Motivational Interviewing and Patient Activation

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Introduction

- **R.W. “Chip” Watkins, MD, MPH, FAAFP**
- **Family Physician**
- **Senior Consultant for CCNC**
  - Motivational Interviewing
  - PCMH
  - Quality Improvement
- **Medical Director - High Country Community Health – Boone, NC**

MI Principles and Evidence

Graves & Watkins, 2013

MI Principles and Evidence

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Graves & Watkins, 2013

Why MI?

- **Setting the Stage**
  - Lifestyle Diseases
    - Gratifying and Challenging
  - Treatment Adherence
- **Communication skills paramount**
  - Concerned Clinicians
  - Logical Reasons for change/imparting information
  - Evoke arguments against change
- **Ambivalence**
  - Normal – part of the process for the patient

Feeling Ambivalent? Well… yes, …and no

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Example: Flossing

We all know that flossing is GOOD because it:

1.
2.
3.

So…. Why don't *YOU* floss more?

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So, What is MI?

It is NOT about the nail…

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http://www.youtube.com/watch?v=-4EDhdAHrOg

THE 'RIGHTING REFLEX'

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- **Comes out of concern and care**
- **Spirit: If there's a problem, let's fix it! (problem solving)**
- **Fails to consider the critical role of ambivalence in change process**
- **Almost always engenders *resistance* instead of change**

~SO WE DON'T DO IT~ IT IS NOT MI~

Ambivalence

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Confrontation

Ambivalence

Righting Reflex

Spirit of MI

- **Key to making this work**
- **Patient rather than the clinician to be making the arguments for change**
  - Our role is to evoke from the patient their concerns and motivations
  - NOT tell them/persuade them what to do
- **Goal-directed**
- **Patient-centered**
- **Help the patient resolve THEIR ambivalence**
  - Make change commitments
  - Take action toward improving their lifestyles

MI Spirit

- **Compassion**
  - Real/Genuine care and concern
  - Understand/Validate/Appreciate their struggle
- **Acceptance**
  - Respect patient autonomy – whether or not they change
  - Inform and regard choices without judgment
  - Ambivalence is normal!

MI Spirit

- **Partnership**
  - Collaborative (not hierarchical) – goals and solutions together
  - See patients as experts on themselves
  - Ask for permission
  - Avoid premature focus
- **Evocation**
  - Draw forth/elicit (not persuasion) – TRUST the patient
  - Asking Vs. Telling – All about HOW we do this
  - Avoid the “Expert Trap”

Speakers:

- **Ask permission to share some feedback with your Listener about what he/she did while you were sharing that helped you share your story in a more authentic way.**
- **Share your gratitude**
- **Listeners: Share your gratitude**

Exercise: Respect & Empathy

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- Switch Seats!
- Decide Roles: Speaker and Listener
- Speakers: Explain who you are
- Listeners: maintain <u>total</u> silence
  - Presence
  - Undivided attention
  - Eyes, ear, and heart
    - Acceptance
    - Curiosity
      - Delight
      - Silence

- You have 2 and a half minutes!

Speakers:

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- **Ask permission to share some feedback with your Listener about what he/she did while you were sharing that helped you share your story in a more authentic way.**
- **Share your gratitude**

- **Listeners: Share your gratitude**

Key Principles

- **Express Empathy - Listen empathetically**
  - Skillful reflective listening is the *essence of MI*
  - Understand ambivalence is normal and an essential element of the change process

- **Develop Discrepancy – Motivates change**
  - Looking ahead or behind
  - Worst/best possible scenarios
  - Pros and Cons/Decisional Balance
  - One hand and the other

Key Principles

- **Rolling with Resistance - Minimize resistance/avoid arguing**
  - Increasing resistance through argument lessens likelihood of change
  - Signals you to respond differently – slow down, reflect, breathe…
- **Support Self-Efficacy - Nurture hope and optimism and confidence that things can actually change**
  - Each person is the expert in their own life
  - The clinician's BELIEF in the patient's ability is a powerful resource

What is Motivational Interviewing (MI)?

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- **MI is a patient-centered, goal-oriented method of communication for enhancing intrinsic motivation to change by exploring and resolving *ambivalence*.**

Rollnick, Miller, and Butler (2008)

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***THIS IS WHAT MI DOES*:**

Improves communication, helps patients find health behavior change, and thus can improve health outcomes

Key MI Processes

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1. **Engaging – establishing a helpful connection and working relationship**
    1. Agenda setting – be honest about limitations
    2. OARS – review plan for next meeting
2. **Focusing – develop and maintain a specific direction in the conversation about change**
    1. Agenda mapping
    2. Top 3 concerns/goals
        1. Want to do anything about it, when?
        2. If not, when and how will you know?
    3. Elicit-Provide-Elicit
    4. Listen for DARN (change talk)

Key MI Processes

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3. Evoking – eliciting the patient's own motivations for change (heart of MI)

1. Pros and Cons
2. Rulers
3. Hypotheticals
4. Looking forward and back

4. Planning – developing commitment to change and formulating a concrete plan of action

1. Focus is less on why and more on how
2. Plan must have adequate structure (SMART)
3. Build in rewards where possible

Key MI Processes

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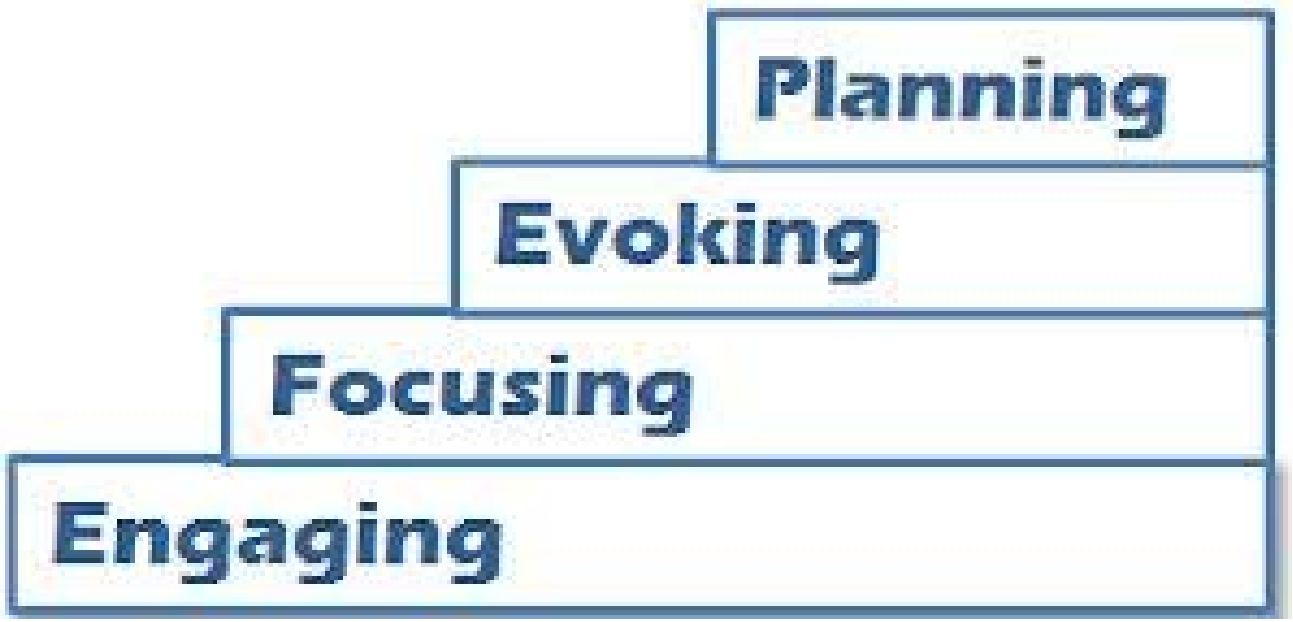

Patient Activation Model

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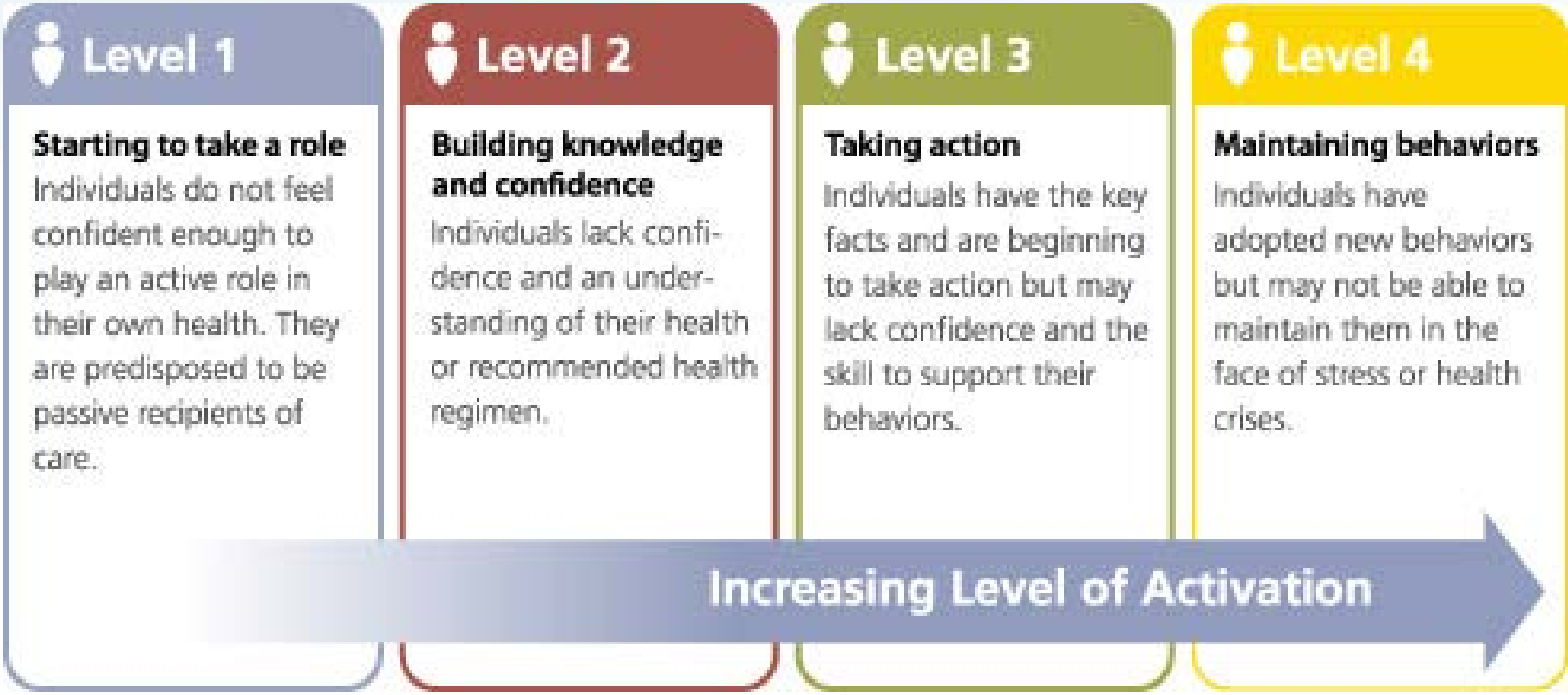

http://www.insigniahealth.com/solutions/patient-activation-measure

Stages of Change

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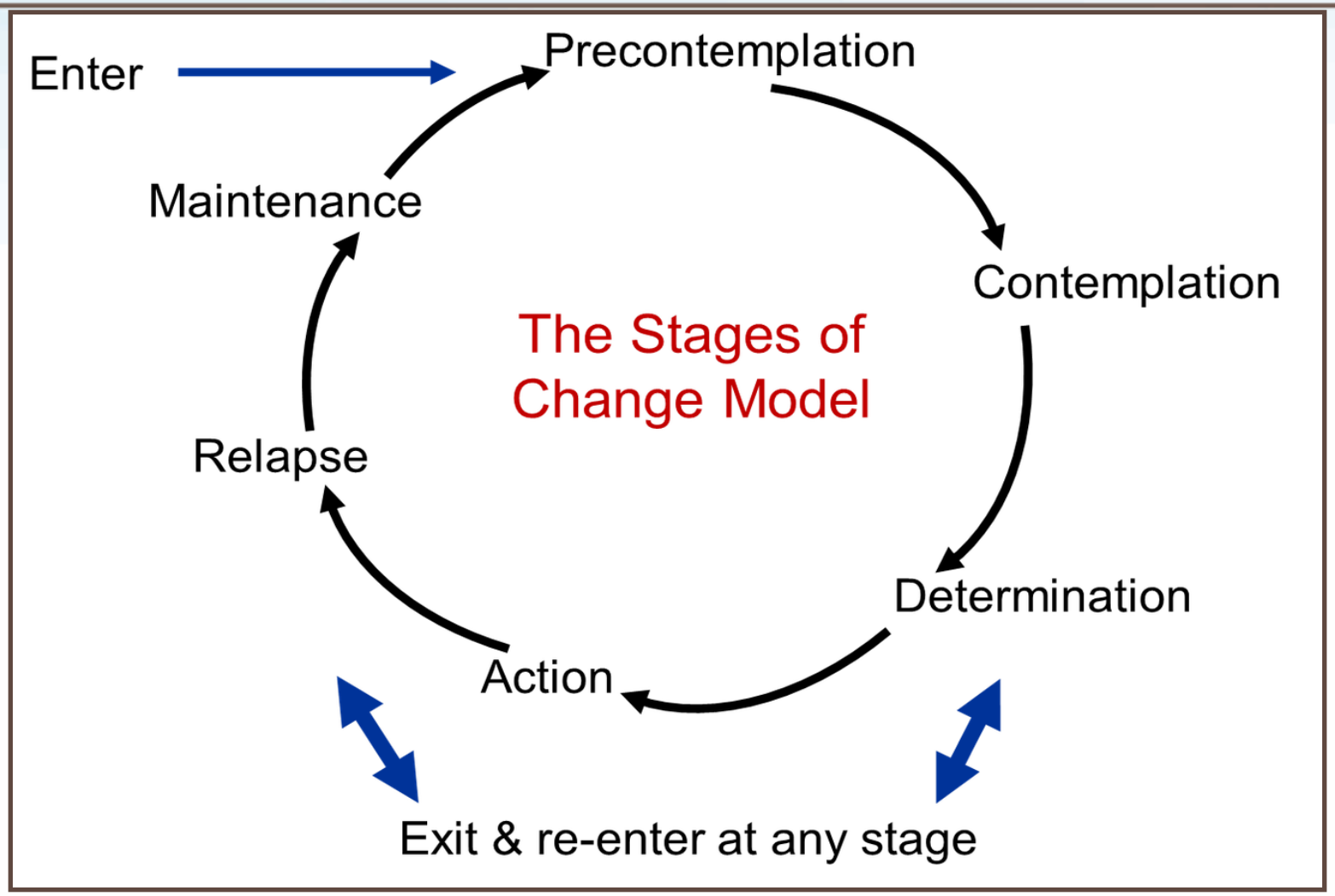

Prochaska & DiClemente, 1983

Patient Activation Model

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Figure 1: 13-Question Patient Activation Measure

Level 1	When all is said and done, I am the person who is responsible for taking care of my health
	Taking an active role in my own health care is the most important thing that affects my health
Level 2	I am confident I can help prevent or reduce problems associated with my health
	I know what each of my prescribed medications do
	I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.
	I am confident that I can tell a doctor concerns I have even when he or she does not ask.
	I am confident that I can follow through on medical treatments I may need to do at home
	I understand my health problems and what causes them.
Level 3	I know what treatments are available for my health problems
	I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising
	I know how to prevent problems with my health
Level 4	I am confident I can figure out solutions when new problems arise with my health.
	I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.

Source: University of Oregon, 2010.

Patient Activation Model

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Physician Burnout

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A growing number of primary care doctors are burning out. How does this affect patients?

1. Patients of satisfied doctors are more likely to show up for their appointments

2. They are more likely to adhere to treatment programs

3. Dissatisfied doctors report having more trouble caring for patients

4. Burned out physicians are much more likely to report a major medical error in the past 3 months

Physician Burnout

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- **“What drives physician satisfaction is also what patients and payers want: delivering good care. We are being asked to do that, yet we’re less and less able to do that,” said a family doctor in WNC. “There is so much to do, so much reporting. You spend less time listening to patients, getting to know them and thinking more deeply about their care. I’m thinking, how is doing all of this possible? What else can I do? If we go to P4P, I’ll never get paid! And that is very anxiety-provoking”**

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