# Engaging the consumer in chronic care: the informed, activated patient

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#### Informed, activated patients

#### Informed patient

- Failure to provide information to patients about their chronic condition is associated with unhealthy behaviors. If people don't know what to do, they don't do it. [Kravitz et al. Arch Intern Med 1993;153:1869. O'Brien et al. Medical Care Review 1992;49:435]
- 50% of patients leave the physician office visit without understanding what the physician said. [Roter and Hall. Ann Rev Public Health 1989;10:163]
- An important technique to ensure that patients understand what the physician said is "closing the loop" asking the patient to repeat the information given. 47% of the time, patients asked to repeat what a physician told them have the information wrong. When physicians "close the loop" for patients with diabetes, HbA1c levels are lower. [Schillinger et al. Arch Intern Med 2003;163:83]

#### Informed, activated patients

#### Activated patient

- Patient education (information-giving) by itself does not improve clinical outcomes. Example: a CDC review of diabetes patient education found that patients receiving information scored better on tests of diabetes knowledge but did not have lower HbA1c levels than uninformed patients [Norris et al. Diab Care 2001;24:561]
- Information is necessary but not sufficient to improve chronic disease outcomes

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#### Activated patient

- The additional factor needed is collaborative decision making, including goal-setting and teaching problemsolving skills.
- Patients engaged in collaborative decision-making and thereby becoming active participants in their care have better health-related behaviors and clinical outcomes compared with those who remain passive recipients of care. [Heisler et al. J Gen Intern Med 2002;17:243. Bodenheimer T, Lorig K, et al. JAMA 2002;288:2469]

# Collaborative goal-setting and problem-solving

- An important part of collaborative decision-making is goalsetting: assisting patients to set realistic and specific goals
- Unrealistic goals: "I will lose 20 pounds in the next month." "I will walk 5 miles a day."
- Realistic and specific goal: "I will eat one candy bar each day rather than the 5 per day I eat now." "I will walk for 15 minutes each day after lunch."
- Success in achieving goals increases self-efficacy (confidence that one can improve one's life), which has been correlated with improved outcomes [Lorig et al. Medical Care 2001;39:1217]
- For sustained behavior change, there needs to be follow-up, including helping patients problem-solve barriers to achievement of goals.

### Informed, activated patient



#### Requires:

>Information-giving/skills-training

**≻**Collaborative decision-making



## Using technology to inform and activate patients with chronic illness

- Having personnel to engage patients in goal-setting and problemsolving with sustained follow-up is expensive
- Technology can help
  - University of Washington computer module that allows patient to set goals, and has a follow-up feature (Goldberg et al. Joint Comm J on Qual and Safety 2004;30:629]
  - Pediatricians at Dartmouth: overweight kids are doing goalsetting on PDAs in the waiting room
  - Website www.howsyourhealth.com has a goal-setting and problem solving module
  - Automated phone interactive voice response programs can be used for goal-setting and problem solving and other selfmanagement support functions