

Overcoming Therapeutic Inertia: Clinical Workshop



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**American
Diabetes
Association®**

**Overcoming
Therapeutic
Inertia**

Addressing Barriers to Self-Care that May Impact Therapeutic Inertia

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Disclaimer

I have no conflicts of interest in relation to this presentation.

Learning Objectives

- Improve awareness of basic motivational interviewing techniques for increasing patient activation
- Increase awareness of psychosocial barriers that can contribute to therapeutic inertia
- Improve assessment of health literacy as a barrier to self-management

Bedside Manner

- Active listening
- Sit down and sit close
- First impressions matter
- Take out the medical jargon
- Lead a productive conversation
- Nonverbal communication for you and the patient
- Value your patient's time as much as your own
- Validate your patient's concerns

Show Mutual Respect

- Address patient with preferred pronoun, name, gender identity
- Utilize translation services in patient's preferred language
- Address the patient as a whole, not a diagnosis
- Allow time built into the appointment for patient to ask questions

Developing Good Bedside Manner: 9 Tips for Doctors. St. George's University. 2019. Retrieved from <https://www.sgu.edu/blog/medical/how-to-develop-good-bedside-manner/>
Steurer K and Davis K. Respecting Gender Identity in Healthcare: Regulatory Requirements and Recommendations for Treating Transgender Patients." *American Bar Association*. 2017. Retrieved from www.americanbar.org/groups/gpsolo/publications/gpsolo_ereport/2017/march_2017/respecting_gender_identity_healthcare_regulatory_requirements_recommendations_treating_transgender_patients/

Characteristics of Adult Learners

- Draw upon their experiences as a resource
- More motivated in learning by doing versus memorizing
- Need to know *why* they are learning something
- Learner role is secondary
- Must fit their learning into life's "margins"
- Lack confidence in their learning
- More resistant to change
- Must consider physical and mental aging in learning

Kuhne G. 10 Characteristics of Adults as Learners. Retrieved from http://ctle.hccs.edu/facultyportal/tlp/seminars/tl1071SupportiveResources/Ten_Characteristics_Adults-Learners.pdf on 27 September 2019.

Corley, MA. Teaching Excellence in Adult Literacy 2011. Teal Center Staff. Adult Learning Theories. Adapted from the CALPRO Fact Sheet No.5, Adult Learning Theories.



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Healthy People 2020: Social Determinants of Health (SDOH)



Healthy People 2020. Social Determinants of Health. Retrieved from www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.

SDOH Screening Tools

National Association of Community Health Centers (NACHC):

- Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)
 - Free templates for Epic, eClinicalWorks, GE Centricity, and NextGen

Centers for Medicare and Medicaid Services (CMS):

- Health-Related Social Needs (HRSN)

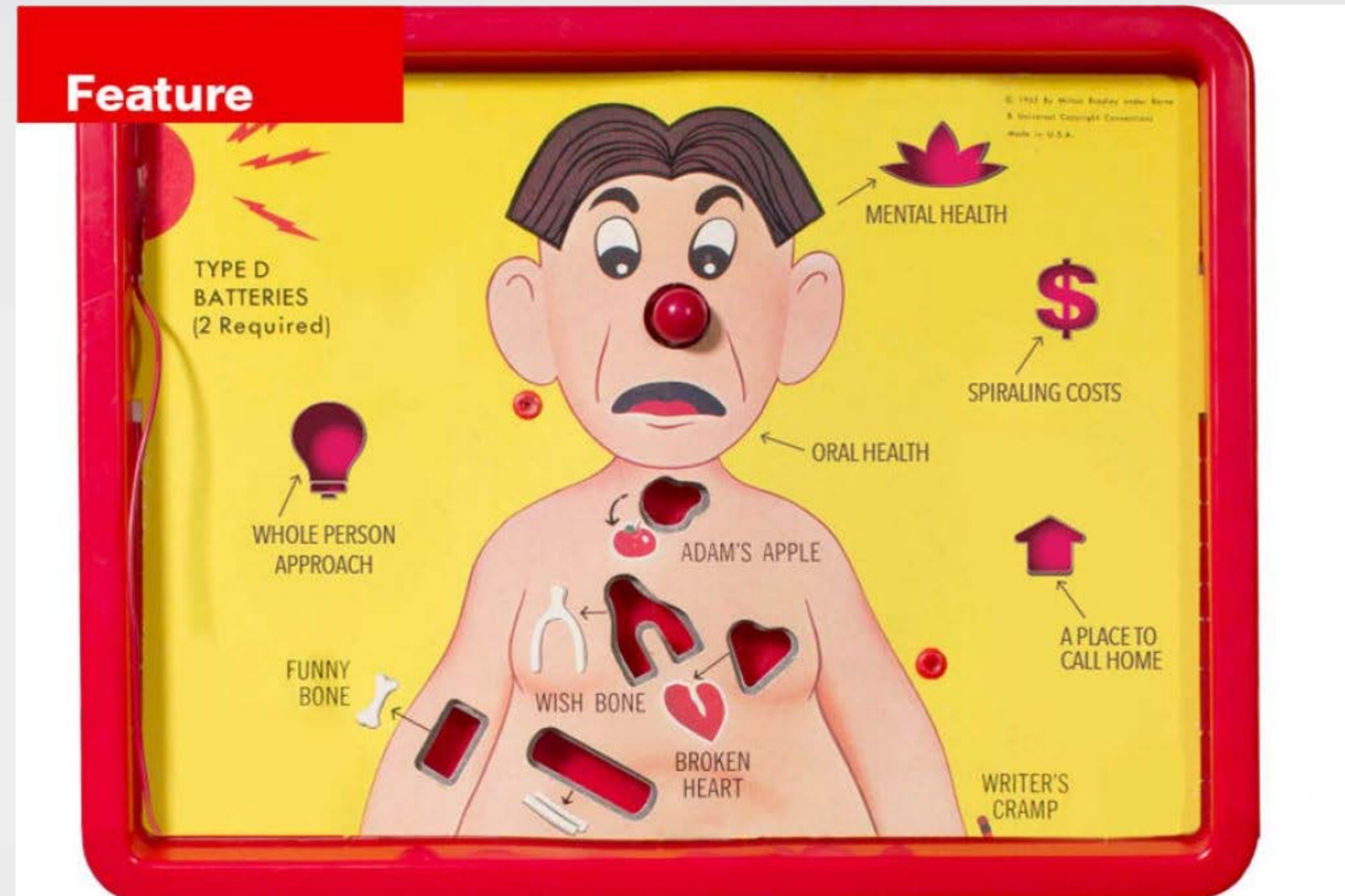
PRAPARE. Implementation and action tool kit. National Association of Community Health Centers. March 2019.

The Accountable Health Communities Health-Related Social Needs Screening Tool. Centers for Medicare and Medicaid Services. Retrieved from <https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf>



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What Can YOU Do as a Healthcare Professional?



Motivational Interviewing

- Always ask permission before giving information
- Express empathy
- Support self-efficacy
- Roll with resistance
- Cognitive dissonance

OARS:

Open-ended questions, **A**ffirmations, **R**eflective listening, **S**ummaries

Chesanow N. For Noncompliant Patients, a Fix That Works. Medscape. 2014,
<https://www.medscape.com/viewarticle/825594>.

Biglow M. Applying motivational interviewing strategies and techniques to psychiatric pharmacy practice.
Mental Health Clinician. 2012, Vol. 2, Issue 4.

“BATHE” Method

- **B**ackground: “What is going on in your life”
- **A**ffect: “How do you feel about that”
- **T**rouble: “What troubles you the most about this?”
- **H**andling: “How are you handling that?”
- **E**mpathy: “That must very difficult for you”

Case

68 year old presents for diabetes follow-up

CC: fatigue despite using CPAP

Current hemoglobin A1c 9%

PMH: T2DM- uncontrolled for 10 years, CKD Stage 3, hypertensive CKD, Dyslipidemia, OSA on CPAP, BMI 48, neuropathy, iron deficiency anemia, moderate persistent asthma

Due for depression screening, influenza vaccine, fall risk assessment

Case

Patient Health Questionnaire (PHQ) is 12 today.

- Denies SI/HI
- Does endorse stress at home and at work
- Recognizes she is not taking care of herself

What now?

Individualized, Comprehensive Care

- Discuss the diagnosis, allow time for questions
- Individualize hemoglobin A1c goal
- Discuss preventative care as part of diabetes management
- Utilize your available team members
- Trust your team

Billing

Bill for the complexity of your visit

- Z codes available for social determinants of health

Patient-driven Care

- Same day appointments
- Allow for overbooking
- Telehealth?
- Text reminders

Medium. At a Glance: New Z-Codes for SDOH. Patchwise Labs Retried from medium.com/patchwiselabs/at-a-glance-new-z-codes-for-sdoh-5368f354c769.

Lagasse J. AMA, UnitedHealthcare Team up on Billing Codes That Address Social Determinants of Health. Healthcare Finance News, 2 Apr. 2019. Retrieved from www.healthcarefinancenews.com/news/ama-unitedhealthcare-team-billing-codes-address-social-determinants-health.

Brandenburg, L., P. Gabow, G. Steele, J. Toussaint, and B. Tyson. 2015. Innovation and best practices in health care scheduling. Discussion paper. Washington, DC: Institute of Medicine. <http://nam.edu/wpcontent/uploads/2015/06/SchedulingBestPractices.pdf>

Addressing Barriers seen from Outside of the Clinic

- Get to know resources in the community
- As a healthcare professional, how do you stay informed about resources in the community?
- Monthly staff in-services
- Other ideas?

Health Literacy

Federal Agency for Healthcare Research and Quality's (FAHRQ) definition:

- The degree to which an individual has the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

U.S. Department of Health and Human Services. Healthy People 2010. Washington, DC: U.S. Government Printing Office. Originally developed for Ratzan SC, Parker RM. 2000. Introduction. In National Library of Medicine Current Bibliographies in Medicine: Health Literacy. Selden CR, Zorn M, Ratzan SC, Parker RM, Editors. NLM Pub. No. CBM 2000-1. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services.

Health Literacy

Red flags:

- Patients may know what they are taking solely by the color, shape, size of the pill if unable to read
- Phrases: “I am too tired to read” “I will read this when I get home” “ I do not have my glasses”
- Rehospitalizations

Health Literacy

How can you assess for low health literacy?

- Ask your patients to read their prescription bottles and then have them explain how they take their medication.
- Teach back method: Let them show you how they draw up insulin to the correct line on the syringe.

Case

52 year old patient with type 2 diabetes

CC: frequent hypoglycemic episodes

Taking glipizide IR 5mg PO BID and metformin 1000mg PO BID

Current hemoglobin A1c 10%

Food Insecurity

Definition: the unreliable availability of nutritious food and the inability to consistently obtain food without resorting to socially unacceptable practices

Ask your patient the following 2 questions:

- Within the past 12 months, were you worried that food would run out before you had money to buy more?
- Within the past 12 months, did you feel that the food you purchased did not last and there was no money to purchase more?

ADA Standards of Medical Care. *Diabetes Care*. 2019;50-60

Hill JO, Galloway JM, Goley A, et al. Scientific statement: socioecological determinants of prediabetes and type 2 diabetes. *Diabetes Care*. 2013;36:2430–2439

Seligman HK, Schillinger D. Hunger and socioeconomic disparities in chronic disease. *N Engl J Med*. 2010;363:6–9

Food Insecurity

If using a sulfonylurea, change to an alternative oral option

- If no other alternative, choose glipizide. Consider long-acting formulation

If patient is in need of insulin, pen preferred:

- Rapid acting insulin administered after first bite
- Long-acting basal insulin

Local resources: food banks, food pantries, Supplemental Nutrition Assistance Program (SNAP), Women Infant Children (WIC), Community meals

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Case

Pt taking metformin and glipizide after meals.

Not willing to start insulin at this time but is willing to see what an injectable pen looks like.

Willing to start taking metformin with meals. Would like to stay on glipizide but would like to change to ER formulation.

Patient thought iced tea was good for you. Willing to change to unsweetened iced tea.

Medication Health Literacy

Organize the prescription label in a patient-centered manner

- Simplify language
- Give explicit instructions
- Include purpose of use (i.e. indication)
- Limit auxiliary information
- Comment for dispensing in preferred language
- Improve readability

✘ Metformin 500 mg tablet # 60 1 refill Take one tablet by oral route twice daily

✔ **Metformin 500 mg tablet #180 3 refills Take 1 tablet by mouth 2 times daily with breakfast and dinner for diabetes**

Smart Prescribing

- De-prescribe
- Minimize polypharmacy
- 90 day supply of medication
- Prescribe generic
- Get to know the formularies for common insurances you encounter
- Ask patient to bring medication bottles to appointment for reconciliation, especially if they are seen by outside providers.
- Pen formulation for visual or dexterity impairments
- Minimize use of sliding scale insulin

Castro-Rodríguez A, et al. Factors Related to Excessive Polypharmacy (≥ 15 Medications) in an Outpatient Population from Colombia. *Int J Clin Pract.* 2018 Sep 30:e13278.

Marcum ZA, Hanlon JT, and Murray MD. Improving Medication Adherence and Health Outcomes in Older Adults: An Evidence-Based Review of Randomized Controlled Trials. *Drugs Aging.* 2017 Mar;34(3):191-201.

ADA Standards of Medical Care. *Diabetes Care.* 2019;50-60

Demonstrations

- Pen formulations
- Insulin syringes
- Teach-back technique
- Food models
- Glucometer and/or blood glucose logbook
- Phone apps

Take Away Points

- Motivational interviewing does not require more time than you have but can save you time while helping your patient.
- You can help minimize barriers to health care through bedside manner and smart prescribing.
- In-clinic demonstrations are your most valuable tool to assess for health literacy.
- It is up to you to find resources in the community to help you and your patient work through barriers outside the exam room.

Questions?



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