
Motivating Healthy Behaviors: Practical Tools from Prescription for Health

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Faculty disclosure

- Ms.Cifuentes has no financial affiliations to disclose

Note: Additional disclosure information is located within the program

Learning Objectives

- Describe strategies patients can utilize for improving healthy behaviors related to smoking, inactivity, poor diet, and alcohol consumption.
 - Integrate strategies for starting open, honest discussions of risks related to smoking, inactivity, poor diet, and alcohol consumption and how to motivate healthier behaviors related to these issues.
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Learning Objectives (cont)

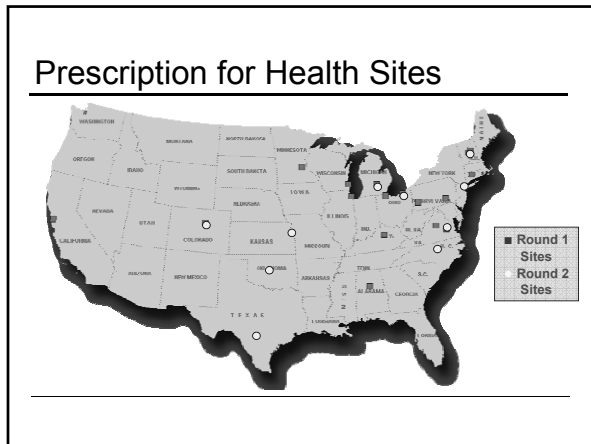
- Employ members of their health care team to endorse/supplement motivational messages related to smoking, inactivity, poor diet, and alcohol consumption.
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About Prescription for Health

- National program of the Robert Wood Johnson Foundation with support from the Agency for Healthcare Research and Quality
 - Identify, test, evaluate, and disseminate
 - effective strategies for primary care clinicians and practices to motivate healthier behaviors
 - Target: smoking, risky drinking, unhealthy diet, and physical inactivity
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About Prescription for Health

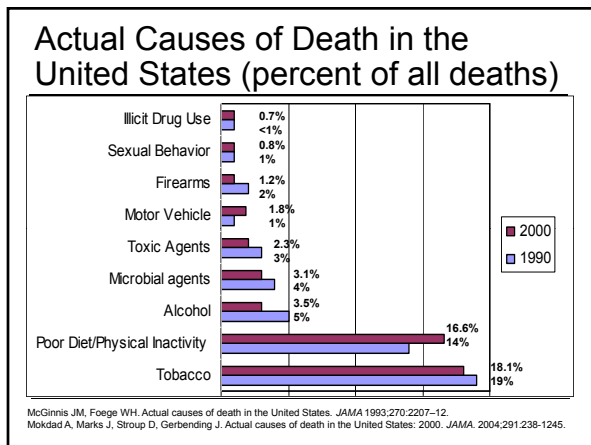
- \$5 million for two rounds of grants
 - Round 1: (7/03-10/04), 17 practice-based research networks received 16-month grants of \$125,000 each
 - Round 2: (7/05-6/07), 10 practice-based research networks received 24-month grants of \$300,000 each
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Prevalence of Unhealthy Behaviors

- 66% of adults are inactive
- only 35.8% of adolescents meet recommended physical activity levels
- 58% of adults are overweight or obese
- 17% of children and adolescents are overweight
- 23% of adults smoke
- 21% of adults are risky drinkers

Fine LJ, et al. Prevalence of multiple chronic disease risk factors: 2001 National Health Interview Survey. *AJPM*. 2004;27(2S):18-24.
Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of overweight and obesity in the United States, 1999-2004. *JAMA*. 2004;295:1549-1555.
CDC. *Morbidity and Mortality Weekly Report (MMWR)*. June 9, 2006 / Vol. 55 / No. SS-5.



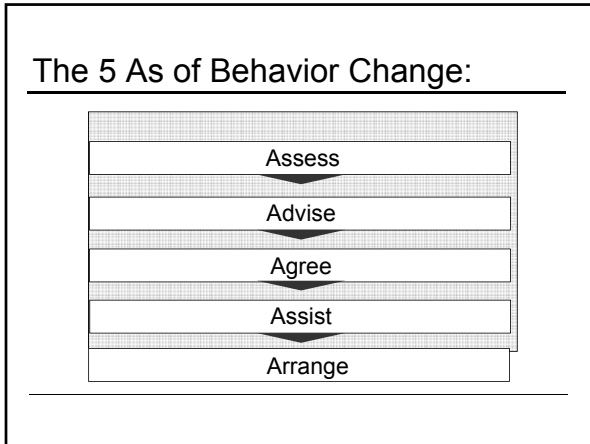
Opportunities

- Largest platform of formal healthcare delivery in United States
- Clinicians can place behavior change in larger context of patients' health care
- Clinician advice is key for behavior change
- Care of key target conditions
- Redesign of health care is underway

Challenges

- Failing health care system
- Lacking infrastructure for integrated care
- Inadequate resources
- Inadequate tools
- Inadequate reimbursement practices

Motivating Healthy Behaviors Using a Familiar Sequence of Steps



- ### A1: Risk Assessment
- **What**
 - Smoking, unhealthy diet, physical activity, risky drinking
 - Other risk behaviors/conditions (i.e. illegal drug use, depression)
 - **Where**
 - Check-in
 - Vital signs
 - Exam room
 - **When**
 - At every visit
 - Once a year
 - **Who**
 - Everyone
 - Target group

- ### Risk Assessment: Practical Tools
- Electronic
 - PDA
 - Tablet PC
 - Paper-based
 - Health and lifestyle screener
 - Person-to-Person
 - CHERL
 - Lifestyle counselor
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A Glimpse at the PDA Screener

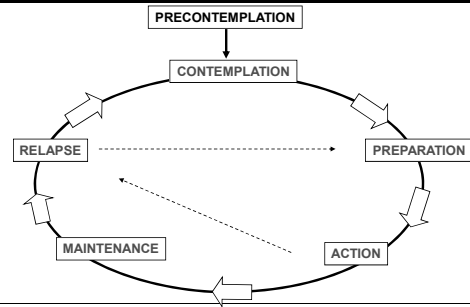
Health and Lifestyle Screen

- ### A2: Giving Brief Advice
- Evidence-based
 - Patient-centered counseling
 - Incorporates Stages of Change Model
 - Incorporates Motivational Interviewing
 - Incorporates national guidelines when available (AHRQ, NIAAA)

Preparing for Brief Intervention

- Conduct intervention in a confidential area
- Provide feedback to the patient about unhealthy behavior(s)
- Determine patient's willingness to set a date to begin the change process
- Discuss more intensive intervention if necessary
- Distribute educational materials and referral/support information

Stages of Change Model for Interventionists



Incorporating Readiness-to-Change in Brief Interventions

- Pre-contemplation
 - Increase awareness of need to change
- Contemplation
 - Motivate/increase confidence in ability to change
- Preparation
 - Negotiate a plan
- Action
 - Reaffirm commitment and follow-up
- Maintenance
 - Encourage active problem-solving

The Nature of Motivation

- Motivation
 - is key to change
 - fluctuates
 - is interactive
 - can be modified
 - can be influenced by clinician's style

Information is Not Motivation



"I needed someone to be held accountable to other than myself." - Patient

Five Motivational Interviewing Strategies (#1)

- Ask open-ended questions
 - Tell me about your cigarette use on a typical day? (*open-ended*) vs. How many do you smoke on a typical day? (*closed*)
 - What are your thoughts about setting a quit date? (*open-ended*) vs. Would you like to set a quit date? (*closed*)

Five Motivational Interviewing Strategies (#2)

- Listen reflectively
 - Patient: I'm worried that alcohol is pickling my brain – I've heard that too much kills brain cells...but I don't think I'm an alcoholic.
 - Clinician: You don't think that you're that bad off, but you wonder if maybe you're overdoing it and damaging yourself in the process...

Motivational Interviewing Style

- Express empathy
- Develop discrepancy
- Avoid argument
- Roll with resistance
- Support self-efficacy

Five Motivational Interviewing Strategies (#3)

- Affirm
 - I think it's great you want to do something positive for yourself
 - That must have been very difficult for you
 - That's a good suggestion

Five Motivational Interviewing Strategies (#4)

- Summarize
 - Periodically summarize what has occurred during the brief intervention
 - Reinforce what has been said and prepare the patient to move on
 - Link the patient's positive and negative feelings about substance use to promote the perception of discrepancy

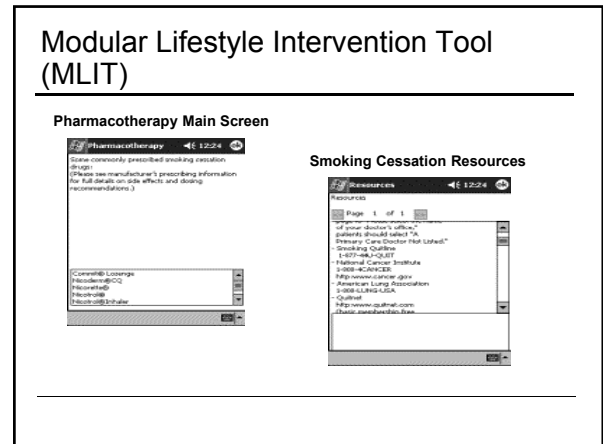
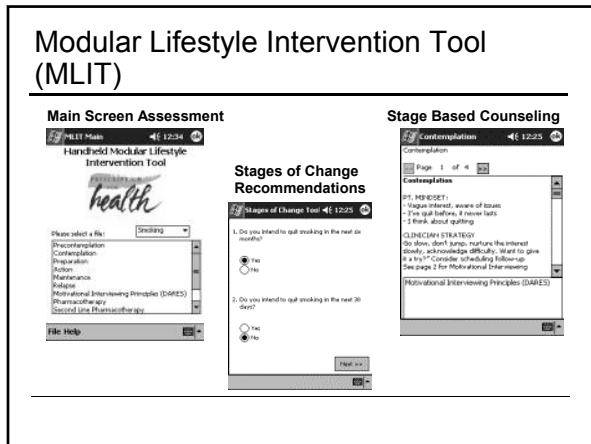
Five Motivational Interviewing Strategies (#5)

- Elicit self-motivational statements

Self-motivational	Counter-motivational
Sometimes when I've been drinking I just can't think or concentrate.	When I'm drunk, I'm more relaxed and happy.
If I really put my mind to something, I can do it.	I have so much going on right now I can't think about quitting.
I feel terrible about how my smoking upsets my family.	I'm not the one with the problem.

Brief Advice: Practical Tools

- Electronic
 - MLIT software
- Paper-based
 - Brief intervention guides



A3: Goal Setting

Collaborative process between patient and clinician

- Patient chooses goal
- Action plan negotiated
 - Goal → lose 10 pounds
 - Action → substitute water for sodas for 1 month
- Work towards high self-efficacy
- Highly specific goals are best
 - Don't eat more than 2 pieces of fried chicken once a week

Goal Setting: Practical Tools

- Electronic
 - America on the Move
- Paper-based
 - Healthy teen action plan
 - LEAP booklet

Leaders in Behavioral Health (LEAP) Booklet

<p>The Goals</p> <p>Everything You Need to LEAP into Health</p> <p>For use with the LEAP Study</p>	<p>Activity Goals</p> <p>Goal 1. Increase my steps 10 - Take _____ more steps than I do now. 20 - Take 2,000 more steps than I do now. 30 - Increase my walking to 10,000 steps a day.</p> <p>Goal 2. Increase my regular physical activity 10 - Increase regular physical activity by _____ minutes a day. 20 - Do a planned physical activity _____ days a week. 30 - Start a new activity, _____ and do this _____ days a week.</p>
	<p>Nutrition Goals</p> <p>Goal 3. Reduce the number of calories I eat each day 10 - Cut 100 calories. 20 - Cut 200 calories. 30 - Cut 300 calories.</p> <p>Goal 4. Change a habit 10 - Eat healthy foods more often and cut back on some unhealthy foods. 20 - Cut down on the amount of unhealthy food that I eat. 30 - Eat smaller portions.</p>

A4: Assistance

- Self-help
 - Instructional materials
 - Motivational resources
 - Support group
- Intensive counseling
 - Quitline
 - Group visits
 - Outside referral
- Medical treatment

"If it weren't for you, I would not have done this (quit smoking)."
– Patient

Assistance: Practical Tools

- Electronic
 - My HealthyLiving
 - Connection-to-Health
 - Online resources on child nutrition and physical activity
- Paper-based
 - LEAP booklet
- Person-to-Person
 - CHERL
 - Lifestyle counselor


My Healthy Living

[http:// www.myhealthyliving.net](http://www.myhealthyliving.net)



A5: Follow-Up and Support

- Desirable community resource characteristics
 - Available, affordable, accessible, value-added
- Bridging the divide
 - Broken, fragile, or lacking infrastructure to link clinical practice to resources in the community
- Motivational support
 - Home situation
 - Support structure




Follow-Up/Support: Practical Tools

- Electronic
 - ARCH
 - e-Links
- Person-to-Person
 - CHERL
 - Lifestyle counselor


"Then somebody has to reinforce [behavior change] long-term. So follow-up is real important until people ingrain those behavioral changes into them and it's just something that they do."
- Clinician

eLinks Overview

Step 1: Clinician Prompt




Step 2: Clinician Form




eLinks Overview

Step 3: Patient Referral



Step 4: Counselors Contact



Four Opportunities for Starting the Conversation

- 1 Screening
 - 2 Birth Control
 - 3 Conception and Pregnancy
 - 4 Reproductive Health
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Who Does What?



Tailored team approach is key

- Every practice is different
 - Busy clinicians can delegate many steps
 - Front desk staff (A1 and A5)
 - Motivated MAs working alongside an experienced clinician (A1 – A5)
 - Nurses, health educators, and other professionals (A1 – A5)
 - Doctor's endorsement and reinforcement is crucial
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The Devil is in the Details

- Robust implementation plan
 - Grounded in change and quality improvement theory
- Buy-in from practice clinicians and staff
- Practice champion
- Tailored team approach
- Training and retraining
- Cost and who pays for it?
- Sustainability



Other Practical Lessons

- Mental health issues seep in
 - Risky drinking behaves differently
 - High tech vs. high touch
 - Electronic health records
 - General advice unhelpful, but a personalized strategy is highly valued
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Behavior Change is Hard Work for Patients and Practices

"I also had a long conversation with a medical student who has struggled with obesity and suffered bulimia since age 12. She spoke eloquently about the internal workings of overweight folks in her experience. She spoke of a kind of numbness that feels both good and bad. That was new to me. She talked about shame and depression."
- Practice Counselor

Final Thoughts

- Primary care practices are able, willing, and ready
 - Useful models and techniques: 5As, Stages of Change, Motivational Interviewing
 - Practical tools and strategies are available
 - Substantive practice redesign is required
 - Better payment models are needed
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