

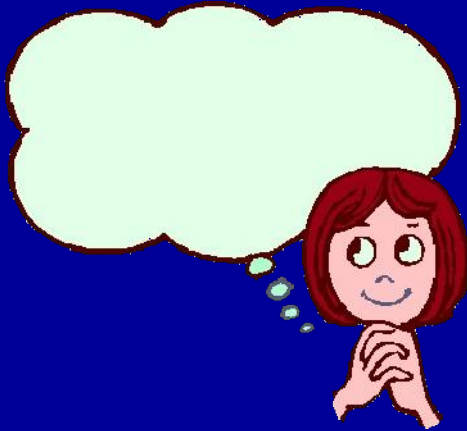
# THE ACTION PLAN PROJECT:

Using behavior change action plans  
during the primary care visit

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# The Action Plan Project

- **Kate Lorig's work at Stanford**
  - patients taking the classes have improved control of chronic disease symptoms, improved self efficacy, higher levels of physical activity, fewer hospitalizations and ED visits (Medical Care 1999;37:5-14 and 2001;39:1217-1223)
  - Action plans are a prominent feature of the classes
- **Motivational Interviewing**
- **Brief Negotiation**

# The Action Plan Project

- **REACH Considerations:**
  - **Primary care visits reach more patients, however,**
  - **Patients in primary care are at varying stages of readiness**
  - **Therefore, positive results may not hold in this more diverse sample of patients**

# What is an Action Plan?

- An agreement between the clinician and the patient that patient will attempt to work on a concrete, small behavior change that has a high potential for success

# Study Design

- Observational study to
- 8 study sites in the Bay Area; 4 safety net, 4 private practice
- 44 primary care clinicians (98% MDs)
- 432 English speaking patients with one or more chronic illness/risk factor

# Primary Study Questions

## Clinicians:

- Will they use Action Plans?
- Do they like using Action Plans?
- How much time do they estimate an Action Plan discussion takes?

## Patients:

- Do patients remember their Action Plans?
- Do patients follow their Action Plans?

# Action Plan Patients

N=432

Study patients N=280

Control patients N=74

Females 61%

Non-white 69%

Safety-net 44%

Average age 52 years

Refused study =57 (13%)

Not eligible =21 (5%)



# Protocols and Methods

- 45-50 minute clinician training
- Patient selection based on chronic illness diagnosis or major risk factors
- Clinician approval of study patient
- Patient recruitment and baseline questionnaire conducted before exam by a Research Assistant

# Protocols and Methods

- Clinician questionnaires after AP discussion
- Patient follow-up by telephone 1-3 weeks following baseline appointment
- Follow-up interviews and questionnaires with clinicians at the end of the study
- 6-month follow-up with patients using mailed questionnaire
- 6-month chart review of clinical parameters

# Clinicians

- Yes, they will use Action Plans
  - 83% (231/280) of the encounters with a study patient resulted in an Action Plan
- Time spent on Action Plan discussion (n=280)
  - 6.6 minutes (average)
- Clinician Satisfaction (n=254)
  - 57% More Satisfying
  - 31% No difference
  - 7% Less Satisfying
  - 5% Not Applicable

# Clinician Follow-Up

- 20/44 clinicians to-date
  - 75% private practice
  - 25% safety net
- Average time in primary care=15 years
- Behavior change discussion:
  - easier (55%)
  - Same (35%)
  - Harder (10%)

# Clinician Follow-Up

- Changed the way they like to discuss behavior change: 65%
- Will continue to use Action Plans: 70%
- Other caregivers are appropriate: 50%
  - Health educators 37%
  - Nurses 30%
  - Social Workers 17%
  - Medical Assistants 15%
- Biggest Barriers:
  - Time 95%
  - Difficulty 25%
  - Resources 15%

# Patient Questions

- Follow up telephone calls were completed for 85% of patients (196/231)
- Patient adherence\* 78% (152/196)

\*patient accurately recalled the action plan and reported they were working on it

# Patient Follow-Up

- Follow up questionnaires are being mailed to all control and study patients to assess changes in:
  - self-efficacy
  - health behavior
  - HRQOL
- As well as:
  - communication with provider
  - satisfaction with the action plan


# MY ACTION PLAN

DATE: \_\_\_\_\_

I \_\_\_\_\_ and \_\_\_\_\_  
(name) (name of clinician)

have agreed that to improve my health I will:

### 1. Choose one of the activities below:


 \_\_\_\_\_ Work on something that's bothering me:  
\_\_\_\_\_

 \_\_\_\_\_ Stay more physically active!  
\_\_\_\_\_

 \_\_\_\_\_ Take my medications.  
\_\_\_\_\_

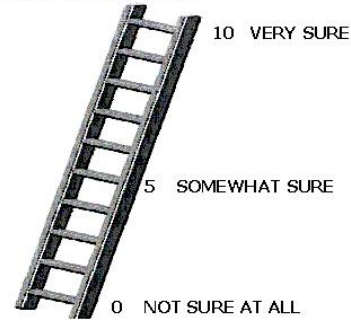
 \_\_\_\_\_ Improve my food choices.  
\_\_\_\_\_

 \_\_\_\_\_ Reduce my stress.  
\_\_\_\_\_

 \_\_\_\_\_ Cut down on smoking.  
\_\_\_\_\_

### 2. Choose your confidence level:

This is how sure I am that I will be able to do my action plan:



### 3. Complete this box for the chosen activity:

What: \_\_\_\_\_  
\_\_\_\_\_

How much: \_\_\_\_\_

When: \_\_\_\_\_  
\_\_\_\_\_

How often: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature of clinician)



# Types of Action Plans

41%

Diet

31%

Exercise

10%

Other

8%

Smoking

7%

Medication

3%

Stress

# Examples of Action Plans

- Having trouble losing weight. Agrees to reduce bread intake from 2 slices three times a day to 1 slice three times a day, starting right away
- Post-MI, still smoking. Many discussions with clinician on smoking not working. Action plan: patient always lights cigarette when leaving BART (twice a day). He will stop those two cigarettes. Patient liked it because he felt he could succeed.

# Examples of Action Plans

- Patient with elevated cholesterol. Action plan is to keep a food diary. On follow-up phone call, patient was keeping the diary.
- Patient with heart disease. Action plan is to walk 20 minutes each day. On follow-up phone call, patient said "I am exceeding expectations."

# Our current Action Plan

- Answer any questions you might have....