“[Clinicians need to] train to become more effective coaches or partners — learning, in other words, how to ask “What matters to you?” as well as “What is the matter?”

WHAT WE’LL DISCUSS TODAY

What is patient engagement?

Why is patient engagement important (especially in diabetes care)?

What role do providers play in patient engagement?

How do we become providers who are supportive of patient engagement?
ABOUT ME

Occupational therapist
Certified diabetes educator
Clinical researcher
Family member/caregiver for PWD
ABOUT ME — PATIENT PERSPECTIVE
ABOUT OCCUPATIONAL THERAPY & DIABETES

What do occupational therapists do?

- Evaluate fit between demands of everyday activities, and skills and capabilities of patients, and devise strategies to enable participation

- **Chronic disease management:** Facilitate consistent performance of disease management activities through integrating these activities into daily routines

- **Intrinsically patient-centered:** I cannot help you carry out the activities you need and want to do if I don’t understand (at a fairly granular level) how you live your life

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Physicians, nurses, dieticians:

WHAT to do to manage diabetes

Occupational therapists:

HOW to consistently integrate these activities into daily life
PRIMARY CARE & DISEASE MANAGEMENT: EMERGING OT PRACTICE AREA

USC OT in Primary Care/Disease Management

- USC
- AltaMed/CHLA
- Orange County Coalition
- JWCH Institute, Inc.

Direct Patient Care - primary care offices
Consultations – primary care offices
OT Faculty Practice – outpatient referrals
Billing Information

With a physician referral, our Occupational Therapy programs and services are often covered in full or in part by insurance providers. We accept most PPO plans as well as Worker’s Comp.

If you have USC Network insurance, please call our office to find out how our Weight Management program can be free.

For individuals without an accepted insurance (HMO) or for those who prefer to pay privately, we offer a special discounted rate. Costs vary per specific program or service, please call us at (323) 442-3340 or e-mail us at otp@med.usc.edu for more detailed information.

Information for Referring Physicians

Physicians considering referring clients for occupational therapy services may fill out our Physician Referral Form and fax it to us at (323) 442-3351.

“All the therapists were great – truly supportive, kind, encouraging and knowledgeable.”
WHAT IS PATIENT ENGAGEMENT?
WHAT IS PATIENT ENGAGEMENT?
PATIENT EMPOWERMENT

“Patients are empowered when they have the knowledge, skills, attitudes, and self-awareness necessary to influence their own behavior and that of others to improve the quality of their lives.”

PATIENT ACTIVATION

“Patients’ **willingness and ability** to take independent actions to manage their health and care...understanding one’s role in the care process and having the **knowledge, skill, and confidence** to manage one’s own health and health care.”

PATIENT ACTIVATION IS DEVELOPMENTAL

Level 1: Overwhelmed and disengaged (10-20%)

Level 2: Aware but struggling (10-20%)

Level 3: Taking action (25-30%)

Level 4: Maintaining behaviors (20-25%)
PATIENT ACTIVATION IS DYNAMIC

Tailoring treatment:
- Many health behaviors we ask of our patients are only feasible for the most activated
- Complex and difficult health behaviors discourage the least activated

Changing activation:
- The least activated patients need the most support and gain the most when supported appropriately
- When activation increases, multiple health behaviors improve simultaneously
PATIENT ENGAGEMENT

Patient activation (how patients FEEL)

Patients’ health behaviors (what patients DO)

Provider behaviors/interventions that promote activation

WHY DOES PATIENT ENGAGEMENT MATTER?
WHY DOES PATIENT ENGAGEMENT MATTER?

Higher levels of patient engagement are related to positive changes in self-management behaviors:

- Healthy eating
- Physical activity
- Managing stress
- Self-monitoring blood glucose
- Medication adherence
- Obtaining timely follow-up care


WHY DOES PATIENT ENGAGEMENT MATTER?

Higher levels of patient engagement are related to better health outcomes:

- BMI
- A1C
- Blood pressure
- Cholesterol

WHY DOES PATIENT ENGAGEMENT MATTER?

Patients with higher levels of engagement have lower healthcare costs

WHY DOES PATIENT ENGAGEMENT MATTER?

- Time is clinicians’ most frequently-cited barrier to patient engagement; however:

- “The combined results from more than a hundred randomized trials provide no robust evidence that more time is required … than to offer usual care”

IS IT REALLY PATIENT ENGAGEMENT?

Demographics only account for 5-6% of variation in patient engagement.

Positive benefits of patient engagement have been replicated:

- Internationally
- Among ethnically and socioeconomically diverse populations
- While controlling for sociodemographic factors, disease severity, and insurance status

WHAT ROLE DO PROVIDERS PLAY IN PATIENT ENGAGEMENT?
WHAT ROLE DO PROVIDERS PLAY?

In short: Your actions affect patient engagement, which in turn affects health outcomes.

Patient knowledge, skills, beliefs

Provider behavior

Organizational & policy factors

Patient Engagement

Health
WHAT ROLE DO PROVIDERS PLAY?

Providers/practices increase patient engagement when they:
- Have higher quality interpersonal exchanges
- Have greater fairness in treatment process
- Have more contact with patients outside office visits

Providers/practices decrease patient engagement when they:
- Describe consequences of poor health behaviors/nonadherence

Why do people have worse outcomes when we tell them what to do?

Self-determination theory: intrinsic human need for autonomy

When autonomy is threatened, we may (or may not) be compliant in the short term, but are almost always defiant in the long term.
MOTIVATION AND HEALTH BEHAVIOR

Controlled motivation: Doing an activity because of a separate consequence such as a punishment or reward
- “You should…” “You need to…” “If you don’t…”

Autonomous motivation: Doing an activity because:
- You value it for its own sake
- It is not intrinsically valued but it meets your needs or furthers your goals
  - “It sounds like you want to…” “You feel it’s important to…”

Controlled motivation can be effective in getting someone to perform a behavior that happens **once**, or **rarely**.

Behaviors that are autonomously motivated are **much more likely to be maintained** over the long term.
MOTIVATION AND HEALTH BEHAVIOR

WHAT CAN I DO TO SUPPORT PATIENT ENGAGEMENT?
HOW TO SUPPORT PATIENT ENGAGEMENT

Much more important than any specific STRATEGY or TECHNIQUE is your SPIRIT or INTENTION to support patients’ autonomy.

Providers’ BELIEFS about the importance of patient involvement in care are highly correlated with their use of supportive BEHAVIORS in practice.

HOW TO SUPPORT PATIENT ENGAGEMENT

- Involve patients in setting the agenda for the visit
- Ask about how the patient’s chronic illness affects their life
- Ask about patient preferences regarding treatment options
- Support patients to work on whatever health behavior goal they prioritize
- Frequent follow-up (with provider and/or support services) to check on progress and problem-solve barriers
- Talk to patients about what they can expect from you
- Try to not overwhelm patients with too many recommendations
- Provide detailed visit summaries to help patients remember their care plan
YOU ARE HUMAN TOO!

You are at a certain stage of readiness to be a clinician who supports patient autonomy and self-management.

You likely have habits as a clinician that will be resistant to change (ever tell a patient “you should” or “you have to”?)

Level 1: Overwhelmed and disengaged (10-20%)
Level 2: Aware but struggling (10-20%)
Level 3: Taking action (25-30%)
Level 4: Maintaining behaviors (20-25%)
A WORD ABOUT HABITS

What are habits? Mental short-cuts that bypass our conscious intentions.

Approximately 45% of our daily activities are habitual.

Habits form when we perform a behavior or activity:
- In a **consistent** way
- In a **stable context**
- Repeatedly over time

Habits are **useful** as they relieve us of the constant cognitive load of planning and decision-making.

Habits become a **problem** when they are activated in situations where they no longer serve their intended purpose.
HOW TO CHANGE HABITS

Two tools are effective at changing habits:

**Changing contextual cues** (manipulate the environment so it does not cue the habit or cues a different behavior)
- EXAMPLE: Change EMR prompts; flag exam room door of diabetes patients with sticky note

**Forming behavioral intentions** (like goals, but more concrete and specific)
- EXAMPLE: “Today, every time I see diabetes on a patient’s problem list, I will ask the patient “What’s driving you crazy about your diabetes?”

MORE RESOURCES

Behavioral Diabetes Institute healthcare professional training
- behavioraldiabetes.org
- Bill Polonsky lecture: “Engaging the Disengaged” (YouTube video; NDEP webinar)

Motivational interviewing training (seek MINT-certified trainer)
- motivationalinterviewing.org
TAKE HOME MESSAGES

1. Patient engagement matters: It is associated with **better self-management**, **better health outcomes**, and **lower costs**

2. Providers have a role to play in patient engagement: Our actions can **help** or **hinder** our patients’ efforts to be more engaged

3. Providers are people too. We have to undertake **our own process of behavior change** to better support patient engagement
THANK YOU

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