

Two Clinics – One from the East; One from the West – Find Common Ground in the Outpatient Pavilion

“Oh, East is East, and West is West,” wrote Rudyard Kipling, “and never the twain shall meet.”

His 1892 declaration summed up the belief that the differences between cultures are so profound that they cannot mix or find common ground. The insistence plays out today, not only in politics and religion, but also in the medical realm. The empirical, evidence-based approach of Western medicine cannot be reconciled, some argue, with the emphasis on achieving mind-body balance and harmony that undergirds the traditional Eastern approach.

In the real world, however, the division is not always so neat. East and West *do* meet, for example, at UCH’s mostly-Western Interventional Pain Management Practice and the Eastern-influenced The Center for Integrative Medicine (TCFIM).

On the first floor, the Pain Practice offers Western medical treatments, including a variety of anesthetic and anti-inflammatory injections, nerve stimulation, pulsed radiofrequency nerve ablation, and more.

Four floors above – in figurative terms, to the East – TCFIM offers complementary and alternative medicine options: acupuncture, Chinese herbs, yoga, massage therapy, chiropractic, herbal and nutrition counseling, meditation and others. But as the “integrative” in its name suggests, TCFIM does not reject Western medicine out of hand; rather, it seeks an effective balance of treatment options for patients.

Creative tension. Straddling the two worlds is Ben Meyerhoff, who manages both the Pain Practice and TCFIM. He juggles not only time but caseloads of patients, many of whom seek relief from

pain and issues secondarily related to it. The two are united in their efforts to relieve pain and discomfort, yet they typically treat different kinds of patients – and not only for clinical reasons.

“The two clinics don’t always balance that well,” Meyerhoff concedes. “They run on very different business models. The Pain Practice is very much Western [in its treatments] and completely dependent on the notion of health insurance.”

An epidural steroid injection to treat low back pain or sciatica, for instance, would easily cost a patient paying out of pocket \$500 or more, he says. And as an insurance-driven, Western-style medical clinic, the Pain Practice also has to provide staff trained to deliver advance cardiac life support and post-anesthesia care, he adds.



In contrast, the vast majority of integrative medicine patients pay cash for their care. And they frequently carry different expectations than those who visit the Pain Practice, Meyerhoff adds.

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"Patients often come to TCFIM with problems they are hoping can be addressed with non-pharmaceutical agents," he says, "including acupuncture, chiropractic and massage." The clinic only recently added medical assistant Tina Gillett – "a huge step," Meyerhoff notes – and Gillett doubles doing clerical work.

Common purpose. Still, the two practices themselves are hardly isolated from one another. Since it opened in 2001, the integrative medicine clinic has seen some 2,000 patients who began treatment at the Pain Practice, Meyerhoff estimates. Some of that volume can be attributed to generally shorter waits for appointments at TCFIM, he acknowledges.

"We have one doc [Jason Krutsch, MD] in the Pain Practice and a world full of pain," he says. Some patients opt for a quicker first appointment, pain assessment and treatment recommendation at TCFIM.

"The providers at both clinics also share a common desire to identify and at least ameliorate the root cause of pain. Both agree that oral medications are not the best way to get at the problem," he says, "and that they can cause a host of long-term problems."

More importantly, Meyerhoff argues, the two practices broaden the range of treatments the hospital can offer patients facing a bewildering and frequently frustrating opponent: pain.

Different paths. "The way we treat patients is very different," he says. "But we're ultimately driving at optimal care for a challenging group of patients," he says. For example, TCFIM won't prescribe an open-ended regimen of chiropractic care for a patient trying to resolve a spine problem.

"We'll say, 'Try this to alleviate the pain,' but if there is no improvement in three or four sessions, we want to make sure the patient doesn't feel it's 'our way or the highway,'" Meyerhoff explains. "There is a time and place for Western medicine, such as when a patient has a severe spine problem or deteriorating bones."

On the other hand, complementary/alternative medicine may produce relief when Western medicine cannot.

Patients with fibromyalgia, a condition characterized by widespread, generalized pain, often gain little benefit from the localized treatments that are the Pain Practice's specialty, Meyerhoff says.

Krutsch frequently refers these patients to his TCFIM counterpart, Lisa Corbin, MD, for consultations regarding further behavior-change and alternative treatment options, such as massage. In addition, Corbin's acupuncturists frequently offer help to cancer patients suffering from pain and nausea caused by chemotherapy.

Easing psychological burdens. *The two clinics also cross paths in treating patients burdened with the emotional distress physical pain spawns. Many patients get extended treatment from TCFIM's psychologists for anxiety and depression, which are frequent companions of chronic pain.*

The psychologists, in turn, offer cognitive behavioral therapy (CBT) techniques that focus on the ways people's thoughts influence their behaviors and their reactions to their situations. They also help people manage stress through meditation and mindfulness, or calm, nonjudgmental attention to their surroundings.

"We treat patients whose depression is well controlled on oral anti-depressant medications," Meyerhoff explained. "We don't prescribe medications ourselves. If a patient needs a pharmaceutical intervention, the referral is to the Outpatient Psychiatry Practice."

Now TCFIM is expanding its reach. Bill Clancy, PsyD, one of the practice's psychologists, will soon be seeing patients in the Pain Practice, Meyerhoff reported.

He would also like to help the staff of the two clinics strengthen their bonds. Care team assistants at the respective clinics, he notes, work well together – the Pain Practice more typically refers to TCFIM than the other way around – but he sees room for improvement. He plans didactic sessions for staff in each clinic to see how providers in the other clinic work.

"We'd have a 20-minute session with a provider who would explain a treatment like acupuncture," he says. "Staff would be better able to recommend the treatment to patients."

If these plans fall into place, Meyerhoff sees ever more productive opportunities for East to meet West for the benefit of patients.

"At times, the best care for patients is a combination of care," Meyerhoff says. "When that works out – patients get care paid by insurance but see the value of also paying out of pocket for TCFIM services and are willing to do so – we can achieve some great outcomes."