Patient Engagement

Animation

Animation Complete

Participation from learners

Video

Welcome!

House Keeping 

Mi-CCSI Patient Engagement Course: Disclosures

Nursing:

- There is no conflict of interest for anyone with the ability to control content for this activity.
- Successful completion of the Patient Engagement course includes:
  - Attendance at the entire session
  - Completion of the course post test**:** need to have a score of 80% or greater on the post-test
  - Completion of the course evaluation
  - Participate in a phone practice session with a course presenter
- Upon successful completion of the Patient Engagement course, the participant will earn 5.5 Nursing CE contact hour.
- This nursing continuing professional development activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

Social Work:

- Upon successful completion of the Patient Engagement course, the participant will earn 5.5 Social Work CE Contact Hours
- "Michigan Institute for Care Management and Transformation is an approved provider with the Michigan Social Work Continuing Education Collaborative

Virtual Etiquette

Video and Audio:

- Unless distracting, please turn video ON. This is crucial for building trust and engagement.
- Test your video and audio before the meeting begins.
- Try to look at the camera when talking (to mimic the feeling of in-person eye contact).
- When possible, try to use good camera quality and sound.
- Adjust your camera if it is too high or low.

Meeting:

- Please hold off eating during the meeting as it can be distracting.
- Try not to multitask too much or make sure you're muted.

Environment:

- Be aware of your backgrounds to not be distracting.
- Position yourself in the light.
- Find a quiet place to join or mute yourself as necessary.

https://www.gend.co/blog/best-practice-tips-for-using-zoom

Michigan Center for Clinical Systems Improvement (Mi-CCSI)

Who We Are

Regional Non-profit Quality Improvement Consortium

What We Do

Mi-CCSI works with stakeholders to:

- Facilitate training and implementation….
- Promote best practice sharing,
- Strengthen measurement and analysis

Mission

Mi-CCSI Partners to Better Care
We do so through…

- Evidence-based Trainings
- Sustainable Training Impact
- Collaborative and Customized Approaches
- Engaging Heart and Mind
- Enhanced Body Mind Spirit Patient Focus

Vision

Mi-CCSI leads healthcare transformation through collaboration

Introductions Poll

Please introduce yourself:

- What you “do” in your role (nurse, SW/BHS)
- Have you had training on motivational interviewing
- How comfortable are you with using some of the motivational interviewing skills (Very, somewhat, not at all)
- What would you like to learn in this session (Engagement skills, OARS and practical use, create a self-management action plan, Understanding barriers and actions to take to overcome)

Objectives

- **Describe** the patient-centered approach of MI
- **Explain** the conversation style that is the Spirit of MI
- **Demonstrate** basic MI skills
- **Discuss** how to use patient language cues (change talk and resistance) in the application of MI skills
- **Explain** how to engage the patient in the four processes in MI necessary for health behavior change
- **Identify** barriers to patient engagement and behavior change
- **Identify** how to make cultural adaptations to MI
- **Demonstrate** in real-time simulation the skills and content necessary for patient engagement and partnership

Competencies We Will Cover Today

B	D	E	F	G
Skill Priority Indicators H=high priority M=moderate or significant L=low or minor		**Competency Rating Scoring Indicators** Rating Scale: 1= Not at all, 2=Infrequent, 3= Adequate, 4= Good, 5= Very Good		
Priority Rating	**Category**	**SP Competency Rating**	**SP Written or Verbal Feedback**	**Attendee Competency Rating of Self**
	Engage through Acknowledgment:			
H	Acknowledged while greeting when entering the exam room (smile, eye contact, hello, etc.)			
H	Acknowledged using patient/family name as appropriate – (engaging with the patient)			
	Introduction:			
H	Introduces self and purpose of the call.			
H	Describes Role			
M	Identifies agency and physician they are working with and relationship to provider			
M	Highlighting the value of self and the team/clinical provider/organization/ personal experience/training/skill set, etc.			
M	Inquire on the patient's understanding on the referral reason to care coordinator			
H	Review agenda or reason for visit with patient and obtain agreement			
H	Ask permission for today's discussion			
	Duration:			
H	Gave time expectation for today's discussion			

B	D	E	F	G	H
H	Ask permission for today's discussion				
	Duration:				
H	Gave time expectation for today's discussion				
	Assessing:				
H	The patient's desire and choice to participate in self-management				
M	Attendee inquires why patient would like to make changes to his/her health				
H	See patient's permission before offering information or advice.				
M	Provides information or advice that is sensitive to client concerns and understanding.				
H	Setting a goal based on the patient's ideas (*asking versus telling*) SMART Goal				
M	Uses a range of open-ended questions (cannot be answered with yes, no, maybe)				
H	Affirmations: Uses words that recognize the patient's strengths & abililities (determined, perservere, persistent)				
H	The patient's confidence and/or readiness were evaluated				
	Acceptance: Engagement that demonstrates respect and unconditional positive regard:				
M	Friendly **tone of voice**				
M	- **Pace of Speech**				
M	- Use of **Plain Language**				
L	- Appropriate use of **inflection on keywords** *(teamwork, timely service, respectful, manage pain, understand side effects, etc.)*				
H	- **Active listening** (*nodding, no interrupting, confirmed what they heard customer say, etc.)*				

Objective

Describe the patient-centered approach of MI

MI Quiz - Poll

Application and discussion

Motivational Interviewing

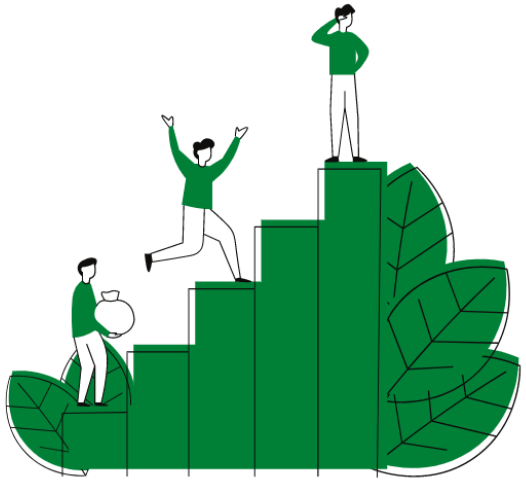
Why

Motivational interviewing is an evidence-based method for promoting change and growth.

Definition

3rd Edition: Motivational interviewing is a **collaborative**, **person- centered**, **guiding** method designed to **elicit and strengthen motivation** for change.

4th Edition: MI is a particular way of talking with people about change and growth to strengthen their own motivation and commitment.



Looking Through a New Lens

Standard Approach	Motivational Interviewing Approach
Focused on fixing the problem	Focused on the patient's concerns and perspectives
Paternalistic relationship	Egalitarian partnership
Confront, warn, persuade	Emphasizes personal choice
Ambivalence means that the patient is in denial	Ambivalence is a normal part of the change process
Goals are prescribed	Goals are collectively developed

Some practical advice

There's a time and place for everything!

- **Leading** is appropriate when…
- **Following** is good when…
- **Guiding** with MI is best when…

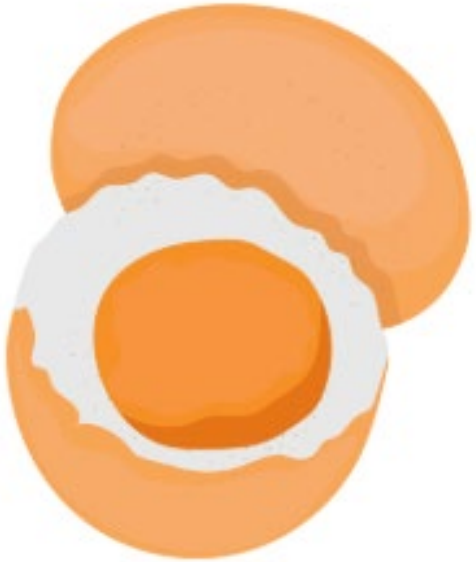
Some verbs associated with Each Communication Style

Directing Style	Guiding Style	Following Style
Administer	Accompany	Allow
Manage	Assist	Be with
Take charge	Collaborate	Listen
Tell	Encourage	Understand
Conduct	Kindle	Value
Decide	Offer	Observe
Lead	Support	Go along with

Link: https://www.youtube.com/watch?v=0z65EppMfHk

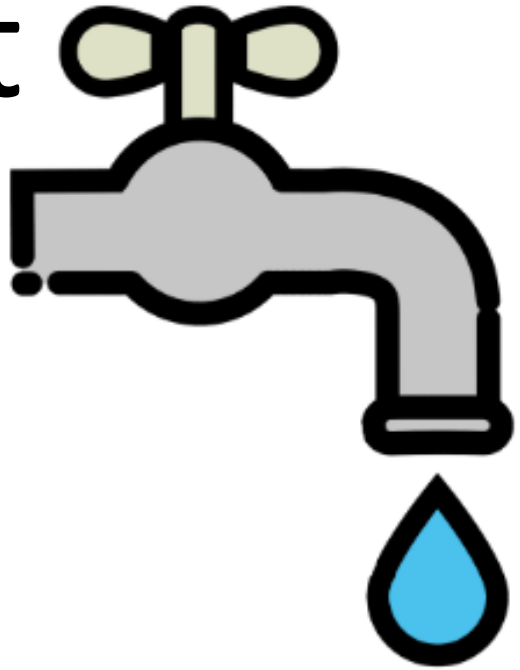
MI facilitates change by:

Helping a person **identify**, **consolidate**, **strengthen**, and **act** upon their intrinsic motivation.



Approach

Deficit



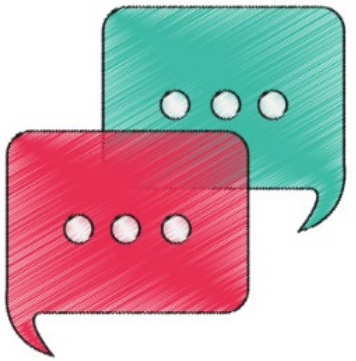
Competence

Key Takeaways

- Patient's intrinsic motivation
- Strength based, competence approach
- Guiding method

Objective

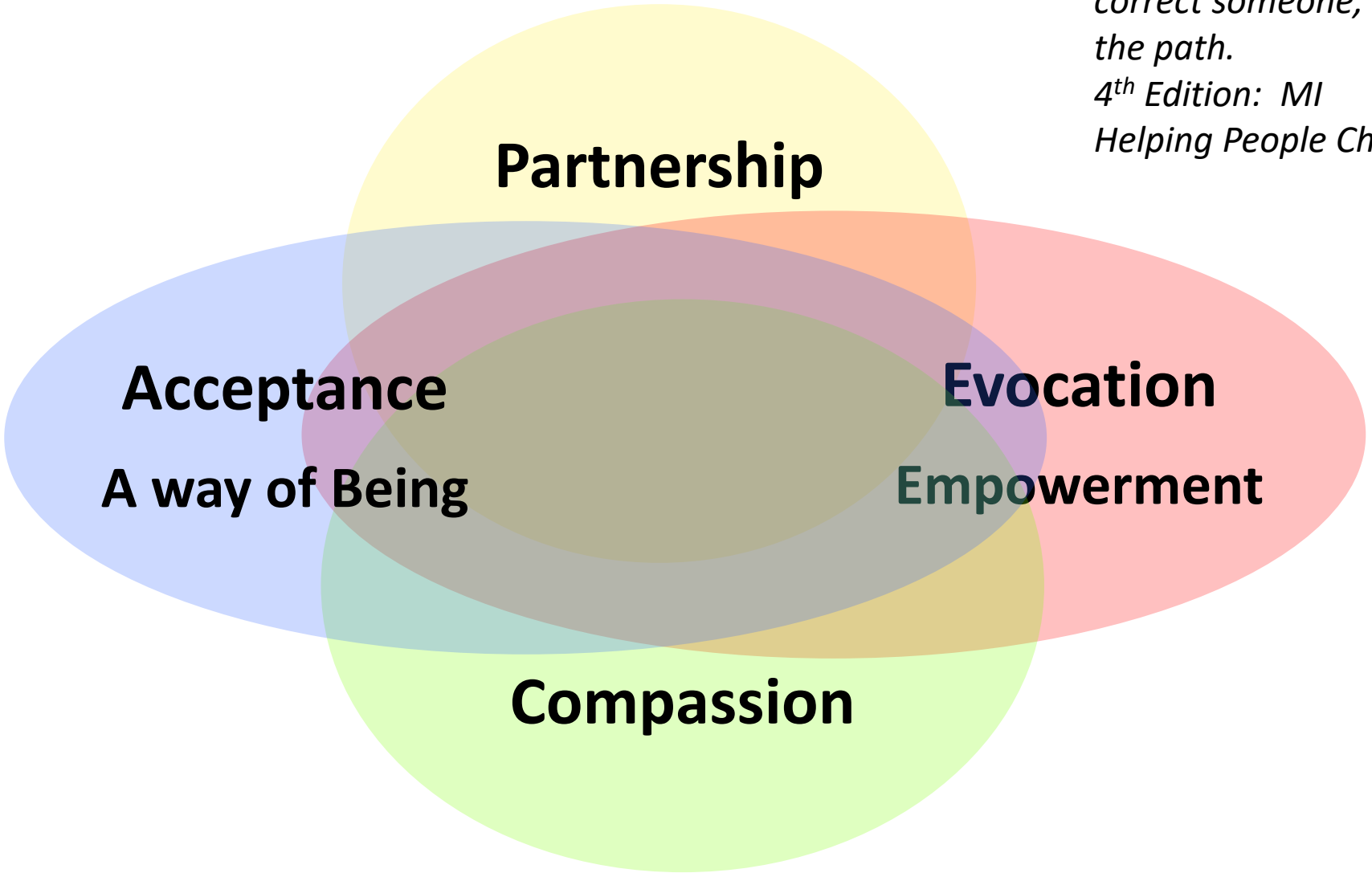
Explain the conversation style that is the Spirit of MI



SPIRIT MI

Spirit of MI

If you begin with an intention to correct someone, you have lost the path.
4th Edition: MI
Helping People Change and Grow.



Motivational Interviewing Definitions

Evocation: the act of bringing something into the mind or memory.

Partnership: the state of being a **partner.**

Acceptance: the act of accepting something or someone.

Compassion: sympathetic **consciousness** of others' distress together with a desire to alleviate it.

Try This

Think of a patient who is described as "**Non-compliant**" by the care team.

Group: What are the characters of the patient that come to mind?

Your Turn

Close your eyes

Discord: Interpersonal behavior that reflects dissonance in the working relationship; sustain talk does not in itself constitute discord; examples include arguing, interrupting, discounting, or ignoring.

Mis-interpreted as resistance: Sustain talk (arguing against change, (which is one side of normal ambivalence) and discord (reflecting discomfort with the working alliance).

Both behaviors, if unaddressed, predict poor treatment outcome.

Emphasis on the interpersonal nature of these behaviors. Both can be increased or decreased by what the interviewer is doing.

Engaging

Relational foundation

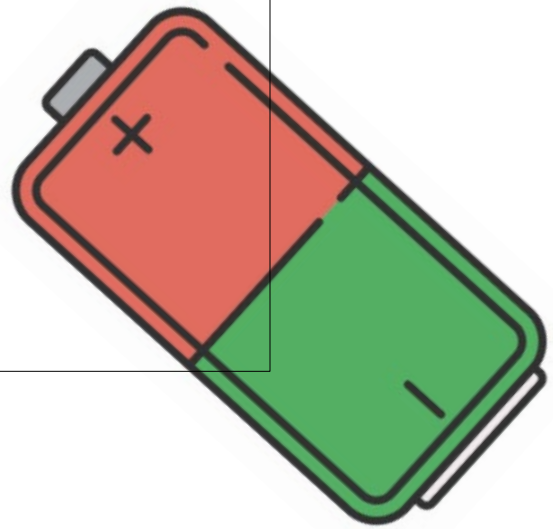
Objective: establish a collaborative working relationship with the other person.

20% rule

Attitudes and Engagement

Not So Helpful Attitudes

- I'll **scare** you into change.
- I'll **get to the bottom** of this.
- You are **guilty**.
- **Overwhelmed**
- **I have a solution** – let me help.



Helpful Attitudes

- Curiosity
- Partnership
- Acceptance
- Evocative

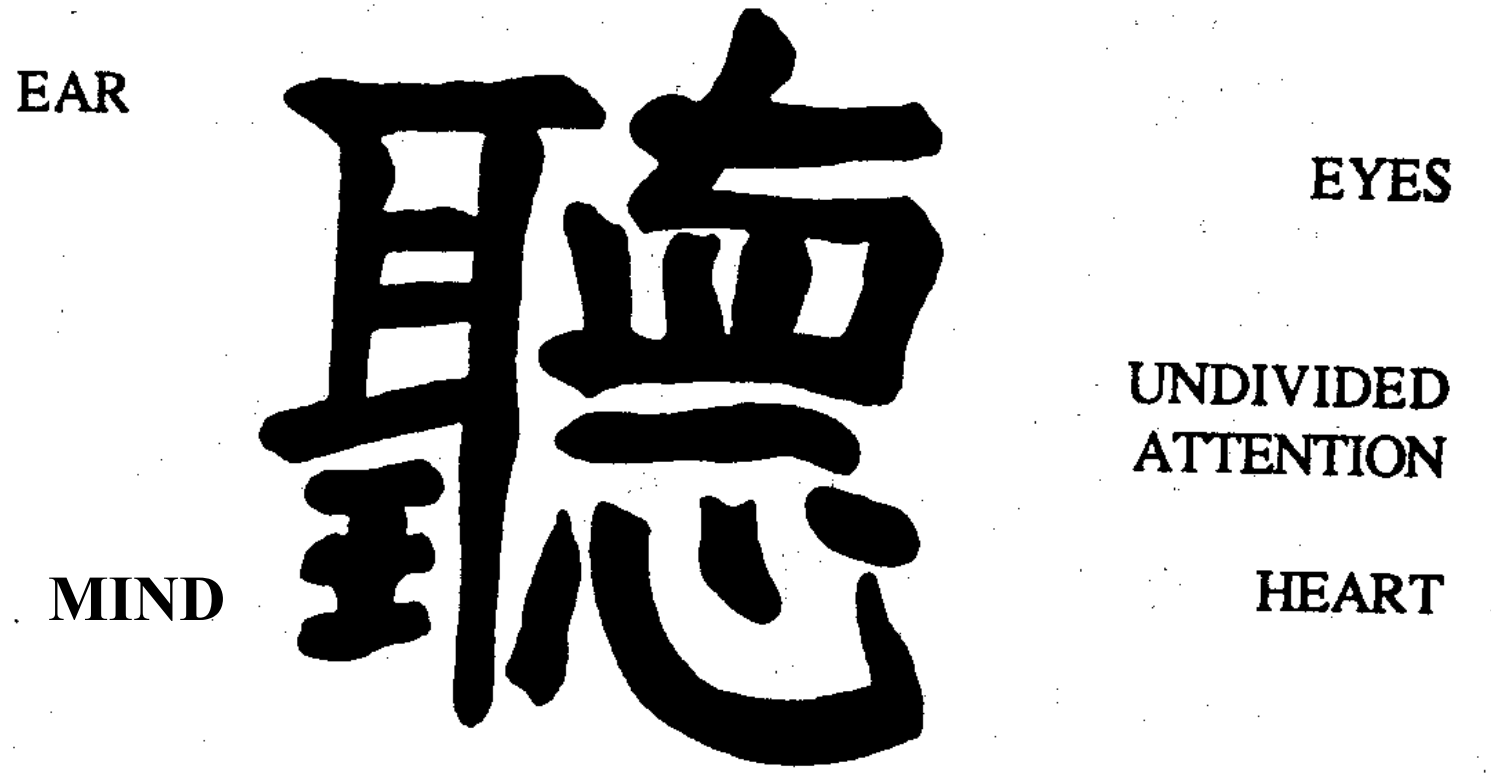
Listening: Expressing Empathy

Using the Spirit of Motivational Interviewing during Engagement

From the other person's perspective:

- Do I feel **respected**?
- Does this person **listen to** and **understand me**?
- Do I **trust** this person?
- Do I **have a say** in what happens in our work together?

Spirit of Motivational Interviewing
Engagement Skill: Listening



Professionals are experts in **diseases.**

Patients are experts about **their own lives.**

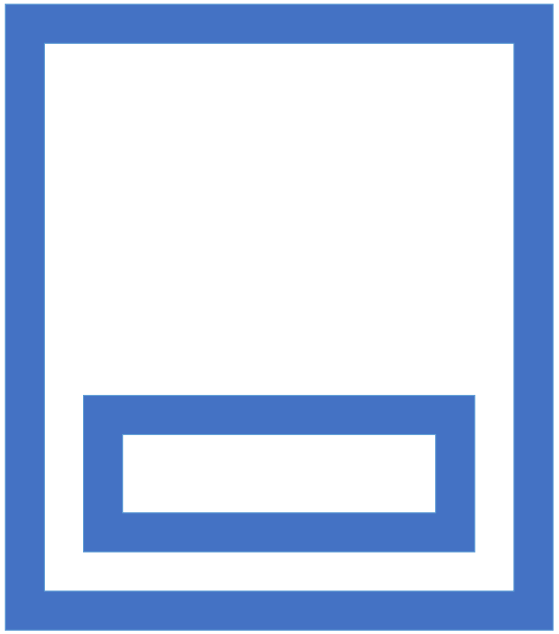
https://healthydebate.ca/opinions/patients-as-experts
The risk of equating “lived experience “ with patient expertise, Frank Gavin 2/13/19

Introducing your role that messages the Motivational Spirit

1. Acknowledge the patient and provide the quality disclaimer required by BCBSM
2. Ask permission to record the call
3. Ask permission for today's discussion and time expected
4. Friendly tone (the patient can hear you smiling), paced speech, plain language
5. Describe your role
   A. Relationship – value of the BCBSM team member in assisting with the patient's complex care needs
   B. What the patient gains from your role
   C. The patient's role in working with you
   D. What the patient can expect – frequency and length of follow-up
6. Begin assessment: Use of open-ended questions
7. Thank patient, any other needs now?, provide contact info

Demonstration

- Telephonic Introduction
  - Case Manager
  - Patient
- Listen for the key aspects in the introduction
  - What went well?
  - How would you modify to your role?



Key Takeaways

- Patients have reasons-assume the best
- Engagement =-relationship building=listening
- Our attitudes matter
- Patients are experts on themselves

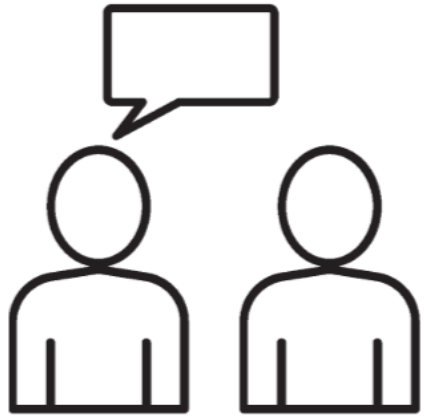
Break

15 minutes

Motivational Interviewing Skills

Objective

Demonstrate basic MI skills



O.A.R.S +I

Open Ended Questions

Affirmations

Reflective Listening

Summaries

+Information Offering

Open Ended Questions

- Many patients have never been asked how they **feel** about their health or what **they** would like to change.
- Asking open-ended questions can also **help us understand** why a patient may not be making progress.
- Questions, when asked in the right Spirit, help in the **engagement process**.
- It matters **what you choose to ask**, affirm, reflect, and include in summaries.

Open VS Closed Questions

When to use closed:

- Fact finding
- Confirming knowledge/understanding
- Limited patient response

When to use open:

- Exploring
- Encourage client to give voice to thoughts, feelings, experiences, opinions, values, and motivations
- Expressing curiousity

Closed VS Open Ended Questions Exercise – Polling Questions

- What has helped you to manage your stress?
- Do your knees hurt while walking?
- Have you ever tried quitting smoking?
- What are you currently doing to maintain your health?
- Do you check your blood sugar daily?
- Can you tell me more?
- What sorts of things are you eating these days?
- Are you exercising?
- How's your sleep?
- Have you taken any medicine?

Open Ended Questions Activity

Creating open-ended questions

Write down 3 open-ended questions that will engage the client during the assessment.

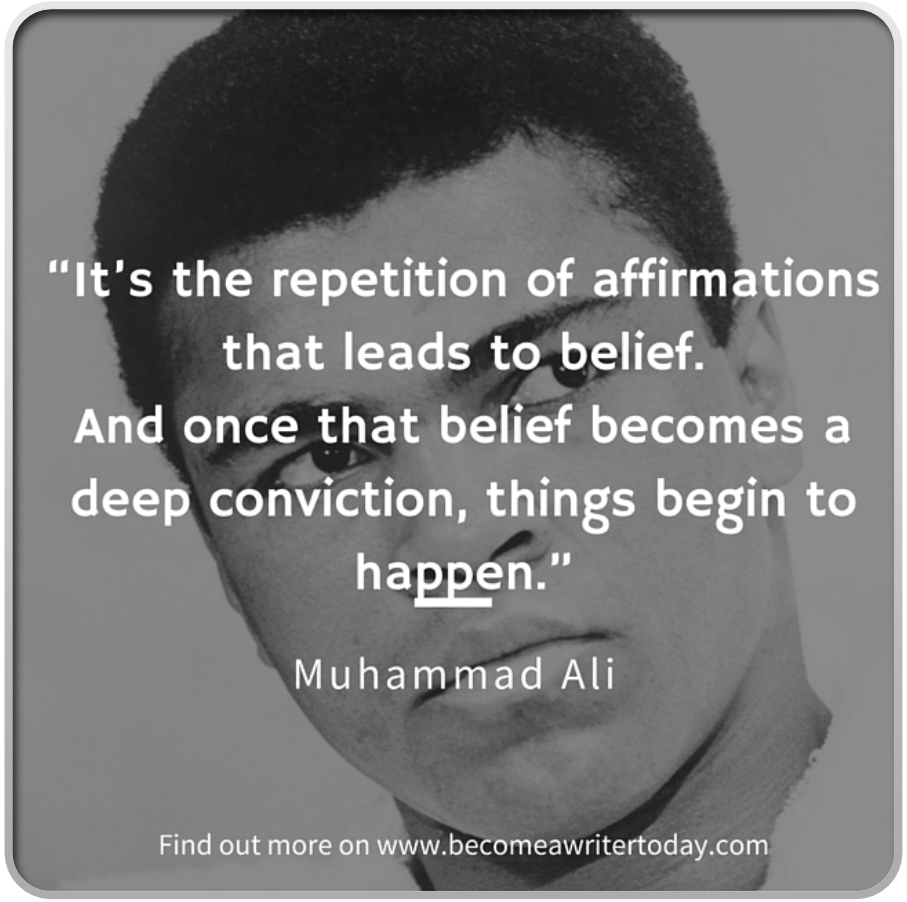
- A good starting point is to find out:
    - What the person already knows
    - What they would like to know more about
    - What have they already tried so far
    - What questions they have about….
- Now review your questions. Make any tweaks based on the above information and then share a question you wrote down.

Affirmations

Affirmations (O.A.R.S. +I)

Things to affirm:

- Strengths and attributes
- Past successes future hopes
- Struggles and desires
- Current or past efforts to improve things
- The humanity and character of patient



Affirmations (O.A.R.S. +I)

- Most affirmations are reflections, but not all reflections are affirmations.
- Shy away from using the word "I" and focus on "you" language.

You've taken a big step today, and clearly have a lot of determination.

You are the kind of person who cares a lot about other people.

You must have a lot of courage to come in today, despite your strong reservations.

Affirmations

- Personal characteristics
- Stable traits
- Strengths

Affirmation List

Attributes of Successful Changers

Accepting	Determined	Patient
Adaptable	Eager	Persistent
Alert	Faithful	Reasonable
Ambitious	Flexible	Reliable
Assertive	Focused	Steady
Brave	Forgiving	Strong
Careful	Hopeful	Thorough
Committed	Ingenious	Trusting
Considerate	Mature	Truthful
Creative	Open	Willing

Reflections

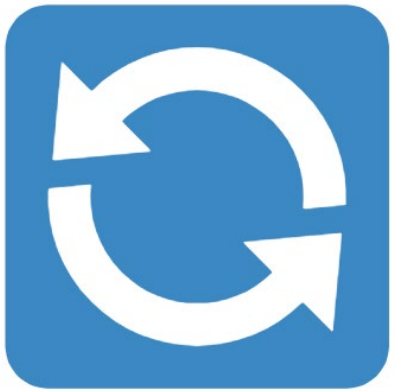
Reflections (O.A.R.S. +I)

Reflections have the effect of encouraging the other person to **elaborate**, **amplify**, **confirm**, or **correct**.

Listen to understand, not to respond.

Reflect Reflect Reflect

Levels of Reflection



Simple Reflection

- **Repeat**: uses same language
- **Rephrase**: uses new words
- Stabilizes conversation

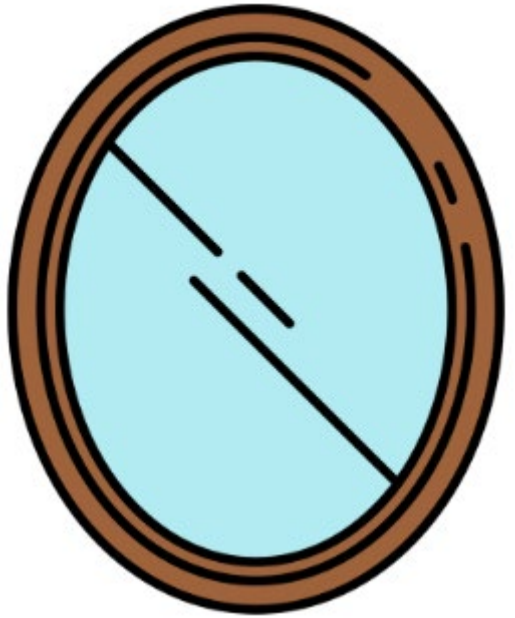
Complex Reflection

- **Paraphrase**: best guess of unspoken meeting
- Moves conversation forward

Forming a Reflection

- Best guess about what the person means.
- In general, reflection is shorter than client statement.
- Voice inflection goes down at the end.
- Things to reflect on:

Strengths **Change Talk** **Ambivalence**



Sample Reflections

Smoking helps relieve my stress.

- **Simple:** You're looking for ways to reduce stress.

Sample Reflections

No, I don’t want to quit smoking.

- **Simple:** You’re not ready to quit.

Sample Reflections

<u>You don’t know what it’s like to quit smoking.</u>

- **Simple:** Quitting is difficult for you.

Reflections Breakout Activity

(in the moment)

- “I’ve tried to quit smoking more times than I can remember.”
- “When I stop smoking I get crazy and restless.”
- “Thinking about quitting is easy. Doing it is another story.”
- I should quit for my children.”
- “How am I going to cope with cravings?”
- “I don’t think I’ll ever be able to lose weight. I’m too lazy and I like eating too much.”
- “It’s really hard to find time to exercise – and eat well – when I’ve got two little ones at home.”
- “My down-fall is fast food. I think I’m addicted to french-fries.”

Active Listening

Summaries

Focus on strengths and change talk

Offer summary then ask a follow-up question

- **Closed:** Did I get it all?
- **Open:** What – if anything – did I miss?

Use to transition into brief action planning

- **Offer** summary with follow-up question
- **Ask** “so what's your next step?”
- **Set** SMART goal

Example

“Let me stop and summarize what we’ve just talked about.

You’re not sure that you want to be here today and you really only came because your partner insisted on it.

At the same time, you’ve had some nagging thoughts of your own about what’s been happening, including how much you’ve been using recently, the change in your physical health and your missed work.

Did I miss anything? I’m wondering what you make of all those things.”

How to Respond to a “No”

- **Mine for the strengths** (they took the call, agreed to a follow up call/talk, etc.)
- **Thank them**
- **Follow-up question** (i.e. “we’ve connected today. What – if anything – would you like to talk about?”)
- **Ask permission** (“would it be o.k. if I called you in 3 months to see if anything has changed?”)

O.A.R.S +I

Open Ended Questions

Affirmations

Reflective Listening

Summaries

+Information Offering

“We guide, they decide”

Information Offering (O.A.R.S. +I)

Explore: Ask what the client knows, has heard, or would like to know

Offer: With permission, offer information in a nonjudgmental way

Explore: Ask client about thoughts, feelings, and reactions to information

MI Process

Four Fundamental Tasks of MI

Engaging

Focusing

Evoking

Planning

Engaging

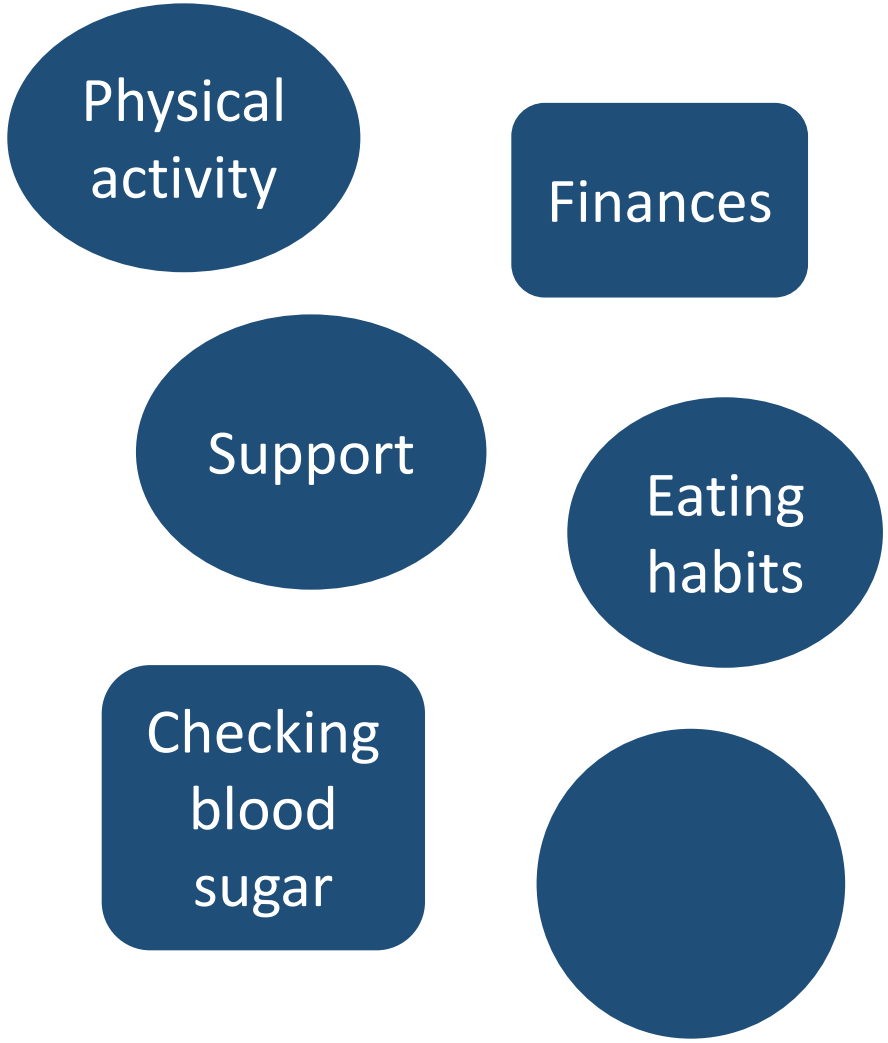
Bringing in the Spirit !

- Build rapport with the patient
- Open the conversation
- Style is key!
  - Warm and friendly
  - Support autonomy
  - Curious and open minded
  - Collaborative
  - Listen

Focus

We guide, they decide

- Negotiate the agenda and timeframe
- Target behavior (patient self-management goal) vs. outcome goal (doctor care plan)
- Circle chart
  - Blank
  - Pre-filled (SDoH images)
- Of the topics you identified, which might you want to talk about today?
- In the circles are some topics we might talk about today. They include… Which might you want to talk about today? Or is there something else?
- Why did you choose…?



Focus

What is going well for your health?
What are you currently doing to maintain your health?
What steps have you taken to better your situation?
What changes are you considering that might impact your health?
What do you already know that you could do to _____?
What have you heard about what you could do to _____?
If a friend of yours were facing something similar, what would you suggest they do?
Of all the things we've talked about today, which one would you like to start with?
Where would you like to start?

Evoke

- Most time in conversation spent exploring and building importance, confidence and motivation for behavior change.
- Patient makes argument for change.
- Style is key!
  - Curious and open-minded
  - Listening
  - Empathetic
  - Accepting and non-judgmental
  - Optimistic
  - Humble

"People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others."
– Pascal

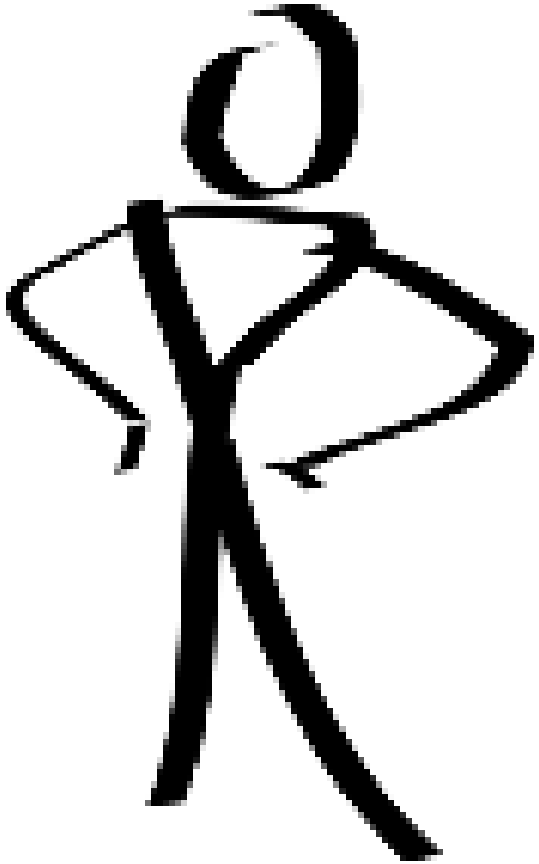
Evoke

- What would be the benefits if you decide to make this change?
- How do you see your life being different if you decide to make this change?
- What are some reasons it’s important to you to make this change?
- What are your motivations for making this change?

Key Takeaways

- Open-ended questions show interest and learn the patient's perspective
- Affirmations recognize and call out a patient's strengths
- Reflections demonstrate active listening and promote deeper understanding
- Summaries-focus on strengths/change talk and transition to next steps
- +I-Information giving is a respectful way to offer information if needed and requested
- Four processes of Motivational Interviewing

Assessing Readiness and Confidence



Assessing the Patient's Ability and Desire

- Assess the patient's readiness and confidence
  - How confident are they?
  - How interested are they?
- The patient's knowledge, desire, and ability, are key to creating a successful plan
- This information will be used to in creating the self-management action

Readiness Ruler

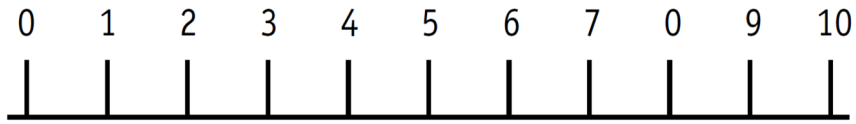
Using a scale to determine:

- **Importance**
- **Readiness**
- **Confidence**

Assessing Readiness
(Page 29 CM Toolkit)

Below, mark where you are now on this line that measures your change in _____.

Are you not prepared to change, already changing or somewhere in the middle?

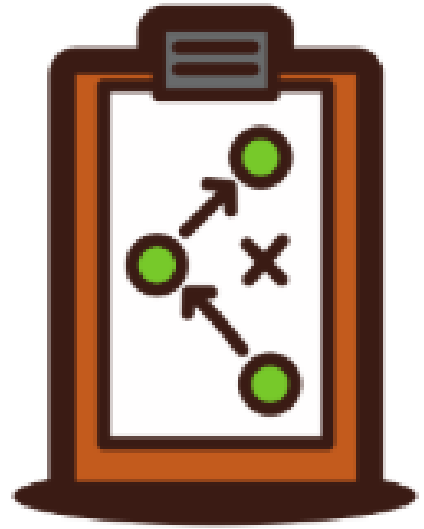


Consider asking:
Why a (number provided) and not (number lower)?

We ask the lower number to promote the patients own reasons and to encourage “change talk”

Planning

- Collaboratively developing a specific change plan that a patient is willing to implement.
- Use SMART Goals

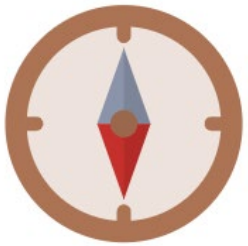


Planning

S	• **Specific:** What? Where? When?
M	• **Measureable:** How often? How much?
A	• **Achievable:** Does this seem doable?
R	• **Relevant:** How practical is this to do now?
T	• **Time bound:** Start date? Goal length?

Planning

What's your next step?
Where do you go from here?



- **Problem Solving**
  - What potential barriers do you see that might hinder you from achieving your goal?
  - What have you thought of that might help you to overcome any potential barriers?
- **Confidence Ruler**
  - What makes you a ___ and not a ___?
  - What – if anything – would help you feel more confident?
- **Teach back**
  - We covered a lot of information today and I'd like to make sure I've got everything. So tell me again what your plan is.
- **Confirm commitment**
  - Is this what you are going to do?

ACTION PLANS

40% of people are **not ready** to make an action plan.

Sometimes the goal is basic:

Goal: working with my care team member

Self-management Action Planning

Something you'd like to do to improve your health in the next 2 weeks

SMART Goals

Assess readiness

Commitment Statement

Follow up Plan – Write it down/provide a copy/mark date on schedule

Self-management Action Plan Real Play

Group Activity:

- **One person takes on the role of the patient**
- **One person takes on the role of the care manager or care coordinator**
  - **Care Manager/Care Coordinator: Identify an area the patient would like to work on, "Is there something you would like to do to improve your health?"**
    - **Using open-ended questions**
    - **Get the patient to a SMART action (Specific, Measurable, Achievable, Relevant, Time bound)**
    - **Using the readiness ruler assess the persons readiness**
    - **Using the ruler concept, assess the persons readiness and or confidence in carrying out the plan**

SELF-MANAGEMENT ACTION PLAN

Patient Name:		**Date:**
Staff Name:	**Staff Role:**	**Staff Contact Info:**

Goal: *What is something you WANT to work on?*

1.

2.

Goal Description: *What am I going to do?*

How:

Where:

When:	**Frequency:**

How ready am I to work on this goal? (Circle number below)

Not Ready 1 2 3 4 5 6 7 8 9 10 Very Ready

Challenges: *What are barriers that could get in the way & how will I overcome them?*

1.

2.

3.

What Supports do I need?

1.

Focus

How ready am I to work on this goal? (Circle number below)

Not Ready 1 2 3 4 5 6 7 8 9 10 Very Ready

Challenges: *What are barriers that could get in the way & how will I overcome them?*

1.

2.

3.

What Supports do I need?

1.

2.

3.

Follow-up & Next Steps (Summary):

1.

2.

3.

How confident do I feel about this action plan? (circle number below)

Not Confident 1 2 3 4 5 6 7 8 9 10 Very Confident

Planning Template

Key Takeaways

- Listen for and respond to patient's reasons for change
- Mobilize change talk to resolve ambivalence and move towards change
- Using complex reflections to accentuate the change talk

Afternoon Agenda

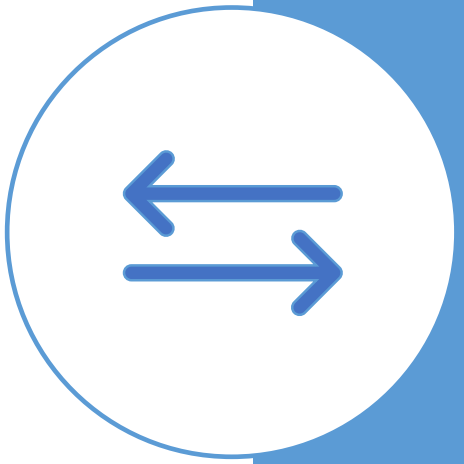
- Breakout Sessions

- Simulation: Creating the Self Management Action Plan
- Change Talk and Complex Reflections
- Health Literacy and Barriers


LUNCH

Change Talk and Complex Reflections

Breakout – Use Change Talk Power Point



Breakout Health Literacy and Barriers

Breakout Simulation

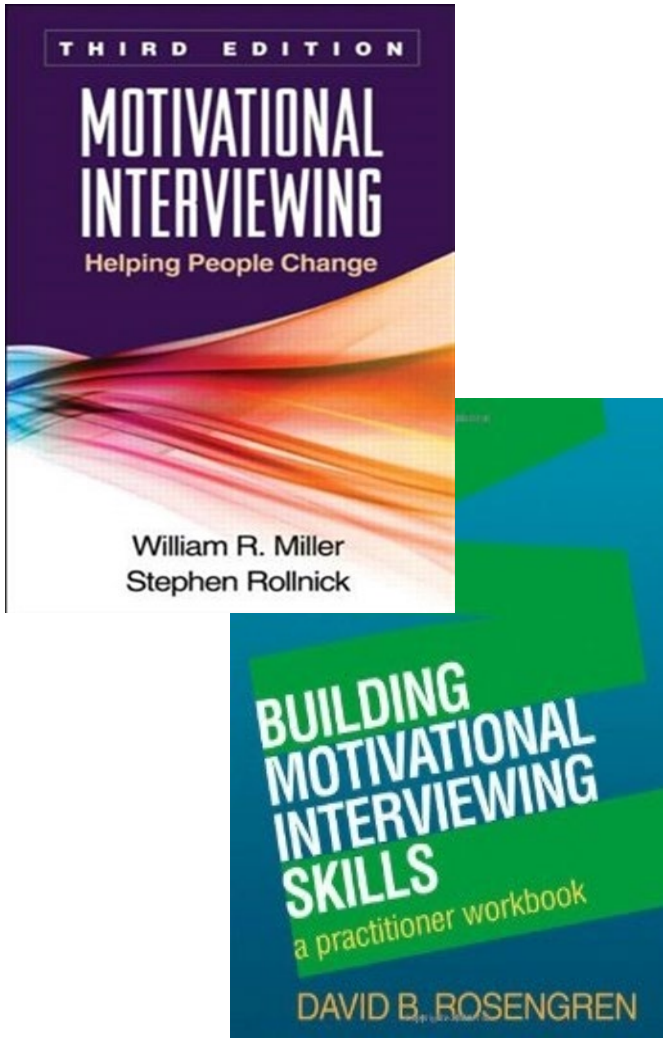
What will you do in your practice tomorrow?

Continuing to Learn MI

- “One-shot” trainings don’t promote competent practice (Miller & Mount, 2001; Walters et al., 2005)
- Initial training with follow-up coaching based on direct observation of practice is “gold-standard”
- Peer-learning groups have shown some usefulness
- You will learn from your patients if you know what to look for!

Resources for Learning MI

- 4th Edition Motivational Interviewing Helping People Change and Grow
  www.motivationalinterviewing.org
- Guilford Press – Applications of Motivational Interviewing Series
- www.centreCMI.ca
- www.miccsi.org
- https://motivationalinterviewing.org/



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- https://health.mo.gov/living/healthcondiseases/chronic/wisewoman/pdf/MIRollingwithResistance.pdf
- http://www.improvingchroniccare.org/index.php?p=Presentations_&_Slides&s=397
- Centre for Collaboration Motivation and Innovation – https://centrecmi.ca/brief-action-planning/