

# Provider Report™

ABSOLUTE TOTAL CARE



by Total Carolina Care

## Help Your Patients Make a Smart Start

Absolute Total Care has a perinatal program, *Start Smart for Your Baby*, which we're proud to share with you. Please think of Start Smart as an added resource for you and your staff. When you notify us of a patient's pregnancy, she becomes a part of Start Smart, and a world of effective assistance and knowledgeable support becomes hers! Our national OB and NICU physician specialists direct the program development, and our experienced OB RN Case Managers manage and implement Start Smart locally. We stand ready to assist you and your staff as we reach out to our members with the goal of helping them to have healthy pregnancies. Our innovative approaches to engaging and educating moms include our own website ([startsmartforyourbaby.com](http://startsmartforyourbaby.com)), MP3 players loaded with podcasts ranging from preterm labor to postpartum care to 17P therapy, preprogrammed cell phones for our members who have no reliable phone service, and specialized outreach staff on site at Absolute Total Care who can make home visits and assist with a variety of social issues and barriers to care. We also want you to know that your plan of care is important to us and we welcome your calls and inquiries. We're especially excited to remind you that 17P is a covered benefit for those patients for whom you decide it is medically necessary (homebound or non-homebound).

## Is It Time for an Office Makeover?

Try these tips to make your office more accessible for obese patients.

**O**besity has increased dramatically during the past 20 years. Has your clinical setting kept pace with the reality? Obese people tend to need more healthcare services than their normal-weight counterparts do, but concern about encountering uncomfortable conditions may deter them from seeking care. Make sure that the physical aspects of your office make it a welcoming place by conducting an office walk-through to see things from an obese patient's perspective. The following checklist can help you identify features to make your office more obesity-friendly:

### Office Access

- Convenient, close parking.
- Ramps and handrails.
- Ample-sized doors and hallways.

### Waiting Room

- Larger chairs or loveseats.
- Seating sturdy enough to support more than 300 pounds, at a height to allow easy rising.

- Some seating with easy-grip armrests.
- Healthy-lifestyle patient-education materials showing positive images of heavy people.

### Exam Equipment

- Weight scales that measure above 350 pounds.
- Scales with wide platforms and handles for support.
- Scales positioned for private weigh-ins.
- Extra-large blood pressure cuffs and tourniquets.
- Longer vaginal specula.
- Longer needles.
- Larger/wider exam tables, securely anchored to floor.
- Plus-size exam gowns.
- Large chairs for patients.

### Restrooms

- Properly mounted grab bars.
- High, easy-rise, floor-mounted toilets.
- Split lavatory seats with handled urine specimen collector.

## TREATMENT REMINDER

Here's the recommended three-for-all strategy to address obesity in adults and children:

1. Perform body mass index (BMI) assessments to identify obesity risk.
2. Track annual changes in BMI.
3. Provide counseling on nutrition and physical activity.

**2** Get the Deal on Recent Vitamin D Findings

**3** Talking the Talk of Change to Patients

**4** Easy Ways to Test For Health Literacy

# The Deal With D

Studies reveal a need for higher intake levels.

Pay attention to vitamin D. That's the message of a host of new studies showing that inadequate levels of the vitamin significantly increased health risks. Researchers have recently reported that low levels of vitamin D are associated with increased risk of heart attack, cardiovascular death, stroke, all-cause mortality and hip fractures in women.

Testing for vitamin D levels has surged, revealing growing numbers of people with insufficient levels. According to the National Institutes of Health, 36 percent of adults and 40 percent of infants and toddlers aren't getting enough vitamin D.

## The Test Question

With such a high prevalence of vitamin D deficiency, should everyone be tested? Until soon-to-be-released, evidence-based guidelines

address the testing issue, providers should assess the need to test at-risk patients, including breastfed infants, older adults, people with limited sun exposure, dark-skinned people, people with a reduced ability to absorb dietary fat (those with Crohn's or celiac disease, for example) and obese people.

Encourage your patients to increase their intake of vitamin D. The Food and Nutrition Board presented the following adequate intake (daily amount), stated in micrograms (mcg) and International Units (IU), sufficient to maintain bone health and normal calcium metabolism in healthy people:

- 5 mcg (200 IU) for children, men and women ages birth to 50.
- 10 mcg (400 IU) for men and women ages 51 to 70.
- 15 mcg (600 IU) for those age 71 and older.

**DIABETES INFO EN ESPAÑOL** An estimated one in eight Hispanics takes a prescription drug for diabetes. A new publication can help these patients better understand their condition and compare oral medications. *Pastillas para la diabetes tipo 2* is a free, Spanish-language consumer guide available from the Agency for Healthcare Research and Quality (AHRQ). You'll find it a useful tool in provider-patient discussions about how various diabetes drugs work to control blood sugar, their potential side effects, comparisons of dose and average cost, and appropriate doses when the drugs are taken in combination. The guide compares 10 generic and 13 brand-name diabetes medications.

To view the Summary Guide online (and its English version, *Pills for Type 2 Diabetes*), visit [effectivehealthcare.ahrq.gov](http://effectivehealthcare.ahrq.gov) and click Consumers. There's also a link to Summary Guides for clinicians at that site. You can order copies of the consumer guide for your patients by phone at 1-800-358-9295, or by e-mail at [AHRQpubs@ahrq.hhs.gov](mailto:AHRQpubs@ahrq.hhs.gov). Request AHRQ Publication Number 07(08)-EHC010-2B (or 07(08)-EHC010-2A for the English version).

The AHRQ consumer and clinician guides are based on the 2007 evidence-based report "Comparative Effectiveness and Safety of Oral Diabetes Medications for Adults with Type 2 Diabetes," which is a review of 216 scientific research studies.

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# ‘You Want Me to Do What?’

How to talk patients into making lifestyle changes.

**L**ifestyle modification: What a bland phrase to reflect the emotional energy involved in changing unhealthy behaviors developed over a lifetime.

For most people, change is a gradual but uneven progression through stages. The process is marked by starts and stops, successes and backsliding, commitment and questioning, until finally the desired behavior is achieved and maintained over time.

As a provider, you initiate the process by educating patients about their health and ways to improve it. Then, you can help patients move through the commonly accepted stages of change (see the chart below).

## How It Works

Let’s say you’re with an overweight patient who is not ready to make a change in diet or exercise. Consider applying some techniques of motivational interviewing (MI), a style of talking with patients about behavior change that focuses on helping them

explore and resolve ambivalence.

Use MI to direct the patient by asking open-ended questions that help her or him think more deeply about what is possible. Simply put, the goal of MI is for patients to convince themselves to make behavior change. Find out what they’re thinking on the subject:

- “How important do you think it is for you to lose weight?”

- “What might happen if you started losing weight?”

Establish a shared understanding by paraphrasing:

- “So you’re saying you’re not ready to start losing weight now.

I’m here to help you when you are ready.”

Highlight any disconnect between the patient’s behavior and expressed values:

- “You’ve said you want your kids to be more active. Have you thought about how your activity level might affect them?”

Reinforce “change talk”:

- “It’s great that you’re going to start walking to work after the holidays.”

Using MI, you can help your patients work through their resistance to change and gain confidence in their ability to change.

**Web Resource** MI is a specialized counseling approach developed by Stephen Rollnick and William R. Miller for which training is recommended. To learn more about MI, visit [motivationalinterview.org/clinical/index.html](http://motivationalinterview.org/clinical/index.html).

To learn more about how to use brief interventions, including MI, to help patients stop smoking, access the new U.S. Public Health Service guidelines released in May 2008 by the Agency for Healthcare Research and Quality. “Chapter 3: Clinical Interventions for Tobacco Use and Dependence” from *Treating Tobacco Use and Dependence: 2008 Update*, is available online at [ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.section.28251](http://ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.section.28251).

STAGE	PROVIDER ACTION
<b>PRECONTEMPLATION</b> (patient not considering change)	Educate patient; advise change; discuss health benefits of change; build relationship with patient
<b>CONTEMPLATION</b> (patient ambivalent about changing)	Ask patient about pros and cons of change; express confidence in patient’s ability to change
<b>PREPARATION</b> (patient experimenting with small changes)	Praise efforts; ask patient about barriers to full action and about goals
<b>ACTION</b> (patient taking a definitive action to change)	Express admiration; encourage patient to address successes and difficulties
<b>MAINTENANCE</b> (patient continuing with new behavior over time)	Praise efforts; ask patient to address what’s working and coping strategies
<b>RELAPSE</b> (patient may feel demoralized)	Acknowledge difficulty; ask patient to address what he or she learned from relapse and what actions he or she will take to restart; offer encouragement

# Lost in the Communications Maze

Why health literacy is such a critical issue for your patients, and how you can help.

**D**on't assume that your patients understand the information you're giving them. Reading levels, facility with numbers and language comprehension are very low among many people, particularly minority, immigrant, elderly and low-income populations. Nationwide, some 90 million people lack the necessary skills to obtain, understand and act upon health information, according to Institute of Medicine estimates.

More than understanding a prescription or physician instructions, health literacy encompasses finding providers, making appointments, understanding signage in medical settings and healthcare-related forms and otherwise navigating the healthcare system. Poor health literacy is associated with worse health outcomes and higher use of healthcare services.

Do you know the actual level of health literacy among the patients in your own practice? One way to find out is to test for it. Results can help you better tailor your patient communications. There are several assessment tools available. The short version of the Test of Functional Health Literacy in Adults takes seven to 10 minutes to administer; the English-only Rapid Estimate of Adult Literacy in Medicine takes three minutes; versions of the Newest Vital Sign (NVS) assessment averaged under three minutes for

English and just over three minutes for Spanish.

Patients are not put off by literacy assessments if handled with sensitivity. In one study of 600 patients in public and private practice settings, 99 percent of patients readily participated in assessments; compared with a control group, their overall provider satisfaction ratings were similar.

If you choose not to assess each patient, consider a one-time test of a random group of patients. It's likely to be an eye-opener.

## Web Resource

NVS is an orally administered health literacy assessment. Patients are given a copy of an ice cream container nutrition label. The provider asks six questions based on the label and marks responses on a score sheet.

To obtain a free, complete NVS package (nutrition label, score sheet and brochure with tips for improving patient communication), visit [clearhealthcommunication.com/physicians-providers/newest-vital-sign.html](http://clearhealthcommunication.com/physicians-providers/newest-vital-sign.html). Click the link under the "How to Order" section.

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For more information about our Clinical Guidelines, please visit our website at [absolutetotalcare.com](http://absolutetotalcare.com).

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