



[Outreach and Enrollment Distance Learning Series]



Motivating Consumers to Enroll in Coverage

September 10, 2015

Welcome to the Outreach and Enrollment Webcast Series

All lines are muted. Please use chat to ask a question to the chairperson.

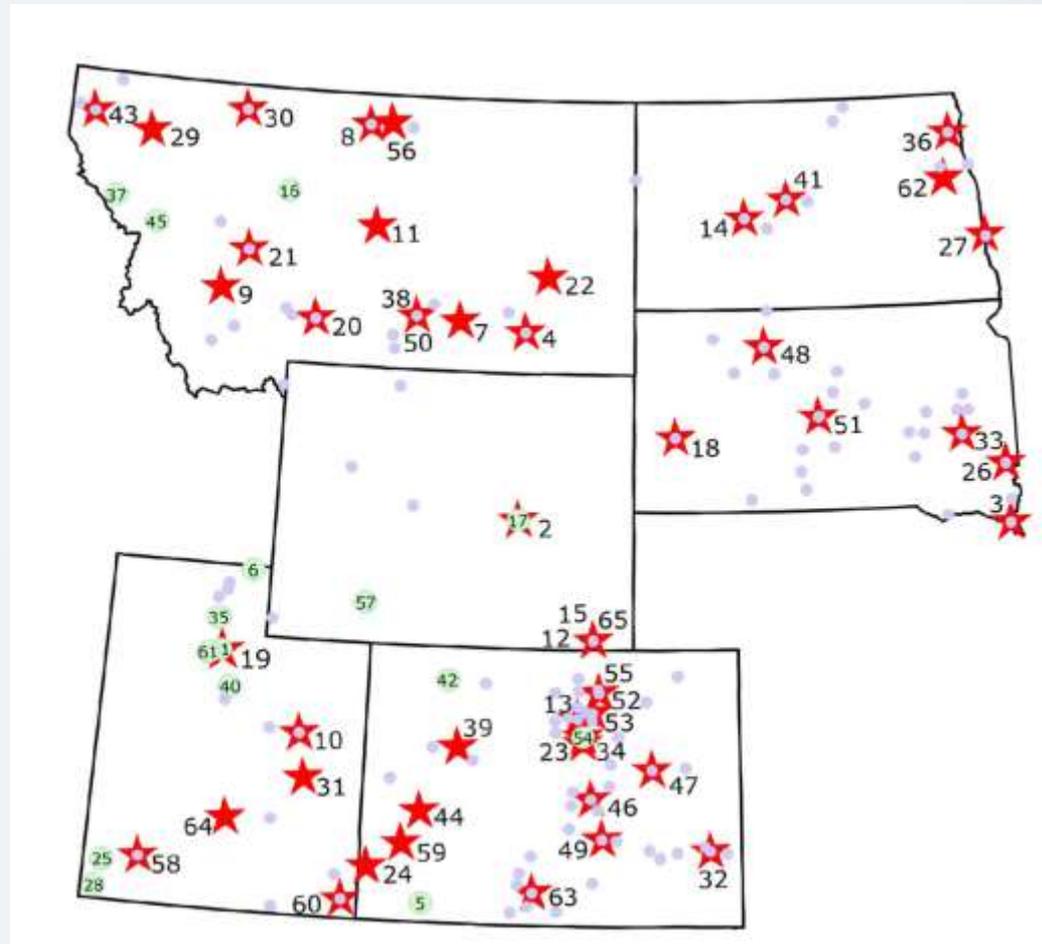
2015 Outreach and Enrollment Distance Learning Series: Upcoming Events

- Visit the CHAMPS Distance Learning Page for more information
 - Communication Strategies for OE3—October 8, 2015

Community Health Association of Mountain/Plains States (CHAMPS)



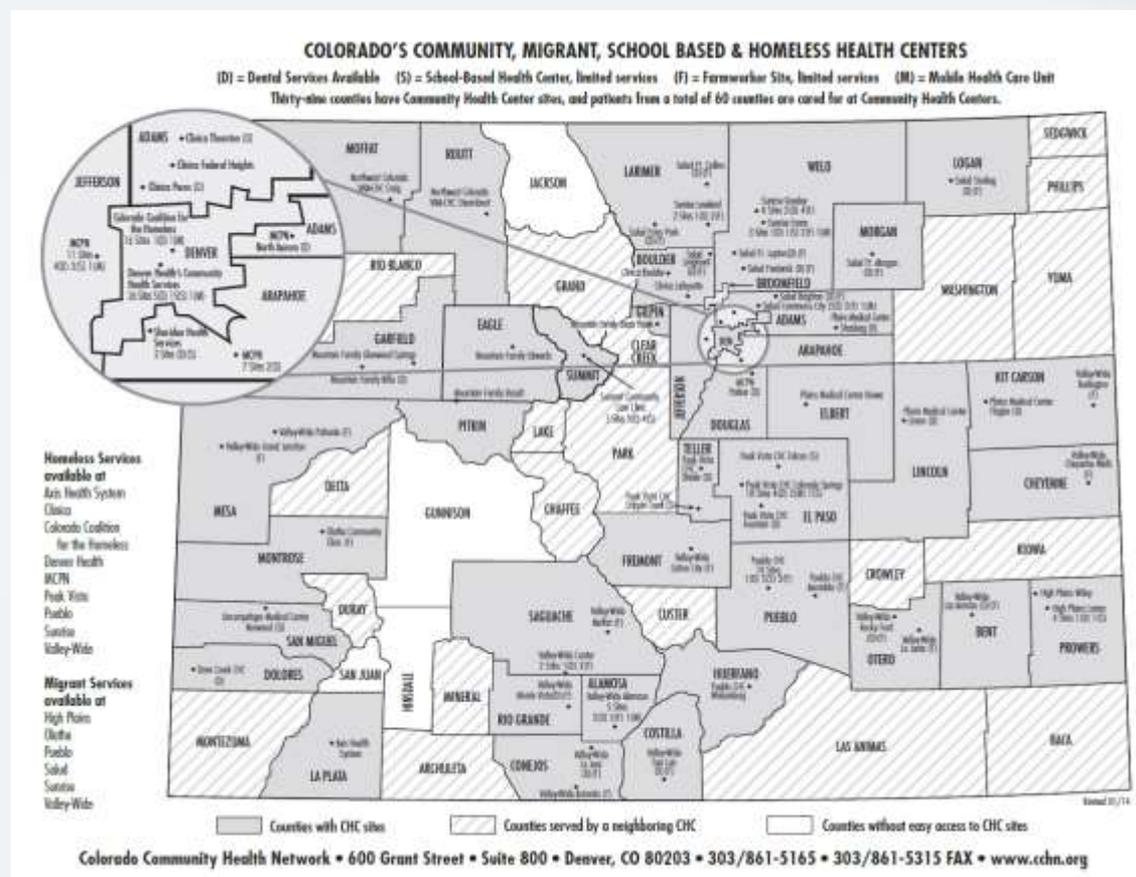
www.champsonline.org



Colorado Community Health Network (CCHN)



www.cchn.org



Presented by:

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Motivational Interviewing: An Introduction to Encouraging Health Behavior Change

Presented by: Yvonne Kellar-Guenther, Ph.D.

Colorado School of Public Health

Wednesday, September 10, 2015

1PM-2:30PM Mountain Time

Hosted by:



COLORADO
COMMUNITY HEALTH NETWORK
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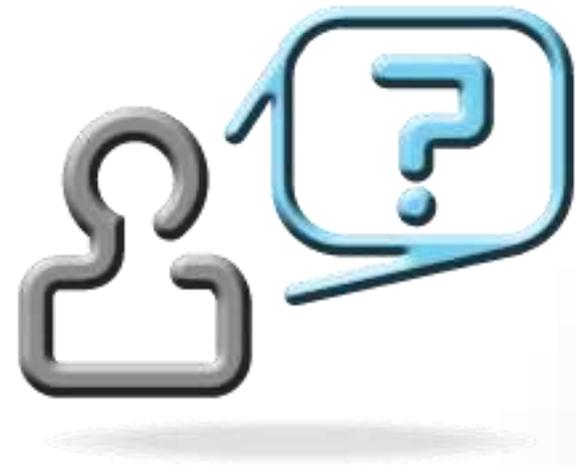


Community
Health
Association of
Mountain/
Plains
States

Interactive Poll

How familiar are you with the concept of Motivational Interviewing?

- Not at all familiar
- A little familiar
- Somewhat familiar
- Familiar
- Completely familiar

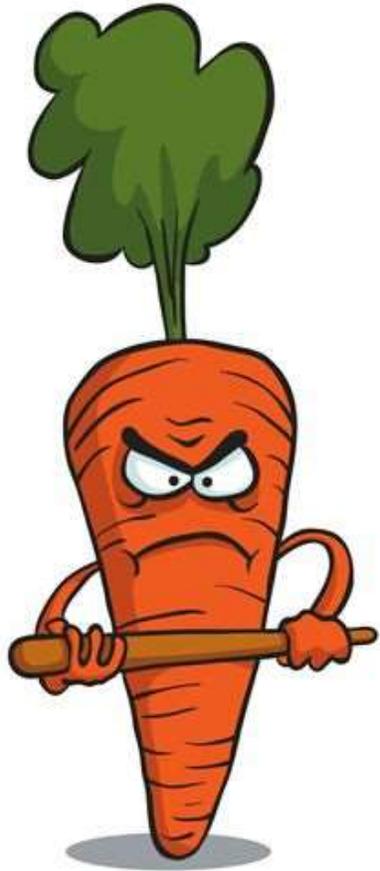


Learning Objectives:

At the end of the session, participants will understand:

- Why motivational interviewing is used a technique in changing health behaviors.
- The basic premise for utilizing motivational interviewing.
- Some pitfalls to avoid when engaging in motivational interviewing.

What Does It Mean to Motivate?



Stimulate (someone's) interest in or enthusiasm for doing something

In healthcare, what are some
behavior changes we
typically want people to do?

OBESITY RATES

STATE OBESITY RATES VS. STATE POVERTY RATES

1990 Vs. 2009 State Obesity Rates

15%-19% 20%-24% 25%-29% >30%

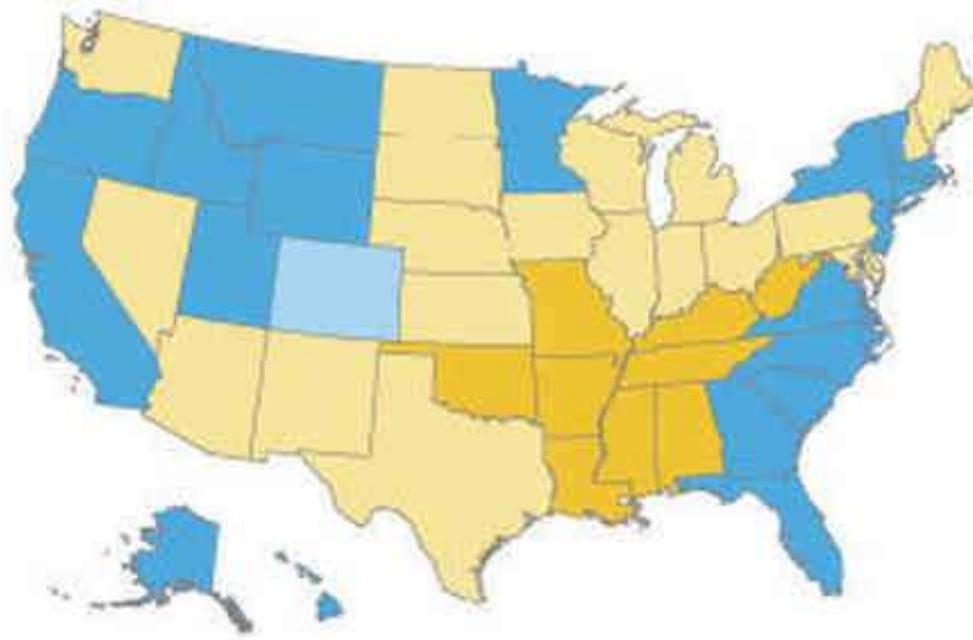
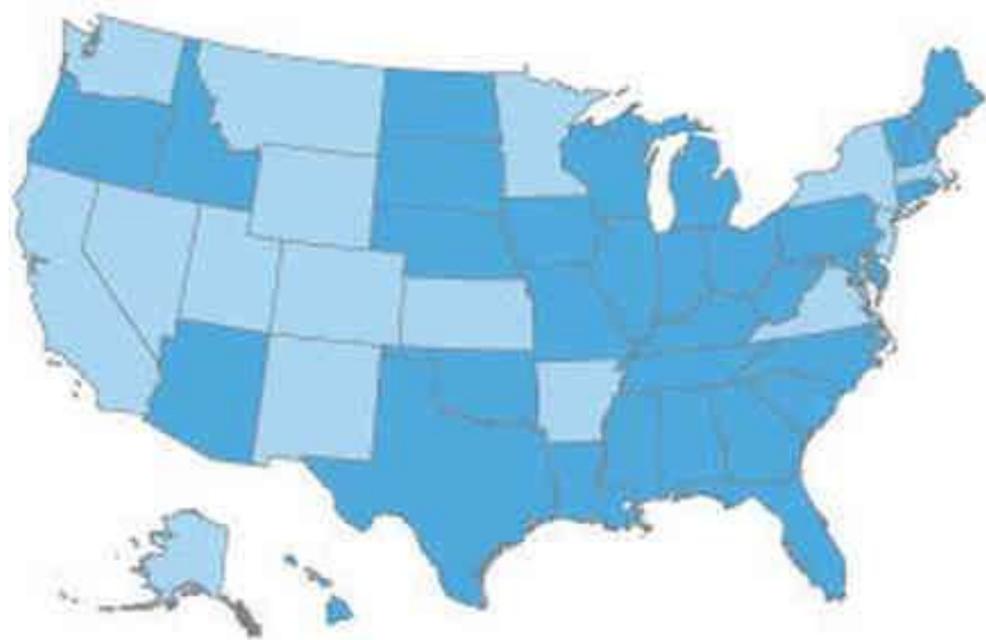
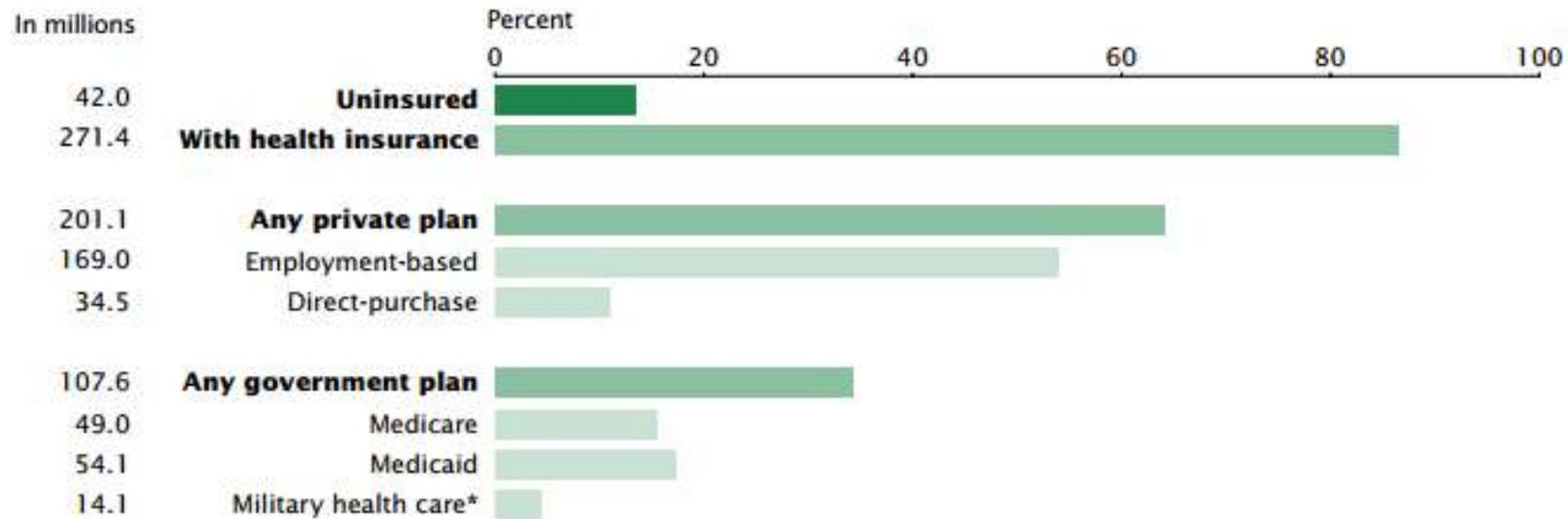


Figure 1.

Number and Percentage of People by Health Insurance Status: 2013

(Population as of March of the following year)



*Military health care includes TRICARE and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military.

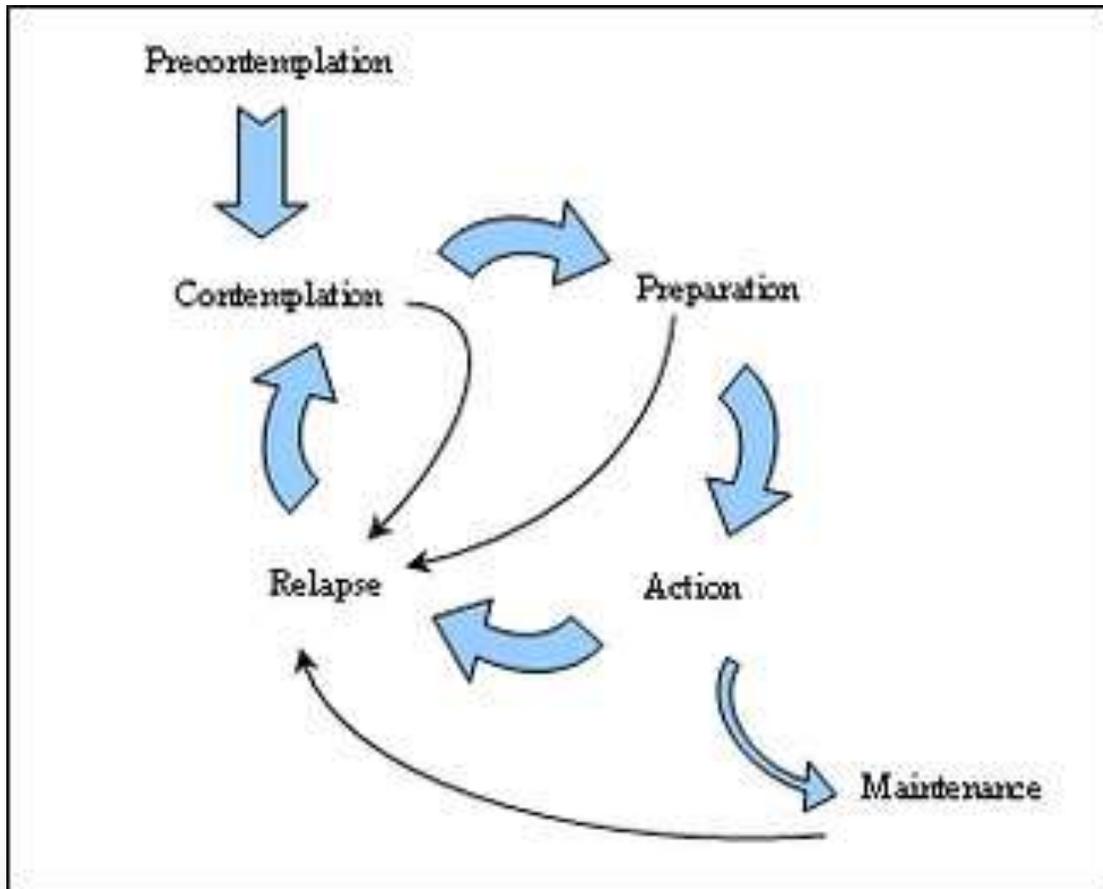
For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <<ftp://ftp2.census.gov/programs-surveys/cps/techdocs/cpsmar14.pdf>>.

Source: U.S. Census Bureau, Current Population Survey, 2014 Annual Social and Economic Supplement.

How do we help clients to
make these changes?

Interactive Poll

Are you familiar with this model of behavior change?



- Yes.
- No.
- Not Sure.

Figure: illustration of the stages of the model.

One way to move between stages is using
Motivational Interviewing.



Overview of Motivational Interviewing

- MI is based on a 'directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence'. (Rubak et al. 2005, p. 305)
 - MI is aimed at clients reluctant to change or ambivalent about changing

Evidence it works

- MI was first described in 1983 and was originally used to treat alcoholism.
- Carroll et al. (2006). Participants were 423 substance users entering outpatient treatment in five community based treatment settings, who were randomized to receive either the standard intake/evaluation or MI techniques and strategies were integrated.
 - Participants assigned to MI had significantly better retention through the 28-day follow-up than those assigned to the standard intervention.
 - There were no significant effects of MI on substance use outcomes at either the 28-day or 84-day follow-up.

Evidence it works

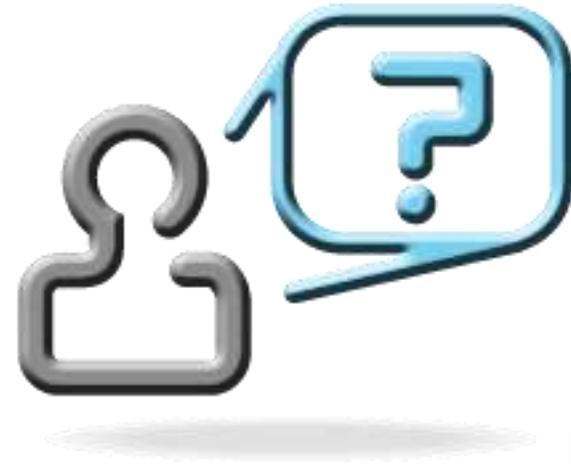
- Soderlund et al. (2011). Reviewed 10 studies on MI used in general practice.
 - They found that the MI training generated positive outcomes overall and had a significant effect on many aspects of the participants' daily practice.
- Jensen et al. (2011). Did a meta analysis that included 5,471 adolescent participants. The studies look at substance use behavior change.
 - Small, but significant, effect sizes were observed at follow-up suggesting that MI interventions for adolescent substance use retain their effect over time.
 - MI interventions were effective across a variety of substance use behaviors, varying session lengths, and different settings, and for interventions that used clinicians with different levels of education.

Evidence it works

- Armstrong et al. (2011). Conducted meta analysis that ended up including 11 weight loss studies that used MI.
 - Motivational interviewing was associated with a greater reduction in body mass compared to controls.
 - There was a significant reduction in body weight (kg) for those in the intervention group compared with those in the control group.
 - Motivational interviewing appears to enhance weight loss in overweight and obese patients.

Interactive Poll

- Training on how to do motivational interviewing is important.
 - True
 - False



The “it works*”

- In all the studies on the impact of those delivering the MI, they only included those who were trained in it.
 - Training times differed

Let's look at how MI works and then talk about why the training piece is important.

That is all great but I am trying to get people to sign up for insurance. How does this work for that?



Why Motivational Interviewing Works



Old Approach

vs



Motivational Interviewing

Transtheoretical (Stages of Change) Model

<http://www.setma.com/epm-tools/Intensive-Behavioral-Therapy-Obesity-Cardiovascular-Disease-Tutorial>

<i>Stage</i>	<i>Characteristic</i>	<i>Patient verbal cue</i>	<i>Appropriate intervention</i>	<i>Sample dialogue</i>
<i>Precontemplation</i>	Unaware of problem, no interest in change	"I'm not really interested in weight loss. It's not a problem."	Provide information about health risks and benefits of weight loss	"Would you like to read some information about the health aspects of obesity?"
<i>Contemplation</i>	Aware of problem, beginning to think of changing	"I know I need to lose weight, but with all that's going on in my life right now, I'm not sure I can."	Help resolve ambivalence; discuss barriers	"Let's look at the benefits of weight loss, as well as what you may need to change."
<i>Preparation</i>	Realizes benefits of making changes and thinking about how to change	"I have to lose weight, and I'm planning to do that."	Teach behavior modification; provide education	"Let's take a closer look at how you can reduce some of the calories you eat and how to increase your activity during the day."
<i>Action</i>	Actively taking steps toward change	"I'm doing my best. This is harder than I thought."	Provide support and guidance, with a focus on the long term	"It's terrific that you're working so hard. What problems have you had so far? How have you solved them?"
<i>Maintenance</i>	Initial treatment goals reached	"I've learned a lot through this process."	Relapse control	"What situations continue to tempt you to overeat? What can be helpful for the next time you face such a situation?"

What do you notice about the sample dialogue?

Step 1:

- Meet your client where they are at.
 - How ready are they for this discussion?
 - Adjust your message to them! No one size fits all approach.
- MI is about asking questions, not telling why a person should do something.
 - What is their fire within?
 - If you don't know, you need to ask.

Transtheoretical (Stages of Change) Model				
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Thinking Through

- Why do you think people choose to get health insurance?
- You can ask your clients:
 - Why do you think your friends or family have health insurance?
 - What are the pros of having health insurance?
 - What are the cons of having health insurance?

Why Motivational Interviewing Works

- Includes client/customer
 - Client comes up with the need statement and what behaviors they want to change
- Can be adapted based on the Stages of Change client is in
- Takes a persuasive vs. coercive approach



Persuasion Theories to Explain Why MI Works

- Social judgment theory
- Self persuasion

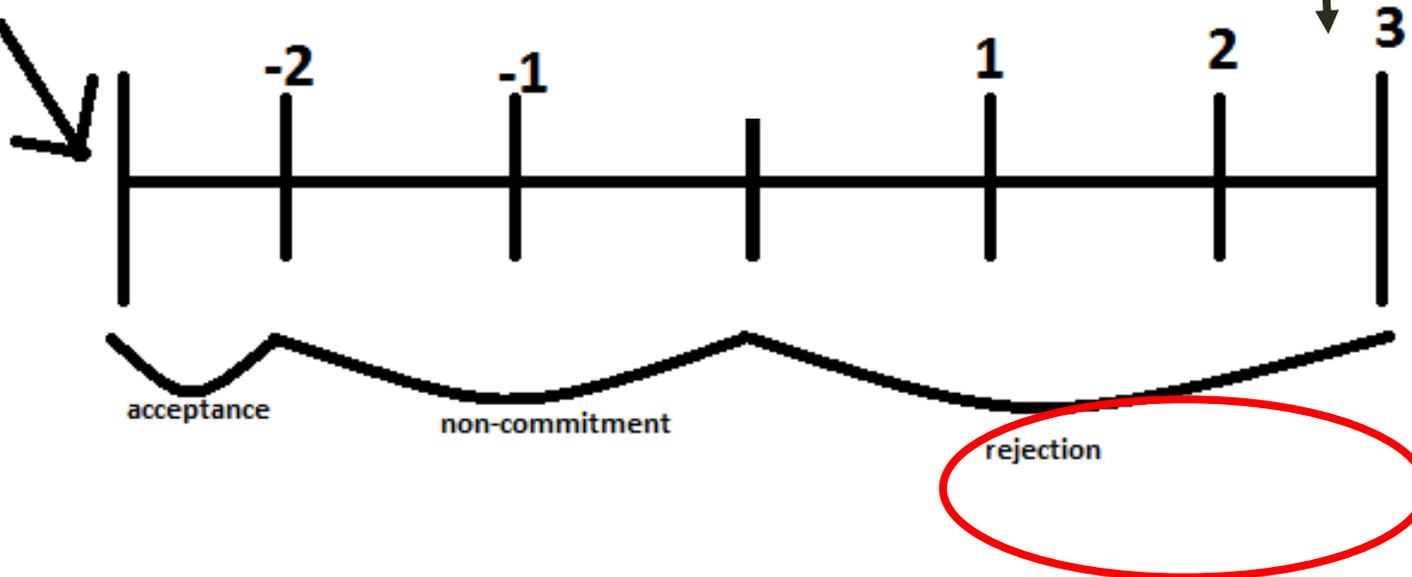
Social Judgment Theory by Sherif

My attitude
towards buying
health insurance

Not everyone
needs health
insurance.

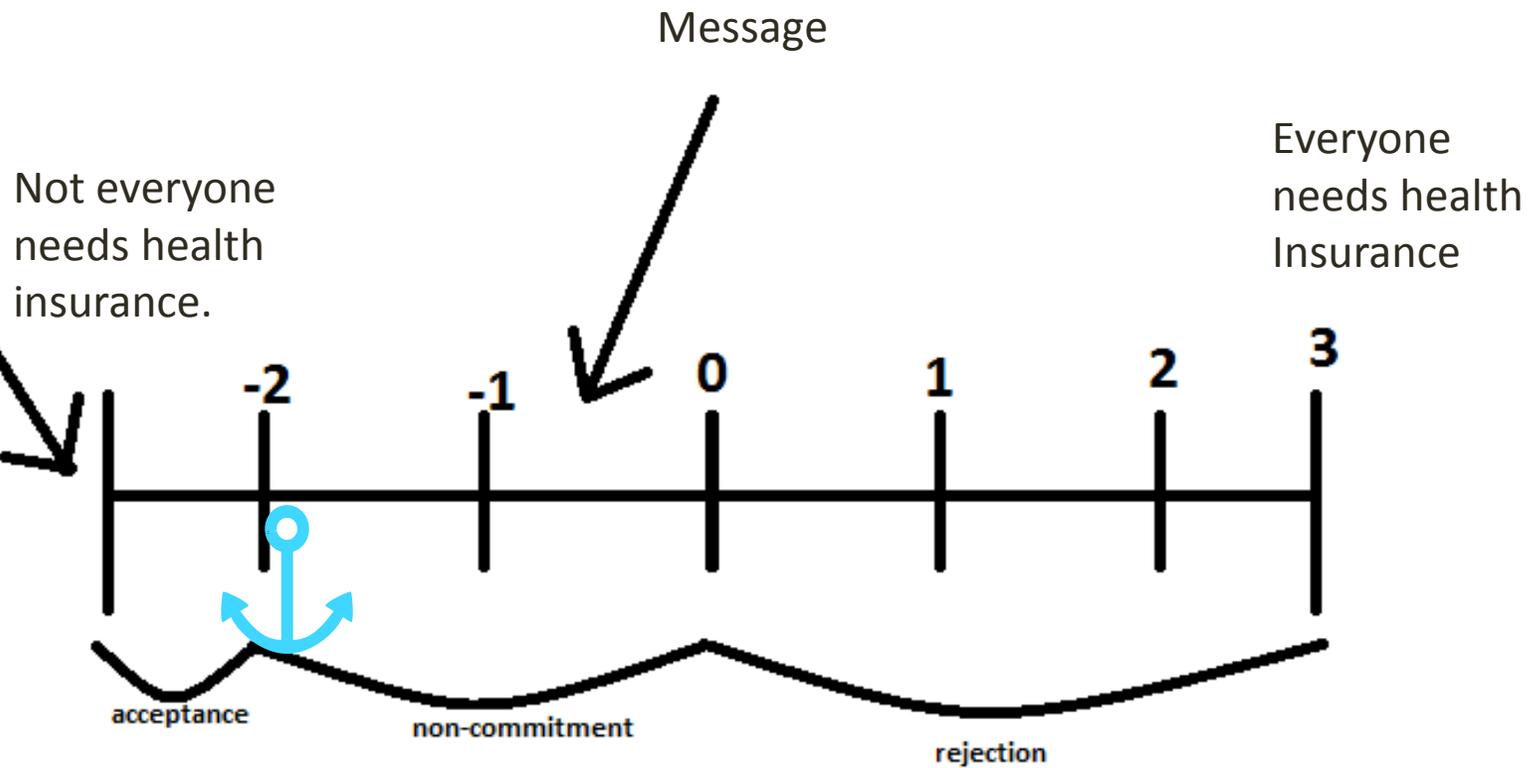
Message

Everyone
needs health
Insurance



Social Judgment Theory by Sherif

My attitude
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The Take Away From This Theory

- If you say something that the other person disagrees with, they are more likely to “dig in” versus weigh your argument.
- The more strongly the other believes something, the harder it is to find a message that will move them from one stage of contemplation to another.

- You have to let the client drive this conversation.
 - What are their goals?
 - What are their dreams? Their fears?
 - Tap into these for your message rather than saying what you think they need to hear.

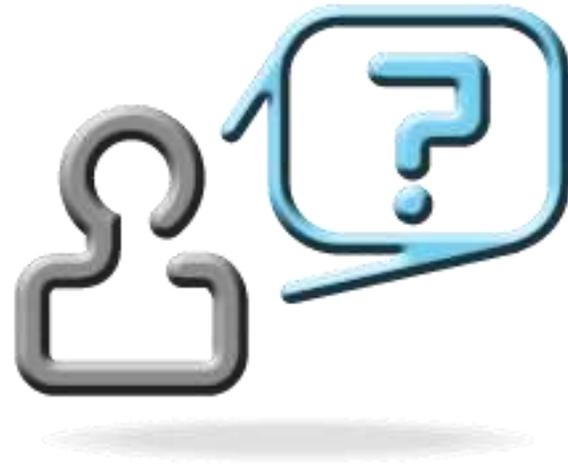
Social Judgment Theory by Sherif

- Sherif claims that to get attitude change:
 - The message needs to be in the latitude of non-commitment
 - The receiver (client) needs to have a bigger latitude of acceptance or non-commitment
 - The more alternatives the message allows, the higher the chance of movement
 - **The source of the message needs to be credible to the receiver (client)**

Interactive Poll

Who can be a credible source for health related messages?

- a. The physician or nurse
- b. The medical assistant
- c. The application assistor
- d. All of the above



Self Persuasion



Self Persuasion Theory

- To get attitude change:
 - You need to place the receiver (client) in a situation where they are motivated to persuade themselves to change.

Interactive Poll

How do we do get attitudinal change with Motivational Interviewing??

- a. Provider explains why change is needed.
- b. Client says what they want to do in future.
- c. Family tells client what to do.

The Take Away from This Theory

- You need to ask questions that require the client to reflect back and project forward.
- Sample Question - Picture yourself 5 years from now or 10 years from now. How has your life changed?
- If client has children, ask about the kids and the client's goal for their children.
 - Could health insurance help with that goal?
- What else can you do to help clients think about their future and how having insurance would help with that?

Let's Connect This to Motivational Interviewing

MI Skill		Persuasion Theory Construct
Express empathy		Social Judgement Theory
Ask questions that require the client to reflect back and project forward		Self Persuasion
Roll with resistance		Social Judgement Theory
Support self-efficacy		Social Judgement Theory
Nonjudgmental		Social Judgement Theory
The client verbalizes the need for change, not the provider		Self persuasion, alternatives

So ... What are the pitfalls with Motivational Interviewing?



"Empathy"? — that doesn't sound very *adaptive!*"

Pitfalls with Motivational Interviewing (cont.)



Pitfalls with Motivational Interviewing (cont.)

- It takes skills to:
 - Let the client define the problem and come up with solutions
 - Remember and communicate that the client is an expert
 - Discuss without arguing
 - Ask open-ended questions that promote discussion
 - Asking probing questions
 - Be patient so client can develop his or her own insight and resolution
 - Stay nonjudgmental!



MI is harder than most people think!

Questions



Thank You for Joining Us!



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Motivating Consumers to Enroll

Liz Tansey

Outreach and Enrollment Coordinator

Covering Kids and Families

Colorado Community Health Network



Colorado Covering Kids and Families



Colorado Covering Kids and Families

What motivational interviewing is:

- Way of being with and speaking with the patient
- Engaging the patient
- Influencing behavior change
- Using the patient's motivators vs. our own agenda

What motivational interviewing is not:

- Fixing things
- Answering for the patient
- Telling the patient what to do

What does this look like for Outreach and Enrollment?



Colorado Covering Kids and Families

Four processes

1. Engaging
2. Focusing
3. Evoking
4. Planning



Colorado Covering Kids and Families

Engaging patients

- Open ended questions
- Affirmations
- Reflective statements
- Summary



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Ask open ended questions

- What do you know about health insurance plans and benefits?
- What concerns do you have for you and your family's health care?
- How are you currently taking care of medical bills?
- What are your thoughts on signing up for health insurance?



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Using affirmations

- You know a lot about your family's health needs.
- You have given this a lot of thought.
- You did a great job figuring out what is important to you.
- You have worked hard to look out for your family's health.



Colorado Covering Kids and Families

Reflective statements

- You have avoided healthcare for yourself because you are worried about how to pay for it.
- You know health insurance is important for your kids, but don't think it is as important for you.
- Your kids are the most important thing to you.



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Summary

- Did I get that right?
- What do you think you want to do next?
- Is there something you would like to do about this in the next week or two?



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Focusing the conversation

- Clarifying the focus may be the first goal.
 - What I thought we would do today is explore what health insurance options are available to you and your family.
- Negotiate the agenda based on a menu of options.
 - We can start with your questions about health insurance benefits or we can go through the application to see what options are available to you. Where would you like to start?



Colorado Covering Kids and Families

Evoking through guiding

- Reflections that guide
 - It sounds like...
 - What I heard you say...
 - You're feeling like...
- Evocative questions
 - What worries you about your current situation?
 - What are the good things about having health insurance?
- What is stopping you from enrolling?

QUESTIONS?

Type all questions into the chat box on the left side of the screen.