Fourth Edition and 2018 Update

John Wasson, MD and Regina Benjamin, MD, MBA
using www.HowsYourHealth.org

HOW'S YOUR HEALTH?

What you can do to make your health and health care better.

Learn how easy it is to:

- get information
- communicate with doctors and nurses
- better manage problems
- create a portable electronic health record
- and much more!

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How's Your Health?

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The text and graphic designer was Luann T. Ebert.

Cataloging-in-Publication data is on file at the Library of Congress.

ISBN 0-9666743-0-8

Preface to the Fourth Edition of *How's Your Health?*

The Highlights

In 2005, the first printing of *How's Your Health?* sold out quickly, the National Business Coalition added its voice to the many others who have adopted *How's Your Health?,* and we began translating our free HowsYourHealth.org website into several more languages to meet demand. Even *The New York Times* adapted our story of "Wally and Louise" (see page 111) to tell Americans of better ways to experience health care. That story reminds us that when doctors and patients are "on the same page," better health and health care just happens.

By 2006, the world seemed to recognize the importance of "patient-centered care." *The Journal of Ambulatory Care Management* devoted an entire issue to "Technology for Patient-Centered, Collaborative Care" based on our work. You can read those articles at www.HowsYourHealth.org.

Finally, by 2006, doctors really began to understand the power of HowsYourHealth.org. For example:

> *When I started hearing about HowsYourHealth, I did not truly understand the scope of the program and what it did…*
>
> *I. Helps the patient by:*
> - *Forcing them to think about their health during the survey*
> - *Giving them readings directed at the diseases they admit to during the survey*
> - *Giving them an action plan to take to their doctor*
> - *Allowing them to have a personal health record*
>
> *II. Helps the doctor by:*
> - *Allowing them to see the action plan of their patients*
> - *Allowing them to have practice specific data on issues such as access, efficiency, etc.*
>
> *- Dr. JB, Newport News, Virginia*

The Lowlights

For the first time in United States history a majority of Americans said that they were dissatisfied with the quality of health care. In fact, 60% said that they did not believe the United States has the best health care in the world. Health care cost remains the leading national health concern of Americans. And there is huge variation in cost! One study reports that the variation in charges for a presumed middle ear infection is more than 250%.

From our ongoing review of the many studies relating to health and health care, here are a few of the disappointing reports:

- 2 of 3 diet books have recommendations unsupported by scientific studies
- about 1 of 6 Americans have little idea why they are taking their medicines
- potent arthritis drugs were taken off the market and there was good evidence for "cover-up and corruption" in several high places related to this and several other situations

And from the HowsYourHealth.org website we find that only about 20% of adult Americans strongly agree that "they receive exactly (the health care) they want and need exactly when and how they want and need it."

The table on page 50 shows the differences between the 20% who strongly agree, the 20% who disagree, and the 60% in the middle. In which of the three columns are you and persons you love?

Let *How's Your Health?* Be One of Your Highlights

How's Your Health? highlights the path to "same page" care and helps people more often report that they receive exactly the health care they want and need exactly when and how they want and need it.

Origins

The Authors

John H. Wasson, MD John Wasson is Emeritus Professor of Community and Family Medicine and Medicine and former Herman O. West Professor of Geriatrics at Dartmouth Medical School. At Dartmouth he has led a number of programs including outpatient services at the Veteran's Administration, the Center for the Aging, and the Dartmouth-Northern New England Primary Care Research Network. He was national co-director of the Institute for HealthCare Improvement Idealized Office Practice and IMPACT projects. In 2006 he received an award as "pioneer for practice-based research" from the Agency for HealthCare Quality and Research His publications and research in the improvement of health care ranges from pediatrics to geriatrics.

Regina Benjamin, MD is a former vice admiral in the U.S. Public Health Service Commissioned Corps who served as the 18th Surgeon General of the United States. She is a Professor in the Department of Public Health Sciences at Xavier University of Louisiana, where she occupies the NOLA.com/Times-Picayune Endowed Chair in Public Health Sciences.

Among many honorary degrees and awards she received both the Nelson Mandela Award for Health and Human Rights and the National Caring Award inspired by the work of Mother Teresa. In 2008, she was honored with a MacArthur Genius Award Fellowship.

The HowsYourHealth Website

During the last three decades, health services research concluded that frequently patients and health care professionals were not on the "same page." This research

also documented that a lack of "same page" care often results in waste, harms, and poor outcomes. The HowsYourHealth website evolved to improve "same page" care.

And Readers Like You

This book summarizes the findings gathered from national use of the HowsYourHealth website. It shows the importance of "same page" care. This book shows readers how to use the HowsYourHealth website and related technologies to improve their health and health care.

Many people are not concerned about health care when they are healthy. And when they are sick they will not instinctively turn to a book or the internet for help. We hope that you are an exception to these general patterns of behavior. We offer you a website that goes along with this book at **www.howsyourhealth.org** without charge, advertising, or any sneaky method to extract money. In fact, you don't have to purchase this book to use the website. We hope that you will take advantage of *How's Your Health?*, now.

After all, the life you save...

Contents

Part I:
Welcome to Our World

"Contrariwise,
if it was so,
it might be;
and
if it were so,
it would be;
but
as it isn't,
it ain't."

Lewis Carroll.
Alice In
Wonderland

Welcome to Our World

When Alice visited Wonderland she learned that time was odd. She heard people saying very strange things. She saw that common sense was not very common at all.

We physicians work in a world that is normal to us. However, we know our world appears like Wonderland to many Americans.

Welcome to the Office.

I'd like you to meet the insurance brokers, lawyers, government regulators, bankers, LPNS, RNs, MAs, PAs, NPs, OTs, PTs, MDs, CFOs, CEOs, billing clerks, receptionists...

The purpose of Part I is to help readers better understand the Health Care Wonderland they usually enter several times a year.

A Map

Alice's journey through Wonderland took her through many sT***Ran***g*E* places that in many ways were also familiar. The map (shown at right) illustrates some of the places you will visit in *How's Your Health?* At times they will seem strange; but they will also be very familiar.

So let's begin...

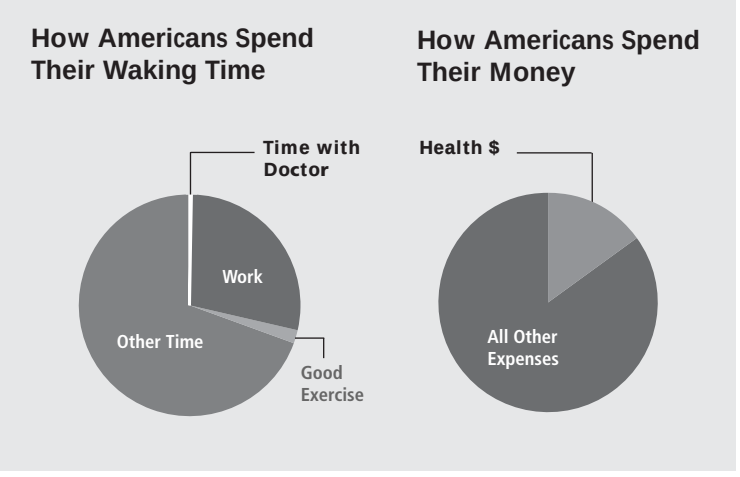
The Path to Same Page Care

Doctor Time is Odd

Over the course of a year, doctor contact time with patients is very small. Despite the small amount of time spent in contact with a patient, doctor actions result in very large expenses. Because a small amount of time can result in very large expenses, any miscommunication can result in a great deal of waste.

The first "pie" diagram below shows how much of our waking time is spent at work, how much time we should exercise, and how much time we spend in contact with a doctor or other health professionals. The second "pie" diagram shows how much of American money is spent on health.

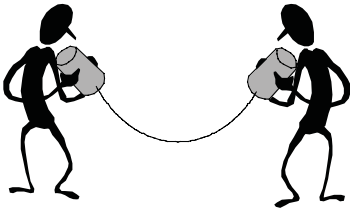
A tiny sliver of doctor time results in a large amount of American expenses.



Doctor time is odd is because it is so focused on doing things. If you have a 30 minute appointment with us we will spend only a few minutes listening to you. (Studies show we will usually interrupt you within 22 seconds!)

Most of the time we will be doing tests, writing things down, filling out forms, and talking at you. We don't spend nearly enough time finding out what matters to you and helping you live with any problems you have.

Doctor Language is Often Strange



Doctors, lawyers, and most professions use a special language. The doctor language is designed to communicate about disease and illness; it is not designed for effective communication with non-professionals; with people like you. Even the sickest person only spends a sliver of time with a doctor. The small amount of time spent with physicians should be very well designed to help people live as healthy a life as they can.

Common Sense is Not So Very Common

In our Wonderland all is not as it seems. Because miscommunication is so common, doctors and their patients are often not on the "same page." If you have ever sung with a group, you know that you need to be on the same page as everyone else or you will not be singing the same song, not moving to the same beat.

Common sense says that doctors and patients should be on the same page. But our odd doctor time and our strange language often get in the way of "same page" communication.

When we brush our teeth some bacteria enter our blood and are cleared by our body's defenses.

One spring day a healthy young man brushed his teeth and the bacteria were not cleared from his blood. Instead a small number of bacteria settled on his heart valve and began to multiply.

During the next two months he saw several physicians. He was told he had the flu, to take some cold pills. Meanwhile the bacteria gradually ate through the heart valve.

In the nick of time, a very skilled heart surgeon was able to fix the heart valve. This young man is the son of one of the authors of *How's Your Health?*.

The story on the previous page illustrates how the health care Wonderland can give us both the worst and best. It can miss simple problems and yet fix horribly difficult problems. American health care can provide incredibly powerful treatments but at a cost that is beyond the reach of more and more Americans.

This young man needed someone to notice that something was really wrong…the "flu" and a fever should not last more than three weeks. He and his doctors needed to be on the same page.

Had they been on the same page, the correct diagnosis and the timely antibiotics would have cured his infected valve. Instead, he needed one of the few super-specialist surgeons (and hundreds of thousands of dollars) to fix the valve.

Don Berwick, a colleague who is at the forefront in trying to improve health care, places in the starkest terms the challenge confronting health professionals: "we are causing harm, and we need to stop it."

We are as impatient for change as Don Berwick. For this reason we have written *How's Your Health?* and created the web-based tools that go with it.

Bookshelves and wastebaskets are full of health titles and health claims screaming for attention. Some are sensational "blame and shame" books that get your attention but do not lead to improvement. Some falsely promise the moon or a new cure.

How's Your Health? is not going to scream for your attention or promise you the moon. It simply presents a practical method to make health and healthcare better. The method is based on years of research and depends on new technologies that will help you and health professionals get on the "same page." More importantly, the method will make you more able to manage any health issues or problems.

A Very Brief Glossary

America With apologies to all other people living in the Americas, throughout this book we use "America" in reference to the United States.

Doctor With apologies to all other members of the health team, we use the term Doctor in deference to tradition. Increasingly other professionals and non-professional "providers" of health care are able to give the support, education, and technical care that was traditionally the strict domain of a "Doctor."

Health A state of full physical, psychic and social well-being and not the mere absence of disease.

Health Care System The organized response of a society to maintain its health and manage its health problems. The health care a health care system delivers should be safe, effective, patient-centered, timely, efficient and equitable.

Provider A term referring to doctors, nurses, and other health care workers who "provide" health care services.

Quality The quality of health care is a measure of how well it delivers care and serves the needs of the society and patients.

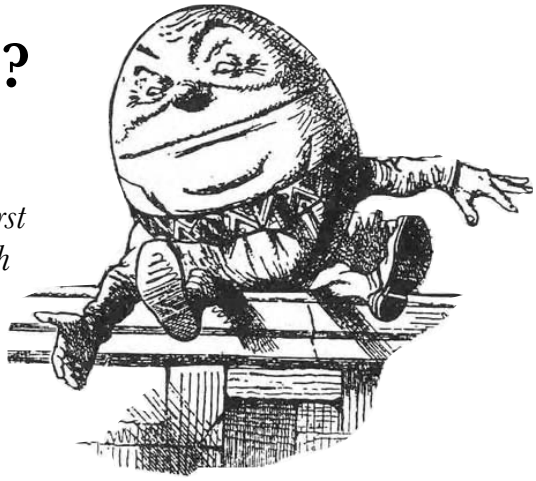
Self-Care; Self-Management This language refers to what we do everyday to maintain our health and manage long-term problems. The goal of this book is to improve self-care and self-management.

You Refers to the thousands of persons of all ages who have used or will use HowsYourHealth.org.

We In this book "we" refers primarily to the opinion and experience John Wasson and Regina Benjamin. We believe that our opinions fairly represent the opinions of our professional colleagues and the general state of knowledge. (See Annotated References.)

Chapter 1

What Are My Chances?



Before you begin to improve your health you need to understand what might damage your health in the first place. Misunderstanding risk undermines good health habits and effective self-care. Misunderstanding risk can also be bad for survival.

Misunderstanding risk is bad for survival!

Fear is one of the most important reasons why we have difficulty getting risk right. Most of us have such an instinctive fear of sharks we do not realize that we are many more times more likely to be killed driving to the beach by our car than being attacked by a shark.

Other examples:

When the risk for burglary is 3 chances in 100 in our community, we will think it is ten times higher (30%); and

We overestimate the risk of cancer.

The list at right ranks the risks to Americans from highest to lowest. About 1 in 6000 Americans die in car accidents, about 1 in 80,000 die in fires, and about 1 in 5 million die from lightning strikes.

Car accident deaths seem almost "natural" because they are so familiar. Sharks are unfamiliar and frightening.

Although we are familiar with airplanes and automobiles, many of us believe that riding in a car is safer than flying in a commercial airplane.

Why? The car gives us a sense of control.

In fact, being in a car for just a 30 mile trip is more risky

Which risks are the most common causes of death in the United States? (Pick the top three.)

- ❑ Car Accidents
- ❑ Alcohol
- ❑ Murder
- ❑ Medical Errors
- ❑ Food poisoning
- ❑ Chartered Flights
- ❑ Fires
- ❑ Commercial Flights
- ❑ Lightning
- ❑ Nuclear Industry
- ❑ Shark attacks

Answer: They are listed from highest to lowest.

Which do you fear the most?

- ❑ Driving a car or riding in a car?
- ❑ Riding in a car or riding in an airplane?
- ❑ Riding in a SUV or a minivan?
- ❑ Biological weapons or heart disease?

than flying coast to coast in a commercial airplane. SUVs are much less safe than minivans. Heart disease is a most common "natural" killer.

Depending on our mind-set on a particular day, we may be incorrectly care-free or wrongly scared. Today we may be a Mr. Care-Free Fatalist, a Ms. Scared, a Ms. Semi-Fearful, or a particular mix of all three types. Tomorrow, after we have heard a news story, we may have a different perspective.

Three Typical "Health-Risk" Types

Mr. Care-Free Fatalist assumes that heredity, environment, and bad luck generally win.

"So what! We are all going to die someday, right?"

Ms. Scared who does *EVERYTHING* she can to prevent cancer.

"Gee. My mother died from cancer and I sure don't want THAT 1 in 5000 risk!"

Ms. Semi-Fearful, the smoker, wants the health care system to rescue her from her habit.

"When are we going to do that special chest x-ray again to prevent me from getting lung cancer?"

Over the next 10 years, the most deaths would be prevented for a... ?

- ❑ Smoking 57 year old women who quit smoking
- ❑ 57 year old women who had annual mammograms
- ❑ 57 year old women who had tests for colon cancer

Answer: The smoker who quits.

Advertisers and designers understand how our estimates of risks and benefits can be twisted. That's why so many of us still think that SUVs are safer than minivans. (Deaths from SUVs are 2-4 times more likely than deaths from minivans).

Risk and Health Decisions

Getting Risk Right is difficult. Our animal survival instincts, clever advertising, and social norms make us wrongly exaggerate some risks and underestimate others.

How about the question to the left? Can you guess the answer? This question poses several accepted methods to reduce the risk for preventable death.

Our estimates of risk influence our choices and decisions; our choices and decisions influence when and how we will live and die. Once we familiarize ourselves with risks we are in a much stronger position to make better choices and decisions.

Special tables in the ***Postscript*** at the end of this chapter provide much more detail about common risks. In those tables, you would see that quitting smoking will prevent about 70 deaths in 10 years per 1000 middle-aged women smokers. Having a mammogram will prevent about 2 deaths per 1000 women and having tests for colon cancer will prevent about 1 death per 1000.

Of course, some readers may not care about so much detail. For those readers here is "the bottom line"… a list of very beneficial choices and decisions. (See table below.)

The listed actions would save many more Americans from premature death than any treatment a doctor, nurse, or drug company currently has to offer.

Preventing Premature Death

Cause	Percent of All Deaths That Can Be Prevented	Actions Needed
Smoking	18%	Don't smoke
Bad Diet/Poor Exercise	17%	Life style
Alcohol	4%	Moderation
Infections and Sexual Risks	4%	Immunizations and condoms
Pollution/Toxins	3%	Politics and a baby-safe home
Motor Vehicle	2%	Seatbelts and less speed
Firearms	1%	Avoid and lock

Lower than the risk of murder...

The risk of death ***from something done wrong by the health care system*** is estimated to be below the risk of murder but above the risk of food poisoning. Examples include giving the wrong medicine or misinterpreting a test. These wrongful actions cause harms and deaths that often appear in the news.

The annual risk of avoidable deaths ***resulting from the health system NOT doing something that should have been done*** is probably higher than wrongful actions. About 1-3 per 1000 Americans die of wrongful inaction. Examples include not adequately treating high blood pressure or not giving a pneumonia immunization to someone at high risk for the disease. These common causes of death seldom make headlines.

Non-fatal harm from health care is much more common than death caused by health care. Adults with diseases or significant limitations in their ability to engage in everyday activities have a higher chance of harm each year (2 in 100) than healthy adults without such problems (1 in 100). Persons over age 70 have an even higher risk for harm (3-5 in 100). More than half of these harms are attributed to a wrong diagnosis or to something a doctor has done or not done. One in three reported harms are related to medications. The cause for many of these harms is poor communication and not being "on the same page."

"Doctors who step forward to warn of unsafe conditions...say they have been targeted."

Pittsburgh Post Gazette

10/26/03

Although victims of poor health care will usually feel that the cause is a "bad doctor or nurse," most harms and deaths result from a combination of health system failures. It's unfortunate that some health systems don't like to hear about problems. They threaten the staff who speak up too loudly.

The nicest and smartest doctor can do badly in a poorly organized office; a well-organized office and staff can make almost any physician do well. The way a hospital or clinic is set-up has a large impact on the risk of harm.

"What Are My Chances?"

One answer to this question is based on the assumption that if you are reasonably accurate in assessing the benefits and risks of what you do, you will increase your chances for living a meaningful and healthy life. For many lifestyle and preventive health choices there is little doubt that this assumption is correct.

Another answer to the question "What Are My Chances?" relates to the health care system because visits to health professionals are attended by risks that are often greater than most people imagine.

In 2001, the prestigious Institute of Medicine of the National Academy of Sciences announced that the American health care system "is in need of fundamental change and that between the health care we have and the health care we could have lies not just a gap but a chasm." This embarrassing accusation was made of a health system that spends more dollars on health care than any other country and still does not guarantee access to health care nor affordable health insurance.

Despite these problems, we will tell about health systems and doctors offices that do achieve better results than others. We will describe simple questions and methods you can use to make your health and healthcare "As Good As It Gets." To quote again the Institute of Medicine: "Perfect care may be a long way off, but much better care is within our grasp."

Risks for Adults Living in the United States

Over Lifetime*

1 in 5: You are in an auto accident

1 in 100: Your house is damaged by fire

1 in 115: You will die prematurely

Annually**

1-2 in 100: Chance for harm from health care

Sources:

* *Field Guide 2001* from the National Safety Council

** HowsYourHealth.org. See also, Wasson JH, Mackenzie TA, and Hall M, "Patients Use an Internet Technology to Report When Things Go Wrong", *Quality & Safety in Health Care*, 2007:16:213-217.

Postscript: Ways to Get Better Risk Estimates

The chapters entitled Health Habits and Health Decisions (for adults) and Health Habits and Prevention (for adolescents) describe in greater detail the lifestyle and preventive choices that have the greatest potential benefits. These can be obtained at www.howsyourhealth.org by entering your age and gender and then selecting that you want to review the reading materials. We also include links to "risk calculators" at www.howsyourhealth.org if you would like to review your chances for heart trouble in the future. (This Postscript about specific risk estimates is based on the work of Lisa Schwartz, MD and Steve Woloshin, MD. See Annotated References.)

Use these two quizzes to start thinking specifically about risks. The answers are at the bottom of each box.

What your insurance company knows for MEN... What do you guess?

- ❑ Chance that a man aged 50-54 will be told he has prostate cancer in the next 10 years?
- ❑ Chance he will die from prostate cancer in the next 10 years?
- ❑ Chance he will die from something else?

Answers: About 20/1000; 1/1000; 85/1000.

What your insurance company knows for WOMEN... What do you guess?

- ❑ Chance that a 50-54 year old woman will be told she has breast cancer during the next 10 years?
- ❑ Chance she will die from breast cancer in the next 10 years?
- ❑ Chance she will die from something else?

Answers: About 30/1000; 8/1000; 75/1000.

Were your estimates higher or lower? Our bet is that your estimates will be a lot higher because fear of cancer is so common.

When you are 20 years old, the most common cause for deaths is an accident. When you are 30 years of age or older, more of the deaths are caused by diseases. Table One shows that smoking is bad for health regardless of age.

To use the following tables, pick the appropriate gender and age. Then see how many people out of 1000 at that age will die of a cause during the next 10 years. For example, among 55 year old males, 124 more deaths per 1000 men will occur over 10 years among those who smoke than in those males who do not smoke: (217 – 93 = 124). The deaths are also much higher for females who smoke. Insurance companies know that a typical smoker loses 10 years of life.

Table One:
The Big Picture for Non-Smokers and Smokers

Chances of Death in 10 Years for Women and Men of Different Ages

(Deaths per 1000 females and males in 10 years)

	Non- Smokers		Smokers	
Age	Female	Male	Female	Male
20	4	10	8	23
40	26	38	32	64
55	66	93	125	217
70	247	336	470	786

It should be obvious after you review Table One that you can greatly increase your chances for living well and long by not smoking. Sadly, the highest rate of smoking occurs among 19-49 year olds. Teenagers and young women don't see the impacts of smoking when they are young. But they will!

Table Two:
Often Preventable and Treatable Causes of Death

For Females
(Deaths per 1000 non-smoking females in 10 years)

Age	Heart Attack	Stroke	Breast Cancer	Colon Cancer	Cervix Cancer	Pneumo-nia	Influenza
50	4	2	5	2	1	1	0
65	30	10	9	6	1	4	0
80	153	62	12	14	1	30	1

For Males
(Deaths per 1000 non-smoking males in 10 years)

Age	Heart Attack	Stroke	Colon Cancer	Prostate Cancer	Pneumonia	Influenza
50	12	2	2	1	1	0
65	61	12	9	8	6	0
80	196	53	16	32	38	1

Table Two shows causes of death for which there are screening tests or treatment to help prevent death. By age 60, heart attacks and stroke are the most common preventable killers for females and males. Treatment of even mildly elevated blood pressure can reduce heart attack and stroke risk at all ages.

To the question, "what are my chances?" the most important the answer is, don't smoke and treat elevated blood pressure.

After you have looked at Tables One and Two, you should recognize how easy it is to get risk wrong. For example, if you ask a woman over the age of 50 what she thinks her chance of dying from breast cancer might be,

she will generally tell you a number that is many times higher than the numbers shown in these Tables. Fear is the major cause for her perception of high risk for death from breast cancer. Cancer fear causes Americans to greatly overestimate the benefit of screening tests for cancer. In fact, the Tables show that the risk of death from heart disease in women is the same as breast cancer at age 50, 3 times higher at age 65 and over 10 times higher at age 80.

Are women doing as much to reduce their risk for heart disease? We don't think so. About 1 of every three females aged 50-69 smoke or have high blood pressure. Only about 1/2 of women with high blood pressure check the pressure regularly and about 1 of 10 of these women still have very high blood pressure. (By the way, men do no better!)

If these are the risks, how beneficial are the tests and treatments?

Some conditions such as high blood pressure, cervical cancer, and skin cancers have simple tests and very effective treatments for reducing risk. Tests for bowel cancer are not as simple. Other conditions such as breast cancer or prostate cancer have less perfect, more complex tests and less effective treatments.

The Pressure is On Us Not to Get Risk Right

We have made up this silly "advertisement" to illustrate what we see and hear every day.

Because all of us face some risks and all of us have some health concerns, health product advertisers have a huge market. They also have an economic incentive to make health threats seem large and the benefits of their treatment seem even larger.

Despite the pressure we should try to get risk right.

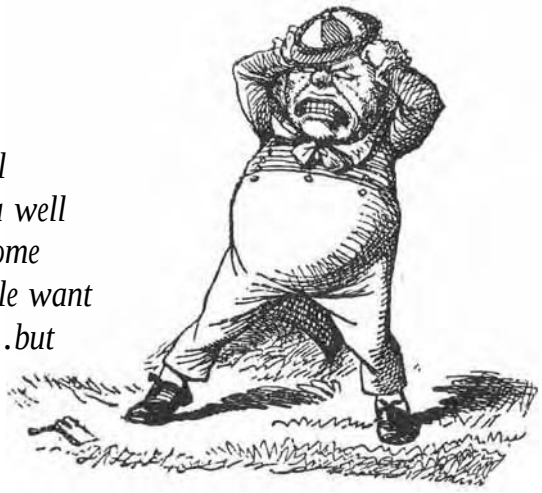
Have Your Ever Burped or Felt Bloated?

If you have, you may suffer from the gastrointestinal affective syndrome (GAS). People who have GAS have fewer friends. You want to have friends, don't you?

Talk to your doctor about GAS or call 1800 IGOTGAS to receive our free ~~promotional~~ educational booklet.

Chapter 2

As Good As It Gets



In the Academy Award movie by this name, Carol (Helen Hunt) wanted to manage her son's asthma well but lacked timely, humane support to help her become confident. The movie mirrors the real world. People want to manage their health issues and concerns well …but usually lack timely, humane support to help them become confident.

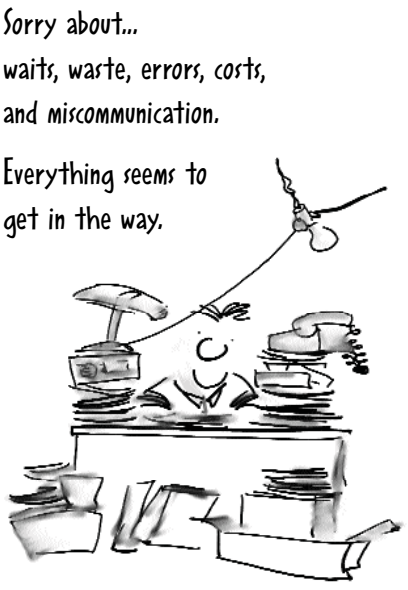
Getting on the Same Page

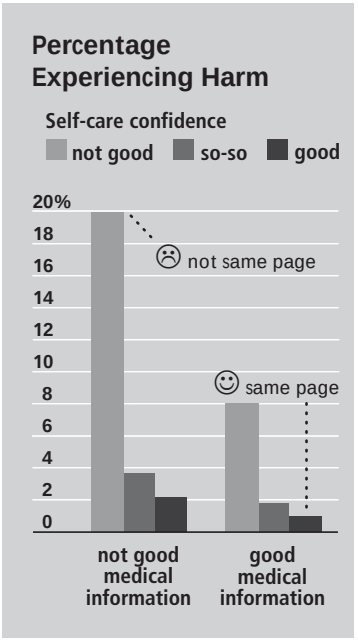
Recall that only a sliver of our waking hours each year is spent with a doctor or nurse. Nevertheless, we usually need doctors and nurses to accurately identify what is wrong, help us manage bothersome problems, and show us ways to avoid important risks. We want doctors to be on "that page" with us.

The young man with the infected heart valve had no idea that his heart was under attack by bacteria. He depended on health care professionals to listen to him and figure out that he was ill. He depended on them to tell him that a fever should not last a week. Only after it was almost too late did some health professionals get on "his page."

Health professionals and patients are often not on the "same page." Lack of good communication can be dangerous and is the most common cause of malpractice claims. Bad communication is also frustrating because it results in rework and misdiagnoses. For example, about 50% of Americans report that their doctor or nurse is unaware of serious emotional problems. Many medications and tests are often ordered before the doctor discovers that emotional problems need to be addressed.

There are many excuses for the lack of "same page" care.





Health-related harms in the past year experienced by Americans range from less than 1 per 100 people to 20 per 100, depending on how good the information was that they received from doctors or nurses and the confidence these Americans have in self-managing their health problems.

Doctors and nurses complain that they do not have enough time to get on the same page. When more things are being stuffed into a busy 10-20 minute office visit, less time is devoted to getting on the same page with a patient. With so many demands to do so many things, the typical physician interrupts a patient within the first 30 seconds of their conversation. The typical doctor in training spends less than 30 minutes a day talking with patients. Most of the time spent by student doctors and nurses is spent doing tests and paperwork.

Imagine going to an expensive restaurant where the doctor is the waiter. After you wait a long time for your table, your waiter comes and you have 30 seconds to say what you want before you are interrupted by the waiter. Within a minute the waiter translates what he heard you say into categories known only to him. The kitchen staff prepares the meal based on the waiter's information. You may or may not recognize the dish when it arrives. Some meal!

Another excuse is that human needs are complex and treatments are complex. In the midst of this time-constrained, complex world in which health professionals live, it seems almost excusable that "same page" care does not happen as often as it should. Perhaps that's why so few Americans can say that their care is "as good as it gets."

Is Your Health Care "As Good As It Gets"?

Are there things about your medical care that could be better?

- ❑ No, my care is perfect.
- ❑ Yes, some things.
- ❑ Yes, a lot of things could be improved.

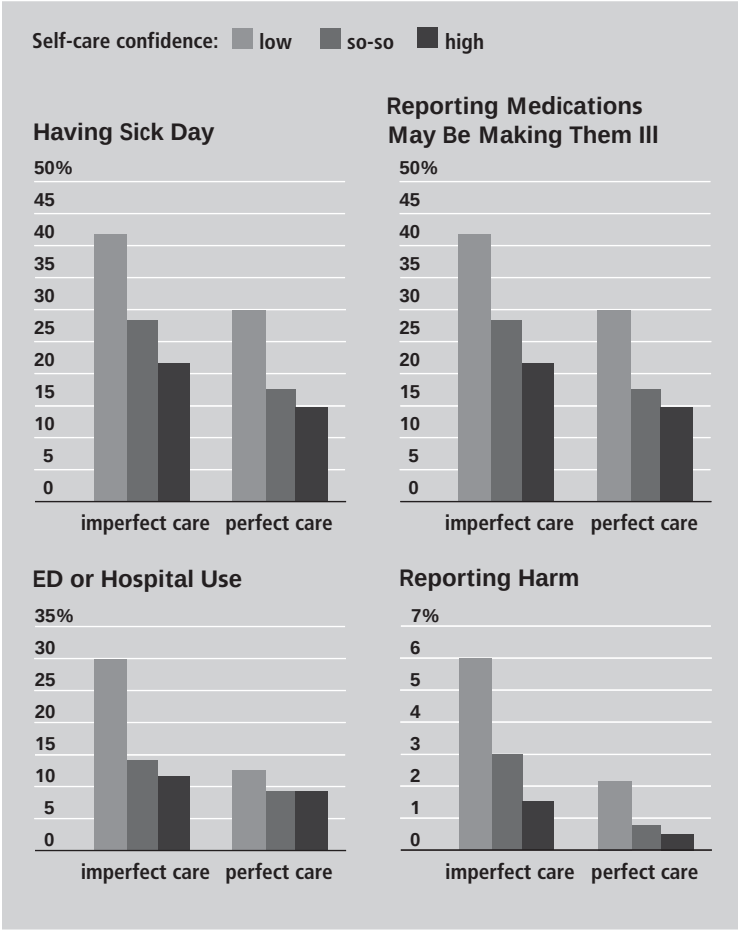
How confident are you that you can manage and control your health problems or health concerns?

- ❑ Very confident.
- ❑ Somewhat confident.
- ❑ Not very confident.
- ❑ I do not have any health problems.

Care That Is As Good As It Gets

Currently, only about 20% of Americans can answer that their health care is perfect AND that they are very confident about their ability to manage health concerns or problems. We call this care "As Good As It Gets Care" in reference to the film of that name.

The following diagrams illustrate that if you are lucky enough to have care that is As Good As It Gets, you will suffer fewer days sick from illness, experience greatly reduced risk for harms from medical care, avoid emergency department and hospital use, and be less likely to experience medication side-effects. In short, a combination of Perfect Care with Confident Self-Management results in the best care for you and your loved ones.



Perfect Medical Care and Confident Self-Care, a Winning Combination

These bar graphs illustrate how the impacts of medical care and self-care are additive. If both medical care and self-care are good, good things happen. When neither is good, bad things happen.

Me? Confident to Manage and Control My Problems?

For most Americans, figuring out how to stay healthy and get good medical care seems as hard as figuring out how to do heart surgery.

Why then are Americans being asked to take more responsibility for their health and health care?

A cynic might say…because the insurance companies, employers, HMOs, and sloppy health care workers want to pass the buck. A realist would say…because it is the right thing to do…because we are the one who live with our concerns and health problems…because we bear the consequences of our health decisions and behaviors…because in all but life-saving treatments and surgical procedures, what we do has a major impact on how well we will do.

How's Your Health? shows why we need to become good "self-managers." Whether we are exercising, eating, relaxing, or living with an illness such as asthma or arthritis, we are "self-managing." Doctors and nurses should give information and treatments to help us to become better self-managers. But we have to use the information and treatments to become the best self-managers possible.

Health Care Quality

At one time or another, some Americans have received exactly the health care they want and need exactly when and how they want and need it. The problem is that such high quality care is not very common and not very predictable. It may be on target one-time, perhaps two times, then it misses several times.

Being "on the same page" should not be one-time; "same page" care should not be hit or miss.

How would you answer these questions?

How often is/are your doctors and nurses aware of what really bothers you…what really matters to you?

- ❑ All of the time
- ❑ Most of the time
- ❑ Some of the time
- ❑ They are often not aware
- ❑ I have no bothersome problems or health issues

How much help have you received from your doctor or nurse to help you manage and control most of your health problems?

- ❑ As much help and support as I needed
- ❑ I could use some more help and support
- ❑ I could use a lot more help and support
- ❑ I do not have any health problems

The best health systems are now routinely asking these questions and trying to do something about responses that are less than ideal.

They are using e-mail, telephone, howsyourhealth.org, and other technologies to be sure that the care they provide is timely, safe, effective and efficient.

And that is not all the best practices are offering. They offer shared medical appointments so that people can learn how to manage their problems and their concerns from each other. They also offer immediate access to the office…same day service at your request.

But it may take a long time before the entire health care system can deliver "same page," safe, effective health care in a timely and efficient way to all Americans. The remaining chapters of *How's Your Health?* will give you very simple, effective steps to improve your health and health care.

What About Cost?

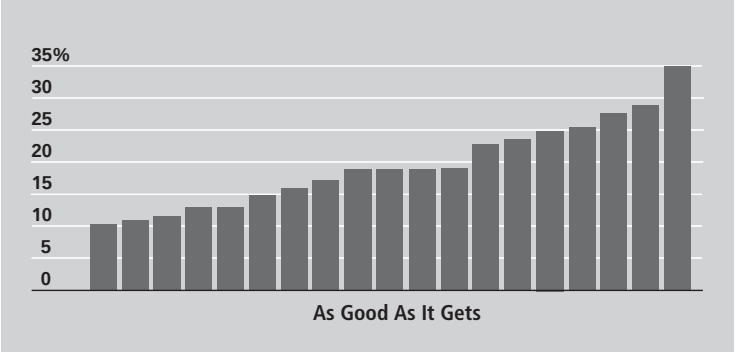
Year after year, on national poll after national poll, United States citizens indicate great concern about the costs of health care and medicines. Yet no promised solution seems to work. For example, everyone knows that a lot of health care cost is wasted...some say as much as 30% is wasted. But one person's waste is another person's income. When cost-saving changes are promised, opponents who stand to lose income often successfully undermine the changes.

We would never promise that the approaches in *How's Your Health?* will cure the complicated and costly problems of health care. However, we can promise that the free methods and technologies of *How's Your Health?* are based on research results indicating that "same page" care can reduce some costs of health care and improve health. That is as good as it gets!

Postscript: Bar Graphs

In this book we will use bar graphs to illustrate many points. The bar graphs will always show the number or percentage on the vertical scale. On the other scales of the bar graph we list categories.

Our simplest, two-dimensional bar graphs are descriptive. For example, this bar graph (below) shows that "As Good As It Gets Care" varies from 10-35%. Variation is common and often desirable, such as variation in human appearance or interests. However, some variation is not desirable. If you knew that your health care was at the 10% level and the care that your neighbor received was generally better, what would you do? Why does 10% vary from 35%?

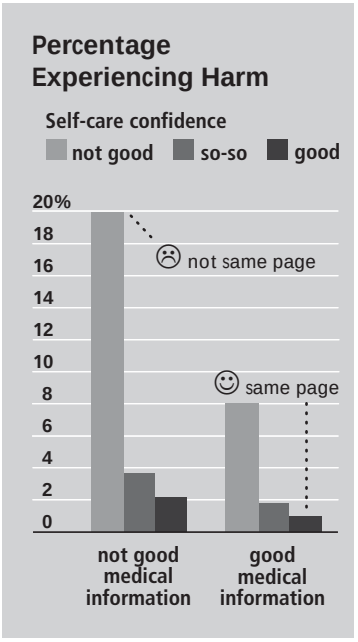


As Good As It Gets healthcare shows wide variation across the United States. The variation from 10% to 35% is across nineteen health systems in Chicago.

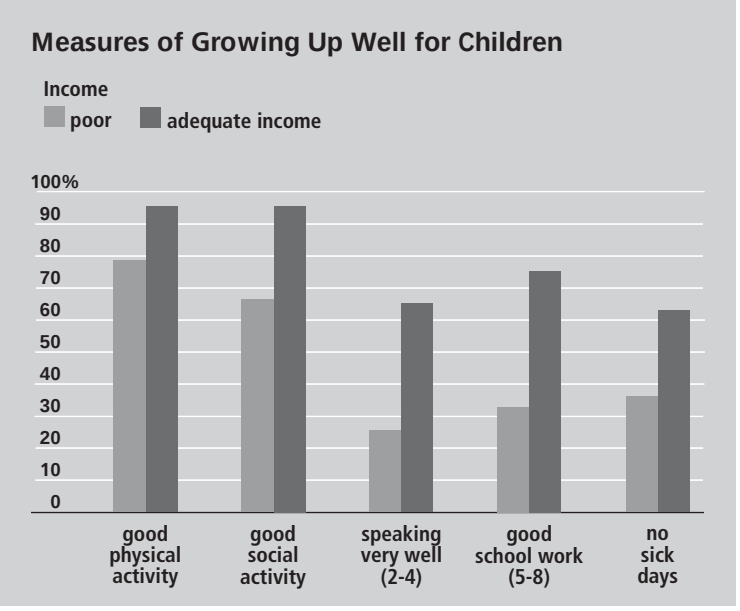
Why is the best care (35%) vary so greatly from the 100% "As Good As It Gets Care" everyone desires?

The purpose of this bar graph is to help readers understand why these questions matter and how to remedy undesirable variation.

A more complex bar graph shows relationships. For example, in this chapter we used a complex bar graph to illustrate that when good information from doctors and nurses is combined with good self-management by a patient, the results are "as good as it gets." (See graph, "Experiencing Harm," on the next page.)

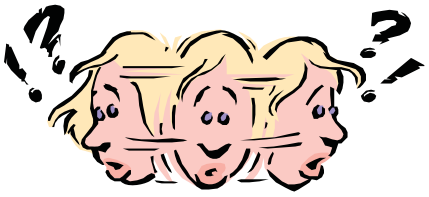


Finally, in a later chapter we use complex bar graphs to show how many individual measures are related to one other important measure. For example, the bar chart below illustrates how many measures of growing up well are lower for poor children than for children living in a household with adequate income.



Part II: Are You Ready to Improve Your Health and Health Care?

Are You Ready to Improve Your Health and Health Care?



You should now have a reasonable understanding of our health care Wonderland. Now it's time to put your understanding to the test. (If you HATE TESTS, don't worry. This brief test is different.)

Ideas:

1. In *How's Your Health?*, Wonderland refers to:
   - ❑ A new theme park in Florida.
   - ❑ The number of lanterns Paul Revere needed to see if the British were to attack by land.
   - ❑ The often odd, strange, and confusing world in which doctors, nurses and other health professionals work.
2. In *How's Your Health?*, the "same page" idea (metaphor) refers to:
   - ❑ Doctors, nurses, and other health professionals know about bothersome problems and concerns of their patients.
   - ❑ Singing in a choir.
   - ❑ Reading to children after school.
3. In *How's Your Health?*, the care that is as "good as it gets" will happen when:
   - ❑ People with health problems or health concerns are on the "same page" with their doctors and nurses.
   - ❑ People with health problems or health concerns are confident that they can manage and control these problems or concerns.
   - ❑ The health care these people are receiving is "perfect."
   - ❑ All of the above.
   - ❑ You take Helen Hunt to the movies.

Facts:

4. Bad doctors and nurses cause most of the harms in health care?
   ❑ yes ❑ no ❑ not sure

5. People's confidence that they can manage health problems or health concerns has a large impact on their lives?
   ❑ yes ❑ no ❑ not sure

6. A typical smoker loses about 10 years of life.
   ❑ yes ❑ no ❑ not sure

7. When people are afraid they tend to greatly overestimate risks?
   ❑ yes ❑ no ❑ not sure

8. Bar graphs in *How's Your Health?* are:
   ❑ The type of charts you see on the walls of pubs.
   ❑ Picture methods that show relationships.

9. As much as 30% of the money spent on health care in America may be wasted?
   ❑ yes ❑ no ❑ not sure

10. A 65 year old woman who smokes and has uncontrolled high blood pressure is more likely to die from breast cancer in the next 10 years than from heart disease?
    ❑ yes ❑ no ❑ not sure

11. HowsYourHealth is a website designed to place doctors, nurses and patients "on the same page" and make health care "as good as it gets?"
    ❑ yes ❑ no ❑ not sure

Answers are provided on the following page.

A Test for Catching Metaphors

If you honestly missed any of the questions marked with an asterisk (*) we the authors, and you, the reader, are not "on the same page." We apologize for any confusion.

We have used the "same page" metaphor to indicate one central truth about health care: that doctors and nurses often do not know what really matters to their patients.

Recall that only about 20% of Americans are currently receiving health care that is "as good as it gets." "As good as it gets" care requires two things: that the service and care you receive is perfect AND that you feel very confident that you can manage and control your health problems and concerns.

You have to keep your eye on the "same page" and "as good as it gets" metaphors if you are to catch the importance of HowsYourHealth.

HowsYourHealth is a website on which you will find a family of tools designed to place doctors, nurses and patients "on the same page" and make health care "as good as it gets." When you use HowsYourHealth, you are tossing a form of care improvement to health professionals.

How do you get doctors, nurses, and other health professionals to catch the "same page" metaphor and the importance of HowsYourHealth and its related technologies? That will be the subject of later chapters. In the meantime, we just want you to see why "same page" care, and your "confidence" can help you greatly improve your health and health care... even if health care seems at times to be Wonderland.

Answers to quiz on the previous page:

1. The odd doctor world
*2. Doctors and nurses know
*3. All of the above
4. No
*5. Yes
6. Yes
7. Yes
8: Show relationships
9: Yes
10: No
*11. Yes

Chapter 3

Doesn't Everyone Worry?

We think about health everyday. Sometimes we worry about health and health care. What are Americans most common worries and concerns?

When adults and teens are asked about health worries and concerns, their answers follow the order listed in the two gray boxes below right and on the following page. (We have listed the responses in order from highest to lowest.) Males answer in the same order as females.

An Apple a Day

Regardless of income or gender, about half of Americans aged 14-69 rate eating, weight, and exercise as their #1 concern.

Based on the information from the preceding chapter "What Are My Chances," 17% of premature deaths can be eliminated by better management of eating, weight and exercise.

In 1991 about 15% of American adults were very overweight; today almost 30% are seriously overweight. Largeness has become such a problem here and abroad that airlines may have to be redesigned so that we can fit.

Being overweight has a high health and social cost. Nonetheless, eating is enjoyable and dieting is not. Eating well and maintaining ideal body weight is difficult in both rich and poor countries because of the high consumption of carbohydrates (sugars) and low levels of exercise. Overall, Americans eat many more calories a day

Adults Aged 19-69: Do You Have Any Concerns About?

- ❑ Exercise and nutrition needs
- ❑ Preventing disease and premature death
- ❑ How to make the health system work better for you
- ❑ Preventing injuries or accidents
- ❑ Substance abuse (alcohol/drugs)
- ❑ Sexual issues or birth control
- ❑ Violence or abuse
- ❑ AIDS or sexual diseases

Pre-Teens and Teens: Aged 9-18: Do You Have Any Concerns About?

- ❑ Exercise and eating
- ❑ Violence and abuse
- ❑ Depression or suicide
- ❑ Substance abuse
- ❑ Sexual issues
- ❑ AIDs or sexual diseases

A Century of Weight-loss Facts and Fads

1898	Fletcher Chewing
1918	Count Calories
1935	Grapefruit Diet
1936	Radio Reducing Parties
1948	Amphetamines
1958	Saccharin
1961	Weight Watchers Begins
1963	Sugar-Free Tab Soda
1972	High Protein and Fat Diet
1980	Anorexia Nervosa Named
1981	Beverly Hills Diet
1982	LipoSuction Begins
1988	Optifast Liquid Diet
1990	Fen-phen Diet
1997	Fen-phen Withdrawn
2004	Ephedra Withdrawn; Atkins battles South Beach

than they did in the 1970… enough calories to gain many pounds of fat each year.

When adults combine a slightly reduced calorie diet with 3 times per week exercise, they can expect to lose around 5-10% of their weight over 6 months. Currently, only 1/4 of Americans exercise 3 or more days a week hard enough to breathe heavily and sweat. Although a third of adult Americans say they are trying to lose weight, only about1/5 are actually restricting calories and increasing their exercise.

Americans continue to get most of their information about food and diet from TV (70%) and magazines (60%). In these media, "fads" spread quickly and recycle to different audiences.

"In" diets now include olive oil, small portions, and even eggs. "Out" now are stick margarine and other solid fats, bagels, "super-size", red meat, and sweets. This table is an overview of the century's weight-loss facts and fads.

It is said that "Diets are mainly food for thought!" Instead of restricting calories and staying active many Americans try special diets, herbs, and "tricks" to lose weight (including cigarettes!). No medicines, herbs, or "tricks" have been shown to have a large or lasting effect.

Being overweight increases the tendency toward high blood pressure and high levels of bad fats in the blood (most often measured as cholesterol). For many people the first treatment for high blood pressure and high cholesterol is to lose weight and to change their diet.

Being very overweight has a large impact on overall health. For example, very overweight teens and adults have about 50% more sick days requiring bed-rest or restricted activity compared to those who are not severely overweight. About 35% of very overweight adults take 3 or more medicines each day versus 15% of the non-obese. Obesity has many similar adverse impacts on pre-teens and teens. The tables shown at right list other effects of obesity.

Adverse Impacts of Obesity on Adults 19-69

Problem	If Overweight	If Not Overweight
High Blood Pressure	40%	15%
Arthritis	25%	10%
(Sugar) Diabetes	10%	5%
Limits from Pain	25%	15%
Limits from Feelings	20%	15%
Limits in Daily Activities	10%	5%
Not Good Problem Management	75%	60%

Super Size Me!

A "fast food" meal now has 1,500 calories; the same type of meal in 1950 had 600 calories.

Adverse Impacts of Obesity on Pre-teens and Teens

Problem	If Overweight	If Not Overweight
Limits from Pain	35%	15%
Limits from Feelings	30%	20%
Limits in Daily Activities	20%	10%
Poor Problem Solving	25%	10%

An Apple a Day?

If you eat an apple a day more than your body needs, you will be loading about 70 extra calories a day.

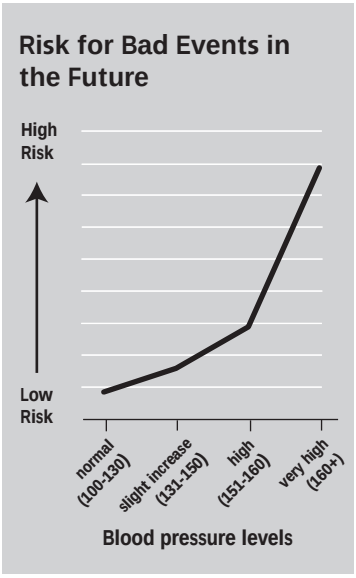
Over 365 days, these 70 calories become about 6 pounds. In 10 years, you will be 60 pounds heavier.

What's that about an extra apple a day keeping the doctor away?

The good news is that even if weight loss is difficult for most Americans, regular exercise alone will help maintain health, burn a few calories, and prolong life. The bad news is that exercise alone is seldom an effective way to lose weight; we must eat less.

Preventing Disease and Premature Death

The next most frequent concern of adults is the prevention of disease...particularly, heart disease and cancer. Not surprisingly, the concern about these common causes of death increases with age, from about 25% in the healthy young to about 40% in older adults.



Smoking at any level adds a huge risk for premature death from heart disease. The curve of risk for problems with the heart and blood vessels increases rapidly with the level of the upper (systolic) blood pressure. For a systolic blood pressure between 131-150 , there is a small increase in risk for heart disease, stroke and death; a blood pressure between 151-160 has more risk; and a blood pressure over 160 is really serious... it "takes off."

The same pattern of rapidly rising risk with very high numbers occurs for being overweight, having bad fats in the blood such as cholesterol, or having an elevated blood sugar.

People differ about the importance of future risk. But risk for future heart disease is really "serious" when the systolic blood pressure is more than 160, a person is more than 20% overweight (a BMI above 30), and the total cholesterol is greater than 240. For a person with (sugar) diabetes. the risk for problems becomes greatly increased when the average blood sugar measured by "A1c" is more than 9.

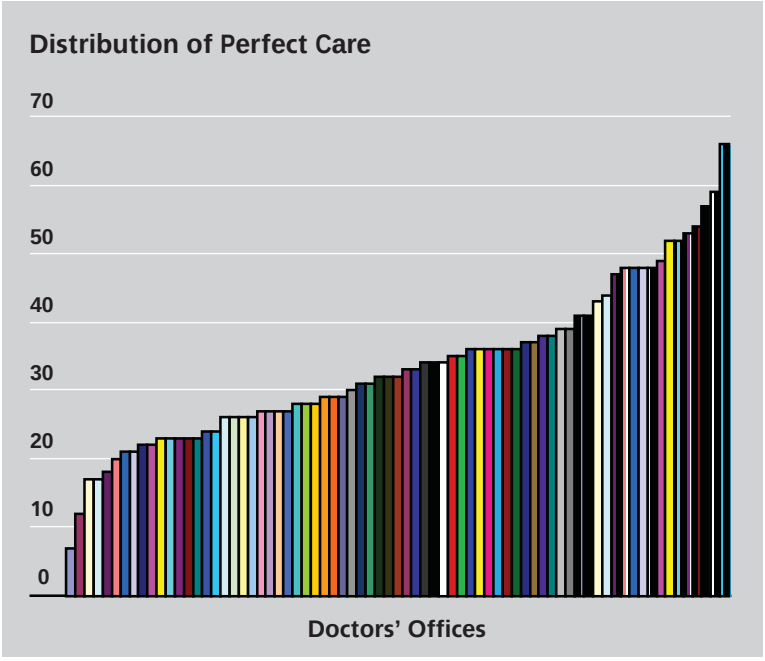
Preventing premature death from cancer is easy if you smoke...just stop smoking! "Prevention Gaps" at the end of this chapter provides more information about cancer prevention opportunities. Diets and vitamins to prevent cancer are often in the media. Despite the attention given to diet and vitamins their preventive impact is very small, at best.

A Growing Worry: How To Make the Health System Better

The number three worry for adults is how to make the health care system better. Americans recognize that their health care, and the health care given to their loved-ones, is falling far short of expectations.

The current rating of care supports this concern. The bar chart (Distribution of Perfect Care) illustrates ratings of perfect care for about 50 different doctor's offices in

the United States. Nationwide, the rating for perfect care quality averages about 35%. There is also great variation in the care provided. About 1 in 10 of the doctors offices have 50% or more patients who rate care as perfect; about 1 in 10 offices give perfect care to 20% or fewer of their patients.



Perfect Care rated by people using about 75 doctors' offices across the United States. Note how the percentage goes from a low of about 5% to a high of almost 65%. The average is about 35% nationwide. In other words, most Americans do not receive anything near Perfect Care.

When care is not excellent, it is hard to separate the causes. As an example, consider the harm described in the quote at right. It illustrates several causes: poor communication, an unexpected reaction to a medicine, and a wrong diagnosis. The risks for harm and patients' ratings of care quality are closely related.

"Doctor did not listen to me regarding a medical problem and insisted that it was something else. Gave me prescription that burned my skin and caused great swelling. Could have been avoided if doctor had listened."

In general a rating of excellent care is greatly increased above average by good communication between patients and doctors, easy access, and efficient service. The ability of the doctor, nurse, clinic, or health system to help you understand and manage your own health is strongly associated with a rating of excellent care.

Conversely, a low rating of care quality is strongly associated with a lack of these attributes and also not having

one person you consider your doctor or nurse. The next chapter, "Inside the Doctor's Office," describes in greater detail what makes "perfect care." The Postscript to this chapter gives a very brief summary of harms reported by people like you.

Is the Wolf Near the Door?

Do You Have Enough Money to Buy the Essentials (such as Food, Clothing, Housing?

- ❑ Yes, always
- ❑ Sometimes
- ❑ No

About 85% of United States citizens answer that they always have enough money for the essentials. However, many Americans who have adequate income worry that their financial well-being will evaporate if they or someone in their family became ill or was unable to purchase insurance.

Current private and public payments for health care are more than $5000 per person per year in the United States (where many persons do not have insurance) compared to about $3000 in Europe and Canada (where everyone has insurance). In fact, 20% of middle-income citizens report that they are currently struggling to pay medical bills even though most have insurance.

One of the things that seriously impacts health is money. There are many scientific studies, but one in England showed that 5% of higher paid government workers died over a ten-year period compared to 20% of lower paid government workers. These differences persisted even after adjusting for age, smoking, drinking, and exercise habits. These were the same people, same government, same employer, same health benefits, and same medical care. The difference was social class and income levels.

The medically poor find it harder to access the health care system for two major reasons. They do not have the money and they have to work so they do not have the time. When they do go to the doctor, they are often very ill, or late in the illness making health care even more critical.

We could insert some tables here to illustrate how the poor receive less "perfect care" and less often feel confident in managing their health concerns and problems. But you would expect that. What you might not expect is that when the poor receive care that is "Same Page" and "As Good As It Gets," they are just as likely to benefit as affluent Americans.

Sex, Drugs and Violence

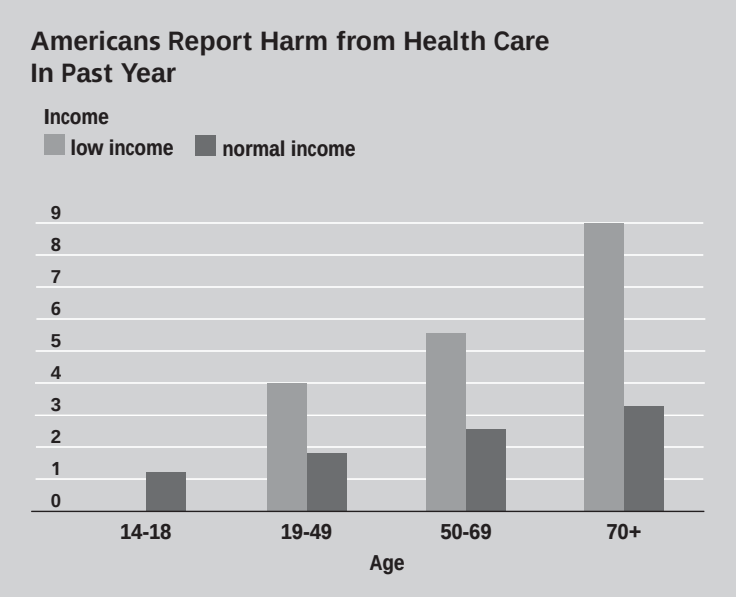
Stories about sex, drugs, and violence are in the news every day, yet these topics only concern about 20% of older teens and half that many adults. Despite the low rate of concern the problems can be all too real. Teenagers are more likely to die from violence or an accident than any other cause. Domestic abuse is present in every social class. About 15-20% of women aged 19-49 report bad relationships and half of these are likely to be abused.

Sexually transmitted diseases (STDs) and teenage pregnancies are an increasing risk for our youth. Interestingly, 95% of young women aged 19-49 say they understand how to prevent STDs and unwanted pregnancies, whereas only 60% of the males report they understand important information about birth control and STDs!

Postscript: Health Care Harm and Prevention Gaps

Harm

Health care can result in injury and harms. The risk for harm from health care increases with age for two reasons. First, older people are less able to recover as quickly or as well from injury. Secondly, as we age we are much more likely to have problems that expose us to more medical care and the risk for harm. Regardless of age or income, the risk for harm is increased when we are not on the "same page."



Low income greatly increases the risk for harm. (HowsYourHealth does not ask teens aged 14-18 about income so no data is shown for them). Low income Americans have less access to high quality care than Americans with an adequate income.

The following examples of harm were chosen from thousands reported on HowsYourHealth to illustrate why health care is such a worry for so many Americans.

"In February when I was in the Emergency room, the doctor prescribed me a medicine I was allergic to."

"I was prescribed a medication for a cough, that if I had taken it, the pharmacist said I would have had a heart attack. The medicine would have reacted with my high blood pressure pills prescribed by the same doctor (and discussed at the appointment) that prescribed the new medication. A couple of weeks later (still coughing) I was prescribed amoxycilian and was never told why until I saw my chart and bronchitis was listed. It turns out that I am allergic to amoxycilian and on the 9th day I broke out in hives and had every other side effect listed in the literature. That is when I switched to my current doctor."

"Cardiologist changed prescription and sent letter to primary physician - letter placed in my file unread - no action taken. I continued on high dose of medication - fainted hit my head and injured my eye. Required ongoing attention by Optometrist."

"Wrong medication put in my mediport while in the hospital. Nurse was in a hurry. I had a diabetic reaction to steroids used in my chemo. When this was first realized I was given an incorrect amount of insulin because the nurse could not read doctors' orders correctly because of how it was written."

"My husband had a cancerous skin growth removed from his forehead by a surgeon. A week or so after the stitches were removed the area became reddened and infected looking and also a black piece of a stitch rose to the skin surface. My husband called the doctor's office and was told that the surgeon was away and that another surgeon from our primary care physician's practice was covering for him...my husband went to the office... the nurse looked at it and agreed that it was a piece of a stitch that had not been totally removed... the doctor proceeded to cut the area open again and dig around... there was no need to cut it open again the way he did."

"My son was 2 months premature. He was prescribed a medication for apnea/bradycardia episodes. When he was transferred from the NICU to the local hospital, he was given full strength doses of the medicine, not the pediatric solution, as prescribed (theophilin – I can't remember how to spell it). The nurses were not careful to wash their hands between babies, or even to turn on his monitor. An infection resulted in his staying in the hospital a week longer than necessary."

"My husband once received the wrong intravenous. It belonged to the other patient in the room. It was a blood thinner and he should have had his chemotherapy."

"My wife was being treated for breast cancer and developed symptoms of an upper respiratory infection. We went to XXX and had blood work done, but the folks at YYY said the infection was not bad enough to warrant medication and hospitalization. Two days later we went to YYY and had tests done again in the ER, they said the same thing as before. The following night at 11pm we received a call from the YYY emergency room and they told us that the crew the night before had misread her labs and in fact she was very sick and needed to be hospitalized. She was admitted for several days while they got the infection treated, she was then sent home with daily IV meds for the infection."

"My 85 year old father was ignored when he complained of leg swelling until his kidneys shut down and he had to be hospitalized and eventually have an prostate operation to solve the problem."

Prevention Gaps; Things Not Done That Should Be Done

From a public health perspective, the most preventable causes for **premature death**:

1. smoking (18%),
2. bad diet and poor exercise (17%),
3. alcohol and drugs (4%), and
4. infections and sexual diseases (4%).

From a public health perspective the most frequent causes for **disability** are:

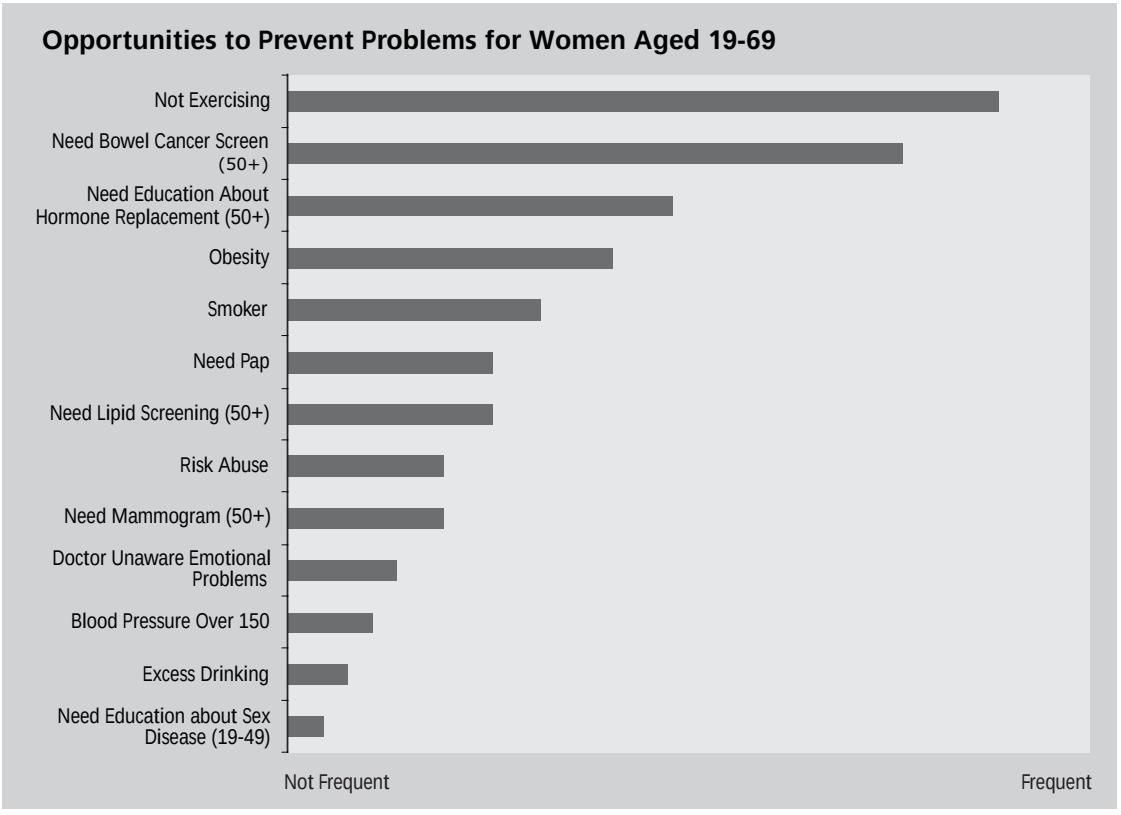
1. mental illness (25%),
2. alcohol and drug use (12%),
3. musculoskeletal problems such as arthritis or back pain (7%),
4. lung disease (6%), and
5. heart and blood vessel disease (6%).

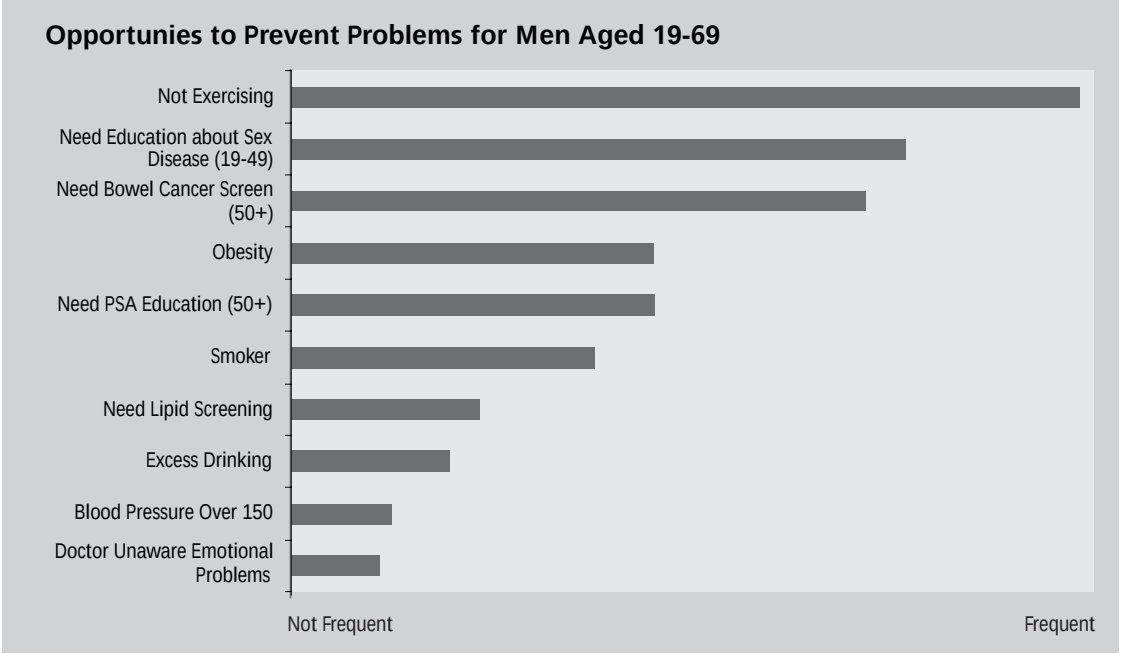
Some of the causes of disability are preventable. Most are manageable...particularly when there is "same page" care.

The following diagrams show the potential prevention opportunities for women and men between 19-69 who have completed HowsYourHealth. Wherever possible we have included several measures that correspond to causes of premature death and disability. We have purposely eliminated the raw percentages because they differ somewhat by age and income.

At the extremes, fewer than 5% of young women need to learn more about sexually transmitted diseases but more than 50% of women of all ages need to exercise more.

For men, there seems to be particular ignorance (or denial) of sexually transmitted diseases. Otherwise, the rank of important prevention opportunities is similar to women.

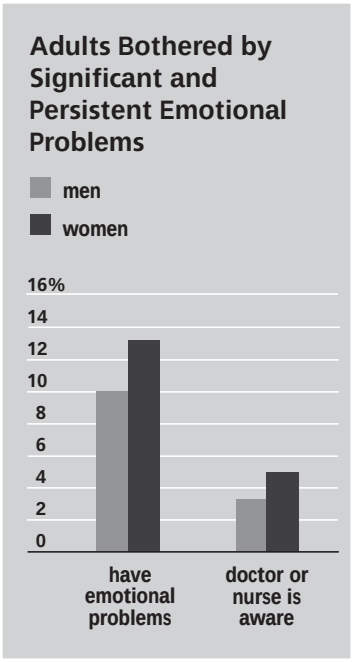

Opportunities to Prevent Problems for Women Aged 19-69
Not Exercising
Need Bowel Cancer Screen (50+)
Need Education About Hormone Replacement (50+)
Obesity
Smoker
Need Pap
Need Lipid Screening (50+)
Risk Abuse
Need Mammogram (50+)
Doctor Unaware Emotional Problems
Blood Pressure Over 150
Excess Drinking
Need Education about Sex Disease (19-49)
Not Frequent
Frequent

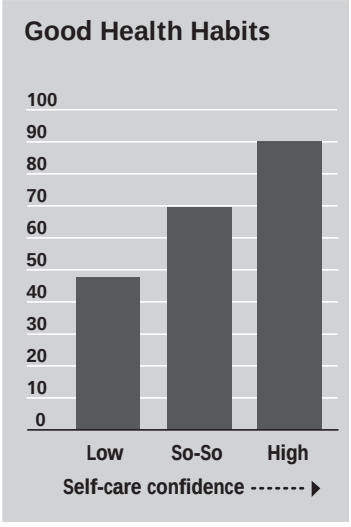

Opportunies to Prevent Problems for Men Aged 19-69
Not Exercising
Need Education about Sex Disease (19-49)
Need Bowel Cancer Screen (50+)
Obesity
Need PSA Education (50+)
Smoker
Need Lipid Screening
Excess Drinking
Blood Pressure Over 150
Doctor Unaware Emotional Problems
Not Frequent
Frequent

About 10-20% of adults are bothered by significant and persistent emotional problems. About 50% of the time adults report that a health professional is unaware of the emotional problem. About half of the people who are bothered by emotional problems have the opportunity to make their doctor or nurse aware of the problem.

When Americans are active self-managers of the health, they are much more likely to prevent problems. Good self-managers tend to have good health habits. Good health habits include good prevention.

Information on the howsyourhealth.org web-site entitled Health Habits and Health Decisions (for adults) and Health Habits and Prevention (for adolescents) describe in greater detail the lifestyle and preventive choices that have the greatest potential benefits.





Chapter 4

Inside a Doctor's Office

Health care is a complex business. People who use health care can easily suffer from its complexity. Those who work in health care usually suffer from the complexity too.

A typical patient with (sugar) diabetes has about 15 risks to health. There are about 25 recommendations by experts that apply to the this typical person with diabetes. This number of risks and recommendations is just too much for a doctor to remember and too much to accomplish regardless of the length of an office visit. Errors occur, handoffs don't happen, and things are not done.

To deal with the errors, missed handoffs, and failures, a doctor's office will usually hire new people and add more checklists to manage the chaos. You can see how complexity breeds failure and failure breeds more complexity. Failure and complexity result in more waste and higher costs.

Some practices are more successful than others at minimizing waste, failure, and complexity. The figure on the next page lists critical "success attributes" of good practices and the responses to these attributes by many doctor's offices across the United States.

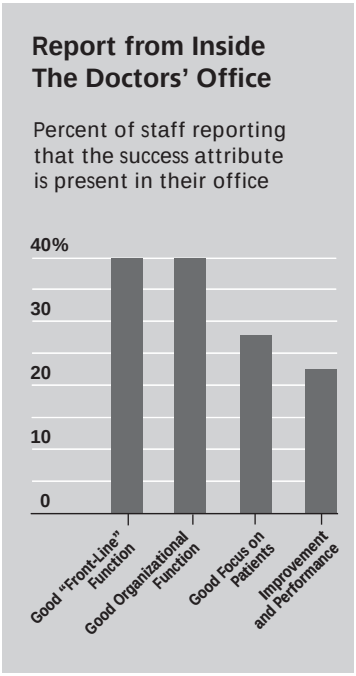
Successful practices most often spend a lot of energy making the "front-line" team of doctors, nurses, and support staff function well. Currently, about 4 out of 10 office practices report that the front line staff functions well.

To attain "same page" care, the front line team must understand the needs of its patients. Only a third of health care workers in the United States rate themselves as well focused on patient needs.

Welcome Back to Our Office.

We apologize that members of our staff sometimes act like busy restaurant waiters who interrupt you when taking your order and mess-up your meal.

But we have problems too!



Professional and non-professional office practice staff improve health services by examining what they do. The percentages reflect their average ratings.

To get good results, a practice needs to actively measure and take steps to improve performance. Less than one quarter of practices do this.

A Tale of Two Practices

Dr. M's situation was lucky. He had been working for several years with the Institute for Healthcare Improvement before setting up his own family practice in a small city. Dr. M knew how to build good front line function, good patient focus and measurement of performance in the practice.

Dr. M offered patients direct access to his cell-phone. He offered email communication to answer their questions, refill their medications, and reinforce their self-management. He used a complete electronic health record so that billing was automatic and information was easy to get. He minimized costs by beginning with NO office staff and using a very small office. (He did not need a large waiting room because patients did not wait to see him). He used HowsYourHealth so that he knew what mattered to his patients...he was on the same page with them.

Dr. M says he encourages patients with internet access to take the HowsYourHealth survey, even if they choose to do so anonymously. He adds: "For those who feel comfortable putting in their name – and the majority do – it's a tool that gives me a very simple means of assessing my patients' needs."

As he describes: "We go over the results together, literally shoulder-to-shoulder, either at the computer or with the printed summary, and look to see if there are any gaps. I tell them I want to make sure nothing falls through the cracks." So, adds Dr. M, "If I see, for example, that they've checked off 'lacks social support,' I ask them to tell me more about that. Then I can begin to help them work on whatever is lacking." In other words, Dr. M says, "It opens the conversation."

On a broader scale, Dr. M uses the aggregate data from his patients' HowsYourHealth input to improve his practice. The effects can be substantial. For example, he explains: "From the surveys, I realized that I could segment my population into two groups: those who rated their care as perfect and those who didn't."

Dr. M says when he looked more closely at these two groups, the main difference was that those less satisfied were more likely to have chronic diseases and didn't feel confident in managing their condition. Based on this data, he says, "I hired a nurse to work with me on chronic disease management – to put in place more supports for this group. I also started offering group visits for patients with chronic conditions, which the literature shows can be a very valuable resource."

A strong benefit of HowsYourHealth is the way it helps Dr. M's patients become more confident self-managers. "It's a terrific vehicle for confidence-building; for helping patients track chronic disease and know what to do about it."

Dr. M's clinical practice has been financially secure because the money received from patients is not wasted to pay for unnecessary space and inefficient processes. He and his new nurse-associate recently rated their office 100% on "front-line" function, patient focus, and measurement of performance.

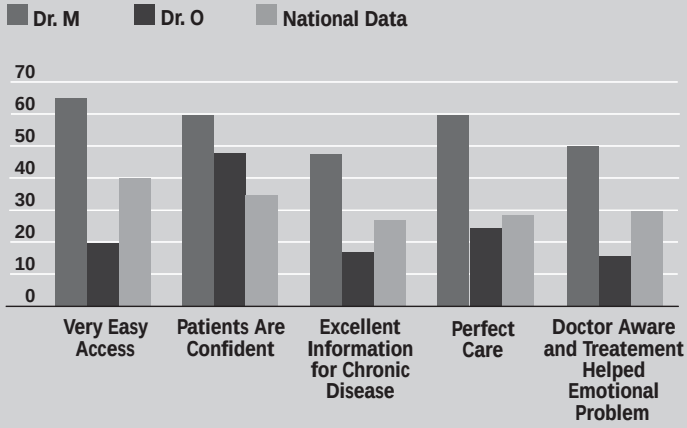
In contrast to Dr. M, Dr. O's situation was far less fortunate. Dr. O was hired to reorganize a clinic of professionals and staff who have long-established, traditional roles. The clinic has complex policies and procedures. His professional and non-professional staff rated the office at 0% for every attribute shown in the previous table entitled "Report From Inside the Doctor's Office."

In the snapshot on the next page we compare the performances of Dr. M and Dr. O from the perspective of their patients. (To make sure the comparisons are fair, we include only patients with problems; the patterns are similar for low-income patients and those without the

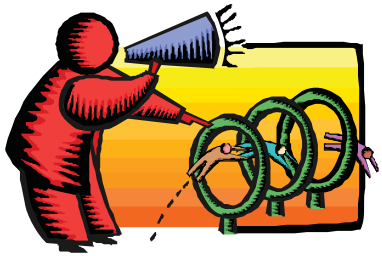
listed problems). The poor function of Dr. O's office is reflected in lower ratings of care by the patients who use it.

Clearly Dr. M's patients feel that they can reach him easily. This ease of access favorably influences the other ratings of care. Dr. M does not provide perfect care all of the time. For example, only about half of the patients with emotional problems report that he is aware of the problem AND that treatment was effective. But compared to the nation and Dr. O's practice, Dr M is ahead.

Snapshot of Performance for Dr. M, Dr. O, and the Nation for People with Pain, Emotional Problems, or Chronic Diseases



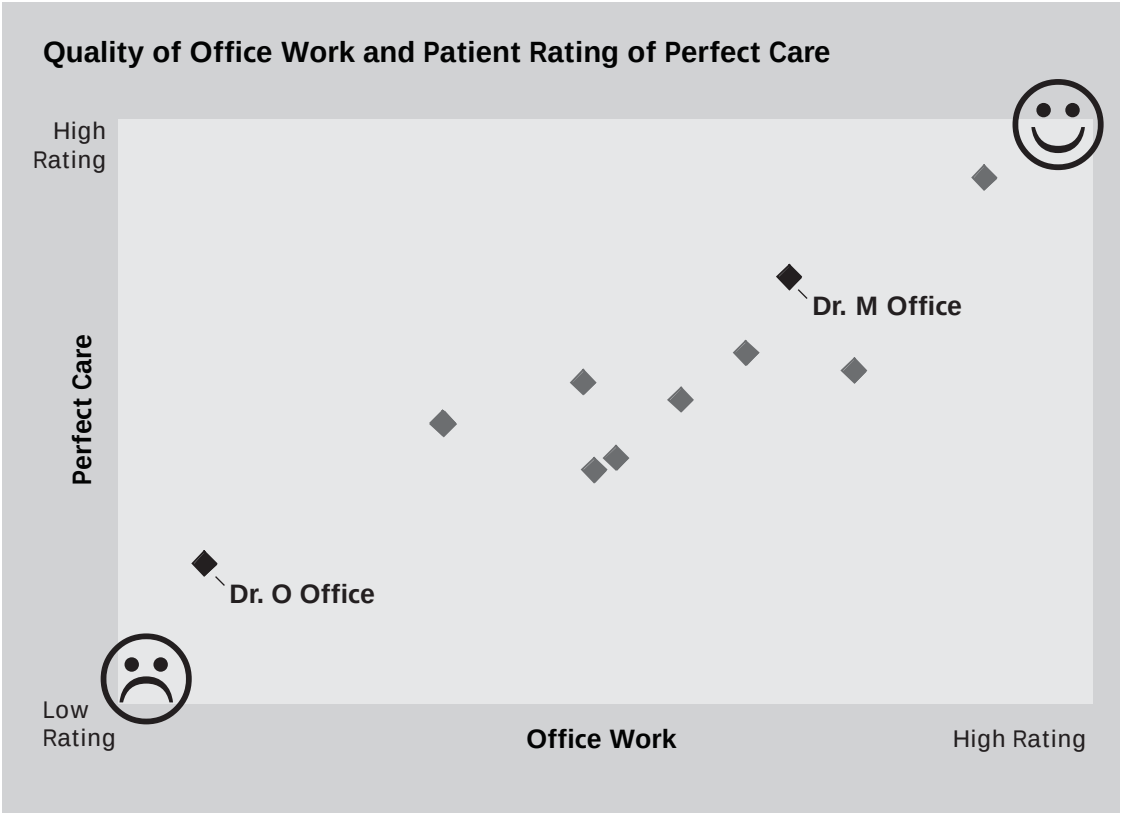
A rating of "perfect care" makes a big difference. However, many doctors say, "Perfect Care? Are you kidding? That is too difficult!"



Perfect Care? Are You Kidding?

A health system or doctor's office should make you feel comfortable that it will attain the highest level of performance. What Americans feel about their health care is also very closely related to how well a doctor's office is working.

The next figure (Quality of Office Work) shows the relationship between Americans' ratings of perfect care for 10 doctor's offices. The entire professional and non-professional staff rated how well they worked together.



As you can see, the two ratings are strongly related: the better the rating of the staff, the higher the rating of perfect care by the patients who use the practice.

You and your doctor want to be in the "smiley face" area. You want your doctor's office to highly rate the way they work together. When they are doing a good job, your care is more likely to be perfect and "as good as it gets."

From the point of view of all Americans, they should be able to say about their health care: *"I receive exactly what I want and need exactly when and how I want and need it."*

This table lists important attributes of health care reported by Americans who strongly agree, somewhat agree, or disagree with the statement:

"I receive exactly the health care I want and need exactly when and how I want and need it."

	The 20% of Adult Americans Who Strongly Agree	The 60% of Adult Americans Who Somewhat Agree	The 20% of Adult Americans Who Disagree
"I have one person I think of as my personal doctor or nurse."	95%	80%	60%
"It is very easy for me to get medical care when I need it."	85%	40%	10%
"Most of the time, when I visit my doctor's office, it is well organized, efficient, and does not waste my time."	80%	60%	20%
"The information given to me about health problems is very good."	80%	60%	25%
"I am confident that I can manage and control most of my health problems."	75%	45%	15%
"I have not been harmed by health care in the past year."	99%	98%	91%
"Few things about health care need to be improved: health care is almost perfect."	75%	30%	0%

This table shows, for example, that 8 of 10 (80%) of Americans who strongly agree with the statement that they "receive exactly the health care they want and need..." also report that the information given to them is very good. But only 25% who disagree with the statement report very good information. In which of the three columns are you and persons you love?

Postscript: Americans' Views About Perfect Care and Doctors' Views About HowsYourHealth

Thousands of Americans who use HowsYourHealth suggest way to make their health and health care better. Suggestions are similar across America. To illustrate typical suggestions we use information from the City of Chicago.

About 30% of the respondents suggested ways to make Chicago healthier. The topics listed are ranked from the highest to the least common.

What might make Chicago a healthier place?

	Rank
Air quality	1
Health care	2
Parks, paths & pedways	3
Smoking regulations	4
Indoor exercise	5
Restaurants & food	6
Traffic, work, crime, stress	7
Health education events, programs, campaigns	8

Health Care

In Chicago, comments about health care fell into four broad and inter-related categories: quality, access, costs, and insurance. A few of the quality respondents noted that they were not concerned about the quality of their own care but were concerned for the poor.

Within the quality responses, most were about customer service. They want more time with their doctors and nurses. They want to be listened to and they want answers to their questions.

Time is also an access issue. Most access respondents wanted to be able to get appointments sooner and minimize the wait when they did arrive for their appointment.

For 15 office practices that have recently asked their patients, the most common ways to improve health care are smoother access, greater efficiency, and better communication and coordination.

Access to Health Care and Efficient Health Care

About 60% of Americans do not have very easy access to health care and about 50% report that once they arrive at a doctor's office some of their time is wasted.

> *"Need to improve call answering. Frequently, the phone is not answered promptly."*
>
> *"It would be nice to have 'one stop shopping' and to be able to do mammograms, blood work, and other lab work all in one visit."*
>
> *"I would suggest having a summary in the front of patient's file listing all past and present known medical problems, past medicines tried that didn't work, current medicines, and advised treatments. The nurse or doctor can see at a glance an overview of patients history; rather than looking through pages of notes."*

Communication and Coordination

Nationally, only 10% of the time do physicians ask patients if they understand the topic of conversation. Improving communications problems is the focus of HowsYourHealth. Adult Americans most often list communication and coordination of care as areas for the improvement of health care.

"It's frustrating going to a doctor because I feel am not being listened to. I feel most like a number or cattle moving through the line. Not a real person with real health concerns."

"The doctor could give me better information about my conditions and also about my medication. The doctor often seems not to read my chart and doesn't always remember prior conversations."

"Be more alert to medical complaints that reveal other medical problems. Ask patients if 'anything else' concerns them."

Doctors' Views of HowsYourHealth

"The first patient to complete HowsYourHealth was seen today. I picked up the fact that he'd never received pneumovax and directly addressed his confidence in managing his own condition. Interestingly his lack of confidence seemed to relate largely to the fact that he has an implanted defibrillator made by a company that has had a number of recalls. His cardiologist kept blowing him off about this topic. I pulled out an appropriate article and noted the relatively small absolute risk reduction from the device in his circumstances. I also used the manufacturer's website to reassure him that his model had not been recalled. He left much more confident.

"I don't think the visit would have gone the same way without HYH. So thus far I am 1 for 1."

- Dr. RH, Essex, CT

"I just wanted to give a success story for a patient of mine who recently used HowsYourHealth. She did the survey, and when she was done, she hit Print to print the action form. Unfortunately, her husband was sitting near the printer and she feared her honesty on the survey with regards to smoking habits would be seen by her husband (who apparently either didn't know or didn't want to confront her on this). After sprinting up the stairs, grabbing the form off the printer before her husband could see it and running back downstairs before he could ask 'what the hell??' she began to think maybe she would be better off not smoking at all. So she kicked the habit and now has 'no secrets left from her husband.'

"By the way, she was also embarrassed about her 2-3 glasses of wine a day and has cut back on that.

"Wow, a healthier patient and a healthier relationship just by answering questions. I have to say, I love a success story when I didn't have to do anything at all. I'm beginning to like HYH better and better every day!"

- Dr. JB, Newport News, VA

"HowsYourHealth used with physicals picked up pain in a stoic patient yesterday that I only saw once a year ago and uncovered a more insidious chronic issue, and the fact that his specialist hadn't bothered to answer his phone call for help when he had a kidney infection. We reorganized his medical access and he'll see me for care next time first."

- Dr. NG, Albuquerque, NM

"If you have not already done so, please do the online health survey found at www.howsyourhealth.org and enter access code ___, and email it to me at the end. It takes about ten minutes, and really helps me learn what you need to improve your health. That website also has great self help and self management information, in addition to links to credible medical websites."

- Dr. ME, Woodland Park, CO

"When I look at my summary report, I get into the very cool stuff (from HowsYourHealth). I can look at what percentage of my patients who are limited by pain say I know about it and what percentage feel that the explanation and treatment have helped. I can look at how many of my patients with diabetes report good glycemic control or say they know about foot care or eye exams. I can see how they judge access to care or quality of information in chronic care. While overall, things look good, I am starting to change as a result of accessing these data.

"My response has been to try to become more methodical in education on the basics of chronic disease. Only half my patients know what to do if they miss a dose of BP medication.

"I'm lousy at teaching about foot care in diabetics. etc, etc..."

- Dr. NG, Albuquerque, NM

Chapter 5

Problems Are Made To Solve

The moment we are born, we are solving problems. Poor problem solving is a threat to health and well-being. By the time we are in our teens about 70% of us report that we are good problem-solvers.

Problem-Solving is a Way of Life

Some problems are technically difficult to solve, such as doing your own heart surgery. Other problems are personally difficult, such as losing weight or keeping a New Year's resolution. Most of our everyday problems are of the personal type.

How we solve these personal problems greatly influences our health and our ability to relate to others. For example, the first figure (following page) illustrates the habits and behaviors of good problem-solvers aged 9-18 compared to those who have difficulty most or all of the time solving problems. Poor problem-solving youths are most likely to engage in risky behaviors (30% versus 10%), have poor health habits (70% versus 40%), and withdraw into the passive world of television (50% versus 30%).

The second and third figures illustrate the increased personal and difficulties and concerns facing poor problem-solving youths compared to good problem-solvers.

In adulthood poor problem solvers are usually not very confident in managing their health problems. We have previously shown in Chapter 3, "As Good As It Gets," how poor self-management results in excessive use of the hospital and emergency room and a greater risk of harm.

Figuring out how to do my heart surgery was more difficult than I thought.

I guess I'll just try to lose some weight

Figure 1

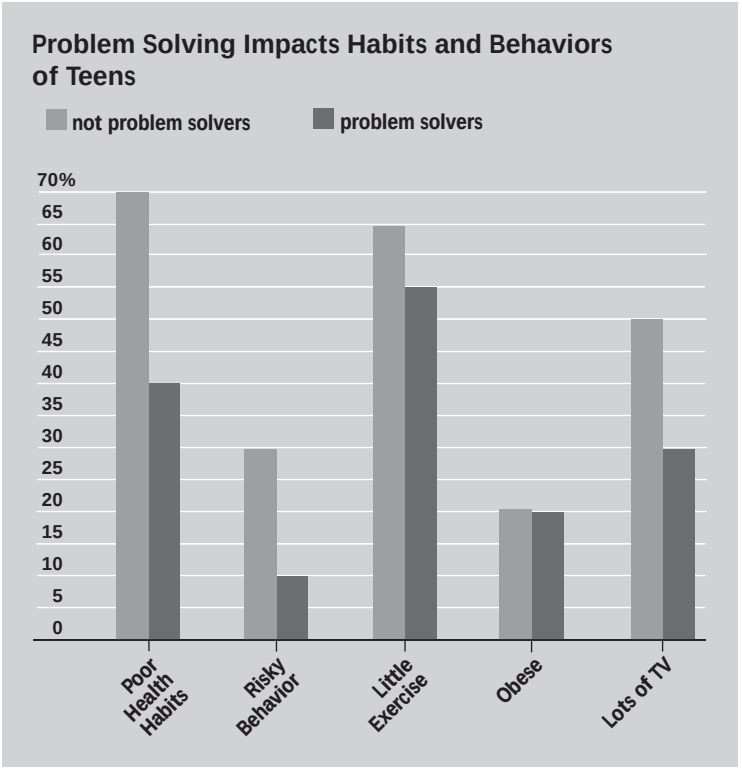
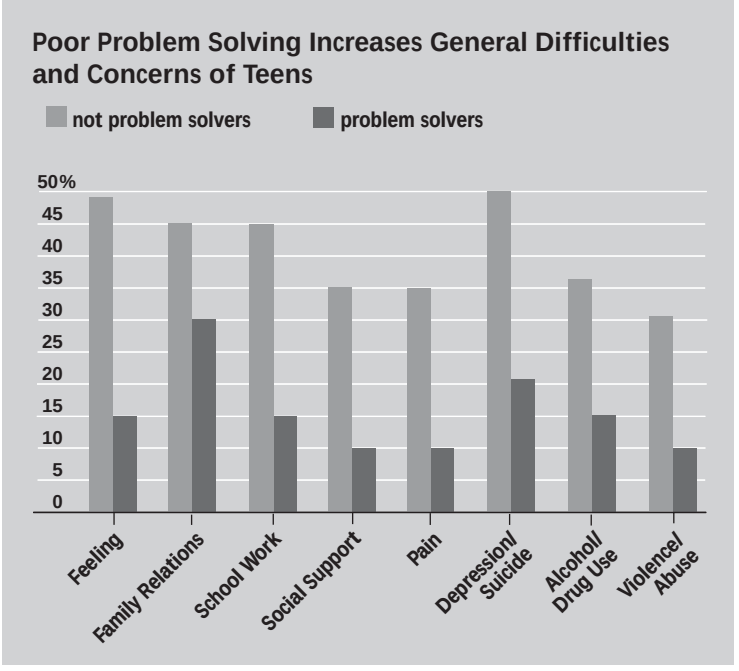


Figure 2



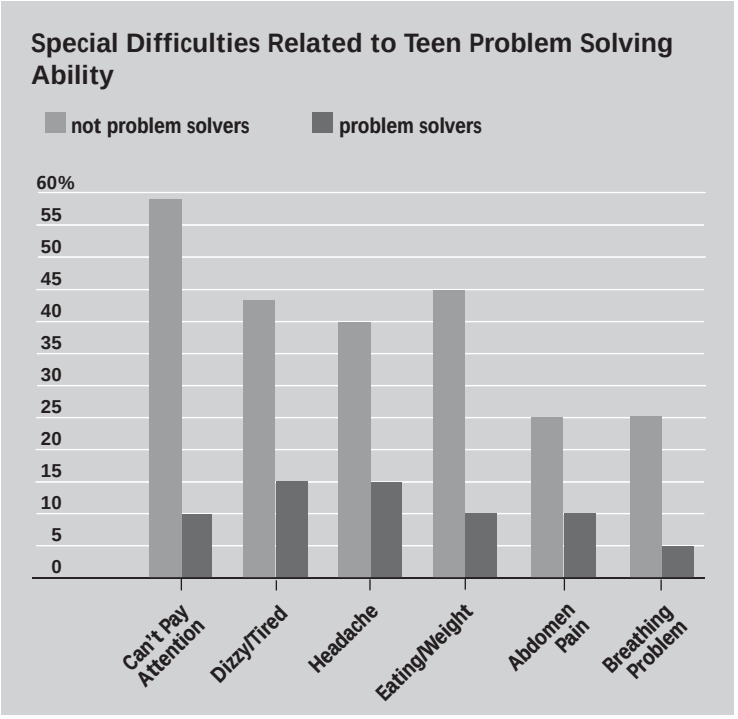


Figure 3

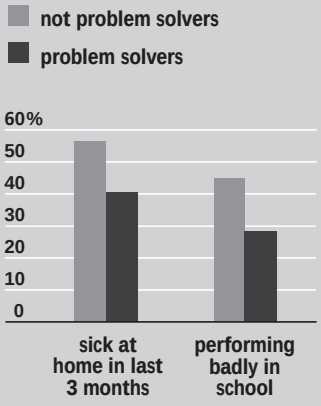
Problem-Solving Made Simple

Before an infant can speak it solves problems by testing and mimicking. Before risking injury or failure, a child learns to limit choices based on personal experience or the advice of others. By the time a child reaches adolescence, he or she has had the opportunity to collect a great deal of good (and bad) experiences.

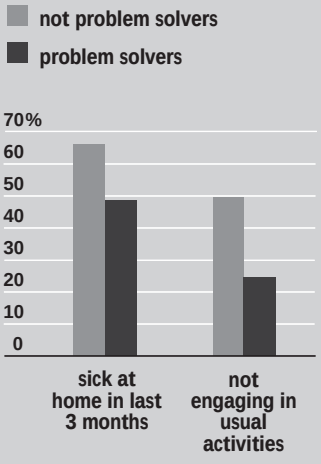
Without much thought, adults take many actions and make many decisions to solve problems. But some issues and problems are more difficult than others. For example, consider the problems of pain and emotional distress.

We all experience aches and pains. Most aches and pains go away in a few days. Our bodies have a wonderful capacity to heal. We may help our bodies by changing activities, just waiting ("tincture of time"), or taking aspirin, acetaminophen, or similar non-prescription pain relievers.

Difficulties Coping with Pain and Emotional Distress by Adolescents



Difficulties Coping with Pain and Emotional Distress by Adults



We all experience emotional distress. Emotional distress also often goes away without treatment.

However, for many people, aches and pains and emotional distress are more persistent and today's most effective medicines will not make the pain permanently disappear. For example, about 1 in 10 (or 10%) of Americans over the age of 14 begin almost every day with bothersome pain and emotional stress.

Youths who begin the day with bothersome pain and emotional distress have poor school performance; adults spend many days unable to work. It is not a nice way to live.

However, among these bothered and distressed adolescents and adults, some manage to control the situation better than others. These two figures show what happens to adolescents and adults who have persistent pain and significant emotional distress. When people say that they are good-problem solvers, they suffer less from their pain and emotional distress than persons who are not as good at problem solving.

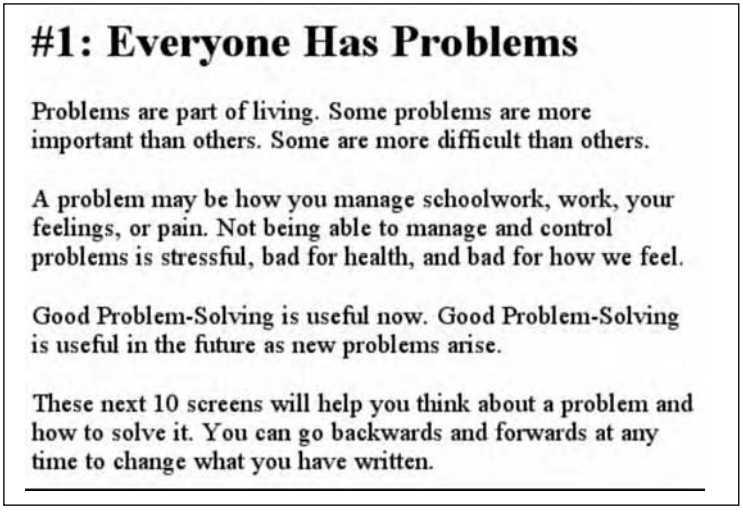
Our colleagues recently completed a study of problem-solving treatment for pain and emotional distress in the office practices of 50 physicians. Half of the patients received usual medical care. The other half used HowsYourHealth and received some coaching over the telephone about problem-solving and used a "seven step" approach.

Six months later the health of people using HowsYourHealth and problem solving techniques was much better than those patients who only received usual care. They also had better understanding of their pain and they felt in better control. They were more often "on the same page" with their doctors. The "Problem-Solving" tool on www.howsyourhealth.org is based on the results of this successful study.

How Does HowsYourHealth Problem Solving Work?

People who use this approach go to www.howsyour-health.org. Instead of completing the HowsYourHealth survey, they use the "Problem-Solving Tool" as many times as they wish.

The majority of people who use the "Problem-Solving Tool" use it to better manage eating and weight. Other commonly chosen topics are pain, stress, and financial issues.



On the next page we show six steps two people use to have healthier eating habits.

Readiness to Improve and Solve Problems

- ❑ I don't have problems (such as pain) or poor health habits (such as I don't exercise).
- ❑ I have some problems or poor health habits but I am not ready to improve them now.
- ❑ I have some problems or poor health habits and I want to start improving them.*
- ❑ I have tried to improve some problems or poor health habits but I have not been able maintain any improvement I made.*

** Go to www.howsyourhealth.org and complete "Problem Solving."*

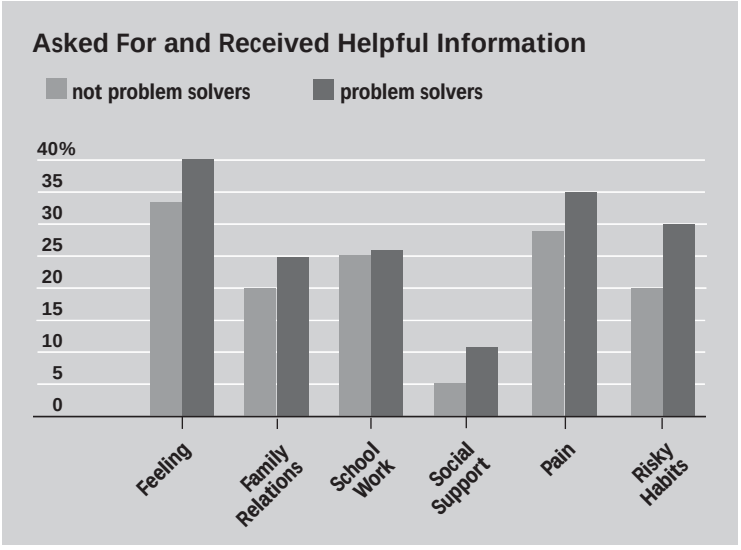
Responses of Two People Thinking About a Problem and Their Choices

Problem-Solving Steps from the "Problem Solving Tool"	One Person	Another Person
1) Identify the problems	Eating	Eating too much
2) Break the problem into "bites"	Smaller portions. No fat and sugar. Exercise.	Don't add butter to bread. Choose fruits and vegetables.
3) Choose the best "bite"	Smaller portions.	Choose fruits and vegetables.
4) List possible steps to manage the "bite"	Have three balanced meals a day of smaller portions. Make sure the food groups are represented. Reward myself for achieving a goal. Discipline myself.	Have a fruit for breakfast. Have a vegetable or fruit for a morning snack. Have dried fruit in a bag for class time. Drink tomato juice.
5) Choose the best step	Discipline myself to say "no."	Have a vegetable or fruit for a morning snack.
6) What will you actually do, now?	Stop snacking on things. Stay away from the candy machine. Think twice before proceeding. Move more.	Bring a snack bag to work. Have a snack at 11 and lunch at 1. Vary snack bag items. Keep them cold.

The seventh step has them designate two trusted "buddies" who will help them. Using "outsiders" adds definite value by helping us monitor our progress and assist us in devising strategies to change behavior and solve problems.

In contrast to adolescents who have difficulty solving problems, good problem-solvers more often talk to someone about their concerns AND report that the information was helpful. The next figure illustrates the comparison.

Teenagers who have problems with feelings, family relationships, and the other listed concerns can choose to ask for information from others or not. If they choose to ask, the information may or may not be helpful. Over time good problem solving teens are better at seeking and getting good information than poor problem-solving teens.



This 7-step problem-solving example might seem too simple or too boring to be effective. But scientific studies prove that it is really very effective.

Changing behavior and customary activities is very seldom sexy, fun, or exciting. Simple, clear goals and straight-forward methods to attain the goals will work most of the time.

Which Problems Matter Most?

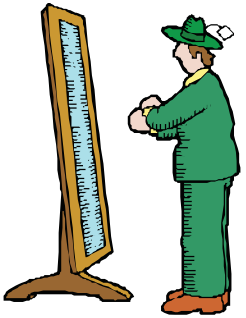
Let's presume you wanted to use this problem-solving method. On which problem or concern should you focus? The answer may not be a obvious as it seems.

First, ask yourself: "who labeled the problem a problem?"

Why Solving Problems By Yourself Seldom Works

Whenever I ask him, the man in the mirror reflects an excellent sense of taste and common sense.

Don't you agree, sir?



In America, we are often told by others that we have a problem or that we should be concerned about something. Every day you hear advertisers, friends, families, political leaders, employers, doctors, pharmacy companies, etc. tell you about a problem they want you to fix (or pay them to fix for you!) Who labeled the problem a problem?

Second, if the problem seems legitimate and has been labeled by a reliable source, ask yourself: "how big is the risk compared to other problems you have?"

For example, we mentioned that a diabetic patient often confronts many risks. The best way to manage such a long list is to work with a trusted health professional on two categories of actions.

1. What action must I take soon to avoid serious trouble? As a general rule, smoking and a blood pressure greater than 160 trumps most other risks.
2. What action can I take to reduce many risks at once? Quitting smoking is clearly the one thing smokers can do to greatly reduce their risk for heart disease, cancer, and premature death. If someone has a bit of high blood pressure or diabetes, weight loss and regular exercise can greatly reduces the need for medicines. Controlling the blood pressure and diabetes will greatly reduce risk for heart disease.

Finally, ask yourself: “what really matters?”

You have to be the judge of which problems matters most to you. Armed with the information from the first two questions you might find the “Problem-Solving Tool” useful for helping you sort out your competing choices and actions.

Good Problem-Solvers Can Be Made

We are not predestined to be good or bad problem solvers. Problem-solving is a skill that can be learned even by those who have endured difficulties for many years.

Mr. CV was a 60 year old man who had spent the past 6 years at home because of pain and a paralyzing fear that whenever he tried to do something he would become worse. The less he did, the greater the pain when he tried to do anything. He had been prescribed many pills for pain and depression but he found that the side-effects of the pills were more bothersome than the relief he obtained from the pills.

Literally by chance he was asked to complete HowsYourHealth. After completing HowsYourHealth he was telephoned by a nurse educator he had never met. She talked to him about his pain and emotional stress. Together they decided to take some very small steps to increase activity. Four telephone calls later his confidence had improved enough for him to propose activities that were even greater than either of them believed were possible when they developed the first problem-solving plan. One year later he applied for a job and is now a successful driver of commercial vehicles.

This true story is one of many that underscores one basic fact: we have the capacity to become good problem-solvers.

Postscript: Adult Problem Solving and Risk, Getting Teens to Problem Solve

Adult Problem Solving and Risk

Information about risk is distracting. Increasingly risk information is not just the product of advertisers and the office of homeland security. Even well-meaning health officials assault us with risk information to get our attention, make us seek treatment, or influence us to change our sinful ways.

For example, during the late 1990's the definition of an elevated blood sugar was lowered from 140 to 126, an elevated cholesterol from 240 to 200, and a worrisome blood pressure from 160 to 140. Even the measure of being seriously overweight (using the body mass index) was reduced from 27 to 25. These redefinitions resulted in a 30% increase in the number of Americans who have health problems compared to their older brothers and sisters.

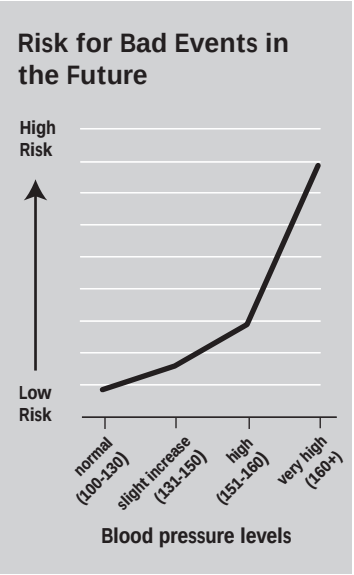
Remember that fear is the major reason we get risk wrong. Good problem-solving seldom results from a panic situation. Good problem-solving requires us to get risk right so we can focus on the most threatening problems. If we smoke, we need to remember that smoking trumps just about any risk. If we have an elevation of blood pressure (or cholesterol, or blood sugar, or weight), we need to remember this type of curve to keep the problem in perspective.

If we are now overweight and at risk for high blood pressure and diabetes later, we should not forget that you can do a lot now to avoid taking pills later. Experts estimate that when we are overweight and exercise regularly and adjust our diet, we can reduce our risk for diabetes and high blood pressure by 50%.

For example, if our upper blood pressure number (systolic) is 155, we can usually lower our high blood pressure:

- by just walking quickly for 20 minutes at least 4 days a week (155 – 4 = 151)
- by not adding any salt to foods and avoiding high salt foods (151 – 5 = 146)
- by losing weight when we are over weight. For every 10 pounds, (146 – 4 = 142) Lose another 10 pounds and we may be down below 140.

Now look at the risk curve again!! Nice work.



Teen Problem Solving

We include here part of the problem-solving approach from HowsYourHealth. It was designed by young teens. It was tested in 16 classrooms of an average public school system serving mostly white or hispanic teens. The average age of the teens was 15 years but ranged from 12-19.

Six weeks after the teens completed the problem-solving approach, 90% said that it had helped. They rated the impact as a "5" on a scale going from no impact (1) to a very high impact (10). Thirty-five percent had shown the problem-solving approach to other teens. Only 3% of the teens thought that the approach was difficult.

The section included here is designed to interest teens in "Problem-solving."

You might have the following problem.

You have a big argument with a close friend. You think that he or she just did not understand you and would not listen to what you were saying. What would you do?

First, I would: _____

_____

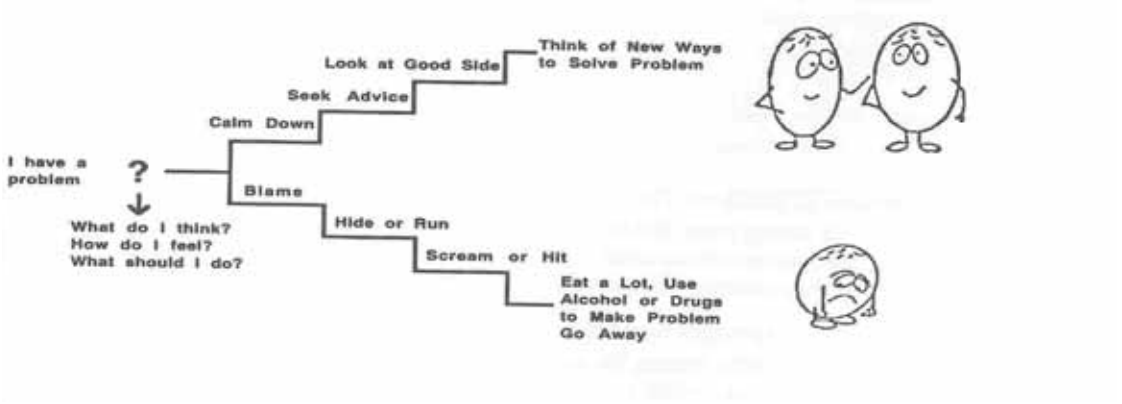
Second, I would: _____

_____

"Up-the-Stair" Actions

Persons who have talked to many teenagers have found that the way in which teenagers solve problems affects the way teenagers feel. Study the diagram below.

Note how certain methods for dealing with a problem lead up-the-stairs toward better feelings and often solve the problem.



Also notice how other methods for solving serious problems go down the stairs to bad feelings and often made the problem worse. For example, yelling, or hitting is a down-the-stairs way of dealing with a problem.

Were your two methods for dealing with the problem "up-the-stairs" or "down-the-stairs" actions?

- ❑ Both were "up-the-stairs".
- ❑ Both were "down-the-stairs".
- ❑ One was "up the stairs" and one was "down-the-stairs".

When You Have a Problem, Which Stairway Do You Take? Down-the-Stairs Actions Can Be Dangerous

Some teenagers who feel depressed or sad have thought about harming themselves – even committing suicide.

Many persons think about suicide during a very bad time. Then they find better ways to solve the problem and the thought goes away. Teenagers sometimes need more time for the thought to go away. Therefore, they need to talk to someone about the problem.

Another example: Some teenagers use illegal and dangerous drugs. This is a problem because the drugs can

kill and often get the teenager in trouble with the law and they do not solve or change the problem.

Actions and Consequences

Quick actions lead to quick consequences. Quick actions can lead to quick harms. Talking things through gives you time to think about actions and consequences.

Most teenagers say they talk to their parents, other teenagers, and other adults about problem solving. Their ideas about problems, situations, actions, and consequences may be helpful. Therefore, in a class or a smaller group of friends, you may want to talk about your plans and exchange ideas.

Changing unwanted habits and feelings into desirable habits and feelings is a challenge. American teenagers find that getting answers to questions about their health, alcohol, drugs, and school is often easy. However, they say they have difficulty finding answers to questions about solving personal problems or about feeling better about themselves.

Let's talk about a way to look at personal problems – we call this problem-action-consequence thinking. All choices and actions have consequences. This means that how we act and react causes actions and reactions from others. When we yell, someone will get angry. When we blame, someone will get defensive. If you imagine how the other person might think, feel or act, you usually can understand how your actions will affect the other person.

Feelings and Actions are Connected

Can your problems lead to dangerous actions?

"Up-the-Stairs" Actions:
- Doing well
- Feeling good about yourself and others

"Down-the-Stairs" Actions:

- Hurting yourself and others – legal problems, damaged future
- Having sex – pregnancy, infections
- Drugs and drinking – legal problems, damaged future
- Avoiding and failing – school problems

Looking at Ourselves

Imagine a situation where someone has just given you a dirty look or has said something bad to you. OR

Imagine that you just noticed that you have lost all of your important notes for a school paper. You worked very hard on the notes for almost a week because it is your favorite class. If you get a good grade on the paper, you will get a good grade in the class.

For either the dirty looks or the lost homework, ***what would you do?***

Answer "yes" if the statements below describe actions that are like you. Answer "no" if the actions are not like you at all.

1. I would think about something else: try to forget it; or would do something like watching TV or play a game to get it off my mind.
   ❑ yes ❑ no
2. I would just accept the situation because I know I cannot do anything about it.
   ❑ yes ❑ no
3. I would keep wishing this thing had never happened or that I could change what had happened.
   ❑ yes ❑ no
4. I would yell, scream or hit something.
   ❑ yes ❑ no
5. I would try to feel better by eating a lot, smoking, drinking beer or using other drugs.
   ❑ yes ❑ no
6. I would find out who was to blame for the situation, and blame them (or myself) for making me go through this.
   ❑ yes ❑ no

If you have checked any "yes" responses, it means that you sometimes go "down-the-stairs" towards harmful actions and unhappy feelings. The problem may not be solved.

Try this exercise one more time, using the following situation:

You and a parent have been having a serious argument. Your parent is upset about several problems and you are told "Don't you ever talk to me like that!"

What would you do?

1. I would try to see the good side of things and/or concentrate on something good that could come out of the situation.
   ❑ yes ❑ no

2. I would try to calm myself by talking to myself, praying, taking a walk, or just trying to relax.
   ❑ yes ❑ no

3. I would turn to other adult(s) to help me feel better.
   ❑ yes ❑ no

4. I would talk about how I was feeling to one of my friends.
   ❑ yes ❑ no

5. I would try to solve the problem directly.
   ❑ yes ❑ no

6. I would think of ways to solve the problem and talk to others to get more facts and information about the problem.
   ❑ yes ❑ no

If you said "Yes, this is what I might try to do," you are "going up the stairs" toward solving problems and happier feelings.

This ends the sample from HowsYourHealth.

Additional information for teens about "How to Problem Solve," "Knowing and Setting Limits," and "Popular Pressure Lines" is available on the website.

Chapter 6

It's 100%

Esther is a very successful businesswoman. She enjoys her success and close family. Until recently, health has been an abstract idea and a collection of dull statistics.

Many times in our lives we are all like Esther. We take our health for granted. And then it's our 100% concern!

When Esther's mother became ill with a chronic (long lasting) disease called "sugar" diabetes, health became THE ISSUE. Esther suddenly learned that when we (or someone we care about) become sick, the dull statistical numbers become THE ISSUE; it's 100% when it's you.

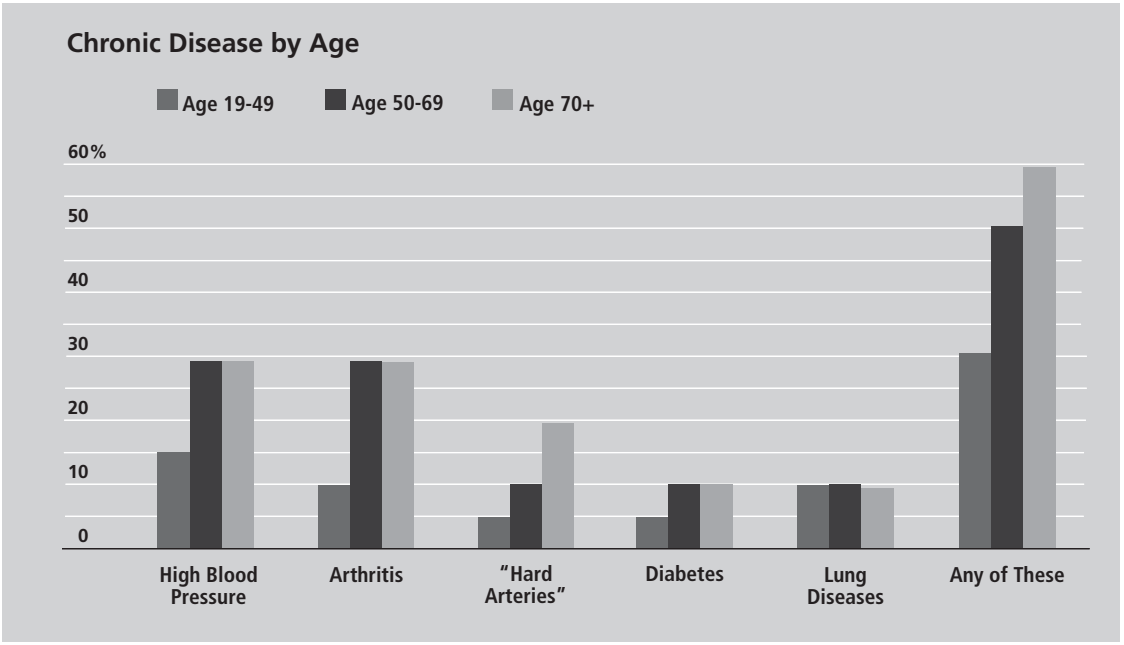
Esther now has to understand what diabetes means. She had to understand how diabetes will impact her mother's life, and her own. She has to figure out how best to help her mother and help her mother to help herself.

When our 100% time arrives, we all want answers to the same types of questions that now confront Esther: What does it mean? How do I best manage it? *How's Your Health?* and its related tools are designed to help us prepare for our 100% days.

Are You a Sugar or a Person?

Esther's mother has one of the five common chronic diseases. By age 70, at least one of these diseases becomes THE ISSUE for the majority of Americans.

Esther's mother was not overweight and no one in her family had diabetes. "Bad" luck seems to have been the cause of her diabetes. But luck is not the entire explanation; sometimes what we do can make a big difference.



When health professionals see you as "a sugar," a "blood pressure," or a "cholesterol," you know you are in trouble. Because health professionals are rushed they often think: "I'll focus on the sugar now and deal with other issues later." They seldom do.

For example, we previously noted that persons who are very overweight are at least four times more likely to develop diabetes than persons who are not overweight. Regular exercise will help even very heavy persons avoid diabetes.

But a discussion of statistical causes for diabetes is academic to Esther's mother. For her, diabetes is now THE ISSUE. What should she do? What matters most to people like her?

When Esther first met her mother's physician, the conversation focused almost entirely on the blood sugar. Esther kept thinking, "My mother is much more than a 'sugar.' My mother and I can manage the sugar but there are a lot of other questions on our minds." The next table lists the issues and concerns of typical persons with diabetes.

Esther's intuition is correct. Good management of Esther's mother will happen when she is more than a "sugar;" when the doctor's office focuses on what matters to Esther and her daughter.

Moreover, Esther and her mother understand that they must learn how to self-manage and live with the diabetes 99.99% of the time because a doctor or nurse is not available to help round the clock. How does a doctor's office or health system help Esther's mother become a good self-manager?

Recall the previous example of pain management. For pain and chronic diseases such as diabetes, the first step is to know about the condition and other important concerns.

The next step is to provide Esther's mother and Esther with information that makes sense to them. The information must be actionable...that is, it must help them live with the problem.

Esther and her mother are fast learners, but even the smartest person can only remember so much at one time. The final step is reinforcement of the information and adjustment of the approach over time...for example offering phone contact.

These three steps are not rocket science and will often happen without the help of health professionals with advanced health training. But the health care system often breaks down when dealing with these three steps.

Esther's Mother Can Do Well

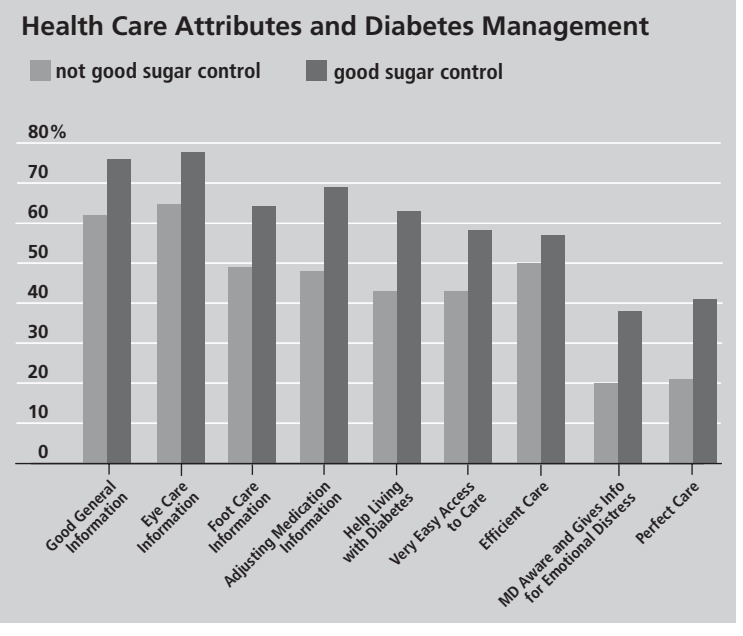
Depending on how well a person self-manages their diabetes, the risk for kidney failure in 20 years is from 2% to 10%, 5-20% for going blind, and less than 3% for losing a foot. (The lowest percent listed for these complications occurs when blood sugar control is good). With good self care about 9 out of 10 people with diabetes have no complications. Esther and her mother, (like most of us when we are told that we have a disease), thought the risks of kidney failure, going blind, losing a foot - were many times higher than the actual risk. Since Esther's mother is 68, knowing these risks is comforting since, as she said, "in 20 years I will be 88

Other issues: a diagnosis of diabetes is not the only thing that matters to Esther's mom

Additional Diagnoses	**45%**
Arthritis	35%
Obesity	30%
High Blood Pressure	25%
"Hardening of the Arteries"	20%
Lung Diseases	15%
Functional Limits	**50%**
Physical	30%
Pain	30%
Emotional	15%
Daily Activity	15%
More Than Two Symptoms	**35%**
Eating/Weight Problems	40%
Joint Pains	35%
Sleep Problems	25%
Dizziness or Fatigue	25%
Foot Pain	20%
Back Ache	20%
Unhealthy Habits	**30%**

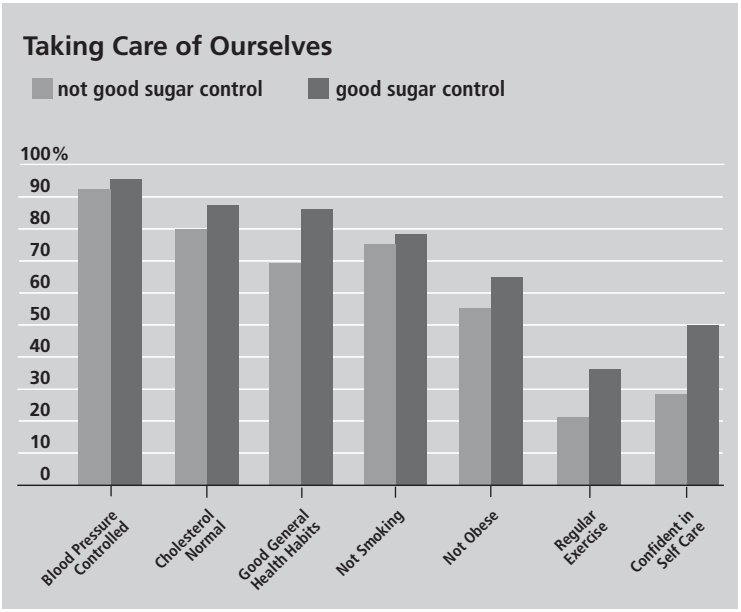
and a lot of other things can happen between now and then." Furthermore, she is confident that she will be able to manage her diabetes well.

The next figure (Health Attributes) illustrates the many important ways that care is better for patients who have well-controlled diabetes. For example, diabetics having good blood sugar control experience perfect care about twice as often as poorly controlled diabetics.



To do well, Esther's mother must also manage her diabetes and health habits well. The following figure (Taking Care) illustrates how often adults with diabetes engage in good health habits and manage their health problems. We again see that there are many small but important ways that personal actions impact blood sugar control. For example, diabetics having good blood sugar control regularly exercise about 3 times more often than poorly controlled diabetics.

Good health care combined with good self-care result in half as much use of the hospital or emergency department (11% versus 22%).

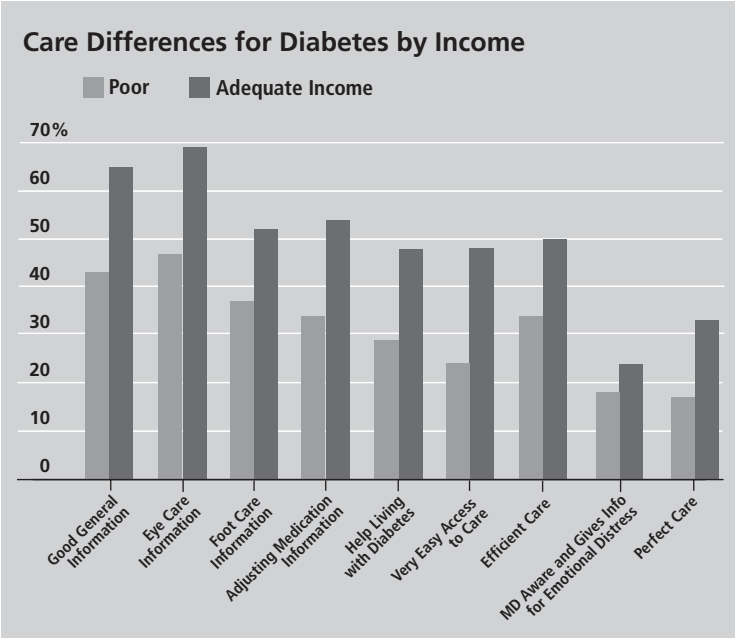


If Esther's Mother Does Not Have Adequate Income

The previous two figures were based only on patients who have adequate income. If Esther's mother has a low income she is likely to experience a very different level of health care. The next figure illustrates differences by income for American adults with diabetes.

The lower quality care results in more time spent sick at home (50% over three months for low income versus 30% for adequate income diabetics). Low-income diabetics more often use the hospital or emergency department (30% versus 15%).

In spite of a low income, Esther's mother could manage her diabetes well...but it would be more difficult. Approximately 45% of low income Americans have well-controlled blood sugar "all or most of the time" (compared to 60% of those with an adequate income).



There is a 100% ISSUE Close to You

Imagine that you, a family member, or a close friend had just given birth to a very sick or very small baby. The baby is expected to die unless helped to survive in a hospital. You would feel very vulnerable and very scared. You would really want to be on the "same page" with the health care professionals.

HowsYourHealth is being used in situations like this to improve "same page" care.

Some of the following "100% examples" will interest you or someone close to you.

New-Born Intensive Care

Neonatal intensive care units (NICU) are used to treat very small or very sick newborns. Over one-half of the NICU babies weigh less than five pounds! About 70% of the babies have been in the NICU for at least a week before their parents have completed the howsyourbaby survey.

Most patients (65%) are saying that the care is excellent, but there is a lot of room for improvement of "same page" care.

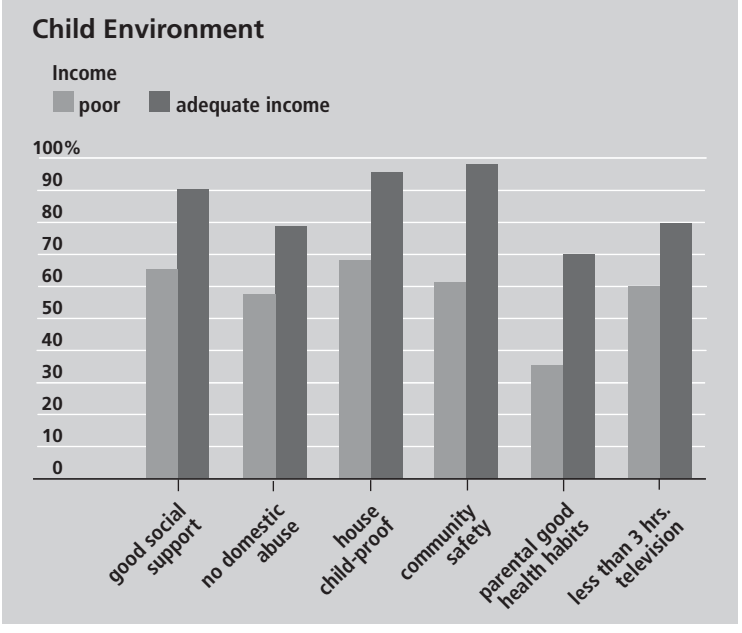
For example, one-in-five of the parents are really concerned about their child's pain and a similar number are concerned about their own financial situation. Yet only half of the parents have been given adequate help and information about these concerns.

Being able to talk to the SAME doctors and nurses about concerns and being involved in important decisions is very helpful and comforting in a NICU. Having the same care team and being involved in important decisions is happening only 60% of the time for families with adequate incomes and less (40%) for low income patients.

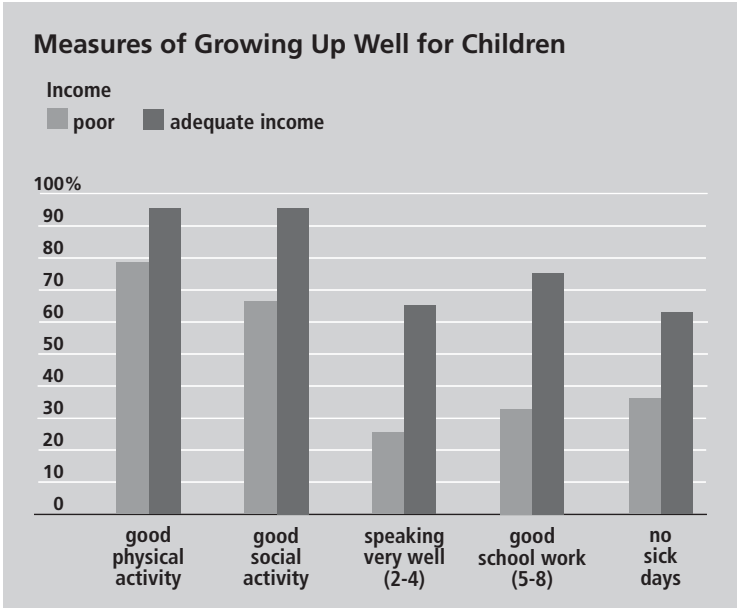
Communication always matters. Of parents who rated the care as excellent, 70% had been able to talk with the same doctor or nurse the right amount of time. Of those who rated their care as fair or poor, only 5% had good communication.

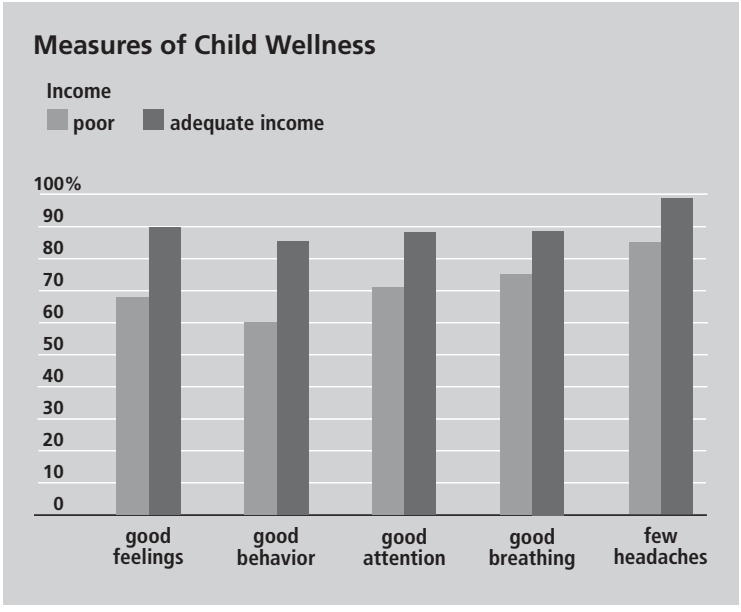
Children Aged 2-8

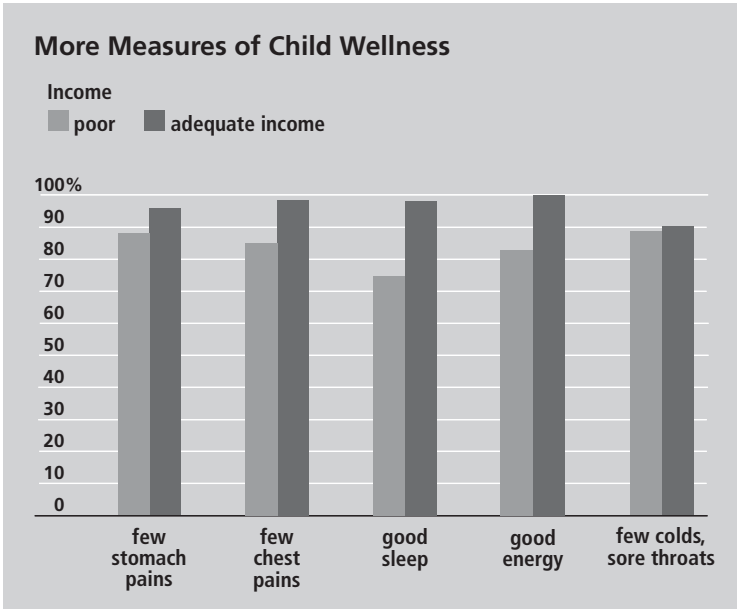
Sadly, the impact of income on a child is profound. The next figure illustrates the impact of income on a child's environment.



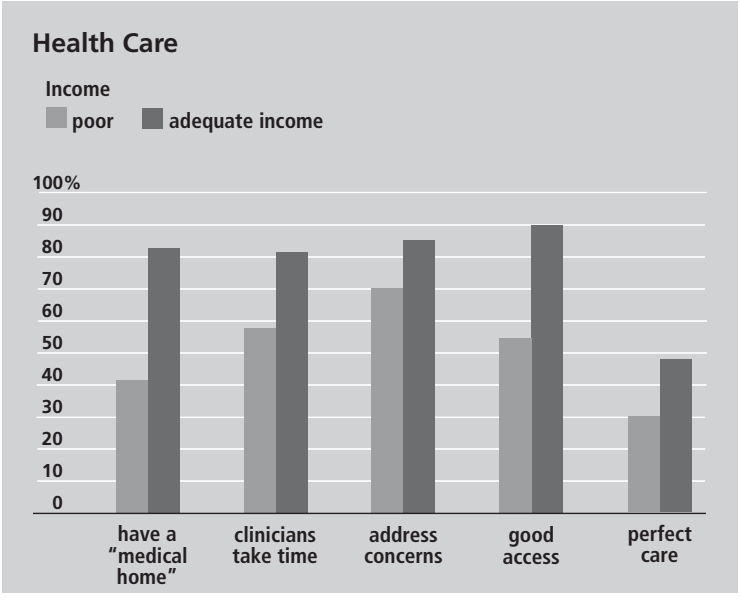
The sad, predictable impact of an adverse environment on child development and problems is shown in the following three figures.







The responsiveness of the health care system to the child's problems is shown in the next figure.



Although better "Same Page" health care might take the sting out of the situation, changes in the environment

are likely to have greater impact. For example, changes in the school environment are important because of the amount of time a child is in school. Schools use HowsYourHealth to foster both greater awareness of problems and to foster better discussions with children and their parents about possible solutions to the problems.

Pre-teens and Teens

Diseases rarely afflict preteens and teens. The most important health issue for pre-teens and teens is their ability to correctly identify and solve problems. The most frequent causes of death and disability in teens relate to their choices and actions.

Three-fourths of all deaths in teens result from accidents and violence. Most teens abstractly understand the risk of accidents but many still do not wear helmets or seatbelts. About 50% of accidents involve alcohol or drugs. The pool of alcohol and drug related deaths is large because 15% say that they "do" drugs, have sex, smoke cigarettes, or drink alcohol a lot and many more than the 15% experiment.

There is very little margin of safety for teens who use drugs or drink. Some overdose and die, others are involved in fatal accidents, and some become addicted. Less than 5 of 100 users of amphetamines, cocaine, or narcotics can quit without help; 9 of 10 alcohol users and 7 of 10 marijuana users will need help. If a family member has been "hooked" the chances of becoming hooked are even higher. Seventy percent of teen smokers are still smoking 5 years later.

There are over 100,000 teen victims of violence each year. Over 3000 are murdered (usually by firearms) and 2000 successfully commit suicide. As many as 1 in 50 teenagers make a suicide attempt that requires medical attention.

Is there a positive spin that can be put on all of this bad news? Most preteens and teens do not place themselves knowingly at risk. The good problem solvers generally do well. The previous chapter described a method to improve problem solving.

Adult Chronic Diseases

High Blood Pressure (Hypertension)

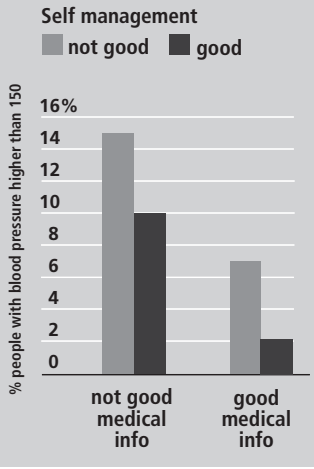
This is the most common chronic disease and an easily treatable silent killer. Recent very large studies reconfirm what has been suspected for years – that highly effective medicines (such as chlorthalidone) are well tolerated by most people, are more effective than many newer medicines, and are dirt-cheap. Compared to newer medicines that cost $300-700 a year, chlorthalidone and similar medicines cost less than $50.

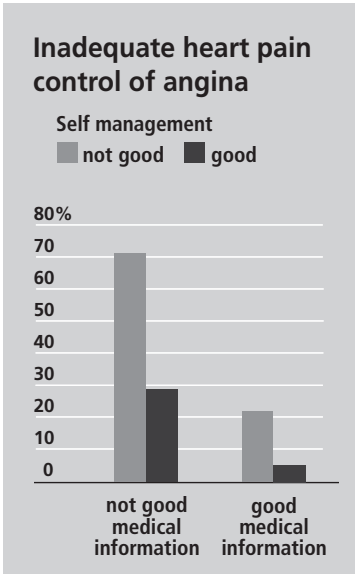
Regardless of medicine chosen, side effects need to be carefully balanced against the positive effects. Only 60% of Americans with high blood pressure report that they are well-informed about medication side-effects.

About 55% of persons with high blood pressure report they often check their own blood pressure. When people are well-informed about hypertension and motivated to be involved in its management, they are unlikely to suffer the risks of poor blood pressure control.

We have described many times the powerful combination of accurate health information and good self-management. The very powerful impact of this "same page" care is illustrated for control of high blood pressure. When information is good and self-management is good, only 2% of people have poorly controlled blood pressure higher than 150. However, when information and self-management are not good, poor blood pressure control is more than 7 times worse: (15% versus 2%).

Impact of information and self-care quality on blood pressure control





Not well controlled heart pain jumps from less than 5% to over 70% when doctors and patients are not on the "same page."

Heart Disease and Hardening of the Arteries (Atherosclerosis)

"Hardening of the Arteries" (or atherosclerotic cardiovascular disease-ASCVD) has many manifestations such as heart attack, stroke, angina chest pain, and heart failure.

Among those with ASCVD, the about one-third have had a heart attack and 75% report that they are taking a recommended "beta-blocker" and aspirin.

Strokes are a relatively uncommon manifestation of ASCVD in those below age 70. "Blood thinning" medications such as aspirin and warfarin are recommended to prevent future strokes. About 70% of those aged 50-69 report taking these medications versus over 90% of those aged 70 years of age or older.

Heart failure and a heart pain called angina affect a large proportion of persons with ASCVD. Both angina and heart failure require a lot of self-management. Adequate heart pain control for people who have angina depends on doctors and patients being on the "same page." A similar picture can be drawn for heart failure.

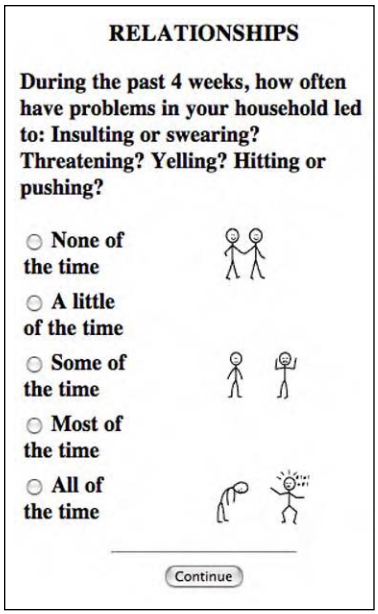
Lung Disease

Lung disease includes conditions such as asthma, emphysema and bronchitis. Patient self-management of asthma and most other lung disease is often required. For example, people with lung disease often increase their inhaled medications when short of breath or there is tightness in the chest. About two-thirds of teens and adults with lung disease report that they have received good education about ways to adjust their medications. About 80% understand how to use their inhaler.

When Relationships Break Down

In adult women, domestic abuse is a hidden cause for many health problems. During a four-week period, about 1 in 7 American women aged 19-49 and 1 in 10 aged 50-69 experience insulting, swearing, threatening, yelling, hitting, or pushing "some, most, or all of the time."

Compared to women who have better relationships, abused women carry a large burden of social and clinical illness.



General Problems Associated with Abuse

Problem	Probable Abuse	No Abuse
Bad feelings	40%	15%
Poor social support	35%	10%
Pain	30%	15%
Limited social activity	15%	5%
Limited daily activity	15%	5%

Elder Issues

When Americans are aged 70 years and older, it is useful to think of them as two groups: those who are successfully aging and those who are ill or frail. "Successful agers" tend to have a long history of social involvement and physical activity. "Successful agers" tend to rate themselves in excellent or very good health. Both groups have a lot of the common diseases, but the frail are much more limited in their daily activities and at higher risk for falls. Interestingly, a large proportion of the frail elderly are driving even though 30% say that they have difficulties driving.

Elder Issues

	Age 70+ in excellent or very good health: Successful Agers "	Age 70+ in fair or poor health: "Frail"
Common diseases:		
High blood pressure	30%	45%
Arthritis	25%	45%
Hard arteries	15%	30%
Diabetes	5%	20%
Lung diseases	5%	20%
Limit in daily activity	5%	40%
High risk for falls	5%	20%
Still driving a car	95%	80%
Average life expectancy at age 70:		
Male	15 years	9 years
Female	19 years	12 years
Average life expectancy at age 80:		
Male	11 years	5 years
Female	12 years	7 years

When We are Seriously Ill

> ***"It's not that I am afraid of death. I just don't want to be there when it happens."***
>
> ***- Woody Allen***

More than one in three seriously ill Americans do not get the care they want when they are dying. We find that very frail HowsYourHealth users are very interested in making sure that others know what matters to them. About half are worried about those they will leave behind, being a burden, and pain.

About 75% of these seriously ill persons say that their family, friends, or doctor would know would to do if they became too sick to speak for themselves. But only 50% have what they want in writing.

Putting down what is wanted in writing is not as easy as it sounds. It requires a person be on the "same page" with themselves and others. For this reason we offer a section of HowsYourHealth.org for those who are very sick or frail.

A family member or friend often helps the sick or frail use this special section of HowsYourHealth.org. More than half of the users of the special section are unable to leave the house and shop without assistance. Many need help with personal care.

The web-site automatically prints out for the caregiver or sick person a list of what they desire, want, and fear. This list can be shared with their family and doctor.

When a person does not have very clear instructions about where s/he wishes to die, the health system will decide. When a person dies without clear instructions in one state, the chance of dying at a hospital can be five times greater than the chance of a hospital death in another state. Five-hundred percent is a big number. Five-hundred percent represents the five-fold variation in hospital deaths across states within the United States today.

PostScript: More About Chronic Conditions Excerpted from www.howsyourhealth.org

Hypertension (High Blood Pressure)

Hypertension is not the same as feeling anxious or "high strung." Hypertension in adults means that three measurements of blood pressure in the arm average more than 140/90. (The first number – systolic pressure – is caused when the heart pumps; the second number – diastolic pressure – is the pressure when the heart is relaxed).

High blood pressure is very common. High blood pressure is made worse by eating too much salt, being overweight, or drinking too much alcohol (more than two cans of beer, two glasses of wine, or two mixed drinks in a day). Smokers with high blood pressure are at the greatest risk for heart disease and hardening of the arteries.

You can expect the systolic blood pressure to drop 10 points if you change to a reduced salt (sodium) diet and eat a diet high in vegetables and low in red meat, sugar, and saturated fats. You should select only low fat diary products. Example: 2% milk not cream.

Medications will generally be prescribed for patients whose blood pressure remains high despite changes in weight or diet if:

- your blood pressure remains more than 150/100.
- you are an African-American.
- you have diabetes or "hardening of the arteries."
- you continue to smoke.
- you are in your sixties or older, because blood pressure treatment will have even more benefit than in younger persons.

In some people, certain medications for hypertension can cause tiredness, dizziness when standing up, feelings of depression, being less alert, or decreased interest in sex. Health care providers work with you to find the most affordable medicine that controls your blood pressure and causes the least problems for you.

The most effective and inexpensive medication is a thiazide pill. Other "older drugs" are much lower in cost and as effective as many of the "newer drugs."

What should you do? First, remember that hypertension can cause serious heart and kidney disease, as well as stroke. Even slightly elevated blood pressure (130-139/85-89) is a risk. So try very hard to change your lifestyle, regularly take prescribed medicines, and check your blood pressure frequently. Second, help your doctor find the treatment that is best for you. Bring to the office blood pressure measurements you have taken at home or in other community settings and tell your doctor about any problems you may be having with the medications.

Heart Disease and Hardening of the Arteries

We know that future problems from heart disease and hardening of the arteries can be reduced when you:

- do not smoke.
- exercise regularly.
- keep weight, blood pressure, and cholesterol near normal. LDL cholesterol should be no higher than 115, if possible.
- keep blood pressure less than 150/90, preferably less than 140/90.
- take low dose aspirin (or warfarin if you have a condition called atrial fibrillation).
- take a "beta blocker" if you have had a heart attack.
- take "converting enzyme inhibitors" if you have heart failure; low dose beta-blockers may also be helpful.

A doctor should also spend time teaching people with angina heart pains and heart failure how to adjust medications so they are as effective as possible. Medication education always stresses that:

- Beta blocker medications should never be stopped suddenly.
- Nitroglycerin for angina heart pains should be taken before beginning an activity that usually causes pain.
- Educated patients can safely adjust diuretics ("water pills") for heart failure. You must keep track of your weight, feelings of shortness of breath, and swelling of your legs (edema). Easy "tricks" for controlling heart failure include lying down for 45 minutes after taking furosemide and using a combination of low dosage spironolactone or hydrochlorthiazide with furosemide.

Patients should always contact their doctor if they notice worsening of pain, shortness of breath, new pains, or pain that is lasting longer.

What about surgery, special tests or other methods for "cleaning" blocked blood vessels? What about "blood thinners" to prevent stroke? Please read Health Habits and Health Decisions at www.howsyourhealth.org before you talk about these choices with your doctor or nurse.

(Sugar) Diabetes

Diabetes describes several conditions that cause sugar in the blood to be higher than normal. People who have high blood sugar are more likely to develop hardening of the arteries, loss of vision, and kidney problems than persons who do not have high blood sugar. Kidney problems can lead to kidney failure. If the blood sugar is made as normal as possible, many problems can be reduced – particularly in people with diabetes who need insulin.

The best blood sugar goals are:

- Fasting: 70-120.
- Before meal: lower than 160.
- At 3 am: higher than 65.

A special (GH) blood test (glycosolated hemoglobin) should be as close as possible to the average for non-diabetics which is less than 7.

Health care professionals find that many people have difficulty reaching these goals. Your doctor should help you come as close to these goals as possible. People who need insulin should be careful to avoid too much sugar and fat in their diet and should exercise regularly. For others with diabetes, the same exercise and diet rules should be followed; weight should be as close to normal as possible; and medicines may be tried to lower the blood sugar. Sometimes several medicines and insulin may be needed. A daytime pill and night-time insulin can be very effective in some patients. Metformin seems useful for overweight diabetics who do not need insulin.

Remember, after you have had diabetes for more than five years, you have difficulty feeling when the sugar is too low. That is an important reason for regularly checking your blood sugar when you are taking insulin or pills for diabetes.

Your vision can be severely affected by diabetes. Eyes should be checked every two years even if there is not a problem. The younger you are or the less controlled your blood sugar, the more often you should have your eyes checked.

Higher risk eyes should be checked every year – preferably using medicine to dilate the pupil. You should consider your eyes at higher risk if it has been found to have changes in the past, you are below age 50, or your GH (glycosolated hemoglobin) is more than 9.

The following treatments are effective for health problems associated with diabetes:

- Regular exercise will reduce the average blood sugar even if you do not lose weight.
- Eye problems: laser and surgery treatments.
- Blood pressure should be less than 130/80 if possible, and "angiotensin" drugs seem to be the best choice.
- Hardening of the arteries: blood pressure control and cessation of smoking.
- You will want to keep your LDL fat in the blood below 115 and even lower, if possible.
- Nerve pains: antidepressant drugs, capsaicin.
- Stomach and bowel problems: metoclopromide, cisapride, and occasionally erythromycin.
- Foot problems: carefully check for any sores twice a day. Be particularly careful if you have poor feeling in your feet and they are badly misshapen; the chance of having a non-healing sore (an ulcer) is more than 1 in 10 in a year.

Arthritis

"Wear and tear" (degenerative) arthritis is very common as we grow older. Arthritis, or pain in the joints, will usually be most noticeable in an area that has been injured or is used a lot in everyday work. The distant finger joints, knees, hips, neck, and low back are commonly affected. Pain is seldom felt when resting except in severe cases.

Degenerative arthritis pain in the knees can be helped by strengthening the muscles in the thigh. For every pound of excess weight lost, 3 pounds of stress are taken off the knee.

Degenerative arthritis usually does not cause warm, swollen joints, or pain in many joints at the same time.

Please contact your health care professional if this happens.

For better management of pain, check out the many choices at www.howsyourhealth.org. Learn "tricks" from others on the "blog."

Breathing Problems: Bronchitis, Emphysema, and Asthma

A "cold" can cause a cough or shortness of breath. However a "cold" lasts only several weeks at most. If you have felt short of breath or had a cough lasting more than a few weeks, you should contact your doctor.

Everyone now knows that chronic bronchitis (a cough with sputum lasting for at least six weeks) and emphysema (destruction of the lung) are caused by smoking. When you quit smoking, some of the damage reverses: shortness of breath and sputum production will decrease. Most of the treatments listed below are also tried in bronchitis and emphysema.

Asthma is a problem that can also make people feel short of breath and cough a lot. Asthma can be present with emphysema or bronchitis or it may occur on its own.

During an asthma attack:

- The lining of the airways in the lungs become swollen.
- The airways produce a thick mucus.
- The muscles around the airways tighten and make the airways narrower.

These changes block the flow of air, making it hard to breathe. It is important to treat even mild asthma so that you can keep it from getting worse.

Certain things can trigger your asthma or allergy and make it worse. If you stay away from these triggers, your

asthma will bother you less. Common triggers are: dust, mold, pollen from trees and grasses, cold air, smoke, cats, dogs, some chemicals, and exercise.

There are a lot of ways to treat asthma so that you can be active without having asthma bother you. With asthma you can exercise and play sports and sleep through the night without coughing. Your asthma attacks can be managed and your asthma medicines need not make you sick. But to keep your asthma from bothering you, you have to know what you are doing.

- Know what your asthma triggers are and plan ways to avoid them. Many people with asthma have breathing trouble when they start to exercise. These people can take some of their medicine just before they start. If you can't avoid a trigger, treat it before it causes problems.
- Develop a medicine plan with your health care provider that keeps you from having problems. Many people wait too long before beginning their treatment and the asthma gets out of control.
- Know what to take when you have asthma problems.

Some medicines are taken as a pill and some are inhaled into the lungs directly. If you are already getting treatment for asthma, you should bring your medicines to the office, so that your doctor can explain the type you are taking.

There are two types of asthma medicines:

- Relaxers (bronchodilators) are medicines that relax muscles in the airways, making it easier for you to breathe. Beta 2-agonists, theophylline, and ipratropium are bronchodilators. (Ventolin, Theo-Dur, and Proventil are brand names for these bronchodilators.)
- Anti-inflammatory medicines reduce the swelling in your airways that cause asthma symptoms. They also prevent swelling in the future, which keeps asthma

symptoms from starting. Cromolyn, nedocromil (Intal, Tilade), inhaled corticosteroids (Azmacort, Vanceril), and oral corticosteroids (Prednisone) are anti-inflammatory medicines.

Most doctors will tell you to take your inhaled relaxer (bronchodilator) medicine at the earliest sign that your asthma is getting worse. Watch out for early signs so that you can start the asthma medicine right away. An asthma attack is easier to stop if you take your medicine as soon as your symptoms start. Then you won't have to take as much medicine. Keep taking the medicine for several days after a bad attack so that it does not rebound (come back).

Remember: Relaxers (bronchodilators) relieve symptoms, but they cannot reduce or prevent the swelling that causes the symptoms. When you have to use a bronchodilator a lot, or if you use it more than 3 or 4 times in a single day, your asthma may be getting much worse. You probably need another kind of medicine and should talk to a doctor right away.

Take your anti-inflammatory medicines exactly the way your doctor recommends, even if you are feeling well. This will reduce airway swelling and keep asthma attacks from starting. This medicine must be taken regularly for it to work well. This medicine does not work as quickly as the bronchodilators, but don't be fooled. The anti-inflammatory medicines work slowly, over time. But they are very powerful.

NOTE: If you regularly use asthma drugs that contain cortisone, you should be taking calcium. Talk to your doctor.

Some people are afraid that if medicine is taken all the time, it will no longer work. This fear is wrong. Asthma medicines do not stop working over time if you take them as prescribed. Asthma medicines are safe, if taken as directed. But, sometimes asthma can change. If this happens, your asthma medicines may also have to be changed.

One of the most important ways to keep your asthma under control is to have a written plan. You take different medicines depending on how well you are breathing each day, or on your peak flow rate if you use a peak flow meter. Most doctors use the Zone System to help you follow your plan. The zones are set up like traffic lights.

- **Green:** Great! Keep up the good work!
- **Yellow:** Not too good, watch out and take the right medicines to get yourself back in the green zone.
- **Red:** Emergency! Call your doctor and take your bronchodilator medicine.

Your medicine plan will tell you what kind of medicine to take every day (when you're feeling well and in the Green Zone). It will also tell you what kind of medicine you need to take when you are feeling badly and you are in the Yellow or Red zone. Your doctor will help you with this plan, but it is up to you to keep track of how you are feeling, and then ***Follow the Plan!*** As time passes, you will be the best person to manage your asthma.

Serious Obesity

Many Americans are overweight. If you are more than 15% overweight or have a lot of fat around your waist, your chances for having heart disease, high blood pressure, and diabetes go up a lot. When you are more than 25% (about 50 pounds) overweight, serious, and immediate health problems can occur. If you are overweight and ***seriously*** exercise and change you diet, you can ***cut by one-half your chance for having (sugar) diabetes or high blood pressure!*** People who are very overweight should talk to a doctor or dietician before beginning a diet. Obesity is the commonest reason people use "problem-solving" at www.howsyourhealth.org.

Medications

Americans use a lot of pills; they are using 50% more pills than they did 10 years ago. Americans spend much more than other countries on pills. But medication use has more than a financial cost. It can also be risky. It is now estimated that medications are the third most common cause for health problems in the United States and cause up to 150,000 deaths a year. In the past 20 years one out of every ten medications newly placed on the market has been withdrawn later because they hurt people more than they helped. In the chapter, "As Good As It Gets," we showed how problems with medications are strongly influenced by "same page" care.

Non-steroidal anti-inflammatory medications (aspirin, Motrin, Naprosyn, etc.,) account for about 8,000 deaths each year and seem to increase the chances for kidney diseases. As many as 40% of these types of prescriptions may be "unnecessary." Recent problems with Vioxx remind us that "newer" medicines will not necessarily be any safer than medicines as old as aspirin.

Adults who take medications each day often take several different types. Sometimes the medications may cause problems or side effects. Because of their smaller size, women are often at higher risk for problems with medications. The challenge for your doctor and for you is to find and reduce the side effects caused by medications. Doctors are often able to reduce the dosage or change to another safe, effective, and inexpensive medication for the one causing the problem. Sometimes stopping the medicine completely is the best choice.

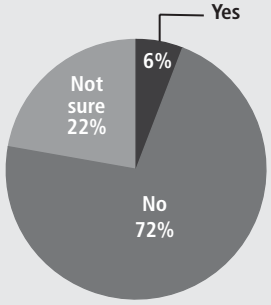
Many drugs leave the body through the kidneys. If you have kidney problems, the dosage or frequency of taking drugs may need to be reduced. Always talk to your doctor before starting a new medication.

What else can you do? First, make yourself a "Medications I Take" list. Make sure you list all medications you

Do you think that your medicines (pills) are making you ill?

- ❑ Yes.
- ❑ No.
- ❑ I am not sure.
- ❑ I am not taking medications.

Are your medications making you ill?



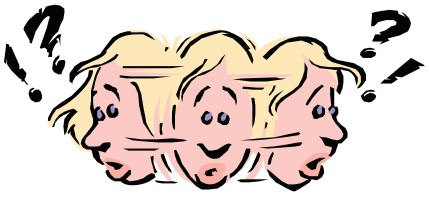
take at least three times a week, not just the new ones. Always bring this list with you when you see any person who is going to help you manage your medical problems. This type of list is available at the website www.howsyourhealth.org.

Second, tell your doctor when you are having trouble taking your medications because they are either too expensive, too easy to mix up, or too easy to forget. For example, "older drugs" for high blood pressure are lower in cost and as effective as many of the "newer drugs." You should consider buying a "pill holder" if you are taking two or more types of pills each day. (You can also use an egg carton for the same purpose.) Seven-day pill holders are very useful. No matter which holder you choose, make sure each section is labeled with the name of the pill and the time it should be taken. You can obtain electronic devices that remind you when to take pills.

Third, you should have your pharmacist check for drug interactions. You can become sick when one medicine reacts with another. Be very careful about interactions of a heart pill called digoxin, all aspirin-like drugs (including Motrin or ibuprofen), breathing pills (theophylline), stomach pills (cimetidine), and all types of pills for anxiety and "nerves." Finally, please tell your doctor if you think that your medications are bothering you.

If you are pregnant or planning pregnancy, please discuss any medications being used. Medications of concern are aspirin, ibuprofen, and similar medications during the third trimester. "ACE inhibitors" should also be discontinued whenever possible.

Part III: Are You and Your Doctor Ready to Improve Your Health and Health Care?



Are You and Your Doctor Ready to Improve Your Health and Health Care?

You now have a good understanding of the promise of "same page" care. Now it's time to help your Doctor make care not just "as good as it gets" but as good as it can be! (If you HATE TESTS, don't worry. This brief test is for your doctor and all the other people who work in the office! But don't do anything with it until you have finished the book.)

Dear Doctor,

If you and your office staff all complete the first six items of this brief survey, you will receive a diagnosis of how well your practice is working. The second four items suggest several changes that make care better.

Inside a Doctor's Office...The Self-Rating Questions:

How is Team-Work?

1. In this office, I always have the opportunity to do what I do best everyday.
   - ❑ Strongly disagree
   - ❑ Disagree
   - ❑ Agree
   - ❑ Strongly agree (1 point)
2. In the last seven days, I have received recognition or praise for doing good work.
   - ❑ Strongly disagree
   - ❑ Disagree
   - ❑ Agree
   - ❑ Strongly agree (1 point)

3. Our office staff works like a team. We have high levels of trust and collaboration. We appreciate complementary roles and recognize that all contribute to a shared purpose.
   - ❑ Strongly disagree
   - ❑ Disagree
   - ❑ Agree
   - ❑ Strongly agree (1 point)

4. I would recommend this office practice as a great place to work.
   - ❑ Strongly disagree
   - ❑ Disagree
   - ❑ Unsure
   - ❑ Agree
   - ❑ Strongly agree (1 point)

How is Communication?

5. How easy is it to ask anyone a question about the way we care for patients?
   - ❑ Very easy (1 point)
   - ❑ Easy
   - ❑ Difficult
   - ❑ Very difficult

6. Technology in this office smoothly links patient care with a rich information environment. The information environment is designed to support the work of the clinical team.
   - ❑ Strongly disagree
   - ❑ Disagree
   - ❑ Unsure
   - ❑ Agree
   - ❑ Strongly agree (1 point)

questions continued next page...

Immediate Improvement Questions

a. Our office has full-staff meeting (doctors, nurses, clinical assistants, office staff) at least every six weeks and these meetings focus on how we can best work together to better address our patients' needs.
❑ yes ❑ no

b. Our office keeps an up-to-date display of information about our performance.
❑ yes ❑ no

c. Our office knows how confident individual patients are in controlling and managing most their health problems or concerns.
❑ yes ❑ no

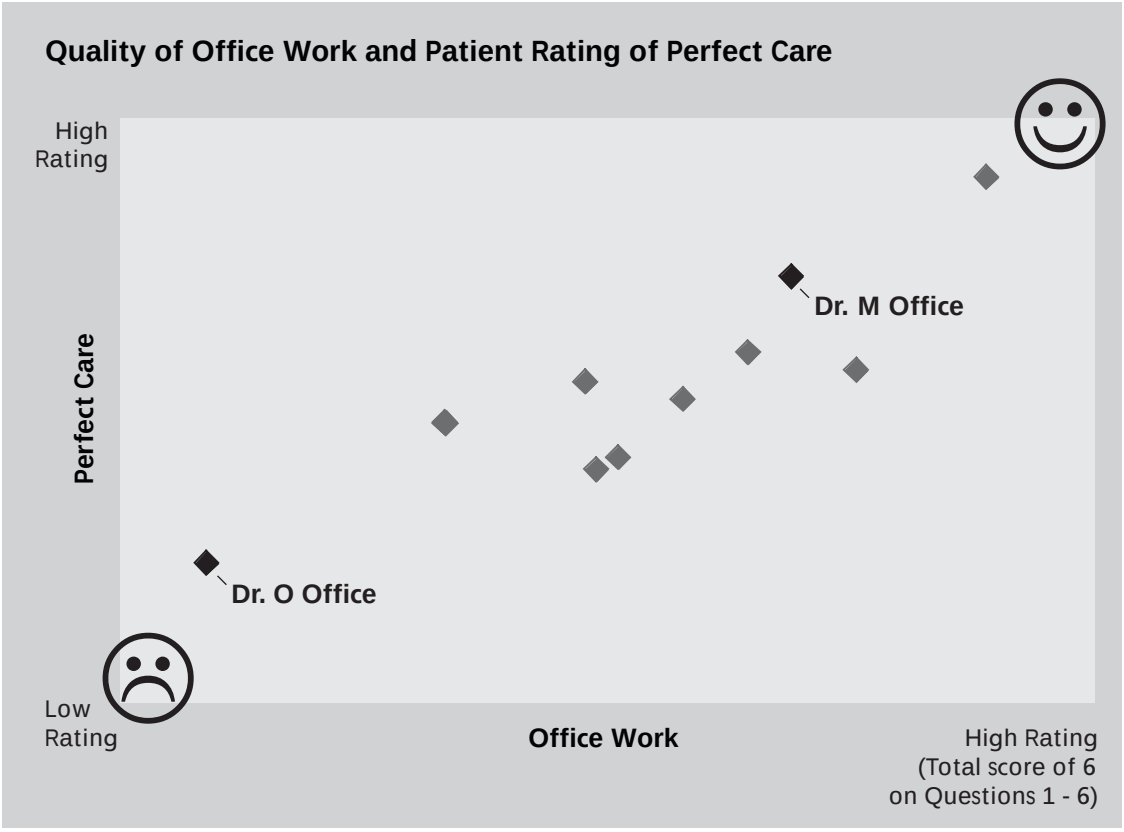
d. Our office has regular meetings with groups of patients (either in a patient advisory board or in scheduled patient group visits).
❑ yes ❑ no

How well a doctor's office works is strongly related to the type of care and service the patients receive.

The six questions (Question #1-6) for a doctor's office are strongly related to how often Americans will rate "perfect care."

Questions (a-d) remind doctors' offices of simple ways to make the office work better. For example, less than 3 of 10 doctor's offices have brief, regular meetings of all people who work in the office to discuss how to make the office work better. Without such meetings, improvement in care is unlikely.

The GRAPH on the next page shows how strongly patients' rating of practice quality are related to the way the office staff responds to the six questions.



Additional testing by more than 400 office staff and 1200 patients showed the same pattern. Regardless of patients' illness burden or level of poverty the pattern was similar.

Chapter 7

The Promise of Same Page Care

"You should always be careful when reading books about health. Otherwise you might die of a misprint."

- Mark Twain

Why have we defied Mark Twain's advice and written a book about health care?

Part of the answer is that it is too big a subject to ignore. All of us are involved one way or another in health care. Eighty percent of Americans visit a doctor every two years and 80% of us take some type of pill ever week. In the last 10 years, we have increased our consumption of medications by 50%!

In 1950 each American spent $500 (in current dollars) for health care; now we spend $5000 per person. In comparison, the Spanish, Canadians and Swiss spend between $2000 and $3000. A large portion (35-50%) of the American public agrees that the health care system is broken. **(In 2018 this cost difference is worse!!)**

Another justification for writing this book is based on scientific evidence: test results show that the tools and approaches described in this book will add value to health care.

How's Your Health? places the highest priority on the front-line of health care. The "front-line" is where the problems are real, not abstract, understandable, not obscure.

The "front-line" is where Esther and her mother work with the health professionals to understand and manage

"HowsYourHealth, a simple web-based health survey tool, is proving remarkably useful to a wide variety of users, including patients and providers alike, with potential rewards not only in satisfaction but also in cost savings and improved clinical outcomes.

"This survey, which asks a series of multiple choice questions and takes about ten minutes to complete, is used by thousands of patients and consumers on their own and through programs sponsored by employers, health care systems and physician groups."

Institute for Health Care Improvement

2004

diabetes. The "front-line" are the health professional "waiters" who listen, takes the orders, and start the chain of events that ought to result in a 100% satisfying health care for their customers. The "front-line" is us. The "front-line" is our son, or daughter, or parent.

At this "front-line" not being on the "same page" is strongly linked to errors and harms, unwanted variation in care, and many wasted costs. *How's Your Health?* offers easy-to-follow steps to improve "same page" care and solve personal problems.

Four Steps

Step One: **If you have any ongoing health problems get a consistent doctor or health care team.**

Cost to you: Nothing except persistence.

Cost to the health system: Nothing.

Current situation: Less than 50% of Americans have the same doctor over a five-year period.

Twenty-five years ago, as director of a large clinical group, I had to make a decision. Should the system make an extraordinary effort to ensure high levels of continuity between patients and the health professionals or was it safe and acceptable to have less stringent continuity of care?

A study involving 700 adults answered the question. Some received very high continuity and the others received "usual" care. Two years later the results showed that having the same health professionals was a very healthy choice: patients with the same health care professional were more satisfied and used 30% less hospital care than the patients who less often saw the same health professionals.

This study put to rest any question about the value of continuity. Continuity has many good impacts. Insist on it!

Step Two: **Get good health information.**

Cost to you: Your time.

Cost to the health system: Nothing.

Current Situation: "Health Information" for preteens and teens is generally whatever a peer tells them. Adults use many non-physician sources of health information such as:

- Books and pamphlets: 40-50%
- Friends and family: 35-45%
- Pharmacists: 25-35%
- Internet: 20-30%
- Health Fairs: 5-15%

Less than half of the information given by health professionals is easy to understand. In contrast, patients consider more than half of the information on the internet equal to or better than that received in their doctor's office. However, it is often difficult to find what you want or what matters to you among the thousands of internet health sites. Most of these sites electronically track you, have something to sell, or badly overstate opinions. For this reason we urge familiarity with two reliable gateways to health information on the internet. Both will direct you to other high quality, non-commercial sources of information. Both are available in English and Spanish:

- medlineplus.org (encyclopedic)
- www.howsyourhealth.org ("what matters" by age).

Step Three: **"Do it yourself" assessment, behavioral change, and problem self-management.**

Cost to you: Your time, effort, and commitment.

Cost to the health system: Nothing

Current Situation: Our health behaviors may contribute to about 50% of early deaths and a lot of illness. People still smoke despite its huge impact on health; obesity is increasing everywhere; sexually transmitted diseases increase; the list goes on!

None of us live perfectly healthy lives. It is hard to do what is best. When given advice by a doctor, 25% of us will not follow the advice. We most often don't follow the advice because the doctor and we are not "on the same page." But 25-40% of the time it seems too difficult to follow the advice.

Nevertheless, over time each of our attempts to improve a behavior or solve a health problem adds up. For example, many younger smokers do quit as they get older. About 25% of American drinkers stop drinking as they age.

The more we are supported – surrounded by persons who know how to manage these issues – the more likely we will be successful. Advice that is tailored to "what matters" is easier to understand and follow.

When we use the HowsYourHealth assessment (about every 2-5 years), we check-up on how we are doing. We receive up-to-date information to help us do better. If we need to solve problems, the HowsYourHealth Problem-Solving program (done as often as needed) is available to keep us on the path to better health. Use the blog on HowsYourHealth to share ideas, too.

***Step Four:* Demand the health system get on the "same page" and support your self-management.**

Cost to you: Your time, effort, and commitment.

Cost to the health system: Nothing in the long term; in fact, waste reducing and cost saving when the health system is reorganized to deliver better "same page" care.

Current Situation: The health system is frequently not "on the same page" with patients; productive communications are not the focus of the system; errors, harms and suboptimal care are the results; resistance to change by existing educational, research, training, and patient care systems.

Health systems designed to support productive communication always result in better care. The speed with which professional health systems focus on communication "at the front line" depends on the speed with which the message of *How's Your Health?* is pushed by persons like you.

When you are in a doctor's office, you are often asked to remember many things. Wouldn't it be great if you were routinely re-contacted by phone to find out how a prescribed care plan is working or to receive reinforcement about changes you are trying to make? Wouldn't it be great if e-mail were available for you to ask questions, get results, or refill medications?

Despite the obvious advantage for "same page" care to patients, health professionals worry about the hassle (and loss of revenue) from using telephone care or e-mail.

In fact, the patients helped most by telephone care are generally those for whom the office staff is already spending a lot of time in rework--re-asking the same

question, picking up problems that could have been identified earlier, etc. Most practices are finding that Email is a very useful tool to increase efficiency and communication. Therefore, telephone and E-mail time spent by the practice to truly get "same page" care should be offset by time saved from frustrating waste.

Remember Esther and her mother? Even if Esther and her mother had excellent telephone follow-up from the office visit by phone and used the HowsYourHealth web-site and its "blog," they might have unanswered questions about living with diabetes. Shared medical appointments (also known as group visits) enable patients, such as Esther's mother, to spend up to 90 minutes with clinicians and other patients. Group visits work because the 8-14 participants learn how to manage their problems and their concerns from each other. Participants may attend many or only one session. We always find that once health care professionals have been involved in a group visit, they improve the style of interaction with their patients. They listen better and they become much better at letting patients take control of their own care.

The evidence is overwhelming that many of the problems with American health care stem from its inability to place health professionals and you on the "same page." HowsYourHealth and the changes in health care it supports are specifically designed to improve "same page" care.

We recognize that that many of the financial and organizational difficulties in health care are not going to be solved by "same page" care alone. But getting on the "same page" is a very important and easily implemented way to improve health and health care.

It may take a long time before the entire health care system can deliver "same page", safe, effective health care in a timely and efficient way. Take these actions to minimize your risk for harm while you wait for higher quality health care.

Risk Factors

Categories that Place You at Risk For Harm	Risk Increase	What You Can Do to Reduce Risk
You think your medicines are making you sick (see Note 1 at far right)	300%	Tell the doctor that your pills may be making your ill. Keep a diary of your pills and when you are ill.
Poor access to care (see Note 2)	150%	Find offices that are willing to telephone patients, use e-mail, or offer same-day appointments.
You don't feel confident managing health problems	130%	Make sure the doctor or nurse knows about your lack of confidence. Use "Problem Solving" on www.howsyourhealth.org. Ask about Shared Medical Visits.
The care you receive often wastes your time (see Note 3)	100%	Work with the office by serving on a patient advisory board. Find an efficient office.
You are taking three or more medicines (see Note 1)	90%	Review your medications with your doctor and try to reduce the number. Keep careful track of what, when, and why you take medications.
You have financial problems	30%	This risk is often related to access. (See Note 2 at right.) Demand good access and same page care regardless of your wealth.

Notes to table:

1. **Medicines.** Among Americans with chronic diseases, about 25% report that their medicines may be making them ill and about 20% do not take their medicines because of side effects. Another 10% take medications despite serious problems of which their doctor seems unaware. About 30% have not had their medicines formally reviewed in the past two years.
2. **Access.** About 15% of all adult Americans rate that it is not easy to see their doctor; 30% if they are low income. About 25% of all Americans have difficulty seeing a specialist. When a doctor is seen, about 20% of Americans report that the doctor did not spend enough time. Full access to medications is limited by medication cost for 35% of all Americans.
3. **Efficiency.** About 40% of Americans report that the care they receive is inefficient. Common examples of inefficiency are retelling the same story, the doctor does not have needed medical records or test results, and there is duplicate testing.

How do you get doctors, nurses, and other health professionals to catch the "same page" metaphor and the importance of HowsYourHealth and its related technologies?

Is Your Health Care Less than Perfect?

If Yes, Write a Prescription to Your Doctor for: www.IdealMedicalPractices.org or www.IdealMedicalHome.org

Directions: Please take one dose of this improvement program daily until your practice is more enjoyable and efficient and your patients brag about their high quality of care.

Before her mother became ill, Esther felt that it is was not her job to help health professionals catch metaphors. But after her mother became ill, Esther quickly developed a different perspective. She learned that most health professionals and health systems want to do better. They just need proven, specific methods and tools to improve care. They need to catch the "same page" metaphor.

To help them catch the importance of HowsYourHealth and other methods of care improvement, we make available without charge www.IdealMedicalPractices.org to health professionals. This easy-to-use program is based on years of testing and refinement so that it requires very little time to complete.

We recognize that you are busy and that health care is usually not a "100%" issue for you. But when it is 100% for you, a family member, or someone you care deeply about, you will benefit from this book. Consider *How's Your Health?* an important preventive medicine that is easy to take now. Ultimately the quality of your health and your health care is not what the health system does "to" you; it what the health system does "with" you.

Wally, Louise and Doctor X

Wally is a one of my patients. Wally is 80 and should have died several years ago from his hard arteries, severe heart failure, and mild kidney failure.

But Wally has Louise!! Louise understands every medicine Wally uses and adjusts them based on how he is doing, how much he weighs, and how well he is breathing. They call me whenever they have questions or problems...which is quite rare. They are prepared for his death if Wally should get very sick. They do not want aggressive treatments.

Despite Wally's problems both he and Louise live very active lives. They recently traveled a great distance on vacation where Wally was hospitalized for a mild pneumonia. After two days in the hospital the doctors wanted Wally to have surgery on his prostate and special heart tests at another hospital.

Louise called. She informed me that Wally now looked quite good...better than the many times she had managed his illnesses at home. He was eating, walking, and breathing well.

I talked to Doctor X. Dr. X clearly wanted to treat Wally's abnormal lab tests which were actually better than usual. We could not get Dr. X to agree with Louise, Wally, and me that Wally would do fine at home. Dr. X. was on his own page, not Wally's.

Louise insisted and Wally went home. Dr. X gave Wally and Louise completely new prescriptions with no explanation of what they were for or how to use them. The prescriptions cost four times more than Wally's usual medicines. Louise resumed Wally's usual medicines.

Wally did fine.

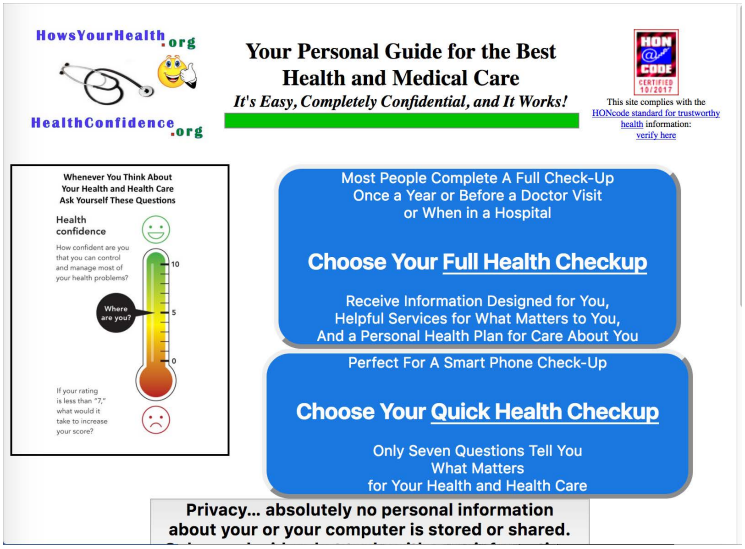
PostScript: Using HowsYourHealth

Getting Started

Go to www.howsyourhealth.org

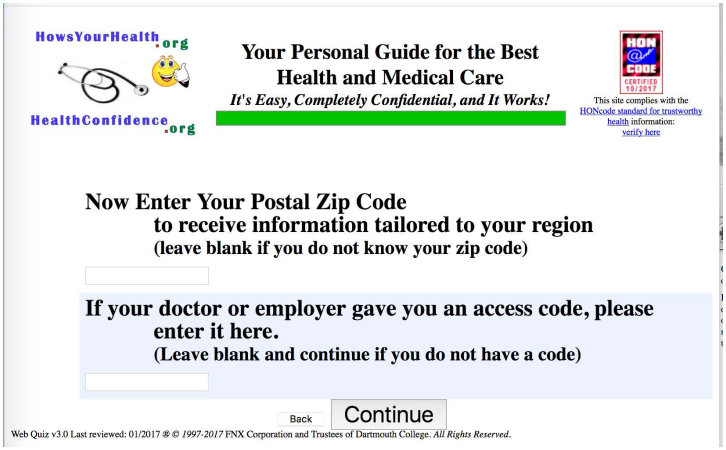
or www.healthconfidence.org

HowsYourHealth home page



Choose **Begin Your Health Checkup** near the middle of the home page.

If you received a pass code from your community, your doctor, your employer, or a health system, enter the code or choose the name from the pull down menu. If you do not have a code just choose the option for people who do not have a code.



Enter your access code or choose the option for people who do not have a code.

Don't overlook the opportunity to help others. For example, parents and friends will need to complete HowsYourHealth for children and very old or frail persons. About 25% of the poor need assistance.

HowsYourHealth is completely private. You are not asked to record your name to use HowsYourHealth. Your computer is not electronically identified.

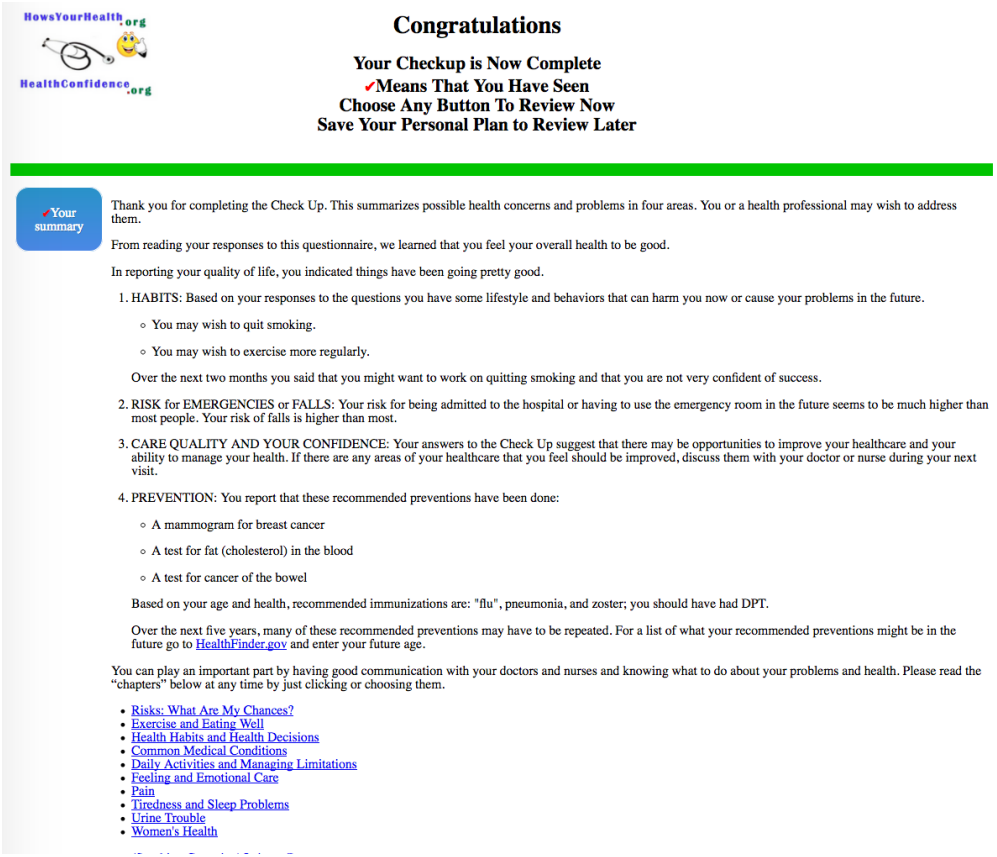
Take Action

Once you complete the survey, you receive a report that summarizes the important issues that you have identified. It refers to readings that will help you manage problems. You will also receive an Action Form to take or e-mail to your doctor or nurse. (Samples are shown on the following pages.)

Even if you carefully prepare for an office visit, you may not have the vocabulary and means to communicate what really matters to you. The advantage of the Action Form is that allows you and your doctor or nurse to quickly and specifically identify areas in which better communication and education is needed. It's the tool to get them on the "same page" with you. The Action Form makes Esther's mother more than a "sugar."

When a doctor or nurse is busy and can't deal with all of the problems on the Action Form in one day, they know that before the next meeting their patients can look at pertinent readings offered by the web-site. This is a "win" for them and a "win" for their patients.

Sample report



HowsYourHealth.org
HealthConfidence.org

Congratulations

Your Checkup is Now Complete
✔Means That You Have Seen
Choose Any Button To Review Now
Save Your Personal Plan to Review Later

✔Your summary

Thank you for completing the Check Up. This summarizes possible health concerns and problems in four areas. You or a health professional may wish to address them.

From reading your responses to this questionnaire, we learned that you feel your overall health to be good.

In reporting your quality of life, you indicated things have been going pretty good.

1. HABITS: Based on your responses to the questions you have some lifestyle and behaviors that can harm you now or cause your problems in the future.
   - You may wish to quit smoking.
   - You may wish to exercise more regularly.

   Over the next two months you said that you might want to work on quitting smoking and that you are not very confident of success.
2. RISK for EMERGENCIES or FALLS: Your risk for being admitted to the hospital or having to use the emergency room in the future seems to be much higher than most people. Your risk of falls is higher than most.
3. CARE QUALITY AND YOUR CONFIDENCE: Your answers to the Check Up suggest that there may be opportunities to improve your healthcare and your ability to manage your health. If there are any areas of your healthcare that you feel should be improved, discuss them with your doctor or nurse during your next visit.
4. PREVENTION: You report that these recommended preventions have been done:
   - A mammogram for breast cancer
   - A test for fat (cholesterol) in the blood
   - A test for cancer of the bowel

   Based on your age and health, recommended immunizations are: "flu", pneumonia, and zoster; you should have had DPT.

   Over the next five years, many of these recommended preventions may have to be repeated. For a list of what your recommended preventions might be in the future go to HealthFinder.gov and enter your future age.

You can play an important part by having good communication with your doctors and nurses and knowing what to do about your problems and health. Please read the "chapters" below at any time by just clicking or choosing them.

- Risks: What Are My Chances?
- Exercise and Eating Well
- Health Habits and Health Decisions
- Common Medical Conditions
- Daily Activities and Managing Limitations
- Feeling and Emotional Care
- Pain
- Tiredness and Sleep Problems
- Urine Trouble
- Women's Health

Sample action form

✓Your summary

✓Your Management Form and Diary

✓ Your Action Form

Print this action form and take it to your doctor to improve the medical care you receive. This form is intended for your doctor or nurse.

Your (Patient) Name:_____

Date: **2018-04-17** Age: **65-69** Gender: **Female** BMI: **26.6**

WHAT MATTERS TO EVERYONE

BOTHERSOME PAIN: Present
Ask: How much is pain making it difficult for you to be confident? _making it very difficult _ making it somewhat difficult _ Not much impact

BOTHERSOME EMOTIONS: Present
Ask: How much are feelings making it difficult for you to be confident? _making it very difficult _ making it somewhat difficult _ Not much impact

POSSIBLE MEDICATION RISKS: Present
Many medicines: Ask: Have they been recently checked?
May be causing illness: Ask: Which ones and how?

HEALTH CONFIDENCE: Not Very Confident
What might improve health confidence? "I keep my blood pressure and diabetes in control most of the time. But I don't really know how to mix my pain pills with the others. One of them may be making me feel sick." *Ask: Problem most difficult to manage* _____

ASSETS

FUNCTION	HABITS	KNOWLEDGE	PREVENTION
Social Activities - Slight limitations Social Support - As much as wanted Life is going - Pretty Good	Generally healthy eating Generally avoids accident risks Does not drink excessively Takes Medications Regularly	Home Hazards Keep Track Meds	Had mammogram Had cholesterol test Had bowel cancer test

NEEDS

FUNCTION (*italics = clinician unaware*): Difficulty with daily activities; *Difficulty with feelings*; Difficulty with pain; Difficulty with physical fitness; Difficulty with overall health

SYMPTOMS/BOTHERS: Trouble urinating/wetting; Joint pain; Trouble sleeping; Dizziness, Falling; Medications maybe making ill

CONCERNS OR FAMILY HISTORY: Health care system; Family history of cancer

HABITS: Smoker interested in quitting; Not Exercising Regularly

PREVENTION: Lacks essential money; More than 3 medications

IMMUNIZATIONS: "flu", pneumonia, and zoster. Should have had DPT, Varicella (if not immuno-compromised).

RISK CONSIDERATIONS

Chronic Diseases: High blood pressure; Diabetes; Arthritis

Risk for ED or Hospital Use: High

Risk for Falls if age 65+: Increased

Habit Change Plan for next 2 months: quit smoking but patient is not very confident of success. "I have tried and failed many times. I don't really know what to do."

Patient reports medical harm in past year

SUGGESTED READING AND EDUCATION

Suggested Readings and Helpful Links

Your results from HowsYourHealth will include readings based on your responses to the survey.

Sample reading suggestions

Based on your responses to the **HowsYourHealth** questionnaire, we recommend that you read the following sections of the **How's Your Health** booklet. You may read the chapters online by clicking on them below:

- Exercise and Eating Well
- Health Habits and Health Decisions
- Common Medical Conditions
- Daily Activities and Managing Limitations
- Pain
- Skin Problem
- Women's Health

You can review these readings online any time. To return to the readings at a later time, merely re-enter www.howsyourhealth and give your age and gender and then the readings are re-offered to you. You do not have to answer the questions again.

Helpful links to the best non-commercially sponsored web-sites are included (sample shown next page). For example, for additional information go to www.medlineplus.org. For an important treatment or testing decision, use the link to www.cochrane.org. If your topic is covered, this is the most up to date information about certain conditions and treatments.

We also suggest several "risk" calculators to help you estimate the impact of your current health and habit on your future.

Sample helpful links for additional information and risk calculators

More Health Information Links

How's Your Health Readings

- Risks: What Are My Chances?
- Child Chapters
- Adolescent Chapters
- Adult Chapters
- Geriatric Chapters
- Very Ill Chapters
- Hows Your Care (Hospital) Chapters
- Take a Free Book Based on Thousands of HowsYourHealth Users

For Best General Information go to:

- medlineplus (.gov)
- healthfinder.gov
- familydoctor.org

The "gov" sites also have good links for special diseases.

For Costs of Common Treatments and Tests

Healthcare Bluebook (http://healthcarebluebook.com)

For Diagnosing Symptoms:

Mayo Clinic Symptom Checker

For the best information about a testing or treatment decision go to:

(Pros and cons for many common decisions)
www.cochrane.org
(The language is technical, so you may need help.)

To Calculate Your Future Risk for cancer and some other diseases:

www.yourdiseaserisk.wustl.edu

To Calculate Your Future Risk for Death from Heart Disease:

www.riskscore.org.uk
(There are many calculators and many overestimate your risk. This one is easy to complete and does not seem to overestimate your risk for future heart disease, stroke or hardening of the arteries.)

For Best Information About:

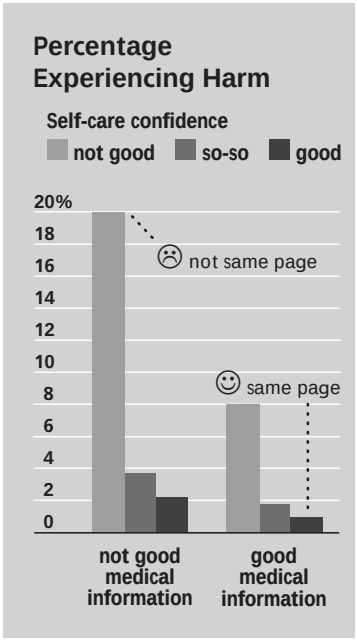
Healthy Eating
- recipes.heart.org/.../delicious-decisions
- www.americanheart.org/NutritionCenter
- www.hsph.harvard.edu/nutritionsource

Exercise and Fitness
- www.cdc.gov/nccdphp/dnpa/physical/index.htm
- familydoctor.org/exercise-habit

Quitting Smoking
- www.cancer.org/ (quitting_smoking)

Alcohol Use and Drinking
- www.niaaa.nih.gov/alcohol-health

To quickly choose other links, click the 'BACK' button.



Self-Care and Problem Solving

Information alone will not improve your health and health care. Good self-care and problem-solving skills are also needed, as illustrated in the chart at the left. HowsYourHealth offers some helpful tools to improve self-care and problem-solving.

If you have a medical condition such as diabetes, high blood pressure, asthma, or heart disease, you will receive a Condition Management Form. The information on the Condition Management Form (see below) is tailored to chronic conditions. You should use it to anticipate what you need to know and do. It also enables you to compare the care you were receiving to good standards of care.

Having a copy of what your have reported is available in your **personal health plan**. This allows you to keep track of your health activities. Read about all the possibilities it offers you on the next page

✓Your summary

✓Your Management Form and Diary

Condition Management Form

Persons who have conditions or diseases like yours can GREATLY improve their health and their medical care by three simple steps.

1. Learning about how the care you have been getting might be made better.
2. Learning if there are things you should be aware of.
3. Keeping track of your condition by writing down a few measures from week to week.

You have the following disease(s) or condition(s):

- High Blood Pressure
- Diabetes

Your care of these conditions may have been made difficult because of:

- hospital or emergency room use
- possible medication problems

	Things you should be aware of:
High blood pressure issues: Diabetes issues:	• your blood pressure should be no higher than 150/90, even for those 70 years of age or older • avoid high salt • blood levels of "sugar-hemoglobin" and LDL cholesterol as near normal as possible • fasting blood sugar between 80-140(US) 4.4-7.8(Canada and Europe) • "converting enzyme inhibitors" may prevent kidney problems • daily checking feet for cuts or sores and eye exams at least every year are very important

✔Your summary

✔Your Management Form and Diary

✔ Your Action Form

✔Improve Your Health Confidence

✔Your Personal Health Plan

YOUR PHP (PERSONAL HEALTH PLAN) BEGINS ON THE NEXT PAGE

It has in it most of the information from your Check Up and also copies of these Tabs for you to review whenever you wish. Save it, send it, change it whenever you wish.

It's easy: Start by exploring the report. Each section has it's own Tab Button at the top.

Click the "Edit PHP" button at the bottom to start filling in information that's important to you.

It can be shared: by saving to your computer, your USB stick ot storing it securely on line.

It can be used by doctors or nurses: share it and ask them to add to "Professional Comments".

It changes with you: Update your saved information at any time by choosing "Edit PHP".

Hows Your Health Personal Health Plan (PHP)

HowsYourHealth.org

Report Created: Undated
No history

Instructions	Me and My Health Needs	Emergency and Medications	Prevention	My Health Goals	Professional Comments

It's easy: Start by exploring the report. Each section has its own Tab Button at the top.
Click the "Edit PHP" button at the bottom to start filling in information that's important to you.
It can be shared: by saving to your computer, your USB stick or storing it securely on line.
It can be used by doctors or nurses: share it and ask them to add to "Professional Comments".
It changes with you: Update your saved information at any time by choosing "Edit PHP"

Edit PHP

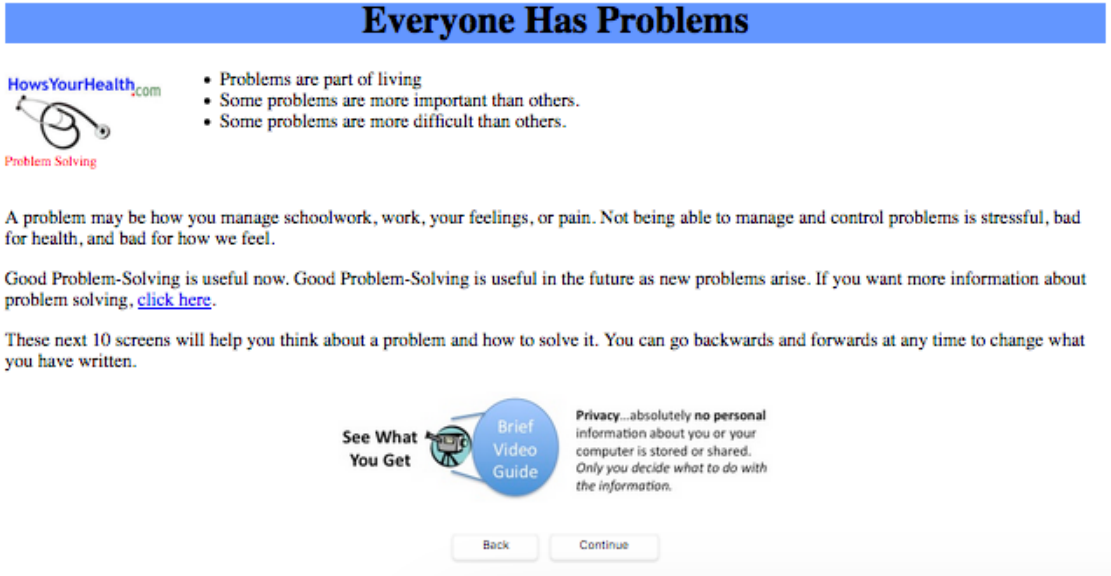
Save PHP on Computer | Email My PHP

View Earlier PHP

TEXT PHP for Medical Record Import

Update (Merge) Existing PHP

You can use the Problem Solving of HowsYourHealth as often as necessary. Problem Solving produces a single page summary for you.



Everyone Has Problems

HowsYourHealth.com

Problem Solving

- Problems are part of living
- Some problems are more important than others.
- Some problems are more difficult than others.

A problem may be how you manage schoolwork, work, your feelings, or pain. Not being able to manage and control problems is stressful, bad for health, and bad for how we feel.

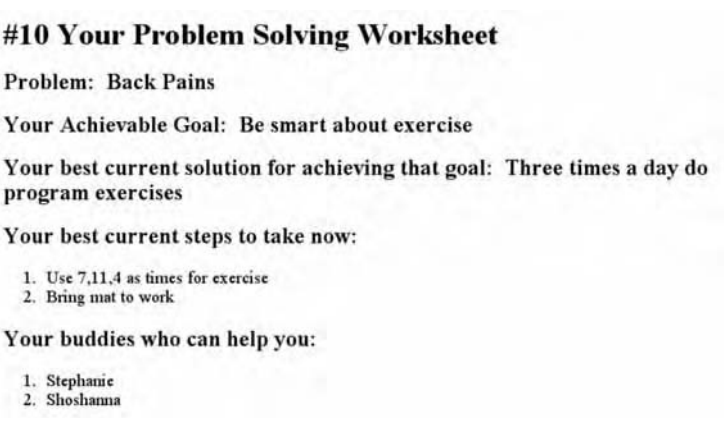
Good Problem-Solving is useful now. Good Problem-Solving is useful in the future as new problems arise. If you want more information about problem solving, click here.

These next 10 screens will help you think about a problem and how to solve it. You can go backwards and forwards at any time to change what you have written.

See What You Get — Brief Video Guide

Privacy...absolutely **no personal** information about you or your computer is stored or shared. *Only you decide what to do with the information.*

Back Continue



#10 Your Problem Solving Worksheet

Problem: Back Pains

Your Achievable Goal: Be smart about exercise

Your best current solution for achieving that goal: Three times a day do program exercises

Your best current steps to take now:

1. Use 7,11,4 as times for exercise
2. Bring mat to work

Your buddies who can help you:

1. Stephanie
2. Shoshanna

Your Own Portable Health Record

When someone is very ill and their health record is not available, the lack of reliable information increases the chances for error by other health professionals who are not aware of important problems, allergies, etc.

Your health record reflects what health professional report. When they are not on the "same page," those reports can lead to problems. Studies show that availability of health records can improve "same page" communication.

Current health record software sold by Company A can usually not speak to the health record sold by Company B. If you change doctors, and about 50% of Americans do every 5 years, your electronic medical record does not easily move with you.

Perhaps even more risky is the fact that many Americans have more than one physician. About one in five of Americans with more than one physician say that they do not know who is in charge. Bad things can happen when no one doctor is in charge or when the information one doctor has the other does not know.

To avoid problems, why don't people have and carry their own health records?

HowsYourHealth now allows you to start you own short version health record in a nationally standard language that all health care providers should understand.

You and your doctor can easily edit and update your transportable health record. You can ask your physician or health system to add additional information such as lab tests.

You, emergency professionals, and any one else you trust can review your portable health record by using an internet browser.

What Does Your Doctor See?

You can always print out any forms from HowsYourHealth and hand deliver them to your doctor. You can always take your portable health record to your doctor.

When you use the access code your doctor gave you to enter HowsYourHealth, your doctor will see a summary of responses for her/his patients. No personally identifiable information is available.

The summary information is very helpful to your doctor to see what patient needs exist and how well these needs are being served by the practice.

If your doctor asks you to send her/him your personal information and you send the information, your Action Form and Condition Management Form are sent electronically with your name and date of birth attached. This information may be stored by your doctor in a special program that allows the office staff to identify groups of patients with problems such as those who are bothered by pain or those who require a bowel cancer test.

What Does Your Employer, School, or Community See?

The employer, school or community sponsoring HowsYourHealth will see a summary of responses. No personally identifiable information is available. The summary information is very helpful to the sponsors to see what needs exist and how well these needs are being met.

Chapter 8

The Next Great Idea

"O.K. Forty-five seconds is not defensible!"

- Medical Society, Valencia (Spain)

All residents of Spain have access to medications and good health care at a much lower cost than citizens of the United States. Since Spanish health care prices are low, doctors' salaries are low. But the low government salary of Spanish physicians has also resulted an unintended consequence. The consequence is that many Spanish doctors see their government-assigned patients very quickly... an investigative report found that 45 seconds was the total time some physicians spent with each patient in the office. Needless to say, some Spanish patients are willing to pay extra for extra time with their doctor. There are now two health systems: a basic, universal health system and an "I'll pay for extra time" health system

Health care is a very expensive, complex product, comprised of political, economic, social, and scientific processes. A mix of people, organizations, and technologies deliver this health care product. When a product is this complicated, change is difficult: quality is difficult to improve, costs are difficult to contain, and unintended consequences are difficult to foresee. The Swiss recently tried to contain costs by enhancing competition among insurers. They found that the insurers selected healthy patients to avoid high premiums. In the United States recent cost-containment pressure on hospitals and insurers has resulted in market consolidations to exploit monopolistic power and increase prices.

Even relatively successful experiments, such as "managed care" in the United States and government control in Canada have unintended consequences. Both of these

The Underlying Truth about Health Care Spending?

Several experts speak.

"Health care has an almost limitless capacity to absorb resources. Moreover, the additional utilization among residents of high-capacity regions in the United States is devoted to services that do not appear to improve health or the quality of care and that may make things worse...

"Physicians in high spending regions report greater difficulty obtaining needed services and providing high quality care."

- Elliott Fisher, MPH, MD and Brenda Sirovich MD

Blame, Shame, and Complain is the Name of the Health Care Cost Game

"Hospitals blame health care users for the crisis because employees want to be able to go to any hospital or physician they choose rather than being restricted to specific systems for the sake of volume discounts.

"Health insurance brokers blame businesses that buy health insurance plans that permit employees to visit any physician or hospital, thus eliminating discounts for steering patients to specific providers.

"Health insurance companies blame businesses for wanting to provide rich benefits and broad provider networks, while businesses say health insurance companies don't work hard enough at negotiating discounts."

- Milwaukee News 8/23/04

experiments have caused a lot of patients and physicians to become angry. People served by government-controlled health systems tend to complain that more should be spent; their American counterparts complain that costs should be contained.

Unintended Consequences and the Next Great Idea

Health policy-makers now recognize that just trying to squeeze costs does not work. Having seen failures and unintended consequences within most healthcare schemes, few policy-makers try to sell one great idea to solve the problems of quality and cost in health care. Instead, they now proffer the need for health care reform having several components such as:

- measurement of and payment for quality so that doctors and health systems have incentives to use the most effective medicine;
- greater use of information technology so that communication errors are minimized;
- transformation of training so that all health care workers know how to better design and delivery complex healthcare products; and
- increased involvement of consumers to produce better health and also exert greater direct control on costs.

The devil, of course, is in the details. How will each component develop when one person's waste is another person's income; one person's change in job might result in another's loss of job? For example:

- Technology. We are already hearing government leaders over-promising that the use of electronic health records alone (often at a cost of $20,000 per physician) will solve many of the quality and cost problems in health care. Really? How will health records do that?

- Consumer Involvement. We know that low income Americans are less likely to receive some needed care when they have to pay more for health. How will this undesired consequence be minimized?

The table below contains some of our thoughts and concerns about possible unintended consequences of these "next great ideas." What are ***your guesses?***

The Next Great Ideas?

A Next Great Idea	Anticipated Results	Possible Unintended Consequences
Measurement of and payment for quality	Incentives to use the most effective medicine. For example, practices receive payment if they are a "medical home."	• Subtle selection of healthy patients • Winners concentrate power • Deceptive advertising • Costs of a measurement industry • Patients become "sugars" and "evidence-based" numbers for bonus payments to physicians • **Your guesses?**
Greater use of information technology	Communication errors are minimized	• Costs • "Sexiness" of electronic health diverts attention from more cost-effective opportunities • "Big brother" concerns • **Your guesses?**
Transformation of training	Better design and delivery of complex health-care products	• Training for health delivery science takes valuable resources from basic sciences • Reduction of the traditional physician role • Diffusion of accountability • **Your guesses?**
Increased involvement of consumers	Helps produce better health	• Intrusive • Those who are slow learners of self-care are penalized • **Your guesses?**
	Exerts greater direct control on costs	• Excessive cost-sharing for those who can afford the least • Avoidance of needed care to save money • "Blame the victim" if some wrong choices are made • **Your guesses?**

Self-Care and Self-Management at the Next Level

Remember Dr. O who had low performance but a commitment to do better? We are convinced that Dr. O will eventually be able to greatly improve his office practice because he and the office are motivated to improve. But thousands of practices and physician are not as motivated as Dr. O.

So let's take a brief mind-walk. How might we better health care without depending on the motivation of all health professionals.

If you prevent rodents from eating their feces they bleed to death because the feces contain a vitamin that prevents bleeding.

Rather than fitting vermin with diapers, an easier way to rid your house of rats and mice is to give them a drug called warfarin that blocks the protective vitamin.

Remember the son of one of the authors who had to have heart surgery? After the heart surgery his heart became irregular in a way that exposed him to developing blood clots. These blood clots are dangerous because they can move to the brain and cause a stroke. Warfarin is a great drug because it stops clotting. But too much warfarin causes death from bleeding.

Millions of Americans take warfarin to prevent blood clots in their legs (because of "thrombophlebitis) or hearts (because of "atrial fibrillation"). They have to adjust their warfarin dose for as long as they take the drug. By keeping track of how quickly the blood clots, doctors, nurses, or simple computer programs can tell patients how to safely adjust the warfarin dose.

Typically, blood is drawn and tested and then a doctor or nurse calls the patient to adjust the medication. All of these transactions take time. There is also a chance of miscommunication on the phone and mis-adjustment of the dose by the doctor or nurse.

In fact, when people check their own bleeding test and adjust their warfarin dose, they have fewer problems than people who go to the clinic to get the test and wait for a doctor or nurse to call them. The cost of the test done this way is potentially many times lower than the traditional cost of $60-80.

Bleeding While We Wait?

The point of the example should be obvious: if patients can safely manage a medication as finicky as warfarin they can certainly do a lot more than they get credit for.

Inexpensive technologies are now available to help patients and members of the population assess their health needs, learn methods to modify their behaviors, monitor important markers of health and disease, and self-manage their illnesses. If they wish, we now offer a simple, cost-free method to enter this information into transportable health records. The examples shown in the following table represent an expanding technology.

A Sample of Self-Testing and Self-Care Options

Service	Equipment Needed	Estimated Cost
Self-assessment and tailored education for health and preventive needs; Problem solving for improved self-management	Access to computer and HowsYourHealth.org	No cost
Portable health record	Access to computer and HowsYourHealth.org Computer memory stick or diskette	No cost except memory stick, if desired (less than $50)
Self-monitoring of vital signs	Blood pressure machines and scales	Often free in supermarkets and pharmacies
Blood sugar	Finger prick devices and a self-testing machine	Less than $2 per test but needs one-time $500 for testing machine.
Blood fats	Finger prick devices and a self-testing machine	Less than $5 per test but needs one-time $500 for testing machine.
Blood coagulation (Portable device; for example, Protime)	Finger prick devices and a self-testing machine	Less than $15 per test but needs one-time $2,500 for testing machine.

We can offer HowsYourHealth for free; blood pressure machines and scales are also available for free. So far, so good.

But when testing machines are needed we must ask...Who would pay for and maintain the machines? Who would keep the finger-stick supplies on hand and charge a fair price for them?

Let's continue our mind-walk and think about answers to these questions.

One obvious answer is that retail stores and consumer cooperatives might increase their traffic by offering "retail health." For example, large pharmacies might recognize an advantage in having customers use a tiny fraction of their space for routine preventive care and chronic disease self-management.

It is inconvenient (and costly) for Americans to take time off from work and travel to wait in a busy clinic or hospital. Furthermore, Americans are paying more costs for routine tests and procedures out of their own pockets. Direct out-of-pocket dollar costs and the time for travel and waiting impede a number of people from having the right things done at the right time. This impediment makes care less effective.

The advantages of retail health to the population are greater convenience, lower costs, and more effective care. With retail health customers should be able to access health information tailored to their needs. They might use a special "hot line" to schedule needed preventive tests such as mammography. They should be able to obtain some basic blood and vital sign results to keep track of certain diseases during most hours of the day. All this information would be easily transported to their doctor on a transportable health record maintained by the customer.

Many doctors might find "retail health" a good substitute for some of the routine work that constipates the office schedule. But some doctors, clinics and hospitals would face a loss of revenue since the cost for many of the tests and procedures is artificially elevated to cover other costs. In health care one person's waste is often another's income.

Health care is indeed a complex business. The purpose of this mind-walk is to emphasize the capacity of emerging technology and greater consumer involvement to improve health care despite its complexity. We hope that users of HowsYourHealth will demand that care become as good as it can be even if that care requires restructuring of the way tests are done, information is obtained and transferred, and support is given for better self-management.

After all, the life you save...

Part IV:
It's Your Journey

It's Your Journey

Which Picture About Health Care Do You Want to Believe?

❑ Picture A

❑ Picture B

As Good As It Can Be

Picture B is by the famous American illustrator, Norman Rockwell. Rockwell's vision of the patient-doctor relationship involves trust. A girl holds her doll for the doctor to listen to the doll's "heartbeat." The girl trusts her doctor.

Most Americans say that they trust ***their*** doctor. However, most Americans also worry about the quality of health care and ***doctors in general***. Picture A reflects some of

the anxieties Americans feel about health care. We physicians work in a world that is normal to us but we know that our world is a perplexing Wonderland to many Americans.

Given the complexity and "business" of modern health care, few physicians are able to take the time to "play doctor" with a child and her doll. However, all health care professionals continue to have a primary duty to engage the patient in a mutually respectful, high quality, trust-filled relationship.

How's Your Health? lays out a path to build a mutually respectful, high quality, trust-filled relationship. In *How's Your Health?* Rockwell's all-knowing, fatherly doctor is replaced by a patient-doctor relationship with an equal sign (=) between the two parties. The doctor and patient are on the "same page."

Technology plays a critical role in the change to "same-page" care. You already have a lot of experience with technology and want it to enhance communication and increase convenience; you do not want technology to interfere with a relationship. Technology may include telephone "house calls" to help you better manage health problems. Technology may be e-mail or a portable electronic health record to facilitate communication of information. Technology may be the website www.HowsYourHealth.org. that offers information about "what matters" to you and makes what matters to you a matter of importance to your doctor.

Often (partly because of fads and commercialism) people become concerned about issues that are not, in fact, that threatening. To better manage your health and behaviors you must accurately identify the real risks. HowsYourHealth can help you better recognize and understand the threats that matter.

You can improve your health, emotional well-being, and self-care confidence as well as adopt more healthy be-

haviors by learning good problem-solving skills. HowsYourHealth provides useful, proven problem-solving tools aimed specifically at adults and teens.

Eventually, most of us will face a serious health issue that becomes our 100% concern. Often it is one or a combination of common chronic diseases. With good medical information and confident self-care, we can live long, happy lives despite these chronic conditions. HowsYourHealth can help prepare for this time, and better manage it if and when it comes.

And should we need to be in a hospital, there is a version of HowsYourHealth that can improve our care.

In summary, *How's Your Health?* lays out a path through the Health Care Wonderland so that you will be able to say:

- All of the time my doctor and nurse are aware of what really bothers me...what really matters to me.
- I have received as much help and support as I needed from my doctor and nurse to help me manage and control most of my health problems.
- I receive exactly the health care I want and need exactly when and how I want and need it.

That is as good as it can be!

Acknowledgements and References

Annotated References

About the HowsYourHealth Website

Who Made HowsYourHealth Possible?

The HowsYourHealth website is the creation of many people and organizations. Foremost among them has been a group of community physicians, nurses, patients, and researchers affiliated with Dartmouth Medical School who have worked to make medical care truly responsive to patient needs. Generous support from The Commonwealth Fund with additional assistance by the National Library of Medicine, The John A. Hartford Foundation of New York City, The Henry J. Kaiser Foundation, The W.T Grant Foundation, The Robert Wood Johnson Foundation, The Agency for Healthcare Research and Quality, The Bureau of Health Professions, and The Institute for HealthCare Improvement made the technology and this book possible.

How is the HowsYourHealth Website Designed and Tested?

Howsyourhealth.org offers you two parts:

1. the questions you are asked
2. the information you receive after you answer the questions

We use four methods to make sure that all these parts are accurate:

1. research
2. word review
3. information review
4. update of information

1. Research

We use research to make sure the questions and information really helps you take better care of yourself and helps you get better health care. For more than twenty years, a cooperative network of physicians, nurses, and researchers affiliated with Dartmouth Medical School has developed approaches to make care truly responsive to the needs of the population. HowsYourHealth.org is derived from this experience and has been shown to be effective and useful in several published research studies. In 1992, the underlying approach for howsyourhealth.org was officially adopted for international use in more than 20 languages by the World Organization of Primary Care.

2. Word Review

After extensive testing, HowsYourHealth was designed to be easy on eyes, easy to navigate, and easy for even the slowest computer to read. We have the words reviewed by non-medical people. Language translations are checked by at least two persons to make sure they are correct. AstraZeneca Pharmaceuticals is supporting translation of HowsYourHealth into several languages.

3. Information Review

The information has been designed and tested to help you take better care of yourself and help you get better health care. The research shows that the information must be set up in certain ways to best help you and a doctor or nurse communicate well or "get on the same page."

4. Updates

Except for the correction of errors that is done immediately, updates of the questions and information are performed annually. For persons aged 13 or older, the sources for updates are:

- *The Journal of the American Medical Association*
- *The New England Journal of Medicine*
- *The British Medical Journal*
- *The ACP Journal Club* (This provides reviews of current publications).
- *The Journal of the American Geriatric Society*
- Clinical evidence from the *British Medical Journal* (This provides comprehensive reviews for common conditions and preventive recommendations).

General References for the HowsYourHealth.org Web-site

Clinical Development and Testing: [A] Nelson EC, Landgraf JM, Hays RD, Wasson JH, Kirk JW. The functional status of patients: How can it be measured in physicians' offices? Med Care 1990;28(12):1111-1126. [B] Nelson EC, Wasson JH, Johnson DJ, Hays RD. Dartmouth COOP Functional Health Assessment Charts: Brief Measures for Clinical Practice. In: Spilker B, ed. Quality of Life and Pharmacoeconomics in Clinical Trials. Philadelphia: Lippincott-Raven. 1996:161-168. [C] Wasson JH, Jette AM, Johnson DJ, Mohr JJ, Nelson EC. A Replicable and Customizable Approach To Improve Ambulatory Care and Research. J Ambulatory Medicine 1997;20(1); 17-27. [D] Wasson JH, Stukel TA, Weiss JE, et. al. A Randomized Trial of Using Patient Self-Assessment Data to Improve Community Practices. Effective Clinical Practice 1999; 2:1-10. [E] Bronfort G, and Bouter LM. Responsiveness of general health status in chronic low back pain: a comparison of the COOP Charts and the SF-36. 1999 Pain 83; 201-209 [F] Wasson JH, Jette AM, Anderson J, et.al. Routine, Single-Item Screening to Identify Abusive Relationships in Women. J. Fam. Pract. 2000;49:1017-1022. [G] Ahles TA, Seville J, Wasson JH, et.al. Panel-Based Pain Management in Primary Care: The Journal of Pain And

Symptom Management 2001: 22, 584-590. [H] Ahles TA, Wasson JH, et.al. A Controlled Trial of Methods for Controlling Pain in Primary Care Patients with and without Psychosocial Problems. Annals of Family Medicine, 2006; 4(3): 341-350. [I] Technology to Support Patient-centered, Collaborative Care. (Many authors/articles.) Entire Journal of Ambulatory Care Management; July-Sept: 2006, pages 194-297. Available at www.HowsYourHealth.org.

Community/School Development and Testing: [A] Wasson JH, Kairys SW, Nelson EC, Kalishman N, Baribeau P. A short survey for assessing health and social problems of adolescents. J Fam Prac 1994; 38(5):489-494. [B] Bracken AC, Hersh AL, Johnson DJ. A Computerized School-Based Health Assessment with Rapid Feedback to Improve Adolescent Health. Clin. Pediatrics 1998;677-683. [C] Wasson JH, James C. Implementation of a Web-based Interaction Technology to Improve the Quality of a City's Health Care. J. Amb. Care Managem. 2001;24: 1-12 [D] Luce P, Phillips J, Benjamin R, Wasson JH. Technology to Support Community Health Alliances. J. Amb. Care Managem. 2004;27: 399-407

Data Used for This Book

The data from HowsYourHealth used in this book is derived from more than 5000 preteens and teens, 5000 older adults aged 70+, and over 50,000 adults aged 19-69. To be confident that we are representing health and health care in the United States, we cross-check responses across geographic regions and health care systems. We have also been able to cross-validate responses for respondents having chronic diseases with an international survey reported by Blendon RJ, Schoen C, et. al. Common Concerns Amid Diverse Systems: Health Care Experiences in Five Countries. Health Affairs. 2003;22: 106-121. Cross-validation for children and adolescents: Leatherman and McCarthy. Quality of Health Care for Children and Adolescents. A Chartbook; 2004. (www.cmwf.org)

Chapter One: What Are My Chances?

For a detailed comparison of modifiable behavioral risk factors we recommend: Mokdad AH, Marks JS, et. al. Actual Causes of Death in the United States. JAMA. 2004;291: 1238-1245. For a rather technical comparison of what you will gain from different medical treatments see Wright JC and Weinstein MC. Gains in Life Expectancy from Medical Interventions. NEJM. 1998; 380-6. Kochanek KD and Hudson BL describe preventable teenage deaths in Monthly Vital Statistics Report, Volume 43, 1994.

A most valuable way to understand threats to health and the potential benefit of screening or treatment is to use the Tables we have adapted from the work of Woloshin and Schwartz. (Woloshin S, Schwartz LM, Welch HG. Risk charts: Putting cancer in context. J Natl Cancer Inst 2002; 94:799-804.) In a separate report they note that Americans are unduly scared of cancer. Schwartz LM, Woloshin S, et.al. Enthusiasm for Cancer Screening in the United States. JAMA. 2004;291: 71-78.

In general, we always tend to overestimate the risk of the unfamiliar and frightening. For another example, see Meltzer D and Egleston B. How Patients with Diabetes Perceive Their Risk for Major Complications. Effective Clin. Pract. 2000;3: 7-15.

For a tool to look at risk over time and how diseases and treatment impact the risk, see Welch GH et. al. Estimating treatment benefits for the elderly: The effect of competing risks. Annals of Internal Medicine; 1996: 577-584.

Chapter Two: As Good As It Gets?

One of the first studies to underscore the extent and importance of poor communication in medical practice was Nelson EC et.al. Functional health status levels of primary care patients. JAMA 1983:3331-3338.

The now well-recognized importance of patient-provider communication is well documented in Crossing the Quality Chasm: A New Health system for the 21st Century. National Academy Press: 2001.

A specific example of "same page" care is described by Heisler M, Sandeep V, et.al. When Do Patients and Their Physicians Agree in Diabetes Goals and Strategies, and What Difference Does it Make? J. Gen. Int. Med. 2003;18:893-902. (By the way, they seldom agree but when they do patient outcomes are much better.)

For a summary of typical "problem experiences" see: Keating NL. How are Patients' Specific Ambulatory Care Experiences Related to Trust, Satisfaction, and Considering Changing Physicians? JGIM 2002: 29-39. See also: To Err is Human. National Academy Press. 2000.

The Dartmouth Atlas of Health Care (www.dartmouthatlas.org) is a valuable compendium of information about variation in health services for the Medicare population.

Chapter Three: Doesn't Everyone Worry?

How we can be made to worry is well documented. These two examples intimately involved me (as an expert): Blood Test for Prostate Cancer is Raising Issues of Reliability, Drug Industry-Role. Wall Street Journal. February 18, 1993. Fletcher SW. Whither Scientific Deliberation In Health Policy Recommendations. NEJM 1997: 1180-1183. See also: Rosenthal MB et. al. Promotion of Prescription Drugs to Consumers. NEJM. 2002; 498-505. Woloshin S, Schwartz LM, et.al. Direct to consumer drug advertisements: What are Americans being sold? Lancet 2001; 358:1141-6.

Americans have increasing difficulty separating fact from biased expert opinion. For an early example read: Stelfox HT et al. Conflict of Interest in the Debate over

Calcium-Channel Antagonists. NEJM 1998;338: 101-106. More recent conflicts even at the once revered National Institutes of Health have become even more blatant.

A recent review of obesity causes and the effectiveness of different treatment options is: Yanovsky SZ and Yanovsky JA. Obesity. NEJM; 2002:591-602. See also Tsai AG et al. An Evaluation of Major Commercial Weight Loss Programs in the United States. Ann Intern Med 2005;142:56-66. The National Geographic Magazine (August 2004 pages 47-61) offers a very effective and "glossy" presentation of the obesity problem. For a practical, well researched review of exercise: Anderson RE et. al. Encouraging patients to Become More Physically Active. Ann Intern Med. 1997:395-400.

The Food, Diet, and Supplement industries are an endless font for strong opinion. To learn why eggs were "bad" before but "good" now and other myths see: Kassirer JP and Angel lM. Losing Weight: An ill-fated New Year's Resolution. NEJM1998: 51-53. Also consider reading: Clinical Debate. Should a Low Fat, High Carbohydrate Diet Be Recommended for Everyone? NEJM;1997: 562-567. Hu FB. Mediterranean Diet and Mortality - Olive Oil and Beyond. NEJM 2003;348: 2596. If you remember Vitamin E as a good way to reduce harmful antioxidants see Miller ER et al. Meta-analysis: High Dosage Vitamin E Supplementation May Increase All Cause Mortality. Ann Inter Med 2005;142:37-46.

Poverty is a very powerful risk factor. Marmot MG et. al. Health Inequalities among British Civil Servants. Lancet. 1991;1387-1393. Lynch JW et. al. Cumulative Impact of Sustained Economic Hardship on Physical, Cognitive, Psychological and Social Functioning. NEJM 1997;1889-1895. Ickovics JR et. al. Functional Recovery after Myocardial Infarction in Men: The Independent Effects of Social Class. Annals of Int. Med. 1997:518-

525. The diseases of the poor are similar to those of the non-poor...they just occur on average, 7 years earlier.

The figure on disability in the United States is from the President's New Freedom Commission on Mental Health. Although critics contend that it may be somewhat biased in overstating the mental health component of disability, it provides a helpful overview of the causes for disability. (www.mentalhealthcommission.gov/reports)

For a disturbing review of a common cause of morbidity in teens and young adults see: Fleming DT et al. Herpes Simplex Virus Type 2 in the Untied States, 1976-1994. NEJM. 1997: 1105-1111.

Chapter Four: Inside a Doctor's Office

Review of care compared to "best practice" documents that the greatest gaps are in areas of communication. (McGlynn EA, Asch SM, et.al. The Quality of Health Care Delivered to Adults in the United States. NEJM. 2003;348: 2635-2645.) Read also a very good description of the inadequacy of communication "inside the black box" of the doctor's office: Braddock-JAMA 1999;282:2313-2312. Inappropriate prescribing and testing is a final common pathway of poorly designed care: see Zhan C et. al. Potentially inappropriate medication use in the community dwelling elderly. JAMA 2001 2823-2829.

The deficiencies of American health care are felt not only by patients. (Zuger A. Dissatisfaction with Medical Practice. NEJM 2004; 350: 69-74.) Drs. M and O in this chapter used well-tested rating forms to determine how well their practices were functioning and the satisfaction of the professionals and non-professionals staff with the practice. The ratings used to rate clinical practices are based on: Nelson EC et al. Microsystem in Health Care: Part 1. Learning from high performing front-line clinical

units. Joint Comm. J. Qual. 2002; 28: 472-493. The rating forms are available at www.improveyourmedicalcare.org.

Just teaching health professionals to be "nice" is generally not enough to make care better. (Brown JB et. al. Effect of Clinician Communication Skills Training on Patient Satisfaction. Ann. Int. Med 1999; 822-829). Practices have to adopt new models of care. A description of a Care Model for a good practice is: Bodenheimer T, Wagner EH, Grumbach K. Improving Primary Care for Patients with Chronic Illness. The Chronic Care Model, Part Two. JAMA 2002;288:1909-1914. Bodenheimer T, Lorig K, et.al. Patient Self Management of Chronic Disease in Primary Care. JAMA 2002;288: 2469-2475.

Dr. M's story is excerpted from http://www.ihi.org. For much more information see Journal of Ambulatory Management. July-Sept. 2006: Technology for Patient-Centered, Collaborative Care.

Given all that is known about how to deliver good care we must ask, why isn't it better? (Wasson JH. Why Isn't It Better? Ann. Fam. Med. 2004; 2: 292-293).

Chapter Five: Problems are Made to Solve

Lorig KR et.al. Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalization: a randomized trial. Med Care: 1999;5-14.19.

When you consider self-management and problem-solving, it is best to focus on the most important issues and diseases. All disease is not created equal! In fact, disease definitions change. (Schwartz LM and Woloshin S. Changing Disease Definitions. Eff. Clin. Practice. 2000;2:76-85).

For a description of a simple problem solving method for pain, see Ahles TA et. al. Panel-based pain manage-

ment in primary care. J Pain and Symptom Management 2001:1-7.

For more information about preteen and teen problem solving see: Wasson JH et.al. Adolescent Health and Social Problems: A method for detection and early management. Arch. Fam. Med.: 1995: 51-56. Also: BrackenAC et.al. A Computerized School-Based health Assessment and Rapid Feedback to Improve Adolescent Health. Clin. Pediatr: 1998; 677-684. The Problem-Solving exercise included in the postscript was modified from the insights of Lazarus and Tobin published during the 1980s and early 1990s.

Chapter Six: It's 100%

Although Esther and her mother might presume that Americans seen frequently by their physicians for their chronic diseases would have no undetected problems, this is not the case. (Redelmeir DA et.al. The treatment of unrelated disorders in patients with chronic medical diseases. NEJM;1998: 1516-20.)

The disturbing impact of income on child health and behavior is also described by Starfield B, Robertson BS, and Riley AW. Social Class Gradients and Health in Childhood. Amb. Pediatrics 2002;2: 238-246.

We highlighted the issue of domestic abuse in adults because clinicians often have misgivings about how to ask and what to do about it if they do ask. See Wasson JH et. al. Routine, Single-Item Screening to Identify Abusive Relationships in Women. J. Fam. Pract. 2000; 1017-1022.

An entire issue of the Journal of Ambulatory Care Management was devoted to the care of the elderly. (Wasson JH. Looking at Care form the Inside Out: A Conceptual Approach to Geriatric Care. 1998; Volume 21, Number 3).

Things that matter in "End-of-Life"care are described in

the aforementioned Journal by Goodlin SJ et. al. End-of Life Care for Persons Aged 80 or Older. JACM. 1998; 35-39. Also see Teno JM et.al. Medical Care Inconsistent with Patients' Treatment Goals. JAGS 2002; 496-500. The Problem-Solving exercise included in the postscript was modified from the insights of Lazarus and Tobin published during the 1980s and early 1990s.

Chapter Seven: The Promise of Same Page Care

Some discrete methods to improve medical practiced are based on: Wasson JH et al. Telephone care as a substitute for routine clinic follow-up. JAMA 1992; 267(13):1788-1793. Wasson JH et al. Continuity of outpatient medical care in elderly men: A randomized trial. JAMA 1984:2413-2417. Dietrich AJ. The telephone as a new weapon in the battle against depression. Eff Clin Pract. 2000;191-193. Beck A et. al. A randomized trial of group outpatient visits for chronically ill older HMO members. J Am Geriatr. Soc. 1997: 543-547. Wasson, JH et. al. A Randomized Trial of Using Patient Self-Assessment Data to Improve Community Practices. Effective Clinical Practice: 1999; 1-10. Barry MJ. Health Decision Aids to Facilitate Shared Decision Making in Clinical Practice. Ann. Intern. Med. 2002;127-136. Murray M, Bodenheimer T, et.al. Improving Timely Access toe Primary Care. JAMA. 2003;289:1042-1046.

www.improveyourmedicalcare.org provides busy clinical offices the tools and methods to make their practice more efficient and effective.

Chapter Eight: The Next Great Idea

If you wish up-to-date opinions on health care reform, read Health Affairs or browse the website of the Commonwealth Fund (www.cmwf.org). A recent review of many "next great ideas" is contained in a supplement to the Economist. "The Health of Nations." July 17, 2004.

The quote from Elliott Fisher is a "letter" from: NEJM 2004;350: 519. The quote form Brenda Sirovich is an "abstract" from: JGIM 2004;19S: 220. Both these quotes remind us of a huge number of studies. These studies demonstrate that the high cost and variation of health care in the United States are "driven" by the supply of available services.

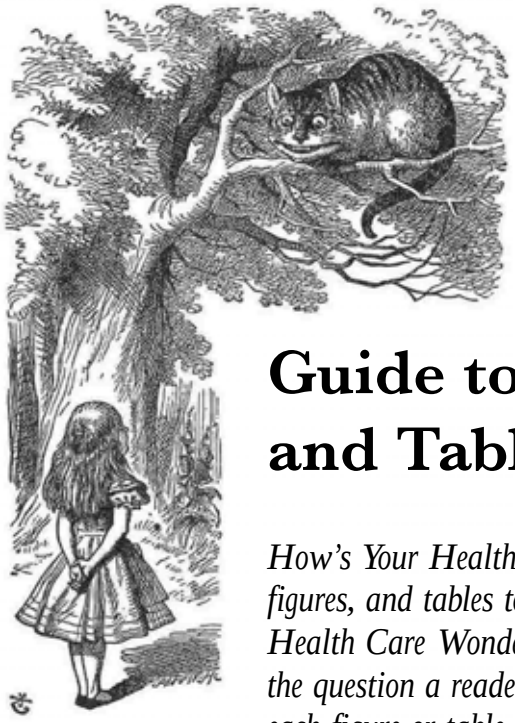
For physician opinions about how to fix health care read Blendon RJ, Schoen C, et.al. Physician Views on Quality Care. Health Affairs 2001:332-245.

The Artwork

John Tenniel drew the delightful illustrations for Lewis Carroll's *Alice's Adventures in Wonderland*. The Reverend Charles Dodgson (Lewis Carroll) wrote: "Mr. Tenniel is the only artist who has drawn for me, who has resolutely refused a model, and declared that he no more needed a model than I..."

The first printing of *Alice's Adventures in Wonderland* was in 1865.

Norman Rockwell's illustration of "Doctor and Doll" first appeared in the *Saturday Evening Post* on March 9, 1929. Used with permission. Copyright © 1929 the Norman Rockwell Family Entities.



Guide to Figures and Tables

How's Your Health? uses quotes, quizzes, pictures, figures, and tables to help readers better understand the Health Care Wonderland. The following list contains the question a reader should expect to be answered by each figure or table.

Part I: Welcome to Our World

Part II: Are You Ready to Improve Your Health and Health Care?

continued...

Part II: Are You Ready to Improve Your Health and Health Care? (continued)

Keyword in Figure (f) or Table (t)	Question Answered	Page
Environment (f)	Does money make a difference to children's health?	77-79
Blood Pressure (f)	Does being on the "same page" with a doctor or nurse improve blood pressure control?	81
Heart Pain (f)	Does same page care improve heart pain too?	82
Abuse (t)	What is it like to be in an abusive relationship?	83
Elder (t)	What is it like to be aging successfully?	84
Medication (f)	How would I know if my pills are making me sick?	95

Part III: Are You and Your Doctor Ready to Improve Your Health and Health Care?

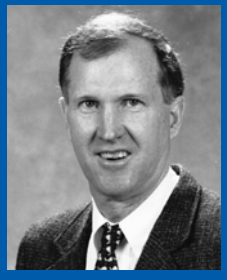
Keyword in Figure (f) or Table (t)	Question Answered	Page
Quality (f)	Do doctor office ratings and patients' ratings tell us the same thing?	101
Risk and Harm (t)	What should I focus on now to reduce my risk for harm from health care?	109
Same Page (f)	Same page care will make health and health care better, won't it?	118
Great Idea (t)	Will those big changes by the government ever make my health care better?	125
Self-Testing (t)	In the meantime, can't new technologies help me improve my health and health care?	127

Two doctors and a website combine to bring us a simple but powerful message:

We can and we should take control of our health and health care.

This book is based on decades of research and information from the free, non-commercial website called HowsYourHealth.org.

Many thousands of people like you have used the website to improve their health and health care. Learn from them to make your health and health care as good as it can be.



John Wasson MD is a national leader in health care quality and for more than three decades he has overseen the development and improvement of the HowsYourHealth.org family of free health websites

Regina Benjamin MD, MBA served as the 18th Surgeon General of the United State and has received among her many honors the Nelson Mandela Award for Health and Human Rights and the National Caring Award inspired by the work of Mother Teresa.

FNX CORPORATION

"We physicians work in a world that is normal to us. However, we know our world appears like Wonderland."

ISBN 0-9666743-0-8
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