FACILITATING MEDICATION ADHERENCE THROUGH BEHAVIOR CHANGE COUNSELING: A BRIEF ENCOUNTER

Lunch & Learn
July 11, 2012

Simplify My Meds

- Adherence can be improved when patients coordinate refills ("refill synchronization") at a single pharmacy
- Facilitates improved adherence by:
  - Reducing the potential for gaps between refills
  - Reducing medication-related hospital readmissions
  - Providing mechanisms to identify non-adherence
- Improves pharmacy operations by:
  - Changing dispensing function from reactive to proactive
NCPA Program Support

Available only to NCPA Members

• Program Materials
  – Pharmacy Operations Manual
  – Customizable Program Forms
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FACILITATING MEDICATION ADHERENCE THROUGH BEHAVIOR CHANGE COUNSELING: A BRIEF ENCOUNTER

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Chronically Ill Patients

Healthy eating
Being active
Monitoring
Taking medication
Problem-solving
Healthy coping
Reducing risks

Objectives

After the webinar, participants will be able to
1. Define behavior change counseling
2. List two theories of behavior change that support a counseling approach
3. Describe at least two counseling skills
4. Explain the role of motivational interviewing for behavior change
5. Describe the steps involved in motivational interviewing

Introduction

Our patients don’t always follow through with what they have been told. When asked they say that:
1. They have a hard time understanding what to do
2. They have a hard time remembering
3. They have a hard time keeping their medication available
4. They have a hard time with side effects
5. They don’t want other people to know
6. They are depressed, skeptical, or think it doesn’t matter what they do
You could tell the client what to do.

“All these years, and you haven’t listened to a damn thing I’ve said, have you?”

Which can be very frustrating
A Typical Patient With Diabetes

I know what I am supposed to do, I just don’t do it.

Or other chronic disease

What’s the problem?

In a survey of 600 health professionals, most believed poor adherence is due to:

– Not educated enough
– Not intelligent enough
– Not scared enough
– Poor self discipline

You could blame the patient, or consider that it is something we clinicians are doing!
Research On Behavior Change Counseling

• Not educated enough ➔ Knowledge and Behavior Change
  − Information is wasted on a patient who is not ready for it
  − Information can be offered to some people as a means to increase
    motivation to change
• Not intelligent enough ➔ Intelligence and Behavior Change
  − Being motivated in the wrong direction (to stay the same) is often viewed
    as not being intelligent enough
• Not confident enough ➔ Confidence and Behavior Change
  − Important to believe in your own ability to make the change
• Not disciplined enough ➔ Self discipline and Behavior Change
  − When something is wanted badly enough, it gets done
• Not scared enough ➔ Fear and Behavior Change
  − Scare tactic does not result in lasting behavior change

What is counseling?

Dictionary definition “counseling”:

Professional guidance in resolving personal conflicts and emotional problems (dictionary.com)

Professional guidance of the individual by utilizing psychological methods esp. in collecting case history data, using various techniques of the personal interview, and testing interests and aptitudes (Webster’s)
Theoretical Basis of Behavior Change Counseling

Important theories in developing an understanding of how to help others to change behavior

– Patient-Centered Counseling by Carl Rogers
– Stages of Change Theory by James O. Prochaska
– Motivational Interviewing by Stephen Rollnick & William R. Miller

Carl Rogers: Patient-Centered Counseling

• In 1942, he published his theories on the effectiveness of the counseling relationship that is:
  • Caring
  • Nonjudgmental
  • Sincere

• To achieve this he said,
  • Focus on the client
  • Understand their feelings and reasons
  • Build a relationship
  • Collaborate
  • Plan change

1902-1987
In 1994, he published his theory called, “The Transtheoretical Model of Change” (aka Stages of Change). He taught us:

- Ambivalence about change is normal
- Change is often nonlinear
- Readiness is not static
- Attend to readiness is your work

Pre-Contemplation – not ready
A Typical Patient

This patient is ambivalent. There are pros and cons to having breakfast at home.
A pro is that the meal is healthier for him. A con is he could miss his train.
He is ambivalent.
And ambivalence is part of the change process.
Preparation and Action - ready

Maintenance – Relapse occurs
Termination/Identification

**Pros**

**Cons**

Stages of Change

**Finding**

• Most are not ready to take action

**Implication**

• Providing action-based strategies to all is ineffective and inefficient

**Plan**

• Match your strategy to stage of change
What can you say to this patient?

Ambivalent Patient: He wants to control his diabetes by losing weight and avoid medication. But he is eating a donut and hasn’t even opened the prescription he had filled.

If I eat at home, I’ll miss my train.

Rollnick and Miller: Motivational Interviewing

In 1999, Rollnick and Miller published their first book on Motivational Interviewing and healthcare. They have taught us more about the counselor-client relationship and how to help clients who are motivated to stay the same (not ready). Advice doesn’t work.
Motivational Interviewing is..

Some well worded questions and responses to the answers you hear.

MI: How to work with Patients

• Counter-intuitive
  Example: Your friend said they want to join a gym, but they haven’t yet.
  – You could ask “Why haven’t you joined yet?” and hear the REASONS TO NOT JOIN
  – You could ask “Why might you like to go to the gym?” and hear the REASONS TO JOIN
  The patient is persuading themselves to join.
MI: The Way You Work With Patients

• Collaborate with them
  – Recognize and respect the client’s competence
  – Avoid confrontation
  – Avoid being directive
• Evoke their reasons to want the change
  – Draw out client’s views on change
  – Avoid presenting reasons to change
• Support their decision
  – Recognize their right to choose not to change
  – Offer your help - if they want it

Skills – The Way You Speak With Patients

• Asking
• Listening
• Informing
ASKING: What are Open Questions?

- Ask to obtain a story not a short factual answer
- Search is for meaning not facts
  
  "Tell me how you managed your diabetes while on vacation."
  
  "What makes it important to you to have your BG well controlled?"
- Allow room for the patient to respond
  
  "How are you feeling today?"
  
  "How do you fit taking medication into your daily routine?"
- Show an interest and caring for the patient
  
  "How can I help you?"

Examples of Open Questions

Usually begin with *what, why, how.* "Tell me" and "describe" can be used too

- Tell me about a typical day when you forget to take your medication
- Before we begin this class what are the things that concern you most today?
- What are the things you like and don’t like about taking insulin?
- This diagnosis must have been a shock. How are you dealing with it?
What are the benefits of OQ?

Open questions are good for:
1. Developing a conversation
   “What did you do to take care of your diabetes while you were on vacation?”
2. Probing to find out information or opinion
   “Tell me about what you eat on a typical day.”
   “What concerns do you have about taking insulin?”
3. Concluding a discussion or making a decision
   “Now that you know about insulin, what will you do?”

LISTENING: Ask “Am I hearing you right?”

1. What the Speaker means
2. The words the speaker says
3. The words the listener hears
4. What the listener thinks the speaker means

(Thomas Gordon, 1990)

Hypothesis Testing
Reflective Listening

• Listen, express interest, and understand the meaning of what the speaker is saying

• Verbally:
  – Repeat the words you have heard
  – Short summaries
  – Reflect meaning

• Non-verbally
  – Body language – posture, facial expression
  – Voice

INFORMING – Ask “How does this help you?”

If, in your judgment, you decided to provide information or advice, find out how the patient will use it.

Usually, we ask, “Do you have any questions?”

Why not ask, “How do you see yourself using this?”

Choices & Changes, 2008
ENGAGE - means you start talking and build a rapport with them (ask and listen)

FOCUS – means you identify a behavior topic (e.g. adherence to medication) to address with them

EVOKE – means you find out their reasons to want to change their behavior (e.g. I don’t want to be a burden to wife or my kids = their desire)

PLAN – means you try to draw out of them what they will do to achieve what they want. Some times you will give them ideas (inform )

MI Overview: From Theory To Practice

ENGAGE

• Start a conversation
  – Build your relationship

• Find out what the client wants – what is their reason to change?
  – E.g. “I need to control my BG to be healthy. Then I won’t become a burden to my wife or kids”
FOCUS

- Do an assessment. You may have an assessment tool that you like to use.
  - Identify the behavior area(s) (see AADE7 list) that need work so that the patient will achieve their goal to not be a burden by caring for self (having BG under control)
- Ask the client which behavior they want to work on. MUTUALLY AGREE on the topic.
  - Work on just one behavior

EVOKE

- Do an assessment of motivation to change the behavior
  - Ask about conviction and confident to change that behavior
  
  “How important is it for you to change when you eat so you can get your BG under control?”
  “How confident do you feel about changing when you eat so you can get your BG under control?”
MI Overview: From Theory To Practice

PLAN

• Develop a plan for change
  — Set a mutually agreed upon goal with patient
• End the conversation
  — Plan follow up and verbalize your confidence

ENGAGE

What do you say to set the stage?

Hi, I’m Shelley. I’ve got a little time and I’d like to help you with your diabetes control. How are things going with your diabetes medication?

Introduce yourself, state the purpose, mention how much time you have. Ask OE questions to help identify the direction of change. Listen and reflect what you hear. Build a good rapport.
The Tip Of The Iceberg

Patient might reply:
• “It isn’t making a difference.”
• “I was having side effects.”
• “It was difficult to take the medicine as directed.”
• “The medicine was too expensive.”
• “I was taking too many other medicines.”
• “I have a hard time remembering to take it.”
• “I don’t want other people to know.”
• “It doesn’t matter if I take it.”
• “I sometimes leave home without it.”
• “I lost the piece of paper with the prescription.”

Why don’t people fill prescriptions?

A recent study, published in American Journal of Medicine, October 2011, evaluated 423,000 e-prescriptions written by nearly 4,000 doctors for more than 250,000 patients in all 50 states. Researchers discovered that 24% of patients prescribed a new medicine by their doctor did not fill the prescription.

1. Cost – drug is not on insurance formulary
2. Paper Rx – e-prescriptions are more likely to be filled
3. Socioeconomic – people in higher income zip codes are more likely to fill their prescriptions
4. Type of Rx – 25% of Rx for HTN and diabetes were unfilled
Patient might say: “It isn’t making a difference.”

You wonder:
– Is it the right dose?
– Did they forget to take it?
– Does it take time for the effect to start?

You could ask for more information:
– Tell me more about that.
– Can you tell me more about that?
– What do you mean by making no difference?
The Tip Of The Iceberg: REFLECT

Patient might say: “It isn’t making a difference.”

You reflect what you heard:
- because you still want to develop good rapport (ENGAGE) before you FOCUS
  - “It sounds like you checked your BG and it wasn’t as low as you had hoped it would be.”
  - “You seem to think the medication was going to be able to correct your high BG.”
  - “If I’m hearing you right, you are trying to take care of the diabetes and you wish you saw better results from the medication.”
  - “No difference at all.”

What is Reflective Listening?

- Reflections – about what you heard
  - “It sounds like…… (mirror)
  - “If I’m hearing you right…… (hypothesis)
  - Summarize several things you heard … (pattern)
Tell me what you are doing during a typical day to manage your diabetes.

How does taking care of diabetes fit into your day?

What do you do to take care of your diabetes in a typical day?

“Tell me what you are doing to take care of your diabetes.”

You reflect what you heard:

– “It sounds like you know that your diet plays a part, but you have trouble eating three meals a day. Most mornings you are too busy eat breakfast before 11:00 am. By that time you are famished and eat an early and large lunch. Then you don’t eat again until dinner, and that is a huge meal too. It seems that your eating habits are part of the BG problem. Do you agree?”
EVOKE – Talk about Change

How important is it for you to change when you eat so you can get your BG under control?

EVOKE – Elicit Change Talk

How confident do you feel about changing when you eat so you can get your BG under control?
If the patient is ambivalent, ask “Which factor is most important?”

<table>
<thead>
<tr>
<th>How do you see the benefits of eating 3 meals a day?</th>
<th>What do you see as the drawbacks of eating 3 meals a day?</th>
</tr>
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<tbody>
<tr>
<td>1. BG under control</td>
<td>1. Could miss my train</td>
</tr>
<tr>
<td>2. Appetite under control and may lose weight</td>
<td>2. Not sure what to eat that would be good for my BG</td>
</tr>
<tr>
<td>3. Could avoid having to go on insulin</td>
<td>3. Adds stress to an already hectic morning</td>
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If the patient is resisting change

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When there is resistance....

Talk about the roadblocks and summarize them. Problem solve together.

“You want to eat 3 meals a day, take the medication, and control your BG, but you are afraid that you’ll miss your train. Sounds like you have a tight schedule in the morning and could use a little help.”

Usual Roadblocks

• Lack of knowledge – don’t know what to eat
• Lack of skill – don’t know how to make breakfast
• Lack of risk taking – don’t want to bother my wife by getting up earlier
• Lack of support ★ - don’t have someone to walk the dog, prepare my breakfast the night before, or take a shorter shower
“If the patient is motivated to change

How do you see the benefits of eating 3 meals a day?  
1. BG under control  
2. Appetite under control and may lose weight  
3. Could avoid having to go on insulin  
4. My wife would stop nagging me

What do you see as the drawbacks of eating 3 meals a day?
1. Could miss my train  
2. Not sure what to eat that would be good for my BG  
3. Adds stress to an already hectic morning

If the patient is motivated....

• Where does this leave you now?  
• What will be your next step?
Reflect and ask (OQ) a Key Question

You've been saying you don't have 3 meals a day and you want to start doing that. What would be your next step?

PLAN

You've been saying you don't have 3 meals a day and you want to start doing that. What would be your next step?
Clients may ask for advice.

“What do you think I should do?”

Your reply is:

“Let’s see what we can come up with. What have you thought of as a next step for yourself?”

4S’s for Planning

• Simple – may take a baby step in the right direction
• Soon – begin tomorrow or very soon
• Sincere – have good reasons to want to change
• Short term – try it for two weeks and then plan again
Hi, I’m Shelley. I’ve got a little time and I’d like to help you with your diabetes control. How are things going with your diabetes medication? Patient might reply:

• “I stopped my medication. I was having side effects.”

Sounds like you’re trying to do the right thing and take care of your diabetes but it’s hard to take a medication if it has side effects. Tell me more about that.

• “I often have high BG when I wake up. I was taking my medication, doing some exercise, and eating a light breakfast of egg whites and low fat cheese – no carbs. I’ve lost about 17 lbs already. One day I was driving my car to work and I started to feel light headed. I’m afraid to take the medication now. I want to work on losing more weight.”

Tell me what you are doing during a typical day to manage your diabetes

• “Mostly I’m trying to lose weight since that will make me healthy. I usually exercise in the morning – about 30 minutes on my treadmill. I don’t eat carbs during the day. My lunch is usually a scoop of tuna salad and soup or a yogurt. I like to save up my carbs and have them for supper. My BG is good before the meal. It’s my biggest meal. I usually eat rice along with a couple pieces of baked chicken or some sort of meat. I’m trying to have fish more often.”

You seem to be very interested in good health so you are changing your lifestyle to one with small meals and exercise during the day but you still need better BG control. It seems to be high in the morning and low during the day. It’s risky for you to drive so you’ve taken yourself off the medication. But that has the effect of increasing your risk for complications from high BG. It’s a dilemma. If you start taking the medication again, you are worried that you’ll have an accident.
Practice: EVOKE (Open Questions, Reflections)

How important is it for you to take your medication so you can get your BG under control while you lose weight?

“It is important. My uncle always had high BG and he wound up on insulin. I don’t want that to happen to me.”

How confident do you feel about taking your medication so you can get your BG under control while you lose weight?

“Not very since I could go low again. How bad is it if I have high BG until I lose the weight?”

You are really trying hard to lose weight. I have an idea for you if you want to hear it. “Okay.”

- I think you have high FBG probably from eating too much rice. You have lows during the day probably from not eating carb all day. You could try eating just ½ cup rice at dinner. If your FBG improves, have whole wheat toast at breakfast and have fruit with lunch. There is an excellent diabetes education program at the hospital with a nurse and a nutritionist. You could get more ideas from them. What do you think of this idea?

“It makes sense to me – if I eat less carb at dinner, my morning BG will improve. I would go to the hospital classes if I don’t have to skip work.”

Practice: PLAN (Open Questions, Reflections)

What do you think your next step will be?

“I think I’ll try to eat less rice. I wonder if my insurance covers diabetes education or a nutritionist. I guess the first step is to plan some different dinners, and to call the hospital and talk to someone there.”
Can it be done in 5 minutes?

- Yes!
- How strong are your skills?
- How sure are you of the conversation flow?

Training Options

- Practice Asking (OQ), Listening (Reflections) and Informing (how does this help you?)
- Check www.motivationalinterviewing.com or www.stephenrollnick.com
- Read books by Stephen Rollnick and William Miller, Motivational Interviewing in Health Care, 2008
- Watch You Tube videos on Motivational Interviewing
- Review your notes from today’s webinar
- Take a course at local college
- Find a mentor
Conclusion

We looked at:

1. The behavior change theories that are the foundation for behavior change counseling
2. The three skills of Asking, Listening, and Informing
3. The conversation flow from greeting (ENGAGE) to assessing (FOCUS) to eliciting talk about changing (EVOKE) and then setting a behavioral goal (PLAN)

Questions and Comments

Thank You