



The Health Promotion 6Pack (Hp6): *Motivating Patients to Change Unhealthy Behaviours in Clinical Practice*

**AFHTO Conference
October 15, 2014 (3PM – 3:45PM)**

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Faculty Disclosures:

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- Pfizer Inc. Canada, Pfizer Global

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- **NO TOBACCO or ALCOHOL or FOOD INDUSTRY FUNDING**



Disclaimer

The recipient of the funding is in compliance with the CMA and the CPA guidelines / recommendations for interaction with the pharmaceutical industry.

These materials (and any other materials provided in connection with this presentation) as well as the verbal presentation and any discussions, set out only general principles and approaches to assessment and treatment pertaining to tobacco cessation interventions, but do not constitute clinical or other advice as to any particular situations and do not replace the need for individualized clinical assessment and treatment plans by health care professionals with knowledge of the specific circumstances.



TEACH Curriculum Development

The TEACH Curriculum and slides were developed and compiled with funding from the Government of Ontario, Ministry of Health and Long Term Care. Content of slides are primarily based on evidence based guidelines including:

- CAN-ADAPTT Canadian Practice Guidelines Initiative – developed in collaboration with national experts in tobacco cessation and health behaviour change (www.can-adaptt.net)
- US Guidelines Treating Tobacco Use and Dependence: Clinical Practice Guideline 2008 Update. US Department of Health and Human Services, Public Health Service
- Rethinking Stop-Smoking Medications: Treatment Myths and Medical Realities OMA Position Paper, January 2008.

The development and delivery of the TEACH curriculum is not influenced or funded in any part by tobacco industry. TEACH has not received funding from the tobacco industry. The development of the TEACH curriculum has not been influenced by pharmaceutical industry. TEACH project received a \$10 000 unrestricted grant from Pfizer, to develop video vignettes that are used in our training. Information presented on pharmacotherapy refers to generic products only, and recommendations are based on existing research, including the CAN-ADAPTT and US guidelines. An algorithm is provided to help practitioners determine if and which pharmacotherapy is appropriate for a smoker.



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What is Your Primary Practice Setting?

- a. Hospital / acute care
- b. Primary care
- c. Long term care
- d. Community care
- e. Specialty care



Learning Objective

1. Develop an implementation plan of a 5 step model to enhance readiness to change during an office visit.

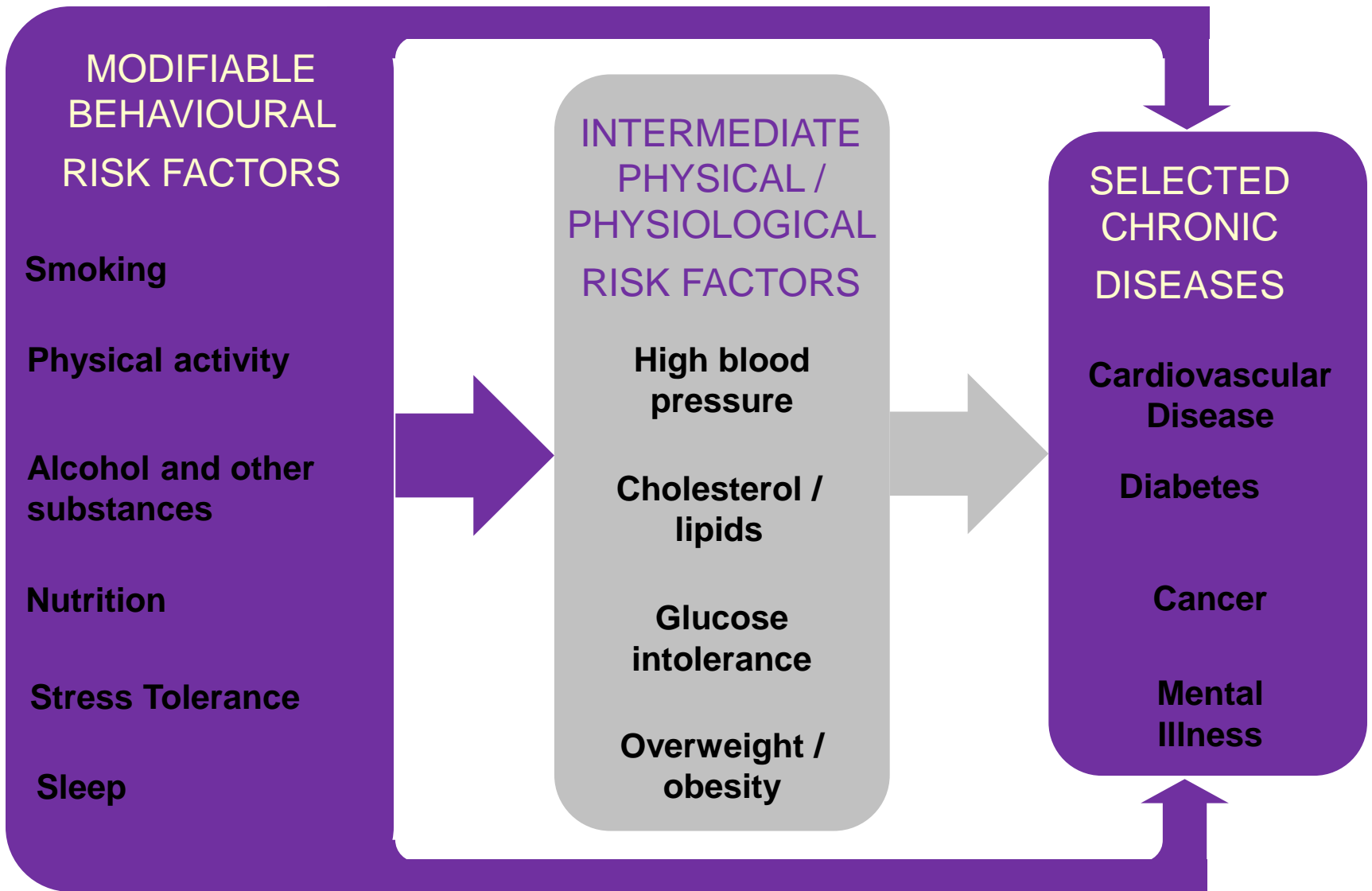


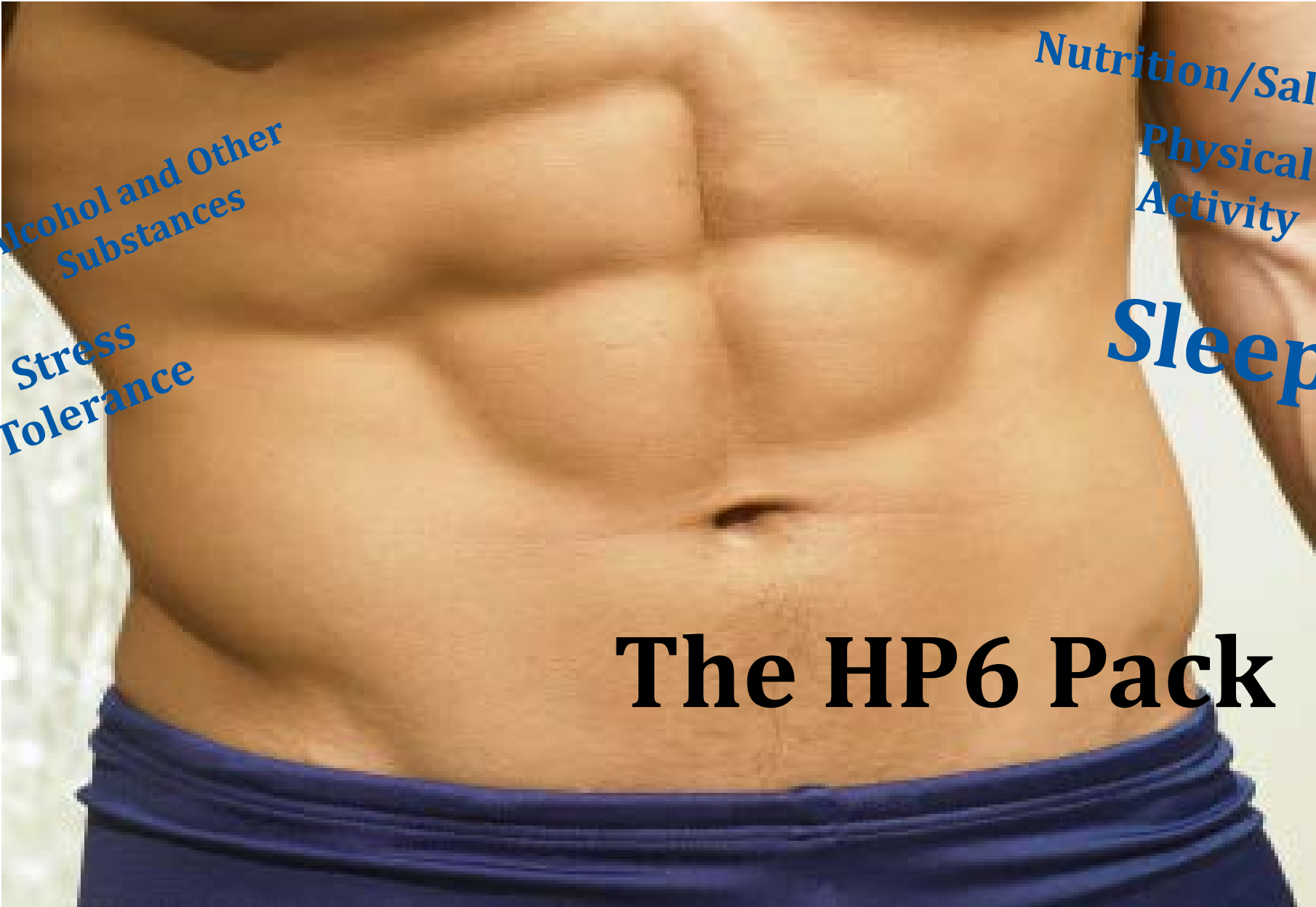
National Burden of the “Big Four”

Canadian Population	34,200,000
Deaths so far this year	
Chronic Diseases	143,434
Cardiovascular Disease	65,550
Cancer	54,987
Chronic Respiratory Disease	10,802
Diabetes	5,756
Mental Disorders	5,137
Musculoskeletal Diseases	1,197

The Chronic Disease Clock is constantly updating and in real-time. These numbers were generated November 14, 2012 at 10:50 am. For up-to-date numbers please visit http://www.phac-aspc.gc.ca/ccdpc-cpcmc/index_e.html







**Alcohol and Other
Substances**

**Stress
Tolerance**

Nutrition/Salt

**Physical
Activity**

Sleep

The HP6 Pack



- Collectively, the five risks reduced life expectancy by 7.5 years
- The greatest impact on reduced life expectancy was from current smoking, physical activity and unhealthy eating

(PHO Report: Seven More Years: The Impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario, April 2012)



Reducing the burden

- Increase life expectancy by up to **3.7 years** (through improvement to a person's most impactful behaviour risk)
- Biggest impact on health
 - 37% need to become more physically active
 - 29% need to improve their diet
 - 22% need to quit smoking



Common causal factors?

{ Social determinants of health
Biological determinants

Why Consider Integrated Disease Prevention?

- Clustering of risk factors
- Interaction of risk factors
- Impact on chronic disease



....So why do we treat them in isolation?



Challenges of Addressing Multiple Behavioural Risk Factors

- Priorities: Acute treatment of life threatening illness
- Belief that other factors are more important
- Unaware of effective interventions
- Effective interventions for addressing multiple risk factors are not known
- There is no “magic bullet”
- Patient or provider readiness for change
- Time



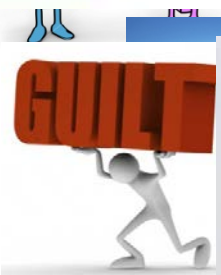
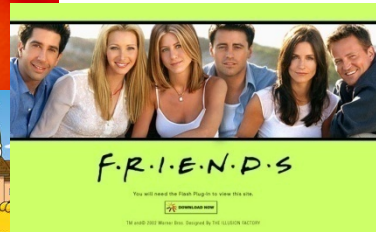
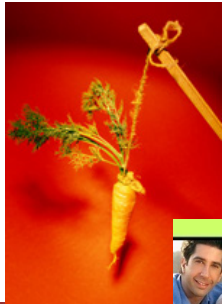
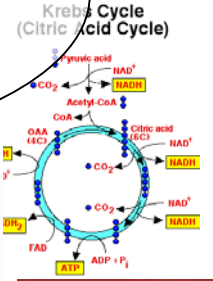
Healthcare Practitioner Goals

1. **Empower the patient**
2. **Use Motivational Interviewing as a means to empower**
3. **Change within the context**



Determinants of Change

You should just lose some weight!



So how do I get people to change?



Cajole

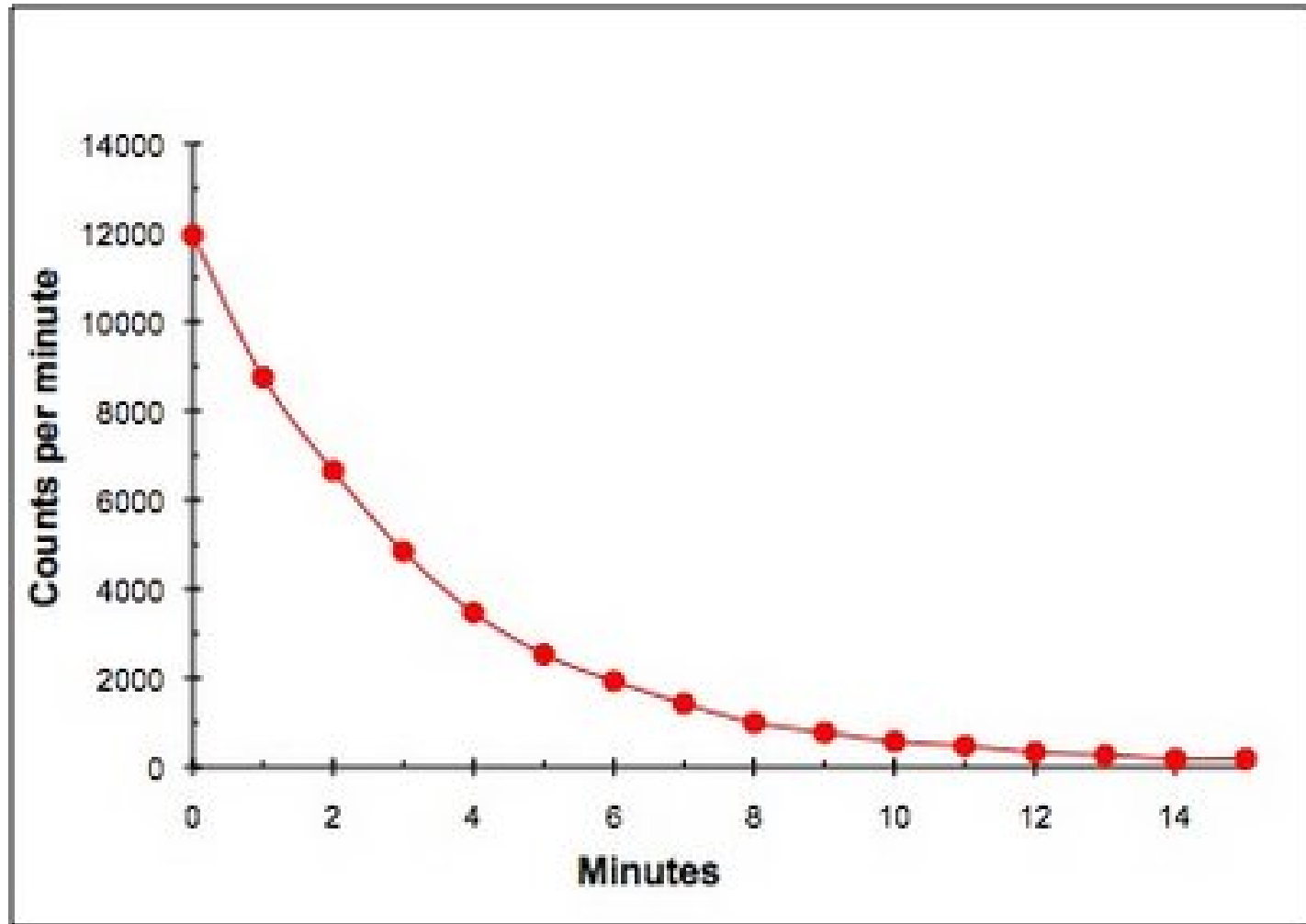


Threaten



Beg

ADVICE HAS A SHORT HALF LIFE





Motivating Change!

Three Communication Styles

Direct



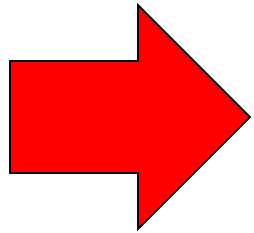
Follow



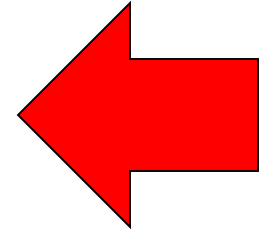
Guide



Guiding:

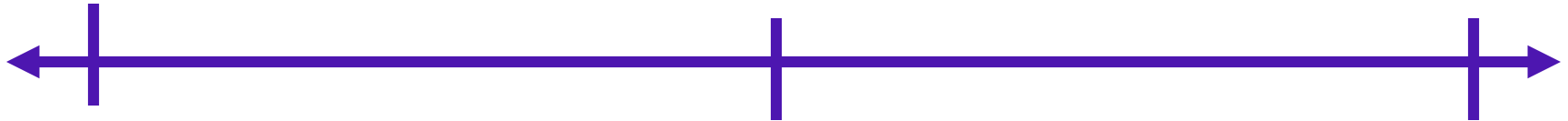


Motivational Interviewing



Solution-focused therapy

(Asking)



Following:

Psychodynamic
Psychotherapy
Rogerian Therapy
(Listening)

Directing:

Behavioural Therapy
CBT
Reality Therapy
Dr. Phil
(Informing)



OARS



OPEN questions (to elicit client change talk)

AFFIRM the client appropriately (support, emphasize personal control)

REFLECT (try for complex reflections)

SUMMARIZE offering double-sided reflection

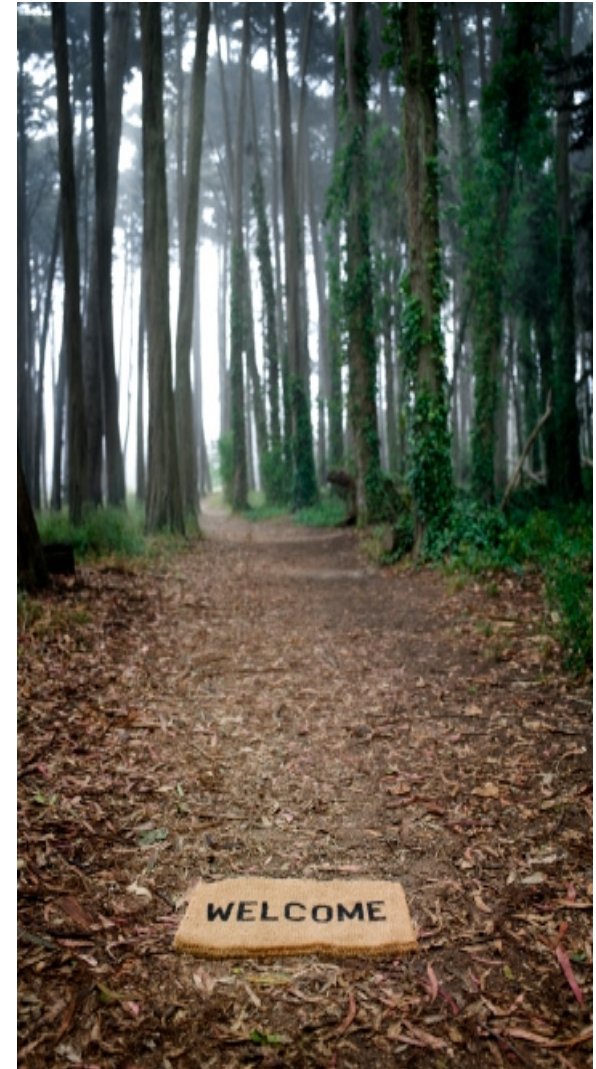
Planning for Change

- Agenda Mapping
- S.T.O.P. Framework
- EBB: Environment, Biology, Behaviour



Agenda Mapping

- A tool to help clients choose what area toward better health they want to start with
- No topic is off limits – success in one area can lead to success in another
- Maintain client autonomy



- Start with understanding the patient's perspectives and preferences
- With permission provide additional suggestions or information
- Pay attention to “trapping” the person by suggesting a lifestyle change (or focusing too soon on change) once the person raises a lifestyle area



“What are some issues you feel are affecting your life today and you may want to change?”

Asthma

Healthy Eating

Stress

Finances

Diabetes

Relationship



“Would it be ok for me to share some additional concerns I have?”

Asthma

Healthy Eating

Medication

Smoking

Stress

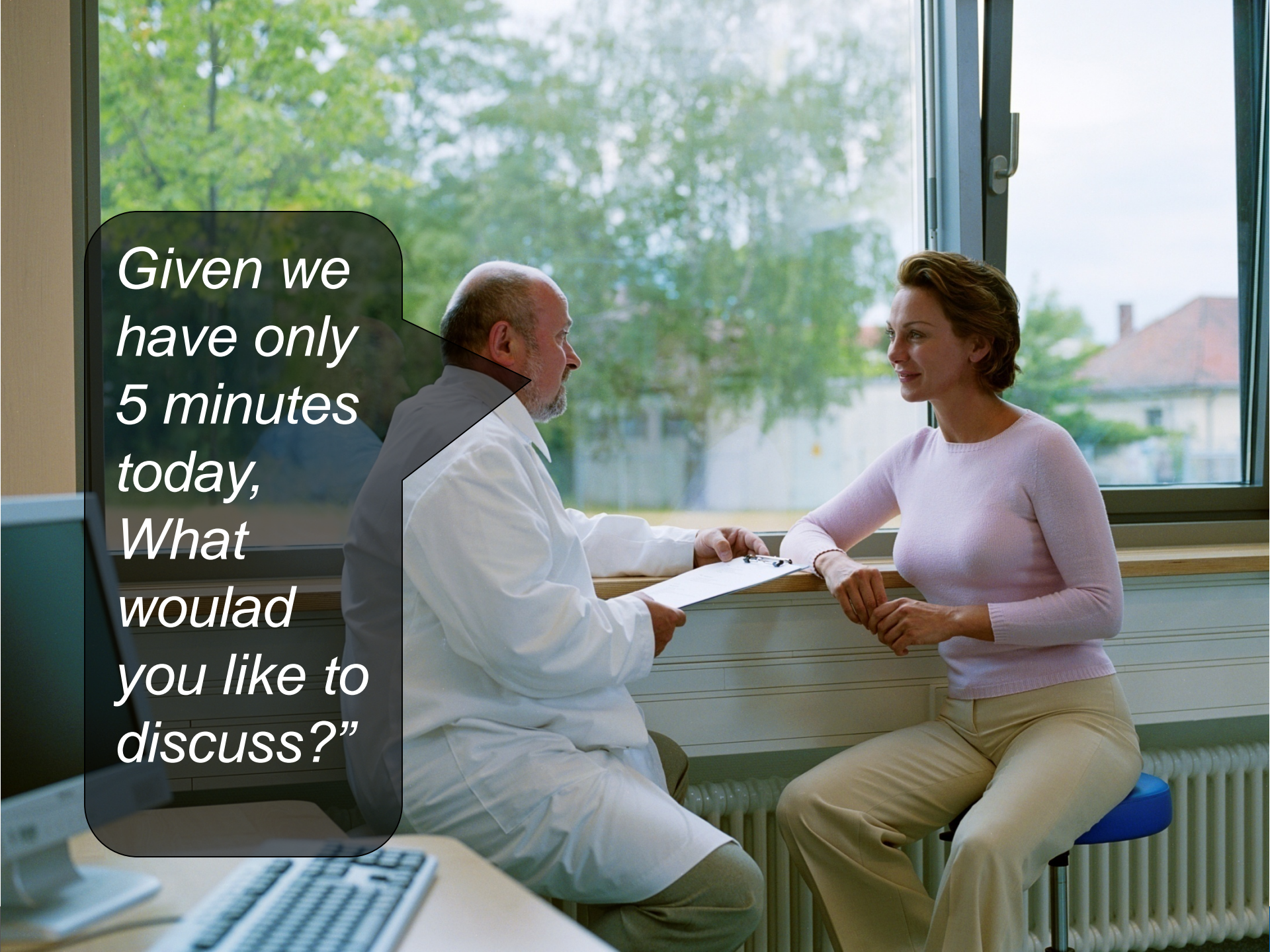
Finances

Diabetes

Relationship

Alcohol



A doctor in a white lab coat is sitting at a desk, looking at a clipboard. A woman in a pink sweater is sitting on a blue stool, looking at the doctor. They are in a bright room with a large window in the background. The text is overlaid on the left side of the image.

*Given we
have only
5 minutes
today,
What
would
you like to
discuss?"*

Skills used for Agenda Mapping: OARS, EPE



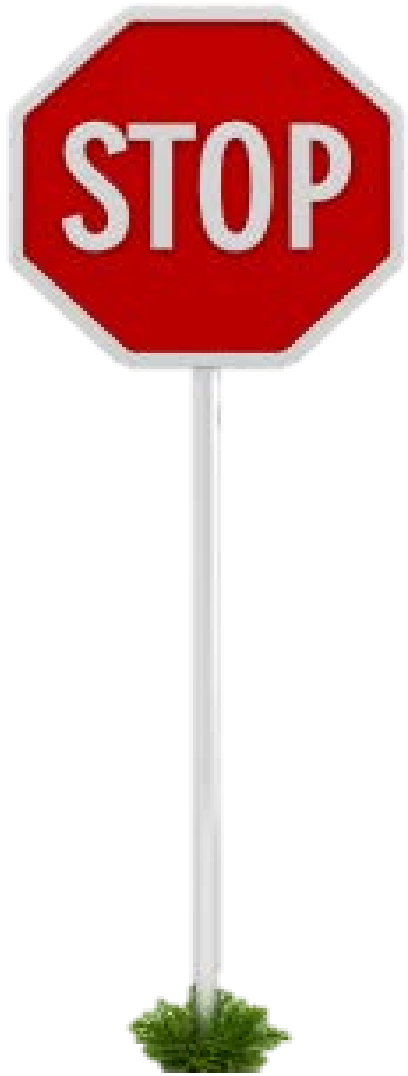
Elicit the patient's understanding of the problem



Provide information



Elicit patient's response to your information



1. **S**TRATEGIZE
2. **T**AKE ACTION
3. **O**PTIMIZE
4. **P**REVENT RELAPSE
(PERSEVERE)

ENVIRONMENT – BEHAVIOUR

- BIOLOGY

	Environment	Behaviour	Biology
Quitting Smoking Factors that support the continuation of smoking	Partner smokes Smoke in home Colleagues smoke	Smoke with my morning coffee Smoke after dinner Smoke more when I drink alcohol	Smoke 2 packs/day Experience severe withdrawal when I can't smoke

	Environment	Behaviour	Biology
Quitting Smoking Factors that will support quitting smoking	Make home smoke free Go on break with colleague who doesn't smoke	Switch to decaf Finish dinner and wash dishes right away Stop alcohol for a while	Talk to doctor about NRT



TAKE ACTION

Set a quit/change date

Practice quitting

OPTIMIZE

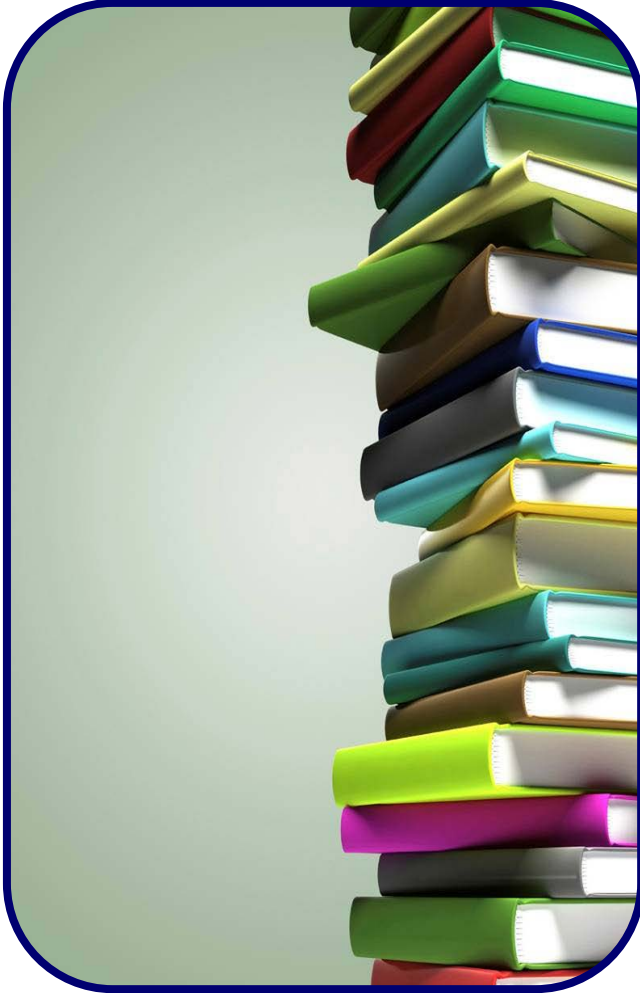
Revisit the EBB plan and what needs to be tweaked

PREVENT RELAPSE

Continue to monitor triggers and develop coping skills

How do you feel dealing with complexity?





Resources

Motivational Interviewing Resources

Motivational Interviewing: Preparing People for Change (2002)

William R. Miller and Stephen Rollnick

Building Motivation Interviewing Skills: A Practitioner Workbook (2009)

David B. Rosengren

Motivational Dialogue: Preparing Addiction Professionals for Motivational Interviewing Practice (2007)

Gillian Tober and Duncan Raistrick (Ed.)

Motivational Interviewing in Health Care: Helping Patients Change Behaviour (2008)

Stephen Rollnick, William R. Miller, Christopher C. Butler

Motivational Interviewing with Adolescents and Young Adults (2011)

Sylvie Naar-King and Marian Suarez

www.motivationalinterview.org



TEACH YouTube Channel:

<http://www.youtube.com/user/teachproject#p/u>

The screenshot displays the YouTube channel page for 'teachproject's Channel'. At the top, there are navigation tabs for 'All', 'Uploads', and 'Favorites', with 'Uploads' currently selected. A search bar is located in the top right corner. The main content area features a video player showing a man in a suit and glasses speaking in a clinical setting. Below the video player are options to 'Info', 'Favorite', 'Share', 'Playlists', and 'Flag'. The video title is 'Dr. Peter Selby - MI Skills - Tobacco Cessation - Ambivalent Client' with a link to 'www.teachproject.ca'. The video was uploaded by 'teachproject' on June 29, 2010, and has 436 views. A description follows, detailing the video's focus on motivational interviewing skills for ambivalent clients, with a list of skills and a '(more info)' link. Below the description are links for 'View comments, related videos, and more'. To the right of the video player is a list of uploads, each with a thumbnail, title, view count, and upload time. The uploads include: 'Bad Doc - Tobacco Cessation' (438 views, 7 months ago, 4:09), 'Good Doc - Tobacco Cessation' (406 views, 7 months ago, 4:58), 'Dr. Peter Selby - Tobacco Cessation' (386 views, 7 months ago, 6:07), 'Rosa Dragonetti - Tobacco Cessation' (349 views, 7 months ago, 7:57), 'Dr. Peter Selby - MI Skills - Tobacco' (204 views, 7 months ago, 3:30), 'Dr. Peter Selby - MI Skills - Tobacco' (436 views, 7 months ago, 8:56), and 'Dr. Marilyn Herie - MI Skills - Tobacco'. At the bottom of the page, there is a search bar containing 'teachproject' and a 'Subscribers (3)' indicator. The system tray at the very bottom shows the 'Internet' icon and a 100% zoom level.

teachproject's Channel **Subscribe** All **Uploads** Favorites

Search

Date Added | Most Viewed | Top Rated

Bad Doc - Tobacco Cessation
438 views - 7 months ago
4:09

Good Doc - Tobacco Cessation
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Dr. Marilyn Herie - MI Skills - Tobacco

teachproject **Subscribers (3)**

Internet 100%

CAN-ADAPTT

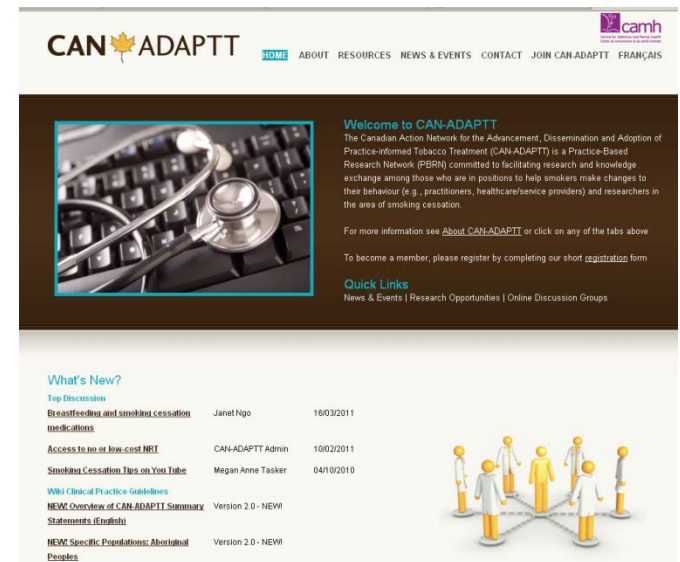
Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment

CAN-ADAPTT is a practice-based research network designed to facilitate knowledge exchange in the area of smoking cessation between practitioners, healthcare providers and researchers. It includes

- Access to a dynamic set of Tobacco Control Guidelines

For further information or to register for free, please visit

www.can-adaptt.net



The screenshot shows the CAN-ADAPTT website homepage. At the top, the logo 'CAN-ADAPTT' is displayed with a maple leaf icon. Navigation links include HOME, ABOUT, RESOURCES, NEWS & EVENTS, CONTACT, JOIN CAN-ADAPTT, and FRANÇAIS. The main content area features a 'Welcome to CAN-ADAPTT' section with a stethoscope on a keyboard image and a brief description of the network. Below this is a 'What's New?' section with a table of recent updates.

Topic	Author	Date
Top Discussion: Breastfeeding and smoking cessation medications	Janet Ngo	16/03/2011
Access to no or low-cost NRT	CAN-ADAPTT Admin	10/02/2011
Smoking Cessation Tips on YouTube	Megan Anne Tasker	04/10/2010
WHO Clinical Practice Guidelines: NEW! Overview of CAN-ADAPTT Summary Statements (English)	Version 2.0 - NEW!	
NEW! Specific Populations: Aboriginal Peoples	Version 2.0 - NEW!	



You are not alone. **Join** the Pregnets community discussion. [+ JOIN NOW](#)



Common Questions

On this page you will find answers to common questions from moms and moms-to-be about smoking.

[Q Learn More](#)

About C-Changeinme

- Patient self-management tool for the prevention and management of cardiovascular disease co-morbidities
- Evidence Informed and Theory Based Online Behavioural Intervention
- Multi-pronged intervention
 - Credible health information (phase 1)
 - Health Risk Assessment (HRA) (phase 1&2)
 - Targeted diet and exercise strategies (phase 1)
 - Social Networking (phase 2)
 - Health Coaching (phase 2)
- Targets moderate to high risk individuals and/or individuals with family or friends with moderate to high risk

<http://c-changeprogram.ca>



Clinical Resource Centre (CRC)

Interactive resource for Canadian family physicians and other primary healthcare professionals to assist in the management of patients with multiple co-morbidities.

- Decision support tools
- Implementation information
- Case studies
- Web applications
- Provider education materials & support
- A patient self-management program – C-changeinme™

***OBJECTIVE:* to provide primary care healthcare professionals with concise, evidence-based information on CVD and chronic disease prevention and management, as well as practical clinical tools and strategies designed to aid in the day-to-day management of patients.**

***LONG TERM GOALS:* Facilitate health system and behavior change by increasing patient and physician interaction to better manage and prevent CVD.**



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- The NDS Team



The NDS Team

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Thank you!

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