



Choosing what matters.
Doing what works.

Patient Priorities Care is a structure for having conversations with older patient about what matters most to them, namely their health values, outcome goals, and healthcare preferences, and making collaborative healthcare decisions. We have developed a conversation guide for conducting effective telehealth clinic visits based on the principles of Patient Priorities Care (PPC). The PPC approach is integral to the implementation of the Institute for Healthcare Improvement's Age-Friendly Health System approach to the 4Ms, what Matters most, Medications, Mentation, and Mobility.

Reasons to use this Conversation Guide

Current urgency for telehealth. During the COVID-19 pandemic, primary care should limit in-person, face to face visits. Telehealth can help avoid travel and contact with people who are possibly infected with COVID-19 virus. Telehealth appointments can be used for well-visits, wellness checks, and non-urgent elective concerns.

Have efficient and meaningful telehealth visits. Telehealth is a new format for many clinicians and patients. Patients are often less engaged in telehealth visits. Effective telehealth requires clinician familiarity with the advantages and challenges of this approach. Ensuring patients feel valued and connected to their healthcare team allows efficient management especially during this time of COVID-19.

Help older patients manage isolation. Setting achievable outcome goals can mitigate loneliness, social disengagement, cognitive decline, adverse medication affects, and declines in function and mobility.

Discuss current healthcare priorities and future goals of care. Discussing patient priorities is the groundwork for healthcare planning, including goals of care conversations.

Provide training for any and all clinic staff. Staff at any level can be trained to use Patient Priorities Care as a telehealth conversation guide to review the 4-Ms consistent with Age-Friendly Healthcare.

What it is not

A scripted telehealth conversation. Patient Priorities Care is not a script for conversations. It is an outline of issues to discuss so that you and your patient can have authentic conversations about healthcare preferences and make preference-aligned decisions. We provide tips and examples below, but conversations will be unique to participants.

The conversation guide is included on the following page and can be printed for clinic use.

Patient Priorities Care Conversation Guide



1. Identify what Matters most.

Identify which values are currently most salient.

Patient priorities are typically based on four categories of values:

Connecting: Enjoying the company of family, friends, community contacts

Enjoying life: Participating in hobbies, play, personal growth, learning, being productive

Functioning: Being independent, not relying on others for basic or complex needs

Managing health: Considering quality and length of life, mind and body health

2. Set health outcome goals based on what Matters most.

Set specific goals based on currently salient values. Goals should be specific, realistic and meaningful—relevant to helping a patient fulfill their values. Healthcare that achieves patients' health outcome goals ensure that care is based on what Matters most to older adults.

3. Discuss Medications and other care that is helpful and care that is bothersome.

Ask which medications are helpful in meeting goals and which hinder goals. Ask about other helpful or bothersome aspects of their current care, including self-care or at-home health care tasks; tests, treatments, procedures; health care visits. Does the patient have enough medication? Do they understand how and why they are taking the medications? Are there medications that can be stopped? Reducing unwanted or harmful medications is key for older people. Remember to maximize doses before adding additional medications.

4. Ask about Mentation, including effects of isolation on mood and memory.

Ask screening questions about anxiety and mood: Does the patient have interest and pleasure in doing things? Feeling down, depressed or hopeless? Feeling anxious, nervous, or on edge? Not able to control worry?

If the patient sounds confused or in-attentive, you can conduct an ultra-brief screening by asking 1) The day of the week, 2) The months of the year backwards, starting with December.

5. Ask about Mobility and how social distancing is affecting mobility and daily functioning.

Do a brief check by asking about what the person is doing to stay mobile inside or around their home. Does the person use an assistive device and if so, does it function well for them? If important to them, include a mobility goal related to active chores in the home, getting mail, going for a daily walk, climbing stairs or even 5-10 sit to stand repetitions a few times a day. Stress the importance of maintaining activity even while staying home.

6. Discuss useful Medications, services and treatment.

Determine which services and treatments are useful to meet outcome goals. Discontinue those that are not.

7. Summarize visit.

Discuss and revisit changes in medications or other treatments, and review activities or outcome goals that improve mood, mobility, isolation – consistent with what matters most.

Helpful resources

For more resources and examples of Patient Priorities Care, see the free online training at The American College of Physicians. <https://www.acponline.org/clinical-information/clinical-resources-products/patient-priorities-care> There is also guidance for clinicians on the PPC website at: <https://patientprioritiescare.org/resources/clinicians-and-health-systems/>



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Patient Priorities Care Visit Timeline, Examples, and Troubleshooting

| Visit Timeline | Example Talk During this Step | Common Challenges | Troubleshooting |
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| Introduce PPC | <i>"Knowing what is most important to you helps our medical team to recommend the best care and treatments for you. We would like to start by helping you identify what is most important to you about your health, what you think is working well about your health care, and what you find difficult or unhelpful. Then we can use this to make decisions about your care."</i> | Patient or clinician reticent to participate | Ask why Address specific concerns Explain PPC process is different from traditional visit |
| 1. Identify "what matters most" | <i>"I want to find out what's really important to you." Prompts for each type of health value: Connecting with others: "Who do you like to spend time with? Who in your life is most important to you? Do you belong to any groups?" Enjoying life: "What do you do for fun? What do you do that makes you happy?" Maintaining health: "What do you do to stay healthy? Do you monitor your health regularly?" Functioning: "Do you rely on anyone to help you? How important is doing things for yourself?"</i> | Patient unable to articulate values Patient will not offer current most salient value Clinician unable to elicit values | Use concrete prompt to begin discussion <i>"What would you be doing if you were having a good day? What comes to mind when you think about who or what matters most to you in your daily life? Which activities do you find most important or fulfilling? What things would you like to spend more time doing?"</i> Discuss goals first. <i>"What would you like to do in the coming weeks?"</i> Work backwards to values. <i>"That you want to walk a mile each day to stay fit tells me that you value your health."</i> |
| 2. Set health outcome goals based on what matters | <i>"Let's think of a way to describe an activity or experience that shows you are living according to what matters most to you." "What can you do each day to help feel connected to what is most important?" "I want you to set a goal so that we have a starting point for our next conversation."</i> | Patient unable to set a goal related to values Clinician and patient set a goal that is not specific or is unrealistic | Goal should be specific (clearly defined actions) <i>"Think about exactly what you are going to do, when, where, with whom, how often, and for how long."</i> Actionable, Achievable, Realistic: (doing what matters most to you, given your health). <i>Keep in mind your current life and health circumstances, as well as improvements that may be possible with help from your health care team. Starting with what is realistic today will help you move towards what you want in the future. It's ok if it you can't do the activity today as long as you think you will be able to over time with help from your health care."</i> |
| 3. Discuss medications and care that is helpful or bothersome | <i>"In order to get the full picture your health care and what matters most to you, we would like to know how you feel about the health care tasks that you do and the medications you take." "Which medications are bothersome, difficult to take, or getting in the way of doing what matters most to you?" "I want to make sure that you have enough of each medication? If you need refills on anything, just let me know so we can get everything called in to your pharmacy."</i> | Unable to find medications or complete a thorough medication review. Patient has trouble describing meds or the benefits they provide. Meds that are critical for health are bothersome | Probe for responses to compliance with care plan <i>"I want to hear which medications you are taking regularly. That's a key part of making the right choice."</i> Conduct a comprehensive medication review <i>"Let review your current medications. Pick up each pill bottle and tell me the name and how often you are taking it. If you know what the medications are for, please tell me about that."</i> |

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| <p>4. Ask about mentation, including effects of isolation on mood and memory</p> | <p><i>“This is a stressful time and sometimes under stress we have difficulties with our mood. Have you been feeling more anxious, nervous or on edge? Not being able to stop or control worry? Have you been feeling down, depressed or hopeless? Have you lost interest in doing things?”</i></p> <p><i>“Sometimes feeling isolated can affect our memory, especially short-term memory. Have you had episodes of forgetfulness or confusion lately? It’s understandable if you have.”</i></p> | <p>Ensure you have access to the Suicide Hotline or other more urgent psychiatry services if you have concern about safety.</p> <p>May be difficult to conduct cognitive testing telephonic. Try to follow-up with video visit for formal testing.</p> | <p><i>“It is understandable if you have trouble with your memory, with these trying times. Let me check your thinking with a quick test. I am going to ask you two questions. The first one is 1) What is the day of the week? The second question is 2) Can you name for me the months of the year backwards, starting with December? Great job. Thank you for doing that with me.”</i></p> <p>[If you have a video connection, you could also do a mini-cog test which is three item recall and a clock drawing test.]</p> |
| <p>5. Ask how social distancing is affecting mobility and functioning</p> | <p><i>“I would like to talk about how you are getting around the home. Have you had any falls in the last week? Describe your daily activities...how have they changed more recently?”</i></p> <p><i>“Before you described some activities and daily functioning that was important to you [example of a daily chore or mobility goal]. Let’s make a plan to do that activity in a regular basis...what specifically would that look like?”</i></p> | <p>Patient may not be clear or realistic about what he/she can do on a regular basis.</p> <p>Patient has a vague plan. Work to identify specific activities, done daily or weekly. Ensure this is realistic and something you can revisit.</p> | <p>Conduct/observe a brief mobility screen <i>“Are you able to stand up from the chair without help? If you are, I want you to stand up and sit down in the chair, without using your arms to help push you up, 5 times in a row.”</i> <i>“This is a great exercise to do 4 times a day. This is called a sit to stand exercise and helps keep your leg muscles from getting weak.”</i></p> <p>Discuss safe mobility options <i>“You’ve said before that you enjoy walking to the grocery store. Let’s think of some places to walk so you have contact with people from a safe distance.”</i></p> |
| <p>6. Discuss useful services and treatment</p> | <p><i>“Let’s find a medication that works with your goals and doing what matters most to you.”</i></p> <p><i>“Given that this medication is bothersome, and I don’t think it’s helpful at achieving what matter to you, let’s discuss stopping (or changing) it.”</i></p> <p><i>“Your health outcome goal is to improve (symptom) so that you can (health outcome goal). Let’s discuss changes to your healthcare that can help you do that.”</i></p> | <p>Patient and clinician unable to settle on useful services and treatment plan.</p> | <p>Acknowledge uncertainty in treatment choices and conduct serial trials <i>“When people have several health problems, we can’t always be sure what will work best. We will work together over time to help you achieve (health outcome goal) or improve (bothersome care) as best as we are able.”</i></p> <p>Invite discussion of interventions: <i>“Let’s talk about why I think this (fill in intervention) might help you with your goal of (fill in health outcome goals). From what we know from people like yourself who have undergone (fill in procedure), the most likely outcome is that (fill in most likely outcome).”</i></p> |
| <p>7. Summarize visit</p> | <p><i>“We’ve talked about what matters to you and how we’re going to change your care to help you meet your goals. Tell me what we’ve covered so I can make sure we’re on the same page.”</i></p> | <p>Patient and clinician do not agree on major points or connect values, goals, and treatments.</p> | <p>Review and revise major decisions to make connections among PPC elements</p> |
| <p>Follow up</p> | <p><i>“Last visit, we set a goal, and I want to hear how it’s going. Have you achieved it?”</i></p> | <p>Patient not reached a goal</p> <p>Goal is no longer realistic</p> | <p><i>“Let’s find some ways to help you reach your goal.”</i></p> <p><i>“It sounds like things have changed. Let’s come up with something more realistic.”</i></p> |