

# Primary Care Cures

## Episode 90: Dr. Jamie Hope

Ron Barshop:

This episode is brought to you by the MediSearch Institute. What happens when patients cases become too complex to solve in a typical 30-minute visit? Well, we've all had those super thick, super deep patient history nobody's looked at in a long time and gone back through. Well, I'll tell you what happened is those patients bounce around from doc to doc without getting any answers or making any progress. These patients are trapped and lost in a maze.

Ron Barshop:

Well, MediSearch is here for those doctors and for those patients. Their motto is we solve the unsolvable. Their process is rather simple. Dr. Trent Talbot, the founder, assigns a team of medical detectives, typically three MDs and one PhD to each case. They research the latest breakthroughs and clinical trials and they elicit the opinions of 10 to 15 world-leading experts per case. They purposely seek out experts who will come at each case from a different perspective, the Bayesian method. Altogether, they will put in over 250 MD hours for every case. That means 500 times the amount of brain power that typical doctor can afford to offer.

Ron Barshop:

You know most problems in health care are fixed already. Primary care is already cured on the fringes, reversing burnout, physician shortages, bad business models, forced buyouts, factory medicine, high deductible insurance squeezes the docs and is totally inaccessible to most of the employees. The big squeeze is always on for docs. It's the acceleration of cost, deceleration of reimbursements. I want you to meet those in this show that are making a difference. With us, Ron Barshop, CEO of Beacon Clinics, that's me.

Ron Barshop:

No matter what your persuasion is, this pandemic offers everybody listening several missed opportunities. And I want to have a discussion about a massive one that I'll get to in a minute, and then I'm not going there, there meaning Monday morning quarterbacking. What we know is obvious today, but wasn't clear even a few days, few months or a few weeks ago. So let's agree this virus is a tricky one and we're evolving in what we know daily.

Ron Barshop:

But this virus has also pioneered virology by jumping for the first time ever from the pulmonary to the circulatory system. And that is body havoc. That is a first time ever. It's highly asymptomatic. I word 98% of us have added to our vocabulary list this year. So it's even trickier than most by a long shot. And we're all getting smarter sounding.

Ron Barshop:

So testing as we know it, pre-saliva has been a giant washout as a practical matter, testing for the ability to work that is because the gold standard nose swab is a decent rear view mirror for public

health but next to worthless whether we should work or isolate going forward. Why worthless? Well there's too many false positives. The New York times just reported 90% might be false positive, which means the viral load is too light to infect us or it might mean that you have a completely different Corona and it's too sensitive. So these false positives are essentially giving us bad information.

Ron Barshop:

So the time delays to get the answers can also render the data useless. What are you supposed to do when you have to wait three days, 10 days, two weeks to get an answer? Are you supposed to isolate waiting for that? Should you not go see grandmother?

Ron Barshop:

But here's the giant missed opportunity. None of that. Why in the world aren't we celebrating movement, nutrition, supplements, hydration, sleep hygiene, immune system, support strategies like nutrition? That is the big missed opportunity here and I think our guest today will agree.

Ron Barshop:

The Texas four-step mantra that has been the mask, the distance, the wash, the hands, and the self isolate. Is that too much to ask for us to also talk about the immune system and strengthening ourselves? Why isn't anybody with the power of the mic walking in the sun and talking about it? Taking 10,000 steps and talking about it? Getting their sleep hygiene right and teaching us about that and eating clean? Can I get a hallelujah?

Ron Barshop:

So we have a riveted nation and no discussion about strengthening the immune system, the big missed opportunity. Here are the benefits that I would love to see. You're walking in the sun and this is what the 10,000 steps muscle burn looks like for the next three hours for your quads and your glutes. Here's your brain neuro-plasticity with the oxygenization you're getting. And here is your mood improvement with new hydration strategies. No one is discussing this and my teeth are gnashing. So it's the big miss.

Ron Barshop:

So you're ready for the perfect segue. This might be my best one ever. Introducing a guest today. I'd like to introduce you to a very charismatic ER doctor who wants you to never meet another ER doctor in your life. Today's guest, Jaime Hope is a triple threat. She's an author and a speaker of summer now, but she's also an assistant professor of medicine at the OUWB school of medicine, Royal Oak. And she is an enthusiastic educator of clinical medicine and the promotion and maintenance of your health. And she started as a triple threat, a practicing ER, doctor at one of the busiest in the country, the Beaumont health. Welcome Jaime to the show.

Jaime Hope:

Ron, it is so great to be here. Thank you so much for having me and for this opportunity to share this really important conversation.

Ron Barshop:

Well, you're seeming all about lifestyle medicine. When I look at the common threads in your life, we're going to talk also about resiliency and promoting doctor patient relationships that are stronger, but let's talk about lifestyle medicine. What exactly does that mean?

Jaime Hope:

So lifestyle medicine takes away that reductionist view, where a patient is diabetic or hypertensive or something like that, where we're just simply looking at a disease process. It's stepping back and saying, what is the whole part of you? And looking at a human being in their entirety. Are you getting nourishing food, energizing exercise, restorative sleep, stress release, and meaningful connections? And how can those all interplay with your health to bolster it, to improve it and to free you? Ron, you know very well in my job I see people on the worst day of their life every single day. And my whole goal is to stop people from having to be there.

Ron Barshop:

Is there the typical scenario that you're seeing overwhelmingly that's completely avoidable. And we're not talking about an ankle sprain or a break or a pad or some urgent care need, but what is it that you're seeing that's coming into your clinic? And again, you all are one of the busiest in the country. What is walking into your door that's completely avoidable with these lifestyle changes?

Jaime Hope:

Let's talk about the classic, the heart attack. That is if you could take a snapshot of somebody in the moment in my ER, they're sweating, their hand is over their chest, they're uncomfortable. We're moving very, very quickly because we know time is muscle. And if we can't open that artery and restore blood flow, they're going to have permanent damage to their heart, maybe become disabled or even die.

Jaime Hope:

And so if you take that snapshot like a movie and rewind, rewind fast, fast, fast, all through their life and the recent years and longterm, the steps that it took to get there, you imagine picture them eating a big greasy burger. And then they are sitting on the couch, bingeing out to Netflix in a dark room instead of exercising.

Jaime Hope:

And all of the different, tiny steps, choices, and habits along the way that you're watching in fast rewind that led them. Now you fast forward through that, to that moment in the emergency department where we're fighting to save their life.

Jaime Hope:

If we don't unclog that artery and restore blood flow to the heart muscle within a very short period of time, those muscle cells will die leaving the patient with permanent disability or even death. So we're fighting against time in the moments, when what we should be doing is working with all the time that was leading up to that.

Jaime Hope:

So instead of ending up in my ER that day, they were out doing something fun in the sun with their families and not having that worst day of their life.

Ron Barshop:

If you're talking to most ER doctors, they have zero power over changing what should be, or could be or ought to be because it's just all theory, but you're actually, you have the platform of public speaking, and you're also speaking to medical students every day. Do they ever come to you and say, man, I would love to go into primary care, but I just can't afford it. I would love to help people with that big juicy burger, also get out in the sun and play with your kids, but I just can't afford it. Do you ever run into that when you're speaking in the medical school?

Jaime Hope:

Yes. And it's one of my biggest frustrations, because part of my career as dedicated to seeing people on that worst day of their life, of being a catalyst for health and change and helping them. And the whole rest of my career is dedicated to helping people upstream.

Jaime Hope:

And one of my biggest frustrations are the way that the classic primary care model is not serving patients. When you're allotted eight minutes to see someone and all you have time is to review their medications. You look at their hemoglobin A1C and see it hasn't changed and all that thing. And you're, okay, great. See you again in three months, it's such a missed opportunity for teaching, for empowering, for learning about their goals, their lives, teaching them habit change in the context of their specific life because there's no one size fits all approach.

Jaime Hope:

And so to be an expert and to sit with people in that space makes such a difference. So yes, I hear people saying as a practicing physician, they can't afford to spend that time and I'm looking at it as, how can we afford not to, and with that pain point, that's how we come up with solutions, make the innovations and make a difference.

Ron Barshop:

The future of medicine is going to really be less about trying to have a doctor compete with the thousands of messages that are, drink this, eat this, process food ads. There's just too much. It's overwhelming with the media, the social media, the messaging every day, that one physician, the best in the world cannot hope to compete with all that messaging. So there's going to have to be a different way of messaging on the phone, better messages.

Ron Barshop:

And and that's going to have to be the future. It's not going to be, come to my office once a year or let me take care of by telemedicine because even by telemedicine, you can't touch them enough times to compete with all of those wonderful ads and sedentary ads. The gaming, the binge watching. I mean, there's almost no way to compete. It's a loser's game.

Jaime Hope:

Yes. And it's so frustrating because all the messages I'm trying to give them is empowering, it's and then against all of those messages where they're paying insane amounts of money for food chemists to make the food maximally addictive. All these ads that are just impossible to resist when you're in that state where your motivation has gone a little down, it is hard. And it's not as flashy. It's not as sexy. Hey, eat right. Do better.

Jaime Hope:

And so I've been fighting against that upstream and trying to teach people, this is how you can really help people and get results, but it's not that instant fix that other people are advertising. It takes effort.

Ron Barshop:

We were talking about the doctor patient relationship. What can be done to strengthen that relationship when the doctor is literally forced into almost a coal mine working environment where they have to get this EHR done, or they're not going to get paid?

Jaime Hope:

It is. It's such a frustrating thing because I feel that thing, that EHR becomes a barrier between the human interaction. So I teach it's a very busy emergency department. It's a huge academic center. We've got residents from all specialties and medical students. So I take the opportunity to teach them to start unitasking. We get so good we think at multitasking and trying to do so many things at once. But when someone is trying to tell you the most intimate details of their life, their personal health, their personal history, their fears and all of those things, and you're not looking at them and you're typing into a computer to check a bunch of boxes and get stuff done, you don't create that psychological safety or a safe place. And patients withhold information because they don't feel safe.

Jaime Hope:

So this is one of those things that it is back to the most basics of human connection that makes all the difference. People think it takes too much time, but it saves you so much time on the backend of misdiagnosis, of lawsuits, of bad health outcomes that it's worth it. So I teach my learners to get in a chair. And in a nice way I tell them, sit down and shut up and just let the patient talk.

Jaime Hope:

You need to know not just their symptoms, but okay. So they're having chest pain, what is the context of their life? Are they high stress? Are they standard generation taking care of elderly sick parents, plus their children, plus working jobs? Because you're going to make recommendations for the patient based on their symptoms and results. And if those recommendations no sense in the context of their life, they're not able to achieve those, which means that you didn't do anything to improve their health. So that time that people fear takes too long, doesn't take as long as you think. So it's sit down, shut up, look them in the eye and ask questions.

Ron Barshop:

So what other resident messaging are you getting from them that they say this lesson you taught me dr. Hope really gave me clarity in my professional career? What other type of lessons are you teaching the young people today?

Jaime Hope:

I'm kind of famous for quotes. I teach them quotes as mantra so they remember them. And two of the ones that I'm most famous for are, the answer is in the patient because they're always looking to labs external and stuff like that. But if you sit down and ask somebody and do a really good history and physical exam, labs and things that you order are simply confirmatory and pointing you in the right direction. So by embracing that mantra, the answers in the patient, it encourages them to go back and sit with the human being they're serving to make the difference.

Ron Barshop:

Good one. What's the other one?

Jaime Hope:

And then the second one is, if you're ordering a test, you're asking a question. Because I feel there is this kind of epidemic of over-ordering or you don't want to take the time to listen to the patients. You're just going to order the one of everything panel. But if you're ordering a test, you're asking a question. By the time I walk out of the room, I have a very good idea of what's going on. So I order the tests that are going to specifically answer the questions I have about this human. About this specific individual.

Jaime Hope:

So those are the big ones I teach them as patient facing mantras. I always teach the other usual stuff, self care mantras and stuff like that, also that I love. But those are my big facing mantras, so that they are doing their best in service of who they're serving.

Ron Barshop:

So you work in an ER and you're getting often people that are inebriated or on some other kind of substance and they're not themselves. And they are treating you, you're an attractive woman, you take care of yourself, they're treating you maybe with disrespect as they would anybody on the street. How do you make sure that you're being in a safe environment and then that you have safety at all times? And is that in your words? Your demeanor? Is that physically with people orderlies that can handle these people that are getting rough with you in the evenings? How does that work in an ER?

Jaime Hope:

It is. So workplace violence is a very real thing. And I have tons of statistics we can discuss, but I can share a personal experience. I had a patient who was brought in because he was beating his mother. He was very large, but like a football linebacker, 20 and just in the state of agitated delirium. And even with all of those very easy cues to see that this person is a risk, he wasn't being monitored appropriately.

Jaime Hope:

So I came out of a room having just seen an adorable two year old with an ear infection, who I gave antibiotics. He was thicker too. And he attacked me from behind. I didn't see it coming. So I didn't have a chance to defend myself. So naturally when you get kicked so hard, it knocked you over, you put your hands in front of you to catch the fall. Now your hands are underneath you. And then, so he got on top of me and I'm pin.

Jaime Hope:

In that instance, fortunately it was near enough to a nurses station that people saw it happen and were able to get him off me immediately and mitigate the threat. But what that shows is there's multiple systemic levels that violence can be addressed so this thing can be prevented.

Jaime Hope:

So looking at the hospital, kind of starting from the outside all the way down to what can I do as an individual for the perimeter, having a patrol response, a presence, whether you're seeing people live, having cameras, searching people upon entry, metal detectors, those types of things.

Jaime Hope:

And then inside that happened to be a public space where people could easily see me, but anytime there are dark corners or places where there's less flow of traffic, we have to monitor those spaces more carefully because it makes it much easier to perpetrate violence in those spaces.

Jaime Hope:

And even having flagged charts when we open someone's electronic medical record, we know they have a history of violence or a potential for violence so we can be prepared and safe in having those policies and procedures in place. And for me as an individual, so women are certainly going to be more likely to be attacked, unfit, but I'm not huge. I certainly don't look like I could knock someone down with a punch.

Jaime Hope:

So it's that demeanor. It's walking with humble confidence. keeping your head up, making sure you don't look like somebody that would be an easy target. I speak clearly, I speak openly and directly. I speak to them with honor and make sure that I'm understanding their situation. And I'm very clear and I'm educated and teach my residents and medical students how to recognize the early warning signs that someone has the potential to get violence before it happens. So a more proactive than reactive strategy.

Jaime Hope:

And then knowing the appropriate deescalation techniques. So we don't get there. And if they do get violent, how can we safely take down the patients so that they are not harming anybody, but so that we can still respect them as a human being and keep them safe. So it's a really multi-tiered process. And the hospitals, the offices, the healthcare systems who have this dialed in correctly can make such a substantial difference in saving the life of their co-workers.

Jaime Hope:

And there's a lot of, after an attack there is there's stress, there's hyper vigilance. There are some moral injury, there's some decreased engagement, which has a lot of financial implications in terms of lost engagement, missed days off possible litigation exposure. So just taking these steps in advance, knowing that the giant scope of this problem can save personnel, it can save morale, it can save a lot of money.

Ron Barshop:

I was kind of shocked. One of my past guests who was an ER, doctor faced what I call a sham peer review potential. It was brewing. And what had happened is exactly what happened to you. Reported the violence in writing, in an email and asked where is security and was told there is no security at this hospital and complained. And that began the beginning of her, end of her career at this hospital because they were about to do a sham peer review. Can you talk a little bit about that? And is there anything that you would advise physicians when they're coming to become a hospitalist in a new system to speak their truth, but not get themselves career bound into a lifetime lawsuit.

Jaime Hope:

Yes. It's so frustrating. When you're looking for a job, you're thinking, what is the pay? What is the location? What are the benefits? But those things pale in comparison to the culture of support you either are or not getting yourself into. So do they already have robust policies and procedures in place in case you have something like a violent attack? Again, it's incredibly common in health care. And do they have support things in place? If a bad event were to occur, do they have debriefing? Do they have ongoing support? Do they have those things for you?

Jaime Hope:

And if you're looking at a job at a system that kind of gives you a crooked eye and says, "What?" When you ask about those level things, it means that they don't. And so the easier solution in those type of healthcare systems is to consider a uni outlier instead of fixing the problem. So those are questions when you do interviews and when you go to a place you're really going to want to take a deep dive. And if they are uncomfortable with you and talking to staff or asking about prior bad incidents without showing how they've improved, mega red flags. The money is not going to be worth it because you need to be at a place that helps support your career and your safety.

Ron Barshop:

The only statistic that's more shocking than the workplace violence for doctors is the suicide rate. The doctor physicians have a higher suicide rate than veterans do on a per person basis or per capita basis. It is shocking there's one a day. We're talking about millions of patients being affected by this, of course, but have you ever been in a situation where you saw something coming and saw the signs and you were able to talk to someone, I'm not saying off the ledge, but off the consideration of suicide?

Jaime Hope:

Yes. And so just that potential for violence, where there are often plenty of warning signs in advance, there are those same things with stress and suicide. So when you see a co-worker who



is maybe not showing, maybe showing up on time, depending on how it turns out to deadlines, but they're certainly not coming in early. They're not coming in some enthusiasm. Maybe they're rolling in a few minutes late, it kind of side they check in, do what they have to do. They're doing the minimum amount of work. They're over consulting or under consulting with either not kind of anhedonia type of thing. They're not engaging in conversations about, when you're at work, we're talking about our kids and our dogs and our vacations and dreams and stuff like that.

Jaime Hope:

You see that disengagement from the career and from the interactions with other people, those are giant, giant, giant red flags that something is not going as well as it could be. And so we need to reach out. So I always love this expression that I've heard. It says, if you're having a bad day, call someone. If you're having a good day, call someone.

Jaime Hope:

So we might not necessarily see it for those people who are pretty good at hiding it but without looking up, getting out of your own head and looking at the people around you, how do they truly look? Are they excited? Are they engaged? Are they talking about the future? Because when they lose those types of things, they're at risk. And we do it 400 per year. So even more than one per day. If somebody had reached out and embraced and helped and supported that person in an environment that's non-punitive and non-embarrassing, they might've had an opportunity.

Jaime Hope:

One of the biggest things that frustrates me is there are many States that if you've had any type of mental health service as a physician, you have to report that. Who doesn't need mental health service? But by making it punitive in that way, not only do people not report it, those people who get that level of mental health and self care will be better physicians and should be licensed. So that part of the system absolutely needs to change. And it's contributing to this abysmal rate of suicide amongst physicians.

Ron Barshop:

So Jamie, to be respectful of your time, what happens to ER physicians when they get to a point when they've had enough and they want to evolve into something else? Do they, is there a natural progression of a field where someday you will evolve to? What happen? You don't see any ODR physicians.

Jaime Hope:

No. The specialty is definitely known for its burnout rate. And the problem is there is no clear path because now we train specialty specific. You can't just open up a practice and start becoming an item. It doesn't work like that. You have to be, you would have to go through residency training again.

Jaime Hope:

And so many physicians are caught in what we call golden handcuffs. They don't want to be working anymore, but they either have student loans or other things, or they created a lifestyle

living off the top of their income. So now they have to continue to make that income. And so working with physicians for other avenues, for their creativity and for their job, even teaching people forms of passive income so that will eventually grow to replace their current income is so empowering because now they have the choice if they want to work or not.

Jaime Hope:

And by having that, it just takes away so much of that burnout and stress because you're not forced and you're not stuck. But I really do think that this is a golden opportunity that we need to do a much better job teaching people how they can take that control over their life and their schedule so we can continue to prevent these preventable battles.

Ron Barshop:

Would you recommend to your children that are young, I know they're little now, but would you recommend that they go into your profession or some other profession?

Jaime Hope:

I love medicine. I love practicing it. I know some people say, I would never tell anyone to do it. I love what I do because I have structured a career in a smart, supportive way and have other avenues in finances and passions that I love. But from my kids, I grew up in a blue collar household and I'm a first-generation college. Nobody told me what I had to do. So I will be the same for my kids. If they want to go into medicine, absolutely. And I'm going to help teach them how to create a career just like that, where you still have freedom, abundance, and safety and practice medicine. I wouldn't discourage them, but I would also never be the mom that forces them to fit a box that [inaudible 00:25:31].

Ron Barshop:

We like to end the show knowing, number one, how do people reach you if they want to have you come speak? And you are very engaging, very entertaining. If you want to watch her on YouTube she's, this is not a boring talker. This is not someone that's going to, you're not going to be checking your phone while she's engaging. She's right in the middle of your head. What is the best way to reach you for people that want to learn more?

Jaime Hope:

Thank you. I know it's lovely. I do. I sometimes I tend to maybe get a little over passionate, but so I'm easy to find on most social media and on my website. It's, [drhopehealth.com](http://drhopehealth.com). So dr Hope health, easy to spell dr. Hope, H-O-P-E, [health.com](http://health.com). And there is a form there that you can reach me. If there's anything I can do to help serve anyone in their community.

Ron Barshop:

And if you could fly banner over America with one single message, what would that be?

Jaime Hope:

Self-care isn't selfish.

Ron Barshop:

Very nice. I got to tell you, we've had 84 guests on this show and 82 of them have got a banner that's the size of Dallas. And you're the first, one of the very, very few select sorority and fraternity to make, to get them question right. So congratulations.

Jaime Hope:

I listen, I'm a fan. So that helped. I knew it was coming, but also, yes, you can't have a banner with a Ted talk on it. Sometimes you just got to get to the point.

Ron Barshop:

Exactly. Well, we'll get you back again. This is a great subject. We didn't even begin to touch on the resiliency issues and that's a whole nother topic for another time, but thanks again for your time.

Jaime Hope:

Sure. Thanks again for having me. I really appreciate it.

Ron Barshop:

So welcome to just a hospital minute. We are adding these segments for one minute. At the end of every show, to tell you some of the games that hospitals play. If you want to find the best surgeon, don't go by bedside manner, or who goes to your church, ask the surgical nurses at the hospital. They're often going to tell you the best bedside manner is not always the best surgeon. In fact can often be the worst surgeon and the biggest jerk in the hospital sometimes as the guy they would hire for their family as the surgeon. Never judge a book by its cover, never judge a surgeon by his or her personality. So this is just another hospital minute.

Ron Barshop:

Thanks again. Thanks again to our sponsor, the MediSearch Institute. I want to read you a note a CEO friend of mine sent me who used them for a rare childhood disease her daughter had. Dr. Talbot's research was thorough. He provided clear paths of treatment and he gave me access to the best physicians. I'm so grateful for his work. That's the MediSearch Institute.

Ron Barshop:

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