Medical Home Transtheoretical Model Assessment Stages of Change Tutorial

In the Medical Home Model of healthcare, it is imperative that the patient participates in their own care. Terms like "activated," "engaged," and "shared decision making" are important descriptions of the dynamic of the patient participating in and actually "taking charge" of their own care. As part of this process, it is important that the patient's preparation to change be sustained. In other tools, SETMA discusses the power of "What if Scenario," which addresses the providers ability to quantify for the patient that fact that "if they make a change, that that change will make a difference in their health." This is principally done through the Framingham Risk Scores and the ability to display the difference a change in behavior will make. That tool can be reviewed in either:

- 1. "SETMA's Disease management tools for Diabetes, Hypertension and Lipids used for patient activation and engagement via written plans of care and treatment plans." <u>http://www.jameslhollymd.com/epm-tools/Medical-Home-Plan-of-Care-and-Treatment-Plan</u>
- 2. Framingham Heart Study Risk Calculators Tutorial: http://www.jameslhollymd.com/epm- tools/framingham-tutorial

The assessment of a patient's preparation to make a change can most effectively be done through the Transtheoretical Model Assessment of the Stages of Change which can measure the patient's preparation of making the changes recommended in SETMA's "What if Scenario." The following steps explain how to use SETMA's deployment of the Transtheoretical Model.

There are two ways to access the Model: the first is from the AAA Home template and the second is from the Medical Home Coordination Review template.

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Preventive Care SETMA's LESS Initiative 1 Last Updated // Preventing Diabetes I Last Updated // Preventing Hypertension Smoking Cessation I Care Coordination Referral PC-MH Coordination Revi Needs Attention!! HEDIS NOF PQRS A Elderly Medication Summa STARS Program Measures Exercise Exercise I CHF Exercise I Diabetic Exercise I	I E E E E E E E E E E E E E E E E E E E	emplate Si Master GP Pediatrics Nursing Ho Ophthalmol Physical Th Podiatry Rheumatok ospital Ca Hospital Ca Daily Progre Admission (uites I I ooy erapy toy re ss Note Drders I	Disease Manage Diabetes I Hypertension I Lipids I Acute Coronary Angina I Asthma Cardiometabolic CHE I Diabetes Educati Headaches Renal Failure Weight Managen	ment	Last Updated / / / / / / / / / / / / / / / / / / /	Special Functions Lab Present I Lab Future I Lab Results I Hydration I Nutrition I Guidelines I Pain Management Immunizations Reportable Conditions Information Charge Posting Tutorial Drug Interactions I E&M Coding Recommendation Infusion Flowsheet Insulin Infusion
Patient's Pharmacy		Pending I Status	Referrals <u>T</u> Priority	Referral	Referring	Provider	Chart Note - Now
Phone () - Fax () - Rx Sheet - Active Rx Sheet - New Rx Sheet - Complete Home Health		4					Return Info Return Doc Email Telephone Records Request Transfer of Care Doc

Patient Chart QTest Date of Birth Sex M Age 43 Years Home Phone (409)833-9 Work Phone () - Coordination Review Completed C Yes Q Patient needs discussed today a Coordination Team Conference? Yes Q	Iical Home Coordination Revie Ancillary Agencies Home Health 10 Hospice a Assisted Living 797 Nursing Home Physical Therapy Today? Last Reviewed 1 No at Care Last Reviewed 1 No	Medical Power of Attorney Primary Caregiver Primary Caregiver Caregiver Compliance Last H&P Last H&P I Telephone Contact I Correspondence I Birthday Card I	Transtheoretical Model Print Note Patient's E-mail Address Student interns are authorized to participate and assist with office visit and/or education? Ci Yes
Chronic Conditions Diabetes Hypertension	Care Coordination Team Phone Primary MD () - CFNP () - Coordinator () - Nurse () - Unit Clerk () - Seconday/Speciality Physicians Evidence-Based Measures Compliance Evidence-Based Measures Compliance Elderly Medication Summary HEDIS Measures Compliance NQF Measures Compliance PQRS Measures Compliance Lipids Treatment Audit Diabetes Physician Consortium HPT Physician Consortium HPT Physician Consortium HPT Physician Consortium Biabetes Orge Orgo CHF Orge O Referral History Status Referral Referring Provider	Evacuation Options Self Evacuation Contact Information Family Name Community Phone Advanced Care Planning Code Status Advanced Directives Discussed? Yes No Yes No Advanced Directives Completed? Yes No Detail Barriers to Care NOILE Social Financial Ø Deaf Co-Pays Hearing Medications Blind Nutrition Vision Transportation Literacy Uninsured Social Isolation None Anagage None None Social Solation Cane Splint/Brace Crutches Walker Hearing Aid Wheelchair Prosthetic Limb None	C No

The fourth column of the Medical Home Coordination Review template contains three navigation buttons:

- The first is entitled **RETURN** takes you back to AAA Home
- The second launches he **Transtheoretical Model Assessment** template
- The Third is entitled **Print note** and it prints the Medical home Coordination

Review document which is to be given to the patient.

Patient Chart QTest Date of Birth 06/30/197 Sex M Age 43 Years Home Phone (1) - Work Phone (1) - Coordination Review Completed C Yes C Patient needs discussed today a Coordination Team Conference?	ical Home Coordination Review Ancillary Agencies Home Health 0 Hospice a Assisted Living 97 Nursing Home Physical Therapy Today? Last Reviewed / / No No	Medical Power of Attorney Medical Power of Attorney Primary Caregiver Emergency Contact () - Emergency Contact () - Relation Compliance Last h&P /// Telephone Contact /// Correspondence // Birthday Card //	Return Transtheoretical Model Print Note Patient's E-mail Address Student interns are authorized to participate and assist with office visit, and/or education? C Yes
Chronic Conditions	Care Coordination Team Phone Primary MD () - CFNP () - Coordinator () - Nurse () - Unit Clerk () - Seconday/Speciality Physicians Evidence-Based Measures Compliance Etderly Medication Summary HEDIS Measures Compliance NQF Measures Compliance PQRS Measures Compliance Lipids Treatment Audit	Evacuation Options Self Evacuation Contact Information Family Name Community Phone Code Status Advanced Directives Discussed? Yes No 7/7 Advanced Directives Completed? Yes No Date 7/7 Detail	C No
	Disease Management Tools Accessed Diabetes Yes ho Lipids Yes ho Hypertension Yes ho CHF Yes ho Referral History <u>Click for Detail</u> Status <u>Referral</u> <u>Referring Provider</u>	Social Financial ✓ Deaf Co-Pays Hearing Medications Blind Nutrition Vision Transportation Literacy Uninsured Social isolation None Language Medicare Competitive Cane Splint/Brace Crutches Walker Hearing Aid Wheelchair Prosthetic Limb None	Bid

Clicking the Transtheoretical Model button launches the following pop-up.

Transtheoretical Mode Last Updated Reviewed	el Stages of Change	Return
Select Disease Diabetes		Transtheoretical Chart
Select Characteristic Clear • Unaware of Problem No Interest in Change • Aware of Problem Beginning to Think of Change • Realized Benefits of Making Change Thinking About How to Change • Actively Taking Steps Toward Change	Stage Precontemplation Appropriate Intervention Provide information about health risks and benefits of diabetes and Sample Dialogue Would you like to read some information about the health aspects of diabetes?	
 Initial Treatment Goals Reached OR 		
 Select Patient Verbal Cue Clear "I'm not really interested in my blood sugars. Its not a problem." "I know I need to control my sugar, but with all that's going on in my life right now, I'm not sure I can." "I have to get my diabetes under control, and I'm planning to do that." "I am doing my best. This is harder than I thought." "Tve learned a lot through this process." 	Stage Precontemplation Appropriate Intervention Provide information about health risks and benefits of diabetes and Sample Dialogue Would you like to read some information about the health aspects of diabetes?	

This tool allows you to assess and document, the patient's current state of readiness to change their behavior. There are five, disease-specific options. Each option provides precise language for discussing with a patient their "readiness to change their behavior" of reach of the following conditions:

- CHF
- Diabetes
- Hypertension
- Lipids
- Weight Management

Last Updated Reviewer	d <u>10/01/2013</u>	Return
		Transtreoretical chart
Select CharacteristicClear	Stage	
Unaware of Problem	Precontemplation	
No interest in change	Appropriate Intervention	
Aware of Problem Beginning to Think of Change	Provide information about health risks and benefits of diabetes and	
Realized Benefits of Making Change Thinking About How to Change	Sample Dialogue	
Actively Taking Steps Toward Change Initial Treatment Goals Reached	Would you like to read some information about the health aspects of diabetes?	
0	R	
*I'm not really interested in my	Precontemplation	
blood sugars. Its not a problem."	Appropriate Intervention	
"I know I need to control my sugar, but with all that's going on in my life right now, I'm not sure I can."	Provide information about health risks and benefits of diabetes and	
· · · · · · · · · · · · · · · · · · ·	Sample Dialogue	
control, and I'm planning to do that."	Would you like to read some information about the health aspects of	
	diabetes?	

You access these disease-specific options by selecting them from the disease field.

When you click in this field you will get a pop-up with the following options.



In that one of the goals of Medical Home is patient self-improvement and selfmanagement, it is important to be aware whether the patient is ready to make a change in his/her health and to have a recommendation as to how to address the patient's current state of readiness.

If a patient has not reached his/her goal in one of these conditions, or if the patient is not improving toward reaching that goal, the **Transtheoretical-Model Assessment** should be completed in order to assess where the patient is and what steps are required to encourage them to improve their health.

The results of this assessment will appear on the printed note which will be given to the patient and which will summarize the review of the Medical Home Coordination of Care. If more than one condition is assessed with this tool both will appear on the chart note.

Here is what the template would look like for a patient who has uncontrolled diabetes and who is not well motivated to change.

Transtheoretical Moc Last Updated Reviewed	el Stages of Change	Return
Select Disease Diabetes		Transtheoretical Chart
Select Characteristic Clear Unaware of Problem No Interest in Change Aware of Problem Beginning to Think of Change Realized Benefits of Making Change Thinking About How to Change Actively Taking Steps Toward Change Initial Treatment Goals Reached	Stage Precontemplation Appropriate Intervention Provide information about health risks and benefits of diabetes and Sample Dialogue Would you like to read some information about the health aspects of diabetes?	
OR		
 Select Patient Verbal Cue Clear "If not really interested in my blood sugars. Its not a problem." "I know I need to control my sugar, but with all that's going on in my life right now, I'm not sure I can." "I have to get my diabetes under control, and I'm planning to do that." "I am doing my best. This is harder than I thought." 	Stage Precontemplation Appropriate Intervention Provide information about health risks and benefits of diabetes and Sample Dialogue Would you like to read some information about the health aspects of diabetes?	
"Ive learned a lot through this process."		

Under the heading "Select Characteristic", there are five choices which will display the patient's Stage of Change for the response they give. Depending upon which response a patient gives, one of the following stages will be displayed:

- 1. Pre-contemplation
- 2. Contemplation
- 3. Preparation
- 4. Action
- 5. Maintenance

Select Disease Diabetes	
Select Characteristic	Stage
Unaware of Problem	Precontemplation
No Interest in Change	Appropriate Intervention
Aware of Problem Beginning to Think of Change	Provide information about health risks and benefits of diabetes and
Realized Benefits of Making Change Thinking About How to Change	Sample Dialogue
C Actively Taking Steps Toward Change	Would you like to read some information about the health aspects of
🔿 Initial Treatment Goals Reached	diabetes?

When a Stage of Change is selected, the following will be displayed:

- Stage of change
- Appropriate Intervention
- Sample dialogue

Precontemplat	on				
Appropriate Intervention					
Provide inform and benefits o	ation about health risks f diabetes and				
Sample Dialog	jue				

Under the heading "**Select Patient Verbal cue**" there are five choices which are linked to the patients Stage of Change. Once the Stage of Change is selected, the patient's Verbal Cue should be noted.



Depending upon the Patient's "Verbal Cue" the following will appear:

- Stage of Change
- Appropriate Intervention
- Sample Dialogue

Precontemplation	
Appropriate Interv	ention
Provide information a and benefits of bloo Sample Dialogue	about health risks d pressure control.
Would you like to rea information about the	ad some e health aspects

To the right of these boxes, there is a button entitled Transtheoretical Chart.

Transtheoretical Moc Last Updated Reviewed	lel Stages of Change	Return
Select Disease Diabetes		Transtheoretical Chart
Select Characteristic Clear Unaware of Problem No Interest in Change Aware of Problem Beginning to Think of Change	Stage Precontemplation Appropriate Intervention Provide information about health risks and benefits of diabetes and	
 Realized Benefits of Making Change Thinking About How to Change Actively Taking Steps Toward Change Initial Treatment Goals Reached 	Sample Dialogue Would you like to read some information about the health aspects of diabetes?	
OR		
 Select Patient Verbal Cue Clear "I'm not really interested in my blood sugars. Its not a problem." "I know I need to control my sugar, but with all that's going on in my life right now, I'm not sure I can." "I have to get my diabetes under control, and I'm planning to do that." "I am doing my best. This is harder than I thought." 	Stage Precontemplation Appropriate Intervention Provide information about health risks and benefits of diabetes and Sample Dialogue Would you like to read some information about the health aspects of diabetes?	
"Ive learned a lot through this process."		

When activated the entire chart for the condition chosen will appear. For instance if you had chosen "weight management," the following would appear.



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Stage	Characteristic	Patient verbal cue	Appropriate intervention	Sample dialogue
Precontemplation	Unaware of problem, no interest in change	"Im not really interested in weight loss. Its not a problem."	Provide information about health risks and benefits of weight loss	"Would you like to read some information about the health aspects of obesity?"
Contemplation	Aware of problem, beginning to think of changing	"I know I need to lose weight, but with all that's going on in my life right now, Im not sure I can."	Help resolve ambivalence; discuss barriers	"Let's look at the benefits of weight loss, as well as what you may need to change."
Preparation	Realizes benefits of making changes and thinking about how to change	" I have to lose weight, and Im planning to do that."	Teach behavior modification; provide education	"Let's take a closer look at how you can reduce some of the calories you eat and how to increase your activity during the day."
Action	Actively taking steps toward change	"I'm doing my best. This is harder than I thought."	Provide support and guidance, with a focus on the long term	"It's terrific that youre working so hard. What problems have you had so far? How have you solved them?"
Maintenance	Initial treatment goals reached	"I've learned a lot through this process."	Relapse control	"What situations continue to tempt you to overeat? What can be helpful for the next time you face such a situation?"

If you wish to use this tool to assess more than one condition in a visit, simply select as many of the options you wish and ALL of them will appear on your **Medical Home Coordination Review document**.

When you are through with this tool, click, **Return** and it will take you back to the **Medical Home Coordination Review template**.

Patient Chart QTest Date of Birth 06/30/19 Sex M Age 43 Year Home Phone (409)833-5 Work Phone () - Coordination Review Completed Yes Patient needs discussed today Coordination Team Conferences	Hical Home Coordination Revie Ancillary Agencies Home Health 70 Hospice s Assisted Living 797 Nursing Home Physical Therapy IToday? Last Reviewed Action Action Assisted Living No	W Medical Power of Attorney Primary Caregiver Compliance Last H&P Last H&P Telephone Contact Correspondence I / / Birthday Card	Return Transtheoretical Model Print Note Patient's E-mail Address Student interns are authorized to participate and assist with office visit and/or education? C Yes
Chronic Conditions	Care Coordination Team Phone Primary MD () - CFNP () - Coordinator () - Coordinator () - Nurse () - Unit Clerk () - Unit Clerk () - Seconday/Speciality Physicians Evidence-Based Measures Compliance Elderly Medication Summary HEDIS Measures Compliance NQF Measures Compliance PQRS Measures Compliance Lipids Treatment Audit	Evacuation Options Self Evacuation Contact Information Family Name Community Phone Code Status	© No
	Disease Management Tools Accessed Diabetes Yes No Lipids Yes No Hypertension Yes No CHF Yes No Referral History Click for Detail Status Referral Referring Provider	Barriers to Care NONE Social Financial Deaf Co-Pays Hearing Medications Bind Nutrition Vision Transportation Literacy Uninsured Social Isolation Language None Assistive Devices Cane Splint/Brace Crutches Walker Hearing Aid Wheelchair Prosthetic Limb None	Bid

The button under the **Transtheoretical Model Assessment** is **Print Note**. Once the entire **Medical Home Coordination Review** has been completed, this button is launched in order to prepare a document which is given to the patient with the following instruction:

"This is a working tool. It is imperative that you review it for completeness, accuracy and usefulness to you. You should schedule a visit if any of your preventive health issues have not been completed and/or if there are issues raise with your review which require and explanation. You may choose to call your Nurse or Care Coordinator rather than scheduling a visit. The choice is yours."