Integrating Neuromodulation Into Private Practice

While some neuromodulation therapies have been around for 15 to 20 years, they remain the best therapies no one has ever heard of.

LAS VEGAS—Can neuromodulation therapies be delivered in general practice, university practice, or private practice? At the 16th Annual Meeting of the North American Neuromodulation Society, Mark Gudesblatt, MD, answered that question with an emphatic yes.

"The first question you have to ask yourself is 'Who do you want to be as a clinician?'" Dr. Gudesblatt said. Because sometimes there's a great divide between how you were trained and who you want to be. How do you get from where you are to where you want to be? One answer may be neuromodulation.

"We're all educated in classic education, which produces traditional care," Dr. Gudesblatt said. "Although we hold to traditions, sometimes traditions don't take us to where we want to be as clinicians and allow us to treat with the most expeditious and effective therapies."

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Educate—Or Re-Educate—Yourself

One guiding principle that Dr. Gudesblatt put forth is this: "If a symptom is severe enough to impact a patient, then it is severe enough for you to address." The process starts with an appreciation of the disease or symptom as a real problem. Accurate diagnosis is key, followed by an actual interest and intention to treat. And for this a clinician needs to know all the treatment options. Dr. Gudesblatt, who is the Medical Director of the Comprehensive MS Care Center at South Shore Neurologic Associates in Bayshore, Long Island, offered the following examples:

- A patient with MS and crippling spasticity who cannot live at home or be independent. After an intrathecal baclofen (ITB) implant, the patient was able to transfer himself, use a scooter, self catheterize, and no longer needed to be in a nursing facility.
- An ambulatory man with cervical myelopathy and severe spasticity. Before a test dose of ITB he couldn't bend down; following the test injection his walking improved by 45% in term of velocity.
- A woman with cervical dystonia and an arm and foot dystonia who did not do well with oral medications, castings, or Botox. With functional electrical stimulation, her dystonia improved to the point where she could hop on one leg.

"So whether it is a vagal nerve stimulator, ITB, deep brain stimulation (DBS), or whatever, you have an opportunity to really help people," Dr. Gudesblatt said.

So why aren't neuromodulation treatment modalities more widely used? Dr. Gudesblatt mentioned several reasons: lack of knowledge of these treatments; fear on the part of patients, family, caregivers, and medical staff; lack of physician comfort with novel therapies; and the widespread belief, however inaccurate, that these therapies are experimental.

"ITB was approved in 1992," Dr. Gudesblatt noted. "That's 20 years ago. DBS has been approved for about 15 years." These therapies are far from experimental, but most physicians can go through medical school, residency, and fellowship training and never be exposed to neuromodulation techniques.

Be the Best You Can Be, Always

Mark Gudesblatt, MD

"Sometimes offering effective therapies is more than just an oral medication," Dr. Gudesblatt said. "Sometimes you have to move to IV, intrathecal, neuromodulation. You need a comprehensive armamentarium of treatment opportunities and therapeutic monitoring and you have to offer hope for interventions that can provide gains." Sometimes, he said, you have to think on your feet and realize that there is more to the world than what you were taught as a resident. You have to be open-minded. "Our practice currently manages approximately 350 ITB pumps and 75 DBS patients. This is private practice. Whether you're a university-based educator, a clinician, or someone in practice, you have the opportunity to make a difference in other people's lives. I think that's the most important thing."

Advocacy, Networking, and Comprehensive Care

No therapy is effective for all patients. Patients must be appropriately selected and goal setting should be realistic, mutually agreed on, and established prior to intervention. "Unstated or unrealistic expectations and impatience can lead to disappointment or perception of treatment failure," Dr. Gudesblatt warned. "Communication is key, not the speed of getting to where you want to be in the final analysis. Rather, it is achieving the goals slowly, with communication and reinforcement and modification as you go forward."

Offering neuromodulation therapies requires a comprehensive approach. Developing such a program is a process that takes time and experience. Dr. Gudesblatt's private practice approach starts with identifying candidates, whether it is for ITB, DBS, or some other treatment, and then the referral. It is a team-based approach. The referral comes with Dr. Gudesblatt's observations and concerns, and the surgeon must agree that the patient is a good candidate. Once they agree, they coordinate pre-implant testing, surgical implant, postimplant programming, and management. "The information flows," he said. "I've always been in the loop." It's a coordinated effort, he stressed. "It's not about losing a patient, it's about having a system that works for everyone involved, most importantly for the patient and the family," Dr. Gudesblatt said.

Providing comprehensive care requires a team. "You have to decide what roles you want to fill as a champion. PAs, NPs, physician extenders, RNs—they all have to be partners in care, because you cannot do everything for every patient. You have to have communication, plans of care, in-network coverage, and seamless cooperation." It's all about commitment and teamwork. "Promote access and community awareness. Establish a continuum of care. Collaboration is great," Dr. Gudesblatt said.

Individualization of Care

ITB, DBS, and other neuromodulation therapies each have their own indications, goals, and considerations. But whatever the treatment modality, the ultimate goal is effective, appropriate, and individualized therapy. "Postimplant management is not just about dose adjustments, refills, or change in stimulator settings," Dr. Gudesblatt said. Postimplant plans of care should include a review of outcome and ongoing reassessment of treatment goals. Remember, Dr. Gudesblatt said, "Neuromodulation is only a part of the treatment program."

Not all centers do all aspects of treatment, from implementation to evaluation to goal setting. "Look for ways to coordinate care with people at other centers so that you can develop a continuum of care. They look better, you look better, and, more importantly, the patient really benefits." **NR**

—Glenn S. Williams
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