ELICITING GOAL-DIRECTED CONVERSATIONS IN PRIMARY CARE SETTINGS

Emily Frech

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Mentors: Zsolt Nagykaldi, Ph.D & Becky Purkaple, M.D.

BACKGROUND

- Problem-based healthcare:
  - Broken leg? Fix it!
  - Tonsillitis? Slap some Augmentin on it and go!

- Quality-of-life-based healthcare:
  - 50% Medicare beneficiaries receiving 5+ medications for chronic illnesses
  - "Unsolvable problems"
  - Equalizing the relationship: "one in medicine and the other in the desired outcomes of treatment."

Patient goal setting improves outcomes in EVERY setting where it has been studied!

OUR STUDY DESIGN

- Plan:
  - Two groups of physicians, one of which we will have previously trained on goal-directed conversations in the primary care setting.
  - Patients will fill out a survey on current symptoms and quality of life questions; physician will have opportunity to review survey during visit.
  - Audio-record each encounter.
  - Score via Modified Flanders Assessment Tool.
  - Statistical analysis of differences between trained and untrained physician groups.

MODIFIED FLANDERS ASSESSMENT TOOL

Table 1

Modified Flanders Assessment Tool

1. Doctor responds to feelings
2. Doctor praises or encourages
3. Doctor uses patient's ideas
4a. Doctor asks open-ended question
4b. Doctor asks closed-ended question
5. Doctor gives information
6. Doctor gives instructions
7. Doctor criticizes or justifies his or her authority
8. Patient responds to doctor
9. Patient initiates (question or information)
10. Silence or confusion

SURVEY QUESTIONS

- Survey of medical issues: overnight hospital stays, ED visits, other HCP visits, medication changes, initiation of home health, major life changes

- **“What things are you unable to do as a result of your health problems?”**
- **“What other things would you like to be able to do that you can’t do now?”**
- **”What activities give purpose to your life?”**

OUR STUDY DESIGN

- Overview: 2 physicians per clinic (control + intervention) * 3 clinics = 6 physicians. 10 patient encounters/physician = 60 patient/physician encounters.
  - Each patient: 1+ chronic condition
- **Control**: No training on goal-directed conversations for Physician Group A.
- **Intervention**: Pre-visit training on goal-directed conversations for Physician Group B.

THE BORING STUFF

- Storage sites for audio recordings: HIPAA and beyond
- Audio recordings destroyed after Flanders scoring
- Survey: have staff distribute with regular paperwork in waiting room
  - Once completed, hand to physician
- ICF: physicians (once at start of study)
- ICF: patients (prior to recorded encounter)

PRIOR PURKAPLE PAPERS

- **Purkaple 2016** revealed that patients are eager to discuss QOL goals, but questionnaires alone are likely insufficient at promoting change in the doctor-patient conversation
  - QOL intervention group: physicians LESS empathetic than control ($p<0.01$): ??

Purkaple 2018

Pre-visit surveys + cue cards

QOL goals were more likely to be mentioned in intervention group

No difference in usage of QOL goals in clinical decision-making

ADVANTAGES

- Anticipating that the addition of a training session will hopefully equip physicians with the tools for goal-directed care conversations

- Moving goal-directed care research beyond setting of academic medicine
  - Most patients receive care in ambulatory primary care clinics, yet vast majority of PC research occurs in academic medical centers

JULY UPDATE

UPDATED STRATEGY

- Test our pilot physician training program on OU Family Medicine physicians.
- July 2019: tested curriculum on OU physicians
  - 20-25 minute sessions
  - Handout with case study and GOAL framework
    - Applying the case study to the GOAL model in a group conversation
  - Post-visit survey
  - Residents, attendings, and even some of our professors (!!)

CASE STUDY

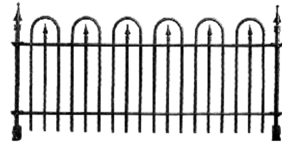
- "Linda is a 66yo female who wants to get on the ground and play with her grandkids. She has diabetes type 2 and struggles to remember to take her medicine (last Ha1c 9.4%). She also has hypertension for which she takes amlodipine and hyperlipidemia for which she takes atorvastatin. She has a BMI of 37. She also has bilateral knee osteoarthritis and low back pain.
- When you ask "What can you not do because of your grandchildren?" she responds, "I want to be able to get on the floor and play with them. I can't do that because sometimes I cannot get back up."

G.O.A.L.

- **G**oal
  - Patient's goal
- **O**utcomes
  - Ideal medical outcomes: lowered A1C, improved knee/back strength and flexibility, greater medication compliance
- **A**ction
  - How we achieve outcomes (incorporating grandkids into exercise regimen, assistive devices, PT, OT).
- **L**ink
  - Linking the patient's goal with the ideal medical outcomes
  - "With some PT, we can build up your strength so you can better move up and down with your grandkids and have less pain doing so."

PATIENT HANDOUT

My Goal:



The Obstacles
I face:

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My Actions
to reach the goal:

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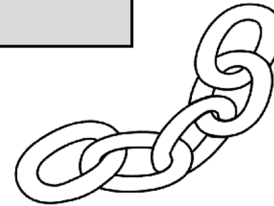

My Links
to stay on track:

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POST-VISIT SURVEY

- “Conversations around patients’ goals are important in the primary care setting.”
- “This training made me think about how to incorporate patients’ goals into their care plan.”
- “After this training, I feel better prepared to incorporate patients’ goals into their care plan.”
- “After this training, I will incorporate goal-directed conversations into my patient encounters.”
- “PCPs should incorporate goal-directed, QOL conversations into appropriate patient encounters.”
- Scoring: 1 = strongly disagree, 10 = strongly agree

POST-VISIT SURVEY

- "What did you like/dislike about this training?"
- Demographics
  - Age
  - Level of Training
  - Gender Identity

SURVEY RESULTS: DEMOGRAPHICS

Gender Identity	% Respondents (n=7)
Male	43%
Female	57%

SURVEY RESULTS: DEMOGRAPHICS

Level of Training	% Respondents (n=7)
PGY-2	14%
PGY-3	28%
Attending	57%
(For Attending Physicians, average # years in practice = 18.5)	

SURVEY RESULTS: DEMOGRAPHICS

Age	% Respondents (n=7)
18-24	0%
25-33	57%
34-43	0%
44-53	14%
54-63	14%
64+	14%

SURVEY RESULTS

Question	Mean Score	Standard Deviation
"Conversations around patients' goals are important in the primary care setting."	9.71	0.49
"This training made me think about how to incorporate patients' goals into their care plan."	8.57	1.27

SURVEY RESULTS

Question	Mean Score	Standard Deviation
"After this training, I feel better prepared to incorporate patients' goals into their care plan."	8.14	1.21
"After this training, I will incorporate goal-directed conversations into my patient encounters."	9.14	1.07

SURVEY RESULTS

Question	Mean Score	Standard Deviation
"After this training, I will incorporate goal-directed conversations into my patient encounters."	9.43	1.13

OTHER FEEDBACK

- Suggestions
  - Pre-visit survey
  - Reminder card/sticker
  - Initial training, initial measurement, follow-up measurement in several months to analyze whether training ”stuck”
- Respondents liked length and simplicity of training
- Challenge: one more thing to incorporate?

MOVING FORWARD

- Working with Carlie Pearson (MS-4) to collect data this fall
- Hopefully drafting manuscript
- IRB approval
- Thank you, FMSRE!

ANY QUESTIONS?

REFERENCES

- *Fried TR, Tinetti M, Agostini J, Iannone L, Towle V.* Health outcome prioritization to elicit preferences of older persons with multiple health conditions. *Patient Educ Couns. 2011 May; 83(2):278-82.*
- *Kaufman DW, Kelly JP, Rosenberg L, Anderson TE, Mitchell AA.* Recent patterns of medication use in the ambulatory adult population of the United States: the Slone survey. *JAMA. 2002 Jan 16; 287(3):337-44.*
- *Purkaple, Becky A., Mold, James W., Chen, Sixia.* Encouraging Patient-Centered Care by Including Quality-of-Life Questions on Pre-Encounter Forms. Ann Fam Med. 2016 May; 14(3): 221–226.