

It's My Decision:
Using Motivational Interviewing and Shared Decision Making to Improve Health Outcomes


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2020
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FAND

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Disclosures

Advisory Board for Nutrimed



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Tell & Sell = Resistance

- Patient changes the subject
- Patient just agrees with everything you say
- Patient's voice changes and may be quieter
- Patient doesn't change behavior
- Patient never comes back

A photograph showing two pairs of hands pulling on a thick rope, symbolizing resistance or conflict. The image is part of a slide with a blue footer containing the hashtag "#TDVirtualSymposium" and a logo for "Today's Dietitian Spring Symposium 2020".

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Learning Objectives

- 1** Understand the essence of motivational interviewing and learn how to implement it in your dietary practice.
- 2** Understand how motivational interviewing (MI) and shared decision-making (SDM) impact quality of care.
- 3** Identify similarities and differences between MI and SDM.
- 4** Demonstrate effective use of MI and SDM in practice.

A slide titled "Learning Objectives" with four numbered points. The slide has a blue footer with the hashtag "#TDVirtualSymposium" and a logo for "Today's Dietitian Spring Symposium 2020".

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We Can Only Control What We Can Control

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Evidence-Based Practice

Three Components:

- Best Available Evidence
- Clinical Expertise
- Patient preferences and values

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• Evidence-Based Practice Evidence Analysis Library Web site. <https://www.evidencebasedpractice.org/>
©2018, 2019

• Lippincott Williams & Wilkins, Inc. Evidence-based practice: what it is and what it isn't. <https://doi.org/10.1097/00006199-201202000-00001>

• Epstein RM, Hays RD. Training and assessing professional competence. <https://doi.org/10.1097/00006199-201202000-00001>

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Motivational Interviewing (MI)

How Do You Communicate?

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Key Motivational Interviewing Points

- It's a style of communicating/method of interacting
- The style of communicating identifies and mobilizes the patient's intrinsic values and goals and helps the patient discover their own reason for change
- Used to reduce ambivalence and resistance to change

• Miller, W.K., Rollnick, S. Motivational Interviewing: Helping People Change, 2nd Edition. New York, NY: Guilford Press, 2002.
• Rollnick, S., Miller, W.K., Butler, C.C. Motivational Interviewing in Health Care: Helping Patients Change Behavior. New York, NY: Guilford Press, 2006.

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Key Features of Motivational Interviewing

- Resist the righting reflex
- Elicit and understand your patient's motivation
- Listen to the patient
- Empower the patient

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Key Skills of Motivational Interviewing

- Strategically question, reflect, affirm and summarize
- Appropriately inform

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The Essence of MI: Change Talk

What do you say to **evoke** or **reinforce** change talk?

What might happen if your blood sugar was lowered? Tell me more...

What might happen if you did things different than your dad? Tell me more...

Tell me more... How might your planning skills relate to what we are talking about? Tell me more...

• Branstetter K, Grider N, Beer T. Interventions and getting change talk in Motivational Interviewing: An integrative and practical framework. European Health Psychology. 2015;17:103-10.
• Miller WR, Woitke T, Alvarado A, Rollnick S. A systematic statement on defining change talk. *MMWJ Bulletin*. 2006;13(2):6-7.

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The Essence of MI: Change Talk

What are the words that the **patient says** that indicates their desire, ability, reason, need for change?

I need to feel better I want to see my grandkids grow up I work long hours

I hate exercise I'm a good planner I don't have time

• Branstetter K, Grider N, Beer T. Interventions and getting change talk in Motivational Interviewing: An integrative and practical framework. European Health Psychology. 2015;17:103-10.
• Miller WR, Woitke T, Alvarado A, Rollnick S. A systematic statement on defining change talk. *MMWJ Bulletin*. 2006;13(2):6-7.

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Strategies for Change Talk

Ask evocative questions

- On a scale from one to ten, how important is it to make this change?

Look back

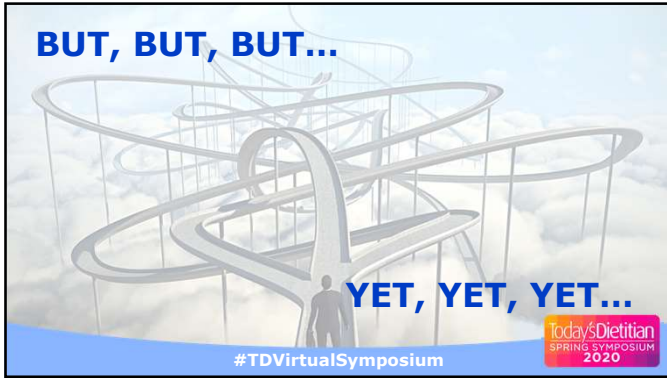
- How were things different when you changed your diet last year?

Look forward

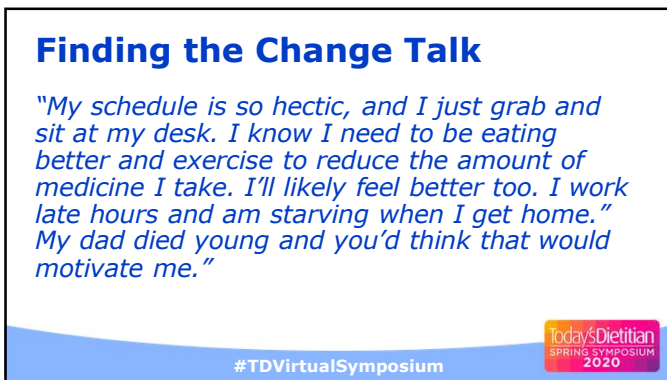
- If you made some changes, what would do you think would be different in your life?

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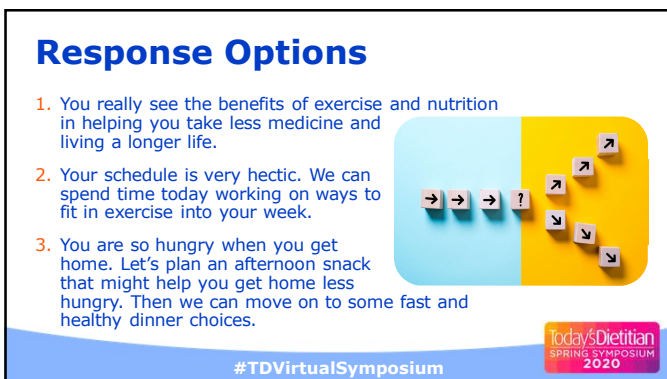
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Informing: Ask Permission

- Knowledge: "Can I share with you what we know about how weight loss impacts diabetes?"
- Goals—"Can I..." offer choices, give examples
- Elicit-Provide-Elicit



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Shared Decision Making (SDM)

The Power is in the Decision




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Shared Decision Making

A PROCESS

- Of communication
- Clinicians and patients work together
- Informed healthcare decisions
- Aligning with what matters most to the patient



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Shared Decision Making

- Used when a patient has a decision to be made impacted by the patient's values
- Shares unbiased evidence about reasonable alternatives, including no intervention
- Provides risks and benefits of each intervention
- Appropriate for chronic condition management

• National Quality Forum, National Quality Partners. Physicians' Shared Decision-Making Healthcare Standard. Washington, DC, 2018 (2018). Available from: <https://www.nqf.org/Shared-Decision-Making>. Accessed August 18, 2019.

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National Quality Forum

NATIONAL QUALITY PARTNERS™ ACTION BRIEF
Shared Decision Making:
A Standard of Care for All Patients

A CALL TO ACTION The National Quality Partners Shared Decision Making Action Team is issuing a national call to action for all individuals and organizations that provide, receive, pay for, and make policies for healthcare to embrace and integrate shared decision making into clinical practice as a standard of person-centered care.

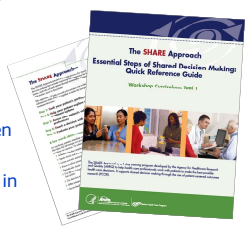
• National Quality Partners. Physicians' Shared Decision-Making Healthcare Standard. Washington, DC, 2018 (2018). Available from: <https://www.nqf.org/Shared-Decision-Making>. Accessed August 18, 2019.

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Who is Appropriate for SDM?

1. A person recently diagnosed with pre-diabetes
2. A person who broke a wrist
3. A person with obesity who has never been able to keep off weight
4. A healthcare worker who doesn't believe in vaccines



• The SHARE Approach—Essential Steps of Shared Decision-Making: Essential Reference Guide with Sample Conversations. Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, Rockville, MD, 2019. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6742244/>. Accessed August 18, 2019.

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Steps in SDM

Steps	Purpose
Invite patient to participate	Communicate that choice exists
Present options	Check for patient knowledge of the options. Use a decision tool
Provide information on risks and benefits	Clearly communicate without bias
Elicit patient preferences for good and bad outcomes	Encourage your patient to talk; agree on what is important to your patient (using MI)
Facilitate deliberation and decision making; Provide opportunity to involve trusted others	Ask your patient if he/she is ready to make a decision; do they need more information? Involve others as necessary
Assist with implementation	Think through the next steps (using MI)
Evaluate the decision	Request follow-up

1. Saini & Trankov (Internet). MDH Health Decision Science Center. 2017. Slide 2018 Aug 2. Available from: <http://www.healthdecision.org/decision-science>. Accessed August 10, 2019.

2. Saini, Rajiv P, Saini, K, et al. Decision aids for patient health care: Evidence in supporting decision. *Cochrane Database System Rev*. 2017; 6:CD010484.

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Decision Aids/Tools

- Provide information/available evidence about the options
- Provide an opportunity for patients and clinicians compare features of all of the options, including risks and benefits of each
- Ask what is important/matters to the patient

<https://decisionaid.ohri.ca/>
<https://mhgdecisionsciences.org/t/0018-training/decision-worksheets/>


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Your New Appointment

"The Flow"



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Your New Virtual Appointment Guide

1. Opening: Engage/Rapport
2. Agenda Setting
3. Assess
4. Diagnose
5. Intervention
6. Monitoring and Evaluation




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Opening: Empathize and Engage

- Set the stage of collaboration
- Show appreciation
- Listen



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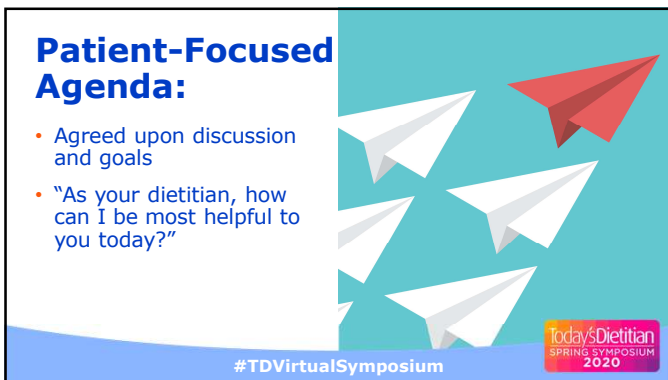


QUICK SURVEY

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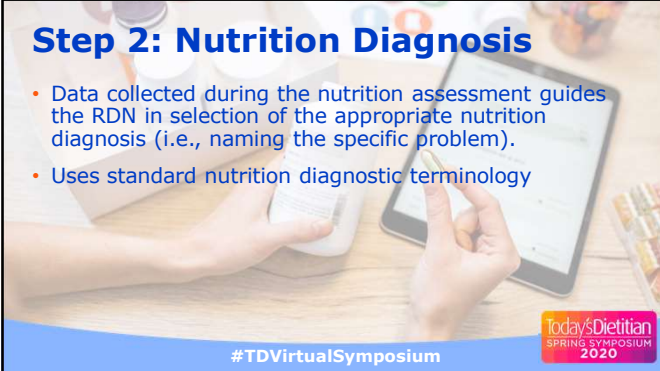
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Step 2: Nutrition Diagnosis

- Data collected during the nutrition assessment guides the RDN in selection of the appropriate nutrition diagnosis (i.e., naming the specific problem).
- Uses standard nutrition diagnostic terminology





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Step 3: Intervention

- Is there a decision that needs to be made about **treatment options**?
- How do you inform and assist with the **behavior change decisions**?



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Decision Aid

Treatment Option	Reasons to Choose (Pros/Benefits)	Reasons Not to Choose (Cons/Risks)	What do I have to do?	How Long do I need to make these changes
No treatment at this time	It's easy to make no change at this time	For many, there is a higher chance of having a problem	Nothing	Nothing at this time
Diet and Exercise without focus on weight loss	Diet and exercise without weight loss may lower blood sugar and may improve energy	It is hard to make changes. Diet and exercise without weight loss may not be enough to lower blood glucose and improve energy	Alter eating pattern to be more balanced and more even throughout the day. Begin an exercise regimen with a goal of at least 30 minutes/day	Until target is achieved and most likely longer.
Diet and Exercise with focus on weight loss	Diet and exercise with weight loss has been shown to reverse pre-diabetes and improve energy	Reducing calories is hard and can result in more hunger	Reduce caloric intake through a reduction in food calories and an expenditure of exercise calories.	Until target is achieved; most likely longer
Start Medication	Blood sugar will likely be lowered	There may be no changes in energy level. Without diet and exercise, it may not work. You may have side-effects	Take medication every day.	Until target is achieved; most likely longer.

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Intervention: Behavior Change

"From what we talked about what do you see as your next step?"
"What are your thoughts on keeping a food record?"

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Step 4: Monitoring and Evaluation

"What are your thoughts on when to talk again?"
Again is necessary to monitor, evaluate and reinforce progress.

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Strategic Endings


- "How have I helped you today?"
- "What did you get out of our time together today?"


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How Do MI and SDM Compare?

<p>Similarities</p> <ul style="list-style-type: none"> • Collaborative process • Listening skills a must • Engages the patient • Asks permission • Takes into account the patient's values and preferences • Provides options • Patient has an active part in their care • Includes follow-up—not a one and done 	<p>Differences</p> <ul style="list-style-type: none"> • SDM is a process • MI is a "style" of interacting • SDM most always uses a decision aid • SDM goal is to determine best treatment vs MI goal is to reduce ambivalence to change
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Learning Objectives

1. Understand the essence of motivational interviewing and learn how to implement it in your dietary practice.
A style of communicating that elicits change talk.
2. Understand how motivational interviewing (MI) and shared decision-making (SDM) impact quality of care.
When patients understand choices and can pair choices with their values, outcomes are better.
3. Identify similarities and differences between motivational interviewing and shared decision making.
Similarities: listening is key; collaborative; patient is an active part in their care. Differences: MI is a style and SDM is a process; MI goal is reduced ambivalence and behavior change; SDM goal is making a decision.
4. Demonstrate effective use of motivational interviewing and shared decision making in practice.
Engage, elicit, reduce ambivalence, change talk, invite, present options, assist with implementation

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Eileen's Five Key Points

1. EBP has **three** components - don't forget **any** of them!
2. You have **no control** of the outcome; you **do have control** over the process
3. A **decision** comes first; then the goal
4. Move from: *what is the matter **with you?*** to: *what matters **to you?***
5. MI + SDM = **quality care**

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Questions?

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