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Simple steps to radically improved patient outcomes and job satisfaction for Physiotherapists



Presented by: **Janette Gale**



Andrew Ellis
BSc (Ex. Sci), M. Phys



Janette Gale

BA (Psych Hons 1), M.Commerce
(Consumer Behaviour and
Research Methods), Registered
Psychologist (Health Psychology
specialisation).

Simple steps to radically improved patient outcomes and job satisfaction for Physiotherapists

Presented by HealthChange Australia
Janette Gale, CEO, Health Psychologist



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What topics will we cover?

1. **Best practice** and the problem of poor adherence to treatment advice
2. **What patients need** in order to follow treatment advice
3. **What physiotherapists can do** to increase adherence to their recommendations



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How big a problem is adherence?

50%	Patients who act on GP referrals to other practitioners and services
50%	Overall adherence to chronic conditions treatment
25%	Maintenance of new exercise behaviours after rehabilitation in the general population
50%	Maintenance of new exercise behaviours following cardiac rehabilitation

The stats haven't improved - only 1 in 2 people can be expected to take action!



(GP clinic audit 2010; Dishman 1988; Oldridge 1991)

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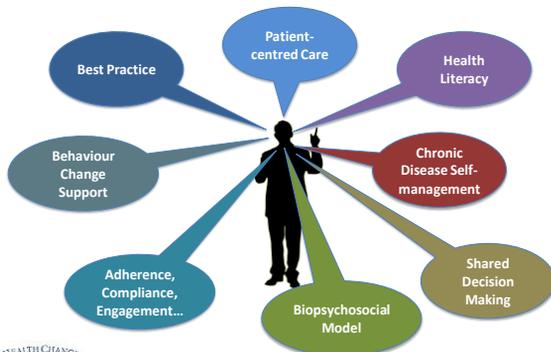
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Hot topics in health service delivery



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Evidence-based Clinical Best Practice



Evidence-based clinical assessment,
diagnosis and treatment
recommendations



Evidence-based
patient-centred care



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Why is client-centred practice important?

'Don't tell *me*
what to do!'

'Yes, Yes, *tell me*
what to do'



...because it engages clients to do what they need to do



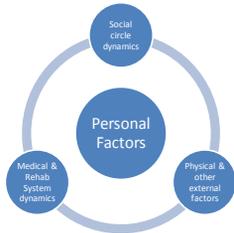
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What stops people from doing what would get them better outcomes?

Biopsychosocial barriers to adherence:

Behaviours
Emotions
Situations
Thinking



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Common everyday thinking barriers...



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Consider 2 Perspectives:

1. Your interactions with patients
2. Other stakeholder interactions with your patients



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What do people *need* in order to take the actions required to get the best possible outcomes?

The RICK Principle®

Readiness
Importance
Confidence
knowledge

} → Action

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People's needs are sequential: They follow a behaviour change pathway

Decision Line
Ready to take action

Macro view
Micro view

See healthchange.com to view video

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Questions people need to be able to answer in order to take action

Client behaviour change pathway

What do I know about my health and what can I do about it?

What can I do first to get the most benefit?

Am I ready, willing and able to do this?

What options do I have?

What exactly will I do?

Can I do this and what might get in the way?

What support do I need?

Decision Line
Ready to take action

Macro view
Micro view

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1. Tips for setting up an effective working relationship

Be respectful and responsive to patient preferences, needs and values*

- » Ask First before offering information
- » WAIT for a response
- » Look for and acknowledge signs of low RICK
- » Call it as you see it (with tact)
- » Explain your role and set up accurate expectations

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1. Tips for setting up an effective working relationship

8 seconds is a common response time

Use your professional intuition

Prior knowledge, Knowledge gaps, Misinformation

Avoid playing the patient-practitioner game

- » Ask First before offering information
- » WAIT for a response
- » Look for and acknowledge signs of low RICK
- » Call it as you see it (with tact)
- » Explain your role and set up accurate expectations

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Explain your role:
to establish a positive working relationship and set up accurate role expectations

1. Who I am and how I work (collaboratively)
2. What I won't do (address negative expectations)
3. What's in it for the patient (provide a benefit statement, create positive expectations about your role and about the patient's role in the treatment and/or recovery process)
4. State how long the consultation will take and ask permission to proceed (where relevant)



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People need to believe:

- I have a problem **K**
- The problem is serious enough to consider action **K**
- It could adversely affect things or people that are important to me **I**
- There is an effective course of action open to me **K**
- I am able to pursue this course of action **C**
- I can't put off making a decision **R**

Understanding how people need to be thinking to get to the decision line



Adapted from the Health Belief Model (Becker & Rosenstock, 1984)

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How thinking barriers can manifest in consults:

- “Can't you just do something to fix this problem for me?”
- “I really want to get rid of this pain!”
- “I will do the exercises once I get the pain under control”
- “I tried to do what you said, but I just didn't have time...the kids come first/my work has been really busy”



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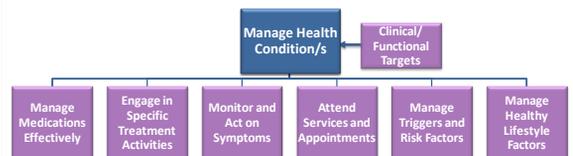
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HealthChange® client self-management menu of options: to support health literacy and engagement

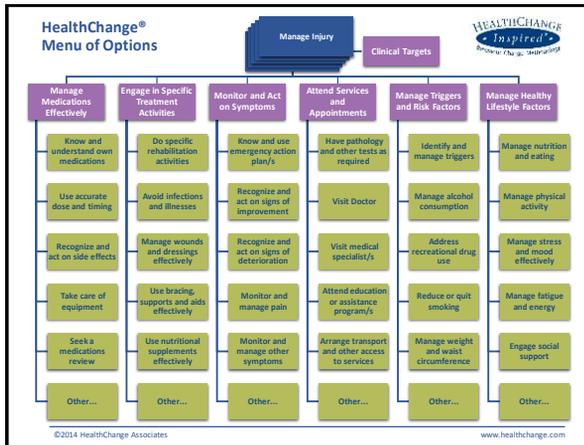


Group client tasks into overarching behavioural categories (self-management objectives) in order to create a client-centred self-management plan



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3. Tips for building confidence/self-efficacy and getting people to self-regulation

Decision Line
Ready to take action

Macro view
Micro view

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Help patients to identify and problem solve barriers to action

Behaviours
Emotions
Situations
Thinking

If you take barriers at face value, you may go looking for the wrong solutions

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Common below the line thinking barriers:

“I don’t have time today, I have other responsibilities!”

“I feel okay, I don’t need to take medication/do treatment activities today”

“If it hurts I should avoid it”

“I couldn’t be bothered, I am too tired, it’s all too hard!”

“I’ll do it later, I’ll do it tomorrow”

“A little bit more food/alcohol/TV/sleep won’t hurt...”

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But, won’t truly patient-centred care take more time to deliver?

...not if you have an effective consultation system aligned with the patient’s needs

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To save time in consultations:

1. Targeted and streamlined working assessment (v. global)
2. Targeted and individualized education (v. global)
3. Targeted and meaningful dialogue that aligns with patients' needs



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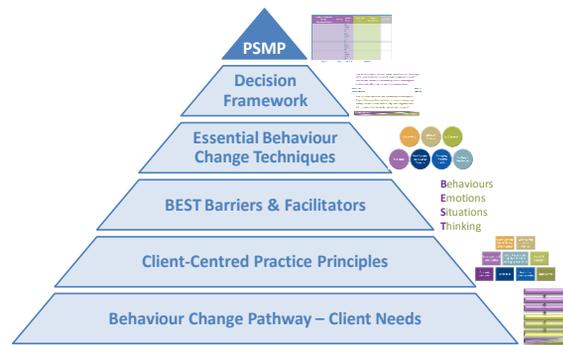
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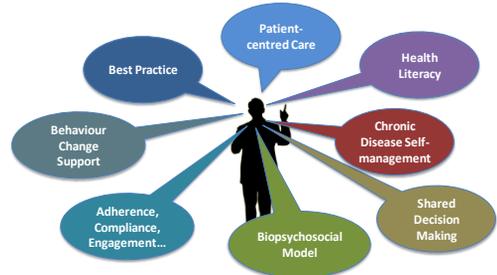


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HealthChange® integrated suite of tools to improve clinician and client adherence to evidence-based treatment recommendations



Don't just 'talk the talk'!



HealthChange® Methodology embeds these concepts in consultations and health services in a **concrete and measurable way**

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Coming up next



Physiotherapy Business Culture

Tristan White
Physiotherapist &
CEO at the Physio Co.

