



# CHANGE AGENTS

learning and action network

## Motivational Interviewing to Improve Cardiac Health: Practical Applications

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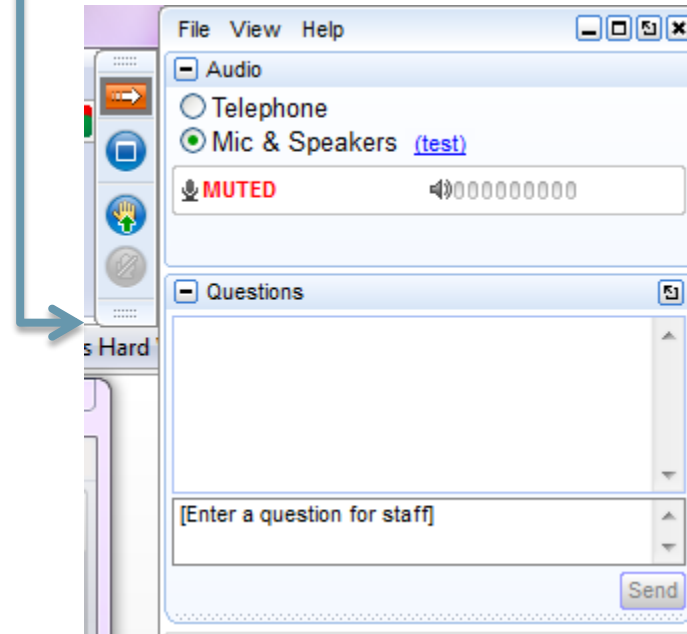
# HealthInsight

- Quality Innovation Network (QIN)
- Quality Improvement Organization (QIO)
- CMS Quality Strategy:
  - Eliminating disparities
  - Strengthening infrastructure and data systems
  - Enabling innovation
  - Fostering learning organizations



# We want to hear from you!

Type questions into the Questions Pane at any time during this presentation



# Expert Presenter



**Christopher Wells**  
Practice Facilitator  
HealthInsight Oregon



# Learning Objectives

- Describe motivational interviewing (MI) and how it can be incorporated into medical practice.
- Explore the mechanisms behind behavior change that result from MI in relation to cardiac health.
- Discuss real success stories from persons using MI in the field.



# What is it?

“Motivational interviewing is a person-centered, directive method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”

- Collaboration
- Acceptance
- Compassion
- Evocation
- Autonomy



# How is this different?

- “Intentional, differential evoking and reinforcement of change talk
- Strategic-directive use of client-centered counseling methods (reflection, summary)
- Sequencing of preparatory change talk (desire, ability, reasons, need) and commitment language.”



# Training Resources/Poll

Do you know where to access ML training and resources?

- Yes
- Yes but would like to know more
- Some and I would like to know more
- Some and I do not wish to know more
- No





# Why use MI?

- Meta-analysis showed MI had 55 percent greater odds of effectiveness when compared to other methods
- Greater odds of successful outcome when provided in a physician's office compared to other sites

Lundahl, Brad, et al. "Motivational interviewing in medical care settings: a systematic review and meta-analysis of randomized controlled trials." *Patient education and counseling* 93.2 (2013): 157-168.



# Indirect Effects

Greater odds of eliciting:

- Confidence and intention to change
- Engagement in treatment



Lundahl, Brad, et al. "Motivational interviewing in medical care settings: a systematic review and meta-analysis of randomized controlled trials." *Patient education and counseling* 93.2 (2013): 157-168.



# Direct Effects

- Over **twice as likely** to improve quality of life compared to alternate methods of patient interaction
- Significantly influences the amount and severity of alcohol intake among subjects
- Significant effect on weight reduction/management
- **Decreases** sedentary behavior
- **Increases** patient self-monitoring, in general
- **Increases** odds of tobacco abstinence



# Cardiac Health

- Greater odds for blood pressure and cholesterol control
- Direct effects:
  - Self-monitoring
  - Decreasing sedentary behavior
  - Tobacco abstinence



Lundahl, Brad, et al. "Motivational interviewing in medical care settings: a systematic review and meta-analysis of randomized controlled trials." *Patient education and counseling* 93.2 (2013): 157-168.



# Motivational Interviewing in Practice

Here is an example of how motivational interviewing can be successfully implemented in the real world.



# Your Turn!

Let's hear from some folks on the line that can share some success stories implementing MI!



# Getting Paid

- Medicare Part B allows you to put MI to use in regular billing codes you probably already use:
  - Annual Wellness Visit
  - Chronic Care Management (CCM)
  - Tobacco Cessation Counseling
    - CPT codes: 99406 (10 minutes), 99407 (>10 minutes)
  - Intensive Annual Behavioral Therapy
    - Broader cardiovascular intervention definition
    - Minimum of 15 minutes
- What about Medicaid and private payers?



# Implementation

- Reading the steps is one thing but seeing it in action is quite another!!
- Please turn your attention to a short webcam presentation from Rebekah and Christopher on some do's and don'ts.





# Potential Barriers

- Time and training
- Asking questions (*really?*)
- Moralizing
- Cautioning (*initially*)
- Criticizing and being judgmental
- Self-doubt in skills
- Doubt in the patient



# You're a Team

Not everyone will succeed from this type of intervention; however, if you want to do well, just remember you can *ACE* the test!

- **Assess** patient level of change (Prochaska 1997)
- **Communicate**
- **Explore, engage and empower**



# Resources

- **MINT (Motivational Interviewing Network of Trainers)**  
[motivationalinterview.org](http://motivationalinterview.org)
- **Brief Intervention Guide for Substance Use, Implementation in Primary Care**  
[http://www.rand.org/content/dam/rand/pubs/tools/TL100/TL147/RAND\\_TL147.pdf](http://www.rand.org/content/dam/rand/pubs/tools/TL100/TL147/RAND_TL147.pdf)
- **Tools**  
[casaa.unm.edu/mimanuals.html](http://casaa.unm.edu/mimanuals.html)
- **Chronic Care Management**  
[cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf](http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf)
- **Preventive Care CPT Coding**  
[cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS-QuickReferenceChart-1TextOnly.pdf](http://cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS-QuickReferenceChart-1TextOnly.pdf)
- **Tobacco Cessation Coding**  
[aafp.org/patient-care/public-health/tobacco-nicotine/coding-reference.html](http://aafp.org/patient-care/public-health/tobacco-nicotine/coding-reference.html)

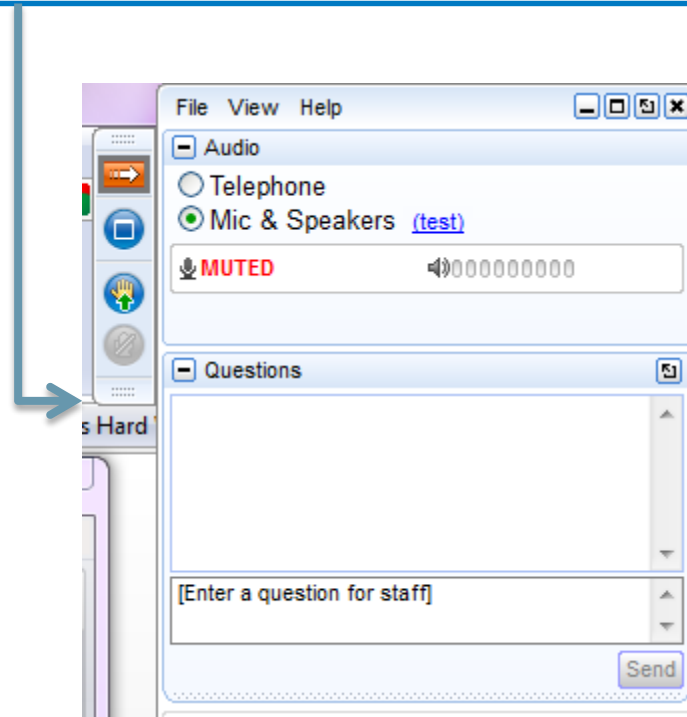


# References

- D'Amico E. Introduction to Motivational Interviewing. *Presented at Jonathan Fielding School of Public Health, UCLA; November 5, 2015.*
- Howard SS, Meredith LS, Gholson J, Gore P, D'Amico E. Project CHAT: A brief motivational substance abuse intervention for teens in primary care. *J Subst Abuse Treat.* 2007; (32)2:153-165.
- Lundahl, Brad, et al. Motivational interviewing in medical care settings: a systematic review and meta-analysis of randomized controlled trials. *Patient Eds and Couns.* 2013; 93(2):157-168.
- Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. *Am J Health Promot.* 1997; 12(1):38–48.



## Type questions into the Questions Pane



**QUESTIONS? COMMENTS?  
REFLECTIONS?**



# Contact Information

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# Thank You!

- Please complete post-webinar survey
- Next webinar:

## What's Next for Million Hearts®?

**Tuesday, February 21, 2017**

12:30 – 1:30 p.m. MT

11:30 a.m. – 12:30 p.m. PT





# Million Hearts® Targets

## Changing the Environment

Reduce smoking



By 2017...

The number of American smokers has declined from 26% to 24%

Reduce sodium intake



Americans consume less than 2,900 milligrams of sodium each day

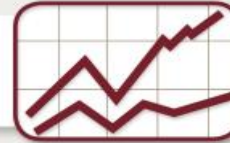
Eliminate trans fat intake



Americans do not consume any artificial trans fat

## Optimizing Care in the Clinical Setting

Focus on the ABCS



Use health tools and technology



Innovate in care delivery



## Aspirin use when appropriate

Of the people who have had a heart attack or stroke, 70% are taking aspirin

## Blood pressure control

Of the people who have hypertension, 70% have adequately controlled blood pressure

## Cholesterol management

Of the people who have high levels of bad cholesterol, 70% are managing it effectively

## Smoking cessation treatment

Of current smokers, 70% get counseling and/or medications to help them quit

## Stay Connected



[http://millionhearts.hhs.gov/be\\_one\\_mh.html](http://millionhearts.hhs.gov/be_one_mh.html)



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[millionhearts@cdc.gov](mailto:millionhearts@cdc.gov)

Million Hearts® promotes clinical and population-wide targets for the ABCS. The 70% values shown here are clinical targets for people engaged in the health care system. For the U.S. population as a whole, the target is 65% for the ABCS.

