

[How surgeons can improve success rates and reduce disparities by incorporating broader education. Featuring Tamara Huff, MD.](#)

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Orthopedic surgeon Tamara Huff, MD was inspired by her mothers' interest in carpentry (and her power tool collection) to take her medical career path, ultimately leading to the operating room. In this podcast Dr Huff discusses the importance of holistic approaches to preventive medicine and for optimizing surgical success rates. Her practice works hard to provide patients with culturally competent education support that covers comorbidities such as cardiovascular health and mental health. Establishing frameworks to achieve small and manageable steps towards lowering blood sugar, reducing weight and improving mood are all part of Dr Huffs determination to bring about behavior changes, and to help everyone access and benefit equally from joint replacement. With Rolf Taylor.

Rolf Taylor: Hello, you're listening to the Health Disparities Podcast from Movement is Life, conversations about health disparities with people who are working to eliminate them. I'm Rolf Taylor and today I'm discussing health disparities and the importance of education and awareness with Dr. Tamara Huff, who is an orthopedic surgeon in Columbus, Georgia at the, tell me which institution is it?

Dr. Huff: St. Francis Orthopedic Institute in Columbus, Georgia.

Rolf Taylor: Fantastic.

Dr. Huff: So, thank you.

Rolf Taylor: And it's great to have you here, Dr. Huff. I've been lucky enough to see quite a few of your presentations now at Operation Change events. So, it's a real pleasure to have the chance to talk to you a little bit more in depth about your approach. And you're a little bit of a unicorn aren't you when it comes to orthopedics? Tell us about that.

Dr. Huff: A bit, of course. So, in orthopedics out of the surgical subspecialties, we probably have the smallest number of women in particular, in orthopedics. We make up about less than 10 to 15% of practicing orthopedic surgeons and I'm an African American female, so we are even smaller in number. But we're small, but mighty, and really close-knit group to be quite honest.

Rolf Taylor: And how did you make that choice to go into orthopedics? It's obviously it's an unusual choice, but it's great that you're blazing that trail.

Dr. Huff: Well, you can blame it on my mom. She is not in the medical profession at all, but growing up, we worked with our hands a whole lot. So, even though she's an accountant by trade, we actually built houses and laid tile and she actually is a very good carpenter. So, I grew up doing all those things and had a chance injury when I was in middle school. And that was the first time I was exposed to orthopedics and it was a family friend that was actually my doctor and let me go into the operating room. And they

had all the same tools that my mom had. I was like, okay, I'm sold. I can do this and I actually wanted to do it ever since then.

Rolf Taylor: So, you were raised in an artisanal family with carpentry tools. And so, when you saw that professionally you're at home right away,

Dr. Huff: I was like this is it. I still keep tools in my car. I keep a drill and move around. So, that's what we do.

Rolf Taylor: So, now you've been practicing for how long as a surgeon?

Dr. Huff: So, since training, I'm now in my fifth year since training.

Rolf Taylor: And how many procedures would you do in a usual week?

Dr. Huff: Goodness. So, I mostly do hip and knee replacements. I normally operate on any given day on about four to five total joints, and then I still do some call cases. So, it just depends from there. So, anywhere, all together from seven or eight, in addition to whatever clinic cases I take care of.

Rolf Taylor: Fantastic. Okay. And you've been involved with Movement is Life for quite a while now, haven't you? On the executive steering group and participating in the programs?

Dr. Huff: Most definitely. Gosh, it's been years, really. And my exposure and my involvement have kind of morphed over the time, but definitely it's been several years now.

Rolf Taylor: So now your passion really seems to revolve around education and awareness of patients. Could you talk a little bit about what your approach is and why you see that as being so important to compliment the surgical side of what you do in health?

Dr. Huff: Absolutely. I had the pleasure of training in Louisiana and in the places in Louisiana, I worked in New Orleans, but also in South Louisiana in the Bayous and Houma Louisiana. And my first job coming from training was in Waycross, Georgia, which is in the Southeastern corner of Georgia and those places, so often you see people that have had no exposure whatsoever to really education and orthopedic care. So, I'm a firm believer that if you know better, you will do better. And the first step in doing better is someone making you aware of the situation. And I pride myself on that is when you come into my office, you will leave better informed. None of my patients are ever in the preoperative holding area not sure of what's being done because if you are aware of what you're facing, you have an opportunity to change that future. And those experiences really made me want to bring that out of my practice and into my daily life. So, I try to do community events. I recently did one last week on educating people about

nonoperative orthopedic care and treatment options. So, we can catch you before you have to have that knee replacement if possible, or at least make sure you're healthy enough to have it done.

Rolf Taylor: So, I've been surprised, talking to people in Movement is Life and thinking we're going to be talking a lot about osteoarthritis and orthopedics and bone stuff. And what surprised me is that we spend a lot of time talking about cardiovascular disease and mental health, as well. Could you talk a little bit about that kind of holistic approach and why it's so important?

Dr. Huff: Absolutely. As a surgeon, we're trained to fix bones, bones broken we fix, but if the entire person isn't taken care of, and that's where a lot of times complications and problems come up. So, many of my patients, we do spend at the time speaking about, is your blood pressure under control? Diabetes is a huge concern. So, it's often the case, when your knees start hurting you more, you get in that vicious cycle of gaining more weight. And before you know it, your diabetes, which used to be controlled about five or six, your hemoglobin A1C is up to nine or ten. So, we spend a good amount of time of making sure they understand, what's going on and how important it is to control that because if you have diabetes, for instance, that is out of control, then you're not going to do as well with your surgery. In the same vein, as when you continue to have out of control diabetes, you gain weight, you can't do what you want to do, you're isolated. It's very

easy to slip into that cycle of depression. And we know that when you're depressed, you feel pain more and differently. It can really affect your outcome, even if you can have the surgery. So, it's so key that when we as surgeons or we as physicians, when we start seeing those symptoms, hey, we can't be afraid to speak on that.

Rolf Taylor: So, does that mean that it's very important for you to involve mental health specialists within the treatment plan? Tell us a little bit about what are the interventions that work in that situation?

Dr. Huff: So, many times I do run into a patient that I am concerned that this is more than just a case of a little sad to me, be crying very easily, or it's changing your sleeping habits, that I'm noticing some changes. And I have referred patients directly to a mental health professional and many times because those health services are so limited in many communities that isn't an option, I really have the luxury to do often. More commonly, it's me dropping a quick note to their primary care doctor or most of their primary care doctors are actually friends of mine, so I'll reach out to them that way and say, hey, we need to check into that. Also, there's a myriad of resources that we sometimes can send people to through mental health agencies nationally that have national contact lines and things like that. They can give us some support, but gosh, we have nowhere near the

mental health services that we need in this country and especially not in rural areas.

Rolf Taylor: So, when it comes to actually bringing about some kind of behavior change with your patients, what are the approaches that you find most helpful for that?

Dr. Huff: Breaking things into small steps is key. One of the most common behavior change items that we have to address is the idea of weight loss. And many patients may be 40 pounds overweight, but I can't send you out and expect you to lose 40 pounds in three months. What is much more reasonable and what I've had much more results is this, we actually break it down into small bite size pieces. So, whether it's weight loss, whether it's getting your blood sugars under control, we'll say, okay, 10 pounds in six weeks or 10 pounds in three months. And then I have them come back and we check in to see how they're progressing along that goal. So, they have a sense of accountability because they know Dr. Huff is wondering how they're going to do, but also, it's a small enough, a more manageable enough piece where they actually feel and understand that they can achieve it. Same thing if you're trying to bring your blood sugars down or anything like that, small. With exercises, for instance, I try to give them one to two simple exercises you can do in front of the television. So, when you come back, we add a new one to that. So, every time you're getting

something new and you're getting something you can go home and practice with, but it's not overwhelming.

Rolf Taylor: So, do you think your approach is typical?

Dr. Huff: No, I would love for it to be typical. But as a busy surgeon, I think finding small ways that we can make a difference is really, important because our patients listened to us. Many patients still see us as almost like a demigod, we're above. So, it's very important to surgeons to make sure that we don't gloss over those nonoperative issues. Even if it's just a two-minute blurb, it makes a huge difference.

Rolf Taylor: Well, Dr. Huff, it's been great to talk with you today and hear a little bit more about your overall approach. Thanks for joining us on the podcast and we look forward to having further discussions.

Dr. Huff: Oh, thank you.

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