What Is the Biopsychosocial Model? Transcript

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Introduction and Background

Hi, I'm Dr. Javier Jimenez. You can call Hi, I'm Dr. Javier Jimenez. You can call me Dr. X. I'm director of psychiatry and me Dr. X. I'm director of psychiatry and chronic pain at Long Island Jewish chronic pain at Long Island Jewish Medical Center in Northwell Health. And Medical Center in Northwell Health. And I've spent approximately 20 years at the I've spent approximately 20 years at the interface between medicine and interface between medicine and psychiatry. And today in this video, I psychiatry. And today in this video, I just wanted to talk about person just wanted to talk about person What does that even mean? Most people What does that even mean?

Why Person-Centered Medicine Matters

Most people say patient centered medicine. I think say patient centered medicine. I think we should step it up a bit and really we should step it up a bit and really understand the patients that we're understand the patients that we're treating, not as [music] patients or treating, not as [music] patients or specimens, but as people, right?

specimens, but as people, right? Understand who they are. And in order to Understand who they are. And in order to do that in our timed, crunched [music] do that in our timed, crunched [music] medical settings where we're being told medical settings where we're being told to see more patients per unit of time, to see more patients per unit of time, we need a system. We need a framework.

we need a system. We need a framework.

The Biopsychosocial Model Explained

We need a way to do that. [music] And We need a way to do that. [music] And doctors, nurses in that space really doctors, nurses in that space really One model that I want to talk about One model that I want to talk about today is called the biocschosocial today is called the biocschosocial model. Now that's a mouthful. It it's model. Now that's a mouthful. It it's really three or four words combined.

really three or four words combined. Biology, psychology, and society, right? Biology, psychology, and society, right? Biological, psychological, and social Biological, psychological, and social factors all combined into one. [music] factors all combined into one.

Applying the Model to Complex Cases

[music] Biocschosocial Biocschosocial Biocschosocial model. It's actually not a new model. model. It's actually not a new model. It's been around since the 70s. And it's It's been around since the 70s. And it's basically the idea that we should be basically the idea that we should be thinking about everyone's biology, thinking about everyone's biology, psychology, and social factors to really psychology, and social factors to really understand them. Now, that's great.

understand them. Now, that's great. That's aspirational, but that takes a That's aspirational, but that takes a lot of time. Some of medicine really lot of time. Some of medicine really doesn't need that. For instance, if you doesn't need that. For instance, if you have a broken bone, should we really be have a broken bone, should we really be thinking about all of the social thinking about all of the social factors? Let's fix the bone. But in factors? Let's fix the bone. But in other instances when cases are really other instances when cases are really complex, it's a useful framework for complex, it's a useful framework for understanding what someone's going understanding what someone's going through. And in my line of work where I through. And in my line of work where I see patients with chronic pain, see patients with chronic pain, addiction, psychiatric states, sometimes addiction, psychiatric states, sometimes all three, it's very important to really all three, it's very important to really understand them not just as

patients understand them not just as patients with those ailments, but as people. So I with those ailments, but as people. So I leverage the biocschosocial model as leverage the biocschosocial model as much as possible.

much as possible.

Organizing Patients with the Three Ps

Here's Here's Here's the issue. As mentioned, we're all the issue. As mentioned, we're all crunched for time. We rarely have the crunched for time. We rarely have the opportunity to get to know patients that opportunity to get to know patients that well. And so, it's difficult to organize well. And so, it's difficult to organize all of the information. You have tons of all of the information. You have tons of information in terms of labs, studies, information in terms of labs, studies, imaging, all of that physical exam. And imaging, all of that physical exam. And then there's other factors that we have then there's other factors that we have to think about. The biocschosocial to think about. The biocschosocial model, however, can be organized in a model, however, can be organized in a simple way. Um, and I've actually done simple way. Um, and I've actually done research on this. I've done research on research on this. I've done research on the biocschosocial model in patients, the biocschosocial model in patients, for instance, with epilepsy, patients for instance, with epilepsy, patients with chronic pain, and patients with with chronic pain, and patients with medically unexplained [music] symptoms.

medically unexplained [music] symptoms. Real headscratchers that leave doctors Real headscratchers that leave doctors stumped at as to what to do next. I get stumped at as to what to do next. I get called for these types of cases, and called for these types of cases, and it's my job to try to organize it all it's my job to try to organize it all [music] for the sake of the doctor, but [music] for the sake of the doctor, but also the patient who's suffering from also the patient who's suffering from So this biocschosocial model that sounds So this biocschosocial model that sounds complex and long can be organized into a complex and long can be organized into a grid essentially. I'll show you some grid essentially. I'll show you some examples. Um I've actually done studies examples. Um I've actually done studies where I've organized all of the factors where I've organized all of the factors that are driving somebody's illness into that are driving somebody's illness into a grid along biological, psychological, a grid along biological, psychological, and social lines. [music] and social lines. [music] I've also paired that up across time.

I've also paired that up across time. So, it's important to know where people So, it's important to know where people came from, not just where they are now.

came from, not just where they are now. We want to know what their development We want to know what their development is, where they came from, what is, where they came from, what experiences they they've they've been experiences they they've they've been through, [music] what their culture is, through, [music] what their culture is, what kind of hardships they've had to what kind of hardships they've had to sustain. And so, we organize that as the sustain. And so, we organize that as the sort of the three Ps. what we call sort of the three Ps. what we call predisposing or very early on, [music] predisposing or very early on, [music] precipitating meaning recent, and precipitating meaning recent, and perpetuating meaning ongoing factors.

perpetuating meaning ongoing factors.

Research Examples and Clinical Use

These can be paired up with the These can be paired up with the biological, the psychological, and biological, the psychological, and social to really get a good snapshot of social to really get a good snapshot of not just where the person is now, but not just where the person is now, but where they've been prior to [music] now where they've been prior to [music] now to understand all of their risk factors to understand all of their risk factors It's important that doctors and medicine It's important that doctors and medicine at large embrace this approach. The at large embrace this approach. The question is how do you do it? How do you question is how do you do it? How do you organize it? Well, [music] my first organize it? Well, [music] my first study looking at this was with epilepsy study looking at this was with epilepsy patients understanding all the patients understanding all the information from their charts, from information from their charts, from their records, from the interviews and their records, from the interviews and distilling it quickly into this distilling it quickly into this biocschosocial grid. And it was actually

biocschosocial grid. And it was actually very helpful for the next step in care very helpful for the next step in care for the doctors treating epilepsy, for the doctors treating epilepsy, neurologists, for therapists. If the neurologists, for therapists. If the patient needed a therapist, they really patient needed a therapist, they really favored this grid approach. It was favored this grid approach. It was superior to other approaches like just superior to other approaches like just describing, hey, patient has epilepsy describing, hey, patient has epilepsy and depression. That's really not a full and depression. That's really not a full encapsulation or summary of who they encapsulation or summary of who they are.

are. are. Next, I actually applied this in uh Next, I actually applied this in uh chronic pain. And in another video, I chronic pain. And in another video, I actually talked about the psychology of actually talked about the psychology of chronic pain and how trauma can be very chronic pain and how trauma can be very important to understand early trauma.

important to understand early trauma. That's also a biocschosocial [music] That's also a biocschosocial [music] approach to chronic pain. approach to chronic pain.

More recently, I published a study where More recently, I published a study where the biocschosocial model and grid was the biocschosocial model and grid was applied [music] to a complex case of an applied [music] to a complex case of an individual who was scared of eating, had individual who was scared of eating, had what we call fagophobia or fear of what we call fagophobia or fear of eating. And you can look at the study eating. And you can look at the study and the report, but [music] essentially and the report, but [music] essentially she had a number of biological, she had a number of biological, psychological, and social variables or psychological, and social variables or factors that were all working together factors that were all working together to cause this unusual presentation that to cause this unusual presentation that was stumping the doctors and herself. So was stumping the doctors and herself. So those are a few examples of where the those are a few examples of where the biocschosocial model can be employed.

biocschosocial model can be employed.

Making the Model Practical and Scalable

But I'll give you one more factor here But I'll give you one more factor here because the biggest criticism of the because the biggest criticism of the biocschosocial model is that it quote biocschosocial model is that it quote A lot of doctors, believe it or not, A lot of doctors, believe it or not, they believe in this model, [music] but they believe in this model, [music] but then push come to shove, they've got 15 then push come to shove, they've got 15 patients, they're running around, they patients, they're running around, they feel like they are not equipped to do feel like they are not equipped to do the whole grid exercise that I just the whole grid exercise that I just showed you. Well, in a separate study, I showed you. Well, in a separate study, I actually measured how long it takes to actually measured how long it takes to do these things, to do these grids. I do these things, to do these grids. I took a sample of [music] trainees, not took a sample of [music] trainees, not even seasoned doctors where you think even seasoned doctors where you think maybe they do it even better and faster, maybe they do it even better and faster, but trainees. And the average amount of but trainees. And the average amount of time it took them to complete the time it took them to complete the biocschosocial grid for three fictional biocschosocial grid for three fictional complex cases was [music] about 5 complex cases was [music] about 5 minutes. Think about that. 5 minutes is minutes. Think about that. 5 minutes is not an eternity. I don't think we should not an eternity. I don't think we should be doing this grid on every case like be doing this grid on every case like the case of a simple broken bone. We the case of a simple broken bone. We should just go fix a broken bone. But in should just go fix a broken bone. But in complex cases, we should be thinking complex cases, we should be thinking with more complex approaches like the with more complex approaches like the biocschosocial model. And yet we need to biocschosocial model. And yet we need to do it in ways that are scalable in do it in ways that are scalable in [music] ways that doctors don't feel [music] ways that doctors don't feel burnt out in ways that are organized and burnt out in ways that are organized and favored by the next level of care like favored by the next level of care like therapists and other doctors. If you therapists and other doctors. If you look at these studies and these look at these studies and these publications around the biocschosocial publications around the biocschosocial model, I feel like I have a working model, I feel like I have a working template here for something that could template here for something that could be

disseminated across medicine um if we be disseminated across medicine um if we have [music] the right uh throughput and have [music] the right uh throughput and In summary, I think that we need to In summary, I think that we need to educate more physicians [music] educate more physicians [music] including the next generation of including the next generation of physicians trainees in leveraging the physicians trainees in leveraging the biocschosocial model which everyone biocschosocial model which everyone feels is very lofty and a good idea into feels is very lofty and a good idea into practical terms into this grid that I've practical terms into this grid that I've shared and that comes through training shared and that comes through training programs programs programs um examples from individuals like myself um examples from individuals like myself that work in the interface of medicine that work in the interface of medicine and psychiatry. [music] and psychiatry.

Conclusion and Call to Action

[music] and really showing that a five-minute and really showing that a five-minute exercise or endeavor is not going to exercise or endeavor is not going to break your back. It's going to help break your back. It's going to help actually somebody with very complex actually somebody with very complex presentations get the [music] solutions presentations get the [music] solutions that they need. And again, if we're that they need. And again, if we're thinking about not just patient centered thinking about not just patient centered care, but person- centered care, why care, but person- centered care, why wouldn't we spare an additional 5 wouldn't we spare an additional 5 minutes to really map out all the minutes to really map out all the factors involved? [music] Follow me for factors involved? [music] Follow me for more conversations about the more conversations about the