Patient Education Management™

For Nurse Managers, Education Directors, Case Managers, Discharge Planners

AHC Media LLC

IN THIS ISSUE

Financial Disclosure:
Editor Susan Cort Johnson, Associate Publisher Russ Underwood, and Managing Editor Karen Young report no consultant, stockholder, speaker's bureau, research, or other financial relationships with companies having ties to this field of study. Consulting Editor Magdalyn Covitz Patyk reports a consultant relationship with Pritchett and Hull Association.

JUNE 2009
VOL. 16, NO. 6 • (pages 61-72)

Methods for managing time when in the process of creating written materials

Good policy provides a foundation on which to build best practice

Creating educational handouts can be time-consuming and makes it difficult to complete all the other tasks within the job description of a patient education coordinator or manager.

Many factors contribute to the amount of time needed to write in-house teaching materials. When the author submits a handout that is fairly well developed, those who oversee patient education projects at The Ohio State Medical Center review it for readability and place it in the established formatting before submitting it to the patient education review committee. That usually takes one to three hours, says **Diane C. Moyer**, BSN, MS, RN, program director for patient education at The Ohio State University Medical Center in Columbus.

"On the other hand, if a clinician comes with an idea and has nothing developed, we may work for several hours to create a draft and then go back to the initiating clinician for feedback. Those projects can eat up 10 to 15 hours depending on the topic," adds Moyer.

To keep the creation of written materials from consuming all her time, Moyer encourages clinicians to at least develop an initial draft. However, sometimes it is less time-consuming to meet with the clinician, talk

EXECUTIVE SUMMARY

Producing written materials in-house can be a time-consuming endeavor. In this issue of *Patient Education Management*, we explore ways to make the process flow smoothly and identify potential barriers to a timely production process. Creating a good policy that all can follow is an important step.

through the content, and formulate a draft for him or her to review.

Simplifying language on an initial re-write can easily take three to four hours, says Moyer.

While involving multiple experts in the process of creating a handout often results in a better product, it can take longer due to differences of opinion that must be resolved, says **Nancy Goldstein**, MPH, FAHCEP, patient education program manager at the University of Minnesota Medical Center, Fairview in Minneapolis.

"I have the most difficulty if there is disagreement between clinicians on the content/protocol. That takes a lot of time to work out and to come to consensus," says Goldstein.

Patient Education Management™ (ISSN 1087-0296) is published monthly by AHC Media LLC, 3525 Piedmont Road N.E., Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodicals Postage Paid at Atlanta, GA 30304 and at additional mailing offices.

POSTMASTER: Send address changes to *Patient Education Management*™, P.O. Box 740059, Atlanta, GA 30374.

Subscriber Information

Customer Service: (800) 688-2421 or fax (800) 284-3291. Hours of operation: 8:30 a.m.-6:00 p.m. Monday-Thursday; 8:30 a.m.-4:30 p.m. Friday EST. E-mail: customerservice@ahcmedia.com. World Wide Web: www.ahcmedia.com.

Subscription rates: U.S.A., one year (12 issues), $489. Add $17.95 for shipping & handling. Outside U.S., add $30 per year, total prepaid in U.S. funds. Discounts are available for group subscriptions, multiple copies, site-licenses or electronic distribution. For pricing information, call Tria Kreutzer at 404-262-5482. Missing issues will be fulfilled by customer service free of charge when contacted within one month of the missing issue date. **Back issues**, when available, are $82 each. (GST registration number R128870672.)

AHC Media LLC is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity has been approved for 15 nursing contact hours using a 60-minute contact hour.

Provider approved by the California Board of Registered Nursing, Provider # 14749, for 15 Contact Hours.

This activity is intended for nurse managers, education directors, case managers, discharge planners, hospital clinicians, management, and other health care professionals involved in designing and/or using patient education/staff education programs. It is in effect for 24 months from the date of publication.

Opinions expressed are not necessarily those of this publication. Mention of products or services does not constitute endorsement. Clinical, legal, tax, and other comments are offered for general guidance only; professional counsel should be sought for specific situations.

Editorial Questions

For questions or comments, call **Susan Cort Johnson** at (530) 256-2749.

Editor: **Susan Cort Johnson**, (530) 256-2749.
Associate Publisher: **Russ Underwood**, (404) 262-5521, (russ.underwood@ ahcmedia.com).
Managing Editor: **Karen Young,** (404) 262-5423, (karen.young@ahcmedia.com).
Production Editor: **Ami Sutaria.**

Moyer agrees that if multiple experts are willing to discuss their differences about priorities and other issues related to content, the product is often much better than those developed with just one person. However, it can be hard to get a consensus with some groups, and then you have to determine how to move on.

"Often, those are the situations that take months to finish, if they ever get finished. It usually requires getting all the players in a room and working it out. Those who don't show up or send their comments must live with what the others agree to," says Moyer.

Handouts on complex topics can be more difficult to write, as well. In such instances, it is helpful to ask the author to clarify the intended audience as well as the key message or messages. Often, they won't think about providing the details that will make a piece more effective, but a few telephone conversations or e-mail messages and the author usually understands how to write the copy, says Moyer.

A guided process

Because the process of creating written materials can be so time-consuming for patient education coordinators, it is best to have guidelines in place to help prevent problems from occurring.

"Before creating anything new, I will suggest staff seek existing materials, such as those available through our CareNotes system or other online resources that provide reputable patient education handouts," says **Christine Hess**, MEd, patient and family education coordinator at Wellspan Health in York, PA. "If it is deemed necessary to create something new, I give the guidelines to the person and serve as a guiding force."

The guidelines cover the development and approval process, standards for patient education materials, tips for developing effective material, simple word substitutions, calculating the reading level via computer and without it, finding illustrations, and referencing materials.

Development begins at Wellspan Health with the identification of a need and the generation of the idea. Then, a check must be done to find if a teaching sheet on the topic is already available. If a new document is necessary, the guidelines are followed to draft the piece. Colleagues and content experts are then asked to review the copy, and their feedback is used to make revisions.

At this point the author submits the material to the patient education coordinator with a submis-

sion form, a printed copy of the material, literature references, and illustrations with permission for their use.

Once this process is completed, written material is reviewed by a medical layperson review board, revised, and formatted. Then, it is returned to the coordinator. It's then printed and entered into the patient education catalog.

The process at The Ohio State University Medical Center begins with a request to develop copy directed to the patient education office and then to the patient education committee. Before permission is given, the patient education coordinator checks the inventory to see if there is similar material.

"We recently had a request from rehab to develop a handout about falls risk, and we already had four or five titles that dealt with issues about falls. We notified the author and then discussed the proposed title and how it would address different content from things already in the inventory," says Moyer.

Once given permission, the author submits the content for readability review and formatting. If illustrations are needed, ideas for those illustrations are submitted to the medical center's contracted illustrator. The readability is assessed by Moyer or someone in the patient education department, and the formatting also is completed by staff in this department.

The author reviews the copy following the readability assessment to make sure the message was not changed when copy was simplified. Once this is completed, the copy is reviewed by the patient education review committee, but the author is expected to have several clinicians read the piece before submitting it for a readability check.

If the committee makes suggestions for major changes, it goes back to the author. Once finalized, it is added to the online inventory.

Although there are writing templates available, most often authors pull a document from the inventory and use that as a guide, says Moyer.

Each facility should create policy based on what resources are available. Ideas for handouts at the University of Minnesota Medical Center, Fairview are presented to either the patient education department or Fairview Press, a systemwide department that provides publications and materials for all the hospitals and clinics.

If nothing is available, staff in these departments begin developing a draft with the help of clinical experts and current practice guidelines, policies, and research. That draft is then circulated among the clinical experts for their feedback. This process is done via e-mail, says Goldstein.

If issues arise, a meeting for the clinical experts is organized, and further literature searches are completed to help with the discussion.

"The good news is that as patient education inventories decrease, newer materials are needed when new titles are generated based on new treatments or identified need," says Moyer. ■

SOURCES

For more information about creating a system for developing written materials, contact:

- **Nancy Goldstein**, MPH, FAHCEP, Patient Education Program Manager, University of Minnesota medical Center, Fairview and University of Minnesota Children's Hospital, Fairview, Minneapolis, MN. Telephone: (612) 273-6356. E-mail: ngoldst1@fairview.org.
- **Christine Hess**, MEd, Patient and Family Education Coordinator, Wellspan health, 1001 South George St., York, PA 17405. Telephone: (717) 851-5859. E-mail: chess@wellspan.org.
- **Diane Moyer**, BSN, MS, RN, Program Director, Patient Education, The Ohio State University Medical Center, 660 Ackerman Road, Room 667, P.O. Box 183110, Columbus, OH 43218-3110. Telephone: (614) 293-3191. E-mail: Diane.Moyer@osumc.edu.

June is National Aphasia Awareness Month

Educational efforts focus on support resources

Education about aphasia is needed for both the general public and health care professionals. While most people have not heard of the word "aphasia," when the disorder is described, they know what it is or know someone who has had it, says **Ellayne S. Ganzfried**, MS, CCC-SLP, executive director of The National Aphasia Association, based in New York City.

Aphasia impairs language and affects the production or comprehension of speech, as well as

EXECUTIVE SUMMARY

Aphasia is a word that few recognize, yet it is the name of a disorder with symptoms that many recognize. Learning how to interact and work with people with aphasia is important for health care workers, emergency workers, and the general public.

the ability to read or write. It is a result of injury to the brain, usually from a stroke, but also from head trauma, brain tumors, or infections.

Part of the educational efforts of The National Aphasia Association is to help people learn the word that is attached to this communication impairment, says Ganzfried.

Aphasia describes an impairment of the ability to communicate and not an impairment of intellect. Yet often people react as if the person is psychologically ill, drunk, or mentally unstable, explains Ganzfried.

"The person with aphasia is perfectly intelligent, and they know what they want to say — but they are just not able to retrieve the words. It is extremely frustrating for everyone, including the person with aphasia, their families, and all the people who interact with them," she adds.

A second aspect of the education is to make people with aphasia, their families, their support system, and health care professionals aware of the resources available to help people with this impairment recover lost skills to whatever extent possible, to help them compensate for the skills that won't be recovered, and to minimize the psychosocial impact of the language impairment.

"We do a lot of community outreach and education; that is a big focus," says Ganzfried.

As part of these efforts, the association has made the month of June National Aphasia Awareness Month. The campaign is to heighten public awareness.

Aphasia affects more than one million Americans. One in 250 people will have aphasia, and 25% to 40% of all stroke victims will have aphasia, says Ganzfried.

"It is a big issue for a lot of people. It impacts people's vocational choices and their social choices, causing them to become socially isolated. They don't feel comfortable communicating, or people don't understand them. There is a lack of sensitivity, so it is critical for people to be more aware of it," explains Ganzfried.

It is particularly important that emergency workers are aware of aphasia. That is why the association created an awareness training program for emergency responders with grant money from the Christopher Reeve Foundation. Currently, they are training police officers, firefighters, and emergency medical technicians in New York, New Jersey, and Connecticut and will make the program nationally available. Ganzfried says they have trained the entire New York City police department.

This training would work in hospital emergency departments, rehabilitation centers, and long-term care facilities, she adds.

A sticker is available from the association for people with aphasia to place in their car or house window. It was created after a man with aphasia was stopped by a traffic officer because the taillight on his car was broken. The officer thought the man was drunk, and the resulting encounter was very demeaning.

Overcoming barriers

Encounters with health care professionals can be difficult, as well, if steps are not taken to overcome barriers to communication.

To communicate effectively, first eliminate all background noise, such as other people talking or television. While it is important not to talk down to a person with aphasia, sentences must be simplified and key words emphasized. Using various modes of communication in addition to speech is helpful, says Ganzfried. These might include writing, drawing, gestures, and facial expressions.

"People with aphasia need extra time to get their message across, because they can't find the word," she says.

In addition, health care professionals must confirm that the person with aphasia has truly understood, because frequently people with this condition will answer "yes" but not mean it.

Sometimes forms are too complicated and may need to be modified by adding graphics. Several pages of reading material would not be helpful for people with aphasia.

A speech pathologist could work with a patient education coordinator to help modify forms and assist with the patient education process, says Ganzfried.

To assist people diagnosed with aphasia, it's a good idea to have information on the condition

SOURCE

For more information about aphasia and resources for educating patients, their families, and health care professionals, contact:

• **Ellayne S. Ganzfried**, MS, CCC-SLP, Executive Director, National Aphasia Association, 350 Seventh Ave, Suite 902, New York, NY 10001. Telephone: (800) 922-4622 or (212) 267-2814. E-mail: Ganzfried@aphasia.org.

available in the emergency department, as well as in the social work department. Ganzfried says there is a lot of information on the association web site [www.aphasia.org] designed to help people with aphasia, their caregivers, and health care professionals.

A registry of aphasia community support groups is available online, so people with this condition and their family members will have the support they need. Ganzfried says insurance usually runs out before rehabilitation is complete, and support groups serve as a way for people with aphasia to practice speech in a very comfortable and supportive setting. There also are resources to help people start support groups.

Also available is a network of representatives throughout the country that includes health care professionals, as well as people with aphasia and their families who volunteer their time to respond to questions within their geographic area. The people within this network are able to connect people to resources within their own communities.

A multitude of patient and family education materials can be found on the web site, as well as a bill of rights for people with aphasia. This document states that people with aphasia have the right to be told that aphasia is part of their diagnosis and given access to outpatient therapy deemed appropriate by a qualified speech-language pathologist, among other rights. The complete document is online.

People with aphasia can continue to participate in most of the activities they once enjoyed, but often it requires that those around them are taught tips for effective communication. Sometimes new activities that don't require extensive speech will need to be developed, such as attending the symphony or gardening. Ganzfried says people often find new ways to express themselves, such as with photography.

"No two people with aphasia are the same. Some people have difficulty speaking, while others have more difficulty understanding. Sometimes it is very mild, and you might not even notice it. And in other cases, it can affect everything including speech, reading, writing, and listening. You have to look individually at each person and never assume because someone is speaking with you fluently that what they are saying is going to make sense and they understand what you are saying," says Ganzfried. ■

Patients use music therapy for healing and wellness

Can be used individually, with families, or in groups

There is a distinction between music and music therapy that patients need to understand in order to use music more effectively in their lives, says **Barbara Dunn**, PhD, LICSW, MT-BC, a music therapist at Whidbey General Hospital on Whidbey Island, WA.

It is similar to physical therapy in that patients can come up with exercises on their own that may be beneficial, but for a particular ailment, they are assessed and given exercises that specifically address the problem, explains Dunn.

It's not simply a jazz track playing in the background that will ease stress or reduce anxiety, but specific music that has been selected for a specific

EXECUTIVE SUMMARY

Music therapy can be used to promote wellness in many ways. It can help a patient with pain management adjust to the hospital setting, reduce stress and anxiety, and improve quality of life for those dealing with chronic illness. At Whidbey General Hospital on Whidbey Island, WA, clinical music therapy services are offered in various departments at the hospital and through home health and hospice. The service gives patients an opportunity to learn how to incorporate music into their healing and recovery.

patient, she adds.

Yet music therapy is not limited to listening to live or recorded music. It can involve instrument playing, singing, song writing, and improvisation.

To become a music therapist, a person must receive advanced training in music, psychology, physiology, and music therapy techniques. Also, he or she must complete many hours of clinical training before sitting for the Music Therapy Board Certification exam. It is possible to receive a BA, MA, or PhD in music therapy.

How can a music therapist help with patient education? At Whidbey General Hospital, Dunn is part of a pulmonary rehabilitation course that involves a series of classes taught by a variety of instructors including the respiratory therapist. Each teacher builds on what the other class instructors are teaching.

"We are all working on improving breathing techniques through different avenues," explains Dunn.

She teaches patients enrolled in the course good breathing techniques through singing using abdominal breathing versus shallow breathing. Also she passes out harmonicas, for they are excellent tools to improve breathing.

With the harmonica, she uses a variety of exercises that help patients learn to lengthen tone, which increases lung capacity. For example, one technique is breathing in on the harmonica and increasing the length of time holding the tone. Another is using pursed lips to focus on one sound. Usually, blowing on a harmonica creates three tones, but this teaches patients to focus on one tone to improve breathing.

Dunn tells her patients that if they want to use music as part of their healing process, they need to find a way to integrate it into their daily life — or at least use it a few times a week, so it becomes a part of their rehabilitation process.

"Music is fun, so people may be more inclined to use it with greater frequency. In this class, I am teaching them skills that they can take away and use throughout their day," says Dunn.

Addresses many issues

While patients are referred for music therapy for many reasons, a common one is to help reduce pain. Dunn teaches people to use music for guided relaxation that can distract them helping them to move away from their pain. In this case, the music is used to help people think about something other than their pain. It helps them move into a different place that is free from pain.

Another technique — called entrainment — helps patients move through their pain. This is done by matching the intensity of the music with the intensity of the pain, and once the two are entrained, using the music to guide the person to a more comfortable state.

Dunn tells people who want to use music to relax to find three CDs of music they like and have learned to relax with. So, when they have difficulty, they can put that music on and their body will respond.

"It starts with paying attention to how you feel with certain kinds of music and letting yourself explore that," says Dunn.

Music also can help people express feelings when dealing with an illness.

"You can say something through song that might be harder said or harder heard through words without the music," says Dunn.

Often people have special songs or types of music they react positively to, says Dunn. She advises people with chronic illness to pay attention to the place music has in their lives, determining when music has helped them feel better. Sometimes, a person with a chronic illness may find that learning to play an instrument is helpful. Each must identify what is relevant, says Dunn.

Music can be used to improve communication between family members, as well. Dunn says she sometimes works with children who have autism where there are family issues inhibiting their ability to learn or grow. People learn to communicate through singing or playing music together. There are exercises that help them work on verbal skills.

SOURCE

For information on how to incorporate music therapy into patient education, contact:

• **Barbara Dunn**, PhD, LICSW, MT-BC, Music Therapist Whidbey General Hospital, P.O. Box 43, Clinton, WA 98236. Telephone: (206) 491-5047. E-mail: Barb Dunn@whidbey.com. Website: www.barbaradunn.com.

Additional information on music therapy can be obtained through the American Music Therapy Association: www.musictherapy.org.

"The best way for people to learn to use music is to meet with a music therapist and work out a plan that is specific to their skills, needs, illness, and their family," says Dunn. ■

Proactive approach to keep your clients healthy

Case managers have an opportunity to help people

As the cost of health care continues to soar, employer groups and health plans are focusing on wellness programs that help people who aren't sick now change their lifestyles and avoid developing chronic diseases, such as emphysema, heart disease, or diabetes.

"The health care system is beginning to take a more proactive, rather than a reactive approach since we know that preventing illness is much more cost-effective than treating illness," says **Connie Commander,** RN, BS, CCM, ABDA, CPUR, president of Commander's Premier Consulting Corp. and past president of the Case Management Society of America.

"In the past decade, the health care system has offered disease management programs for people with chronic diseases to help them stay out of the hospital, but there haven't been many programs that support people who are trying to stay well and take the next step to quit smoking, start exercising, or lose weight," says **Cary Badger**, MPH, vice president of market development for Regence BlueCross Blue Shield.

"The emphasis among insurers is shifting more to consumer engagement and away from managing the patient. We want to empower the consumers to become an active partner in their health care decisions," Badger adds.

Regence has launched a program called Activate that allows participants who engage in healthy behaviors to earn up to $600 a year that can be applied to their deductibles and co-pays.

When health care costs were absorbed by employer groups and the consumer paid significantly lower out-of-pocket expenses, the focus was not on prevention and wellness as it is today. Individual consumers wanted to be healthy but were not financially vested in the process. But now that the health care system is facing a financial crisis and health care premiums are rising, people are paying attention, Commander says.

"There is an increasing emphasis on healthy living and prevention in the health care arena. Employers and health plans have been spending a lot of money on unhealthy employees. Now they're looking at offering programs that can prevent, rather than treat, illness," Commander says.

The shift in emphasis from curing illness to educating people on how to stay healthy is a great opportunity for case managers to make a difference to their clients, Commander adds.

"As case managers, a lot of what we do is teaching. This gives us the opportunity to share knowledge about healthy choices and give consumers information they can use to motivate themselves and embrace changes," she adds.

No matter what setting they practice in, case managers have the opportunity to teach their patients or clients about healthy behavior — no matter what the initial reason for the contact, says **Catherine M. Mullahy,** RN, BS, CRRN, CCM, president and founder of Mullahy & Associates, a case management training and consulting company.

"We can't spend all our health care dollars on sickness. Many practice settings for case managers focus on illnesses, but nurses are grounded in promoting health because of our orientation and education. We have to take a proactive approach and help people stay healthy and avoid needing health care interventions," she says.

It's all a part of advocating for your patients, Commander adds.

"Part of the case manager's goal with an individual with an illness or condition is to empower them to take care of themselves. If we include a wellness component in the self-care education, we can help them improve their outcomes and avoid a recurrence," she says.

Getting someone to stay well is no different from motivating someone to take their medication for diabetes, Commander adds.

"Most people need a hands-on approach, and we need more case managers on the front line helping people adopt healthy lifestyles," she says.

Case managers have so many teaching opportunities when they work with their clients, Mullahy points out.

"The entire conversation doesn't have to be about the illness. They can encourage people to return to normalcy by adopting a healthy way of living," she says.

Mullahy advocates integrating wellness efforts into disease management and case management

programs.

"Whether case managers are capturing people in the initial stages of a chronic illness or assessing them for something like orthopedic surgery, they can educate them about behavior that will keep them healthy," she says.

For instance, when Mullahy owned a company that provided case management services, her case managers recorded every client's height and weight, no matter what the diagnosis, and determined his or her body mass index (BMI). If the BMI was not within normal range, the case managers counseled patients about healthy lifestyle changes.

Case managers should take every opportunity to promote wellness by looking for teachable moments and embracing them, Commander says.

For instance, when you are working with diabetics to get their conditions under control, educate them about healthy habits that can help their children avoid developing the disease, she says.

"When case managers work with a client, they can take the opportunity to talk to the entire family about healthy activities," she says.

Hospital case managers are particularly challenged to approach patients with wellness information because the patients whose care they manage are very sick, Mullahy says.

"We need to create a balance between getting people out of their medical crisis and promoting good health," Mullahy says.

Keep in mind that when people are recuperating from a serious illness or injury, it may not be the best time to tell them that an unhealthy lifestyle was what put them in the hospital, Mullahy warns.

However, a health care crisis can plant the seeds of healthy lifestyle changes, she adds.

"It's more effective to ease people into a healthy lifestyle as they are headed toward the road to recovery," she says.

Patients may promise themselves that if they get through the crisis, they'll change. Case managers need to be aware that while these promises are well intentioned and patients may be able to sustain their commitment for a time, they may fall back into their usual habits, she says.

It's wise for a case manager working with a patient who says he's learned his lesson and plans to exercise and watch his diet to recognize that human behavior is likely to take him back on the same road, Mullahy says.

"Congratulate them and encourage them for their resolve to mend their ways, but recognize that their commitment may diminish over time and reconnect with them to continue to reinforce their good habits," she suggests.

No matter what setting in which they practice, case managers have the opportunity to refer their clients to programs that can help them stay healthy, Mullahy says.

"Most case managers are not in the business of wellness, and often their caseloads don't allow them to spend a lot of time on healthy behavior, but they still can educate patients about the wellness and fitness plans available through their hospital, their health plan, their employer, and in the community in hopes of moving them into a healthy way of living," Mullahy says.

Some resources may include wellness programs offered by health plans and employer groups, hospital-sponsored weight reduction, smoking cessation, or aerobics programs, as well as low-cost programs at community agencies such as the YMCA and online programs such as Weight Watchers.

Health plans and employer groups are offering health promotional programs, including discounts for gym memberships or weight loss programs or economic incentives to enroll in a healthy living program, as well as wellness and prevention pieces, in addition to disease management and case management programs, Commander points out.

"Now that people are experiencing higher deductibles and co-pays, we may find that they are going to try to stay healthier and avoid going to the doctor's office. All of us in the health care field know that when people access the system, it costs a lot of money. Now, we have to come up with ways to motivate individuals to have a healthy lifestyle," she adds. ■

Members earn rewards for healthier lifestyles

Points can be applied to deductibles, co-pays

As part of its efforts to promote healthy living and save health care dollars in the long run, Regence BlueCross BlueShield is rewarding members for adopting healthy lifestyles.

The company has introduced Activate, a self-managed health care plan that allows members to earn points for engaging in healthy behaviors and convert the points to Member Choice Funds,

which they can use to pay deductibles, co-pays, or other out-of-pocket expenses.

"Employers today want to help their employees adopt healthier lifestyles. Activate encourages members to become active partners in their health care and rewards them directly for that behavior," says **Cary Badger**, MPH, vice president market development.

Members enrolled in Activate can collect up to $600 a year in Member Choice Funds that can be applied to their deductible or co-pay.

Members automatically get 200 points when they complete a health risk assessment.

They can earn additional points for 75 different activities, ranging from enrolling in a smoking cessation or weight loss program to getting a flu shot or attending a healthy cooking class to visiting web sites that offer healthy living advice. If they log on to the sites through myRegence.com, their visits are automatically tracked and added to their personal choice account.

The program primarily works on the honor system. If a member reports participating in an activity that qualifies, he or she accumulates the points.

If members don't use their personal choice points, they roll over to the next year.

Regence introduced the program at a time when many employer groups are offering their employees health care plans that have higher deductibles and co-pays than in the past.

A $1,500 deductible is not uncommon among employer groups insured with Regence, Badger says.

"When people know they will be rewarded for healthy behavior, it makes the increased deductibles and co-pays easier to accept," he adds.

To help employees stick with their healthy behavior, the Activate program, along with other Regence plans, offers members access to a health coach, a 24/7 nurse line, and the Special Beginnings maternity management program. In addition, they belong to the Regence Advantages program, which offers discounts on hearing aids, fitness club membership, weight management programs, and other health-related activities. Regence members have access to health coaching and online nurse advice even if they don't sign up for the Activate account on myRegence.com.

The wellness program is integrated with disease management and case management.

"Activate builds the wellness component into the overall program. The rewards system allows members to immediately see the results of their healthy behavior," Badger says.

The program is a win-win for the employers, their employees, and the health care system as a whole, Badger says.

"Our Activate program returns money to consumers when they start healthy behaviors. Even though the savings won't materialize quickly for the employer and the health plan, we know that it will lower health care costs in the long run," Badger says.

Employees become active and feel better; they have fewer illnesses and miss less work, which translates into a healthier bottom line for the company, he adds.

It's hard to calculate an immediate return on investment for wellness programs, Badger points out.

"If a person quits smoking today, we may not see results in his or her health care utilization for 10 years or so, but in the long term, it's the best for the person and the health care system," he says.

Regence's health care cost trends have steadily decreased since 2002 when the company began offering incentive programs that have encouraged their employees to lose weight, quit smoking, and engage in other healthy behaviors, Badger says.

Regence began offering the Activate program to insured groups in mid-2008 and doesn't yet have outcomes data. However, the program has gotten rave reviews from participants, he says.

"Members have told us that they like the idea of receiving immediate recognition for trying to change their health," he says. ■

Coaches help members make lifestyle changes

Emphasis is on keeping them healthy

When members at Regence BlueCross Blue Shield want to lose weight, start exercising, quit smoking, manage the stress in their lives, or get a good night's sleep, help is just a phone call away.

The Portland-based health plan offers health coaching at no charge as part of a suite of member benefits designed to help members maintain a healthy lifestyle.

It's all a part of Regence's emphasis on keeping

members healthy now to avoid health care costs in the future, says **Loralee Trocio**, MPH, supervisor health coach program.

The program is available to all Activate members, whether or not they have a chronic condition or any other health care problems. However, the health coaches work closely with the health plan's disease management and case management department to ensure that all the needs of a member are met.

"We emphasize all the different resources available through their health insurance plan. In some cases, the members may also benefit from working with a disease management nurse, a case manager, or even a behavioral health specialist. If we identify a service the member could benefit from, a referral is made to that program," she says.

The health coaches work closely with other departments at Regence and sometimes co-manage members. For instance, a health coach working with a member with diabetes may refer the member to disease management.

Members who sign up for the Regence Health Coaching Program work one on one with a personal health coach over the telephone or through e-mail on any of five tracks: tobacco cessation, stress management, weight loss and nutrition, exercise, or help with sleep.

"The tracks are determined by the individual based on what the member would want to achieve and the goals he or she wants to set. People have an idea of what they want, but it's a matter of getting specific," Trocio says.

The goal of the program is to give members tools and skills to work toward behavioral changes that promote a healthy lifestyle, which they have defined for themselves. Members typically work with a health coach for twelve 45-minute sessions over a period of three to six months.

The health coaches help the members set "smart goals," which are specific, measurable, action-based, realistic, and timely objectives.

For instance, a general goal is "I'd like to be more physically active."

A "smart goal" is: "I'm going to run two miles after work on Tuesday and Thursday."

"If they are still contemplating changing or implementing an exercise routine, we address their stage or readiness and help them work toward taking action," Trocio says.

The health coach helps the member identify any obstacles he or she has encountered in the past and develops strategies to overcome them. They work with the members to help them become aware of the strengths they can build on while reaching their goal, she adds.

The health coaches have a variety of backgrounds, but all have earned verification as a wellness coach.

The health coaches work closely with the case management and disease management departments at Regence and sometimes co-manage members.

For instance, a disease management nurse working with a member with diabetes may refer the member to a health coach.

The disease management nurse would educate the member about how to check his or her blood sugar, how to take insulin, or what specific diet to follow. The health coach would help them set goals around the diet or physical activity recommended by the nurse.

"We partner with each other to meet each other's needs," she says. ■

Demonstration project improves outcomes for ill

CMs work with patients by telephone and face to face

A Medicare demonstration project in Florida that includes both telephonic case management and face-to-face interventions has improved clinical outcomes for beneficiaries who are eligible for both Medicare and Medicaid and have congestive heart failure or any combination of comorbidities that include congestive heart failure, diabetes, and coronary artery disease.

The program, which started in 2005, has been so successful that the Centers for Medicare & Medicaid Services (CMS) has extended its contract with LifeMasters Supported SelfCare, an Irvine, CA-based provider of health improvement services.

"The program has demonstrated cost-effectiveness to Medicare, and our preliminary analysis indicated that we have improved the clinical outcomes for a very difficult-to-manage population," says **Christobel Selecky**, CEO of LifeMasters.

The goal of the program is to reduce preventable utilization with a combination of health coaching and lifestyle changes, Selecky says.

CMS is measuring the outcomes for the group

that LifeMasters is managing against a control group.

There are about 28,000 participants in the program.

"We are showing good results in our population compared to the control group and are slightly above break-even for the new cohorts in the program. People who have been in the program since it began in 2005 are getting older and sicker and experience higher health care costs than the new participants," Selecky says.

Participants in the disease management program are followed by nurses in a call center called clinical nurse consultants (CNCs) and/or community-based case managers called community service RNs (CSRNs) who work with the beneficiaries in their homes.

"The team in the field and the team at the call center are extremely tightly integrated and refer back and forth to each other," Selecky says.

Referrals for the program come into the call center where specialists complete an evaluation and determine if the person's care could be coordinated over the telephone or if they need face-to-face care, says **Vicki Manning**, RN, community services RN team manager.

"It's a seamless system. If the clinical nurse consultant at the call center has concerns about one of the participants, they send a referral to the community service RN or social worker to evaluate the participant in their home," she says.

"LifeMasters' goal is to manage as many people as possible by telephone because successful programs need to be scalable. However, to ensure that all participants are getting the help they need, different options must be provided,"

CNE instructions/objectives

Nurses and other patient education professionals participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this activity each semester, you must complete the evaluation form provided and return it in the reply envelope provided in order to receive a credit letter. When your evaluation is received, a credit letter will be mailed to you.

After reading *Patient Education Management*, health professionals will be able to:

- **identify** management, clinical, educational, and financial issues relevant to patient education;
- **explain** how those issues impact health care educators and patients;
- **describe** practical ways to solve problems that care providers commonly encounter in their daily activities;
- **develop** patient education programs based on existing programs from other facilities. ■

COMING IN FUTURE MONTHS

- Using technology to improve patient teaching
- Best practice for selecting vendors
- The role of education in demand management
- Using photos for patient education
- How support groups contribute to education

CNE Questions

21. Barriers to time management for written materials can include which of the following?
    A. Guidelines for writing
    B. Submission of well-developed document.
    C. Differing opinions of experts involved.
    D. Set review process.

22. Elements to include in guidelines for writing patient education materials might include the following?
    A. Inventory check of titles.
    B. Content review by experts.
    C. Readability review.
    D. All of the above.

23. The person with aphasia has trouble retrieving words.
    A. True
    B. False

24. Music therapy can be incorporated into patient education in which of the following ways?
    A. Teaching better breathing techniques.
    B. As part of regimen for reducing pain.
    C. Method to deal with a difficult diagnosis.
    D. All of the above.

Answers: 21. C; 22. D; 23. A; 24. D.

Selecky points out.

About 30% of the participants have had a face-to-face visit with a LifeMasters nurse at least once, but only about 94% of them are followed regularly by the clinical nurse consultants in the call center.

"People tend to have the preconceived notion that a telephonic program won't work with older or underserved participants, but it does work if there is an outlet for other interventions when required," Selecky says.

When CMS sends LifeMasters the names of individuals eligible for the program, LifeMasters contacts the beneficiaries and invites them to participate in the program, then sends a letter to their primary care physicians explaining the program. The participants are assigned a nurse who calls them on a regularly scheduled basis.

"The frequency of contact depends on the severity of the individual's conditions. Many of the participants are not accustomed to focusing on their health, and the nurses may gradually ease them into managing their condition," she says.

Selecky attributes part of the success of the program to a unique method of stratifying participants, a combination of traditional stratification based on utilization and cost of care with the Patient Activation Measure, a tool that assesses an individual's likelihood to engage in making health care changes.

The Patient Activation Measure assesses a person's knowledge, skills, and confidence in playing a role in their own health care and ranks them in one of four activation levels according to their engagement in health care.

"We have researched this method and found that if the nurse tailors the conversation according to what level of activation the person is at, we can make a dramatically different impact," she says.

The nurses use the results of the Patient Activation Measure and the participant's level of severity to gear their encounters, using motivational interviewing techniques. ■

Patient Education Management™
For Nurse Managers, Education Directors, Case Managers, Discharge Planners

PEM060109TM

PLEASE NOTE: If your correct name and address do not appear below, please complete the section at right.

Please make label address corrections here or PRINT address information to receive a certificate.

Account # _____
Name: _____
Company: _____
Address: _____
City:_____
State:_____
Zip_____
Fax:_____
Phone:_____
E-mail:_____

CNE Evaluation: Please take a moment to answer the following questions to let us know your thoughts on the CNE program. Fill in the appropriate space and return this page in the envelope provided. **You must return this evaluation to receive your certificate.**

CORRECT ● **INCORRECT** ⊘ ✓ ✗ ✓

1. If you are claiming nursing contact hours, please indicate your highest credential: ○ RN ○ NP ○ Other _____

After participating in this program, I am able to:	**Strongly Disagree**	**Disagree**	**Slightly Disagree**	**Slightly Agree**	**Agree**	**Strongly Agree**
2. Identify clinical, legal, or educational issues relating to patient education.	○	○	○	○	○	○
3. Explain how those issues impact health educators and patients.	○	○	○	○	○	○
4. Cite practical ways to solve problems that care providers commonly encounter in their daily activities.	○	○	○	○	○	○
5. Develop or adapt patient education programs based on existing programs from other facilities.	○	○	○	○	○	○
6. The test questions were clear and appropriate.	○	○	○	○	○	○
7. I detected no commercial bias in this activity.	○	○	○	○	○	○
8. This activity reaffirmed my clinical practice.	○	○	○	○	○	○
9. This activity has changed my clinical practice.	○	○	○	○	○	○

If so, how? _____

10. How many minutes do you estimate it took you to complete this entire semester (6 issues) activity? Please include time for reading, reviewing, answering the questions, and comparing your answers to the correct ones listed. _____ minutes.

11. Do you have any general comments about the effectiveness of this CNE program?

_____

I have completed the requirements for this activity.

Name (printed) _____ **Signature**_____

Nursing license number ***(required for nurses licensed by the state of California)*** _____