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2020

Community Input on an Enhanced Care Planning Tool Addressing Health Behaviors, Mental Health Needs, and Social Risks

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O'Loughlin, Kristen; Shadowen, Hannah; Kashiri, Paulette Lail; and Krist, Alex, "Community Input on an Enhanced Care Planning Tool Addressing Health Behaviors, Mental Health Needs, and Social Risks" (2020). Graduate Research Posters. Poster 31.

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Community Input on an Enhanced Care Planning Tool Addressing Health Behaviors, Mental Health Needs,

and Social Risks



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Background:

- Unhealthy behavior, mental health, and social needs influence health outcomes.
- Health systems are experimenting with new models of care to address these issues.
- Enhanced care planning (ECP) allows patients to be screened for needs, make SMART goals, and connect to resources.
- An ECP process may address patients' needs, improve health outcomes, and increase the efficacy of primary care practices.

Objective:

• To create a care planning tool that is patient centered and evidence based.

Methods

- A Community Review Board (6 local residents) provided feedback on the ECP Process during a session facilitated by the research team. Major themes noted along with the corresponding topic.
- Evidenced based strategies for action were compiled through a rigorous review of best practices and organized into wireframes as they would be presented to patients.
- The wireframes were given to members of the research team and community members for feedback and then revised.

Evidence Based Strategies for Action

Nutrition Domain		
If you want to make some changes to eat healthier		
	Stop or eat less fast food	
	Prepare more of your own food	
	Keep track of what you eat in a food diary	
If you want to learn about healthy eating		
	Talk with your doctor about what healthy eating means for you	
	Get a referral to a registered dietician	
If you want support in making these lifestyle changes		
	Join a weight loss program	
	Get a referral for behavior therapy	

Safety Domain		
If you need to get out of an unsafe situation		
	Call a hotline	
	Create a safety plan	
	Find a shelter near you	
If you need legal help,	protection, or support	
	Connect with a case manager	
	Contact your local legal aid society	
	Find a family violence clinic near you	
If you want to improve	your safety	
	Change who you live with or where you live	
	Change what you do in your free time to be safer	

Feedback from Research Experts

- Use positive phrasing
 - If you are <u>not sure</u> which foods are healthy -> If you <u>want to</u> learn about healthy eating
- Remove jargon or acronyms
 - o <u>Obtain</u> a referral... -> <u>Get</u> a referral...
- Increase specificity
- Obtain a referral for *counseling* -> get a referral for *behavior therapy*
- Organize list from least restricting to most restricting
- O Rank order:
 - Stop or eat less fast food
 - Prepare more of your own food

Feedback from Community Experts

- Overall positive reception
- Provide definitions for less common words
 - o Tai Chi, meditation, imagery
- Increase specificity vs generality
 - Change what you do in your free time to be safer -> Spend time with people who are not abusing drugs.
- Fill in content gaps
- Add more legal aid support for: immigration and documentation
- Add more financial support: trade school certifications

Key Resources Used for Health Behavior Domains

United States Preventive Services Task Force

USDA (Nutrition)

National Physical Activity Plan (Physical Activity) Community Preventive Services Task Force

Cochrane Database of Systematic Reviews

NIH Center for Complementary & Integrative Health

Peer Reviewed Literature

Results

- Community members regarded the patient-navigator relationship as one of the most critical aspects of the ECP
- Patients bring a unique approach to decisions, from stage of readiness to their preferences and priorities.
- Aggregate statistics on preferred approaches are relevant to populations but not always to an individual patient.

Conclusions

- Feedback from both groups significantly altered the design of the care planning tool and is likely to improve its usability and
- Each group had a different lens and made different suggestions – all critically important to the final design.

Funding: AHRQ 1R01HS02622-01A1

Step 1: Introduction Video

1 minute video about the **Enhanced Care Planning process** in the style of a whiteboard

- Visual component is key.
- Separate video into smaller segments.
- Include the benefits for the patient in the explanation.

Step 2: Health Risk Assessment

social needs

Assess health behaviors, mental health needs, and

number of goals. • Some needs may combine or be

Step 3: "Decide what you want to work on"

Patient is shown their high risk areas and pick 1-3 areas they want to focus on.

- Concern about the appropriate
- addressed concurrently. For example financial problems, drug abuse, and mental health concerns may cooccur.

Step 4 "Tell me your story"

Patient will be shown a screen similar to

Tell your care team about your motivation [topic] and what you have done in the past...

Why do you want to quit smoking? Have you tried to quit smoking before? If so, what happened? What do you think will help you most to succeed with quitting smoking?

- Address trauma and stress that may underlie these issues.
- Questions about telling the story should be asked one at a time.

Enhanced Care Planning Process Review

Step 5: "Make a goal"

Patient will be shown a screen similar to below:

What is something personal [topic goal]? Be as specific as possible and make sure it is relevant or means something to you.

How will you measure whether you are meeting your goal? When do you want to have your goal accomplished by?

Concern about discouragement if the example goal seems unrealistic.

- Clinical measurements (e.g. blood pressure) may be important to some individuals.
- Concern about asking "when" for ongoing goals.



Step 6: "How do you want to achieve your goal" Patient shown a screen similar to below:

Example #1: Nutrition

If you are not sure which foods are healthy:

- obtain referral to a registered dietician
- learn more about nutrition
- If you are not sure how to cook healthy foods: download an app to my smartphone
- find healthy recipes online
- take cooking or nutrition classes
- Providing strategies may be helpful.
- People may want to edit the suggestions.
- Clicking or dragging strategies onto a page may be

Step 7: Follow Up

Patient will be connected with patient navigator following the completion of their Enhanced Care Plan. The navigator will follow up periodically.

Relationship with patient navigator is key.

Continuous support is needed. Navigator

- Ensure the navigator does not provide false hope.
- needs to call or meet frequently. Follow-up is key to identifying and
- addressing new barriers.