

## Massachusetts ME/CFS & FM

ASSOCIATION

EDUCATION, SUPPORT & ADVOCACY SINCE 1985

Alba Azola, M.D.

## Working with your Healthcare Provider



## Housekeeping

- We respect your privacy
- Please stay muted
- Put questions/comments in the chat
- A recording of the main presentation and Q&A will be posted

We cannot answer questions related to your personal or any specific, medical condition.

The information in this presentation is for educational purposes only. Please consult with your physician or other healthcare provider in matters pertaining to your medical care.

The presenters remarks are their own opinion, and do not represent the views or opinions of Massachusetts ME/CFS & FM Association.



## Massachusetts ME/CFS & FM

ASSOCIATION

EDUCATION, SUPPORT & ADVOCACY SINCE 1985

Alba Azola, M.D.

## Working with your Healthcare Provider





## **Featured Speaker**

Alba Azola, MD
Assistant Professor
Co-director of the PMR Post-Acute COVID-19 Team (JH PACT)
Department of Physical Medicine and Rehabilitation
Johns Hopkins University School of Medicine

#### Also participating:

Dave and Sue, parents of a teen with severe ME/CFS Karin Dove, MPH, Moderator

- MassME member
- Engages in patient services for the Association







# Working with your Healthcare Provider

Dr. Alba Azola

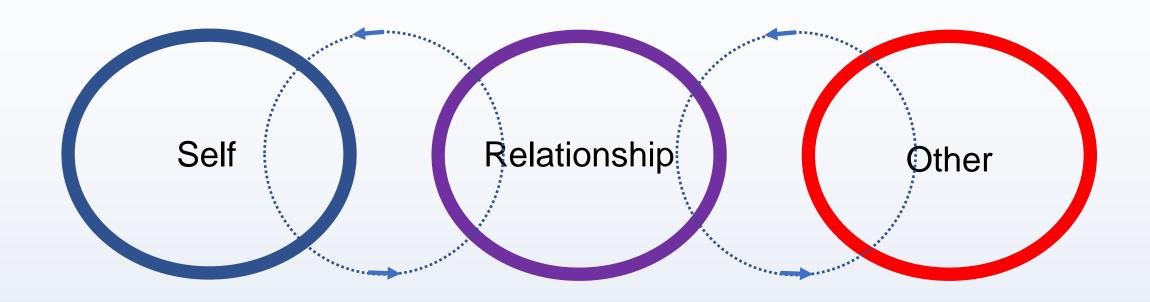


## Disclosure

-Nothing to disclose



## The Power of Three: Relationship



Agreement



### Barriers to effective communication

- Deterioration of Doctors' Communication
  - Medical training suppresses empathy, and may result in derision of patients
- Doctors' Avoidance Behavior

Discouragement of Collaboration

Perception that patients are passive recipients of information





## Strategies for improvement

Communication Skill Training

Collaborative Communication

Conflict Management

Understanding Health Beliefs and Values



## Interpersonal Trust

- Patient trust correlated with patient assessment of the physician's
  - Communication (r=0.75)
  - Level of interpersonal treatment (r=0.73)
  - Knowledge of the patient (r=0.68)
- The way a doctor communicates with his or her patient is as important as the information he/she is conveying to the patient



### Medical Visit Structure

- History of present illness
- Review of systems
- Medications (and medication history)
- Past Medical, Surgical, Social and Family History
- Physical Exam
- Assessment
- Plan



## History of Present Illness

- Goal: get as much information as possible on current issue ... but trying to keep information organized
  - Keeping updated chronological outline of main events is helpful
  - Have medical records and test organized and available
    - Most times we don't have access to records
    - Always keep CD copy of actual images (the read is not enough)



## History of Present Illness

- Describe symptoms on your own words
  - Avoid medical terms
- Current Functional status
  - Limitations to mobility
  - Limitations to activities of daily living
  - Caregivers
- Top 3 most impairing symptoms



## Review of Systems

- Goal: to identify ongoing signs and symptoms from head to toe
  - It's a lot to get through... we are not trying to cut you off
  - Pertinent positive and pertinent negatives
- We want to know what the patient is experiencing
  - Not a diagnosis that you have been given by other providers
  - Not the medical term that explains what you are experiencing

## **Medication History**

- Current Medication list
  - Dose
  - Duration of treatment

- Keep a list of medications that have been trialed in the past
  - Doses
  - Side effects
  - Reason for stopping
  - Duration of treatment



## Past Medical and Surgical History

 Again, helpful to keep running list of diagnosis including pediatric medical issues

- Keep list of surgical procedures and other interventions
  - Complications associated to procedures



## Past Family, Social and Functional History

Recommend keeping a running list of family medical issues

- We want to get to know your environment
  - Where do you live, who lives with you
  - What your days look like
  - Work history

Mobility restrictions, need for assistance with ADLS



#### Assessment and Plan

 The provider may not able to create a comprehensive plan at the end of your first visit

- Its important that the plan takes into account your health priorities
  - Tell your provider what is most important to you

- What is important to the doctor may not be important to you
  - Ask your provider why they want to do things

### Your doctor wants to know

- If you had to stop a med due to side effects
- If you saw another provider and they changed a medication
- If you have an exacerbation of symptoms that is setting you back



## Ways the patient can help the physician

Facilitate communication between providers

Discuss best communication method and expectations in communication

Keep it real! Let your doctor know how you really feel









## Please join us next month!

Dr. Paul Monach

All About Fibromyalgia

Sunday, May 15, 2022, 4 p.m. EDT

We are only able to produce this speaker series through your membership and generous donations. Thank you!

massmecfs.org/join

massmecfs.org/donate

To join the Sunday Conversations team: volunteer@massmecfs.org

