

USING AN ADVANTAGE LIST IN HEALTH CARE ADVISING

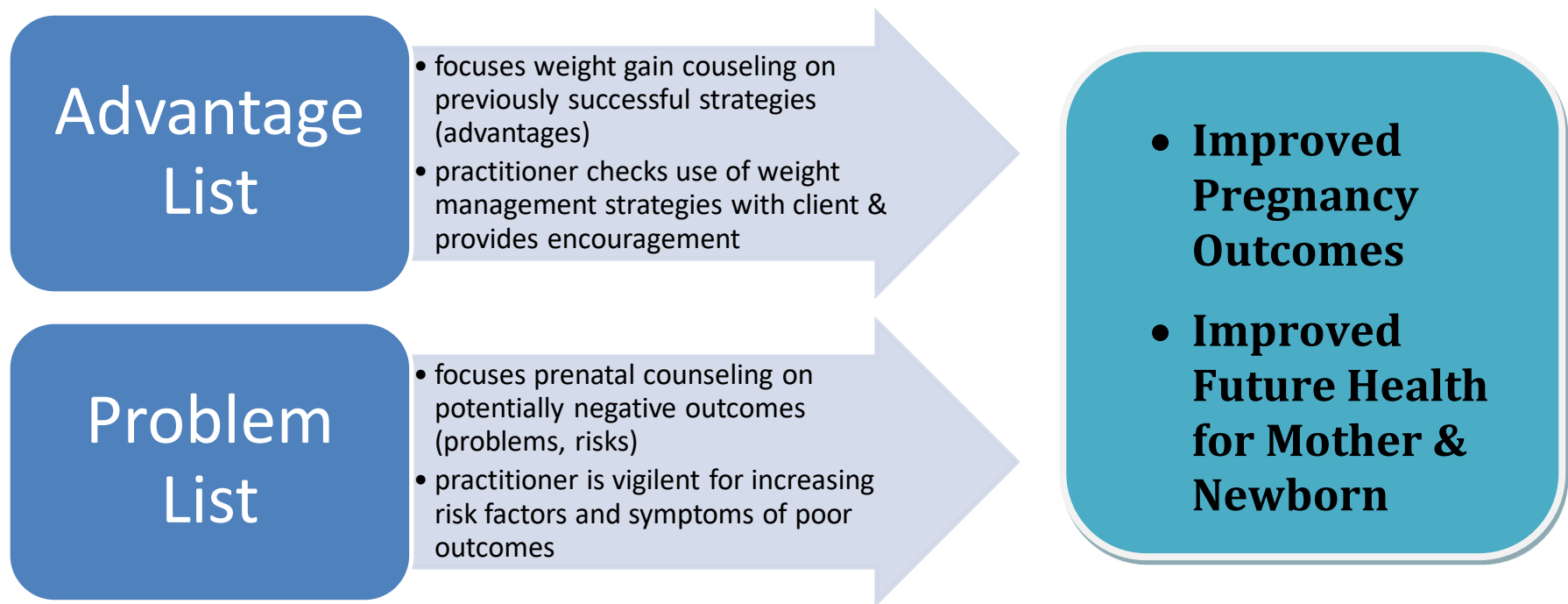
Risk Assessment has become the organizing framework for medical visits. When clients have an initial visit with a practice, the history and review of symptoms are used to identify family health problems, past health problems and potential problems. A problem list is formed from past and potential problems which are then used as the basis for a management plan. The problem list is a component of the Problem Oriented Medical Record developed by Lawrence Weed, MD, in the 1960s. The problem list dynamic immediately starts a covert adversarial relationship: the practitioner against the patient's problems. The practitioner imagines that if the patient can be enlisted in the battle against potential problems, the risks can be avoided. Being confronted with health problems is a negative, uninspiring experience for patients. When clinicians focus on problems and risk, only half the assessment is accomplished. The conversation must be changed. Clinicians must also assess and use the patient's prior positive health experiences: the patient's advantages.

Positive health experiences can form a separate list to be used in client counseling, the Advantage List. The Advantage List is based on precepts from Motivational Interviewing, Person-Centered Care and the Transtheoretical Model (Stages of Change) (Miller & Rollnick, Prochaska, 2010). In these models people are experts on themselves. Change is self-change which is facilitated or worked on with a patient. Change isn't imposed on or prescribed to a client.

Using prenatal care as an example of a problem oriented visit, when a woman has a prepregnancy body mass index of 38, obesity becomes a problem linked to many other potential problem including gestational diabetes, macrosomia, hypertensive disorders in pregnancy, postpartum deep vein thrombosis. The problem list is populated with BMI 38. This problem triggers early surveillance and prophylactic treatments: early diabetes screening at the 1st prenatal visit, third trimester ultrasounds for fetal growth and amniotic fluid volume, pre-labor anesthesia consult and postpartum anticoagulation. The clinician must discuss risk potential with the client and give preventative advice. This is often accomplished by the provider telling women to do limiting behaviors: reduce intake, avoid sugared foods, and stop snacking. This proscriptive advice doesn't match women's usual excitement about a pregnancy and strains the emerging client-provider relationship. Clinicians strive to support pregnancy as a healthy, physiologic process. Approaching pregnancy from a problem-oriented framework erodes the view of pregnancy as healthy and disempowers women.

Reviewing a client's advantages acknowledges that people want to care for themselves and have tried self-care strategies in the past. Patients juggle self-care demands with competing priorities such as work hours and the needs of family members. Using an Advantage List allows the practitioner to acknowledge a client's healthy behaviors and past self-care measures, using them as the base of a health management plan. An Advantage List is a compilation of behaviors demonstrated through research to improve health outcomes. Numerous studies have shown, for example, that low glycemic index diets, family meals and sleeping at least 7 hours a night are associated with weight loss and healthy weight maintenance. Healthy weight maintenance behaviors are well known; however, therapy usually focuses on the concentrated use of one or two behaviors instead of lifestyle changes that integrate clients' previously used strategies with current needs.

In the best of patient-centered care, both a problem list and an advantage list will be formed. Both the problem list and the advantage are intended to improve health care outcomes, but they approach care and counseling from different directions. Here's a comparison of the problem list and the advantage list:



An advantage list can be used episodically during health care or reviewed at each visit. Advantage lists are most useful with health care advising that integrates the principles of Motivational Interviewing. Readers are referred to Jevitt, C. (2016). Best practices in weight management counseling with pregnant women. In Anderson, B., Rooks, J., and Barroso, R. (Eds.), *Best practices in midwifery: Using the evidence to implement change* (2nd Ed.). NY, NY: Springer Publishing Company.