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# **HELPING PATIENTS MAKE SENSE OF THEIR DIABETES: TAKING STEPS TOWARDS IMPROVING ADHERENCE AND OUTCOMES JULY 12, 2017 1:00 – 2:30 PM**

**ACPE UAN:** 0107-9999-17-096-L04-P 0.15 CEU/1.5 hr

**Activity Type:** Application-Based

**Learning Objectives for Pharmacists:** *Upon completion of this CPE activity participants should be able to:*


1. Choose appropriate communication skills to better manage patients with diabetes
2. Describe how to make distinctions between skills used for patients who are resistant or ambivalent about managing their diabetes for various reasons
3. Analyze cases to identify the skills needed to assist patients who are nonadherent to their diabetes medication regimens

**Speaker: Bruce Berger, PhD**

Bruce has taught motivational interviewing in health care and methods for improving treatment adherence for over 30 years. He practiced pharmacy for two years and returned to Ohio State to receive his Masters and Ph.D. in social and behavioral pharmacy. After two years at West Virginia University, Bruce moved to Auburn University and taught there until his retirement in September 2009. He has written three books, written or presented over 900 papers (88 peer reviewed) or seminars (94 peer reviewed) focusing on improving adherence. He has attracted over \$3.5 million in funding to support his research. He has been a consultant and trainer for numerous organizations and over 50 health plans. Bruce won the Lyman Award, the American Association of Colleges of Pharmacy's Award of Excellence, the Jack L. Beal Post Baccalaureate Alumni Award from the Ohio State University, and the American Association of Colleges of Pharmacy's Robert Chalmers Distinguished Pharmacy Educator Award. He is a fellow of the American Pharmacists Association (APhA) Academy of Pharmaceutical Research and Science and a two-time recipient of the APhA Wierderholt Prize.



**Speaker Disclosure:** Bruce Berger reports he is on a Speaker's Bureau for Healthcare Speakers. Off-label use of medications will not be discussed during this presentation.



**Helping Patients  
Make Sense of  
their Diabetes: Taking  
Steps towards Improving Adherence and  
Outcomes**

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## Disclosure

- Bruce Berger reports:
  - Speakers bureau member for:
    - Innovative Healthcare Speakers
    - Novartis Pharmaceuticals, Inc.
  - Consultant to Pfizer, Inc. and numerous health plans

## Learning Objectives

Upon successful completion of this activity, pharmacists should be able to:

1. Choose appropriate communication skills to better manage patients with diabetes.
2. Describe how to make distinctions between skills used for patients who are resistant or ambivalent about managing their diabetes for various reasons.
3. Analyze cases to identify the skills needed to assist patients who are nonadherent to their diabetes medication regimens.

## Helping Patients Make Sense of their Diabetes:

Taking Steps towards Improving Adherence and Outcomes

## Background – Practitioner Centered Thinking

- “I just need to tell my patients what to do.”
  - Adam and Eve –the compliance problem
- “I just need to educate my patients.”
- “I do disease management.”
- “I empower my patients.”
- “It is my job to motivate my patients

## Background: Towards a Patient Centered Approach

- Motivational interviewing (MI) was developed to address patient *ambivalence* and *resistance* about behavior change (taking a med, losing weight, quitting smoking, illicit drugs)
- MI is a patient-centered form of counseling that helps *patients* to reason *their* way to the conclusion that they need to change their behaviors in order to achieve their goals.

## Why a new approach?

- The acronyms (READS, DARN, OARS) originally developed created problems for health care professionals (HCPs).
  - Remembering each letter
  - When to use it
- Changed to a sense making approach
  - Humans are sense makers
  - A sense leads to a conclusion which leads to a decision about behavior
    - E.g. “I don’t know why I need this medicine. I feel fine.”

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## Today’s session

- Focus on a sense making (non-acronym based) approach to MI
- Identify the 7 steps in our sense making approach to MI
- Use sample cases/dialogs to illustrate how to know when to use the appropriate MI skills

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## The Steps

1. **Listen** to how the patient is making sense
2. **Clarify** (nail down) the sense making – “If you don’t know where you’re going, any road will take you there.”)
3. **Reflect** back your understanding
  - Lets the patient know you listened
  - You find out if you were accurate
4. **Identify** – incorrect or needed (missing) information

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## The Steps cont.


5. **Address the issue** (with permission) – provide the needed information
6. **Invite** the patient to consider the new information and draw a new conclusion
7. **Summarize** and discuss next steps

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## Step 1 Listen for the sense making

Case: 63 yo male with high bp or diabetes

Patient : I don't know why I need this medicine. I feel fine.

A sense  conclusion  decision about behavior

Skill: You're wondering

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## Step 1 Listen for the sense making

Skill: **You're wondering**

- Let's the patient know you're listening
- Sets up providing incite/new information

Patient: I don't know why I need this medicine. I feel fine.

HCP: So, you're wondering why you really need this medication, if you're feeling ok?

Patient: Exactly

HCP: You raise a great question. Would you mind if I shared some thoughts with you and you let me know what you think?

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## Step 2 Clarify the sense making

Case: 55 yo female with new prescription for diabetes medication

Patient : My doctor prescribed this for my diabetes (holding prescription), but I really don't like taking medicine.

Skill: Reflect and Explore – use open ended questions to define the issue(s). Is it:

- Doubts about need for this med?
- Problems with meds in general, etc.
- Cost?
- Side effects?

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## Step 2 Clarify the sense making

Skill: **Reflect and Explore**

Patient : My doctor prescribed this for my diabetes (holding prescription), but I really don't like taking medicine.

HCP: You sound reluctant to take any medication. What's got you concerned about taking medication? OR

HCP: You're reluctant to take medication for your diabetes. How important is it for you to get your diabetes under control?

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### Step 3 Reflect back your understanding

Case: 55 yo female with new prescription for diabetes medication

Patient : The last medicine I took for an infection gave me a horrible rash. I don't want that to happen again.

Skill: Reflect

Feelings, content, reasons

Checks your accuracy

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### Step 3 Reflect back your understanding

Skill: **Reflect**

Patient : The last medicine I took for an infection gave me a horrible rash. I don't want that to happen again.

HCP: Getting that rash really frightened you. You definitely don't want that to happen again.

Patient: No, I don't. It was horrible.

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**Step 4****Identify incorrect or needed information**

**Skill: Identify needed information**

Patient : No, I don't. It was horrible.

**Note: (careful about face loss)**

HCP: I don't want that to happen to you either. Sounds like if we can eliminate that problem with this medication you would be willing to take it. **(Conditional commitment)**

Patient: Can you do that?

HCP: The medicine prescribed is very effective in helping to reduce your blood sugar. It is highly unlikely that you would have a problem with a rash with this medication. Where does this leave you now in regards to taking the medication?

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**Step 5****Address the issue (with permission)**

Case: Patient newly diagnosed with diabetes.

Patient: The doctor says I have sugar, but I feel ok so I don't see the point in doing anything right now. I might do something if I start feeling bad.

What is this patient's sense?

What information is missing or incorrect?

What information is needed?

How do we provide it?

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## Step 5 Address the issue (with permission)

Patient: The doctor says I have sugar, but I feel ok so I don't see the point in doing anything right now. I might do something if I start feeling bad.

(This doesn't apply to me now)

HCP: So your doctor indicated that your blood sugar is up but because you feel ok, you're thinking you won't do anything until it gets worse.

Patient: Right.

HCP: Would you mind if I shared some thoughts with you and you tell me what you think? I do understand that ultimately, this is your decision.

Patient: I suppose.

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## Step 5 Address the issue (with permission)

Patient: I suppose

- Response lends itself to an analogy.
  - Syrup, pancakes
- Analogy must fit the situation and the educational level and "world" of the patient
- After the analogy:

HCP: Where does this leave you now in regard to lowering your blood sugar before serious damage is done? (don't minimize the impact)

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**Step 6****Invite the patient to reconsider**

Case: 57 yo male patient with diabetes. 30 pounds over weight.

Patient: I've tried losing weight before. I always seem to gain it back. I just don't want to go through that again.

**What would you say?**

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**Step 7****Putting it all together**

- Thomas Jenkins, 59 year old male patient has had an MI (the other kind)
- Prescribed warfarin
- Presents a new prescription to a female pharmacy student
- Puts a large bottle of regular aspirin on the counter as he hands over the prescription

## Step 7 Putting it all together

- Pt: I need to get this filled (somewhat sternly)
- Student: Hi there. Are you Thomas Jenkins?
- Pt: Yes
- HCP: OK. Mr. Jenkins, is this bottle of aspirin for you, also?
- Pt: (interrupts, somewhat angrily) Listen, little girl. I'll save you some time. I already had the lecture at the doctor's office. Aspirin is the only thing that gives me relief for my back pain, so I'm not going to stop using it. And NO, I'm not going back to see the doctor for blood work so he can make more money off my insurance company!

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## Step 7 Putting it all together

- The pharmacy student froze – deer in the headlights
- We call these “OH CRAP” moments
- The limbic brain
  - Fight
  - Flee
  - Freeze
- Cannot do motivational interviewing from the limbic brain – my survival
- No empathy in the limbic brain
- MI (motivational interviewing) takes place in the prefrontal cortex
- I took over
- What is this patient's sense?
- What do we do now?
- Summarize**

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## Skills we have discussed

- **You're wondering** – used when patients are saying, “I just don't get it...”
- **Reflection**
- **Open ended questions** to explore the sense making
- **Conditional commitment** – used when the patient understands the necessity of the behavior but there are barriers
- **Analogies**
- **Additional skill:** A look over the fence – examples
  - Tobacco cessation
  - Weight loss
  - Asthma

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## The Key

- Everything starts with nailing down the sense making
- You really cannot know what skill to use or information to provide if you don't clarify the sense making
- If you don't know where you're going, any road will take you there....**NOT A GOOD STRATEGY**

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## Questions?

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