

MINDSET: Self-management (S-M) epilepsy decision support for adult people with epilepsy (PWE) and their providers

WHAT IS MINDSET?

THE GOAL

MINDSET (Management Information Decision Support Epilepsy Tool) is a clinic-based program to help PWE assess and improve their epilepsy S-M behaviors.

REASONING BEHIND MINDSET

- ✓ Self-assessment by PWE increases their awareness of the breadth of S-M issues.
- ✓ S-M goals selected by PWE match their needs and preferences.
- ✓ Identifying practical strategies makes S-M easier for PWE to achieve.
- ✓ Collaborative patient-provider decision-making can enhance epilepsy S-M.
- ✓ Action plans reinforce the clinic discussion and provide ongoing guidance beyond the clinic.

- Tablet-based decision aid for use in the clinic visit to assist PWE and health care providers (HCPs) in assessing the patient's epilepsy S-M behavior for seizures, medications, and lifestyle.
- Helps PWE select S-M goals and strategies for improvement.
- Responsive to the need for decision aids to promote shared clinician-patient decision-making, improve the quality of medical decisions, and to reduce costs.



PROGRAM SYNOPSIS

MINDSET (Vers 4.2) comprises:

- Data input: PWE input data in the clinic waiting area on a breadth of seizure, medication, and lifestyle S-M behaviors.
- Self-assessment: MINDSET produces a profile for PWE to review and share with their HCPs that 1) flags low frequency S-M behaviors, 2) prompts selection of up to three S-M goals for completion before the next clinic visit, and 3) prompts selection of behavioral strategies and assessment of self-efficacy.
- Review and discussion: PWE and HCPs review a printed Action Plan that includes the selected goals and strategies. If there are no flagged behaviors a text-based congratulatory message is provided.



TARGET POPULATIONS

English and Spanish speaking PWE (over 18 years of age who are diagnosed with epilepsy) and their HCPs.



PROGRAM REACH

MINDSET has been tested in neurology clinics in Texas (Houston, San Antonio, Harlingen) and Arizona (Tucson). Broader dissemination of MINDSET is pending completion of efficacy testing.


DESIRED OUTCOMES

- Improve awareness of S-M behaviors.
- Set and achieve personal goals to manage seizures, medication, and lifestyle.
- Improve self-efficacy to perform S-M behaviors.
- Improve patient-provider communication focused on S-M goals, strategies, barriers, and self-efficacy.

MEASURES AND EVALUATION ACTIVITIES

- ✓ 38-item Epilepsy S-M Scale (adapted) on S-M behaviors.
- ✓ 6-item Neurological Disorders Depression Inventory for Epilepsy (NDDIE) Screening Tool assessing depressive symptoms.
- ✓ 19-item Epilepsy Adverse Events profile assessing problems during the previous 4 weeks.
- ✓ Items reviewing a patient's seizure and medication history since the last clinic visit.

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 http://managingepilepsywell.org/research/arizona_mindset.html



ESSENTIAL PROGRAM COMPONENTS

MINDSET is designed for use during a regular clinic visit to:

- Increase awareness of PWE and their HCPs regarding self-management.
- Identify S-M behaviors needing improvement
- Enable PWE to select seizure-, medication-, and lifestyle management goals
- Enable PWE to select behavioral strategies to accomplish their goals
- Identify the self-efficacy of PWE to achieve their goals.
- Focus the patient-provider communication on achievable behavioral goals during clinic visits.



RESOURCE REQUIREMENTS

- Tablet or laptop platform (e.g. Windows Surface Pro)
- Internet connectivity recommended
- Printer connectivity (to print action plans).
- Staff with some knowledge of epilepsy, familiarity with the tablet and the program, and basic training in explaining and facilitate program completion.
- Staff to conduct a 10 minute follow-up call to review the patient's progress at 2-weeks after the clinic visit (recommended).



TRAINING REQUIREMENTS

- There are currently no formal training sessions.
- A user manual provides information on downloading and opening MINDSET, action plan printing, and data storage.
- An instruction manual provides information for health care providers on MINDSET contents and the process of reviewing and discussing the action plan with patients.



LENGTH OF THE PROGRAM

- Approximately 15-30 minutes for data entry and goal/strategy selection per clinic visit.
- Dedicated time for the HCP to review the action plan and reinforce goals.
- Follow-up phone calls about 2 weeks after the visit (recommended).



EVALUATION: FEASIBILITY AND EFFICACY

- Feasibility: Rated as easy, likable, credible, understandable, and appealing by PWE and easy, accurate, and thorough by HCPs. Associated with less lifestyle S-M behavioral problems at 2nd visit.
- Efficacy: Improved patient's self-efficacy to manage lifestyle issues.
- MINDSET (Vers 4.2, English and Spanish versions) is in efficacy testing with Hispanic PWE in Arizona and Texas clinics.

REFERENCES

- Begley C, Shegog R, Harding A, Goldsmith C, Hope O, Newmark M. Longitudinal feasibility of MINDSET: a clinic decision aid for epilepsy S-M. *Epilepsy Behav.* 2015;44:143-150.
- Shegog R, Begley C. Clinic-based mobile health decision support to enhance adult epilepsy S-M: An intervention mapping approach. *Frontier in Public Health.* In press.



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