

## **BEST PRACTICE GUIDELINES – CARE COORDINATOR GOALS AND BARRIERS**

## **Individualized Care Plans: Addressing Goals and Barriers**

Once the assessment has been completed, the next step in the process is to develop goals and address barriers with your patient.

- Establish goals and prioritize needs
   – consider patient's preferences and desired level of involvement
- Determine available resources and services to meet goals
- Understand the barriers and develop a strategy to address.
- Barriers could include such things as:
  - lack of transportation
  - literacy
  - o cultural or religious beliefs
  - o understanding of their condition
  - o desire to participate in care coordination
  - o ability to self-manage
  - o hearing or visual deficits
  - o financial
  - o treatment side effects including medications
  - o interpersonal relationships (with provider, care team, family, etc).
- Develop SMART goals:
  - o Specific, Measurable, Attainable, Relevant, Time-limited
- Use of Confidence and Conviction scales assess their conviction and confidence to make these changes
- Timeline for reevaluation
- Develop the goals with the patient and add to the care plan

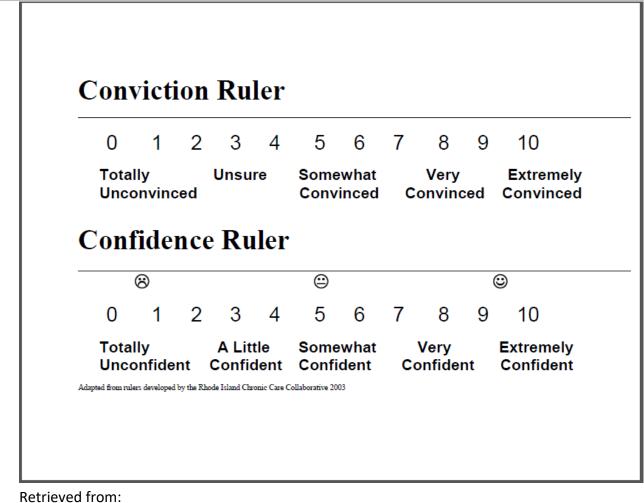
### **SMART Goals**

#### Specific, Measurable, Attainable, Relevant, Time-limited S M A R • Specific - This • Measurable -• Achievable - I · Relevant - This Time-limited – I will keep me This will help want to set will be able to is important to focused and me to know if I myself up for me see progress in have a place to the short-term am making success progress start



## **Conviction and Confidence**

Assess your patient's willingness and confidence in achievement of their goals. The use of a ruler or scale such as the one shown below will help inform how important the goal is to your patient.



http://www.ihi.org/resources/Pages/Tools/SelfManagementToolkitforClinicians.aspx.



# **Sample Goal**

	Example:
1. Goals: Something you WANT to do:	1. Goals: Something you WANT to do:  Begin exercising
2. Describe	2. Describe:
How:	How: Walking
Where:	Where: Around the block
What: Frequency:	What: 2 times Frequency: 4 x/wk
When:	When: after dinner
3. Barriers:	3. Barriers: have to clean up; bad weather
4. Plans to overcome barriers:	4. Plans to overcome barriers:
	ask kids to help; get rain gear
5. Conviction & Confidenceratings	
(0 - 10)	5. Conviction 8 & Confidence 7 ratings
	(0 - 10)
6. Follow-Up:	
	<b>6. Follow-Up:</b> next visit – 2 months