

Helping Diabetic Patients Change

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DISCLOSURE

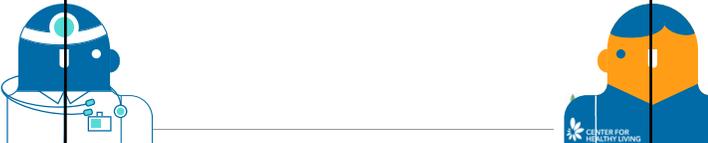
Disclosure Statement

Today's faculty: Ray Nanda MD and the planners for this activity, as well as the CME staff, do not have any relevant financial relationships with commercial interests or affiliations to disclose.



Learning Objective

Use at least **one** new approach in a brief office/telephone encounter to motivate behavior change that improves treatment adherence and/or diet/lifestyle.



ARS Quiz – Self Assessment

What would you identify as YOUR biggest behavioral struggle with your patients?

- I feel guilty/ineffective if I don't "close the deal" and get the patient to actually change their behavior right away (meds, starting insulin, diet, exercise, etc.)
- It's easier and more efficient for me to get through my day getting right to the point of solving people's problems for them and telling them what to do rather than exploring why they are struggling and having them figure out their own solutions.
- I'm getting burned out by my patients not following through with what they promised to do and creating extra work for me and the system.
- There are just too many things I'm required to do in an office visit (POE, flu shots, etc.) to get into deep conversations with my struggling uncontrolled diabetic patients.

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Reframing the "Win"

In patients struggling with health behavior change

- The BIG win: Our diabetic patients live long, healthy lives free of disabling preventable morbidities.
- Most struggling patients can only get to the BIG win via a sequence of smaller, sustainable "little wins."
- These "wins" are leverage for confidence for future "wins."



Reframing the "Win"

- True behavior change takes time, the pace is variable, and is difficult for most people.
- A positive change in a patient's attitude/mentality evidenced by what type of language they use when discussing change IS a win. (EVIDENCE BASED)
- The next level up is a change in behavior/actions.
- If that endures longer term, then we see a change in objective measurements (MRAR, A1c, BMI, Exercise /Smoking/ Alcohol vital signs).
- Only when that endures do we see a positive change in outcomes. (Less blindness, MI/CVA's, amputations, nephropathy etc.)



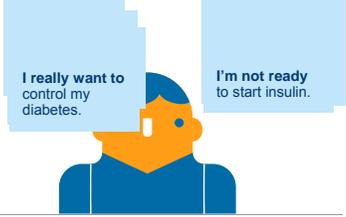
OUTCOMES



Ambivalence

This side of ambivalence is called **change talk**

This side of the ambivalence is called **sustain talk**



7

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Patient John Blake

Follow up from Ophthalmology visit

Prob List	Vitals	Labs 9/18
DM 2 uncontrolled	Age: 47	A1c 10.3
Morbid Obesity BMI 35 w comorbidity	Height: 5'8"	ALT 129
DM 2 Mixed hyperlipidemia	Weight: 235 lbs	Microalb 2000
DM 2 w microalbuminuria	BP: 135/85	Tchol 275
Sedentary lifestyle Occupation: sales		LDL 163
Fatty Liver	Exercise: 0 min/week	HDL 31
DM 2 w retinopathy		TG 345
Meds: metformin 1000bid, glipizide 10 mg bid		MRAR 70%

8

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ARS Quiz – Telling John how/why to get his dm under control.

What are we most likely to overhear in the exam room?

- A. You need to get yourself together. You're headed towards dialysis.
- B. You should go on a 100% keto/low carb/ plant based diet to control your diabetes.
- C. Here's what you should do. Put your medicines by your toothbrush and take them twice a day.
- D. I need you to start preparing your food for the week on the weekend and pack your lunch every morning. This should help.

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A. B. C. D.

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Respecting Autonomy

Telling vs Evoking... "Just tell me what to do Doc."

Helpful language

You're in the driver's seat here getting your labs done and keeping our appointments.

The choice is yours if controlling your blood sugar/preventing your vision from getting worse is something you want to do



What you choose to do is up to you out of the many ways to get your blood sugar down (weight loss, medications, insulin...)

11

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ARS Quiz – Asking for information

What are we most likely to hear in the exam room next?

- A. Are you seriously not exercising at all?
- B. Are you taking your medications as prescribed?
- C. Are you still eating fast food everyday?
- D. Did you know you're weight is in the range we call "morbidly obese?"

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12



Open-Ended Questions

Avoid short answers and yes/no questions

✗	Are you seriously not exercising at all?	✓	What things make it easier or more difficult to find time to exercise?
	Are you taking your medications as prescribed?		What difficulties are you experiencing with taking your medications? What is your understanding of what medications do for you?
	Are you still eating fast food everyday?		How does your lifestyle affect your eating choices?
	Do you know you have a weight problem?		What concerns do you have about your diet and exercise?

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What Does Change Talk Sound Like?

<p>DESIRE</p> <p>"I want to..." "I wish..." "I'd like to..."</p> <p>Be better about taking my medications</p>	<p>ABILITY</p> <p>"I know I can..." "I could..." "I am able..."</p> <p>Eat out less often if I tried</p>	<p>REASONS</p> <p>"I want to change because..."</p> <p>I hate worrying my wife so much</p>	<p>NEED</p> <p>"I need to..." "I have to..." "I must..." "I should..."</p> <p>Get my daily walking program going</p>
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What Does Change Talk Sound Like?

Commitment change talk:
Most predictive of change

COMMITMENT

"I am going to..."
"I plan on..."
"I will..."
"I intend to..."

- Check my blood sugars
- Lose some weight
- Take my care manager's phone calls

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PLACES FORWARD

Bringing Out Change Talk

Why do you want to control your diabetes better?	DESIRE
How do you know you'll be able to stick with your medications regularly?	ABILITY
What would be some of the benefits of losing weight in regards to your diabetes?	REASONS
In what ways does your blurry vision concern you?	NEED
What would be your first step in starting to get more active?	COMMITMENT

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Reflections/reflective listening

Listening and making statements that say: "I hear you, I get you."

My dad died when I was only 12 after letting his diabetes go for many years.

You're about his age when he died and you know your diabetes isn't doing well. You're worried the same thing could happen to you.

Insulin causes blindness.

You had a relative who got lost their eyesight from diabetes. Their diabetes also got to the point where they needed insulin.

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Topics to cover:
 Weight loss/healthy eating
 Medication adherence
 Starting insulin

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ARS Quiz – Opening a sensitive conversation

What are we most likely to overhear in the exam room?

- A. If you gain any more weight we're going to need to start talking gastric bypass surgery soon.
- B. You're diabetes has gotten worse over the years in line with your weight gain.
- C. Start eating healthier and exercising; that should help with your diabetes.
- D. I see you've gained another 10 lbs. since the last time I saw you.

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Giving Information
 Weight Loss/Healthy Eating

“Opening the mind”

ASK PERMISSION

Would it be ok we talked about your health and eating patterns today? Would it be ok if we talked about how your weight affects your blood sugars today?

TELL/ INFORM

It turns out what a person eats, how much, and how often can have a big effect on their blood sugar and diabetes control. Studies show many people are able to reduce their blood sugars when they are successful with losing weight.

ASK FOR THOUGHTS

What are your thoughts about that? Is this a subject that interests you? What does that make you think a next step might be?

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Giving Information
 Weight Loss/Healthy Eating

“Opening the mind”

ASK PERMISSION

Would it be okay if I shared with you your benefits for resources to help people eat healthier & lose weight?

TELL/ INFORM

At KP we have a scientifically based program staffed with experts that help people lose an average 1-2 pounds a week to reduce their blood sugars, & it's absolutely free. It's called Healthy Balance

ASK FOR THOUGHTS

Does that sound like something you might want to try out to bring down your blood sugars and for your overall health?

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Bringing Out Change Talk

WEIGHT LOSS/HEALTHY EATING

On a scale of 1–10: "How **important** is controlling losing weight to you right now?"

I'd say I'm about a 5-6.

"How **confident** are you that you can lose weight and eat healthier to help your diabetes?"

"Why aren't you a (1,2,3) instead of a (7,8,9)?"

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Referral to CHL (weight mgmt.)

WEIGHT LOSS/HEALTHY EATING

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Referral to CHL (weight mgmt.)

WEIGHT LOSS/HEALTHY EATING

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Removing Barriers to Weight Loss

WEIGHT LOSS/HEALTHY EATING

- Now **NO CHARGE** for members!
- 1 year program:
 - 16 weekly group-based, in-person workshops
 - Followed by monthly coaching calls
- Goal: achieve and maintain $\geq 5\%$ weight loss
- Delivered in English and Spanish
- Members can start whenever they're ready

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Healthy Balance

Self-Registration now available

WEIGHT LOSS/HEALTHY EATING

kp.org/healthybalance

Christine

Testimonial video

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Ordering Online Education

WEIGHT LOSS/HEALTHY EATING

I understand you don't have time to join a weight loss program right now. Would it be ok with you if I got you started with a short video to your phone with the latest information about nutrition and healthy eating for diabetes?

Just type "ONLINE!"

Also available –

- DM Nutrition
- Checking your blood sugar
- Injecting insulin
- Carb counting

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The Weight Conversation Tips

WEIGHT LOSS / HEALTHY EATING

- Don't assume the patient hasn't tried to lose weight, many have many times
- Avoid using "fat" or "obese." If a word is required, members prefer "heavy" or "overweight."
- Affirm the patient for anything positive they are doing currently (i.e. physical activity, appointment attendance, dietary changes, etc.)
- Remind the patient that decision is ultimately up to them

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ARS Quiz – Addressing Poor Medication Adherence

What are we most likely to overhear in the exam room?

A. You should put your pills by your toothbrush. You DO brush twice a day, don't you?

B. If you don't do your job, I can't do mine.

C. You understand you're choosing a road towards amputations, blindness, and dialysis right?

D. If you aren't interested in taking care of yourself, maybe you should find another doctor.

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A. B. C. D.

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Open-Ended Questions

Avoid short answers and yes/no questions

Are you taking your medications as prescribed?

What things make it easier or more difficult to remember to take your medications?

What issues are you experiencing with taking your medications?

What is your understanding of what medications do for you?

What concerns do you have about your medications?

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Reflections/reflective listening

Reflect the **concern** the patient brings up, not a list of solutions.

I sometimes get diarrhea when I take my medications.

That must be difficult when you are out on the road so you'd like to hear about how other medications might avoid that and help your diabetes.

I feel fine. I'm not even sure why I need medications.

You'd like to know how medications are important in keeping you healthy/feeling fine.

I'm afraid of getting low blood sugars with the medications while driving and losing my license.

Your livelihood depends on your ability to drive. You need to control your diabetes without running a risk of getting low blood sugars.

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Bringing Out Change Talk

WEIGHT LOSS/HEALTHY EATING

On a scale of 1–10: "How **important** is controlling your diabetes to you right now?"

I'd say I'm about a 5-6.

"How **confident** are you that you can manage your medications successfully?"

"Why aren't you a (1,2,3) instead of a (7,8,9)?"

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Kaiser Permanente

Giving Information Medication Adherence

"Opening the mind"

MEDICATION ADHERENCE

ASK PERMISSION

Would it be ok if we talked about the role of medications in keeping you healthy?

May I share how many patients control their diabetes with medications **WITHOUT** experiencing low blood sugars? Can we talk about other medication options that don't cause diarrhea / (side effects)?

TELL/ INFORM

As your ophthalmologist told you, uncontrolled blood sugars deteriorate one's vision. In the same way, taking medication can keep your internal organs like eyes, kidneys, and arteries healthy so you always feel good. **Many patients are successful** avoiding hypoglycemia by taking their medications at the same time every day and **making sure the have regular meals or healthy snacks every 3 hours.** Your plan covers longer acting medications that tend not to have that side effect.

ASK FOR THOUGHTS

What are your thoughts about that?

Is that **something you can think of some strategies to make work for you?** Would you be interested in trying that instead?

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Kaiser Permanente

Information-Sharing Process Medication Assistance

MEDICATION ADHERENCE

ELICIT

May I share something that Kaiser does for our members who struggle at times to afford their medications?

PROVIDE

Our member services department and pharmacy staff can help you fill out a simple application to find out if we can help defer the cost of your medications.

ELICIT

Is this something you think might help you? Would you like my help with this?

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Kaiser Permanente

Medical Financial Assistance

What is Medical Financial Assistance Program (MFAP) and who is eligible?
Kaiser Permanente's Medical Financial Assistance Program provides financial assistance for qualifying patients who need help paying for emergency or medically necessary care they receive in a Kaiser Permanente facility or by a Kaiser Permanente provider.

Application may be downloaded in the following languages:
Arabic, Armenian, Chinese, English, Farsi, Spanish, Tagalog, Vietnamese

<http://share.kaiserpermanente.org/article/southern-california-medical-financial-assistance-2>

Financial Counselors are available to answer questions or assist with the application process.
MFAP Hotline: 866-399-7696

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ARS Quiz – "Insulin? I'd rather not – that scares me, Doc."

What are we **MOST** likely to overhear in the exam room?

- You don't really have a choice at this point. Nothing else is going to work.
- Look, I can't help you if you aren't willing to help yourself.
- Trust me. It's really not that bad/painful taking insulin.
- Fine. Maybe you should see another doctor at this point. I don't think I can help you anymore.

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A. B. C. D.

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ARS Quiz – Self Assessment – “Insulin resistant” patients

When a patient refuses insulin, what's your strategy?

- A. If I can just give them enough rational reasons why they should go on insulin, I think I can convince them to do it.
- B. Instead of arguing, moving on to the next 10 patients who WILL listen to me.
- C. Dropping the conversation in favor of other things the patient seems open to working on.
- D. Hopefully I can paint a disturbing enough picture about future complications that the patient will come around.

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A.

0%

B.

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C.

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D.




Respecting Autonomy

Helpful language

You're in the driver's seat here with starting insulin to prevent complications in the future.

You're the **ONLY** person who gets to **decide** if going on insulin to improve your diabetes is right for you.

The choice is yours on if controlling your blood sugar/preventing complications of diabetes is something you want to do.




CHANGE TALK

Enlisting the patient's help to help others

I'd like to hear your concerns about starting insulin. If you can help me understand how to overcome this barrier for my other patients, you can help me also save a lot of other people just like you from going blind, going on dialysis, having amputations, and dying. Thank you for being willing to talk about this openly.





Reflections/reflective listening

Reflect the **concern** the patient brings up, not a list of solutions.

I'm afraid of the pain of the injection.

You're not sure about the discomfort involved in injecting insulin but if it wasn't as bad as you think, you might be willing to give it a try.

I'd kinda prefer to keep trying to eat better, and be better about my medications.

You've been trying for a long time doing what you're doing and are starting to realize those strategies alone may not be effective.

I'm afraid of getting low blood sugars while driving if I start insulin and losing my license.

Your livelihood depends on your ability to drive. You want know you can avoid hypoglycemia and use insulin safely and effectively.





CHANGE TALK

Bringing out Change Talk

Looking Back/looking forward

←
BACKWARDS
FORWARDS
→

- You've always enjoyed good vision and prided yourself on being able to provide for your family.
- You were successful losing 30 lbs 2 summers ago. Tell me about that.

- Where do you see your health going if you don't start insulin?
- What do you think might happen with your eyesight if you don't start insulin?
- If insulin helped you get your diabetes under control would you worry less about going on dialysis?





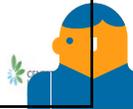
Bringing Out Change Talk

CHANGE TALK

Creating Discrepancy (values vs behaviors)

I admire you being the sole breadwinner for your family but have you thought about how suffering from a stroke or worse from uncontrolled diabetes might affect everyone relying on you?

How does avoiding insulin help you with your goal to preserve your eyesight/avoid dialysis?



Giving Information

STARTING INSULIN

ASK PERMISSION

Would it be ok if I shared some other patients' experiences with starting insulin with you today?

TELL/INFORM

Most of my patients were also afraid for various reasons, some because of misinformation, some because they thought it would be painful. However with time all of my patients who decided to at least try insulin quickly got used to it and their diabetes improved greatly and are living healthier lives.

ASK FOR THOUGHTS

What are your thoughts about that?

