

Make Action Plans

Overview

Many patients have trouble taking the actions they need to maintain their health and manage their health conditions. An action plan, created by the patient and clinician, outlines a step the patient can take to attain a larger health goal such as quitting smoking or losing weight. Action plans help patients integrate these steps or health behavior changes into their daily lives to achieve the goal, and they allow for patients to be actively involved in their own care. Research has shown that such plans are instrumental in bringing about behavior changes in patients. In a recent study of more than 200 patients, 5 percent reported a behavior change in a followup phone call 3 weeks after their visit with a physician when an action plan was made.¹

Purpose

To guide clinicians through the process of creating and using action plans in their practice.

Tips

Opportunities to Use Action Plans

- Making diet changes.
- Smoking cessation.
- Increasing physical activity.
- Reducing stress.
- Improving sleep habits.

Action

- **Action plan video.**
 - ◊ Watch this 6-minute [American College of Physicians Foundation Video](#) to see three examples of patients and providers creating an action plan.

- **Action plan forms.**
 - ◊ Below are two options for action plan forms:
 - ◆ [Action Plan Project](#) ↗ by the University of California at San Francisco Department of Family and Community Medicine has action plans in English, Spanish, and Chinese.
 - ◆ [The Action Plan Form](#) ↗ in this toolkit can be modified to fit your needs.
- **Create action plans with patients.**
 - ◊ **Motivation:** If a patient does not express the motivation to change, then the patient is not ready for an action plan. The goal must be important to the patient for the plan to be successful.
 - ◊ **Created by the patient:** The patient must determine the goal with the provider's guidance.
 - ◊ **Small and realistic:** Brainstorm small, specific, and realistic steps the patient can take to achieve the goal that can be re-evaluated over a short time period, like a week.
 - ◊ **One step at a time:** Have the patient pick one specific step that he or she is likely to implement.
 - ◊ **Fill out the form:** Outline what, how much, when, and how often they will do the step.
 - ◊ **Assess confidence:** Assess the patient's confidence by asking, "How confident are you that you can follow this action plan?" A patient should feel confident, stating a 7 or higher on a scale of 0-10 on confidence. If they are not, revise the goal so the patient feels confident they can achieve it.
 - ◆ Ask the patient, "What might stop you from following this action plan?" Problem solve about how to overcome barriers.
 - ◊ **Make a copy of the action plan:** Give a copy to the patient, and place a copy in the patient's chart.
- **Followup.**
 - ◊ **Followup is very important;** it lets the patient know that you are interested in helping them achieve behavior changes. Options for followup include a phone call or meeting during an office visit.
 - ◊ **If the goal was not achieved,** the followup can help to redefine a goal that can be achieved and result in recognized progress for the patient.

- ◊ If goals were achieved, celebration and praise are in order! Work with the patient to make the next goal. Each small step gets the patient closer to the ultimate goal of eating healthier, quitting smoking, losing weight, etc.
 - ◊ Track progress. Action plans can help clinicians track patients' progress over time and improve the likelihood that health goals will be discussed in followup visits.
 - ◊ Refer to [Tool 6: Followup with Patients](#) ↗ for more information on followup.
- Help providers to remember to use an action plan.
 - ◊ Accessible: Copy the form and determine how it will be accessible to physicians when they are seeing patients:
 - ◆ Place them in an accessible folder or drawer in the exam rooms.
 - ◆ Make it available in the electronic medical record.
 - ◆ Have the physicians carry their own supply.
 - ◆ Put them in patients' charts.
 - ◆ Copy the action plans on colored paper so they stand out.

Track Your Progress

- Assess frequency of use.
 - ◊ Have clinicians record in the chart whether an action plan was created or reviewed. At the end of the first week, identify the percent of patients who had an action plan created with their clinician. Check again in 2 months, 6 months, and 12 months to see how many action plans are created or reviewed. Aim to create action plans for 90 percent of patients that have chronic health problems or with specific unhealthy behaviors within 12 months.

Resources

- [“Helping Patients Adopt Healthier Behaviors”](#) ↗ is a four-page journal article about actions plans that gives example dialogue on how to use them.
- [“What are Action Plans?”](#) ↗ is a two-page document on action plans from the University of California at San Francisco School of Medicine.

References

- ¹Handley M, MacGregor K, Schillinger D, et al. Using action plans to help primary care patients adopt healthy behaviors: a descriptive study. *J Am Board Fam Med.* 2006;19(3):224-31.