Collaborative goal setting is one of the key tools used to improve chronic disease self management. It facilitates and supports behavior change through a communication process that builds readiness for change, confidence to take the next step, and the knowledge and skills to execute a specific plan of action. Research has shown that individuals who select specific behavioral goals and receive support and feedback on their progress are likely to successfully change their behaviors. Goal setting and follow up were central to the educational approaches undertaken by the Better Self Management of Diabetes (BSMOD) grantees.

Assessing Status and Monitoring Progress

Every six months, BSMOD teams reported the percentage of patient encounters during which a self-management goal was set, the percentage of goals that were met or exceeded, and participation in key self-management behaviors. Using a four-point self-report goal attainment scale that ranged from “no progress” to “met or exceeded goal”, teams assessed the percentage of patient encounters in which at least one goal was met during the reporting period. Patient self-report from the “Tell Us How You’ve Been Doing” form provided data on the level of participation in key self-management behaviors: following an eating plan; eating fruits and vegetables; engaging in physical activity; monitoring blood glucose; and taking medications.

Tracking Goals by Patient Self Report

Tracking goals by patient self-report proved to be difficult for many of the BSMOD sites. Several barriers to accurately monitoring goal attainment were identified. First, there appeared to be wide variation in the number and scope of goals recorded and
the interpretation of whether the goals were met. For example, some goals are for a single event (e.g., I will go to my dentist appointment on Tuesday) and some are more complex (e.g., changing eating or activity behaviors). Secondly, although a large percentage of participants reported progress toward their goal, the reporting system only captured goals met or exceeded, resulting in an under-reporting of behavioral improvements. Third, at many BSMOD sites, medical records and education session data were kept in separate databases, making it difficult to capture time-aligned goal attainment data. Several sites also had changes in databases during the course of the 3-year BSMOD project, causing either loss of data during the transition period or problems with compatibility of old and new systems. Finally, some sites experienced problems with capturing follow-up data on goals. At one site, many patients (56% during one reporting period) did not return for follow up and were counted as non-attainers.

**One Team’s Experience**

The Diabetes and Wellness Center and McAuley Clinic at St. John’s Mercy Hospital in Washington focused on treating poor and underserved residents of Franklin County. Prior to BSMOD, the hospital had an existing Take Control diabetes program. However, inconsistent participation and high drop-out rates resulted in many patients being labeled as “non-compliant” by practitioners. The BSMOD team used Motivational Interviewing as a technique to improve patient-provider interaction and enable patients to become more engaged in their own disease management and particularly in setting goals to change behaviors.

**Use of Motivational Interviewing Techniques**

An outside expert on Motivational Interviewing was enlisted to help staff transition from their usual care methods, which were to "teach" the client about their disease and "tell/give them advice" on what to do, to a more interactive and patient-centered approach. Staff received education and training on the use of Motivational Interviewing techniques to help clients set goals to improve healthy behaviors. Barriers to change for both staff and patients were discussed. Ongoing technical assistance and guided practice with Motivational Interviewing continued throughout the 3-year BSMOD program.

**Goals and Behaviors**

A dietician and registered nurse used a team approach to more effectively collaborate with patients in an effort to encourage their ongoing participation. The use of Motivational Interviewing by staff enabled patients to set and make progress toward goals that were important to them. Initially, 40% of goals set related to food, 18% related to physical activity, 19% to testing blood sugar, 7% to taking medication, and 16% to various other behaviors.
Data on important health behaviors suggest that healthy lifestyles are being adopted in this patient population. The percent of patients who reported engaging in a behavior on **at least 4 of the 7 days** improved for all behaviors – **eating plan** (27-59%), **fruits/vegetables** (0-53%), **physical activity** (2-44%), **testing blood sugar** (27-75%), and **taking medications** (61-95%). Additionally, the percent of patient visits in which **zero** days per week for a specific behavior was reported decreased (indicating improvement) for **following an eating plan** (71 to 33%), **eating fruits/vegetables** (86 to 20%) and participating in **physical activity** (71 to 25%). There was a slight increase in the percent reporting zero days in **testing blood sugar**, but the percentage reporting **taking medication as prescribed** on zero days started and remained low.

**Take Home Message**
The success of patient goal setting can be evaluated in more than one way. Use of a common self-reporting scale of goal attainment was one method used in BSMOD. It proved problematic for analysis due to different and inconsistent use across sites and the limitations of the database through which grantees reported. The other method used, tracking behavior change, was more successful for grantees. In the case of St. John’s Mercy, the use of Motivational Interviewing enhanced the staff’s ability to assist their patients with goal setting and behavior change. As illustrated by this one site, the experience of BSMOD highlights the importance of staff training and also reveals the need for improved data collection and reporting systems related to goal setting. Finally, despite improvements in healthy behaviors, it is clear there is a need for continued emphasis on goal setting and support for behavior change. Follow-up contact with patients and better systems for documentation will likely result in continued improvements.

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