

# Change that Matters: Promoting Healthy Behaviors: A 10-Module Curriculum for Physicians to Help Patients with Behavior Change and Emotional Wellbeing

Stephanie A. Hooker PhD MPH<sup>1,2</sup> and Michelle D. Sherman PhD ABPP<sup>2</sup>, on behalf of the Change that Matters team

<sup>1</sup>HealthPartners Institute, Research Division, Minneapolis, MN

<sup>2</sup>University of Minnesota, Department of Family Medicine and Community Health, Minneapolis, MN

**Contact:** Stephanie A. Hooker (stephanie.a.hooker@healthpartners.com); Michelle D. Sherman (sherman@umn.edu)

## Summary

Change that Matters is a 10-module curriculum for clinicians working with patients in primary care settings. Modules focus on common issues seen in primary care (e.g., smoking cessation, insomnia, depression). Each module contains three components, including an interactive patient handout containing brief, evidence-based behavior change strategies, documentation templates for physicians to use with patients during visits and for the after visit summary, and didactic lecture slides that provide context and teach how to implement the intervention with patients. This brief describes the development and initial evaluation of Change that Matters and the next steps for implementation and evaluation.

The entire Change that Matters curriculum, including

- Didactic lectures
- EHR templates
- Interactive patient handouts
- Implementation guide

is available for free download:



**ChangeThatMatters.umn.edu**

## Rationale

Modifiable health behaviors contribute to approximately 40% of the variance in health outcomes.<sup>2</sup> Primary care is an ideal setting in which to address behavioral influences on health. Many of the top reasons patients seek primary care services have behavioral influences, including hypertension, depression, anxiety, chronic pain, and diabetes.<sup>3</sup> The easy access to care, the continuity across time and stages of health and illness, and the comprehensive approach to health espoused by primary care clinicians (PCCs) enhance the development of trusting, collaborative relationships.<sup>4</sup> Patients may feel comfortable sharing struggles with making behavioral change with their PCCs. Further, patients whose PCCs ask about behavior report higher levels of satisfaction with their healthcare than if PCCs do not broach the topic.<sup>5</sup> Thus, effective encouragement of these modifiable behavioral risk factors is a critical skill for PCCs. Several brief behavioral

interventions have been found to be effective in primary care settings.<sup>6</sup> However, evidence suggests that PCCs spend, on average, less than 1% of their time discussing preventive care and lifestyle changes with patients,<sup>7</sup> which may be due to lack of confidence in delivering effective interventions.<sup>8</sup> Further, a recent systematic review suggests that rigorous programs to train PCCs in behavioral counseling are needed.<sup>9</sup>

## About the project

To address this gap in comprehensive curricula, our interdisciplinary team from the University of Minnesota's Department of Family Medicine and Community Health developed a 10-module curriculum (Change that Matters: Promoting Healthy Behaviors) to teach PCCs brief, evidence-based interventions for common behavioral health topics (see Figure 1). Each module includes three components, namely didactic training (lecture and practice of key skills), electronic health record (EHR) templates (to guide PCCs through how to deliver the interventions and for the after visit summary), and interactive patient



Figure 1. Change that Matters modules.

handouts (in English and Spanish). A unique feature of our curriculum is that all of our materials encourage to patients to draw upon their values and meaning in life in making changes in their behavior.

## Implementation and Evaluation

The entire curriculum was implemented in the North Memorial Family Medicine Residency program, a large University of Minnesota clinic in north Minneapolis, Minnesota. Over the course of 2018-2019, monthly didactic lectures were given on each topic by interdisciplinary faculty members, and residents were given opportunities to practice new behavioral skills with the EHR templates and interactive patient handouts. Change that Matters team members were available for consultation in clinic.

Our three-part evaluation approach included:

- Interviews with 20 resident physicians
- Interviews with 20 patients who had received the intervention
- Feedback from a national expert panel of eleven family medicine faculty (physicians and behavioral health faculty)

### Finding 1: Residents felt the curriculum provides useful tools to address behavioral health.

Twenty resident physicians participated in individual qualitative interviews about their experience with the curriculum. Interviews were recorded, transcribed, and analyzed, and several themes emerged. Overall, residents reported that the curriculum:

- Provided an organizational framework for addressing behavior change
- Reinforced the importance of health behavior discussions
- Improved self-confidence in addressing behavior change
- Addressed gaps in knowledge about behavioral counseling
- Provided useful, concrete, evidence-based tools to use with patients

“We just don’t get very much education about behavior change in medical school at all. I think having this tool available to us all of the time is going to be really, really helpful for going into the future and discussing things. So I think it will change how I practice and make me more willing and more likely to talk about these sorts of things with people.”

[Resident Interview]

Residents recommended more frequent booster sessions to practice skills.

## Finding 2: Patients found the interactive handouts and discussions with their doctor motivating.

Twenty patients participated in a brief individual interview immediately following their discussion with their physician (who used a Change that Matters pamphlet). Several themes emerged:

- Handouts were seen as informative, potentially helpful, and as a tool for accountability.
- Discussions with physicians:
  - Provided tips consistent with patient goals
  - Helped patients reflect on their behavior and choices
  - Provided encouragement to make positive changes

“There's things I can do before we jump to like medication (for sleep)....kind of refreshing to know that, you know, there's things I can do.”

[Patient Interview]

## Finding 3: Expert panelists rated the patient handouts as highly understandable and actionable.

A convenience sample of 11 family medicine residency faculty (six physicians and five behavioral health specialists) evaluated the patient handouts with the Agency for Healthcare Research and Quality's Patient Education Materials Assessment Tool for Printable Materials (PEMAT-P)<sup>1</sup> and two open ended questions (What was helpful in this pamphlet? and How could this pamphlet be improved?). The PEMAT-P assesses the understandability (the extent to which the materials include easy to understand content, are well organized, and use visual aids) and actionability (the extent to which the materials recommend clear, manageable steps to take action) of printed patient materials. Scores range from 0 to 100, with higher scores corresponding to greater understandability and actionability. Each expert panelist reviewed three pamphlets. Results from the PEMAT-P are presented in Table 1.

**Table 1: Expert panelist ratings of understandability and actionability of interactive patient handouts.**

Brochure	N	Understandability	Actionability
		Median	Median
Total	32	100	100
Alcohol	3	94.1	100
Chronic pain	4	94.1	92.9
Depression	3	100	100
Healthy eating	3	100	100
Medication adherence	3	100	100
Physical activity	3	100	100
Social isolation	4	100	100
Sleep problems	3	100	100
Smoking	3	100	100
Stress	4	87.5	83.3

In addition, open-ended feedback from expert panelists included the following themes:

- Appreciation of:
  - Interactive nature (e.g., reflection questions)
  - Use of motivational interviewing principles (e.g., identifying barriers)
  - Grounding in cognitive-behavioral therapy principles (e.g., identifying and combating irrational thoughts)
  - Diversity in pictures and recommendations
  - Visual appeal (e.g., colors, layout, graphics)
  - Provision of concrete recommendations (“tips” page)
  - The use of everyday simple language in digestible chunks that is accessible to readers.
- Suggestions for improvement:
  - Clarification of activity instructions
  - Minor wording changes
  - Adding more encouragement for patients to keep trying even when making changes is difficult

“I liked that this brochure was interactive with the person reading. It was not just read this and then go do it. I love the approach of, here is some info, let's work with you to figure it out for you. Overall, this brochure is GREAT and not like other educational brochures.”

[Expert panelist]

## Future directions

This evaluation of the Change that Matters curriculum provides initial evidence that the curriculum provides useful, brief, evidence-based tools to address behavior change in primary care. Based on the feedback we received from resident physicians, patients, and our expert panel, we are exploring several next steps, including:

- Creating 5-minute videos for each module to add to our website. Brevity and rapid acquisition of skills are important for residents and practicing professionals to learn evidence-based skills.
- Disseminating the curriculum to other residency programs and other specialties (including medical specialties and allied health professional training, such as nursing, pharmacy, nutrition, and behavioral health)
- Exploring how to adapt patient-facing tools for use with telehealth modalities
- Evaluating the effectiveness of the curriculum in changing physician and patient behavior

## Key findings

- Primary care providers are ideally situated to address modifiable behavioral factors that influence health and illness; however, comprehensive training programs are needed to empower physicians to address these topics using evidence-based strategies.
- This brief describes the development and initial evaluation of Change that Matters: Promoting Healthy Behaviors, a 10-module curriculum composed of tools to train physicians in behavior change strategies. The entire curriculum is available for free at [ChangeThatMatters.umn.edu](https://ChangeThatMatters.umn.edu).
- Initial feedback on the curriculum was positive, suggesting that the curriculum provides useful training and tools.
- Future goals are to disseminate the curriculum across a wider range of residency programs, clinics, and specialties; to consider ways to integrate patient tools into technology systems; and to evaluate the effectiveness of the curriculum in changing clinician and patient behavior.

## Acknowledgements

We would like to thank our funders, the National Center for Integrated Behavioral Health (Funded by HRSA Grant UH1HP33881) and the University of Minnesota Academic Health Center. We would also like to thank members of our team for their invaluable contributions: Katie Loth, PhD, MPH, RD, LD, Anne Doering, MD, Kacey Justesen, MD, Jean Moon, PharmD, BCACP, Samantha Ngaw, MD, Andrew Slattengren, DO, and Marc James Uy, BA, MPH.

## References

1. Agency for Healthcare Research and Quality. PEMAT for Printable Materials (PEMAT-P). <https://www.ahrq.gov/ncepcr/tools/self-mgmt/pemat-p.html>. Accessed Jan 21, 2020.
2. Schroeder SA. We can do better - Improving the health of the American People. *The New England Journal of Medicine*. 2007;357:1221-1228.
3. Finley CR, Chan DS, Garrison S, et al. What are the most common conditions treated in primary care? Systematic review. *Canadian Family Physician*. 2018;64:832-840.
4. Kringos DS, Boerma WG, Hutchinson A, van der Zee J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. *BMC Health Serv Res*. 2010;10:65.
5. Solberg LI, Boyle RG, Davidson G, Magnan SJ, Carlson CL. Patient satisfaction and discussion of smoking cessation during clinical visits. *Mayo Clin Proc*. 2001;76(2):138-143.
6. Funderburk JS, Shepardson RL, Wray J, et al. Behavioral medicine interventions for adult primary care settings: A review. *Fam Syst Health*. 2018;36(3):368-399.
7. Gutierrez JC, Terwiesch C, Pelak M, Pettit AR, Marcus SC. Characterizing Primary Care Visit Activities at Veterans Health Administration Clinics. *J Healthc Manag*. 2015;60(1):30-42.
8. Sherman MD, Hooker SA. Family medicine physicians' confidence and perceived effectiveness in delivering health behavior change interventions. *Fam Pract*. 2020:1-6.
9. Dragomir AI, Julien CA, Bacon SL, et al. Training physicians in behavioural change counseling: A systematic review. *Patient Educ Couns*. 2019;102(1):12-24.

Publication details: ©Authors, July 2020.