

Behavioral Interventions

The TEAMcare Approach



Rural Health Network



Project Turning Point

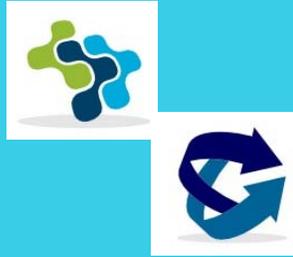
Bernadette G. Overstreet BSH
Tatiana E. Ramirez DDS., MBA
Health Educators - Project Turning Point

TEAMcare Background

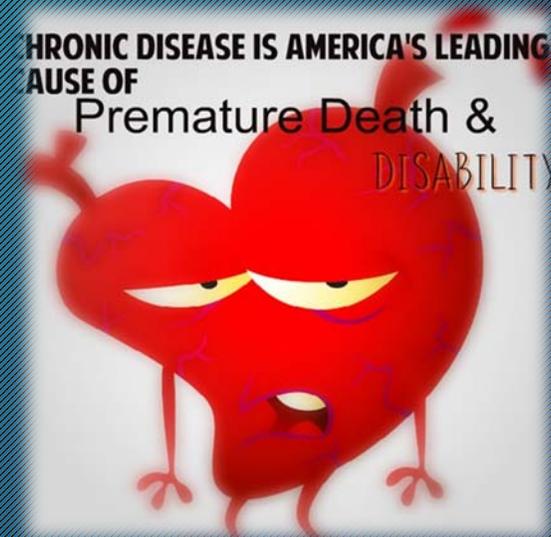


- TEAMcare is a comprehensive, cost-effective program designed to treat the whole person by breaking down cost & addressing multiple medical & behavioral health conditions.
- The TEAMcare program - developed through a 25-year multi-disciplinary collaboration between the U. of Washington & the Group Health Research Institute - effective, cost-effective programs for treating individuals with chronic conditions.
- TEAMcare - implemented in over 30 health settings in North America.

TEAMcare Background



- TEAMcare care managers, backed by a case review team, empower patients and help them make lasting changes in health behaviors.
- TEAMcare case managers work closely with each patient's primary care physician to enhance self-management and the effectiveness of medications as a way of enhancing control of:
 - blood glucose
 - blood pressure
 - cholesterol
 - depression



TEAMcare Focus



- Teaching patients the self-care skills necessary to optimally control chronic illnesses.
- Is delivered in the patient's primary care clinic and by telephone.
- Uses a team-based approach - involving nurses, a supervising psychiatrist, a primary care physician and medical providers.
- Aims to increase behaviors that enhance quality of life and decrease depressive symptoms.

TEAMcare Goals



- Improve depression care through behavioral activation and use of antidepressants

- Improve medical disease control, e.g. HbA1c (glucose control), blood pressure, LDL cholesterol

- Support patient self-management (e.g. diet, exercise, cessation of smoking, glucose checks)

TEAMcare Outcomes



- Expansion of the team to include a frontline care manager
- Closer attention to key disease control factors (e.g. HbA1c, blood pressure, cholesterol)
- Regular clinical changes in treatment guided by treatment guidelines
- More frequent and effective facilitated medication adjustments
- Enhanced patient self-management support
- Systematic monitoring of patient outcomes
- Continuous specialty input and periodic consultation for patients not achieving timely targets

Usual Care vs. TEAMcare Outcomes



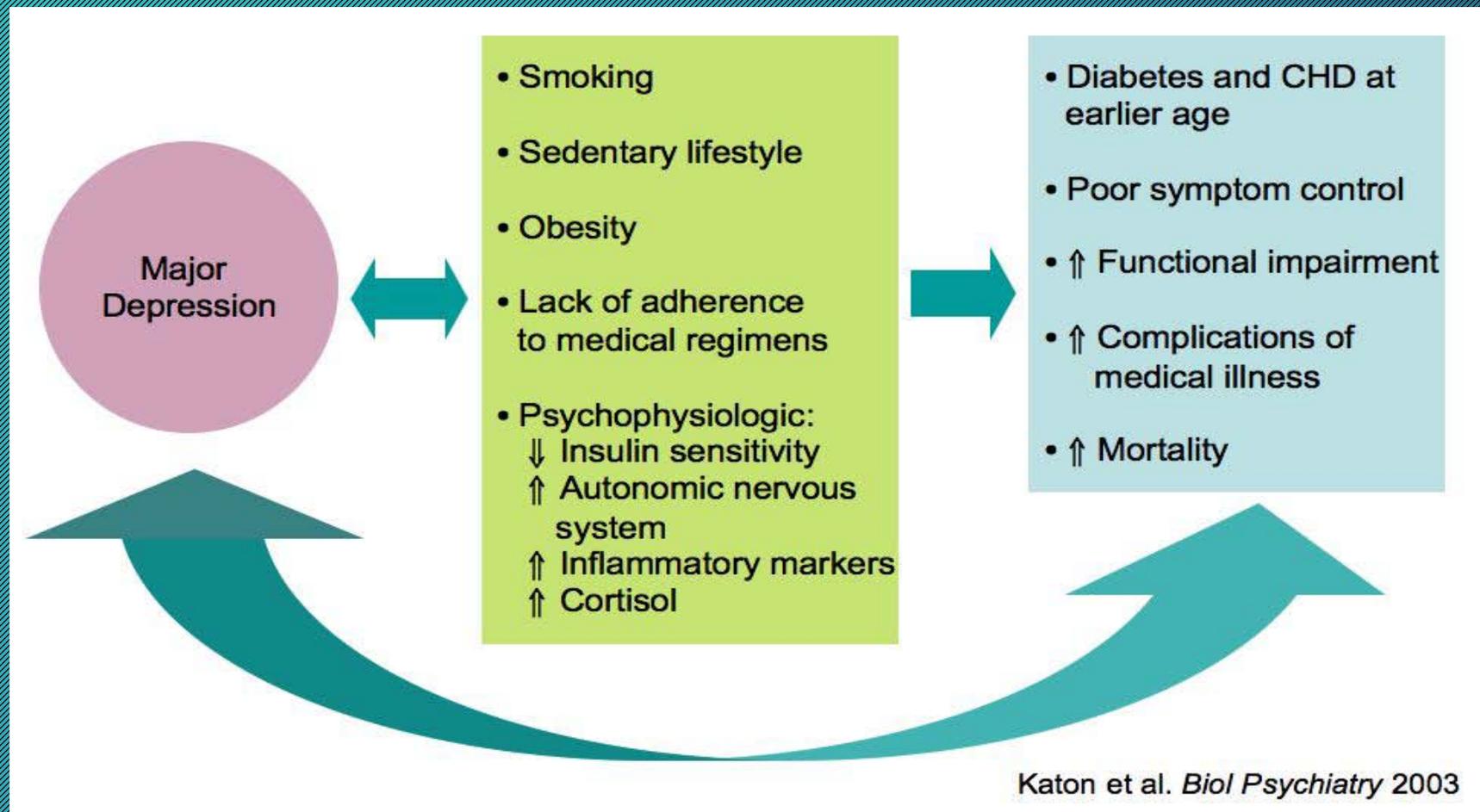
- Compared to usual care, TEAMcare patients had significantly greater overall 12-month improvements in:
- HbA1c, LDL cholesterol, blood pressure and depression outcomes.
- Better control of insulin, antihypertensive medications; statins, oral hypoglycemic and antidepressant medications.
- Greater overall medical improvement, quality of life, satisfaction with diabetes/coronary heart disease care and depression care, increased physical activity and improved functioning.
- Compared to usual care, the TEAMcare was associated with a total 24-month outpatient cost savings of ~\$600 in capitated populations and ~\$1100 savings in fee-for-service care.



Behavioral Interventions



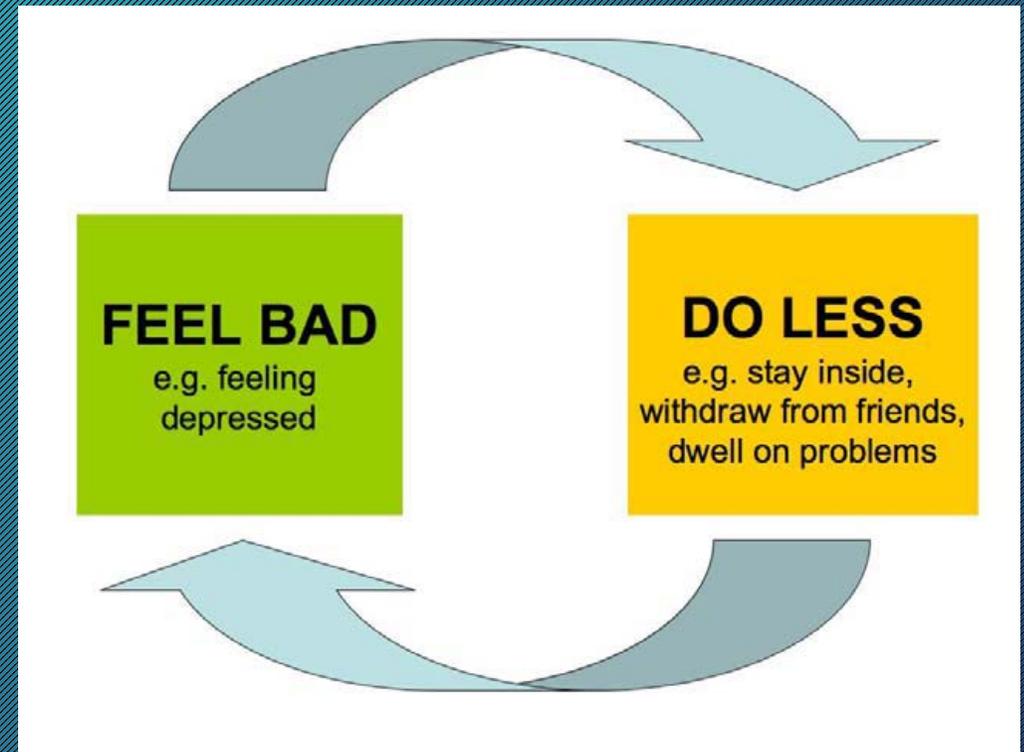
The Facts



Behavioral Intervention – bidirectional link



“It sounds like lately you feel like you don’t have much energy or motivation to do get things done and to take care of your health. As you know, getting yourself to feel better is not an easy thing to do, we’ll be focusing on things like changing how you act around friends and family or coworkers, how you spend your free time, or how you approach tedious tasks.”



Interviews that Engage and Motivate



- Welcome the patient and explain your role
- Present the model of patient-centered care.
 - “This program is about a collaborative (team) approach to helping you feel better and more in charge of your health.”
- Instill hope and confidence.
 - “I’m going to stick by you.”
- Highlight the patient’s central role in treatment.
 - “You’re the boss of your health.”



Patients do better when they feel liked & respected!

Helping Patients to Change



1. Have an agenda:

for each visit and present it to the pt.

"We've talked about your interest in changing diet & improving blood sugar, I'm wondering if is there one in particular that you might be interested in focusing on? Or is there something else?"

2. Listen:

Listen with your EARS. Hear the tone. Hear the word choice

Listen with your EYES. See the non-verbal message. What is the person's body saying?

Listen with your HEART. Listen for the person's feelings.

Helping Patients to Change, continuation



3. Summarize:

What you understood from patients expectations

4. Provide clear and neutral feedback:

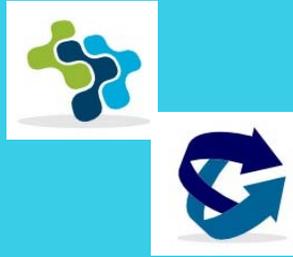
"Your HbA1c is 10. For adults with diabetes, a desirable level is generally something below 7. What do you think about this result?"

5. Explore patients pros and cons of changing :

Ask specific questions

PROS	CONS
① ~	1) ~
② ~	2) ~
③ ~	3) ~

Helping Patients to Change – pros & cons



- Ask “pros”
 - “What are some things you like about eating high fat foods?”
 - “What are some of the reasons why you would want things to stay just the way they are?”
- Ask “cons”
 - “What are some things you don’t like about eating high fat foods?”
 - “What are some of the reasons for making a change?”
- Summarize both:
 - “One hand you see several advantages for not following the dietary plan such as enjoying a daily ice cream cone with your grandson. And on the other hand, you see several disadvantages for not following it, such as your continued worry that your health won’t hold out long enough to see your grandson marry.”

Helping Patients to Change



- "Is that about right?"
- "Where does this leave you now?"
- Ask specific, open-ended questions to get a response - "change talk."
- Let pt. talk - people are most likely to change when we hear our own voice advocating change.

Helping Patient to Change



6) Assess Readiness to Change:

- “ruler” - where are you now?
- “On a scale from 0-10, how ready are you to stop eating ice cream with your grandson?”
- Backwards question: “Why did you pick a 4 and not a 1?”
- Forward question: “What would need to be different for you to move from a 3 to an 8?” “What would it take for you to move a step further?”



7) Offer Advice, suggestions or ideas:

- “I believe there are several important things you can do for your health. One important thing is to get more physical activity. This is important because it can improve your mood and your blood sugars.”

Helping Patients to Change



8) Limit the Amount of Educational Materials:

9) Emphasize Freedom of Choice:

“I strongly encourage you to take this medication. Lowering your blood pressure helps to lower your risk of a heart attack. But of course, this is your decision. What do you think?”

10) Respectfully Acknowledge Patient Decisions:

No matter how much you want a person to do something different in his/her life, you cannot make the decision for that person. It is ultimately his/her choice.

When patients feel accepted for who they are and what they do, it allows them the freedom to consider change rather than needing to defend against it!

Helping Patients to Change



11) Be a Hope Cheerleader:

You've already quit smoking. That's the most important thing you can do for your diabetes and your health. I'm really proud of you."

12) Facilitate Decision-Making :

When the patient has decided on a course of action, help him or her articulate a specific plan, including when, how, and what. The more specific the plan the better.

- "What could you do? What are some of your ideas?"
- "What might get in the way of making this change?"
- "Where will your support come from?"
- "How will you reward yourself?"



Helping Patients to Solve Problems

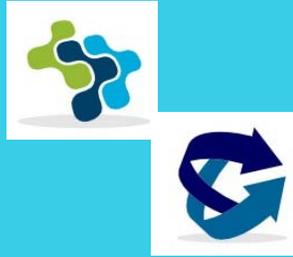


- Goal = help patient learn to effectively solve their own problems. Effective problem solving can help to create positive experiences, increasing the patient's confidence and feelings of self-control.
- Increase the patient's understanding of the link between their current symptoms and their current life problems.



- Increase pts. ability to clearly define their problems and set concrete, limited, and realistic goals.
- Focus on current, real-life problems that are occurring now.
- Focus on establishing routines and overcoming avoidance patterns.

The Seven Steps of Problem Solving



Understanding the Steps of Change

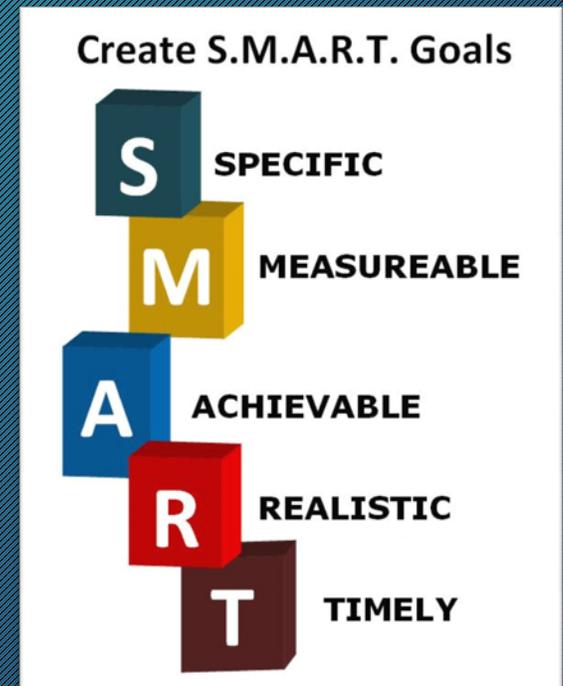


1) Clarify and Define the Problem

- Clarify, define, and break down the “mountain” of a problem into “hills”
- Break down complex problems into smaller steps
- Make sure the problems are clearly defined

2) Set Realistic Goals - Make the goals “SMART”

- Specific
- Measurable
- Achievable
- Results-oriented/Relevant
- Timed



Understanding the Steps of Change



3) Generate Multiple Solutions

- Brainstorm multiple solution alternatives

4) Evaluate and Compare Solutions

- Evaluate the “pros” and “cons” of alternative solution

5) Select a Feasible Solution

- Considering the pros/cons and likelihood of completion, choose a solution

6) Implement the Solution

- Identify specific steps for a plan of action

7) Evaluate the Outcome

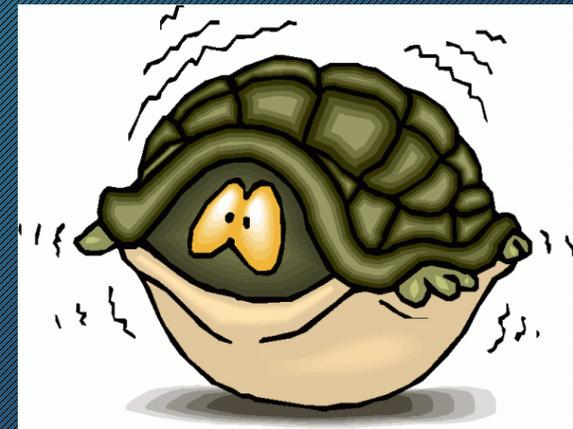
- Review the outcome after the plan has been implemented

Strategies for Patient-Provider Interactions



Try to understand the patient's view of themselves and view of others.

- "Highly Independent" - Early in life experiences made them highly independent
 - Uncomfortable trusting others
 - On the surface, they appear highly self-reliant
 - Underlying core belief is that they will be rejected if they get close to another person or that other people will not be available for them
- "Cautious relationship style"
 - Fear of rejection - Lack of trust in relationships
 - Approach-avoidance behavior - Discomfort in relying on others
 - Underlying core beliefs are being hurt, rejected, or abandoned if they get close to another person



Strategies for Patient-Provider Interactions



- “collaborative style”
 - Comfortable depending on and are readily comforted by others
 - Just under one-half of patients with diabetes
- “support-seeking – preoccupied style”
 - Appearance of high levels of support-seeking behavior
 - Fewer than one in ten patients with diabetes.

Conclusion



- Medical teams are looking for ways to transform a process of proven clinical success into quality practices that can be realistically and effectively applied in the treatment of chronic disease.
- More and more medical teams are developing intervention plans that are both effective and efficient in producing positive behavior changes for patients with chronic diseases.
- At the same time, we are exploring ways to promote long-term coaching and behavior changes that increase the range of behavioral support for patients.

Conclusion



- In some cases, this means changing both the structure and the culture of our daily practice to accommodate a conceptual framework built upon positive patient support.
- This means that the medical team should seek ways to address minor problems before they escalate and become major medical challenges.
- Behavioral intervention plans allow the clinical team not only to eliminate “inappropriate behaviors”, but also to encourage appropriate, alternative behaviors so that patients can benefit the most from the care team knowledge and experience.

In taking this approach, medical care teams can provide patients with the necessary supports to take control of their health!

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**THANK
YOU ALL**
We're the
**BEST TEAM
EVER**

