PATIENT ENGAGEMENT REFRESHER

MOTIVATIONAL INTERVIEWING

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You have a patient who is a smoker. You've learned how much and for how long they smoke. You also learn that what they like about smoking is that it helps them relax.

How would you proceed with this patient?
COMMON APPROACH

EDUCATE
Let me tell you about the all the risks and dangers.

ADVISE
Let me fix this problem for you. Reminders on your phone? You should walk more. Eat less fast food.
How well is 'educate and advise' working with respect to improving health outcomes?

How helpful is 'educate and advise' for clinician well-being?
The United States spends more on healthcare than any other OECD country, both as a proportion of GDP (16.9%) and per person (USD 10,586). Spending is expected to increase with healthcare as a proportion of GDP forecast to reach 20% by 2030.

Health at a Glance 2022: OECD Indicators
https://www.oecd.org/health/health-at-a-glance/
Health at a Glance 2021: OECD Indicators
https://www.oecd.org/health/health-at-a-glance/
US HEALTH OUTCOMES

Health at a Glance 2021: OECD Indicators
https://www.oecd.org/health/health-at-a-glance/

What are the implications of these two data points?
WHAT IS IT LIKE TO TALK WITH PATIENTS WHO BELIEVE THEY ARE HEALTHIER THAN THEY REALLY ARE?
GOAL OF PATIENT ENGAGEMENT

Optimal Health Outcomes

Goal Setting

Collaborative Planning

Creating a Need
Find Discrepancy
Patient Emotion

Compassionate Curiosity

Goal Setting

Collaborative Planning
GOAL OF PATIENT ENGAGEMENT

Optimal Health Outcomes

- Goal Setting
- Collaborative Planning
- Creating a Need
  - Find Discrepancy
  - Patient Emotion
- Compassionate Curiosity

Leaves the patient falling short.
GOAL OF PATIENT ENGAGEMENT

Optimal Health Outcomes

Goal Setting

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Find Discrepancy
Patient Emotion

Compassionate Curiosity

So how do we do more of this?
Two important contributors to motivation are emotion and/or discrepancy. Resistance involves barriers to change.
Emotion is typically a stronger driver of change than reason is.

What is the patient's "why?" What does the patient care about? Where does there appear to be emotion, both in verbal content and in observed affect?

What does the patient value? (time, family, longevity, happiness/satisfaction, money, etc.)

How is the patient's health connected to their "why?"
Ambivalence is about the "buts."

"I know I should exercise more but I just don't have the time."

Explore both sides of the "but."

"Sustain talk" is about the status quo whereas "Change talk is about reasons for change.

Develop the discrepancy between what the patient says is important to him/her, and what h/she is currently doing. (Desires vs. Actions)

Compassionately cultivate discomfort.
MI SKILLS

- Open Ended Questions
- Affirmations
- Reflective Listening
- Summarizing
- Informing and Advising (Only done with patient request or permission)
Questions that cannot be answered with "yes" or "no."

What, how, when, where, who, tell me about . . .

"Can you . . . " "Is there . . . " "Are you . . . " "Have you . . . " are all closed stems, even if what follows asks for an open-ended response.

Aim for an economy of words (e.g., "Can you tell me what makes it better?" vs. "What makes it better?")
Statements that accentuate positive patient attributes or behavior (not the same as praise).
Ex: "I see that you've already taken some steps to improve your health."

Affirm examples of previous or partial adherence.
Ex: "Quitting smoking has been important to you in order to try so many times."

Can help build discrepancy.
Statements that indicate understanding of what the patient is saying.

Pausing after a reflective statement nonverbally invites the patient to say more.

What comes after "Do you mean that . . ." without the "Do you mean that. . ." preface.

Other variations "So it sounds like" "So what you're saying is" "So I hear you saying."
Simple reflection - paraphrase of what the patient says.

Complex reflection - adds additional/different meaning to what the patient says; contain a guess.

"Double sided reflections" (e.g., "On the one hand you aren't sure you'd be able to lose weight, and on the other hand you think your weight is making your knee pain worse." (important that "sustain talk" is followed by "change talk")
Combination of several reflections with the intent of drawing together the patient's concerns, intentions, and/or plans.

Summary of main ideas helps identify what else needs to be learned.

Micro Summary - paraphrase of what the patient's utterance was.

Macro Summary - 30,000 feet view of the appointment to help decide where to go next.
MI SKILLS

INFORMING AND ADVISING

Only done when there is a knowledge gap.

First elicit what the patient already knows (often there isn't a need for patient education).

If still a knowledge gap exists, get permission to educate: "If it's OK with you, I could share some of the reasons . . . "

If you are educating because you feel the need to educate and not because the patient needs/requests it . . . it is likely unwarranted.
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Good to follow "education" with open-ended inquiry about patient's reaction to the information.

"How does hearing this affect your thoughts about . . . ?"

Avoid educating with an open-ended suggestion. ("What would you think about using a pill box to help you remember to take your medication?")
Ask patients to rate importance, confidence, or readiness to change on 0 - 10 scales.

"On a scale of 0 - 10, with 0 meaning that you aren't even considering quitting, and 10 being ready to quit right now, how ready are you to quit smoking?"

If patient says "3" . . .

"What makes you a 3, and not a 1 or 2?"

"What would it take to move you to a 4 or 5?"
**SUSTAIN TALK**

- Why did you start smoking again?
- What barriers do you see to this plan?
- Why did you say 5 and not a higher number like 7?
  - This will elicit responses of why they should stay where they are.

**CHANGE TALK**

- What made you attempt to quit smoking before?
- What do you think will be better when you implement this change?
- Why did you say 5 and not something lower like a 2?
  - This will elicit responses of why they should make a change.
PROVIDER WORK

- DIAGNOSIS
- TREATMENT / MANAGEMENT OPTIONS
- APPRECIATING PATIENT AUTONOMY
- GUIDING ROLE

PATIENT WORK

- DECISIONS ABOUT TREATMENT OPTIONS
- ADHERENCE
- HEALTH BEHAVIORS
- PLANS FOR CHANGE
REAL PLAY 2.0

Look for:

- Sustain Talk
- Change Talk
- Provider Work
- Patient Work
In Role Play 2.0 what was...
IN ROLE PLAY 2.0 WHAT WAS . . .

SUSTAIN TALK

CHANGE TALK
Why does the smoker need another way to relax until there is a need to change?

To what extent does the patient perceive a reason for changing? (Prior to planning or goal setting.)
How does the future look with continuation of current behavior?

"What do you see happening if you continue to smoke a pack a day?"

"What do you see happening if you continue to not take your medication?"
The option many patients are choosing.

"Suppose you decide to make no change at all? What do you see happening?"

"What if you decided to just not take any of your medications, what do you suppose would happen?"
Look for past adherence, partial current adherence, or any combination thereof. Follow with an open ended question to elicit change talk.

"You've attempted to quit in the past, what made you decide that you wanted to quit then?"

"You choose not to drink during the week, what's made you make that choice?"
Connect what the patient cares about to why they are in your office.

"How do you think having high blood pressure could impact your ability to spend time with your grandchildren?"

"How do you think management of your high blood pressure would be important to the success of your business?"
Pay attention to when you begin to solve the problem for the patient.

Does the patient perceive the need to make a change?

What solutions can the patient come up with?

STRAATEGIES

AVOID BEING THE FIXER
Highlight patient autonomy.

"The decision is ultimately up to you."

"What would have to happen in order for you to be ready to make a change?"
Inquire about patient's understanding of your concerns.

"What do you suppose my concerns are as your physician?"

When change is low, assess how important they think YOU think it is: "How important do you think I believe it is for you to (quit smoking, take your medications, exercise):"
Remember: Advice is context dependent and breaks down in another person's context.

Well meaning ideas that have worked for others or yourself may feel judgmental and off base for some patients.

Allowing patients to come up with their own solutions avoids these advice giving traps.
If you think the patient's solution will be ineffective, guide the patient to explore the potential impact.

“What are your thoughts about how cutting out the McDonalds drive thru once a week will impact your A1C?”
When the patient is ready to make a plan, rather than providing a suggestion:

"What would change look like for you?"

"How would making this change impact your hypertension?"
Motivational interviewing is not

Cheerleading

- Motivation is elicited from within the patient.
- Not just looking at positive aspects of the patients behavior.
Motivational interviewing is not rescuing.

- Patients are responsible for their own behavior.
- Refusing the "righting reflex."
Discrepancy is discomforting.

Their seat should be warm.
Do not just search for the place you would like to provide education or advice. If that is all you look for, that is all you will find. Stay curious.
PITFALLS

SUGGESTIONS

• Do not provide suggestions in the form of open ended questions. "How would using a pill box help you remember to take your medications?" (This is laden with assumption)
Do not just allow the patient to lead the conversation all over the room. Your role is to guide.

- Do not just allow the patient to lead.
Way of thinking about and conversing with patients throughout the entire encounter.

Something else to do that will take more time.
TIME SPENT

CURRENT APPROACH
PLANNING
CREATING A NEED

MI APPROACH
CREATING A NEED
PLANNING
Tell me more about current behavior.

What do you like about current behavior? Summarize

What don’t you like about current behavior?

Suppose you don’t make any change. How does that look to you going forward? (How would this affect something the patient cares about?)

Given that there are some things you don’t like about current behavior and that you have some concerns about not making any change, how ready would you be to make a change? (0-10 scale)

Why not a lower number? (skip if 7-10)

What would change look like for you?
55 year old, male, presenting for followup on his type 2 diabetes. A1C 6 months ago was 6.8. Labs from last week indicate his A1C is 8.6. Takes metformin and glyburide.
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SKILLS PRACTICE

OPEN ENDED QUESTIONS

REFLECTIONS

WHAT EMOTION IS UNCOVERED?

WHERE IS THERE DISCREPANCY?
Break into pairs and practice with facilitators.
COMMENTS/QUESTIONS