Keeping The Successful Patient Successful

Bobby Masocol, MD
April 21, 2017
Disclosures

None
Objectives

1. Explore Strategies For Maintaining Goal Orientation In Successful Patients
2. Discuss The Role Of The PCP In Encouraging Patients To Maintain Health Consciousness
YAY MD!!!
Start Residency

Finally An
Attending!!!
Extrinsic Motivation

• “Refers to our tendency to perform activities for known external rewards, whether they be tangible or psychological in nature”

• Can be a driving force for change

### Lipid Profile

**Status:** Final result

<table>
<thead>
<tr>
<th>Metric</th>
<th>4mo ago</th>
<th>7mo ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triglycerides</td>
<td>128</td>
<td>142</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>162</td>
<td>224 (H)</td>
</tr>
<tr>
<td>HDL</td>
<td>44</td>
<td>38 (L)</td>
</tr>
<tr>
<td>LDL Calculated</td>
<td>92</td>
<td>158 (H)</td>
</tr>
<tr>
<td>VLDL Cholesterol</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Cholesterol HDL Ratio</td>
<td>4.0 (H)</td>
<td>6.0 (H)</td>
</tr>
<tr>
<td>Non HDL Cholesterol</td>
<td>118</td>
<td>186 (H)</td>
</tr>
</tbody>
</table>

**Resulting Agency:** GMH
Extrinsic Motivators are important and sometimes they are crucial for behavior change.

But ultimately, patients themselves have to find the intrinsic motivation to change.
Figure 1. The triangular relapse pattern in health behavior change over time

In these triangular relapse patterns, an initial spike in healthful behaviors during the intervention is followed by a decline following intervention back toward baseline. Panels A–D show four examples of behavior change interventions following this pattern for (A) weight loss, (B) gym visits, (C) quitting smoking, and (D) exercise. Mos = months; MVP = moderate to vigorous physical activity.

A. Intervention of financial incentives for weight loss

B. Intervention of payment for gym visits


B: Mean gym visits per week prior to study (weeks -16 to -2), during 5 intervention weeks of payment for attending, and during 15 no-treatment weeks (weeks 6–21, N = 99). Data are from "Incentives to Exercise," by G. Charness and U. Gneezy, 2009, Econometrica, 77, p. 921, Figure 2b. Copyright 2009 by Wiley.

Behavior Change Theories

- Assessing Readiness to Change
  - Readiness Ruler

- 5 A’s Behavior Change Model

- Motivational Interviewing
Assessing Readiness to Change

Below, mark where you are now on this line that measures your change in __________. _____ _____________.

Are you not prepared to change, already changing or somewhere in the middle?

Source: Adultmeducation.com
Confidence Scaling

- On a scale of 1-10, 1 being not at all ready and 10 being completely ready, how ready are you to lose weight?
Readiness To Change

- Response examples
  
  - How will you know when it's time to think about change?

  - Why did you pick a 5 and not an 8 or 9?
5 A’s Behavior Change Model

Assess
Beliefs, Behavior and Knowledge

Arrange
Specify plan for follow-up (e.g. visits, phone calls, mailed reminders)

Advise
Provide specific information about health risks and benefits of change

Personal Action Plan
List specific goals in behavioral terms
List barriers and strategies to address them
Specify follow-up plan
Share plan with practice team and patient’s social support

Assist
Identify personal barriers, strategies, problem-solving techniques and social/environmental support

Agree
Collaboratively set goals based on patient’s interest and confidence in their ability to change the behaviour

Source: http://www.woundcare.ca/98/
S.M.A.R.T Goals

- **Specific**: What will you do?
- **Measureable**: For how long? how much? how many?
- **Achievable/Realistic**: What have you done before that's worked?
- **Timely**: When will you start?
Taste of MI Questions

• Is there something you would like to do for your health in the next 1-2 weeks?
• If you were to stop drinking soda, how would you go about doing it?
• What are the 3 most important reasons to lose weight?
• On a scale of 1 to 10, 10 being completely ready, 1 being not at all ready, how ready are you to stop using cocaine?
How Do I Keep Them Going?

1. Promoting The Formation Of New Habits
2. Breaking Unhealthy Habits
3. Self Efficacy and Self Maintenance Strategies
3 Central Habit-Forming Interventions

• Behavior Repetition
  • Amount of repetitions vary for habits to form
  • Longer Interventions with frequent repetitions
    • i.e. Seeing a patient for weight loss over 2 years at 1-2 month intervals
3 Central Habit-Forming Interventions

- **Context Matters: Cues Trigger Habit Formation**
  - Stable Context Cues
    - Location, Time of Day, Presence of Other people
  - Implementation Plans - Increases likelihood of success
  - Piggybacking – adding new behavior to existing habit
3 Central Habit-Forming Interventions

• Rewards Promote Habit Formation
  • Habits form easily when specific behaviors are rewarded
  • Uncertain rewards are most effective
A. Multifaceted habit formation and disruption weight loss program vs. standard weight loss program

Figure A: Mean pounds lost after 3 months (mos) of habit-based or standard weight loss interventions (N = 59 at baseline, N = 35 at 6 months). The habit-based intervention emphasized (a) developing and maintaining healthy habits and disrupting unhealthy habits, (b) creating a personal food and exercise environment that increased exposure to healthy eating and physical activity and encouraged automatic responding to goal-related cues, and (c) facilitating weight loss motivation. The standard weight loss program involved examining attitudes toward food, body, and weight, such as improving body acceptance and understanding social stereotypes. Data are from "A Randomized Trial Comparing Two Approaches to Weight Loss: Differences in Weight Loss Maintenance," by R. A. Carels, J. M. Burmeister, A. M. Koball, M. W. Oehlhof, N. Hinman, M. LeRoy, ... A. Gumble, 2014, Journal of Health Psychology, 19, p. 304, Figure 2. Copyright 2014 by Sage.

B. Electronic monitoring device to promote control of eating vs. standard weight loss program

Figure B: Mean children’s age- and sex-adjusted body mass index (BMI) after a yearlong intervention using a monitoring device to reduce the amount and speed of eating, plus a 6-month follow-up (N = 106 at baseline and 12 months, N = 87 at the 18-month assessment). Data are from "Treatment of Childhood Obesity by Retraining Eating Behaviour: Randomised Controlled Trial," by A. L. Ford, C. Bergh, P. Södersten, M. A. Sabin, S. Hollinghurst, L. P. Hunt, and J. P. Shield, 2010, British Medical Journal, 340, Article b5388, Table 2. Copyright 2010 by BMJ.
3 Main Habit-Breaking Interventions

- **Cue Disruptions**
  - Take advantage of naturally occurring events
    - Moving, Baby, New Job, January 1\(^{st}\)
  - New diagnosis of DM II
3 Main Habit-Breaking Interventions

- Environmental Reengineering
  - Altering performance environments or places where the unhealthy habit regularly occurs
    - Not Buying Soda
    - Having Fruit in Plain Sight
    - Getting Rid Of Your TV
3 Main Habit-Breaking Interventions

- **Vigilant Monitoring**
  - Strategy that most likely to use to control unwanted habits in daily life
  - Consciousness of unhealthy behaviors
    - Eating till you are 80% full
The Power Of Social Networks

- Group Visits
- Walk With A Doc Program
- Social Media
Case

- 51 y/o F who wanted to lose weight. BMI-52.8. Sedentary at baseline. Multiple comorbidities. Limited finances, no transportation. Prescribed Exercise is Medicine.

- Now- Pt exercises twice a week with a friend
Case

• 52 y/o F with poor social situation. Lived with a friend, no job, depression, chronic pain. Pt wanted to get down to 175lbs. At the time was 203 lbs.

• Current- Worked with her over a year. Was able to get down to 174, took off her blood pressure medication. Reevaluated her goals.
Take Home Points

• Use Multiple Strategies To Help Them Form Healthy Habits
• Manage Expectations- Expect results over months to years
• Create/Utilize Social Programs To Engage Patients
Questions?
Resources