

Motivational Interviewing and Medication Adherence

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Objectives:

- Use MI to increase medication adherence in your practice
- Briefly describe examples of MI
- Discuss Investigating Barriers and developing solutions to improve medication adherence
- List tools to help patients remember medication regimen
- A few tips to help your staff help you and your patient
- References and further reading.

Motivational Interviewing MI

- First described by William R. Miller in 1983 as a brief intervention for problem drinking
- In the 1990s, Motivational Interviewing (**MI**) began to be tested in ***chronic diseases*** where **behavior change is key** and **patient motivation is a challenge**
- Proven to be effective in improving adherence behavior

Medication Adherence

- **Why is this Important?**

- Among adults with chronic illness, 30% to 50% of medications are not taken as prescribed. In the United States, it is estimated that medication nonadherence is associated with 125 000 deaths, 10% of hospitalizations, and \$100 billion in health care services annually.

- **Quality of Life**

Motivation Interviewing – How to do this:

- Ask **open-ended** questions that start with, “*How?*”, “*Describe*”, “*Tell me*”, “*What?*”, “*Why?*”. Open-ended questions allow for open-ended answers, and give the patient the opportunity to share his or her story
- **Demonstrate** to the patient that you are **listening** with phrases like, “*It sounds like*” or “*So you are saying that...*”. This allows the patient to feel understood and gives them an opportunity to clarify.
- Give **affirmations**. Listen to the patient and repeat back what the patient said. The patient will feel understood, and affirmations increase positive energy and mood

Motivational Interviewing

What to **avoid**:

- **Discouraging** the patient
- **Shaming** the patient for their lack of understanding or for their actions
- Pushing “**Righting Reflex**”
This can occur by saying things like “*You have to take your medications as prescribed.*”

Paradoxical effect – it is a natural tendency to resist persuasion – particularly if one is ambivalent

MI and Medication Adherence

Investigate Adherence Barriers

- Forgetfulness

- How many days out of the week do you miss a pill?
- What happens on the days you remember to take your pills?
- Do you remember your morning pills more than your evening pills?

- Complex regimen

- What is the hardest thing about taking your medications regularly?

- Concerns about Side Effects of medication

- How are you feeling since we put you on _____ last month?

MI and Medication Adherence

Investigate Barriers

- Cultural and Scientific Beliefs

- Multi-media provides multiple types of scientific views (Vaccines)
- Historically – Tuskegee Syphilis Study, historic inequities of the poor
- Do you wonder if you *really* need to take your medications?
- How are your medications working *for you*?
- We started _____ last month. Do you have any concerns?



Use your EMR to Show trends that reflect the patient taking and *not* taking medications

MI and Medication Adherence

Investigate Barriers / Develop Individualized Solutions

- SDOH – Transportation
 - Local Delivery
 - Mail Order
- SDOH – Cost
 - Formulary – Resource Clinical Pharmacist
 - Coupon Programs GoodRx
 - Savings Cards
 - PAP – Brand Name
- Complex Regimen
 - Before adding medication investigate adherence first
 - Don't forget to send cancellation of medications to the pharmacy. (Overwhelming)
 - Medication Synchronization
 - How many medication can be moved to the AM?
 - Rosuvastatin and Atorvastatin



MI and Medication Adherence

Forgetfulness - 30% - 63% / **Develop Individualized Solutions**

- Once daily
- Options of setting automatic refill reminders
- Pill boxes
- Pill timers
- Cell phone alerts
- Smartphone adherence apps
- Medication dispensing



MI and Medication Adherence

Forgetfulness - 30% - 63% / **Develop Individualized Solutions**

- Tie medication routine to established habits
 - Thyroid medication next to toothbrush or bedside table
 - A Patient put bottle in sneakers that he walked in every morning.
 - Pill box next to coffee / tea pot or remote
 - Metformin on breakfast table / or bar where patient sits to eat
- Encourage / Educate patient on setting phone alarms
 - Flip Phones or Smart phones
 - Your Medical Staff can assist



MI and Medication Adherence

Investigating barriers - **Side effects?**

- Inform patients of side effects and what to expect
 - Develops Trust
 - Engages the patient
 - Required in Shared Decision Making
 - Allows patient to be part of treatment plan
- SGLT-2 inhibitors
- Metformin
- GLP-1 agonist

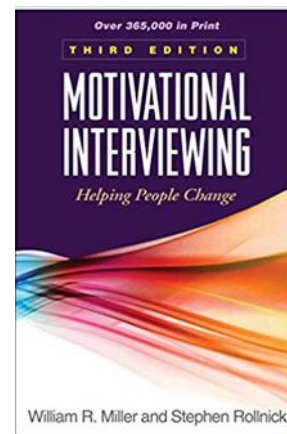
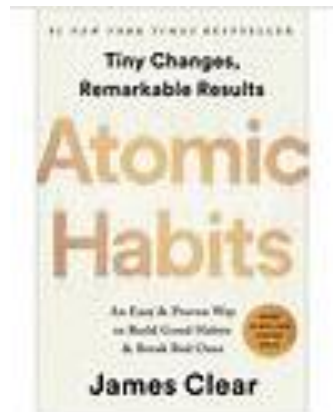
Medication Adherence and Your Office

Tailored Processes for addressing Medication Adherence

- Before Provider in Room
 - Pre-visit call / electronic reminder to bring bottles
 - Clarify visit comments --- F/U Diabetes medication change
 - This alerts staff to focus on recent medication change
 - Teach staff to demonstrate appreciation for patient engaging in process
 - “Great! I see you brought your bottles”;
 - “Bringing your bottles with help us keep you safe”; “Thank You”
 - “Glance at bottle refill dates, expiration dates.
 - Patients need to be reassured that they brought medications for a reason.
 - Patients need to be reassured that they brought medications for a reason.
 - Avoid
 - “Are there any changes to your medications?”
 - “You are still on the same medications. Right.”

A few references

- JAMA. 2018 Dec 18;320(23):2461-2473. doi: 10.1001/jama.2018.19271.
 - <https://pubmed.ncbi.nlm.nih.gov/30561486/>
- <https://omcare.com/medication-adherence>
- <https://immattersacp.org/archives/2017/03/adherence.htm>
- <https://edhub.ama-assn.org/steps-forward/module/2702595>
 - Includes video to share with staff



Questions and Comments

Thank You

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