

# When Time is Short: Effective Communication to Improve Patient Outcomes

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## Background

- Nonadherence is now a \$500 billion problem (<https://www.ncbi.nlm.nih.gov/pubmed/29577766>)
- Taking medication (losing weight, quitting smoking, etc.) requires behavior change
- MI was developed to address patient *ambivalence* and *resistance* about behavior change (taking a med, losing weight, quitting smoking, illicit drugs)
- MI is a patient-centered form of counseling that helps *patients* to reason *their* way to the conclusion that they need to change their behaviors in order to achieve their goals. MI is NOT about motivating or persuading people to change.

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## Disclosure



Bruce Berger is the President of Berger Consulting, LLC. The conflict of interest was resolved by peer review of the slide content.

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## Learning Objectives



- Discuss how to evaluate a patient initiating drug therapy for possible adherence problems.
- Discuss how to address adherence issues once drug therapy is initiated.
- Describe a process of effective communication for assessing and addressing adherence.
- Identify skills for ensuring patient understanding.

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## Background



- MI does two important things:
  - it accurately and nonjudgmentally reflects and explores the concerns and emotions of the patient through specific skills, and
  - it provides insight or new information to address those concerns in a nonjudgmental and nonthreatening manner (the spirit of me)

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## Background



- If MI could assist people struggling with addiction, couldn't it help with managing diabetes and other chronic illnesses?
- Started training HCPs in MI over 25 years ago using Miller and Rollnick's approach.
- Did not set out to change that approach.
- Listened to hundreds of hours of calls.
- Also observed and listened to trainees role playing.

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## Observations



- HCPs were so focused on trying to remember what a particular letter of an acronym stood for (OARS, DARN, etc.) that they often didn't listen to the patient or know what to listen for to affect change.
- HCPs had difficulty discerning when it was appropriate to use the skills represented by the letters of the acronyms. For example, they could not sense when to use an open ended question or give information vs express empathy or develop a discrepancy.

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## A New Approach



- Help HCPs:
  - know what to listen for when interacting with patients
  - be clearer about how to respond appropriately
  - choose appropriate skills (exploring vs info giving)
  - become more aware of how their own anxieties about “succeeding” affect how they respond - introspection

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## Today's session



- Focus on a sense making (non-acronym based) approach to MI
- Identify the 7 steps in our sense making approach to MI
- Use sample cases/dialogs to illustrate how to know when to use the appropriate MI skills to improve adherence and outcomes

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## A New Approach



- People are sense makers – we make sense out of everything
- Patients make sense out of:
  - Their illnesses
  - The treatment of those illnesses
  - The relationship with the HC
- When people are ambivalent or resistant to change, their sense making:
  - Results from information that is incomplete; or
  - Contains errors or inaccurate information

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## Key Questions

1. What does having \_\_\_\_\_ mean to you?
2. How important is it to you to manage your \_\_\_\_\_ (or take the medicine, lose weight, quit smoking, etc.)?
3. What would make taking the medicine (losing weight, quitting smoking, etc.) more important to you?
4. What's your understanding of the purpose of the medication?
5. What gets in the way of taking the medication (losing weight, quitting smoking, etc.)?
6. What would have to change for you to decide to.....?

## Initiation of Treatment – Assessing and Responding to Possible Adherence Issues

## Step 1 – Listen for the sense making



Case: 63 yo male with high bp

Patient: I don't know why I need this medicine. I feel fine.

Careful about "comma, stupid"

A sense  conclusion  decision about behavior

Skill: You're wondering

What is this patient's sense, conclusion and decision?

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## Step 1 – Listen for the sense making



- Skill: You're wondering
- Let's the patient know you're listening
- Sets up providing incite/new information
- Patient: I don't know why I need this medicine. I feel fine.
- HCP: So given that you feel ok, you're wondering, why do you really need this medication?
- Patient: Exactly
- HCP: You raise a really good question. Would you mind if I shared some thoughts with you and you let me know what you think?

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## Step 2 – Clarify the sense making



Case: 55 yo female with new prescription for diabetes medication

Patient: My doctor prescribed this (holding up Rx) for my diabetes but I really don't like taking medicine.

Skill: Reflect and Explore – use open ended questions to define the issue(s)

Doubts about need for this med?

Problems with meds in general, etc.

Side effects, etc.

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## Step 2 – Clarify the sense making



Skill: **Reflect and Explore**

Patient: My doctor prescribed this for my diabetes, but I really don't like taking medicine.

HCP: What's got you concerned about taking medication?

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### Step 3 – Reflect your understanding



Case: 60 yo female high blood pressure.  
Given a medication and told she was  
overweight, to cut the salt down in her diet  
and get some exercise.

Patient: Give me a break...cut out salt and  
exercise...that's what the medicine's for!

Skill: **Reflect**

Feelings, content, reasons

What is this patient's sense?

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### Step 3 – Reflect your understanding



Skill: **Reflect**

Patient: Give me a break...cut out salt and  
exercise...that's what the medicine's for!

HCP: I'm glad you're committed to taking the  
medicine. At this point it seems like that  
should be enough.

Patient: You got it!

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## Step 4 – Identify needed information



### Skill: **Identify needed information**

Patient: You got it!

Note: (careful about face loss)

What information is missing here?

How do we respond?

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## Step 5 – Address the issue



Case: Patient newly diagnosed with diabetes.

Patient: The doctor says I have sugar, but I feel ok so I don't see the point in doing anything right now. I might do something if I start feeling bad.

What is this patient's sense?

What information is missing or incorrect?

What information is needed?

How do we provide it?

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## Step 5 – Address the issue



Patient: The doctor says I have high blood sugar, but I feel ok so I don't see the point in doing anything right now. I might do something if I start feeling bad. **(This doesn't apply to me now)**

HCP: So your doctor indicated that your blood sugar is up but because you feel ok, you're thinking you won't do anything until it gets worse.

Patient: Right.

HCP: Would you mind if I shared some thoughts with you and you tell me what you think? I do understand that ultimately, this is your decision.

Patient: I suppose.

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## Step 5 – Address the issue



- Patient: I suppose
- Response lends itself to an analogy.
- Syrup, pancakes
- Analogy must fit the situation and the educational level and “world” of the patient
- What must be addressed by the analogy?
- Another diabetes analogy – “Isn't the medicine enough?”
- After the analogy:

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## Step 6 – Invite the patient to reconsider



HCP: Where does this leave you now in regard to lowering your blood sugar before serious damage is done? **(don't minimize the impact)**

**NOT:** Therefore, you need to take this medicine and get your diabetes under control.

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## Step 7 – Summarize and discuss next steps



- HCP: We've talked about your diabetes and what is happening inside your body when your sugar levels go up.
- Pt: Yes....I had no idea.
- HCP: You told me that you want to get your diabetes under control and want to take the medicine. That's a great first step. How do you feel about reducing the sugar and carbs in your diet and maybe working in some walking or other physical activity?

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# Responding to Adherence Problems

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## Case examples

- 60 year old female patient with high blood pressure prescribed a single medication, once a day. Patient is called to follow up about the patient being 30 days late on a 90 day supply of the medication. The patient is asked if she is having any difficulties taking the medication. The patient responds:
- **Patient:** No, I take it 3-4 days a week. I feel great and my blood pressure never goes above 150/100.
- Where do we begin?

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## Case examples



- 55 year old male patient with high cholesterol prescribed a statin (6 months ago) and was also told to “lose some weight and cut the fat down in your diet” by his physician. The patient’s total cholesterol today is still over 400. His father died from a stroke and his mother has had a heart attack. He has now stopped taking the statin. When asked why, he says the following.
- **Patient:** I just don’t think I need the medicine. And yes, I know what happened to my parents. But, I’m not them. They smoked. I don’t. They were really overweight. I only need to lose about 20 pounds. They had high blood pressure. I don’t. So, I just don’t want to take the medicine. I’m doing ok.
- Where do we begin?

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## Skills we have discussed



- You’re wondering – used when patients are saying, “I just don’t get it...”
- Reflection
- Open ended questions to explore the sense making
- Analogies (additional example – fuse/explosion)
- **Additional skill:** A look over the fence – examples
- One additional consideration – what to do if you’re being
- chased by a bear – MI and the brain

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# THANK YOU!

# QA

# QUESTIONS?

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