EMPOWERMENT AND SELF-MANAGEMENT OF DIABETES: THE PHARMACIST AND DIABETES CARE

SESSION 4: MOTIVATIONAL INTERVIEWING

NCHPH
National Center for Health in Public Housing

Date: June 11, 2020

MUTE

CHAT

RAISE HAND

Q&A

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NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING (NCHPH)

- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Cooperative Agreement (NCA) for $608,000, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

Training and Technical Assistance

Research and Evaluation

Outreach and Collaboration

Increase access, quality of health care, and improve health outcomes

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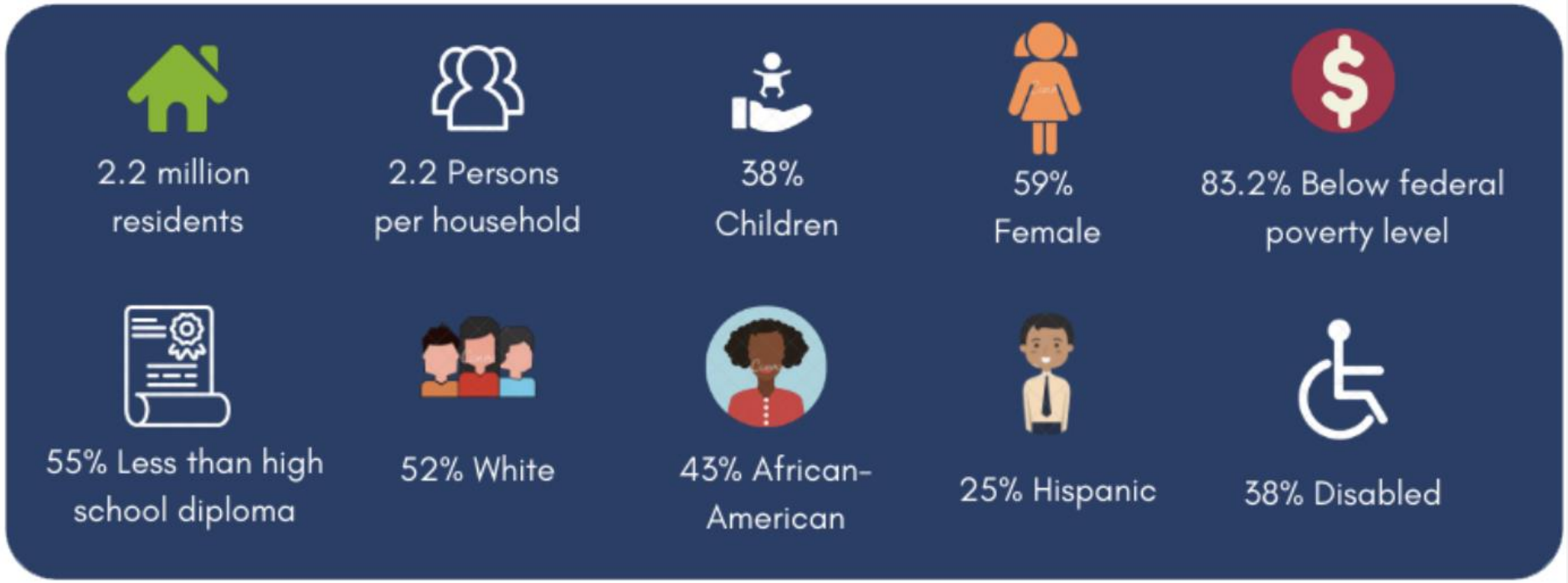
PUBLIC HOUSING DEMOGRAPHICS



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DIABETES IN HEALTH CENTERS

A little over 15% of health center (HC) patients have diabetes

32% of HC patients have Poorly Controlled Hemoglobin A1c (HbA1c > 9%)

9% of Public Housing Grantee patients have diabetes

Source: UDS, 2018

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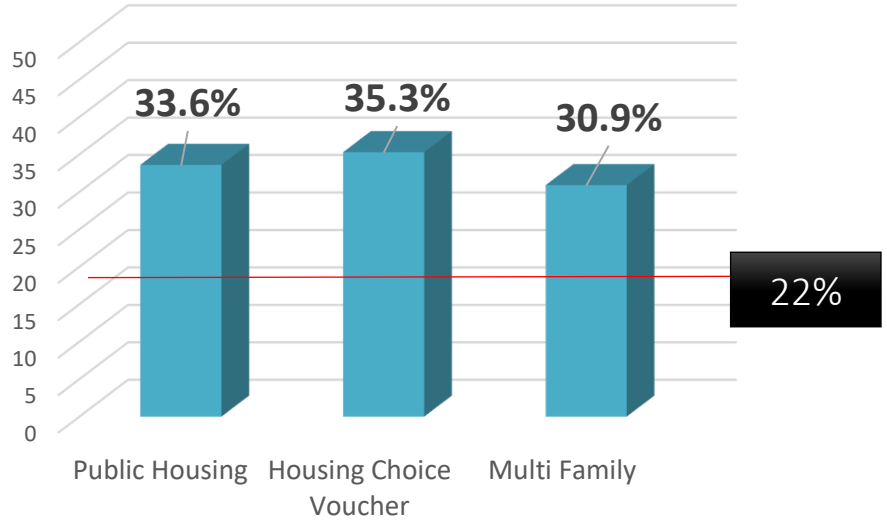
A Health Picture of HUD-Assisted Adults, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population. * Updated version expected in Summer 2020

Adult Smokers with Housing Assistance



Source: Helms VE, 2017

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/ Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

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A Brief Review of Motivational Interviewing

Motivational Interviewing

"…..a skillful clinical style for eliciting from patients their own good motivation for making behavior change.."

In Other Words….

Guide

the patient to telling you that they

want to change

rather than you telling them they

have to change.

Avoid

- Forcing the change
- Intimidating
- Nagging
- Guilt

And Most Importantly:

STOP

saying

STOP

Benefits to This Approach

- Using MI:
  - Prevents frustrating conversations with “noncompliant” patients
  - Allows you to step away from the role of the parent scolding the naughty child for doing something wrong
  - Establishes a real sense of collaboration between you and the patient

How Do I Create Change?

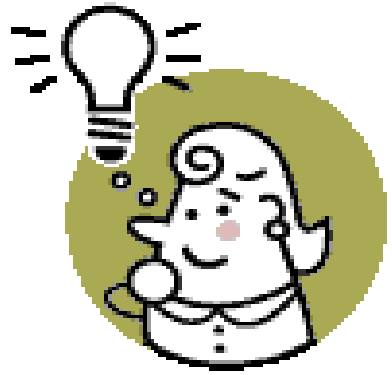
To Begin With:

- Accept Ambivalence
- View change as a learning process
  - Understand that relapse is natural
- Elicit C**hange Talk**

Goal of Change Talk

- Collaborate with the patient to:
  - Understand and explore their own motivations for change.
  - Help them view the “change” as more enticing than the status quo
  - Increase their belief that they can change!

Why Change Talk?



Change
is more likely to occur
when the idea comes from the individual
not from you!

Why Don’t People Change?

- The “old” has importance and value
- They are comfortable with their current situation
- They are afraid of change
- They don’t think they can change

Why Do People Change?

- The “new” has importance and value
- They are **un**comfortable with their current situation
- They are comfortable with the prospect of changing
- They feel they have skills/knowledge to change

How Do Individuals Change?

Generally behavior change

is a **process**

that occurs over time,

not a discrete
one-time event

Stages of Change Model

- Pre-contemplation
- Contemplation
- Action
- Maintenance
- Slip
- Relapse

Creating Change Talk Through Motivational Interviewing

How To Elicit Change Talk

- Ask Permission
- Use Open Ended Questions
- Listen Reflectively
- Summarize Feedback
- Roll with Resistance/Ambivalence

Ask Permission

- “Do you mind if we discuss your diet today?”
- “Can I tell you what concerns me about your lack of activity?”
- “Is it ok to talk about the possibility of increasing your activity level?”

Open Ended Questions:

Questions that do not invite short or one word answers

Open Ended Questions (cont.)

- Most open-ended questions begin with:
  - WHAT
  - HOW
- What's wrong with Why?

Examples of Open Ended Questions

- “What is prompting you to think about your eating habits now?”
- “What do *you* want to do about your weight?”
- “How are you benefitting from smoking?”
- “How would your life be different if you were not overweight?”

If Reluctant:

“What would have to happen to you for you to consider……?

The Importance Ruler

Importance

How important would you say it is for you to lose weight? On a scale from 0 to 10, where 0 is not at all important and 10 is extremely important, where would you say you are?

0 1 2 3 4 5 6 7 8 9 10

Not at all important Extremely Important

The Confidence Ruler

Confidence

If you decided to begin an exercise program now, how confident are you that you could do it? On the same scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, where would you say you are?

0 1 2 3 4 5 6 7 8 9 10

Not at all confident Extremely confident

How to Boost Confidence

"What accomplishment are you most proud of?"

"If you can do that you can quit smoking/lose weight!"

Elicit Goals/Values

- “What is the most important priority in your life right now?”
  - “How does being obese help/prevent you from achieving those goals?”
  - “How important is maintaining a healthy weight to you?”
- “What are your core values?”
  - “Where does a healthy lifestyle fit in?”
  - “What role does smoking play in your life?

Elaborate

- Get an “in-depth” understanding of the reason for change/situation
  - “Tell me more about……”
  - “Exactly what is prompting you to consider eating more fruits/vegetables now?”
  - “Explain to me in detail what happened when you relapsed back to eating dessert every night.”

Ask About Extremes

- “Suppose you don’t ever lose weight. What do you imagine will happen to you in the next year/two years?”
- “If you do change your eating habits for good, what do you think your life would be like? How would things be different?”

Listen Reflectively

- Use the patient's own words
  - "I hear you saying that the idea of changing your diet *is very scary*"
  - "I am getting the feeling that you don't think you can lose any weight because *you have too much stress in your life.*"

Summarize your Feedback

- “We have agreed…..
- “So here are the steps that you said you would do….”
- “Let me summarize what we have just discussed……”

Roll with Resistance/Ambivalence

- “Can you help me understand…..”
- “What specifically concerns you about….”
- “OK, I hear you saying that on one hand you want to quit, but on the other hand you are scared to do it.”

Ambivalence

- A natural part of the change process
  - Both the old and new have value
- Getting stuck there is the problem
- Resolving ambivalence can be key
  - “ The Decisional Balance Sheet”

Decisional Balance Sheet

SMOKE

PRO	CON

DON’T SMOKE

PRO	CON

Your Goal

- Establish a strong, clear, internal reason for quitting/losing weight/change:
  - Health
    - Clearly link presenting illness to smoking/obesity
    - Don’t talk about DEATH
  - Money
  - Family
  - Social
  - Other

Support and Encourage

- Your belief that someone can change will help them change
- Accept the individual
  - Understand their perspective
  - This does not mean you endorse it
- Don’t argue/push
  - Can backfire and reinforce the behavior

Final Reminders

- You can not make anyone change
- The more you push the more they'll resist
- Rather, help the patient want to change:
  - Increase displeasure with current behavior
  - Decrease fear of the new
- In the end, the patient:
  - Should present the reasons for change
  - Choose when and how to change

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References

- Motivational Interviewing: Preparing People for Change William R. Miller and Stephen Rollnick, The Guilford Press 2002

- Motivational Interviewing in HealthCare William R. Miller/Stephen Rollnick Guilford Press 2008

MOTIVATIONAL INTERVIEWING AND SERIES TAKE AWAYS

The Pharmacist Approach Diabetes Management
Terry Lawson, RPh, CDCES
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Take Aways and Discussion On:

- Motivational interview – Video - What could have been done better?
- Pharmacist opportunities to relieve the burden- The Underserved - HPSAs and MUA/Ps
- Pharmacist role in obesity management
- Pharmacist role in our senior population
- Final thoughts on Person-Centered Approach

Motivational Interviewing
The Role of the Pharmacist

https://www.youtube.com/watch?v=24NV35rKI5I

What could he have done better?

- **Ambivalence** – rolling with resistance- although he rolled, he missed an opportunity to explore valuable information from the patient.

  - ***Identify what the patient already knows*** ***Its great that you met with our nutritionist****! **Tell me about** what the nutritionist covered with you?*

  - ***Identify what the patient is motivated by*** ***What in particular impacted you*** *from your conversation with the nutritionist?*

  - ***Identify what barriers the patient may have towards meeting goals*** ***What information do you feel may be difficult*** *for you to incorporate in your lifestyle at this time?*

What could he have done better?

- **Summarize**- repeat back the information – “So I’m hearing that XXX is something you found valuable, but you feel it may be difficult financially to incorporate healthier foods and that your children may not eat healthy food because it doesn’t taste good”.
- **Acknowledge and Address** the barriers and identify solutions that may be within reach.

  - ***Identify what is achievable*** *If you were to start incorporating XXX in your and your family's lifestyle* ***what may be financially*** *at your reach?*

What could he have done better?

- **Ruler Method-** Importance and patient confidence to change
  - ***How important*** *would you say it is to you to incorporate XXX into your lifestyle zero being not at all important and 10 being extremely important to you?*
  - ***How confident*** *are you that you can incorporate these changes zero being not confident at all to 10 being extremely confident you can?*
- **What will work for the patient and identify what solutions you can offer**
  - ***What do you think*** *may help you move the ruler to a higher level?*

What could he have done better?

- **Lecturing**- Avoid parent talk and Elicit change talk- what is in it for her
- **It is not about what we think**. Elicit her motivation for the change.
- Reinforce her motivation while educating about the benefits of weight loss
  - ***What benefits do you think you may gain from the incorporation of*** *XXX into your and your family's lifestyle?*
- **Reinforce and supplement the information**

What could he have done better?

- **Collaborate-** partner with the patient to establish goals that make sense to her.
  - *Tell me **how you think we can work together to help you incorporate** XXX in your efforts to lose weight?*

- **Congratulate and thank the patient, Set goals, Homework, Expectations, schedule Follow up**

Take Aways - What Pharmacists Are Already Doing

- **We are Filing in the Gap in MUAs and HPSAs**- accessible! 95% of the population lives within 5 miles of a pharmacy
- **Health and Wellness (AWV) and preventive services**
  Referrals To Preventive Care Specialists – Ophthalmologists, Podiatrists, Dentist,
  Screenings – obesity, diabetes, fall risk, cognitive assessments, COVID
  Immunizations
  Chronic Disease Management- in between follow ups with PCP/Team
  Initiate, modify, monitor and follow-up
  Point of Care testing- diabetes, cholesterol, COVID
  Order, interpret, and monitor Labs
  Coordinated care - PCP/Pharmacist/Interdisciplinary team work collaboratively
- **Comprehensive Medication Management (CMM)-** whole person- polypharmacy- pADE and ADE surveillance, identifying barriers to adherence
- **Patient Education and Counseling** -Smoking Cessation, Diet and Weight management counseling

http://pharmacistscare.org/wp-content/uploads/2014/06/PAPCC-Scope-of-Services-one-pager.pdf

Take Aways - What Needs to Happen?

Legislation- The Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592/ S. 109) is bipartisan legislation that will amend section 1861 (s) (2) of the Social Security Act to include pharmacists on the list of recognized healthcare providers. This legislation aligns with state scopes of practice.

Changes are in the air- 2012, the Centers for Medicare & Medicaid Services broadened the concept of "medical staff" to allow hospitals to grant other practitioners privileges to practice in the hospital in accordance with state law

2014- CMS told physicians that pharmacists services can be billed incident to

Pharmacist Support - ASHP encourages members to reach out to your members of Congress via email to ask them to support legislation that addresses pharmacists" lack of provider status

https://www.ashp.org/Advocacy-and-Issues/Provider-Status/Pharmacy-and-Medically-Underserved-Areas-Enhancement-Act#

Take Aways - What Needs to Happen?

Pharmacist Reported Time Constraints- PRACTICE MODELS NEED TO CHANGE- Literature supports
Citation: Pharmacy Times article - *Tech-Check-Tech Programs: What Pharmacists Need to Know*

- Free Up The Pharmacists- Elevate Technician Role- through education/training/ lifting legal restrictions – technicians drive and manage dispensing functions- "**tech-check-tech**" programs are already in place in many states – technicians are performing the final verification check - TCT programs intended to help pharmacists optimize clinical services and patient-centered activities.

- Re-engineer Our Workflow, Evaluate Our Human Resource Needs, And Incorporate Technology – utilization of robotics, access to HIT, incorporation of telehealth services and other patient contact options like smart phone apps, dispensing kiosks

- Optimize Medication Synchronization Services – improves workflow and frees up time

- Remodeling of Pharmacies – more patient centered and friendly environment for patient privacy

- Performance and Quality Measures – need to be directly tied to improving patient outcomes

Take Aways - Pharmacist Role in Obesity Management

PATIENT SCREENING/EDUCATION/MANAGEMENT AND SUPPORT

Tips to include in Motivational Interviewing –WHAT'S IN IT FOR THE PATIENT!

- **Evidence supports** - obesity management **can delay the progression** from prediabetes to diabetes -benefits include **improvements in mobility, physical and sexual function, and health-related quality of life**
- **Modest and sustained weight loss** produce clinically meaningful reductions in blood glucose, A1C, and triglycerides, **reduce the need for glucose-lowering medications**
- **Greater weight loss = Greater benefits - reductions in blood pressure, improvements in LDL and HDL cholesterol, and reductions in the need for medications** and **may result in achievement of glycemic goals in the absence of glucose-lowering agent use in some patients**

(Source: American Diabetes Association DOI: 10.2337/dc20-S002 Published 1 January 2020 Diagnosis and Classification of Diabetes Mellitus- https://care.diabetesiournals.org/content/37/Supplement 1/S81)

Take Aways - Pharmacist Role in Obesity Management

MEDICATION MANAGEMENT - Efficacy, Cost, CV risk/benefit, SE, Patient Preference

- When choosing glucose-lowering medications for patients with type 2 diabetes and overweight or obesity, **consider a medication's effect on weight-** Whenever possible, minimize medications for comorbid conditions that are associated with weight gain

- Weight-loss **medications are effective as adjuncts** to diet, physical activity, and behavioral counseling for selected patients with type 2 diabetes and BMI ≥27 kg/m2.

- **Monitor all weight loss medications for safety and intolerabilities at least monthly for the first 3 months**

- **All patients with diabetes on antidiabetic agents should be closely monitored for hypoglycemia while on weight management programs and especially those that include pharmacotherapy – dietary restrictions may lower requirements - adjust antidiabetic agents accordingly**

(Source: American Diabetes Association DOI: 10.2337/dc20-S002 Published 1 January 2020 Diagnosis and Classification of Diabetes Mellitus- https://care.diabetesiournals.org/content/37/Supplement 1/S81)

Take Aways - Pharmacist Role in Obesity Management

Pharmaceutical service program should incorporate features below
Key features to look for: whether on-line or in person program - https://www.niddk.nih.gov/health-information/weight-management/choosing-a-safe-successful-weight-loss-program

Lifestyle counseling – behavioral programs that promote healthy habits and how to maintain them - food and activity journals

Stress management and sleep patterns – yoga, meditation, mindfulness

Ongoing support – telehealth, online, chat rooms, in person groups- provide feedback and monitoring

Sustainable weight loss goals – SMART - slow and steady - usually 1 to 2 pounds per week

Planning for the future – how to keep the weight off – developing healthy habits such as food journaling

Take Aways - Pharmacist Role in Obesity Management

DESIGN THE PROGRAM AS PER CMS GUIDELINES- AHEAD OF ESTABLISHMENT OF PROVIDER STATUS

- Includes screening for obesity (BMI), nutritional assessment, and counseling
- Intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise.
- Consistent with the **5-A framework that has been delineated by the USPSTF:**
- **Assess**: risk(s) and factors affecting choice of behavior change goals/methods.
- **Advise:** clear, specific, and personalized behavior change advice, health harms and benefits.
- **Agree:** Collaborate- SMART goals -patient's interest in and willingness to change.
- **Assist:** Using behavior change aid the patient in achieving agreed-upon goals
- **Arrange:** Schedule follow-up, adjust the treatment plan as needed, including referral to more intensive or specialized treatment.

O'Neal, Katherine & Crosby, Kimberly. (2014). What is the Role of the Pharmacist in Obesity Management?. Current Obesity Reports. 3. 10.1007/s13679-014-0110-2.
https://www.sciencedirect.com/science/article/abs/pii/S1544319115301904

Take Aways - Pharmacist Role in the Senior Population

Pharmacist Awareness

- **Highest Prevalence** - Approximately a quarter of the senior population (65 and older) have diagnosed or undiagnosed diabetes.~14.3 million seniors

HIGHEST COMPLEXITY OF VULNERABLE POPULATIONS

- **Higher rates than those without diabetes -** Premature death, Functional disability, Accelerated muscle loss- sarcopenia, Co-morbid conditions- Hypertension, Coronary Heart Disease, Stroke
- **Highest rates of Complications-** of major lower-extremity amputation, myocardial infarction (MI), visual impairment, and end-stage renal disease of any age-group
- **Likely to have barriers in the ability to self-management and to improvements in quality of life- Geriatric Syndromes –** Polypharmacy, Cognitive impairment, Decline in ADLs, Depression, Urinary incontinence, Injurious falls, Persistent pain
- **Higher rates of ER/hospitalizations** due to both hyperglycemia and hypoglycemia

(Source: American Diabetes Association DOI: 10.2337/dc20-S002 Published 1 January 2020 Diagnosis and Classification of Diabetes Mellitus- https://care.diabetesiournals.org/content/37/Supplement 1/S81)

Take Aways - Pharmacist Role in the Senior Population

- **Screening for early detection of mild cognitive impairment** or dementia should be performed for adults 65 years of age or older at the initial visit and annually (AWV)

- **Hypoglycemia** - Cognitive decline has been associated with increased risk of hypoglycemia - Assess, minimize, and manage by adjusting glycemic targets and pharmacologic regimens

- **Recognize Red flags** – Decline in self-care activities, Errors in calculating insulin dose, Difficulty counting carbohydrates, Skipped meals, Skipped medication doses, Difficulty recognizing, preventing, or treating hypoglycemia- **hypoglycemia unawareness**

- **Screening for Increased Risk of Falls and Fractures** - co-morbid conditions and medication adverse effects

- **Advise Patients on Optimal Nutrition and Regular exercise -** should be encouraged in those older adults who can safely engage

(Source: American Diabetes Association DOI: 10.2337/dc20-S002 Published 1 January 2020 Diagnosis and Classification of Diabetes Mellitus- https://care.diabetesiournals.org/content/37/Supplement 1/S81)

Take Aways - Pharmacist Role in the Senior Population

- **Medication Reviews-** ongoing assessment of the indications for each medication, and the assessment of medication adherence and barriers are needed at each encounter
- Our Focus and Strategy- Deintensification or Simplification of complex regimens - reduce the risk of hypoglycemia and adverse effects, if it can be achieved within the individualized A1C targets
- Deintensification or Simplification of Insulin regimes- consider if the patient is having recurrent hypoglycemia, wide glucose excursions, following functional or cognitive decline after an acute illness, or if there is an issue with polypharmacy
- Tailored care plan- individualize treatment based on patient preference, functional status (motor, visual, cognitive), co-morbidities, life expectancy, social support- how sick is your patient
- Include family and caregivers - include in diabetes management discussions
- Simplification of the insulin regimen without worsening glycemic control has been shown to reduce hypoglycemia and disease related-distress

(Source: American Diabetes Association DOI: 10.2337/dc20-S002 Published 1 January 2020 Diagnosis and Classification of Diabetes Mellitus- https://care.diabetesiournals.org/content/37/Supplement 1/S81)

Take Aways The Pharmacist Role

- **Shared Decision Making**- involves an educated patient, seeks preferences, empowers patient, ensures access to DSMES- facilitates and balances the discussion
- **Clinical Inertia** – stay abreast of new medications risks to benefits – what is best for the patient- **handout**
- **Food Insecurity-** How will it impact the management of the patient? Is the patient more at risk i.e. hypoglycemia, impact pharmacologic regimen, lifestyle modifications
- **Socioeconomics-** emotional well being, living situations, cost, accessibility, insurance and resources
- **Health Literacy**- impacts ability to self manage, include assessment
- **Patient support systems** –engage caregivers and family
- **Engage Community Resources** – community health workers, organizations i.e. Gyms/YMCA, Senior Centers, Food Banks, Supermarket dieticians

Handout - Person-Centered, Outcomes-Driven Treatments
A New Paradigm for Type 2 Diabetes in Primary Care 2020 – Latest Addition to ADA Compendia
https://professional.diabetes.org/sites/professional.diabetes.org/files/media/ada_cvd-renalcompendium_fin-web.pdf

Thank You for the Opportunity!

- A very special thanks to the National Center for Health in Public Housing - Dr. Jose Leon, Ms. Fide Pineda Sandoval, Mr. Robert Burns!
- Frank Vitale for your time and contribution to this series and for your partnership with the profession of pharmacy!
- To all my colleagues! Thank you for participating in the series on Diabetes Management the Pharmacist's Approach and for your daily contributions and dedication to the quality of care you all deliver to your patients and to the profession of pharmacy! Thank You!

STAY SAFE AND STAY CONNECTED!

LET US KNOW YOUR THOUGHTS!

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Q&A

If you would like to ask the presenter a question, please submit it through the questions box on your control panel.

If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the "raise hand" icon on your control panel and your line will be unmuted.

UPCOMING EVENTS

Secondary Traumatic Stress Identification, Mitigation and Improving Work Satisfaction for Health Center Staff During the COVID19 Pandemic

Date: June 16, 2020
Time: 1:00 – 2:15 pm EDT

Registration: https://attendee.gotowebinar.com/register/1285387774175734285

Partnership Opportunities for Health Centers, EnVision Centers, and Public Housing Agencies

Date: June 24, 2020
Time: 1:00 – 2:00 pm EDT

Registration: https://attendee.gotowebinar.com/register/2816351063492004368

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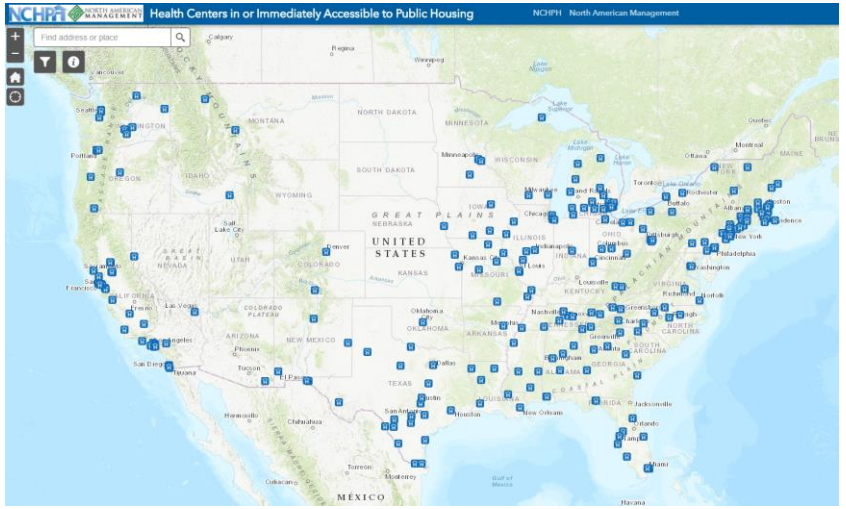

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