



Patient Expectations and Interests

Weaving Patient Intentions into the Treatment Process

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Allied health services reach a huge population spectrum from babies to seniors and from genetic to acquired disorders. This means that each person seeking services brings their unique circumstance into the therapy room. Therapists are trained to identify problems and design customized care plans associated with remediating disorders. What happens when the patient lacks initiative or cannot fully participate in the remediation process? What does that mean for incentive based payment reimbursement?

These are very real and very challenging questions facing the allied health industry. There is a national push towards making patients assume more responsibility for their healthcare. The necessity to prove that patients participate in their care, and necessity to meet practical outcomes has potential to become a new standard of clinical care.

Making patients an integral part of the process may ultimately mean that patient care goals rarely end with the words "within normal limits." The patient, patient's family, and therapist must find common understanding and set achievement expectations that correlate closely with the patient's real life expectations, interests, and abilities. The following is a 3-step approach will help evaluate circumstance and perspective through the eyes of patients and caregivers. It gives therapists the ability to weave patient intentions into the treatment process.

Step 1: Ask the following at the evaluation visit:

Rating scale: 1= burdensome 5 = not at all burdensome	5	4	3	2	1
How bothered are you by the way you communicate, walk, manage your daily care routines, etc?					
How important is it for you to make changes?					
What would you like to be able to do as a result of therapy? (1=return to my old self, 3=work to improve some, 5= maximize my potential)					
How confident are you that you can make the changes necessary to accomplish the goals we set?					
Why didn't you rate yourself lower? (Leads to a dialogue about character strengths from the patient's perspective.)					
Acute onset patients: Provide a general description of your level of initiative prior to your event. (1= sedentary/not a learner of new activities to 5= always active and participating in life interests)					
Caregiver/parent question: How bothered are you by NAME'S difficulty (communicating, walking, performing activities of daily living, etc.)?					
Caregiver/parent question: Describe your willingness to support NAME during the therapy process.					
Caregiver/parent: What would you like for NAME to be able to do as the result of therapy?					
Caregiver/parent: Why didn't you rate those expectations higher?					

Scoring: Total the responses in each column and divide by the number of questions answered to gauge a level of patient intention. Level 1= very low motivation, Level 2= low motivation, Level 3= average motivation, Level 4= high motivation, Level 5= very high motivation.

Step 2: Use the resulting quantifications to establish Care Plan outcome and long term goal expectations. Review them with the patient, family and/or caregivers to cement treatment expectations. Put the established goals in your documentation with information justifying patient agreement and approval of care plan outcomes.

Step 3: Measure patient progress by repeating the questions in Step 1 and document progress at intervals during treatment process. It is important to understand, establish, and monitor expectations from the beginning to the end of the therapy.

The Fall Newsletter will look at the trend towards Episodic Care and how to establish, document and manage patient and payer expectations based on imposed session number and dollar limitations.

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