



CARDI•OH

Ohio Cardiovascular and Diabetes Health Collaborative



In partnership with:



Cardi-OH ECHO Tackling Type 2 Diabetes

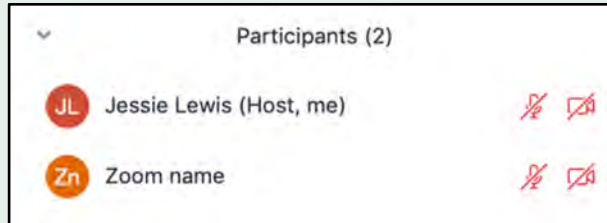
Thursday, February 18, 2021

Reminders

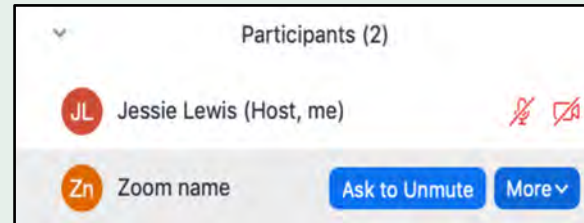


- Enter your name and practice name into the Chat to record your attendance
- Rename yourself in the Participant List with your full name and practice name

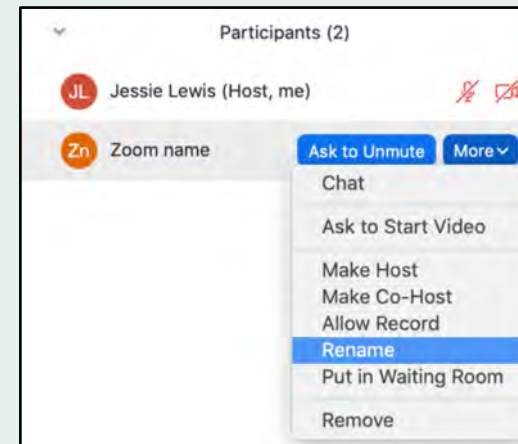
1. Hover over your name



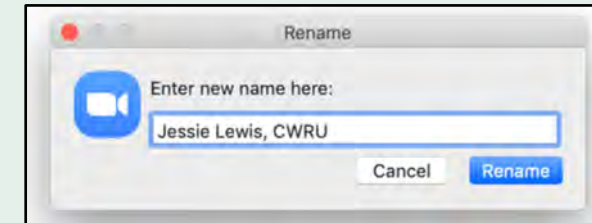
2. Select More



3. Select Rename



4. Type name and practice



- Mute your microphone unless speaking
- Comment or ask questions in the Chat at any time

Cardi-OH ECHO Hub Team

LEAD

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Case Western Reserve University

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CASE PRESENTER

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Structure of ECHO Clinics



Duration	Item
5 minutes	Announcements and introductions
25 minutes	Didactic presentation, followed by Q&A
25 minutes	Case study presentation and discussion
5 minutes	Wrap-up/Post-Clinic Survey completion

Disclosure Statements



- The following planners, speakers, moderators, and/or panelists of the CME activity have financial relationships with commercial interests to disclose:
 - Kathleen Dungan, MD, MPH receives consulting fees from Eli Lilly and Tolerion, institutional research fees from Eli Lilly, Novo Nordisk, and Sanofi Aventis, and presentation honoraria from Nova Biomedical, Integritas, and Uptodate.
 - Adam T. Perzynski, PhD reports being co-owner of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for book authorship with Springer Nature publishing and Taylor Francis publishing.
 - Christopher A. Taylor, PhD, RDN, LD, FAND reports grant funding for his role as a researcher and presenter for Abbott Nutrition and grant funding for research studies with both the National Cattleman's Beef Association and the American Dairy Association.
 - Jackson T. Wright, Jr., MD, PhD reports research support from the NIH and Ohio Department of Medicaid and consulting with NIH, AHA, and ACC.
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- All other planners, speakers, moderators, and/or panelists of the CME activity have no financial relationships with commercial interests to disclose.

Motivational Interviewing in the Context of Type 2 Diabetes



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Objectives

After attending this brief didactic session, you should be able to accomplish the following:

- 1) Define Motivational Interviewing (MI).
- 2) List and describe a minimum of four essential skills for motivational interviewing.
- 3) Describe the benefits of motivational interviewing on health-related behavior.

Overview

- Principles of Motivational Interviewing
- Why it is useful
- How it works
- Hypothetical case
- Examine the ‘forks in the road’
- How to work with patients who want to maintain the status quo or who push back
- Recap

Core Principles



- Motivational Interviewing
 - A collaborative conversational style for ***strengthening a person's own motivation and commitment to change***
 - Helps ***resolve ambivalence*** about changing behavior, while not evoking discord (e.g., lack of openness, withdrawing, arguing)
 - RCTs support its effectiveness

Patnode CD, et. al. Behavioral Counseling to Promote a Healthful Diet and Physical Activity: Updated Systematic Review for the U.S. Preventive Services Task Force. Rockville (MD): Agency for Healthcare Research and Quality (US); 2017 Jul. Report No.: 15-05222-EF-1.

Ekong G, Kavookjian J. Motivational interviewing and outcomes in adults with type 2 diabetes: A systematic review. Patient Educ Couns 2016 Jun;99(6):944-52.

Why is MI Needed?



- If patients are not supported in changing unhealthy behaviors, they ***can remain stuck for years*** in pre-contemplation or contemplation
- Many patients ***don't respond positively to a directive style***
- A ***confrontational style is seldom effective*** and often damages relationships
- A non-directive ***'following' relational style is often ineffective*** for eliciting specific behavioral changes
- MI uses a ***guiding style*** that supports collaboration and shared decision making

“MI is about arranging conversations **so that people talk themselves into change, based on their own values and interests.**

If you as a helper are arguing for change and your patient is arguing against it, you’ve got it exactly backward.”

- Miller WR, Rollnick S. Motivational Interviewing, 3rd Edition, 2013.

Rationale

- Patients become ambivalent when other ***motives conflict with taking action toward change*** (i.e., they see benefits on both sides)
- ***Ambivalence is normal*** and is expressed as a combination of ‘change talk’ and ‘sustain talk’
 - “I know I need to cut down on sugary foods (change talk) but I’ve been eating this way all of my life (sustain talk)”
- Most people work through ambivalence ***by being heard rather than being persuaded*** that change is necessary
- Behavior change is facilitated ***by guiding rather than directing or giving advice***
 - Guiding may ***reduce stress*** for the clinician

Key Steps in MI

- Express ***empathy (reflective listening, summaries)****
- Elicit ***motivation for change (open questions)****
- Develop ***discrepancy*** between patient's current behavior and their goals or values
- Foster '***change talk***' & manage '***sustain talk***'
- Support ***self-efficacy and optimism (affirmations)****
- Help the patient develop an ***action plan***

*The MI 'OARS' skills

Hypothetical Case



- Robert Muñoz is a 46-year old man with diabetes, hypertension, hyperlipidemia and obesity (BMI 35)
- He lives with his two kids; his elderly mother lives nearby
- He was diagnosed with type 2 diabetes 9 months ago
- He attended one follow-up appointment since then, but has not made it to other follow-up appointments

Case

- HbA1C at the time of his diagnosis was 9.0, and 8.8 a few months later
- He was prescribed 500 mg metformin at diagnosis which was titrated up to 1000 mg/day
- During his last visit with you he shared that he takes the metformin “on most days”
- You are concerned about his HbA1C and inconsistency in taking medication

Opening the Door



- Step 1: ***(After re-establishing rapport, express concern)***
 - Clinician: Mr. Muñoz, I'm concerned about your high blood sugar levels.
- Step 2: ***(Medicalize the concern)***
 - Clinician: You see, uncontrolled diabetes damages the body, even though we can't see the damage from the outside. This damage is putting you at risk of a heart attack, stroke, and nerve problems. It can also affect your arteries, kidneys, eyes, the other parts of the body.
- Step 3: ***(Solicit mutual concern)***
 - Clinician: Does this concern you as well?
 - Mr. Muñoz: Well, I know that diabetes can get bad in older people. But it hasn't even been a year since I found out I had diabetes, so is it really something to worry about already? I'm pretty young, I'm only 46.

Opening the Door

- Step 4: (***Collaborate***)
 - Clinician: The risks are real even at your age, especially since your blood sugar levels have continued to stay high. Fortunately though, diabetes can be controlled.
 - Mr. Muñoz: Yeah, but don't those serious health problems from diabetes happen when you get much older, like in your 70's or 80's?
 - Clinician: You are at risk for those things happening at your age now, and as you get older, too. Are you okay discussing this with me for a few more minutes today?
 - Mr. Muñoz: Okay, sure.

Evoking Motivation & Change Talk

- Clinician: Great. As a starting point, may I ask you a question?
(asking permission)
- Mr. Muñoz: Okay, go ahead.
- Clinician: On a scale from 0 to 10, where 0 means ‘not at all important’ and 10 means ‘the most important thing for me right now’, how important would you say it is for you to control your diabetes?”
(scaling question to evoke motivation)
- Mr. Muñoz: Hmm. Knowing now that the risks are higher than I thought, I would probably put myself at a 7.

Evoking Motivation & Change Talk



- Clinician: And why are you at 7 and not say, at 5? (***open question***)
- Mr. Muñoz: The diabetes educator may have told me about those health problems, but it didn't sink in at the time. But now that I understand more, I can tell you that I don't want to have a stroke. My buddy Dave had one. We played softball together for years but he's disabled now. Really sad. (***change talk***)

Evoking Motivation & Change Talk



- Clinician: You're concerned that your high blood sugar could lead to a stroke, and a stroke could be disabling. You saw what happened to your friend, and that's not something you want to risk for yourself. (***reflection to support change talk***)
- Mr. Muñoz: Right. I absolutely want to avoid having anything like that happen to me. (***change talk***)
- Clinician: Your health is really important to you. (***reflection to support change talk***)
- Mr. Muñoz: Definitely.

Evoking Motivation & Change Talk



- Clinician: What else causes you to put yourself at a 7 rather than a lower number? (***open question***)
- Mr. Muñoz: Well, of course my family. My two kids are living with me now. I have custody and I'm all they've got. (***change talk***)
- Clinician: Being there for your kids is a high priority. (***reflection to support change talk***)
- Mr. Muñoz: Yeah, the highest. They're only 11 and 13 so they're depending on me. My Mom depends on me some too. (***change talk***)

Evoking Motivation & Change Talk



- Clinician: So, having high blood sugar could lead to a stroke, and a stroke could make it hard to be there for your kids who really need you, and your Mom too. ***(summary, linking blood sugar control to important goals and values)***
- Mr. Muñoz: Yeah, I've got to be there for a long time yet, to help my kids grow up, get educated, get into careers, see them get married, all that. ***(change talk)***

Evoking Motivation & Change Talk



- Clinician: What would it take to make controlling your blood sugar an even higher priority for you, say to go from 7 to 8 on the 1-10 scale? (**open question; increases motivation, elicits next steps**)
- Mr. Muñoz: That's easy. If I could find a way to take the medicine, then it might be a higher priority. But those pills were awful! They gave me terrible heartburn and diarrhea. I had to quit taking them. It was hard for me to remember to take them twice every day anyway. But I can't go back on those pills, no way. (**barriers, sustain talk**)

Evoking Motivation & Change Talk



- Clinician: You had real problems with the pills (***simple reflection***), and I'm sorry you had to go through that. So, you haven't been able to take the pills to control your blood sugar and so it has remained high. At the same time, you've got some powerful reasons to stay healthy. (***double-sided reflection***)
- Mr. Muñoz: Feels like I'm stuck between a rock and a hard place. My family is the biggest thing for me, but those pills really messed me up. I do want to get my sugar under control, though. Maybe you have some ideas. (***change talk***)

Evoking Motivation, Change Talk, & Collaboration



- Clinician: You really want to reduce your blood sugar. (***reflection supporting change talk***). If you want to avoid the metformin altogether there are other medicines we can try. The diabetes educator can also help you set up a reminder system for taking pills, if you would like to do that. (***respecting autonomy***)
- Clinician: Are those things you would like to work on together? (***collaboration***)
- Mr. Muñoz: For sure. Honestly, I was kind of dreading this appointment because I missed so many times, but now I'm glad I came in.

What if only ‘sustain talk’ happens?

- Step 3 from ‘Opening the Door’: (Solicit mutual concern)
 - Clinician: Does this concern you as well?
 - Mr. Muñoz: ***No, not really. I don’t see it as much of a problem. I feel perfectly fine.***
- Step 4 from ‘Opening the Door’: (Collaborate)
 - Clinician: Are you okay discussing this with me for a few minutes?
 - Mr. Muñoz: ***Unfortunately, I’ve got a super busy day and I’ve got to get back to work as soon as I can.***

Sustain Talk

- ***Sustain talk is normal***; it is the status quo side of the patient's ambivalence
- ***Attempts to persuade usually only increase sustain talk*** and decrease the likelihood of change
- Responses: ***'Roll with it'*** using a simple or ***complex reflection****, amplified reflection, double-sided reflection, by ***emphasizing autonomy*****, reframing, or coming alongside
- **Because you're feeling fine right now, you don't see a need to be too concerned about your health in the future.*
- ***Talking about this is up to you, of course.*

Strengthening Confidence

- Confidence is a strong predictor of behavior change
- People are reluctant to commit unless they have confidence that the change is possible for them
- Identify and affirm strengths (e.g., optimism, tenacity, determination, patience, taking initiative, etc.)
 - ***“Optimism is a real strength for you. You don’t get stuck in negative thinking. You ask yourself what you can do to make things better.”***
- Reframing ‘failures’ as attempts
 - ***“You have made some attempts in the past. Keep in mind that on average it takes smokers 7-9 serious quit attempts before they’re successful. **They only get there if they keep trying. Weight loss is the same way.**”***

Strengthening Confidence

- Review past successes
 - ***“What’s something you have done in the past that you didn’t think you could do when you started?”***
- Hypothetical thinking
 - ***“Suppose you did succeed and were looking back on it now. What most likely would have worked? How did it happen?”***
- OARS skills
- 0-10 scaling questions for confidence

Re-Cap

- Open the door
- If the patient highlights the benefits of the status quo, reflect the sustain talk
- If patient is receptive, request permission to ask a question
- Ask a scaling question (0-10) to assess importance
- Listen and reflect the patient's response
- Ask about increasing importance by one point on the scale
- Listen and reflect the patient's response
- Inquire if the resulting opportunity for collaboration is something that the patient would like to work on together
- Support and strengthen the patient's confidence in their ability to make changes



Werner JJ, Lawson PJ, Panaite V, Step MM, Flocke SA.
Comparing primary care physicians' smoking cessation
counseling techniques to Motivational Interviewing.
Journal of Addiction Medicine, 2013;7(2):139-142.

Methods

- Analyzed audio recordings of 73 physician-patient discussions of smoking cessation that occurred during office visits to 21 primary care physicians in Ohio
- Participating physicians were blind to the study's purpose or area of focus
- Assessed adherence and non-adherence to MI using the Motivational Interviewing Skills Code (MISC) version 2.1 behavioral coding system

MI Adherent Behaviors		MI Non-Adherent Behaviors	
	% Discussions		% Discussions
At least one MI Adherent utterance	56	At least one MI Non-Adherent utterance	57
Affirm	31	Direct	30
Support	22	Confront	25
Advise with permission	19	Raise concern without permission	23
Emphasize autonomy	10	Warn	22
Raise concern with permission	3	Advise without permission	15
Open question	32		
Simple reflection	36		
Complex reflection	25		
Reframe	11		
Mean number MI adherent utterances per discussion	2.5	Mean number MI Non-adherent utterances per discussion	3.2

Perfection is achieved, not when there is nothing more to add, but when there is nothing left to take away.

— Antoine de Saint-Exupéry, *Airman's Odyssey*

Resources



- Motivational Interviewing links and resources:

Books:

Miller WR, Rollnick S. (2013). Motivational Interviewing: Helping People Change, Third Edition. New York: The Guilford Press.

Rollnick S, Miller WR, Butler CC. (2008). Motivational Interviewing in Health Care: Helping Patients Change. New York: The Guilford Press.

Learning resources and tools:

<https://motivationalinterviewing.org/motivational-interviewing-resources>

<https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing#resources>

<https://health.mo.gov/living/healthcondiseases/chronic/wisewoman/pdf/MIRollingwithResistance.pdf>



Thank you!

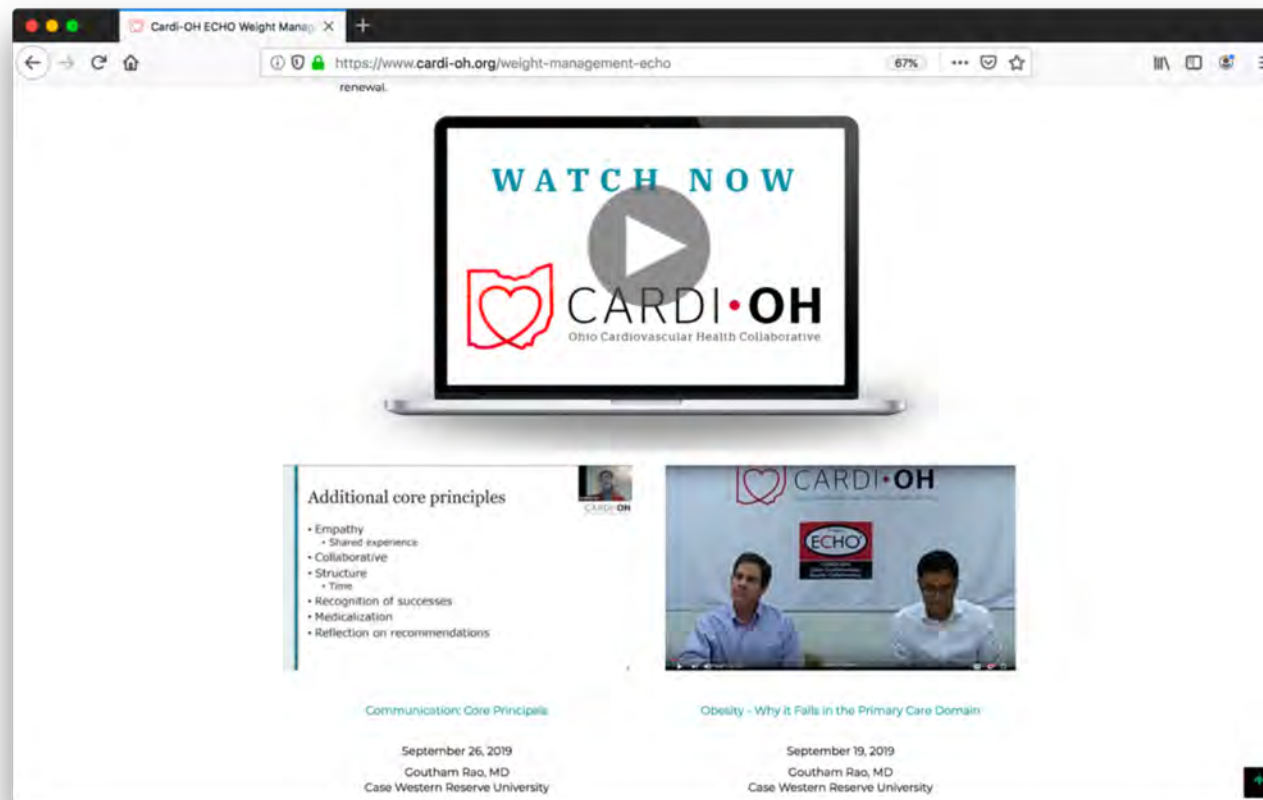
Questions/Discussion

Watch Previous Cardi-OH TeleECHO Clinics



Register on Cardi-OH.org to watch all Tackling Type 2 Diabetes TeleECHO Clinics:

<https://www.cardi-oh.org/user/register>
<https://www.cardi-oh.org/echo/diabetes-spring-2021>



Reminders

- A Post-Clinic Survey has been emailed to you.
Please complete this survey **by Friday at 5:00 PM.**
- Please complete the Contact/Demographic Form **by EOD today (2/18/21)**

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