Video/Audio 1

Directions: Watch the video clip twice, and fill in the blank with the missing word (s).

When I arrived at the Banner 1 _____ I was so impressed by the fact that they came to me. I didn't really want to 2. _____. They came up to me and said, "Well, is there something we can help you with?" So I explained and I got instant attention and 3. _____. They went through all the usual things to look for heart, and so I was there, you know, sometime. I did all the administration things that they needed to do in the assessment and was admitted that night, eventually 4. _____ at Banner. And they treated me. They're so well and made comfortable, and I still hadn't gotten a total assessment yet. They advice that me later that yes I did have problem. My head had the CAT and they found that 5. _____ and had that, and it didn't it turned out that I had three arteries that were 90% blocked. And so, I had the surgery and it went very, very well. And I just think 6. _____. I had no complaints and it was very successful in my recovery, and the two women from the rehab came to chat with me and 7. _____. So they did a great job.

Script

When I arrived at the Banner in the emergency room I was so impressed by the fact that they came to me. I didn't really want to bother anybody. They came up to me and said, "Well, is there something we can help you with?" So I explained and I got instant attention and was treated immediately. They went through all the usual things to look for heart, and so I was there, you know, sometime. I did all the administration things that they needed to do in the assessment and was admitted that night, eventually transferred over to the heart section at Banner. And they treated me. They're so well and made comfortable, and I still hadn't gotten a total assessment yet. They advice that me later that yes I did have. Problem my head had the CAT and they found that I had some block arteries and had that, and it didn't it turned out that I had three arteries that were 90% blocked. And so, I had the surgery and it went very, very well. And I just think they did a super job. I had no complaints and it was very successful in my recovery, and the two women from the rehab came to chat with me and I have lot of attention. So they did a great job.

Video/Audio 2

Mark P. Aulisio: Parents hear things that doctors arent saying or dont mean to be saying and they made decisions based on what turn out to be false beliefs about the actual medical circumstances, were false beliefs about the actual prognosis where the likelihood of success in the given intervention.

Male: It’s very difficult for doctors and care teams to admit to parents that they have reached the end of the road with regard to treatment possibilities. Dr. Aulisio said that as human beings, natural impulses to blame the messenger instead of accepting what might be the reality of the situation.

Mark P. Aulisio: Another dynamic comes up, health professionals who try to be very direct and clear about how grave a terminal situation might be, how advanced the stage of cancer might be, if it’s a cancer case, parents get mad at them because what we do as humans, we shoot the messenger, right? If you bring me bad news, who am I mad at? First, initially right away, I’m mad at you. You told me that, well you’re just the messenger. A lot of times, health professionals in my opinion need to be willing metaphorically, figuratively to be shot. They need to be willing to be the messenger that the parent won't like for a while because they’re delivering bad news and bad news is almost never well received. But it’s a very dangerous dynamic that gets setup in these cases and what I think happens that as parents choose things that they would never otherwise choose for their children.

Male: Another extremely complex and difficult decision process is faced when a developing fetus is involved. Dr. Berg addresses the considerations that a pregnant woman faces who learns that she herself has a life threatening illness.

Jessica Wilen Berg: Often that means delaying their own treatment. For example, there have been situations of women who’ve had cancer and have chosen not to go ahead with cancer treatments until the fetus is either developed enough that they can have an early delivery or far enough pass the danger period that the treatments in question will be much less harmful. I think it’s an extremely difficult choice to make in those situations. I think some of it depends on where the pregnancy is.

Male: The decision to delay medical treatment for the mother is often a simple one if the woman is in the final stages of her pregnancy and treatment is delayed only a few weeks but as Dr. Berg points out, the stakes are raised if the woman is in the early stages of pregnancy, in either case, it is always a weighty decision.

Jessica Wilen Berg: I have myself not encountered a woman in that case who have ever said, “I dont care anything about what happens to the fetus. I’m doing whatever I want.” They’re always making decisions based on what they think would be the best choice in the case and they’re very interested in the well being of their future child.

Male: The decision process often involved looking at the medical and scientific facts, religious and moral values and even social and political circumstances. Dr. Berg sees

culture and religious beliefs has played a pivotal role in the process.

Jessica Wilen Berg: I think they play a fairly significant role for most people, either cultural backgrounds or religious backgrounds or what we call spiritual backgrounds. I think sometimes people dont articulate well for themselves where their feeling or beliefs are coming from.

Male: While some religious traditions have very specific doctrines about what is permissible and what is not, many other religions do not have such clear interpretations available to them. So, how can or should religious doctrine be incorporated into the medical treatment decision making process?

Jessica Wilen Berg: That doesnt necessarily meant that you can identify someone as being from a particular religion and say, “Well, I know them,” what you would certainly choose. There are only a few religions like that and even they are, you’d always want to talk to the patient.

Video/Audio 3

One of the stated aims of the Affordable Care Act is to tear down the walls that separate different medical practices. Patients should be able to see their dentist and dermatologist or doctors and psychologists all at the same place. The hope is that by bringing the various disciplines together, patients can receive better and perhaps less expensive care.

Kristian Foden-Vencil, of Oregon Public Broadcasting, visited a doctor's office that brought in psychologists to see if the premise works.

KRISTIAN FODEN-VENCIL, BYLINE: Doctors often have to deal stomachaches and migraines that end up stemming from mental, rather than physical problems. The traditional response is to refer the patient to a psychologist. But, says Dr. Robin Henderson of the St. Charles Health System in Bend, very few patients follow up that referral. They don't want the stigma of seeing psychologist she says, so they procrastinate and get sicker.

In an effort to solve the problem, St. Charles has been running a pilot project that puts psychologists in doctors' offices.

DR. ROBIN HENDERSON: You're sitting on the table, in comes your psychologist to sit next to you. It changes the stigma dynamic.

FODEN-VENCIL: Take the case of 17-year-old Tyson Engel. Back in the spring of 2011, he was snowboarding on Mt. Batchelor when he fell so hard, he cracked his helmet. His mom, Jennifer Engel, says she soon began to notice dramatic changes.

JENNIFER ENGEL: Tyson talked about headaches for a while and he could not sleep. He was always on, on the run, not eating very much.

FODEN-VENCIL: Over a period of several months, she took him to the ER five times. There was a three-day hospital stay and she tried several doctors' offices around town but the symptoms weren't improving. Eventually, she ended up at the Mosaic Medical Clinic, where pediatrician Kristi Nix worked closely with psychologist Sandra Marshall.

Nix treated Tyson for his physical brain injuries, while Marshall helped him pick-up everyday coping skills to deal with symptoms like memory loss and sensory overload. In fact, Marshall says it wasn't just Tyson who needed help, his parents needed it too.

SANDRA MARSHALL: Sometimes there would be too much talk.

MARSHALL: And they would talk and talk and talk. And he would get frustrated.

FODEN-VENCIL: Tyson says she also gave them clear strategies to deal with his impulse control, like the time he was going to an appointment with his mother and ran across a busy street to see a shiny new bike.

TYSON ENGEL: I would want to go see a bike. I would think to myself, is now the right time, is it now the wrong time. How badly do I want to see the bike? Is it that important? Is it not important? And just by asking myself questions, I'd get better at, you know, the certain situations that I was into.

FODEN-VENCIL: Henderson says Tyson's issues are complex. More common examples at Mosaic involve children getting upset tummies or headaches because they're being bullied or because their parents are getting divorced.

HENDERSON: These are short, brief interventional strategies designed to help parents and the practitioners and the children themselves deal with the things that they're coming into a pediatrician's office for that aren't necessarily treatable with an antibiotic.

FODEN-VENCIL: Mosaic Doctor Kristi Nix says the pilot project has lifted a burden off her shoulders.

DR. KRISTI NIX: It's not satisfying as a physician to say, I don't know what's wrong with you, get out of my office. Right? Like, that's not OK and it's not good health care.

FODEN-VENCIL: The idea of having a psychologist drop in to talk to a patient for 20 minutes, instead of setting up a schedule of weekly visits is a substantial change. Henderson says St. Charles has had problems hiring psychologists.

HENDERSON: It's not worked for some of them. Initially, especially when we were first starting out, we had a couple of folks who just couldn't manage the model. It takes a different type of personality. And we find the folks coming right out of school, fresh, who've been trained in health psychology models, you have to have that type of personality that wants to engage in team-based care.

FODEN-VENCIL: Quite apart from hiring issues, the question is: Does having psychologists and doctors working together save any money? Henderson says Mosaic looked at 400 patients over about two years.

HENDERSON: And the average was a drop of about $860 over the course of a year in the patient's medical costs. Now, that included a minor increase in their pharmacy costs. But even with that increase, the total medical-spent was going down.

FODEN-VENCIL: St. Charles is doing a much longer study to see if the savings are real. But several other health systems around the state, as well as in Colorado and Massachusetts, are already trying this idea.