

Motivational Interviewing from Theory to Practice:

Engaging the Patient Throughout the MTM Encounter

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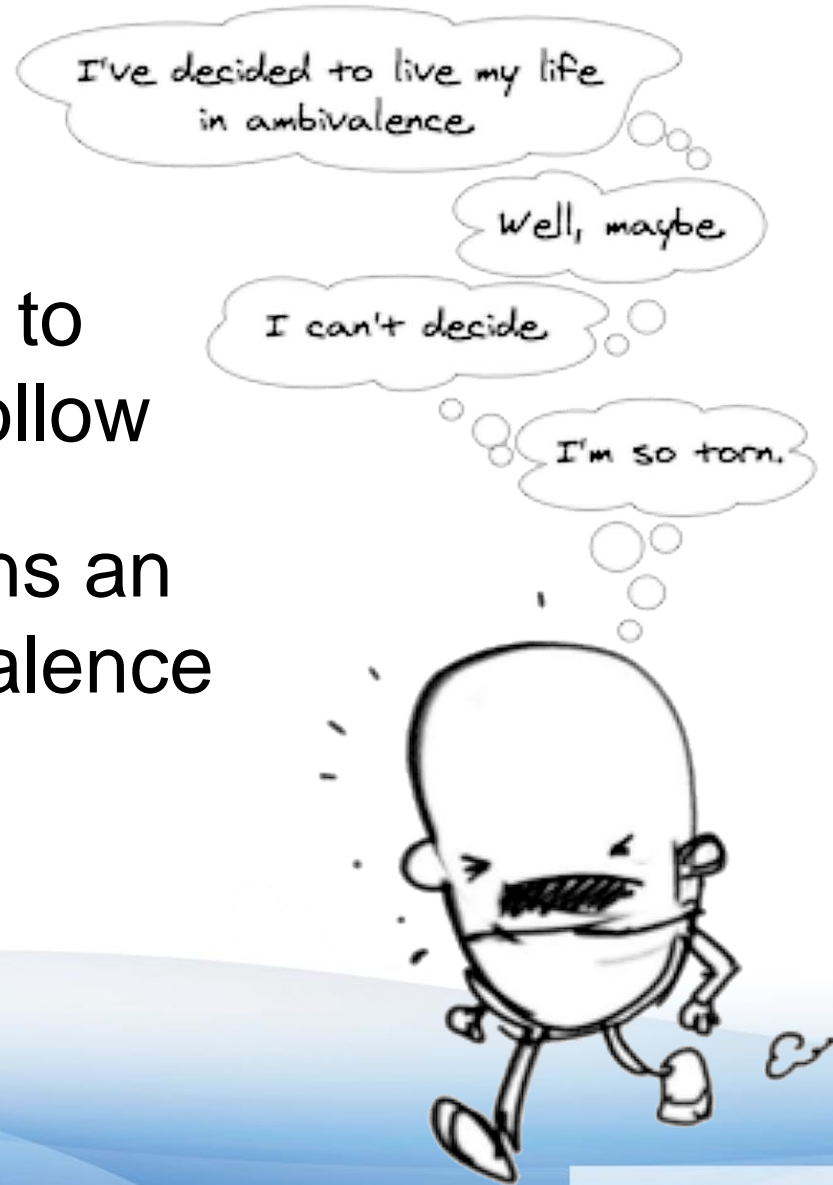
2015 MTM and Medication Adherence
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Today's Objectives

- Explain the “spirit” and guiding principles of Motivational Interviewing (MI)
- Summarize the purpose and impact of MI in health care settings
- Apply skills for incorporating MI during a medication therapy management (MTM) encounter
- Propose strategies to encourage and sustain MI in MTM encounters within your program

Ambivalence

- Uncertainty or indecisiveness as to which course to follow
- All change contains an element of ambivalence



Source of image: <http://ackandnak.com/images/comics/ambivalent-life.png>

Definition: <http://www.yourdictionary.com/ambivalence>

History of Motivational Interviewing

1983

- Brief intervention for problem drinking
- Active + Empathetic >> Passive + Confrontational

1991

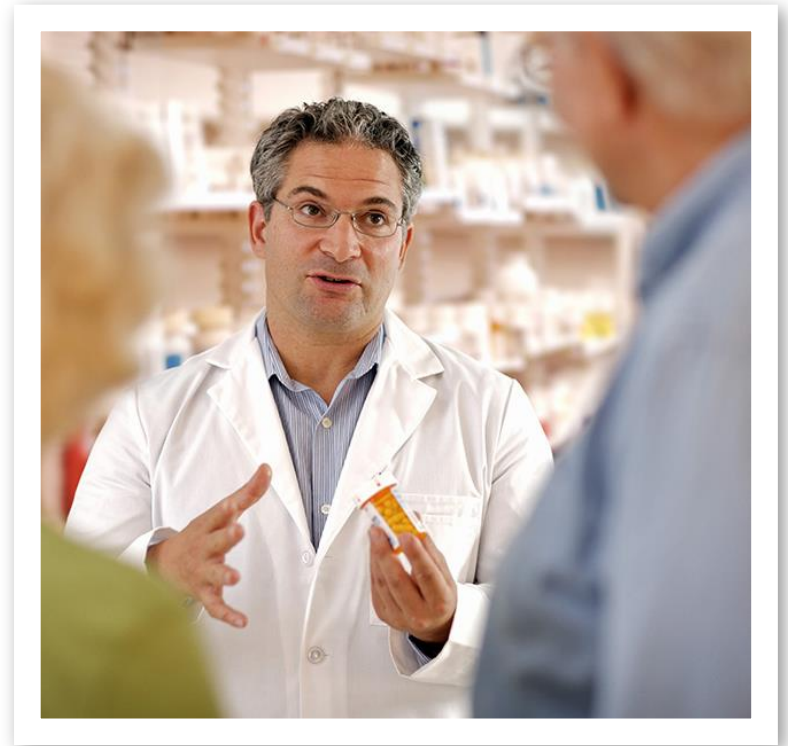
- First edition of MI published (Miller & Rollnick)

1990s

- Used for other health problems, including chronic diseases

Traditional Counseling

- Patient = passive in decision-making
- Pharmacists give advice; patient listens and is expected to follow instructions
- Pharmacists have a goal for the patient



“Spirit” of MI

- **Collaboration**

- Partnership with the patient
- Gain patient’s trust
- Joint decision-making process

- **Evocation**

- Elicit internal motivation from the patient
- Request information from the patient

- **Autonomy**

- Responsibility lies with the patient
- Patient identifies solutions and ways to change behavior



RULE – Principles of MI

- **R**esist the righting reflex
- **U**nderstand patient's own motivations
- **L**isten with empathy
- **E**mpower the patient

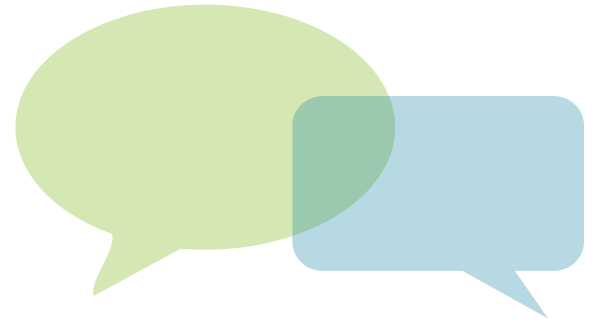
RULE – Principles of MI

Resist the righting reflex

- **First inclination of a pharmacist is to set things right**
 - This can have a paradoxical effect
 - Natural human tendency to resist persuasion
- **Roll with resistance**
- **Avoid argumentation**

RULE – Principles of MI

Resist the righting reflex



- **Pharmacist:** *Well, if you did decide to exercise more, that would not only help your knee but also help you lose weight and improve your mood, you know.*
- **Patient:** *Yes, I know all that. But I can't help thinking that if I exercise while my knee hurts, even with gentle things like swimming, that I am doing more damage to it, despite what you say.*

RULE – Principles of MI

Understand patient's own motivations

- Take interest in patient's own motivations and what they believe in
- Evoke and explore patients' perceptions about their current situations and their motivations for change
- Develop discrepancy
 - Change is motivated by a perceived discrepancy between present behavior and patient's goals and values

RULE – Principles of MI

Understand patient's own motivations

- *What do your friends and family think about you smoking?*
- *How do you feel when your blood sugar is high?*



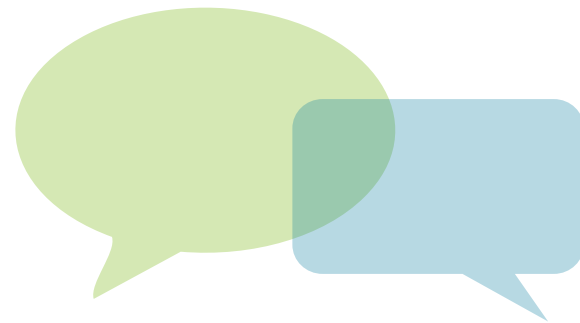
RULE – Principles of MI

Listen with empathy

- Demonstrates informed recognition of, and respect for, the patient's personal circumstances without judgement
- Answers are with the patient
 - It's more about listening than telling

RULE – Principles of MI

Listen with empathy



- **Patient:** *I haven't been feeling that good. I am working too hard and haven't been exercising enough, you know what I mean?*
- **Pharmacist:** *You're working a lot and haven't been feeling quite right.*
- **Patient:** *Well, I thought it was just that, but then I started feeling tired and weak and short of breath. I feel like things are getting out of control.*
- **Pharmacist:** *Like there's not enough time to look after yourself.*
- **Patient:** *That's exactly right. I have to sort this out and get back to my exercise routine.*

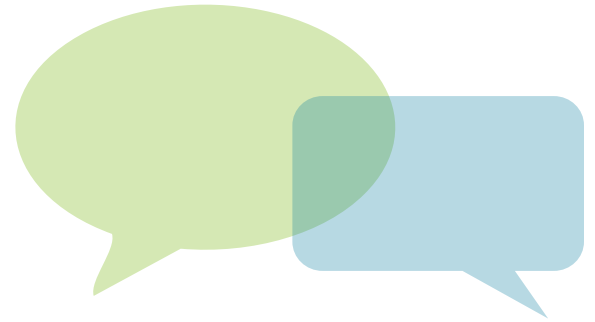
RULE – Principles of MI

Empower the patient

- Support patient's hope that change is possible and that they can make a difference in their health
- Patient should be active in the consultation
- Patient is the expert
 - Enable the patient to use their own knowledge, experiences, and skills to identify ways to create change

RULE – Principles of MI

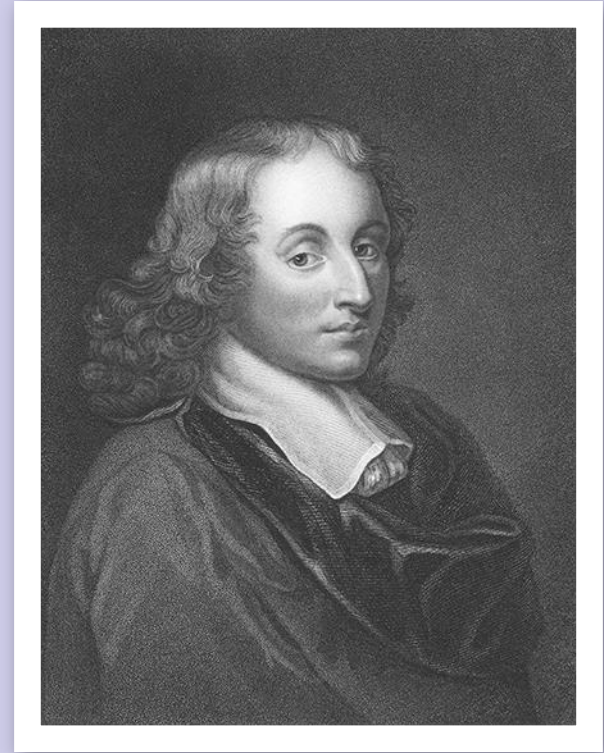
Empower the patient



- **Patient:** *I am going to start walking 30 minutes twice a week but I don't think that I am doing enough. I feel like my health is going on a downward slope.*
- **Pharmacist:** *Ms. C, you are well on your way to better health because you are thinking about lowering your cholesterol and committing to walking will help you achieve this goal.*

“People are generally better persuaded by the reasons which they have themselves discovered than by those which have come in to the mind of others.”

- *Blaise Pascal, 17th century
French polymath*



MI Literature

How Do We Know if MI Works for Our Patients?

	# Articles*
Alcohol/Drug Abuse/Tobacco/Gambling/Mental Health	210
Health Promotion/Exercise/Fitness	18
Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome	17
Diet/Lipids	15
Cardiovascular Health/Hypertension	12
Diabetes	9
Medical Adherence	8
Eating Disorders/Obesity	6
Emergency Room/Trauma/Injury Prevention	4
Asthma/Chronic Obstructive Pulmonary Disease	3
Brain Injury	2

*As of 2008

Impact of MI in Health Care Settings

- **Settings:** ED, HIV clinic, home health, hospital, primary care
- **MI Providers:** physicians, nurses, dieticians, mental health professionals

	<i>K</i>	Mean (SD)	Min/max
Total minutes in treatment			
MI	43	106.01 (92.39)	15–480 min
Comparison/waitlist	40	29.98 (72.39)	0–300 min
Face-to-face sessions			
MI	45	2.60 (1.95)	1–10 sessions
Phone sessions			
MI	20	3.00 (1.92)	0–7 sessions
Hours to train providers in MI	24	17.92 (11.39)	4–40h
Rigor rating of studies	51	12.51 (2.59)	7–17

K = number of studies contributing data; Three studies delivered MI via phone w/o face-to-face interactions; 17 studies utilized a combination of phone and face-to-face delivery

Impact of MI in Health Care Settings

OR = 1.55 (1.40 – 1.71); $P < 0.001$ → represents a **55% increased chance** of MI producing a positive outcome relative to comparison interventions

Beneficial effects

- HIV viral load
- Dental outcomes
- Death rate
- Body weight
- Alcohol/tobacco use
- Sedentary behavior
- Self-monitoring
- Confidence in change
- Approach to treatment

No significant benefits

- Eating disorder
- Self-care behaviors
- Heart rate

OR = Odds Ratio

Impact of Telephone-based MI on Medication Adherence

- **Delivery methods:** in-person + telephone, telephone with educational materials, telephone with cognitive-behavioral techniques

Beneficial effects

- HIV
- Osteoporosis
- CV disease and/or diabetes
- Kidney disease and diabetes
- Ulcerative colitis, and
- Mental illness

No significant benefits

- Osteoporosis
- High blood pressure, and
- HIV

Telephonic Intervention for Multiple Sclerosis Patients

Intervention	% discontinuation of interferon beta-1 α at 3 months*
Telephonic counseling (n=172) <ul style="list-style-type: none">• Received call every 2 or 4 weeks• Software-supported counseling intervention	1.2
Standard of care (n=195) <ul style="list-style-type: none">• Access to call center via toll free number	8.7

*P=0.001

Why MI in MTM Encounters?

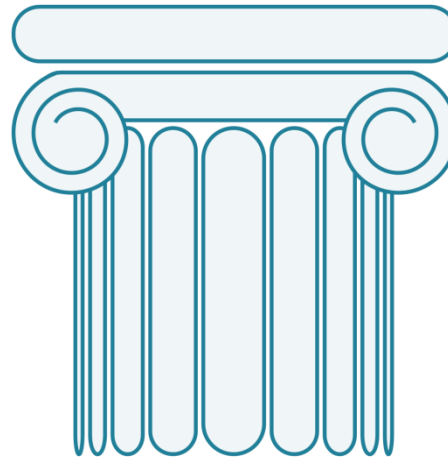
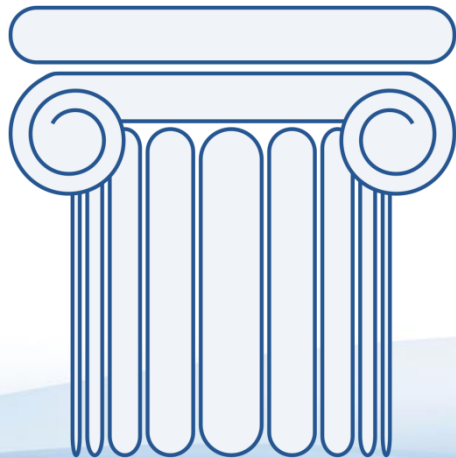
- **Goals of MTM** (Medicare Modernization Act of 2003)
 - Detect adverse events
 - Improve medication adherence
 - Detect patterns of inappropriate medication use
 - Provision of education and counseling to improve understanding of medications
- Implementing MI in your MTM encounters can make your MTM encounters more successful and help achieve the goals mentioned above

Pillars of Improved Adherence

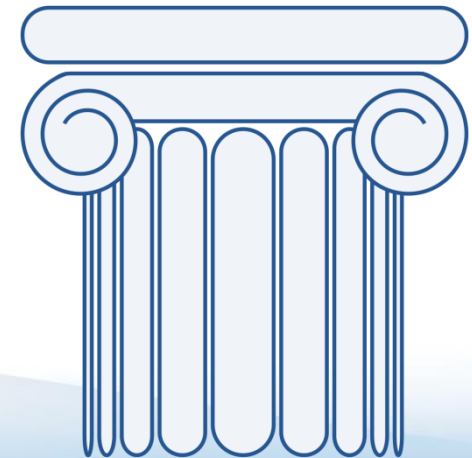
**Address behaviors
& preferences of
individuals**



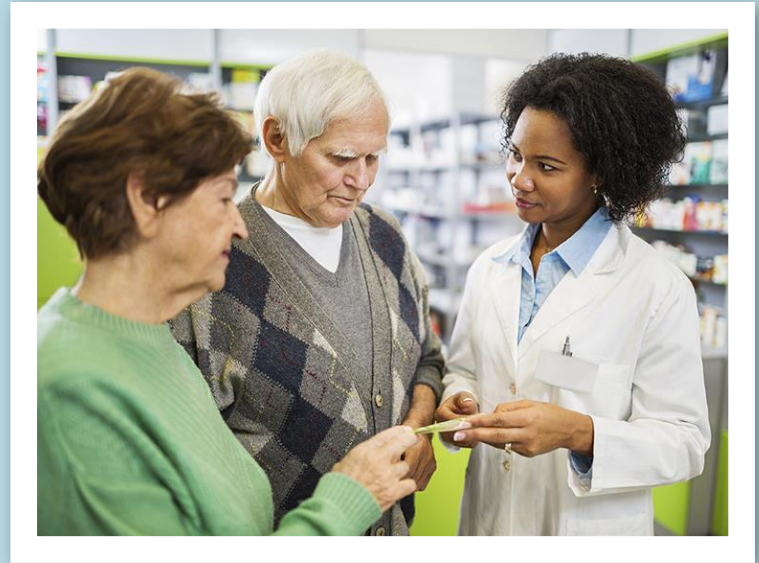
Design right
medication regimen



Reduce drug
cost barriers



*No matter what your professional training or where you work, if you can devote a small amount of extra time with your patients to build relationship and evoke change talk, you can expect **10 – 15% additional improvement** across a wide variety of behaviors and medical outcomes.*



Lundahl B, Moleni T, Burke BL, Butters R, Tollefson D, Butler C, et al. Motivational interviewing in medical care settings: a systematic review and meta analysis of randomized controlled trials. Patient Educ Couns. 2013 Nov;93(2):157-68.

Incorporating MI Skills During an MTM Encounter

MI Skills Overview

- **Resolve ambivalence**
- **OARS**
- **Change talk**
 - DARN-C
 - Guide motivation for change
- **Elicit – Provide – Elicit**

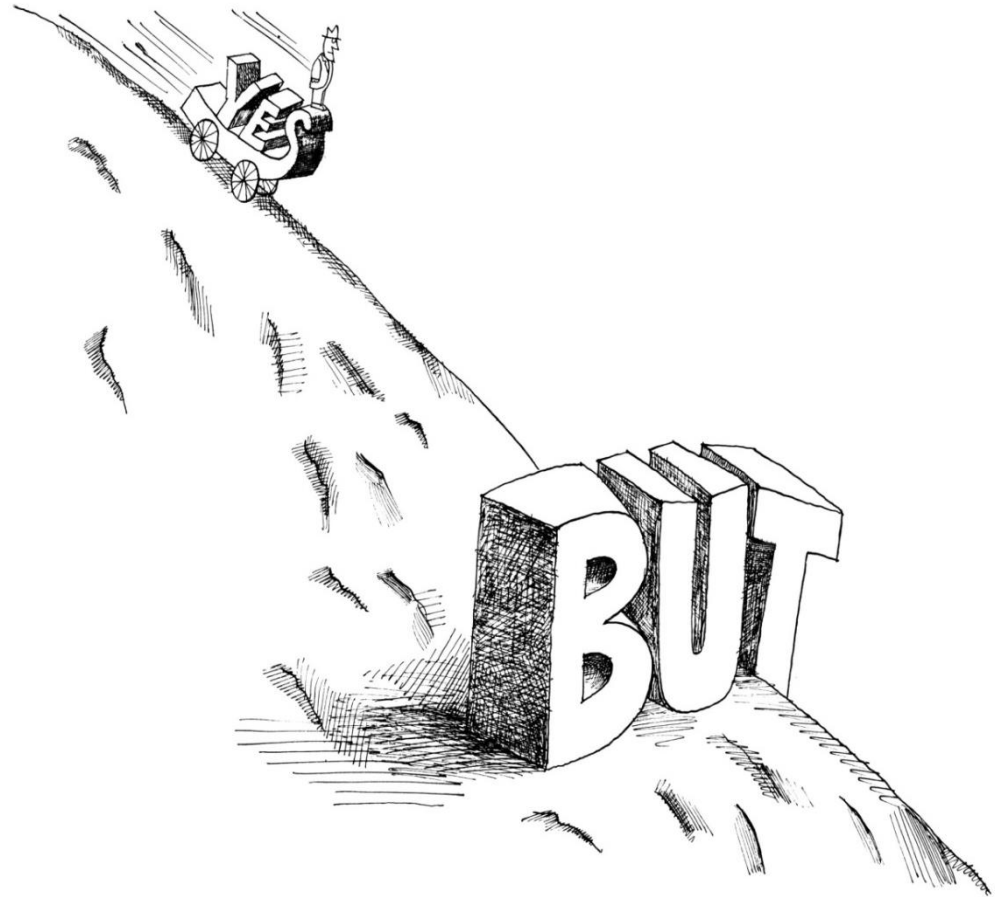
Core Communication Skills

- Allows for flexibility within a consultation
- Use of one style versus another may depend on your purpose
- Shift styles as needed
- Use expertise effectively



Ambivalence

Key element
of **MI** is
**resolving
ambivalence**
in the
**direction of
change!**



OARS of MI

Open-ended questions

- Cannot be answered with a “yes” or “no”
- Fosters sharing of information
- Encourage the patient to do most of the talking
- Questions that begin with:
who, what, where, when, why, how....

OARS of MI

Open-ended questions

- *What concerns do you have about your medications?*
- *How do you think your medications are working for you?*
- *Tell me what you like about smoking.*



OARS of MI

Affirmations

- Genuine statements of recognition of patient's efforts/perspective
- Acknowledge the efforts – no matter the 'size'
- Recognize and respect difficulties faced by the patient
- Helps patient not to focus on “failures”

OARS of MI

Affirmations



- *Congratulations on cutting down on smoking from 2 packs/day to 5 to 6 cigarettes/day.*
- *I'm truly impressed with your ability to take your medications with all the other things you have going on in your life.*
- *I appreciate your honesty in telling me that you do not want to discuss ways to help you quit smoking at this time.*

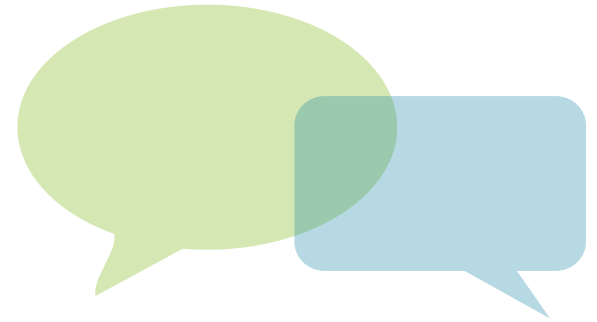
OARS of MI

Reflective Listening

- Active listening and summarization based on your interpretation (in a non-judgmental way)
- Helps understand patient's perspective
- Gives the patient a chance to correct any misinterpretations
- Helps reinforce patient's own positive statements about change

OARS of MI

Reflective Listening



“It sounds like....”

“If I hear what you are saying...”

- **Patient:** *I am so sick of being told that I need to quit smoking. Well I don't want to, and I am not going to.*
- **Pharmacist:** *It sounds like you're tired of being told to quit smoking.*

OARS of MI

Summary Statements

- Given as part of reflective listening
- Helps to recap the discussion
- Transition to another topic allows the patient to review both sides of their argument/ambivalence about the change

OARS of MI

Summary Statements

- *Ok, good. I'll follow-up with your doctor regarding your current smoking status. To summarize, you feel like you are doing well with smoking 5 to 6 cigarettes/day and that decreasing further is not an option at this time. However, you may be amenable to discussing some treatment options in the future. Did I miss anything?*



“Change talk”: DARN-C

Desire – Preference to change versus status quo

Ability – Ability to take action

Reasons – Specific reason(s) for why change would be helpful

Need – ‘importance’ for why change is being sought after

Commitment – Likelihood to follow-through on the identified ‘change’

“Change talk”: DARN-C

Desire

– *I want to manage my diabetes better.*

Ability

– *I can start taking my medication twice daily.*

Reasons

– *I know that lowering my blood sugar will reduce my risk of heart attack, blindness, and kidney problems.*

Need

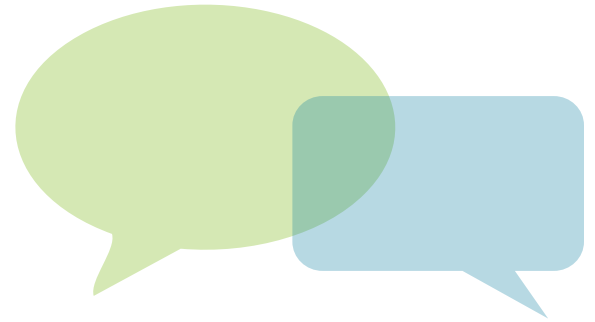
– *I need to take my diabetes medicine so that I stay healthy.*

Commitment

– *I will get a pillbox so I can make sure to take my medication twice daily.*

“Change talk”: DARN-C

Commitment level may vary



- **Low commitment statements**

“I will try...” or “I hope to...” or “I will think about...”

- **High commitment statements**

“I will...” or “I am going to...” or “I promise...”

Guiding Motivation for Change

- **Assess importance, confidence and readiness to change**



Examples:

- *How important is it for you to quit smoking using a scale of 1 to 10 where 1 is not important at all and 10 is very important?*
- *Why did you give a rating of a four and not one?*
- *What would it take for you to give a rating of a 5 instead?*
- *If you decide that you are going to cut down on the number of cigarettes you smoke, how confident are you that you could achieve that goal?*

Guiding Motivation for Change

- **Explore ambivalence:**
the pros and cons of change

Examples:

- *What do you think will be the benefits of quitting smoking?*
- *What are some of your hesitations about quitting smoking?*
- *What are your thoughts about the two sides of argument that you present?*



Elicit – Provide – Elicit

- **Set the agenda** – determine what the patient may want to work on
- **Listen/reflect** on patient's response
- **Elicit permission** before giving information
- **Provide information** in a neutral way
- **Elicit patient's understanding** of information provided
- **Listen/reflect** on patient's response
- **Summarize and guide** a plan for change, if patient is ready

Don't Fall Into Traps

- **Expert trap**

- Providing information without patient asking for it
- Ignoring patient's views/perspective
- Removing patient from being an active partner in decision-making

- **Premature focus trap**

- Describing your view of the problem
- Addressing behaviors that need changing

Don't Fall Into Traps

- **Question-Answer trap**
 - Being the leader of the conversation
 - One question after another
 - Takes away patient autonomy
- **Confrontation-Denial trap**
 - Ignoring the patient's point of view why they think change would be beneficial
 - Present reasons why a change should occur

MI Skills Summary

- It is not necessary to use all MI skills during an MTM encounter
- **Use MI skills**
 - Based on patient's personal situation
 - Should be a part of the overall flow of the MTM encounter

**Keep the “spirit”
and principles of MI
in mind for your
MTM encounters!**

How to Incorporate MI in your Program?

Implementing MI in Your Program



Staff Buy-In

- **Address ambivalence**
 - Established workflow/process/style **versus** implementing a new strategy for patient encounters
- **Ask open-ended questions**
 - “What are some of your thoughts about MI?”
- **Offer affirmations**
 - “You have embraced the MI idea and are utilizing it in your patient encounters...”
- **Reflect**
 - “It sounds like you are finding it difficult to get the patient to make a commitment; tell me more about this. What strategies have you tried in the past that have worked for you?”

Staff Buy-In

- **Roll with resistance**
 - Avoid power struggle
 - Arguing for change needs to occur on both ends: management and staff
- **There is no one “right” answer**
 - Menu of options available
 - Role-play can help
- **End goal = patient goal**
 - Empowering the patient to identify and make a behavior change in the interest of their health

Staff Training

- **Motivational Interviewing Network of Trainers (MINT)**
 - International organization committed to promoting MI practice and training
- **comMIt**
 - Comprehensive Motivational Interviewing Training for health care providers
- **University of Massachusetts Medical School**
 - Certificate of Intensive Training in Motivational Interviewing

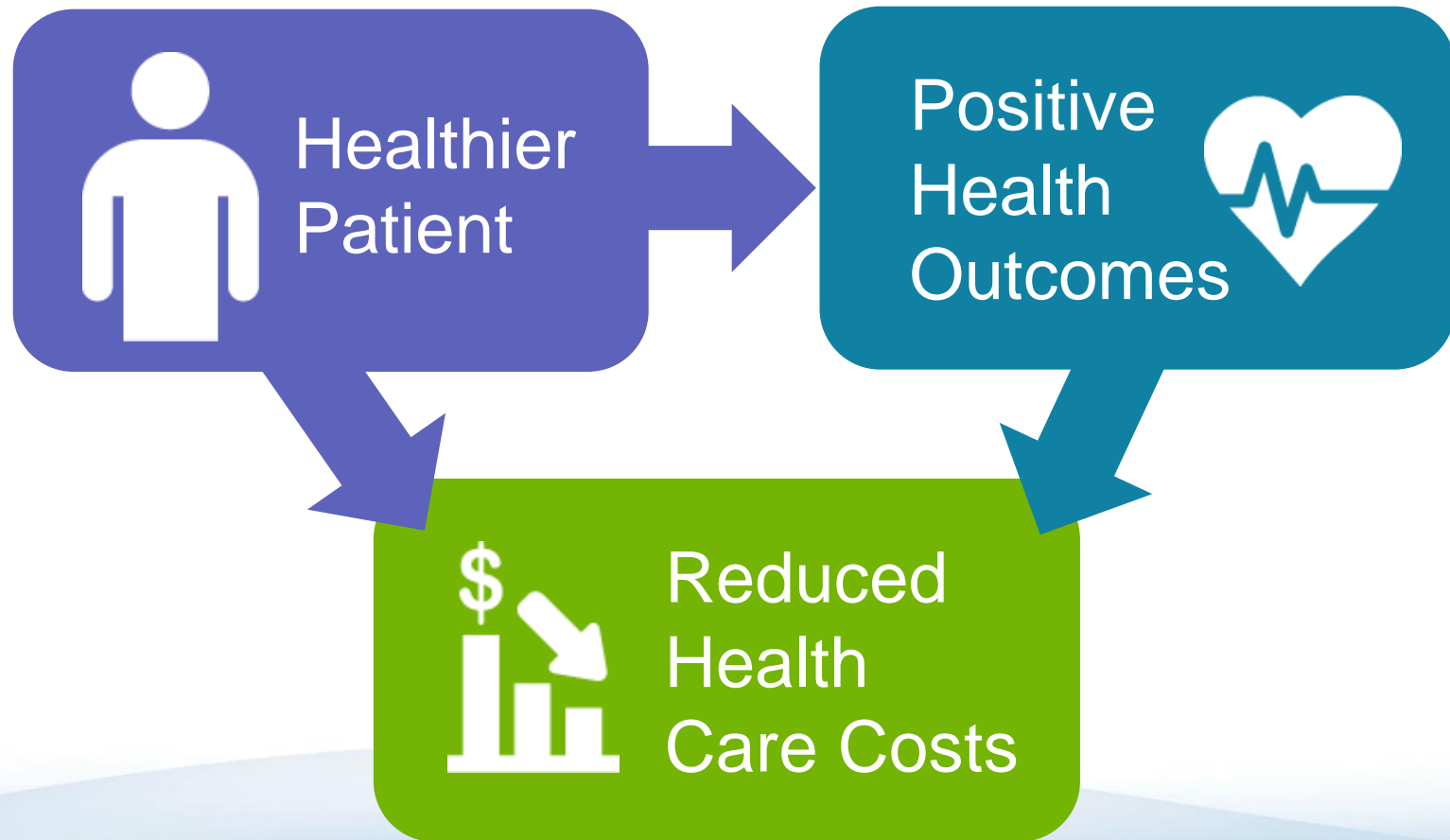
Quality Assurance/Quality Improvement

- Listen to telephone calls
- Direct observation of a telephonic encounter
- Empower the pharmacist to come up with their own ideas on how to improve their MI practice
- Share best practices among staff

Evaluate...

- MI skills (open-ended questions, affirmations, summaries, reflections) used?
- Questions transformed into reflections?
- Change talk recognized?
- Elicit-Provide-Elicit model utilized?
- Patient's ambivalence addressed?
- Change talk being strengthened/responded to create commitment language?

Win-Win



Win-Win

- Implementing MI in your MTM encounters can increase member satisfaction which would positively impact Star Ratings
 - Patient is more likely to complete CMR next calendar year
 - Positive outcomes when completing TMRs
- Rewarding/fulfilling experience for a pharmacist



CMR=Comprehensive medication review
TMR=Targeted medication review

Take Home Points

- Applying principles of MI to your patient encounters has the potential to elicit behavior change that contributes to positive health outcomes
- Remember to resolve ambivalence, use your OARS, listen for Change Talk, and guide through information exchange using the Elicit-Provide-Elicit approach
- Effective integration and implementation of MI in your program involves vision/leadership, resources/time, staff buy-in, staff training and ongoing QA/QI

Questions?

“[Motivational Interviewing] involves guiding more than directing, dancing rather than wrestling, listening at least as much as telling.”



Resources

- **Books**

- Motivational Interviewing in Health Care: Helping Patients Change Behavior by Stephen Rollnick and William R. Miller
- Motivational Interviewing for Health Care Professionals: A Sensible Approach by Bruce A. Berger and William A. Villaume (Published by APhA)
- Motivational Interviewing: Helping People Change, 3rd Edition by William R. Miller and Stephen Rollnick
- Motivational Interviewing, Second Edition: Preparing People for Change by William R. Miller and Stephen Rollnick

- **Training Program Web Links**

- <http://www.motivationalinterviewing.org/>
- <http://www.umassmed.edu/cipc/certificate-programs/motivational-interviewing/overview/>
- <http://www.innovativehealthcarespeakers.com/speaker?id=11>

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