
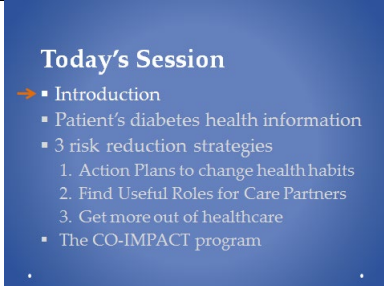



CO-IMPACT Guide to Conducting Initial Sessions

AGENDA
PART 1 Introductions/Patient’s Health Information
Introduction and role of the coach
Discuss why participants are participating
Discuss patient’s diabetes-related health information
PART 2 Three Risk Reduction Strategies
Intro and informational resources: website and handbook
Strategy #1: Making action plans to change health habits
Strategy #2: Working together with Care Partners and other supporters
Strategy #3: Getting the most out of health care (patient engagement)
PART 3 The CO-IMPACT Program


➤ *Note start time in Initial Session Record*

INTRODUCTION	
 <p style="text-align: center; font-size: 24px; color: white;">Welcome!</p> <p style="text-align: center; font-size: 18px; color: white;">CO-IMPACT</p>	<p>Hi Mr./Ms.(PP) _____ and Mr./Ms.(CP) _____ my name is _____ and I am one of the health coaches for the Co-IMPACT diabetes study. Thank you for taking the time to participate in our study. So, what do you remember about this project and what we will be doing today?</p> <p>The CO-IMPACT program asks you to work with your Care Partner on your health care over the next year. Today we’ll discuss strategies to help you reach your health goals and ways your Care Partner can help.</p>
 <p>Today’s Session</p> <ul style="list-style-type: none"> ➤ Introduction ▪ Patient’s diabetes health information ▪ 3 risk reduction strategies <ol style="list-style-type: none"> 1. Action Plans to change health habits 2. Find Useful Roles for Care Partners 3. Get more out of healthcare ▪ The CO-IMPACT program 	<ul style="list-style-type: none"> • Here’s an agenda of what we’ll cover today. The session should take about an hour. • I’ll be going over your personalized information on your risk for diabetes complications, and talk about three strategies the two of you can work on together to reduce your risk of diabetes complications. • At the end I’ll go over exactly what you can expect as a participant in the CO-IMPACT program after today.



<p>Audio Recording</p>	
<p>guidelines</p> 	<ul style="list-style-type: none">• As you just saw on the agenda, there is a lot of information to go over, but I hope you will be talking as much as me. I'll be asking you to tell me which topics are important to you, and which you'd like to hear more about. In my experience, with 3 people here, setting guidelines helps sessions go smoothly. Would it be okay if we went over two basic guidelines for our conversation today?<ul style="list-style-type: none">○ Often, I will ask questions about your experiences. What do you think about letting the patient answer first and then we can add in our thoughts and ideas afterwards?○ Second, try to be understanding. Talking with loved ones about managing a serious chronic condition can sometimes involve uncomfortable feelings, and a big part of today's session is about how you, <i>[name of Care Partner]</i> as the Care Partner, can work positively with <i>[name of patient]</i>.○ Are there any other guidelines you would like to include?



MY ROLE AS COACH	
<p>My Role as Coach</p> 	<ul style="list-style-type: none"> • I know that it can be confusing to keep track of all of the people involved in your health care. I am working as staff of the research study you are participating in. • I am not a VA doctor or nurse so I will not be able to make specific recommendations about things like medications or referrals to specialists. • Also I thought you might like to know that I do not have access to the answers you gave during your interviews. This is intentional, because if this program were to be offered at VAs in the future, coaches would not normally have access to detailed information like that. I'm sorry if I ask you some questions that you already answered in your survey.
<p>a few questions....</p>	<p>We'll start by taking a few minutes to hear your thoughts about working together on managing diabetes.</p>
<p>Questions for both</p> <ol style="list-style-type: none"> 1. What do you hope to get out of this program? Why is that important to you? First ask patient, then CP. 2. To CP: How are you currently involved with your patient partner's diabetes management? 3. To patient: Would you like their role to change in some way, for example doing more, or less, or just differently? What's going well? What do you like about helping Joe? 4. To CP: How about you? 5. <i>Facilitate a short discussion</i> <p>This program will provide you both with some useful tools to get the most out of your conversations when discussing your diabetes health.</p>	<p>Optional things/prompts</p> <p><u>Basic message #1:</u> <i>Person with diabetes is the one who is responsible for managing their health. You can support them, encourage them, and try to make it easier for them to reach their goals, but ultimately, it's up to them.</i></p> <p><u>Basic message #2:</u> <i>Care Partners are often already involved in positive ways that they or patients may not have focused on before. [can point them out when they come up]</i></p> <p><u>If the control/frustration issue comes up:</u> <i>Being a support person can be tricky because it is not</i></p>



	<p><i>technically you who are dealing with the diabetes issues and yet it might impact your life too. It's normal to sometimes experience some tension or other challenges when it a family member of friend supports someone who is managing a complex condition like diabetes. On the other hand, Care Partners can play a key role in helping loved ones with diabetes be successful if they know useful strategies.</i></p>
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YOUR DIABETES-RELATED HEALTH INFORMATION	
<p>Today's Session</p> <ul style="list-style-type: none"> → Introduction ▪ Patient's diabetes health information ▪ 3 risk reduction strategies <ol style="list-style-type: none"> 1. Action Plans to change health habits 2. Find Useful Roles for Care Partners 3. Get more out of healthcare ▪ The CO-IMPACT program 	<p>Now let's talk about ways that you personally can lower your risk of complications from diabetes</p>
	<p>Are you aware that having diabetes can increase your risk for damage to your organs over time? Explain to me what you know.</p> <p>➤ <i>Discuss a bit about what they know. Ask the pair to use the slide as a guide to describe the different types of organ damage, and then fill in any gaps, making sure each image is explained either by a participant or you. Can use "ask-tell-ask." Provide affirmations. Can use reflections to personalize.</i></p> <p>Higher sugar levels can damage the small blood vessels and small nerves throughout the body, leading to vision, foot, or circulation problems, kidney damage, heart attack, and stroke.</p> <p>Does that make sense? (To CP or PT)</p> <p>The good news is that there are things you can do to lower your chance of developing diabetes complications.</p>
<p>Health Summary Sheet</p>	<p>➤ Give pair the diabetes health summary sheet</p> <p>Would it be okay to review where you [patient] stand in regards to diabetes health and risk for diabetes complications?</p> <p>After you [patient] gave permission when you enrolled in the study, I reviewed your latest diabetes-related information from your VA medical record. This is your copy to take home with you.</p>



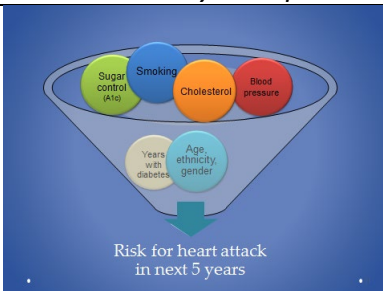
- Give patient (and Care Partner, if present) a copy of the first page of the Health Summary Sheet.
- Go through the information listed on the patient’s session record aloud, each item. Don’t have them just look it over on their own. Try to engage both participants and assess their understanding.
- For A1c can ask Care Partner, “Have you heard of the Hemoglobin A1c blood test before?”
- If yes, ask them to explain what it means. If not, patient or DEC could explain what it means: “It is a test done on blood drawn in the lab that tells us what your sugar levels are on average [long term trend] over the last 2-3 months. It gives an overall, 24-7 picture, as opposed to using a drop of blood in a home meter, which tells us your sugar at that moment”

On this sheet:

- The Red X’s indicate items that stand out as risk factors for you.
- The Green checks indicate items that are **at typically recommended goals**. Keeping these items at healthy goals may still take work!

Next, we will talk about the medicines that your primary care team has prescribed that can reduce your risk of diabetes complications...

- Go through the medications listed, pointing out which of the risk factors they treat [hypoglycemic agents, anti-hypertensive agents, cholesterol medications, aspirin, smoking cessation aids] For example, say “these three medicines lower sugar levels, these two lower blood pressure, this one lowers cholesterol.” They should be marked that way with patient friendly language on Gabe’s form.





The Cardiac Risk Score estimates your risk of having a heart attack or other cardiac event over the next 5 years. It uses the values we just discussed of your A1c sugar levels, blood pressure, cholesterol, and whether you smoke, plus other things about you such as your age and race/ethnicity, to estimate your risk. [optional: It is just an estimate, based on data from other people with diabetes]. What do you know about how to lower your risk for a cardiac event?

The good news is that you can lower your risk if you can improve your sugars, blood pressure, cholesterol, or quit smoking.



THREE DIABETES RISK REDUCTION STRATEGIES	
<p>Today's Session</p> <ul style="list-style-type: none"> ▪ Introduction ▪ Patient's diabetes health information ▪ 3 risk reduction strategies ➔ 1. Action Plans to change health habits 2. Find Useful Roles for Care Partners 3. Get more out of healthcare ▪ The CO-IMPACT program 	<p>Now let's talk about different strategies the two of you can use together to improve your health.</p> <p>These strategies can be used to work on the diabetes goals you choose – now and over the next year. The three strategies that we will talk about are:</p> <ul style="list-style-type: none"> • Make Action Plans to change health habits • Find Useful Roles for Care Partners • Get more out of healthcare
<p>At the end of today's session, I'll be giving you [patient] a handbook and access to a website. The handbook and website have all the information we will go over today plus some additional information on the basics of diabetes care.</p>	

STRATEGY #1 MAKING ACTION PLANS / SMART PLANS	
	<p>Intro:</p> <ul style="list-style-type: none"> • Living healthy becomes easier if you set step-by-step goals to work towards. For example, you might make a plan to check your sugar or blood pressure more regularly, take medications more regularly, or be more physically active. • However, a lot of people who set goals to change their health habits find it difficult to make them happen or make them stick. • Have you ever set goals related to your health? • Did you reach the last goal you set? Why or why not (<i>depending on the answer</i>)? • Let's talk about some proven tips that can help you reach the goals that you set for yourself.
	<p>Choose a goal that's important to you</p> <ul style="list-style-type: none"> • First and foremost, you need to set a goal that is important to <i>you</i>. • You will be most motivated and successful in reaching your goals if you start by choosing a goal that is important to you, and not just important to your doctor or a family member. • Something may be important to you if you think it will make a big difference in your health, if you think it will help you feel better, or if you think it will help you do




	<p>things you enjoy (like enjoying time with family or keeping up with a hobby).</p>
 <p>Meet Jim.</p> <p>For Jim, which goal is likely more important?</p>	<p>Which goal is more important to the person who is setting these goals?</p>
<p>I will try to lose weight so I have more energy to bowl with my buddies.</p> <p>I will try to lose weight because my neighbor tells me it's an important part of diabetes management.</p>	
 <p>Make a PLAN</p>	<p>Once you are you've found a goal that feels important to you, you need a plan to reach that goal. We call these action plans. Action plans are more likely to succeed if they are realistic and specific.</p>
<p>Marry Madonna... Win the lottery... Buy the Empire State Building</p>  <p>"Am I aiming too high?"</p>	<p>Many people don't achieve their goals because they are just too ambitious.</p> <p>Examples of TOO ambitious <i>health</i> goals that a lot of people make are "I mean it this time I'm going to lose 20 pounds", and "I'm going to start eating only healthy food from now on."</p>
 <p>Big Goal</p> <p>smaller goals</p>	<p>Break up any big goals into smaller goals It is better to take several small doable steps in a row, than make 1 grand plan that feels impossible.</p>



<p>Which is more likely to be achievable?</p>	<p>Achievable/Attainable</p> <ul style="list-style-type: none"> ➤ Ask patient to choose the plan that seems more achievable.
<p>I will never miss another dose of medicine from now on.</p> <p>I'll get a pill box and fill it up each weekend and I'll remember my medicine doses, at least on weekdays</p>	<p>Could shorten blue box to just "I'll buy a pill box and fill it up each weekend"</p>
<p>I will start by walking around the block after dinner at least 3 days per week.</p> <p>I'll run a marathon like Oprah did.</p>	<ul style="list-style-type: none"> ➤ <i>If time: to make more interactive here, we could invite both participants to share an example when they made a plan that was too ambitious for a first step (could even be non-health related).</i>
<p>BE SPECIFIC</p> <p>What? When? Where? How often?</p>	<p>Specific</p> <p>Why a specific plan? It helps you come up with a clear plan to reach your goal. You might say, "I will eat more fruit and vegetables," but that's not very specific.</p> <p>Identify exactly what, when, how often will you do "X".</p> <p>Here's a more specific plan: "I will add one fruit each day at breakfast [ideally have some specific fruits in mind and how to get them!]," OR "I will cut up carrots to bring with my lunch each day."</p>
<p>Which plan is SPECIFIC?</p>	





<p>I will reduce how much I smoke.</p> <p>Over the next two weeks, I will limit my smoking to 5 cigarettes per day, and I will use the patch my doctor prescribed to help curb cravings.</p>		<p>➤ Ask patient to choose the plan that is more specific More patient friendly language “I will start smoking less”</p> <p>For blue box take out “over the next two weeks”? Add “I will TRY TO limit...” Separate that into two sentences?</p>
<p>I will check my feet every day before I go to bed.</p> <p>I'll check my feet more often.</p>		
<p>How's it going?</p> <ul style="list-style-type: none"> • Celebrate and savor successes! • Learn from your efforts and adjust your plan • Keep at it 		<p>How's it going? After a certain amount of time (2 weeks is a good amount of time) of trying out your plan, step back and see how things are going</p> <p>Were you able to carry out your plan? If you didn't do things exactly as planned, did you see some positive changes? Change can be really hard, so it is important to celebrate and savor successes, even little ones!</p> <p>If you weren't able to carry out your plan, don't get discouraged! You probably learned something about what might work better next time. Think about what made your plan hard to stick to, then make a new plan - maybe a goal that's easier to reach, or a different strategy to reach your goal. For example, if my plan was to take my medicines at least 6 days of the week, I could make my new plan to take them at least on the weekends. Or, maybe I need to change my strategy. For example, if I'm trying to take my medicines regularly and my strategy of using the pillbox wasn't enough, I will try setting an alarm on my watch. <i>(If they mentioned a goal earlier that was not specific or too ambitious, ask them to suggest an alternative now.)</i></p> <p>You can get your Care Partner's help making action plans, and get their opinion about what might be best to try. They are one of the people that know you and your</p>



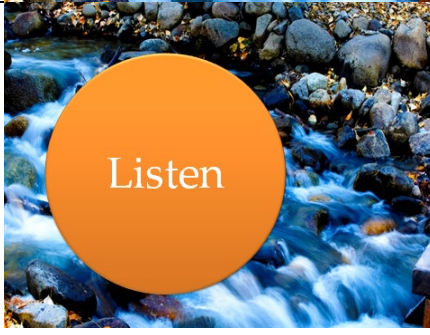


	<p><i>lifestyle the best! (could ask them to describe an example of a time when they asked for each other's advice on how to solve a problem; ideally health related but not necessarily)</i></p> <p>With every attempt, you learn something that helps you be more successful next time around. So every try at reaching your goals is worth it!</p>
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Strategy #2 TECHNIQUES/WORKING TOGETHER WITH CARE PARTNERS AND OTHER SUPPORTERS	
<p>Today's Session</p> <ul style="list-style-type: none"> ▪ Introduction ▪ Patient's diabetes health information ▪ 3 risk reduction strategies <ol style="list-style-type: none"> 1. Action Plans to change health habits ➔ 2. Find Useful Roles for Care Partners 3. Get more out of healthcare ▪ The CO-IMPACT program 	<p>Intro</p> <p>Let's move on to strategy #2, finding useful roles for Care Partners.</p>
<p>Care Partners</p> 	<p>What do you know about how having a support person affects your health? For most patients we work with, patients who have a family member or friend supporting them in working on their health goals are more successful and end up healthier than those who go it alone.</p> <p>But there are more and less helpful ways for family members to get involved. Now we will talk about specific Ways that Work when Care Partners and Veterans work together to make positive health changes.</p>
<p>Talk weekly about diabetes</p> 	<p>Weekly Talks</p> <p>In order to stay on top of what's happening with [patient's] health, how often do you think you need to talk with each other? For how long?</p> <p>Our experience has been that patients that can find 10-15 minutes a week is the best way to not let health issues slip by.</p> <p>When do you think you would have time to do that?</p> <p>It may help to establish a routine, like talking after dinner every Wednesday, or talking on the phone every Saturday morning.</p> <ul style="list-style-type: none"> ➤ <i>Initiate discussion about when they might do this. Many family members already have a routine that they visit or call certain days of the week. So the pair can plan that the first 10 minutes of their weekly phone call will be about health, then they can move on to other things.</i>




	<p>Sometimes family members want to talk to each other about health, but it's hard to know what to talk about.</p> <p>(or: have you ever wished that you could talk about your (or the patient's) health as easily as you may talk about other things, like a TV show you like?)</p> <p>I have some suggestions that might help you start the conversation.</p> <p>#1 Open-ended questions will give Care Partners much more information than questions that ask for a yes or no answer. What would you say if I asked you</p> <ul style="list-style-type: none"> • "Did you take your medications last week?" • "Were your sugars high this week?" ➤ Give patient a chance to answer "yes" or "no" <p>Instead, try asking questions like:</p> <ul style="list-style-type: none"> · "What's going on with your diabetes care now?" · "What are you most concerned about this week?" <p><i>(If time, could let patient actually answer to show that more info naturally comes out)</i> <i>(if time could ask patient "How would you like your CP to start these weekly conversations?")</i></p>
	<p>#2 What should we talk about?</p> <p>If you aren't sure what to talk about, we have a couple of ideas if you'd like to hear.</p> <p>You can start by just talking about how diabetes care is going. Or ask about these: 1) call summaries, 2) visit summaries or 3) the patient partner's last action plan</p>
	<p>#3 Then Listen! This is one of the most helpful things a <u>Care Partners can do to help is to LISTEN</u>. It may not seem like much, but sometimes just being able to talk with another person (like you) can help a person with diabetes think through what they want to do.</p>

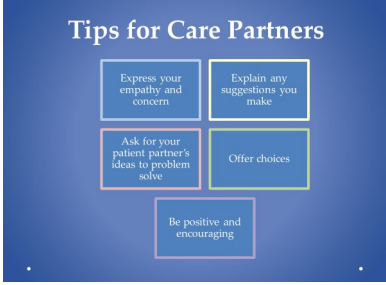


 <p>No one can manage their diabetes perfectly</p>	<p><u>No one can manage their diabetes perfectly.</u> Everyone misses medications or eats things they probably shouldn't from time to time. Sometimes, people aren't always honest with the Care Partners about how their diabetes is really going. Why might that be?</p> <p>Some people have said...</p> <ul style="list-style-type: none"> • Afraid they'll be criticized or judged • Are embarrassed • Avoiding doing hard things
 <p>Be Positive</p>	<p><u>Staying positive</u> (to Care Partner) Patients often find it easier to be honest if their Care Partners stay positive. Staying positive means avoiding criticism and <u>congratulating</u> your partner for <u>trying to change</u>, even if they are not successful. Encourage them to keep trying, and ask how you can help them.</p> <p>(to patient) Try to be as honest as possible with your Care Partner about how you are doing. They can give the most helpful advice if they know what's really going on – what's going well and what's not going so well. Even if you don't always agree with advice your Care Partner gives, try to <u>listen carefully and be respectful</u></p> <p>Also, let your Care Partner know when they do something that feels particularly helpful. For example, <i>"Thanks for asking me to go for a walk, that was just what I needed to get up and get going"</i></p> <p>(optional) Can you think of a time when your partner was positive and it really helped you think through a problem?</p>
	<p>(to both) Acknowledge or even <u>celebrate</u> the changes we and others do make, no matter how small. Savoring those little successes can really help keep up motivation. Like we talked about before those small steps can add up to significant changes. <i>[Can suggest to CP that they can point out positive changes the patient has made because sometimes people don't notice the changes they make]</i></p>

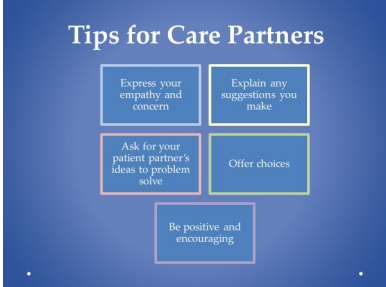
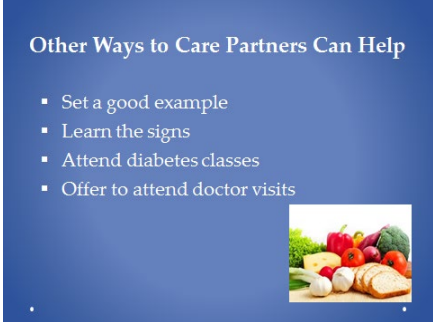



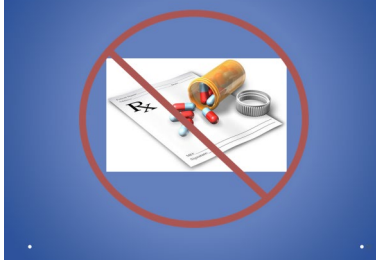

 <p>Traps to Avoid</p>	<p>In the last part of this section, we will talk about how Care Partners can encourage patients to make change, without accidentally making things harder for the patient.</p> <p>It is really common for family members who MEAN WELL to say or do things to patients that actually make them less likely to want to make a healthy change.</p>						
<p>As a Care Partner, beware of...</p> <table border="1" data-bbox="207 571 587 781"> <tr> <td>Being overprotective</td> <td>Taking responsibility</td> </tr> <tr> <td>Telling partner what to do</td> <td>Criticizing or being judgmental</td> </tr> <tr> <td>Using guilt</td> <td>Ignoring or downplaying symptoms</td> </tr> </table>	Being overprotective	Taking responsibility	Telling partner what to do	Criticizing or being judgmental	Using guilt	Ignoring or downplaying symptoms	<p>Go over each briefly and explain if needed.</p> <p>Taking responsibility: Don't "take over" or think that you should be in control. Sometimes you may feel that it would be easier if you did things yourself, rather than allowing your partner to take action. But this won't help your patient-partner in the long run. The best strategy is to be a helper, not the boss.</p> <p>To both: Have you ever had a time when someone worried about you, and it came across one of these ways? It doesn't have to be about diabetes. (optional follow-up questions)</p> <ul style="list-style-type: none"> • How did that make you feel? • How did you respond? • What would you have wanted them to say instead? • If you were coming across this way, how would you want them to let you know?" <p><i>Go over some examples if needed:</i></p> <ul style="list-style-type: none"> • BEING OVERPROTECTIVE: I don't think you should go on that church trip—what if your sugar drops when you are on the bus? • TAKING RESPONSIBILITY: I can't believe I let your cholesterol get that high; I should have watched your diet more carefully. • TELLING PARTNER WHAT TO DO: You should go for a walk • CRITICIZING OR BEING JUDGMENTAL: I don't know why you stopped exercising last week. I don't understand you • USING GUILT: You should be grateful—I worked hard to make this food fit with your diet. Don't you want to live for a long time?
Being overprotective	Taking responsibility						
Telling partner what to do	Criticizing or being judgmental						
Using guilt	Ignoring or downplaying symptoms						



	<ul style="list-style-type: none"> • IGNORING OR DOWNPLAYING SYMPTOMS: Let’s not talk about your foot pain again today. I’m sure it’s not really that bad.
	<p>So, let’s talk about what we can do instead—because they work the best:</p> <p>Empathize- Acknowledge that managing diabetes can be frustrating when they are having difficulties, and showing your concern can be helpful even by itself.</p> <p>Explain suggestions- When you suggest changes, <u>explain why</u>.</p> <p>Ask patient- before offering your own ideas. Your partner is in the driving seat, and your role is to support their efforts, not solve their problems. Ask your partner how they would like you to support them-- This may be the best tip of all these tips.</p> <p>Offer choices Offer your ideas as choices, instead of telling your partner what to do. Providing 3 options is ideal.</p> <p>Be positive and encouraging: means avoiding criticism and congratulating your partner for trying to change, even if they are not successful. Having diabetes can be frustrating, so it’s important that you do your best to encourage your partner whenever you can. Even trying to make a change takes effort, and there is always something to learn from trying.</p> <p>Which one or two of these tips would you like to hear more about?</p> <p><i>Give an example of tip and then ask both:</i> Can you see incorporating any of this into your daily life? How would it help you?</p> <p><u>EXAMPLES</u></p> <ul style="list-style-type: none"> • EXPRESS YOUR EMPATHY AND CONCERN: I know it’s hard during the holidays to be around all that rich food • EXPLAIN ANY SUGGESTIONS YOU MAKE: Remember, the doctor explained that regular exercise is not just about losing weight. It can help keep your sugar levels in check.


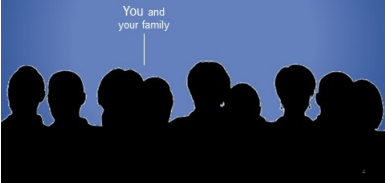
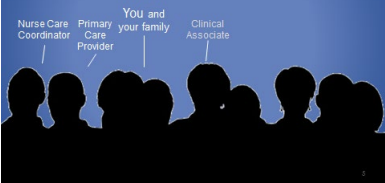




	<ul style="list-style-type: none"> • ASK FOR YOUR PP’S IDEAS TO PROBLEM SOLVE: What ideas do you have about how to keep that from happening again? I have some suggestions, but I’d like to hear any ideas that you may have. • OFFER CHOICES: Should we walk this morning or this afternoon? • BE POSITIVE AND ENCOURAGING: That’s really impressive that you’re now eating a healthy breakfast
 <p>Tips for Care Partners</p> <ul style="list-style-type: none"> Express your empathy and concern Explain any suggestions you make Ask for your patient partner’s ideas to problem solve Offer choices Be positive and encouraging 	<p>Best Phrase Activity: To review what we just went over, we’re going to do activity. Each of you, please choose two cards of different colors. Your job is to read both sides of your card aloud and then decide, based on what we’ve gone over, which side/phrase seems like it would be most helpful to the person with diabetes.</p> <p><i>Give them cards with the “DO” topics that they chose (topics are color-coded). If they both choose the same topic, give each of them another card for another topic.</i></p> <p><i>When they choose correctly:</i> what is the CP doing right in this example?</p>
 <p>Other Ways to Care Partners Can Help</p> <ul style="list-style-type: none"> ▪ Set a good example ▪ Learn the signs ▪ Attend diabetes classes ▪ Offer to attend doctor visits 	<p>Here are some other ways you can help.</p> <p><u>Try to make healthy changes in your eating and exercise also.</u> This way you can both work on getting healthier together, or at least understand what each other is going through!</p> <p><u>Learn how to tell if your partner’s sugar might be too low or too high, and how to help them if it is.</u> You can find this information in the program handbook and the website</p> <p><u>Offer to attend your partner’s doctor visits.</u> We encourage all Care Partners to attend at least one visit, if possible, and if your Patient Partner feels comfortable having you there.</p>




	<p>Last but not least, even though Care Partners can be a powerful support to family members, there are some limits to what they can do!</p> <p>For example, being a Care Partner does not mean that you should give advice to your partner about <u>changing or stopping medications</u>.</p>
	<p>If you and your Patient Partner are wondering if medications should be changed, contact the patient's doctor or nurse. In general, helping your patient partner decide when to call the doctor can be very helpful.</p>

Strategy #3 GETTING MORE OUT OF HEALTH CARE [patient engagement]	
<div data-bbox="203 892 592 1186"> <p>Today's Session</p> <ul style="list-style-type: none"> ▪ Introduction ▪ Patient's diabetes health information ▪ 3 risk reduction strategies <ol style="list-style-type: none"> 1. Action Plans to change health habits 2. Find Useful Roles for Care Partners → 3. Get more out of healthcare <ul style="list-style-type: none"> ▪ The CO-IMPACT program </div>	<p>Intro</p> <ul style="list-style-type: none"> • The VA provides many resources designed to help Veterans improve and maintain their health. Some are particularly designed for people with chronic health conditions like diabetes. But, if you don't know about the new things available, you won't be able to use them. In this section I will tell you about some new resources available to you at the VA, and we will discuss the best way to get your VA healthcare providers to hear your concerns.






<p>Q: Can you name the types of people you've met on your Primary Care team?</p> 	<ul style="list-style-type: none"> I just talked about the new team approach of PACT. Can you name the types of people you have already met on your Primary Care team?
<p>Q: Can you name the types of people you've met on your Primary Care team?</p> 	<ul style="list-style-type: none"> First and foremost, you and your family are part of your primary care team.
<p>Q: Can you name the types of people you've met on your Primary Care team?</p> 	<ul style="list-style-type: none"> You are assigned a primary care doctor, a nurse, and other team members who work with you during and between visits on the back of the health summary sheet we went over earlier, there's a list of who is on your team: Dr. X, nurse Y, etc.
<p>Q: Can you name the types of people on your Primary Care team?</p> 	<ul style="list-style-type: none"> You also may have already met a dietician, social worker, mental health professionals, administrative clerk, and a clinical pharmacist.
<p>When should you call your Primary Care team ?</p> 	<p>Between visits: Calling your primary care team You may wonder when it is appropriate for you to call your PACT primary care team.</p>






 <p>When should you call your Primary Care team ?</p>	<p>Here are some examples of appropriate questions.</p>
 <p>When should you call your Primary Care team ?</p> <p>Whenever you have a concern or question!</p>	<p>In fact, the primary care clinic recommends calling <u>whenever</u> you have a question about your health care - because it helps them take better care of you. PACT is designed to take calls when you have questions.</p> <p>Their job is to help their patients stay as healthy as possible whether or not you have an appointment. They expect to provide advice and care over the phone.</p> <ul style="list-style-type: none"> ➤ <i>If time:</i> Has there ever been a time when you had a question but wondered whether you should call? ➤ <i>If people bring up the idea of 'overburdening' or not being able to get through, point out again that part of PACT is now having many more people available for phone calls.</i>
	<p>Now, let's talk about what happens when you do have an appointment. Has there ever been a time when it was hard to fully understand your doctor?</p> <ul style="list-style-type: none"> • Doctors are known for their horrible handwriting! Sometimes, doctors talk to us in what seems like another language, too. They can throw around medical terms that we don't quite understand. • Some patients don't want to "bother" their doctor or nurse with lots of questions, so they say they understand it all even though that's not completely true. • Have you ever had that experience? Where does that leave you? <ul style="list-style-type: none"> ○ <i>[If not an issue and running short on time, go over this during a prep call]</i> • The confusion or misunderstanding can get in the way of good health, especially when you need to figure out how to manage [deal with] an ongoing condition like diabetes.







	<ul style="list-style-type: none"> The good news is that you and your Care Partner can do simple things to make sure you get more help from your health care team.
	<p>We know that being an active member of your healthcare team means better healthcare.</p> <p>Why?</p> <p>When you ask your doctor or nurse questions, share information, and call right away between visits when there is a problem, they learn more about you, and this CAN lead to better treatments that are personalized to what you need, and you will get the care you need more quickly.</p>
	<p>Getting the Most Out of Appointments:</p>
	<p>First, prepare. Write down a list of questions or concerns you would like to discuss at your appointment. Mark the ones that are most important to address at this visit. You can show your list to your Care Partner and see if they have any suggestions to add.</p> <p>*Make sure to bring that written list to your appointment!</p> <p><i>(if time, ask if they've ever brought a written list of questions to a medical appointment, and how that went)</i></p>





<p>Consider bringing your Care Partner</p> 	<p>Second, Decide if Your Care Partner Will Come Along It can be helpful to take a family member or friend with you when you go to the doctor's office.</p> <ul style="list-style-type: none"> • You may feel more confident if someone else is with you. • They can help remind you about things you planned to tell or ask the doctor. • They also can help you remember what the doctor says. • If they help you with your care at home, they can learn things from the doctor alongside you. <p>For CP: If it fits into your schedule, consider going to at least one of your Patient Partner's VA primary care appointments. You might help them get more information from their doctor, and you will be able to get to know the doctor and nurses. This can make it easier if you want to talk with them between the patient's appointments. In a few minutes we will talk about best ways to work together if both of you attend an appointment.</p>
<p>Ask questions at the start</p> 	<p>Third, Ask your questions <i>at the beginning</i> of your visit. If you do not have a chance to ask your questions at the beginning of your visit, tell your doctor you have a list of questions and ask when is a good time to share it.</p>
<p>Don't downplay things</p> 	<p>When you ask your questions, Don't downplay the symptoms or situation. Remarks like "it's just a little cough" or "my pain really isn't a problem" might lead your doctor to the same conclusion. If your real fear is that your sister's lung cancer started with a similar cough, let the doctor know. If your pain is preventing you from getting any sleep, say so. Being up front with your doctor helps them understand your problem</p>




<p>Listen</p> 	<p>[Fourth] Listen. Consider bringing a tape recorder or taking notes on paper. If someone else is with you at the appointment, ask them to take notes for you.</p> <p>You can also ask the doctor to repeat what he or she said, ask the provider to speak more slowly, or even show you a picture to help explain certain things.</p>
<ul style="list-style-type: none"> • Ask for explanations • Make sure you both understand 	<p>[Fifth] Ask for explanations. Don't hesitate to ask when words the doctor is using are unfamiliar or his or her instructions are not clear to you. Make sure you hear—and understand—the answers you get. If you don't understand or are confused, ask the doctor to explain the answer again.</p> <p>A good way to make sure you understood all the information is to repeat the information back to your provider and ask the provider to let you know if your description is missing any key points.</p>
<p>Help PC Team understand Care Partner's role</p> 	<p>Now, if your Care Partner can come with you to your appointments, here are some tips to keep in mind. <i>[skip these 3 slides if CPs never go to appointments and don't plan to]</i></p> <ol style="list-style-type: none"> 1) Help the doctors and nurses understand the Care Partner's role. If there are certain parts of health care the CP helps with, tell the doctors and nurses.
<p>Patient Partner leads</p> 	<ol style="list-style-type: none"> 2) Let the patient take the lead <ul style="list-style-type: none"> • A Care Partner can prompt their Patient Partner to use the question list that the two of you prepared before your appointment. • Let the patient ask their questions, or describe their problem, first then the Care Partner can add other details or questions if needed



<p>If you disagree...</p> 	<p>3) What if the Care Partner disagrees with their Patient Partner?</p> <p><i>[if there is time and interest, can ask if this has ever happened to them in the doctor's office]</i></p> <ul style="list-style-type: none">• You will get the most helpful information from the doctor if the Care Partner can stick to the facts.• For example,• “Hmmm. He used to check his sugar three times per day but now I only see numbers written down once per day.”• Don't be negative or make accusations. (<i>NOT</i> “He is so lazy. He never tries to take care of his health.”)• Like we discussed earlier, staying positive and focused is helpful to everyone.
<p>After Appointments</p> <ul style="list-style-type: none">• Discuss what happened• Plan to follow-through 	<p>After appointments</p> <p>After an appointment (whether or not the Care Partner came along) the two of you can discuss what happened. You can go over notes you took at the appointment, or you can review the visit summary you receive from our program.</p> <p>Then, make plans to follow your doctor's or nurse's recommendations. For example, you may need to make appointments to have tests done or see a specialist, or make some changes in how you are taking your medications.</p>



SUMMARY OF WHAT WAS COVERED	
	<ul style="list-style-type: none">• <i>Provide a summary in 1-2 minutes of what went over, what they were most interested</i>• <i>try to repeat any change talk</i>• These are the ways you are at risk of diabetes complications• this is the goal you discussed• these are the strategies we discussed – you were particularly interested to hear more about X and Y.• What else stood out to you as useful from this session today?

