

CM3: Care Planning

Improving Health Care Outcomes

The Importance of Patient Engagement and

Person Centered Planning



Does knowledge really affect behavior?

Smoking?
Obesity?
Energy Efficiency?
Anti-litter?

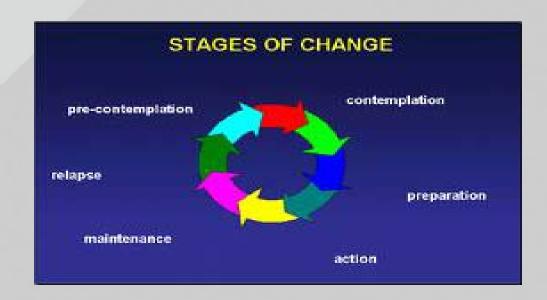


Medical Management Plan

- Check Blood Glucose per MD order
- Manage medication (right amount, right time, right way)
- Recognize the signs and symptoms of hypo/hyperglycemia
- Follow appropriate diet/manage carbohydrate coverage
- Develop healthy exercise plan
- Schedule and keep appointments for yearly care, screening and testing
 - HbA1c
 - LDL-C
 - Retinal eye exam
 - Nephropathy screening test
 - BP monitoring



In Search of How People Change Prochaska, DiClemente, Norcorss (1992)





Engagement is:

- The holy grail of health care
- ❖It is the key to adherence
- A pre-requisite to achieving better outcomes, fewer ED visits and hospitalizations and more satisfied consumers.



Motivational Interviewing

- MI is collaborative
 - About change
 - Evocative



Contrasts Between Healthcare Models

Biomedical	Psychosocial
Practitioner Centered	Patient Centered
Information Giving	Information Exchange
Dictate Behavior	Negotiate Behavior
Authoritarian	Understand and accept
	Respect is earned



Start the Conversation...

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	1.	When all is said and done, I am the person who is responsible for taking care of my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
	2.	Taking an active role in my own health care is the most important thing that affects my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
	3.	I am confident I can help prevent or reduce problems associated with my health	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
	4.	I know what each of my prescribed medications do	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
	5.	I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
	6.	I am confident that I can tell a doctor concerns I have even when he or she does not ask.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
				-			



Patient Activation Measure

Insignia 2008

Level I: Patients tend to be overwhelmed and unprepared to play an active role in their own health

Level II: Patients lack knowledge and confidence for self

-management

<u>Level III:</u> Patients are beginning to take action but lack confidence and skill to support behaviors

Level IV: People have adopted many of the behaviors to support their health but may not be able to maintain then in the face of life stressors.



Level 1-Condition and Symptoms

- Goal: Promote awareness of the language of diabetes and understand risk factors for diabetes
- Possible Action Steps: Together, review key diabetes words and terms (high blood glucose, hypoglycemia, carbohydrate, know your blood glucose numbers, blood pressure, etc.).



Level 2 Condition and Symptoms

Goal: Increase knowledge about diabetes and take steps to improve self-management

• Discuss the target ranges for healthy diabetes numbers. Have individual compare target ranges with actual numbers for blood glucose, blood pressure, A1c, BMI, weight, waist measurement and cholesterol.



Person Centered Planning

Person Centered Planning puts the recipient as the driver of services and in the development of his or her plan (map) that will hopefully lead to the outcome (destination) that the individual wants to achieve.

> Neal Adams, MD, MPH Diane Greider, Med



Person Centered Plans have emphasis on wellness, choice, resilience and community integration





What is the difference between a person centered and traditional care plan?

Person Centered	Traditional		
Person Centered	Practitioner based		
Strength based	Problem based		
Skill acquisition	Deficit focus		
Collaboration	Professional dominance		
Community integration	Acute Treatment		
Quality of Life	Cure/amelioration		
Community based	Facility based		
Empowerment/choices	Dependence		
Preventive	Reactive		



Making it Happen

- Identify their own goals. Goals should be in the patient's own words, whenever possible
- Interventions and actions are determined according to a person's culture, readiness/activation level, expressed needs and desires
- It is essential that there is a mutual reciprocity in a trusting hopeful relationship with providers
- All participants work from a strength based model



Member Satisfaction Survey Outcomes

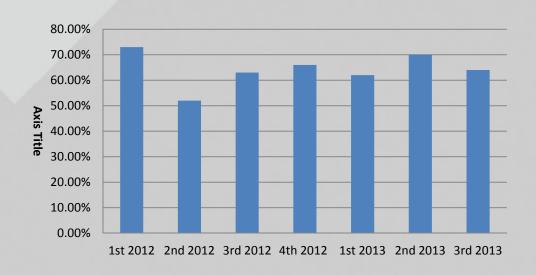
Overall satisfaction with CM is consistently >90%

>90% of respondents answer YES to the following:

- Do you feel you know what to do to manage your health and are prepared and able to do it?
- Do you feel that you doctors and nurses are aware of what really bothers you and give you the support and information you need?



Percentage of members showing positive change on PAM Scores from opening to closing



percentage of positive change



Challenges of Patient Centered Care

- Hard to fit "engagement" into 15 minute visit
- What a patient wants and what they need are not always the same
- Reluctance /worry about giving up the "expert" role
- Complex terminology/procedures need to be explained
- Providers are used to making decisions and patients are used to being passive
- Fear of not being able to meet expressed needs of the patient
- Thinking in small, measurable increments as opposed to starting with the greater end goal
- Including family, significant other in the plan



Individual Patient Challenges

- Self doubt and conditioned not to question authority/provider
- Focused on what they can't do as opposed to what they can and have done
- Asking for or accepting help from others
- Does not understand the complex terminology-fearful of appearing "stupid"
- Ambivalence about making decisions about their care



Planned Care Model Wagner, Md, W.A. MacColl Institute, Group Health Cooperative of Puget Sound

