Providing Nutritional Care in the Office Practice

Teams, Tools, and Techniques

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KEYWORDS

• Communication • Behavior change • Counseling • Motivational interviewing
• Shared decision making

KEY POINTS

- Provision of dietary counseling in the office setting will be enhanced by using team-based care and electronic tools.
- Effective provider-patient communication is essential for fostering behavior change: the key component of lifestyle medicine.
- The principles of communication and behavior change are skill-based and grounded in scientific theories and models.
- Motivational interviewing and shared decision making, a collaboration process between patients and their providers to reach agreement about a health decision, is an important process in counseling.
- The 5 A's also can be used as an organizational construct for the clinical encounter.
- The behavioral principle stages of change, self-determination, health belief model, social cognitive model, theory of planned behavior, and cognitive behavioral therapy are used in the counseling process.

INTRODUCTION

Providing dietary counseling in the office setting is challenging because of multiple barriers that include time restraints, limited resources, inadequate reimbursement, and low physician confidence.[1,2] However, changes in practice management that include formation of practice-based teams, incorporation of electronic tools, and more skillful communication and counseling techniques should lessen some of these barriers.

PROVIDING DIETARY CARE IN THE OFFICE SETTING

Team Approach

Although still emerging, the patient-centered medical home and accountable care organizations (ACO) are intended to provide collaborative patient-centered, team-based

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health care for a defined population of patients.[3] Within this infrastructure, each member of the team can use their unique skills to provide optimal long-term care, including dietary and physical activity counseling by trained interventionists. Another example that emphasizes teamwork is the Chronic Care Model (CCM), an innovative health systems approach to deliver collaborative chronic disease management.[4] The CCM calls for creation of multidisciplinary teams to create both cooperation and a division of labor to improve the care of patients with chronic diseases.[5,6] Such teams ensure that key elements of care that physicians may not have the training or time to do well are competently performed.[4,7] Another integrative model is to colocate or embed advanced practice nurses[8–10] and mental or behavioral-health providers into the medical setting.[11] Multidisciplinary teams have been implemented in the treatment of several chronic diseases, including diabetes[12] and hypertension,[13] 2 common comorbid conditions that are diet-related. Regardless of how the workload is distributed, the physician is generally considered the team leader and the source of a common philosophy of care. The key to success is physician commitment and a supportive organizational structure.

Tools and Resources

A significant portion of time spent in evaluation and treatment can be reduced by the use of tools, protocols, and procedures. Tools assist in patient risk assessment, prompting and tracking of counseling and referral, and education.[14] According to the CCM, optimal clinical encounters occur when an informed, activated patient interacts with a prepared, proactive team.[6] Two "paper-and-pen" tools previously developed to assist in dietary assessment and counseling are the WAVE (Weight, Activity, Variety, and Excess) and REAP (Rapid Eating and Activity Assessment for Patients).[15] However, with passage of the Affordable Care Act (ACA) and widespread use of Electronic Health Records (EHR), work is under way on developing electronic Health Risk Assessments (HRAs) that incorporate pertinent, patient-centered social and behavioral risk factors to be used for improving and monitoring health status.[16] My Own Health Report (MOHR) is one such tool that collects information on 8 sociodemographic elements and 13 specific health risk factors, including items on consumption of fruits and vegetables, fast food, and sugary beverages.[17]

Other tools, such as Web-based technologies, mobile devices, wearables, and electronic apps for smartphones or tablets, have emerged that facilitate self-monitoring and behavioral counseling.[18] The benefits to the patient are increased awareness of dietary intake, education regarding the quantity and quality of food consumed, and improved motivation and adherence. Provider benefits include a better understanding of patients' diets and more data to measure and analyze. Perhaps most importantly, self-monitoring is integral to managing chronic diseases and has been shown to be an essential initial step in promoting behavior change.[19] Routine incorporation of electronic tools into the office practice facilitates another key component of the CCM: self-management support. With the utilization of team-based care and electronic-based assessment and treatment resources, the provision of dietary care should be more practical and achievable in the ambulatory care setting.

COMMUNICATION

The cornerstone of effective dietary counseling and behavior change is grounded in skillful and empathetic provider-patient communication. This vital interaction is affirmed by Balint's[20] assertion that "the most frequently used drug in medical practice is the doctor himself." In a review of the literature, Stewart[21] found that the quality of