



Medical Home Transtheoretical Model Assessment Stages of Change Tutorial

In the Medical Home Model of healthcare, it is imperative that the patient participates in their own care. Terms like “activated,” “engaged,” and “shared decision making” are important descriptions of the dynamic of the patient participating in and actually “taking charge” of their own care. As part of this process, it is important that the patient’s preparation to change be sustained. In other tools, SETMA discusses the power of “What if Scenario,” which addresses the providers ability to quantify for the patient that fact that “if they make a change, that that change will make a difference in their health.” This is principally done through the Framingham Risk Scores and the ability to display the difference a change in behavior will make. That tool can be reviewed in either:

1. “SETMA’s Disease management tools for Diabetes, Hypertension and Lipids used for patient activation and engagement via written plans of care and treatment plans.” <http://www.setma.com/epm-tools/Medical-Home-Plan-of-Care-and-Treatment-Plan>
2. Framingham Heart Study Risk Calculators Tutorial: <http://www.setma.com/epm-tools/framingham-tutorial>

The assessment of a patient’s preparation to make a change can most effectively be done through the Transtheoretical Model Assessment of the Stages of Change which can measure the patient’s preparation of making the changes recommended in SETMA’s “What if Scenario.” The following steps explain how to use SETMA’s deployment of the Transtheoretical Model.

There are two ways to access the Model: the first is from the AAA Home template and the second is from the Medical Home Coordination Review template.



Patient Chart QTest

Home Phone (409)833-9797

Work Phone () -

Cell Phone () -

Sex M Age 43

Date of Birth 06/30/1970

Patient's Code Status

Patient has one or more alerts!

[Click Here to View Alerts](#)

[Pre-Vist/Preventive Screening](#)

[Bridges to Excellence View](#)

**Intensive Behavioral Therapy
Transtheoretical Model**

Preventive Care

[SETMA's LESS Initiative](#)

Last Updated //

[Preventing Diabetes](#)

Last Updated //

[Preventing Hypertension](#)

[Smoking Cessation](#)

[Care Coordination Referral](#)

[PC-MH Coordination Review](#)

Needs Attention!!

[HEDIS](#) [NQF](#) [PQRS](#) [ACO](#)

[Elderly Medication Summary](#)

[STARS Program Measures](#)

Exercise [Exercise](#)

[CHF Exercise](#)

[Diabetic Exercise](#)

Patient's Pharmacy

Phone () -

Fax () -

Template Suites

[Master GP](#)

[Pediatrics](#)

[Nursing Home](#)

[Ophthalmology](#)

[Physical Therapy](#)

[Podiatry](#)

[Rheumatology](#)

Hospital Care

[Hospital Care Summary](#)

[Daily Progress Note](#)

[Admission Orders](#)

Pending Referrals

| Status | Priority | Referral | Referring Provider |
|--------|----------|----------|--------------------|
| | | | |
| | | | |

Disease Management

[Diabetes](#)

[Hypertension](#)

[Lipids](#)

[Acute Coronary Syn](#)

[Angina](#)

[Asthma](#)

[Cardiometabolic Risk Syn](#)

[CHF](#)

[Diabetes Education](#)

[Headaches](#)

[Renal Failure](#)

[Weight Management](#)

Last Updated

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Special Functions

[Lab Present](#)

[Lab Future](#)

[Lab Results](#)

[Hydration](#)

[Nutrition](#)

[Guidelines](#)

[Pain Management](#)

[Immunizations](#)

[Reportable Conditions](#)

Information

[Charge Posting Tutorial](#)

[Drug Interactions](#)

[E&M Coding Recommendations](#)

[Infusion Flowsheet](#)

[Insulin Infusion](#)

Medical Home Coordination Review

| Patient Chart: QTest Date of Birth: 06/30/1970 Sex: <input type="radio"/> M <input type="radio"/> F Age: 43 Years Home Phone: (409)833-9797 Work Phone: () - | Ancillary Agencies Home Health: <input type="text"/> Hospice: <input type="text"/> Assisted Living: <input type="text"/> Nursing Home: <input type="text"/> Physical Therapy: <input type="text"/> | Medical Power of Attorney () - Primary Caregiver () - Emergency Contact () - Relation: <input type="text"/> | <div style="border: 2px solid green; padding: 5px; display: inline-block;">Transtheoretical Model</div> <input type="button" value="Print Note"/> | | | | | | |
|--|---|---|---|--------------------|--|--|--|--|---|
| Coordination Review Completed Today? <input type="radio"/> Yes <input type="radio"/> No Patient needs discussed today at Care Coordination Team Conference? <input type="radio"/> Yes <input type="radio"/> No | Last Reviewed: // Last Reviewed: // | Compliance Last H&P: // Telephone Contact: // Correspondence: // Birthday Card: // | Patient's E-mail Address: <input type="text"/> Student interns are authorized to participate and assist with office visit and/or education? <input type="radio"/> Yes <input type="radio"/> No | | | | | | |
| Chronic Conditions Diabetes Hypertension | Care Coordination Team Primary MD: () - CFNP: () - Coordinator: () - Nurse: () - Unit Clerk: () - <input type="button" value="Secondday/Specialty Physicians"/> | Phone () - () - () - () - () - | Evacuation Options <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Community Evacuation Contact Information Name: <input type="text"/> Phone: () - | | | | | | |
| | Evidence-Based Measures Compliance <input type="button" value="Elderly Medication Summary"/> <input type="button" value="HEDIS Measures Compliance"/> <input type="button" value="NQF Measures Compliance"/> <input type="button" value="PQRS Measures Compliance"/> <input type="button" value="Lipids Treatment Audit"/> <input type="button" value="Diabetes Physician Consortium"/> <input type="button" value="HPT Physician Consortium"/> | | Advanced Care Planning Code Status: <input type="text"/> Advanced Directives Discussed? <input type="radio"/> Yes <input type="radio"/> No // Advanced Directives Completed? <input type="radio"/> Yes <input checked="" type="radio"/> No Date: // Detail: <input type="text"/> | | | | | | |
| | Disease Management Tools Accessed Diabetes: <input checked="" type="radio"/> Yes <input type="radio"/> No Hypertension: <input checked="" type="radio"/> Yes <input type="radio"/> No Lipids: <input type="radio"/> Yes <input type="radio"/> No CHF: <input type="radio"/> Yes <input type="radio"/> No | | Barriers to Care <input type="checkbox"/> NONE Social <input checked="" type="checkbox"/> Deaf <input type="checkbox"/> Hearing <input type="checkbox"/> Blind <input type="checkbox"/> Vision <input type="checkbox"/> Literacy <input type="checkbox"/> Social Isolation <input type="checkbox"/> Language <input type="checkbox"/> None Financial <input type="checkbox"/> Co-Pays <input type="checkbox"/> Medications <input type="checkbox"/> Nutrition <input type="checkbox"/> Transportation <input type="checkbox"/> Uninsured <input type="checkbox"/> None | | | | | | |
| | Referral History Click for Detail <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Status</th> <th>Referral</th> <th>Referring Provider</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Status | Referral | Referring Provider | | | | | Assistive Devices <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Prosthetic Limb <input type="checkbox"/> Medicare Competitive Bid <input type="checkbox"/> Splint/Brace <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> None |
| Status | Referral | Referring Provider | | | | | | | |
| | | | | | | | | | |

The fourth column of the Medical Home Coordination Review template contains three navigation buttons:

- The first is entitled **RETURN** takes you back to AAA Home
- The second launches he **Transtheoretical Model Assessment** template
- The Third is entitled **Print note** and it prints the Medical home Coordination

Review document which is to be given to the patient.

Medical Home Coordination Review

| | | | | | |
|----------------|---------------|---------------------------|--|----------------------------------|-------|
| Patient | | Ancillary Agencies | | Medical Power of Attorney | |
| Chart | QTest | Home Health | | Primary Caregiver | () - |
| Date of Birth | 06/30/1970 | Hospice | | Emergency Contact | () - |
| Sex | M Age | Assisted Living | | Relation | () - |
| Home Phone | (409)833-9797 | Nursing Home | | | |
| Work Phone | () - | Physical Therapy | | | |

| | | | |
|---|---------------|----|-------------------|
| Coordination Review Completed Today? | Last Reviewed | // | Compliance |
| <input type="radio"/> Yes <input type="radio"/> No | | | Last H&P |
| | | | Telephone Contact |
| Patient needs discussed today at Care Coordination Team Conference? | Last Reviewed | // | Correspondence |
| <input type="radio"/> Yes <input type="radio"/> No | | | Birthday Card |

| | | |
|--|--|--------------------|
| Chronic Conditions | Care Coordination Team | Phone |
| | Primary MD | () - |
| | CFNP | () - |
| | Coordinator | () - |
| | Nurse | () - |
| | Unit Clerk | () - |
| | Secondary/Specialty Physicians | |
| | Evidence-Based Measures Compliance | |
| | Elderly Medication Summary HEDIS Measures Compliance NQF Measures Compliance PQRS Measures Compliance Lipids Treatment Audit | |
| | Disease Management Tools Accessed | |
| Diabetes | <input type="radio"/> Yes <input type="radio"/> No | |
| Hypertension | <input type="radio"/> Yes <input type="radio"/> No | |
| Lipids | <input type="radio"/> Yes <input type="radio"/> No | |
| CHF | <input type="radio"/> Yes <input type="radio"/> No | |
| Referral History Click for Detail | | |
| Status | Referral | Referring Provider |
| | | |

| | |
|--|--|
| Evacuation Options | |
| <input type="checkbox"/> Self | Evacuation Contact Information |
| <input type="checkbox"/> Family | Name |
| <input type="checkbox"/> Community | Phone () - |
| Advanced Care Planning | |
| Code Status | |
| Advanced Directives Discussed? | |
| <input type="radio"/> Yes <input type="radio"/> No | |
| Advanced Directives Completed? | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No Date | |
| Detail | |
| Barriers to Care <input type="checkbox"/> NONE | |
| Social | Financial |
| <input checked="" type="checkbox"/> Deaf | <input type="checkbox"/> Co-Pays |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Social Isolation | <input type="checkbox"/> None |
| <input type="checkbox"/> Language | |
| <input type="checkbox"/> None | |
| Assistive Devices | Medicare Competitive Bid |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Splint/Brace |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Prosthetic Limb | <input type="checkbox"/> None |

Return

[Transtheoretical Model](#)

[Print Note](#)

Patient's E-mail Address

Student interns are authorized to participate and assist with office visit and/or education? Yes No

Clicking the **Transtheoretical Model** button launches the following pop-up.

Transtheoretical Model Stages of Change

Last Updated Reviewed

Select Disease

Select Characteristic

Unaware of Problem
No Interest in Change

Aware of Problem
Beginning to Think of Change

Realized Benefits of Making Change
Thinking About How to Change

Actively Taking Steps Toward Change

Initial Treatment Goals Reached

-----OR-----

Select Patient Verbal Cue

"I'm not really interested in my blood sugars. Its not a problem."

"I know I need to control my sugar, but with all that's going on in my life right now, I'm not sure I can."

"I have to get my diabetes under control, and I'm planning to do that."

"I am doing my best. This is harder than I thought."

"I've learned a lot through this process."

Stage

Appropriate Intervention
Provide information about health risks and benefits of diabetes and

Sample Dialogue
Would you like to read some information about the health aspects of diabetes?

Stage

Appropriate Intervention
Provide information about health risks and benefits of diabetes and

Sample Dialogue
Would you like to read some information about the health aspects of diabetes?

This tool allows you to assess and document, the patient's current state of readiness to change their behavior. There are five, disease-specific options. Each option provides precise language for discussing with a patient their "readiness to change their behavior" of reach of the following conditions:

- CHF
- Diabetes
- Hypertension
- Lipids
- Weight Management

You access these disease-specific options by selecting them from the disease field.

The screenshot shows a web interface titled "Transtheoretical Model Stages of Change". At the top, it says "Last Updated Reviewed 10/01/2013". There is a "Return" button in the top right. A "Select Disease" dropdown menu is highlighted with a green box and contains the text "Diabetes". Below this, there are two main sections separated by "-----OR-----".

Select Characteristic [Clear]

- Unaware of Problem
No Interest in Change
- Aware of Problem
Beginning to Think of Change
- Realized Benefits of Making Change
Thinking About How to Change
- Actively Taking Steps Toward Change
- Initial Treatment Goals Reached

Stage
Precontemplation

Appropriate Intervention
Provide information about health risks and benefits of diabetes and

Sample Dialogue
Would you like to read some information about the health aspects of diabetes?

Select Patient Verbal Cue [Clear]

- "I'm not really interested in my blood sugars. Its not a problem."
- "I know I need to control my sugar, but with all that's going on in my life right now, I'm not sure I can."
- " I have to get my diabetes under control, and I'm planning to do that."
- "I am doing my best. This is harder than I thought."
- "I've learned a lot through this process."

Stage
Precontemplation

Appropriate Intervention
Provide information about health risks and benefits of diabetes and

Sample Dialogue
Would you like to read some information about the health aspects of diabetes?

Transtheoretical Chart

When you click in this field you will get a pop-up with the following options.

Transtheoretical Model Stages of Change

Last Updated Reviewed

Select Disease

Select Characteristic

- Unaware of Problem**
No Interest in Changing
- Aware of Problem**
Beginning to Think of
- Realized Benefits of**
Thinking About How
- Actively Taking Step**
- Initial Treatment Goal**

Select Patient Verbal Cue

- "I'm not really interested in my blood sugars. Its not a problem."
- "I know I need to control my sugar, but with all that's going on in my life right now, I'm not sure I can."
- "I have to get my diabetes under control, and I'm planning to do that."
- "I am doing my best. This is harder than I thought."
- "I've learned a lot through this process."

Transtheo Disease

CHF
Diabetes
Hypertension
Lipids
Weight Management

Stage

Appropriate Intervention
Provide information about health risks and benefits of diabetes and

Sample Dialogue
Would you like to read some information about the health aspects of diabetes?

In that one of the goals of Medical Home is patient self-improvement and self-management, it is important to be aware whether the patient is ready to make a change in his/her health and to have a recommendation as to how to address the patient's current state of readiness.

If a patient has not reached his/her goal in one of these conditions, or if the patient is not improving toward reaching that goal, the **Transtheoretical-Model Assessment** should be completed in order to assess where the patient is and what steps are required to encourage them to improve their health.

The results of this assessment will appear on the printed note which will be given to the patient and which will summarize the review of the Medical Home Coordination of Care. If more than one condition is assessed with this tool both will appear on the chart note.

Here is what the template would look like for a patient who has uncontrolled diabetes and who is not well motivated to change.

Transtheoretical Model Stages of Change

Last Updated Reviewed 10/01/2013

Select Disease Diabetes

Select Characteristic Clear

Unaware of Problem
No Interest in Change

Aware of Problem
Beginning to Think of Change

Realized Benefits of Making Change
Thinking About How to Change

Actively Taking Steps Toward Change

Initial Treatment Goals Reached

-----OR-----

Select Patient Verbal Cue Clear

"I'm not really interested in my blood sugars. Its not a problem."

"I know I need to control my sugar, but with all that's going on in my life right now, I'm not sure I can."

"I have to get my diabetes under control, and I'm planning to do that."

"I am doing my best. This is harder than I thought."

"I've learned a lot through this process."

Return

Transtheoretical Chart

Stage
Precontemplation

Appropriate Intervention
Provide information about health risks and benefits of diabetes and

Sample Dialogue
Would you like to read some information about the health aspects of diabetes?

Stage
Precontemplation

Appropriate Intervention
Provide information about health risks and benefits of diabetes and

Sample Dialogue
Would you like to read some information about the health aspects of diabetes?

Under the heading “Select Characteristic”, there are five choices which will display the patient’s Stage of Change for the response they give. Depending upon which response a patient gives, one of the following stages will be displayed:

1. Pre-contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance

Select Disease

Select Characteristic

Unaware of Problem
No Interest in Change

Aware of Problem
Beginning to Think of Change

Realized Benefits of Making Change
Thinking About How to Change

Actively Taking Steps Toward Change

Initial Treatment Goals Reached

Stage

Appropriate Intervention

Sample Dialogue

When a Stage of Change is selected, the following will be displayed:

- Stage of change
- Appropriate Intervention
- Sample dialogue

Stage

Appropriate Intervention

Sample Dialogue

Under the heading “**Select Patient Verbal cue**” there are five choices which are linked to the patients Stage of Change. Once the Stage of Change is selected, the patient’s Verbal Cue should be noted.

Select Patient Verbal Cue

- "I'm not really interested in my blood sugars. Its not a problem."
- "I know I need to control my sugar, but with all that's going on in my life right now, I'm not sure I can."
- "I have to get my diabetes under control, and I'm planning to do that."
- "I am doing my best. This is harder than I thought."
- "I've learned a lot through this process."

Depending upon the Patient's "Verbal Cue" the following will appear:

- Stage of Change
- Appropriate Intervention
- Sample Dialogue

Stage

Appropriate Intervention

Sample Dialogue

To the right of these boxes, there is a button entitled **Transtheoretical Chart**.

Transtheoretical Model Stages of Change

Last Updated Reviewed

Select Disease

Select Characteristic

- Unaware of Problem**
No Interest in Change
- Aware of Problem
Beginning to Think of Change
- Realized Benefits of Making Change
Thinking About How to Change
- Actively Taking Steps Toward Change
- Initial Treatment Goals Reached

-----OR-----

Select Patient Verbal Cue

- "I'm not really interested in my blood sugars. Its not a problem."
- "I know I need to control my sugar, but with all that's going on in my life right now, I'm not sure I can."
- "I have to get my diabetes under control, and I'm planning to do that."
- "I am doing my best. This is harder than I thought."
- "I've learned a lot through this process."

Stage

Appropriate Intervention

Sample Dialogue

When activated the entire chart for the condition chosen will appear. For instance if you had chosen "weight management," the following would appear.



SETMA I - 2929 Calder, Suite 100
 SETMA II - 3570 College, Suite 200
 SETMA West, 2010 Dowlen
 (409) 833-9797
 www.setma.com

| Transtheoretical (Stages of Change) Model | | | | |
|--|--|---|--|---|
| Stage | Characteristic | Patient verbal cue | Appropriate intervention | Sample dialogue |
| <i>Precontemplation</i> | Unaware of problem, no interest in change | "I'm not really interested in weight loss. Its not a problem." | Provide information about health risks and benefits of weight loss | "Would you like to read some information about the health aspects of obesity?" |
| <i>Contemplation</i> | Aware of problem, beginning to think of changing | "I know I need to lose weight, but with all that's going on in my life right now, Im not sure I can." | Help resolve ambivalence; discuss barriers | "Let's look at the benefits of weight loss, as well as what you may need to change." |
| <i>Preparation</i> | Realizes benefits of making changes and thinking about how to change | "I have to lose weight, and Im planning to do that." | Teach behavior modification; provide education | "Let's take a closer look at how you can reduce some of the calories you eat and how to increase your activity during the day." |
| <i>Action</i> | Actively taking steps toward change | "I'm doing my best. This is harder than I thought." | Provide support and guidance, with a focus on the long term | "It's terrific that youre working so hard. What problems have you had so far? How have you solved them?" |
| <i>Maintenance</i> | Initial treatment goals reached | "I've learned a lot through this process." | Relapse control | "What situations continue to tempt you to overeat? What can be helpful for the next time you face such a situation?" |

If you wish to use this tool to assess more than one condition in a visit, simply select as many of the options you wish and **ALL** of them will appear on your **Medical Home Coordination Review document**.

When you are through with this tool, click, **Return** and it will take you back to the **Medical Home Coordination Review template**.

