Motivational Interviewing and Mentor Training to Enhance Patient Engagement in a Value-Based Physical Medicine & Rehabilitation Practice

Value-based practice (VBP) is delivering care to improve patient engagement and demonstrating outcome measures that quantify the quality and cost-effectiveness of the treatment provided. Examples of patient engagement in Physical Medicine & Rehabilitation (PM&R) include showing up for scheduled appointments, taking pain medications as prescribed and adopting a prescribed home therapeutic exercise plan between the clinic visits. COVID-19 restrictions have expedited the integration of technology supported PM&R practice. Connected mobile-Health PM&R applications now enable clinicians to witness patient engagement with home exercise by accessing objective tracking metrics. Technology supported communication platforms such as this builds on our previous reliance on patient reports outcome measures (PROMS) as a primary indicator of VBP. The literature shows that when clinicians follow evidence-based PM&R practice, outcomes improve and cost is reduced, especially downstream costs such as expensive imaging, surgeries or long-term reliance on pharmaceuticals.

Value-based practice challenges practitioners to identify ways of improving patient engagement and clinical outcomes. This presentation describes how a large integrated healthcare institution conducted motivational interviewing (MI) training for PM&R clinicians as part of a large-scale quality improvement process to enhance clinician-patient communication to enhance patient engagement in PM&R. Templates were built in the electronic medical record to integrate MI methods into the clinical note and support the delivery of care. Superusers were trained in MI mentorship for ongoing skill development in clinical practice. With over 1900 randomized-controlled trials since 1983, MI has gained substantial empirical support as an effective option to counsel patients that are ambivalent or not ready to follow a healthful treatment plan. A study of MI training methods has identified significant short-term gains in competency with participation in an interactive 12-hour training workshop. Feedback and ongoing supervision helped enhance long-term proficiency.

The presentation describes positive measurable PM&R outcomes associated VBP, MI training methods and tips for continued learning, including the use of self-evaluation MI coding instruments, patient surveys and suggestions for independent or small group practice with mentorship support. The presenters will describe lessons learned and outcomes achieved.

Faculty: Robert Scales, Ph.D. and Stephen Hunter, DPT.

Brief Biographical Sketch: Robert Scales, Ph.D. is a Mayo Clinic Assistant Professor of Medicine and the Director of Cardiac Rehabilitation. His primary research focus is the application of MI into healthcare. Currently, he is Principle Investigator in a multi-site medical education research trial to evaluate the effect of online learning teach effective communication, innovation and

technology in Physical Medicine & Rehabilitation. He is an experienced MI trainer and is he a member of the Motivational Interviewing Network of Trainers.

Stephen Hunter PT, DPT, OCS, FAPTA is Director of Intermountain Rehabilitation Services Internal Process Control. He is an experienced physical therapy administrator, clinician and researcher. He co-developed the Rehabilitation Outcomes Management System (ROMS) and coordinated its implementation into all Intermountain physical therapy clinics. He is a past president of the National Association of Rehabilitation Providers and Agencies (NARA). He has served on several committees for the APTA. Stephen is a current co-investigator for the pcori OPTIMIZE chronic low back pain trial. He speaks nationally and has authored or co-authored several manuscripts establishing the value of physical therapy.

Presentation Outline:

Learning Objectives:

1. Define value-based Physical Medicine & Rehabilitation.
2. Describe why motivational interviewing is important for patient engagement and PM&R outcomes.
3. Describe a quality improvement process that integrated motivational interviewing training and ongoing skills development into PM&R within a large integrated health system.
4. Define the goal, mindset and primary objective of MI.
5. Describe the standard method used to teach MI and how to practice the skills independently or in small groups.

Outline:

I. Introductions:
   a. Intermountain Healthcare Physical Medicine & Rehabilitation
      i. Data showing evidence-based PM&R practice reduces costs
      ii. Identifying and working with moderate to high-risk patients
      iii. Importance of patient engagement and the self-management of personal health

II. Adapting Motivational Interviewing to PM&R
   a. Embedded into PM&R practice
      i. Motivational Interviewing for Health Care Professionals interactive training and Mentor Training workshop

ii. Examples of quality improvement processes to integrate motivational interviewing and effective clinician-patient communication into a real-world practice
iii. Data showing application to multiple clinics and clinicians

b. Super Users and motivational interviewing mentorship

III. Introduction to Motivational Interviewing
a. High level overview of the key components of Motivational Interviewing for Healthcare Professionals

IV. Training Focus
a. Standard MI training methods with an onsite interactive workshop and practice
b. Multimedia teaching modalities: Video demonstrations of MI with standardized patients
c. Pre-Post Measures of MI Proficiency
d. Alternative MI Teaching Methods: Self-Paced Workbook and/or Online Learning

Lessons Learned/Outcomes

V. Lessons learned.
a. MI Refreshers and Mentor Training Workshop for Super Users
i. Strategies to Teach Others Skill Enhancement
b. Plan for continuous mentoring of skills
c. Tracking patient engagement metrics

VI. Questions

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Background: Motivating patients to adopt a healthful treatment plan during brief clinical visits is a major challenge facing healthcare providers. Therefore, effective communication strategies that can be successfully employed during time-pressured consultations are worthy of consideration. Traditional approaches to patient care often rely on advice giving and direct persuasion. This can easily lead to confrontation and may result in resistance (dissonance), particularly in patients who are ambivalent or not ready to change their behavior. Motivational interviewing is an alternate style of communication that has demonstrated success with individuals who were recovering from drug and alcohol addiction. More recent adaptations of this approach to medical settings have been effective in improving a wide range of health behaviors, including those that are encountered in Physical Medicine & Rehabilitation. This motivational approach is well suited to the daily practice of a busy clinic where improved patient compliance is a priority. Skillful application by a clinician provides the platform for patients to talk about change instead of exhibiting dissonance. Consequently, clinical consultations will not only be more effective, but also less frustrating for the clinician.

Key Components of Motivational Interviewing

EXPRESS APPRECIATION AND OFFER APPROPRIATE PRAISE WHENEVER POSSIBLE for the positive steps being taken, for their honesty, for their willingness to consider change, for showing up . . .

BEGIN WITH A STRUCTURING STATEMENT & SET A COLLABORATIVE TONE. During your introduction give a brief outline of what the patient can expect and step out of the expert role to let them know they will have a say in any decisions about change. e.g. AIDES Acronym. They are the experts on what will work for them.

SHARE OPTIMISM ABOUT THE POSSIBLITY OF CHANGE. Instill a belief that patients are capable of changing behavior, now or in the future, and that the patient's health may improve as a direct result of that change.

USE OPEN-ENDED QUESTIONS to build rapport and focus the discussion.

SUPPRESS A WELL-INTENTIONED REFLEX TO ADVOCATE FOR CHANGE.

RECOGNIZE THAT IT IS NORMAL TO HAVE MIXED FEELINGS ABOUT MAKING A CHANGE. Invite patients to look at the pros and the cons of their current behavior as well as the pros and cons of making a change.

AVOID ARGUMENTS. Arguments are hard work, counter-productive and a signal to use an alternative approach. Let the patient make the case for change. Provide opportunities for them to see the gap between the way things are now and the way they would like things to be.

LISTEN WITH EMPATHY. Use respectful attention. Demonstrate a desire to gain mutual understanding by giving short summaries of what you hear the person say, what you think it means, and, as appropriate, what you think the person is feeling.

MATCH YOUR STRATEGIES WITH THE PERSON'S READINESS TO CHANGE. Assess the stages of change across multiple behaviors and use appropriate strategies.

ASK EVOCATIVE QUESTIONS to encourage talk about change.

RESPOND TO WHAT YOU HEAR WITH STRATEGIC REFLECTIVE STATEMENTS to highlight the thoughts and feelings that reinforce the person's own reasons for making a positive change.

PROVIDE FEEDBACK & INFORMATION WITH PERMISSION and in a caring, collaborative manner. Let the patient come to their own conclusions about how useful it is, if at all.

GIVE ADVICE SPARINGLY and with respect for freedom of choice.

USE SUMMARIES to clarify and to reinforce what the person is saying about making or maintaining a change. ("Let me make sure I'm getting this right...")

ASK FOR A DECISION TO CHANGE. "What would you like to do about _____?"

NEGOTIATE A CHANGE PLAN only when the person expresses readiness to change. Continue to invite the patient to explore their own ideas and solutions.

PROVIDE A MENU OF OPTIONS FOR CHANGE. Let the patient choose what they think will work best for them.

Adapted by Robert Scales and Joseph. H. (Bo) Miller (2016) from the following references:

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