



Incorporating Motivational Interviewing to Improve Medication Adherence

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Disclosure :

I have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.

Prescription for Gratitude



Objectives



Describe motivational interviewing and discuss the positive aspects of change for a target behavior.



List the five communication principles of motivational interviewing that include expressing empathy, supporting self-efficacy, avoiding argumentation, rolling with resistance, and developing discrepancy.



Identify the techniques and tools that can be used to encourage internal change through motivational interviewing by engaging, understanding, collaborating, listening, and being patient focused.



Provide examples through case presentations to show that clinician led motivational interviewing can be effective in promoting behavior change through targeted interventions and is important to incorporate into clinical care to improve medication management/adherence and improved clinical outcomes.

**MOTIVATION IS THE ART
OF GETTING PEOPLE TO DO
WHAT YOU WANT THEM TO DO
BECAUSE THEY WANT TO DO IT.**

-DWIGHT EISENHOWER



What is motivational Interviewing ?

- Motivational Interviewing, developed by Miller and Rollnick (1991) is a way to help people recognize and do something about their present or potential problems. It is especially useful with patients who are either reluctant to change or ambivalent about changing.
- It is intended to help resolve ambivalence and get a patient moving along the path to change. The goal is to encourage internal change rather than impose external change onto patients.

What is Motivational Interviewing ?

A theory-based communication skills set with an established evidence base for its potential to affect patients' outcomes in comprehensive disease management, even during brief encounters. »



« An individual-centered, collaborative approach designed to elicit and explore the patient's own reasons for change within an atmosphere of acceptance and compassion. It can strengthen an individual's own commitment and motivation to make healthier, adaptive changes, especially behavioral and lifestyle ones. »



« Directive, patient-centered counselling style for eliciting behavior change by helping patients explore and resolve ambivalence. The aim is to listen to and understand patients' reasoning for their partial adherence, in order to develop discrepancies between their thoughts and behaviors so that they acknowledge change as an option. »

Definitions Expanded

- **The spirit of MI:** being patient-centered and collaborative. It may not come naturally to all clinicians, and this approach may require decision and effort to practice and develop attentive, active listening, reflecting, trying to help patients feel understood and cared for. It gives autonomy and asks for collaboration. When it is done effectively, it leaves patients with feelings of hope and confidence.
- **Change talk:** predicts action – a person internally decides to make a change when the pros outweigh the cons
- **Face:** a patient experience as « loss of face » when they are berated by provided

Box 1-1. Definitions of Specific MI Terminology

Change talk: The patient discusses positive aspects of or plans for change for a target behavior (e.g., what the change will be like, what the benefits are, what he will like about the outcome, what his thoughts/plans are). Asking the patient nonjudgmental questions to elicit change talk is an important MI strategy.

Face: This is the positive self-image that a person wants to be seen as and wants to claim for himself.

MI principles: These five communication principles include expressing empathy, supporting self-efficacy, avoiding argumentation, rolling with resistance, and developing discrepancy.

Righting reflex: This is the clinician's instinctive desire to "fix" the nonadherent patient by taking an advising, expert stance on how the patient should make the change; this contradicts the spirit of MI.

Self-efficacy: Defined as one's confidence to engage in a particular target behavior, higher self-efficacy predicts action for change on a target behavior.

Spirit of MI: A way of being that is foundational to MI-adherent intervention, the spirit of MI is collaborative, caring, nonjudgmental, and includes support of patient autonomy in treatment decision-making.

MI = motivational interviewing.



How is this done?



Engage

Patients in a dialogue and partnership



Understand

What influences a patient's behavior



Bridge gaps

Between current behaviors and broader values/goals

Help patients resolve any mixed feelings about behavioral changes

Question!

What would help patients feel engaged and empowered using motivational interviewing?

- 1) By asking open ended questions :What are some of the barriers or concerns for you to stay adherent to the therapy ?
- 2) What can we do to help achieve it?
- 3) What are some of things that you have implemented to achieve the goal that is discussed with your doctor to help you stay healthier?
- 4) All the above



Patient Centered

01

Autonomy

Vs. Authority

• Patient is responsible for change in behavior
AKA: Patients get to make the choice

02

Collaboration

Vs. Confrontation

• Work together in partnership
Instead of telling them what to do

03

Evocation

Vs. Education

• Learn from the patient instead of just
teaching what you know

04

Listening

Vs. Talking

• Allow the patient to share their feelings to get a better
understanding of the patient

Patient Centric Approach

- How personally important this change is to the patient as opposed to how important the provider thinks it is
- What challenges are standing in the way of the patient making the change?
 - Time, money, cultural factors
- Changes that may work in the patient's life
- Way to increase changes of success

What Motivational Interviewing Is NOT?

A way of tricking people into doing what you want them to do:

A specific technique with clear cut outline

- No step by step one size fit all manual
- Patients come in all types of personalities and so do clinicians

Problem solving or skill building

- You are not telling them what to do, you allow them to understand change comes from themselves
- Beyond a bullet in your resume, it a shift in perspective

Easy to learn

- Must be able to adapt to your patient's personality

An easy answer for every clinical challenge

Traditional Approach Vs. Motivation Interviewing

The Clinician

- Places importance on the change in behavior
- Controls the conversation
- May direct or select the goals that patient should achieve

The Patient

- Determines the importance of the behavior change
- Is listened to, shares concerns and needs
- Is supported in decisions about change

Motivational interviewing of listening and reflecting may improve the trust and openness needed to understand and respond to the change needs of patients

« Communication is a dance, not a
tug of war. »

-Anonymous



Why is it an important topic to discuss?

- Motivational interviewing involves helping patients to say why and how they might change and is based on the use of a guiding style. A recent systematic review that included 72 studies found that motivational interviewing outperformed traditional advice giving in 80% of studies. With practice, time can be saved by avoiding unproductive discussion and by using rapid engagement to focus on the changes that make a difference.
- In the context of primary health care, the nursing consultation based on motivational interviewing was shown to be a more effective care strategy than usual care for improving blood pressure levels and medication adherence in individuals with Type 2 diabetes and arterial hypertension. Moreover, motivational interviewing was demonstrated to be useful in reducing HbA1c levels in diabetes management.

• [Motivational Interviewing in the Management of Type 2 Diabetes Mellitus and Arterial Hypertension in Primary Health Care: An RCT - PubMed \(nih.gov\)](#)

Motivational techniques for education

A primary role of healthcare professionals is to help maximize health in patients across their lifespan. For those with chronic medical conditions, it is critical to promote health through education and addressing psychosocial needs :

- **Education**

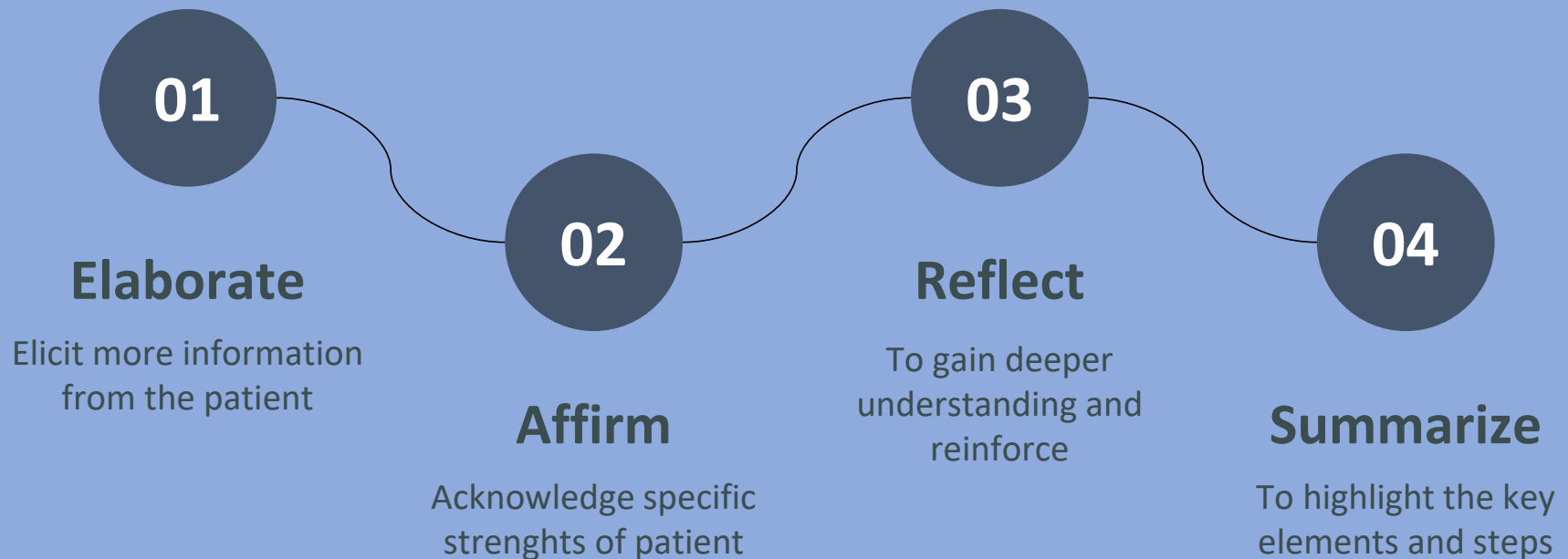
As informed health professionals, we sometimes forget to tell patients the most basic information that they require to support their own self-management and motivation for behavioral change.

- **Lifestyle modification**

Suboptimal health behaviors (e.g. diet, physical activity, and smoking) are implicated in the onset and deterioration of many common chronic diseases including hypertension.

Behavioral change to improve lifestyle is therefore a major challenge for today's health practitioners

Skills to use to elicit positive behavioral changes



Motivational Principles

Express Empathy	Reflects an accurate understanding	<ul style="list-style-type: none">• Assumes the person's perspective are understandable, comprehensible, and valid• Seeks to understand the person's feelings and perspectives without judging. Communicates acceptance which facilitates changes• Encourages a collaborative alliance which also promotes change• Leads to an understanding of each person's unique perspective, feelings, and values
Develop Discrepancy	Current behaviors Vs. Future goals	Steer conversation to discuss discrepancies between the patient's goals, thoughts or values and their current behaviors, allowing the uncertainty of it all to be discussed in a non-judgemental way
Roll with Resistance	Avoid arguing, giving advice or any forms of confrontation	If patient seems resistant to change, the response should consist of basic reflective and empathetic statements – the simpler the better.
Support Self-Efficacy	Patients are responsible for choosing and carrying out actions to change	Maintain optimism when someone expresses, they are ready for change

STUDY: A Motivational Interviewing Intervention to Improve Medication Adherence



Objective

DM + HTN PT are at an increase rate of micro and macrovascular complications



Conclusion

Those who completed the initial call and 2 follow ups were more adherant



Methods

To examine effect of MI intervention by PharmD students to assess adherence



Patients who participated were more adherence and were less likely to discontinue their meds vs those who did not receive calls



Results

- Prospective study conducted in students from UHCOP in their APPE rotation
- The intervention was performed via telephone intervention to Texas pts with a Medicare Advantage Plan
- Before implementing calls, the students attended a 3-day MI training course



Study Conclusion

- The evidence shows that incorporating motivational interviewing can improve medication adherence.
- Motivational Interviewing had the potential to be incorporated into both face to face and via telephone. Motivational Interviewing could be an effective behavioral strategy to enhance medication adherence in patients and thus improve clinical outcomes



Question!

What is a great example of an open-ended question?

1. Did you ever miss taking pills and how often do you miss it?
2. Are you taking your medications daily?
3. Your blood pressure and diabetes levels are high , and so it is important to take your medications, and so do you take it daily?

Table 1-2. Examples of Closed- and Open-Ended Questions

Closed-Ended Questions	Open-Ended Questions
Have you tried walking for activity?	What are some things you can think of to get more activity into your routine? What are your thoughts about walking for activity?
Can you tell me what this medicine is for?	Tell me what this medicine is for.
Can you think of anything to help remember?	What are some things you can think of to remember to take the medicine?
Did you ever miss taking any of your pills?	About how many pills did you miss in the past week?
Did you get your refill on time?	I noticed that the prescription has been ready for a few days. Tell me about any problems you've been having taking it.
Can you tell me what the doctor told you about what it means to have diabetes?	Tell me what you know about diabetes.
Have you been cutting out the salt in your diet to help your high blood pressure?	What is your understanding about the impact of salt in the foods you eat on high blood pressure?
Are you weighing yourself every day? (to monitor CHF)	How has the monitoring/weighing been going this past week?
Your INR is up to 3.3 this time; did you eat any broccoli or other effective foods this week?	Your INR is up to 3.3 this week; what are some things you can think of in your life recently that may be contributing to this?

CHF = chronic heart failure; INR = international normalized ratio.

Tips for motivational interviewing for medication management

ICUE - medication history list for medication adherence for chronic conditions

- Member details, History and pharmacy claims and looking at alphabetically

When I look at the medication history, I see that your medication for chronic conditions (such as diabetes and high blood pressure) are not getting filled and picked up by your pharmacy, could you tell me what could be the reason?

Help address barriers/concerns

Offer mail order/ 90-day prescriptions, pill boxes and other resources for SDoH barriers, address barriers and if needed refer the patients to the pharmacy team

Encourage to bring all their medications to their doctor's appointment

Test question

1. How can we best communicate with the patients to holistically work with them for best clinical outcomes?
 - a) Using open ended questions
 - b) Showing empathy
 - c) Using motivational interviewing and reflective listening
 - d) Treating patients as family members
 - e) All above



Case Study: Hypertension management

Practitioner: So you are moderately confident. What do you think it would take to get you to a higher number (i.e., what would it take to boost your confidence)? *Assessing what skills need to be developed, what resources are needed*

Patient: Um, I'm not sure. I know I have a hard time remembering to take pills (and I hate taking pills!), so maybe trying the patch would be more realistic for me because I would just have to stick it on and I could forget about it. And I guess I could get my wife to remind me to change it... I am sure she'd be happy to help. *Change talk*

Practitioner: So knowing yourself, the patch sounds like a good place to start. And having your wife's support would certainly help! *Reflecting back and reinforcing plan*

When do you think you'd be ready to start the patch? *Intent to change*

Patient: Well, I guess right away. Do I need a prescription? *Change talk*

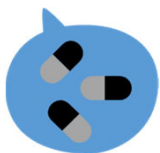
Practitioner: Yes, and once you start, we can follow your progress to see how it's working. *Giving information*

How does that sound? *Asking open question*

Patient: That sounds good to me!

Case Study 2: Diabetes management

- Provider- I see that your doctor reported that your A1C is 9. I would like to discuss it with you, Would that be ok?
- Patient – Yes, that would be ok.
- Provider – Did your doctor explain you what A1c means?
- Patient – I don't know what that means.
- Provider – That is a fancy number that tells your how well your sugar is being controlled within 3-6 months. It is high it is good to have it less than 8.
- Patient – I feel pretty good.
- Provider – high sugar level often goes unnoticed by many people because there are very few symptoms. Most people report feeling just fine. Do you know what would happen if it stays high for long time?
- Patient – I am not sure, but I know my uncle had his leg removed because doctor said his sugar was high and he can't walk without a wheelchair. I don't want to go through that for sure.
- Provider – I am sorry to hear that, and we don't want you to go through that as well and so what kind of changes would you be making?
- Patient – I will take my medicines and check my glucose level.
- Provider- That is great to hear and when will you start and so once you start , we can follow your progress to see how it is working. How does that sound?
- Patient – That sounds great and thank you for caring about me.



Motivational interviewing questions

- It is important to follow good diet habits.
- It is difficult to exercise since I work and take care of my family.
- I just always gain the weight back after I lose it..
- What do you think is going well with your eating?
- I understand that it has been difficult for you to exercise and lose weight in the past. Many of my clients find this to be difficult. I think it is still important for us to try to find ways for you to work on this.”
- That is a common problem. What would make you more confident about making these changes stick?”



Summary

- **What is Motivational Interviewing?**

An individual-centered, collaborative approach for eliciting behavior change by helping patients explore and resolve ambivalence

- **Motivational Principles**

Express Empathy

Develop discrepancies

Roll with resistance

Support self efficacy

- **How is it done?**

Engaging, understanding, collaborating, listening, and patient focused

- **Study/case presentations**

Studies show that clinicians led motivational interviewing increased in medication management/adherence and improved clinical outcomes

Motivational interviewing is one approach that has been shown to be effective in promoting behavior change through targeted interventions and is important to incorporate into clinical care



“ In a world where you can be anything, be kind and be compassionate.”

Thank you!

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