

Exhibit 5-15. Measure 15: Patient engagement with CHERL

Domain:	Referral process	Element/ relationship:	Clinic/clinician-patient
Instrument:	N/A		
Purpose:	This measure calculates the proportion of eligible patients who received referrals to a CHERL by a clinician if the patient was identified by the clinician as needing improvement in one or more of the four unhealthy behaviors.		
Format/data source:	Electronic health/medical record. A computerized support system was developed to collect patient data; track patient calls, dates of service, and clinician feedback; and guide the counseling. Patient-specific health behavior and demographic information was entered by the CHERL based on self-report by the patients.		
Measure type:	Process	Date:	2006
Preventive service/ USPSTF:	Alcohol Misuse Counseling; Healthy Diet Counseling; Obesity Screening and Counseling – Adults; Tobacco Use Counseling and Interventions - Non-Pregnant		
Clinical practice:	Primary Care - Family Practice; Primary Care - Internal Medicine		
Denominator:	Number of eligible patients (those identified by the clinician as needing improvement in one or more unhealthy behaviors): Patients eligible for improvement were those who had smoked one puff or more in past 7 days; had drunk two alcoholic drinks per one occasion most days in the past month; did not eat a low-fat diet or at least five total fruits and/or vegetables per day; and/or did not participate in moderate exercise at least 5 days per week, or vigorously at least 3 days per week.		
Numerator:	This was a count of the number of patients who had at least one “visit” with a CHERL (visits were by phone).		
Development & testing:	The Reach, Efficacy/Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) model provided the framework for the analysis of study results.		
Past or validated application:	Adult patients at 15 practices selected for convenience in three Michigan communities were eligible for CHERL referral if a patient was identified by the clinician as needing improvement in one or more of the four unhealthy behaviors.		
Citation(s):	Holtrop, J. S., Dosh, S. A., Torres, T., Thum, Y. M. The community health educator referral liaison (CHERL): A primary care practice role for promoting healthy behaviors. <i>American Journal of Preventive Medicine</i> (2008) 35:S365-S372.		
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