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A Physician's Guide to Motivational Interviewing

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A Physician's Guide to Motivational Interviewing

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Problem Identification

Lifestyle changes are crucial for the management of countless costly and life-threatening conditions, some of which are listed below:

- **Diabetes**

- In 2016, an estimated 1.6 million deaths were directly caused by diabetes. Another 2.2 million deaths were attributable to high blood glucose in 2012 (World Health Organization)

- **Alcohol Use Disorder**

- According to the 2015 NSDUH, 15.1 million adults ages 18 and older had Alcohol Use Disorder.
- An estimated 88,000 people (approximately 62,000 men and 26,000 women⁸) die from alcohol-related causes annually (National Institute of Health, 2018)

- **Tobacco Use Disorder**

- Causing nearly 6 million deaths per year worldwide, tobacco use is the first leading cause of death, followed by poor diet and physical inactivity, and alcohol use disorder (Centers for Disease Control, 2018)

Public Health Cost and Solution

- **Diabetes**

- In Vermont alone, over 55,000 people are diagnosed with diabetes which costs the state an estimated \$543 million per year. (American Diabetes Association, 2016)

- **Alcohol Use Disorder**

- Excessive alcohol consumption costs the state of Vermont approximately \$1.2 billion annually, most of which results from losses in workplace productivity, health care expenses, criminal justice expenses, and motor vehicle crashes (Centers for Disease Control, 2010)

- **Tobacco Use Disorder**

- In Vermont, smoking costs the state approximately \$348 million in medical expenses and results in about 1000 smoking-attributable deaths each year. (Vermont Dept. of Health, 2018)

Drastic lifestyle changes are necessary to combat these immense costs. With the use **Motivational Interviewing (MI)**, health care providers can guide their patients toward healthy and sustainable lifestyle choices.

Community Perspective on Motivational Interviewing

- **Motivational Interviewing (MI)** is a form of counseling that aims to elicit a behavioral change by assisting the patient in exploring their own ambivalence and creating a plan for change.
- Anonymous patient, J, participated in MI during her doctor's visit
 - "I was so sick of the traditional way doctors try to scare you into quitting. I really appreciate that MI is so relaxed and not judgmental, and that it gives me the freedom to make my own plan" – J
- Interview with Dr. D at TCHC
 - "I think motivational interviewing is an excellent way of addressing lifestyle changes that can often be hard for patients to open up about. It is so important to meet the patient where they are in their process of change." – Dr. D

Intervention and Methodology

- I created a quick reference guide to Motivational Interviewing for physicians at Thomas Chittenden Health Clinic to keep at their desk as a reminder of how and when MI would be effective.
- I also created two versions of an Action Plan template, one printed and the other electronic, for physicians to fill out with the patient during their motivational interview.
 - Ideally the physician would send the patient home with their own copy of this filled-out template which displays the specific action plan and goals they created together.

Results

- Preview of “Physician’s Guide to Motivational Interviewing”
 - This guide features sections on:
 - What is Motivational Interviewing
 - Statements from a Meta-Analysis on its effectiveness
 - When to use MI in clinical practice
 - What NOT to do when engaging in MI
 - The MI process broken down into 4 steps with example questions to guide the interview

Physician’s Guide to Motivational Interviewing

What is it?

A form of **communication** that prepares patients to make a **behavioral change** by exploring and **resolving ambivalence**. The goal is to identify a specific behavior that the patient is **WILLING** to change, and to guide them through creating their own action plan specific to their preferences and lifestyle.

Is it effective?

Yes! In a 2005 Meta analysis in the British Journal of General Practice, Dr. Sune Rubak M.D. concluded that “**Motivational interviewing (MI)** in a scientific setting effectively helps patients change their behavior, and **outperforms traditional advice-giving in approximately 80% of the studies...** and led to significant improvement of BMI, total cholesterol, systolic blood pressure, and blood alcohol concentration.”

When is it appropriate?

The patient who has any specific behavior they are **WILLING** to change (i.e. **smoking, alcoholism, diseases managed by diet and exercise- Hypertension, Hyperlipidemia, Diabetes**). If a patient is pre-contemplative, respectfully ask permission to revisit the topic next time.

For the sake of time, MI may be best utilized during an annual physical.

What **NOT** to do:

- Offer advice without first seeking the patient’s permission and encouraging them to explore their beliefs about their situation.
- Use an authoritative stance, leaving the patient in a passive listening role
- Impose potentially hurtful labels like “addict, alcoholic, stubborn, resistant”
- Use scare tactics, as these often lead to increased resistance and resentment

The 4 Step Process:

1. Engaging- explore patient’s understanding and desire for change. Open ended questions are key! Allow patient to do most of the talking. Focus on strengths and past success.

“How do you feel about _____ (behavior)?”

“What are the benefits can you think of?”

“Have you tried to change this in the past?”

Reflect their thoughts: “I can see how it can be hard...”

“Is this something you’d be willing to work on within the next few weeks?”

If yes, proceed to step 2. If no, ask for permission to revisit topic next time.

2. Focusing- agree upon an agenda taking the patient’s AND your own priorities into consideration.

“Would you like to spend the next 5 minutes to discuss your values and preferences, and come up with a plan together that would work for you?”

3. Planning – develop an action plan that the patient is willing to implement. SMART plans are: Specific, Measurable, Achievable, Relevant, and Timely.

The patient’s job is to articulate their ambivalence. The physician’s job is to guide the patient toward a plan that can realistically lead to improved health outcomes.

Grab a pen! Send patients home with written instructions.

“What do you think would be a realistic change?”

If patient responds “I don’t know”, offer a menu of options.

Be specific: “How many cigarettes...”, “Which exercises can you perform?”, “Which fruits and veggies will you add?”, “How often will you cook your own meals?”

Explore obstacles and supports: “What are some barriers to change?”, “Do you have a support person?”

4. Conclude- leave the patient feeling encouraged and prepared.

“How confident are you that this plan is doable?”

“I appreciate your willingness to change, and look forward to checking in soon”

Agree upon and write down a specific date for follow-up.

Results

- To supplement the physician's guide, I also created an action plan template shown here
 - It features a quick and easy, fill-in-the-blank format for recording the results of the MI so that the patient has a tangible reminder of the conversation.
 - These were printed for physicians to keep in the patient's rooms for easy access whenever they believe MI may be indicated

My Action Plan:

The change I will work toward is: _____

Specific actions I will take are: _____

My reasons for change are: _____

Obstacles to achieving this are: _____

How I'll respond to obstacles: _____

My support person will be: _____

When I will follow up: _____

Effectiveness and Limitations

- The major limitation of this project was the short duration. There was not adequate time to record data for the assessment of this project's effectiveness
- One way to do so would be to record in the patient's chart whenever MI was completed, indicate what their goal was, and use specific values based on their goal to track patient success rate over a 6 month period
 - For example: if a patient's goal is to lose weight, and the MI was focused on improving diet and exercise, the physician would use the patient's BMI before the interview and compare it to their BMI 6 months after the interview

Future Interventions/Projects

- One future project that would expand upon this one would be to survey the patients immediately after the MI and compare their satisfaction with the interaction to the satisfaction of patients who receive traditional advice-giving in a non-structured format.
- One could also collect data on the total patient population at TCHC who received MI based on the guide created here, and quantify their success at different time points based on their goals as described in the previous slide.
 - Examples of other quantifiable measures would be blood pressure, cholesterol levels, A1C, and blood alcohol content
- In order to create a guide that physicians will be willing to use on a regular basis, surveying physicians satisfaction with this process will be just as important as surveying patients.

References

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Interview Consent Form

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. Yes ___ / No ____ If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.

Name: _____