CPCPracticeSpotlight76

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Strategies for Meeting Patients 'Where They Are' and Making Self-Management Support Work in a Busy Primary Care Practice

Summit Family Physicians, Middletown, Ohio; independent; 3 physicians, 1 CNP; 7,500 patients

July 22, 2016

CPC Change Driver 1: Comprehensive Primary Care Functions

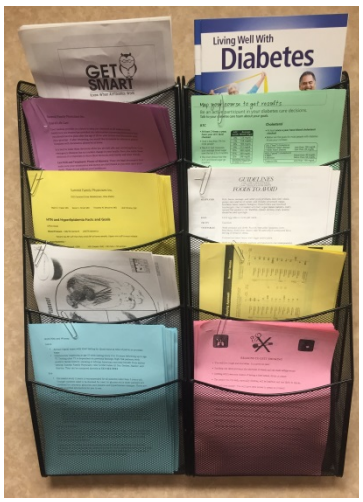
- 1.2: Planned Care and Population Health
- 1.3: Risk-Stratified Care Management
- 1.4: Patient and Caregiver Engagement

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

To access Summit's SMS tool on CPC Connect, use "Summit" as the search term to locate the document.

Situation: Several practical considerations needed to be addressed as **Mark Frazer, MD,** and his care management team at **Summit Family Physicians** integrated self-management support (SMS) into how they engaged patients. For example, how would they incorporate this work without it derailing the daily schedule? How should they tailor their efforts to make it meaningful for the patient and the provider alike? And, should they engage patients who simply wanted to be told what to do?

Strategy: Together with **Leah Brunie, CNP**, and care coordinator **Vickie Sawtelle, LPN**, Dr. Frazer's team found they could balance a busy workload with an extended effort to engage patients in SMS. Their foundational strategy was to provide every employee – clinical and administrative – with the knowledge and resources to start important SMS conversations if the opportunity arose. Next, they created a tool everyone could use to narrow the conversation about SMS to a specific goal with detailed steps. Finally, they set realistic expectations about how and when SMS would be appropriate, useful and effective.



Above: Education materials are placed in every exam room. Note the distinct appearance of each piece. This makes it easy when the provider enters the room to quickly identify what patient has been reading.

Marry preparation with opportunity — Dr. Frazer and his colleagues combed through stacks of collateral to select a core set of handouts for SMS and patient education. They narrowed the topics to those most frequently raised in the office: smoking cessation, weight loss, mammography, diabetes, depression medications and colorectal cancer screening options among others.

Using these materials as a baseline resource, everyone at Summit learned the content and how to answer basic questions for each topic. The handouts are stored in a central area for the staff's easy access as well as placed on every exam room wall in eye-level racks for patients.

If the patient expresses interest in any of these health-related matters, someone can immediately step in to help and to bring the patient's concern to the provider's attention. By spreading the responsibility of active patient education and SMS across the entire clinic, this alleviates the provider from being the sole source of information. With appropriate handoffs, it also prevents an encounter from going over time and throwing off the day's schedule.

A guided, focused conversation — Summit's care teams created a one-page tool to guide the SMS conversation. Deceptively simple, the tool asks the patient to name "the one thing I want to change about my health today" and then to state "my goal for next month." This frames the subsequent prompts about action steps, overcoming barriers and resources as they relate to that **one goal the patient (not the provider) has chosen.** While the provider may see a high A1c as priority, the patient may simply want to have the energy to help her daughter with babysitting. Dr. Frazer emphasizes that goals should be framed around what is important to the patient. **Successful SMS hinges on meeting patients where they are, not where you as the provider want them to be.**

Last, the form asks the patient to rate his or her confidence level on a scale of 1 (low) to 10 (high). Dr. Frazer warns that if the score is less than 8, the goal should be revisited. Patient confidence in their ability to self-manage is built up incrementally; if you help them set goals with attainable, early wins, they will build their confidence as they work toward larger, more challenging goals.

Set your own expectations appropriately — Some patients will resist SMS, while others cannot participate as your partner in their health. For example, some patients will want to be told what to do. While frustrating to the provider, at least the patients are being frank about their expectations. Patients with untreated depression are also poor candidates for SMS due to existing feelings of hopelessness or helplessness. CNP Leah Brunie refers these patients to appropriate behavioral health services but keeps in touch as a supportive partner as they seek treatment. Dr. Frazer emphasizes that continuing the SMS effort shows patients that their care team wants to be their partner and cares about their health. He sees evidence that patients acknowledge this effort in his practice's CGCAHPS scores, where questions related to patient engagement and communication have steadily improved.

Good for the patient, good for the team — While SMS is clearly essential to forming a partnership with patients in their health, Dr. Frazer says it benefits his staff. Their ability to engage meaningfully with patients has contributed to increases in employee satisfaction, despite working in an environment where change is the norm.

TMF Health Quality Institute

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