Section 4.14 Implement

Supportive Communications

This tool describes a technique, often referred to as "motivational interviewing, to invoke a desire for change in patients to make modifications to their lifestyles that will improve their health and wellness.

Time needed: 2-4 hours

Suggested other tools: Approaches to Patient Communications; Promoting Patient Self-Management; Shared Decision Making; Patient Action Plan; Patient-Provider Agenda

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How to Use

1. **Review** the *Approaches to Patient Communications* tool, focusing on the nature of communication and communication strategies.
2. **Prepare** to recognize the need to change your personal communication style in order to elicit change in your patients.
3. **Consider** further study of the specifics of the technique.
4. **Practice** motivational interviewing with colleagues who can help you fine-tune your skills. As you apply motivational interviewing to patients, take notes of what works and what doesn't work for future reference.

Background on Supportive Communications

Many providers are recognizing that that "no matter what they do," patients with chronic disease often seem ambivalent about their health status and are unwilling to take providers' advice to make healthy lifestyle changes.

This tool addresses a variety of patient engagement interventions, many of which are just now being recognized as important to achieving health and health care goals, including:

- **Patient communication strategies** that help overcome communication barriers and aid in ensuring ongoing dialogue with patients, especially during transitions of care where patients in a fragmented healthcare delivery system often "fall through the cracks" and experience contradictory information. (See *Approaches to Patient Communications.*)

- **Patient activation** (developed by Dr. Judy Hibbard and colleagues at the University of Oregon[1]) that helps patients improve their knowledge, skills, abilities, and willingness to manage their own health and healthcare, especially engaging patients in creating patient action plans that provide guidance and motivation to achieve self-defined goals. (See *Patient Action Plan.*)

- **Shared decision making**, an intentional process of engaging patients in making informed decisions about their health and healthcare, especially with respect to treatment regimens. It is a collaborative approach wherein the provider's expert knowledge and scientific evidence are meshed with the patient's values and preferences. (See *Shared Decision Making*.)

- **Patient self-management**, a coaching process focused especially on supporting healthy behaviors for patients with chronic disease and assurance of medication administration. Recognizing that as much as 90 percent of the management of chronic disease is performed directly by the patient (or with a patient's family member or other caregiver), patient self-management initially engages patients through continuously asking questions, helping the patient develop a realistic action plan, following up to monitor progress, and slowly weaning the patient away from reliance on the healthcare delivery system to patients taking charge themselves, including knowing when to re-engage with the healthcare delivery system. (See *Promoting Patient Self-Management*.)

- **Motivational interviewing**, a counseling approach made popular by clinical psychologists William R. Miller, PhD and Stephen Rollnick, PhD. Initially it was used in the treatment of problem drinkers. Through clinical experience and empirical research, the fundamental principles are now established as an evidence-based practice in the treatment of individuals with substance disorders. Even more recently, it has evolved and been further refined, with evidence that it can impact anyone ambivalent about his or her health condition – a factor often present in those with chronic illness. For purposes of this tool, the term "supportive communications" is used to reflect the principles of motivational interviewing applied in community-based care coordination.

Supportive Communications Steps

Step 1: Recognize the need to do something different to help your patients make healthy lifestyle choices, such as adopting supportive communications. Supportive communications are quite different from traditional communications held between providers and patients. They require providers to adopt a different mindset and perhaps acquire new communication skills. Supportive communications are *explorative* rather than explanative, *evocative* rather than educational, *collaborative* rather than directive, and are *encouraging of autonomy* rather than using one's authority. In fact, the strategies cited above suggest that there are complications in primary care communications that do not help in eliciting positive behavior change.

The following table suggests some key complications and potential solutions:

Complications in Typical Primary Care Communications	Solutions for Supportive Communications
Relying on one's **expertise** as a provider. This often results in patients becoming passive about their health care, with half-hearted commitment to change.	Seek **permission** to offer advice. Be available to be a resource, but only when patients want (and are ready for) a resource; then be collaborative rather than directive in offering advice. Provide choices.
Providing **too much information** at one time. This can lead patients to feel overwhelmed. They will stop listening and not absorb the information provided. As a result, they are unable to act upon the information the provider is conveying.	**Share small amounts of information** at a time. Stop and check understanding before offering further information. It is often best to wait for patients to request additional information because they are then ready to receive it.
Attempting to **force behavior change.** This can lead to resistance and a power struggle in which neither the provider nor the patient wins.	**Create opportunities** for patients to voice a need for change. View patients as capable of making positive changes; express optimism about patients' ability to change, and celebrate positive outcomes with patients.

Step 2: Cultivate communication skills that start with asking, emphasize listening, and use informing only with permission and as necessary. The following illustration compares these components in typical provider conversations with the components of supportive communications:

<table>
<tr><th>Typical Provider Communications</th><th>Supportive Communications</th></tr>
<tr><td>Listening</td><td rowspan="2">Listening</td></tr>
<tr><td>Asking</td></tr>
<tr><td rowspan="2">Informing</td><td>Asking</td></tr>
<tr><td>Informing</td></tr>
</table>

a. **Listening** is the key to determining what to ask and how to inform. Despite the apparent contradiction and concerns over how much time can be spent with each patient, it should be recognized that when people feel heard, they often say more. Listening includes focusing on what the patient is saying, verbally and non-verbally. Listening may include a restatement of what you understood the patient to say or a rephrasing of what they have communicated without judgment and without reverting to directive or even informative talk.

Listening and time management may also be cultivated by encouraging the patient to bring an agenda to each provider visit, or establishing an agenda with the patient at the start of each visit. (See *Patient-Provider Agenda*.) Listening and time management are also facilitated by getting to know patients over time because they are a member of your panel of patients for whom you are primarily responsible. (See *Patient Empanelment*.)

b. **Asking open-ended questions** helps gather useful information, invites the person to talk about what is foremost on his or her mind, and helps the provider assess how important making a change is to the patient. Examples of open-ended questions suitable for use at each point in a discussion are listed below. In addition, see *Motivational Interviewing Strategies and Techniques: Rationales and Examples*, available at: http://www.nova.edu/gsc/forms/mi_rationale_techniques.pdf.

- Engaging the patient at the start of a visit:
  - *How have you been doing since our last visit?*
  - *What are your concerns about _____ (your breathing, your diabetes)?*
- Focusing to elicit more information or narrow the conversation to specifics, especially after only a short response:
  - OK. *Just OK?*
  - About the same. *What symptoms are you noticing? . . . What has changed in your symptoms?* [Note: Open-ended questions ask "what" or "how;" and not "do you do something" such as "are you noticing any new symptoms?" because they can easily be answered with a "yes" or "no" response. Having to ask "what changes" in response to "yes/no" answers could suggest to the patient that the provider is being confrontational. Questions that ask "why" may be open-ended but can be viewed as judgmental.]
- Evoking patient motivation for change and readiness to make change:
  - *How would you like to feel instead?*
  - *How does _____ (your breathing, your diabetes) interfere with things you would like to do?* [Note: Questions that help the patient think about things they could do if they were feeling better help elicit change. Although the response does not describe what the patient would like to do (such as play more actively with grandkids), it does accomplish eliciting a desire that the provider can pursue.]
  - The rescue inhaler helps, though I wish I didn't have to use it as much as I do. *What do you think would help reduce your dependency on the inhaler?*
  - I know I should quit smoking, but I just don't think I can. *You would like to reduce your inhaler use but quitting smoking isn't a priority for you right now.*
  - Well, I would like to quit smoking but it's hard; I've tried in the past and was never successful. *Would you like to discuss some options for quitting?*

c. **Informing** is the opportunity to provide information to the patient about his or her health conditions, treatment options, and recommendations. Bear in mind that you do not want to go into information overload just because it now seems like you have an opportunity to be directive. Continue to show respect for the patient's beliefs and values. For example:

   - *Different people have used different ways to quit smoking. Some may be easier for you than others (or, some may be more helpful for you than others).*
   - *Some things others have tried are . . .* (To avoid information overload, start with a list of generic ways to quit smoking, such as "I Quit programs," NRT (nicotine replacement therapy), faith-based programs, and others.)

   If the patient wants more information about one of these, provide the information.

d. **Planning practical steps** the patient may use to implement the desired changes should be a follow up to the patient's decision about making a change. Many consider this to be a part of informing, though actually, it begins the feedback mechanism to once again listen and engage the patient.

- Do not jump into an action plan immediately, but further gauge the patient's readiness to develop an action plan or preferences to learn more about options in general or a specific method. For example:
  - *So you think you would like to use _____ (NRT)?*
  - Maybe. *You may want to learn more about _____ (NRT). Would you like some literature? Shall we plan on talking about this again at your next visit?*
  - Yes. *I think you can be successful with this. Shall we talk about an action plan that may help you step through this, and make it less overwhelming for you?*
  - *What day would you like to start _____ (NRT)?*
  - *Would you like to keep a diary to see how well you are progressing?*
- Let the patient know help is available. Encourage the patient to keep a diary and share it with those who can provide support, including the primary care provider and community-based care coordinator. For example:
  - *Would you like to upload your diary to our website so I can track your progress with you?*

  If the patient desires to do so, send short email messages as appropriate to motivate, respond to questions, and to applaud success.

Step 3. Assess success with supportive communications. The Center for Evidence-based Practices at Case Western Reserve University offers a checklist to help providers determine *"Am I doing this right?"* Available at: http://www.centerforebp.case.edu/client-files/pdf/miremindercard.pdf

Some key questions to consider include:

- ❒ Do I listen more than I talk?
- ❒ Do I hear what the patient is telling me?

- ❒ Do I summarize and provide reflection to ensure I am correct in what I am hearing?
- ❒ Do I encourage the patient to determine his or her own readiness for change?
- ❒ Do I ask permission to inform, provide advice, or give feedback to the patient?
- ❒ Do I reassure the patient that it is normal to resist change or be ambivalent about change?
- ❒ Do I summarize for the patient what I am hearing?
- ❒ Do I help the patient learn from the past – not to get stuck on old stories but to help relate the past to make changes that can be made today and for the future?
- ❒ Do I value the patient's opinion as much as my own?
- ❒ Do I remind myself that this person is not only capable of making his or her own choices, but has already done so for all the years of his or her life?

Applicability of Supportive Communications

While the supportive communications technique is focused on eliciting specific behavioral changes (especially in substance use situations), a supportive communication style is actually worth cultivating for all patient communications. Whether your patient is young or old or suffering from acute illness/injury or chronic disease, changing one's attitudes, thoughts, and communication style fosters therapeutic gain. Warmth, genuine empathy, acceptance of human frailties, and treating all persons with respect are traits that make for improved communications with all persons, not just patients.

Remember that, just as you determine by looking at a patient if patients are understanding something or are especially sensitive about something, you must also be mindful of your own nonverbal behaviors and how they are interpreted by the patient. For a comprehensive discussion of emotions and the medical care process, see the article by Roter, et al. *The Expression of Emotion Through Nonverbal Behavior in Medical Visits*, available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1484830/.

Finally, as you embark upon supportive communications, you may wonder about how willing you are to trust your patients, or to rely upon them to not only say things they truly believe but send signals that are trustworthy. The *Patient Communications Checklist* tool notes that truth, trust, and "trust but verify," are important factors in adopting new forms of communications with patients. There is a growing body of literature surrounding these issues; for example, *"Is there a moral duty for doctors to trust patients?,* an article by Rogers, published in the Journal of Medical Ethics, available at: http://jme.bmj.com/content/28/2/77.full.pdf+html.

A related issue is what obligation providers have in telling the truth in all cases or withholding information in certain cases, especially in light of new physician-patient relationships. These are issues you may grapple with, but know that you are not alone. Consider setting your browser to any of these terms to get current thinking on this issue.

Additional Resources

- *World Health Organization Mental Health Gap Action Programme (mhGAP) Intervention Guide.*

  This set of slides is specific to mental, neurological, and substance use disorders, but is very detailed with excellent examples.

  Available at: http://www.who.int/mental_health/publications/mhGAP_intervention_guide/en/

- *U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services (SAMHSA), Case Western Reserve University Mandel School of Applied Social Sciences and Department of Psychiatry at the School of Medicine, and Health Resource and Services Administration (HRSA) Center for Integrated Health Solutions*.

  This set of slides recognizes the importance of addressing substance abuse, mental health, and medical conditions in an integrated manner. They have published a set of detailed slides on Enhancing Strategies to Promote Patient Change in Primary Healthcare Settings that includes extensive discussion and examples of motivational interviewing.

  Available at: http://www.integration.samhsa.gov/about-us/Session_2_Enhancing_Strategies_to_Promote_Pt_Change_in_Primary_Healthcare_Settings.pdf

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Reference

[1] Hibbard, J. et al. (Aug. 2004). Development of the Patient Activation Measure (PAM): Conceptualizing and Measuring Activation in Patients and Consumers. *Health Services Research* 39(4 Pt 1): 1005-1026.

Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361049/

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