



CARDI•OH

Ohio Cardiovascular and Diabetes Health Collaborative



In partnership with:



Cardi-OH ECHO

Your Patient with Diabetes at Risk for Heart Disease: A Series of Case Discussions

October 14, 2021

Cardi-OH ECHO Team and Presenters

FACILITATOR

Goutham Rao, MD
Case Western Reserve University

LEAD DISCUSSANT

Marilee Clemons, PharmD
University of Toledo

DIDACTIC PRESENTER

Jim Werner, PhD
Case Western Reserve University

CASE PRESENTERS

Angelique Bermudez, CNP
Heart of Ohio Family Health

L. Austin Fredrickson, MD
SRMC Internal Medicine Center



Disclosure Statements



- The following planners, speakers, and/or content experts of the CME activity have financial relationships with commercial interests to disclose:
 - Marilee Clemons reports receiving consulting fees from Novo Nordisk.
 - Kathleen Dungan, MD, MPH reports receiving consulting fees from Eli Lilly, Novo Nordisk and Boehringer, research support from Sanofi, , ViacYTE, and Abbott and presentation honoraria from UpToDate, Elsevier, ACHL, and CMHC.
 - 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 Mideast.
 - Jackson T. Wright, Jr., MD, PhD reports receiving fees for serving as an advisor to Medtronic.
 - These financial relationships are outside the presented work.
- All other planners, speakers, and/or content experts of the CME activity have no financial relationships with commercial interests to disclose.

Person-Centered Language Recommendations



CARDI•OH
Ohio Cardiovascular and Diabetes Health Collaborative

The ADA and the APA recommend language that emphasizes inclusivity and respect:

- **Gender**: Gender is a social construct and social identity; use term “gender” when referring to people as a social group. Sex refers to biological sex assignment; use term “sex” when referring to the biological distinction.
- **Race**: Race is a social construct that is broadly used to categorize people based on physical characteristics, behavioral patterns, and geographic location. Race is not a proxy for biology or genetics. Examining health access, quality, and outcome data by race and ethnicity allows the healthcare system to assist in addressing the factors contributing to inequity and ensure that the health system serves the needs of all individuals.
- **Sexual Orientation**: Use the term “sexual orientation” rather than “sexual preference” or “sexual identity.” People choose partners regardless of their sexual orientation; however, sexual orientation is not a choice.
- **Disability**: The nature of a disability should be indicated when it is relevant. Disability language should maintain the integrity of the individual. Language should convey the expressed preference of the person with the disability.
- **Socioeconomic Status**: When reporting SES, provide detailed information about a person’s income, education, and occupation/employment. Avoid using pejorative and generalizing terms, such as “the homeless” or “inner-city.”

Motivational Interviewing



Jim Werner, PhD

Associate Professor

Department of Family Medicine and Community Health

Department of Psychiatry

Case Western Reserve University School of Medicine

University Hospitals Cleveland Medical Center

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.

Rationale



- Motivational Interviewing leverages two major predictors of behavior change: ***motivation and self-efficacy***
- Patients become ambivalent when they see benefits on both sides
 - “I would be healthier if I lowered my blood sugar (***change talk***) but I’ve been eating this way all of my life (***sustain talk***)”
- Ambivalence is better resolved ***by being heard rather than being persuaded***
- 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.

Key Steps in MI

- Begin the conversation about behavior change
 - Elicit *motivation for change*
 - Express *empathy*
 - Reinforce '*change talk*'
 - The MI 'OARS' skills: *open questions, affirmations, reflections, summaries*
-
- Develop *discrepancy* between patient's current behavior and their goals or values
 - Support *self-efficacy and optimism*
 - Help the patient develop an *action plan*

Hypothetical Case



- RM is a 45-year old man with diabetes, hypertension, hyperlipidemia and obesity (BMI 35)
- He lives with his two kids (ages 9 & 11)
- He was diagnosed with type 2 diabetes 9 months ago. He was prescribed metformin, but his HbA1c is essentially unchanged
- The clinician is concerned about the patient's HbA1c and possible inconsistency in taking medication

‘Opening the Door’



- Re-establish rapport with the patient
- Step 1: (***Express concern***)
 - Clinician: Mr. M, I’m concerned about your high blood sugar levels.
- Step 2: (***Medicalize the concern***)
 - Clinician: You see, uncontrolled diabetes can cause problems with your heart and arteries, and it often damages the kidneys, nerves, eyes and other parts of the body. This increases your risk of strokes, heart attacks and other health problems.

‘Opening the Door’

- Step 3: (***Solicit mutual concern***)
 - Clinician: Does this concern you as well?
 - RM: I don’t want any of those things to happen, so yes it does concern me.
- Step 4: (***Collaborate***)
 - Clinician: Are you okay discussing this with me for a few more minutes today?
 - RM: Sure.

Evoking Motivation & Change Talk

- Clinician: Great. As a starting point, may I ask you a question?
(asking permission)
- RM: 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 assess level of motivation)*
- RM: Hmm. Knowing that the risks are higher than I thought, I would probably put myself at a 7.

Evoking Motivation & Change Talk



- Clinician: If I may ask, why are you at 7 and not at a lower number, say, at 5? (*open question to elicit change talk*)
- RM: I don't want to have a stroke like my buddy Dave. We played softball together for years but he's disabled now. Really sad. I need to be there for my kids as they grow up. (*change talk*)

Evoking Motivation & Change Talk

- Clinician: What happened to your friend is not something you want to risk for yourself. And being there for your kids is important to you. (***reflection to support change talk***)
- RM: Right. I don't want anything like that ever happen, both for myself and for my kids. (***change talk***)
- Clinician: This is really important to you. (***reflection to support change talk***)
- RM: Absolutely.

Evoking Motivation & Change Talk

- Clinician: What would it take to make controlling your blood sugar little bit of a higher priority, say to go from 7 to 8 on the 1-10 scale?
(open question, elicits next steps)
- RM: That's easy. If I could find a way to take the medicine, then it might be a higher priority. Those pills gave me bad heartburn and diarrhea so I had to quit taking them.
(barriers, sustain talk)

Evoking Motivation & Change Talk



- Clinician: Because you weren't able to take the pills, your blood sugar has remained high. At the same time, you've got some powerful reasons to stay healthy. (***double-sided reflection***)
- RM: I guess I should have let you know I was having problems with the pills. I really do want to get my sugar under control. (***change talk***)

Evoking Motivation, Change Talk & Collaboration



- Clinician: Great. Fortunately, there are many good options for doing that. Is this something you would like to work on together?
(collaboration)
- RM: For sure. Honestly, I was kind of dreading coming in today because I stopped taking the medication, but now I'm glad I did.

Re-Cap



- Open the door and request permission to discuss the topic
- If patient is receptive, ask a scaling question (0-10) to assess importance (*elicits motivation*)
- Listen and reflect the patient's response (*supports change talk*)
- Ask about increasing importance by one point on the scale (*elicits a next step*)
- Listen and reflect the patient's response (*supports change talk*)
- Ask if the next step is something the patient would like to work on with you (*collaborate to develop a plan*)

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