

Collaborative Care: Promoting Self-Management

Why is it that patients often do not follow a doctor's recommendations?
Consider the following scenario, in which Mrs. Jones comes in for a routine office visit and her doctor brings up her high blood pressure:

Doctor: "Hi, Mrs. Jones. How are you today?"

Mrs. Jones: "Fine."

Doctor: "I see that your blood pressure is still high. Are you taking your pills?"

Mrs. Jones: "I was, but I ran out last week."

Doctor: "Oh. Well how are you doing with your diet? Are you avoiding salt like I told you to?"

Mrs. Jones: "Uh, well ... I try ..."

Collaborative care promotes patient health self-management and encourages patients to take an active role in their health care including participating in cost/quality of care conversations. Patient self-efficacy contributes to patient empowerment in all aspects of their health care.

These strategies can also be effective when implementing cost/quality of care conversation protocols.

Improving Doctor-Patient Interactions

	<u><i>Traditional</i></u>	<u><i>Collaborative</i></u>
<u><i>Interactions</i></u>	Based on caregiver's agenda	Based on shared agenda
<u><i>Behavior Change</i></u>	Comes from knowledge	Comes from self-efficacy plus knowledge
<u><i>Goal</i></u>	Compliance	Self-efficacy
<u><i>Decisions</i></u>	Made by caregiver	Made by the patient & caregiver in partnership

Collaborative Care: Promoting Self-Management (cont.)

Five Communication Strategies

<u>Setting the Stage</u>	<u>Taking Action</u>
Set a shared agenda	Set self-management goals
Ask-tell-ask	Close the loop
Assess readiness to change	

1. **Set a shared agenda:** Setting an agenda allows important topics to be laid out at the beginning of the visit. Agenda setting can start by asking, “Mrs. Jones, what would you like to discuss today?” The patient and the physician then decide together which issues take priority. Researchers estimate that the process adds just 1.9 minutes to the length of a visit, on average.

2. **Ask-tell-ask:** This strategy provides a structure for the physician to tailor information to the patient's needs by 1) asking the patient what he or she already knows or wants to know about his or her illness, 2) telling the patient what he or she needs to know and 3) asking or ascertaining whether the patient understands the information or has additional questions.

3. **Assess readiness to change:** Patients will differ in their readiness to change their health habits even if they are well informed about the importance of such changes. For behavior change to take place, the individual must feel that the change is important (motivation) and feel capable of making the change (self-efficacy).

4. **Set-self management goals:** Physicians and other staff members can help patients identify incremental changes in health behavior that are realistic for them to achieve. Goals should be: specific, limited (no more than a few weeks), achievable, measurable.

5. **Close the loop:** Research has shown that as many as half of patients have misunderstood some portion of what was discussed at their doctor's visit. Closing the loop means asking the patient to repeat the important points and instructions to ensure correct understanding. This simple but powerful strategy has been associated with improved A1C levels.- If a physician only has time to employ one of the five strategies, this one is a good choice.