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Theoretical and Pragmatic Adaptation of the 5As Model to Patient-Centered Hypertension Counselling

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Summary

The objective of this report from the field is to present our adaptation of the 5As model to hypertensive counseling using motivational principles from Self-Determination Theory (SDT) coupled with best communication practices.

Keywords

Hypertension; primary health care; teaching; 5As

1. Introduction

Patient engagement in chronic disease self-management for conditions such as hypertension is critical to improved outcomes.¹ Although many pharmacologic and lifestyle interventions are available for hypertension management,^{2,3} blood pressure control remains suboptimal for many populations, particularly for African American and Latino patients.⁴ Pragmatic training approaches are needed to train clinicians to counsel and engage their hypertensive patients as full partners in their care.⁵ Patient partnership is critical to patients being willing and able to undertake appropriate lifestyle changes and reliably take their medications and report on bothersome side-effects.^{6–9} Patient-centered communication is variously defined; it is not always grounded in theory or tailored to clinicians' pragmatic needs.^{10–12}

The objective of this report from the field is to present our adaptation of the 5As model to hypertensive counseling using motivational principles from Self-Determination Theory (SDT) coupled with best communication practices. We created short online training videos

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Conflict of Interest

The authors report no conflicts of interest and have no financial interest in the content of this manuscript.

illustrating each of the 5As based on core skills and invited clinicians to rehearse best communication practices through role-plays with each other.

2. Methods

As part of a multimodal trial to improve clinician hypertension management by clinicians working at Federally Qualified Health Centers (FQHCs) who are members of Clinical Directors Network (CDN), a primary care practice-based research network (PBRN),¹³ we developed brief clinician training using a patient-centered approach to hypertension counselling.

The 5As framework has been widely applied to smoking cessation counselling and other health behaviors.^{14–16} Each of the 5As represent a key action by the clinician: Ask, Advice, Agree, Assist, and Arrange. We chose the 5As because many clinicians are familiar with the five rubrics making it easy to apply to hypertension counselling.

Each of the five A's reminds clinicians about the specific action step but do not provide guidance for how to undertake this action step. To optimize motivation and partnership, we applied principles of SDT.¹⁷ SDT posits that human motivation is driven by fulfillment of three intrinsic psychological needs: 1) perceived autonomy or self-volition; 2) perceived competence and growth; 3) and perceived relationship and connection with others. Clinician-patient interactions that support patients' sense of autonomy, sense of competence and sense of relatedness including being cared for by the clinician enhance patient motivation, vitality and outcomes.^{18–20}

SDT provides a solid theoretical foundation for the ambiguous concept of patient-centered care.²¹ Genuine patient-centered care supports patients' decision-making autonomy (autonomy support), while supporting their health care competence by building on patients' existing strengths and resources (competence support) and by providing emotional support and affirmation through empathy, caring, respect, and partnership (relational support).²²

However, SDT does not provide specific pragmatic guidance for counseling patients beyond whether patients perceive the counseling as supportive of their three needs. This gap has led to integration of SDT with pragmatic approaches to counseling such as motivational interviewing.²³

We adopted a pragmatic approach to embedding SDT within each of the 5As that draws from some of the elements of motivational interviewing. Specifically, we adopted best communication practices in terms of skills and training.^{24,25} The specific core skills are Ask-Tell-Ask,²⁶ Focus on Strengths,^{27,28} Tell Back,²⁹ and Supporting Small Steps through Frequent Follow-up.³⁰

Ask-tell-Ask is a collaborative approach that begins with what the patient knows and then addresses those gaps in knowledge and understanding, before asking the patient what they think. It supports relatedness and competence by respecting patients' existing knowledge. It is efficient in that it avoids telling the patient what s/he already knows. The final "ask"

supports patients' patient autonomy by asking the patient what they would like to do once shared knowledge has been established.

Strength and solution-based counseling is based on framing the patients' current behavior based on strengths rather than deficits.^{27,28} Framing patients' current behavior this way enhances patients' sense of competence, feeling acknowledged and their self-efficacy.³¹ For example, a clinician can acknowledge that a patient is walking 5 minutes a day or that they are taking their antihypertensive medication 90% of the time rather than focusing on gap, i.e. that they are not meeting the recommendation of 30 minute/day or physical activity or not being 100% adherent.

Tell-back, also referred to as respectful teach-back, is a way to ensure common understanding and enhance patient recall by asking the patient to summarize their understanding of the next steps. The clinician might say: "We've talked about a lot today. Let's review the plan. Tell me what you plan to do to remember to take your blood pressure medication."

Last, frequent follow-up provides a means for the clinician to closely monitor patients' progress and support small steps towards the goal. Frequent follow-up signals to the patient that the clinician cares about them while providing more frequent opportunities to support patient autonomy, competence and relatedness. We operationalize support for patient autonomy, competence and relatedness by embedding these best communications strategies into each of the five As.

We adopted "Ask" by asking patients whether they knew their blood pressure goal and why it is important. We adopted "Advice" by encouraging clinicians to provide a tailored recommendation regarding the importance of blood pressure control based on the patient's response to Ask. We adopted "Assess" by assessing whether the patients' are willing to commit to reaching their blood pressure goal through attending monthly office visits until their goal is attained in addition to eliciting patient's perceptions of barriers to reaching that goal. We adopted "Assist" to discussing anti-hypertensive medication, lifestyle changes and home blood pressure self-monitoring, in the context of patients' previous responses and what patients desired and believed feasible and current strengths or progress. We further assist by asking the patient to summarize the plan. We implement "Arrange" by inviting the patient to schedule a one-month follow-up visit and making referrals based on patients' preferences. We emphasized a multidisciplinary, team-oriented, and collaborative approach to deliver the 5As.

After the CME-accredited training session, participating clinicians and staff members were asked to complete a brief evaluation survey, which requested feedback about lessons learned and strategies that were found to be most useful. The protocol was approved by the University of Rochester's and Clinical Directors Network's Institutional Review Boards, and those of individual performance sites.

3. Results

Table 1 summarizes translation of the 5As using SDT into specific clinician skills. We created brief online videos using simulated clinician-patient visits to demonstrate the key skills involved. To sharpen focus on each skill, we developed two sets of video clips, one illustrating “best practice” and the other showing “usual practice.”

The training session began with review of the 5As. We then showed clinicians the two pairs of the video clips and invited them to identify best practices and explain why. Following the video reviews, clinicians paired with each other and rehearsed the core skills by taking turns role-playing as the clinician or the patient, using a simple script.

Forty-two clinicians and staff members across six sites participated in the training. Review of evaluation reports showed that clinicians and staff responded favorably to applying the 5As to hypertension management, with 42% rating the session as excellent and 54% rating the session as good or very good. Approximately 33% of participants reported that the most valuable concept learned was practical use of the 5As, while 13% indicated that asking the patient to engage in a discussion about blood pressure was most valuable.

4. Discussion and Conclusion

4.1. Discussion

National guidelines recommend monthly follow-up for patients with uncontrolled Hypertension.³² Monthly visits for patients with uncontrolled blood pressure increase opportunities for clinicians to adjust treatment and engage patients in their hypertension management³³ and may decrease clinical inertia. Monthly visits could also help improve coordination of care such as referrals to provide a more comprehensive, team-based approach to hypertension treatment.

The 5As can be adapted to create a patient-centered model for counseling patients about blood pressure in order to increase visit frequency for those with poorly controlled hypertension. SDT provides general principles for optimizing patient motivation. The four best communication strategies effectively operationalize these motivational principles for each of the 5A action steps.

Pragmatic training approaches are needed for clinicians to improve engagement of hypertensive patients in their own care. Clinicians need practical skills that they can feasibly implement during office visits with their patients. Each of the key communication skills can be behaviorally demonstrated using short videos of clinician-patient simulated office visits. Pairing online videos of best and usual practices provides a means for clinicians to identify core skills prior to practicing them.³⁴ Use of training videos of simulated visits with patients followed by practice of skills are a powerful tool for improving communication skills.³⁵

While we applied this training to office blood pressure counselling, we believe this approach is relevant to most office based counselling. The 5As provides a memorable rubric for key action steps regardless of the goal. SDT provides means for optimizing patient engagement and motivation. The four best communication skills are widely applicable and can be used

during 15–20 minute office visits. Further work is needed to determine the optimal dose for this training and quantify its impact on patient motivation and patient outcomes such as hypertension control.

4.2. Conclusion

In conclusion, this adaptation of the 5As framework serves as a tool for training clinicians to engage patients in their blood pressure self-management using a patient-centered approach. This approach is potentially applicable to other types of primary care counseling. Similarly, the training methods used provide a practical way for clinicians to acquire these skills. If this approach proves effective, it could improve the weak evidence surrounding clinician communication training and improved patient control of patient cardiovascular outcomes.⁵

The authors confirm all patient/personal identifiers have been removed or disguised so the patient/person(s) described are not identifiable and cannot be identified through the details of the story.

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Highlights

- Patient engagement in chronic disease self-management for conditions such as hypertension is critical to improved outcomes
- Pragmatic training approaches are needed for clinicians to improve engagement of hypertensive patients in their own care
- Adaptation of the 5As framework serves as a tool for training clinicians to engage patients in their blood pressure self-management using a patient-centered approach.

Table 1.

5As adaptation process for blood pressure counseling

A from 5A	Aim	Theoretical Construct	Clinician Skill
Ask	To seek to understand patients knowledge, attitudes and skills related to hypertension	Support for patient competence by building on what they know; facilitative learning	Ask-Tell-Ask: Asking what patient knows about hypertension, why BP control matters, and their blood pressure goal
Advise	Fill in gaps in patient's knowledge about whether their BP is at goal	Autonomy support	Ask-Tell-Ask: Offering information that corrects misunderstanding and gaps in knowledge without telling the patient
Agree	Determine what the patient wishes to do based on information discussed	Autonomy support	Strengths and Solutions-based counseling: Presenting options to patients and asking the patients if they agree
Assist	Co-development of a plan with the patient	Support for autonomy, competence, and relatedness	Strengths and Solutions-based counseling: Encouraging patient-selected goals, priorities, and action steps for improving BP
Arrange	Collaborating with the patient to meet again in addition to arranging for other supportive resources	Autonomy support, competence	Tell-back/Teach-back: Ensuring scheduling of follow-up appointments, medication refills
Overarching issue #1	Partnership building	Relatedness	Partnership building including empathic statements and acknowledgement of patient strengths are woven throughout the counseling
Overarching issue #2	Iterative implementation	Competence	Rather implementing the 5As in linear sequence, As can be repeated, in various sequences depending on the conversational flow