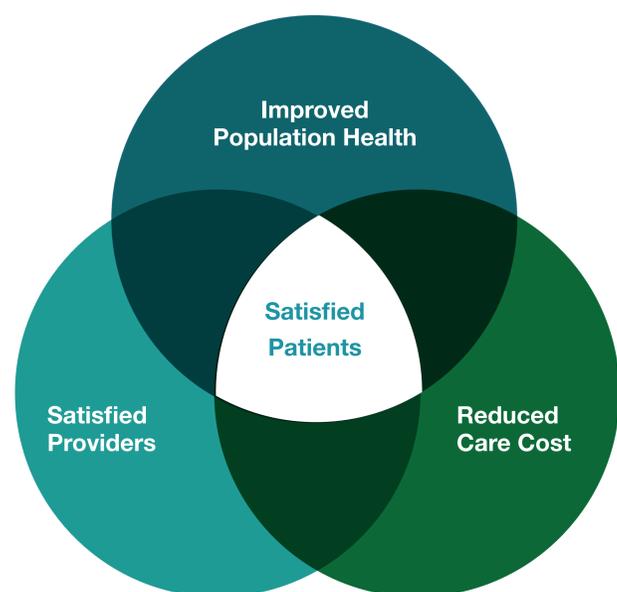


Purpose

The purpose of this three year PACER project is to catalyze meaningful change by building inter-professional teams equipped with the skills to transform clinical practice and educational programs within various primary care settings.

Quadruple Aim



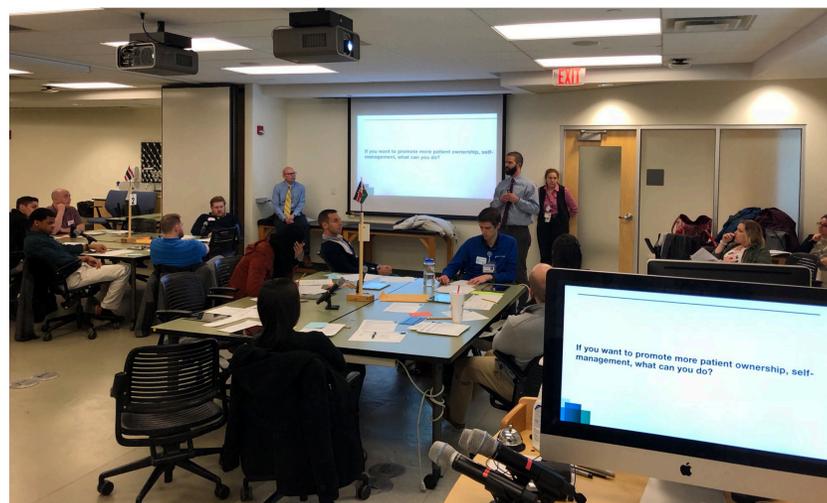
Why Patient Self-Management?

Patient self-management is an essential component of the interprofessional team approach toward achieving the Quadruple Aim (www.annfam.org, 2014). Because health outcomes are affected more by patient behavior than by clinical care itself, approaching patients in a manner that engages patient initiative and commitment is absolutely necessary. Interprofessional teams must work from the patient's perspective, including consideration of socio-economic factors and behavioral opportunities/barriers. Because prevailing approaches in health care often fail to foster patient self-management, development of patient engagement skills is a priority in the education of health professionals of many disciplines (Green, 2017).

Chronic disease management is primarily the responsibility of the patient, but health care providers often fail to promote patient self-management. This interprofessional educational exercise emphasized how providers can interact with patients in a manner that supports self-management.

Educational Modules

- 1 Inter-Professional Team-Based Care
- 2 Social Determinants of Health
- 3 Stewardship of Resources
- 4 Patient Self-Management
- 5 Quality Improvement /Population Health
- 6 Leadership Change



Method

90-minute face-to-face session

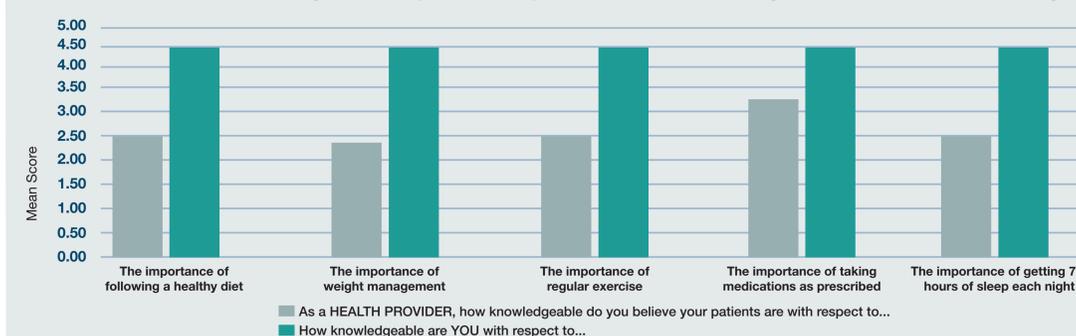
- Participants were Family, Internal, and Pediatric Medicine residents; Physician Assistant, Pharmacy, Nurse Practitioner, and Professional Psychology students.
- Participants completed a pre- and post-session survey.
- Inter-professional groups seated around tables initially developed care plans for a case without buy-in from the patient.
- When presented with the care plan, a simulated patient responded with reasons for why many of the components of the care plans wouldn't work.
- Following discussion of ways to more fully engage patients, representatives from each team had the opportunity to interact with the simulated patient in a manner more conducive to patient self-management.
- A large group debrief and reflection time was facilitated.



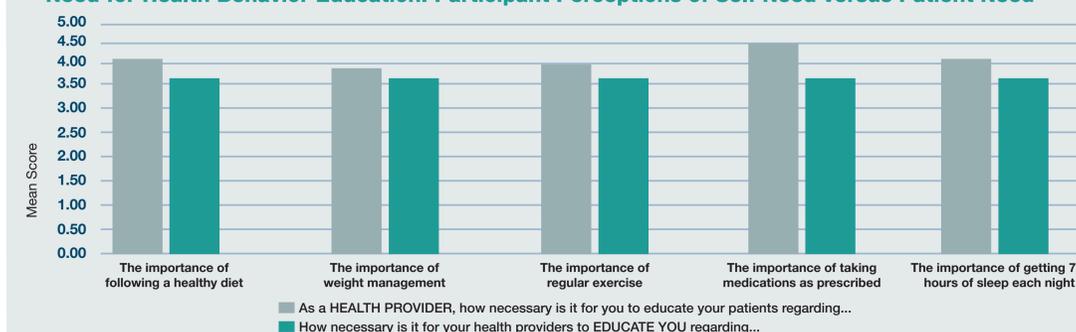
Results (n=14)

- 14 of 17 participants (82.4%) completed both a pre- and post-session survey measure of clinician self-management support.
- There was a slight increase in the mean score (38.6 + 4.2 versus 40.0 + 5.2), reflecting more positive attitudes toward patient self-management.
- Participants felt more knowledgeable about health behaviors than they believed their patients to be, and tended to believe they needed less education about health behaviors than do their patients.
- Principles of self-management can be taught in the interprofessional education setting in support of the Quadruple Aim.

Health Behavior Knowledge: Participant Perceptions of Self Knowledge versus Patient Knowledge



Need for Health Behavior Education: Participant Perceptions of Self Need versus Patient Need



Moving Forward

- Continue to track participants who have, or have not, attended a previous module for perceived learning changes.
- Implement longitudinal surveys to track participant implementation into practice.
- Audio Record event to collect qualitative data for future research.
- Engaging with patients in a manner that promotes self-management is a priority for health professionals.

References:

1. Interprofessional Education Collaborative. Core Competencies for Interprofessional Collaborative Practice: 2016 Update. 2016. Retrieved from: <https://ipecollaborative.org/uploads/IPEC-2016-Updated-Core-Competencies-Report-final-release.pdf>.
2. Green, J., Sacks, R. M., Hibbard, J.H., & Overton, V. (2017). How much do clinicians support patient self-management? The development of a measure to assess clinician self-management support. *Healthcare*, 534-39. Doi:10.1016/j.hdisi.2016.05.007
3. www.annfam.org, 2014
4. www.countyhealthranking.org/our-approach

Acknowledgments:

PACER is funded by the Josiah Macy Jr. Foundation with matching funding from the American Board of Family Medicine, the American Board of Internal Medicine, the American Board of Pediatrics and the Accreditation Council for Graduate Medical Education. The project is implemented and evaluated by educational researchers in the Department of Family Medicine at Oregon Health & Science University.
 We would like to thank the Wright State PACER Team. Funding for this project was provided by the Accelerating Primary Care Transformation Wright (ACT-Wright) Grant (HRSA TOBHP03329).