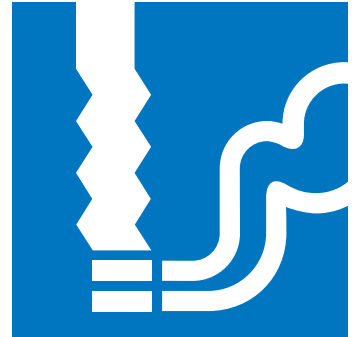


AMA Healthier Life Steps™

A physician-patient alliance for a longer, healthier life



Physicians' guide

Patient screening, intervention and motivation
tools and techniques

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Objectives

After completing this activity, participants should be able to:

- Utilize references about healthy lifestyles and behavior changes that impact patients' lives
- Implement strategies to assess patients' readiness to change poor lifestyle behaviors
- Counsel patients on lifestyle changes and provide action plans when appropriate

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*All faculty and planning committee members have indicated that they have no relevant financial relationship with commercial interests.

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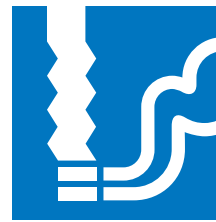
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AMA Healthier Life Steps™

A physician-patient alliance for a longer, healthier life

How can you make a difference?

As a physician—and one of the most trusted individuals with whom patients interact on a regular basis—you can play a key role in changing patient health behaviors that can change lives for good. Every doctor is busy, but even with minimal time and effort you can make a difference by:

- Briefly screening patients for key health behaviors
- Reminding them of the important issues surrounding these behaviors
- Encouraging them to make lifestyle changes and building their confidence to do so

The American Medical Association (AMA) Healthier Life Steps™ program is an easy to implement initiative featuring patient self-assessments and action plans that can be completed quickly in the physician's office reception area. Even when health behaviors do not change immediately or quickly, by emphasizing the importance of the key health behaviors and encouraging patients to adopt them, you can enhance their readiness and increase their confidence in their ability to change.

Asking each adult patient to fill out a brief questionnaire at each office visit reinforces the importance of these key health behaviors and increases the likelihood that they will make the necessary changes over time. A check-in about health habits at each visit—not just at an annual physical examination or at a prevention visit—can make a difference. This applies to even your healthiest patients, since very few individuals adhere fully to healthy lifestyles recommendations.

For maximum ease and effectiveness, hand out the screening questionnaire as part of your clinical practice routine so that no patients “slip through the cracks.” Of course, a program like this may not be appropriate for patients who are cognitively or otherwise mentally impaired or who are unable to read, comprehend and use the materials effectively.

What is the AMA Healthier Life Steps™ program?

This AMA Healthier Life Steps™ program offers you and your patients tools to create a partnership for making changes in an integrated fashion in four key health behaviors: diet, physical activity, alcohol consumption and tobacco use. AMA Healthier Life Steps™ provides:

- A brief questionnaire for patients to fill out in your reception area
- Action plans for the four key health behaviors
- A calendar that patients can use to track health behaviors
- Posters to remind you, your staff and your patients to incorporate healthy lifestyles discussions into every office visit

The AMA Healthier Life Steps™ program enables your patients to initiate conversation about the four key health behaviors and gives you important information about their views and readiness to change or manage their behaviors. The health habits questionnaire can help identify those patients who are ready for guidance and an action plan. For those patients who indicate they are not ready for action, you can acknowledge them for completing the assessment, state how important you feel these topics are and that you are open to discussions at another visit.

What about compensation for health behavior counseling?

The AMA is committed to and is actively advocating for physician compensation for health behavior counseling.

- Current Procedural Terminology (CPT®) codes for tobacco and alcohol counseling are now available.
- CPT codes for diet change and prevention counseling are also available. (AMA is looking into the reasons that these are not often used or fully reimbursed.)
- A CPT code for physical activity counseling is not yet available.
- You may also bill for these services as part of an extended visit for chronic disease (e.g., diabetes) management visits when significant counseling time is needed.

Until full coverage for such services becomes available, you and your office staff can incorporate into your practice a routine that requires minimal time, reinforces the importance of the key health behaviors and refers patients to community resources as necessary.

Where can patients find community resources?

For successful lifestyle change, your patients will need referral and access to supportive community resources.

- The AMA Healthier Life Steps™ action plans identify easily accessible Internet and other support programs.
- You or your program coordinator can also identify for patients the key resources and programs in your community that support healthy lifestyles. Here are some suggested ways.
 - Prepare a brief list of community resources with contact information as a standard tool for your practice. (In the future, AMA may offer an inventory checklist for assessing community resources.)
 - Offer a copy of the list along with your encouragement to patients to follow their action plans.
 - Solicit feedback about what patients found most or least useful during follow-up visits so you can make better informed suggestions.

What role do physicians play in lifestyle change?

Poor diet, physical inactivity, use of tobacco and excess or risky use of alcohol contribute unquestionably and significantly to morbidity and mortality from cardiovascular disease, diabetes, cancer and other conditions, which result in premature deaths and billions in health care costs.

You can play a key role in changing patient behaviors. As a physician, you are one of the most trusted and respected health professionals with whom patients interact on a regular basis. You can influence them to think, decide, plan and take positive action. You may not see the results immediately, but what you do can make an important difference over time.

The most extensive evidence of the effectiveness of a doctor's brief intervention and advice comes from research on smoking and drinking behaviors. The evidence for brief counseling for diet and physical activity is still being investigated by researchers in the field. In the meantime, since stronger evidence exists for more intensive counseling for these behaviors, referral for such counseling may be warranted in some patients.

What evidence exists relating to the effectiveness of physician counseling about smoking and nicotine dependence?

- In a Cochrane Review, Silagy and Stead (2001) stated that, "Even brief advice by a health care professional increases the probability of a smoker quitting and, as a result, this method is highly cost effective."
- A meta-analysis of over 20 trials indicates that brief advice from a physician increases the number of smokers who stop smoking for at least six months. Because most smokers visit their physicians each year (Lancaster and Stead, 2004), this intervention can have a significant public health impact.
- Also the US Preventive Services Task Force (USPSTF) found good evidence that brief smoking cessation interventions, including screening, brief behavioral counseling (less than 3 minutes) and pharmacotherapy delivered in primary care settings are effective in increasing the proportion of smokers who successfully quit smoking and remain abstinent after one year.
 - <http://www.ahrq.gov/clinic/uspstf/uspstbac.htm>

What about counseling relating to alcohol consumption?

- The World Health Organization (WHO), in a multi-site and multi-national trial of screenings and brief interventions, demonstrated a significant effect on alcohol misuse (Babor et al, 2007; Fleming, 2004; WHO Brief Intervention Study Group, 1996).
- The American College of Surgeons is convinced of the value of screening and brief interventions for reducing alcohol consumption and has made screening and brief intervention for problem drinking a criterion for accreditation of Level I Trauma Units (Hungerford, 2005).

In a Cochrane Review meta-analysis by Kaner and Beyer et al., (2007) concluded that brief alcohol interventions in general practice or an emergency setting “consistently produced reductions in alcohol consumption. When data were available by gender, the effect was clear in men at one year of follow up, but unproven in women. . .the current literature had clear relevance to routine primary care. . . . Brief interventions consistently reduced alcohol consumption with an average drop of four standard drinks per week.”

- The USPSTF found good evidence that screening in primary care settings can accurately identify patients whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence, but place them at risk for increased morbidity and mortality.
- It also found good evidence that brief behavioral counseling interventions with follow-up produce small to moderate reductions in alcohol consumption that are sustained over six-to-twelve-month periods or longer. The USPSTF found some evidence that interventions lead to positive health outcomes four or more years post-intervention.
 - <http://www.ahrq.gov/clinic/uspstf/uspdrin.htm>

What is the evidence for counseling about healthy eating and physical activity?

- Although brief physician interventions addressing physical activity and diet have been less studied, evidence exists that these types of interventions can influence patients to consider and adopt changes in how they eat and their levels of physical activity (Calfas et al, 2000; Ockene, Hebert, et al, 1996).

- The success of programs to increase walking and other types of physical activity (Calfas et al, 2002) and change dietary behavior, such as encouraging people to eat fruits and vegetables in the five-a-day program (Havas et al, 1998; 2003), support efforts by physicians to intervene in these areas.
- Referral for more intensive counseling in the areas of nutrition and physical activity may be warranted. The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.
 - [http://www.ahrq.gov/clinic/uspstf/uspstf/uspsdiet.htm](http://www.ahrq.gov/clinic/uspstf/uspstf/uspstf/uspsdiet.htm)

Why don't physicians always address lifestyle behaviors?

Some of the perceived barriers to implementing screening and brief interventions in physicians' practices—and how the AMA Healthier Life Steps™ program can help overcome them—are discussed below.

- **Perception: Lifestyle behaviors are a patient's choice, not medical conditions.**

Very often, patients know quite well many of their risks to physical and mental health. Nevertheless, they interpret the omission of these risks from their doctors' discussions as confirmation that they do not need to change.

- **Perception: Patients are not motivated to change.**

Most patients actually have tried to address and change their diet, physical activity level and smoking and drinking behaviors when they perceive them as problems. The AMA Healthier Life Steps™ screening tool helps your patients self-identify their specific concerns. Those who are ready to make a change can begin developing a plan with advice and encouragement from you.

- **Perception: There is just not enough time in a brief patient visit.**

Physicians are being asked to do more with less time, resources and reimbursement. It would be unrealistic to ask you to address all health risks in a single visit. AMA Healthier Life Steps™ helps to target the most critical health behaviors and those behaviors the patient is ready to change. These health behaviors are likely to affect or even cause a wide array of health problems you are already addressing in your patients. Just a few words from you can have a powerful impact. Remember, too, that the AMA and its partners will continue to advocate for payment for such counseling services.

- **Perception: I am not trained to do this type of counseling.**

Implementing the AMA Healthier Life Steps™ program takes minimal training. The materials are office-based and have been made simple to use to help you integrate health behavior screening and brief intervention easily into your routine practice.

How can physicians and practices implement the program?

- **Arrange for screening at patient check-in.**

The AMA Healthier Life Steps™ health habits questionnaire, which patients can complete in the reception area, indicates their readiness level for each of the four key health behaviors.

- **Encourage patients to develop action plans.**

These forms allow patients to choose specifically which behaviors they would like to work on. (A brief review of these forms will tell you what they've chosen.) You can then raise questions about a “personal” behavior without hesitancy because the patient has already indicated a willingness to talk about it. You can also use the forms like a “health prescription” to make recommendations. You can focus on specific changes simply by circling a target behavior. Also you can encourage the patient to write in specific goals and actions.

- **Offer brief physician intervention.**

You are the most important component in the intervention, even though your time spent may be brief.

- If your patients' health habits questionnaires indicate they are thinking about one of the key health issues, state your belief that it is an important issue and relate it to specific patient risks.
- If patients indicate that they need more information, make sure to provide the action plans that list resources along with information you may already have available.
- If patients indicate they are ready to take action, make sure they have completed an action plan form for each targeted behavior.
- Check their confidence level and make sure they have chosen steps they believe they can achieve.
- Always offer some words of encouragement.

- **Chart it and follow up.**

Make a note in the patient chart of the action plan and record the amount of time spent counseling. (For patients with conditions such as diabetes or cardiovascular disease, you can submit CPT codes based on the length of the visit.) The note will be a reminder of the patient's action plan at the next visit.

■ Commit to your program.

Just as your patients will have to commit to action step plans, you will need to make a commitment to include this program in your practice (Park et al, 2003). Here are a few simple steps.

- Designate one staff person as the office coordinator to ensure you have sufficient copies of the program materials and that the system is working.
- Begin with a few patients to see how the program works in terms of flow and logistics. Assess what worked and make adjustments accordingly.
- Once you are comfortable with the flow, set a goal to provide the patient health habits questionnaire to every adult at check-in.
- Remember, there are very few individuals who could not achieve better health outcomes by improving their behaviors in one of the four target areas.

Your commitment combined with the AMA Healthier Life Steps™ materials can make a positive difference in your practice and your patients' health behaviors. They will thank you for your efforts.

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Appendix A: What are the keys to motivating patients and changing health behavior?

Motivation is complicated. It's not like a switch you can turn on or off. Being motivated or ready to change means that patients are concerned enough about current behavior to consider change, believe that change is in their best interest, are committed, have a plan of action that is realistic and effective and follow through by taking and sustaining action over time.

These are the key elements of the stages of change process described by Prochaska and DiClemente (1983, 1992). Patients may be in different stages for each behavior and need help with different tasks as they move through the process of change (DiClemente, 2003, 2005). The accompanying chart describes the stages and tasks of change.

Stage of change	Task
Pre-contemplation (unaware of the problem or not interested)	Arouse concern about current behaviors; create emerging interest in new behavior
Contemplation (thinking about change)	Analyze the risks and rewards of the old and the potentially new behavior
Preparation (getting ready to change)	Create and commit to a plan to enable behavior change
Action (taking action to change)	Implement, stick with, revise and reform change plan
Maintenance (holding on to positive gains)	Integrate new behavior into lifestyle

These stages have been used to describe where people are in terms of smoking cessation readiness (DiClemente, Dolan-Mullen et al, 2000; DiClemente, Prochaska, et al, 1991; Owen et al, 1992); drinking behavior change (DiClemente & Bellino, 1999; DiClemente & Hughes, 1990; CSAT TIP 35; Miller & Rollnick, 2002); exercise and physical activity (Marcus, Rossi, et al, 1992); and dietary behaviors (Feldman et al, 2000).

In the AMA Healthier Life Steps™ program, patients evaluate their readiness to change and indicate what they are willing to do (think about it, prepare or act). A brief conversation between you and the patient can be a catalyst for them to engage in the tasks of each stage and to move forward.

Strategies to enhance patient motivation

A new approach to helping unready or ambivalent patients is called motivational interviewing (MI) (Miller and Rollnick, 2002; Rollnick, Mason and Butler, 1999). MI is a style of interaction meant to identify and help resolve patient ambivalence about change. It has been shown to be effective across a number of health behaviors (Dunn & Deroo, 2001) and received positively by patients (Barzilai & Goodwin et al, 2001). It can be applied even in brief interactions and includes four key strategies:

- Ask open-ended questions
- Listen reflectively
- Summarize what you have heard
- Support patient efficacy or sense of confidence to change

MI offers an excellent way to counsel patients who are in the early stages of change. Along with the AMA Healthier Life Steps™ program, it can create a better working relationship between you and your patients.

Appendix B: Useful Web Resources

In addition to the websites listed in each of the action plan sheets, you may find useful resources on these websites:

Smoking and nicotine dependence

- ***Treating Tobacco Use and Dependence* (Agency for Healthcare Research and Quality/AHRQ)**
 - <http://www.ahrq.gov/path/tobacco.htm>
- **American College of Chest Physicians**
 - www.chestnet.org/patients/guides/tobacco/index.php
- **National Tobacco Cessation Collaborative**
 - <http://www.tobacco-cessation.org/resources.htm>

Alcohol

- ***Helping Patients Who Drink Too Much: A Clinician's Guide* and other clinician resources (National Institute on Alcohol Abuse and Alcoholism/NIAAA)**
 - <http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/guide.htm>

Healthy eating and physical activity

- **Exercise is Medicine (American College of Sports Medicine)**
 - www.exerciseismedicine.org
- **Massachusetts Medical Society**
 - http://www.massmed.org/AM/Template.cfm?Section=Healthy_Weight
- **Utah Department of Health**
 - www.checkyourhealth.org/nutrition/nutrition_weight.htm
- **Adult Obesity/Discovery Health CME**
 - <http://discoveryhealthcme.discovery.com/adultobesity/adultobesity.html>
- **Healthy South Dakota**
 - <http://www.healthysd.gov/HealthProfResources.html>

- **Americans in Motion (American Academy of Family Physicians)**
 - www.aafp.org/online/en/home/clinical/publichealth/aim.html
- **5 Keys to a Healthy Heart—A Guide for African Americans (American College of Physicians)**
 - www.doctorsforadults.com/healthyheart.htm