

CHANGE THAT MATTERS: A CURRICULUM THAT EMPOWERS PHYSICIANS WITH SKILLS AND RESOURCES IN PROMOTING HEALTH BEHAVIOR CHANGE



CHANGE *that*
MATTERS

Promoting Healthy Behaviors

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DISCLOSURES

Financial support for the development of the Change that Matters curriculum has been provided by:

University of Minnesota Academic Health Center

National Institute for Integrated Behavioral Health

OBJECTIVES

At the conclusion of this seminar, the learner will be able to:

- Explain brief interventions for health behavior change that can be implemented in a primary care setting
- Describe a multi-component intervention to empower physicians in addressing ten common health behavior change topics with their patients
- Consider how to integrate interactive patient educational handouts and EHR templates regarding health behavior change into a family medicine residency program

QUADRUPLE AIM

Challenges healthcare teams to focus on

- ✓ Population health
- ✓ Better health outcomes
- ✓ Improved patient experience
- ✓ Improved healthcare team experience

Numerous brief interventions for health behavior change have been found **effective in primary care**

Funderburk JS, Shepardson RL, Wray J, et al. Behavioral medicine interventions for adult primary care settings: a review. Fam Syst Health. 2018;36(3):368-399

Patients report **higher satisfaction** with care when physicians raise health behavior change topics

Solberg LI, Boyle RG, Davidson G, Magnan SJ, Carlson CL. Patient satisfaction and discussion of smoking cessation during clinical visits. Mayo Clin Proc. 2001;76:138-143

HOWEVER...

Primary Care Providers (PCPs) usually **do not** spend much time addressing health behavior change with patients

PCPs spend **<1%** of face-to-face time with patients discussing preventive care and lifestyle counseling

Gutierrez JC, Terwiesch C, Pettit R, Marcus SC. Characterizing primary care visit activities at Veterans Health Administration Clinics. J Healthcare Management. 2015;60:30-42

AND...

When PCPs do broach these topics, they often employ relatively ineffective strategies of merely **explaining risk** and **telling patients what to do**

WHY?

Low confidence and **low perceived effectiveness** deter PCPs from dedicating time to these topics

Sherman MD, Hooker SA. Family medicine physicians' confidence and perceived effectiveness in delivering health behavior change interventions. Fam Pract. 2020:1-6.

Keto J, Jokelainen J, Timonen M, Linden K, Ylisaukko-oja T. Physicians discuss the risks of smoking with their patients, but seldom offer practical cessation support. Subst Abuse Treat Pr. 2015;10:43

SO...WE CREATED THIS CURRICULUM

Entire curriculum available for free download:

www.ChangeThatMatters.umn.edu



NEW FAMILY MEDICINE MILESTONES 2.0

Patient Care 3: Health Promotion and Wellness				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies screening and prevention guidelines by various organizations	Reconciles competing prevention guidelines to develop a plan for an individual patient, and considers how these guidelines apply to the patient population	Identifies barriers and alternatives to preventive health tests, with the goal of shared decision making	Incorporates screening and prevention guidelines in patient care outside of designated wellness visits	Participates in guideline development or implementation across a system of care or community
Identifies opportunities to maintain and promote wellness in patients	Recommends management plans to maintain and promote health	Implements plans to maintain and promote health, including addressing barriers	Implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial factors and other determinants of health	Partners with the community to promote health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <div style="text-align: right;"> Not Yet Completed Level 1 <input type="checkbox"/> Not Yet Assessable <input type="checkbox"/> </div>				

THE TEAM

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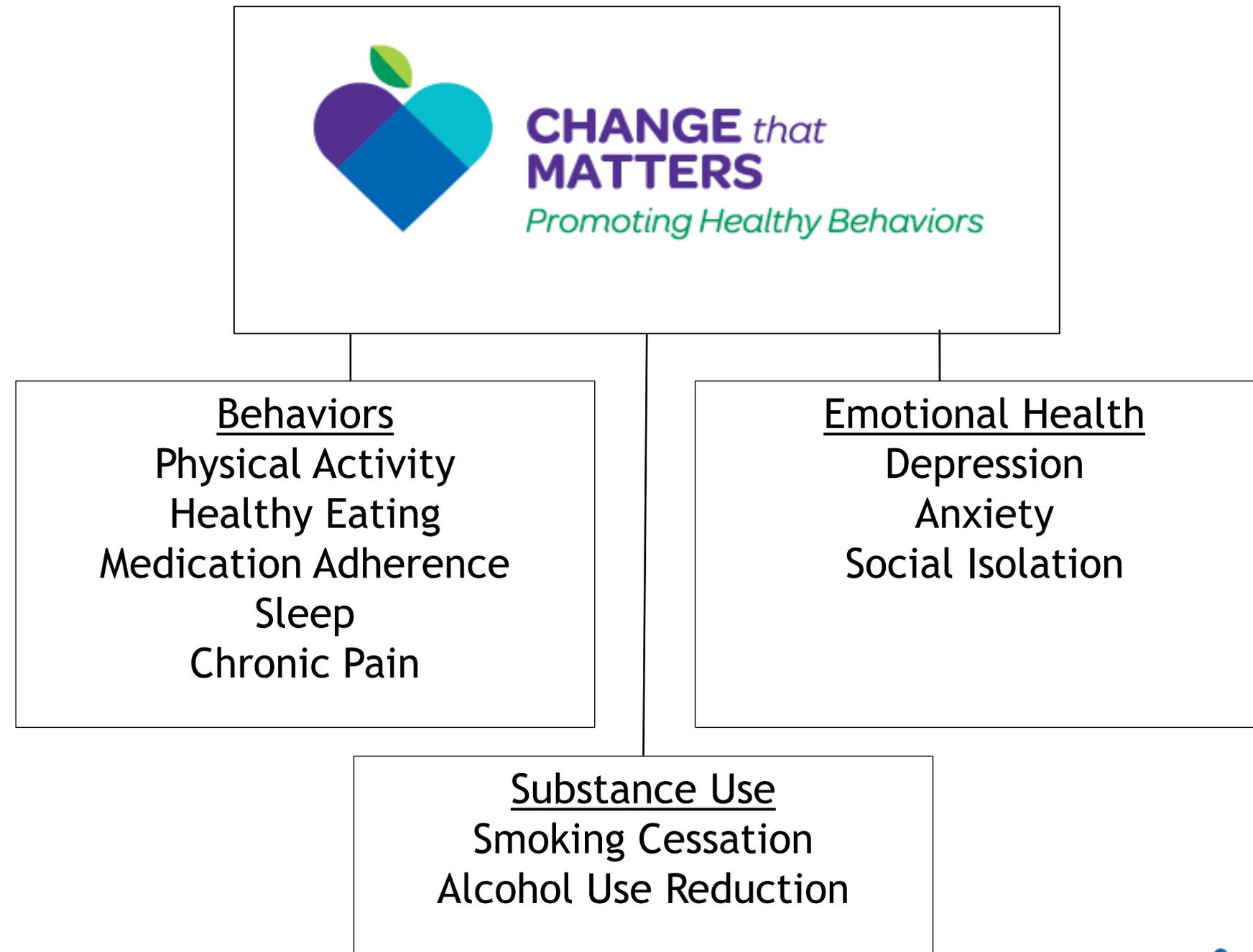
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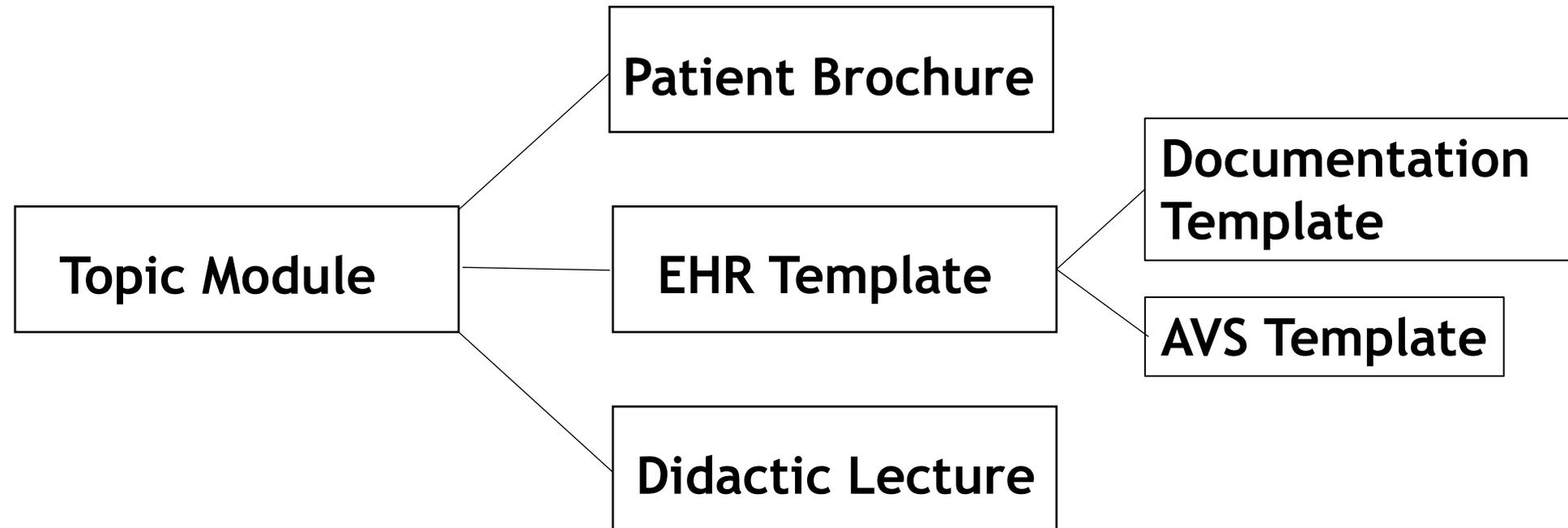
Interdisciplinary workgroup
composed of:

Psychology
Pharmacy
Family medicine
Nutrition
Public health

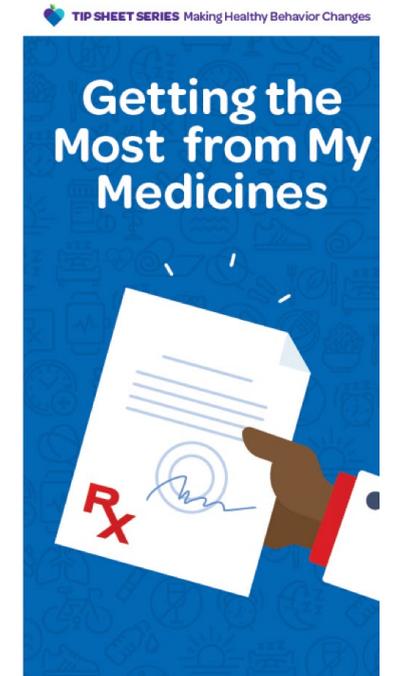
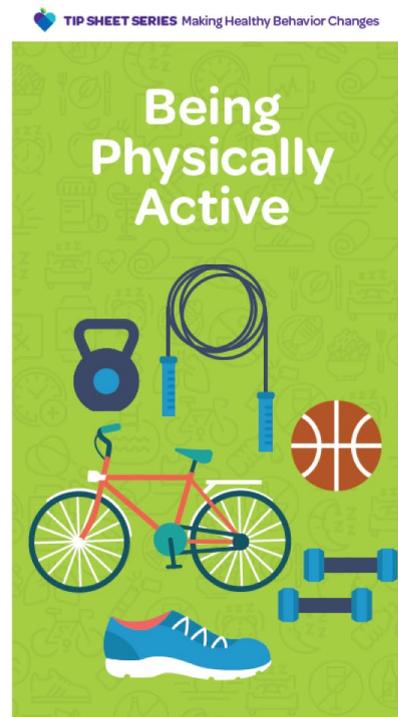


CHANGE THAT MATTERS: VALUES

- Emphasis on values and meaning
- Values are the things we find most meaningful or important to us in life
- Values-based interventions ask patients to reflect on what is valuable to them and encourage increased engagement in valued activities



PATIENT HANDOUTS



PATIENT HANDOUTS

Interactive, personalized

To be used DURING patient visit

Drawing upon evidence-based strategies

- Identify values or motivation for making the behavior change
- Identify and problem solve barriers
- Set specific goals

Tips for improving your sleep

Circle one or two that sound helpful.

- ✓ **Limit use of caffeine and alcohol.**
- ✓ **Avoid smoking or using other nicotine products close to bedtime or during the night.**
- ✓ **Exercise regularly, but not close to bedtime.**
- ✓ **Keep the bedroom quiet, dark, and cool.**
- ✓ **Try a light bedtime snack** such as milk, peanut butter, or cheese.
- ✓ **Try some relaxation techniques.** You might find apps like Calm or Insight Timer helpful for audio-recorded relaxation exercises.

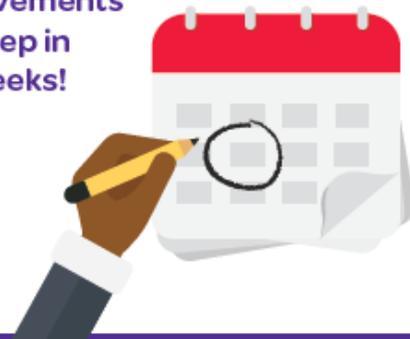


MY GOAL FOR THIS WEEK

Blank lined area for writing goals.

Keep a sleep diary while you are working on your sleep habits to monitor your progress!

Research shows that people who regularly use these approaches start to see improvements in their sleep in just 2-3 weeks!



Improving My Sleep



Stephanie A. Hooker, Ph.D. MPH
Michelle D. Sherman, Ph.D. LP ABPP
University of Minnesota
September 2018

Project supported by the University of Minnesota Academic Health Center

Resource adapted from "Overcoming Insomnia" by Jack Edinger, Ph.D. and Colleen Carney, Ph.D.



CHANGE that MATTERS
Promoting Healthy Behaviors

My plan to improve my sleep

Getting regular sleep has many benefits:

- Improved mood
- More energy
- Better physical health

Making changes to your daily routines is the best way to ensure you get enough rest.



1. Select a regular wake-up time.

Set an alarm and get up at the same time EVERY day, regardless of how you slept. Don't hit snooze or lay in bed after you wake up.

My wake time is: _____

2. Use the bed ONLY for sleeping

(and sexual activity). Do not read, eat, watch TV, or use a phone or computer in bed.

3. When you can't sleep (after about 20-30 minutes), get out of bed and go to another room. Do something relaxing. When you feel sleepy, get back in bed. Repeat as often as needed.

When I can't sleep, I will:

4. Avoid worrying or planning in bed.

If your mind becomes very active, get up and try tip number 3.

5. Avoid all daytime napping and dozing.

6. Do something relaxing for about one hour before bed every night.

Being very active right before bed can make it hard to fall asleep.

Starting at _____, I will do the following activities to relax before bed:

7. Go to bed ONLY when you are sleepy, but not before your recommended bedtime. You should only spend the amount of time in bed that you actually need for sleep.

The earliest time I will go to bed is: _____

Changing your routines can be hard! Why is it important to you to sleep better?

What might get in the way of trying these new strategies?

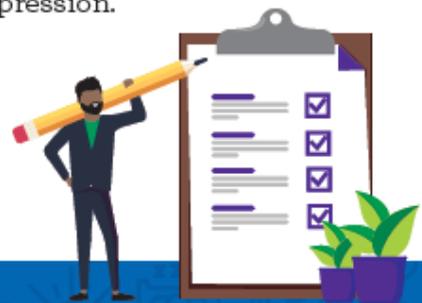
What can you do to overcome these barriers?

Who can help you improve your sleep?



Tips to boost your mood

- ✓ **Get active.** A simple walk around the block can lift your mood! Get outside daily.
- ✓ **Reach out to a family member or friend.** You may want to talk about how you're feeling, or do something to distract yourself. Let people know how they can support you.
- ✓ **Make a daily schedule.** Creating routines brings structure to your day. Following through can give you a sense of accomplishment.
- ✓ **Make a list of small goals.** Checking things off a list can help you feel good about yourself.
- ✓ **Volunteer.** Helping others is a great way to boost your own spirits!
- ✓ **Make a gratitude log.** Write down 1-2 things every day that you are grateful for in your life.
- ✓ **Consider therapy.** Having a professional listen and offer support can be helpful.
- ✓ **Talk with your doctor about medicines.** Many options are now available to help people living with depression.



MY GOAL FOR THIS WEEK

The key to changing how you FEEL is changing what you DO!

You've taken a big step in asking for help with depression. You don't have to struggle by yourself.

If you have thoughts about hurting yourself, remember you are not alone. Immediately reach out to your doctor, a trusted family member, or friend!

You can also **call 1-800-273-TALK (8255)** or **text TALK to 741741** any time to get support.



www.ChangethatMatters.UMN.edu

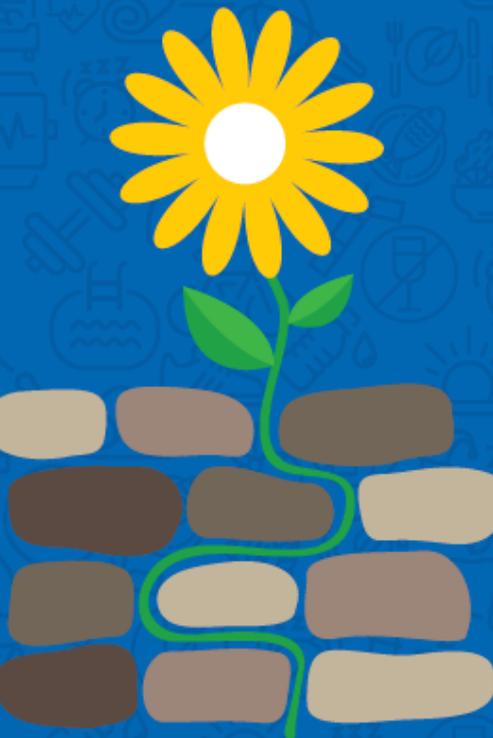
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Project supported by the National Center for Integrated Behavioral Health



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Improving My Mood

My plan to improve my mood

About 1 in 5 people experiences depression at some point in their lifetime.

Common symptoms include:

- Low energy or motivation
- Problems sleeping
- Sad or cranky mood
- Feeling badly about yourself
- Feeling hopeless
- Crying often

The Depression Spiral

When feeling down, people tend to isolate themselves, stop doing fun activities, and lose hope. You may find yourself spending a lot of time resting in bed, watching TV, or playing videogames. Unfortunately, these types of activities can leave you feeling worse.

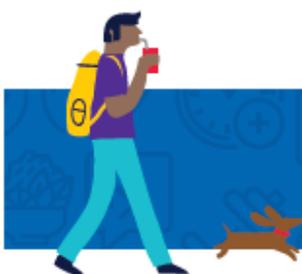


You can make a **choice** to do something differently to break the cycle.

A great way to improve your mood is to reconnect with activities and people you enjoy.

Here are some activities you might consider. **Circle those that might interest you.**

- | | | |
|-----------------------------------|-------------------------|-------------------------------|
| Soak in a bath | Read | Shop |
| Spend time with family or friends | Go to a movie or a play | Go to museums, zoos, or parks |
| Go on a walk | Cuddling/intimacy | Cook or bake |
| Play with pets | Dance or sing | Photography |
| Play or listen to music | Volunteer | Spend time with children |
| Religion or spirituality | Arts and crafts | Garden |
| | Puzzles and games | Other: _____ |



When feeling down, sometimes nothing sounds like fun. That's OK. Start small and do something new. Don't wait until you "feel" like doing something. Don't think too much about it. **JUST DO IT!**

Every day has just 24 hours. How do you want to spend those hours? In thinking about this question, you may reflect on: **What really matters to me? What makes my life meaningful? How can I use my skills/talents to make a difference? How can I help someone else?**

What activity are you ready to commit to doing? Be specific about your goal: **When (day, time, for how long)? How often? With whom?** Examples: *I will go to church 2 Sundays per month with my grandchildren. I will take my dog on a 15-minute walk when I get home from work 4 days per week.*

When changing your behavior, it's helpful to tell somebody and ask him/her to encourage you. Who could be your coach and support person?



TWO EHR TEMPLATES FOR EACH MODULE

Documentation template:

Brief assessment questions and guidance for the discussion

This is to be used by the physician in the room with the patient.

AVS template:

Includes patient's specific goal and general tips

This is to be provided to the patient at the conclusion of their visit.

DOCUMENTATION TEMPLATE - DEPRESSION

Most distressing current depressive **symptoms**: *** (list of symptoms)

- Psychosocial **stressors**: ***
- **Comorbid** psychiatric concerns: (substance use, anxiety, trauma, psychosis, mania, personality, other)
- Current **treatments**: (medication, therapy, exercise, self-help, social support, other ***)
- **Barriers** to behavioral activation: *** (fatigue, low motivation, pain, lack of money/resources to do activities, anhedonia, fear of rejection from others, rumination, other ***)
- **Reasons** to improve mood / engagement with life: *** (more energy, better health, improve relationships with family/friends, feel better about myself, progress toward goals, other ***)

Plan: Ask patient to write goal on back page of handout

Specific goal: ***

Referrals: (BFM behavioral health, outside MH facility, psychiatry, IOP, other ***)

Follow-up: ***

Change that Matters Improving Mood handout given.

*** minutes spent counseling patient on behavioral activation to reduce depressive symptoms.

AVS TEMPLATE - DEPRESSION

Today we talked about ways to improve your mood.

You set a goal to *** because you want to ***

We will follow up on this plan at your next appointment.

Here are some other ideas to improve your mood:

- **Get active.** A simple walk around the block can lift your mood! Get outside daily.
- **Reach out to a family member or friend.** You may want to talk about how you're feeling. Do something to distract yourself.
- **Make a daily schedule.** Creating routines brings structure to your day. Following through can give you a sense of accomplishment.
- **Set small goals.** Make a list of small goals. Checking things off a list can help you feel good about yourself. Keep working on your goals and don't give up!
- **Volunteer.** Helping others is a great way to boost your own spirits!
- **Make a gratitude log.** Write down 1-2 things every day that you are grateful for in your life.
- **Consider therapy.** Asking for help takes courage. Having a professional offer support can be very helpful.
- **Consider medications.** Many options are now available to help people living with depression

DIDACTIC LECTURES

- Brief overview of scope of the issue
- Assessment strategies
- Evidence-based treatments
- Overview of tools (EHR templates and patient handout)
- Structured role play **
- Responding to common challenges in helping patients with this issue
- Resources for further learning

** An essential component of each didactic lecture is provider role-play of the materials.

EVALUATION

Mixed methods design to examine acceptability, feasibility, and helpfulness

- Expert panel
- Individual interviews and self-report surveys with residents
- Individual interviews and self-report surveys with patients

EXPERT PANEL FEEDBACK

Participants: 11 external FMR Faculty (physician and behavioral health)

Measure: Agency for Healthcare Research and Quality (AHRQ)'s Patient Education Materials Assessment Tool for Printable Materials (PEMAT-P)

Understandability: the extent to which the materials include easy to understand content, is well organized, and uses visual aids

Actionability: the extent to which the materials recommend clear, manageable steps to take action

Procedure: Rated 3 of the 10 handouts; provided open-ended feedback

EXPERT PANEL RATINGS

		Understandability	Actionability
Brochure	N	Median	Median
Total	32	100	100
Alcohol	3	94.1	100
Chronic pain	4	94.1	92.9
Healthy eating	3	100	100
Medication adherence	3	100	100
Mood	3	100	100
Physical activity	3	100	100
Social connections	4	100	100
Sleep	3	100	100
Smoking	3	100	100
Stress	4	87.5	83.3

OPEN-ENDED FEEDBACK

Positive Feedback

- Interactive
- Use of motivational interviewing principles
- Grounding in cognitive-behavioral therapy principles
- Diversity in pictures and recommendations
- Visually appealing
- Provides concrete recommendations
- Simple language

Recommendations for Improvement

- Clarify activity instructions
- Minor wording changes
- Add more encouragement for patients to keep trying even when making changes is difficult

QUOTE

“I liked that this brochure was interactive with the person reading. It was not just read this and then go do it. I love the approach of, here is some info, let's work with you to figure it out for you. Overall, this brochure is GREAT and not like other educational brochures.”

PCP FEEDBACK (N=20 INTERVIEWS)

- Increased confidence and self-efficacy in addressing health behaviors
 - *“I feel more like I'm going to be able to plant a seed or make a difference in empowering somebody...it makes me feel more confident and sort of less tied to outcomes, more like seeing it as an on-going long process.”*
- Awareness of patients appearing empowered by the discussion/handout
 - *“(The handout) gives patients ownership over something. They feel like they can actually control and change something, which I really like.”*

PATIENT FEEDBACK (N = 20 INTERVIEWS)

Felt empowered to take ownership of their health

- *“There's things I can do before we jump to like medication {for sleep}...kind of refreshing to know that, you know, there's things I can do.”*

Report that the handouts:

- ❖ Spark reflection
 - ❖ Help with goal setting
 - ❖ Help with tracking progress
- *“Gave me a little thing to write down some – to keep me track...keep me motivated. It's something to put on your refrigerator that you can look at and see how you're doing.”*

HOW TO IMPLEMENT THIS CURRICULUM

- Seek support from educational leaders
- Identify site champions
- Create a didactics training schedule that fits within the structure of your program
- Create shared EHR templates
- Stock patient handouts in exam rooms and resident work areas
- Regularly encourage providers to use the curriculum

EXPENSES

Entire curriculum, including implementation guides and all resources, is available free online www.ChangeThatMatters.umn.edu

Reproduction of the patient handouts

- ❖ Recommend color printing if possible

Handout holders for exam rooms

Reproduction of posters for exam rooms

How can we help you reach your health goals?

Would you like to:

Sleep better 	Be more active 	Eat healthy foods 	Manage stress 	Improve your mood 
Quit smoking 	Drink less alcohol 	Take your medicine regularly 	Take charge of your pain 	Connect with others 

Ask about our resources to help you get started today!

TIPS FOR WORKING WITH PATIENTS ON HEALTH BEHAVIOR CHANGE

- Take a long-term perspective (marathon not a sprint!)
- Focus on and celebrate small changes...even small changes can have a big impact
- Maintain a spirit of hope!
- Continue the discussion across visits - encourage tracking behaviors
- Encourage patients to reflect on their values to enhance motivation for making behavior change

Remember that most patients WANT you to talk about these topics!

CONSULTATION

Drs. Hooker and Sherman are available for brief consultation on Change that Matters, and can be best reached via email:

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Michelle Sherman: sherman@umn.edu

www.ChangeThatMatters.umn.edu

THANK YOU

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