LIFESTYLE AND HEALTH

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ANNOUNCING

CONTINUING PROFESSIONAL EDUCATION WEBINARS December 2010

Clinical Ethics:
Applying Theory to Practice When Working With Difficult Patients/Clients

And

Health Literacy:
Helping Patients/Clients Understand Health Information and Instructions

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WHAT PEOPLE HAVE SAID ABOUT OUR WEBINARS

On Clinical Ethics

- *I enjoyed this very much. Great research and knowledge base.*
- *I appreciate the practicality of the information you presented.*
- *Working in long term home care this will definitely be of great help.*

On Health Literacy

- *Well organized ideas that I can use in my attempts to clearly define what staff need to succeed in this area.*
- *Great material that was well represented by the title.*
- *I found this information to be helpful.*

Helping Patients Eat Better and Move More

Let's start with the obvious. Change is hard. Simply wanting to eat better and move more is often not enough. If it were, many more of us would be making those changes. And while strength of character sometimes makes the difference between trying and not trying, success and failure, changing one's habits often requires more. Martin Ford, noted for his work in the field of motivation, identifies four elements that influence behavior and attempts to change same: biological influences, environmental influences, non-motivational psychological and behavioral influences, and motivation.[1] Which of these elements dominate varies, depending upon circumstances – with motivation sometimes being the most influential, sometimes the least. Additionally, Ford states, motivation for change cannot be imposed. It must come from within.

With respect to what we eat and how much we move, environmental factors exert great influence over people. These include the heavy marketing of foods that promote weight gain and the ills associated with it, as well as technological advances that have eased our workload and lured us into sedentary activities. (See pages 3-4 of this issue.) Overcoming these realities can be quite difficult. That being said, some have become motivated to bring about long-term changes in their eating and moving habits – just not as many as should. More importantly, research has shown that clinicians can – and, we would suggest, should – not only help their patients reach the point of trying to change, but continue to help them achieve and maintain those changes.

Two related approaches to helping patients achieve lifestyle changes can improve the effectiveness of interventions. Both involve tailoring interventions to match the needs of patients. The first calls for assessing the physiological, psychosocial and personal factors that, together, suggest one of three approaches suited for particular patients: A Do-it-Yourself approach for highly motivated patients needing only modest changes; A non-clinical approach where minimal supervision is provided (not necessarily by healthcare professionals); and a clinical approach for patients with more dramatic physical or emotional health risks. This latter approach might include a clinical weight control program.[2]

The second approach is one based on the Stages of Change Model.[3] The premise of this model is that effective interventions call for clinicians to understand that "*...behavior change is rarely a discrete, single event."* Rather, there are several stages of change (see below) and interventions should be tailored to match whichever of those stages their patients are in. Although proponents of this approach suggest tools to help clinicians assess where their patients fall in these stages, they also note that "*[a] few minutes spent listening to the patient and then appropriately matching physician intervention to patient readiness to change can improve communication and outcome."*[4]

Stages of Change[5]

In the **Precontemplative Stage**, when patients are not thinking of, or ready for, change, the goal of interventions is to get them to start thinking about change. These include building relationships; giving personalized information regarding the patient's vitals, lab results and risks – to inform, not scare; expressing concern; and using teachable moments. Posing questions for patients to consider – about health problems that would concern them or advantages of changing their behaviors – is also suggested. Furthermore, because patients may feel pressured to lose weight and avoid coming back, it is also important, according to the Weight-control Information Network (WIN), for clinicians to assure patients that they want to continue caring for them regardless of their weight status.[6]

In the **Contemplative Stage**, when patients experience ambivalence and start to weigh the pros and cons of behavior change, the goal is to help them in that process by: acknowledging the difficulty of changing habits and praising them for considering doing so; eliciting from them and restating reasons for ambivalence; and encouraging them to address one barrier at a time.

In the **Preparation State**, patients may experiment with small changes. Intervention goals here are to help them discover the elements that will be needed for taking decisive steps. In addition to encouraging patients, clinicians might ask patients to share the steps they've decided on and help them to set a change date goal.

In the **Action Stage**, patients start to implement their plan. Here clinicians can reinforce patients' decisions, praise even small achievements, encourage learning from problems, and ask what else they might need for success.

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In the **Maintenance Stage**, patients continue their new patterns of living. Clinicians can help by continually reinforcing new behaviors and encouraging periodic reviews of successful and problematic strategies.

In the **Relapse Stage**, which is part and parcel of the process, patients often feel discouraged. Intervention goals here are to re-engage patients in the change process by: emphasizing 'successful for a while' instead of 'failure;' reviewing lessons learned; and reminding patients that change is an ongoing process and relapse is normal –that patients often 'recycle' through the different stages before the new behavior is finally cemented.

Helping Patients in the Real World of Medical Practice

The reality of medical practices – too little time, too little resources, too little money – often make it difficult for primary care physicians to provide tailored interventions. Difficult, but far from impossible. For one thing, studies have found that 3-5 minute conversations can also go a long way towards helping patients change their behaviors. For another thing, a different approach to medical practice – a team-based approach to care – can go a long way to making it easier to provide patients with the tailored support they need. All that practices need to do is change the way they operate. (Hmm… change… sound familiar?) But, as described by the American College of Physicians in Chapter one of their publication, *ACP Diabetes Care Guide*, such changes can bring with it valuable benefits – to practices and their clinicians as well to their patients.[7]

One advantage of a team-based approach to care is that physicians do not have to provide all the elements of support needed to help patients change their behaviors. Non-clinical and clinical staff can share responsibility for various aspects of care including provision of weight-loss information and resources. In addition, referral relationships can be established with support professionals such as nutritionists and other relevant educators. Efficiencies can also be established by implementing one or more types of group visits – visits that, the *Diabetes Care Guide* tells us, are reimbursable.

Key points for change to a team-based approach, as summarized in the *Guide* are:

- The healthcare setting – whether a small practice or large medical center – needs to adopt a culture that supports change.
- Readiness for change needs to begin with the senior leadership.
- Change should be incremental and utilize a Plan-Do-Study-Act (PDSA) cycle.

Although this guide is specific to the care and treatment of patients with Diabetes, the foundation upon which it is based is the Chronic Care Model of care, developed by the MacColl Institute for Healthcare Innovation and supported by the Robert Wood Johnson Foundation. [8] This model, developers report, is applicable in a variety of healthcare settings and to a variety of patient populations.[9] Visitors to this site will also find links to online videos and for ordering a free CD, *'Tackling the Chronic Care Crisis,'* as well as other tools and resources for healthcare settings that wish to implement the Chronic Care Model of care.

Let's end with the obvious. Change is hard – for clinicians and institutions as well as for patients. But if it's important to change patterns of behaviors as a means of improving health isn't it just as important to change behaviors as a means of improving healthcare?

[1] Martin E. Ford. *Motivating Humans*: *Goals, Emotions and Personal Agency Beliefs*. Sage Publishing, Newbury Park, CA, 1992.
[2] See "Tailoring a Lifestyle Change approach and Resources to the Patient." at **http://journal.diabetes.org/diabetesspectrum/99v12n1/Pg33.htm**.
[3] See Gretchen L. Zimmerman, PsyD. et al. "A 'Stages of Change' Approach to Helping Patients Change Behavior." *American Family Physician*. March 1, 2000 at **www.aafp.org/afp/20000301/1409.html**.
[4] See Note 2.
[5] See Note 2 and **http://www2.medicine.wisc.edu/home/naa/stages of change** for "Stages of Change and Physician Intervention at Each Stage."
[6] See "Talking With Patients About Weight Loss: Tips for Primary Care Professionals." at **www.win.niddk.nih.gov/publications/talking.htm**.
[7] See Chapter 1 of the *ACP Diabetes Care Guide* at **http://diabetes.acponline.org/custom_resources/ACP_DiabetesCare Guide_Ch01.pdf?dbp**.
[8] Go to **www.improvingchroniccare.org**, click on 'The Chronic Care Model'
[9] See Note 8. Click on 'The Chronic Care Model' and 'Model Elements.'

NOTE: If links that extend beyond one line don't work, copy and paste the link in your browser.

Resources

For more details on how to establish a team-based approach and tips on engaging patients, visit sites listed in Notes 7 & 8 above.

For information on the PDSA cycle: **www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove**.

For a free Group Visit Starter Kit: **http://www.improvingchroniccare.org/downloads/group_visit_starter_kit_copy1.doc**.

Visit **http://www.nap.edu/openbook.php?record_id=4756&page=1** for a free, 41-page PDF summary of the Institute of Medicine's *Weighing the Options: Criteria for Evaluating Weight Management Programs.*

For a list of Resources, including interactive tools and resources: **http://www.win.niddk.nih.gov/resources/index.htm#tools**.

See **www.cswd.org** and **www.naafa.org**, which promote healthy living, self-esteem and acceptance of the overweight and obese…

See "Medical Care for Obese Patients: Advice for Healthcare Professionals" at **www.aafp.org/afp/2002/0202/p81.pdf** for advice that includes enhancing self-esteem and acceptance of the obese.