

breakthrough

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Breaking the Ice: App helps Doctors Talk to their Patients about Self-Care Issues

You may have seen it on the Internet: Two pictures, side by side, of the gluttonous character Augustus Gloop from the original Willy Wonka movie and the recent remake. The caption reads: “Image of Childhood Obesity 1971 vs. 2005.” The Gloop from the 1971 picture, frankly, doesn’t look that bad by today’s standards. He just seems a bit chunky, a husky lad with some meat on his bones. The boy from the 2005 movie is roughly twice as large; most of us would look at his picture and think, “Now, there’s a hefty kid.” Or maybe not.

Our 21st-century eyes are jaded. Being overweight is so common in our society that unless it’s fairly spectacular, we hardly notice. If you’ve been in a Wal-Mart lately, you might have observed that tee shirts don’t just come in Small, Medium, and Large, but in XL, XXL, and even XXXL. Order at most fast food restaurants – not just McDonald’s – and you can super-size your soda and fries, no problem. Go to the movies, and for just a quarter, you can bump up that medium buttered popcorn to a large. Big is easy.

All of this may help explain why so many doctors tend not to talk to their patients about obesity. “I have seen it happen repeatedly” and this translates to tens of thousands of missed opportunities daily in doctors’ offices nationwide, says Hilary Hatch, Ph.D. She is a clinical psychologist in New York and is also on the faculty at the Johns Hopkins Center for Behavior and Health. “At this point, if a man 47 years old, with a Body Mass Index (BMI) of 32, who’s five-foot-ten and weighs 240 pounds, walks into a doctor’s office with his shirt untucked and has high cholesterol, he’s not always raising grave alarm bells.” Because the doctor likely sees several people like him every day. This is normal. “If it was a sick visit, and I asked the doctor afterward, ‘Why not bring up his weight?’ the response would often be, ‘I’ll get to that at his annual visit.’ But that guy only came to see the doctor because he had a cold. He’s probably not coming back for an annual visit.”

So, say you’re the doctor. What are you supposed to do? You have a waiting room full of sick people, scheduled so tightly that you may have just a minute or two to talk about behavior. You are burdened with preventive guidelines that you cannot possibly cover during this time frame. And “if the doctor spends that time trying to say to the patient, ‘You’re obese,’ the patient is uncomfortable and feels judged, and it’s just painful for everyone. Both the doctor and patient go home feeling bad,” says Hatch.

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And yet, this is the “era of behavior,” she continues: “75 percent of \$2.5 trillion spent annually on health care in the U.S. pays for the treatment of chronic diseases like diabetes and heart disease – diseases considered preventable, because they are caused by overeating, smoking, excessive drinking, and lack of exercise. Behavior is considered the single most im-



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portant determinant of health," a far more powerful factor than genes or environmental risks. "But the underlying concept of self-care has gone unaddressed."

"If I came into this project thinking that primary care doctors were failing patients, I have changed. It is behavioral health specialists who have failed to provide doctors with tools that are reasonable for 15-minute visits. We've told doctors to tell every smoker, every visit, to quit smoking and to offer assistance. It's time to translate that into a vital sign for key unhealthy behaviors that can deliver clear directives to patients without burdening the already crunched primary care visit."

To meet this need, Hatch has designed an app for the iPad, called Vital Score. It's a simple tool, delivered to the patient during wait time as a part of the standard vital signs protocol, that she hopes will help doctors do what they really want to do – help the patient become healthier – by shifting the patient's perspective from changing behavior to improving self-care. It is upbeat and friendly, an arm around the shoulder rather than a kick in the pants.

Most of the people who need help taking better care of themselves don't just smoke, or drink, or not exercise, or need to lose weight. In fact, says Hatch, "the majority of the population has more than one problem." Although "there are intense levels of unhealthy behavior in the general population, it's even worse in the clinical population," the people who come to the doctor's office or wind up in the hospital. Unhealthy people come to the doctor more often, and an estimated 75 percent of a doctor's daily visits are with overweight patients.

It's not that doctors don't want to discuss behavioral issues with patients, Hatch adds. "In fact, they feel like they're talking about behavior all the time, because this is what they see day in and day out, but really, they're not. It's also hard to keep saying, 'You're obese.' You've got to figure out another way of approaching it."

When a patient is in the doctor's office, that's the perfect time for the doctor to connect the dots and create a teachable moment, Hatch believes. "When the patient is coming to the doctor for help with a specific problem – a low sex drive, trouble sleeping, or back pain – the doctor can say, 'That really isn't going to get better unless you lose weight and start exercising.' If that opportunity is squandered, or the patient is sent to a specialist or gets a prescription, that reinforces the patient's denial about the problem."

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Hatch has tested her Vital Score app in a pilot project at the Water's Edge Johns Hopkins Community Physicians Practice in Harford County, to positive response from patients as well as doctors. "The doctor's office is a unique opportunity," she explains. "There's no way that any public health campaign, any employer wellness program, a chronic disease management program, can engage a patient in the way a doctor can." When a doctor advises a patient to stop smoking, the patient is more likely to quit. "Patients listen to their doctors, and the doctor's advice really matters. Doctors may feel that they engage fewer patients than they wish they could, but they're doing better than anyone else." The thing is, patients actually want their doctors to say something: "People give their doctors worse ratings if they don't intervene about smoking. They know the doctor should intervene."

A SCORE, NOT A JUDGMENT

The Vital Score app is a conversation starter. It's quick and easy, and the result is a score, not a judgment. It just takes a few minutes, and there are just a few questions about things like how much exercise you get, whether you drink and how much, your weight, whether you smoke, whether you're tired, and how much sleep you get. The top score is a 10. Let's say your score is a 6. The app doesn't say, "Hey, buddy, you're a mess." Instead, it says, "Let's figure out how you can increase your score and start feeling better," and this *score* – not you – is the talking point with the doctor. In the conversation that follows, the goal is not losing weight, or drinking less, but *feeling better*. "We've become so anxious that the patient might feel judged or criticized that it's hard to say anything," says Hatch. "Doctors are treading in a very sensitive zone. Part of the goal of the app is to try to provide a script for that interaction. Every line in there was very carefully thought through, so that it provides an honest assessment, but is also encouraging. We are trying to promote health, not thinness."

If a patient is very overweight, the app doesn't tell the patient what she ought to weigh. Instead, it gives the patient a number of pounds that equals 7 percent of her body weight, "a goal that might feel realistic," says Hatch. "So rather than saying, 'Here's your ideal weight,' which to many patients feels impossible, it's just saying, 'Here's a first goal that would make a big difference in your health.' In fact, losing 7 percent of your body weight can have a dramatic impact on your cholesterol and blood sugar."

In the pilot project, all of the participants said they would be willing to take the quiz again, and that they would be willing to discuss it with their doctor, and they took home some papers with specific things they can do to help reach their goals. In follow-up phone calls a few weeks later, most of the patients remembered their score and all remembered the areas they needed to work on. The doctors reported that they thought Vital Score added value to their encounter with the patient, that it helped them communicate, and that they would use it again. Hatch is now conducting a larger pilot project at Water's Edge. She hopes to be able to provide the app on smart phones and online – as something to download with "new patient" forms, perhaps and something that can eventually be linked to a larger follow-up system.

"This is just a step, but without the step, you don't get there." ■