






13 Establishing the Patient Relationship

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Introduction and Learning Objectives

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Patient activation and patient engagement are crucial aspects of establishing a patient relationship. Without being active and engaged, patients will very likely not be successful in their Care Management program. However, these terms are often incorrectly used interchangeably. During this course, we will discuss the difference between patient activation and patient engagement and what tools are available to determine the level of engagement of your patients.

Learning Objectives

Following the completion of this course, the learner should be able to:

- Identify the necessary evidence-based tools to assess patient activation and readiness for change.
- Evaluate common barriers to building trust and how they are justifiable to patients.

Defining Activation and Engagement

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Patient Activation is defined as “a patient’s willingness and ability to take independent actions to manage their health and care.” This definition comes from Judith Hibbard and colleagues, based on their research into activating patients toward greater engagement.

"A patient's willingness and ability to take independent actions to manage their health and care"

In a Health Affairs Policy Brief on patient engagement in 2013, the writers' defined engagement as “a broader concept that combines patient activation with interventions designed to increase activation and promote positive patient behavior, such as obtaining preventive care or exercising regularly.”

Why is this distinction important? Let’s look at a patient example.

A passive patient sees their health care as something that happens to them, the doctor makes decisions, and they simply follow the physician’s instructions. More than likely, they see LCM in much the same way. They’ve agreed to participate because they see it as another resource to tell them what to do.

As the Care Manager, you may assume the patient is ready and able to take steps toward improving their health simply because they agreed to LCM.

If you do not assess their level of activation, you risk moving forward despite the disconnect and struggle to establish a positive relationship because you are each working on false assumptions. Both the Care Manager and patient are likely to walk away from the situation feeling frustrated and negative.

Consider the same patient and the same Care Manager, but the Care Manager uses a tool to assess the patient's level of activation and readiness to engage in their own healthcare decisions. Now, the Care Manager can see that the patient is a very passive participant in their health care and, aside from following the doctor's orders to take medications or have certain lab work completed, has not taken ownership of their health.

The Care Manager is now empowered with specific knowledge about the patient and can devise a plan to work with the patient based on where they are right now. The patient feels heard and understood and trusts the Care Manager to listen.

This approach facilitates trust between patient and Care Manager because the Care Manager is not asking, or telling, the patient to do something they're not willing or able to do.

Levels and Stages of Engagement

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There are different ways to assess activation but two of the most notable are the Patient Activation Measure (PAM) developed by Judith Hibbard, Jean Stockard, Eldon Mahoney, and Martin Tusler and the Health Confidence Tool developed by John Wasson, MD and Eric Coleman, MD. Dr. Coleman is also noted for developing the Care Transitions Program.

The Health Confidence tool is copyrighted although physicians may duplicate it for their own use. It is very similar to a common tactic of health coaching which is to ask the patient to rate his or her confidence in acting on a stated behavior such as walking for 30 minutes five times per week, on a scale from 1 to 10. If the patient states a confidence level of 4, the coach may ask why not a 3 or a 2 to elicit an explanation of what a 4 represents. For this same reason, the coach may follow-up this question with "Why not a 6 or 7?" The questions are phrased in such a way so as to not offend or convey judgment but to gain understanding.

For more information on the Health Confidence Tool go to www.healthconfidence.org.

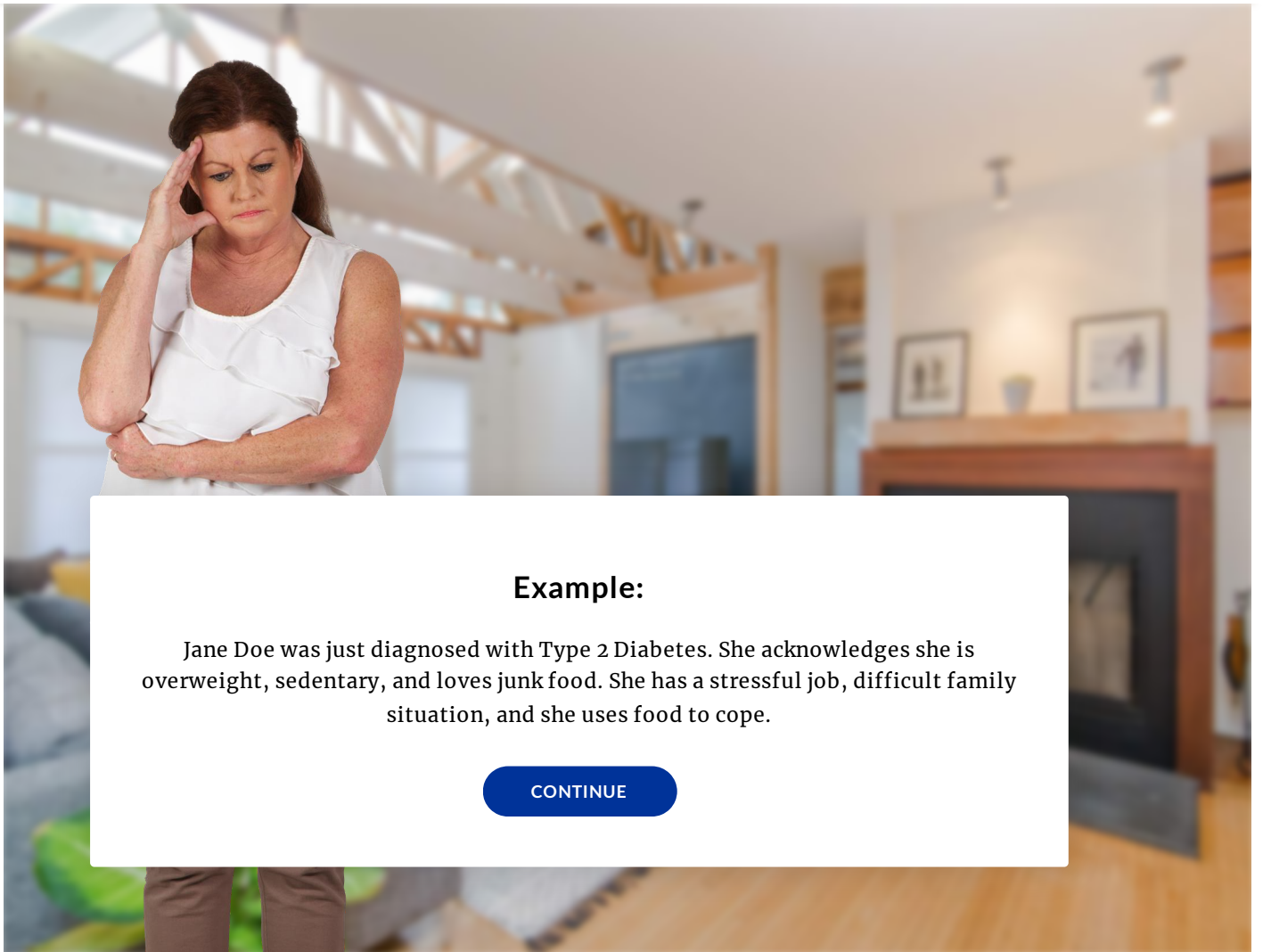
The PAM is a significantly different tool from the Health Confidence Tool. The PAM is a survey that must be licensed for use and identifies levels of activation on a scale from 1 to 4. Here, we can see how Hibbard's levels of activation align with the Stages of Change in the Transtheoretical Model of behavior change. The Transtheoretical Model is an evidence-based standard for intentional behavior change and developed with a focus on addiction and substance abuse.

Patient Activation Levels	Stages of Change
Level 1: Believing the patient role is important	Stage 1: Pre-Contemplation No plan to change
	Stage 2: Contemplation Intend to change
Level 2: Having the confidence and knowledge to take action	Stage 3: Preparation Plan of action; develop confidence
Level 3: Taking action	Stage 4: Action
Level 4: Staying the course	Stage 5: Maintenance

The most important thing to understand here is there is a spectrum of activation that aligns with the spectrum of readiness to change, ranging from not acknowledging the need for change to maintaining change that has taken place. As with activation, at it's lowest point, the patient does not acknowledge or recognize the importance of their role in managing their health.

Each of us, being human, may fall anywhere on this spectrum depending on the topic at hand or other life circumstances. For example, an individual may be completely empowered and ready to quit smoking, yet not be ready to even begin thinking about incorporating exercise into their daily routine.

Each of the patients you work with will fall in different areas of this spectrum for different conditions or behaviors.



Example:

Jane Doe was just diagnosed with Type 2 Diabetes. She acknowledges she is overweight, sedentary, and loves junk food. She has a stressful job, difficult family situation, and she uses food to cope.

CONTINUE

Scene 1 Slide 1

Continue → Next Slide



Jane isn't confident she can manage her food addiction but does want to take steps toward greater health and is ready to think about incorporating exercise into her life. Regarding food, Jane is at:

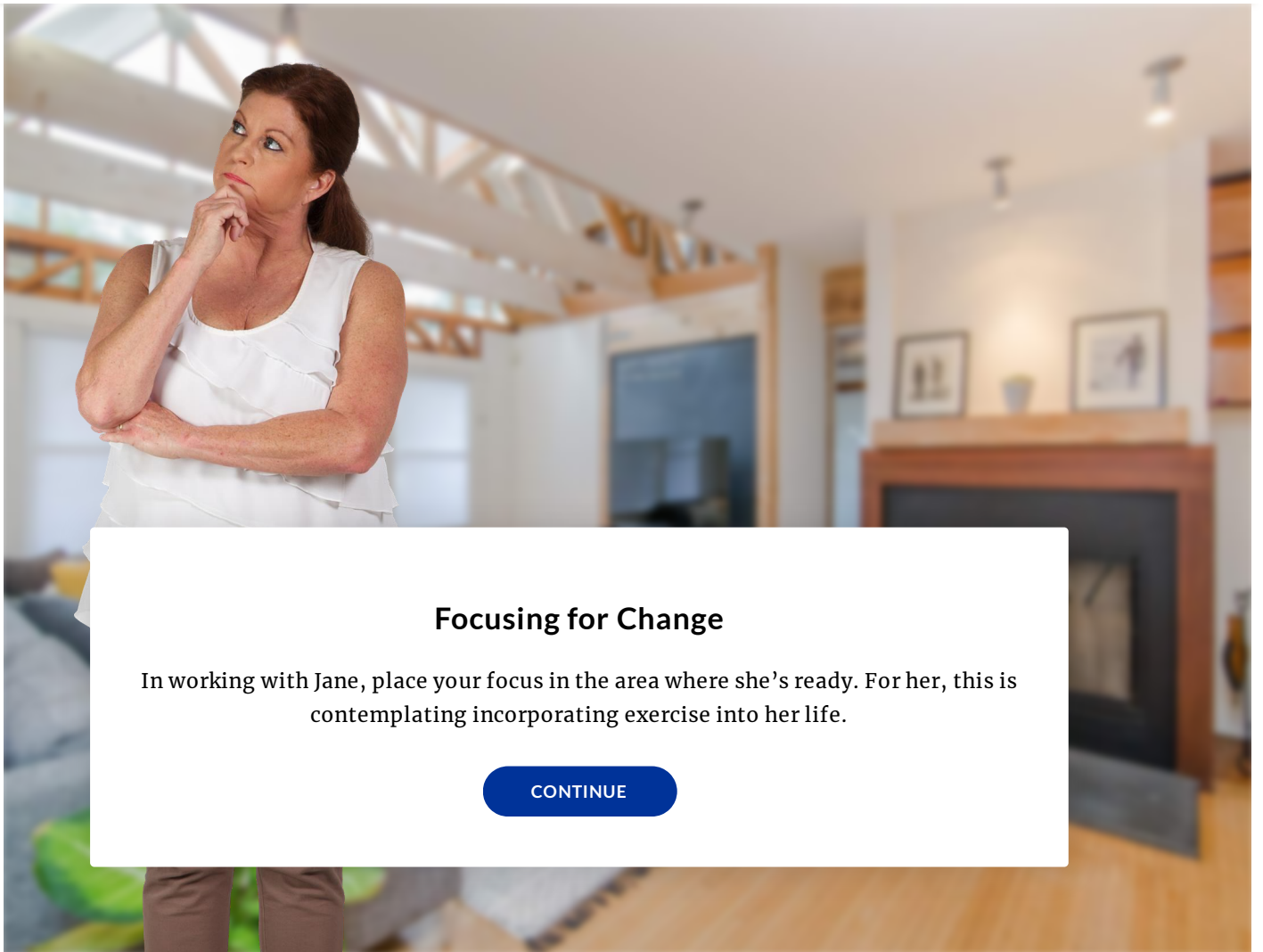
1 Pre-contemplation stage of change.

2 Contemplation stage of change.

Scene 1 Slide 2

0 → Next Slide

1 → Next Slide



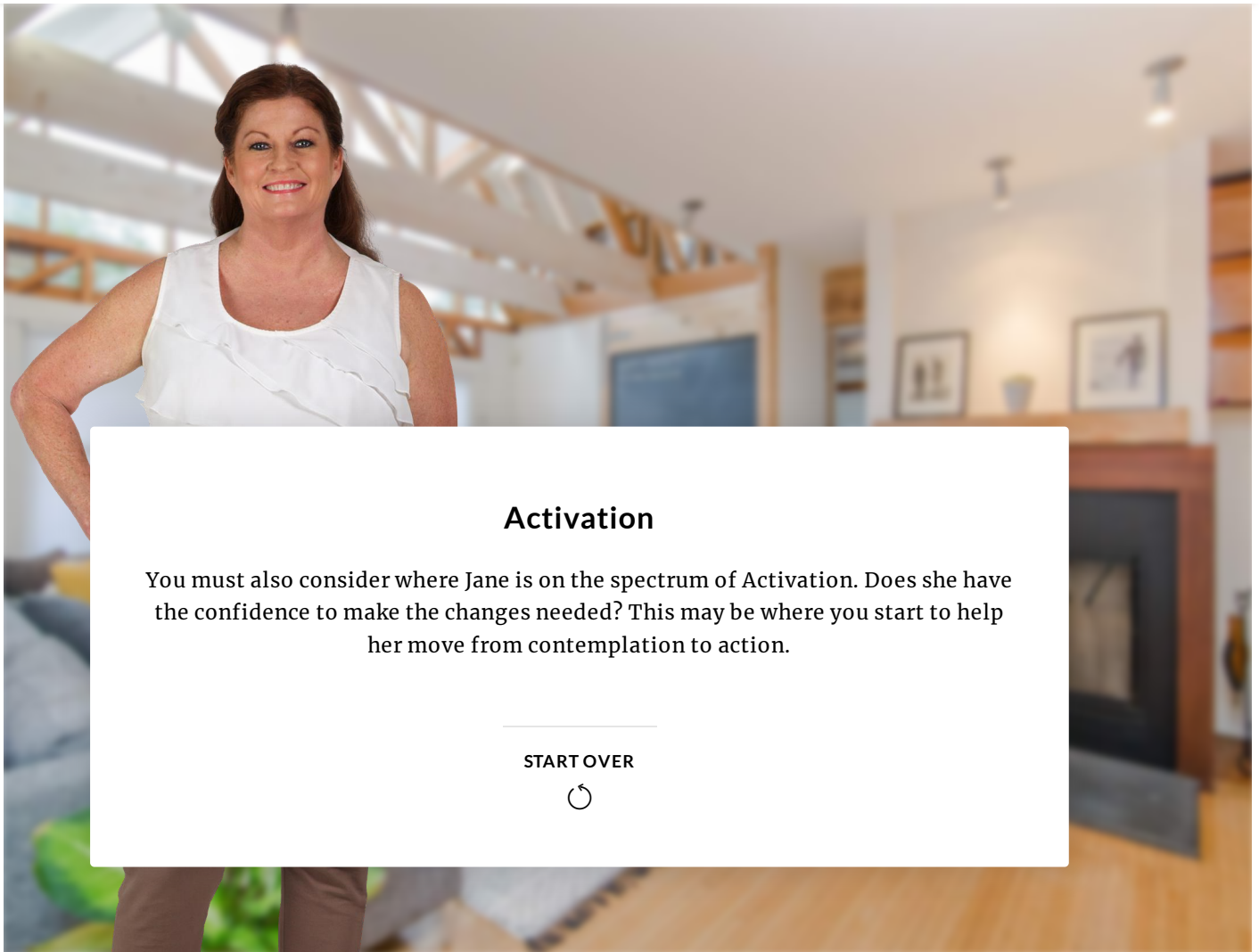
Focusing for Change

In working with Jane, place your focus in the area where she's ready. For her, this is contemplating incorporating exercise into her life.

CONTINUE

Scene 1 Slide 3

Continue → Next Slide



Activation

You must also consider where Jane is on the spectrum of Activation. Does she have the confidence to make the changes needed? This may be where you start to help her move from contemplation to action.

START OVER



Scene 1 Slide 4

Continue → End of Scenario

Working in this way with patients will build much greater trust, and you will feel that you are flowing with the river, as opposed to fighting upstream against the current.

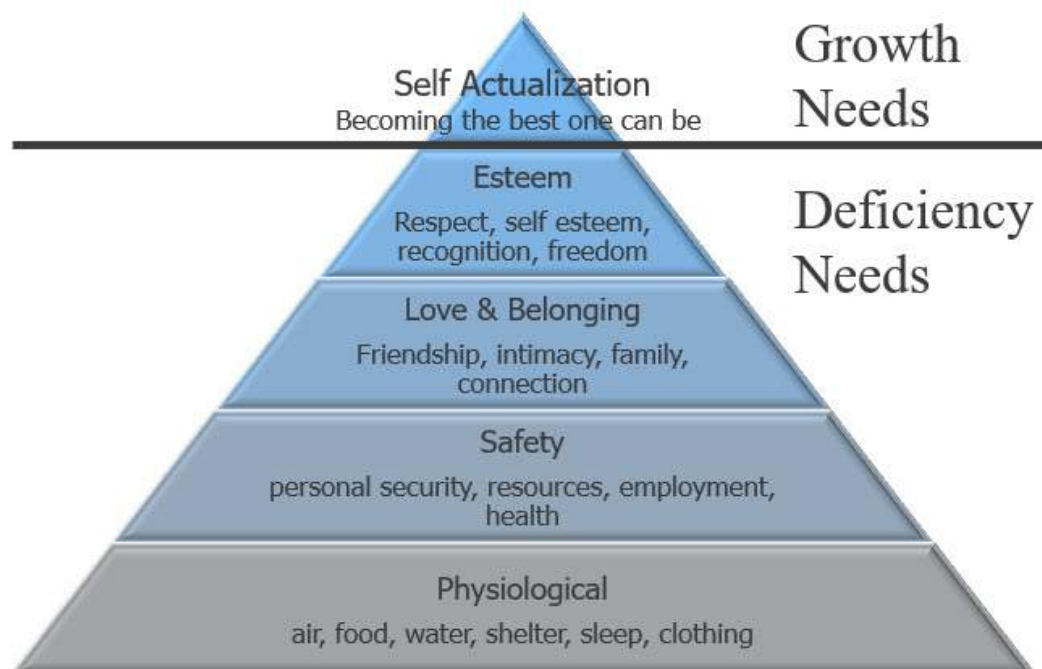
Deficiency and Growth Needs

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As you may recall, we promised in a previous course that we would revisit Maslow's hierarchy of needs when we talked about patient activation.



Remember, in Maslow's we have deficiency needs and growth needs. Deficiency needs are the things that, when we don't have them, we will work toward getting the need met, whether it's a conscious effort or not. For example:

- Without air, we can't breathe, and our body will innately do what it can to meet the need, without us even thinking about it.
- When we become dehydrated, we experience thirst and try to quench the thirst.
- When we lack a sense of belonging we may feel isolated and strive to find something to fill the loneliness.

Self-actualization is our only Growth need. A growth need doesn't come from a lack of something – it comes from a place where one desires improvement, or... GROWTH!

As a general rule of thumb, more people will be operating on the deficiency needs than the growth needs. As you work with your patients toward activation, keep this concept of deficiency and growth needs in mind. Where is your patient on the spectrum?

For example:

Your patient is a grandmother with heart disease who has custody of her grandchildren and maybe her greatest hope is to be able to stay healthy enough to live to see her grandchildren graduate high school. She is most likely operating from a deficiency need with the deficiency being a lack of good health. As you activate this patient toward engagement, it helps to understand this deficiency and help the patient to find & use her motivation to address this deficiency and achieve her goal, which is to live to see her grand kids graduate high school.

Lesson 5 of 10

Building Trust

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At HealthTeamWorks, we are fans of Brene Brown and all of her teachings. In her book, "Braving the Wilderness", Brene transforms the word "Braving" into an acronym to define the key traits required for building trust.

We've listed the traits but for the details, you'll have to download the Braving Inventory here:
<https://daretolead.brenebrown.com/wp-content/uploads/2019/02/BRAVING.pdf> .

We believe it beautifully illustrates how to build trust with the patients and families that you serve.

Key Traits for Building Trust:

- Boundaries
- Reliability
- Accountability
- Valut
- Integrity
- Nonjudgement
- Generosity

As you review these traits, take a moment to consider the different strategies you have used in the past to build trust. Also, take a moment to think about things you may have accidentally or inadvertently done that hindered building trust with a patient.

For example, have you ever had a patient that spoke a different language than your own, and you arranged to have an interpreter present when you worked with the patient? This is a great example of building trust. It demonstrates that you respect the individual's language needs and that you are willing to take the steps necessary to ensure that you will effectively communicate together.

Another example of building trust is being reliable and following up on things you have promised. If you tell a patient you will send a patient a copy of a glucose tracking log, make sure you complete this in the time frame promised.

Being reliable, accountable, honoring confidentiality, having integrity, and being non-judgmental will all go a long way toward serving your patients and building a trusting relationship.

Now let's look at the importance of honoring culture and diversity in order to build trust.

Diversity

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We are an incredibly diverse world, and this diversity is more than just our cultural heritage, our race, or the language that we speak.

Diversity also relates to:

- Ethnicity
- Religious and spiritual heritage and beliefs
- Ability
- Gender identity
- Sexual orientation
- There is also great diversity in the different generations

No matter the topic, diversity is what creates the incredibly interesting patchwork of our world, and we can each learn from one another by listening, refraining from judgment, and allowing everyone to unequivocally be whoever they are.



Honoring another person's diversity does not mean that you embrace the same philosophy or belief. It simply means that you accept the other person as a unique individual, and you accept them without judgment. By doing so, you will be able to meet patients where they are in the most powerful way and engage them to achieve positive outcomes in the way that they see fit.

You are in a unique position as a Care Manager to interface with people from a huge variety of backgrounds. Learning to honor each person's diversity will serve you well in your role.

Cultural Considerations

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03:07

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When we talk about culture, there are many different things to consider, like an individual's ethnicity, their language, and spiritual heritage. There are large cultural considerations that can apply to vast populations, and there are also micro-cultures, which are the customs within a small group. For example, every family has its own micro-culture, social groups of adolescents have micro-cultures, even workplaces have their own micro-culture.



Essentially, there are many cultures that you encounter every day in both your work and your personal life. The key is to listen, honor the other person's beliefs, and discover how you can work together to meet the individual's needs.

You may already know many of the cultural considerations that apply to your unique patient population. However, there may be some that you are not aware of.

These are some examples:

- Language barriers – certainly this can be someone that speaks a different language, or it can be a less obvious example, like a patient that has suffered a stroke and is now non-verbal or has garbled speech. What can you do as a Care Manager to address & overcome this barrier?
- Non-verbal cues – some cultures have unspoken customs and non-verbal cues, so it's important to be aware of these.
- Decision-making process – family micro-cultures may dictate who is allowed to make decisions, or even certain religions may have specified expectations about what types of treatments are acceptable, and which ones are not.

Culture can also define health care expectations that a patient or their family have. For example:

- who provides treatment
- what is considered a health "problem"
- what type of treatment can be provided
- where care is sought
- how symptoms are expressed

Things that you can do in your practice to address cultural considerations are:

- Create a safe environment – review signage, forms, communications to ensure it is inclusive
- Review internal policies – include language regarding non-discrimination for sexual and gender identify
- Accommodate gender preferences
- Listen to how patients refer to themselves, what pronouns are they using – use the same language, if unsure, ask questions
- Alter language to be more inclusive – e.g. relationship status, partner, etc.
- For your transgender population – Don't assume the desire for reassignment or body modification

- Explain the system and help with navigation
- Confirm decision maker(s) at each visit
- Explain confidentiality; make HIPAA forms easy
- Be sensitive to challenges facing refugees and immigrants and possible fear for their personal safety. Their fears may include the release of information to ICE (Immigration and Customs Enforcement), denial of treatment, in extreme cases violence.

Low Health Literacy Behavior

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Last, we want to discuss literacy and its implications on health and health outcomes.

Literacy cannot be assessed or determined simply by looking at someone. It cannot be gauged by the clothes that someone wears, or even by the words that they speak. Experienced Care Managers have cared for many patients that struggle with reading, yet they manage to keep it well hidden. Sometimes even carefully constructed questions to assess an individual's level of literacy will bring a response of clear denial.

Awareness of an individual's literacy and health literacy is important because limited or low health literacy is strongly correlated with poor health. Interestingly, 36% of adults in the United States were identified as having limited proficiency in health literacy. Which means that we, as care providers, need to learn to identify the signs and behaviors of limited literacy, and find ways to ensure patients receive information in a way that is accessible.

There are a number of common behaviors and responses that we may see when an individual has low or poor health literacy. Some examples are:

Low health literacy can pose some unique challenges to engaging patients and caregivers. Referring back to Hibbard's stages of activation, stage 2 is instilling the patient with the knowledge and confidence to take action. This can be difficult when someone has low health literacy.

So here are a few ideas on helping these individuals in overcoming that barrier:

- Use a variety of instruction methods – verbal, written, video, demonstration
- Use plain language – instead of hypertension, say high blood pressure
- Adapt to their language – if they call diabetes "the sugar" call it "the sugar"
- Encourage questions – “Ask Me 3”
- Teach-back – which will be covered in a future course

Knowledge Check

Question

01/05

The Patient Activation Measure (PAM) tool is used to determine how likely a patient is to be active in changing behavior or participating in their care.

True

False

Question

02/05

What are deficiency needs?

- The needs related to basic survival
- Desire for improvement
- Self-actualization
- Motivation

Question

03/05

Tools to assess patient readiness include: (Choose all that apply)

- PAM
- Health Confidence Tool
- Transtheoretical Model
- PHQ-9
- All of the items listed

Question

04/05

A relatively simple way to build trust with patients is by following through on commitments you make to them. For example, if you say you'll send a copy of a BP tracking log, do it.

True

False

Question

05/05

Cultural needs can be understood and met in part by:

- Creating a safe environment
- Using inclusive language
- Listening to how patients refer to themselves
- Exhibiting cultural humility

Activity Instructions

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Practical application of what you are learning helps with skill development and retention. We have created an activity that will guide you in that type of application.

- Visit <https://www.healthteamworks.org/resource/essentials-care-management-activities-and-resources>.
- Find and download the activity assigned for this course.
- Complete the activity. You are encouraged to work with your team to complete the activity.

Email the completed activity to caremanagement_nachc@healthteamworks.org.

Make sure to add the Course Activity Title you are submitting and your full name to the Subject Line of your email.

You will receive feedback on your completed assignments.