Self Care Planning and Patient Engagement

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North Sevier, South Sevier and Sevier Valley Clinics
NCQA 2014 Standards

- **PCMH 4B: Care Planning and Self-Care Support**
  - Care team and patient/family/caregiver collaborate (at relevant visits) to develop and update an individual care plan that includes the following features for at least 75% of the patients identified in 4A
    - Incorporate patient preferences and functional/lifestyle goals
    - Identifies long term goals
    - Assesses and addresses potential barriers to meeting goals
    - Includes a self-management plan
    - Is provided in writing to a patient/family/caregiver
The Struggle is real.....
Self Care plan vs. Nursing care plan

- **Self Care plan**
  - Patient driven
  - Patient specific goals
  - Driven by patients needs, goals, abilities and barriers
  - Patients will have a copy
  - Patients can update goals at anytime

- **Nursing Care Plan**
  - Nursing diagnosis
  - Nurses set goals
  - Based on a medical treatment plan
  - Nursing nomenclature
  - Patients don’t get a copy
When does a patient need a self care plan?

- Care plans should be created or updated at any relevant appointment.
  - Change in plan of care
  - Change in diagnosis
  - Change in patients needs
  - Change in barriers
  - Yearly
Self Care Plans: Getting the patient involved

- Live Well tools
  - Live Well Action Plan
  - Live Well Readiness Worksheet
  - Live Well Lifestyle and Health Risk Questionnaire
  - Live Well Readiness Ruler

- Motivational Interviewing
  - Open ended questions
  - Explore ambivalence
  - Emphasize patient's choice
Engaging Patients in Their Care

- Focus on the positive
- Find and address barriers
- Educate patients about options and resources
- Assist patients in setting S.M.A.R.T. goals
- Support self management efforts
- Acknowledge patients experiences, barriers and progress
- Celebrate success
What motivates patients?

- “Sometimes when the Dr. says I need to change it helps.”
- “Your own positive outlook with support from a trusted health care professional.”
- “What everyone says makes a difference but ultimately it comes down to me deciding to make the difficult change.”
- “My kid. Wanting to feel good enough to play with him and not get worn out too easily.”
- “Myself, I think its when something occurs in your life that motivates or scares you, a heart attack, a divorce, a death of a loved one or maybe a long term illness.”
Sevier Valley Clinic’s Care Plan Process

- Care Manager or Health Advocate meets with patients and completes a care plan at the first visit. This is updated as needed.
- Patient is given the “Personal Action Plan” handout or the “Care Plan” handout.
- Patient fills out these forms.
- Patient takes the form home and brings them to follow up visits.
- Care plans are entered using the care plan hot text.
- Message logs are sent to provider informing them of patients goals and follow up plan.
Questions?