Integrating Healthy Behaviors as a Routine Part of Team Based Care  
*When ‘Patients are not telling us, and we’re not asking’*

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Objectives

• Examine best practice approaches for integrating behavior change into clinical workflows
• Understand the behavior change guidelines for use
• Execute MHI clinician approach in linking clients with community resources
Behavior change – just how possible is it?
Behavior Change Framework
Guidelines for Use
Primary Care Physician

Scott F. Hansen, MD
Attention to the Physical Activity Vital Sign
PAVS

Clinicians can make a difference in just 3 minutes!
PAVS Workflow (The Vision)

Medical/Clinical Assistant asks the PAVS questions and documents in the EHR.

PAVS data is placed as a que for the physician.

Physician interprets the PAVS and documents that the patient is advised to start, increase, maintain or modify PA based on PAVS result.

A 1-3 minute conversation assists the patient to create next step in improved physical activity.

- Train your team on PAVS
- Develop your prompt to discuss PAVS
- Record your assessment and actions
- Review it each visit
Physical Activity Vital Sign (PAVS)
### Vital Signs

<table>
<thead>
<tr>
<th>Date</th>
<th>SBP (mmHg)</th>
<th>DBP (mmHg)</th>
<th>HR (bpm)</th>
<th>Weight (kg)</th>
<th>BMI</th>
<th>Height (cm)</th>
<th>Weight Measured (kg)</th>
<th>BMI Measured (kg)</th>
</tr>
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<tbody>
<tr>
<td>07/15/17</td>
<td>122</td>
<td>78</td>
<td>62</td>
<td>62.5</td>
<td>22.2</td>
<td>158.8</td>
<td>62.5</td>
<td>22.9</td>
</tr>
<tr>
<td>07/16/17</td>
<td>120</td>
<td>76</td>
<td>62</td>
<td>62.5</td>
<td>22.2</td>
<td>158.8</td>
<td>62.5</td>
<td>22.9</td>
</tr>
</tbody>
</table>

### Ambulatory Comprehensive Intake

- **Chief Complaint**: Annual physical
- **Vital Signs**
  - SBP/DBP: 122/78 mmHg
  - HR: 62 bpm
  - Weight: 62.5 kg
  - BMI: 22.2
  - Height: 158.8 cm
- **Physical Activity**
  - Minutes per day: 
  - Times per week: 
  - Minutes per week: 
  - Intensity: 
- **Room Air**: Yes
- **O2 Sat**: 
- **O2 L/Min**: 
- **Temperature**: 

**Note**: All fields marked as empty.
Live Well, Move More

No matter what your current weight or health condition is, being active will give you a better quality of life.

Why is being active important to me?

Be there for friends and family
To do things I love to do
Have joy and happiness
Improve sleep
Avoid chronic illness
Maintain healthy weight
What do I choose to do?

**Move more**

**Moderate**
- Breathing a bit harder but still able to talk
  - Brisk walking
- Easy cycling
- Playing catch

**Vigorous**
- Breathing fast and cannot easily talk
  - Running
- Fast cycling
- Playing basketball

**How much?**
- **Moderate** 150 minutes per week
- **Vigorous** 75 minutes per week
- That’s about 30 minutes on most days
- OR a mix of both

**Build**

**Strength**
- Weight lifting
- Doing push-ups or squats
- Doing heavy chores

**Balance**
- Dancing
- Practicing yoga
- Doing martial arts

**How much?**
- 2 days per week

**Activity tips:**
- None is bad, some is good, more is better.
- Start small and build up a little at a time.
- Just 10 minutes at a time is enough to benefit you.

**Sit less**

**Limit**
- TV, computer, and other screen time

**How much?**
- Less than 2 hours per day (outside of work or school)

**Break up sitting time**
- Every 20–30 minutes stand up and move around for 2–3 minutes (even at work)
You Can Learn To Move More

To make new daily routines, you need to experiment to find what works best for you

Pick something you want to do now

I want to try: ________________________________

Be honest with yourself about what you are really ready to work on.
You’ll learn what works for you by trying and creating your own formula.

Follow the steps below

1. **Make a Plan.** Planning out the details will help you succeed.
   - **Pick a small step**
     - Pick a small step toward your goal.
     - Connect this step to a prompt or reminder.
   - **Prepare**
     - What resources could help? (Time? Gear? A class?)
     - Who will support you? (A friend? A family member? A fitness professional?)
     - What changes to your environment would help? (Keep workout bag packed?)
   - **Think ahead**
     - What might get in the way or make this harder?
     - What can you do when that happens?
     - What will inspire you to keep going and have fun?

2. **Act and Track.** Try out your step for a defined period.
   - Start date: __________
   - How will you keep track of what you do? __________
   - Review date: __________
   - Who will you be accountable to?

3. **Reflect and Adjust.** You can learn from whatever happens. There’s no failure if you keep learning. Adjust your plan and keep going.
   - How did it go, and what did you learn?
   - What will be your next small step?
   - Be sure to celebrate what you did and what you learned!
Complete the task--You need it all: **Coding, Billing AND Documentation**

**Coding:**
• ICD-10 Lack of physical exercise + ICD-10 for disease impacted.

**Billing:**
• 99214 – 25 minutes of face-to-face time with the patient

**Documentation:**
• 50% of patient visit spent counseling on physical activity and/or exercise
• Build your template, iCentra upgrades
Behavioral Sleep Medicine Specialist

Lori Neeleman, PhD, CBSM
Sleep: Healthy Behavior versus Problem

• 100% of people sleep and can benefit from adequate quality sleep.

• Up to 90% of patients visiting a mental health provider report sleep problems when asked.

• About 50% of patients attending a primary care visit report trouble sleeping when asked.

• ASK! Keep sleep on the radar.
  - How are you sleeping?
  - Are you tired during the day?
PHQ-9/MHI Packet

Patient has completed the PHQ9 and item 3 or 4 is >0.

Patient has completed the MHI packet and sleep problems are identified.

5. Do you have problems sleeping? If no, skip to question #6. If yes, answer the following:

How long have you had sleep problems? **Off and on for years**

On average, how many nights per week do you sleep problems? **2**

On average, how many hours do you sleep each night? **4-6**

Which of the following best describes your sleep pattern (check all that apply):

- [x] I have trouble falling asleep.
- [x] I wake up frequently at night.
- [x] I don’t feel rested the next day.

How bad would you say your sleep problem is?

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [x] 9
- [ ] 10

Not present: A little bad
Pretty bad
Very bad
Couldn’t be worse
# Sleep as Problem

<table>
<thead>
<tr>
<th>Type</th>
<th>Standardized Assessment</th>
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<tbody>
<tr>
<td>Sleep Related Breathing Disorders</td>
<td>STOP-BANG</td>
</tr>
<tr>
<td>Central Disorders of Hypersomnolence</td>
<td>Epworth</td>
</tr>
<tr>
<td>Insomnia Disorder</td>
<td>Insomnia Severity Index</td>
</tr>
<tr>
<td>Circadian Rhythm Sleep-Wake Disorders</td>
<td></td>
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<tr>
<td>Parasomnias</td>
<td></td>
</tr>
<tr>
<td>Sleep Related Movement Disorders</td>
<td></td>
</tr>
<tr>
<td>Other Sleep Disorders</td>
<td></td>
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</tbody>
</table>
Sleep as Healthy Behavior - Live Well-Sleep Well Fact Sheet

Help patient find their why...

- Able to do more of what you love and feel better doing it
- Focus/attention
- Relationships – less conflict
- Mood
- Productivity
- Memory

- Chronic disease
- Mental health
- Exercise will be more enjoyable/doable
- Better food choices
- Weight
- Sleeping well feels good!
Sleep as Healthy Behavior (2)

Education

- Most adults need 7-8 hours.
- Associate your bed with sleep.
- Don’t try to get more sleep than your body needs.
- Keep a consistent wake time 7 days a week.
- Minimize screen time and bright lights in the last 2 hours before bed.
- Caffeine, alcohol, nicotine and some medications can impact sleep if taken close to bedtime.
- Get adequate bright light exposure and exercise/movement during the day.
- Establish a regular bedtime routine that includes time to relax.
Putting It Together: Using the Behavior Change Framework

- Ask about Sleep – Keep it on the Radar
- Identify Personal Why/Motivation
- Educate
- Set Goals/Assess Ability/Make a Plan
- Action
- Outcome – Circle Back

Diagram showing the behavior change framework with components like relationships, motivation, and mindset.
Community Care Manager
Social Worker

Bridgette Baker, MSW, LCSW, ACM-SW
Community Care Management (CCM) is a team-based care program. This outreach program aims to remove obstacles and find solutions so that patients can get well and stay well. The goal is to improve patient’s quality of life.
CCM starts with Person In Environment
Maslow’s Hierarchy of Needs

- **Physiological needs:** food, water, warmth, rest
- **Safety needs:** security, safety
- **Belongingness and love needs:** intimate relationships, friends
- **Esteem needs:** prestige and feeling of accomplishment
- **Self-actualization:** achieving one’s full potential, including creative activities
Who’s There to Help?

Patient Advocates
Clinic Care Managers
Insurance Care Managers
Community Care Managers
Questions from the Audience
Discussion Questions

• If a patient describes symptoms of insomnia, should I provide a referral first or try to help them with behavioral changes in the context of MHI/primary care?
• What specific recommendations have the best chance of helping a patient improve their sleep?
• When is it appropriate to refer to Community Care Management (CCM)?
• How can you as a clinician help the patient be successful with a smart goal for increasing physical activity? How can rapid cycle review and treatment adjustment help a patient improve their physical activity habits?
• How do sleep aids like Ambien fit into a therapeutic regimen for healthy sleep?
Intermountain’s Behavior Change Framework

Thank you for attending this session.