

# Patient Engagement



Participation  
from learners



Video

# Agenda

Topic	Time
<b>Introduction</b>	<b>15 minutes</b>
The Why	30 minutes
The Spirit	30 minutes
OARS	45 minutes
Break	15 minutes
OARS	30 minutes
Change Talk	45 minutes
Lunch	30 minutes
MI Processes	60 minutes
Barriers/Health Literacy	45 minutes
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Assumptions	15 minutes
Wrap-Up	15 minutes

# Welcome!

## House Keeping



# Patient Engagement

The nurse planner, content experts', faculty, and others in control of content have no relevant financial relationships with ineligible companies.

Successful completion of the Patient Engagement course includes:

- Attendance the entire course live – attend with audio and see the live slides
- Completion of the course post test: need to have a score of 80% or greater on the post-test
- Completion of the course evaluation
- Participate in a phone practice session with a course presenter

## **Nursing:**

- Upon successful completion of the Patient Engagement the participant will earn 5.5 Nursing CE contact hour.
- Michigan Institute for Care Management and Transformation is approved as a provider of nursing continuing professional development by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

## **Social Work:**

- Upon successful completion of the Patient Engagement participant will earn 5.5 Social Work CE contact hours
- Michigan Institute for Care Management and Transformation is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved provider Number: MICEC 110216.

# Virtual Etiquette

## **Video and Audio:**

- Unless distracting, please turn video ON. This is crucial for building trust and engagement.
- Test your video and audio before the meeting begins.
- Try to look at the camera when talking (to mimic the feeling of in-person eye contact).
- When possible, try to use good camera quality and sound.
- Adjust your camera if it is too high or low.

## **Meeting:**

- Please hold off eating during the meeting as it can be distracting.
- Try not to multitask too much or make sure you're muted.

## **Environment:**

- Be aware of your backgrounds to not be distracting.
- Position yourself in the light.
- Find a quiet place to join or mute yourself as necessary.

# Michigan Institute for Care Management and Transformation (MICMT)

## Who We Are

Partnership between University of Michigan and BCBSM Physician Group Incentive Program (PGIP)

## Goal of MICMT

To help **expand** the adoption of and access to **multidisciplinary care teams** providing **care management** to populations served by the physician community in order to **improve care coordination** and **outcomes** for patients with complex illness, emerging risk, and transitions of care.



# [Insert Organization Name]

## Who We Are

[Insert text]

## Goal of [Organization]

[Insert text]

[Insert Logo]

# Successful Completion of Patient Engagement includes:

- Attend the entire Patient Engagement course, **in-person or live virtual**  
**Attendance criteria:**
  - If the Learner misses > 30 minutes; the Learner will not be counted as “attended” and will need to retake the course.
  - If the Learner misses < 30 minutes; the Learner will be counted as “attended”. The Learner will need to review the missed course content located here: <https://micmt-cares.org/training>
  - If course is virtual – must attend by audio and video/internet
- Complete the Michigan Institute for Care Management and Transformation (MICMT) Patient Engagement **post-test** and **evaluation**.
  - **Achieve a passing score on the post-test of 80% or greater. If needed, you may retake the post-test**
- Complete **simulation**.

**You will have (5) business days to complete the post-test.**



# Patient Engagement

**Lisa Nicolaou**, Northern Physicians Organization  
**Jamie Mallory**, Wexford PHO  
**Christen Walters**, Integrated Health Partners  
**Erika Perpich**, Olympia Medical  
**Lynn Klima**, Cure Michigan  
**Ewa Matuszewski**, MedNetOne/PTI

Curriculum developed in partnership with:

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**Sue Vos**, MiCCSI  
**Robin Schreur**, MiCCSI  
**Tiffany Turner**, Infinity Counseling  
**Ruth Clark**, Integrated Health Partners



Infinity Consulting



NPO-CIN



# Patient Engagement Curriculum Development

- Please provide the following as an appropriate reference if you use this material:
  - “Material based off of the Patient Engagement course developed through a collaborative effort by the following Michigan organizations: NPO, Wexford PHO, IHP, Olympia Medical, Cure Michigan, PTI, MICMT, MiCCSI, Spectrum Health, and Infinity Counseling.”
- Questions about using or replicating this curriculum should be sent to: [micmt-requests@med.umich.edu](mailto:micmt-requests@med.umich.edu). Please follow this link to apply to become an approved trainer for this curriculum: [www.micmt-cares.org](http://www.micmt-cares.org)

# Introductions



## Please introduce yourself:

- Name
- Name of practice and where it's located
- What you “do” in your role
- The type of patient you enjoy working with and the type of patient that's a little frustrating

# Learning Outcome

Participants will be able to explain at least one patient engagement approach in talking with patients about their health.

# Objectives

- **Describe** the patient-centered approach of MI
- **Explain** the conversation style that is the Spirit of MI
- **Demonstrate** basic MI skills
- **Discuss** how to use patient language cues (change talk and resistance) in the application of MI skills
- **Explain** how to engage the patient in the four processes in MI necessary for health behavior change
- **Identify** barriers to patient engagement and behavior change
- **Identify** how to make cultural adaptations to MI

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# Objective

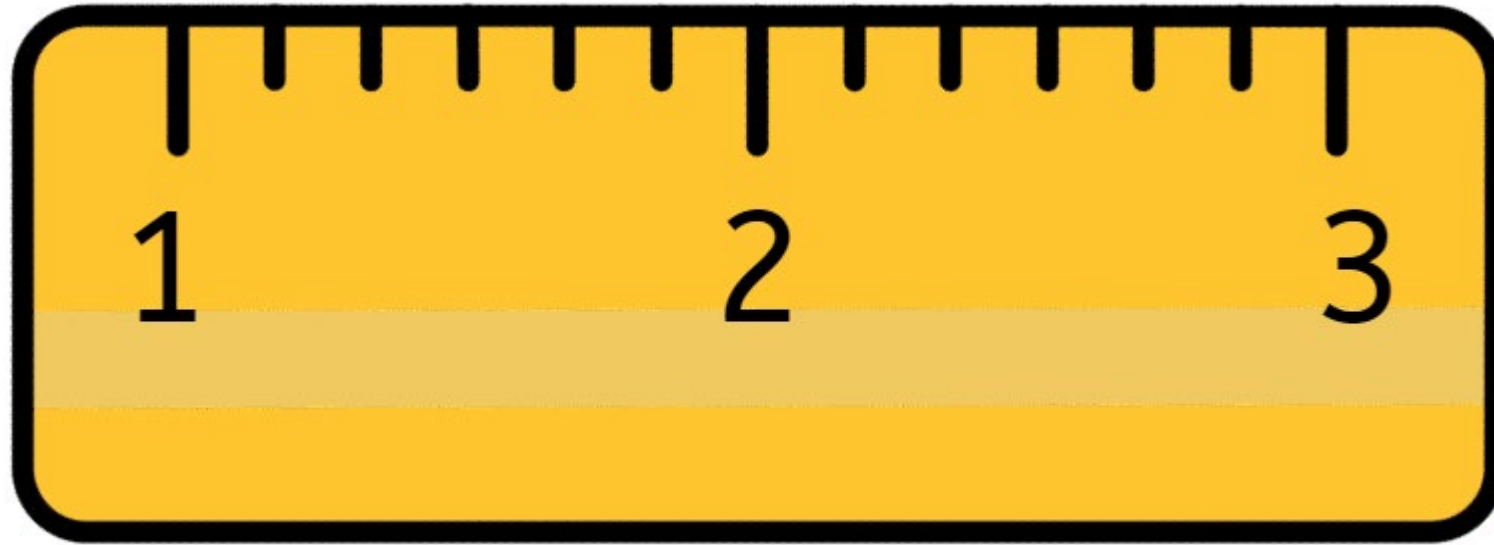
Describe the patient-centered approach of MI

A diagram consisting of six red arrows arranged in a circular pattern, all pointing towards the text 'Describe the patient-centered approach of MI'. The arrows are positioned at approximately the 12, 2, 4, 6, 8, and 10 o'clock positions relative to the central text.



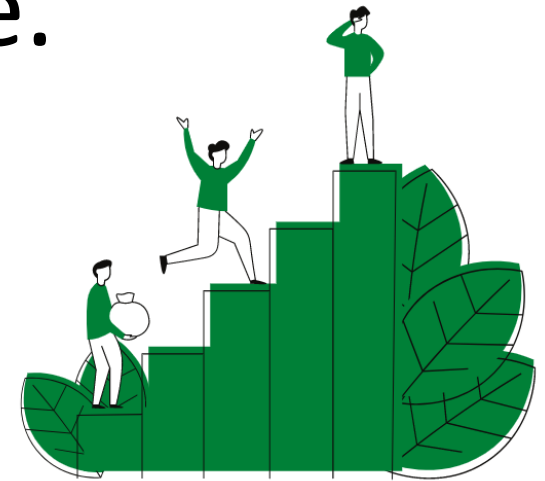
# Motivational Interviewing Why

# Ruler Assessment



# Definition

Motivational interviewing is a **collaborative, person- centered, guiding** method designed to **elicit and strengthen motivation** for change.



# Looking Through a New Lens

Standard Approach	Motivational Interviewing Approach
Focused on fixing the problem	Focused on the patient's concerns and perspectives
Paternalistic relationship	Egalitarian partnership
Confront, warn, persuade	Emphasizes personal choice
Ambivalence means that the patient is in denial	Ambivalence is a normal part of the change process
Goals are prescribed	Goals are collectively developed



# Some practical advice

There's a time and place for everything!

- **Leading** is appropriate when...
- **Following** is good when...
- **Guiding** with MI is best when...

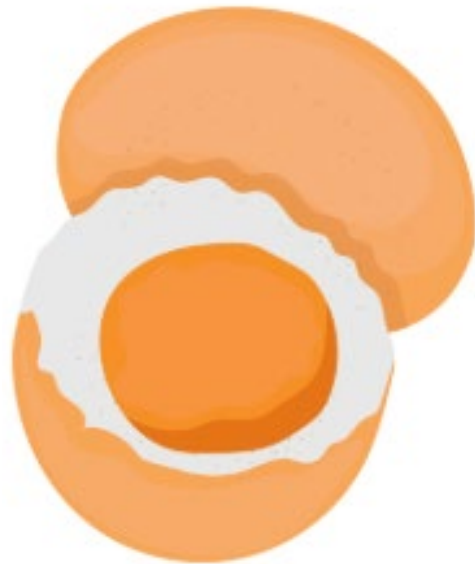


# Mr. Smith's Brief Action Plan



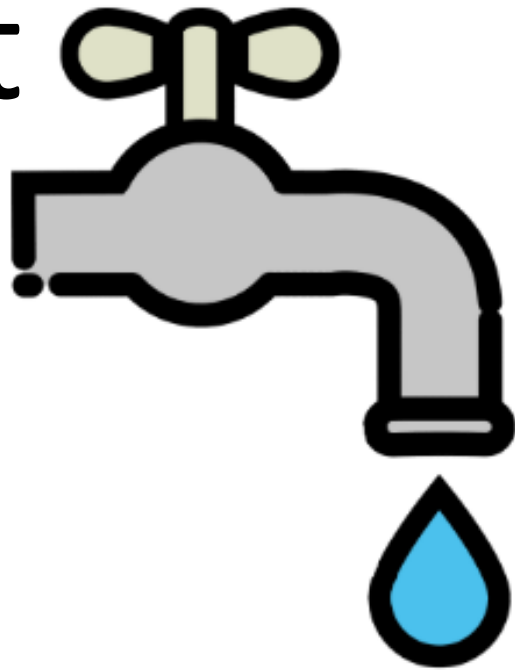
# MI facilitates change by:

Helping a person **identify, consolidate, strengthen,**  
and **act** upon their intrinsic motivation.



# Approach

Deficit



Competence



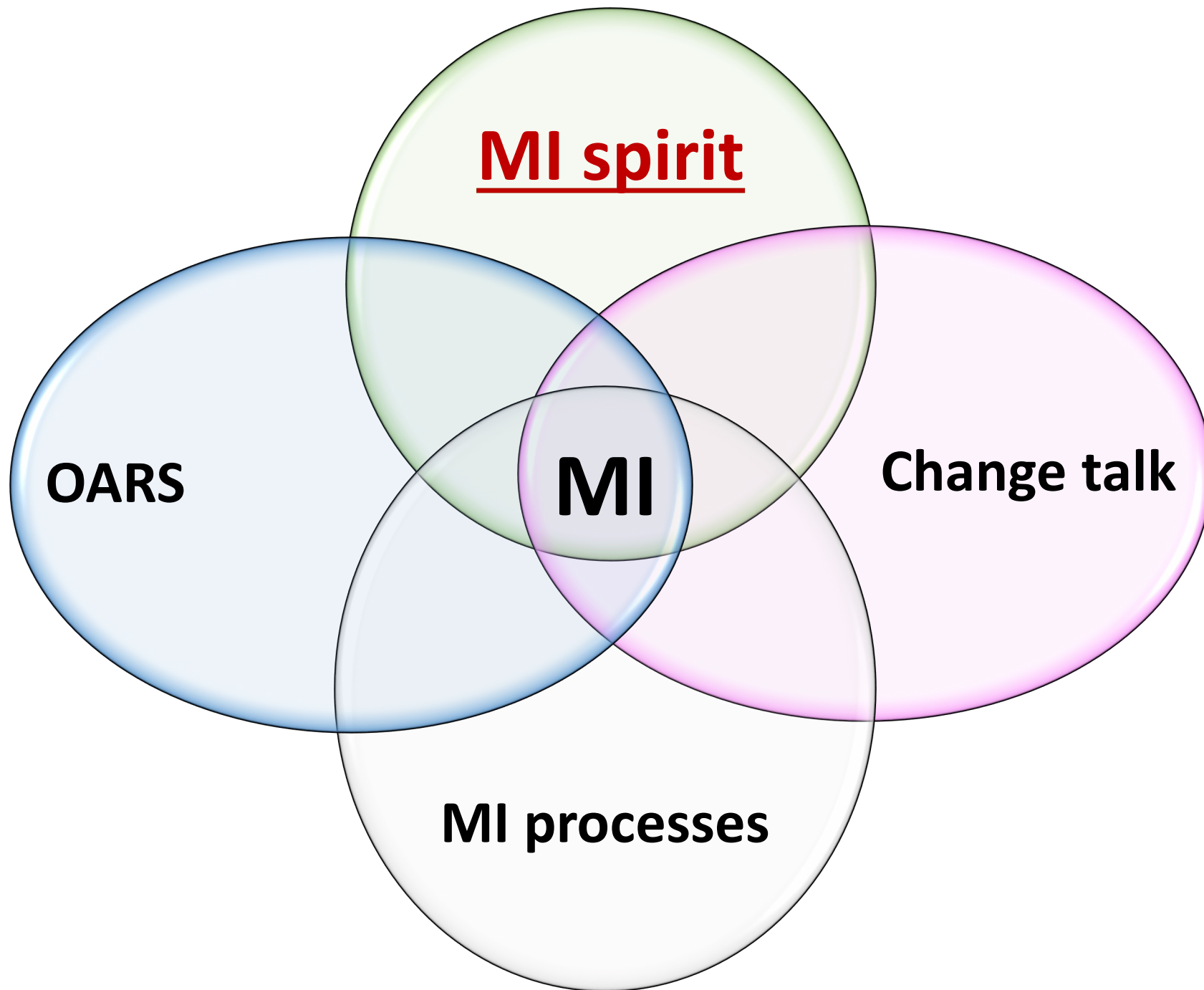




# Key Takeaways

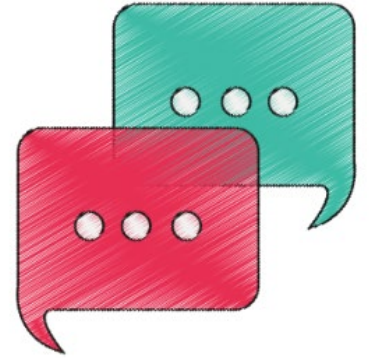
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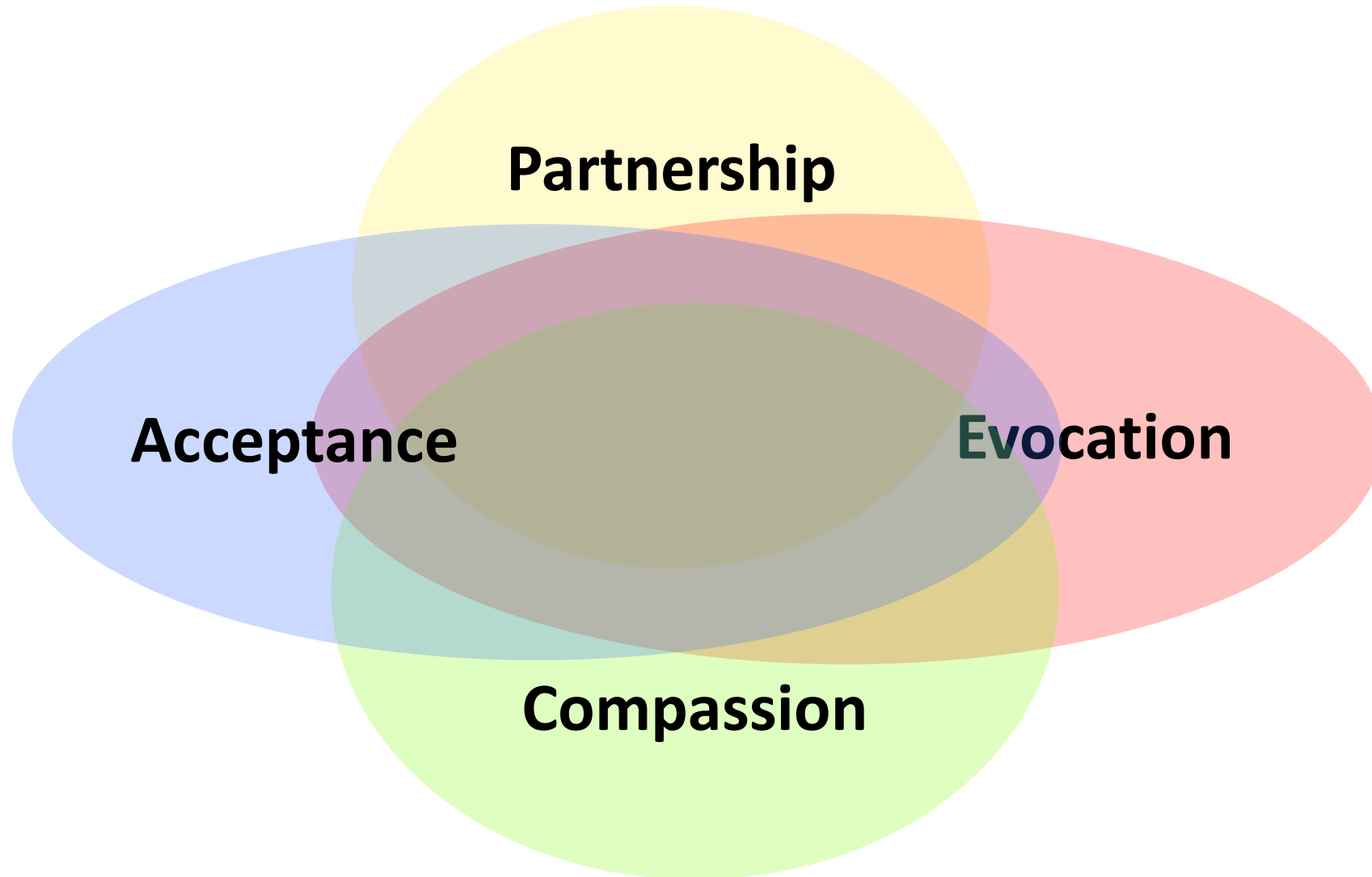
# Objective

Explain the conversation style that  
is the Spirit of MI



# **SPIRIT MI**

# Spirit of MI



# Motivational Interviewing

## Definitions

**Evocation:** the act of bringing something into the mind or memory.

**Partnership:** the state of being a partner.

**Acceptance:** the act of accepting something or someone.

**Compassion:** sympathetic consciousness of others' distress together with a desire to alleviate it.

# Try This

Think of a patient who is described as “**Non-compliant**” by the care team.

**Group:** What are the characters of the patient that come to mind?





# Your Turn

Close your eyes



# Roll with Resistance

Resistance is what happens when we expect or push for change when the patient is not ready for that change.



Resistance often stems from fear of change.

**How we as providers respond** to patient resistance is a **big determining factor** in the **outcome of our interaction** with that patient and the **ability to help the patient** move toward behavior change.

# Engaging

Relational foundation

**Objective:** establish a collaborative working relationship with the other person.

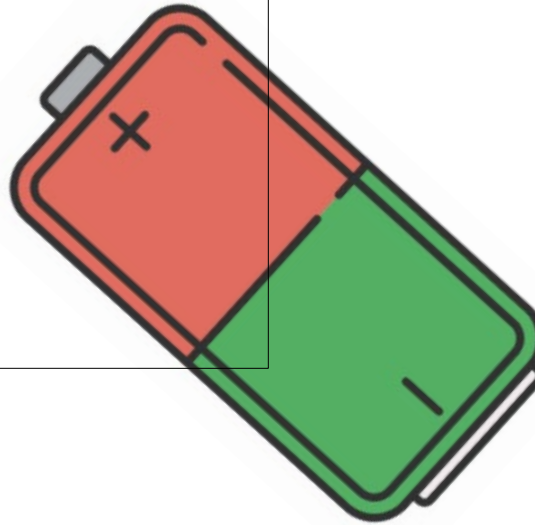
20% rule



# Attitudes and Engagement

## Not So Helpful Attitudes

- I'll **scare** you into change.
- I'll **get to the bottom** of this.
- You are **guilty**.
- **Overwhelmed**
- **I have a solution** – let me help.



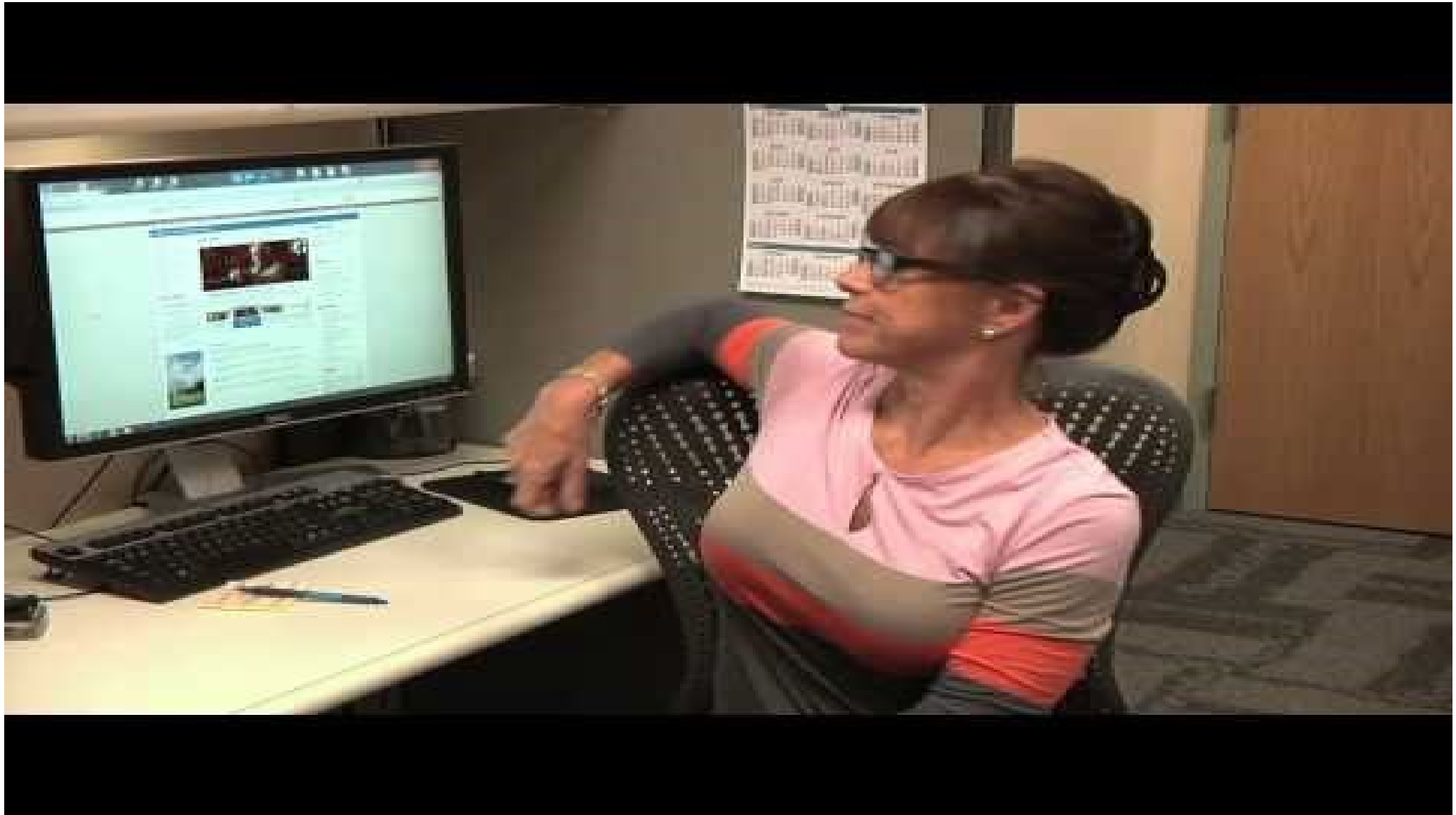
## Helpful Attitudes

- Curiosity
- Partnership
- Acceptance
- Evocative

# Listening: Expressing Empathy



# Deskercise



# Using the Spirit of Motivational Interviewing during Engagement



**From the other person's perspective:**

- Do I feel **respected**?
- Does this person **listen to** and **understand me**?
- Do I **trust** this person?
- Do I **have a say** in what happens in our work together?

# Spirit of Motivational Interviewing

## Engagement Skill: Listening

EAR

EYES

UNDIVIDED  
ATTENTION

HEART

MIND





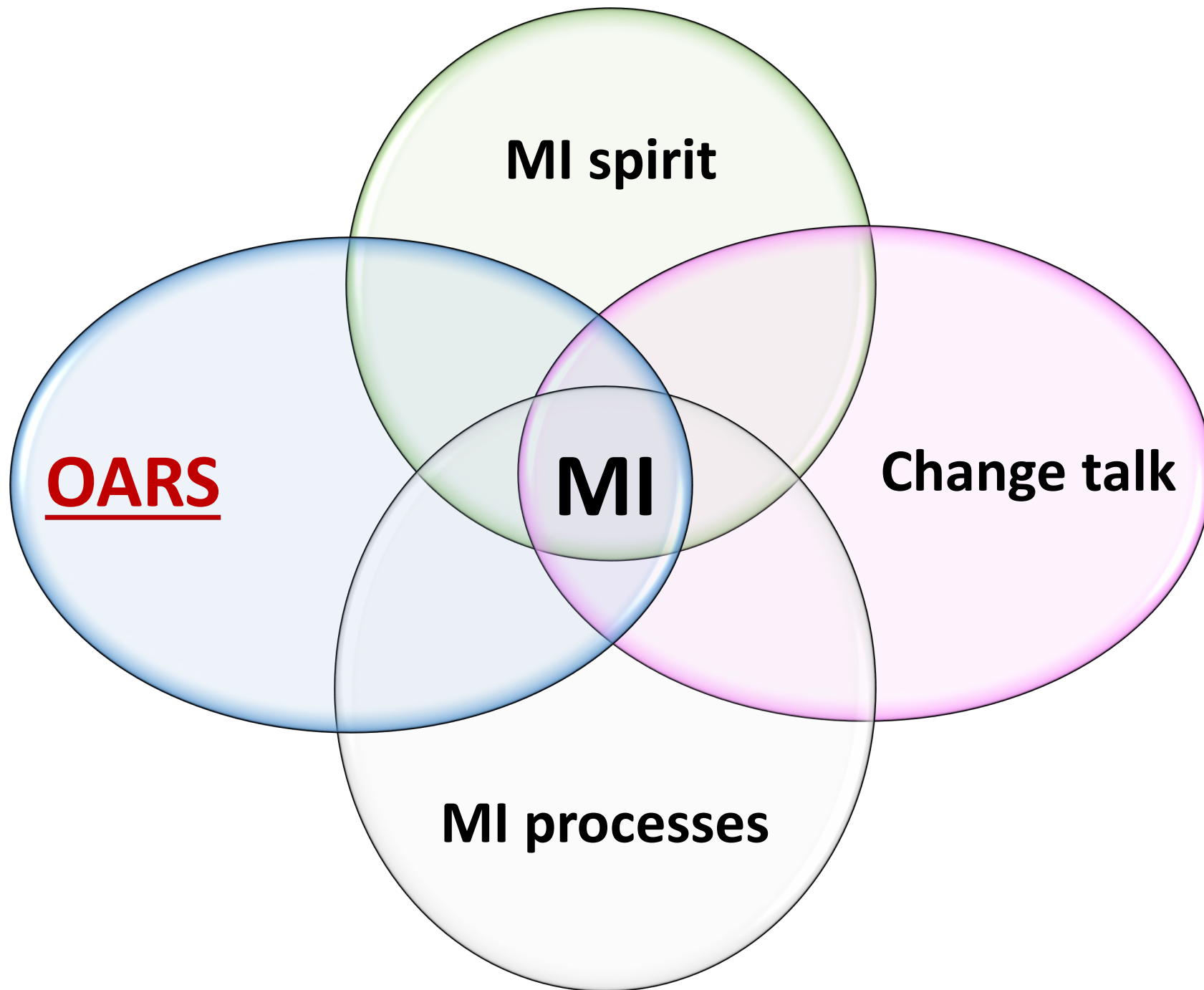
**Professionals** are experts in **diseases**.  
**Patients** are experts about **their own lives**.



# Key Takeaways

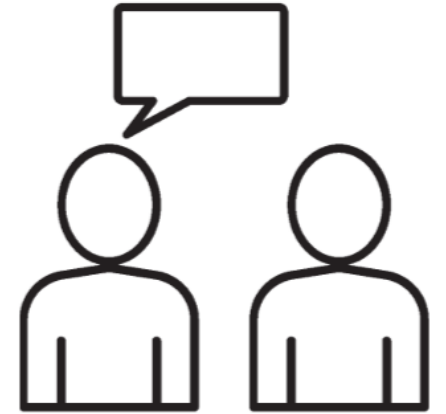
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# Objective

Demonstrate basic MI skills



# O.A.R.S +I

Open Ended Questions

Affirmations

Reflective Listening

Summaries

+Information Offering



# Open Ended Questions

- Many patients have never been asked how they **feel** about their health or what **they** would like to change.
- Asking questions can also **help us understand** why a patient may not be making progress.
- Questions help in the **engagement process**.



# Open VS Closed Questions

## When to use closed:

- Fact finding
- Confirming knowledge/understanding
- Limited patient response



## When to use open:

- Exploring
- Encourage client to give voice to thoughts, feelings, experiences, opinions, values, and motivations



# Closed VS Open Ended Questions

## Exercise

- What has helped you to manage your stress?
- Do your knees hurt while walking?
- Have you ever tried quitting smoking?
- What are you currently doing to maintain your health?
- Do you check your blood sugar daily?
- Can you tell me more?
- What sorts of things are you eating these days?
- Are you exercising?
- How's your sleep?
- Have you taken any medicine?



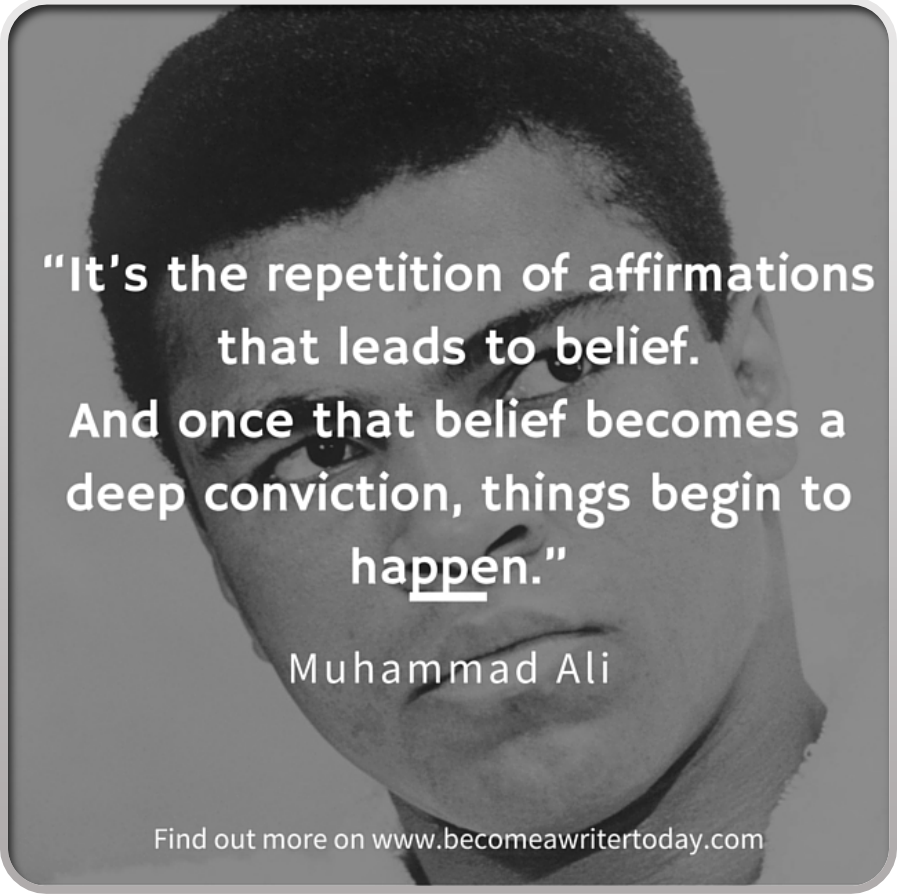
# Open Ended Questions Activity

	Diabetes	Hypertension	Depression
WHEN			
WHO			
WHERE			
WHAT			
HOW			

# Affirmations (O.A.R.S. +I)

## Things to affirm:

- Strengths and attributes
- Past successes future hopes
- Struggles and desires
- Current or past efforts to improve things
- The humanity and character of patient



“It’s the repetition of affirmations  
that leads to belief.  
And once that belief becomes a  
deep conviction, things begin to  
happen.”

Muhammad Ali

Find out more on [www.becomeawritertoday.com](http://www.becomeawritertoday.com)

# Affirmations (O.A.R.S. +I)

- Most affirmations are reflections, but not all reflections are affirmations.
- Shy away from using the word "I" and focus on "you" language.

*You've taken a big step today, and clearly have a lot of determination.*

*You are the kind of person who cares a lot about other people.*

*You must have a lot of courage to come in today, despite your strong reservations.*



# Reflections (O.A.R.S. +I)

Reflections have the effect of encouraging the other person to **elaborate, amplify, confirm, or correct.**

**Listen to understand, not to respond.**

Reflect Reflect Reflect

Reflect Reflect Reflect

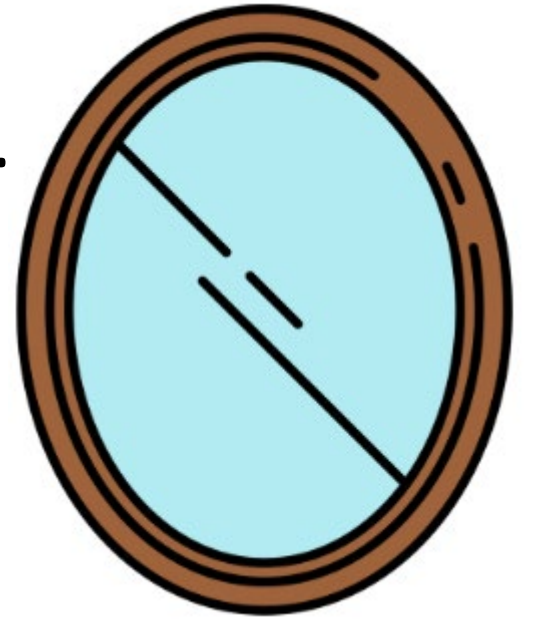
# Forming a Reflection

- Best guess about what the person means.
- In general, reflection is shorter than client statement.
- Voice inflection goes down at the end.
- Things to reflect on:

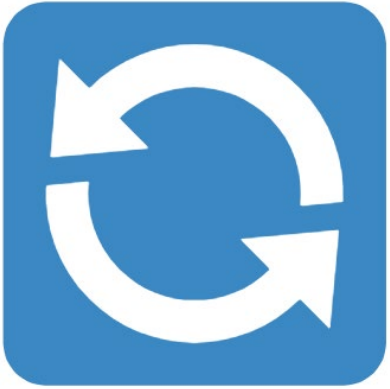
**Strengths**

**Change Talk**

**Ambivalence**



# Levels of Reflection



## Simple Reflection

- **Repeat**: uses same language
- **Rephrase**: uses new words
- Stabilizes conversation



## Complex Reflection

- **Paraphrase**: best guess of unspoken meaning
- Moves conversation forward



# Sample Reflections

Smoking helps relieve my stress.

- **Simple:** You're less stressed when you smoke.



# Sample Reflections



No, I don't want to quit smoking.

- **Simple:** You're not ready to quit.

# Sample Reflections

You don't know what it's like to quit smoking.

- **Simple:** Quitting is difficult for you.

# Reflections Activity

(in the moment)

- “I’ve tried to quit smoking more times than I can remember.”
- “When I stop smoking I get crazy and restless.”
- “Thinking about quitting is easy. Doing it is another story.”
- I should quit for my children.”
- “How am I going to cope with cravings?”
- “I don’t think I’ll ever be able to lose weight. I’m too lazy and I like eating too much.”
- “It’s really hard to find time to exercise – and eat well – when I’ve got two little ones at home.”
- “My down-fall is fast food. I think I’m addicted to french-fries.”

# Active Listening



# Summaries



**Focus** on strengths and change talk

**Offer** summary then ask a follow-up question

- **Closed:** Did I get it all?
- **Open:** What – if anything – did I miss?

**Use** to transition into brief action planning

- **Offer** summary with follow-up question
- **Ask** “so what's your next step?”
- **Set** SMART goal

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# Break

## 15 minutes



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# How to Respond to a “No”

- **Mine for the strengths** (they showed up to an appointment, agreed to meet/talk, etc.)
- **Thank them**
- **Follow-up question** (i.e. “we have X amount of time together. What – if anything – would you like to talk about?”)



# O.A.R.S +I

Open Ended Questions

Affirmations

Reflective Listening

Summaries

+Information Offering



**“We guide, they decide”**

# Information Offering (O.A.R.S. +I)

**Explore:** Ask what the client knows, has heard, or would like to know

**Offer:** With permission, offer information in a nonjudgmental way

**Explore:** Ask client about thoughts, feelings, and reactions to information



# Readiness Ruler

Using a scale to determine:

- **Importance**
- **Readiness**
- **Confidence**



# Putting OARS-I in the Water Activity



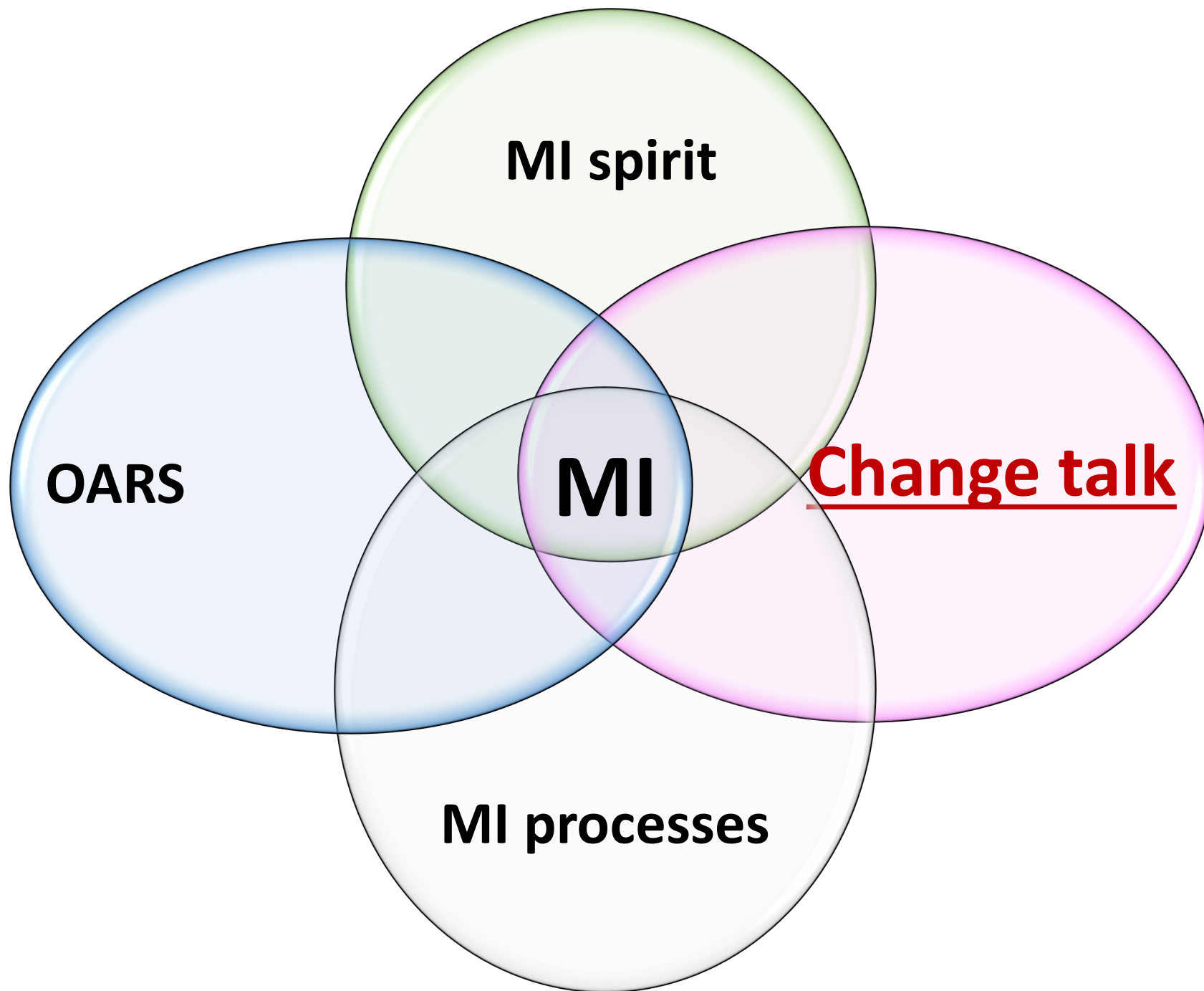


# Key Takeaways



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# Change Talk MI

# Objective



Discuss how to use patient language cues (change talk and resistance) in the application of MI skills.



## **Change Talk**

Any patient speech that favors movement toward a particular change goal.

## **Sustain Talk**

Any patient speech that favors status quo rather than a movement toward a change goal.



# Focusing for Change

Focus on the negative of continuing the status quo and positives of making change.

- **Step back** and ask for input
- **Consider** options
- **Share** information



# Knowing what to listen for



# Preparatory change talk

- Considering change
- Still some ambivalence



Desire

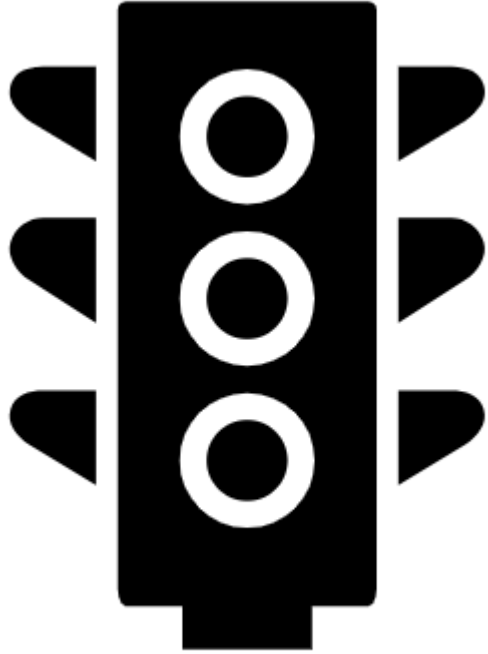
Ability

Reasons

Need



# Mobilizing Change Talk



- Resolution of ambivalence
- Intention, decision, readiness

Commitment

Activation

Taking steps

# Elevate Change Talk Minimize Sustain Talk



# Responding to Change Talk

## Reflection

“You don’t like the way this makes you feel sometimes, *and* you’re looking for ways you might change things.”

## Elaboration

“What other concerns have you had about...? What other things have people told you about this? Tell me more about...”

## Summarizing

“Let me see if I’ve got it so far...” (Summarize client statements, including ambivalence).

## Affirming

“That sounds like a good idea.”

## Clarifying Ambivalence

“What do you like about drinking... what is the other side, things you don’t like?” (Explore both sides).

## Clarify Values

“Our children are really important to you”. (Help move beyond ambivalence, important aspects of tipping the decisional balance in favor of change.

# Change Talk

## Using Reflections

### Complex

- Goes beyond what they said
- Aims to capture what they meant
- Deepens understanding
- Forward movement

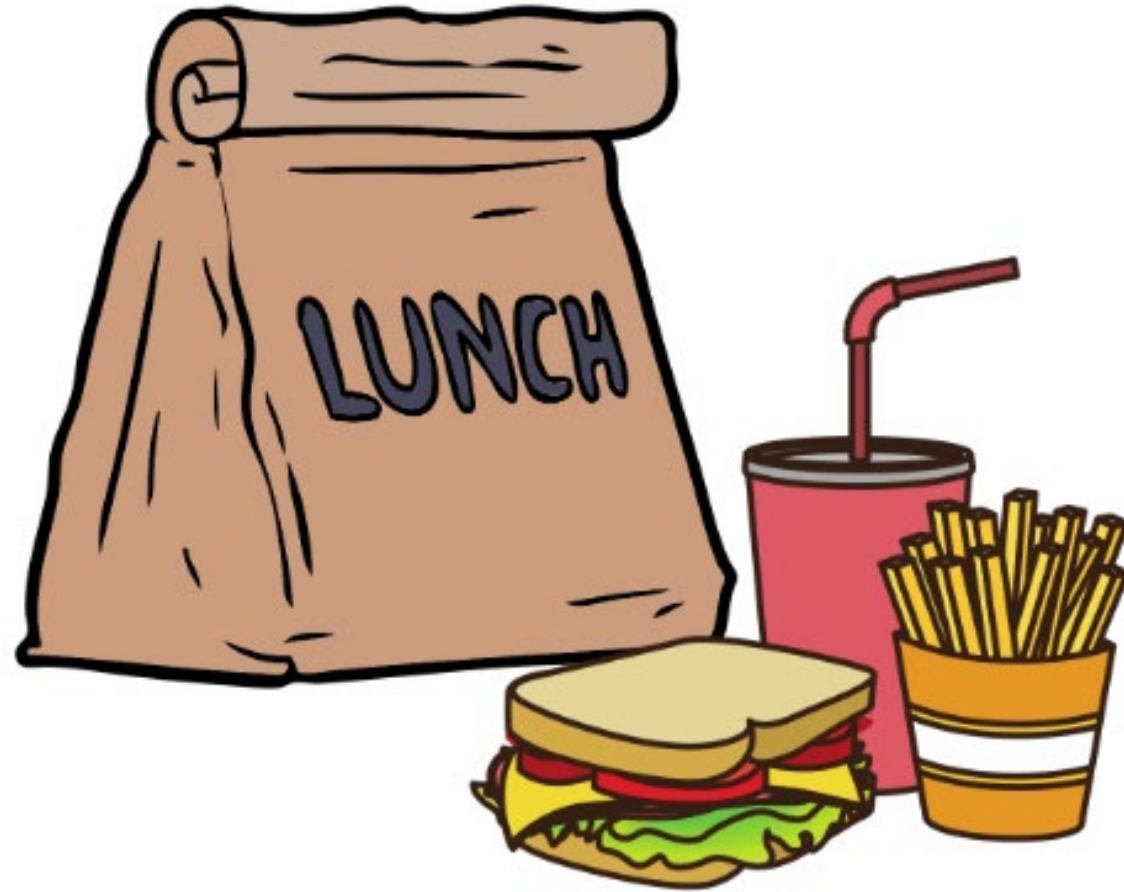




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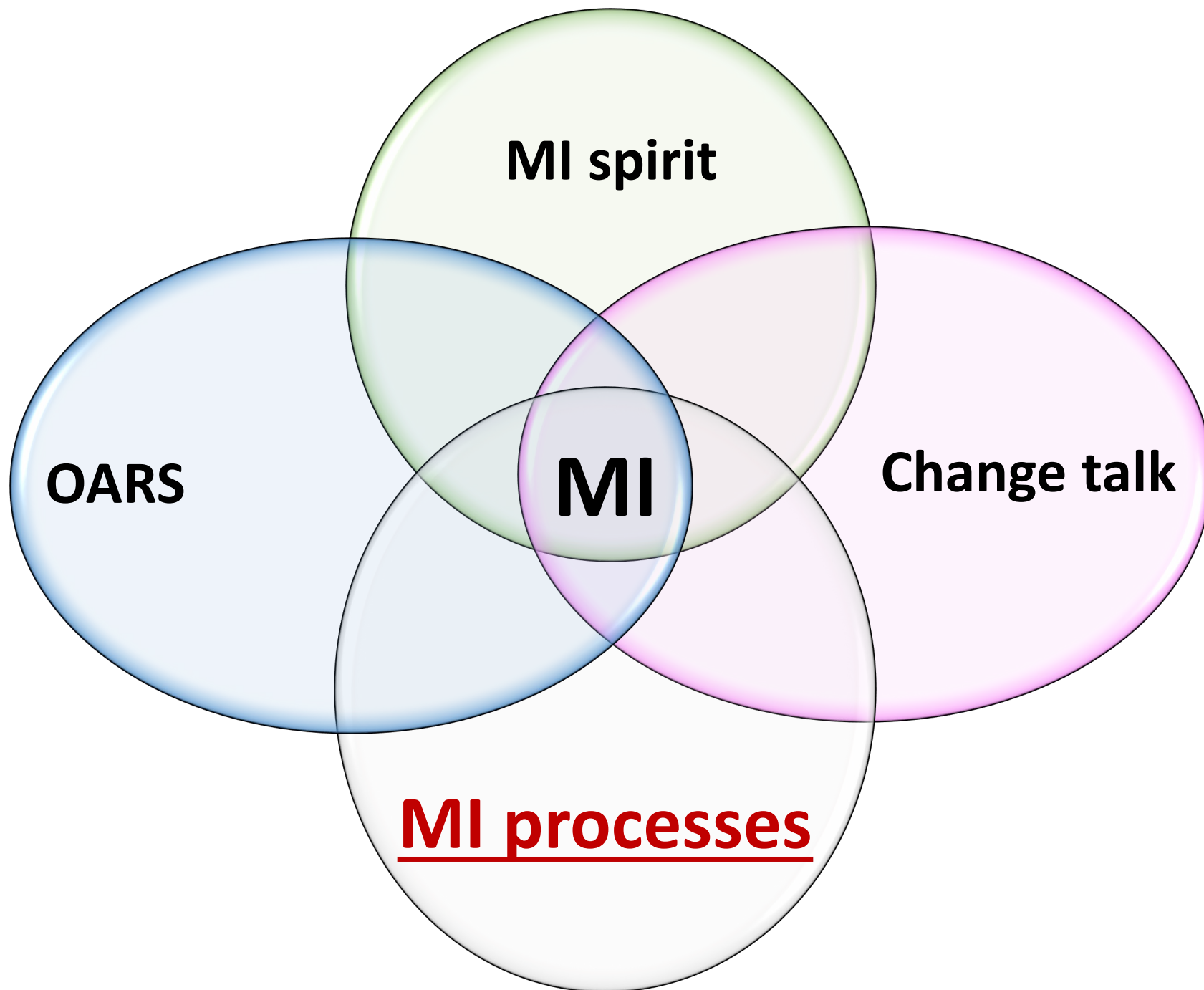
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# Objective

Explain how to engage the patient in the four processes in MI necessary for health behavior change



# MI Process



# Four Fundamental Processes of MI

Engaging

Focusing

Evoking

Planning

# Engaging

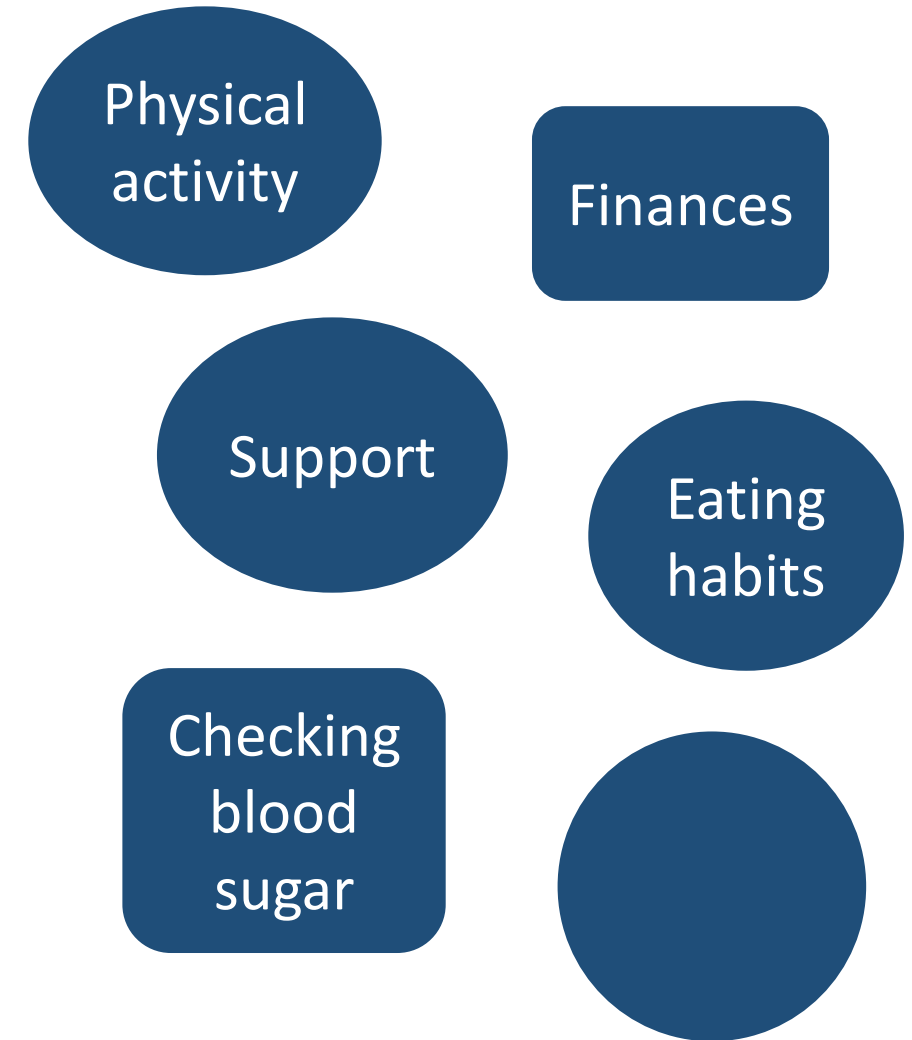
- Build rapport with the patient
- Open the conversation
- Style is key!
  - Warm and friendly
  - Support autonomy
  - Curious and open minded
  - Collaborative
  - Listen



# Focus

## We guide, they decide

- Negotiate the agenda and timeframe
- Target behavior (patient self-management goal) vs. outcome goal (doctor care plan)
- Circle chart
  - Blank
  - Pre-filled (SDoH images)
- Of the topics you identified, which might you want to talk about today?
- In the circles are some topics we might talk about today. They include... Which might you want to talk about today? Or is there something else?
- Why did you choose...?



# Focus

What brings you here today?

What is going well for your health?

What are you currently doing to maintain your health?

What steps have you taken to better your situation?

What changes are you considering that might impact your health?

What do you already know that you could do to \_\_\_\_\_?

What have you heard about what you could do to \_\_\_\_\_?

If a friend of yours were facing something similar, what would you suggest they do?

Of all the things we've talked about today, which one would you like to start with?

Where would you like to start?

# Evoke

- Most time in conversation spent exploring and building importance, confidence and motivation for behavior change.
- Patient makes argument for change.
- Style is key!
  - Curious and open-minded
  - Listening
  - Empathetic
  - Accepting and non-judgmental
  - Optimistic
  - Humble

*“People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others.”*

– Pascal



# Evoke

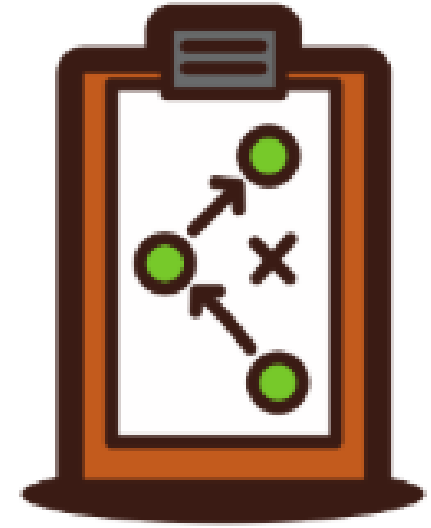
- What would be the benefits if you decide to make this change?
- How do you see your life being different if you decide to make this change?
- What are some reasons it's important to you to make this change?
- What are your motivations for making this change?

# MI Process

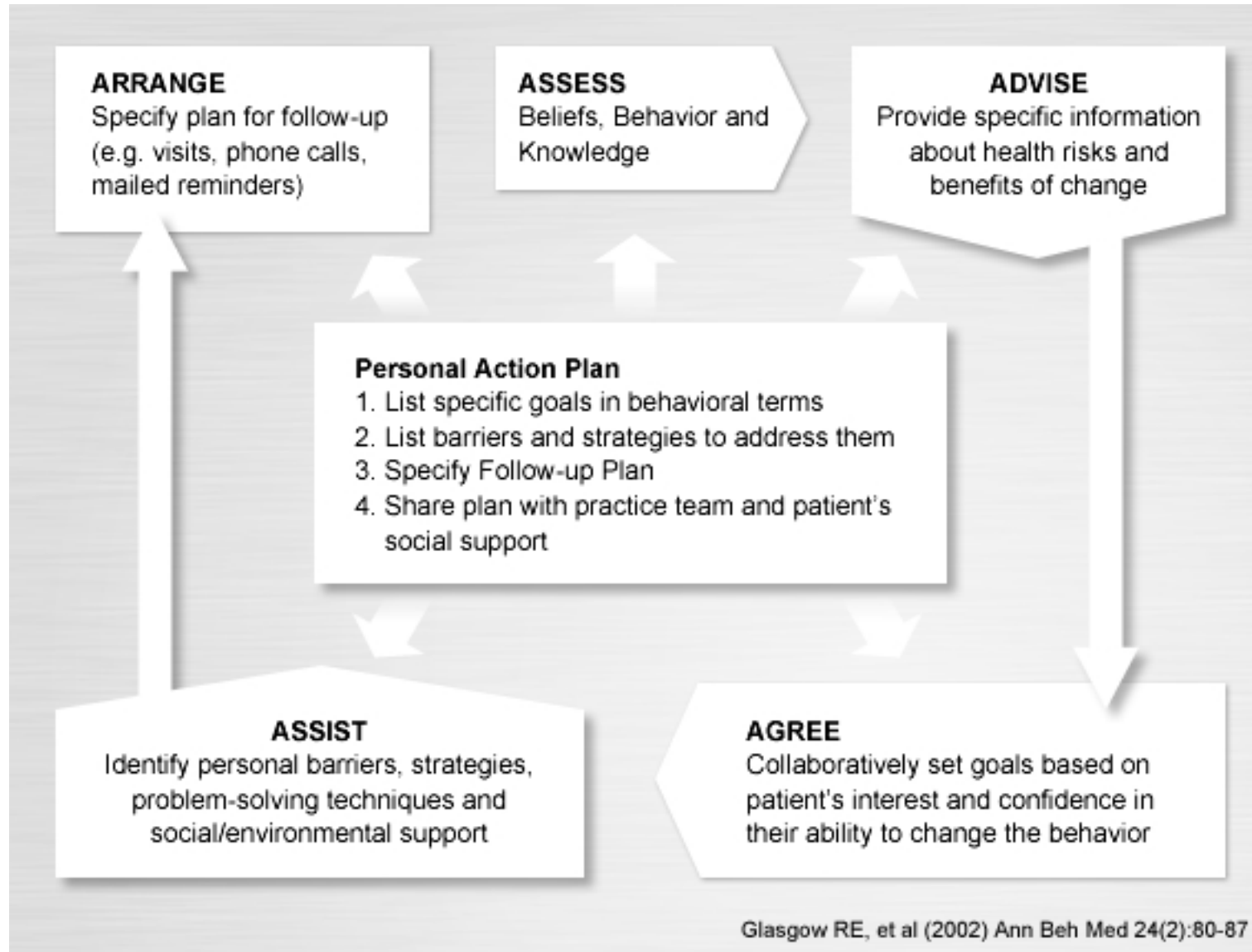


# Planning

- Collaboratively developing a specific change plan that a patient is willing to implement.
- Use SMART



# The 5 As of Self-Management Behavior Change



# Planning

S

- **Specific:** What? Where? When?

M

- **Measureable:** How often? How much?

A

- **Achievable:** Does this seem doable?

R

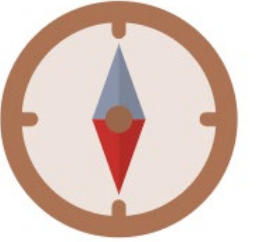
- **Relevant:** How practical is this to do now?

T

- **Time bound:** Start date? Goal length?

# Planning

What's your next step?  
Where do you go from here?



- **Problem Solving**

- What potential barriers do you see that might hinder you from achieving your goal?
- What have you thought of that might help you to overcome any potential barriers?

- **Confidence Ruler**

- What makes you a \_\_\_\_ and not a \_\_\_\_?
- What – if anything – would help you feel more confident?

- **Teach back**

- We covered a lot of information today and I'd like to make sure I've got everything. So tell me again what your plan is.

- **Confirm commitment**

- Is this what you are going to do?

# ACTION PLANS

40% of people are **not** ready to make an action plan.



Sometimes the goal is basic:  
**Goal: working with my care team member**



# Key Takeaways



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Assumptions	15 minutes
Wrap-Up	15 minutes

# Potential Barriers to Patient Engagement and Behavior Change



# Health Literacy

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

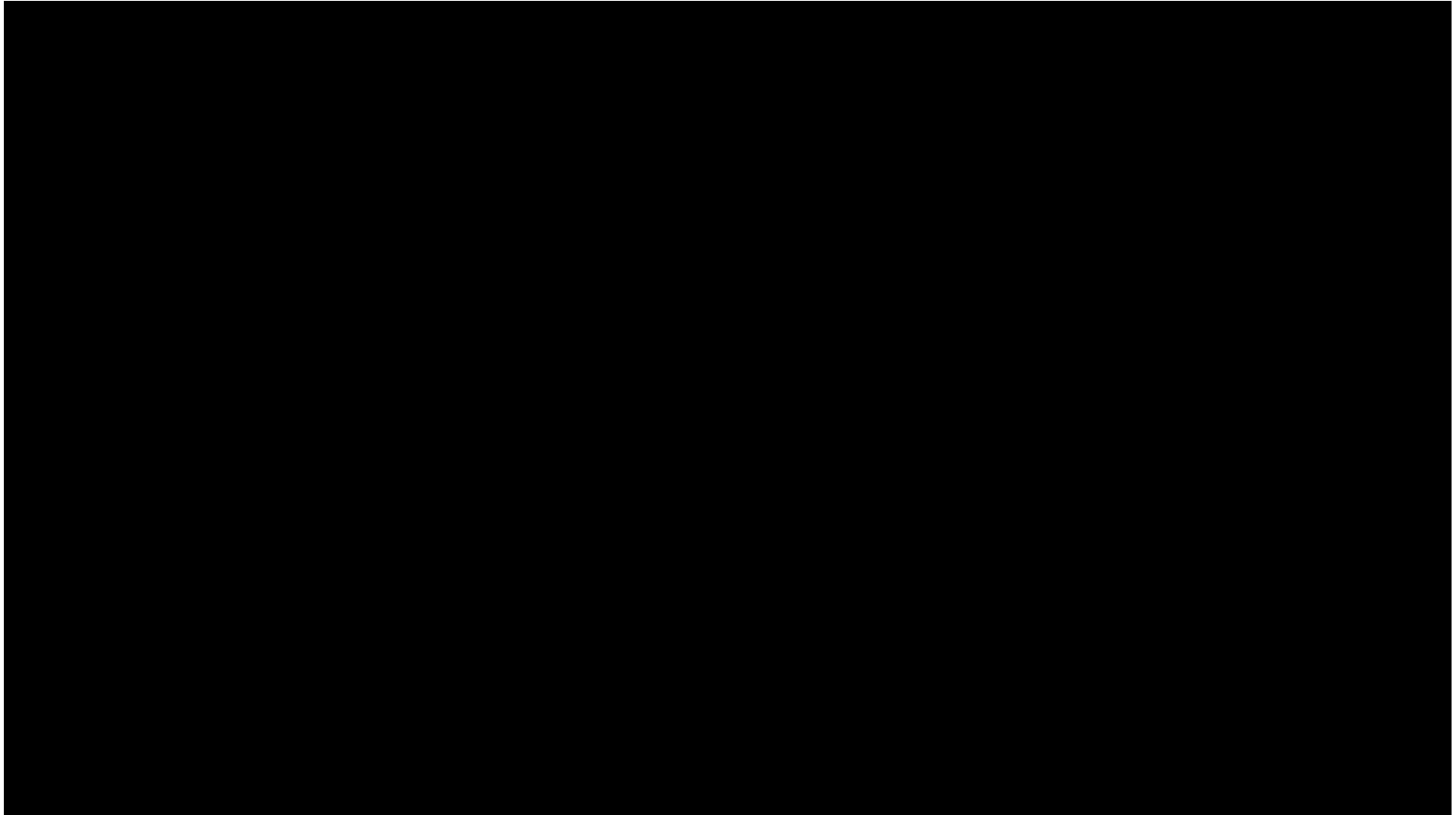
- Ratzan and Parker, 2000 / Healthy People 2010

# Objective:

Identify barriers to patient engagement and behavior change.



# Health Literacy – AMA



# Health Literacy



A **patient's ability** to obtain, understand and act on health information.



A **provider's capacity** to communicate clearly, educate about health and empower their patients.



# Impact on Self-Management

**21%** of the U.S. adults read **below the 9<sup>th</sup> grade level.**

- Impacts
- Reading prescription labels
- Finding their way in a health care system
- Fully understanding written materials.

# Functional Health Literacy

**Literacy is not only about reading and writing.**

- **Listening** for understanding
- **Evaluating** if the message sent was the same as it was received
- **Speaking**
- The ability to **ask questions**





**GNINAEELC – Ot erussa hgih ecnamrofrep, yllacidoirep naelc eht  
epat sdaeh dna natpac revenehw uoy eciton na noitalumucca fo  
tsud dna nworb-der edixo selcitrapp. Esu a nottoc baws denetsiom  
htiw lyporposi lohocla. Eb erus on lohocla sehcuot eht rebbur  
strap, sa ti sdnet ot yrd dna yllautneve kcarc eht rebbur. Esu a  
pmad tholc ro egnops ot naelc eht tenibac. A dlim paos, ekil  
gnihsawhsid tnegreted, lliw pleh evomer esaerg ro lio.**



# Why are patients at risk?



Reliance on the written  
word for patient  
instruction



Increasingly complex  
healthcare system

More medications

More tests and procedures

Growing self-care requirements

Esoteric language

# Who is at risk?

- Elderly
- Ethnic and racial minorities
- Limited education
- Immigrants
- Low socioeconomic status
- People with chronic disease



# Case Study Discussion

- Jonathan is a 14-year-old adolescent recently discharged from a mental health unit. This was his fourth admission over an 18-month period. His mother assumed responsibility for seeing that he took his medications as directed. His mother knew the names of his medications and faithfully monitored his taking of them. But Jonathan's behavior began to deteriorate again.
- At one of Jonathan's follow-up visits, the nurse asked him to show her the meds he was on, and how he was taking them. It turned out that Jonathan's mother couldn't read, got the meds mixed up, and was administering the daily med three times a day, and the TID medication once daily.

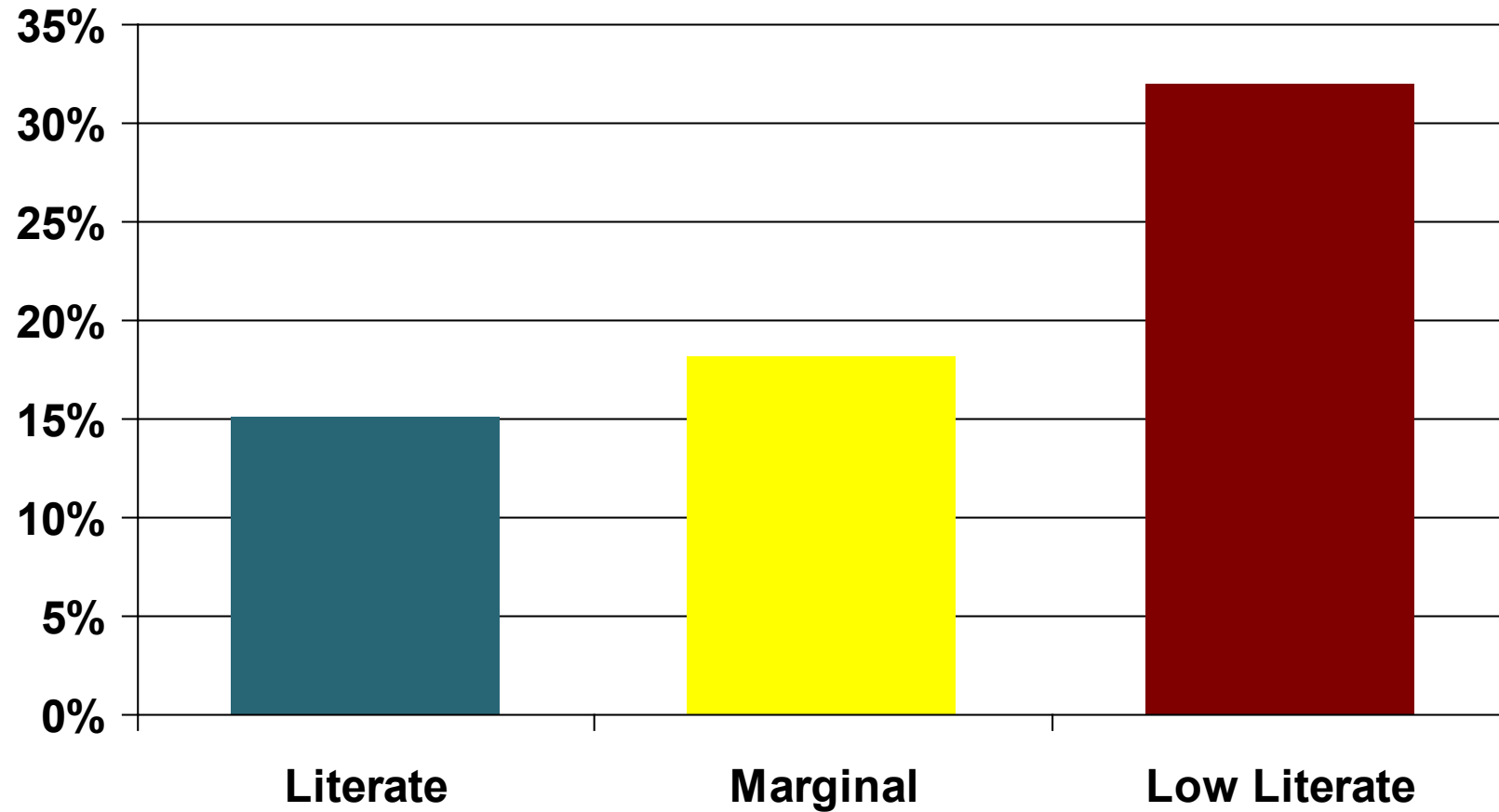
# Economic Impact



Low health literacy  
increases US  
health care costs  
by **\$50 billion**

**\$73  
billion  
annually\***

# Low Literacy Leads to Re-hospitalization



# Recognizing the Red Flags



**Making Excuses**



**Perceived  
Resistance**



**Frequently Missed  
Appointments, Tests**



**Has No Questions**



**Non-adherent with  
meds or treatment**

# Creating a Shame Free Experience

**Convey an attitude of helpfulness, caring and respect – by all staff**

- Ask questions to help patients open up
- Listen
- Encourage patients to ask questions
- SMILE 😊

**Provide assistance confidentially**





# ***Strategy:***

## **Improve interpersonal communication**

### **Slow down**

- Take your time

### **Use plain, non-medical language**

- “Living room” language



# ***Strategy:***

## **Improve interpersonal communication**

### **Use analogies and pictures**

- Charts
- Models
- Diagrams

### **Limit to most important concepts**

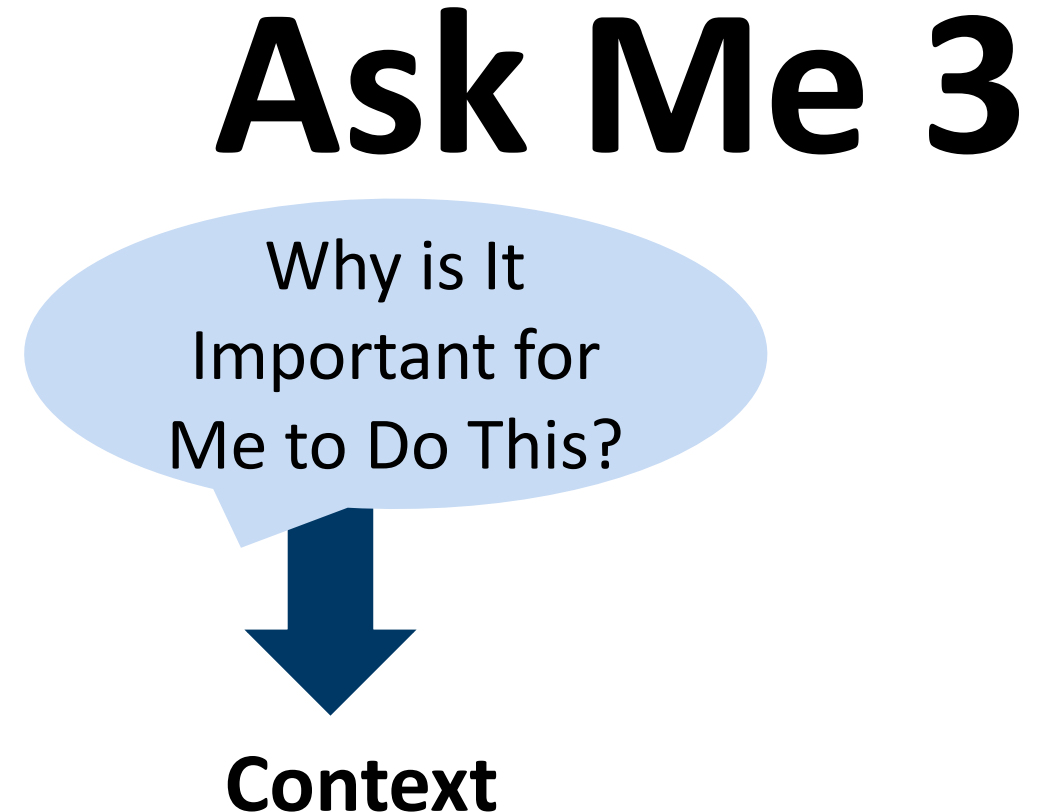
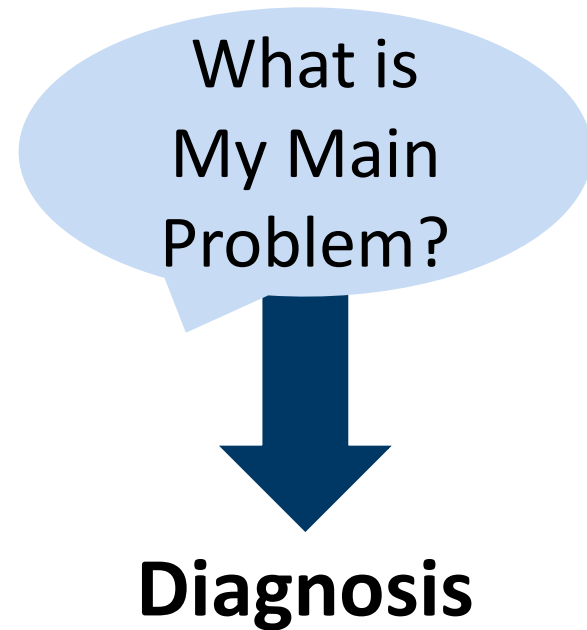
- Focus on 1-3 key messages

### **Repeat them**



# ***Strategy:***

## **Empower patients**



# ***Strategy:***

## **Use teach-back method**

### **Asking patients to demonstrate understanding:**

- What will you tell your spouse about your condition?
- I want to be sure I explained everything clearly, so can you please explain it back to me so I can be sure I did?
- Show me what you would do.

### **Chunk and check:**

- Summarize and check for understanding throughout, don't wait until the end.

### **Do NOT ask...**

- Do you understand?



**“Understanding is a two-way street.”**  
-Eleanor Roosevelt

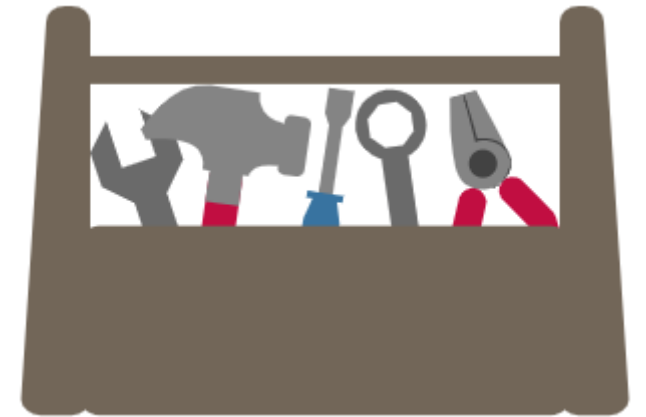


# ***Strategy:***

## **Identify Assessment and Support Tools**

### **Tips**

- Medi-Babble Application (<http://medibabble.com/>)
- Living Room Language Dictionary (see hand out)





# Key Takeaways

# Agenda

Topic	Time
Introduction	15 minutes
The Why	30 minutes
The Spirit	30 minutes
OARS	45 minutes
Break	15 minutes
OARS	30 minutes
Change Talk	45 minutes
Lunch	30 minutes
MI Processes	60 minutes
Barriers/Health Literacy	45 minutes
<b>Barriers/Culture and Language</b>	<b>30 minutes</b>
<b>Assumptions</b>	<b>15 minutes</b>
Wrap-Up	15 minutes



# Motivational Interviewing and Culture

# Objective

**Identify how to make cultural adaptations to MI**



# Background

- Studies from the United States have shown that when compared with European-Americans, **racial, ethnic minorities and other cultural minorities are often less likely to utilize mental health services.**
- Culturally adapted **Motivational Interviewing is still emerging**, and virtually all efforts have been conducted within the Latino American and American Indian populations.
- Motivational Interviewing has been **tested extensively and utilized among the Native American community** in New Mexico.

# Basic Definition of Culture

- **Culture** is a system of beliefs, values, and assumptions about life that guide behavior and are shared by a group of people.
- It includes **customs**, **language**, and **material artifacts** which are transmitted from generation to generation, rarely with explicit instruction.

# Group Activity:

## Everyone Has a Culture and Everyone Is Different

- Think about what **language you speak** at home.
- Think about what **food you eat**.
- Identify the **music you listen to** most often.
- In your family, what is **considered polite** and what is **considered rude**?
- What **manners have you been taught**? (Think about behavior toward a healthcare professional, spiritual leader or an elder.)



# Cultural Adaptation of MI

- Care team members should inquire about the **cultural values and beliefs of the patient** (such as personability, respect, and trust), which could influence communication.
- Identify the **areas of conflict or mismatch** between the intervention and the patient.
- Modify the intervention to become **compatible with a person's culture**, often by changing the language, content, concepts, goals, and/or methods.
- Rather than pathologizing cultures for their shame-inducing tendencies, **recognize the strength and resilience** that these cultures provide.

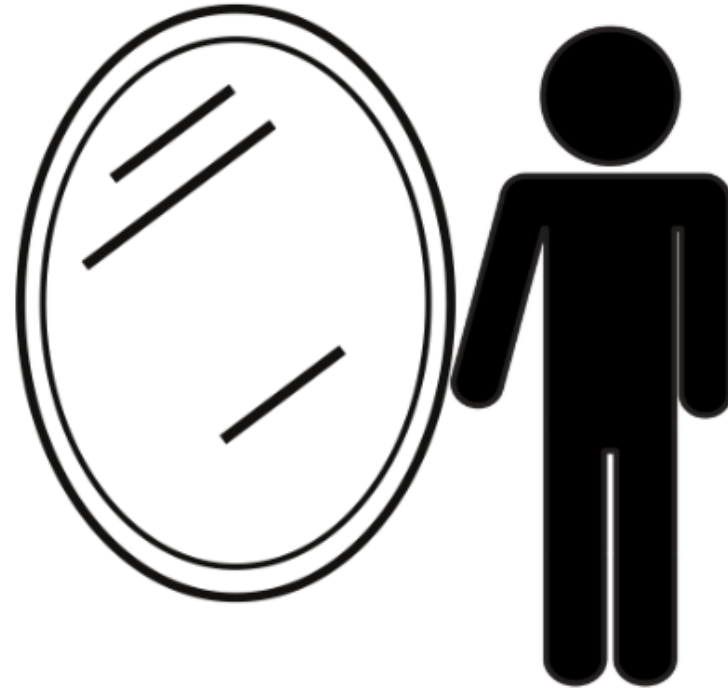
# End-Result of Cultural Adaptation

**Intervention** that is more natural or familiar intellectually and emotionally accessible to the patient may result in **enhanced efficacy, satisfaction, and retention.**



# Self-Awareness

Care team members should be aware of their **own values and biases**, and how these may **influence perceptions** of the patient, the patient's need, while addressing the issue.



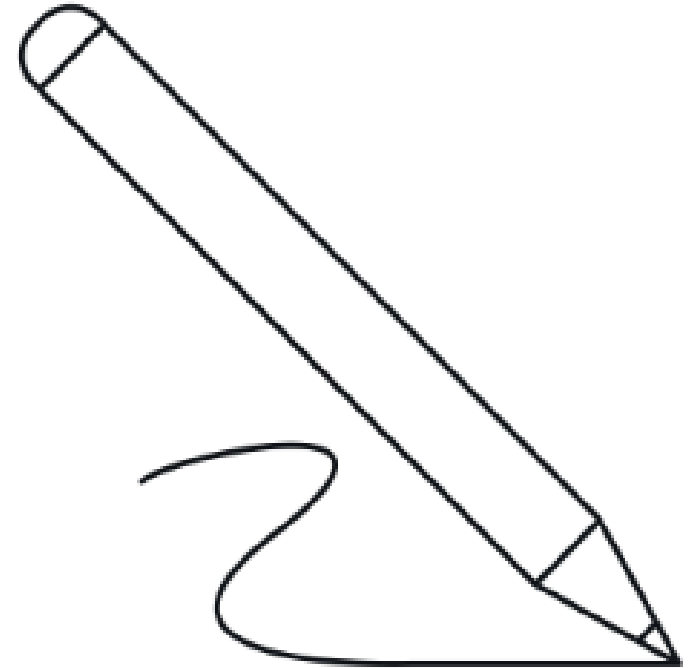


# Assumptions about self-care can cause harm.

<https://minoritynurse.com/assumptions-about-self-care-can-cause-harm/>

# Tips...

- Have the care team member disclose more personal information
- Inquire about ethnic background (i.e. identity, language, spirituality, and ties to the community)
- Avoid stereotypes
- Acknowledge historical traumas and losses (including discrimination)
- Exhibit greater cultural competence about celebrations, ceremonies, and traditions



# Tips...

- **Reflect** on biases
- **Focus** on strengths
- **Use** humor
- **Use** metaphors, myths, and storytelling
- **Ask** the patient about potential solutions to their own problems



# Key Takeaways

# Agenda

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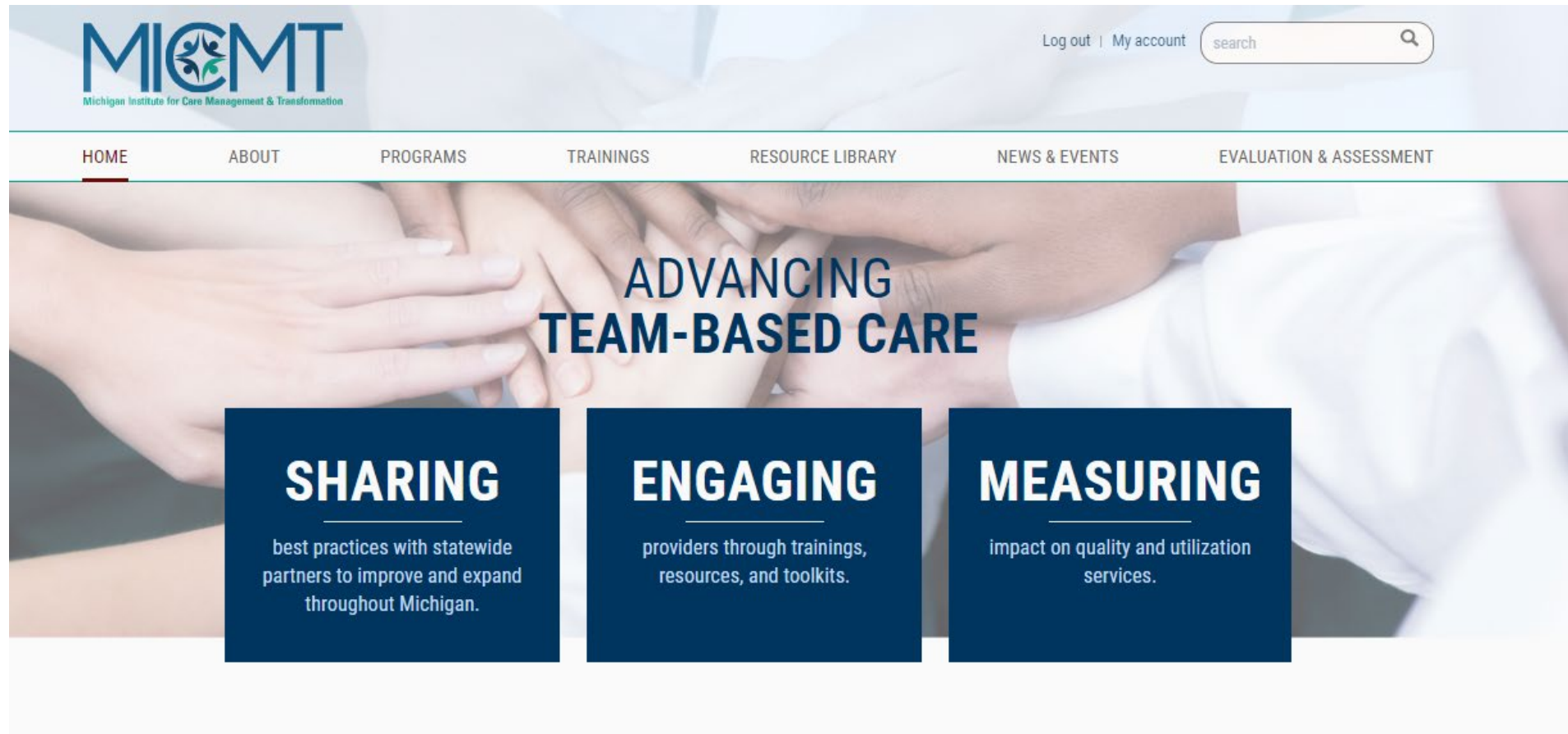
# Reminder: Successful Completion of Patient Engagement includes:

- Completion of the one day **in-person/virtual training**.
- Completion of the Michigan Institute for Care Management and Transformation (MICMT) **post-test** and **evaluation**.
- Achieve a **passing score** on the post-test of **80% of greater**.  
\*If needed, you may retake the post-test.
- Complete **simulation**.

**You will have (5) business days to complete the post-test.**

# MICMT Resources

<https://micmt-cares.org/>



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- <http://www.improvingchroniccare.org/index.php?p=Presentations & Slides&s=397>
- Centre for Collaboration Motivation and Innovation – <https://centrecmi.ca/brief-action-planning/>