CPC
Comprehensive Primary Care

Patient Agendas

Diane Calvert

Sterling Primary Care

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Family Physicians of Greeley

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Shared Purpose

- Recognize the value of integrating patient agendas into the patient appointment
- Choose or create your own patient agenda for use in practice
- Identify a workflow for how the use of a patient agenda could be incorporated at a practice site

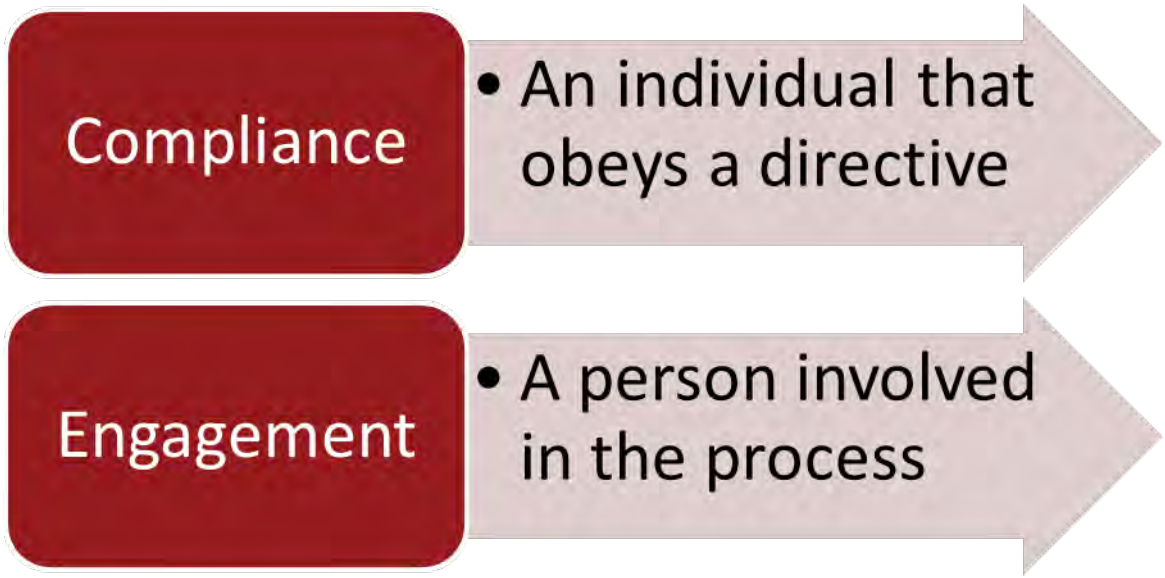
Patient Engagement/Activation Definition

- "…actions individuals must take to obtain the greatest benefit from the health care services available to them."
- This definition focuses on behaviors of individuals relative to their health care that are critical and proximal to health outcomes, rather than the actions of professionals or policies of institutions.

CFAH, A New Definition of Patient Engagement

What Does This Look Like?

Engagement is not synonymous with compliance



CFAH, A New Definition of Patient Engagement

The engaged patient…

- **Prepares** a written list of priority questions before the visit, creates an agenda
- **Asks** questions and follows up until he or she understands
- **Participates** in decision making

Why is it important to set patient agendas?

- Prepares the patient and care team for the visit
- Mutually prioritizes concerns
- Builds a relationship
- Identifies discrepancies and gaps in care
- Make connections across multiple concerns

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STERLING PRIMARY CARE

DIANE CALVERT

Our Form

Patient Name:_____ Date_____

Please complete and give to your nurse:

1. What would you like to discuss with the doctor today?
   - _____
   - _____
2. Do you need any medication refilled today? ____Yes _____ No
3. Have you been in the Hospital or Emergency Room since your last visit? ___Yes ___No
   If yes, when and where_____
4. Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

****

THE ITEMS BELOW ARE FOR NURSE USE ONLY:

___1 month visit___3 month visit___6 month visit____Annual____Well Woman____Physical___

___Well Child____Other

- ☐ Abdominal Pain
- ☐ Anemia
- ☐ Angina Pectoris
- ☐ Arthritis
- ☐ Asthma
- ☐ Atrial Fib
- ☐ Back Pain
- ☐ BPH
- ☐ Chest Pain
- ☐ Cardiomegaly
- ☐ Congestive Heart Failure
- ☐ Coronary Heart Disease
- ☐ COPD
- ☐ CVA (Recent & Old)
- ☐ Dementia
- ☐ Depression
- ☐ Diabetes, NI
- ☐ Diabetes, ID
- ☐ Elevated Blood Pressure
- ☐ Esophagitis
- ☐ Esophageal Reflux
- ☐ Fatigue
- ☐ Gastroenteritis
- ☐ Gout
- ☐ Hernia, Hiatal
- ☐ Hypercholesterolemia
- ☐ Hyperlipidemia
- ☐ Hypertension, Benign
- ☐ Hypothyroidism
- ☐ Obesity
- ☐ Osteoporosis
- ☐ Osteoarthritis
- ☐ Parkinson's Disease
- ☐ Renal Failure
- ☐ Tachycardia
- ☐ Tobacco Use Disorder
- ☐ Varicose Veins

Other Medical Problems:_____

- ☐ **Tobacco Quit Tool**
- ☐ **Tobacco Treatment Tool**
- ☐ **Colon Cancer Tool**
- ☐ **Stool Hemoccult Testing done**

- Our form is in its third revision
- It's primary purpose is to create a patient centered visit
- It now has four focal points that include
  - Patient expectations
  - Physician expectations
  - PHQ2 depression screening
  - SDMT data verification

Our Form

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   - _____
   - _____
2. Do you need any medication refilled today? ____Yes _____ No
3. Have you been in the Hospital or Emergency Room since your last visit? ___Yes ___No
   If yes, when and where_____

- Patient expectation portion
- This has taught us that the scheduled visit isn't always the most pressing patient issue
- Resulting in streamlined patient visits.

Our Form

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- ☐ Tachycardia
- ☐ Tobacco Use Disorder
- ☐ Varicose Veins

Other Medical Problems:_____

Physician expectation portion

Completed by LPN/MA prior to the patient visit

Patient understands the Physician expectation for the visit

Our Form

4. Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

- PHQ2 screening tool for depression
- Positive results trigger PHQ9
- Assess at 3,6 and 12 month visits only or when previous PHQ9 was positive at last visit

Our Form

- ☐ Tobacco Quit Tool
- ☐ Tobacco Treatment Tool
- ☐ Colon Cancer Tool
- ☐ Stool Hemoccult Testing done

- The purpose of this section is to capture when SDMT's are given to the patient.
- This also aids in charge capture.

How we got here

- Request from Patient Advisory Council
- Discussion at QI Team meetings with a focus on making visits more patient centered
- Physicians were originally concerned that visits would become lengthy and detailed

Early Results

- Complete Physician Ownership
- Early identification of at-risk patients for significant depression requiring immediate treatment
- Patient Centered visits
- Better tracking of Shared Decision Making Tools
- Living document that continues to evolve

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FAMILY PHYSICIANS OF GREELEY

Lane Mattox, MBA
Quality & Systems Manager

How our doctors learned to stop worrying and love patient agendas

- Idea was floated and shot down last year
- Similar idea recommended by Patient Council
- Regarded as "kryptonite" by some doctors
- Fear of creating expectation that more concerns could be covered in a visit
- Needed to show doctors that it is a *timesaver*

How our doctors learned to stop worrying and love patient agendas

- Why patient agendas are a timesaver:
  - Doctors can read faster than patients can talk
  - Quickly see connections between multiple concerns
  - Fewer visit-extending surprises:
    - Important concerns that the patient doesn't see as important (e.g., chest pain, breast lump)
    - Embarrassing or personal concerns (e.g., depression, ED)
    - Requests for a form or work/school excuse

How our doctors learned to stop worrying and love patient agendas

- Did a small test of change with three doctors
- After a few weeks the three reported to the group that patient agendas were benign and slightly helpful for their workflow
- Based on this, the group agreed on a practice-wide trial for all patients at all visits

Our Form

FAMILY PHYSICIANS OF GREELEY, LLP

Patient Agenda

Name: _____

List **ALL** concerns you wish to discuss at this visit. **Remember**: There may not be time to discuss them all at this visit.

- _____ *main concern
- _____
- _____
- _____
- _____

Check any requests you have for this visit.

- ☐ New medication
- ☐ Refill
- ☐ Referral
- ☐ Test or test result
- ☐ Completion of form
- ☐ Work or school excuse

Comments/Notes: _____

_____

_____

Our Form

FAMILY PHYSICIANS OF GREELEY, LLP

Patient Agenda

Name: _____

List **ALL** concerns you wish to discuss at this visit. **Remember**: There may not be time to discuss them all at this visit.

- _____ *main concern
- _____
- _____
- _____
- _____

Check any requests you have for this visit.

- ☐ New medication
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- ☐ Referral
- ☐ Test or test result
- ☐ Completion of form
- ☐ Work or school excuse

Comments/Notes: _____

_____

_____

- Don't skimp on the number of spaces for concerns
- Half-sheet and mini clipboard given at check-in
- Hand to MA or provider when done
- Shred or give to patient when done

Early results

- No problems reported from providers
- A few anecdotal successes
- Some patient grumbling/stress at having to fill out a form
- Will continue to study and refine

ADDITIONAL EXAMPLES FROM THE FIELD

Yellow Sheet

ST. ANTHONY NORTH FAMILY MEDICINE

Would you say that **IN GENERAL**, your health is (Please circle one): **Excellent** **Very Good** **Good** **Fair** **Poor**

Now thinking about your **PHYSICAL HEALTH**, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good? **Days Not Good: 0 – 30 ____**

Now thinking about your **MENTAL HEALTH**, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good? **Days Not Good: 0 – 30 ____**

During the past 30 days, for about how many days did poor **physical OR mental** health keep you from doing your

Do you **CURRENTLY** use tobacco (e.g. cigarettes, cigars, dip, chew, pipe, snuff): Please circle one **YES** **NO**

During the past two weeks, have you often been bothered by of the following problems?

Feeling down, depressed, irritable or hopeless? Please circle one **YES** **NO**

Little interest or pleasure in doing things? Please circle one **YES** **NO**

Eat a Healthy Diet | Be Physically Active | Take My Medicine | Cope with Stress

Limit Alcohol | Cut back on or Stop Smoking | Monitor My Blood Sugar or Blood Pressure | Schedule pleasurable activities

Other (please specify):

PCP Initials

MY HEALTH GOAL
FOR ANNUAL WELLNESS EXAM

I would like to: (please choose ONLY ONE GOAL!!)

- o Continue previously set goal.
- o Lose weight
- o Increase exercise to _____ times a week.
- o Healthier food choices, i.e. more vegetables, less carbohydrates, etc.
- o Stop smoking.
- o Decrease stress.
- o I'd rather not discuss a goal today

The progress I am making:

- o I have successfully completed this goal.
- o I am successfully working on the goal.
- o I am ready to start working on this goal.
- o I am having difficulty working on this goal.
- o I have not started working on this goal.

The importance level of this goal:

- o High-This goal will make a big improvement in my health.
- o Medium-This goal will make some improvement in my health.
- o Low-I am not sure that this goal will improve my health.

My confidence level that I can do this goal:

- o High-I am very confident that I can make this change.
- o Medium-I am fairly confident that I can make this change.
- o Low-This goal will be difficult for me to do.

These things may make it hard for me to do my goal (barriers):

- o Time
- o Money
- o Weather
- o Motivation
- o Pain
- o Other _____

Next step to overcome any barriers: _____

For Clinic Use Only

Follow up: __mos __wks

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The Right Question Institute

- ***Teach*** patients how to generate and prioritize their questions and focus on decisions about healthcare concerns and treatment
- ***Encourage*** reluctant and hesitant patients to ask their questions
- ***Support*** patient efforts to participate more actively in their own healthcare
- ***Promote*** more patient-provider shared decision making

Ask Me 3 National Patient Safety Foundation

The program encourages patients to ask their health care providers three questions:

1. **What is my main problem?**
2. **What do I need to do?**
3. **Why is it important for me to do this?**

QUESTIONS

References and Resources

- National Patient Safety Foundation - http://www.npsf.org/?page=askme3
- Center for Advancing Health - http://www.cfah.org/
- The Right Question Institute - http://rightquestion.org/