law regarding taking people down from morphine equivalents and how the media represents this as preventing addiction, when it is really about preventing overdose.
- The greatest challenge in treating patients with pain and depression is “meeting them where they are at” can be **incredibly draining**
- Some of the current solution to treating chronic pain is mindfulness and CBT, but these do not work for everyone. It is clear that **an individualized approach is necessary**
- Since social isolation seems to contribute so much to pain and depression, there could be a solution **in finding safe and enriching places for people to change their environments**. Also there is some research in psychedelic drugs that could be used in the future
- It is **far better to listen to stories than to run tests**, and in fact, doctors are better at diagnosing when they listen in this way!
- Making meaning of pain and depression through personal story could be helpful to treatment since both diseases are about the mind body connection. We can map the experiences in the brain and yet the subjective experience has not gotten better

Intervention and methodology

Intervention- Culture Survey and Life Story Interview

- **Surveying** the culture of the CFM office, **enrolling** patients in a “narrative medicine” study, by eliciting a patients illness narrative in the form of a “life story” and sharing it with their provider.
 - *“it is through the listening to patient’s stories that physicians can gain a better understanding of their patients’ pain and suffering as well as enter their patients’ world and join their patients in making meaning out of their pain” (Egnew, 2009)*

Methodology

• **Culture Survey:**

- Assess current culture in the Center of Family Medicine by surveying staff at the EMMC Center for Family Medicine, including faculty, residents, nurses, medical records staff, and medical assistants
- *Assess culture in the Center for Family Medicine one year later**

• **Life Story Interview:**

- Ask selected patients to quantify depression, anxiety and chronic pain through validated questionnaires, and measure their perception of the quality of the patient/doctor relationship
- Interview the patient on their life story using the Northwestern Life Story Framework and work with them to build a narrative to give to their physician and put into the medical record
- Survey the healthcare providers of selected patients to fill doctor/patient relationship questionnaire and empathy scale
- *Patients will be contacted four months after the initial interview for follow up surveys on the doctor patient relationship**
- *Health care providers will be contacted four months after the initial interview for follow up on the doctor patient relationship and empathy scales**
- **these steps were not completed during our center for family medicine clerkship*

Collaboration with community:

• **Life Story Interview:**

- Narrative Medicine Project
- Communication with psychology department at University of Maine via Hannah Lawrence

• **Culture Survey:**

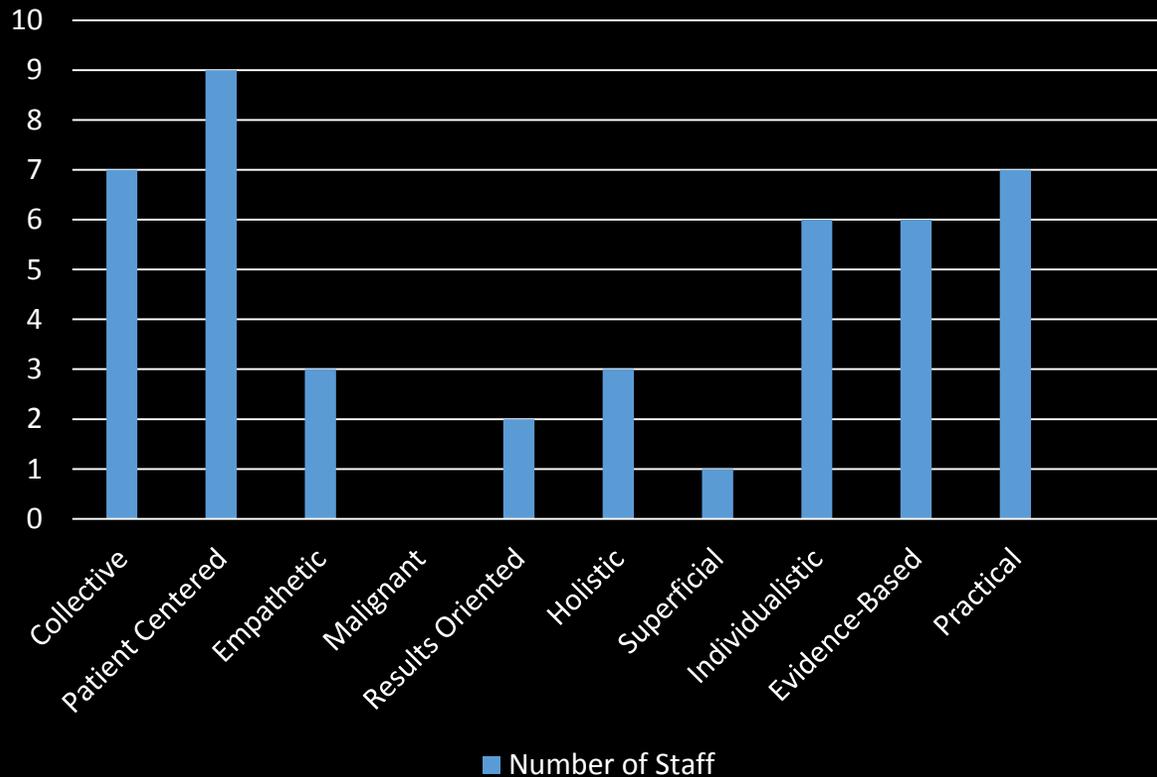
- Staff at all levels of the clinic encouraged to participate

Results and Interpretation

Quantitative

- Number of participants: 18
- Description of culture

EMMC Center for Family Practice Staff



- 94% of staff agree that **they value the patients' story as part of the therapeutic relationship**, that knowing how their patients view their disease process will positively impact their treatment and that they enjoy working here
- 88% of staff agree that **the way we talk about our patients affects our clinical visits and that knowing their patient's life stories will positively impact their treatment.**
- 8/18 people report that they enjoy working here **higher** than they believe their colleagues enjoy working here, while only one person rated that their colleagues enjoy working here more than they do.
- Staff who strongly agree that they dread visits with chronic pain with depression, rated an average of 2.8 (disagree) on feeling confident treating patients with chronic pain (n=4)
- Staff who are **satisfied with the culture, tend to also think that their colleagues are satisfied with the culture**
- On average, staff rated that they believed that colleagues complained about patients with chronic pain higher (3.6= agree) than they believed that they did (2.5= disagree).
- People who rated that they are most satisfied with the culture, also rated that they strongly disagree to the statement that they prefer NOT to work with patients with chronic pain (n=5).

Results and Interpretation

Qualitative

When asked about what shifts they would like to see in the future, staff answered:

- “I would like to see more **empathy** (toward our patients) from the resident population. I do realize some have very limited life experience other than college and med school so have difficulty understanding the struggles of some of our patients”
- “Problem management that includes **narrative**”
- “Adequate **time** (either per visit or with f/u to allow pt story to be told/heard”
- “**More story**, more groups, group medical visits”
- “Consistency among preceptors addressing teaching/guiding chronic pain treatment plans”

Evaluation of effectiveness and limitations

Effectiveness:

• Life Story Interview:

- In our interviews we were able to find a theme for the person's life-story and make meaning of their pain
- The patients enjoyed sharing their life stories with us, and may have achieved some therapeutic benefit from that

• Culture Survey:

- We were able to get an understanding of the culture at CFM
- The survey sparked numerous discussion about the current culture and how it could improve
- We introduced the entire staff to the idea of narrative medicine, and many of which were unfamiliar with it.

Limitations:

• Life Story Interview:

- Creating the story is highly subjective to the writing skills of the interviewer, and the rapport and comfort level that the patient has with them
- The timeframe is not feasible in one session

• Culture Survey:

- According to one faculty member, the culture among faculty differs greatly from that of the residents, suggesting that there is not one predominant culture in the practice but rather many subcultures
- Since there were only 18 responses, it is difficult to apply it to the entire staff
- When the staff is surveyed next year there will be a lot of turnover, as this is a teaching clinic

Recommendations for future interventions/project

- Possible Solution to **feasibility** and **sustainability** of Narrative Medicine Intervention:
 - Create a position at the clinic for English majors or people with writing backgrounds to gather patient stories when they join the practice and over time, put every patient's life story into their medical record
- Follow up with another culture survey at CFM one year from now to assess shifts after a year of the narrative medicine project
- Implement a study assessing how narrative medicine can effect the care of other patient populations
- Explore other ways to balance the need to both **standardize** and **individualize** treatment of chronic pain and depression
- **Encourage staff to explore their own life-stories**, as it was shown that Physicians who experience physical illness themselves have a greater understanding of the pain and suffering experienced by their patients (Dasgupta)

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Appendix- References

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Appendix- Culture Survey Questions

- I enjoy working here
- If I had the opportunity to work elsewhere I would
- My colleagues enjoy working here
- Knowing my patients' life stories will positively impact their treatment
- Knowing how my patients' view their disease processes will positively impact their treatment
- I dread visits with my patients with chronic pain/depression
- I enjoy working with patients who have chronic pain
- I feel confident in my ability to treat chronic pain
- I prefer not to work with patients with chronic pain
- Patients with chronic pain are difficult for me to treat
- I am satisfied with the current culture here
- My colleagues are satisfied with the culture
- My colleagues complain about visits with patients with depression/chronic pain
- The way that we talk about our patients affects our clinical visits
- I have an understanding of what Narrative Medicine is
- I value the patient's' story as a part of the therapeutic relationship
- What is the one word you would use to describe the culture here: Check all that apply
What shifts would you like to see in the future?
- How would knowing a patient's story affect you (i.e. professionally, personally, etc)

Interview consent form