

[MUSIC PLAYING]

MODERATOR: So I am here to talk about the wellness and integrative oncology program at UPMC Hillman Cancer Center, which is a new service line. We created it from scratch. There are certainly integrative medicine programs both at our institution and other places and there's integrative oncology programs at other institutions. But what I saw was an opportunity to build something here at UPMC Hillman.

I want to start by just talking about the program and defining it, trying to keep it pretty clear and simple, what we do and what we don't do. So we work in concert with traditional cancer care, chemotherapy, surgical oncology, radiation oncology, in order to help patients address symptoms and quality of life. Our goal is to promote a unique patient experience that treats the whole person. And our approach is personalized, uses evidence-based modalities, and those tend to fall into the category of movement, touch, nutrition, and mindfulness.

I always start every talk with defining these terms. There's a little bit of confusion overlap and I'm very particular about language. So I like to start out this way. When I think about or talk about or hear the term alternative, I define it as using a nonmainstream approach to healing instead of conventional medicine. So these are folks that say, I don't want chemo or surgery I would like to use a variety of techniques. For example, hyperbarics or various supplements that are typically pretty complex. In order to treat my cancer with those things, I believe I am treating my cancer with those alternative methods.

Complementary is using some nonmainstream approaches to healing side by side. So these are patients that are getting chemo but also getting chiropractic medicine, taking supplements, and the caveat here is they tend to keep those areas very separate. So these are people who might not be very comfortable telling their doctors about it and also might not even be comfortable in the complementary environment discussing that they're using traditional conventional cancer medicine. Integrative, which I believe is what we do and what we aspire to do and what I think is the trend out there looks to weave these nonmainstream techniques for healing into conventional medicine to create a cohesive approach and also to open up the channels of communication. And in doing so to strive to be nonjudgmental and patient centered and truly collaborative.

So when I define integrative oncology, I define it as managing the mind, body, and spirit of cancer patients in the context of conventional cancer medicine. Using movement, touch, nutrition, and mindfulness to address symptoms and quality of life. And that's a pretty long definition. But it was born from the fact that as we were starting this and as we've iterated along the way we've been. Again, very focused on trying to be clear about what we do and what we don't do. So those are some defining terms.

Wellness and integrative oncology is grounded in a concept service. And this was the way we started because we want it to feel like patients that were interested in non-traditional methods of healing didn't feel like they were having to design their own program and that they were a part of their medical doctor, especially with cancer that's very important that it was part of the medical doctor and oncologists plan of care. And so every patient that is involved in wellness and integrative oncology starts by seeing the medical oncologist, which is me so that we are starting from a place of clarity and true dedication to medical oncology.

So the consult service develops a customized care plan for the patient connecting the patient with our providers who are vetted experts in movement touch nutrition and mindfulness to help implement the care plan. So this isn't just, try these supplements, think about meditation. This is-- we believe meditation can help. Here are ways to help you start. What person are you? What business in your mind do you have? Are you comfortable with apps? Do you have a practice already. So we are really starting to come and meet the people where they are as we design our care plans.

Our providers in meditation, yoga, acupuncture, nutrition. They are all located right with us. We're all in the same suite and this is the suite that will soon be expanded. And so there's a lot of interplay and communication as we create these care plans. And of course, there's also documentation within our area, which is our oncology electronic medical record so that everything is documented on the up and up and hopefully designed for communication and clarity. Patients keep their primary oncologist or subspecialist and continue to see him or her and I am merely another consult and part of the team.

The modalities recommended are based on symptoms and those include acupuncture, oncology, massage, yoga, meditation, aromatherapy, exercise, nutrition. These are our core interventions. These are based on what is guided by evidence. This is where we have evidence that these interventions can help symptoms. And they're also what is being demanded by our community, which I think is important to also consider in our delivery of care. What we do is we allow patients to experience some of these modalities without the burden of cost so that they can understand if for example acupuncture is something that they feel is a value if they feel is worth it, that they feel helps their symptoms.

And this is an important piece of how we've thought about helping to make this sustainable and address some of the difficulties with reimbursement of integrative techniques in our current climate of medicine. The oncologist is writing a note to every provider. So when I see a patient and if I think acupuncture is appropriate, I write an introductory note to my acupuncturist detailing their diagnosis, their treatment, and what he or she should be concerned about as an oncologist. Will their medicine affect their platelets? Are they on blood thinner? Do they have a phobia of needles? And then that note goes to my acupuncturist who then returns the note to me with a care plan.

This is also helpful with what we aspire to in terms of insurance coverage because we are documenting and tracking symptoms, we are showing things that work and don't work. We are showing why we're substituting things like acupuncture for narcotics or other medications. So it's very important that wherever our insurance providers are at this time, we are working towards creating a written narrative of what we believe integrative care can do to symptoms and how it can help minimize potentially, medications, hospitalization, symptoms, and improve quality of life.

And again, part of what we're doing is trying to be very deliberate about assessing symptoms, describing why we're using integrative therapies, and then reassessing symptoms with that intervention. So I'm going to do a quick case just to demonstrate how the consult service would work in real time. So this is Angie. She's a 38-year-old woman diagnosed with stage II HPV positive squamous cell carcinoma of the tongue, which is a malignancy that we're seeing commonly in young people. She underwent surgery, chemotherapy, and radiation and is told by her oncologist and radiation oncologists and surgical oncologist that she is cured and her likelihood of long term cancer specific survival is in the range of 90%.

However, that's not the end of the story for Angie. She worries constantly about her daughters, both that they will get cancer or that she will not be around to see them grow. She struggles with her body image and sexuality. She has minimal sex drive and is developed trust issues with her husband. She has a complicated relationship with food. Eating reminds her of her mouth and her tongue and her cancer and the trauma of her treatment and it also makes her very fatigued. She has gone back to work but struggles to find meaning in what she does.

So when I saw Angie, we came up with her care plan. And again it's broken down roughly into our modalities of movement, touch, nutrition, and mindfulness with a focus on symptom management. And so to think about her anxiety, her sleep disturbance, and her fatigue, we recommended a personalized yoga program. Within the yoga program, she really dove into things like breath work, asana, which is the physical postures of yoga, and mantras which are just repetitive statements that can be used with breath work or physical postures in order to help with her anxiety, her sleep, and her fatigue.

We have a yoga therapist and meditation therapist who has a masters in yoga and she works one on one with patients and now is also able to work remotely with patients. So she begins this process with patients and then our goal is always to try to get the patient to a place where she is driving her yoga and meditation practice either at home or in her community. As far as touch, we suggested massage therapy in order to help with her body image, her pain, her fatigue, and her mood. And we were able to suggest some specific massage techniques such as deep static touch, heart stone, lymphatic drainage, and aromatherapy with some of the essential oils that can promote calmness and energy and that became part of her process.

She began her massage with us but then eventually did find a practitioner closer to her with whom she could continue her massage therapy which became more of a treat for her and something she would reward herself with. As far as her nutrition plan, she had a lot of issues around eating and weight and body image. And it was a very complicated relationship with food. Something that we see quite frequently with our patients, as well as within the caregiver world with patients, families really focusing on food as love, food as healing, food as compliance. So we try to dig into that but also always try to remember that food is not a battleground and we're not looking for rigidity, we're looking for pleasure and happiness and balance.

So with our nutrition program, she was encouraged to keep a food Journal. She was provided some support on some specific questions she had about sugar and cancer and different ketogenic or high protein diets. Our lifestyle dietician who is specific to our program provides very personalized consultation for our patients. Again much of it is based on what they are looking for. So again, meeting the patient where they are, do they want to understand intermittent Fasting Are they concerned about soy with their breasts cancer and hormone positive breast cancer? So again, trying to debunk myths, clarify and simplify nutrition and really teach patients how to live this life on their own.

And then finally mindfulness. So we think a lot about mindfulness as a tool but also how to help people learn to use mindfulness because it can be both intimidating and confusing for patients. And so we begin with a free app that we co-created called KARA. And KARA stands for kindness, awareness, rest, and allowing, which are our four pillar meditations on the KARA app. And KARA really uses content that's focused on cancer related concerns. I feel overwhelmed, I can't sleep, I feel like a burden. These are all individual mindfulness meditations that also bake in the techniques of mindfulness. Breath awareness, visualization, and visualization as a tool for calming. So these are all a part of the meditations that we have.

We also work with our meditation and yoga provider who can help patients find a mantra, find a ritual, and learn to demystify the idea of daily mindfulness, which there's a lot of research that this cleansing and cleaning and emptying of the mind can decrease stress, cortisol, blood pressure, all of these different elements that we believe helps not just chronic disease but cancer and cancer symptoms. So her mindfulness plan really found a way for her to begin to use meditation and practice it with her family. So that's the way that a patient would be approached and seen in the consult service.

We would talk about some suggestions and then we would begin to implement that through our providers beginning with the complementary sessions and then checking in with them to find out how we can help to create a sustainable way that this is a lifestyle change. So if it's OK, I'm just going to stop for a second here. I first of all just want to make sure that everyone can still see and hear me because I'm a little bit paranoid just sitting here talking very animatedly to my screen. So is everything OK on the projection end?

It's coming through clear and great, no problem.

So I wanted to talk about a few other things that we do in the wellness and integrative oncology program. So the space of medical marijuana to me logically became a part of what we offer with wellness and integrative oncology because to me it is another approach for patients to have control to potentially use less pharmaceuticals and to be able to manage symptoms in a sustainable way with a potentially or arguably more holistic approach. And I feel really strongly more about the ability to advocate for patients to use medical marijuana if they choose to and they're appropriate.

And I'm very much learning about medical marijuana as it relates to symptom management as anyone is that is in this space. So I try to avoid just being this doc in the box that will certify for medical marijuana. Rather, we try to put it out there to the patients and the physicians and the providers that medical marijuana is a tool for patients to manage symptoms and quality of life that likely can fall into the context of integrative oncology. So if patients are interested, I talk about what medical marijuana can do for symptoms and I talk about the process to get certified through the state of Pennsylvania. And we also help to really navigate them through that process and use their medical marijuana to help with symptoms in conjunction with the other integrative modalities frequently to help de-escalate other medications.

So for those that are not familiar, medical marijuana became legal in Pennsylvania in 2018. It is still federally illegal. The process to be certified as a Pennsylvania State resident begins with the patient creating a patient ID. They work with the website on the state and then they need to be certified by a provider. To be a certifying provider, you have to do state supported CME in the medical marijuana space and a few other things. And again, there was a lot of confusion around this when the law became-- when it became legal in 2018, a lot of confusion about patients for how to do this if they had to pay, if they didn't have to pay.

And so we were placed in a scenario where we became more advocates to help implement the process. And I'm just going to show you this is the checklist that we use for patients when they come in. I typically begin by describing the law, describing the evidence that we have, which is pretty minimal because this was an illegal compound and research that was done was done in the space of addiction. So I talk about some extrapolated studies for symptom management. I try to avoid talking about a lot of the research that is very, very early about treating cancer and explain to patients that this is not to treat their cancer is for symptoms and quality of life. I try to explain the difference between CBD products that they can buy online versus true medical marijuana products and that comes down to the difference between hemp and marijuana.

So again, trying to educate demystify help navigate and then manage with discolouration. So this checklist is something we use, we work really hard with our patients to make sure that we're answering their questions and being clear with them. And my staff, specifically Nicole [INAUDIBLE], who's a coordinator of the space, has done a lot of work in trying to create materials for patients that make sense to them. So that's medical marijuana.

The nurse ambassador program is a huge part of our program and it began about four or five years ago where we decided that we should take advantage of the fact that the nurses in oncology are really the heartbeat of our care team and the problem with delivering integrative care to patients is that there are a lot of obstacles in terms of price, of course in terms of credentialing and compliance.

And so we thought if we can teach our nurses basic techniques and they can be out on the floors, we can give symptom management at the bedside in the chairside, we can educate about integrative oncology and we can give our nurses a whole new way to use their skills. And so that is what the nurse ambassador program is. Its training for nurses and oncology to learn aromatherapy, meditation, hand and foot massage, seated yoga, and then a whole operationalising process where they are out on the floors providing symptom management.

To date, over 120 nurses have been trained in 25 different settings. So Hillman, McGee, Children's [INAUDIBLE] in [INAUDIBLE], Pinnacle-- we have nurse ambassadors everywhere now. We do a lot of work to try to make sure that once they are trained, they're going to be able to use that training. And that means digging into unit directors, champions on the administration side, brainstorming on how to fundraise for the training and the materials, and again, similar to what we're doing with patients, trying to give these skills to the nurses in the department, and then help them sustain it, which creates a lot of pride in what they're doing and we believe helps move it forward.

We also have a web-based app that the nurse ambassadors all get access to with training, which allows them to track their symptoms and their patient encounters. So for example, they'll see a patient with nausea and anxiety. They may try a guided meditation in the infusion area. They might use some aromatherapy. Then they track what they used and how it improved the patient's experience.

Then we can download all this data, give it back to the nurses, give it back to the nurses administrative coordinators so that they can learn what's going on. This makes for wonderful ladder projects, capstone projects, and ways for us to show others what we're doing with this program. So using this technology is very innovative so that we can continue to expand this program.

On the app is also resources for the nurses, so that when they're in that moment they can look up the aromatherapy indications, they can look up a guided meditation, they can look up various recipes, and deliver all of that care at the flip of a screen to patients. We are also able to take a patient's email and send them different resources. So it's really a very thoughtful application that has become really a cornerstone of The Nursing Master Program.

So the expansion that Dr. Leonard alluded to is where we will be relocated, probably in about eight weeks. It's still-- our current space is on the third floor of the Hillman Cancer Center, so this is also on the third floor of the Hillman Cancer Center, which is wonderful just to be right there in the thick of it with patients. It is actually a 3,700 square foot space, which is enormous. And we were able to move this forward with a lot of blood, sweat, and tears as well as cold hard cash from wonderful community partners-- The Hillman foundation and the Sampson Foundation.

So the vision of this space was to be able to see more patients and also to try to expand into group spaces so that people could do this for less cost, and it could be much more lifestyle driven. So we are going to have our individual spaces for acupuncture and yoga and meditation and massage, but we're also going to have group spaces, including teaching kitchen, a movement studio, and a group conference area. And this is going to allow us to have a ton of opportunities, not just with patients but with caregivers, with staff, with community support groups. And we have a ton of things planned for how we're going to use this space.

Speaking of the teaching kitchen, we're trying to really kind of revolutionize the role of medical nutrition. So typically, nutrition in the cancer setting is really focused on weight gain, tube feeds, very sick patients. And in integrative medicine and lifestyle medicine, nutrition is actually a lot more about losing weight and lifelong habits for healthy weight and also taking people from point A to B, where what they know is what they do.

And so our goals with the teaching kitchen are broken down into two unique programs. We have our lifestyle nutrition program, which is what we've been doing, with a consult framework, where our lifestyle nutritionist meets with patients, helps address and answer specific questions, helps provide instruction on how to read labels, how to food shop, what recipes they might use. She thinks a lot about taste changes with chemotherapy, lifestyle goals, and it's very much of an explorative and iterative approach when Angela meets with patients.

Our culinary medicine program is going to start when we can begin to operationalize our kitchen. Our kitchen is teaching kitchen, and it's set up as such. And it's also set up to be able to stream, so that we can take our classes and our interactions and put them out into the community and out into our UPMC Cancer Center network. So that is going to be teaching interactively how to prepare and cook food. And we've defined it as the practical integration of nutrition, medicine, and cuisine.

So the classes are going to begin probably in the summer, and we're really looking forward to using this as a bridge for a lot of ways that we can all interact around food and medicine. When COVID hit we thought holistically about wellness, and how it was hitting staff from the medical assistants, to the nurses, to the APPs, to the doctors, to the people that are helping clean up, and the people that are delivering our snacks, the people that are out there on the front lines. And so we begin well as our effort towards staff wellness.

This is what we think is very authentic. It's not check-the-box wellness, finding a wellness concierge that doesn't really exist. This is real staff support in ways that makes sense, at times that makes sense, in bite-size pieces that make sense.

And as of right now, it consists of a weekly mindfulness session with our wellness and oncology meditation and yoga provider, a weekly nutrition chat which is almost like a podcast coffee and doughnut kind of discussion about how to think about, in a non-judgmental and non-punishing way, nutrition changes in this difficult time. And then a movement class with yoga on Fridays. We're delivering a snack to our Hillman Cancer Center staff people that's healthy and tells you what's in it, and that's another part of it to help with morale. And we hope to really expand this as we have space because we want to put staff wellness in a very real and authentic place.

So a couple of patterns and thoughts based on what we've learned over the last six years. What I see so often is patients asking to be on less medications, and patients feeling frustrated that when they described a problem to their doctor. And this could be their PCP, their oncologist. This could be anyone that really the only option was in medicine. And we do a lot of talking around that, and hold a lot of space for that because that's, as medical doctors, what we're trained to do.

But what I found is a lot of people want to talk about other things to do, integrative techniques, even deescalating medicines that they might not even know why they're on it. They've been on it for so long. They don't even remember who prescribed it. So really mindfully looking at what they're taking, looking at what they feel it does for them, and trying to think about less medicines.

Also decision support. I think in oncology we see a lot of patients who are still feeling like they're struggling with how to make decisions, despite the best efforts of their oncologists or surgeons or radiation doctors. A complicated decision like a mastectomy or deciding to take chemotherapy or not when there's percentages thrown at them that maybe confuse them.

So I've made myself available to really try to help with decision support. Sometimes that means just re-going over things, repeating things. Sometimes it means reaching out to their oncologist and explaining that they did not understand what was said to them, or that they need to see the doctor not the PA when they go over scan results. So really trying to elevate this process the whole-person care. And change the culture around how we talk to patients, how we think about their perspective and what they want, and trying to find ways that may work within our own values as doctors.

So that's been actually very exciting part of the program for me because I think that's what I feel a strong passion towards. And so we have a pretty comprehensive website that goes into really all the nitty gritty about our program, how to get started, commonly asked questions about The Nurse Ambassador Program, how to get involved, how to contribute. So our website is very easy to find and very easy to navigate, and will soon be updated with our new space and our new programming.

We're also trying to capture the right tone with social media, have it be a way to be fun and light and also bring new patients and caregivers into what we're doing and to learn about it. So it's at upmccancerwellness. We're on Instagram and Facebook. And with that I'll put these up there, in case people want to take a screenshot of this or something, and I am open to questions or comments.