

Health Risk Assessment: A Tool for Patient-Centered Care



Healthy Michigan Plan Health Risk Assessment:

A primary goal of the Healthy Michigan Plan (HMP) is for beneficiaries to actively engage in their health care and maintain or achieve healthy behaviors (e.g., reducing tobacco use, increasing physical activity, improving management of a chronic condition).

- The HMP Health Risk Assessment (HRA) was developed to promote overall health and well-being.
- The HRA is intended to be completed annually by beneficiaries in collaboration with their primary care provider.

The Health Risk Assessment: A Tool for Action

The HRA is a tool that can be used to systematically collect information from beneficiaries to:

- Identify health risk factors;
- Provide individualized feedback; and
- Connect beneficiaries with interventions to promote health, sustain function, and/or prevent disease.

The HRA process includes interpreting HRA findings, counseling beneficiaries, and developing patient-centered, individualized care plans in collaboration with beneficiaries that include healthy behavior goals.

Over time, the annual HRA process can help providers and patients track progress toward meeting established goals, recognizing that addressing and maintaining healthy lifestyle changes is a long-term process.¹

Patient-Centered Care Planning

The HRA may be used to develop a **patient-centered care plan** with a goal of improving health status and/or delaying the onset of disease. “Patient-centered care is considered to be care that is relationship-based and makes the patient feel known, respected, involved, engaged, and knowledgeable.”²

Patient-centered care plans should be culturally appropriate and include goal setting, coaching, referrals, and monitoring.

- **Culturally competent** plans aim to promote health equity by respecting individuals’ beliefs, and understanding the bio-psychological context in which they experience illness and health.¹
- Discussing patients’ **ability to implement healthy behaviors** (e.g., having access to healthy foods or a safe environment for exercise) is an important part of the planning process.
- **Coordinating care and services** with the HMP Managed Care Plan and providing referrals to community resources are essential in helping individuals’ succeed in their attempts to maintain or achieve healthy behaviors.

1. Goetzel, RZ; Staley, P; Ogden, L; Stange, P; Fox, J; Spangler, J; Tabrizi, M; Beckowski, M; Kowlessar, N; Glasgow, RE, Taylor, MV. A framework for patient-centered health risk assessments – providing health promotion and disease prevention services to Medicare beneficiaries. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2011. Available at: <http://www.cdc.gov/policy/opth/hra/>.

2. Creating Patient-centered Team-based Primary Care, March 2016, AHRQ Publication No. 16-0002-EF; www.ahrq.gov <https://pcmh.ahrq.gov/page/creating-patient-centered-team-based-primary-care>

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Shared Decision Making

The HRA process should support a **shared decision making** process that entails:

- The primary care provider offering feedback in the form of educational messages, counseling, and/or referrals to assist in changing high-risk behaviors and health habits.
- Over time, provider feedback has the potential to impact health behaviors and/or modify patients' risk of disease and improve chronic disease management. ¹

Assessing Patient Readiness to Change

An essential component of successful behavior change is recognizing the individual's readiness to change.

- Primary care providers play a significant role in helping patients change behavior to prevent disease and manage chronic conditions and/or addictive behaviors (e.g., tobacco, alcohol, substance abuse). ³

Beneficiary responses to **Section 3 of the HRA** will help providers:

- Gauge patients' readiness to change;
- Guide collaborative discussions; and
- Assist patients in selecting healthy behavior goals to work toward during the next year. ⁴

Section 3 - Readiness to change

Your Healthy Behavior
Small everyday changes can have a big impact on your health. Think about the changes you would be most interested in making over the next year. It is also important to get any health screenings recommended by your doctor.

Now that you have thought about your healthy behavior, answer questions 1 - 3. For each question, use the scale provided and pick a number from 0 through 5.

1. Thinking about your healthy behavior, do you want to make some small lifestyle changes in this area to improve your health?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	I don't want to make changes now		I want to learn more about changes I can make		Yes, I know the changes I want to start making	
2. How much support do you think you would get from family or friends if they knew you were trying to make some changes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	I don't think family or friends would help me		I think I have some support		Yes, I think family or friends would help me	
3. How much support would you like from your doctor or your health plan to make these changes?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	I do not want to be contacted		I want to learn more about programs that can help me		Yes, I am interested in signing up for programs that can help me	

Developing Patient-Centered Action Plans

There are multiple behavior change models that can be used in the primary care setting to help patients modify behavior and work toward achieving a healthy lifestyle. The Agency for Healthcare Research and Quality (AHRQ) has developed tools and resources for collaborative action planning that outlines steps patients can take to attain health goals. [The Make Action Plans: Tool](#) guides providers through the process of creating and using action plans in collaboration with patients.

3. A 'Stages of Change' Approach to Helping Patients Change Behavior. American Family Physician. 2000. <http://www.aafp.org/afp/2000/0301/p1409.html>

4. Source: Healthy Behaviors Incentives Operational Protocol. Michigan Department of Community Health, 2017. http://www.michigan.gov/documents/mdhhs/Healthy_Behaviors_Incentives_Protocol_MI_Health_Account_Protocol-9-29-2017-Final-Web_605148_7.pdf