*Patient Centered Collaboration: Involving Patients and Families in Health Care

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* Disease management and health promotion require the patient to collaborate with the provider and modify behaviors

* The key mechanisms for personal change are within the individual

* Patients are **consumers** of health care services and our products and services need to be tailored to be consumer focused and friendly

* Families can complement or complicate patient care and influence outcomes

* Why Focus on the Patient and Family

* Patients are less passive and "patient"

* Internet and Technology provide lots of information of varying quality. Provider not the sole source

* Families are often advocates and very involved in care especially of youth and elderly

* 70% of the 56.4 million global deaths in 2015 were due to noncommunicable diseases (NCDs)

* The four main NCDs are cardiovascular diseases, cancers, diabetes and chronic lung diseases.

* We are being asked to treat people not diagnoses

  * The whole person not a single problems

  * Prevention not simply specialty care

* Realities of Modern Medicine

* Cardiovascular Risk Reduction
  * Physical Activity
  * Cholesterol screening and treatment
  * Weight Reduction
  * Dietary changes
  * Aspirin regimen
  * Alcohol and Substance Use

* Diabetes Prevention and Treatment
  * Obesity Prevention and Reduction
  * Glucose monitoring
  * Dietary changes
  * Physical Activity
  * Regular screening for associated problems
  * Alcohol Consumption

* Health involves Managing Multiple Behaviors
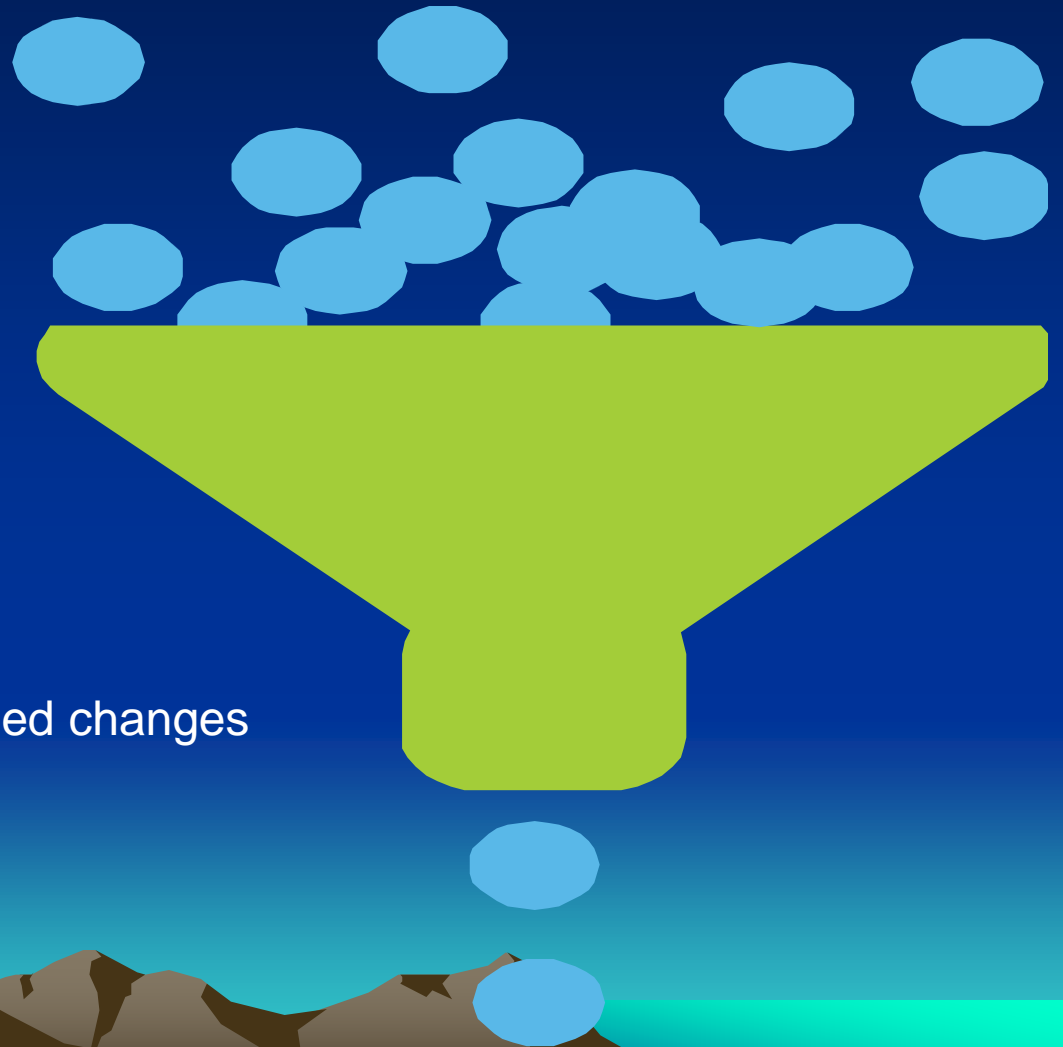
What happens to Behavior Change Recommendations

Interested in Change

Respond to solicitation
Make a call/appointment

Follow through with recommended changes

Initial Positive Outcome

Sustained Change

*Implications for Healthcare

* **Interest and concern** does not translate immediately into **action**
* **Information and education** interventions are not the same as **motivational** interventions
* Motivation not simply medication is needed to manage chronic conditions
* Promoting change requires multidimensional and multidisciplinary strategies –Integrated Care
* Policies and media influence the change process but not always positively

HEALTHCARE INTERVENTIONS &   **REQUIRE   BEHAVIOR DISEASE PREVENTION**   **CHANGE**

CANCER PREVENTION   **INITIATION**

CHRONIC ILLNESS MANAGEMENT

MENTAL HEALTH

                                MODIFICATION

MEDICATION ADHERENCE

HEALTH PROTECTION

SUBSTANCE ABUSE   **CESSATION**

*How Do People Change?

*People change voluntarily only when
- *They become *interested and concerned* about the need for change

- *They become *convinced* the change is in their best interest or will benefit them more than cost them

- *They organize a *plan of action* that they are *committed* to implementing

- *They *take the actions* necessary to make the change and sustain the change

* Stage of Change:
Labels   and   Tasks

* **Precontemplation**
  * **Not interested**

* **Contemplation**
  * **Considering**

* **Preparation**
  * **Preparing**

  Action
  * **Initial change**

* **Maintenance**
  * **Sustained change**

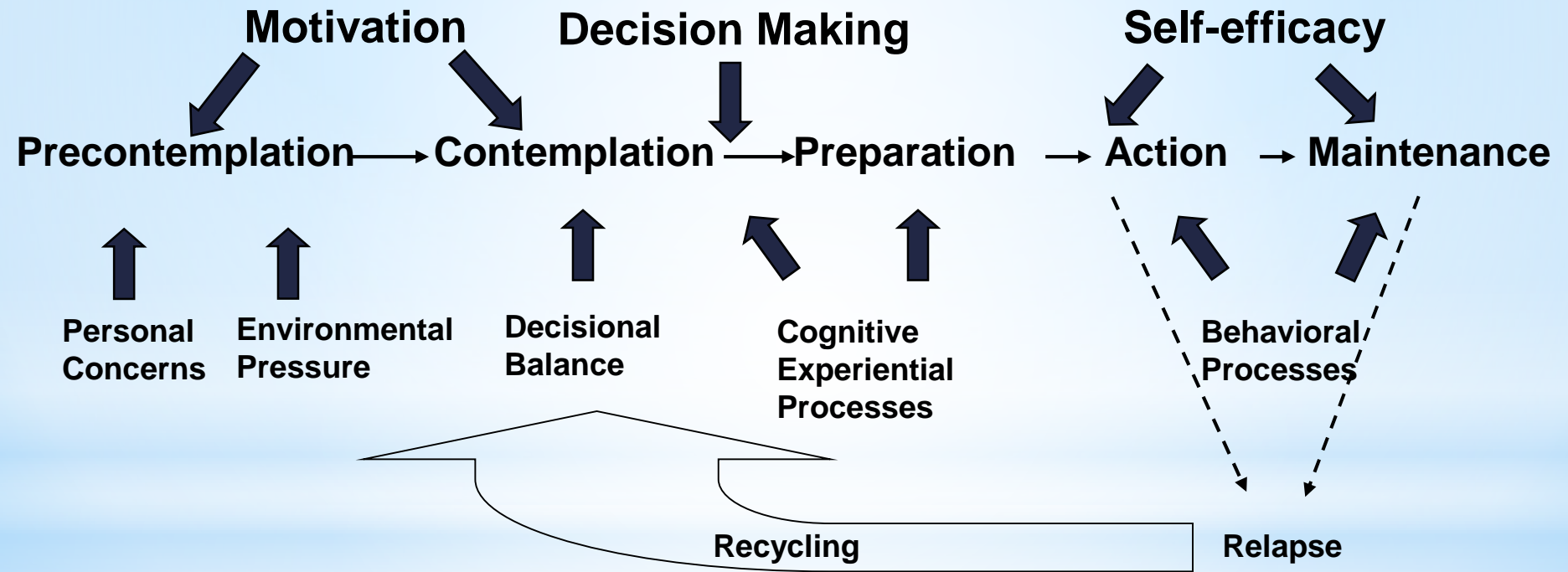* **Interested and concerned**

* **Risk-reward analysis and decision making**

* **Commitment and creating an effective/acceptable plan**

* **Implementation of plan and revision as needed**

* **Consolidating change into lifestyle**

Theoretical and Practical Considerations Related to Movement Through the Stages of Change

What would help or hinder completion of the tasks of each of the stages and deplete the self-control strength needed to engage in the processes of change needed to complete the tasks?

A STAGE BY HEALTH BEHAVIOR INITIATION : Managing Diabetes

TYPE OF BEHAVIOR	STAGE OF INITIATION				
	PC	C	PA	A	M
Physical Activity		X			
Medication - A					X
Medication - B			X		
Glucose Monitoring	X				
Fruits & Vegetables				X	

* Illness management and Recovery Approaches and the Process of Change

*Clearly identify target behavior and contextual problems

*Evaluate stage of readiness to change for each

*Evaluate important family and cultural beliefs, values, and practices related to target behavior

*Find motivational approaches that can promote change that are culturally and personally relevant

*Create stage based multi-component interventions

  *Determine who will deliver these (SBIRT example)

*Check in on the change process regularly

Needs

* A Process Model to guide decision making
* Interdisciplinary and multidisciplinary resources
* Time sensitive communication system
* Client oriented, empowerment approaches
* Flexible allocation of Resources

Barriers

* Lack of adequate actionable assessment
* Specialist Model of Care
* Lack of collaboration among providers and programs
* Lack of integrated medical record accessible to all healthcare providers
* Lack of incentives and lack of trust among providers

* Needs and Barriers for Patient Centered and Integrated Care

* A coordinated approach to addressing the person in light of multiple complicating problems
* A team of providers working together linked by client needs
* Reciprocal Communication and Referral flow
* Using technology to enhance patient experience and contact

* Integrated Care

* Use a model of care that focuses on patient needs, desires, expectations, and motivation
  * Find out what they know don't just tell what you know
* Involve family to increase material and emotional support for adherence and change
* Create systems of care not treatment programs
* Create communication among professionals that focuses on client and is used to coordinate interventions and treatment (patient oriented medical record?)

* Some Solution Focused Suggestions