Deconstructing Connecting with Patients

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Disclosures

• I do not own any healthcare stocks, I accept no speaking fees, I do not conduct research therefore hold no industry grants.
• I have a tremendous bias to the financial interests that have 100% funded my career since completing residency in 2004:
• My patients
Learning Objectives

• Learn the basics of Trauma Informed Care
• Learn the basics of Motivational Interviewing
• Connect these two concepts back to caring for our patients
• Share how I remember to practice in this way in the trenches
What problem am I trying to solve?

- Press Ganey
- The Yelp-ification of Health Care
- Quality Measurements – Outcomes
- Challenging Patients
- Restore Joy in Work
One Patient Example

- LN is 61, new patient to me July 2016
- A1C 14.8%
- Depression, anxiety, skipped visits
- Poor medication adherence
- Charcot foot, surgeries, limb at risk
Trauma Informed Care

Components of Trauma-Informed Care

- Creating a Safe Environment
- Building Relationships and Connectedness
- Supporting and Teaching Emotional Regulation

Substance Abuse for Mental Health Services Administration, 2014
Validity

• **Current National Efforts:**
  • Robert Wood Johnson Foundation
  • Center for Healthcare Strategies
  • National Healthcare for the Homeless
  • National Council for Behavioral Health
  • American College of Physicians
ACP – Trauma Informed Care

Other ACP Resources

- Trauma Informed Care for Primary Care: The Lessons of War
  Applying the processes we have learned from veterans who suffer from PTSD and other traumatic related illnesses to treatment in Primary Care.

- William C. Menninger Memorial Award Lecture: PTSD and Other Trauma-Related Disorders by Robert J. Ursano, MD (available for purchase)

- Posttraumatic Stress Disorder Needs to Be Recognized in Primary Care
  Over time, people with PTSD often turn into heavy users of health care, which opens up ongoing opportunities for screening, diagnosis, and treatment. Primary care physicians should be alert to extreme behaviors, such as excessive working, increased drinking or smoking, or increased social isolation and ask about recent trauma or loss.
Trauma AKA Adverse Childhood Experiences (ACE)

• Physical abuse
• Sexual abuse
• Verbal/emotional abuse
• Witness to domestic violence
• Parental divorce
• Parental substance abuse
• Parental mental illness
• Family death or suicide
• Family incarceration

• Neurologic changes
  • Amygdala activity
  • Prefrontal Cortex
• Cardiovascular changes
  • HTN
• Immune changes
  • Hypo-pit-adrenal
• Chromosomal changes
  • Shortened telomeres
Trauma AKA Adverse Childhood Experiences (ACE)
Change the Question

• Instead of asking, “What’s wrong with you?”
• Ask, “What happened to you?”
• An authoritative voice
Our Patient

- LN is 61, diabetic
- A1C 14.8%
- Depression, anxiety, skipped visits
- Poor medication adherence
- Charcot foot, surgeries, limb at risk
- ACE > 4
Inquiry to Action – Motivational Interviewing
Flip the Script

- Patient-physician relationship is NOT an expert-recipient relationship, but a partnership
- The outcome is a plan developed collaboratively, not a prescription
Essence of Motivational Interviewing

AMBIVALENT?
WELL, YES AND NO.
Change vs. Sustain
You – the health Sherpa

four processes in MI

- planning
- evoking
- focusing
- engaging

Miller and Rollnick, 2012, p. 26
What works - Engagement

“What if, and I know this sounds kooky, we communicated with the employees.”

patients
What Doesn’t Work - Engagement

- Expert Trap
- Blaming Trap/Labelling Trap
- Chat Trap
- Jump the Gun Trap
- Not listening
Focus (aka Agenda)
Evoke - Examples

• “What would you like to change about your health?” (Desire)

• “If you decided to quit smoking, how likely would you do it?” (Ability)

• “What would the benefits be to quitting smoking?” or “What worries you most about continuing to smoke?” (Reason)

• “How important is it to you to quit smoking?” (Need)

• AVOID “Why haven’t you changed?” or “Why do you continue to smoke?”
Evoke - Framework

- Use the Acronym O-A-R-S
- Open ended?
- Affirmation
- Reflections
- Summary
The D’s of Motivational Interviewing
Finally, on to Planning
Applications of Motivational Interviewing
Connect the dots

- **Trauma Informed Care**
  - patient empowerment, choice, collaboration, safety and trustworthiness

- **Motivational Interviewing**
  - “a collaborative, person centered form of guiding to elicit and strengthen motivation for change.”
Our Patient

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Daily Practice – How I stay grounded

Three rules of engagement:

• Always lead with compassion
• Listen first, talk last
• Practice radical candor
Thank you
Outstanding Resources for Further Learning

• TED Talk Nadine Burke Harris
• University at Buffalo Primer
• Trauma Informed Care Project
• Laying the Groundwork for Trauma Informed Care
• Motivational Interviewing Basics
• CMS Webinar Motivational Interviewing
• Dr. Damara Gutnick – ACP National Presenter
• Resources to Advance Motivational Interviewing Skills