

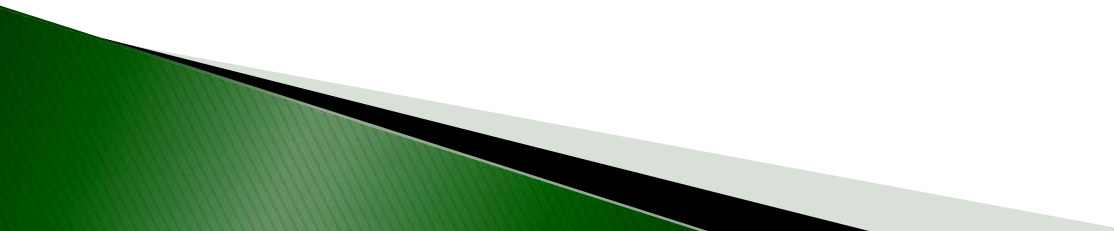


INTEGRATION OF MOTIVATIONAL INTERVIEWING WITH EHR AND MEANINGFUL USE MEASURES

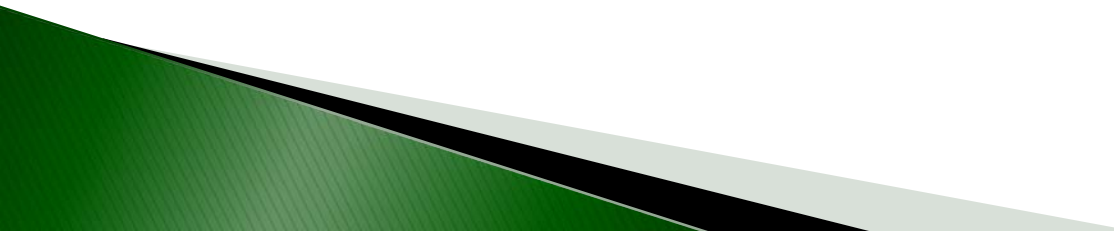
QUALITY CULTURE SERIES

January 14, 2011

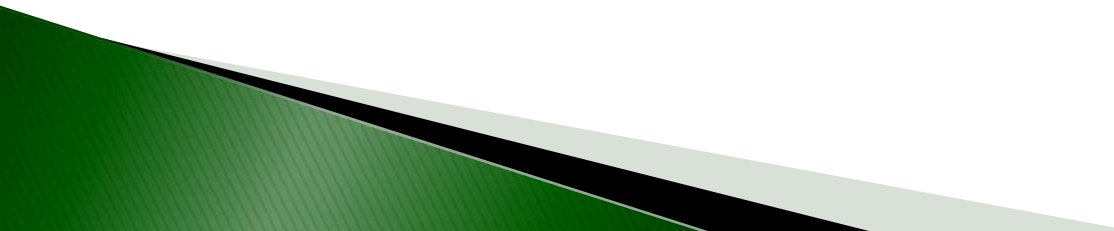
WHAT IS THE CONTEXT?

- ▶ Tremendous number of healthcare dollars are spent on issues influenced by our behaviors
 - ▶ Behavior choices impact our Quality of Life
 - ▶ Meaningful Use criteria requires documenting of counseling smoking cessation and BMI plans
 - ▶ Visit workflows need redesign to incorporate EHR documentation
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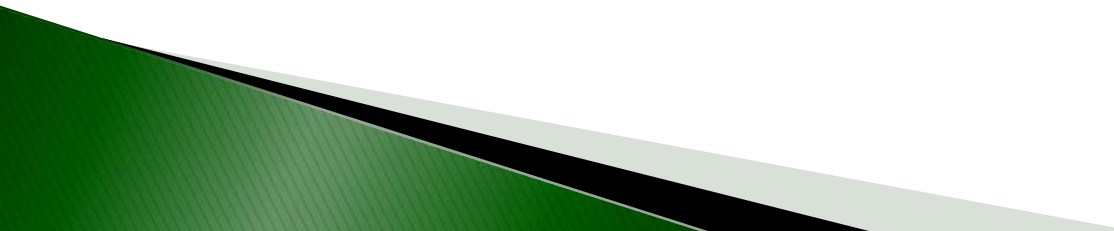
WELCOME TO OUR PANELISTS

- ▲ **Bonnie O. McDonell**
FNP/PNP, MINTie, IBCLC, Kaiser Permanente
 - ▲ **Linda Ann Winter**
PhD, Petaluma Health Center
 - ▲ **Betty Louise**
CPC, Independent Consultant
 - ▲ **Kathy DeMaggio**
RD, CDE, Community Health Clinic Ole
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BONNIE O. McDONELL

- ▲ Nurse Practitioner, 21 years in varied settings
 - ▲ Interest in and frustration with motivation issues
 - ▲ My goal is to introduce MI, a method which has increased both my effectiveness and work satisfaction.
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MI OVERVIEW

- ▲ Motivational Interviewing is a person-centered counseling method for addressing the common problem of ambivalence about change.
 - ▲ Development
 - ▲ Research
 - ▲ Components
 - ▲ Change Talk
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MI TRAINING

- ▲ Books, workbooks:

- ▲ Motivational Interviewing by Rollnick and Miller, 3rd edition: 2012

- ▲ Classes:

- ▲ www.motivationalinterview.org (MINT)

- ▲ Kaiser: MCI, MC2, contact

- Michael.P.Cox@kp.org

- ▲ Record and review sessions with like-minded peers

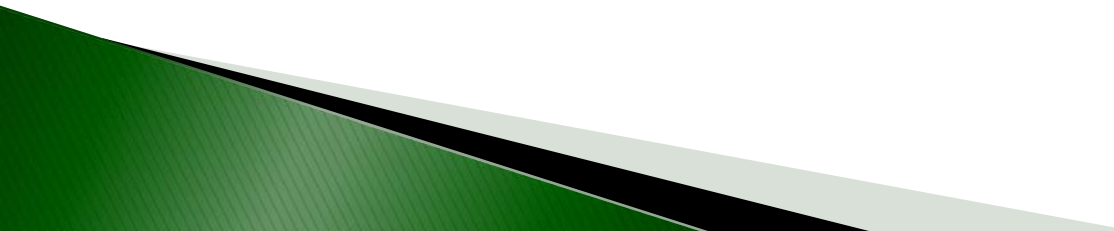
USING MI AS A CLINICIAN

- ▲ MI can be used as a full course meal or à la carte as you are honing ability.
- ▲ Style
- ▲ Open-ended questions
- ▲ Permission
- ▲ Readiness ruler
- ▲ Neutrality
- ▲ Do try this at home.
- ▲ Decreased resistance and increased Change Talk let's you know you're on the right track.

LINDA WINTER

- ▲ Developed and implemented IBH programs at two FQHC's (in Sonoma and Tulare Counties)
- ▲ Meds alone do not address complicated bio/psycho/social etiology
- ▲ Telling people what to do seldom works; Teaching collaborative self- management is more effective, empowering and respectful

INTEGRATED BEHAVIOR HEALTH

- ▲ What happens in our lives affects our health and our health affects *everything*
 - ▲ IBH addresses complicated bio/psycho/social factors in a way that empowers patients to take charge of their healthcare and their lives
 - ▲ IBH helps facilitate behavior change for both patients and providers
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TRAINING STAFF

- ▲ For staff: train in integrated, collaborative model
 - ▲ Roles, benefit to pt and staff, nuts and bolts, communication/feedback
- ▲ For working collaboratively with patients:
 - ▲ Ask permission to explore sensitive topics
 - ▲ Elicit patient's concerns: Listen for what is subjectively important to patient- that's your "in"
 - ▲ Ask balanced questions including what needs target behavior is serving
 - ▲ Listen for and validate "change talk" and past successes

BETTY LOUISE

- ▲ 20+ years as an RA patient
- ▲ 20 years professionally working with patients, doctors, practitioners
- ▲ ASH Course, CPCC, Intuition Medicine, www.CoachBettyLIVE.com
- ▲ Passionate Voice for (ENP) Empowering Natural Peace
- ▲ Offers Balanced & Unique Perspective

PATIENT STORY

- ▲ A personal research study for chronic pain
 - ▲ Collaborate with Health Care System
 - ▲ Use natural remedies primarily
- ▲ Professional Observations of Patients
 - ▲ Non-compliance with MD recommendations
 - ▲ MDeity 😊

COMPLEMENTARY MODALITIES

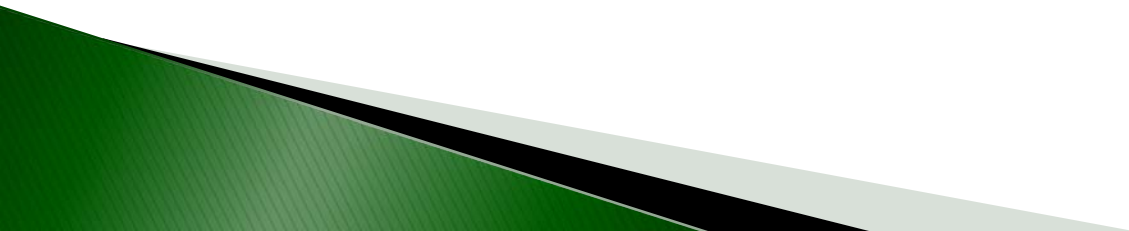
▲ **Crash Course in Self-Efficacy**

▲ Action Planning/Feedback

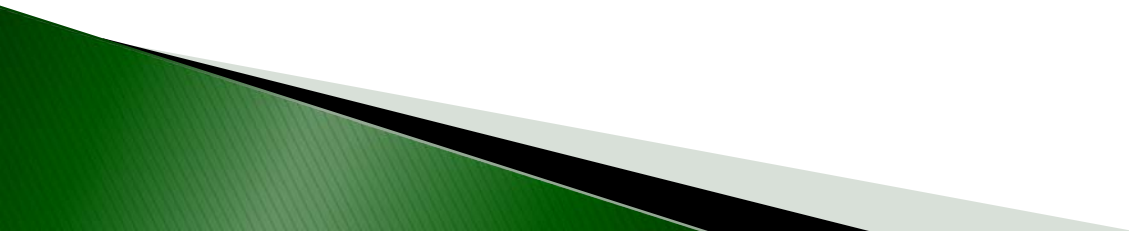
▲ Coaching Skills: listen, acknowledge, and champion

▲ Multitude of approaches... many ways to stoke the fire of motivation

MOTIVATIONAL INTERVIEWING DEMONSTRATION



ROLE PLAYING EXERCISE



KATHY DEMAGGIO

- ▲ I have been working with patients and families for 29 years as a Registered Dietitian, Diabetes Educator, and Manager of the Healthy Moms and Babies at Community Health Clinic Ole
- ▲ I believe all patients deserve high quality, evidence based education, related to their own personal needs and provided in manner that they understand
- ▲ I am passionate about the integration of health literacy concepts into all that I do and I create standards and tools for improved patient education for medical providers in our clinic – these standards need to be translated into EHR

INTEGRATING EHR

- ▲ Set standards using the education champions at your clinic - watch out for downloading from websites
- ▲ Conflicting messages and literacy issues will prevent effective behavior change – EHR can be used to create consistent messaging
- ▲ Use clear, plain language. Practice with patient visit summaries:

“If you think you are feeling worse or not getting any better, please call the clinic and leave a message for your medical provider or ask for an appointment. If you were given a new prescription for medicine today, please wait at least 4 hours before you go to your pharmacy to pick it up, or you may want to call your pharmacy and check if it is ready.”

Our Intranet list of handouts, I was responsible for selecting or creating ones based on (Health) Literacy level goals

Nutrition

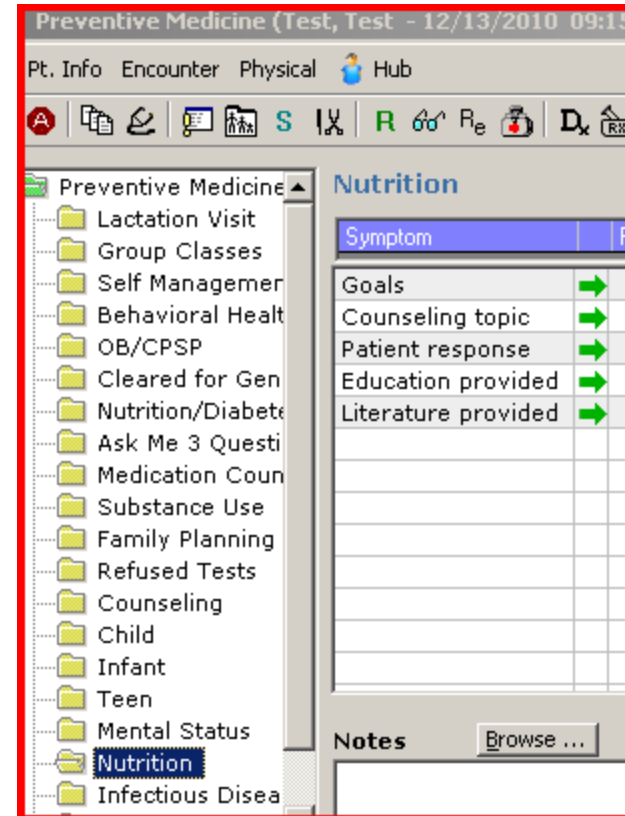
PATIENT EDUCATIONAL HANDOUTS

Healthy Eating Habits

- [Healthy Snacks ENG](#)
- [Healthy Snacks SPAN](#)
- [How Many Portions Do I Need single page BILINGUAL](#)
- [Reading Food Labels Single Page BILINGUAL](#)
- [What Can I Eat ENG](#)
- [What Can I Eat SPAN](#)
- [Eat This Not That ENG](#)
- [Eat This Not That SPAN](#)
- [Quick steps for Wt Loss ENG](#)
- [Quick steps for Wt Loss SPAN](#)
- [Three Simple Steps to Increase Fruits and Veggies ENG](#)
- [Three simple steps to increase Fruits and Veggies SPAN](#)

INCORPORATING DOCUMENTATION INTO VISIT FLOW

Adding a structured question into the Preventive Medicine Section is one option



Counseling topic			Clear
Name	Value	Notes	
<input type="checkbox"/> High Iron Diet Counseling			X
<input type="checkbox"/> Overweight Counseling	* Yes		X

Create template for BMI over 25 to merge onto other templates, include recommendations and structured question

Name	Access
Weight over BMI of 25 - Adult	Public
Weight over BMI of 25 - Adult (EPIC) 10-20-2010	Public

Plan:

Treatment:

Others

Pick one of these Quick Steps to Lower Weight: 1. Add 15-30 minutes of walking, biking, movement to most days; 2. Switch to all sugar free/calorie free drinks like diet soda, Crystal Lite, flavored water. 3. Cut down or cut out fats and fatty foods such as mayonnaise, butter, bacon, sausage, fried food (chicken nuggets, chips, french fries). 4. ADD more fruits, vegetables, lean meat, low fat dairy, and eat three times a day

Procedures:

Immunizations:

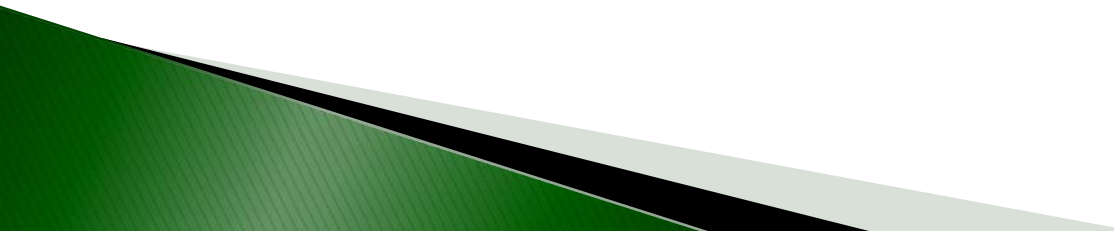
Diagnostic Imaging:

Lab Reports:

Preventive Medicine:

Nutrition : Counseling topic Overweight Counseling Yes.

RE-EVALUATING SELF MANAGEMENT

- ▲ How could we do a better job of tracking self management goals chosen by a patient from visit to visit?
 - ▲ Patient centered care and patient choices re: minutes of exercise, meal timing, content of meal, binge eating, stress eating, drinking, etc need to be reflected for all to see
 - ▲ Use Alerts? Sticky Notes? Vitals?
 - ▲ Sadly paper charts in terms of a “top page”, did allow for quick view of Self Management goals
 - ▲ This is a challenge and I would enjoy receiving suggestions from everyone
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CONTACT INFORMATION

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