Update on Documentation, and Self-Management

Mary Wachacha

Mary.Wachacha@ihs.gov

828-292-1175

HIM and BO Role in IHS Self Management Initiative

1. Participants will understand the difference between the Medical Model and the Chronic Care Initiative/Innovations in Planned Care (IPC)
2. Participants will gain an understanding of the new Self-Management initiatives being introduced by IHS.
3. Participants will learn about the new IHS initiatives that support Self-Management and Chronic Care:
   - Patient Education
   - PWH
   - iCare
   - Internet access
   - Family Health History
   - Personal Health Records
   - Community Alerts
   - Quality of Care

Where does the data come from?

From provider documentation

JCAHO and Information Management (IM)

- Each episode of care generates health information that must be managed systematically by the hospital.
- All data and information used by the hospital is categorized, filed, and maintained.

Standard IM 01.01.01

- The hospital identifies the internal and external information needed to provide safe, quality care.
- The hospital identifies how data and information enter, flow within, and leave organization
- The hospital uses the identified information to guide development of processes to manage information.

IM Standard 02.01.01

- The hospital protects the privacy of health information.

Internet Access

Patient Registration
Internet Access

- Do you have access to the Internet?
  - Yes
  - No
- Where is that access?
  - Home, work, library, community
- What is your email address?

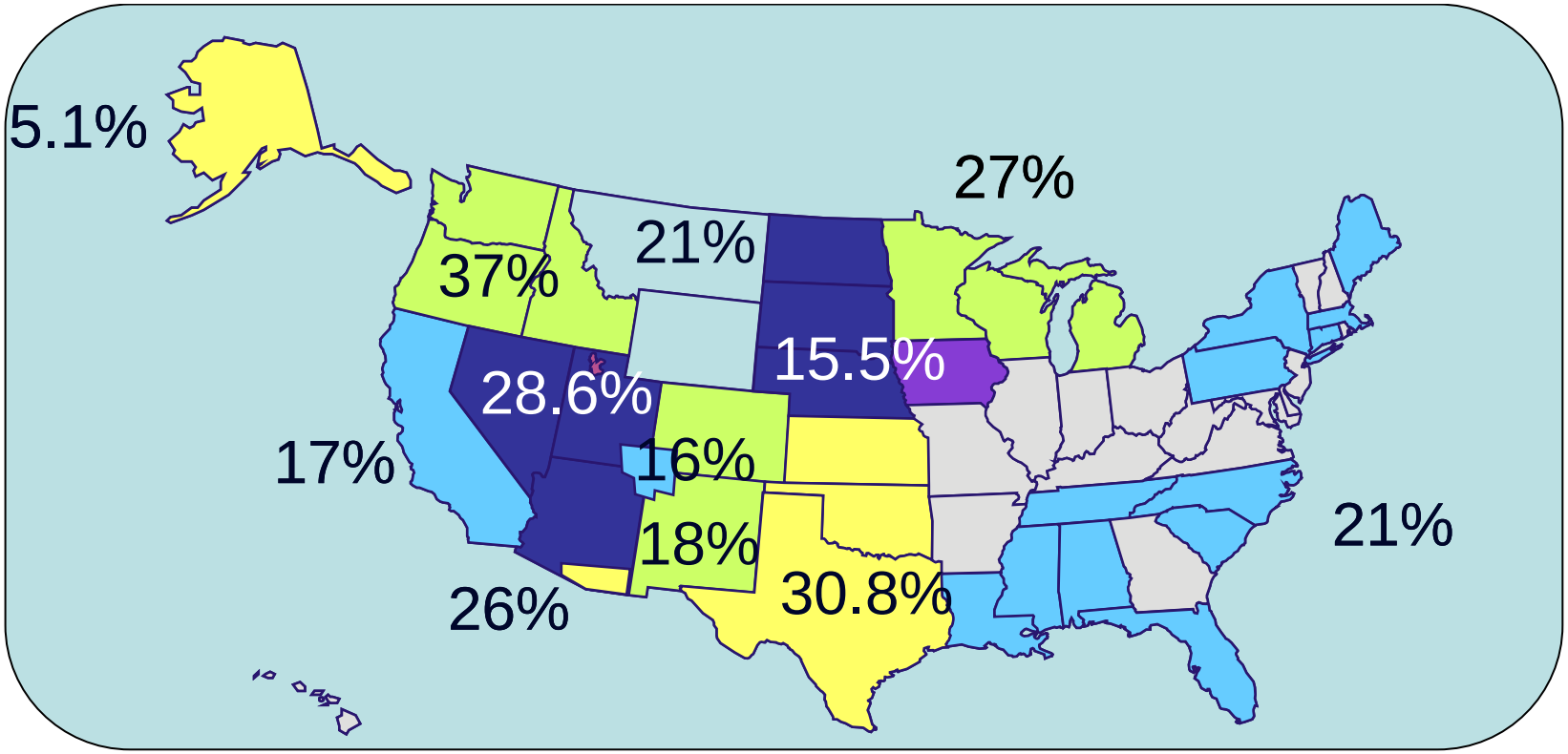
1. How will your facility safe-guard this information?
2. How will your providers use this information?

Use of Email address

- Providers can use it only to send out “generic” patient information (i.e., to the patient with high blood pressure, can only send generic info about high blood pressure)
- Providers are not supposed to use the email to contact patient concerning personal health information from RPMS

Internet access by area 2007

- 18.7% of patients screened for access
- 20.9% state that they have access



Record of Care, Treatment and Services (RC) JCAHO

- RC 02.01.01
- The medical record contains the following demographic information:
- ….name, address, DOB, sex, ….
- The patient’s language and communication needs
- Use of restraints or seclusion
- Care, treatment and services
- Information provided to patient and family

Rights and Responsibilities of the Individual (RI)

- RI 01.01.01
- The right to **effective communication**
- The right to participate in care decisions
- The right to informed consent
- The right to know care providers
- The right to participate in end-of-life decisions
- To understand the patient's responsibilities

RI 01.01.03

- The patient's right to and need for **effective communication**
- The patient's cultural and personal values, beliefs and preferences
- The right to pain management
- Information is tailored to the patient's language and ability to understand
- The right to interpreting and translation services
- The right to communication if patient has impairments to vision, speech, hearing or cognitive needs

Patient has impairments to vision, speech, hearing or cognitive needs

RL - Readiness to Learn Mnemonics

-Distraction	RL-DSTR
-Eager	RL-EAGR
-Receptive	RL-RCPT
-Pain	RL-PAIN
-Severity of Illness	RL-SVIL
-Not Ready	RL-NOTR
-Unreceptive	RL-UNRC
-Intoxication	RL=ETOH

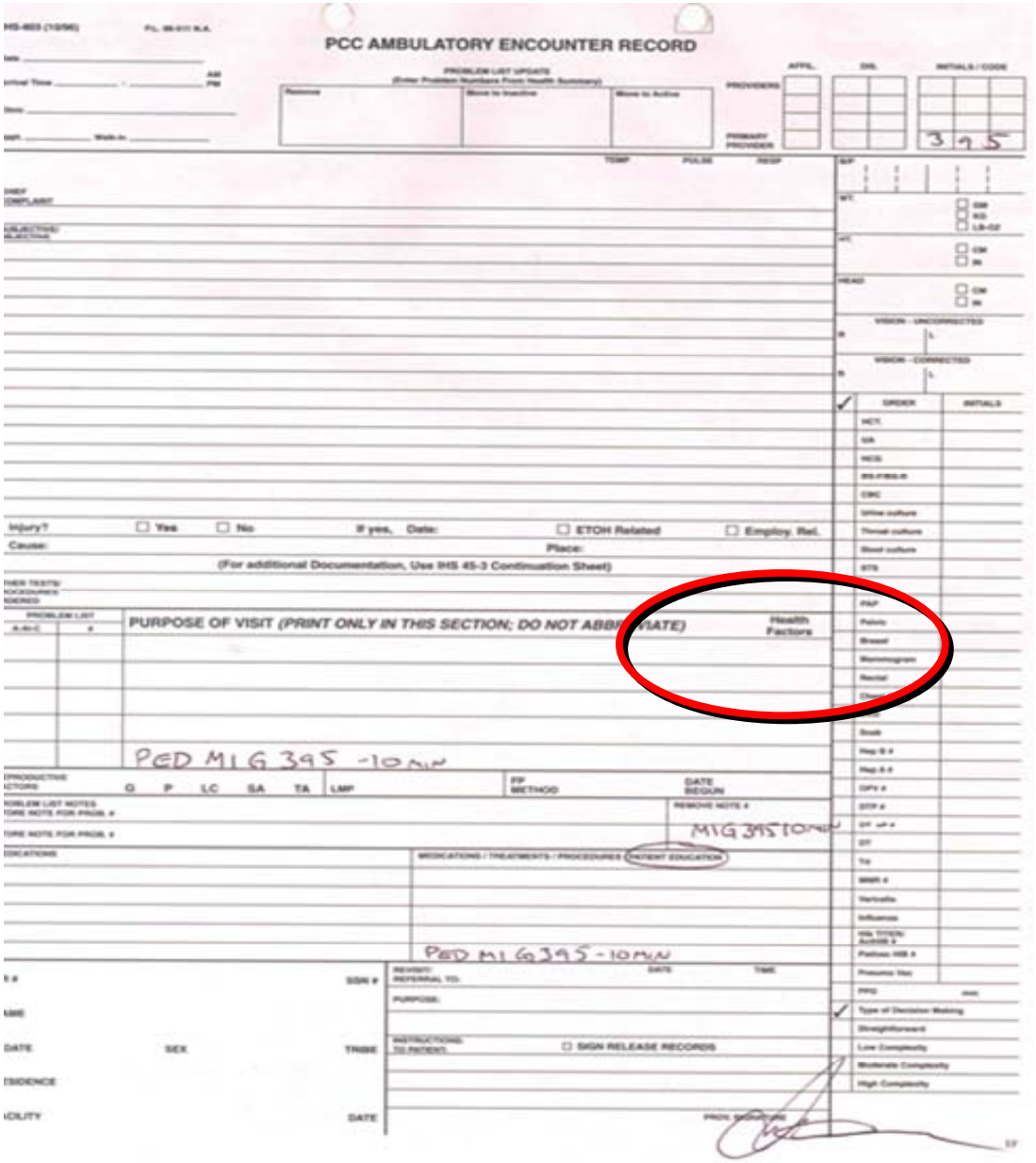
LP - Learning Preference Mnemonics

-Small Group	LP-GP
-Read	LP-READ
-Media	LP-MEDIA
-Talk	LP-TALK
-Do/Practice	LP-DOIT

BAR - Barriers to Learning Mnemonics

-Blind	BAR-BLND
-Cognitive Impairment	BAR-COGI
-Childhood Development	BAR-PEDI
-Deaf	BAR-DEAF
-Dementia	BAR-DEMN
-Developmental Delay	BAR-DEVD
-Does Not Read English	BAR-DNRE
-Doesn't Speak English/ Interpreter Needed	BAR-INTN BAR-INTN
-Emotional Stressors	BAR-EMOT
-Fine Motor Skills Deficit	BAR-FIMS
-Learning Disability	BAR-LDIS
-Speaks English As a Second Language	BAR-ESLA
-Hard of Hearing	BAR-HEAR
-No Barriers	BAR-NONE
-Pediatric/Developmental	BAR-PEDI
-Social Stressors	BAR-STRS
-Values/Belief	BAR-VALU
-Visually Impaired	BAR-VISI

Documenting Health Factors on the PCC



PCC AMBULATORY ENCOUNTER RECORD

PROBLEM LIST UPDATE

PROVIDERS

PRIMARY PROVIDER

Injury? ☐ Yes ☐ No If yes, Date: ☐ ETOH Related ☐ Employ. Rel.

Cause: Place:

(For additional Documentation, Use IHS 45-3 Continuation Sheet)

PURPOSE OF VISIT *(PRINT ONLY IN THIS SECTION; DO NOT ABBREVIATE)*

Health Factors

PED M I G 395 -10 M,N

G P LC SA TA LMP FP METHOD DATE BEGUN

M I G 395 10 M,N

PED M I G 395 - 10 M,N

ORDER | INITIALS

HCT

UA

HCG

CBC

Urine culture

Throat culture

Blood culture

STS

PAP

Pelvic

Breast

Mammogram

Rectal

Stool

Hep B #

Hep A #

DPV #

DTP #

DT

Td

MMR #

Varicella

Influenza

Pneumo Vac

PPD mm

Type of Decision Making

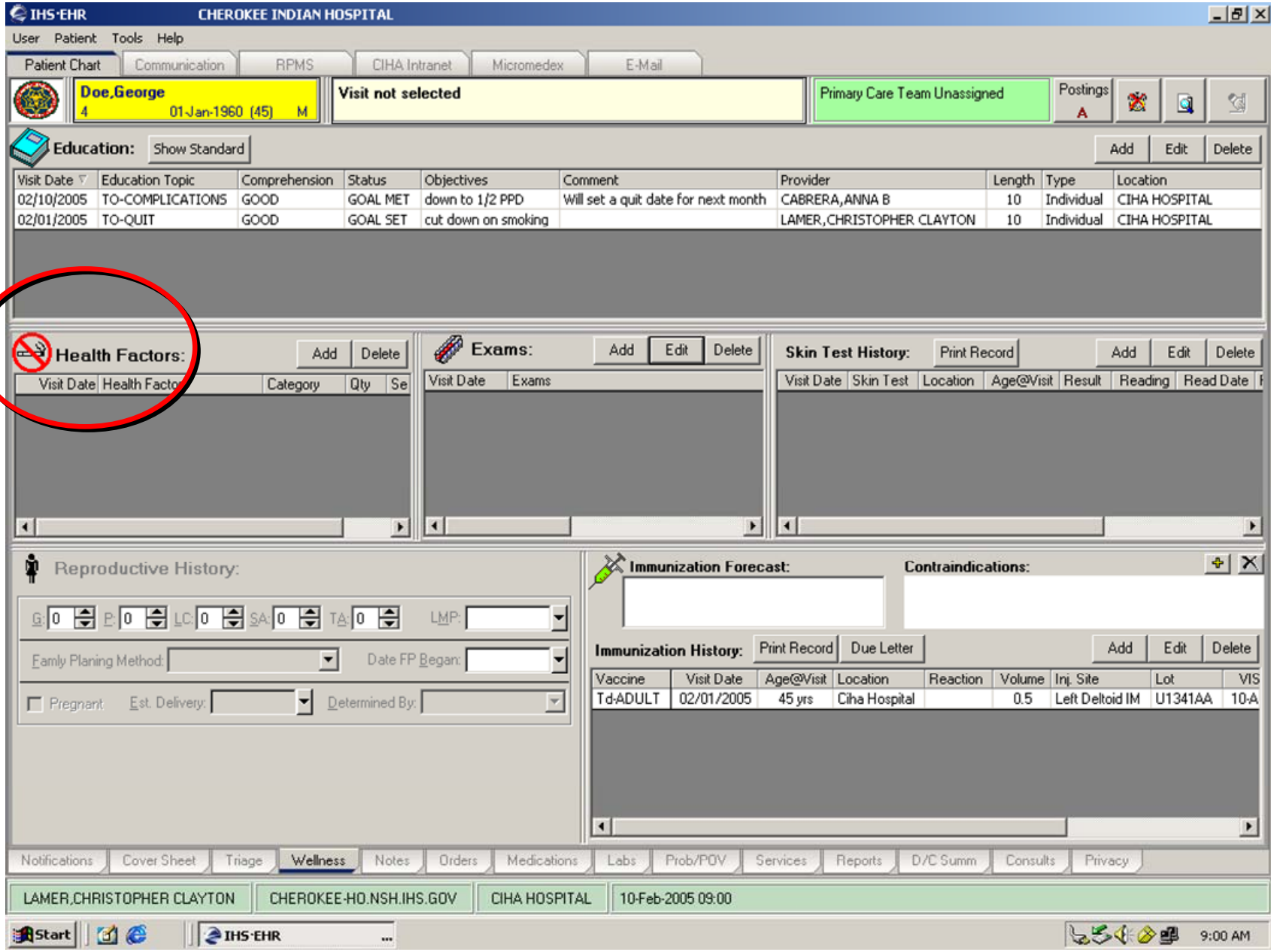
Straightforward

Low Complexity

Moderate Complexity

High Complexity

SIGN RELEASE RECORDS


IHS·EHR
CHEROKEE INDIAN HOSPITAL
User Patient Tools Help
Patient Chart Communication RPMS CIHA Intranet Micromedex E-Mail
Doe,George
4 01-Jan-1960 (45) M
Visit not selected
Primary Care Team Unassigned
Postings
A
Education:
Show Standard
Add Edit Delete
Visit Date | Education Topic | Comprehension | Status | Objectives | Comment | Provider | Length | Type | Location
02/10/2005 | TO-COMPLICATIONS | GOOD | GOAL MET | down to 1/2 PPD | Will set a quit date for next month | CABRERA,ANNA B | 10 | Individual | CIHA HOSPITAL
02/01/2005 | TO-QUIT | GOOD | GOAL SET | cut down on smoking | | LAMER,CHRISTOPHER CLAYTON | 10 | Individual | CIHA HOSPITAL
Health Factors:
Add Delete
Visit Date | Health Facto | Category | Qty | Se
Exams:
Add Edit Delete
Visit Date | Exams
Skin Test History:
Print Record
Add Edit Delete
Visit Date | Skin Test | Location | Age@Visit | Result | Reading | Read Date
Reproductive History:
G: 0 P: 0 LC: 0 SA: 0 TA: 0 LMP:
Family Planing Method: Date FP Began:
Pregnant Est. Delivery: Determined By:
Immunization Forecast:
Contraindications:
Immunization History:
Print Record Due Letter
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Vaccine | Visit Date | Age@Visit | Location | Reaction | Volume | Inj. Site | Lot | VIS
Td-ADULT | 02/01/2005 | 45 yrs | Ciha Hospital | | 0.5 | Left Deltoid IM | U1341AA | 10-A
Notifications Cover Sheet Triage Wellness Notes Orders Medications Labs Prob/POV Services Reports D/C Summ Consults Privacy
LAMER,CHRISTOPHER CLAYTON
CHEROKEE-HO.NSH.IHS.GOV
CIHA HOSPITAL
10-Feb-2005 09:00
Start
IHS·EHR
9:00 AM

Business Office: Health Education, Patient Education and Counseling

Reimbursement for Education and Counseling?

Evaluation and Management (E&M) Coding

Evaluation and Management (E & M) Coding

- The most common and most important time when time becomes a factor is when counseling dominates the visit (i.e. patient education).
- In the case where counseling and/or coordination of care dominates (more than 50% of the visit time) of the physician/patient and/or family encounter (fact-to-face time in the office or other outpatient setting, floor/unit time in the hospital or nursing facility), time is considered the key or controlling factor to qualify for a particular level of E/M services.

Evaluation and Management (E & M) Coding

- If the physician elects to report the level of service based on counseling and/or coordination of care, the total length of time of the encounter (face-to-face) should be documented and the record should describe the counseling and/or activities to coordinate care.
- In practice, this means that if you document spending >50% of a 15 minute visit in counseling (education), you get a 99213 code even if you don't ask a single question or touch the patient. Similarly, >50% of a 25 minute encounter gets you 99214.

E & M Reimbursement and Collections

- IHS providers document the content of the education, the level of understanding, and the time. We don't collect for it because we don't pursue the collection/reimbursement, however, private physicians do.
- We have developed a simple way of provider documentation and many providers use the PEPCs (Patient Education Protocols and Codes), however, we still don’t pursue the reimbursement and collections of education/counseling.

Documentation of E/M Services

- Three Key Components:
  - history
  - examination
  - medical decision making
- Other Components:
  - Counseling
  - Time (may use to determine if OV level - if > 50% of time is spent in face-to-face counseling)

“Incident-To” Billing

- The physician must be “actively” involved in at least 1 out of every 3 visits.
- The progress note should clearly identify that this is an “incident-to” service (e.g. note should be signed “_____ incident to Dr. _____.”
- Service must be within “scope of practice”
- Considered to be “established patients”

“Incident-To” Billing

- An “integral” part of a doctor’s diagnosis or treatment:
  - provided under “direct supervision” of a physician
  - performed by an employee of that doctor
  - something ordinarily done in a doctor’s office or clinic

Office Visits, Established Patients

Table 1: Office Visits with Estabilshed Patients

Codes	**99211**	**99212**	**99213**	**99214**	**99215**
History	Not required	Problem focused	Expanded Problem Focused	Detailed	Comp.
Exam	Not required	Problem focused	Expanded Problem Focused	Detailed	Comp.
Decision Making	Not required	Straightforward	Low	Moderate	High
Time*	5 mins	10 mins	15 mins	25 mins	40 mins

Reimbursement

- Documentation is the key. What you charge MUST be substantiated by what the documents!!
- Must be familiar with ICD 9 codes as well as CPT codes.
- Must substantiate medical necessity. Develop a paper trail for physician referral.

Documentation of Education?

Are you understanding the importance of what the provider documents?

The Hospital assesses the patient who may be a victim of:

- **Abuse and Neglect**
- **Sexual Abuse**

JCAHO

ABNG – Abuse and Neglect (child or elder)

ABNG-CM Case Management
ABNG-C Complications
ABNG-CUL Cultural/Spiritual Aspects of Health
ABNG-FU Follow-up
ABNG-IR Information & Referral
ABNG-L Literature
ABNG-P Prevention
ABNG-PSY Psychotherapy
ABNG-RI Patient Rights and Responsibilities
ABNG-RP Mandatory Reporting
ABNG-S Safety

DVV – DOMESTIC VIOLENCE VICTIM

DVV-C Complications
DVV-CUL Cultural/Spiritual Aspects of Health
DVV-DP Disease Process
DVV-FU Follow-up
DVV-IR Information & Referral
DVV-L Literature
DVV-P Prevention
DVV-PSY Psychotherapy
DVV-S Safety
DVV-SCR Screening
DVV-SM Stress Management
DVV-TX Treatment

DVP – DOMESTIC VIOLENCE PERPETRATOR

DVP-CUL Cultural/ Spiritual Aspects of Health
DVP-DP Disease Process
DVP-FU Follow-up
DVP-IR Information & Referral
DVP-L Literature
DVP-P Prevention
DVP-PSY Psychotherapy
DVP-S Safety
DVP-SCR Screening
DVP-SM Stress Management
DVP-TX Treatment

Breastfeeding/Bottle Feeding

FEEDING CHOICE (today)	**X**		**One time data Fields**			
BREAST ONLY			Birth Weight	(kg)	Birth Order	
Mostly BREASTFEEDING					Weeks/Months	
½ Breastfeeding			AGE – Started Formula			
½ Formula						
Mostly FORMULA			AGE – Stopped Breast			
FORMULA ONLY			AGE – Started Solid Foods			

IHS Current Model of Care

- Primarily most sites provide care patterned after the Medical Model

Medical Model

- Participants will understand the difference between the Medical Model and the Chronic Care Initiative/Innovations in Planned Care (IPC)

Medical Model

Designed to treat **acute** medical problems

Health Professional is the authority and is responsible for the patient's diagnosis, treatment and outcome

Patient defers to the expertise of the professional

Medical Model

- Without a doubt, the medical model is the most preferred model of care in **acute** patients:
  - Heart attack
  - Delivering a baby
  - Stroke
  - Broken leg
- We expect our providers to be responsible for the patient's diagnosis, treatment and outcome

But…

- Most of our I/T/U facilities don't focus solely on **acute** medical problems in our daily services
- Most of our I/T/U facilities provide services to patients suffering from chronic conditions:
  - Diabetes
  - Asthma, allergies
  - High blood pressure
  - Obesity

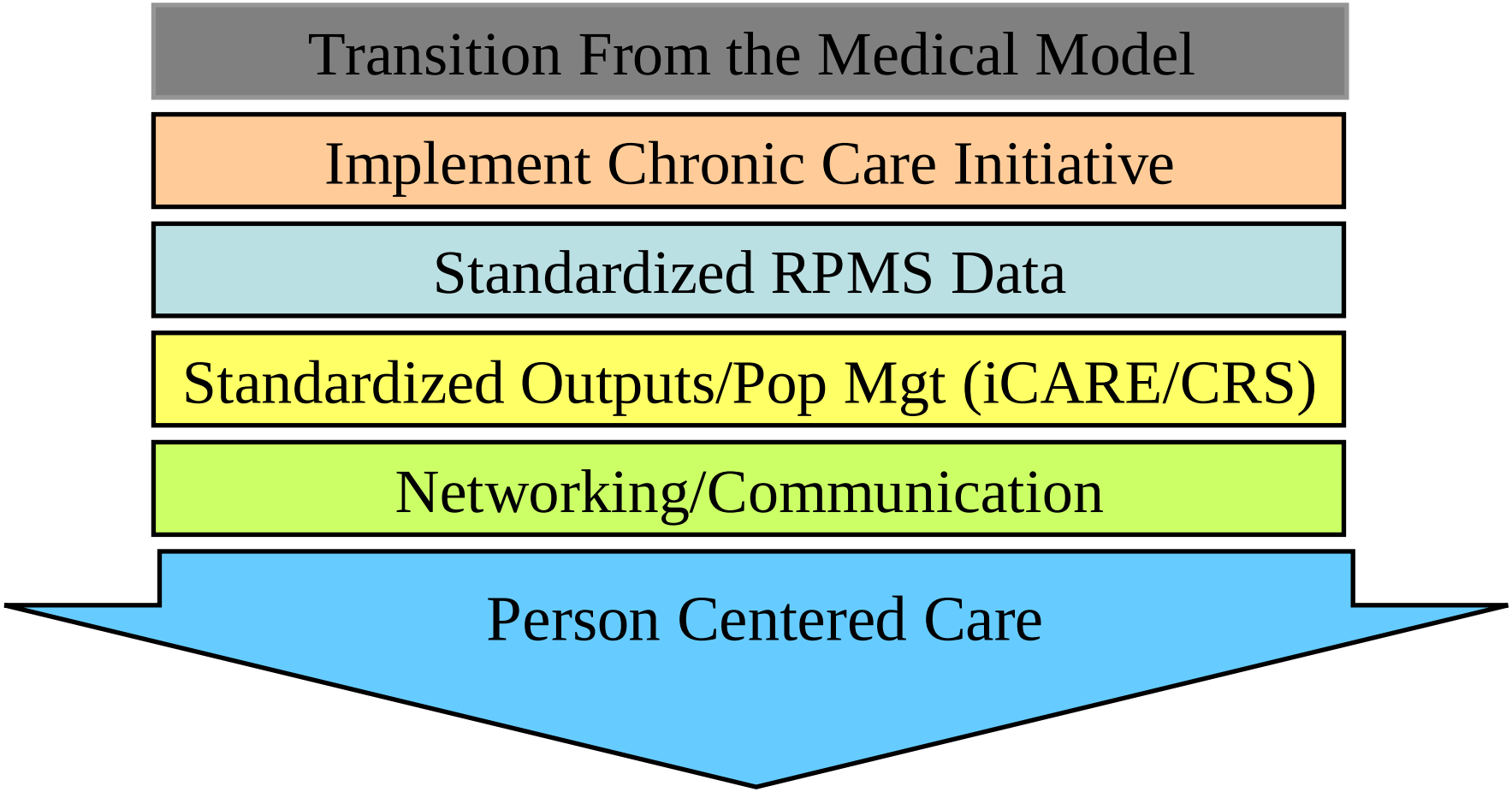
Yet, many of our I/T/U facilities continue to practice the Medical Model – whose focus is **acute** care - rather than focusing on the chronic conditions that are the basis of most of our patient's illnesses.

We’d like our I/T/U facilities to recognize the need to provide health care that will better impact the chronic conditions that our patients have.

Focusing on Chronic Care

- Results in Patient-Centered Care

Steps to Person Centered Care



Moving to Patient Centered Care means to stop practicing the Medical Model by providing **acute** care when…what our patients need is chronic care management

For patients to better manage their chronic conditions, they must better understand about their chronic conditions

To better manage their chronic conditions, patients must:

- Be educated about their health
- Be encouraged to take ownership of their health
- Shown how to take ownership of their health

The provider must begin to help patients to understand how to improve their health

- This is a huge paradigm shift for many of our I/T/U providers because they are applying the Medical Model to all phases of health care to Native Americans
- When, in reality, Native Americans need to be provided with information and health care to manage chronic conditions

The cornerstone of Chronic Care is self-management of the chronic condition by the patient

Transition From the Medical Model

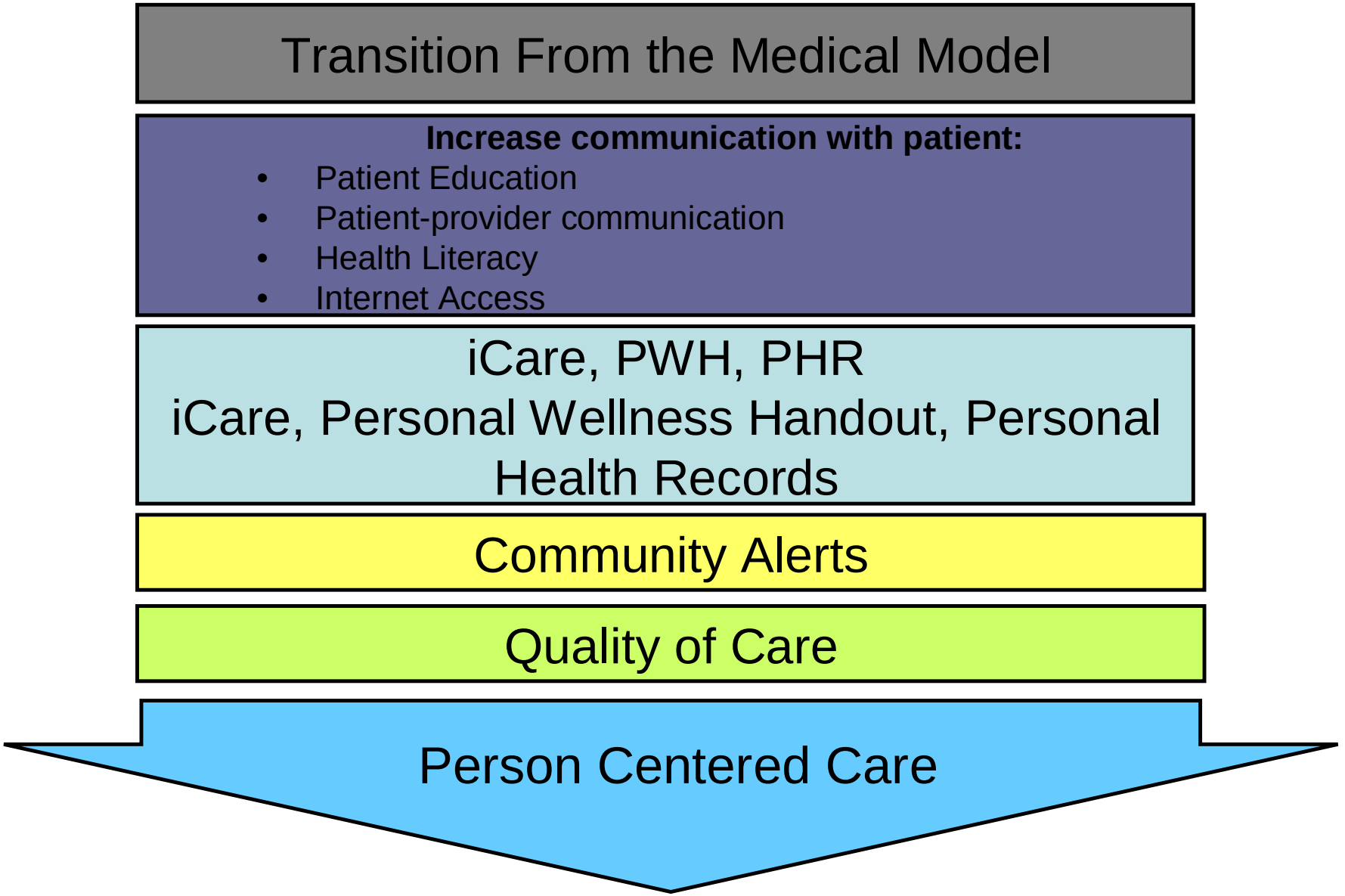
HIM

- Manages personal health information
- “HIM - principles and practices of acquiring, analyzing, and protecting digital and traditional medical information vital to provide quality care”
- “the link to clinicians and information technology”
- The “bridge” between patients’ health information and payers, government and regulating agencies.
- Enabling the delivery of quality care in the IHS

IHS is developing or is in the process of developing Self-Management Tools that providers can use to transition away from the Medical Model:

- Patient Education
- PWH
- iCare
- Trying to determine how many of our patients have internet access?
- Family Health History
- Community Alerts
- Quality of Care

Self-Management



Patient Education

Steps for Documenting Patient Education

5 **Mandatory** steps and 3 Optional steps

1. Readiness to learn
2. Disease state, illness, condition or system being addressed
3. Specific education topic
4. Level of patient/family understanding of the material
5. Time spent by the provider who did the education
6. Initials of the provider who did the education
7. Goal setting
8. Comments

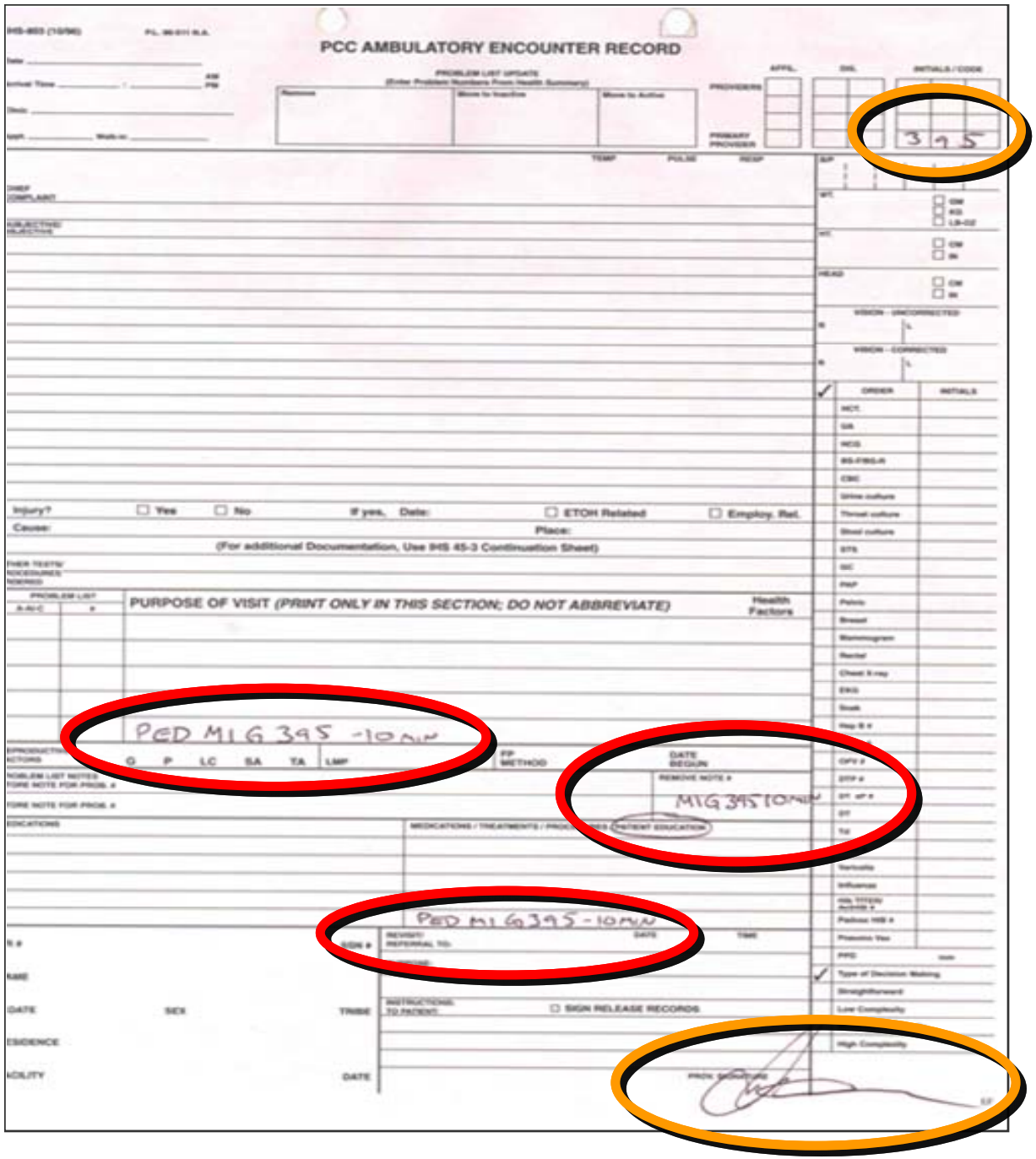
Education String

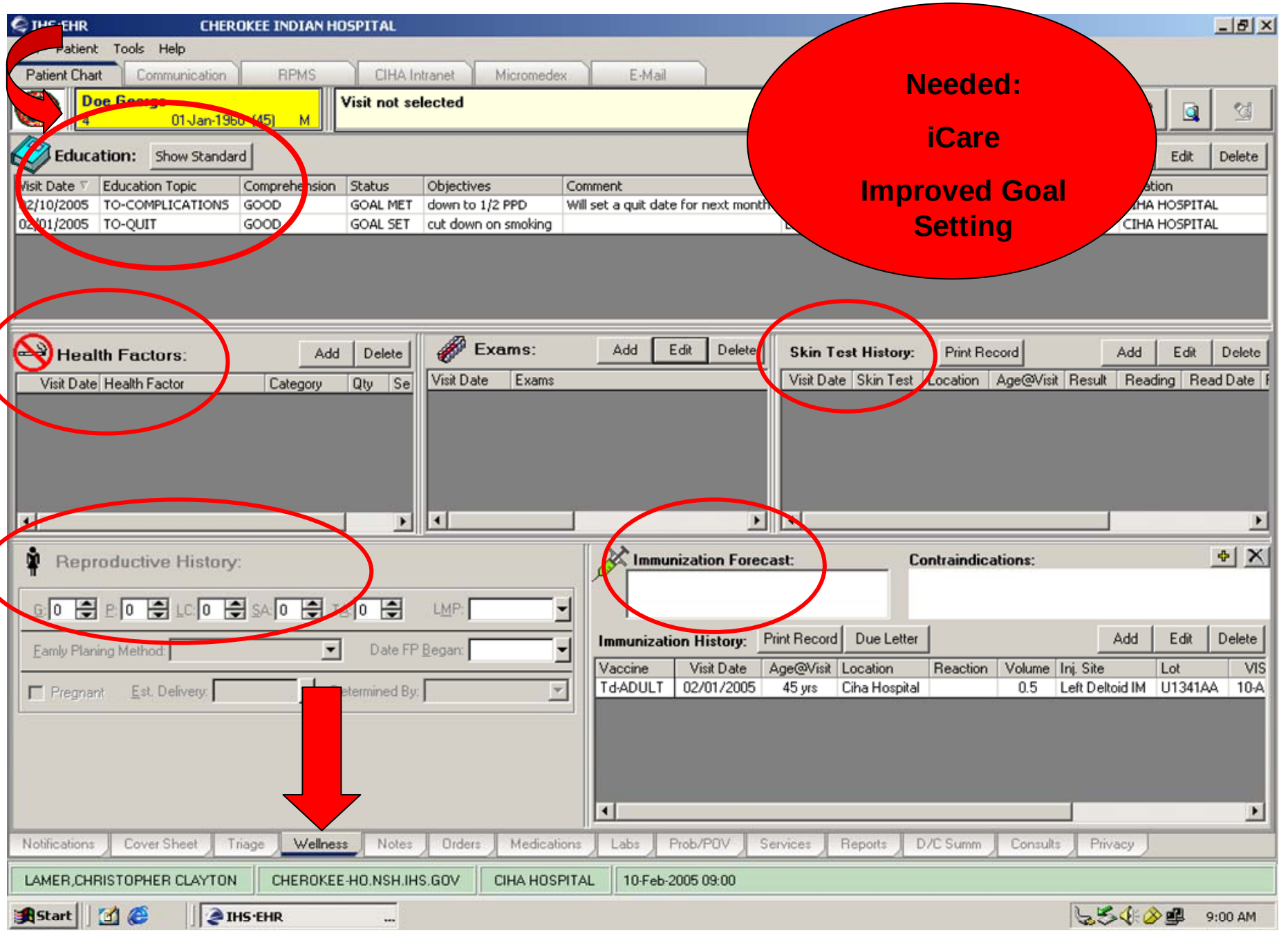
ASM – M-MDI – Good – 8 min – CL – GS: Use MDI daily

This string tells us:

- the patient received asthma education on using the Metered Dose inhaler;
- had a good understanding;
- the education took 8 minutes
- Chris Lamer provided the education
- The patient set a goal to use the metered dose inhaler daily

Documenting patient education on the PCC




IHS-EHR
CHEROKEE INDIAN HOSPITAL
Patient
Tools
Help
Patient Chart
Communication
RPMS
CIHA Intranet
Micromedex
E-Mail
Doe,George
4 01-Jan-1960 (45) M
Visit not selected
Needed:
iCare
Improved Goal Setting
Education:
Show Standard
Edit
Delete
Visit Date
Education Topic
Comprehension
Status
Objectives
Comment
02/10/2005
TO-COMPLICATIONS
GOOD
GOAL MET
down to 1/2 PPD
Will set a quit date for next month
02/01/2005
TO-QUIT
GOOD
GOAL SET
cut down on smoking
CIHA HOSPITAL
Health Factors:
Add
Delete
Visit Date
Health Factor
Category
Qty
Exams:
Add
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Exams
Skin Test History:
Print Record
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Reproductive History:
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Family Planing Method:
Date FP Began:
Pregnant
Est. Delivery:
Determined By:
Immunization Forecast:
Contraindications:
Immunization History:
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Due Letter
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Vaccine
Visit Date
Age@Visit
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Inj. Site
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VIS
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U1341AA
10-A
Notifications
Cover Sheet
Triage
Wellness
Notes
Orders
Medications
Labs
Prob/POV
Services
Reports
D/C Summ
Consults
Privacy
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CHEROKEE-HO.NSH.IHS.GOV
CIHA HOSPITAL
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Start
IHS-EHR
9:00 AM

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The Federal Health Program for American Indians and Alaska Natives

A to Z Index · FAQs

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Division of Diabetes Treatment and Prevention

IHS SPOTLIGHT

Providing a wealth of information for treatment and prevention of diabetes and related conditions based on more than 30 years of experience in developing and supporting successful clinical, public health and community approaches for treatment, education and prevention.

Go To: Diabetes Treatment and Prevention

Diabetes | Quality of Care | EHR | Epidemiology

News & Announcements

NEW FDA Peanut Product Recall Information

- Indian Health Service Electronic Health Records System Receives New Certification
- Indian Health Summit - July 7-9, 2009
- Influenza Vaccination of Health Care Personnel
- Quality of Care

Director's Corner

Vision for the Indian Healthcare System

Read Robert G. McSwain's Vision for the Indian Healthcare System.

What You Will Find On IHS.gov

About Us

Find our mission, who we are, what we do and what collaborations we are part of.

→ Go To About Us

Jobs & Student Opportunities

Find what jobs and student opportunities are available at IHS.

→ Go To Jobs & Student Opportunities

Medical Programs

Find information on the medical programs available through the IHS and what they offer.

→ Go To Medical Programs

Support (Non-Medical) Programs

Find information on the non-medical programs available through the IHS and what they are doing.

→ Go To Support (Non-Medical) Programs

Information Technology

Find out what technologies the IHS is utilizing, and what IT programs exist within IHS.

→ Go To Information Technology

Area Offices & Facilities

Find what areas IHS services and what types of care are available.

→ Go To Area Offices & Facilities

A to Z Index

A B C D E F G H I
J K L M N O P Q R
S T U V W X Y Z #

How Are We Doing?

Please take our Short Survey to help us improve our web site to better serve you.

Top 10 IHS Web Sites

1. Jobs Vacancies
2. Division of Human Resources
3. Resource and Patient Management System (RPMS)
4. Navajo Area Jobs
5. Continuing Dental Education
6. California Area Office
7. Scholarships Program
8. Portland Injury Prevention
9. Electronic Health Record (EHR)
10. Division of Diabetes Treatment & Prevention

Web Tools

For Everyone

- Employee & Facility Locator
- Listserv
- Calendar of Events
- Links & Docs

For Employees

- Web Mail
- Travel Event Request

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Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

Support (Non-Medical) Programs

Environmental Health / Engineering

- Environmental Health & Engineering
- Environmental Health Support Center (EHSC)

Tribal

- Office of Tribal Programs (OTP)
- Office of Tribal Self Governance

Grants

- Division of Grants Operation and Grants Policy
- Tribal Management Grants

Employment

- Division of Health Professions Support
  - Retention
- Division of Human Resource

Education / Training

- Executive Leadership Development Program (ELDP)
- Health Education Program
- HIPAA Training Certification

Statistics

- FEHBP Disparity Index (FDI)
- Indian Health Performance Evaluation System (IHPES)
- Program Statistics
- Quality of Care

Position Reports

- Nurse Position Report
- Physician Assistant Position Report

Other

- Emergency Services
- Legislative Affairs
- National Supply Service Center
- Planning and Evaluation
- Urban Indian Health Program (UIHP)

What's New

- Quality of Care
- Office of Public Health Support

A to Z Index

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Web Tools

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- Travel Event Request

Look for Health Education Program

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IHS Home

Nationwide Programs and Initiatives

- Home Page
- Herms Information
- Health Education Manual
- National Patient Ed Initiative
- Patient Education Resources
- News and Information
- Site Contact

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IHS Plug-in Page

Use site contact if unable to view a particular file

Health Education PROGRAM

WELCOME!

The mission of the Indian Health Service Health Education Program web site is...

To provide basic information about the Indian Health Service Health Education Program that encourages a partnership with American Indian/Alaska Natives that results in American Indians and Alaskan Natives becoming active participants in the improvement of their health status. Believing that many of the health problems found in American Indian and Alaskan Native communities are the result of behavior and lifestyle choices, the Health Education program is committed to an emphasis on wellness through health promotion and disease prevention.

The purpose of this site is to provide up-to-date information about:

- Current Health Education-sponsored projects, activities and events
- The National IHS Patient and Family Education Initiative
- Support and resources available to health care providers serving communities throughout Indian country
- Potential job opportunities within Health Education

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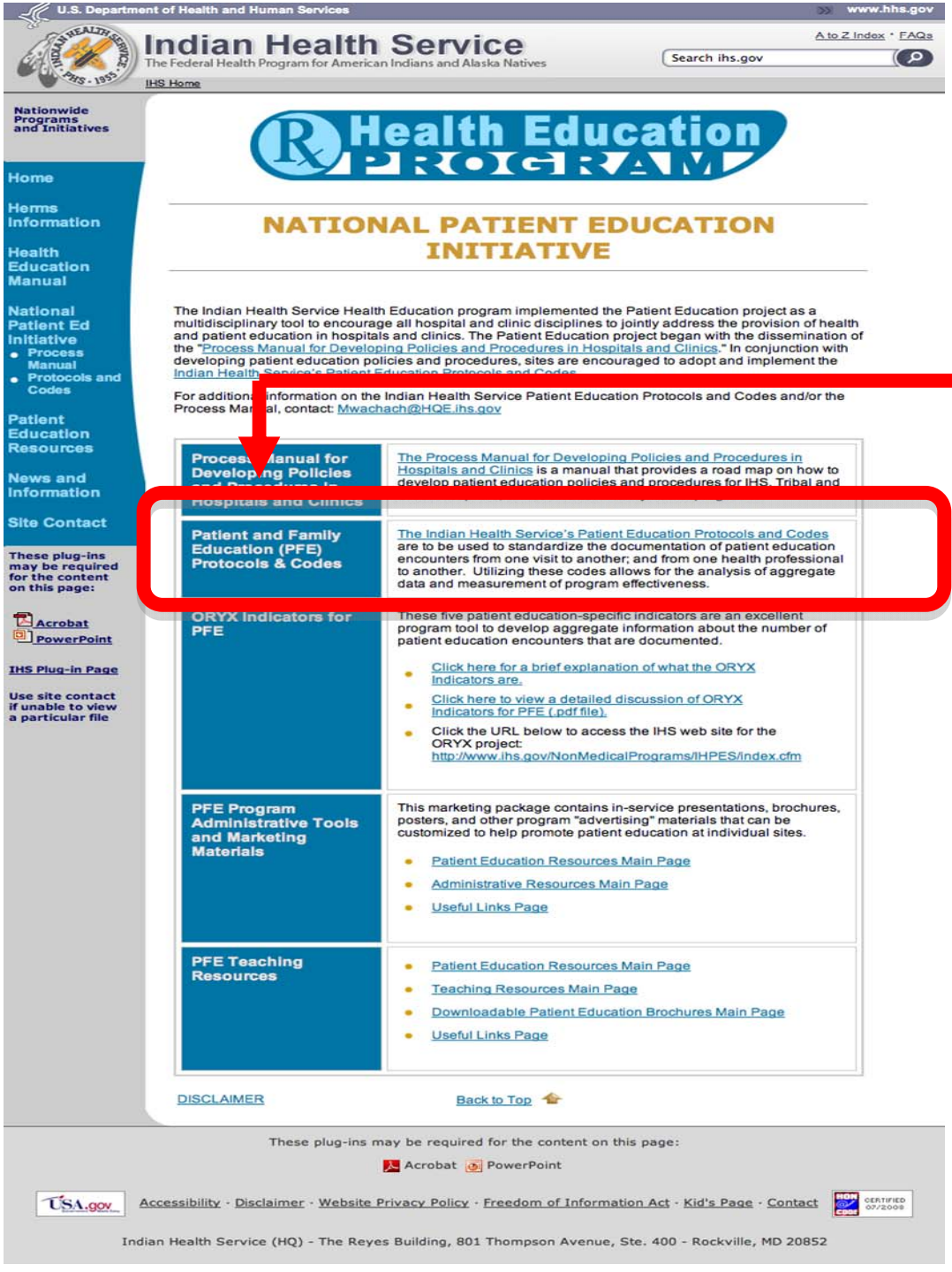
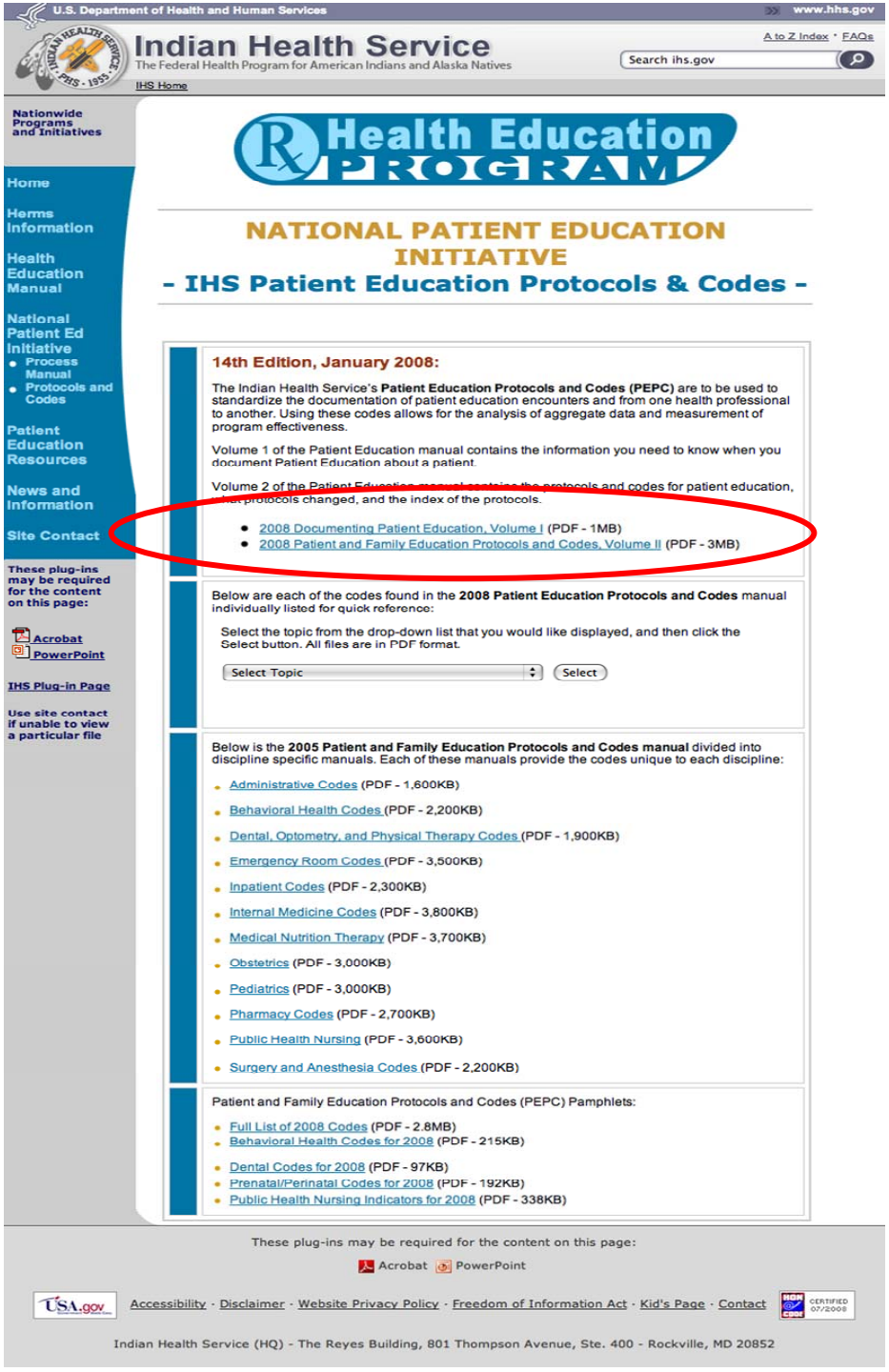
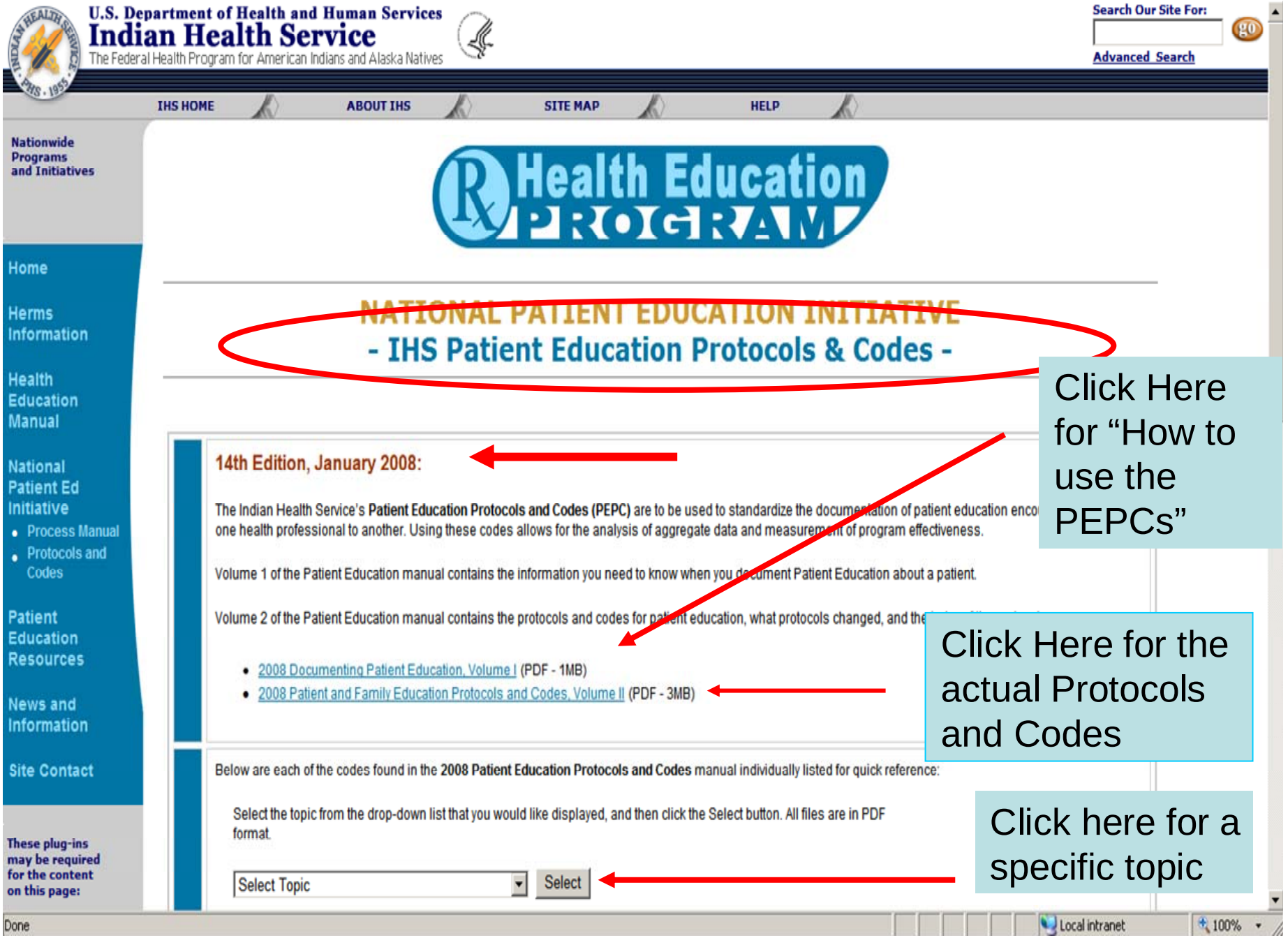
Indian Health Service (HQ) - The Reyes Building, 801 Thompson Avenue, Ste. 400 - Rockville, MD 20852



You're Looking for Patient and Family Education Protocols and Codes



2008 PEPC Manuals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SITE MAP
HELP
Nationwide Programs and Initiatives
Home
Herms Information
Health Education Manual
National Patient Ed Initiative
Process Manual
Protocols and Codes
Patient Education Resources
News and Information
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Health Education PROGRAM
NATIONAL PATIENT EDUCATION INITIATIVE
- IHS Patient Education Protocols & Codes -
14th Edition, January 2008:
The Indian Health Service's Patient Education Protocols and Codes (PEPC) are to be used to standardize the documentation of patient education enco
one health professional to another. Using these codes allows for the analysis of aggregate data and measurement of program effectiveness.
Volume 1 of the Patient Education manual contains the information you need to know when you document Patient Education about a patient.
Volume 2 of the Patient Education manual contains the protocols and codes for patient education, what protocols changed, and the
2008 Documenting Patient Education, Volume I (PDF - 1MB)
2008 Patient and Family Education Protocols and Codes, Volume II (PDF - 3MB)
Below are each of the codes found in the 2008 Patient Education Protocols and Codes manual individually listed for quick reference:
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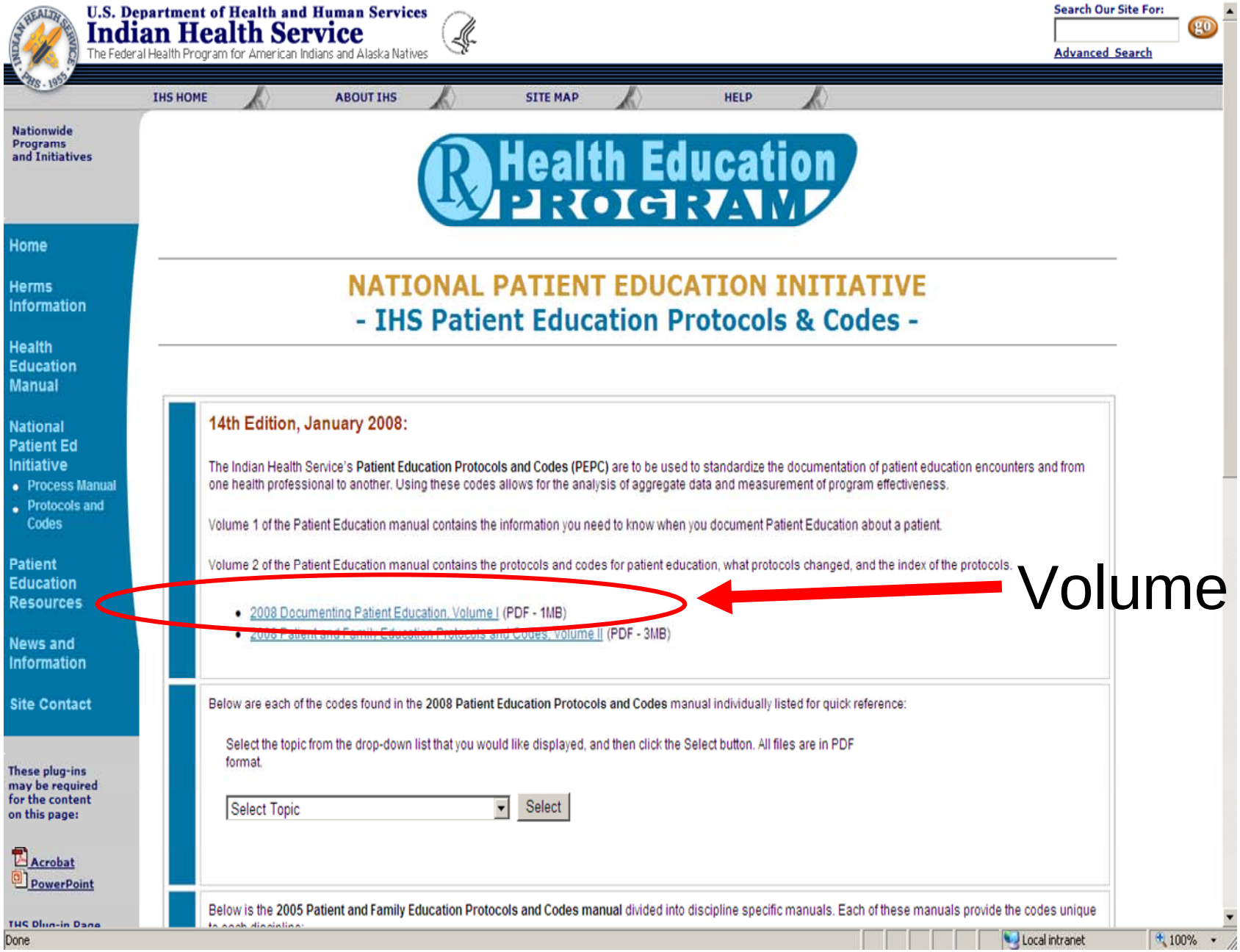
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The Indian Health Service's Patient Education Protocols and Codes (PEPC) are to be used to standardize the documentation of patient education encounters and from one health professional to another. Using these codes allows for the analysis of aggregate data and measurement of program effectiveness.
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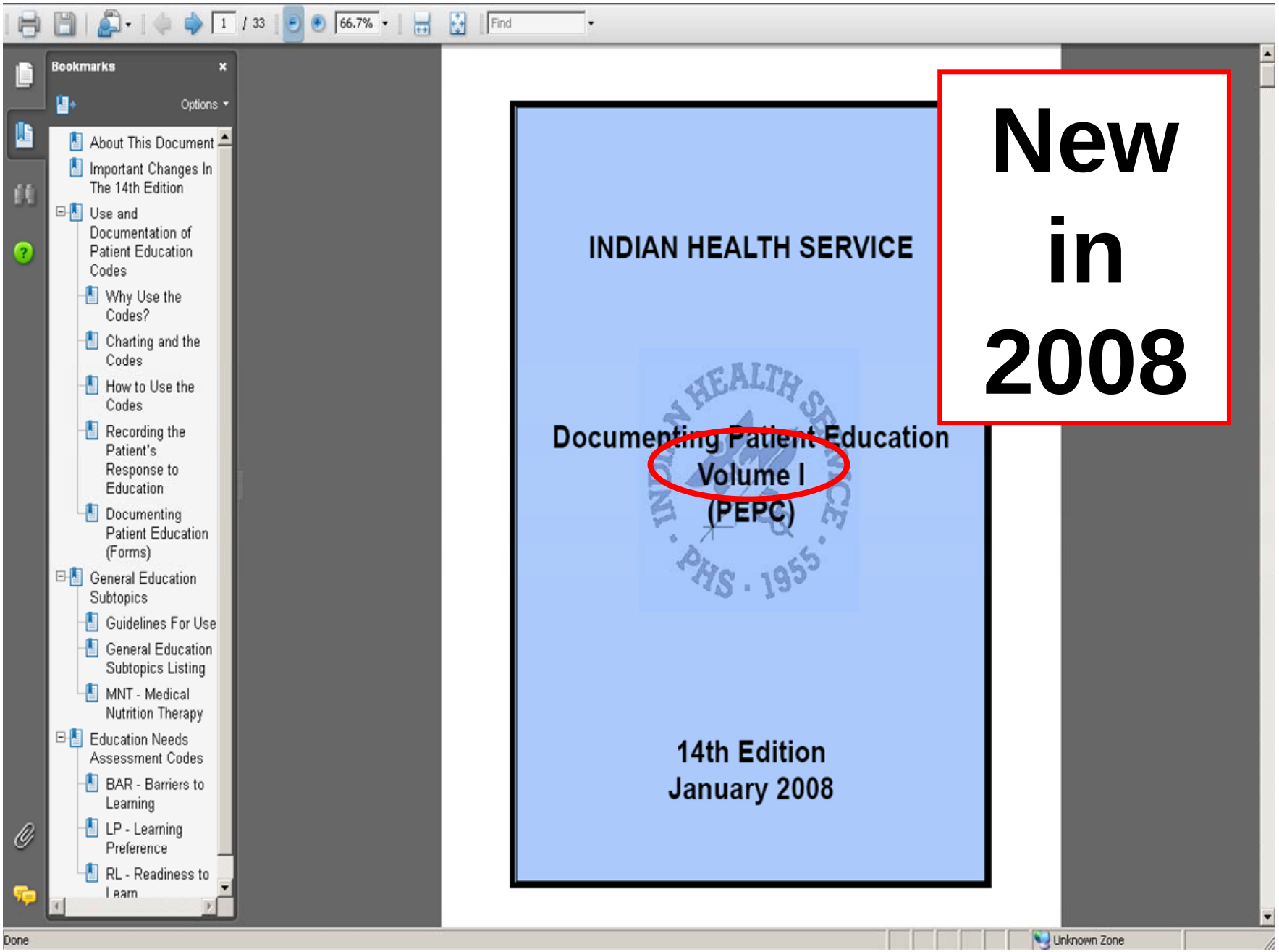
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Charting and the Codes
How to Use the Codes
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General Education Subtopics
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MNT - Medical Nutrition Therapy
Education Needs Assessment Codes
BAR - Barriers to Learning
LP - Learning Preference
RL - Readiness to Learn
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Documenting Patient Education
Volume I
(PEPC)
14th Edition
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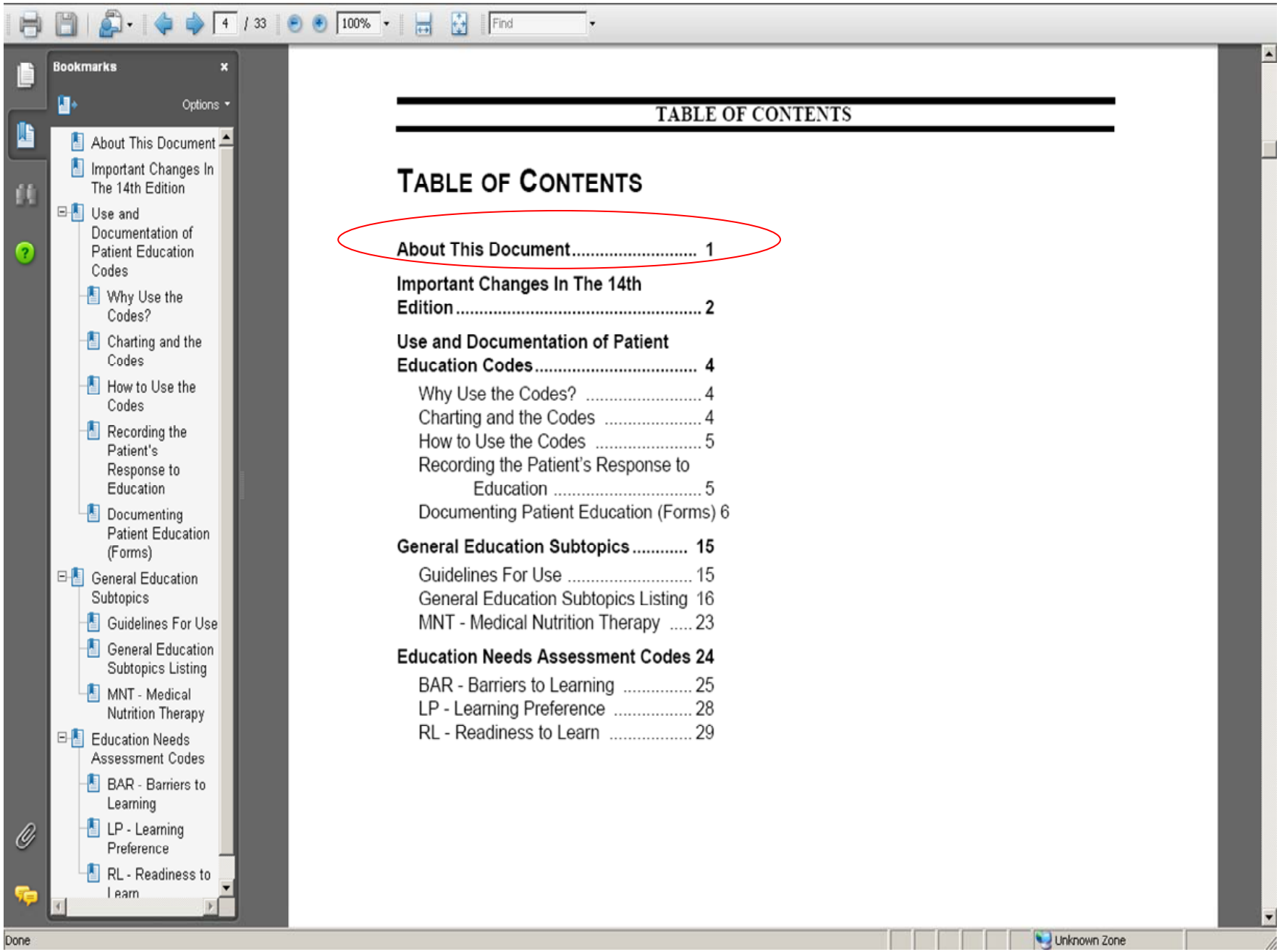
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Health Education PROGRAM

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- IHS Patient Education Protocols & Codes -

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Volume II

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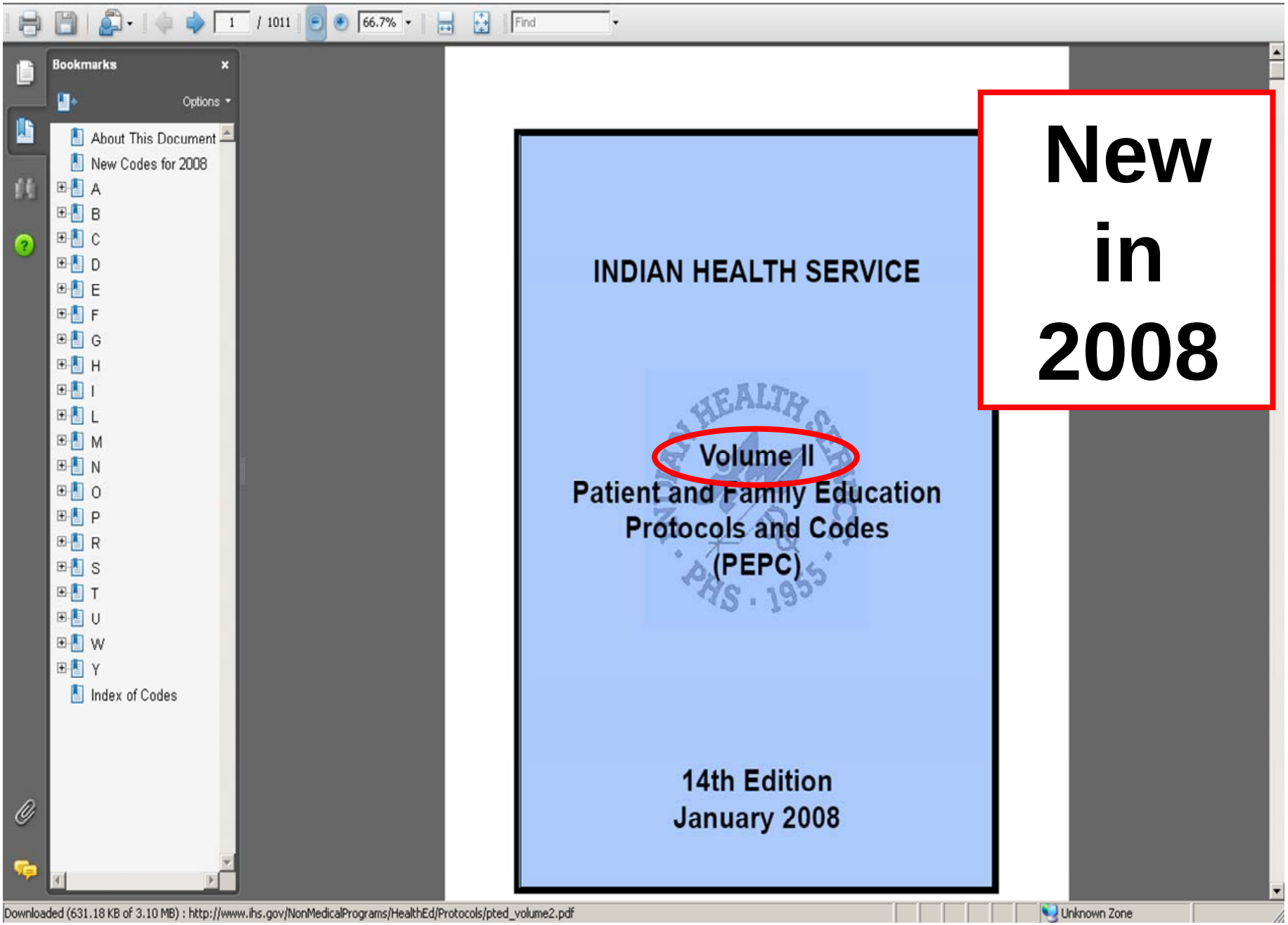
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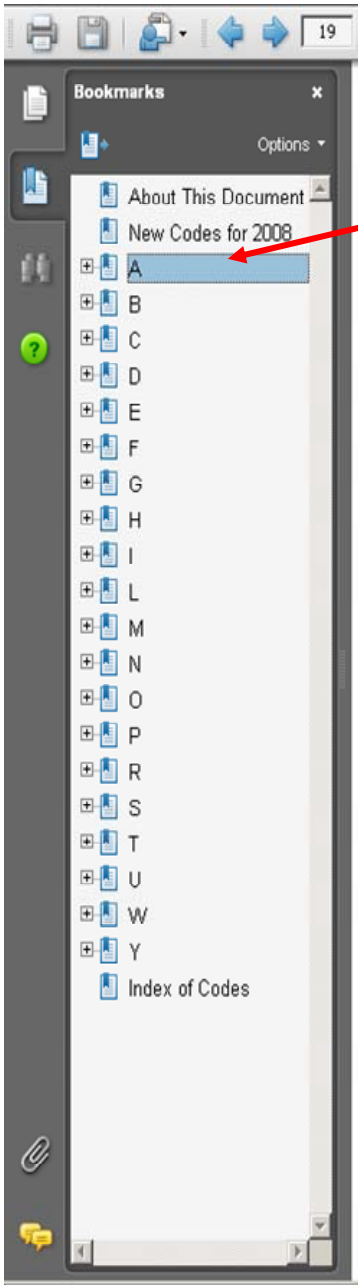


A

ABD - Abdominal Pain

ABD-C COMPLICATIONS

OUTCOME: The patient/family will understand the complications of abdominal pain.

STANDARDS:

1. Explain that some possible complications are acute hemorrhage, sustained hypotension and shock, perforation of an organ, and infections.
2. Advise the patient/family that complications may be prevented with prompt treatment. Increasing-pain, persistent fever, bleeding, or altered level of consciousness should prompt immediate follow-up.

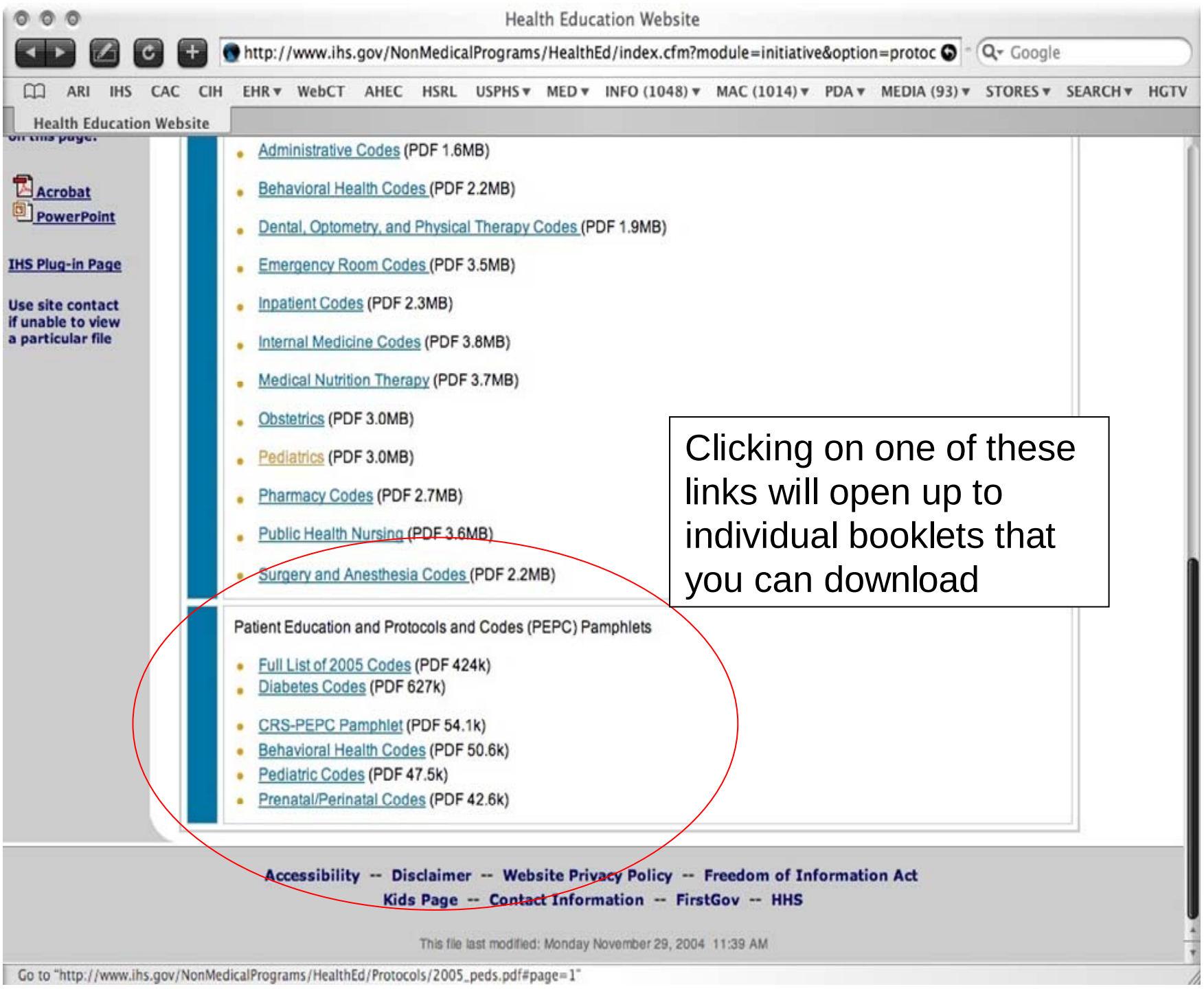
ABD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand some possible etiologies of abdominal pain.

STANDARDS:

1. Discuss various etiologies for abdominal pain, e.g., appendicitis, diverticulitis, pancreatitis, peritonitis, gastroenteritis, bowel obstruction, ruptured aneurysm, ectopic pregnancy, and inflammatory bowel disease, as appropriate.

ABD-FU FOLLOW-UP


Health Education Website
http://www.ihs.gov/NonMedicalPrograms/HealthEd/index.cfm?module=initiative&option=protoc
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for implementation.

HY - HYGIENE
The patient will recognize good personal hygiene as an aspect of wellness.

L - PATIENT INFORMATION LITERATURE
The patient/family will receive written information about the disease process or condition.

LA - LIFESTYLE ADAPTATIONS
The patient will strive to make the lifestyle adaptations necessary to prevent complications of the disease state or condition or to improve mental or physical health.

M - MEDICATIONS
The patient/family will understand the goal of drug therapy and be able to demonstrate and explain use of the prescribed regimen.

N - NUTRITION
The patient will understand the need for balanced nutrition and plan for the implementation of dietary modification if needed.

P - PREVENTION
The patient/family will understand that healthy lifestyle behaviors can reduce the risk of developing diseases, conditions, or complications.

PRO - PROCEDURES
The patient/family will understand the proposed procedure, including indications, complications, and alternatives, as well as possible results of non-treatment.

S - SAFETY
The patient/family will understand principles of injury prevention and plan a safe environment.

TE - TESTING
The patient/family will understand the test(s) to be performed including indications and its impact on further care.

TX - TREATMENT
The patient/family will understand the possible treatments that may be available based on the specific disease process, test results, and individual preferences.

MNT- MEDICAL NUTRITION THERAPY
For use by registered dieticians ONLY
Medical Nutrition Therapy (MNT) is the use of specific nutrition interventions based on standardized guidelines that incorporate current professional knowledge and research to treat an illness, injury, or condition. Nutrition interventions are determined on an assessment that includes a review and analysis of medical and diet history, biochemical and anthropometrics measures. MNT plays a key role thought out the life cycle of an individual and integrates in the continuum of care in all levels of practice.

The Dietetic Practitioner, also referred to as a Registered Dietitian (RD), is the professional uniquely qualified to provide MNT.

Registered Dietician: An individual who has completed the minimum of a baccalaureate degree granted by a U.S. regionally accredited college or university or foreign equivalent, has met current minimum academic requirements and completed a pre-professional experience, and has successfully completed the Registration Examination for Dietitians. All RDs must accrued 75 hours of approved continuing professional education every 5 years to maintain Registration through the Commission on Dietetic Registration.

For detailed explanations of education protocols and codes consult the complete manual located at www.ihs.gov under "Nationwide

Patient & Family Education Codes

(PEPC)

11th Edition

Enhances to RPMS

- Patient goal setting is a crucial element of patient education and self-management.
- Self-management is a crucial element to caring for chronic diseases.
- The current version of EHR does not allow for patient goal tracking. A fix to patient goal setting should prioritized.

PATIENT GOALS

Date	Goal State	Category	Goal	Goal Start Date	Confidence	Importance	f/u date	Achievement	Barriers	Status
4/2/08	Goal Set	Physical Activity	Will walk 3 times per week	4/8/08	8	7	5/10/08	40% on 4/28/08	Low energy	Goal not met

Add/Modify a Goal

Delete a Goal

Add Patient Education

Add Health Factor

ENTER/MODIFY PATIENT GOALS

Date

Goal State

Category

Goal

Goal Start Date

Confidence

Importance

Follow up Date

Achievement

Status

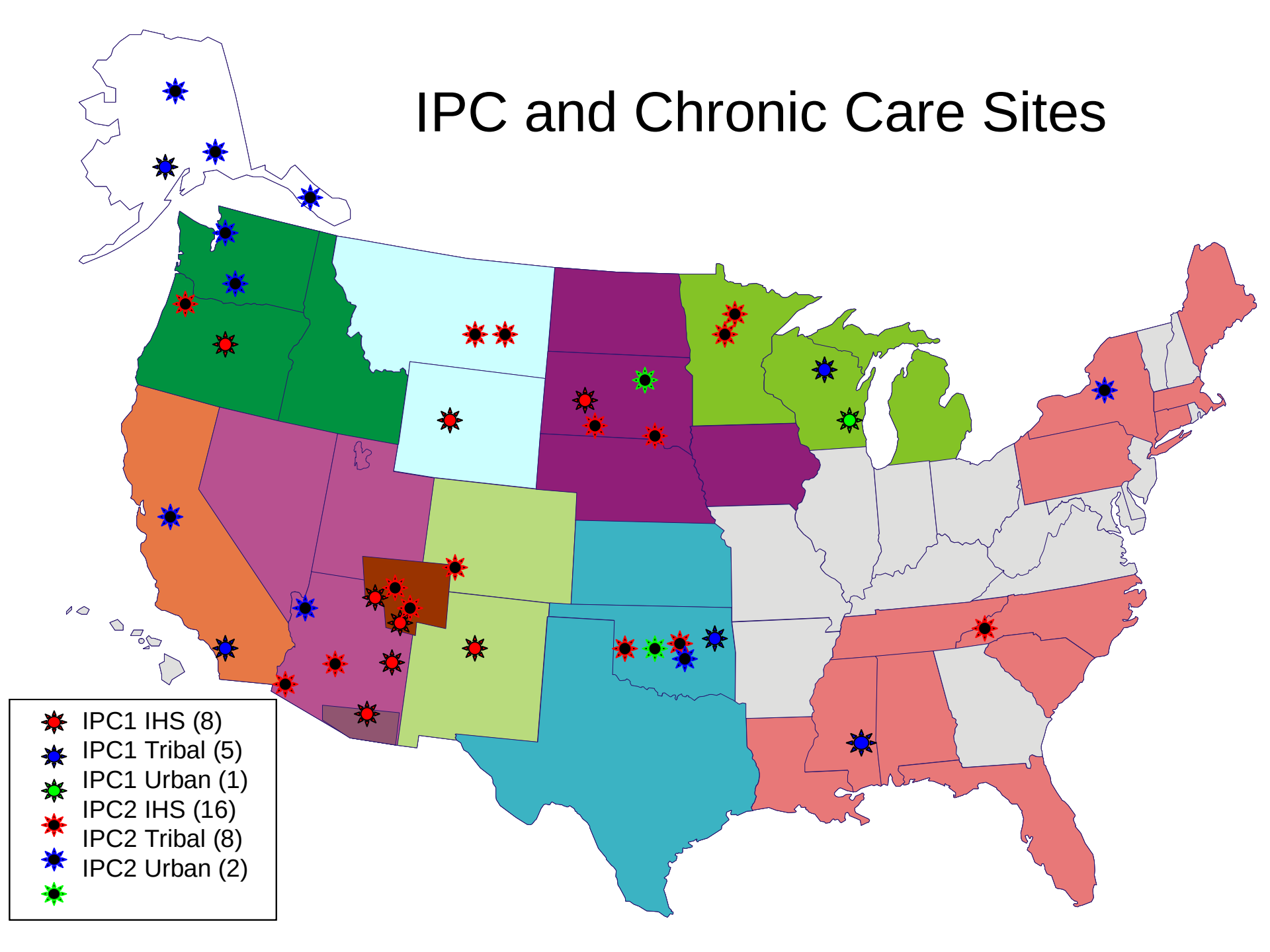
Cancel

Add/Update

IPC and Chronic Care Sites

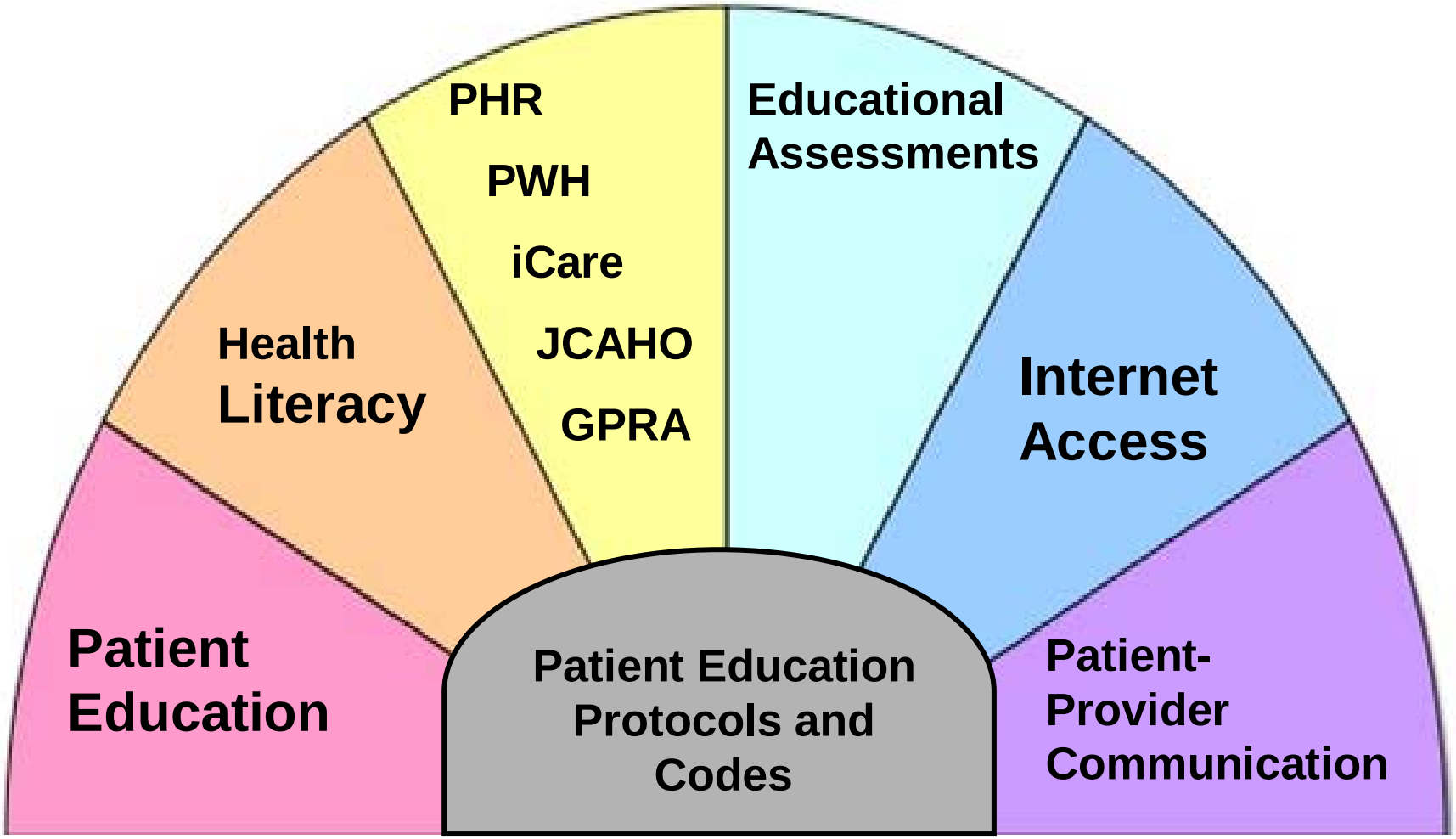
- Develop “a package” of Self Management System tools that can be made available to Innovations in Planned Care (IPC) Chronic teams for testing, adaptation and implementation.
  - clarify patients’ active role in health care

IPC and Chronic Care Sites



Federal Sites:	Tribal Sites:
•Gallup Indian Medical Center •Albuquerque Service Unit •Warm Springs Service Unit •Chinle Comprehensive Health Care Center •Wind River Service Unit •Sells Service Unit •Whiteriver Service Unit •Rapid City Service Unit •Clinton Indian Health Center •Colville Indian Health Center •Fort Defiance Service Unit •Fort Peck Service Unit •Fort Yuma Health Center •Kayenta Health Center •Northern Cheyenne Service Unit •Phoenix Indian Medical Center •Pine Ridge Service Unit •Red Lake Hospital •Ute Mountain Ute Health Center •Wagner IHS Healthcare Facility •Wewoka Service Unit •White Earth Health Center •Yakama Indian Health Service	•Indian Health Council, Inc. •Cherokee Nation Health Services •Choctaw Health Center •Eastern Aleutian Tribe •Forest County Potawatomi Health & Wellness Center •Cherokee Indian Hospital (Eastern •Chickasaw Nation Health System •Chugachmiut •Fort Mojave Indian Health Center •Oneida Indian Health Service •South East Alaska Regional Health Center •Swinomish Health Clinic •Chief Andrew Isaac Health Center •Tule River Indian Health Center
	Urban Sites:
	•Gerald L. Ignace Indian Health Center •Oklahoma City Indian Clinic •South Dakota Indian Health Center

Improved Self-Management



What is Health Literacy?

Health literacy is the “degree to which individuals have the capacity to **obtain**, **process**, and **understand** basic health information and services needed to make appropriate health decisions.”

Health Literacy and AI/AN patients

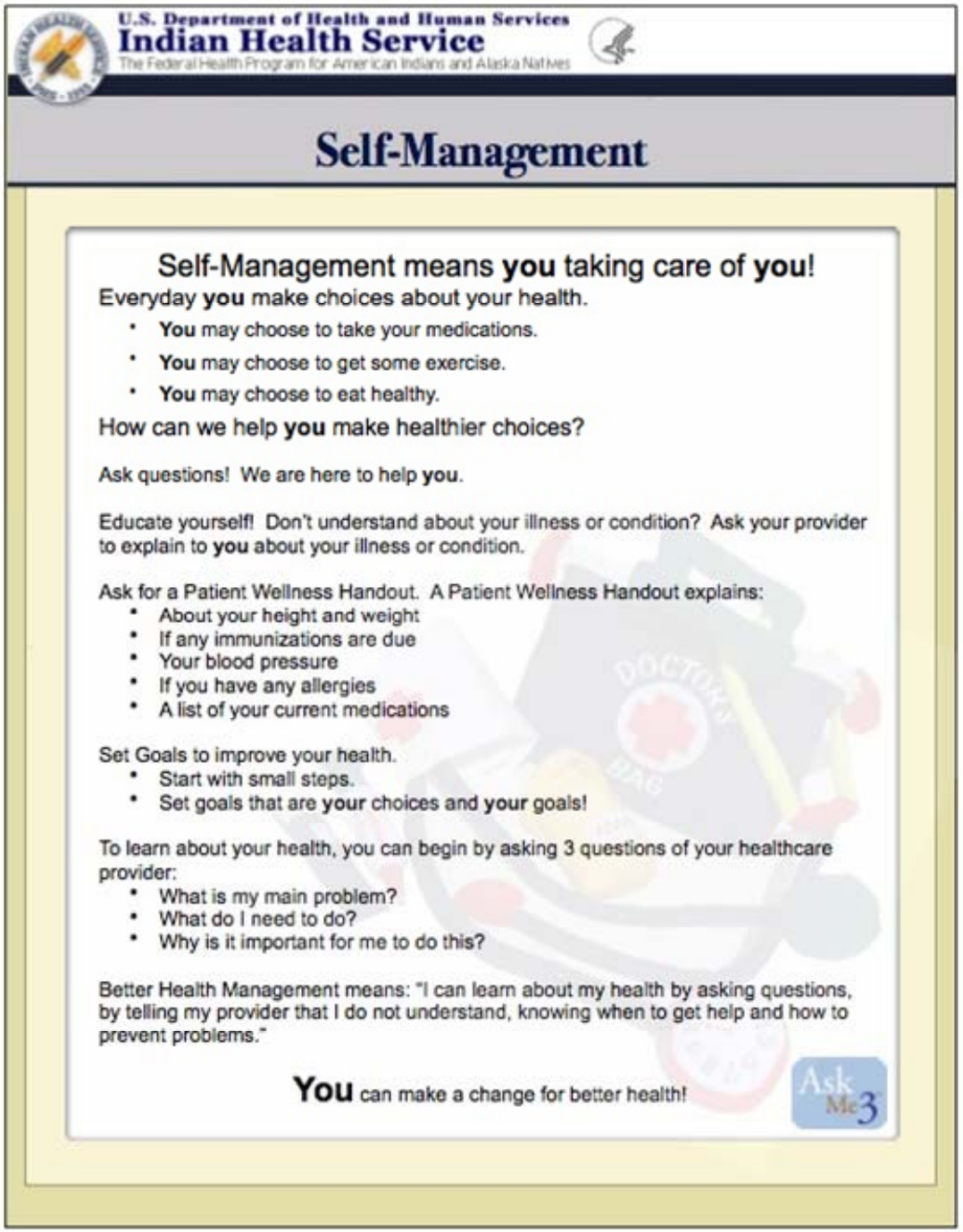
- 14% have below Basic Health Literacy
- 22% have Basic Health Literacy
- 14% + 22% = 36% have either below Basic or Basic Health Literacy
- 53% have intermediate Health Literacy
- Many Native Americans will fall in the 36% category
- 4 out of every 10 patients will not understand what the provider is explaining

Native American Health Literacy

- Other factors that impact AI/AN Adult literacy:
  - AI/AN have lower adult literacy
  - Have lower incomes
  - Are in poorer health
  - Have limited English proficiency
  - Are over 65 years of age

Health Literacy Health Factor

- We are eventually going to add a new Health Factor that providers will use
- This new Health Literacy Health Factor will help the provider to determine the reading level of our clients
- The information obtained by the provider will be entered into RPMS



New Posters are available

Patient Wellness Handout
PWH

PWH version 2.0

- New components
- Ability to select which components appear on the PWH
  - Can save different kinds of PWHs
    - Ex: Medication reconciliation: allergies & meds
- Wording changes based on:
  - Health literacy review
  - Patient feedback from focus groups

New Components

- Demographics
- Ht/Wt/BMI
- Blood Pressure
- Allergies
- New Medication Display
- Immunizations DUE
- Immunizations received
- Patient Goals
- HIV Screening
- Cholesterol
- Diabetes Care
- Mammogram, PAP, colorectal cancer screening
- Quality of Care measures
- Physical Activity
- AskMe3

Medication List

Below is a list of other items you are taking including non-prescription medications, herbal, dietary, and traditional supplements. Please let us know if this list is not complete.

1. METFORMIN 500MG XR TAB Rx#: 12345 Refills left: 1
   Directions: TAKE TWO (2) TABLETS MOUTH WITH MEALS
   Last Filled: 06-27-08

2. ASPIRIN 81MG TAB Rx
   Directions: TAKE ONE (1) TABLET DAILY FOR HEART PROTECTION
   Last Filled: 04-09-09

3. VALERIAN ROOT
   Directions: TAKE AS DIRECTED

Active Medications

Your prescription for these medications is expired. You need to talk with your prescriber to get a new prescription for these medications.

4. PIOGLITAZONE 30MG TAB Rx#: 12348 Refills left: 1
   Directions: TAKE ONE (1) TABLET BY MOUTH DAILY
   Last Filled: 06-15-08 Expired on:

Meds requiring new Rx

These medications have been stopped. You sho
pharmacist about ways to safely get rid of t

5. ATENOLOL 50MG TAB Rx#: 12355
   Directions: TAKE ONE (1) TABLET BY MOUTH TWICE DAILY FOR BLOOD PRESSURE
   Discontinued on: 07-06-08

Recently discontinued Meds

Ht/Wt/BMI

- Some change in wording

HEIGHT/WEIGHT/BMI - Weight and Body Mass Index are good measures of your health. Determining a health weight and Body Mass Index also depends on how tall you are.

You are 6 feet and 1 inches tall.
Your last weight was 178 on Nov 17, 2006.
You should have your weight rechecked at your next visit.

Immunizations Received

IMMUNIZATON (shot) RECORD - It is important to keep track of your immunizations.

You received the following immunization(s):

DTP on 01-Feb-1979
DT-PEDS on 22-Mar-1990

Td-ADULT on 23-Dec-1999

FLU,NOS on 27-Dec-2001
FLU,NOS on 20-Dec-2002
FLU-SPLIT on 17-Nov-2006

PNEUMO-PS on 01-Mar-1988

Cholesterol

CHOLESTEROL

Controlling your cholesterol can keep your heart and blood vessels healthy.

Your total cholesterol result was 162 MG/DL on Apr 20, 2006.
Your last LDL (bad cholesterol) result was 97 on Apr 20, 2006.
Your last HDL (good cholesterol) result was 48 on Apr 20, 2006.
Your last triglyceride result was 86 on Apr 20, 2006.

LDL (bad cholesterol) should be under 100 mg/dL. Your LDL cholesterol is good! You should have your cholesterol checked every year.

No recent cholesterol is on file. You should have your cholesterol rechecked at your next visit.

Diabetes Care

HEMOGLOBIN A1c

Hemoglobin A1c is a test that measures your blood sugar control over a 3-month period. You should have this test done every 3-6 months. Your last A1c test on file was done on Nov 17, 2006.

You are due to have your A1c tested. Ask your health care provider to order an A1c test for you.

An A1c value that is less than 9% shows that you have good control of your blood sugar. Ask your health care provider how you can keep lowering your A1c!

DIABETES KIDNEY ASSESSMENT

Diabetes can cause kidney damage. There are tests that can see how well your kidneys are working. Getting these tests at least once a year can help your health care provider protect your kidneys and lower your risk of getting kidney damage and dialysis.

You should have your kidneys tested to see how well they are working every year. Ask your health care provider to order a kidney function test for you.

DIABETES EYE EXAM

Diabetes can affect your eyes and vision. Early detection of eye problems can help you to get the treatment you need to lower your chances of having problems such as blurred vision or blindness.

You should have at least one diabetes eye exam every year. Ask your health care provider to order a diabetes eye exam for you.

DIABETES FOOT EXAM

Diabetes can make your feet hurt or feel numb. Having a diabetes foot exam every year can help to lower the chance of losing feeling in your feet, getting an infection, or having an amputation.
You should have at least one diabetes foot exam every year. Ask your health care provider to order a diabetes foot exam for you.

U.S. Department of Health and Human Services
Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

Patient Wellness Handout

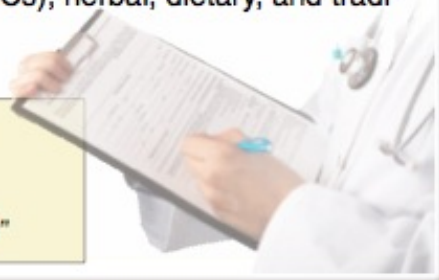
The patient wellness handout gives you information from your medical record (also called your "chart"):

- Your address and contact information
- Your most recent Body Mass Index (BMI), height, and weight
- Your most recent Blood Pressure
- The immunizations that you should be getting
- A list of any allergies you may have
- A list of the medications you are taking

Use the Patient Wellness Handout to talk with your healthcare provider

- Do you need to have anything done at your visit?
  - Need to get your blood pressure checked?
  - Need to have your weight checked?
  - Need to have your height checked?
- Ask about getting the immunizations (shots) you need
- Make sure all of your allergies are showing up
- Review your medication list
  - Are all of your medications on the list?
  - Tell your health care provider if anything is missing
  - Tell them if you are taking any other medications, non-prescriptions medications (OTCs), herbal, dietary, and traditional supplements

Always ask your healthcare providers:
1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?"



New

Posters

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iCare

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iCare - Home
Page Tools
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Indian Health Service
The Federal Health Program for American Indians and Alaska Natives
Search Our Site For:
go
Advanced Search
IHS HOME ABOUT IHS SITE MAP HELP
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End User Features
Site/IT Manager Support
iCare ListServ
RPMS Help
RPMS Feedback
Clinical Applications Web Site
Questions or Comments. Please contact the Site Manager.
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Flash
Word
iCare
Manage Focus Care
iCare
Welcome to the RPMS iCare home page. This site will serve as a central repository for the most current information on the iCare application.
What is iCare?
iCare is a Population Management software tool that helps you manage the care of your patients. The ability to create multiple panels of patients with common characteristics (e.g., age, diagnosis, community) allows you to personalize the way you view patient data.
iCare is a Windows-based, client-server graphical user interface (GUI) to the IHS Resource and Patient Management System (RPMS). iCare retrieves important patient information from various components of the RPMS database and brings it together under a single, user-friendly interface.
Current Status
iCare version 1 (BQI) was released nationally May 29, 2007. iCare version 1.1 (BQI) was released June 26, 2008.
iCare is a client-server application, which means that software is loaded both on your site's server and an individual user's computer (client).
View the computer specifications required to effectively use this application.
Local intranet
100%
Start
San Diego Mtg
My Documents
2009 Pharmacy
2 Microsoft O...
Microsoft Outl...
iCare - Home...
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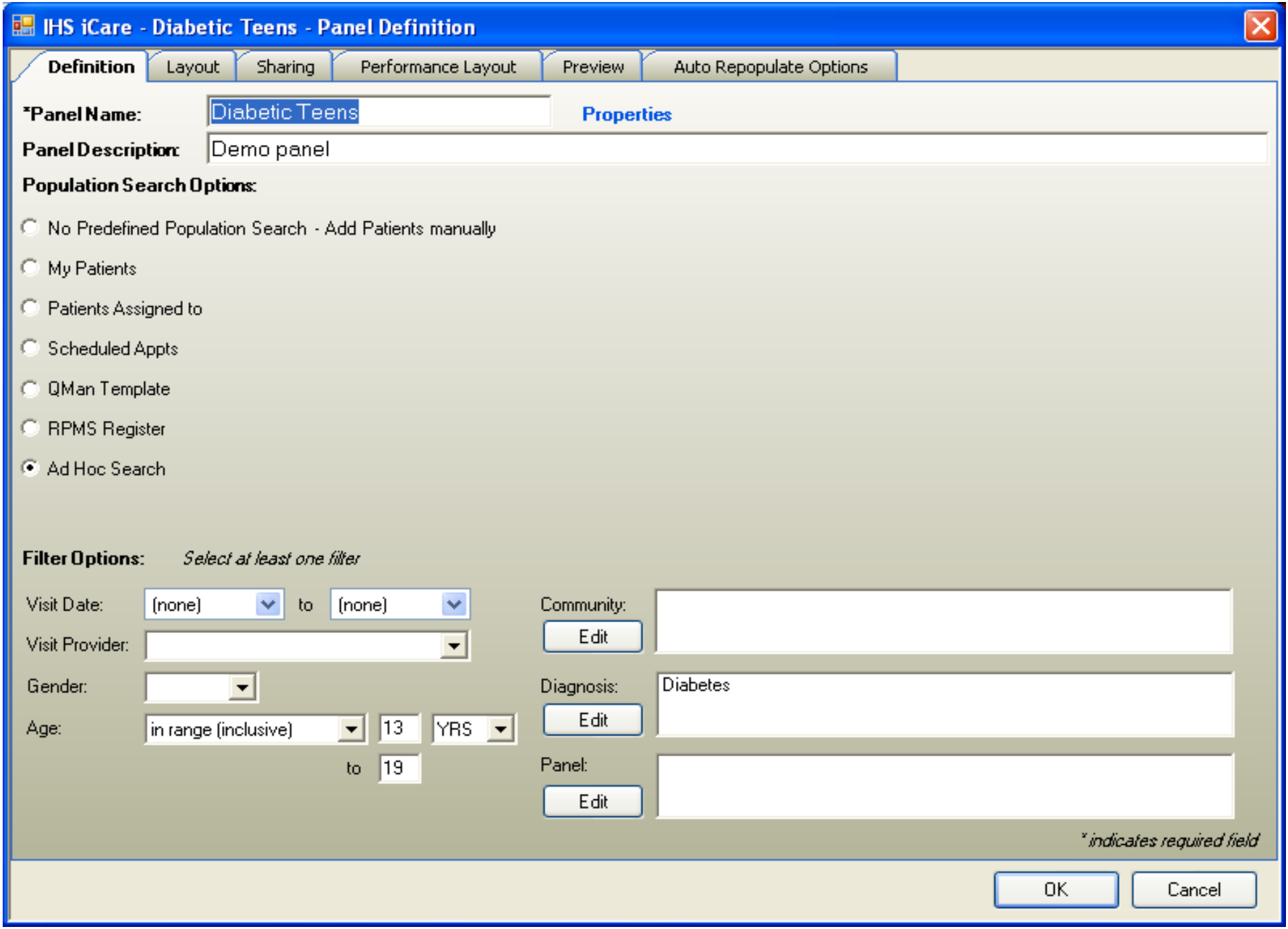
IHS iCare - Diabetic Teens - Panel Definition
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Performance Layout
Preview
Auto Repopulate Options
*Panel Name:
Diabetic Teens
Properties
Panel Description:
Demo panel
Population Search Options:
No Predefined Population Search - Add Patients manually
My Patients
Patients Assigned to
Scheduled Appts
QMan Template
RPMS Register
Ad Hoc Search
Filter Options:
Select at least one filter
Visit Date:
(none)
to
(none)
Visit Provider:
Gender:
Age:
in range (inclusive)
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to
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Community:
Edit
Diagnosis:
Diabetes
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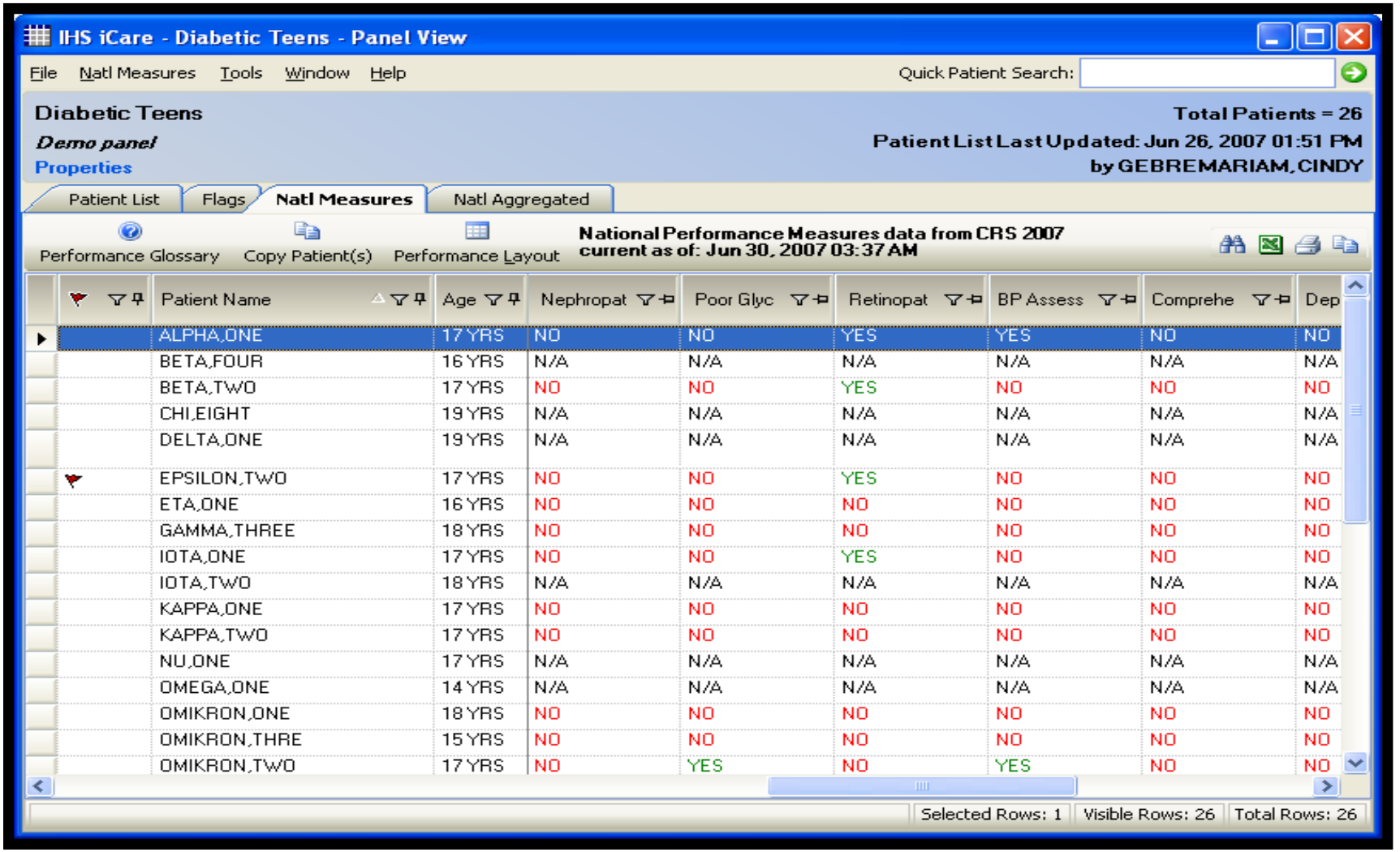
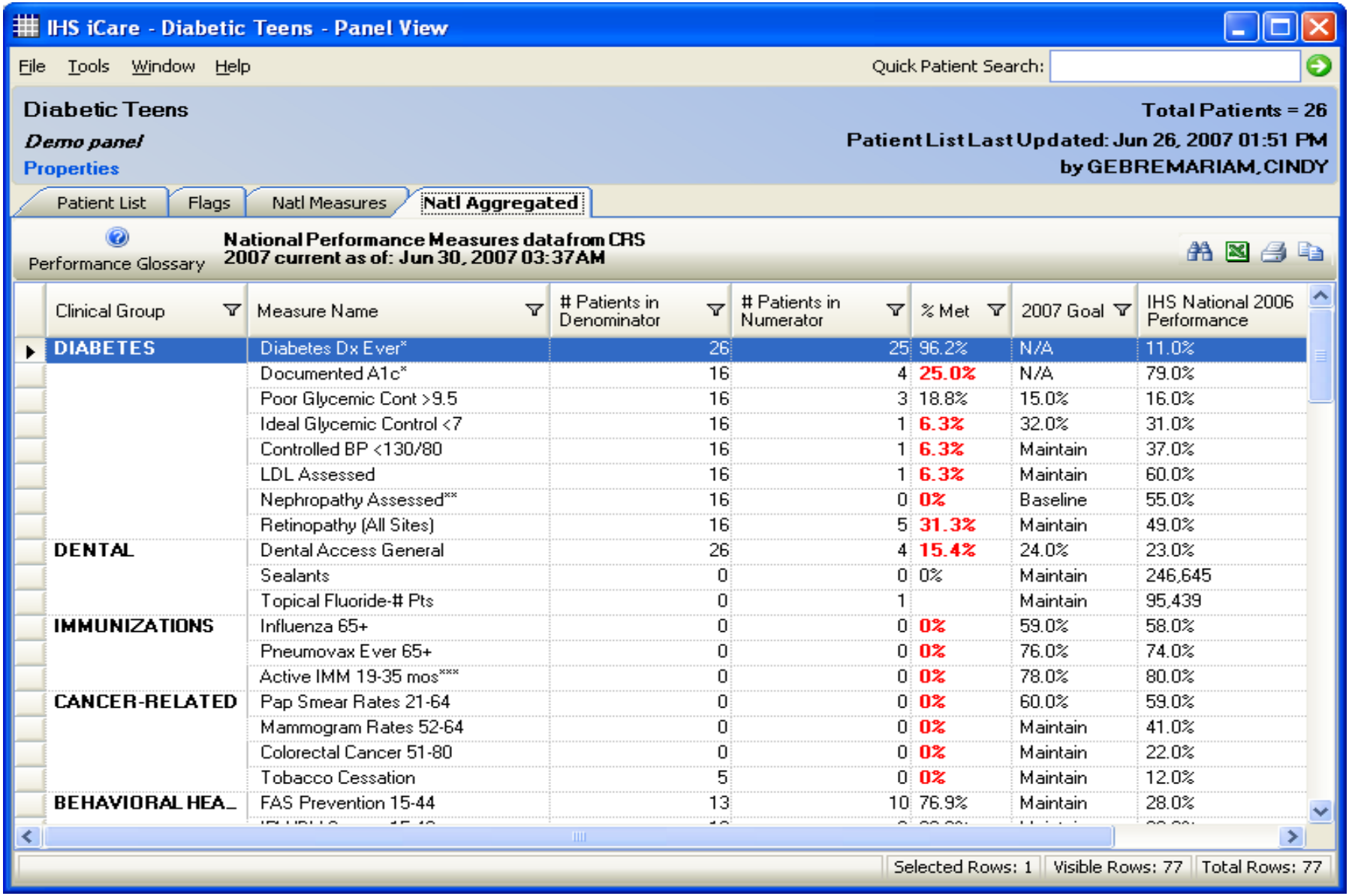
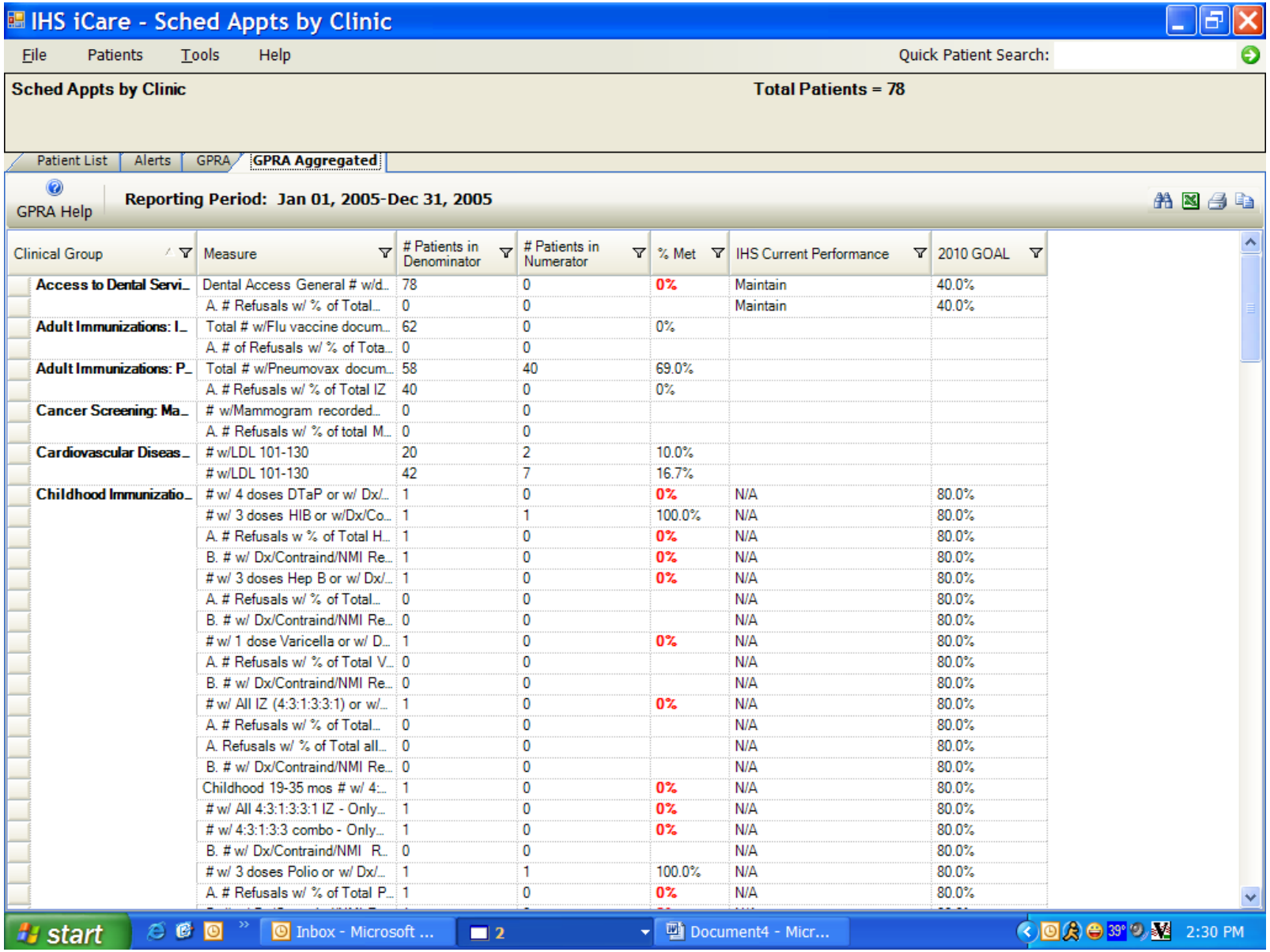
Panel:
Edit
* indicates required field
OK
Cancel



iCare - Panel Outcomes



iCare - Panel Outcomes



iCare - Forecasting

Patient Provider Communication

Good Questions for Your Good Health

Ask Me 3™

Every time you talk with your doctor, nurse, or pharmacist, ask these questions

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

The more you know about your health, the better

Ask Me 3™ is an educational program provided by the Partnership for Clear Health Communication at the National Patient Safety Foundation™

www.npsf.org/askme3

APost-ENA

Ask Me 3™

Good Questions for Your Good Health

Every time you talk with a doctor, nurse, or pharmacist, use the **Ask Me 3** questions to better understand your health.

1. **What is my main problem?**
2. **What do I need to do?**
3. **Why is it important for me to do this?**

Family Health History

- Family Heath History is a website where you can create a family health history.
- IHS is adding data elements that are from this site into the RPMS family history file.
- Plan is to encourage patients to create their family health history and share with providers.
- Future plans to enable patients to enter family health history directly into RPMS as a patient file which can be viewed, evaluated, and edited by the provider to dump into RPMS fields

Family Health History Website

https://familyhistory.hhs.gov/

U.S. Department of Health and Human Services
Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

Family Health History

The family health history website helps you make a family tree and add health information.

Sharing your family health history with health care providers can help you get the best care.

- You can create a family tree.
- Add health problems that your family members have.
- Save this Information on your computer or print it out.
- Give a copy to your health care provider.
- Share your family health history with other family members

https://familyhistory.hhs.gov/

Family Health History https://familyhistory.hhs.gov/

Quality of Care

Quality of Care Website

Welcome to the Indian Health Service (IHS) *Quality of Care* web site!

We want to provide you with the best health care and make sure you have the information you need to improve your health. We also want to show you how IHS reports on the quality of care it provides to its patients.

The following sections from this web site are described below.

How IHS Reports Quality: This section explains how IHS reports on the quality of care it provides.

Improve Your Health: This section lists questions you can ask your doctor to improve your health.

Reporting Quality by Condition: This section contains information on several health conditions and important tests used to treat or watch those conditions. In the future, we will give you information about more health conditions.

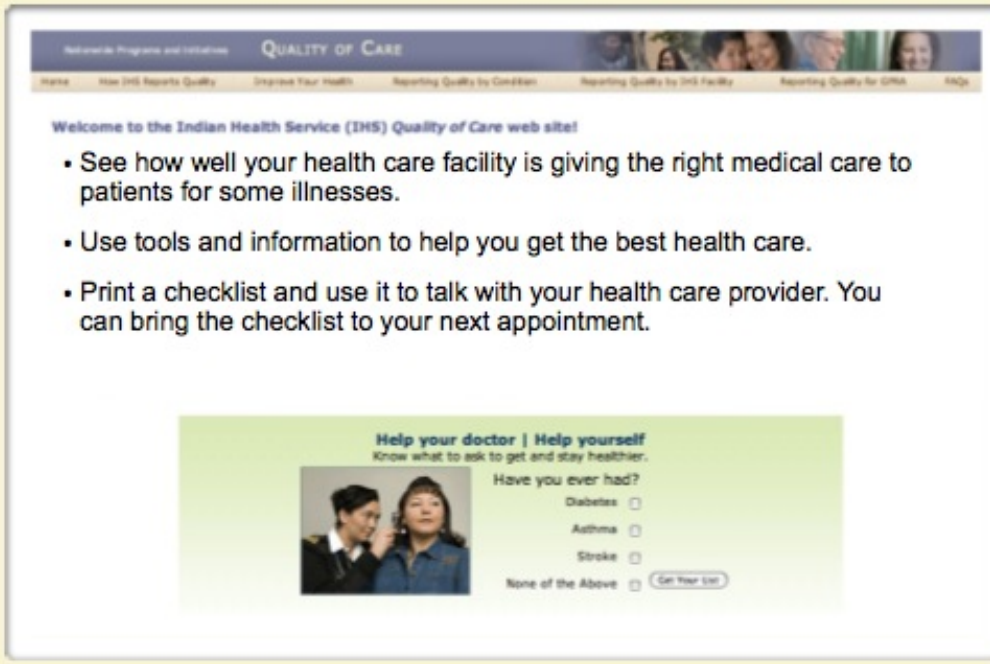
Reporting Quality by IHS Facility: This section shows you how IHS is doing in making sure that important tests are being performed for the conditions.

Reporting Quality for GPRA: This section describes the other way that IHS measures health care quality and how

http://www.ihs.gov/NonMedicalPrograms/quality/

U.S. Department of Health and Human Services
Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

IHS Quality of Care Website



http://www.ihs.gov/NonmedicalPrograms/quality/

IHS Quality of Care Website
http://www.ihs.gov/NonMedicalPrograms/quality/

Improve patient's access to health materials and Information

Patient Websites

- Family Health History Website
- Patient Education Handout Website
- Quality of Care Website
- Consumer Health Information Website

Patient Handouts

Patient Education Handouts - Alphabetic Search Results

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Document Name	Type/Size	Date Added	Source	Category	Pat. Ed. Code	Reading Level
D						
Depression (sadness)	(pdf - 521 KB)	08/01/2007	Whiteriver Hospital	Behavioral Health	DEP-DP, DEP-FU, DEP-L, SB-L, SB-WL	LOW
Diabetes And Heart Disease	(pdf - 77 KB)	10/19/2007	Whiteriver Hospital	Heart	DM-DP	LOW
Diabetes [control The Abcs]	(pdf - 31 KB)	10/19/2007	Whiteriver Hospital	Endocrinology	DM-DP	LOW
Diverticulosis	(doc - 30 KB) (pdf - 113 KB)	02/01/2008	Tuba City Hospital	Digestive System	DIV-DP, DIV-N, DIV-TX	LOW

Consumer Health Information

http://www.ihs.gov/MedicalPrograms/consumer-health/

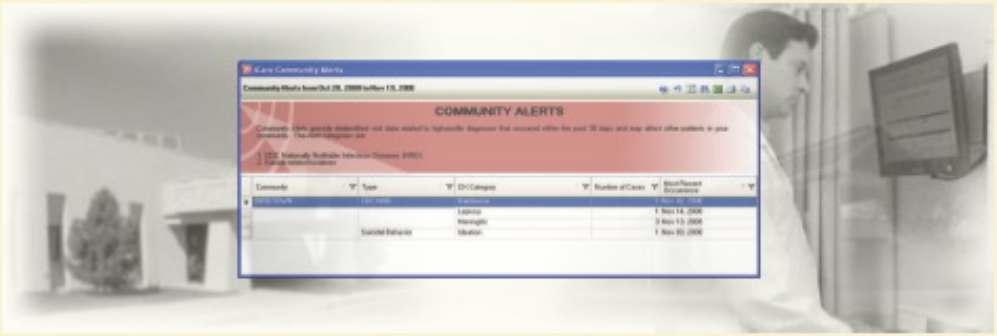
U.S. Department of Health and Human Services
Indian Health Service
The Federal Health Program for American Indians and Alaska Natives

Community Alerts

Your healthcare provider has a new computer tool to help you stay safe and protect your health. It is called "Community Alerts." These Alerts give your healthcare provider information about an illness or other problems in your community. These Alerts do not show anyone's name, only the names of the communities.

Community Alerts will be used to:

- Let your healthcare provider know which communities have illnesses that could affect you and your family.
- Let your healthcare provider know what kind of information you need to stay healthy.
- Let your healthcare provider know about suicide in your community.
- Let your healthcare provider know when an illness or other problems happen in your community.
- Let your healthcare provider know how many people are affected in your community.

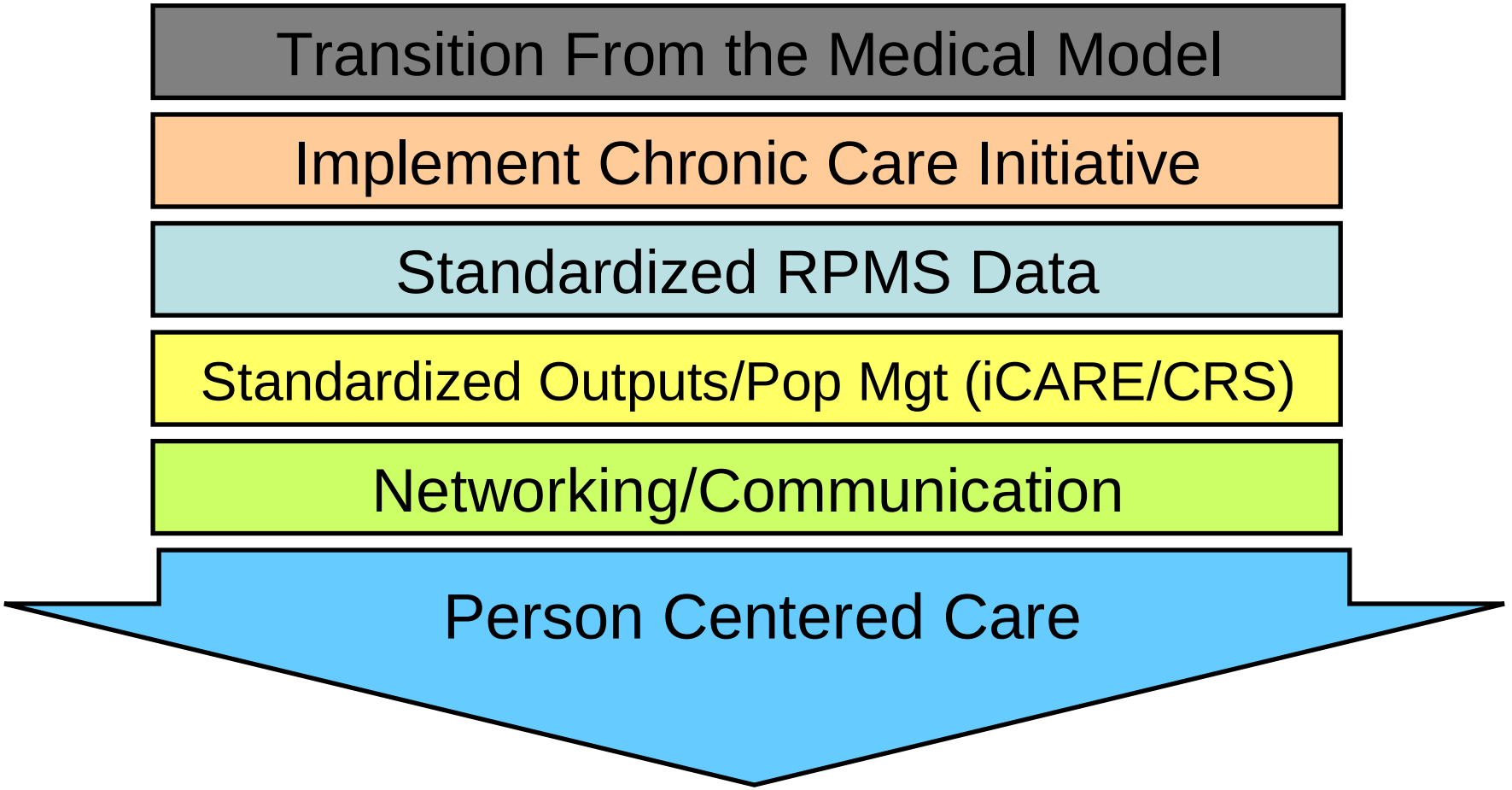


Conclusion

- Patient’s won’t make a change if they are not asked to change their lifestyles
- They won’t change unless they understand why they need to change their lifestyles
- They won’t change unless they understand how to make changes in their lives

I’ve presented some tools to assist our providers to assist patients in making these changes but providers also have to change their way of providing health care.

Steps to Person Centered Care



Questions?