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)

- 59% with some training
- 41% with no training

Percent of Respondents with SM training, by provider type

- LPN or RN: 40%
- MD/DO, NP, or PA: 100%
Results

- % of Respondents with Training in specific method
- Staff's confidence utilizing method
- % of visits in which method is utilized

N=14
- 7 MD/DO, PA, NP
- 7 LPN, RN
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 ½ 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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