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Promote Health, Not Health Care

In a September 6, 2012 *Perspectives* article in the *New England Journal of Medicine*, Asch and Volpp point out that, “whereas doctors and hospitals focus on producing health care, what people really want is health.” They report that “differences in health are determined as much by the social circumstances that underlie them as by the biologic processes that mediate them.”

These authors caution us not to be like Kodak®, which went from success to bankruptcy because it saw itself as a film company and not as an imaging company for which film was just one modality of imaging. They recount the similar demise of America’s passenger railroads, which failed to see themselves as transportation companies with rail as just one of multiple modes of transportation. Their

message is that health care is just one mode of health promotion, along with social context, environmental influences and personal behavior.

For productive interaction with patients I find it more practical to sort all non-health-care health issues into two groups. The first are those over which a patient may have little or no control, such as an economic need to continue to work in a dusty workplace. The second are those about which a



patient may be able to do something, including use of a dust mask or respirator mask for personal protection if it does not compromise job performance when economics makes it necessary to work in a dusty environment.

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Nasal and Sinus Irrigation

For patients with chronic nasal allergy and sinus disease, irrigating the nose and sinuses with an alkaline saline solution can be one of the most effective and least expensive methods of disease control. We've had patients for whom irrigating twice a day every day has produced enough health to totally eliminate their need for additional health care. Teaching this and other self-management skills is not putting us out of business. Most patients do best with a combination of life style factors, meds, and (in our specialty) allergy management consisting of avoidance and/or shots. Taking the time to teach life-style factors that reduce future need for medical care, with higher level visit codes when appropriate, increases the value of our services to both patients and insurers.

Some patients are irritated by irrigation. Some benefit from episodic short term use but have irritation if used too often. In some the fluid hangs up and comes out at inconvenient times and for some who tolerate it, it just doesn't help.

However, for most adult patients with chronic or recurrent rhinosinusitis it's a safe, effective, simple and inexpensive health-promoting practice.

Which devices: There are many brands of both Neti Pots and what I call "sinus fountains." When a Neti is poured into one nostril it irrigates the sinuses on the other side on the way out. Fountains irrigate on the way in. In our experience fountains are easier to control, can be used by younger patients, and are more often preferred. We stock one brand of each that we find durable, easy to use and clean, and economical to buy.

Which water: Use only water that was previously bottled or boiled. Home hot water systems can

harbor ameba capable of traveling up the olfactory nerves to cause fatal meningitis (never seen this far north but tropical and sub-tropical pathogens are moving north with climate change). There's a recent report of non-TB mycobacteria identical to those cultured from patients with chronic sinusitis who irrigated with tap water, isolated from the hot water systems of their homes. Bottled water is occasionally

contaminated at the plant with organisms that multiply during storage but do NOT pose a deadly risk to immunologically intact individuals. At this time we do not know the rate of microbial contamination from air when jugs of bottled or previously boiled water are opened to pour out water for irrigation day after day. We are currently negotiating for funding to study this and validate a safe and simple way to clean sinus irrigating devices.

Which salt and how much: You can buy paper packets of alkaline saline mix (salt + baking soda) and use 1, 2 or 3 per 8 oz for 1N, 2N and 3N irrigating solution. Or you can mix your own, which is less expensive and for which our teaching handout includes recipes. Plain salt is less irritating than iodized salt. Higher salt concentration decongests more effectively but can raise BP or increase fluid retention in susceptible patients. We occasionally have to cut to 0.5N to avoid these complications in extremely sensitive patients.

Which additives: Baby shampoo (½ tsp per 8 oz) will help most patients but irritates some. Hydrogen peroxide, ½ tsp of 3% solution, helps clear mucopus when present. Other drugs including antibiotics and steroids are OCCASIONALLY useful but should NOT be used routinely.



Promote Health, Not Health Care

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To maximize the value of your professional services (your Health Care) to both patients and payers, integrate it with observation, advice, instruction and inspiration to your patients and their families to do non-Health Care things that promote better Health. Take the extra time and do a higher CPT code visit if needed. In today's health economic marketplace no insurer should penalize you for taking the time to promote health when there's obvious room for better outcomes than can be achieved by health care alone.

Make lists of common life-style factors that impact the conditions you treat. Make check-lists of simple interventions and ways to inspire patients and families to implement them. Cultivate awareness of signs of conditions for which you can easily teach simple health-promoting practices. Look at the health care you give as one of multiple types of health-promoting activity.

The patients who use the most health care and have the least health to show for it are usually seeing multiple physicians in different specialties. Medications and non-medication health-promoting behaviors that may be appropriate for one problem may complicate another. If different physicians make

conflicting recommendations and each treats his own recommendations as gospel, patients may discount everything they hear from all of us.

If we all try to frame both our health care orders and prescriptions and our non-health-care health promotion, education and recommendations as tools that we propose with our best clinical judgment but caution that they may not work for all patients, individuals will feel more empowered to discuss conflicting recommendations, interactions and complications with us. When these problems arise, time taken to get on the phone with other treating physicians is always time well spent.

Broadening the scope of what you check up on can also increase the value of your care to your patients. Office visit co-payments are rising. If you use the occasion of a periodic follow-up visit for one problem to review life style factors and check-lists relevant to incidental positive findings and to general health as well, you will increase the value of that visit to the patient. You can justify the higher level visit as medically appropriate if the outcome of your life style teaching and reinforcement can be expected to reduce future morbidity and need for health care.

Update on Poison Ivy Immunotherapy

Our poison ivy vaccine has greater purity (>80% molecular poison ivy urushiol), concentration (50 mg / ml) and stability (no loss of potency over 15 months) than previously reported for any other poison ivy vaccine. It is highly effective in patients with greater than a certain threshold level of sensitivity but not effective for less sensitive patients. We can identify responders after one or two visits for quantitative patch testing and give effective treatment in two or three addition-

al visits. Protection has lasted at least nine months in highly sensitive patients and more than two years in one extremely sensitive patient; on the basis of this data we are now recommending re-testing and booster doses every nine months after completing initial treatment.





Anaphylaxis Community Expert Education

This year the Allergy & Asthma Network's Anaphylaxis Community Expert program is recognizing what we learned in our two past years of participation: School nurses love the program but patients and parents of patients just don't come to workshops offered for them. Once again we're the program's faculty for South Jersey but this year it's only conducting workshops for school nurses.

Flu Vaccine and Egg Allergy



The amount of egg protein in both killed injectable and live attenuated intranasal flu vaccine is small enough to be safe for 99.99% of egg-allergic patients. Either flu vaccine can be safely given to patients with mild egg allergy in your office. We will be happy to see and evaluate any patients with severe egg allergy or with mild-moderate egg allergy who are uncomfortable to get a flu shot without an allergy evaluation.

Thank You

We thank you for your interest and for the opportunity to participate in the care of your patients.



Allergy and Asthma of South Jersey Disease Management and Education for:

- Asthma and Sports Asthma
- Allergies of the Eye, Ear, Nose & Throat
- Chronic/Recurrent Sinus and Ear Infections
- Skin Allergies, Eczema & Hives
- Food Allergy, Latex Allergy
- Antibiotic Desensitization
- Customized Allergy Testing & Serum
- Occupational & Environmental Allergy & Asthma

Enjoy better health when education is part of your treatment.



We are pleased to develop customized asthma management plans and teach you environmental controls and other measures to more effectively control your condition and improve your quality of life.

For current information and management strategies visit us in person at:

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