Tools and Techniques for Patient-Centered Care for Aphasia: Case Examples

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Disclosures

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Session Outcomes

At the end of this session you will be able to:

• Describe three tools that can be used to help identify patient’s priorities in acute care, outpatient, or long-term care settings,

• List five steps in the process of Goal Attainment Scaling, an evidence-supported technique for collaborative goal-setting,

• Discuss a patient-centered care approach to goal-setting in acute care, outpatient, and long-term care settings.
Agenda

• Introduction to patient-centered goal-setting
• Acute Care
  – Case Study
  – Inpatient Care Functional Interview (ICFI)
• Outpatient
  – Case Study
  – Goal Attainment Scaling (GAS)
  – A Client’s Perspective
• Long-term Care
  – Case Study
  – World Health Organization (WHO)
  – Life Interest and Values (L!V)
• Conclusions and Questions
Patient-centered care: Definition

(Lawrence & Kim, 2011)

• Identifies individual’s communication skills and uses appropriate and effective communication strategies in all interactions between health-care professionals and the individual
• Identifies outcomes that are valued and prioritized by individuals
• Identifies outcomes that reflect the desired quality of participation
• Monitors and measures outcomes that are valued and prioritized by individuals
• Uses all of this information to inform the patient/provide clinical decision-making process
Patient-centered care improves health outcomes

• Patients who report a better health care experience have:
  – Fewer symptoms during hospitalization
  – Less likely to be readmitted
  – More trust, more likely to adhere to treatment regimens
  – Better recovery (including family practice/outpatient settings)
  – Better emotional health at follow-up
  – Fewer diagnostic tests and referrals

(Epstein, Fiscella, Lesser, & Strange, 2010)
Changes in health care reimbursement policies

**Fee for Service**
- Unbundled
- Each procedure has a fee
- Each procedure must produce a result

**Managed/Coordinated Care**
- Bundled care
- Each procedure should contribute (or add) value and quality to health
- Together, all coordinated services should produce a positive result or outcome

http://www.asha.org/uploadedFiles/ASHA/Practice/Health-Care-Reform/Healthcare-Summit-Executive-Summary-2012.pdf
SERVICE DOGS DO WHAT THEY'RE TOLD AND DON'T EXPECT A BISCUIT.  
... I'M MORE OF A FEE-FOR-SERVICE DOG.
Patient-centered care is at the center of improving quality, adding value, and improving patient experience.

So, how can we make sure our practice is patient-centered?
1. Do you discuss treatment goals with the client and family at the beginning of the course of treatment?
   a. Yes, always
   b. Sometimes, when I can
   c. Rarely or never
2. Which of the following do you typically do first?

a. administer an impairment-based assessment

b. interview (with or without a clinical tool) the patient and/or family about activities, goals, and desires
3. Do you ask the patient and/or family about their rehabilitation goals?

a. Yes, usually

b. Sometimes, when I can

c. Rarely or never
Do you do patient-centered care?

4. Which of the following best describes most of your goal-setting with patients?
   a. I establish the goals and frequency of therapy
   b. I suggest goals and the patient and/or family responds
   c. I engage in a fully collaborative goal-setting meeting whenever possible
5. Imagine that your client was formerly quite politically active, and now after stroke will have significant difficulties physically getting to and participating in political meetings. She expresses her desire to get on the internet as an alternative way to participate in her political efforts, but acknowledges that she doesn’t have a computer. Would you include any of this into a rehabilitation goal?

a. Yes
b. No
c. Maybe
Do you do patient-centered care?

Scoring: Score each of your responses with the following points.

1: a = 3, b = 2, c = 1
2: a = 1, b = 2
3: a = 3, b = 2, c = 1
4: a = 1, b = 2, c = 3
5: a = 3, b = 1, c = 2

Add up your scores for the five items.

If you scored 10 or higher, you are taking every opportunity to engage in patient-centered care during goal-setting.
In a therapist-led approach, quantitative assessments determine the impairment and the clinician sets the goals and treatment.

Adapted from Leach et al, 2010
Patient-Centered Model

A patient-centered approach focuses on what the client wants to do and involves them in all steps of the process.

Adapted from Leach et al, 2010
ACUTE CARE TOOLS & TECHNIQUES
Acute: Case Study

Mr. A is a 58-year old right-handed gentleman who was admitted through the ER last night with difficulty talking and right-sided weakness. The worst of his symptoms were short-lived and the nurse reports he is doing better this morning, sitting up in the chair and talking. You have received orders for a speech/language/swallowing evaluation.
Acute: Therapist-led approach

- Mr. A’s speech, language, and cognition are assessed via evidence-based screenings like the MoCA and the Frenchay Aphasia Screening. See the Directory of Speech-Language Pathology Assessment Instruments [http://www.asha.org/SLP/assessment/Assessment-Introduction/](http://www.asha.org/SLP/assessment/Assessment-Introduction/)

- The presence or absence of dysarthria, apraxia, aphasia, cognitive impairments, or swallowing impairments are documented.

- The clinician makes recommendations about further treatment.
Acute: Patient-centered approach

Inpatient Functional Communication Interview

(O’Halloran et al, 2004)
IFCI: Four steps

1. Review medical records.
2. Conduct the structured interview at bedside, and explores the effectiveness of various communication strategies.
3. Supplement this information by gathering information from other relevant staff, such as nurses or other therapists.
4. Record the findings and recommendations for communication enhancement.

IFCI: Communication situations

1. Gaining patient’s attention.
2. Telling if help is needed for lifts or transfers.
3. Telling about social or personal details.
4. Telling about what has happened to bring him/her into the hospital.
5. Telling about pain or discomfort.
6. Asking for something he/she needs.
7. Telling about current medical situation.
8. Telling about something he/she does/does not like.
9. Expressing his/her feelings.
10. Asking questions about his/her medical care.
11. Telling you if he/she is hungry/thirsty.
12. Ordering meals.
Importance and Prevalence

- Perhaps as many as 88% of individuals admitted into a stroke inpatient ward have some form of disability that affects their ability to comprehend or express health information while in the hospital.

- Approximately 44% of these patients are experiencing at least mild language impairment.

(O’Halloran, Worrall, & Hickson, 2009)
Acute Care: Goals

• Mr. A will be able to communicate discomfort and basic needs.
• Mr. A will be able to understand routine medical information (such as medication information)
• Mr. A will be able to express/understand with supported communication (caregiver training)
OUTPATIENT TOOLS & TECHNIQUES
Mr. W is a 51 yo, right-handed male, 6 years s/p ischemic stroke. He attended numerous residential and non-residential intensive aphasia therapy programs and group therapy programs. He presents with dense right-sided hemiparesis and moderate Broca’s aphasia.
OP: Therapist-Led Assessment

• After a short conversation, directly proceed to pre-selected assessments chosen by the clinician.
  – WAB or BDAE
  – Cognitive assessment
  – Results in quantitative measurements + clinical observations

• Write goals based on quantitative measurements
OP: Therapist-Led Goals

• Examples of real goals based on impairment assessment

Client will produce sentences with appropriate verbs in 80% of opportunities.

To improve spoken sentence length in response to yes/no, choice, and wh-questions
At the beginning of treatment, Danzie often answered questions in short phrases.

1. [ ] will increase auditory comprehension of sentences/short conversation to 85% accuracy independently. – GOAL MET

To improve spontaneous pronunciation of tri-syllabic words
[ ] identified articulation of multi-syllabic words as a personal goal at the beginning of treatment. Word lists were practiced from The Source for Apraxia Therapy.
OP: Patient-Centered Goals

In DW’s case, a conversational interview was effective in eliciting life-participation goals:

– He is a father of two daughters who live away from home. He wants to keep in contact with them.
– He enjoys reading the newspaper every morning at breakfast. But he relies on his wife to understand the articles.
– He loves going to movies. He wants to share his recommendations.
– He was a successful TV beat reporter and corporate trainer. He continues to enjoy talking and presenting to groups.
OP: Patient-Centered Goals

• Together, the conversation turned into these stated goals:

  1. Stay in contact with friends and family by writing emails, text messages, blog posts, with more independence

  2. Read and understand articles of interest in the newspaper with greater independence

  3. Attend classes/presentations to practice work-related presentation skill analysis
OP: Patient-Centered Assessment

• Now assess based on the client’s goals!
  – Appropriate portions of normed tests

• I also need to know:
  – Writing ability without AND WITH assistance
    • I will probably use Speech-to-Text in tx so I will evaluate speech sample
  – Reading ability without AND WITH assistance
    • I will probably use Text-to-Speech for goal so I will evaluate reading comp with auditory support

• Client’s own rating from GAS
OP: Goal Attainment Scaling

- Goal Attainment Scaling (Malec, 1999)
  - 5 Point scale that defines
    - Expected result within the timeframe
    - More than expected and most favorable
    - Less than expected and least favorable
  - Client rates their current level of performance
  - At the end of therapy, client rates how well they did toward expected goals

- Client involvement THROUGHOUT

- Therapy is an automatic output of the goals

see Morris et al (2011) for more treatment examples
OP: GAS Goal - Newspaper

Using Goal Attainment Scaling

GOAL:
Stay in contact with friends and family by writing emails, Facebook and blog posts with more independence, including a movie review blog.

Time frame: 4 weeks

RATING:
4: Most favorable outcome:
Weekly contact with friends and family using 3-4 sentences with no assistance for idea/message and minimal or no assistance using assistive devices for spelling. Includes 3+ facebook posts, 2-4 emails including 1-2 movie reviews.

3: More than expected outcome:
Weekly contact with friends and family using 2-3 sentences with minimal or assistance for idea/message and minimal to moderate assistance for spelling primarily using assistive devices. Includes 3+ facebook posts, 2-4

2: Expected outcome: 4 WEEKS
Read short articles of interest with 75%+ understanding and minimal support.

Rating Scale:

10/2/13 blue pen
10/25/13 pink pen
Derrick & Suzanne Wong

CLIENT EXPERIENCE
LONG-TERM CARE TOOLS & TECHNIQUES
Mrs. C is an 80-year old woman who had been living independently in a senior apartment complex when she had a left hemisphere stroke resulting in a fluent aphasia six months ago. She was admitted to your skilled nursing and received all 3 therapies for 3 months. Now, your rehab director is asking whether you will be continuing her on your caseload, and if so, you will need to write new goals.
LTC: Case Study

• By the end of her three months of rehab, Mrs. C was able to communicate some information, but was unable to request specific items or actions.

• Nursing staff complain that Mrs. C “doesn’t listen”, “doesn’t follow directions”, “can talk fine when she wants to”, and “sometimes she’s confused”.

LTC: Therapist-Led Assessment & Goals

- Mrs. C will be able to follow 2-step directions with 90% accuracy
- Mrs. C will be able to name functional/personally relevant pictures with 90% accuracy.
LTC: Patient-Centered Assessment

- Interview questions from Appendix 2 of the WHO ICF Checklist (using supports)
- Life Interests and Values assessment
Tools: ICF Checklist

<table>
<thead>
<tr>
<th>Short List of A&amp;P domains</th>
<th>Performance Qualifier</th>
<th>Capacity Qualifier</th>
</tr>
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<tbody>
<tr>
<td>d3. COMMUNICATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d310 Communicating with -- receiving -- spoken messages</td>
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<tr>
<td>d315 Communicating with -- receiving -- non-verbal messages</td>
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<tr>
<td>d350 Conversation</td>
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ICF Checklist: Performance

Probes

(Performance)

(1) In your present situation, how much of a problem do you actually have making friends?

(2) Is this problem making friends made worse, or better, by anything (or anyone) in your surroundings?

(3) Is your capacity to make friends, without assistance, more or less than what you actually do in your present surroundings?
IV. Interpersonal Interactions

(Capacity)

(1) In your present state of health, how much difficulty do you have making new friends, without assistance?

(2) How does this compare with someone, just like yourself only without your health condition?

(Or: "...than you had before you developed your health problem or had the accident?")
Life Interests and Values (L!V) cards

- www.liv.org

- Pictorial support for individuals with restricted communication ability to indicate activities and life participation which is most relevant to them
L!V cards: Interview

1. Do you do this now?
   - No
   - Yes

2. Do you want to START doing this?
   - No
   - Yes

3. Do you want to do this MORE?
   - No
   - Yes
LTC: Patient-Centered Goals

• Mrs. C enjoyed working jigsaw puzzles, but had difficulty finding them and getting them out. Mrs. C will successfully request activities 80% of opportunities.

• Mrs. C was frustrated by how difficult it was to understand the staff. Mrs. C will request repetition 80% of opportunities to enhance comprehension.
Conclusions

• We have attempted to draw a very clear distinction between therapist-led and patient-centered approaches in assessment and intervention for clarity.

• Of course, hybrid models that meet in the middle are also possible and may be very appropriate based on the setting and/or client characteristics.
Do you do patient-centered care?
References

• Our handout provides a list of ASHA publications on patient-centered care.