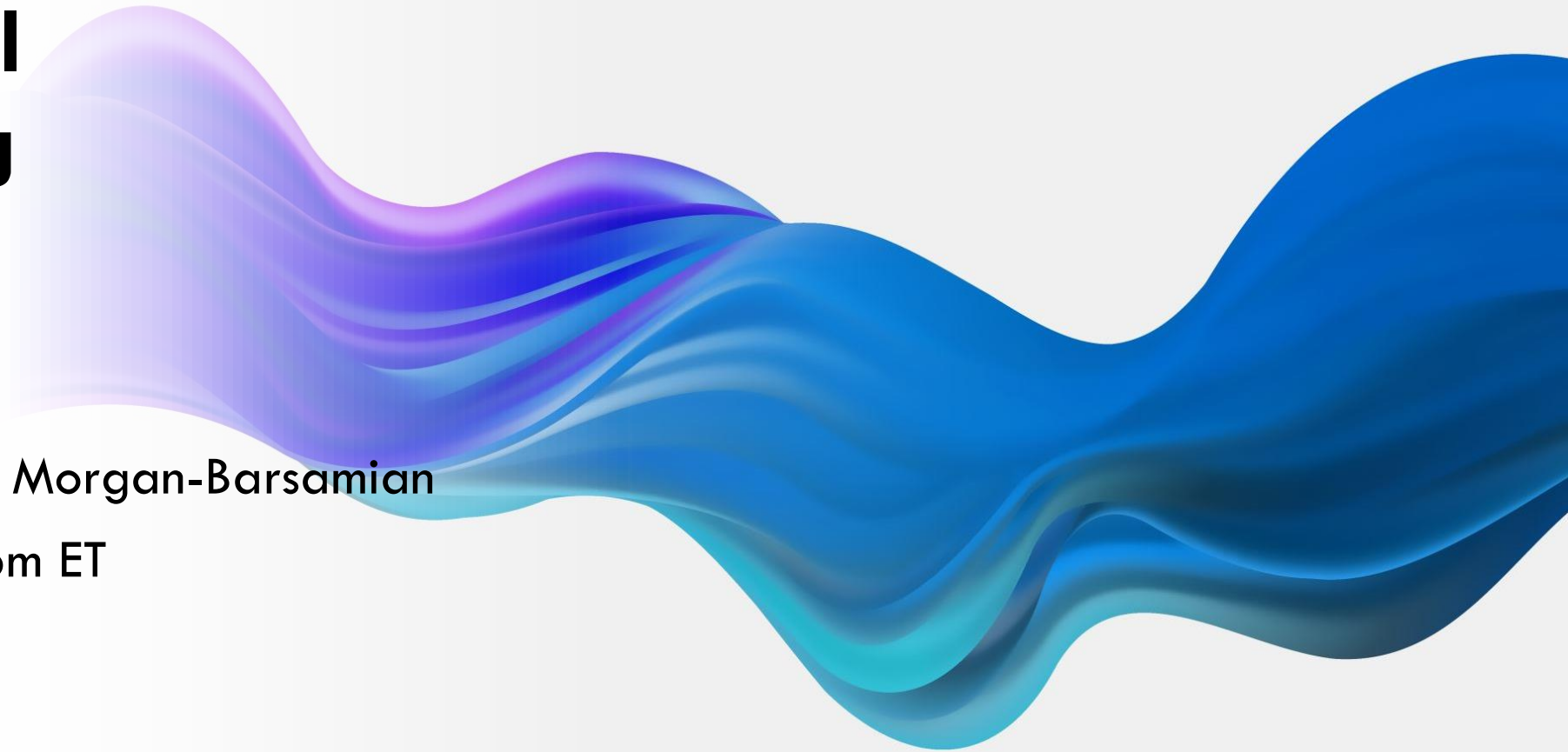


Why AD? The Power of Motivational Interviewing & Behavior Change

Zack Dumont & Anna Morgan-Barsamian

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Today's Facilitators



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Disclosures



No conflicts of interest



No financial or non-financial relationships of concern

Today's Agenda

- Explore the **foundations of academic detailing**
- Understand the core concepts of **behavior change** and **motivational interviewing**
- Apply **motivational interviewing to detailing**
- Develop **motivational interviewing questions** to use during a detailing visit

The background features a series of overlapping, wavy, ribbon-like shapes in shades of blue and purple. The colors transition from a deep purple on the left to a bright blue on the right. The shapes have a soft, glowing appearance, suggesting a liquid or smoke-like texture. The overall effect is dynamic and modern.

Foundations of Academic Detailing

The Nuts & Bolts of AD

It's interactive, educational outreach:

- 1:1 visits in the frontline **clinician's office**
- Individualized **needs assessment**
- Using educational “**Detailing Aids**” to provide **visual support** for clinician learning
- Communicates the **best evidence**



The Nuts & Bolts of AD

Information is provided interactively to:

- Understand the clinician's **knowledge, attitudes, behavior**
- Keep the practitioner **engaged** while continuing to assess needs
- Encourage behavior change via **action-based key messages**



The Nuts & Bolts of AD

- The visit ends with an agreed upon **commitment to specific practice changes**
- Detailers **stay in contact to support clinicians** in adopting new approaches
- Over time, the **relationship is strengthened**, based on **trust and service**



Thinking About the Approach

**WHAT COMES TO MIND
WHEN YOU HEAR THE
FOLLOWING?**

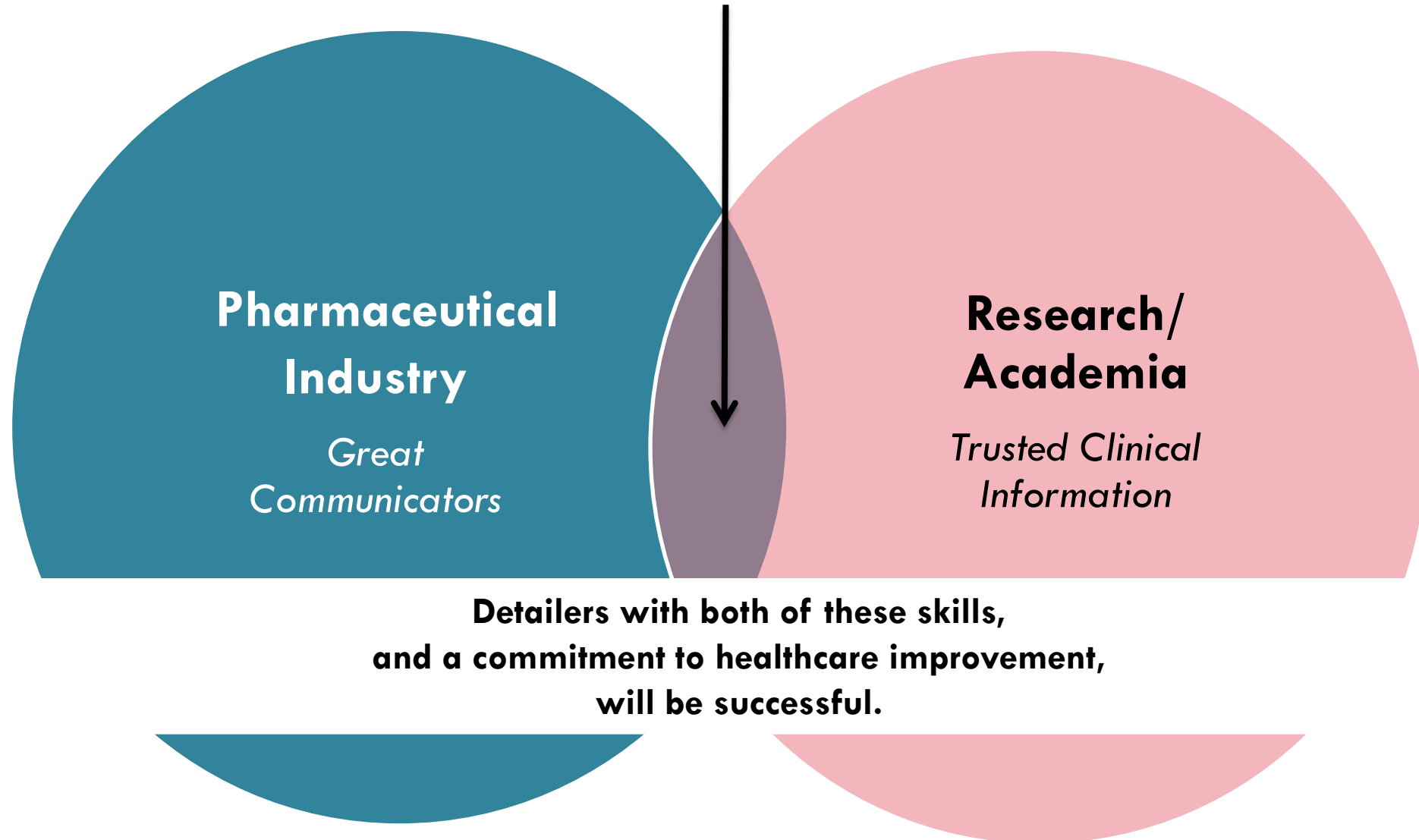
**“PHARMACEUTICAL SALES
REPRESENTATIVES”**

Thinking About the Approach

**WHAT COMES TO MIND
WHEN YOU HEAR THE
FOLLOWING?**

**“RESEARCHERS AND
ACADEMIC FACULTY”**

THE SWEET SPOT



**Pharmaceutical
Industry**

*Great
Communicators*

**Research/
Academia**

*Trusted Clinical
Information*

**Detailers with both of these skills,
and a commitment to healthcare improvement,
will be successful.**

What Clinicians Need

High Quality Data that's:

- ✓ Relevant to real-world decisions
- ✓ Customized to their clinical setting
- ✓ Practical and usable



Academic Detailing can offer:

- ✓ Support in a stressful profession
- ✓ Ability to reignite clinicians' passion for care and prevent burnout
- ✓ Continuous engagement through 1:1 visits



The Goal of Academic Detailing





Behavior Change & Motivational Interviewing



"There is something in **human nature** that resists being told what to do. Ironically, **acknowledging the right and freedom not to change** sometimes makes **change possible.**" -Rollnick & Miller

"People are generally **better persuaded** by the reasons which they have **themselves discovered** than by those which have come into the mind of others." -Pascal

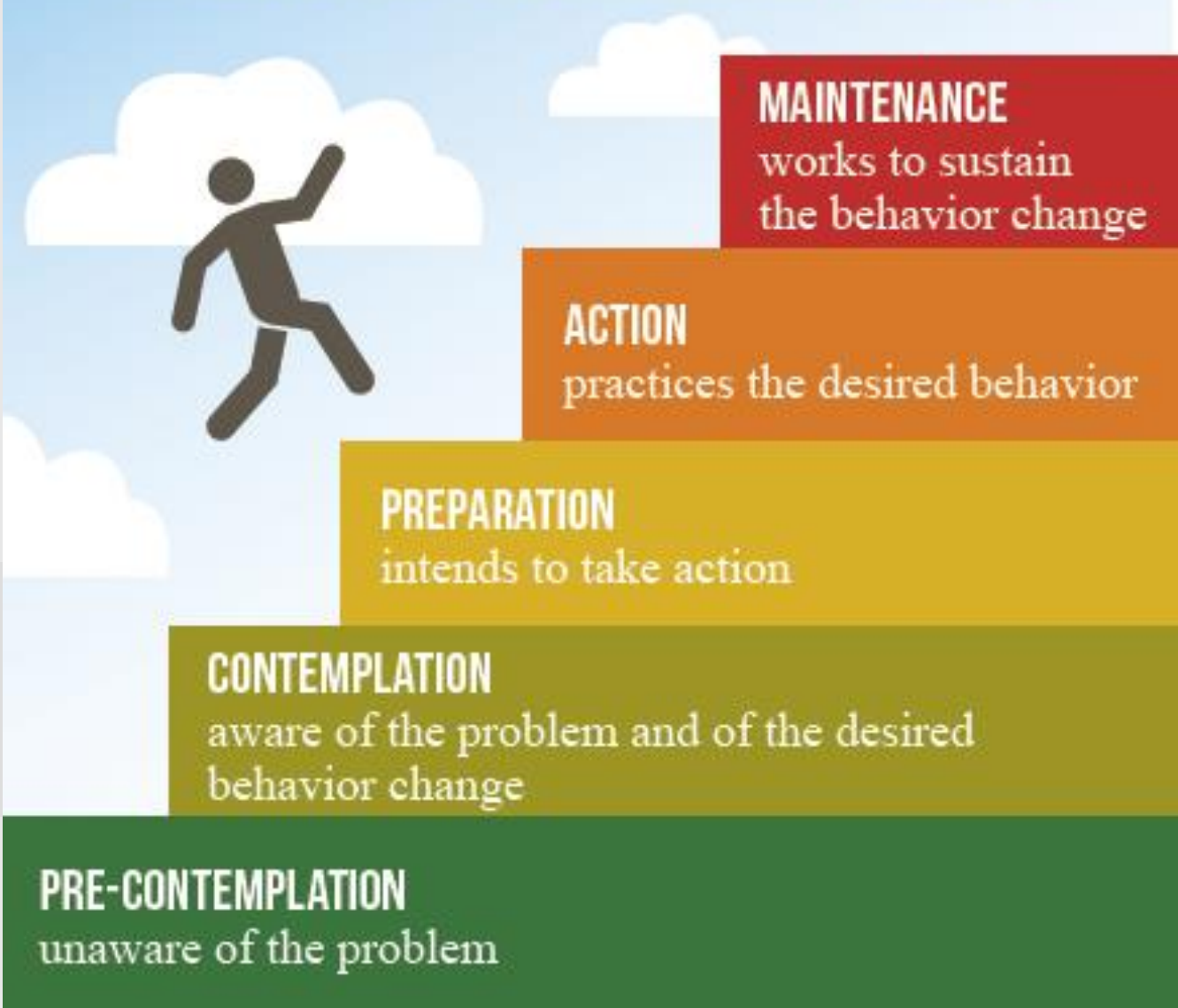
Rollnick S, Miller WR, Butler C. *Motivational interviewing in health care: helping patients change behavior.* Guilford Press; 2008.

Pascal, Blaise. *Thoughts.* The Harvard Classics. 1909–14.

Thinking About the Approach

**WHY WOULD SOMEONE
NOT WANT TO MAKE A
BEHAVIOR CHANGE?**

THE STAGES OF BEHAVIOR CHANGE



Thinking About the Approach

**HAVE YOU HEARD OF
OR USED
MOTIVATIONAL
INTERVIEWING BEFORE?**



What is Motivational Interviewing?

- An **evidence-based approach** to behavior change
- The **spirit of motivational interviewing** includes:
 - Compassion
 - Acceptance
 - Partnership
 - Evocation
 - Building a strong relationship with patients
- The overall goal is to watch for, evoke, and seek to strengthen **Change Talk**

What is Change Talk?

- Patient statements that indicate a **desire (D)**, **ability (A)**, **reason (R)**, or **need (N)** for change (**DARN**)
 - **Desire** (*I want to, I would like to, I wish ...*)
 - **Ability** (*I could, I can, I might be able to ...*)
 - **Reasons** (*It would be better if ...*)
 - **Need** (*I need to, I have to, I really should ...*)
- **REMEMBER: Reflect** Change Talk **back to the patient** throughout the visit and **present** it to them **in a summary** as the visit closes



Using Motivational Interviewing

MOTIVATIONAL INTERVIEWING SHOULD BE USED WITH PEOPLE WHEN:

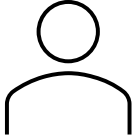
- **Ambivalence** and mixed feelings about a change is high
- **Confidence** in ability to make a change is low
- **Desire** to make a change is low
- **Importance** of the benefits of a change is low



A group of people, mostly men, are shown from the chest up, arranged in a circle. They have their hands raised, palms facing outwards, in a gesture of agreement, support, or participation. The background is slightly blurred, focusing attention on the hands and the central text. The overall tone is professional and collaborative.

Breakouts: Motivational Interviewing Case Study

Case Study: The Facts



- Justine is a 55-year-old cisgender female who presents to her primary care clinic for a routine physical.



- She has hypertension and Type 2 diabetes.



- At the beginning of the visit, she expresses to her provider that she's feeling down because she's gained 10 lbs. in the past year and isn't feeling as healthy as she has in the past.

Breakouts: Discussion Questions

1. **Introduce yourself** and **your program** to your small group.
2. **Share your own experiences** with behavior change and/or motivational interviewing (*personal or professional*).
3. **Reflect on the case study:**
 - What kind of questions could you ask Justine to better understand the change she wants to make? (*Come up with 3 questions.*)
 - How will you assess if Justine is ready to make a change? (*Come up with 3 statements or questions.*)

Small Group Logistics

- The discussion goals will be available to view in your chatbox
- You can request help from the host if you need assistance from the NaRCAD team
- See you in 15 minutes!





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Large Group Discussion



Applying Motivational Interviewing to Academic Detailing

Improving Clinician Engagement Through Motivational Interviewing: Steps for Success

- 1. Assess readiness**
- 2. Prioritize needs**
- 3. Identify pros & cons**
- 4. Explore confidence**
- 5. Summarize & encourage small steps**



1. Assess Readiness



See if the clinician is ready to make a change

- Ask: ***“Are you aware of the [insert tool or intervention]?”***
- Share the features and benefits of the tool or intervention
- Offer additional resources, studies, etc. if needed

2. Prioritize Needs

Understand priorities for the clinician and their patients

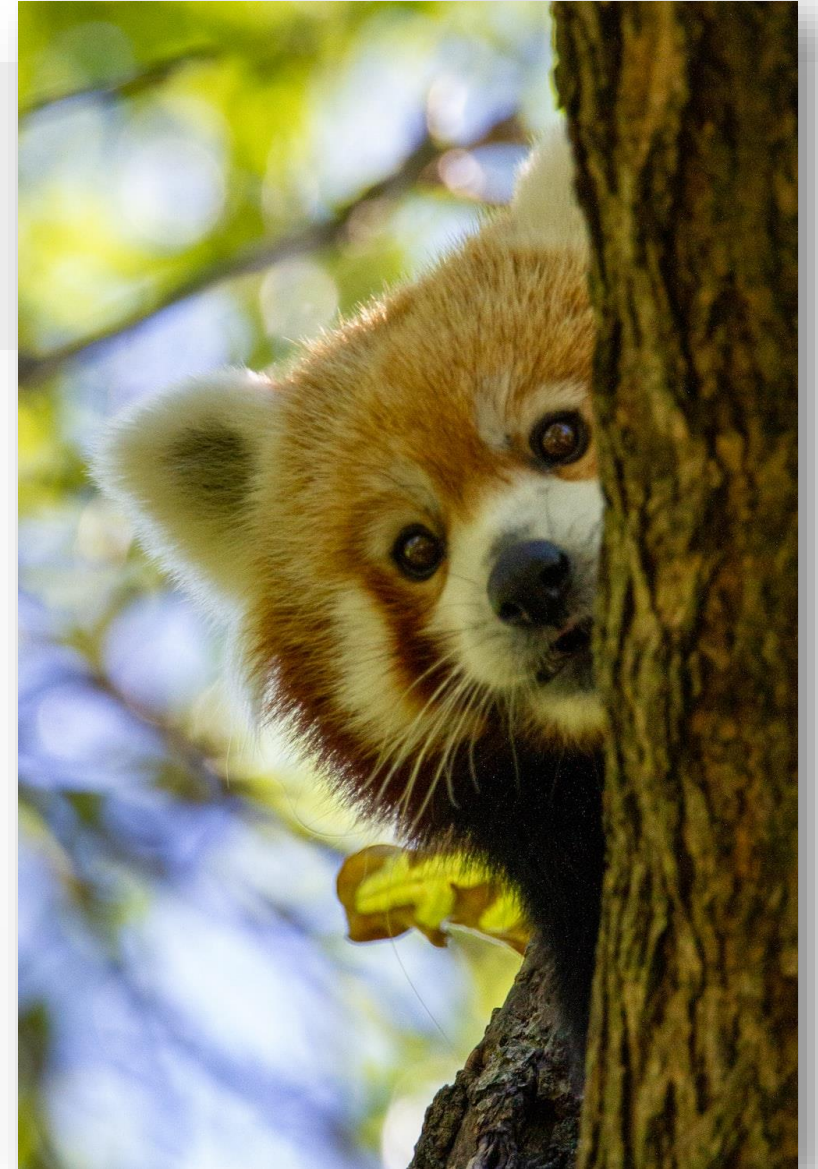
- Ask: ***“What are your thoughts on [insert intervention or tool] – is this important for you to provide to your patients?”***
- Remind the clinician that you both want to improve patient health outcomes



3. Identify Pros & Cons

Allow the clinician space to share both pros and cons

- You can say: ***“Talk to me about some of the barriers or challenges you see in implementing this change.”*** or ***“It sounds like you believe that this will help your patients – tell me the benefits you think will come of this change.”***
- Ask questions that go beyond your basic needs assessment questions
- The goal is for the clinician to be able to weigh the pros and cons and come to a decision on their own



4. Explore Confidence

Explore the clinician's confidence in making a change

- Ask: ***“On a scale of 1-10, how confident are you in making this change?”***
- After the clinician rates their confidence level in making a change, explore their response with them by asking open-ended questions



5. Summarize & Encourage Small Steps Forward

Summarize the conversation up until this point and offer the clinician options for small steps toward change

- You can say: ***“You told me that doing [insert new intervention, tool, etc.] will [insert barrier], but you feel that it will also improve the health outcomes of your patients. Would you be open to [insert steps toward behavior change] with the next three patients you see?”***
- Reflect what was discussed to the clinician in a clear and concise way
- Offer options for small steps toward change and allow the clinician to choose next steps that resonate with them



Breakouts: Developing Questions for Detailing Visits

Breakouts: Discussion Questions

- **Critique** the following **needs assessment questions** and **discuss the below for each**:
 - From an *MI* perspective, why does this question work or not work for an *AD* visit?
 - How could you improve this question from an *MI* perspective? (*Come up with 2-3 improvements for each.*)

NEEDS ASSESSMENT QUESTIONS

- 1. You must take sexual health histories on all your patients - do you do that?*
- 2. What are some good things about using the PHQ9 to screen for depression and what are some not so good things?*
- 3. Do you want to make changes to the way you care for your patients with opioid use disorder?*

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- See you in 15 minutes!





Large Group Discussion



THANK YOU!

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