AMERICAN PSYCHIATRIC ASSOCIATION

Medical leadership for mind, brain and body.

BRIEF ACTION PLANNING (BAP):

A Highly Structured and Pragmatic, Versatile Motivational Interviewing Consistent Tool for Telemedicine and Beyond

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Connie Davis
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Kathy Reims

Centre for Collaboration, Motivation, Innovation

*for contributions to development of BAP and for several slides in this presentation

Objectives

At the conclusion of this session, participants will be able to:

1. Describe 5 core competencies of Brief Action Planning (BAP);
2. Describe how BAP may be especially useful in telemedicine;
3. Explain ways BAP is similar to/different from Motivational Interviewing (MI);
4. Discuss evidence supporting the skills of BAP; and
5. Describe how BAP is currently used for medical student and resident/fellowship education.

Agenda

- Introductions — 10 minutes
- Brief Action Planning (BAP) — 30 minutes
  - Overview and Demonstration Videos
  - BAP and MI: What is the Relationship?
  - BAP and Telemedicine
  - BAP Online Training
- BAP at Zucker School of Medicine at Hofstra/Northwell
- BAP at Stony Brook Medicine
- BAP at UC San Diego Health — 40 minutes
- Panel Discussion — 10 minutes

Brief Action Planning (BAP): Overview

- Origin (circa 2000) as a "Self–Management Support" tool and technique in the "Chronic Care Model" (Health Disparities Collaboratives in FQHCs) and more recently as a component of "Patient Centered Medical Home"

- Based on the principles/practice of Motivational Interviewing

- Widely used in many ways ("versatile")
  - thousands of "hits" on google search
  - 16 peer reviewed publications
  - www.BAPProfessionalNetwork.org
  - www.CentreCMI.ca

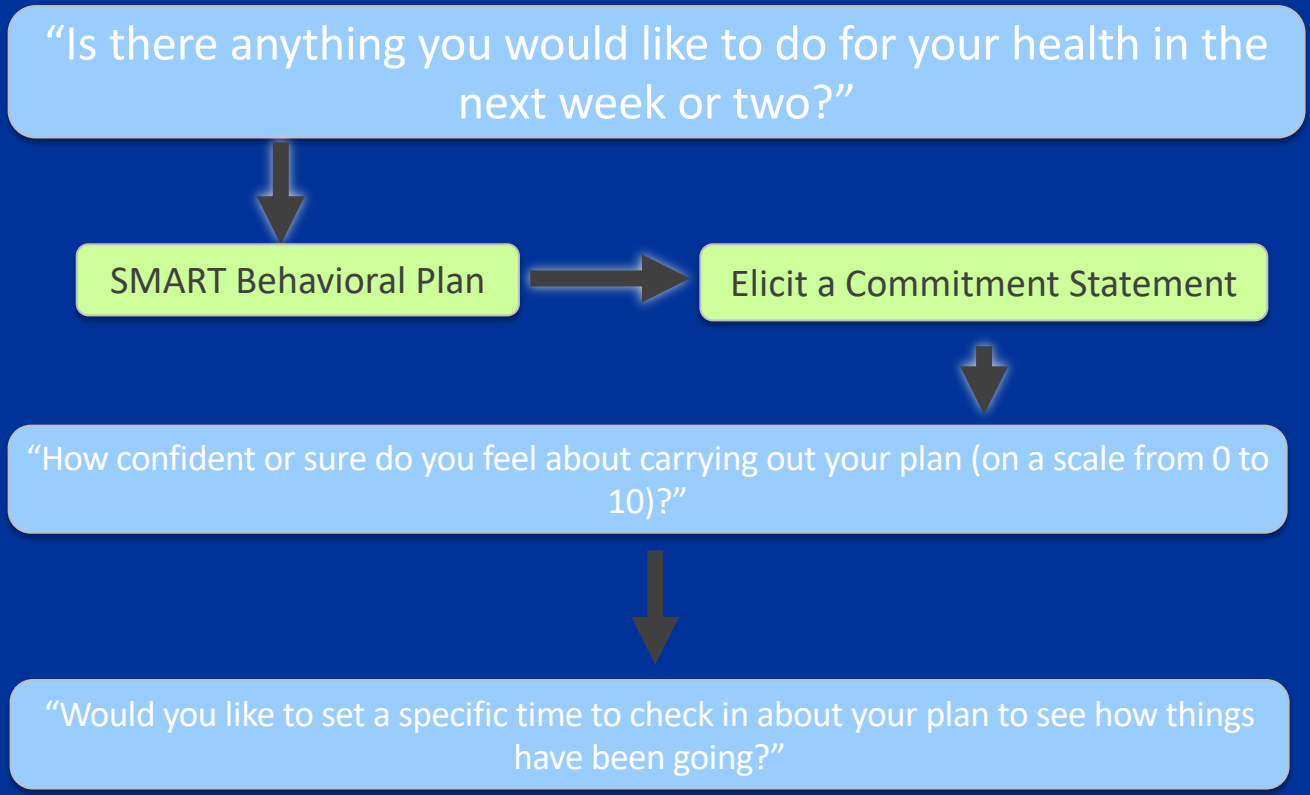
What is Brief Action Planning (BAP)?

Definition

Brief Action Planning (BAP) is a highly structured and pragmatic, versatile Motivational Interviewing consistent tool designed to help people change and to support self-management for health and well-being.

BAP Demonstration Videos

- Core Skills
  - https://www.youtube.com/watch?v=w0n-f6qyG54
- Advanced Skills
  - https://www.youtube.com/watch?v=262CjvURVn0


“Is there anything you would like to do for your health in the next week or two?”
SMART Behavioral Plan
Elicit a Commitment Statement
“How confident or sure do you feel about carrying out your plan (on a scale from 0 to 10)?”
“Would you like to set a specific time to check in about your plan to see how things have been going?”

Brief Action Planning: Evidence–Informed Foundation

- Spirit of Motivational Interviewing: Patient– Centered
- SMART Behavioral Planning
- Elicit Commitment Statement
- Collaborative problem–solving to reach confidence level = 7

Spirit of Motivational Interviewing

- **C**ompassion
- **Autonomy Support**
- **Partnership**
- **E**vocation

Clinicians' global MI Spirit adherence ratings strongly predict client outcomes

Miller W, Rollnick S. Motivational Interviewing: Preparing People for Change, 3ed, 2013

SMART Behavioral Planning

Action Planning is “SMART”: Specific, Measurable, Achievable, Relevant and Timed.

With permission
(“Would you like to specify….”)

- What?
- When?
- Where?
- How often/long/much?
- Start date?

Based on the work of Locke (1968) and Locke & Latham (1990, 2002); Bodenheimer, 2009

Elicit a Commitment Statement

After the plan has been formulated, the clinician elicits a final "commitment statement."

Strength of the commitment statement predicts success on action plan.

Aharonovich, 2008; Amrhein, 2003

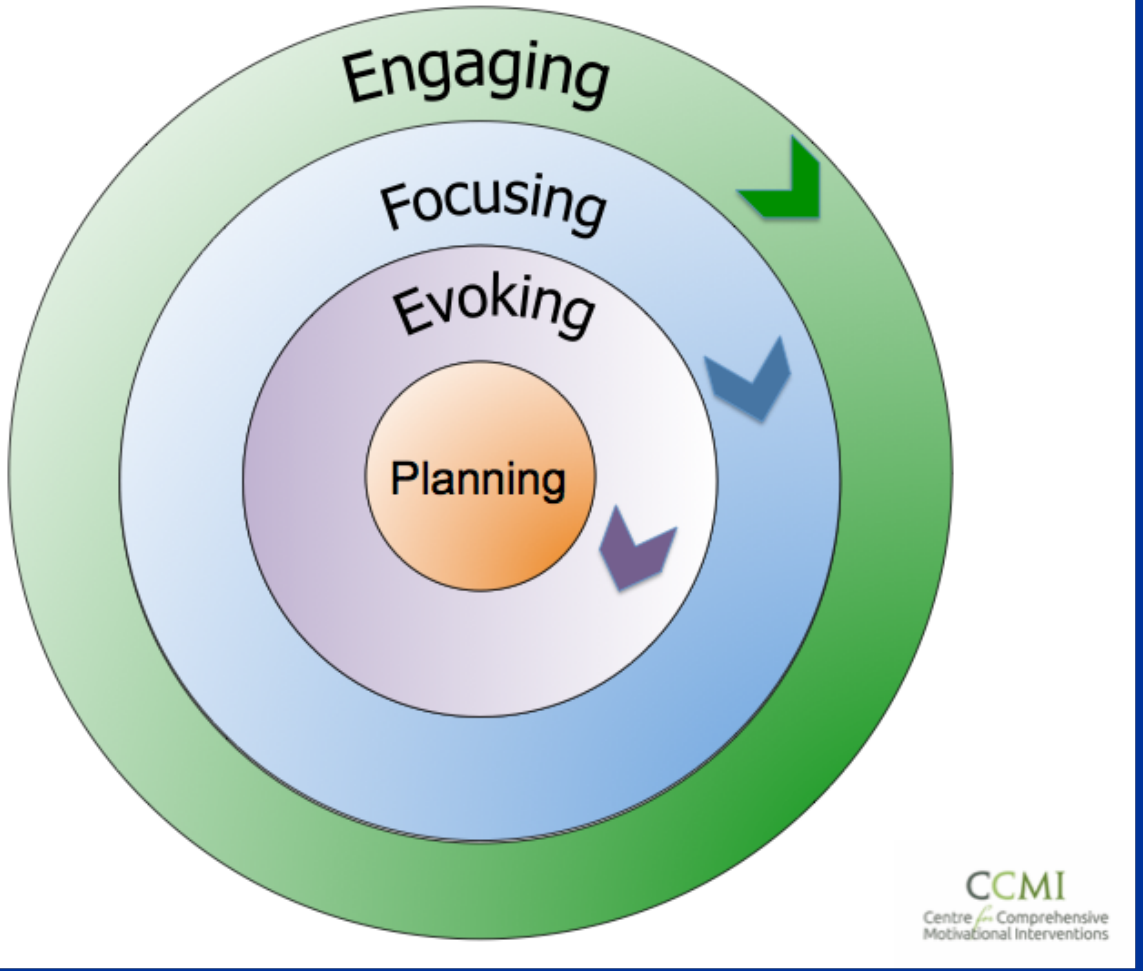
Problem Solving

Problem-solving is used for confidence levels less than 7.

Bandura, 1983; Lorig et al, Med Care 2001; Bodenheimer review, CHCF 2005; Bodenheimer, Pt Ed Couns 2009.

MI and BAP

- Brief Overview of MI (relevant to relationship issue)
  - Four Processes of MI
  - Change Talk
- MI and BAP: What is the Relationship?


Engaging
Focusing
Evoking
Planning
CCMI
Centre for Comprehensive
Motivational Interventions

Change Talk: Evoking Change Talk is "Heart" of MI

Change Talk

"any client speech that favors movement toward a particular change goal."

Clinicians can learn to evoke change talk → More change talk occurs → Increased change talk is linked to better outcomes

Miller & Rollnick
Motivational Interviewing: Helping People Change, 3 ed, 2013

MI and BAP: What is the Relationship?

- BAP is "like" MI in its alignment with the Four Processes
  - BAP assumes engagement (1st) before asking Question One (Q1)
  - Q1 both focuses (2nd) and evokes (3rd)

    "Is there anything you'd like to do for your health in the next week or two?"
  - After Q1, core skills of BAP provide evidence-based roadmap for action planning (4th)

- Core skills of BAP are usually not sufficient for action planning with complex patients, with persistent unhealthy behaviors. MI addresses ambivalence in these patients by encouraging change talk. For MI or other advanced practitioners, BAP offers structured roadmap for (MI) process of Planning.

- BAP is a versatile MI consistent tool and uniquely pragmatic for telemedicine

Brief Action Planning (BAP): Uniquely Pragmatic Tool for Telemedicine

- Highly structured, pragmatic, and time efficient
- Intuitive
- Versatile: can be used by wide range of providers across diverse skill levels
- In wide use currently
  Google search = thousands/millions of results (12/2020)

Brief Action Planning (BAP): Uniquely Pragmatic Tool for Telemedicine

- Evidence-informed with emerging evidence-base (16 peer reviewed publications to date)
- BAP “relatively” easy to teach/learn/use
- Can be mastered with online methods and teleconference support

BAP Online Training:
Self-Directed with 4 Teleconferences

- 8 hours of CME (Stony Brook Office of CME)
- Includes core concepts, high definition videos, self-assessment tests and real world field exercises to practice skills
- Meets ACGME Core Competency Objectives (Interpersonal Skills and others)
- Certification of Individual Competency Available

Brief Action Planning: Evaluations

N=19

Residents/Faculty in Preventive Medicine

Stony Brook Medicine and

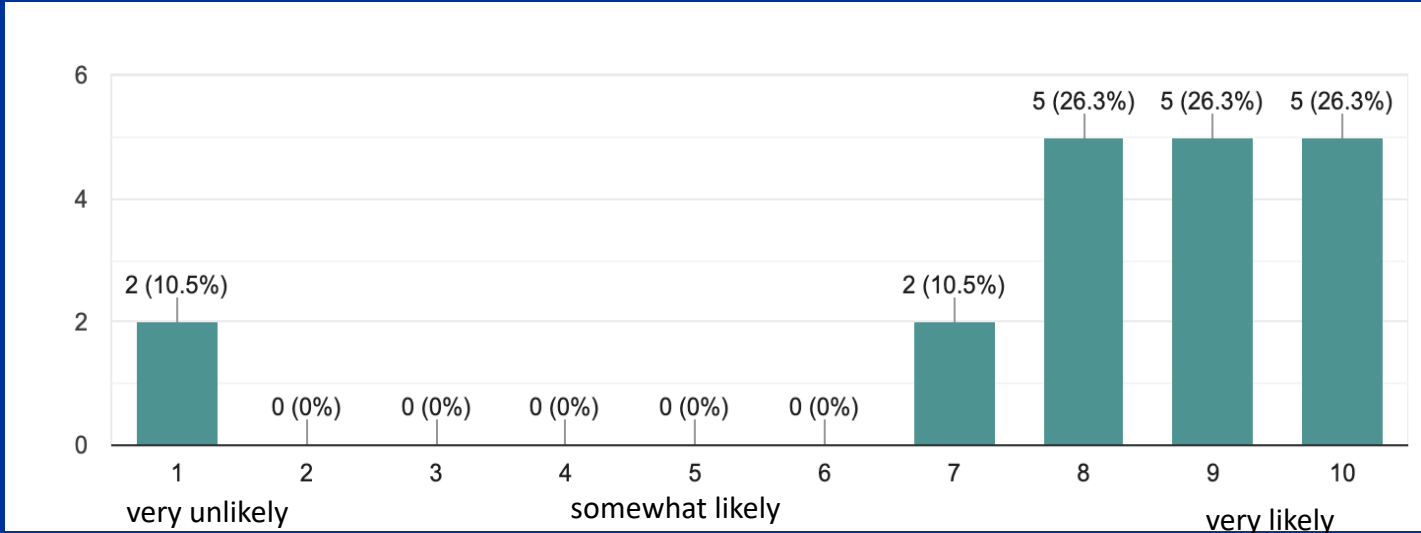
UC San Diego Health

July-August 2020

4 sessions (90 min each)

Online Self-Directed Learning + 3 Field Exercises

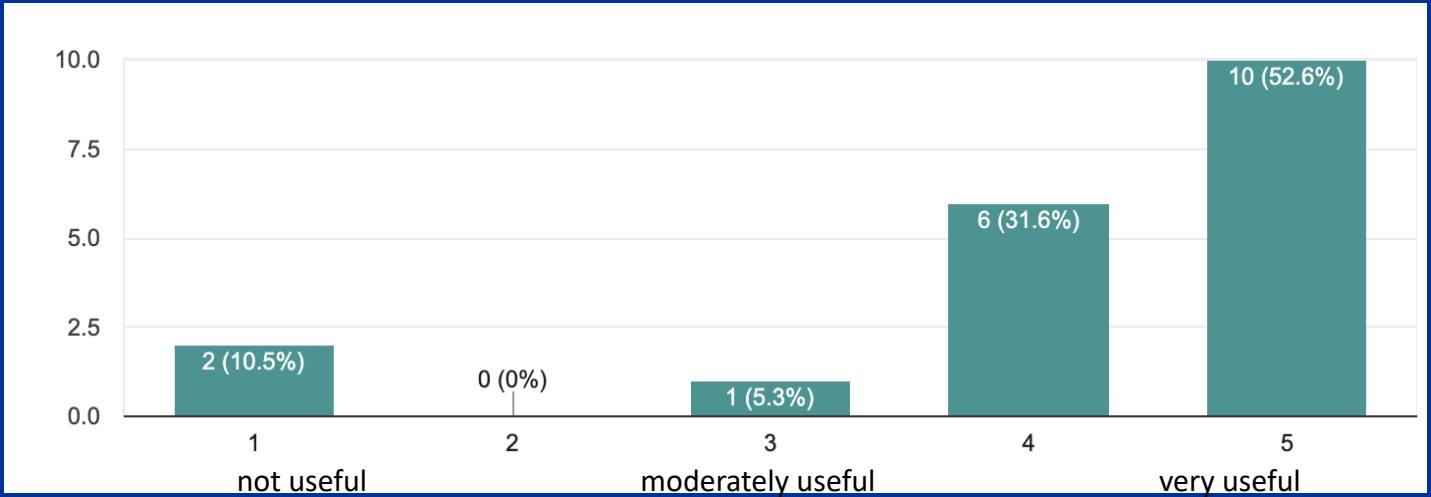
How Likely Are You to Recommend this Program to Colleagues?



N = 19

Mean = 8.33

How Useful Do You Feel This Program Will Be In Your Current or Future Practice?



N = 19

Mean = 4.33

BAP Education:
Medical School and Residencies

- Zucker School of Medicine at Hofstra/Northwell
- Stony Brook Preventive Medicine Residency
- UC San Diego Preventive Medicine Residency

Training First Year Medical Students in Brief Action Planning (BAP)

Taranjeet Kalra Ahuja, DO
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Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL

Curricular Context

- Four-year longitudinal communication skills curriculum
- During the first 7 weeks of medical school, the students learn skills to co-construct a complete history, build trust and empathize
- Subsequent courses build on this foundation with advanced specialized skills
  - One example being Brief Action Planning

Curricular Setting

- Most communication sessions begin with a large-group framing with all 100 students ~30 min
- Students then break off into longitudinal cohorts ~80 min
  - 2 Faculty to 8 Students
  - Small groups focused on skills-based training
  - Role-play with coaching and opportunities for re-practice

What is the curricular focus when BAP is taught?

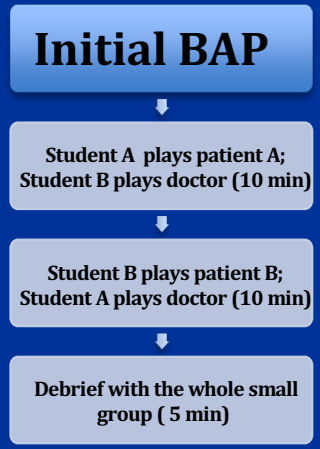
- Brief Action Planning is taught in last course of MS1 year
- Students are in Pulmonary/Cardiology/Nephrology course
- Students clinical experience is Internal/Family Medicine

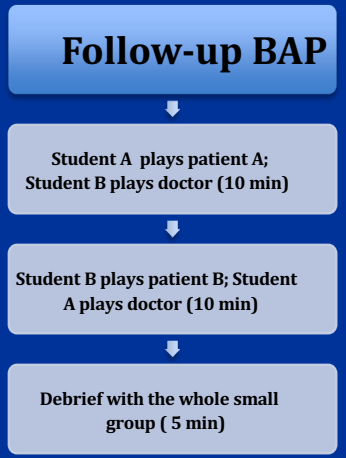
BAP Class Plan

- Learning Objectives of BAP Session
  - Define the spirit of motivational interviewing
  - Define the steps in BAP
  - Appreciate BAP as a tool useful for behavior change to improve health
  - Practice the core skills of BAP
- Prework
  - Web-based Introductory Training in BAP (90 min)

BAP Class Plan (Continued)

- Large Group Session:
  - Framing Lecture on Brief Action Planning ~25 min
- Small Group Session:
  - Faculty Demo of BAP with Debrief
  - Students Provided with Case Vignettes to practice BAP:





Reinforcement of Skills

- BAP skill learned and practiced in small-groups with coaching from communication faculty facilitators

- Required to practice with patients in their longitudinal ambulatory clinics

- Assessment Drives Learning!
  - BAP assessed in Objective Structured Clinical Examinations (OSCEs)

True Story!

- An MS1 student practiced the skills of BAP in his outpatient medicine office after learning about it in a classroom session and was able to successfully collaborate with a patient on their journey towards smoking cessation. He was so pleasantly surprised that he was able to help a patient at this stage of his learning.

- The student from this story just graduated from psychiatry residency in June 2020!

Acknowledgements

- Dr. Joseph Weiner
- Dr. Steven Cole
- Dr. Richard Frankel
- Faculty and Students at the Zucker SOM at Hofstra/Northwell

Motivational Interviewing and Brief Action Planning Training in Residency: A Longitudinal Model for Preventive Medicine

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Objectives

At the conclusion of this presentation, participants will be able to:

1. Define the role of the Accreditation Council for Graduate Medical Education (ACGME) in health behavior change counseling training during residency.
2. Explain how Motivational Interviewing and Brief Action Planning can be formally integrated into residency training.
3. Conceptualize approaches for the gradated preparation of resident learners in MI and BAP.

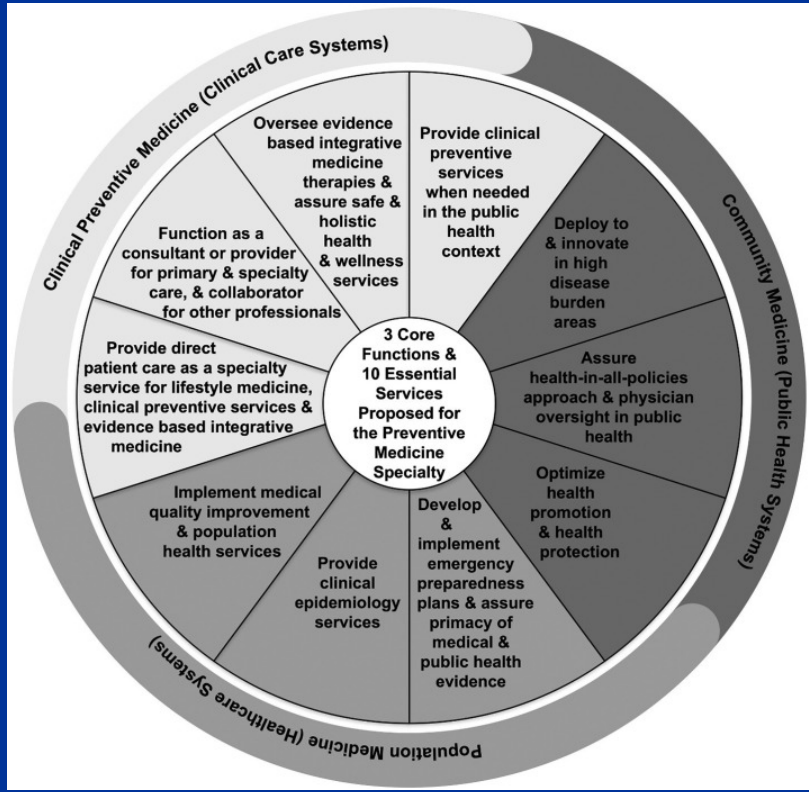
Needs Assessment: ACGME Competencies and the Program Mandate for Behavioral Health Training

- **Medical Knowledge Competency**. IV.B.1.c)*Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences*, as well as *the application of this knowledge to patient care*. (Core)

- **Interpersonal Communication and Skills Competency**. IV.B.1.e).(5) For programs with a concentration in public health and general preventive medicine, *residents must demonstrate competence in counseling individuals regarding the appropriate use of clinical preventive services and health promoting behavior changes*, and providing immunizations, chemoprophylaxis, and screening services, as appropriate. (Core)

Needs Assessment: The Preventive Medicine Specialty Practice Context

- 2-year Preventive Medicine (PM) residency (PGY2 & 3) + MPH or other relevant graduate degree & coursework
- PM residents train in preventive care:
  - Community medicine → public health
  - Population medicine → population health
  - Clinical preventive medicine (CPM) → health and wellness
- CPM entails
  - Lifestyle medicine
  - Clinical preventive services (i.e. USPSTF screening, behavioral counseling, and chemoprophylaxis)
  - Evidence-based integrative medicine (optional)
- ***No specific approaches are recommended or required by the ACGME for behavioral counseling training***

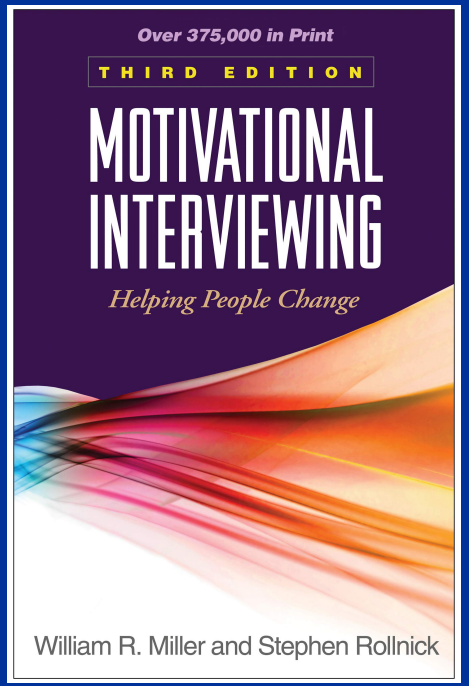


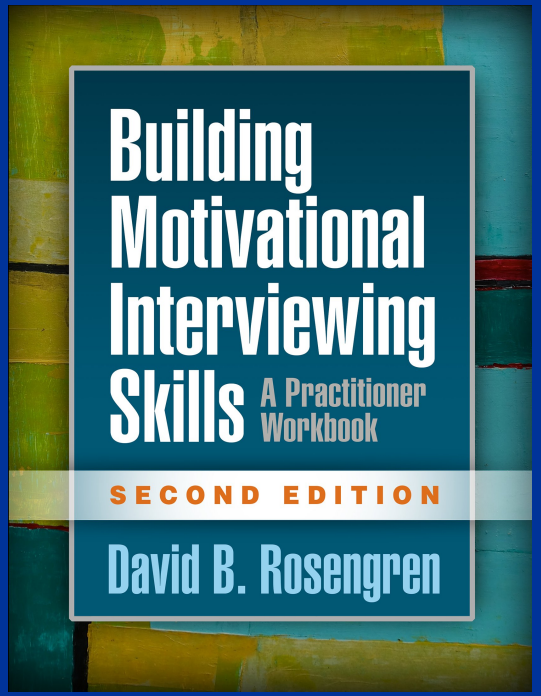
Innovation: Longitudinal MI/BAP Training for Junior PM Residents

- July and August: completion of the online BAP (CME-level) Online Course + 4-hour guided BAP skills training
  - Concurrent completion of a 32-hour (CME-level) online core competencies module in lifestyle medicine from the American College of Preventive Medicine (ACPM)

- September-June: 6-month rotation in lifestyle medicine and smoking cessation at VA HPDP
  - VA TEACH (patient health education)
  - MI Training

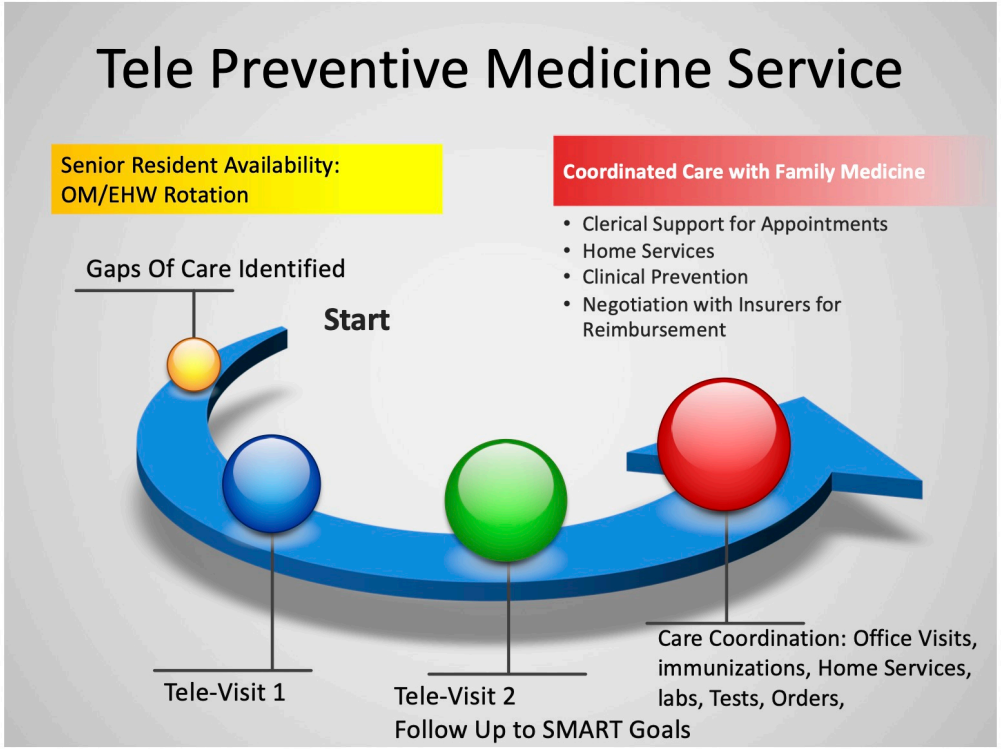
Innovation: Longitudinal MI/BAP Training for all PM Residents





- September-June annually: Six 1-hour MI Practice sessions (12 total during residency) as part of our ***Population Health Rounds***
  - Akin to floor rounds but with a prevention focus
- Clinical and Community Preventive Medicine course
  - BAP-driven OSCE

Innovation: Longitudinal MI/BAP Training for Senior Residents



- 3-month rotation in Tele-Preventive Medicine (TPM) service
  - Culminating “chief resident”-level experience in CPM and Population Medicine
  - Indirect resident supervision
  - Resident-led management of both clinical and population aspects of the service

Summary

- ACGME program accreditation requirements for Preventive Medicine residencies mandate formal health behavior change training without specifying the required counseling skills or recommended pedagogic approach.
- The Stony Brook Preventive Medicine residency program has adopted and embedded MI and BAP in a longitudinal approach to teaching health behavior change counseling skills.
- Evaluation of the educational effectiveness of this pedagogic approach for health behavior change training is ongoing.

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- Veteran's Administration. (2020). Veteran's Health Education and Information Core Program. TEACH and MI Training.

Residents Achieving Competence and Expertise in Motivational Interviewing (RACE-MI)

A Longitudinal Curriculum in Behavior Change for Preventive Medicine Residency

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Objectives

1. Understand the role of a behavior change in Lifestyle Medicine training
2. Describe a model of behavior change curriculum in a primary care or preventive medicine residency
3. Identify strategies for developing expertise among residents in behavioral health training

Context: Lifestyle Medicine Curriculum

American College of Preventive Medicine considers Lifestyle Medicine to be a core competency of Preventive Medicine (ACGME Competency MK IV.B.I.c)

UCSD GPM pilot site for LMRC → eligibility for board certification in Lifestyle Medicine

- Focus is for residents to gain skills not only in knowledge but APPLICATION

Residents practice MI skills in the curriculum → residents demand for greater exposure to behavior change skills

Residency is a recipient of HRSA training grant to develop addiction oriented rotations and experiences → MI a valued skill in addiction fellowship training

Context: Push for Lifestyle Medicine Education

AMA resolution 2017:

1. Our AMA: (A) recognizes the 15 competencies of lifestyle medicine as defined by a blue ribbon panel of experts convened in 2009 whose consensus statement was published in the *Journal of the American Medical Association* in 2010; (B) will urge physicians to acquire and apply the 15 clinical competencies of lifestyle medicine, and offer evidence-based lifestyle interventions as the first and primary mode of preventing and, when appropriate, treating chronic disease within clinical medicine; and (C) will work with appropriate federal agencies, medical specialty societies, and public health organizations to educate and assist physicians to routinely address physical activity and nutrition, tobacco cessation and other lifestyle factors with their patients as the primary strategy for chronic disease prevention and management.

2. Our AMA supports policies and mechanisms that incentivize and/or provide funding for the inclusion of lifestyle medicine education and social determinants of health in undergraduate, graduate and continuing medical education.

10 Primary Care Competencies for the Prescription of Lifestyle Medicine

July 14, 2010

Physician Competencies for Prescribing Lifestyle Medicine

Liana Lianov, MD, MPH; Mark Johnson, MD, MPH

» Author Affiliations | Article Information

JAMA. 2010;304(2):202-203. doi:10.1001/jama.2010.903

Box. Suggested Lifestyle Medicine Competencies for Primary Care Physicians

Leadership

Promote healthy behaviors as foundational to medical care, disease prevention, and health promotion.

Seek to practice healthy behaviors and create school, work, and home environments that support healthy behaviors.

Knowledge

Demonstrate knowledge of the evidence that specific lifestyle changes can have a positive effect on patients' health outcomes.

Describe ways that physician engagement with patients and families can have a positive effect on patients' health behaviors.

Assessment Skills

Assess the social, psychological, and biological predispositions of patients' behaviors and the resulting health outcomes.

Assess patient and family readiness, willingness, and ability to make health behavior changes.

Perform a history and physical examination specific to lifestyle-related health status, including lifestyle "vital signs" such as tobacco use, alcohol consumption, diet, physical activity, body mass index, stress level, sleep, and emotional well-being. Based on this assessment, obtain and interpret appropriate tests to screen, diagnose, and monitor lifestyle-related diseases.

Management Skills

Use nationally recognized practice guidelines (such as those for hypertension and smoking cessation) to assist patients in self-managing their health behaviors and lifestyles.

Establish effective relationships with patients and their families to effect and sustain behavioral change using evidence-based counseling methods and tools and follow-up.

Collaborate with patients and their families to develop evidence-based, achievable, specific, written action plans such as lifestyle prescriptions.

Help patients manage and sustain healthy lifestyle practices, and refer patients to other health care professionals as needed for lifestyle-related conditions.

Use of Office and Community Support

Have the ability to practice as an interdisciplinary team of health care professionals and support a team approach.

Develop and apply office systems and practices to support lifestyle medical care including decision support technology.

Measure processes and outcomes to improve quality of lifestyle interventions in individuals and groups of patients.

Use appropriate community referral resources that support the implementation of healthy lifestyles.

Establish effective relationships with patients and their families to effect and sustain behavioral change using evidence-based counseling methods and tools and follow-up.

Collaborate with patients and their families to develop evidence-based, achievable, specific, written action plans such as lifestyle prescriptions.

Help patients manage and sustain healthy lifestyle practices, and refer patients to other health care professionals as needed for lifestyle-related conditions.

Competency in Motivational Interviewing

MI is a *skill*

Requires PRACTICE and APPLICATION to become competent

MI as Entrustable Professional Activity:

Entrustable professional activities (EPAs) - carefully chosen units of work that define a profession and are entrusted to a resident to complete unsupervised once she or he has obtained adequate competence

Demand for MI training is variable

- Some residents want to become experts, others simply want exposure

RACE-MI Curriculum: Tracks

- "Exposure" Track:
  - BAP curriculum = 6hrs of "in-person" learning in a virtual group setting+8hr CME
    - Four 1.5hr sessions
    - Live practice in break-out groups and with an instructor
    - 8hr online CME course on BAP
    - Residents completed specific modules as background reading prior to meeting virtually to practice

- "Expert" track:
  - Participation in BAP faculty development group
  - Psychwire Course on MI
  - Experience as mentors during BAP course for the remaining residents

RACE-MI Curriculum: Practicum

- Other Curricular Components
  - Lecture on MI by Internationally recognized expert on MI/MINT trainer
  - We have experimented with a 4hr workshop on MI principles
  - Observation with coding of interview along with feedback
- Practical experience:
  - All residents follow a cohort of patients participating in a shared medical appointment program for obese patients
    - Practice MI skills in small group setting

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Panel Discussion