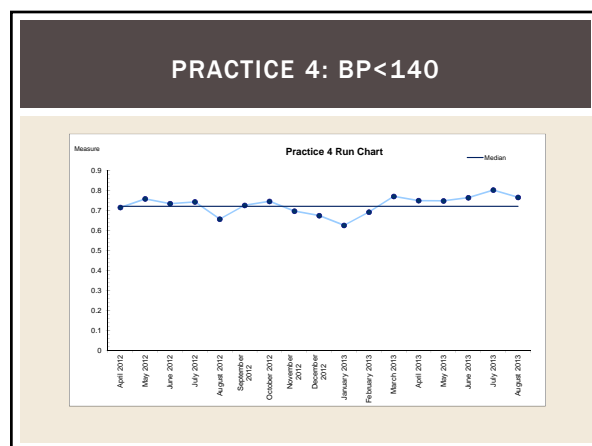
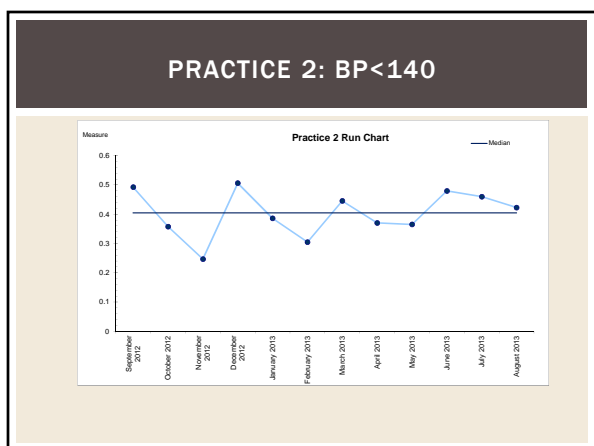
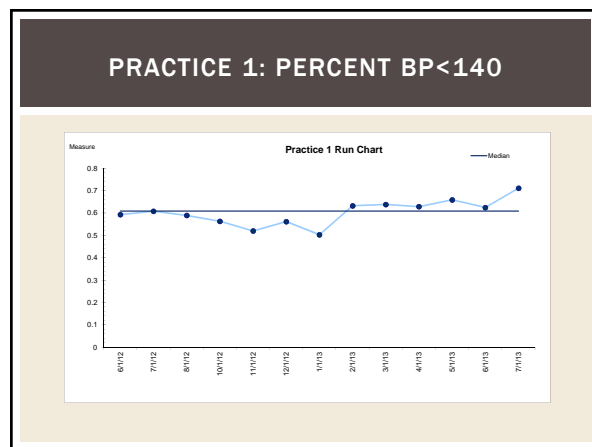
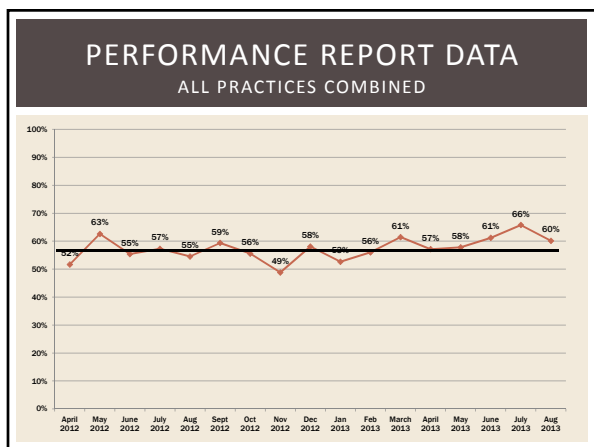


GOAL SETTING TO IMPROVE PATIENT ADHERENCE

DATA



BASELINE PARTICIPANT DATA

- A few (more) questions about HTN behaviors and knowledge.

...This time by health literacy level

TEST OF FUNCTIONAL HEALTH LITERACY IN ADULTS

- Measures functional literacy level using real life health care materials (patient ed., prescription labels, registration forms, test instructions).
- Assesses ability to read and understand numbers (numeracy) and health care-related passages (reading comprehension).
- Those receiving score of 59 or below considered to have inadequate functional health literacy (Low health literacy)
- In the study, those with scores of 60+ have "adequate" health literacy.

QUICK EXAMPLE OF THE S-TOFLA FORMAT

The X-ray will _____ from 1 to 3 _____ to do.

<input type="checkbox"/> take	<input type="checkbox"/> beds
<input type="checkbox"/> view	<input type="checkbox"/> brains
<input type="checkbox"/> talk	<input type="checkbox"/> hours
<input type="checkbox"/> look	<input type="checkbox"/> diets

BASELINE PARTICIPANT DATA

What % of patients with **Low Health Literacy (LHL)** stated that they "**Strongly Agree**" to the following:

I know what each of my prescribed medicines does:

- 7%
- 13%
- 36%
- 67%

BASELINE PARTICIPANT DATA

What % of patients with **Low Health Literacy (LHL)** stated that they "**Strongly Agree**" to the following:

I know what each of my prescribed medicines does:

- 7%
- 13% LHL**
- 36%
- 67%

BASELINE PARTICIPANT DATA

What % of patients with **High Health Literacy (HHL)** stated that they "**Strongly Agree**" to the following:

I know what each of my prescribed medicines does:

- 7%
- 13%
- 36%
- 67%

BASELINE PARTICIPANT DATA

What % of patients with High Health Literacy (HHL) stated that they **"Strongly Agree"** to the following:

I know what each of my prescribed medicines does:

- 7%
- 13%
- 36% HHL**
- 67%

BASELINE PARTICIPANT DATA

What % of patients with LHL levels state that they **"Strongly Agree"** to the following:

When all is said and done, I am the person who is responsible for managing my health condition(s):

- 25%
- 52%
- 67%
- 80%

BASELINE PARTICIPANT DATA

When all is said and done, I am the person who is responsible for managing my health condition(s):

- 25% LHL**
- 52%
- 67%
- 80%

BASELINE PARTICIPANT DATA

What % of patients with HHL levels stated that they **"Strongly Agree"** to this same question?

When all is said and done, I am the person who is responsible for managing my health condition(s):

- 25%
- 52%
- 67%
- 80%

BASELINE PARTICIPANT DATA

When all is said and done, I am the person who is responsible for managing my health condition(s):

- 25%
- 52% HHL**
- 67%
- 80%

BASELINE PARTICIPANT DATA

What % of patients with LHL stated that they **"Strongly Agree"** to the following:

Taking an active role in my own health care is the most important factor in determining my health and ability to function:

- 28%
- 52%
- 67%
- 80%

BASELINE PARTICIPANT DATA

Taking an active role in my own health care is the most important factor in determining my health and ability to function:

28% LHL

- 52%
- 67%
- 80%

? HHL response ?

BASELINE PARTICIPANT DATA

Taking an active role in my own health care is the most important factor in determining my health and ability to function:

- 28%
- 52% HHL**
- 67%
- 80%

BASELINE PARTICIPANT DATA

What % of patients with **LHL** stated that they “**Strongly Agree**” to the following:

I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).

- 26%
- 46%
- 67%
- 80%

BASELINE PARTICIPANT DATA

I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).

26% LHL

- 46%
- 67%
- 80%

? HHL response ?

BASELINE PARTICIPANT DATA

I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).

- 26%
- 46% HHL**
- 67%
- 80%

BASELINE PARTICIPANT DATA

Do you know what your last BP reading was?
% answering (yes/no)

LHL result:

- 25%
- 52%
- 67%
- 80%

BASELINE PARTICIPANT DATA

Do you know what your last BP reading was?
(yes/no)

Low health literacy result (% answering YES):

25%

52%

67%

80%

? HHL result ?

BASELINE PARTICIPANT DATA

Do you know what your last BP reading was?
% answering (yes/no)

HHL result (% answering YES):

25%


52%

67%

80%

ADHERENCE: IDEAS FROM THE FIELD

- La Grange's experience



Family Practice » Marjorie R. Rachide, FNP

Marjorie Rachide has worked in Eastern North Carolina as a Nurse, a Cardiac Rehab Director, a Certified Diabetes Educator and a Family Nurse Practitioner since 1976. As a Nurse Practitioner, she has provided healthcare to the residents of LaGrange and surrounding counties at LaGrange Family Practice from 1995 to 1997 and with Kinston Medical Specialists, P.A., LaGrange Medical Center, LaGrange, North Carolina from 1997 to the present. Ms. Rachide is Board Certified by the American Nurses Credentialing Center. She is a member of the American Association of Diabetes Educators, the American Diabetes Association and the North Carolina Association of Physician Assistants.

- Other ideas from the field?

REPORT ON THE PHONE COACHING INTERVENTION WITH COHORT A

COHORT A

- 145 participants started in Cohort A.
- Finished with 97 participants on the active call list.
 - To be considered 'inactive', had to miss 3 or more consecutive encounters (4 call attempts/ encounter)
 - 67% of the Cohort remained active
- 43 participants completed all 12 sessions. (30% of the Cohort)
- 48 participants: withdrew from the study, opted out of the phone coaching calls, or we could not contact after 3 months of attempted calls. (33% of the Cohort)

WHAT THE PARTICIPANTS STATED THEY HAD ACCOMPLISHED

- More awareness of monitoring their blood pressure, importance of blood pressure medication, and how their lifestyle affects their health.
- Healthier diets
- Increased exercise
- Weight loss
- Managing stress better

WHAT PATIENTS ARE SAYING ABOUT THE PHONE COACHING

It has been helpful to have someone to talk to. Family doesn't always understand what I am going through. You seem to understand and do not put me down or make me feel bad. The encouragement means a lot.

(autonomy, compassion, and empathy)

PARTICIPANT QUOTES

- Hearing myself speak about what I need to do helps me. (reflective listening, goal-setting)
- The calls are useful to help me remain faithful to taking care of myself and monitoring my blood pressure (accountability)
- The coach was a super great supportive person. The coach was always so positive even when I am being negative. (belief in the patient's ability to change)
- I liked the calls. It gave me someone to brag to. (affirmation)
- The calls were reminders to follow through with my life changes. (accountability, goal-setting)

PHONE COACHING

SUCCESS STORIES

UPCOMING PARTICIPANT NEWSLETTER

- Currently interviewing participants from your practices about their success stories. Will include some of these stories in the next newsletter.
- Will send out a copy to all practices beforehand

Motivational Interviewing & Goal Setting Review



“ACE”

- **A**utonomy not Authority
 - It is the client who is in charge of his or her change process and whether or not he or she will make any change at all.
- **C**ollaboration not Confrontation
 - Partnership that supports the self-efficacy of the patient
- **E**vocation not Education
 - The patient is the expert and we elicit insight rather than impart information and “wisdom”.

THE PRINCIPLES OF MOTIVATIONAL INTERVIEWING

- R** – Resist the “Righting Reflex”
- U** – Understand your Patient’s Motivations
- L** – Listen to Your Patient
- E** – Empower Your Patient

THE A’S TO REMEMBER

- **Ambivalence** is the first step to change
- **Amplify** your patient’s successes
- **Autonomy** Rules
- **Avoid** the Righting Reflex (the desire to fix your patient)

THE OARS OF MI

- **O**pen Ended Questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummaries



A MOTIVATIONAL INTERVIEWING TOOL: REFLECTIVE LISTENING

- **Simple Reflection**
 - Repeat or mirror back a word or phrase used by the patient
- **Complex Reflection**
 - Add an interpretation or meaning to a patient’s statement
- **Double-Sided Reflection**
 - Presents two sides of the ambivalence expressed by the patient

2:1 is the desired ratio of Reflection to Question

GOAL SETTING

- S** SPECIFIC
- M** MEASURABLE
- A** ATTAINABLE
- R** RELEVANT
- T** TIME-BOUND

ROLE PLAYING

CASE 1

- 55 year old female with hypertension presents for well woman exam.
- No other chronic medical problems.
- She has started walking 1-2 times per week for 40min in early mornings prior to going to work.
- On exam, HT 64inches, Wt 155 lbs, BMI 26.7, BP 134/83, Pulse 64.
- Wants to lose weight. No other time to exercise except early mornings

CASE 2

- 45 year old female with hypertension, type 2 diabetes, hyperlipidemia who presents for follow up hypertension.
- No concerns today.
- On exam Weight 202 lbs, BMI 30.7, BP 172/91, pulse 72.
- When asked about medications she notes she works as a waitress 12 hour shifts 6 days a week; admits to forgetting to take her meds half the time.

CASE 3

- 52 yo male with hypertension.
- On exam Weight 210lbs, BMI 29.2, BP 118/72.
- He works as a bus driver, mostly sedentary job.
- Wishes he could lose weight.