**Module 4 Self-Management: Event Structure**

[Date]

[Location]

**GOAL:** After participating in the PACER Module 4 training, the learner will better understand how to work within an inter-professional team to define and identify opportunities to utilize self-management to enhance the patient and provider experience

* Objective 1: The learner will define patient self-management
* Objective 2: The learner will identify the significance of patient self-management for health outcomes, health costs, patient satisfaction and provider well-being.
* Objective 3: The learner will describe practices a provider can implement to enhance patient self-management.

Required Items:

* Tables will be set up for interprofessional teams with copies of the event chart and table top exercise form, pens, paper, and microphones at each.
* Tablets (if applicable) will be placed at the tables. Envelopes with the case study will be at each table.
* The faculty members will be assigned to each table to prompt the team conversation and make observations.

**Schedule**

|  |  |  |
| --- | --- | --- |
| **Time** | **Activity** | **Person Responsible** |
| 10 min | Tablets for Health Behavior Questions  Pre-Survey: Self-Management Support scale (SMS) |  |
| 10 min | Case Study  *Brief Overview Objectives (3 minutes)*  *Small Group: Team Care Plan #1 Development (7 minutes)* |  |
| 5 min | Large Group Questions  *Case Study Reflection with 2 Questions* |  |
| 10 min | Meet “Kim Jones”  Small group(s) share treatment plan with “patient” |  |
| 19 min | Quadruple Aim  *Questions / Impact of Current Approach & RWJ Model* |  |
| 5 min | Self-Management Principles  *Slides* |  |
| 6 min | Small Group Activity  *Revised Care Plan #2, answering guiding questions* |  |
| 10 min | Follow-up with Kim  “*Group Interview” of the “patient’ (1 volunteer from each small group)* |  |
| 5 min | Follow-Up with Kim Continued  *Large Group Reflection* |  |
| 5 min | Post Survey: Self-Management Support scale (SMS) |  |

**Checklist of resources at each of the tables:**

* Participant event handouts
* Care plan handouts
* Case study handouts
* Markers and pens

**Event Details/Script and Power Point Talking Points**

[Date/Time]

**Pre-Survey (10 minutes) –**

Welcome! Use the iPads at your table to complete:

* + - Health Behavior Questions (Group A & B questions randomly assigned)
    - Self-Management Support scale (SMS)
* iPads for all participants (randomly dispersed with one of two sets of health behavior questions)
  + Group A (Provider Reports Patient Perception)
    - As a health provider, how knowledgeable (1-7 scale) do you believe your patients are with respect to…
      * The importance of following a healthy diet
      * The importance of weight management
      * The importance of regular exercise
      * The importance of taking medications as prescribed
      * The importance of getting 7-9 hours of sleep each night
    - As a health provider, how necessary (1-7 scale) is it for you to educate your patients regarding…
      * The importance of following a healthy diet
      * The importance of weight management
      * The importance of regular exercise
      * The importance of taking medications as prescribed
      * The importance of getting 7-9 hours of sleep each night
  + Group B (Provide Self-Report)
    - How knowledgeable (1-7) are you with respect to…
      * The importance of following a healthy diet
      * The importance of weight management
      * The importance of regular exercise
      * The importance of taking medications as prescribed
      * The importance of getting 7-9 hours of sleep each night
    - How necessary (1-7) is it for your health providers to educate you regarding …
      * The importance of following a healthy diet
      * The importance of weight management
      * The importance of regular exercise
      * The importance of taking medications as prescribed
      * The importance of getting 7-9 hours of sleep each night
  + All Groups
    - Clinician Support for Patient Activation Measure (CS-PAM)

**Case Study Brief Overview - (3 minutes)**

* Brief review of Objectives.
* Brief overview of case.
* For small groups, encourage all to be engaged in the discussion and treatment planning, regardless of profession.

**Small Group Team Care Plan Development (7 minutes)**

Develop treatment plan using the Original Care Plan #1 Form

* Have small groups identify a reporter to write the plan and be prepared to share with large group.

**Large Group Questions - (5 minutes)**

Case Study Reflection

Discussion of 2 questions

* + How likely is it that the patient will adhere to your plan? How will you try to convince the patient to be invested in the plan?
  + Although you didn’t have any opportunity to interact with the patient, what differences are there with how you developed the treatment plan with how it would have proceeded if the patient were present?

**Meet “Kim Jones” - (10 minutes)**

Small Group(s) Share Treatment Plan with the “patient”, meet Kim Jones slide

* Patient consistently says why the plan won’t work…

**Quadruple Aim - (15 minutes)**

* What is the Quadruple Aim in healthcare? *(better outcomes, lower cost, higher patient satisfaction, provider wellbeing), slide*
* Why does the Quadruple Aim matter to you? *(grade card), slide*
* In the case we have just done where the patient is agreeable only to medication changes, how effective would the provider-driven treatment plan be been with respect to each of the elements of the Quadruple Aim? (ask each table to respond to one of the four elements of the Quadruple Aim), slide
* If a patient is asked why she/he takes medication for their blood pressure, what response is most likely? *(because my doctor tells me to)* What does this imply? *(patients give ownership of their health to health professionals), slide*
* Across health professions, what is the most common intervention taken with patients where some behavior change in indicated? (*Education and advice), slide*
* Review data from initial questions regarding differences between provider perspective and patient perspective**. (Bar graph of patient and provider.)**
* How do health professionals differ from the general population with respect to their health behavior? (*some areas better, other areas worse; overall about the same)*
* To what extent do we interact with patients in a manner that promotes patient ownership of their health?
* What are common barriers to facilitating more patient ownership of their health… more patient self-management?
  + *Time*
  + *Patients with have ideas that aren’t evidence-based…*
  + *It’s my job to just tell patients what to do… since I’m the expert, and its easier*
  + *Other…*
* Share some examples from FM Clerkship reflections *(e.g., physician asserting to never ask “open-ended questions”)*

Impact of Current Approach & RWJ Model, data slides

* How are we doing with our prevailing approach to health in which we would like “patient self-management” to mean that patients do what we tell them to do?
  + *50% medication non-adherence rate with medications for chronic illnesses*
  + *1 in 5 Medicare patients in local hospitals are readmitted within 30 days*
  + *Costs continue to increase*
  + *Providers are increasingly reporting burn out*
  + *Patients are frustrated*
* Review RWJ model of health outcomes (40% SES, 30%behavior, 20% health care, 10% environment)… pie graph; see <http://www.countyhealthrankings.org/our-approach>
  + Note that medication change (with reference to our case) only directly affects the 20%. Medication adherence comes under behavior. Costs (and other circumstances) come under social & economic factors.

**Self-Management Principles - (5 minutes)**

Slides with Questions

* If you want to promote more patient ownership, self-management, what can you do?
* How will your interaction with patients be different? How would you interact with patients if quality were the only concern?
  + *More listening (eliciting what the patient knows, cares about, goals, ideas for treatment/change strategies, etc.)*
  + *Attention to what is important to the patient*
  + *Attention to patient emotion*
  + *Attention to discrepancies between what patient says in important and her/his current behavior*
  + *Need to develop a need for change/treatment prior to implementing a change/treatment strategy*

**Small Group Activity – (6 minutes)**

Revise Treatment Plan, use guiding questions (slide)

* What do you specifically need to learn from the patient and how will you learn it? What specific questions do you need to ask and/or how will you explore these areas? How will you address the social determinants of health? How will your treatment plan address the other determinants of health?
* Use the modified care plan form (which includes how plans will affect the Quadruple Aim).
* Time on Screen

**Follow-up with Kim - (10 minutes)**

* “Group Interview” of the “patient” (one volunteer from each small group)
* Slide with Timer

**Follow-up with Kim - (5 minutes)**

* Given this interview, how much adherence is likely?
* As health care reimbursement moves from volume (fee-for-service) to value (outcomes), how does this impact how you want to interact with patients/clients?
* One possibility is to make no changes with respect to patient self-management. What does this scenario look like?
* What is different for providers when patients take more ownership of their health? Downsides? Upsides?

**Post Survey – (5 minutes)**

* Post-test: Clinical Support for Patient Activation Measure (CS-PAM)