

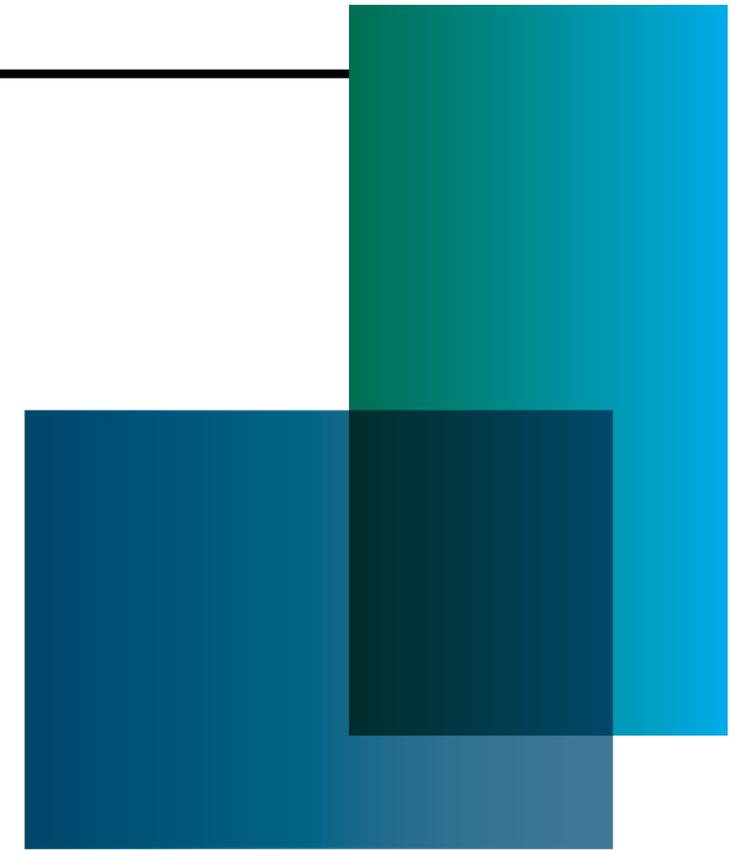
PACER

**Professionals Accelerating
Clinical and Educational Redesign**



WELCOME TO PACER!

Patient Self-Management Module



Next Steps...

- 1** Make sure your e-parking pass is displayed in your car window
 - 2** Sign In & Find Your Small Group
 - 3** Take the pre-survey on the iPads at the following web address:
-

Case Based Competencies / Training Modules

- Inter-professional (IP)
- Social Determinants of Health
- Stewardship of Resources
- **Patient Self-Management**
- Quality Improvement / Population Health
- Leadership Change



Learning Objectives

At the conclusion of this activity, the learner will:

- define patient self-management.
 - identify the significance of patient self-management for health outcomes, health costs, patient satisfaction and provider well-being.
 - describe practices a provider can implement to enhance patient self-management
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Case

- **Kim Jones**
 - 56 yo female
 - Dx: Diabetes, Hypertension, Hyperlipidemia
 - Medications
 - Metformin 1,000 mg BID
 - Lisinopril 20 mg QD
 - Lipitor 20 mg QD
 - BP: Today: 168/102 Last Visit: 140/86
 - Typical Blood Sugars: 120-160 Recently 180-225
 - Labs prior to today: A1C: 8.6



Small Group Activity

- Work in your interdisciplinary groups to develop a comprehensive treatment plan.
- Put your collaborative treatment plan onto one document.

7 Minutes

Case Study Reflection

Meet Kim Jones

If a patient is asked why she/he takes medication for their blood pressure, what response is most likely?



What is the Quadruple Aim?



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- Components of the quadruple aim



Why does the Quadruple Aim matter to you?



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- **Provider grade card**



In regards to medication adjustment, how effective would a provider-driven treatment plan be with respect to:



In regards to medication adjustment, how effective would a provider-driven treatment plan be with respect to:

- Outcomes?



In regards to medication adjustment, how effective would a provider-driven treatment plan be with respect to:

- Outcomes?
- Cost?



In regards to medication adjustment, how effective would a provider-driven treatment plan be with respect to:

- Outcomes?
- Cost?
- Patient Satisfaction?



In regards to medication adjustment, how effective would a provider-driven treatment plan be with respect to:

- Outcomes?
- Cost?
- Patient Satisfaction?
- Provider Wellbeing?



What would you say is the most common intervention health professionals utilize to address patients'/clients' health behaviors?



Survey Results

- Display data from initial survey here



How do health professionals differ from the general population with respect to their health behavior?



To what extent do we interact with patients in a manner that promotes patient ownership of health?



What are common barriers to encouraging more patient ownership of their health... more patient self-management?



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- Time



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- Time
- Patients may 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...



“Another time, a patient trapped me in the room for a very long time after I gave them an opening. After leaving the room, my attending said ‘Yeah, you never want to use open ended questions.’”

“It feels very awkward at this stage of my training. I also feel like it is not something my preceptor uses. She sticks with the ‘traditional’ information presentation to patients that they probably forget about as soon as they leave the office.”

“There have been several times while I was in the room with my preceptor that I’ve seen opportunities for change talk with a patient but he does not take them.”

“In moments of confidence, I would offer advice or suggestions, and it never failed that the patients provided me with excuses for why my suggestions wouldn’t work. I was happy this consistently happened, because it was a necessary reminder I needed to remain quiet. After lots of practice my listening improved.”

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- **Costs continue to increase**



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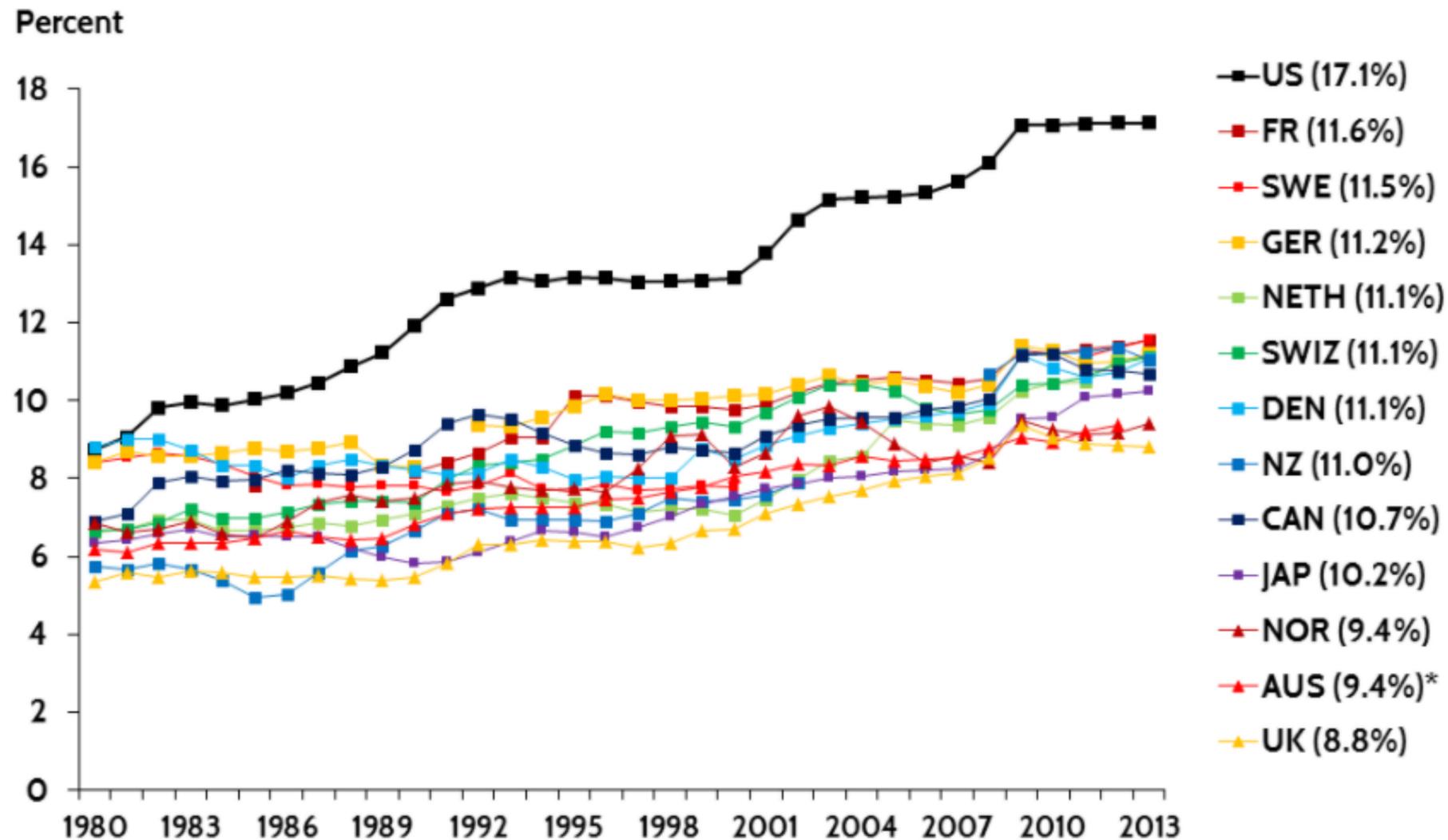
- 50% medication non-adherence rate with medications for chronic illnesses
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- Providers are increasingly reporting burn out



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- 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
- 

Health Care Spending as a Percentage of GDP 1980-2013



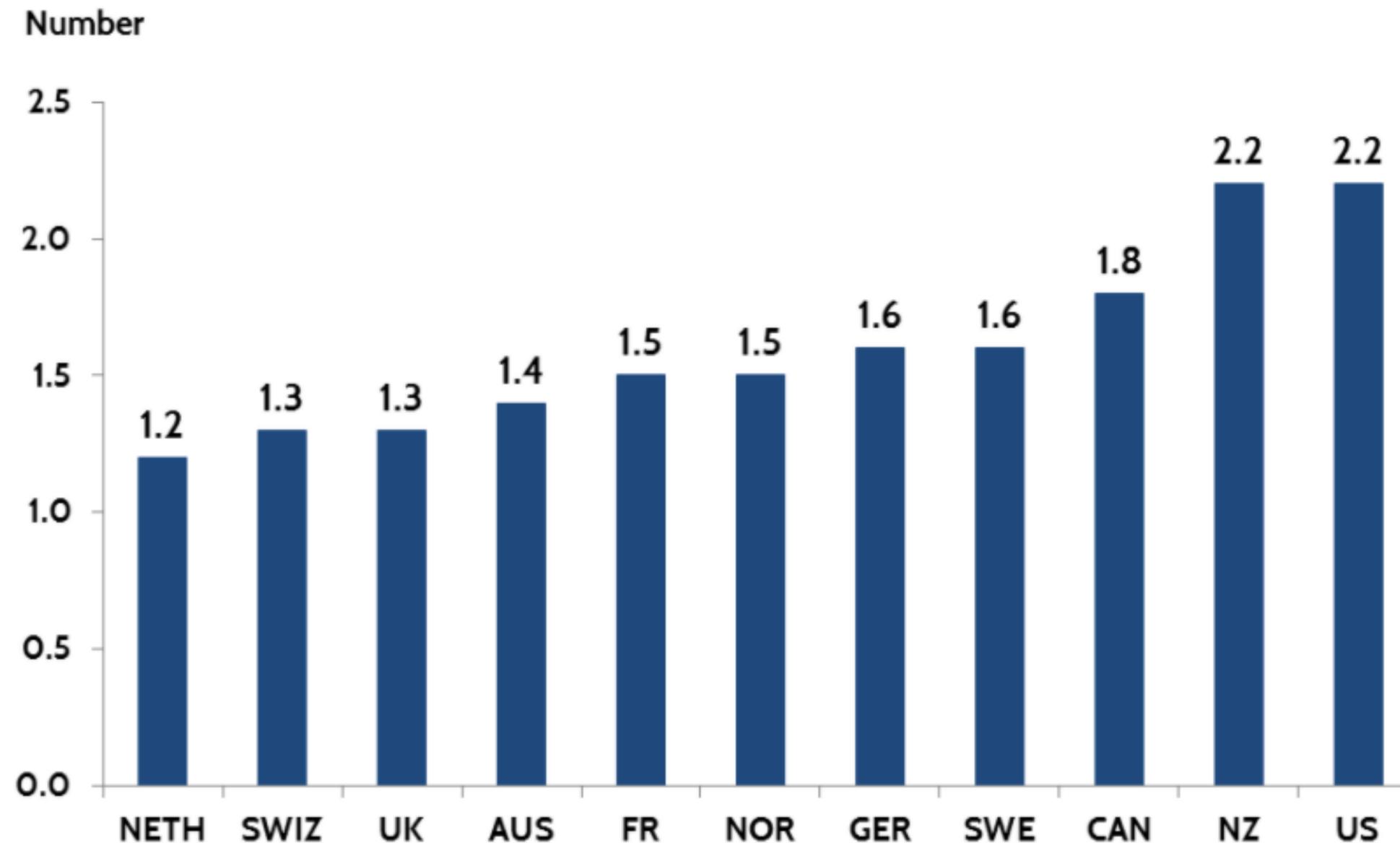
* 2012.

Notes: GDP refers to gross domestic product. Dutch and Swiss data are for current spending only, and exclude spending on capital formation of health care providers.

Source: OECD Health Data 2015.

<http://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-from-a-global-perspective>

Average Number of Prescription Drugs Taken Regularly, Age 10 or Older, 2013



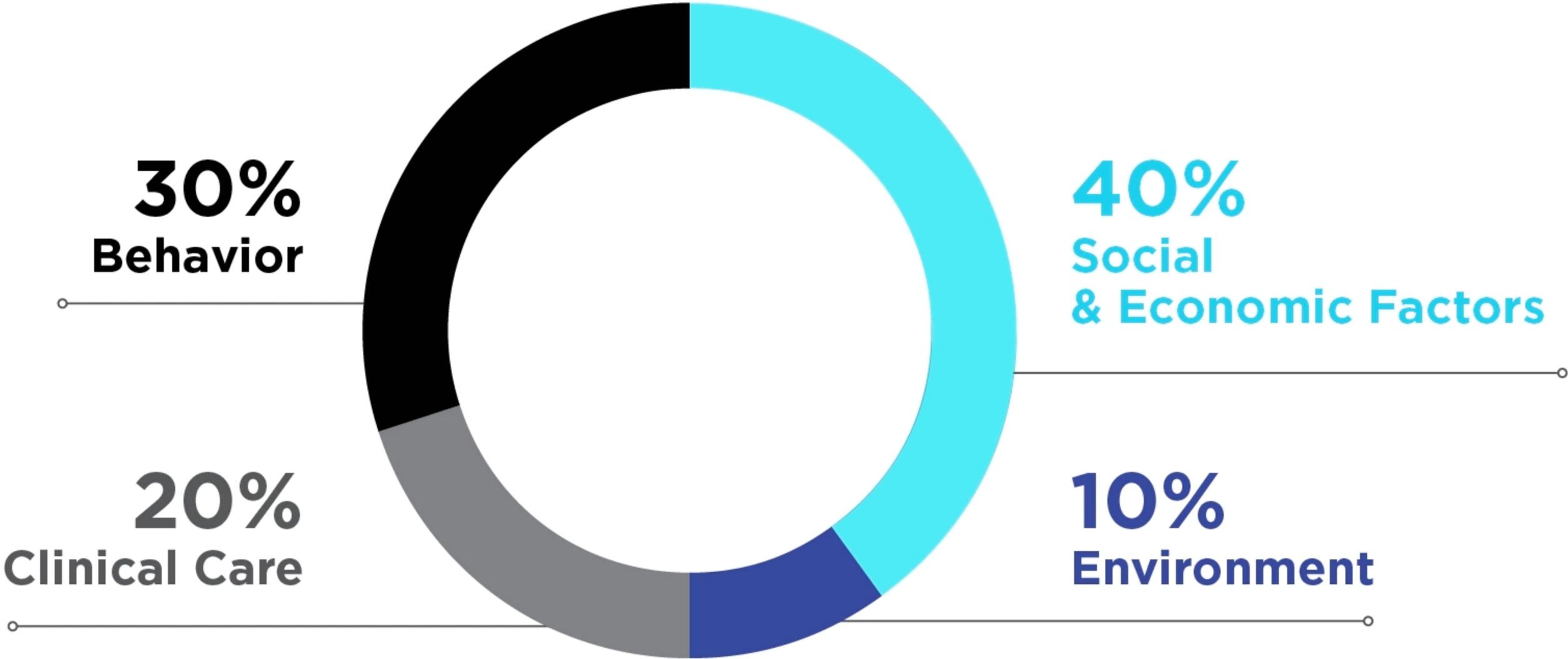
Source: 2013 Commonwealth Fund International Health Policy Survey.

Population Health Outcomes and Risk Factors

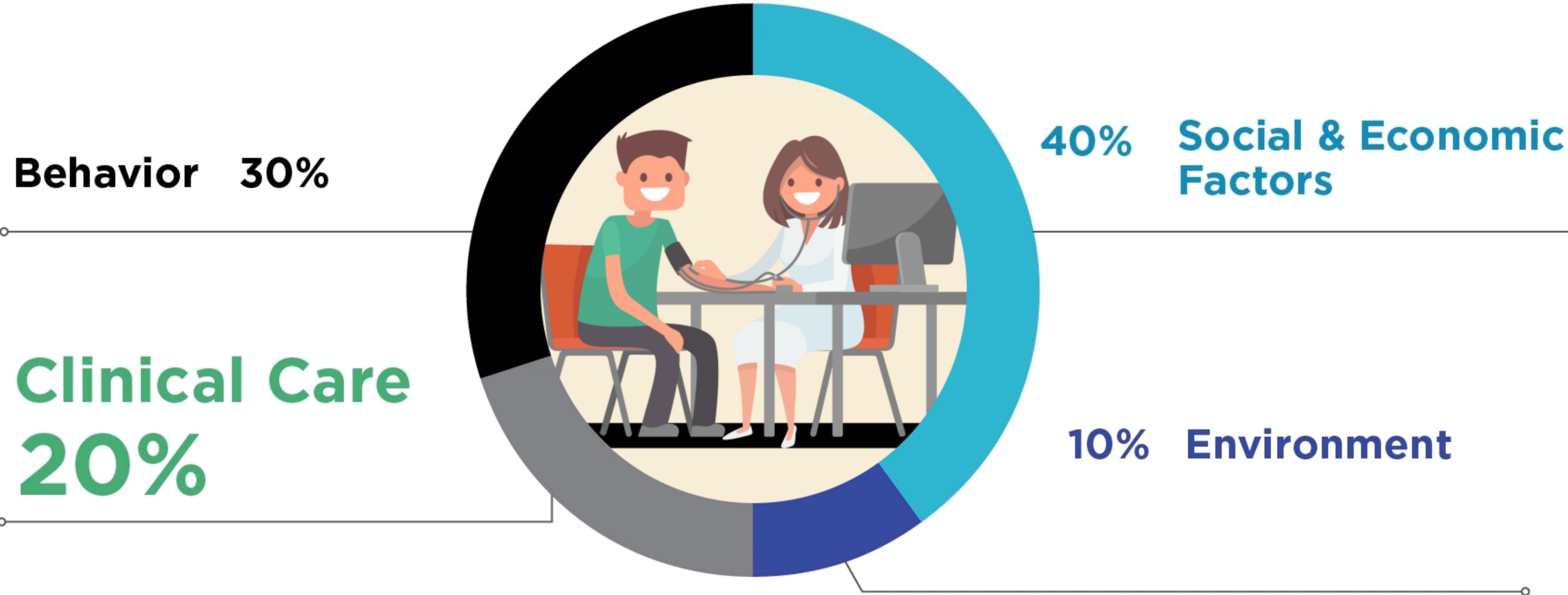
	Life exp. at birth, 2013 ^a	Infant mortality, per 1,000 live births, 2013 ^a	Percent of pop. age 65+ with two or more chronic conditions, 2014 ^b	Obesity rate (BMI>30), 2013 ^{a,c}	Percent of pop. (age 15+) who are daily smokers, 2013 ^a	Percent of pop. age 65+
Australia	82.2	3.6	54	28.3 ^e	12.8	14.4
Canada	81.5 ^e	4.8 ^e	56	25.8	14.9	15.2
Denmark	80.4	3.5	–	14.2	17.0	17.8
France	82.3	3.6	43	14.5 ^d	24.1 ^d	17.7
Germany	80.9	3.3	49	23.6	20.9	21.1
Japan	83.4	2.1	–	3.7	19.3	25.1
Netherlands	81.4	3.8	46	11.8	18.5	16.8
New Zealand	81.4	5.2 ^e	37	30.6	15.5	14.2
Norway	81.8	2.4	43	10.0 ^d	15.0	15.6
Sweden	82.0	2.7	42	11.7	10.7	19.0
Switzerland	82.9	3.9	44	10.3 ^d	20.4 ^d	17.3
United Kingdom	81.1	3.8	33	24.9	20.0 ^d	17.1
United States	78.8	6.1	68	35.3	13.7	14.1
OECD median	81.2	3.5	–	28.3	18.9	17.0

^a Source: OECD Health Data 2015.
^b Includes: hypertension or high blood pressure, heart disease, diabetes, lung problems, mental health problems, cancer, and joint pain/arthritis. Source: Commonwealth Fund International Health Policy Survey of Older Adults, 2014.
^c DEN, FR, NETH, NOR, SWE, and SWIZ based on self-reported data; all other countries based on measured data.
^d 2012. ^e 2011.

Determinants of Health Outcomes



The one intervention that the patient agreed to was medication



If you want to promote more patient ownership, self-management, what can you do?



How will your interaction with patients be different?



How will your interaction with patients be different?

- 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 is important and her/his current behavior
 - Need to develop a need for change/treatment prior to implementing a change/treatment strategy
- 

Small Group Activity

- What do you specifically need to learn from the patient?
How will you ask?
- How will you address the social determinants of health?
- What specific but open-ended questions do you have for the patient?
- How will your treatment plan address the other determinants of health?

6 Minutes

Follow-up with Kim

One volunteer from each group – bring your new treatment plan/questions to the front.

Given this interaction – how likely is the patient to follow through with this treatment plan?

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- **As health care reimbursement moves from volume (fee-for-service) to value (outcomes), how does this impact how you want to interact with patients?**
 - **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?**

**Thank You
for Your Participation!**

Final Wrap-up

- Use the iPads to access the post-survey at the following link:
- Leave the iPads at your table when you are done

