In order to realize the benefits of patient and family engagement, health care providers and those in health care leadership must understand the key concepts of patient and family engagement, utilize engagement strategies, and understand how to support and encourage the cultural transformation that patient and family engagement requires. However, few providers receive training on patient and family engagement. Preparing health care providers and leaders to partner with patients and families begins with academic training and continues through practice and continuing education. Learning how to effectively engage patients and their families in their health care is important for all health care practitioners, as well as those in leadership and administrative roles within health care organizations.

It is important to prepare health care providers and leaders to partner with patients and their families.

There are numerous methods that providers can implement to increase patient and family engagement, some of which are discussed in other chapters. The Task Force did not study all patient and family engagement methods. Instead, the Task Force chose to highlight three evidence-based strategies for increasing providers' knowledge and skills around patient and family engagement that are currently being used by health care organizations in North Carolina.

Methods of Engagement

Assessing Patient Readiness

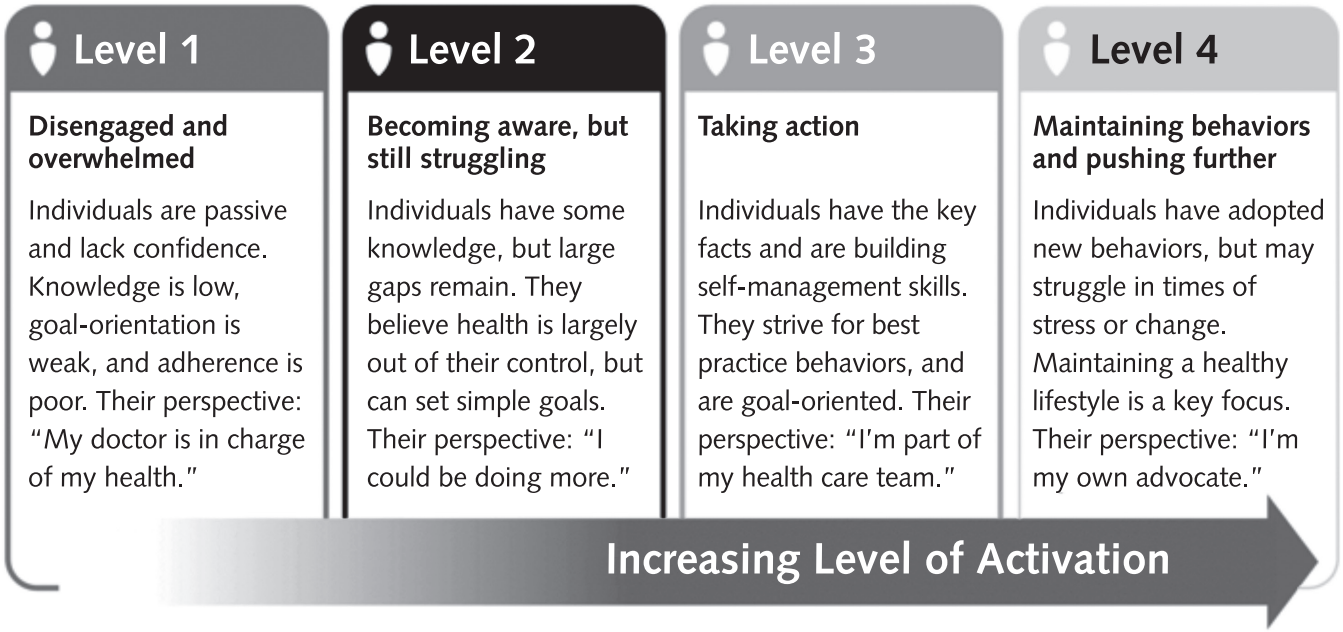
Because self-management is such a significant part of individual health, providers often need to be able to assess a patient's preparation to manage his or her own conditions. One tool health care providers can use is the Patient Activation Measure (PAM).[1] The PAM measures the extent to which patients know how to manage their condition; have the skills and behavioral repertoire to manage their condition; and have the confidence to collaborate with their health providers, maintain functioning, and access appropriate and high quality care.[2] Research has demonstrated PAM's ability to effectively measure activation and predict health-related behaviors and outcomes including medication adherence, emergency room utilization, and hospitalization.[3,4] Providers can administer the assessment, collect the information, and categorize patients into one of the following four levels.[1]

Knowing a patient's PAM level can help providers match the patient's individual care plan to their level of activation.[1] The PAM includes tools for individualized coaching based on a patient's level of readiness to move along the continuum of activation.

Motivational Interviewing

Motivational interviewing (MI) is a set of techniques providers can use to improve patient engagement. Motivational interviewing is a patient-centered, goal-oriented method of communication for enhancing patients' motivation to change by exploring and resolving ambivalence or reluctance to change.[5]

Figure 4.1
The Patient Activation Measure



Source: Hibbard JH, Greene J. What the evidence shows about patient activation: better health outcomes and care experiences; fewer data on costs. Health Aff (Millwood). 2013;32(2):207-214.

MI can be used to assess patients' readiness to adopt behaviors to manage care and improve health, and find ways to motivate patients to participate in these processes. MI relies on four principles to help providers encourage patients: expressing empathy with patients; emphasizing differences between patients' current behavior and healthier behaviors; minimizing conflict between providers and patients; and supporting the patients' ability to change health behaviors.[5] In the past, MI was primarily used to address substance abuse, but providers today have expanded the use of MI to impact a wide array of health behaviors including diet and exercise, smoking, chronic disease management, and oral health. The patient is the expert on himself/herself. Providers can serve as partners by using their technical expertise to help the patient establish and meet goals for improving health. MI may also allow for a shift in power in the provider/patient relationship, wherein the patient becomes a more equal partner in determining how to achieve health behavior change. Ideally, MI is a partnership between experts.

The spirit of motivational interviewing is collaborative. Without MI, providers may identify a problem and offer patients a solution to fix it, which may have nothing to do with—or may even conflict with—the patient's desires or needs. For example, a provider may identify an unhealthy condition (e.g. obesity) and readily offer a plan for behavior change (e.g. diet and exercise) as the obvious solution. A provider may prescribe behavior change, but fail to consider how the patient feels about this prescription, which can often lead to resistance from the patient instead of change. By contrast, MI is a set of techniques that allows the

patient, rather than the provider, to make the arguments for change.[6] Providers learn specific skills for talking about the patient's own motivations for change in order to construct an action plan for meeting health and behavior goals. With providers working with patients to explore ambivalence or reluctance, patients will be more likely to take effective action toward improving their lifestyle.[7]

MI started as a technique used by mental health professionals. As such, many organizations that provide training and education for mental health professionals in North Carolina also offer MI training. For example, the North Carolina Council of Community Programs, an organization supporting the coordination, reform, and growth of the North Carolina mental health, intellectual/developmental disabilities, and substance abuse system, offers a 13-hour online training course on MI for mental health professionals. MI has more recently been incorporated as a technique used by a broader range of health professionals. In North Carolina, Community Care of North Carolina (CCNC) has embraced MI as a key component of care.[8] All CCNC care managers have received extensive training, coaching, and technical assistance on MI. All new hires receive a full day of MI training during orientation. Throughout CCNC, MI Champions serve as mentors for education and practice, and have created a Motivational Interviewing Resource Guide that reinforces the concepts taught during orientation. CCNC's long-term goal is to support MI at the individual practice level for both physicians and their staff to further enhance communication and improve the overall health system.[8]

Learning how to effectively engage patients and their families in their health care is important for all health care practitioners.

Shared Decision Making

Shared decision making is another strategy that can better prepare providers to increase patient and family engagement. Shared decision making (SDM) is a particular process of joint patient-provider decision making by which an individual: understands the risks or seriousness of the disease to be prevented or managed; understands screening and/or diagnostic tests (including the benefits, risks, alternatives, and uncertainties); has weighed his or her values regarding the potential benefits and harms; and has made a decision or deferred a decision.[9,10] SDM is an important tool for patient and family engagement because it is patient-centered, improves health outcomes, reduces costs, and increases patient satisfaction, psychological and physical well-being, and adherence to treatment.[11-13]

While there are various clinical models to practice shared decision making, they often rest on supporting a process of deliberation and understanding that decisions should be influenced by exploring and respecting what matters most to patients and their families. This exploration, in turn, depends on patients developing informed preferences. While there are different models, the required SDM steps include three steps: choice talk, option talk, and decision talk.[14]

Choice talk refers to the process of making sure the patient knows that reasonable options are available. This does not need to be performed during in-person visits. An email, letter, or telephone call can be sufficiently effective to initiate

this planning step. Option talk refers to providing more detailed information about available options for treatment or management of a condition. During this step, providers should supply patient decision support tools, if applicable.[a] These tools may include decision support interventions, such as exercises that allow patients to clarify their preferences, brief text or diagrams, or patient decision aids.[15] Lastly, decision talk refers to supporting the work of considering patients' preferences and deciding what is best for the patient and the patient's family. The entire process of deliberation begins as soon as options have been described during option talk. The deliberation process is both recurrent and frequent and it may take place, in part, outside of the clinical encounter.

Educating Health Care Providers and Leaders

Training and continuing education are critical to develop a workforce of health care providers and leaders who encourage and embrace patient and family engagement.

Developing a workforce of health care providers and leaders who encourage and embrace patient and family engagement begins with academic education and training and continues through practice and continuing education. Health care providers and leaders within health care systems must learn the theory and benefits of patient and family engagement as well as the skills necessary to fully engage with patients and families.

In addition to the three strategies discussed above, there are other evidence-based strategies for increasing providers' knowledge and skills around patient and family engagement. Regardless of the strategies chosen, it is important for organizations providing education and training to incorporate a diverse range of teaching techniques when working toward changing providers' ingrained ways of doing their jobs. Research has demonstrated that classroom-type, theory-based training alone is an ineffective means for stimulating and maintaining behavior change. However, when traditional training is supplemented with active and ongoing practice-based coaching and consultation, the vast majority of participants are able to successfully implement new skills or behaviors in their workplace.[16] Coaching and consultation activities include supervision, teaching while engaged in practice activities, assessment and feedback, and the provision of emotional support. Coaching and consultation are important because they allow staff to get on-the-job feedback and encouragement as they learn new skills and practices.[16]

Our general understanding of the relationship between patient and family engagement, health outcomes, and care experiences is relatively new. Thus, both seasoned providers and many recent graduates are limited in their training on how to effectively engage patients and their families. Providers and health care system administrators need to understand not only the concept and importance of patient and family engagement, but also how to effectively engage patients and families. Therefore, the Task Force recommends:

a A decision aid is a multimedia tool for patients with a particular disease or condition that provides information, values clarification, and coaching in deliberation and communication.

Recommendation 4.1: Incorporate Patient and Family Engagement Techniques into Health Professional Training (PRIORITY RECOMMENDATION)

a) The North Carolina Community College System, the University of North Carolina system, and private colleges and universities that prepare members of the health care team should train students to provide patient- and family-centered care. Training should include evidence-based patient and families engagement strategies including motivational interviewing, the Patient Activation Measure (or other tools to gauge readiness to engage), peer support, shared decision-making tools, and health literacy strategies. Education should also include strategies for incorporating caregivers as members of the health care team.

b) North Carolina Area Health Education Centers programs, organizations that provide care management services, and associations including, but not limited to, the North Carolina Medical Society, North Carolina Dental Society, North Carolina Nurses Association, North Carolina Academy of Physician Assistants, and the Council for Allied Health in North Carolina should offer continuing education on evidence-based patient and family engagement strategies including motivational interviewing, the Patient Activation Measure (or other tools to gauge readiness to engage), peer support, shared decision-making tools, and health literacy strategies. Education should also include strategies for incorporating caregivers as members of the health care team.

1) Training should be offered in multiple settings, with opportunities for more intensive trainings for those who will become champions of patient and family engagement methods and help other staff in the practice to learn engagement skills and techniques.

2) Patients and families should be included in planning and implementing these trainings.

Recommendation 4.2: Amend Health Professional Licensure and Certification Requirements to Include Patient and Family Engagement Skills as a Core Competency

Health professional licensing boards and associations should consider incorporating concepts and skills for patient- and family-centered care and patient and family engagement as a core competency that is included in initial licensure requirements, as well as maintenance of ongoing certification requirements.

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