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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Overcoming Therapeutic Inertia

Disclaimer

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

Learning Objectives

1. Increase awareness of psychosocial barriers that can contribute to therapeutic inertia
2. Improve skills at assessing health literacy as a barrier to self-management
3. Improve awareness of basic motivational interviewing techniques for increasing patient activation

Case

58-year-old presents for diabetes follow-up

CC: fatigue despite using CPAP

Current A1C 9%

PMH: T2D uncontrolled x 8 years, hypertension, dyslipidemia, peripheral neuropathy, OSA on CPAP, obesity with BMI 42

Meds: metformin 1000mg twice daily, insulin glargine 40 units once daily, atorvastatin 40mg once daily, lisinopril/hctz 20mg/25mg once daily, pregabalin 50mg three times daily

Recognizes she is not taking care of herself; reports stress at home and at work; PHQ score is 12 today

What are some potential barriers to self-care that may impact therapeutic inertia?

A patient's view

I want to:

- See my health care provider and feel better

You want me to:

- Make and keep appointments
- Follow instructions
- Take my medications
- Lose weight
- Count carbs
- Exercise
- Poke my finger
- Check my feet, get immunized, see an eye doc, etc,

Adherence and Persistence

MAJOR barrier to achieving glucose targets

Ask about adherence EVERY time: If we don’t ask; they won’t tell

Rephrase your question

Change from **“Are you taking your long-acting insulin every day?”** to **“In the last week, how many times did you miss a dose of your long-acting insulin?”**

Most nonadherence is intentional – mistrust, fear of side effect, cost, mental illness, lack of belief of benefit

Develop a differential diagnosis and tailor the solution to the problem

Psychosocial Factors

Psychosocial Factors

- Socio-economic and cultural context of diabetes self-management
- Patient knowledge, health literacy and numeracy
- Beliefs about illness and treatment
- Behavioral skills, coping, self-control and self-regulation
- Mental health and psychiatric illness
- Cognitive function

Psychosocial Care for People with Diabetes

- Assess symptoms of diabetes distress, depression, anxiety, disordered eating, and cognitive capacities using validated tools at the initial visit, at periodic intervals, and when there is a change in disease, treatment, or life circumstance. Include caregivers and family members in the assessments.
- Integrate psychosocial care with medical care to all people with diabetes. Address psychosocial problems upon identification.

Young-Hyman D, et al. Diabetes Care 2016;39:2126-2140.

Screening for Psychosocial Factors: Validated Tools

- Depression: PHQ
- Anxiety: GAD-7
- Eating disorders: Diabetes Eating Problems Survey (DEPS)
- Cognitive function: MMSE
- Diabetes distress: Diabetes Distress Scale (DDS)
- Fear of hypoglycemia: Hypoglycemia Fear Survey II

Barriers from Outside of Clinic: Social Determinant of Health

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

SDOH and Poor Outcomes in Diabetes

- Patients with food insecurity may not be able to adhere to prescribed diet; greater risk for hyper or hypoglycemia
- Patients who are functionally homeless are unable to prepare healthy meals or store medications
- Patients who are not fluent in English need communication and resources in their preferred language
- Low-income patients with diabetes are at a higher risk of hypoglycemia related ED visits and hospitalizations in the last week of the month
- Patients with diabetes and unstable housing are at much higher risk of diabetes related ED visits or hospitalizations

Seligman et. al., Health Affairs, 2014. Basu et. al., Med Care, 2017. Walker et. al., J Gen Intern Med, 2019. Berkowitz et. al., Diabetes Care, 2018.

Screening for SDOH

Food insecurity

- 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 the food you purchased did not last and there was no money to purchase more?

Homelessness

- In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household?
- Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household?

Health Literacy

The Impact of Low Health Literacy

Health literacy: the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

Low health literacy is associated with:

- Higher mortality rates among older adults
- More frequent ED visits & hospitalizations
- Lower likelihood of flu vaccinations
- Difficulty reading medication and nutrition labels
- Inability to take medications appropriately

Berkman ND, et. al., Ann Intern Med. 2011

Addressing health literacy

1. Recognize and identify patients with limited health literacy
2. Improve interpersonal communication with patients (e.g., verbal counseling)
3. Improve the usability/readability of healthcare materials (e.g., medication labels, written education materials)

Newest Vital Sign

Nutrition Facts

Serving Size	½ cup
Servings per container	4
Amount per serving	
Calories 250	Fat Cal 120
	%DV
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
Sodium 55mg	2%
Total Carbohydrate 30g	12%
Dietary Fiber 2g	
Sugars 23g	
Protein 4g	8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

The Newest Vital Sign

Score Sheet for the Newest Vital Sign Questions and Answers

READ TO SUBJECT:
This information is on the back of a container of a pint of ice cream.

	ANSWER CORRECT? yes	no
1. If you eat the entire container, how many calories will you eat? *Answer: 1,000 is the only correct answer*		
2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have? *Answer: Any of the following is correct: 1 cup (or any amount up to 1 cup), half the container. Note: If patient answers "two servings," ask "How much ice cream would that be if you were to measure it into a bowl?"*		
3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day? *Answer: 33 is the only correct answer*		
4. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving? *Answer: 10% is the only correct answer*		

READ TO SUBJECT:
Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.

5. Is it safe for you to eat this ice cream? *Answer: No*		
6. (Ask only if the patient responds "no" to question 5): Why not? *Answer: Because it has peanut oil.*		
Number of correct answers:		

Interpretation

Score of 0-1 suggests high likelihood (50% or more) of limited literacy.
Score of 2-3 indicates the possibility of limited literacy.
Score of 4-6 almost always indicates adequate literacy.

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February 2011

Strategies to Improve Verbal Communication

1. Explain things using plain language or everyday words.
2. Focus on and repeat key messages.
3. Use a “teach-back” or “show me” method to check clarity and understanding.
4. Encourage questions.

Strategies to Improve Written Communication

- Use everyday words
- Use action words or an active voice
- Use illustrations and tables carefully
- Use an easy design; use subheadings/bullets; allow for empty space
- Only include key information
- Use a 6th grade reading level or lower
- For medications
    - What it is for?
    - How to take it?
    - Why to take it?
    - What to expect?

Motivational Interviewing

What is motivational interviewing?

- A **patient-centered** counseling style to elicit **behavior change** by helping patients explore and resolve ambivalence.
- Most useful with patients who are less motivated to change, ambivalent, or who are angry or oppositional.

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.

How Motivational Interviewing Works

- Many patients are in a conflicted or ambivalent state – they know they should improve their diabetes self-care but something is holding them back.
- Self-perception theory – you can't force people to change. People become more committed to that which they hear themselves or defend out loud.
- **LURE**: Listen, Understand, Resist, Empower

Ask rather than tell; **listen** rather than advise

Core Principles of MI

- Develop discrepancy
- Express empathy
- Roll with resistance
- Support self-efficacy

Key MI Skills: Recognizing Readiness for Change

Recognizing change talk

- “I want to lose some weight”
- “I would probably have more energy if I lost some weight”

Assess desire, ability, confidence, reasons for change

Assess steps already taken, plans for future

Questions you can ask

- “On a scale of 1-10, how important is it for you to…”
- “Why did you rate it as a 3 and not a 1 or 2?
- What might help you get to a 4?
- What is getting in the way?”

Key MI Skills: Rolling with resistance

Patient: “I don’t want to take a statin because they cause too many side effects.”

“It sounds like you’re saying that a statin medication might make you feel worse, so you don’t want to start taking it” (Reflecting the core concern)

“I hear you saying that a statin medication has the potential for causing side effects which might be more important to you than the benefits of taking the statin.” (Reframing the core concern)

“Would it be okay if we talked about this for a minute?”
(Opening the door to further exploration)

You would not say “Well statins are very effective at preventing a future heart attack or stroke and the side effects are usually mild. Most of my patients do very well will taking statins.

The key is not to oppose or confront but to “roll with it”

Key MI Skills: OARS

O = Open-ended questions

Invites a patient to offer their own experiences and perceptions

- “What’s worrying you most today about this illness?”
- “What concerns you most about these medicines?”
- “Tell me more about…”

A = Affirm

Statements and gestures that recognize strengths and acknowledges behaviors of the patient.

- “I appreciate you telling me that”

R = Reflective listening

Promotes a relationship with the patient, builds trust, encourages them to be open and honest, and fosters motivation to change.

- “It sounds like you…..”
- “So you feel….”

S = Summarize

Demonstrates you’ve been listening; allows you to reflect back and strengthen patient “change talk”; permits you to change the conversation’s direction.

- “Let me see if I understand so far”
- “Here is what I’ve heard. Tell me if I missed anything.”

Encouraging Behavior Change

Build self-awareness about your **attitudes, thoughts, and communication style** as you conduct your work. Keep your attention centered on the people you serve. Encourage *their* motivation to change.

Questions?