

Making Change –
Easier Said Than Done:
It Takes Courage

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Humboldt Del Norte IPA
CHCF Chronic Disease Care
Conference

San Francisco, CA
November 4, 2005

With Many Thanks to:

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Patient Education and Health Promotion

The Permanente Medical Group, Inc

Kaiser Permanente Northern California

and

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Leaving the Sidelines

- Easier to do nothing
 - “How long till I get to retire?”
 - “Nothing I say is ever listened to anyway...”
- Easier to spread blame
 - “If we only had Single Payer...”
 - “They don’t pay me enough...”
 - “How can they expect me to work harder?”
 - “It’s the patients responsibility to take care of themselves. I told them what to do, it’s not my problem if they don’t listen to me...”

BUT...

Will Plus Vision

- If not now, when?
- If not us, who?
- What to do?

Trust is in the Balance

- *“To shoulder the responsibility to change health care...requires one final element of trust – trust in the workforce...Our premise is this: to achieve the health care we want, we will have to re-envision, and largely retrain, the health care workforce, so that they can become citizens in the improvement of their own work.” Don Berwick 2003*

What We Have Learned So Far

- Redesign is necessary to implement the care model successfully
- Clinician morale is tied to “becoming citizens in the improvement of their own work”
- Self-management is the major determinant of outcome
- Access should be patient-centered

What We Have Learned So Far

- Psychosocial aspects of chronic disease are critical
- Patients may learn more by modeling behaviors of other patients than from formal classes
- Technology can be an important force for patient empowerment and population-based care

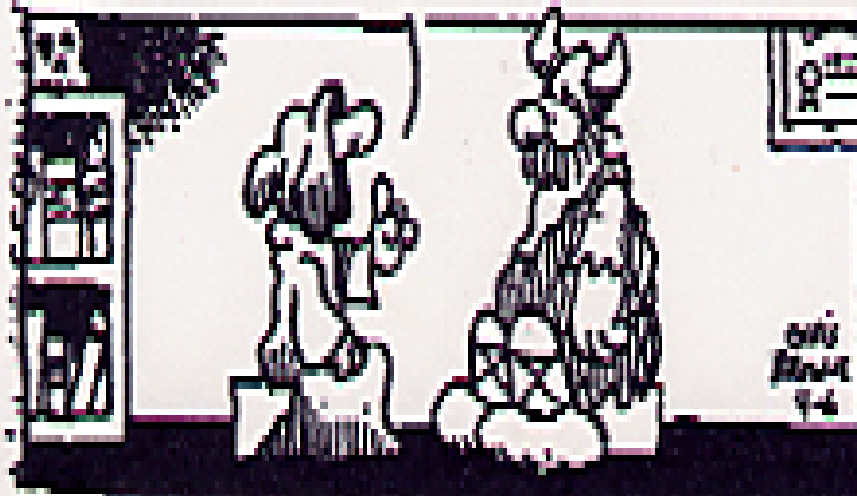
Why Do Our Patients Struggle?

(“strong” endorsements by physicians)

poor self-discipline	53.2%
poor will-power	50.0%
not scared enough	36.9%
not intelligent enough	16.3%

Polonsky, Boswell and Edelman, 1996

STOP OVERTREATING, STOP DRINKING,
STOP STAYING OUT LATE, STOP
FIGHTING, STOP WORRYING STOP
EATING SWEETS, STOP GAMBLING...



WHAT DID
THE DOCTOR
SAY?

I DON'T
KNOW...

I STOPPED
LISTENING



What Doesn't Work With Patients

- Labeling patient as “unmotivated,” “unwilling to change,” or “non-compliant”
- Taking sides in the patient’s ambivalence
 - Giving advice
 - Transmitting technical diabetes info
 - Threatening bad outcomes
 - *“You’ll go blind if you don’t do what I tell you.”*
 - Urging more willpower
 - *“If you would just try harder...”*
- Caring more than the patient...

Why Do Clinicians Struggle With QI?

- Is it poor self-discipline?
- Is it poor will-power?
- Are they not scared enough?
- Are they not intelligent enough?
- *All of these attitudes surface in meetings of QI professionals. How does it feel?*

What Doesn't Work With Clinicians

- Labeling clinician as “unmotivated,” “unwilling to change,” or a “laggard” (though they do exist)
- Taking sides in the clinician’s ambivalence
 - Giving unasked-for advice
 - Threatening bad outcomes
 - *“You’ll go broke/be sued/be fired if you don’t do what I tell you.”*
 - Urging more willpower
 - *“If you would just try harder...”*
- Caring more than the clinician does...

Motivational Interviewing :

QI Applications

- Self-management principles apply to behavior change in clinicians as well as they apply to patients
 - Invite the implementers into the planning process
 - PDSA cycles as action plans
 - Avoid prescriptive behavior
 - Don't "care" (i.e. micromanage) too much: Trust in the workforce
 - If not successful, look in the mirror: *"Why isn't it working? What am I doing to hinder the success of others?"*

The Overarching Approach

- **READY TO CHANGE.** The clinician/practice team must be interested in improving their practice quality
- **KNOW WHAT TO DO.** The clinician/practice team must have a clear and achievable plan for improving practice quality

Self-Management Support is more than Patient Education

■ Patient Education

- Information and skills are taught
- Usually disease-specific
- Assumes that knowledge creates behavior change
- Goal is compliance
- Teachers are health care professionals
- Didactic

■ Self-Management Support

- Skills to solve patient-identified problems are taught
- Skills are generalizable to all chronic conditions
- Assumes that confidence yields better outcomes
- Goal is to increase self-efficacy
- Teachers can be professionals or peers
- Interactive

Applied to QI Efforts

■ Clinician Education

- Information and skills are taught
- Usually disease-specific
- Assumes that knowledge creates behavior change
- Goal is compliance with guidelines
- Teachers are health care QI Leaders
- Didactic

■ QI Support

- Skills to solve practice-identified problems are taught
- Skills are generalizable to all chronic conditions
- Assumes that successes yield better outcomes
- Goal is to increase self-efficacy
- Teachers can be QI professionals or peers
- Interactive

Behavior Change Strategies

- Begin with your patient's interests
- Believe that your patient is motivated to live a long, healthy life
- Help your patient determine exactly what they might want to change
 - *Identify and respect ambivalence*
 - *Present their issues back to them*
 - *Establish "importance" of behavior change*
- Develop a reasonable, detailed action plan

Applied to QI

- Begin with your colleague's interests
- Believe that your colleague is motivated to practice good medicine
- Help your colleague determine exactly what they might want to work on first in their practice
 - *Identify and respect ambivalence*
 - *Present their issues back to them*
- Develop a reasonable, detailed action plan for change

The most interesting results from the Humboldt Diabetes Project were not the usual process and metabolic outcome measures...

(though we did achieve NCQA Physician Recognition for Diabetes for the entire primary care community of Humboldt County)

but rather came from the patient and clinician surveys

In general, would you say your health is: (check one box)

	Excellent	Very Good	Good	Fair	Poor
B	4%	19%	37%	30%	10%
F	5%	27%	42%	22%	4%

How effective do you believe your health care provider is in managing your diabetes?

	Not effective at all	Not very effective	Somewhat effective	Effective	Very effective
B	1%	3%	18%	45%	34%
F	<1%	1%	13%	44%	41%

How effective do you believe you are in caring for your diabetic patients?

	Not effective at all	Not very effective	Somewhat effective	Effective	Very effective
Baseline	-	3%	32%	57%	8%
F/U	-	-	27%	56%	17%

Compared to a year ago, how effective are you in caring for your diabetic patients?

	Less effective	Somewhat Less effective	Same effectiveness	Somewhat More effective	More effective
F/U	-	-	27%	41%	33%

Courage

- Innovations are largely emerging from managed care and the safety net *but PPO and high deductible (HSA) plans are growing more popular as lower-cost options (and punish the chronically ill)*
 - Medical groups and health plans must work together to apply innovations in the new environment (new forms of contracting?)
 - Coverage should reduce barriers to evidence-based services even in high-deductible plans

Courage

- 30% of care in the HDP were supplied by advanced practice clinicians (mid-level practitioners)
 - Physician turf concerns must not obstruct APC, educator, pharmacist and peer roles as chronic care team members
- Patient education should be the rule, rather than the exception, in chronic care
 - Education should be transformed into a community-based group process that attracts those seeking information and support

More Courage

- **Payment policies provide perverse incentives**
 - Peer educators, self-management skills training, e-mail, group visits, planned visits and telemedicine must become mainstream and fully reimbursable
- **Behavioral health carve-outs hinder integration of primary care with behavioral health**
 - Delegation must return to the groups
- **Remote disease management is a poor second-choice to locally implemented care management programs**
 - Plans must first work through groups rather than seek “one size fits all” solutions, no matter how tempting

Finally...

- QI leaders need to examine how their behavior may be hindering empowerment at the practice level
- Physicians need to examine how their behavior may be hindering empowerment at the non-physician colleague and staff levels
- The care team needs to examine how its behavior may be hindering empowerment at the patient level

(Of course, Single Payer wouldn't hurt either...)