Health Behavior Change: Resource Guide

To enhance your ability to use the Health Behavior Change (HBC) model and Motivational Interviewing (MI) skills, key concepts are summarized in this Resource Guide.

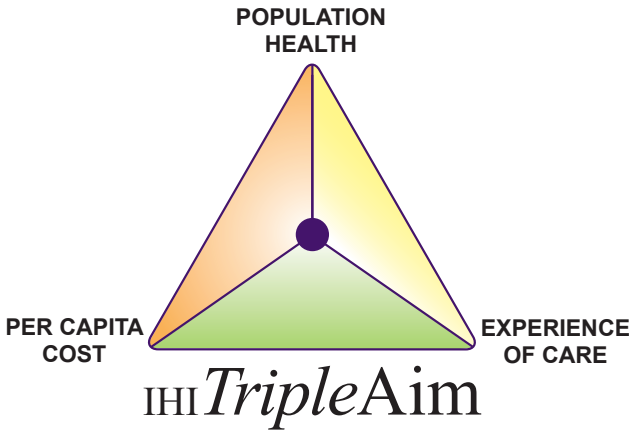
Health Behavior Change Learning Objectives:

- Describe the importance of HBC in today's health care environment
- Discuss patient-centered communication strategies to improve patient adherence
- Identify challenges and opportunities in communication and learn how to respond effectively
- Elicit and support change talk using MI skills
- Enhance health behavior change proficiency using MI skills

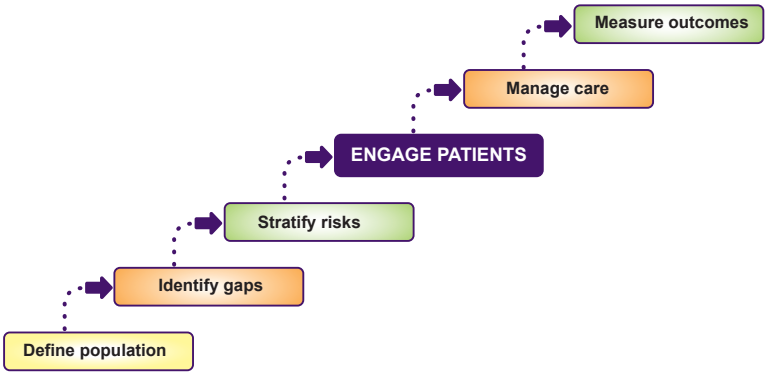
The Triple Aim[1]

These concepts are:

- Population health, which is concerned with improving the quality of care for patient populations
- The patient's experience with health care, ie, improving individuals' experiences of their interactions with health care providers
- Per capita health care costs, which need to be decreased



The Continuum of Population Health Management[2]



Research over the past few decades has shown that the way in which you talk with patients about their health care may substantially influence their personal motivation to take action.[3] In other words, the way you talk with patients may actually be as important as what you say to them.

Health Behavior Change: Resource Guide

Health Behavior Change (HBC) Model

What We Do Know About HBC

For patients to make behavior changes, 3 elements need to be present: information, motivation, and the behavior skills to carry them out.[4]

While it is often assumed that the patient's failure to change is a lack of motivation, it could be any one of these 3 elements. This important insight means the HCP needs to know what an individual patient's issues may be; lacking this information, HCPs can have no hope of affecting behavior changes in their patients.

Why Health Behavior Skills Are Needed

Patients' poor adherence to their medication regimens adds unnecessary costs to the health care system, as these statistics demonstrate[5-8]:

- Medication nonadherence results in unnecessary health care spending of $290 billion
- 1 in 3 patients fails to fill their prescriptions
- 3 out of 4 patients do not take their medications regularly
- 60% of patients cannot correctly name their medications
- Up to 20% take medications prescribed for others
- Between 30% and 70% of hospital admissions in the US are related to poor medication adherence
- Medication nonadherence is highest in patients with chronic diseases
- Patients with chronic conditions have adherence rates of 50% to 60%

Patients' unhealthy diets, sedentary lifestyles, obesity, and many chronic conditions–all linked to the need for patients to make behavior changes–also reflect high statistics.[9,10]

The application of the Health Behavior Change Model and use of Motivational Interviewing skills have been demonstrated to bring about positive behavior changes in patients.[11]

Health Behavior Change: Resource Guide

The Health Behavior Change Model[3,12-14]:

- Is based on the concept of "patient-centered" care
- Provides an invitation to HCPs to change their practice
- Is the mindset with which HCPs approach conversations about behavior change
- Elicits patients' own positive motivations for change

Central to the HBC approach is connecting with what patients care about, their own values and concerns.

The HBC[10,12,13] approach:

- Is collaborative
  - – Entails active and mutual conversation, with joint decision-making
- Honors patient autonomy
  - – The HCP is not in charge; it is the patient who decides what to do
- Is evocative
  - – Activates the patient's own motivation and resources for change

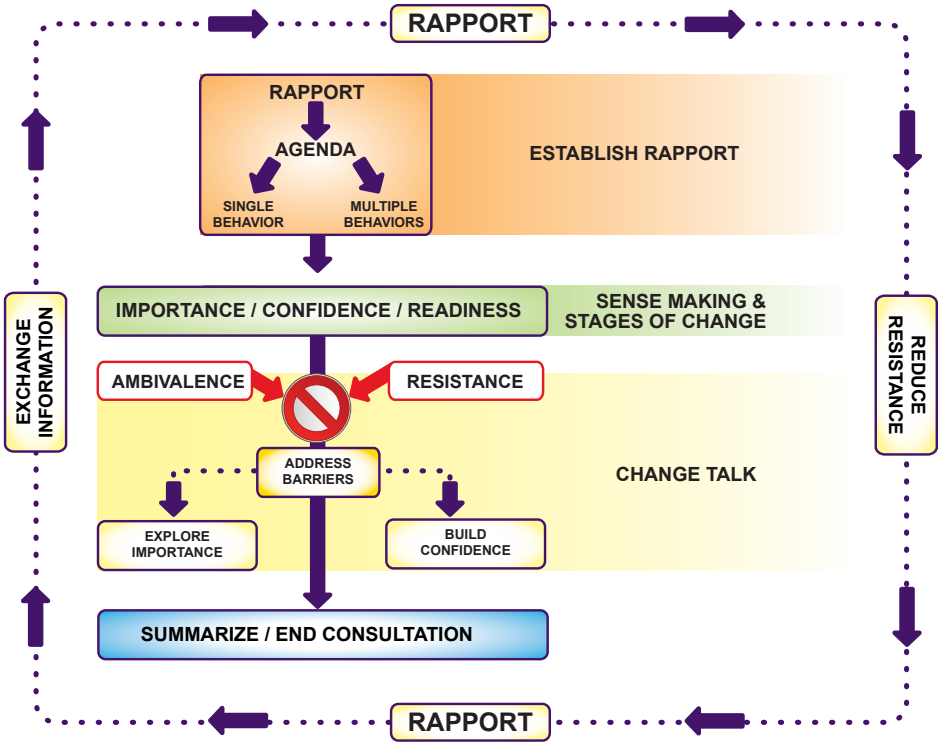
As the graphic on page 4 reveals, there are 3 overarching concepts in the HBC Model that lead to HBC[13]:

- Establishing Rapport
- Patient "Sense Making" and Stages of Change, ie, understanding how the patient is making sense of both her medical condition and her interaction with the provider, as well as where she may be on the Stages of Change model
- Change Talk, which refers to patient-provider conversation about behavior change

The successful outcome of applying the HBC Model–patients' behavior change–is achieved through practitioners' skillful use of all 3 concepts during patient consultations.[15] Motivational interviewing is the set of skills you use to accomplish this.

The graphic demonstrates how various parts of the HBC Model relate to one another, though it should not be looked at as a linear model.[13] Rather, many of the concepts and techniques need to be utilized throughout a patient consultation, as well as throughout an individual patient's journey toward behavior change, which may take some time to complete.

Health Behavior Change: Resource Guide



NOTE: The concept of rapport is not only the first step, but it also encircles the entire HBC process. Clearly, maintaining rapport throughout the consultation is central. If patient rapport is not maintained, HCPs run the risk of patient resistance, which delays implementation of the desired health behavior changes and, in fact, can undermine the entire HBC process.

Rapport: An Essential Concept[3,13,14]

Here are reasons why rapport is so critical to the entire HBC process. It:

- Esablishes a climate of trust and collaboration
- Encourages honest discussion
- Fosters a constructive understanding of behavior
- Nurtures openness to change

As in personal conversations, rapport is enhanced through face-to-face discussions and eye contact. In a health care setting where the practitioner uses an EMR, this can be difficult. In this case, the provider needs to interact directly with patients from time-to-time, eg, by rolling a chair away from the screen to a position where eye contact can be maintained throughout a face-to-face discussion.

Setting the Agenda [3,14]

As part of the rapport process, mutual agenda setting is important. Asking patients what they would like to discuss can be helpful in communicating that the provider respects the patient's interests.

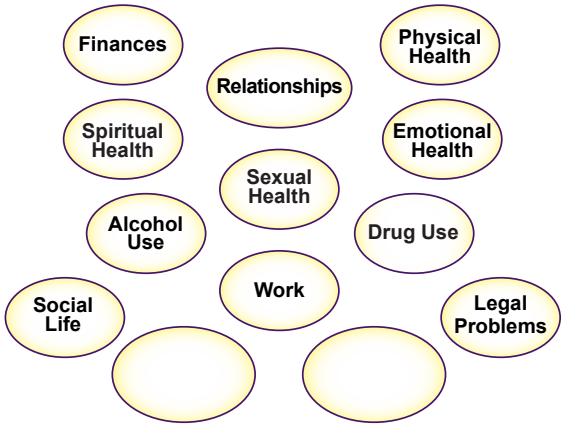
- Allow patients to begin with what they want to discuss and to choose agenda topics
- Listen to their perspective
- Move the conversation toward change

Avoid a "premature focus trap."[14] When the practitioner chooses the agenda, an opportunity to talk about what is important to the patient has been lost.

Some providers find that the use of a "Bubble Sheet" can be helpful, especially when there are multiple issues to discuss.[13,15] Bubble Sheets can be:

- Blank sheets that are filled in as the patient lists items for discussion
- Prefilled sheets for particular diseases/conditions to help guide the discussion

Bubble Sheet



"Sense Making" and Stages of Change

The second major component of the HBC model encompasses both "sense making" and the Stages of Change model. "Sense making" is simply the way people understand things they encounter.[2] In a health care setting, 2 types of "sense making" are being processed by the patient.

- "What's going on with my health?"
- "What's going on with this HCP?"

While patients are simply trying to explain things to themselves, how they interpret the information the practitioner shares, or the conclusions they reach, may or may not always be accurate. However, when the HCP understands the patient's sense-making process, it gives the practitioner a clue as to how to respond.

> Example of patient "sense making": A man diagnosed with high blood pressure may say, "I don't understand why I need this medicine. I feel fine."[15,16]
>
> Because the patient is experiencing no symptoms, his "sense making" is that nothing needs to be treated. Unless the HCP corrects this wrong assumption, it is unlikely that the patient will follow through.

Health Behavior Change: Resource Guide

Once an HCP becomes aware as to how the patient is making sense of his health issues and his relationship with the provider, the provider needs to respond by[15]:

- Choosing a response based on the patient's line of reasoning about the situation
- Addressing the patient in a caring, nonjudgmental, respectful manner

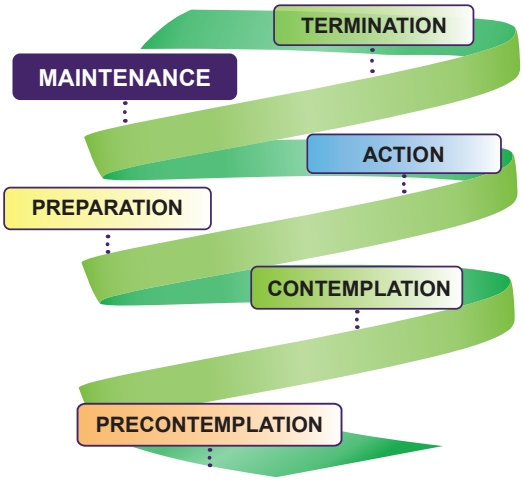
Understanding Patients' Readiness to Change[13,17,18]

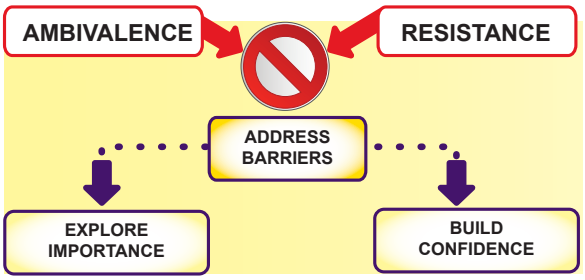
A model identified with Prochaska describes how patients move towards making decisions about behavior change.[1,3]

Key points to remember about patients' readiness to change

- Conversations about change should align with patients' stage of readiness (ie, identify the stage, respond positively, and look for statement that will move the patient up the spiral)
- Progression is incremental and usually not linear
- Relapse is a normal part of the change process (eg, smokers and alcoholics often relapse before successfully overcoming their addictions)

Stages of Change





Change Talk[3,13]

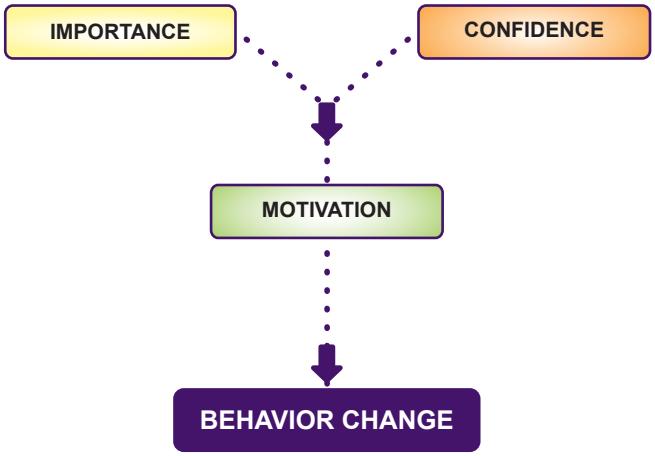
The third major component of the model is Change Talk, which is anything the patient says that argues for change.

- Change is more likely to occur if patients talk positively about its importance to them and the possibilities of changing. The HCP needs to elicit and highlight these positive statements
- Patients can talk themselves INTO change by voicing their own arguments FOR change

The Role of Importance and Confidence

Motivation to change is influenced by two key concepts[13]:

- Importance reflects a person's reasons for change–why he needs or wants to change and how he thinks changing will make a meaningful difference in his life
- Confidence refers to a person's perception of his ability to change: Can he do it? Does he know how to do it?

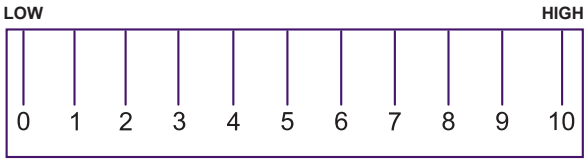


No matter how important change is, if patients do not have the confidence that they can do it, they won't make the change.[13]

"Readiness Rulers" Measure Importance and Confidence

Practitioners can use Readiness Rulers to assess how important making a change is to the patient and his confidence in being able to make that change. Much information can be gained about the patient's sense making of the topic and potential barriers. Once this information is gained, use the ruler to elicit change talk. Create a ruler using a scale from 0-10 to assess each characteristic.

Readiness Ruler



Ask patients, "On a scale of 1 to 10, how important is it for you to…," with patients marking where they are.

Use questions to elicit Change Talk[3]:

- "Why did you rate Importance a '3' and not a '1' or '2'?"
- "What would it take to get your score up to a '5' or '6'?"
- "What is getting in the way of your changing?"

As the HCP listens for Change Talk, he is likely to hear ambivalence and/or resistance to making behavior changes. HCPs need to address statements reflecting either ambivalence or resistance as they serve as barriers to patients' changing.

Ambivalence: The Patient's Internal Conflict[3,13,14]

Key to health behavior change is recognizing that, in ambivalence, the arguments for and against change already reside within the patient. It can be described as first thinking of a reason to change (the "PROs"), then thinking of a reason not to change (the "CONs"), at which point the patient gets stuck and stops thinking about making a change at all, preferring to stick with the status quo.

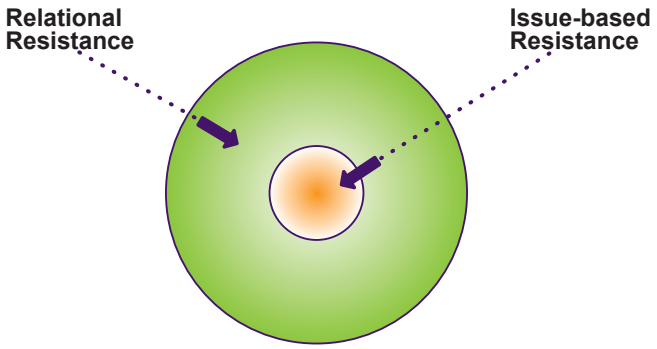
Why the Status Quo Often Prevails

PROS	CONS
"I'd like to...	BUT it would be difficult"
"I need to...	BUT it would be unpleasant"
"I want to...	BUT I'm too busy"
"I'd feel better if...	BUT it's too hard"

Types of Patient Resistance[17,18,20]

Two types of resistance may arise during a consultation:

- Relational resistance, which refers to any reluctance to engage in health behavior change because the patient does not like the way he is being treated by the HCP. Practically it means, the patient is thinking, "I don't like you so …I'm not listening, …I don't trust what you say"
- Issue resistance, which may be illness or treatment focused, refers to any reluctance by the patient about engaging in health behavior change because the patient's key concerns or issues have not been addressed



Motivational Interviewing (MI)[3]

In MI the emphasis is on:

- Assisting the patient in making behavior change through a collaborative dialogue, whose purpose is to strengthen a patient's own motivation and commitment to change
- Using a guided, patient-centered approach to enhance the patient's intrinsic motivation for change by addressing ambivalence and resistance
- Strengthening a patient's movement toward a specific goal by eliciting and exploring reasons for change within a positive atmosphere
- Conducting the dialogue in an atmosphere of acceptance and compassion

Summary of Motivational Interviewing Skills [3,13-15]

Key MI Skill	Purpose
Open-ended Questions	Patients can offer their own experience and perceptions
Listening	Promotes patient relationship, encourages openness and honesty; fosters change and adherence; allows quick information gathering
Summarizing	Demonstrates HCP listens; allows reflection back, strengthens patient "change talk;" permits the HCP to change the direction of the conversation
Asking Permission	Respects patients' autonomy
PROs and CONs of Change	Reveals patients' ambivalence
Using Hypotheticals	Helps patients to envision behavior change
Review of Past Successes	Provides clues to patients' resources, skills and strengths; may inspire patient confidence
Share What Others Do	May be helpful in motivating patients
"You're Wondering..."	Reframes patient's resistance statement as a question; reflects back what the patient has said
Informing	Explains what may or will happen; clarifies meaning; sharing bad news or evidence; obtaining informed consent; mastering a task; giving advice
Key Questions	Useful follow-up to Readiness Rulers, PROs and CONs, Importance and Confidence Scales

MI-Consistent vs MI-Inconsistent Information Exchange [3]

MI-Consistent Exchange	MI-Inconsistent Exchange
"I have some expertise, and patients are experts on themselves"	"I am the expert on what the patient needs to do or what changes need to be made"
"I find out what information patients want and need"	"I collect information about problems"
"I match information to patient needs and strengths"	"I rectify gaps in knowledge"
"Patients can tell me what kind of information is helpful to them"	"Frightening information can be helpful"
"I offer advice that champions patient needs and autonomy as this can be helpful"	"I just need to tell them clearly what to do"

Conclusion: 3 Predictors of HBC

Practicing these skills may feel cumbersome at first. HCPs need to refine which strategies and skills work best for them. Keeping in mind the 3 predictors of change and, hence, what you are trying to accomplish, may be most helpful as you develop your skills.[12]

- Rapport - as it overlays all other aspects of HBC and needs to be present throughout your consultations
- Patient "Sense making" - what sense the patient is making of the information he has been given
- Importance and Confidence - Ask yourself, "Do I know how important this change is to this patient?" and "Do I know how confident the patient is in being able to make this change?"

Additional Resources

The Web sites and resources listed in this section are neither owned nor controlled by Pfizer. Pfizer is not responsible for nor endorses the content or services provided. Access to some materials and programs on the Web sites may require membership, registration, or a fee. In some cases, agreeing to Terms of Use and Privacy Policies before using the Web site is also required.

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Web Sites

- **The American Medical Association (AMA):** www.ama-assn.org
  This Web site has guidelines, articles, programs, and resource kits that deal with communication, the Patient-Centered Medical HomeTM (PCMH), health literacy, cultural competency, palliative care, and other important issues

- **The American Academy on Communication in Healthcare (AACH):** www.aachonline.org
  The AACH organization seeks to improve communication among patients and significant others, clinicians, and the health care team. Its Web site has courses and interactive online modules that teach communication skills. Additionally, AACH sponsors communication conferences

- **The Doctor's Channel:** www.thedoctorschannel.com/collections/cme-collections/tobacco-cessation-cme/
  The Doctor's Channel provides a series using motivational interviewing skills to address smoking cessation. The site provides downloadable materials and sample videos applying these techniques

- **Comprehensive Motivational Interviewing Training for HCPs (ComMIt):** mihcp.com/
  This site provides a list of workshops and video resources using the sense making and practical reasoning approaches applied to the health care setting

- **CS2day Cease Smoking Today:** present.knowledgevision.com/account/educationalmeasures/link/MI_Smoking_Cessation
  This Web site provides access to many MI training materials focusing on the use of MI in smoking cessation. Resources include slide decks and role-play simulation videos using a before and after technique demonstrating the use of MI in the patient care setting

- **Health and Addictive Behaviors; Investigating Transtheoretical Solutions (HABITS):** www.umbc.edu/psyc/habits/index.html
  HABITS is part of the University of Maryland dedicated to understanding and examining behaviors such as smoking, exercise, and eating using the Transtheoretical Model (TTM) of Behavior Change in order to better understand how individuals develop different behaviors, as well as reduce or stop engaging in those behaviors

(continued on next page)

Web Sites (continued)

- **Motivational Interviewing (MI):** www.motivationalinterview.org/
  This Web site focuses on the facilitation, dissemination, adoption, and implementation of MI to improve treatment outcomes for clients with substance use disorders

- **The Motivational Interviewing Network of Trainers (MINT):** motivationalinterviewing.org/
  The MINT Web site provides resources for those seeking information on MI. It includes general information about the approach, as well as links, training resources, and information on reprints and recent research

- **American Society of Health-System Pharmacists (ASHP):** www.ashp.org
  ASHP is the membership organization that works on behalf of pharmacists who practice in hospitals and health systems. For over 70 years, they have been working to improve medication use and patient safety

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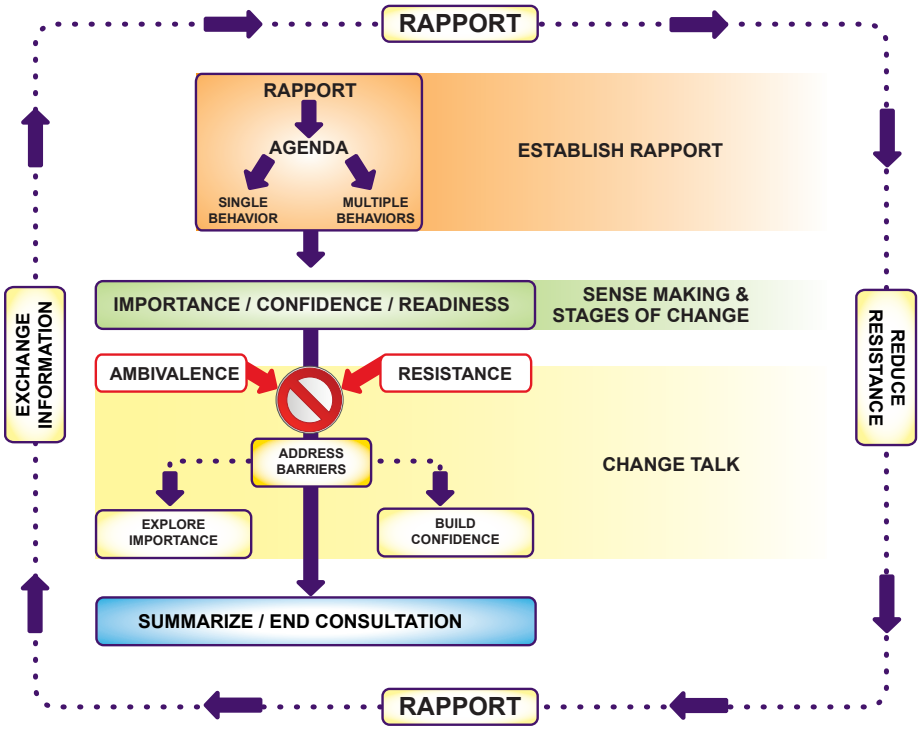
Resource Summary

The HBC Model focuses on 3 overarching concepts: Establishing Rapport, Patient "Sense Making" & Stages of Change, and Change Talk.



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