THE ACTION PLAN PROJECT:
Using behavior change action plans
during the primary care visit

Thomas Bodenheimer, MD
Kate MacGregor, MPH
UCSF Department of Family and Community Medicine
Co-Investigators:

Margaret Handley Ph.D., MPH
Dean Schillinger, MD
The Action Plan Project

• Kate Lorig’s work at Stanford
  – patients taking the classes have improved control of chronic disease symptoms, improved self efficacy, higher levels of physical activity, fewer hospitalizations and ED visits (Medical Care 1999;37:5-14 and 2001;39:1217-1223)

  – Action plans are a prominent feature of the classes

• Motivational Interviewing
• Brief Negotiation
The Action Plan Project

• REACH Considerations:
  – Primary care visits reach more patients, however,
  – Patients in primary care are at varying stages of readiness
  – Therefore, positive results may not hold in this more diverse sample of patients
What is an Action Plan?

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

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

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

Patients:
- Do patients remember their Action Plans?
- Do patients follow their Action Plans?
Action Plan Patients
N=432

Study patients  N=280
Control patients  N=74

Females 61%
Non-white 69%
Safety-net 44%
Average age 52 years

Refused study  =57 (13%)
Not eligible  =21 (5%)
Protocols and Methods

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

• Clinician questionnaires after AP discussion
• Patient follow-up by telephone 1-3 weeks following baseline appointment
• Follow-up interviews and questionnaires with clinicians at the end of the study
• 6-month follow-up with patients using mailed questionnaire
• 6-month chart review of clinical parameters
Yes, they will use Action Plans
83% (231/280) of the encounters with a study patient resulted in an Action Plan

Time spent on Action Plan discussion (n=280)
6.6 minutes (average)

Clinician Satisfaction (n=254)
57% More Satisfying
31% No difference
7% Less Satisfying
5% Not Applicable
Clinician Follow-Up

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

• Changed the way the like to discuss behavior change: 65%
• Will continue to use Action Plans: 70%
• Other caregivers are appropriate: 50%
  – Health educators 37%
  – Nurses 30%
  – Social Workers 17%
  – Medical Assistants 15%
• Biggest Barriers:
  – Time 95%
  – Difficulty 25%
  – Resources 15%
Follow up telephone calls were completed for 85% of patients (196/231)

Patient adherence* 78% (152/196)

*patient accurately recalled the action plan and reported they were working on it
Follow up questionnaires are being mailed to all control and study patients to assess changes in:
  – self-efficacy
  – health behavior
  – HRQOL

As well as:
  – communication with provider
  – satisfaction with the action plan
MY ACTION PLAN

I ___________________________ and ___________________________
(name) (name of clinician)

have agreed that to improve my health I will:

1. Choose one of the activities below:
   - Work on something that’s bothering me:
   - Stay more physically active!
   - Take my medications.
   - Improve my food choices.
   - Reduce my stress.
   - Cut down on smoking.

2. Choose your confidence level: This is how sure I am that I will be able to do my action plan:
   - 10 VERY SURE
   - 5 SOMewhat SURE
   - 0 NOT SURE AT ALL

3. Complete this box for the chosen activity:
   - What:
   - How much:
   - When:
   - How often:

(Signature)
(Signature of clinician)
Types of Action Plans

- 41% Diet
- 31% Exercise
- 10% Other
- 8% Smoking
- 7% Medication
- 3% Stress
Examples of Action Plans

• Having trouble losing weight. Agrees to reduce bread intake from 2 slices three times a day to 1 slice three times a day, starting right away.

• Post-MI, still smoking. Many discussions with clinician on smoking not working. Action plan: patient always lights cigarette when leaving BART (twice a day). He will stop those two cigarettes. Patient liked it because he felt he could succeed.
Examples of Action Plans

- Patient with elevated cholesterol. Action plan is to keep a food diary. On follow-up phone call, patient was keeping the diary.

- Patient with heart disease. Action plan is to walk 20 minutes each day. On follow-up phone call, patient said “I am exceeding expectations.”
Our current Action Plan

• Answer any questions you might have....