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Restoring healing to the patient-provider conversation

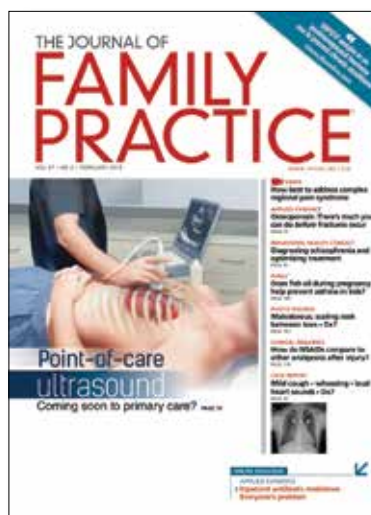
This country continues to struggle with the issue of how to pay for health care. But regardless of the source of payment, primary care usually gets caught in the middle. Squeezed between volume and value, family physicians know all too well the gap that exists between what our patients need and what our training and health care system allow us to provide.

This knowledge prompted me to change how I conduct my day-to-day office visits. To routinely restore healing to the patient-provider conversation, I developed a tool called the HOPE (Healing Oriented Practices and Environments) Note. It consists of a set of questions to ask during a routine office visit that are specifically geared toward uncovering and addressing patients' personal determinants of health and healing.

During a HOPE consultation, I seek to reframe the orientation from one that focuses only on disease treatment to one that emphasizes self-healing. Example questions include: What matters to you? What brings you joy? How is your social support? What do you eat? How is your sleep? What is your home like? Do you feel safe? How do you manage stress?

From there, I develop a personalized health promotion plan adjusted to the patient's needs, personality, readiness, resources, and circumstances. Usually, patients benefit from additional assistance, such as health coaching and ways to measure and track progress. I have created a HOPE Note Checklist to teach students and residents about this approach, and a patient guide to help prepare patients for the visit ahead of time. (To access the guide and other free HOPE Note tools, see www.drwaynejonas.com/hope.)

Of course, these tools won't single-



handedly solve the issue of health care costs. But by practicing in a way that prioritizes what really matters to patients, we begin to take health care reform into our own hands.

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Don't overlook these uses of point-of-care ultrasound

In the article, "Point-of-care ultrasound: Coming soon to primary care?" (*J Fam Pract.* 2018;67:70-

79), Bornemann et al outline potential uses for point-of-care ultrasound (POCUS), describing in detail its role in cardiovascular and pulmonary exams, screening for abdominal aortic aneurysms, and diagnosing deep vein thrombosis. The American Academy of Family Physicians, in the Recommended Curriculum Guidelines for Family Medicine Residents (available at: <https://www.aafp.org/medical-school-residency/program-directors/curriculum.html>), also discusses obstetric and gynecologic uses for POCUS, such as determining fetal presentation and distinguishing viable pregnancy from miscarriage.

In my practice, I most often use POCUS for gynecologic and pregnancy-related issues, such as to ensure proper placement of an intrauterine device (IUD) when the strings are not visible, to determine gestational age in patients with uncertain last menstrual periods, and to confirm pregnancy location when patients have risk factors for, or symptoms suggestive of, ectopic pregnancy.

The breadth of care provided in family medicine is what makes it special. We must make sure that as we expand our care with new technologies, we do not trade tried and true uses of those technologies for newer ones.

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