

# Supporting Patients in Self-Management: Existing Practices in Family Medicine at Jordan Health

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# Introduction

- Chronic conditions are ubiquitous
- Patients' everyday behaviors affect their health conditions → patients “self-manage” their conditions
- No protocol for providing self-management support within delivery of care model
  - Not all staff receives training in self-management support
- **Objective:**
  - How familiar are Jordan providers with self-management support models?
  - Confident in their knowledge & abilities? How often do providers employ these techniques?



# Background

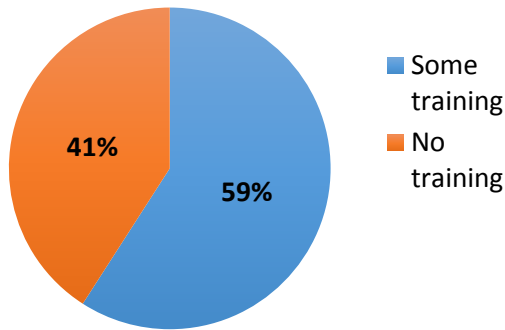
- Identified existing Self-management models
  - Literature review for efficacy of models
  - Brainstorm with faculty advisor, site supervisor– which models already taught at Jordan?
- Selected 8 models:
  - 5 A's Behavioral Change Model (Assess, Advise, Agree, Assist, Arrange)
  - Motivational Interviewing
  - Teach-back
  - Ask-tell-ask
  - Patient Activation
  - Action-planning forms
  - Goal Setting
  - Goal Setting with Confidence-Scaling

# Methodology

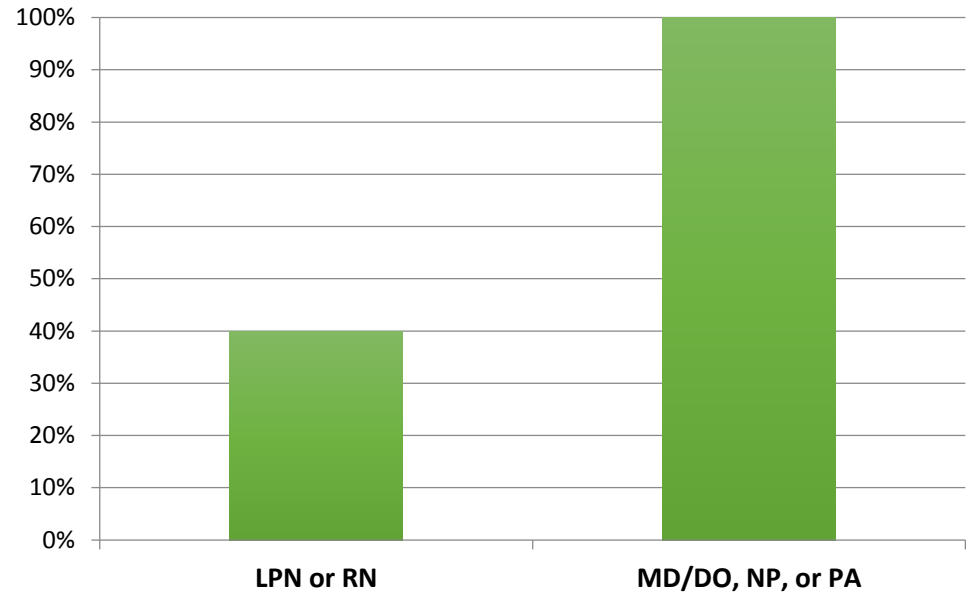
- Web-based survey emailed to all Family Medicine providers, nurses (74 staff members)
- 23 participants recruited (31% response rate)
- Measured:
  - Have you received **any training in providing SM support?**
  - **Trained in specific model?**
  - **How confident** do you feel in your skills utilizing that model?
  - In what **proportion of visits** do you use model?
- Open-ended:
  - What works?
  - What are the barriers?

# Results

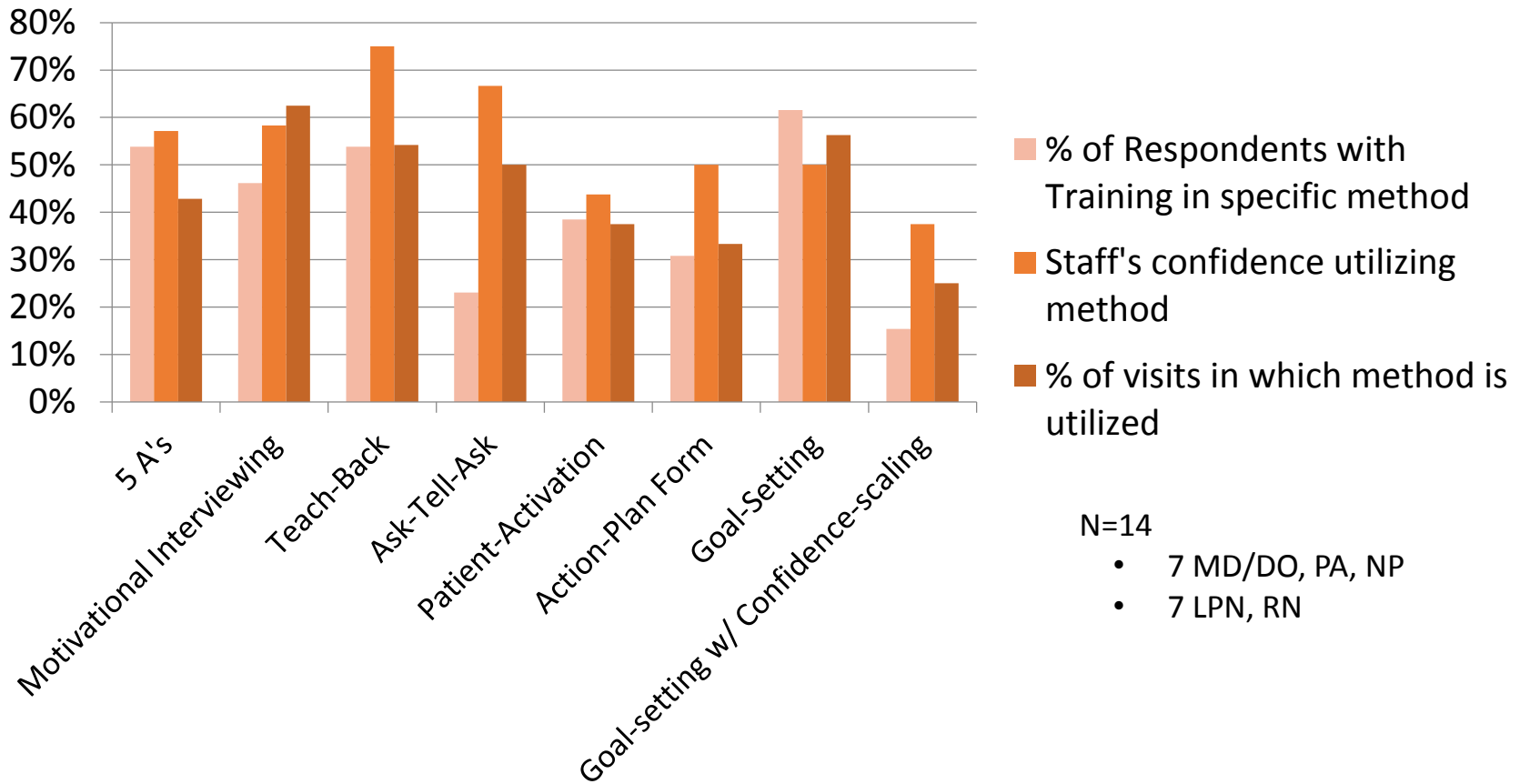
Staff members with SM training (N=22)



Percent of Respondents with SM training, by provider type



# Results



# Results

- Salient themes to open-ended questions
- What did staff members identify that works?
  - Patients identifying their own goals
  - Creating action-plans
  - Patients willing, ready to change behaviors (Patient activation!)
- What are the barriers?
  - Not enough time (stated by over 1/2 of participants)
  - Many patients lack resources, such as finances, support at home, housing security to make these health behavior changes

# Discussion

- For nearly all models, staff members' confidence level was higher than percentage of visits they employ SM model
- Look for SM literature specific to underserved populations or patient demographics similar to those at Jordan





# Recommendations

- For providers: pick 1-2 SM models you prefer and bring to attention of Practice Transformation
- For Practice Transformation: select 1-2 SM models and strengthen training for all staff who work with patients
- Establish clear protocol for incorporating SM model into delivery of care
  - i.e. Patient's action-planning forms as part of EHR
  - Require longitudinal reporting on SM model for each patient
- Work with policy-makers, insurers to make SM practices reimbursable

# Conclusion

- The chronic conditions our patients face cannot be managed with medications alone
- Providing Self-management support must become part of our care delivery model



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