

2020 FAMILY MEDICINE MIDWEST CONFERENCE



Change that Matters: ***A Curriculum that Empowers Physicians with Skills and Resources in Promoting Health Behavior Change***

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DISCLOSURE



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Financial support for the development of the Change that Matters curriculum has been provided by:

University of Minnesota Academic Health Center

National Institute for Integrated Behavioral Health

Objectives

At the conclusion of this seminar, the learners will be able to:

- Explain brief interventions for health behavior change that can be implemented in a primary care setting
- Describe a multi-component intervention to empower physicians in addressing ten common health behavior change topics with their patients
- Consider how to integrate interactive patient educational handouts and EMR templates regarding health behavior change into a family medicine residency program

The Doctor, Sir Luke Fildes 1887



Dr. House 2012



Quadruple Aim

- challenges physicians to focus on
- ✓ population health
 - ✓ better health outcomes
 - ✓ improved patient experience
 - ✓ improved healthcare team experience

If watching “live”, do one of the following



1. Text ANDREWSLATTE217 to 22333 once to join
2. Pollev.com/andrewslatte217

If you are watching the presentation at a later date/time, the poll will not be active – you can still answer the questions as we move along!

What percentage of the variance in health outcomes is attributable to modifiable healthy lifestyle behaviors?

- a) 0-10%*
- b) 10-20%*
- c) 20-30%*
- d) 30-40%*

30-40% of the variance in health outcomes is attributable to modifiable healthy lifestyle behaviors

McGinnis JM. Actual causes of death, 1990–2010. Presentation at the Workshop on Determinants of Premature Mortality, September 18, National Research Council, Washington, DC; 2013

Schroeder SA. We can do better - Improving the health of the American People. The New England Journal of Medicine. 2007;357:1221-1228

numerous brief interventions for
health behavior change have been
found **effective** in primary care

Funderburk JS, Shepardson RL, Wray J, et al. Behavioral medicine interventions for adult primary care settings: a review. Fam Syst Health. 2018;36(3):368-399

patients report **higher satisfaction** with care when physicians raise health behavior change topics

Solberg LI, Boyle RG, Davidson G, Magnan SJ, Carlson CL. Patient satisfaction and discussion of smoking cessation during clinical visits. Mayo Clin Proc. 2001;76:138-143

numerous practice recommendations
strongly encourage assessing
health behaviors

Gutierrez JC, Terwiesch C, Pettit R, Marcus SC. Characterizing primary care visit activities at Veterans Health Administration Clinics. J Healthcare Management. 2015;60:30-42

What percentage of face-to-face time
do PCPs spend with patients
discussing preventive care and
lifestyle counseling?

- a) <1%*
- b) 1-5%*
- c) 5-10%*
- d) 10-15%*
- e) 15-20%*

Primary Care Providers (PCPs) usually do not spend much time addressing health behavior change with patients

- PCPs spend **<1%** of face-to-face time with patients discussing preventive care and lifestyle counseling

Gutierrez JC, Terwiesch C, Pettit R, Marcus SC. Characterizing primary care visit activities at Veterans Health Administration Clinics. J Healthcare Management. 2015;60:30-42

Which of the following is a barrier that deter PCPs from dedicating time to behavior change topics?

- a) No evidence that it improves patient outcomes*
- b) Low confidence that the PCP can address the topic*
- c) Low perceived effectiveness with their counseling abilities*
- d) Feel that it is beyond their scope of practice*

when PCPs do broach these topics, they often employ relatively **ineffective strategies** of merely **explaining risk** and **telling patients** what to do

low confidence and **low perceived effectiveness** are two barriers that deter PCPs from dedicating time to these topics

Hooker SA, Sherman MD. Primary care physicians' confidence in and delivery of health behavior change interventions. Poster at the 39th Annual Meeting and Scientific Sessions of the Society of Behavioral Medicine. New Orleans, LA. 2018

Keto J, Jokelainen J, Timonen M, Linden K, Ylisaukko-oja T. Physicians discuss the risks of smoking with their patients, but seldom offer practical cessation support. Subst Abuse Treat Pr. 2015;10:43

- ✓ Residency programs provide a vital phase of intensive training for physicians as they develop a wide array of skills
- ✓ Residents develop habits and practice styles that may continue with them throughout their careers
- ✓ Hence, teaching residents evidence-based skills and empowering them with resources can be very impactful

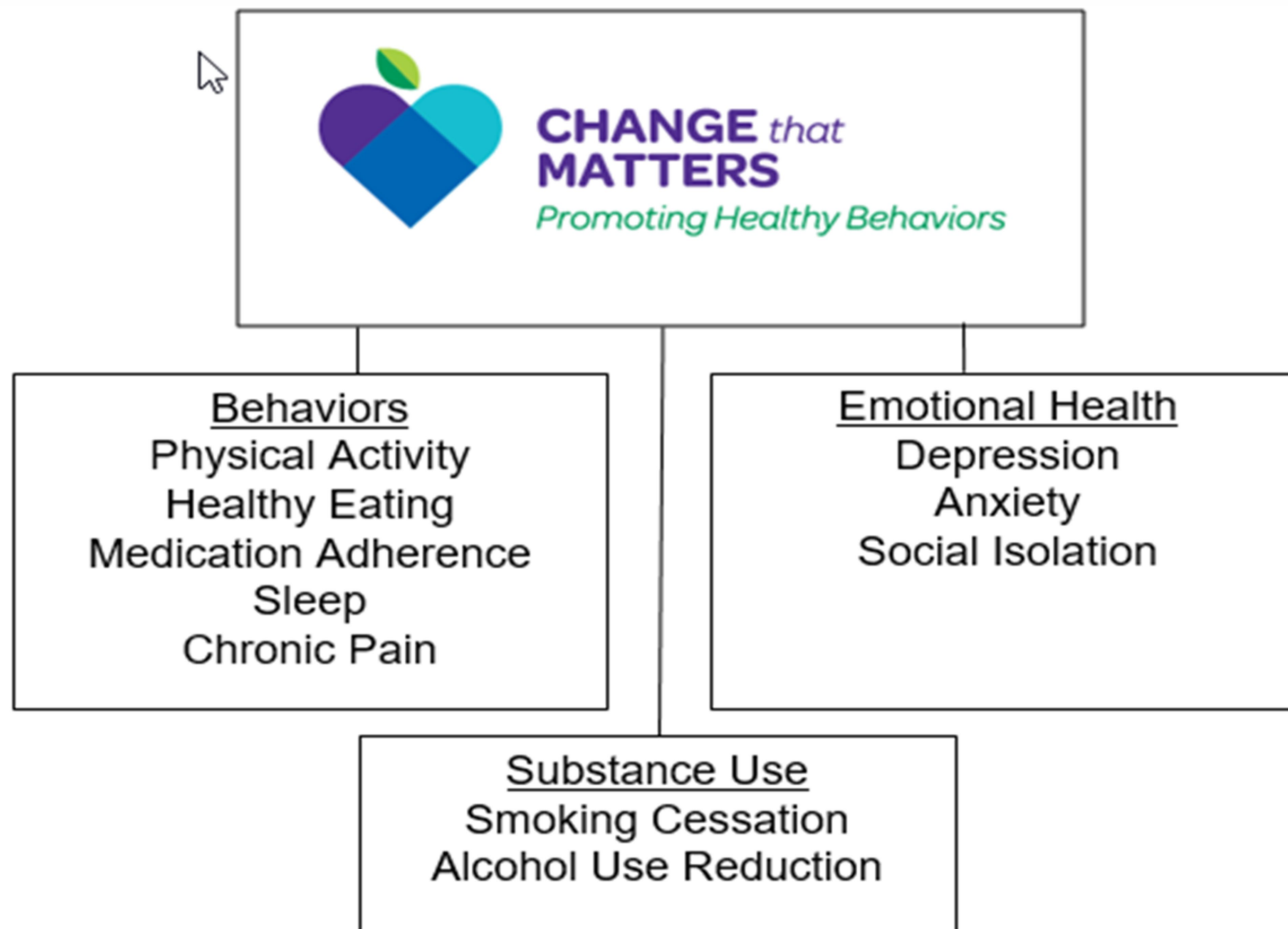
However, few resources exist to teach physicians how to implement skills in helping patients make changes in their health-related behavior

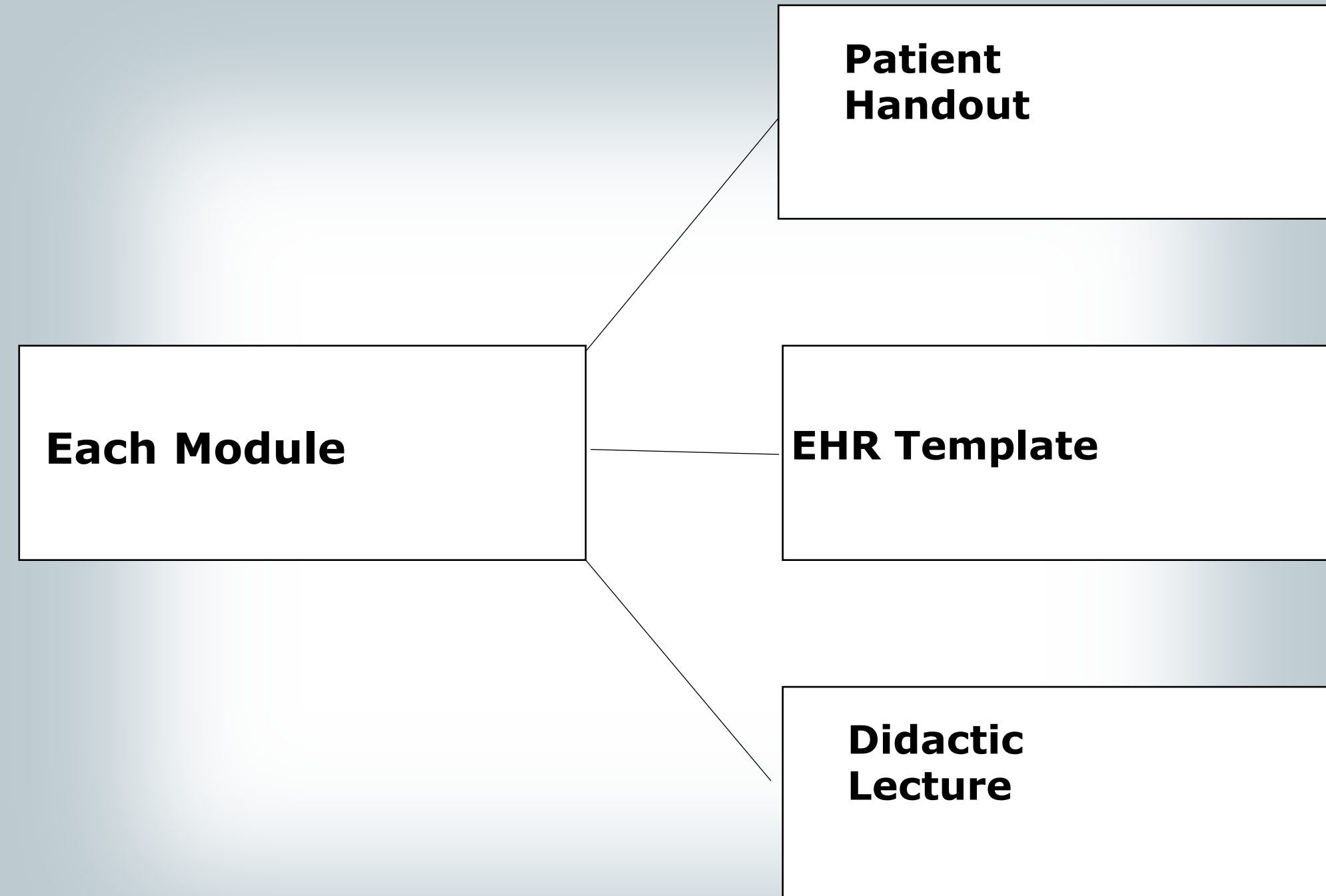
So we made one!

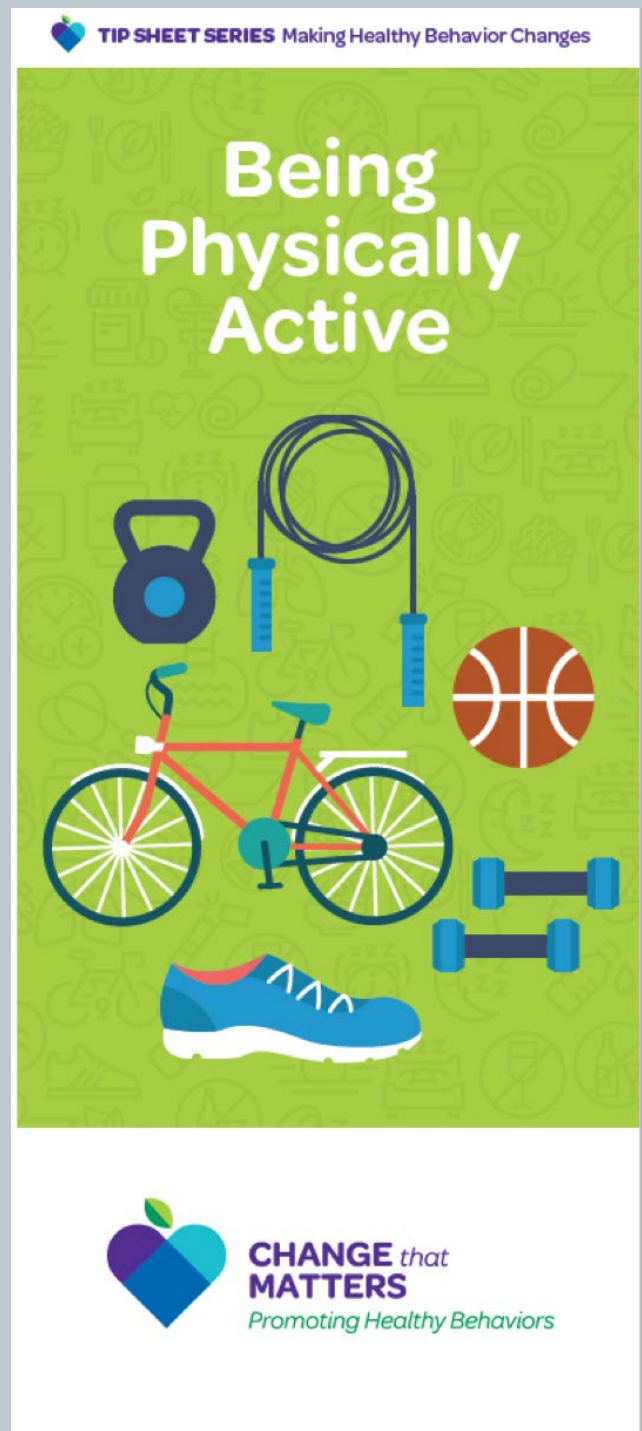
interdisciplinary workgroup

psychology, pharmacy, nursing, family medicine, and nutrition

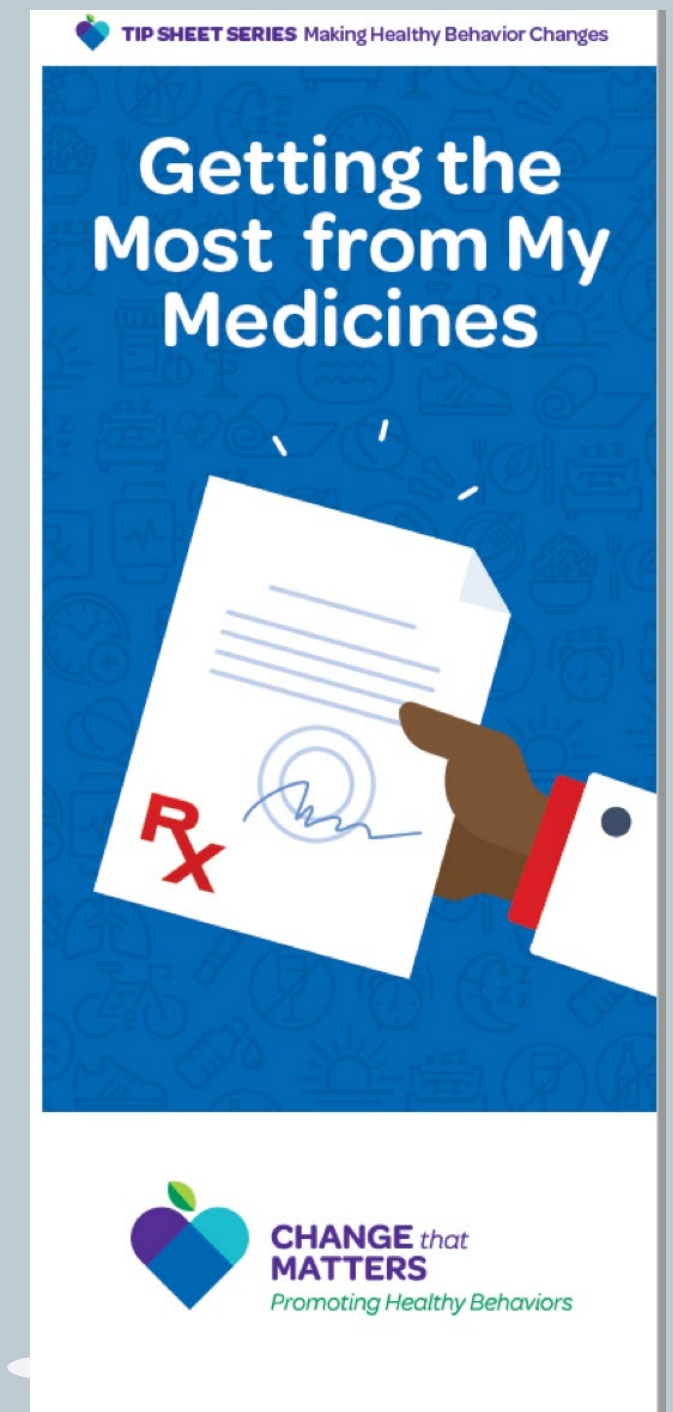
- Stephanie A. Hooker, PhD, MPH
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- Anne Doering, MD
- Kacey Justesen, MD
- Katie Loth, PhD, MPH, RD, LD
- Jean Moon, PharmD, BCACP
- Sam Ngaw, MD
- Jason Ricco, MD
- Andrew Slattengren, DO
- Marc Uy, BA, MPH







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Patient Handouts

Interactive, personalized

• *To be used DURING patient visit*

Drawing upon evidence-based strategies

(1) identify their **values or motivation** for making the behavior change;

(2) identify and problem solve **barriers**; and

(3) set **specific goals** for change



Patient Handouts

1. **Patient: Rank values & the way you spend your time**
2. **Physician: prompt patient to reflect on differences, brainstorm ways to engage in one value area**
3. **Co-create an action plan to complete a valued activity in the next week**
 - a) **Specify where, when, how much, and with whom.**
 - b) **Elicit potential barriers; problem solve possible solutions.**
 - c) **Set follow-up with patient to see how it went.**

Two EHR templates exist for each module including:

(1) Brief assessment questions and intervention guidance for delivering the materials.

- *This is to be used by the physician in the room with the patient.*

(2) After visit summary text, including the patient's specific goal and general tips for the specific behavior.

- *This is to be provided to the patient at the conclusion of their visit.*

EHR Templates

Includes tips to guide the PCPs through the intervention:

- Specific steps
- Specific questions to ask
- Possible responses to commonly raised concerns
 - *Motivational Interviewing style*

**Each module has a PowerPoint lecture
slide set to prepare the physicians to do
the assessment and deliver the
intervention**

Didactic Lectures Outline

- Brief Overview of the Scope of the Issue
- Assessment Strategies
- Evidence-based Treatments
- Change That Matters' Focus on Values/Meaning in Life
- Tools for Addressing in Primary Care
 - Patient Handout
 - EHR Template
- Structured Practice / Role-play **
- Responding to Common Challenges in Helping Patients with this Issue
- Resources for Further Learning

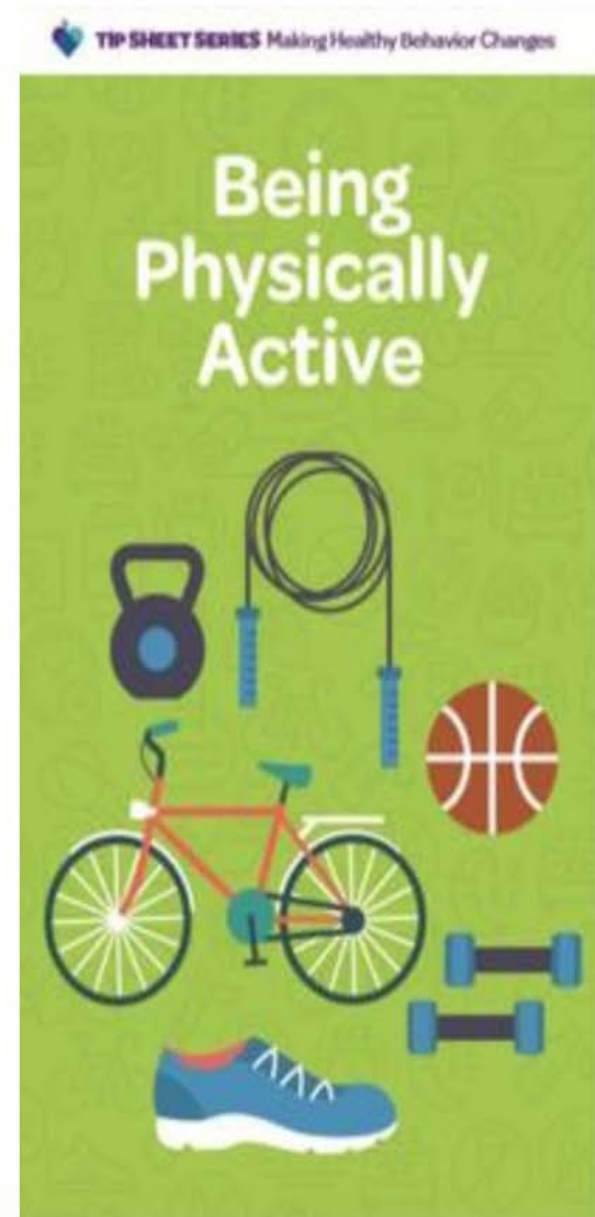
** An essential component of each didactic lecture is provider role-play of the materials.

Guidance for how to set up and debrief after the practice is provided in each PowerPoint slide set



Physical Activity

Most adults do not meet guidelines of engaging in 150 minutes per week of moderate-vigorous physical activity. The Being Physically Active handout uses the American College of Sports Medicine's [physical activity prescription](#) approach which encourages patients to make small increases in their physical activity by choosing enjoyable activities, planning time to engage in activities, and problem solving barriers.



HANDOUTS

-  [Physical Activity Handout English.pdf](#)
-  [Physical Activity Handout Spanish.pdf](#)

DIDACTIC LECTURE



-  [Physical Activity.pptx](#)

DOCUMENTATION TEMPLATE

-  [Physical Activity Documentation Template.doc](#)

AVS TEMPLATE

-  [Physical Activity AVS Template.doc](#)

My plan to be more physically active

Physical activity has many health benefits:

- Lowered risk of disease
- Increased energy
- Better mood
- Less pain
- Better sleep



How would your life be different if you were more physically active?

1. _____
2. _____
3. _____

How does being active relate to what is really important in your life?

For example, I go on walks because I want to be healthier for my children.

It is easier to be active when you do activities you enjoy. What activities do you like to do?
What have you done in the past?

Setting specific goals to be more active can be helpful. Fill in chart below.

Activity name	Frequency	Duration	Day and time
Example: Walking	Every other day	30 min	Sun, Tues, Thurs, 8 am
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Having a buddy can help motivate you to be more active.
Who might support you? Who might do these activities with you?

How will you track your progress?

- ☐ Write it on your calendar
- ☐ Use a tracker (like a pedometer)
- ☐ Use an app on your phone
- ☐ Other: _____

Becoming more active can be hard! What might get in the way of being more active?

What can you do to overcome these barriers?



Tips for being more active

Circle one or two that sound helpful.

- ✓ **Have fun** – choose an activity you enjoy.
- ✓ **Start slowly** and progress gradually.
- ✓ **Find ways to be more active during the day** – park farther away or do exercises during commercials.
- ✓ **Set goals** – maybe you want to lose weight or walk a mile or run a 5K!
- ✓ **Keep track of what you do!**
Reward yourself – when you reach a goal, give yourself a reward.
- ✓ **Find an exercise buddy.**
- ✓ **Have a plan B** – if you can't do what you planned, have other options. For example, if it's raining, walk at an indoor mall or do an exercise video.
- ✓ **Have a variety of activities** to prevent getting bored.



UNIVERSITY OF MINNESOTA

MY GOAL FOR THIS WEEK

We want to partner with you to help you be more active!

Research has shown that doing any amount of physical activity is better than nothing. Start small to build your endurance!

Exercise can improve your mood, anxiety, and overall well-being... and it can help you live longer!



Stephanie A. Hooker, Ph.D. MPH
Michelle D. Sherman, Ph.D. LP ABPP
University of Minnesota
September 2018

Project supported by the University of Minnesota Academic Health Center

Being Physically Active



CHANGE that **MATTERS**
Promoting Healthy Behaviors



CHANGE that **MATTERS**
Promoting Healthy Behaviors

Being Physically Active EHR Template 1/2



Current exercise or physical activity:

Activities: ***

Days per week: ***

Duration: ***

Reasons to increase activity: {select from dropdown list}

Health, Mood, Family, Friends, Self-worth, Appearance, Social activities, Clothes fit better, Other

Barriers to regular activity: {select from dropdown list}

Safe place to exercise, Feeling too tired, Low motivation, Lacking time, Pain, Lack of exercise buddy, Lack of money/resources, Don't know what to do, Embarrassment/shame, Dislike exercise, Other

Being Physically Active EHR Template 2/2



Plan: *Ask patient to write specific goal on back page of handout.*

Activity: ***

Frequency: ***

Duration: ***

Buddy: ***

Follow up ***

Change that Matters Being Physically Active handout given.

*** minutes spent counseling patient regarding physical activity to improve overall health.

Physical Activity AVS Template



Thanks for talking with me about your physical activity today.

You made a plan of ***

I look forward to hearing how things are going at our next visit.

It would be great if you could please bring a log or diary of your activity for us to discuss together.

Here are some tips for being more active that you might find helpful:

Have fun – choose an activity you like or want to do.

Start slowly and progress gradually.

Find ways to be more active during the day – park farther away, do exercises during commercials.

Set goals – maybe you want to lose weight or walk a mile or run a 5K!

Keep track of what you do!

Reward yourself – when you reach a goal, give yourself a reward.

Find an exercise buddy.

Have a plan B – if you can't do what you planned, have other options. For example, if it's raining, walk at an indoor mall or do an exercise video.

Have a variety of activities to prevent getting bored.



Physical Activity

www.ChangeThatMatters.UMN.edu



CHANGE *that*
MATTERS
Promoting Healthy Behaviors

Evaluation of Change that Matters

We used a mixed methods design to evaluate our curriculum, including individual **interviews** and **self-report surveys** from resident physicians and patients regarding acceptability, feasibility, and helpfulness

Evaluation of Change that Matters: PCPs

- increased confidence and self-efficacy in addressing health behaviors
- positive feedback from patients about the handouts
- awareness of patients appearing empowered by the discussion/handout

Evaluation of Change that Matters: Patients

- expressed gratitude that the physician raised the issues
- felt empowered to take ownership of their health
- report that the handouts:
 - spark reflection
 - help with goal setting
 - help with tracking progress
- quantitative self-report data reveal similarly positive reactions

Evaluation of Change that Matters: Experts



Faculty from other family medicine residency programs systematically rated the understandability and actionability of the handouts using the Agency for Healthcare Research and Quality (AHRQ)'s Patient Education Materials Assessment Tool for Printable Materials (PEMAT-P)

Median Ratings by Expert Panelists on the Patient Education Materials Assessment Tool for
Printable Materials (PEMAT-P)



Brochure	N	Understandability	Actionability
		Median	Median
Total	32	100	100
Alcohol	3	94.1	100
Chronic pain	4	94.1	92.9
Healthy eating	3	100	100
Medication adherence	3	100	100
Mood	3	100	100
Physical activity	3	100	100
Social connections	4	100	100
Sleep	3	100	100
Smoking	3	100	100
Stress	4	87.5	83.3

Note. PEMAT-P = Patient Education Materials Assessment Tool for Printable Materials; Scores range from 0-100, with higher scores corresponding to greater understandability and actionability.

Implementation Steps

- Seek support from educational leaders
- Identify site champions
- Create a didactics training schedule that fits within the structure of your program
- Create shared EHR templates
- Stock patient handouts in exam rooms and resident work areas
- Regularly encourage providers to use the curriculum

How much are you willing to pay for access to the Change that Matters curriculum?

- a) \$0
- b) \$100
- c) \$10,000
- d) \$1,000,000

Expenses

- The entire curriculum, including implementation guides and all resources, are available free online www.ChangeThatMatters.umn.edu
- Reproduction of the patient handouts
—we recommend color printing if possible
- Handout holders for exam rooms
- Reproduction of posters for exam rooms

Consultations



Drs. Hooker and Sherman are available for brief consultation on Change that Matters, and can be best reached via email:

- **Stephanie Hooker: stephanie.a.hooker@healthpartners.com**
- **Michelle Sherman: sherman@umn.edu**

www.ChangeThatMatters.umn.edu

References



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