



NATIONAL QUALITY CENTER

Consumer and Provider Shared Decision-Making in Health Care

Webinar Presentation by: Adam Thompson
February 18, 2016

Webinar Goals/Objectives

- Provide an overview of definitions
 1. Patient Self-Management
 2. Activated Patients
 3. Patient-Centered Care
 4. Consumer Involvement
- Learn how providers can support patient self-management, patient
- Provide examples of patient-centered care and consumer involvement and learn how providers can support People Living with HIV/AIDS
- Know where to access resources on patient self-management, patient-centered care and consumer involvement.

Definition of Patient Self-Management

Self management improves self-efficacy and fosters collaborative goal setting and decision making between consumers and providers. This relationship allows consumers to monitor and manage their health. (Bodenheimer, Lorig et al, 2002; Lorig, 2003)



Background

Patient Self-Management

- Most research about self management focuses on arthritis, diabetes, and asthma
- A study from 1993 about arthritis self management found that increased **self efficacy** lead to better health outcomes
- Key element of the chronic care model

Patient Self-Management

- Education programs that address lifestyle changes and medical management
- Education programs that address the emotional factors that hinder or promote healthy behaviors and effective coping
- Seek alternatives to a one size fits all approach
- Shift clinician's role from professional expert (instructing and deciding) to guide (supporting, advising, and navigating).
- Peer learning
- Joint Decision Making

Patient Self-Management

- Education programs that address lifestyle changes and medical management
 - Adoption of a healthy lifestyle: sufficient sleep, moderation in alcohol, nutrition, weight control, smoking cessation, exercise, regular health care
 - Understanding of chronic condition and how to care for self: medication adherence, when to seek medical assistance, what medical assistance should be sought
 - Self-monitoring of physical health status

Patient Self-Management

- Education programs that address emotional factors
 - Stress, anger, and depression management: Dealing with the emotional consequences of having a chronic disease
 - Especially important to HIV due to the lack of direct self-monitoring of physical status-helps people address a part of their health that they can monitor
- Alternatives to a one size fits all approach
 - Consider low health literacy and cultural norms, pay attention to the need for family and social support
 - Self-management support and programs that are appropriate in terms of culture, language, age, literacy, and target community

Patient Self-Management

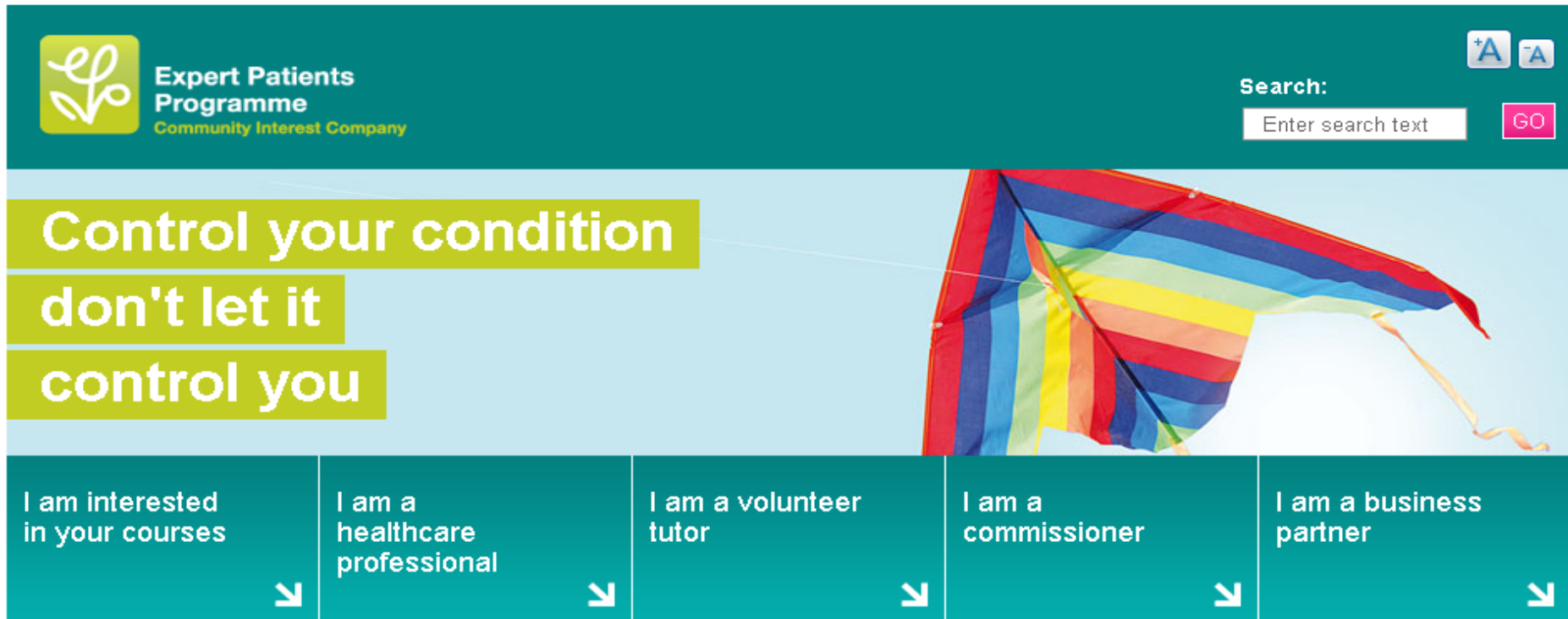
- Shift clinician's role from professional expert to guide
 - Encourage practitioners to eschew paternalistic management and, instead, involve patients in their own care and teach them the skills necessary to adjust their behavior to control their own health outcomes.
 - Develop good action plans with short term goals that are generated by the patient, not the provider
 1. Patients are able to make treatment changes based on their recognition of changes in disease severity and in accordance with predetermined guidelines.
- Peer learning
 - Have newly diagnosed patients meet with patients undergoing treatment to share information and support

Patient Self-Management

- Shared Decision-Making
 - Create a positive ethos and feel of healthcare encounters: welcoming, respectful, facilitative of patients' contributions, and non-judgmental
 - Good communication about health problem: practitioners attending to patient's views and patients feeling listened to, practitioners giving clear explanations based on their professional knowledge and patients' understanding
 - Good communication about treatments: practitioners explaining treatment rationales in ways that patients understand and enabling patients to feel they have a say

Patient Self-Management

UK Expert Patients Programme



The screenshot shows the homepage of the UK Expert Patients Programme. At the top left is the logo, a stylized green leaf, with the text "Expert Patients Programme" and "Community Interest Company" below it. At the top right is a search bar with the text "Search:" and "Enter search text" inside, and a pink "GO" button. Below the search bar is a large banner with a rainbow flag waving in the wind. On the left side of the banner, there are three yellow boxes containing the text "Control your condition", "don't let it", and "control you". Below the banner is a row of five teal buttons, each with a white arrow pointing down and right. The buttons contain the following text: "I am interested in your courses", "I am a healthcare professional", "I am a volunteer tutor", "I am a commissioner", and "I am a business partner".

Expert Patients Programme
Community Interest Company

Search:
Enter search text GO

Control your condition
don't let it
control you

I am interested in your courses
I am a healthcare professional
I am a volunteer tutor
I am a commissioner
I am a business partner

<http://www.expertpatients.co.uk/>

Expert Patient Programme

- Provides and delivers free courses aimed at helping people who are living with a long term health condition manage their condition better on a daily basis.
- The course runs over six weeks (sessions are 2½ hours) and include topics on:
 - Dealing with pain and extreme tiredness
 - Coping with feelings of depression
 - Relaxation techniques and exercise
 - Healthy eating
 - Communicating with family, friends and professionals
 - Planning for the future
- The goal is give people confidence to take more responsibility and self-manage their health by working with health and social care professionals.

Patient Self-Management Case Scenario

Developing a Self-Management Action Plan

Provider (Pr): We have discussed several things you might want to do to help with your high blood pressure. What do you think would be realistic for you to do in the next week or two?

Patient (Pt): Maybe I could exercise

Pr: That would be great. Exactly what will you do and how often will you do it?

Pt: I guess I will walk for 15 minutes.

Pr: Generally, we like to see people exercising 3 to 5 days a week, How many days a week will you walk 15 minutes?

Pt: I can do this at least 4 days a week

Pr: Great! Can you tell me when in the day you will do this?

Pt: I can do it before I each lunch on my lunch hour

Patient Self-Management Case Scenario

Developing a Self-Management Action Plan

Pr: Sounds like you have a plan. How certain are you that you will walk for 15 minutes 4 days a week during your lunch hour, on a scale of 1 to 10?

Pt: Well, I think a 5 or a 6

Pr: What do you think the problem will be?

Pt: It is sometimes really hot a noon and I don't like going outside.

Pr: Oh, I understand that- can you think of some alternatives?

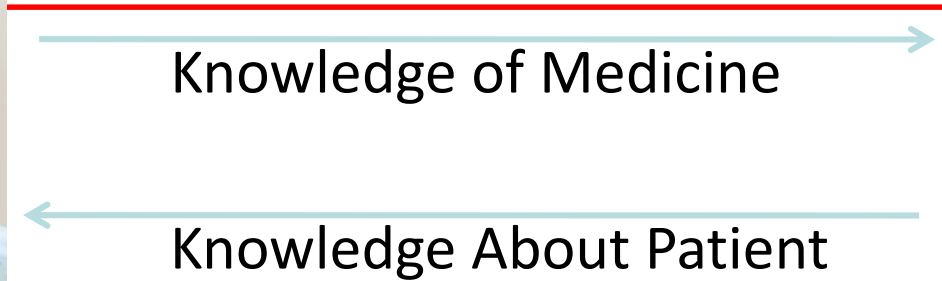
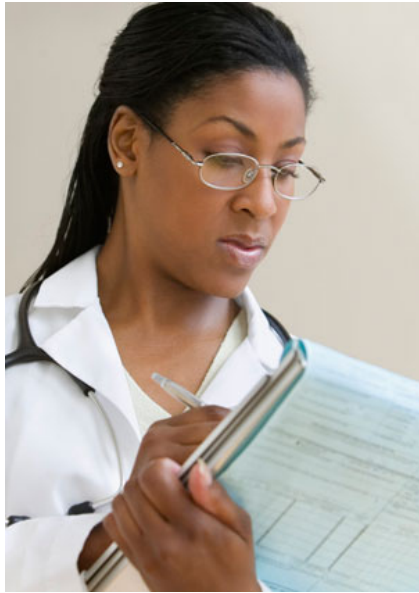
Pt: Yeah, on hot days I can walk before dinner

Pr: Now how sure are you?

Pt: Oh, now I am an 8

Pr: Terrific- I will be really interested in how you are getting on

Example taken from Lorig (1999) Stanford University.



“Once physicians recognize patients as experts on their own lives, they can add their medical expertise to what patients know about themselves to create a plan that will help patients achieve their goals” (Bodenheimer et al., 2002)

Effective Self Managers

- Learn about their health and their condition
- Actively participate with their provider and practice effective communication skills
- Understand and follow treatment plans
- Monitor symptoms
- Seek and follow expert medical care and advice
- Keep scheduled appointments
- Practice health promoting behaviors



How Can Providers Support Patient Self Managers

- Provide education to address lifestyle changes, emotional factors and medical management
- Seek alternatives to a one size fits all approach
- Shift role from “**professional expert**” (instructing and deciding) to “**guide**” (supporting, advising, and navigating).
- Support peer learning
- Joint Decision Making: Collaborate in goal setting and action planning

Self-Management Education

Adopted from HRSA Care Action: Self-Management and the Chronic Care Model. January 2006

	Traditional Education	Self-Management Education
<i>Content</i>	Disease-specific information and technical skills	Problem-solving skills that can be applied to chronic conditions in general
<i>Definition of the problem</i>	Inadequate contrail of disease is the problem	Patient formulates the problem, which may or may not be directly related to disease
<i>Theoretical construct underlying the education</i>	Disease specific knowledge produces behavior change and leads to improved clinical outcomes	Patients self-efficacy (learned through setting short-term action plans) leads to improved clinical outcomes
<i>Goal</i>	Patient compliance with prescribed behavior changes will improve clinical outcomes	Increased self-efficacy will improve clinical outcomes
<i>Educator</i>	Health professional	Health professional or peer leader and other patients in the group

Shared Goal Setting and Action Planning

ASSESS patient's primary concern or problem

EXPLORE patient's feelings about the problem

IDENTIFY patient's goals

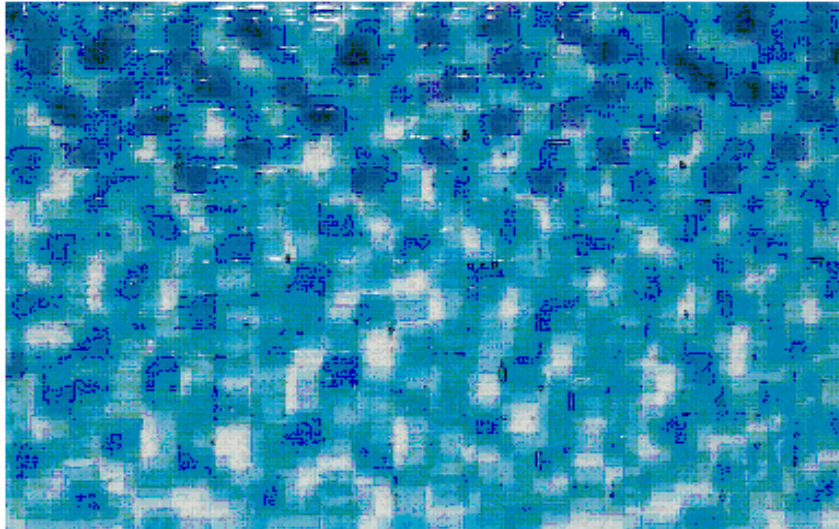
BRAINSTORM solution ideas

CHOOSE a solution and action steps to try

ESTIMATE self efficacy

Joseph Rukeyser, 2012

Additional Resources

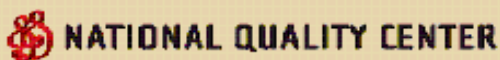


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Making Sure Your HIV Care is the Best It Can Be

A Consumer Quality of Care Training Workshop

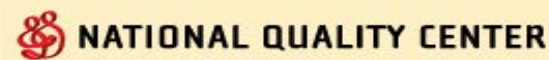
New York State Department of Health AIDS Institute
Health Resources and Services Administration HIV/AIDS Bureau



Making Sure HIV Patient Self-Management Works

A Training Workshop for HIV Care Providers
Curriculum Guide for Workshop Facilitators

New York State Department of Health AIDS Institute
Health Resources and Services Administration HIV/AIDS Bureau



Chronic Care Model

Retrieved on October 9, 2009 from: http://www.improvingchroniccare.org/index.php?p=Health_System&s=20

The Chronic Care Model



Activated Patients

“A fundamental belief underlying efforts to reshape health care institutions and systems is that patients who are activated to participate in their own health care are more likely to adopt healthy behaviors leading to improved health outcomes.”

(van Korff et al. 1997; Bodenheimer et al. 2002a, b’ Mosen et al. 2007)

4 Stages of Patient Activation

Patients

1. play important roles in self –management
2. possess knowledge needed to manage their health
3. act by using their skills and behaviors to maintain well-being
4. manage stress and stay the course

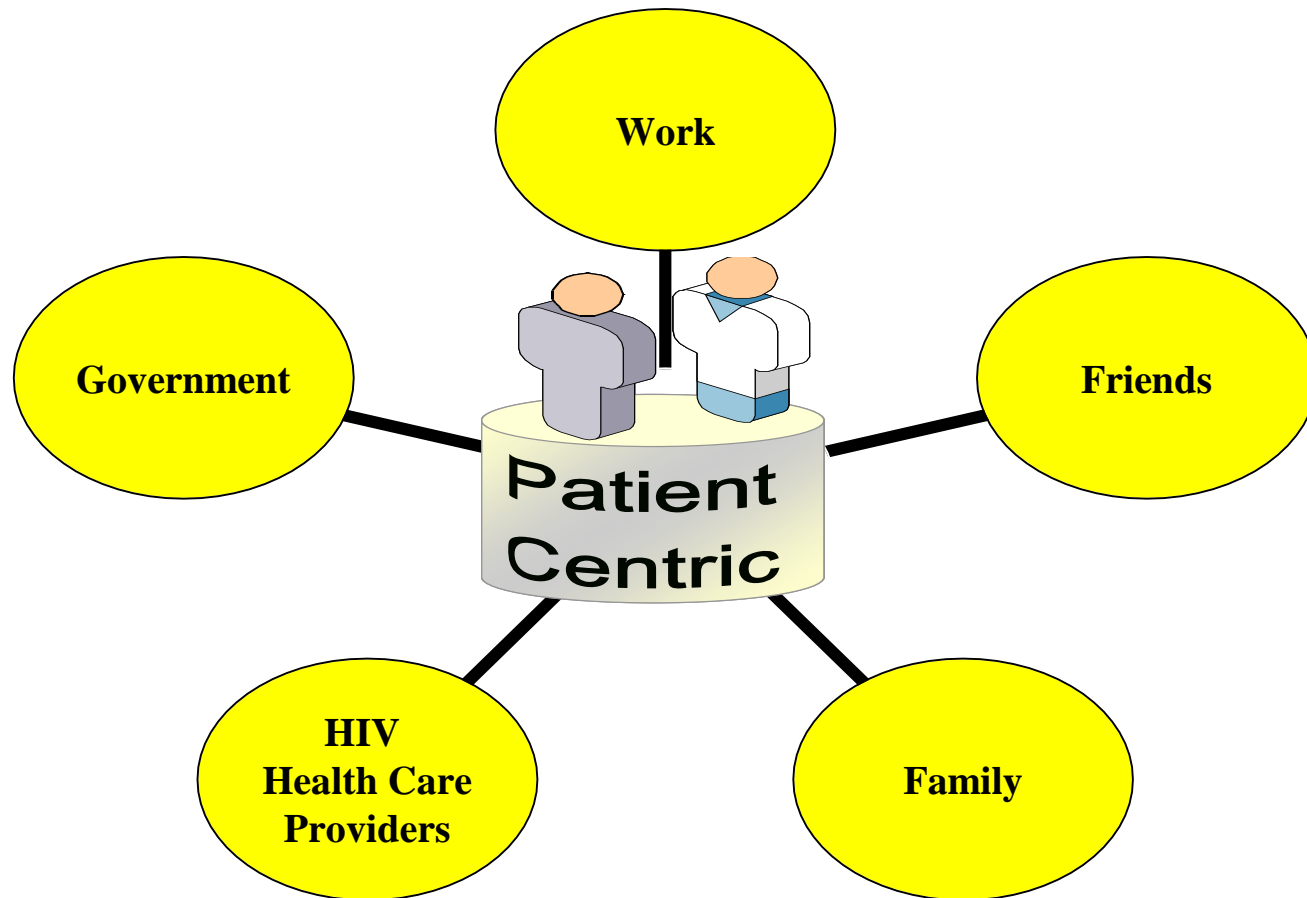
Question for Participants

- What is Patient-Centered Care?

Patient-Centered Care

Care that is respectful of and responsive to individual patient preferences, needs, and values and ensures that patient values guide all clinical decisions. (IOM, 2001)

HIV Patient Centric Model



Aspects of Patient-Centered Care

- Respect for patients' values, preferences, and expressed needs by treating patients as individuals
- Collaboration and integration of care
- Overcoming the barrier of words in communication
- Involvement of family and friends (when appropriate)
- Clinical communication/web-based applications for patients and health care providers
- Patient Education
- Enhancing physical comfort

(Gerteis et al., 1993)

Aspects of Patient-Centered Care

- Respect for patients' values, preferences, and expressed needs by treating patients as individuals
 - Understand how cultural beliefs, values, and practices affect patient's perceptions of illness and expectations for treatment
 - Elicit and respect patient's preferences for involvement in clinical care and customize treatment recommendations to an individual patient's preferences and beliefs
 - View the patient as a person rather than focusing strictly on the disease (Saha et al., 2008)

Aspects of Patient-Centered Care

- Collaboration and integration of care
 - The clinical team needs to explain who everyone in the care team is, what each of their roles is, who is in charge, and who to direct questions to
 - All phases of care are patient centered, even diagnostic tests and procedures
- Overcoming the barrier of words in communication
 - Doctors should be friendly, take into account a patient's concerns or expectations, provide clear explanations about diagnosis or cause of illness, and not use medical jargon.
 - Doctors should elicit patient feedback and change their descriptions/explanations to increase understanding
 - Assessing Health Literacy (Individual/Environmental)

Aspects of Patient-Centered Care

- Involvement of family and friends (when appropriate)
 - Family members should be kept updated on medications, options, and treatment
 - Family involvement in prevention, treatment, and rehabilitation programs
- Clinical communication/web-based applications for patients and health care providers
 - Use web-based technologies for communication and inter-visit follow-up
 - Use web-based applications to allow patients to view and make appointments, view and refill prescriptions, view lab results

Aspects of Patient-Centered Care

- Shared Decision-Making
 - Create a positive ethos and feel of healthcare encounters: welcoming, respectful, facilitative of patients' contributions, and non-judgmental
 - Good communication about health problem: practitioners attending to patient's views and patients feeling listened to, practitioners giving clear explanations based on their professional knowledge and patients' understanding
 - Good communication about treatments: practitioners explaining treatment rationales in ways that patients understand and enabling patients to feel they have a say
 - Self Managed Care

Aspects of Patient-Centered Care

- Patient Education
 - Libraries with medical information available to patients and family members at medical facilities
 - Self-Managed care

Achieving Patient-Centered Care at the Organizational Level

- Top leadership engagement
- Strategic vision
- Involvement of patients at multiple levels (consumer involvement)
- Supportive work environment
- Systematic measurement and feedback
- Quality of the built environment
- Supportive information technology

(Shaller, 2007)

Achieving Patient-Centered Care at the Organizational Level

- Top leadership engagement
 - Top leadership sufficiently committed and engaged to unify and sustain the organization in a common mission
- Strategic vision
 - clearly and constantly communicated to every member of the organization
- Involvement of patients at multiple levels (consumer involvement)
 - Not only in the care process but as full participants in key committees throughout the organization

Achieving Patient-Centered Care at the Organizational Level

- Supportive work environment
 - Care for caregivers. Engage employees in all aspects of process design and treat them with the same respect they are expected to show patients
- Systematic measurement and feedback
 - Continuously monitor the impact of specific interventions and change strategies

Achieving Patient-Centered Care at the Organizational Level

- Quality of the built environment
 - Provide a supportive and nurturing physical space and design for patients, families, and employees
- Supportive information technology
 - Engage patients and families directly in the process of care by facilitating information access and communication with their caregivers

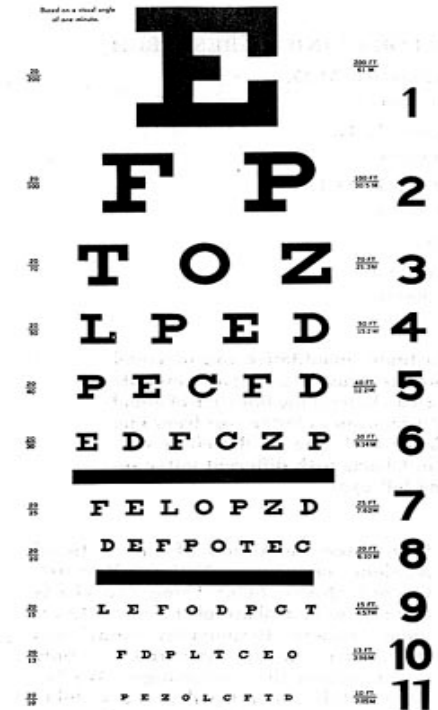
Examples of Patient-Centered Care

- One US laboratory delivered copies of patients' test results with printed mailing labels to providers. Routine reporting of results skyrocketed while the volume of calls to doctor's offices dropped (Schoenbaum, 2007)
- AHRQ-funded researchers developed the VF-14, which measures how well patients with cataract disease are able to pursue their regular, daily activities. This test is thought to be a better measure of the benefit of cataract surgery than the changes in vision measured using the standard eye chart (AHRQ, 2002)

Examples of Patient-Centered Care

- Rate the difficulty of performing the following activities on a scale of 0-4 4 for “no difficulty”, 3 for “a little”, 2 for “a moderate amount”, 1 for “a great deal”, and 0 for “unable to do to”
- 14 daily activities including: reading small print, reading numbers on a phone, recognizing people nearby, cooking, watching TV, driving at night, seeing steps

VF-14 test



Standard eye chart

Examples of Patient-Centered Care

- In the physician-dominated encounter, the patient expresses a concern about back pain but the physician never gives the patient the chance to elaborate. Instead, the doctor changes the topic, asking the patient about his occupation and his last physical exam. In the patient-centered encounter with explicit agenda-setting, the physician elicits all of the patient's concerns—which include back pain, tiredness, and feeling down—and then invites the patient to prioritize those issues (Epstein et al., 2008)

Examples of Patient-Centered Care

Bronson Methodist Hospital in Kalamazoo, Michigan

- Patient and community surveys, post-discharge telephone follow-up, focus groups, and question on patient satisfaction survey: "The care team involved me and my family as a partner in my care and recovery" (rated on a four-point Likert scale).
- Family Advisory council: bring together patients, family members, staff, and hospital administrators on a monthly basis to provide guidance on matters ranging from the design of public and family space in a new birth center to hospital visiting hours policies
 1. Consumer Involvement
- Bronson estimates that it has saved \$3 million over five years through higher nursing staff retention.

Bronson Methodist Hospital (2007)

Examples of Patient-Centered Care

- Asking patients, "Do you have any questions that I have not covered today?" This often leads to additional concerns that can be addressed in the visit.
- "Pod" station design: At the center of each pod is a workstation where nurses and medical assistants have their desks. Around the perimeter of the square are countertops and spaces for specific tasks such as taking weights and eye exams. The pod structure was created to enhance both communication and efficiency among staff. The design encourages interaction between clinicians and ancillary staff, such as impromptu consultations or follow-up with patients. At the end of the day physicians and staff from the same pod meet to discuss the day and identify strategies to address any problems.

Case Studies by Dale Shaller and Susan Edgman-Levitan for Commonwealth Fund

Examples of Patient-Centered Care

“Pod” station design



Forms of Consumer Involvement

- Involve consumers in creating healthcare policy
- Involve consumers in quality management and quality improvement projects at the facility level
- Involve consumers in healthcare research
- Involve consumers in creating and reviewing clinical guidelines
- Involve consumers in creating patient information materials
- Involve Consumers in creating policies and changes at the facility level
- Self-managed care
- Treatment decision making (also in Patient Centered Care)
- Community planning bodies
- Advocacy can take on many different forms (ex: health care advocacy, treatment advocacy, community advocacy, individual advocacy).

Consumer Involvement

- Consumer involvement in HIV service delivery is designed to increase the involvement of consumers in HIV prevention/care/treatment policy and program development, implementation, and evaluation.
- Consumer involvement facilitates direct participation and identification of consumer priorities for healthcare programs.

(NYSDOH-AI, 2006)

Forms of Consumer Involvement

- Involve consumers in creating healthcare policy
 - Consumer advisory groups
 - Consumers as part of the policy making body on any level (government, community, facility, etc.)
- Involve consumers in quality management and quality improvement projects at the facility level
 - Consumer advisory groups
 - Select consumers to serve on the board or in a managing body
 - Educate consumers about quality of care and train them as trainers for other consumers
 - **Serving on formal QOC committees or teams**

Forms of Consumer Involvement

- Involve consumers in healthcare research
 1. Create an active relationship between consumers and researchers in the research process
 2. Take consumers beyond the role of passive suppliers of opinion to a role of active negotiators for change and improvement
- Involve consumers in creating patient information and **education** materials
 1. Ensure materials contain information important to consumers
 2. Ensure information is presented in a way that is appropriate for the target audience

Forms of Consumer Involvement

- Involve Consumers in creating policies and changes at the facility level
 1. Consumer advisory groups
 2. Suggestions boxes
 3. Surveys: in person, by phone, or written
 4. Internal quality management teams/committees



Examples and Outcomes of Consumer Involvement

Health care Research

- “Consumer involvement in research has been interpreted as a paradigmatic shift away from paternalistic assumptions that ‘experts’, for example doctors and biomedical researchers, are the best judges of the type and nature of health research that needs to be undertaken.”
- Leads to research of greater quality and clinical relevance: ensures that important issues are identified and prioritized, money is not wasted on research of little value
- Consumers can help recruit peers to research projects, can help access marginalized members of society, and can disseminate research information and results to peers.

Boote et al., 2002

Examples and Outcomes of Consumer Involvement

Hamilton Program for Schizophrenia in Canada

- Vocational coordinator (Harriet) wanted to conduct a research project about programs offered that are meaningful to clients. Harriet worked with Julie, research assistant and Peter, a client. (first research project done in collaboration with a client)
- Collaboration was valuable for all to be involved in the process and outcomes of the project.
- Peter helped create client surveys. Harriet wanted to use client interviewers to administer the surveys Peter suggested paying the interviewers for the training and the interviewing time. Julie and Peter did data entry and analysis.

Examples and Outcomes of Consumer Involvement

Hamilton Program for Schizophrenia in Canada

“The benefits of participation for consumers include developing organizational and vocational skills, receiving remuneration, finding respect for experiential knowledge, and feeling greater dignity and self-esteem. Harriet and Julie also benefited, becoming more educated and in touch with consumer realities, feeling confidence that the programs and services were better responding to consumer needs...”

“The role of consumers must be redefined so that they come as respected, empowered partners, and not as second-class players, to arenas where decisions are being made.”

Woodside et al, 1995

Examples and Outcomes of Consumer Involvement

Creation of Patient Information Materials

Hospital wanted to create a new leaflet about patient-controlled analgesia (PCA), which allows patients to self administer pain medication, with the push of a button, after an operation.

Focus groups were conducted to learn what information patients wanted to know about PCA and this information was used to create a new leaflet.

Examples and Outcomes of Consumer Involvement

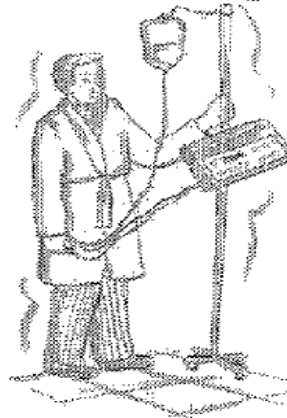
Creation of Patient Information Materials


- Patients (N= 100) were randomly given either the new or old leaflets. Patients who were given the new leaflet were more likely to require “no more” information, feel the information was “extremely clear” or “very clear”, and demonstrated more accurate knowledge about PCA than those who received the old leaflet.

Chumbley et al., 2002

Results of consumer involvement in the development of consumer education materials

Dealing with Pain after Surgery

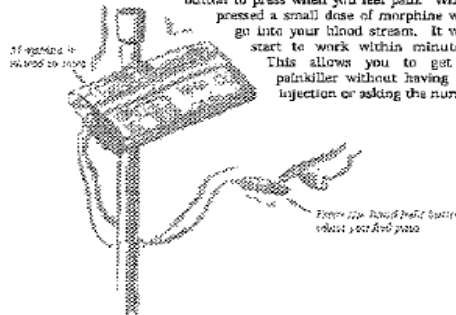


StGeorge's Healthcare 
 Patient Care

Pain is normally a warning sign. It tells us that something is wrong and makes us visit the doctor. Pain after surgery is normal. But if left untreated it may delay your progress. For example, being able to cough and move in comfort is one of the keys to a successful recovery.

Pain after an operation is relieved by morphine. This medicine is very effective and has been used in hospital for years. It is usually given by injection but there is another way to give morphine. This is called 'patient controlled analgesia' or 'PCA' for short.

PCA consists of a machine that is fixed to a stand by your bed. It is connected to your drip by means of a tube. Morphine is stored inside the machine. You will be given a hand held button to press when you feel pain. When pressed a small dose of morphine will go into your blood stream. It will start to work within minutes. This allows you to get a painkiller without having an injection or asking the nurse.



Many patients are worried about using morphine as a painkiller. It is very good at relieving pain after an operation. It is safe. You cannot become addicted to it.

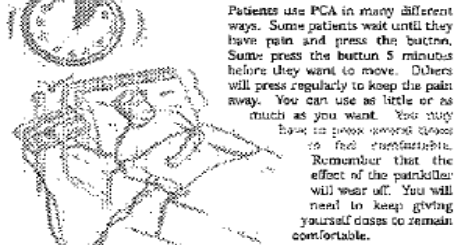
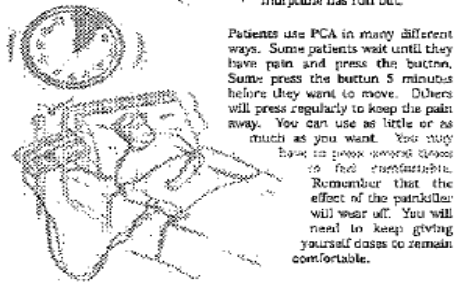
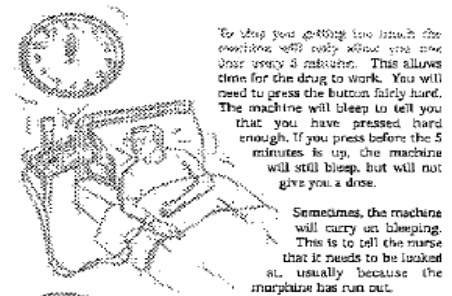
Some patients are worried about giving themselves too much drug. When you use a lot of morphine you fall asleep. While you sleep you will not press the button. You will wake up when the morphine has worn off - so you cannot overdose.

As with all drugs, morphine can produce unwanted effects. We cannot predict who will be affected. Morphine can make some people feel tired, lightheaded, dizzy and it can even produce vivid dreams. It can make you feel sick, itchy and constipated. If you are affected in any of these ways, tell a doctor or nurse. Medicine can be used to help sickness and itching. Milder painkillers can be given, either by mouth or by suppository at the same time as morphine. This will reduce the amount of morphine you need and lessen the unwanted effects. If you are unhappy using PCA, alternatives are available.

Occasionally, some patients still have pain despite making full use of PCA. Remember the PCA machine is set up to be safe for everyone. But some patients will need larger doses. If you are in pain, please tell the ward staff. A doctor or nurse from the Pain Team will come to see you. These people are experts in controlling pain. They will visit you while you are using PCA. As you recover they will give you tablets for pain and then discuss when to stop PCA.

This leaflet was produced through research funded by the former South Thames, now London Regional NHS Executive, Research and Development Directorate.

Principal Researcher Ms G.N. Chumbley, Research Training Fellow
 September 2000



Examples and Outcomes of Consumer Involvement

Creation of policies and changes at the facility level

- A study looked at the use of consumer involvement to improve the quality of drug misuse services
- Services studied had consumers on committees, employment of service user workers, and user advisory groups.
- Outcomes included changes to opening hours, development of mobile services and reduction in waiting times, the addition of buprenorphine as a prescribing option, alterations to injecting paraphernalia provided, and introduction of new services such as structured day care.

Patterson et al., 2009

Examples and Outcomes of Consumer Involvement

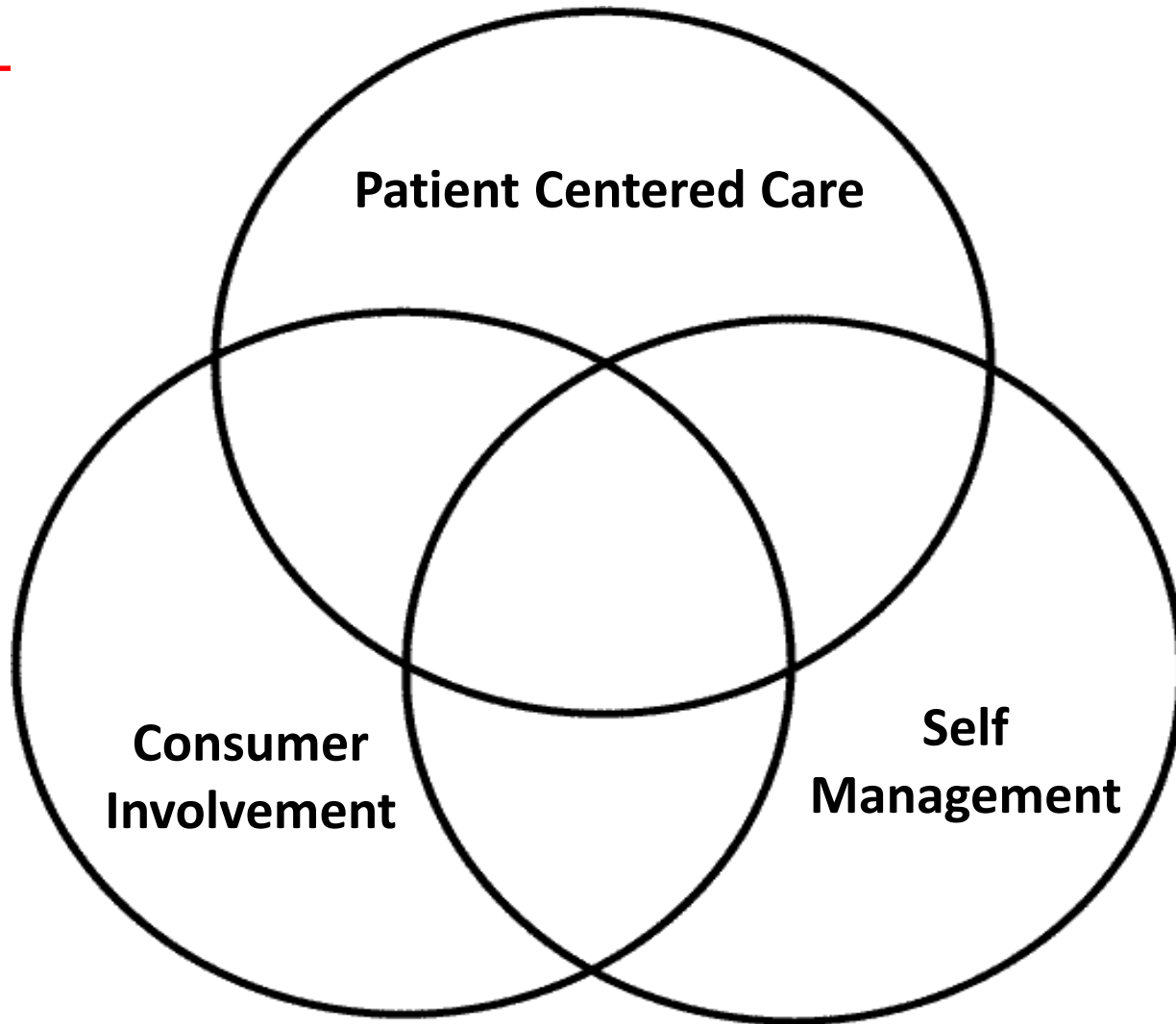
Creation of healthcare policy and clinical guidelines

- NY State Dept of Health AIDS Institute Quality of Care Consumer Advisory Committee
 1. Identify consumer priorities for performance measurement, quality improvement projects, and clinical initiatives
 2. Read and offer revisions to clinical guidelines
 3. Helped to create new clinical indicator for anal pap smear, manuals for consumers and providers about consumer involvement in quality of care, more culturally appropriate guidelines, Patient Health Journal for consumers, follow-up on consumer concerns about care in a specific region

Examples and Outcomes of Consumer Involvement

Treatment decision making

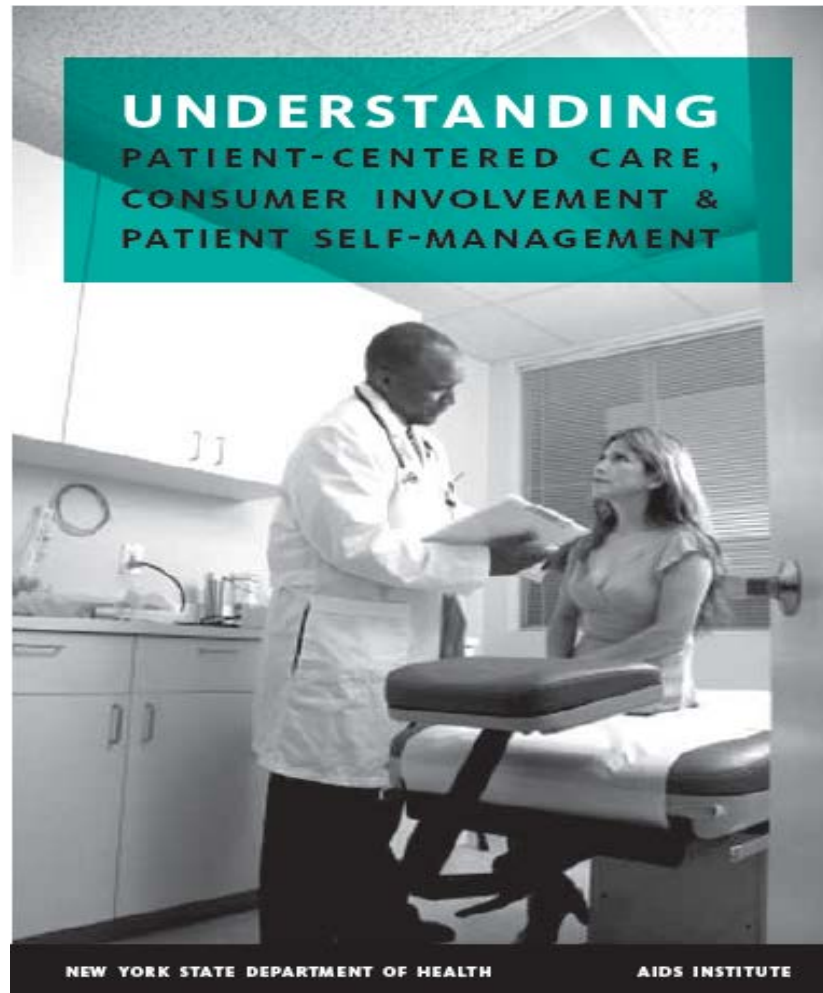
- Patients who reported that their providers know them “as a person” were more likely to receive HAART, be adherent to HAART, and have an undetectable viral load. This supports the hypothesis that the quality of the patient-physician relationship is directly related to the health of patients (Beach et al., 2005)
- “Better physician-patient relationships and physician-patient communication produce better adherence with antiretroviral therapies” (Schneider et al., 2004)



Thinking about the Overlap

- Joint decision making is considered a crucial aspect of patient centered care, self management, and consumer involvement
- While there have not been studies into the cause and effect between facility level consumer involvement and patient centered care, the two often go hand-in-hand
- The patient-physician relationship is considered an important part of patient centered care, self management, and consumer involvement

Look out for this new AIDS Institute Publication



Resources/Tools

Resources	Tools
<p><i>Making Sure Your HIV Care is the Best It Can Be Training</i> http://www.nationalqualitycenter.org/index.cfm/5943/13886</p> <p><i>Making Sure HIV Patient Self-Management Works</i> http://www.nationalqualitycenter.org/index.cfm/5943/16134</p> <p><i>Shared decision making toolkits</i> http://www.dhmc.org/webpage.cfm?site_id=2&org_id=844&gsec_id=0&sec_id=0&item_id=43192</p> <p><i>Workbook on Developing and Evaluating Patient Decision Aids</i> http://decisionaid.ohri.ca/docs/develop/Develop_DA.pdf</p> <p><i>Tips and resources to help patients become more involved in their health care by asking the right questions</i> http://www.ahrq.gov/questionsaretheanswer/</p>	<p><i>Ottawa Personal Decision Guide- 1 page, 2 page</i> http://decisionaid.ohri.ca/docs/das/OPDG.pdf http://decisionaid.ohri.ca/docs/das/OPDG_2pg.pdf</p> <p><i>Choosing Health for Life: A Patient Medical Journal</i> http://www.nationalqualitycenter.org/index.cfm/5659</p> <p><i>My Shared Care Plan- A Health Management Tool</i> http://www.ihi.org/IHI/Topics/HIVAIDS/HIVDiseasesGeneral/Tools/My+Shared+Care+Plan.htm</p> <p><i>Wallet Sized Appointment Card</i> http://www.ihi.org/NR/rdonlyres/B35A1840-5434-44E8-A0AB-7AB91F3DC22D/358/Tool_WalletSizedApptCard.pdf</p>

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