

HOW BASELINE AND ONGOING ASSESSMENTS CAN TRANSFORM YOUR PRACTICE, WHATEVER YOUR MODALITY



**Robert Verkerk BSc MSc DIC PhD FACN
Alliance for Natural Health Intl**

Find us on  ANHInternational



@anhcampaign
@VerkerkRob

www.anhinternational.org

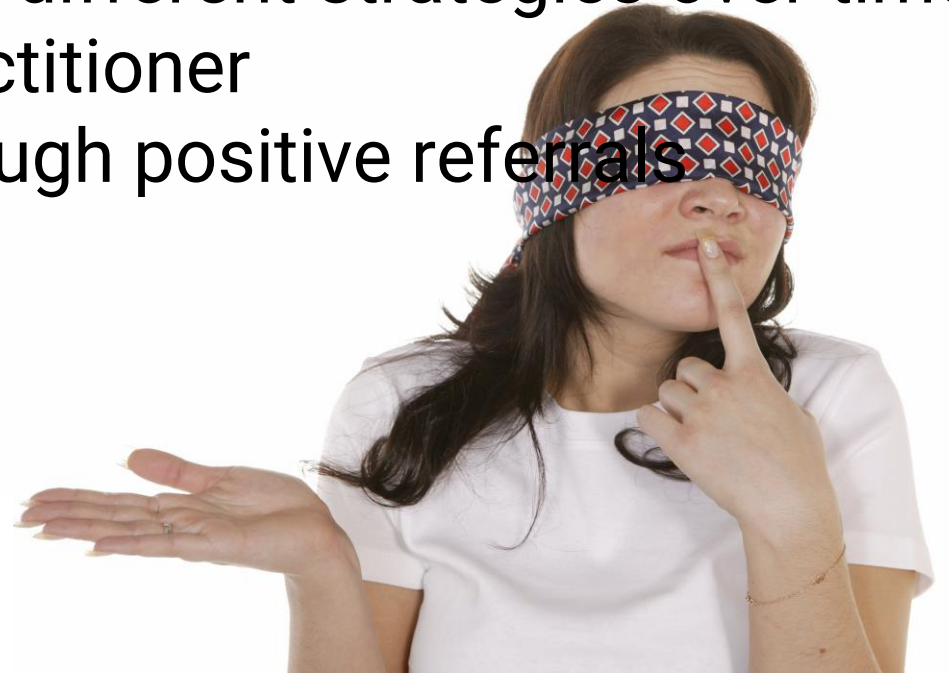


SOME THINGS TO CONSIDER

- Purpose and goals of assessment
- What records are you taking from you patients?
- Can you optimise the therapeutic relationship?
- Physical exam/assessments
- Mental and emotional health assessments
- Practitioner assessment by patient
- Patient 'dashboard'

PURPOSE AND GOALS OF ASSESSMENT

- Improving outcome for patient
- Building therapist-client relationship
- Motivating and engaging client
- Measuring effectiveness of different strategies over time
- Improving outcome for practitioner
- Building your business through positive referrals



WHAT KIND OF ASSESSMENT?

STRUCTURED?

- ARE PATIENTS TRAINED?
- ARE YOU TRAINED?



UNSTRUCTURED?

- MUST BE FAIR & EQUITABLE
- MUST BE REPRODUCIBLE

THE MOST IMPORTANT QUESTION TO ASK = SF1

- “HOW DO YOU FEEL?”



WHAT DO ALL HEALTH PROFESSIONALS NEED TO KNOW

- Some kind of assessment of overall health
- Pain
- Effect of any incapacity or pain on functional health and wellbeing

These are the key questions asked in patient outcome questionnaires

WHAT DO CAM PROFESSIONALS AND NUTRITIONAL THERAPISTS NEED TO KNOW AS WELL

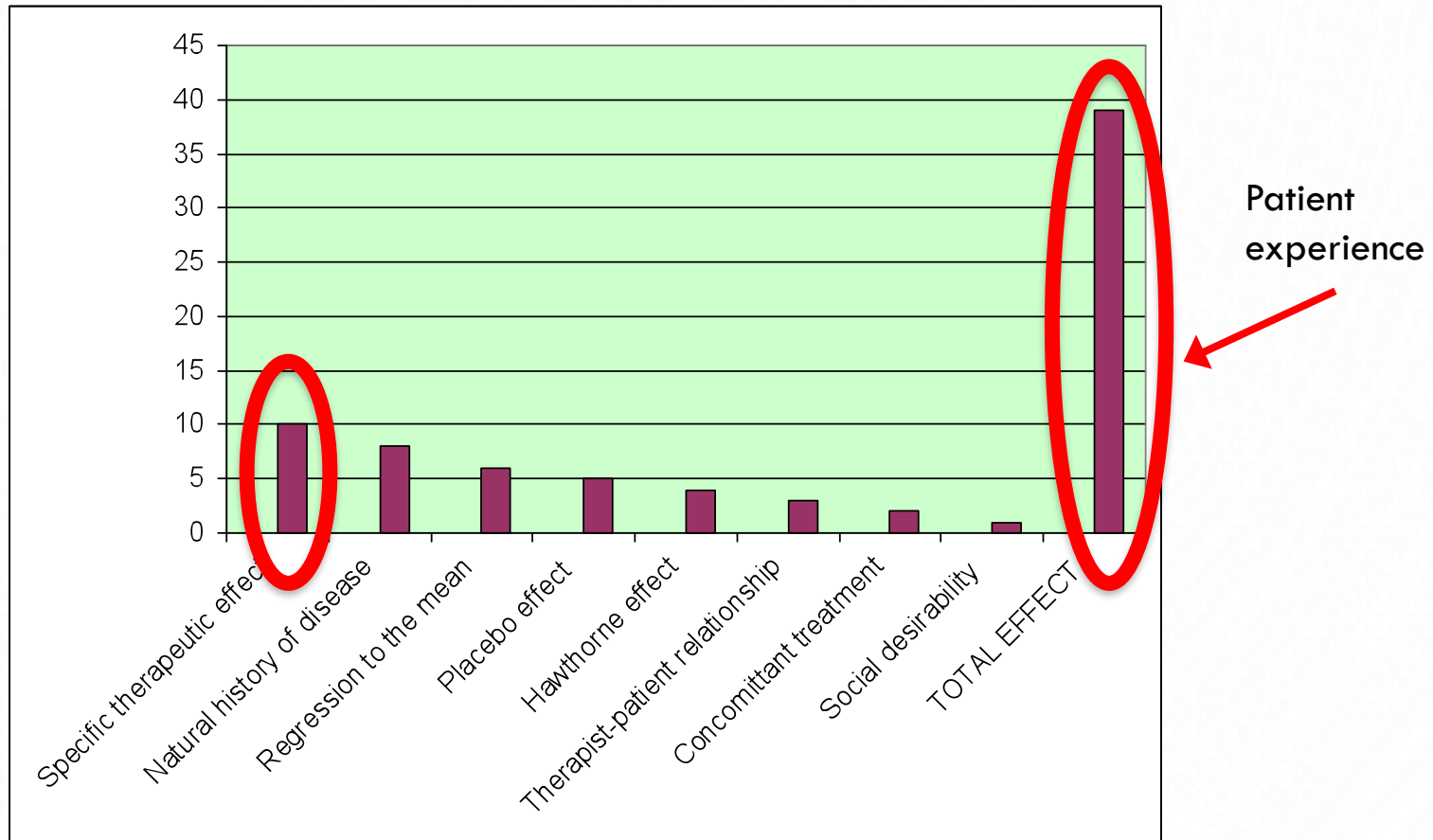
- About diet and lifestyle
- Response to diet and lifestyle
e.g. food intolerances,
sensitivities; exercise response
- Inflammatory response
- Metabolic risk
- Immune status
- Resilience
- Gene expression/epigenetic profile
- Concomittant treatments
- Triggers, perpetuators
- Stress – negative and positive
- Mental & emotional health
- Body composition
- + + +

Do you have the time – on every client visit?

Do we need to use research
methods?

...and the (dreaded) RCT?

ATTEMPTING TO MEASURE SPECIFIC THERAPEUTIC TREATMENT EFFECT UNDER NON-REAL WORLD CONDITIONS



Adapted from slide presented by Edzard Ernst at CAMexpo 2007

RCT VS TRW

RCT

- Single/double-blind
- Randomised + control
- Mean effects
- Eliminates P-T and social relationships
- Eliminates Hawthorne effect
- Outliers ignored
- Biases (Greenhalgh et al, 2015)

= MEASUREMENT OF EFFICACY OF THERAPEUTIC INTERVENTION

TRW

- Self-selected population
- No control population
- P-T effect
- Hawthorne Effect
- Self-care incl diet/lifestyle, physical activity, restoration
- Includes concomitant treatments
- Patient experience

**DIFFICULT TO MEASURE
= SYSTEM OF HEALTHCARE**

LET'S GET BACK TO BASICS

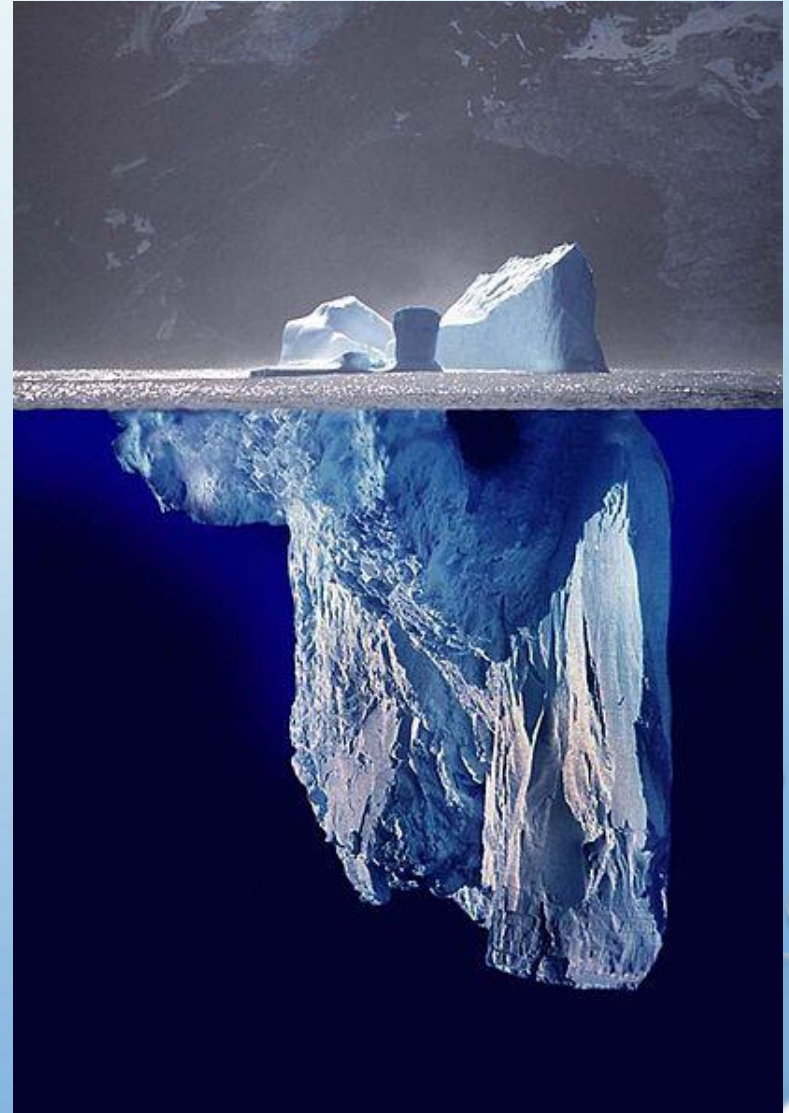
3 key questions:

- What's the least you need to do on every consecutive patient visit to assess the patient's progress and build the therapeutic relationship?
- Is there any ongoing recording the client can do to monitor their diet, lifestyle (incl physical activity), health status?
- How frequently might the client monitor diet, lifestyle or health status? e.g. daily, weekly, monthly, 3-monthly?

WHAT DETERMINES OUTCOMES?

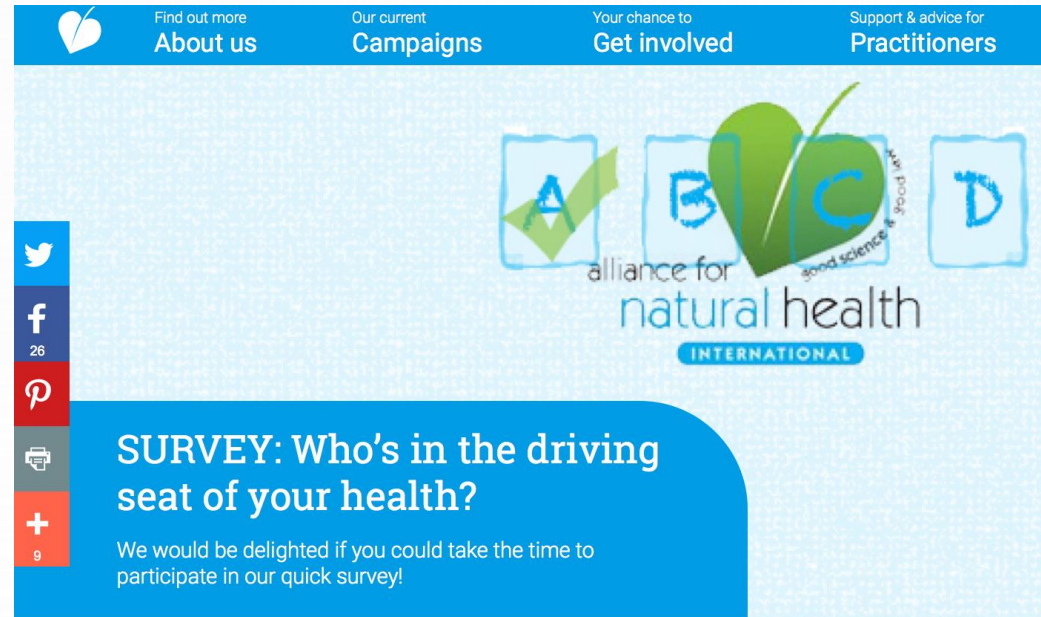
Time with practitioner →

Time without practitioner →



MAY-JUNE 2016 ANH-INTL SURVEY: “WHO’S IN THE DRIVING SEAT OF YOUR HEALTH?”

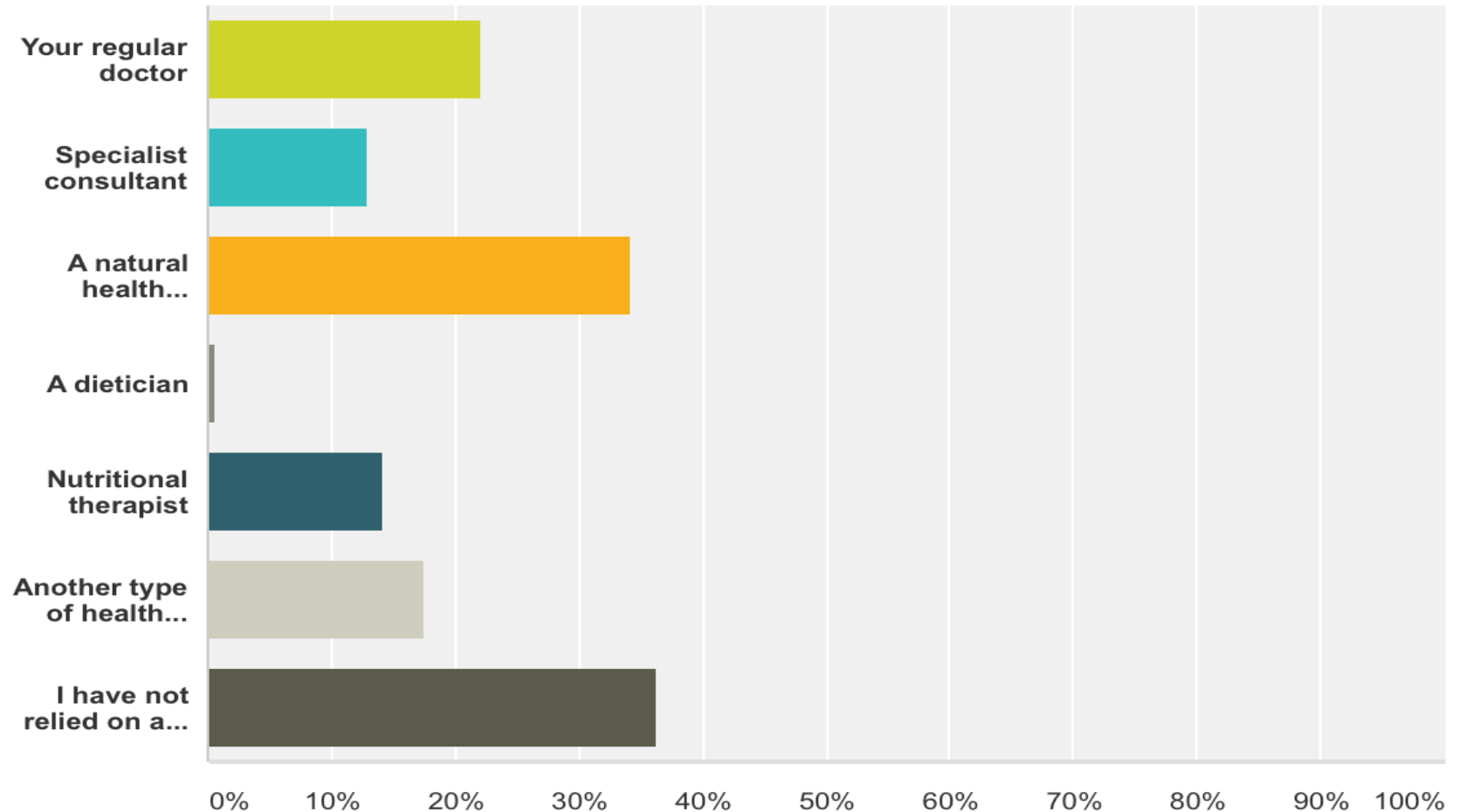
- LAUNCHED 4 MAY 2016
- 21 QS
- ~500 RESPONSES



The screenshot shows the top navigation bar of the ANH International website with links: "Find out more About us", "Our current Campaigns", "Your chance to Get involved", and "Support & advice for Practitioners". Below the navigation bar is a banner for the survey. The banner features the ANH International logo, which includes the letters A, B, C, and D in blue boxes, with a green leaf graphic behind them. The text "alliance for natural health INTERNATIONAL" is displayed below the logo. A blue box on the left side of the banner contains social media icons for Twitter, Facebook (with 26 likes), Pinterest, and a plus sign (with 9 more options). The main text of the banner reads "SURVEY: Who's in the driving seat of your health?" followed by the invitation: "We would be delighted if you could take the time to participate in our quick survey!"

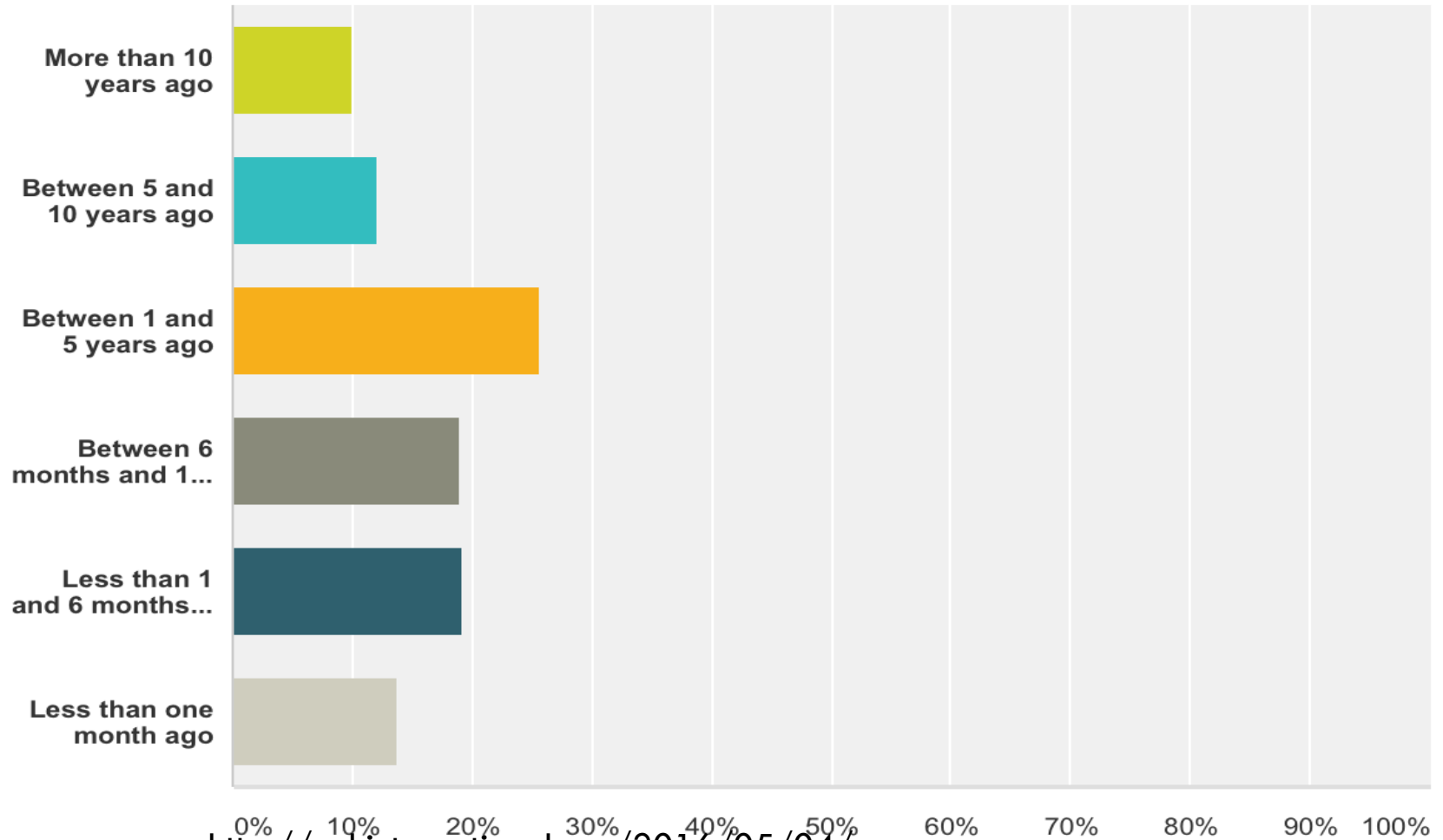
<http://anhinternational.org/2016/05/04/survey-whos-driving-seat-health/>

Over the last 2 years, what kind of health professional have you relied on most to help you manage your health? (Check all that apply)

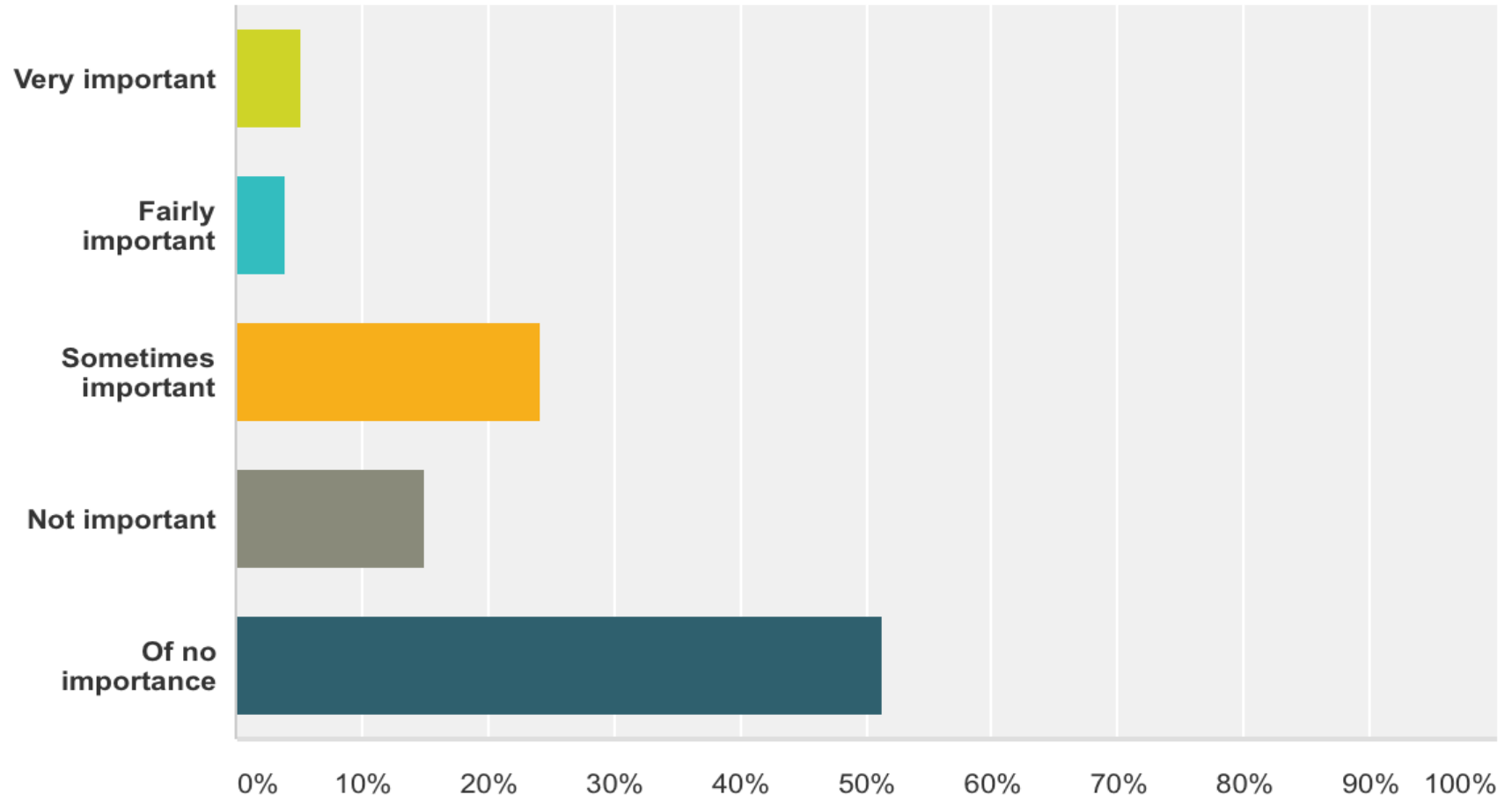


<http://anhinternational.org/2016/05/04/survey-whos-driving-seat-health/>

When did you last visit a mainstream medicine doctor, be it a general practitioner (GP) or specialist consultant? (Check the one that is most applicable)

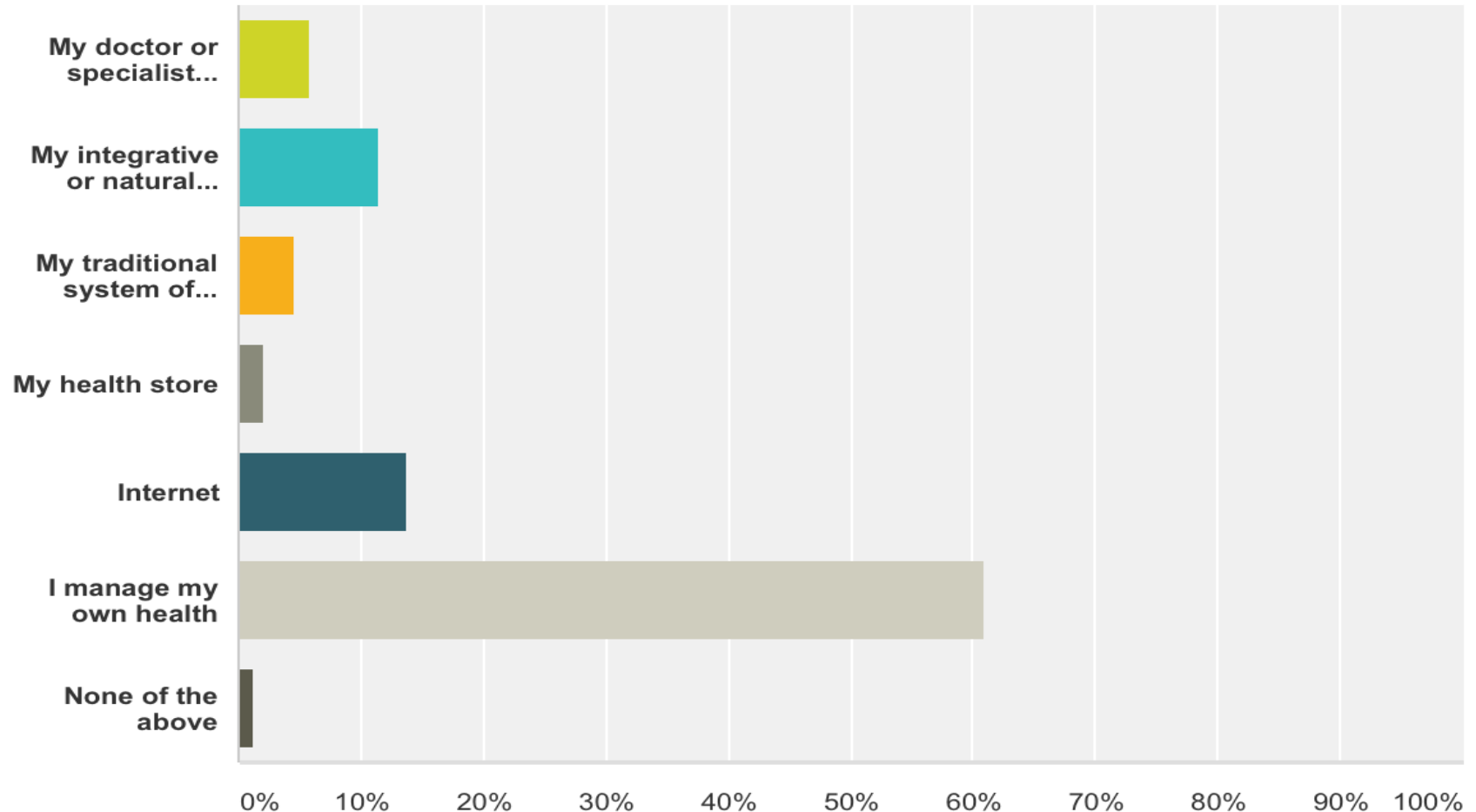


Generally speaking, how important do you feel pharmaceutical drugs are in the management of your current health? (Check the one that is most applicable)



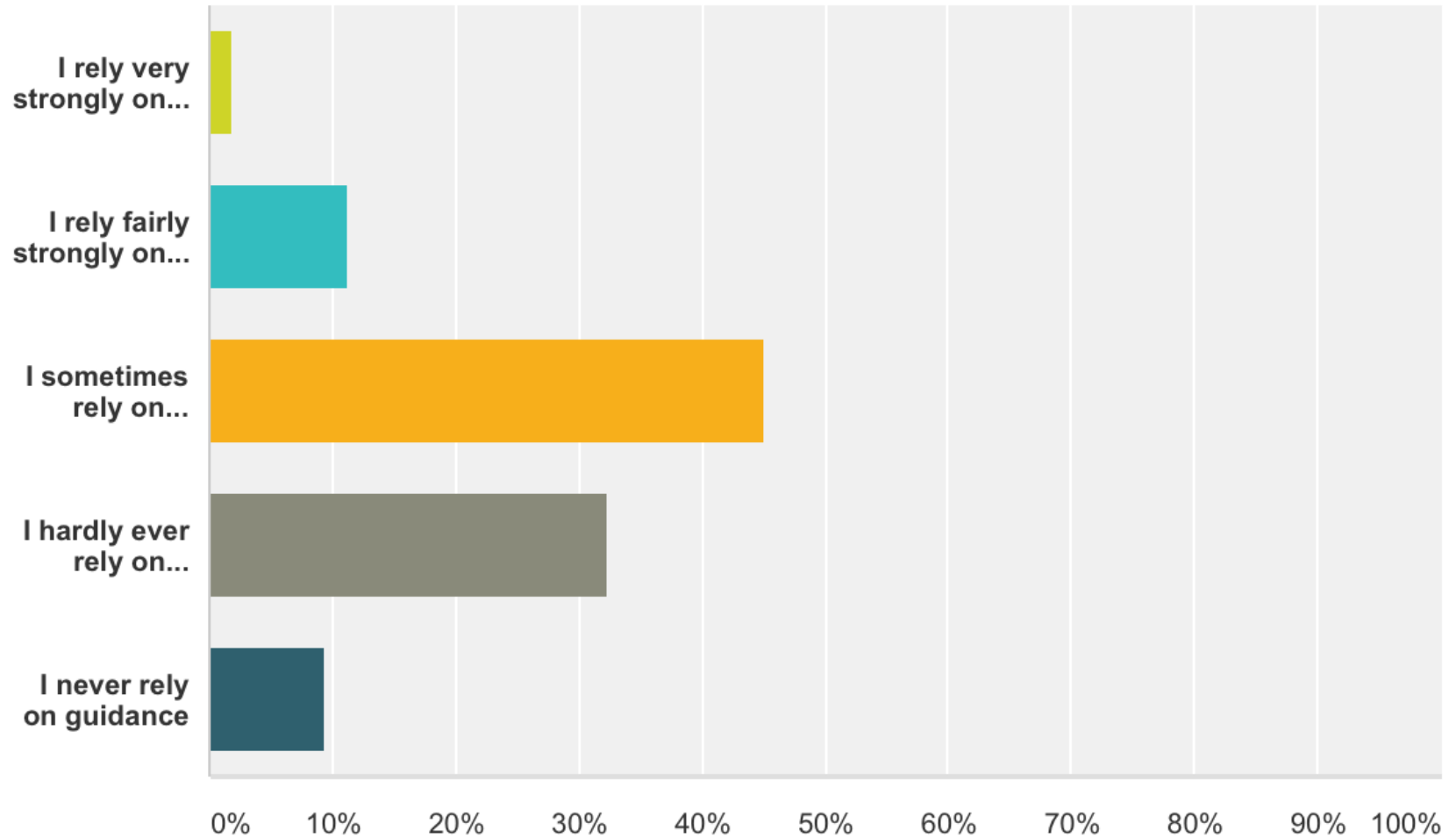
<http://anhinternational.org/2016/05/04/survey-whos-driving-seat-health/>

**Over the last two years, which one of the following has been the most important guide in your own health management?
(Check the one most applicable category)**



<http://anhinternational.org/2016/05/04/survey-whos-driving-seat-health/>

How reliant do you think you are on guidance from a health professional? (Check the one that is most applicable)



ANH-INTL 'DRIVING SEAT' SURVEY: CONCLUSIONS

- Self-selected population is predisposed to self-care and natural health
- Significant numbers use allopathic alongside natural health
- >90% says pharmaceuticals not important to them
- >60% responsible for their own health, while practitioner guidance generally also important
- This means the self-selected population's 'healthcare system' is generally multi-modality and multi-therapeutic, alongside highly variable nutrition/lifestyle behaviours
- (People want personal ownership of their health data)
- (Health data cooperatives appears to be a progressive way of developing 'big data' in the health/lifestyle area)

WHAT ABOUT STANDARDISED ASSESSMENTS WITH MULTIPLE MODALITIES/THERAPIES?

Main downside

Can't, or very difficult, to establish causal relationships

Main upside

Able to determine 'total effect' and patient experience/in terms of macro changes in health status

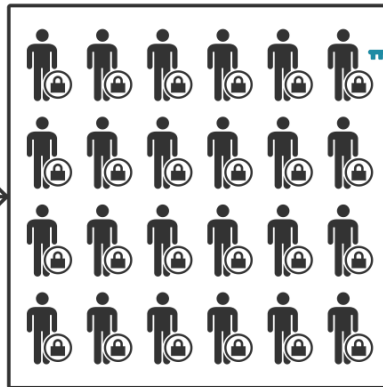
THE MIDATA HEALTH DATA COOPERATIVE

OUR HEALTH

SOURCES



MIDATA



YOU
DECIDE

RESEARCH

NEW
TREATMENTS

MIDATA enables you to gather all your different health-relevant and other personal data in one secure place.

You can decide to share data with friends or physicians or to participate in research by providing access to subsets of your data.

In that way you contribute to the development of new treatments for OUR HEALTH.

MIDATA.COOP

VALUES



CITIZEN OWNED

Copies of personal data are stored in citizen-owned and citizen-controlled MIDATA cooperatives. Members profit from data analysis, visualization and interpretation tools. In this way, members will increasingly be able to take control over their own health.



NOT FOR PROFIT

In the same way that blood banks and citizen science platforms work best when no financial incentives are offered, MIDATA cooperatives are not-for-profit. Revenues will be reinvested into services on the platform and into research projects for the benefit of society.



OPEN SOURCE

MIDATA cooperatives offer an innovation platform (APIs) for third parties by providing a secure sandbox in which to develop data analytics and visualization services on members' data without having to establish their own data storage environment.



TRANSPARENT

Transparency is ensured by the fact that the governance principles of MIDATA cooperatives are public. Members are informed and can participate in decision making processes. They can also withdraw their personal data at anytime.



SECURE

Data are multiply encrypted and only the members possess the key to their data. Every data access is logged. Secure citizen-controlled data access across different national cooperatives will be established to permit global research projects and clinical trials.



REGIONAL

The MIDATA model enables the construction of regional/national cooperatives which, by a set of common rules, permit global research projects to be set up and carried out in a fair and democratic manner.

MIDATA.COOP

PARTNERS

ETH

Eidgenössische Technische Hochschule Zürich
Swiss Federal Institute of Technology Zurich

TNO innovation
for life

 **swisscom**

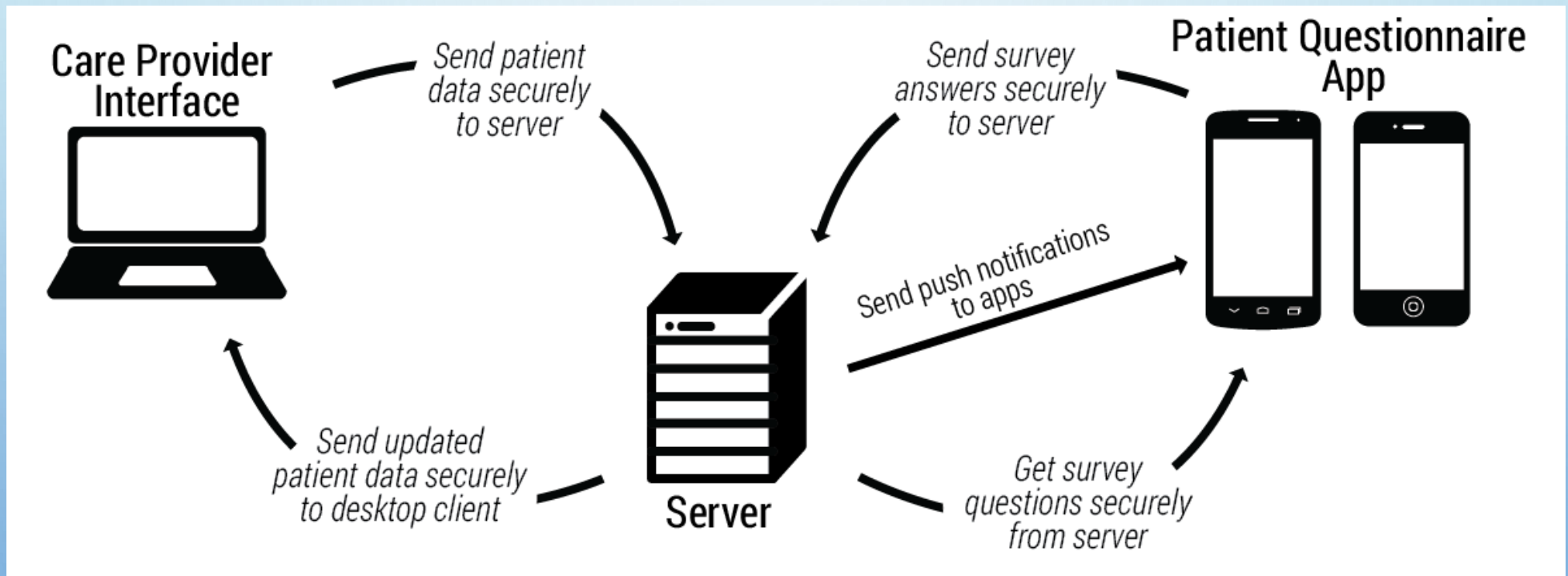
 Bern University
of Applied Sciences

 European
Health
Forum
GASTEIN

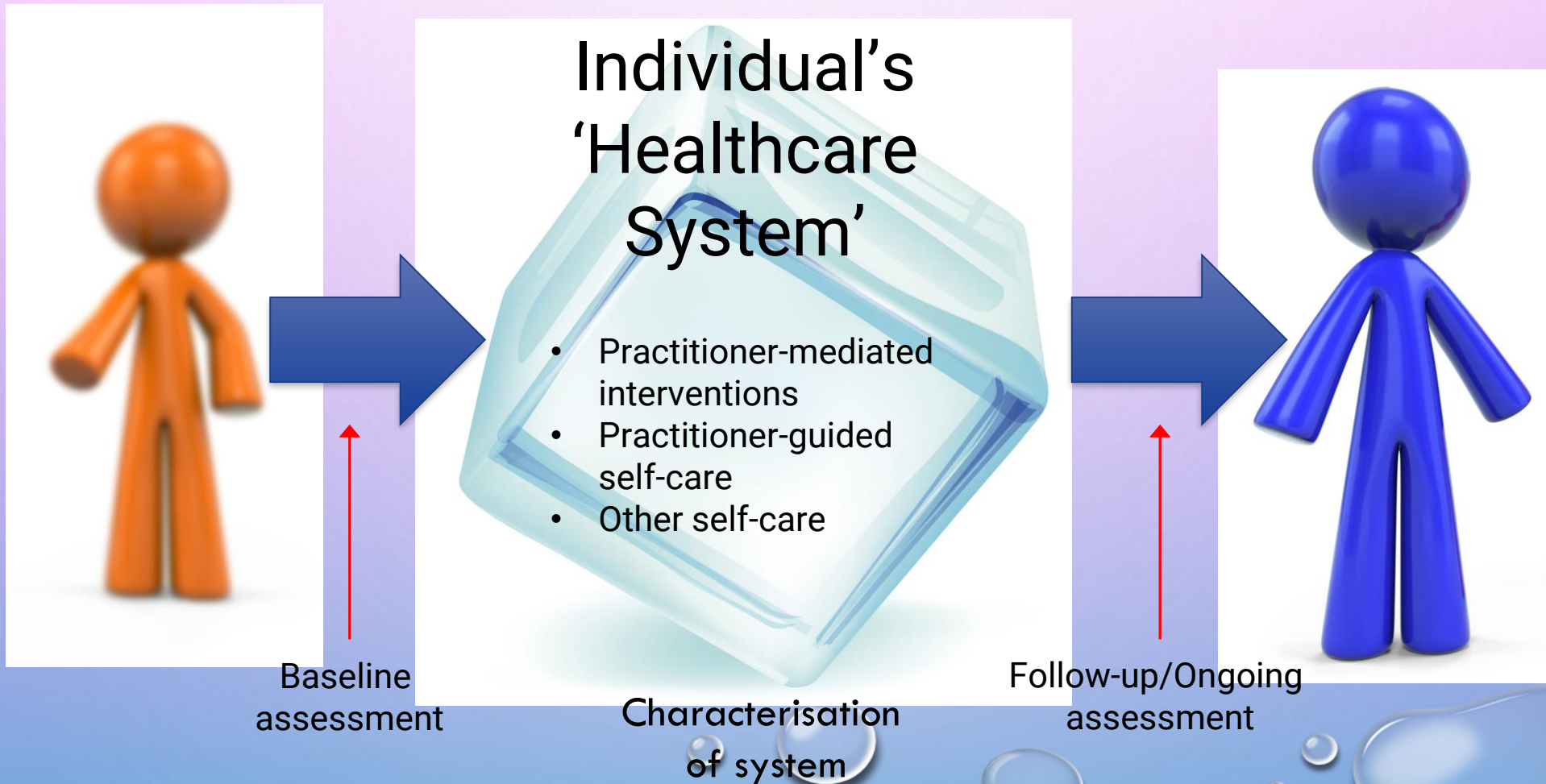
mEdical
d<math>\Delta</math> 
we add

YOU WON'T NEED TO WAIT LONG...



WHAT YOU ARE ASSESSING?



ONGOING ASSESSMENTS

- How do you FEEL? + quantitative/qualitative assessment
- Evaluation of information/data from patient
- Physical exam (if appropriate)
- Body composition

- Anything else?

CORE DATA

(ZERO-COST TO CLIENTS)

SELF-REPORTED HEALTH STATUS

- **SF-TYPE** (Physical and Mental Health Composite Scores, PCS & MCS)
questions answered
- **BIA and bodymetric data**
Weight, %/kg fat mass, %/kg muscle mass, % hydration, visceral fat, metabolic age

CLIENT-OWNED DATA CAPTURE

- Wearables
- Apps

OPTIONAL/ADDITIONAL (ZERO-COST) TESTS

1. **Apple ResearchKit diagnostics for:**

- Autism
- Epilepsy
- Melanoma
- Asthma
- Parkinson's Disease
- Diabetes
- Breast Cancer
- Cardiovascular Disease
- Physical movement tests

iPhone based: <http://www.apple.com/researchkit/>

2. **Blood pressure (professional/automatic monitoring)e.g.**

<http://www.mistrymedical.com/item/2893/omron-907-professional-blood-pressure-monitor--hem-907-uk-?gclid=CL-Lsuiq1skCFUKfGwodS3UHwQ>

3. **HRV testing using iThlete finger sensor:**

<http://www.myithlete.com/>

OPTIONAL/ADDITIONAL (ZERO-COST) TESTS [2]

4. Selective functional movement assessment (SFMA):

<http://functionalmovement.com/SITE/clinicians/fmsforclinicians.php>

5. Clinical approach to movement disorders: see

https://www.aan.com/uploadedFiles/Website_Library_Assets/Documents/4.CME_and_Training/2.Training/4.Clerkship_and_Course_Director_Resources/FM_Chp8.pdf

6. Food & chemical sensitivity survey

See http://www.dixoncenter.com/clients/220/documents/ALCAT_Survey_070412.pdf

7. Neurotransmitter assessment

Neurotransmitter Assessment Form (NTAF):

Dr Datis Kharrazian, DHSc, DC, MS, MNeuroSci, FAACP, DACBN, DABCN, DIBAK, CNS

QUESTIONNAIRE OPTIONS

- Physical and Mental Health Composite Scores, PCS & MCS (e.g. SF-12: www.optum.com - license)
- Measure Yourself Medical Outcome Profile (MYMOP2)
- Measure Yourself Concerns and Wellbeing (MYCAW)
- Warwick Holistic Health Questionnaire
- **Or best/most relevant composite from the above...**

WARWICK HOLISTIC HEALTH QUESTIONNAIRE

Below are some statements about your health and well-being. Please tick the box that best describes your experience over the LAST TWO WEEKS. Please make a selection for all statements.

		Never	Rarely	Sometimes	Often	All or most of the time
15	My daily life has been full of things that keep me interested	0	1	2	3	4
53	I've felt engaged in life	0	1	2	3	4
47	I've felt my life has meaning	0	1	2	3	4
10	I've felt satisfied by my school, work or current role in life	0	1	2	3	4
40	I've felt joyful	0	1	2	3	4
39	I've felt calm	0	1	2	3	4
22	My awareness about my health has helped me manage life	0	1	2	3	4
31	I've been able to stop and reflect	0	1	2	3	4
24	I'm learning about myself and my body	0	1	2	3	4

SF-12 Health Survey

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer each question by choosing just one answer. If you are unsure how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

Excellent Very good Good Fair Poor

The following questions are about activities you might do during a typical day. Does **your health now** limit you in these activities? If so, how much?

	YES, limited a lot	YES, limited a little	NO, not limited at all
2. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Climbing several flights of stairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

OPTIONAL FUNCTIONAL TESTING [1]

General functional testing:

- Invivo Clinical: <http://www.invivoclinical.co.uk>
http://www.invivoclinical.co.uk/catalogue_main.php?search_key_string=A-Z%20Listing&ff_index=7
- Genova Diagnostics: <https://www.gdx.net/uk/tests/alphabetical>
- Biolab Medical Unit:
http://www.biolab.co.uk/index.php/cmsid__biolab_A_to_Z

Examples of key tests:

- o Doctor's Data Methylation Profile (http://www.biolab.co.uk/index.php/cmsid__biolab_test/)
- o Mitochondrial function:
Biolab ATP profile + Biolab TL protein study

European Laboratory of Nutrients (ELN):

http://www.europeanlaboratory.nl/documents/en/orderform_en.pdf

See ELN-orderform_en.pdf attached

Examples of important tests

- o Methylation panel (incl SAM:SAH ratio)
- o SAM/SAH
- o HbA1c

OPTIONAL FUNCTIONAL TESTING [2]

The Doctor's Laboratory (TDL):

Full range of tests: <http://www.tdlpathology.com/test-information/a-z-test-list/numbers>

Examples of important tests

- o HbA1c
- o Vitamin D (25 OH) with or without calcium
- o TFTs (free T4, free T3, reverse T3 and TSH)
- o Lipids (cholesterol, HDL, triglycerides)
- o HbA1c (a measure of blood sugar control)
- o prostate specific antigen (PSA)
- o Omega 3/6
- o Hormones (e.g. Testosterone, FSH, Oestradiol (E2), Oestriol (Estriol), Oestrone, Progesterone)
- o Sexual Health (HIV, Syphilis, Hep BsAg, Hep C Abs (can all be taken from one TINY))
- o Nutritional (e.g. Omega 3 / Omega 6)

CREATING A CLIENT 'DASHBOARD'

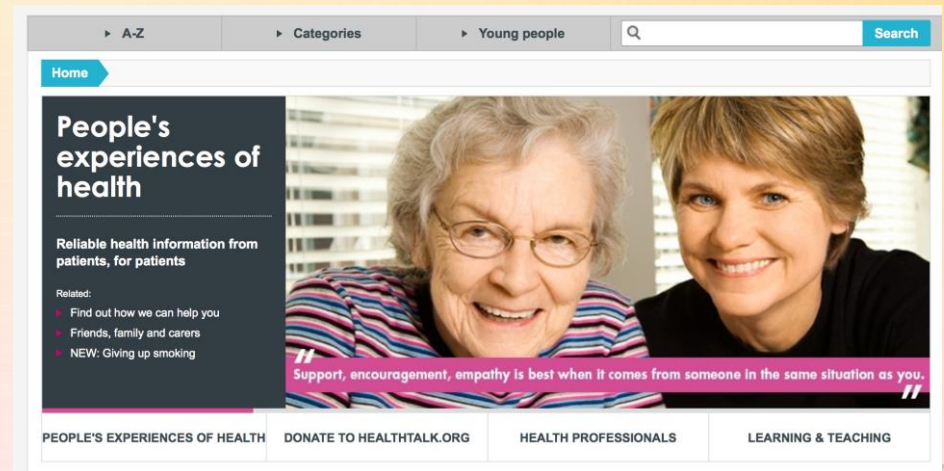
- How are you and the client presenting the full client record, goals, plan, outcomes?
- The patient must assume ownership of his/her data to be fully engaged
- Google Docs (e.g. Word or Excel) =simplest
- LivingMatrix
- Bite the Sun

The screenshot shows the LivingMatrix interface for a patient named Greta Plains. The header includes the LivingMatrix logo, IFM Collaboration, and the Virginia Functional Medicine Clinic. The patient profile section displays a photo of Greta Plains, her patient ID (Rtyu0987), name, and date of birth (07/26/1956). The dashboard is divided into several sections: 'Interaction' with a green progress bar, 'Timeline' with a blue bar chart, 'Matrix' with a pentagonal diagram showing 'Defense and repair' and 'Energy', and 'Imbalances' with a list of categories like 'Defense And Repair', 'Energy', 'Biotransformation & Elimination', 'Transport', and 'Communication'. A sidebar on the left contains navigation options like 'Dashboard', 'Patients', 'Forms', and 'My Account'.

The screenshot shows the 'Bite the Sun' dashboard for Rob Verkerk. The header features the user's name and a 'Dashboard' title. Below the header are navigation tabs for 'My Bodyshape', 'Inner Me', 'My Perceived Me', and 'My Bite Shifts'. The main content area is titled 'My Bodyshape Overview' and includes a 'Quick Guide' and 'Update data' button. The dashboard displays a central graphic of a person with a yellow scarf, surrounded by four key metrics: 'Metabolic Risk Category' (represented by a green smiley face), 'Body Mass Index' (21.6), 'Resting Heart Rate' (50), and 'Maximum Heart Rate' (164). A sidebar on the left promotes 'X-Cell' and 'Complete Nutritional Support'.

NON-RESEARCH BASED APPROACHES

- The power of story: testimonials
- PR
- Advocacy
- Professionalisation
- Engagement with the mainstream



www.healthtalk.org

Database of Individual Patient Experiences

www.dipexinternational.org

LET'S JUST DO IT!



Email: rob@anhinternational.org

Tel: +44 (0)1306 646 600



@anhcampaign
ANHInternational