

**Condensed Conversation Guide for Identifying Patient Priorities (The One Thing)
Ambulatory version***



The One Thing is what the patient most wants to focus on. Helping the patient formulate “The One Thing”: 1) Focuses clinical encounters, decision-making, and treatment planning for persons with many conditions and complex care; 2) Clarifies and identifies where there is a disconnect between what realistic goals people want and what they are willing to do to achieve them. Adherence is likely to improve if care is focused on what the patient wants to focus on and is reasonably possible to achieve.

Going through a few preliminary questions helps to get to The One Thing. Once you have gone through the preliminary steps (# 2-3) a few times, you can go right to The One Thing (#4). Begin clinical encounters with The One Thing.

Clinician steps**	Rationale and Suggested Questions
1. Let patients know why you are asking these questions	People may not expect these questions, so explain the first time you do the “Specific Ask”: <i>“I know we have worked together for quite a while and I know a lot about what matters to you. But I want to understand better how your health and your healthcare influences your day to day life. The more I know about this, the better we can work towards a plan of care that is right for you.”</i>
2. Ascertain concerns and fears about health and healthcare	Giving the patient an opportunity to share his/her fears and concerns about his health and healthcare helps you tailor treatment, including education, to help address these concerns: <i>“What concerns you most when you think about your health and healthcare? What fears and worries do you have about your health as you think about the future?”</i>
3. Two preliminary questions about patients’ priority goals and their health problem or healthcare set up the “One Thing”	<p>1) To align care with what matters most to each person, help the patient identify a priority goal they want their healthcare to help them achieve. To inform clinical decision-making, the patient’s priority goal should be as specific, actionable, and as realistic as possible: <i>“What would you most like help with in your day to day life from your healthcare team?”</i></p> <p>2) What health problem or healthcare does the patient think helps or impedes the priority goal: <i>“What health problem or parts of your healthcare do you think is making it more difficult to (fill in goal)?”</i></p>
4. “One Thing” Focuses on what is most important to the patient Address disconnect between goals and willingness to accept necessary healthcare	<p>The One Thing/What Matters links health outcome goal to health or healthcare: <i>“What is most important that you want us to focus on in your health (or healthcare)? If we could help improve this, what would you do more of or do more easily?”</i></p> <p>Reflect back The One Thing: <i>“I think I hear you say that what matters most to you is (e.g. being less dizzy so you can go to breakfast with your friends. You think some of your medications may be causing the dizziness). Is that correct?”</i></p> <p>When there is a disconnect between patient’s goal and his/her willingness to accept healthcare: <i>“I know you want to (goal), but you find (X treatment needed to achieve goal) bothersome. That’s a tough tradeoff -are you willing to try (X) if that helps you (fill in goal)?”</i></p>
5. Action plan: Use serial trials to link patient’s goals to decision-making	<p>Align clinical decisions toward achieving patient’s priority goals. When recommendations are based on what matters most to the patient, you can be more directive: <i>“There are different things that we could do. But knowing what matters most to you, I suggest we try (fill in)”</i>.</p> <p>Use serials trials of care options, using patient’s priority goal as measure of success.</p>

* Developed for use by clinicians involved in Patient Priorities Care (patientprioritiescare.org) with input from Dr. Susan Block, Serious Illness Conversation Guide©