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Care Vital Signs

“I wanted to share a few tricks I've learned about using the CARE vital signs sheets. First, we do this only for annual preventative physical appts (or people we suspect need self-management support and won't go to HYH) and not every encounter. Initially it took a long time for my MA to do both the provider and the patient copies at the start of the encounter. Then we tried a different way that works better for her. She takes their vitals, enters them in the computer as usual, then gets the provider form in front of her, and gives the patient the patient copy, and they fill them out simultaneously. My MA tells the pt their vitals, BMI, and then the pt looks at the pain/feelings/health habits charts, and tells my MA what their numbers are. Then the pt brings in both copies to me, and I circle/add the appropriate actions, and scan the provider copy in, and give the pt their copy.

Another trick I learned here, from Lynn Ho I think, is to laminate many of these forms. I went to Sam's Club and got a box of self-laminating pages (by scotch or 3M - both work well), and had to try different dry-erase markers to see which one (brand) didn't smear/erase while going thru the scanner, wouldn't mess up the scanner, and would erase easily (with a Kleenex, baby wipe, etc). I use this for gobs of my forms – billing agreement, PHQ9, contact policy, annual preventative exam questionnaires, etc. This does NOT work well for scanners that really curl the paper to scan (laminated paper doesn't bend well in my experience) - flatbed scanners or ones that feed straight through work great.

One issue I'm still working on is the *tiny* font used for the pain/feelings/health habits charts - many pts can't read them. I printed it directly off the IMP website, and need to try to enlarge it. I don't need the BMI part, as my EMR calculates it for me. When I get a readable version, I'll post it, unless someone else has already tackled this problem.”

Michelle A. Eads, M.D.

CARE Vital Signs can be adapted in many ways. The article at the end of the Toolkit provides another example and describes the CARE Vital Sign concept in greater detail.

CARE Vital Signs Supports Patient-Centered, Collaborative Care

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Abstract

CARE Vital Signs refers to a standard form created by practices to Check what matters to patients, Act on that assessment, Reinforce the actions, and systematically Engineer or incorporate actions into staff roles and clinical processes. On its face, CARE Vital Signs is a deceptively simple tool that, when properly used, can help a practice attain levels of efficiency and quality. This article describes the rationale for the Adult CARE Vital Signs and the ways it can be used for the greatest benefit.

Key Words

Patient centered, collaborative care, behavior change, care team

Introduction

In clinical practice someone obtains vital signs—such as blood pressure, pulse, temperature, and respiration rate—to assess body functions before the patient is evaluated by a health professional. CARE Vital Signs refers to a standard form created by practices to Check what matters to patients, Act on that assessment, Reinforce the actions, and systematically Engineer or incorporate actions into staff roles and clinical processes.(1) Thus, CARE Vital Signs offers a method for practices to routinely screen patients to determine if they have common, important issues for which effective actions might be implemented without necessarily depending on an evaluation by a health professional. For example, based on particular items in CARE Vital Signs, office staff might implement standing orders to provide specific screening tests or self-management education to the patient.

CARE Vital Signs has proven to be useful for both patients and practices. Patients benefit because this method offers the promise of reliable action for “what matters” to them: CARE Vital Signs supports patient-centered, collaborative care.(2) Practices benefit from using this approach in two ways. First, doctors and nurses find that knowing “what matters” to patients improves the efficiency and effectiveness of the care they deliver. For example, the presence of pain and emotional problems adversely impacts patient confidence with self-management, which in turn undermines the proven power of collaborative care.(3,4,5) Second, as practices incorporate CARE Vital Signs the professional and non-professional staff invariably uncover inefficient, behaviorally unsophisticated processes and invent better processes and means of deploying the practice’s workforce. For example, instead of relying on the physician only, a medical assistant can be trained to help patients use valuable self-management resources for particular issues identified by CARE Vital Signs.(1)

The Institute for Healthcare Improvement (IHI) has encouraged the use of CARE Vital Signs in its various Collaboratives and programs to redesign office practices. Based on this experience, this article illustrates the typical lessons practices learn when they implement CARE Vital Signs.

In the actual order learned, the lessons are as follows:

- Who will do this? (Implementation)
- What will our patients say? (Population)
- What actions might we take and reinforce? (Behaviorally Sophisticated Actions)
- How do we build the CARE Vital Signs or the concept of CARE Vital Signs into practice? (Resource Planning)

CARE Vital Signs: Implementation

IHI faculty present CARE Vital Signs as a “standard form” to office practices (see Appendices 1,2 and 3). The faculty inform the practice that the questions on the form have been extensively tested and that there is an advantage to try it “as is” before considering modifications for their setting. Office staff are encouraged to begin using CARE Vital Signs with 10 patients, perhaps with one patient in the morning and one in the afternoon over the course of five working days. Most practices will be able to complete 10 CARE Vital Signs; those that have difficulty will need to improve practice function before proceeding (see “*The How and Why of Balanced Measurement*”).

The simple request to complete 10 CARE Vital Signs engages the office in an evaluation of its patient flow. Who does what, and why? Who will do CARE Vital Signs, when, and how? Michelle A. Eads, MD, a physician in Colorado Springs, offers the following guidance when implementing CARE Vital Signs:

“I want to share a few tricks I’ve learned about using the CARE Vital Signs forms.

We do this only for annual preventative physical appointments (or for people we suspect need self-management support and won't go to www.howsyourhealth.org) and not at every encounter. The medical assistant takes the patient's vitals, enters them into the computer as usual, then gets the [CARE Vital Signs] provider form in front of her and gives the patient the patient [version of the CARE Vital Signs form]. They both fill out the forms simultaneously. The medical assistant tells the patient their vitals and body mass index (BMI), and then the patient looks at the pain/feelings/health habits charts [on the form], and tells my medical assistant what their numbers are. Then the patient brings in both copies to me and I circle/add the appropriate actions, scan the provider copy into the medical record, and give the patient their copy."

CARE Vital Signs: Population

By starting with a small sample of 10 patients, most practices will identify some new insights by chance alone or perhaps none at all. So that staff do not draw erroneous conclusions based on an inadequate sample, it is important for a practice to identify how its population of patients is likely to respond. The following is an overview of responses from 85,000 adults, ages 19 to 59, who completed the HowsYourHealth.org web-based survey tool, from which a few survey items are excerpted as part of CARE Vital Signs.

Adult CARE Vital Signs emphasizes six items: pain, emotion, BMI, general health habits, confidence with self-management, and possible illness related to medications. Across any 50 practices, the middle 25 practices (i.e., the 25 to 75 inter-quartile range) have from 25% to 40% of their adult patients reporting no abnormality on CARE Vital Signs, and from 6% to 17% reporting three or more abnormalities. Table 1 shows selected problems of patients based on the number of abnormalities reported on CARE Vital Signs.

Table 1. Sample of Patient Problems by Category Based on Number of Reported Adult CARE Vital Signs Abnormalities

Patient Problems by Category	Percent of Patients Reporting Abnormal Adult CARE Vital Signs		
	No Abnormalities	1 to 2 Abnormalities	3 or More Abnormalities
Medications			
Taking More Than 5 Medications	1%	4%	19%
Common Diagnoses			
Hypertension	12%	22%	43%
Arthritis	7%	14%	32%
Respiratory	7%	10%	22%
Diabetes	2%	6%	19%
Atherosclerotic Cardiovascular Disease (ASCVD)	2%	4%	11%
Poor Health Habits			
Smoker	10%	15%	25%
Exercising <4 Days a Week	43%	65%	86%
Prevention Not Done			
No Mammogram in Past Two Years (Females aged 50-69)	10%	13%	22%
Common Chronic Symptoms (Often/Always)			
Weight and Nutrition Concerns	5%	24%	60%
Joint Pains	5%	17%	50%
Sleeping Problems	6%	17%	49%
Back Pain	5%	14%	48%
Dizzy, Tired, Fatigue	4%	15%	48%
Troublesome Home Environment			
Inadequate Social Support	5%	11%	30%

Possible Domestic Abuse (Female)	6%	12%	26%
Adverse Impacts on Life			
Hospitalized in Past Year	5%	8%	18%
Harmed by Health Care in Past Year	1%	2%	4%
Confined to Bed in Past 3 Months	13%	22%	44%
Difficulty Doing Usual Activities or Tasks in Past Month	0%	3%	25%
Limit on Hours Needed to Work in Past 2 Weeks	8%	22%	57%
From CARE Vital Signs*			
Not Confident (<i>No or Maybe</i>)	0%	75%	96%
Obese (<i>“Trouble”</i> : BMI >30)	0%	36%	76%
Pain (<i>Moderate or Severe</i>)	0%	12%	63%
Pills Causing Illness (<i>Yes or Maybe</i>)	0%	13%	54%
Bothersome Emotions (<i>Quite a Bit, Extremely</i>)	0%	8%	50%
Not Good General Health Habits (<i>A Little or None</i>)	0%	3%	30%

*See Figure 1 for response category from Adult CARE Vital Signs.

By assessing the number of reported CARE Vital Signs abnormalities, clinicians immediately understand that patients with few reported abnormalities, and therefore fewer problems, require fewer services. Table 1 underscores this clinical observation. Table 2 demonstrates a dramatic decrement in the quality of care when an increasing number of CARE Vital Signs abnormalities are reported.

Table 2. The Effect of Adult CARE Vital Signs Abnormalities on Quality of Care

Quality Indicators	Percent of Patients Reporting Abnormal Adult CARE Vital Signs		
	No Abnormalities	1 to 2 Abnormalities	3 or More Abnormalities
Information and Assistance			
Excellent Information about Chronic Disease(s)	47%	28%	15%
Helped to Live with Their Problem(s)	54%	42%	24%
Care Processes			
Very Easy Access to Needed Medical Care	60%	39%	28%
Office is Efficient: My Time is Not Wasted	66%	56%	48%
Relationship with Clinicians			
I Have a Personal Clinician	75%	73%	73%
I Have 2 or More Clinicians	17%	24%	37%
I Know Who Is in Charge (If 2 or More Clinicians)	82%	76%	72%

The data in Tables 1 and 2 illustrate that CARE Vital Signs is a simple method for identifying patients who are likely to have few, some, and many medical and psychosocial issues, as well as few, some, and many deficiencies in quality of care.

CARE Vital Signs: Behaviorally Sophisticated Actions and Resource Planning

Other lessons learned from the data in Tables 1 and 2 include the following:

- There are too many problems to be dealt with one at a time, even if the office visit time was extended;
- There is too much information for a patient to remember when it is communicated at one time; and
- There is a need to segment patients into categories and provide effective generic solutions to problems since a disease-by-disease or problem-by-problem intervention is not feasible.

The challenge, of course, is knowing what “generic solutions” are effective. While this is still an area of active research, four interrelated actions have evidence of value:

1. Segmentation of patients into meaningful categories for which specific actions are routinely prescribed.(6)
2. Problem-Solving and Action Planning as techniques to identify key issues of concern and simple, feasible strategies to begin addressing these issues.(7)
3. Brief, Repetitive Intervention rather than overwhelming, one-time exhortation.(8,9)
4. Confidence-Building so that patients become comfortable and adept at self-management.(4)

Table 3 summarizes examples of initial generic solutions to problems reported as abnormalities on Adult CARE Vital Signs. All of these actions require collaboration and bidirectional information transfer between patients and a member of the office staff. (The office staff person does not need to be a clinician!) All interventions will require the office practice to be accessible and efficient.

Table 3. Examples of Initial Generic Solutions for Abnormal Adult CARE Vital Signs Responses

Patient Problems Identified from Abnormal Adult CARE Vital Signs Responses	Initial Generic Solutions*
Not Confident	<ol style="list-style-type: none"> 1. Review understanding of confidence 2. Identify what things patient feels least confident about and why 3. Begin “Campaign for Confidence”*
Pain	<ol style="list-style-type: none"> 1. Determine the source and nature of pain 2. Identify problem-solving strategies* 3. Initiate medication management
Medications Are Perhaps Causing Illness	<ol style="list-style-type: none"> 1. Identify which medications are suspected 2. Determine how the medications are “causing illness” 3. Assess the impact of patient “compliance” with taking medications 4. Explore possible alternatives
Emotional Issues	<ol style="list-style-type: none"> 1. Determine the source and nature of emotional issues 2. Identify problem-solving strategies* 3. Initiate medication management
General Health Habits/Obesity	<ol style="list-style-type: none"> 1. Explore the nature of barriers 2. Identify problem-solving strategies*

*For more detail on these initial generic solutions, refer to *Activation of Patients for Successful Self-Management*.

**Tools are available at www.howsyourhealth.org

In addition to the actions specified in Table 3 for specific problems identified from CARE Vital Signs responses, office practices need to assess the intensity of any action over time. Behavioral research underscores the importance of reinforcing most actions so that they have a sustained effect. For patients, this often implies feedback and follow-up. For professional and non-professional staff, actions need to be systematically engineered (i.e., the “E” in CARE) into staff roles and clinical processes to improve reliability.

Resource planning enables providers to deliver higher quality, more efficient care to patients: if it is scheduled, it will happen; if it is not planned, it is difficult to make it happen. This approach requires knowledge of both "what is the matter?" and "what matters" and uses this information to segment patients into behaviorally meaningful categories such as patients with low needs, medium needs, and high needs. Resource planning also requires health care providers to match care that is known to be effective with the high-leverage "commonalities" among 80% of the patients in each category.(6)

Resource Planning for Low Needs Patients

Low needs patients with no CARE Vital Signs abnormalities reported, regardless of diagnoses, generally require fewer services. About 40% of patients with adequate finances are low needs patients versus 20% of poor patients. Should low needs patients require services from the practice, they need immediate and unfettered

access, high continuity and reliability of care, and very good information so that they may make appropriate adjustments in their care. Though some patients in this category may have chronic diseases, they are confident in self-management and have no pain or emotional issues that will impede their ability to manage their conditions.(3) The clinician's role is to reassure them of their good health status, reinforce healthy behaviors, and provide proven preventive care. The HowsYourHealth.org registry function can be used to remind patients to complete the on-line health survey tool annually, helping to ensure these patients maintain positive health behaviors and continue to do well.

Resource Planning for Medium Needs Patients

Medium needs patients with 1 to 2 CARE Vital Signs abnormalities reported are not achieving key care goals with consistency. Although the majority of these patients do not feel confident with self-management, those who do may need less reinforcement. However, as a general rule, these patients generally perceive that they have received low-quality information about their problems and can benefit from simple strategies to help them better understand and cope with identified issues.

“Care South Carolina devised and tested a simple reinforcement strategy by medical assistants based on a ‘red-yellow-green’ colored information sheet to improve patient understanding of their health problem and confidence in managing it. The results were dramatic in terms of increased patient confidence and better control of their blood pressure.”(11)

“In a controlled trial, 3 phone calls to patients to support self-management of patient and emotional problems proved significant and lasting.”(7)

In addition to the basic services required by low needs patients, the practice may introduce some of the initial generic solutions (Table 3) and experiment with different types of reinforcement such as email or phone follow-up. Because medium needs patients have many other potential issues, full assessment using the HowsYourHealth.org survey tool is a helpful way for clinicians to identify “what matters” and to provide tailored information. The article in this series, *Activation of Patients for Successful Self-Management*, contains additional resources for enhanced self-management support.

Resource Planning for High Needs Patients

High needs patients with 3 or more reported CARE Vital Signs abnormalities require much greater frequency and depth of interaction with the practice, as well as consultation and support from additional external sources. Given these patients' multiple needs, it is imperative that patients, family members, and all providers have a shared understanding of priorities and goals for managing identified problems. About 25% of poor patients have high needs versus 10% of patients with adequate finances.

In addition to providing the same services as those required by medium needs patients, a typical office practice will benefit from having a designated staff person who coordinates care for high needs patients. Most importantly, this staff person needs to continuously provide brief, proactive reinforcement of self-management support and monitoring of important health concerns by phone, if possible, or at every office visit. Group visits are another beneficial way to fulfill the care needs of both medium and high needs patients.(12)

Conclusion

CARE Vital Signs has proven to be a useful tool for assisting practices that want to improve their provision of patient-centered collaborative care. Three versions for adult, adolescent and geriatric patients are included in the appendices. Any of these CARE Vital Signs forms can be customized by adding or deleting items, and items may implemented in a staggered fashion over time to avoid overwhelming staff. A shorter version of the C.A.R.E Vital Signs is often used either initially by a practice to gain experience with the concept of C.A.R.E or a tool for more frequently monitoring of the patients. The critical factors to determine which CARE Vital Signs items to use in a practice depends on the estimated frequency of abnormalities in a patient population and

the ability of staff to adequately manage abnormalities when they are identified. Completing 30 CARE Vital Signs forms usually gives an office practice a good estimate of the frequency of expected abnormalities. However, we urge practices to be very careful about permanently eliminating measures of emotional health, confidence with self management, and pain since these factors have decisive influences on patient outcomes. (13)

On its face, CARE Vital Signs is a deceptively simple tool that, when properly used, can help a practice attain levels of efficiency and quality.

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Appendices

Appendix 1: Adult CARE Vital Signs






Appendix 2: Adolescent CARE Vital Signs

Appendix 3: Geriatric Care Vital Signs

During the past 4 weeks...






Pain

How much bodily pain have you generally had?

No pain		1
Very mild pain		2
Mild pain		3
Moderate pain		4
Severe pain		5






Feelings

How much have you been bothered by emotional problems such as feeling anxious, depressed, irritable or downhearted and blue?

Not at all		1
Slightly		2
Moderately		3
Quite a bit		4
Extremely		5

Health Habits

How often did you practice good health habits such as: using a seat belt, getting exercise, eating right, getting enough sleep or wearing safety helmets?

All of the time		1
Most of the time		2
Some of the time		3
A little of the time		4
None of the time		5

Patient Self Assessment

Today's Date _____

Name _____

1. What questions or concerns do you wish to discuss?
(please state in the space provided)

2. Pain Score _____ (see reverse side)

3. Feeling Score _____ (see reverse side)

4. Health Habits Score _____ (see reverse side)

5. Are you confident in managing your health problems? (circle one)

Yes No Maybe Not Applicable

6. Are your pills making you ill? (circle one)

Yes No Maybe Not Applicable

7. What does your weight and height tell you? (see below)

What is Your Weight? (in pounds)

Your Height without Shoes	Pay Attention	Trouble
5 Feet	Over 128	Over 148
5 Feet 4 Inches	Over 146	Over 169
5 Feet 8 Inches	Over 164	Over 190
6 Feet	Over 184	Over 213
6 Feet 4 Inches	Over 205	Over 238






____ Pay Attention ____ Trouble ____ Neither "Pay Attention or Trouble"

Thank you.

During the past month....






Pain

How often were you bothered by pains such as: backaches, headaches, cramps or stomach aches?

None of the time		1
A little of the time		2
Some of the time		3
A lot of the time		4
All of the time		5

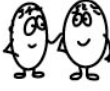

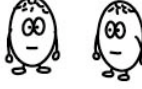


Feelings

How often did you feel anxious, depressed, irritable, sad or downhearted and blue?

None of the time		1
A little of the time		2
Some of the time		3
Most of the time		4
All of the time		5






Social Support

If you needed someone to listen or to help you was someone there for you?

Yes, as much as I wanted		1
Yes, quite a bit		2
Yes, some		3
Yes, a little		4
No, not at all		5

Health Habits

How often did you practice good health habits such as; using a seat belt, getting exercise, eating right, getting enough sleep or wearing safety helmets?

All of the time		1
Most of the time		2
Some of the time		3
A little of the time		4
None of the time		5

Patient Self Assessment

Today's Date _____

Name _____

1. What questions or concerns do you wish to discuss?
(please state in the space provided)

2. Pain Score _____ (see reverse side)

3. Feeling Score _____ (see reverse side)

4. Social Support Score _____ (see reverse side)

5. Health Habits Score _____ (see reverse side)

6. Do you exercise for about 20 minutes 3 or more days a week? (circle one)

Yes, most
of the time

Yes, some
of the time

No, I usually do not
exercise this much

7. How often in the past four weeks have you been bothered by trouble solving problems? (circle one)

Never

Seldom

Sometimes

Often

Always

Thank You

Appendix 3
CARE Vital Signs for Patients Aged 70 Years of Age or Older

The analysis is based on 3500 responses of patients aged 70 or older to www.HowsYourHealth.

In a majority of practices about 40% of the patients aged 70+ will have no abnormal responses, 40% will have 1 or 2 abnormal responses and 20% will have 3 or more. However, if a practice cares for patients of low financial status, the distribution will change dramatically with only 10% having no abnormalities and 60% have 3 or more. Table One samples diagnoses, health habits, symptoms, use of assistive devices, instrumental activities of daily living. Also shown are days sick in bed, and previous use of the hospital. Not surprisingly, every sample marker of illness increases with the number of abnormal Geriatric Vital Signs.

Table One
A Sample of Patient Characteristics by Category of Geriatric CARE Vital Sign

Sample Patient Characteristic	Abnormal Geriatric Vital Signs		
	No Abnormalities	1-2 Abnormalities	3 or More Abnormalities
Medications			
More than 5 Medications	15%	28%	48%
Common Diagnoses			
Hypertension	41%	54%	61%
Arthritis	34%	51%	63%
ASCVD (Any manifestation)	17%	26%	36%
ASCVD (CHF)	3%	6%	13%
Diabetes	10%	16%	31%
Respiratory	10%	15%	26%
Health Habits			
Smoker	22%	22%	30%
Not Exercising > 3 Days a Week	37%	49%	79%
Common Symptoms			
Wetting	3%	8%	24%
Constipation	4%	7%	23%
Sleeping Problems	7%	16%	36%
IADL Limits			
Can't Get Out of House Without Help	2%	8%	30%
Can't Handle Finances	2%	7%	18%
Impact on Life			
Using Cane or Wheelchair	5%	19%	40%
Confined to Bed in Last 3 Months	9%	15%	37%
Hospitalized in Past Year	14%	22%	39%
Quality of Life "Bad"	0%	2%	25%
Harmed by Health Care in Past Year	1%	2%	4%
From CARE Vital Signs			
Not Confident	0%	62%	88%
Pain	0%	30%	70%
Overall Health Fair or Poor	0%	15%	72%
Pills Perhaps Causing Illness	0%	17%	54%
Lacking Social Support	0%	17%	36%
Emotional Problems	0%	5%	41%
Problems Thinking	0%	9%	37%
Dizzy or Falling	0%	3%	23%

Eating/Nutrition Problems	0%	1%	21%
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Table Two illustrates the quality of care for patients who have adequate finances based on abnormalities on Geriatric CARE Vital Signs. The greater the number of abnormalities, the worse the perception of care.

Table Two
Quality of Care
Reported Patients with Adequate Financial Status Aged 70 or Older

Quality Indicators	Abnormal Geriatric Vital Signs		
	No Abnormalities	1-2 Abnormalities	3 or More Abnormalities
Information and Assistance			
Excellent Information about Chronic Disease(s)	50%	28%	15%
Helped to Live with their Problem(s)	59%	53%	32%
Care Processes			
Very Easy Access to Needed Medical Care	62%	47%	25%
Office is Efficient: My Time is Not Wasted	87%	82%	69%
Relationship with Clinicians			
I Have a Personal Clinician	91%	90%	91%
I have 2 or More Clinicians	37%	61%	66%
I Know Who is In Charge	89%	88%	80%

Illustrative Actions that Might be Taken After Using Geriatric CARE Vital Signs

Low Needs Patients

Patients whose Geriatric Vital Signs have no abnormalities are very low need patients. Though some of them have chronic diseases, they are confident in self-management, and have no pain or emotional problems that will impede their ability to manage their concerns.(13) Except for the smokers among them, the vast majority will also have about a five years longer life expectancy than average for their age. (14)

A clinician’s job is to reassure them of their good health status, reinforce healthy behaviors and provide proven preventive care after informing the patients of their likely life expectancy. The patients should also be encouraged to continue their self-management activities by performing a health check-up annually on-line using free, non-commercial tools such as HowsYourHealth.org. If HowsYourHealth is used, its registry function can be used to remind them every year to complete HowsYourHealth to make sure that they are continuing to do well. They should also be reminded to complete or update an advanced care plan.

Medium Needs Patients

These patients have 1-2 abnormal responses to the Geriatric CARE Vital Signs. Table Three lists illustrates the types of action an office might consider. (Similar lists of actions generated by expert panels are available elsewhere). (15)

Within this category, the office staff can describe explicit actions and “standing orders” for each of the responses. Many of these actions need not be executed by a physician. In addition, group visits are a very useful enhancement for the typical office visit of a patient who has a few CARE Vital Sign problems.

Because these patients have so many other issues, a comprehensive tool such as HowsYourHealth might be used before the next office visit to tailor information for the patient’s need and help the clinical staff find out “what matters” to the patient. Patients with medium or high needs will often require family members assist them with the use of computers.

Table Three
Initial Actions for Abnormal Geriatric CARE Vital Signs Responses

Problems from Geriatric CARE Vital Signs	Initial Actions
Not Confident	1. Review understanding of confidence. 2. Identify what things patients feels least confident about and why. 3. Begin “Campaign for Confidence.” ¹
Pain	1. Source and nature of pain. 2. Problem-solving Strategies. ² 3. Medication management.
Overall Health Fair or Poor	1. Reconfirm rating with patient. 2. Use for “Decision-Making in the Grey.” ³ 3. Use to trigger reminder for Advance Care Planning 4. For those who are in Fair or Poor Health have someone help them complete the special HowsYourHealth.org for the “very sick or frail.”
Pills Perhaps Causing Illness	1. Which pills. 2. How are they “causing illness”. 3. Impact on patient “compliance” with pill-taking. 4. Explore possible alternatives.
Lacking Social Support	1. Why the response. 2. What is needed. 3. What is lacking. 4. Problem-solving. 5. Possible Referral
Emotional Problems	1. Source and nature of emotional problem. 2. Problem-solving Strategies. 3. Medication management.
Problems Thinking	1. Why the response. 2. MMSE or MiniCog. 3. Review Options based on results.
Dizzy or Falling	1. Explore nature of problem. 2 Get-up-and-go. 3. Orthostatic blood-pressure. 4. Evaluate as needed with particular focus on medications.
Eating/Nutrition Problems	1. Explore nature of the problem. 2. Weight and BMI. 3. Evaluate as needed.

¹⁻³ Tools and description of approaches available as links from www.howsyourhealth.org

High Needs Patients

This group of patients represent a rather frail group of elderly patients. They invariably require many services and are at high risk for death, re-hospitalizations, and harms from health care. However, despite their illness burden, about 1 in 4 do not have a clear idea about who will make decisions for them if they become too sick to speak for themselves. They also tend to overestimate their likelihood of survival.

Many of these patients will benefit from the same approaches suggested for Medium Needs patients. Given these patients multiple needs, it is imperative that family members, the patient, and other providers are all on the “same page” about management issues, priorities and goals. The special survey within www.howsyourhealth.org for frail patients may be invaluable for assess their needs and providing basic education based on their needs. The tool can save much clinician time and help the family and patient be sure they are on the “same page.”

If possible, the office should designate someone to look out for high needs patients and coordinate their care. Most importantly, the practice this member of the staff should continuously provide brief proactive reinforcement of self-management and monitoring of important health concerns by phone, if possible, or at every visit.

Patient Self Assessment

Today's Date _____

Name _____

1. What questions or concerns do you wish to discuss?
(please state in the space provided)

2. Pain Score _____ (see attached)

3. Feeling Score _____ (see attached)

4. Social Support Score _____ (see attached)

5. Do you often have trouble eating well? (circle one)

Yes, often

Yes, sometimes

No, never

6. Do you often have trouble remembering or thinking clearly? (circle one)

Yes, often

Yes, sometimes

No, never

7. Do you often have trouble with dizziness or falls? (circle one)

Yes, often

Yes, sometimes

No, never

8. Are your pills making you ill? (circle one)

Yes

No

Maybe

Not Applicable

9. Are you confident in managing your health problems? (circle one)

Yes

No

Maybe

Not Applicable






10. How do you rate your health in general? _____ (see attached)

Thank You

PAIN

During the past 4 weeks ...

How much bodily pain have you generally had?






No pain		1
Very mild pain		2
Mild pain		3
Moderate pain		4
Severe pain		5

SOCIAL SUPPORT

During the past 4 weeks ...

Was someone available to help you if you needed and wanted help? For example if you






- felt very nervous, lonely, or blue
- got sick and had to stay in bed
- needed someone to talk to
- needed help with daily chores
- needed help just taking care of yourself

Yes, as much as I wanted		1
Yes, quite a bit		2
Yes, some		3
Yes, a little		4
No, not at all		5

FEELINGS

During the past 4 weeks ...


How much have you been bothered by emotional problems such as feeling anxious, depressed, irritable or downhearted and blue?

Not at all		1
Slightly		2
Moderately		3
Quite a bit		4
Extremely		5

OVERALL HEALTH

During the past 4 weeks ...

How would you rate your health in general?

Excellent		1
Very good		2
Good		3
Fair		4
Poor		5