Answers That Matter.

Symposium

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How changing our language can improve the diabetes consultation - Eli Lilly Symposium

Friday, 29 July 2011 Start 7:00pm Duration: 45mins Skeggs Room

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How Changing Our Language Can Improve the Diabetes Consultation

Training and Development Services

Disclosure

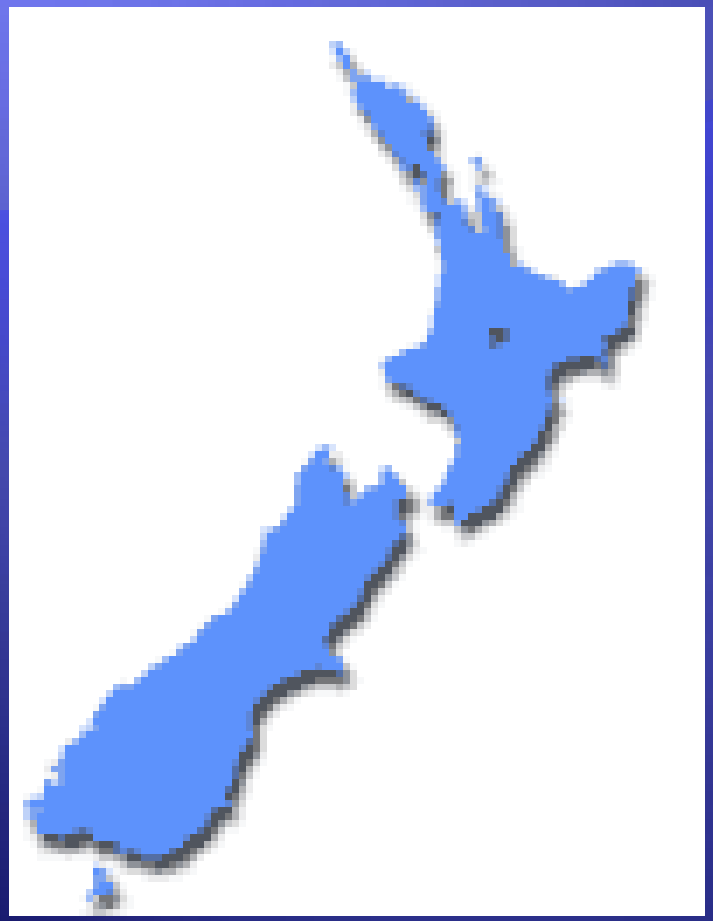
- I have received honoraria from Eli Lilly for speaking
- I have not received any consulting fees, educational or research grants, sponsorships or donations from pharmaceutical companies
- No previous or current TADS research has been funded by any pharmaceutical companies

TADS (Training and Development Services)
Behavioural Change Interventions

- Commenced 1995, University of Auckland
- Training of:
  - GPs, Practice Nurses, PHC professionals
  - Māori, Pacific, Youth
  - all those working at first point of contact
- Motivational Interviewing approach replaced by Brief Opportunistic Interventions in 2004

‘More than 2 out of 3 premature adult deaths is due to behaviour initiated in teens’

(WHO 2002)



‘ for a $60 million additional investment now in prevention, the taxpayer will save $400 million that would otherwise have to be spent on Type 2 diabetes complications in 2021’

Price Waterhouse Cooper’s economic outcome prediction

Reality Check

- Morbidity and mortality driven largely by chronic conditions and behavioural factors

- Lifestyle behavioural change relapse and non sustainability long term, very common

- For health practitioners frustration and 'time wasting' exerts influence on any behavioural intervention process

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The TOP 6 barriers to changing behaviour

Evaluation of Patients' Needs for Behavioural Interventions. (Docherty B. 2001) A n=375 Y n= 352

- Health professionals attitudes and behaviour
- Patient's dislike of screening tools
- Practitioners drive the change process
- 'Health' and 'illness' mixed with behaviour change
- Advice and health messages rarely equate to change
- Being 'ready' does not equate to being 'willing' (has the desire) and 'able' (has the power)

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We also learned..

- Thousands of missed opportunities daily in general practice
- Motivational Interviewing not a workable approach for primary health care
- No international tools relating specifically to lifestyle behaviour and mental health risks
- Missing link - a non threatening entry point into the person's world of personal behavioural practices

Themes from studies: (1) 2002

Oxford Centre for Diabetes, Oxford, England

A study lasting 6 years, tracked 188 people at high risk of diabetes

Researchers gave half the participants general advice on diet and exercise and the other half individualised recommendations

"**Failed to find any effect** of lifestyle interventions on the progression of the disease"

Themes from studies (2) 2006

Quality of Interaction between primary health care providers and patients with type 2 diabetes in Muscat Oman: an observational study

BMC Family Practice 2006 7:72doi: 10.1186/1471-2296-7-72

- 'Suboptimal consultations'
- 'Minimal lifestyle behaviour input'
- 'Believed ***continuous health education would encourage patients*** to participate in the dialogue'
- 'Empathic communications have correlated with lower BP, less anxiety BUT mixed results as to health and behavioural outcomes'

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Themes --Diabetes Tracking Study 2011

1. **Engagement**

Language

Exit interviews identified nurses 'talked at them'

2. **Missed Opportunities/missed cues**

Medical issues and symptoms raised by patient

Behavioural issues raised by patient

3. **Consultation process**

Health professionals' unaware of prior diabetes input

Length of consult/duplication of information

Time spent on diabetes versus behaviour change

Little patient input

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GP Exit Interview (DTS)

"As the patient is given more information and advice from me about their diabetes they will become more expert in it, and are then able to manage both lifestyle and medication aspects more expertly".

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Patient Exit Interview (DTS)

" I am a registered nurse. You'd think I could stand up for myself. But the patronising tone about losing weight from someone I have always liked, totally took over the consultation. I had after all just lost my job but she was determined to stay with that algorithm".

Our Talk Fest


Are you sure the Doc said one glass a day is ok??
SANDWICHES
Ouvert Jour

Practitioner Driven

“I would like you to...”

“Here are some NRT patches...”

“The best way to lose weight is...”

“Here are some pamphlets to read...”

“It’s important that you get some exercise so I’ll give you a green prescription...”

Less is More

Tell me what you already know about diabetes?

What do you fear most about having diabetes?

Practitioner Driven

- Are you still going to the gym?
- I'm not drinking so much now
- 'It's really important that you take your medication if you don't want another heart attack…..'
- How much weight have you lost?
- How many cigarettes do you smoke each day?

Person Focused

- What do you enjoy most about going to the gym?
- What is the main benefit you are noticing by not drinking so much?
- 'What is the one thing you dislike most about taking pills?' ……
- What's the thing you've noticed most about eating differently?
- What do you like about smoking?
- And what's not so enjoyable about it?

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Which one?-------


tobacco smoking
other drugs
physical activity
weight
mild/mod anxiety
gambling
relationships
mild/mod depression
alcohol
violence
stress
sexual practices
medication adherence
anger
other

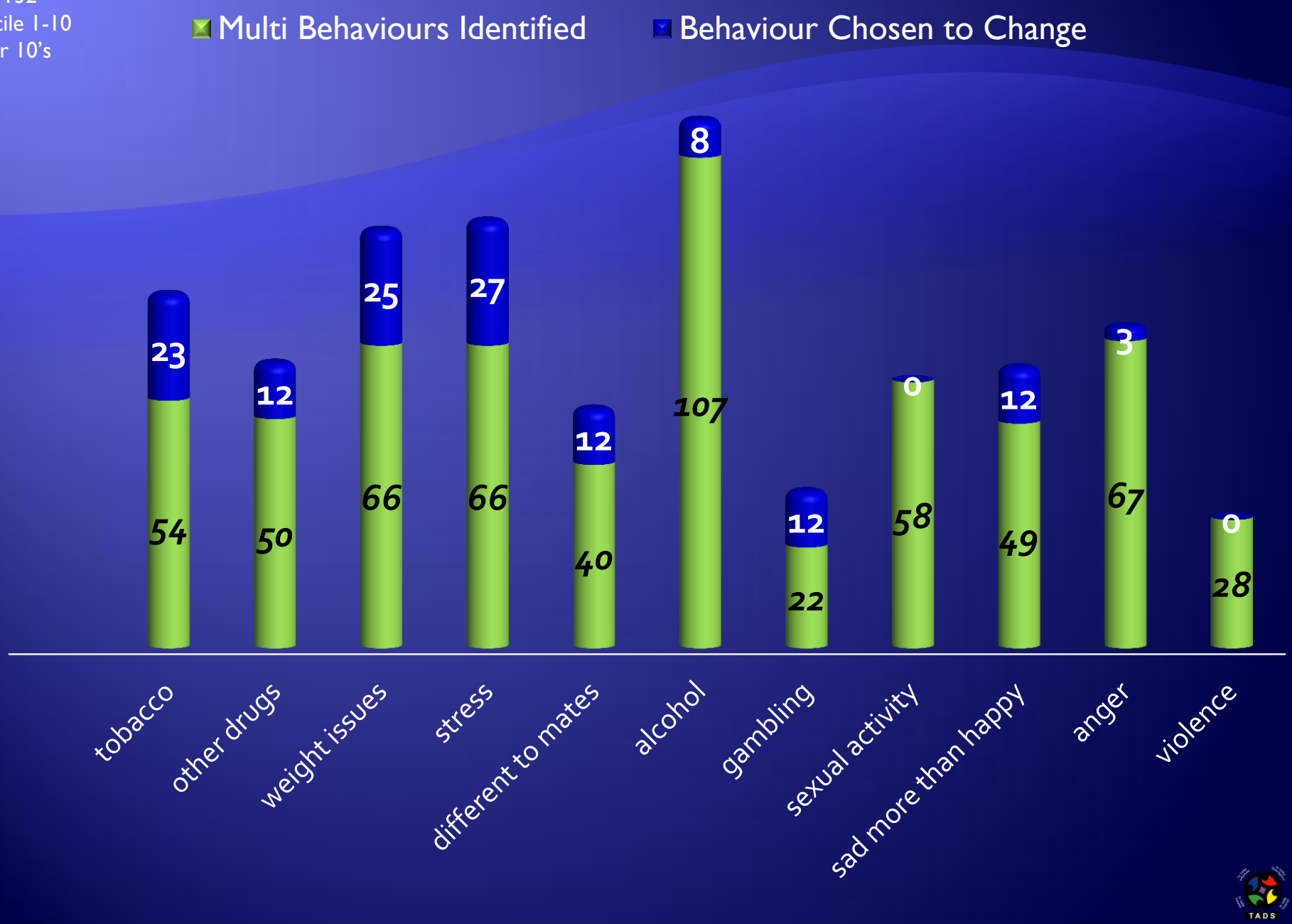
The TADS PACT© Personal Assessment Choice Tool

- Tobacco
- Alcohol
- Other drugs
- Gambling
- Depression
- Anxiety/stress
- Abuse/violence
- Anger
- Weight
- Physical activity
- Sexual Activity *(Youth PACT only)*

- A short, multi item behavioural and mental health risks questionnaire
- Non threatening, non invasive entry into the person's world of behaviours
- The responses are private to the person
- TADS PACT© the communication entry point- TADS BOI the communication continuum
- Not for 'risk assessment' or screening
- Opportunistic, time efficient and cost effective

TADS Youth PACT© Validation 2006

N= 132
Decile 1-10
Year 10's

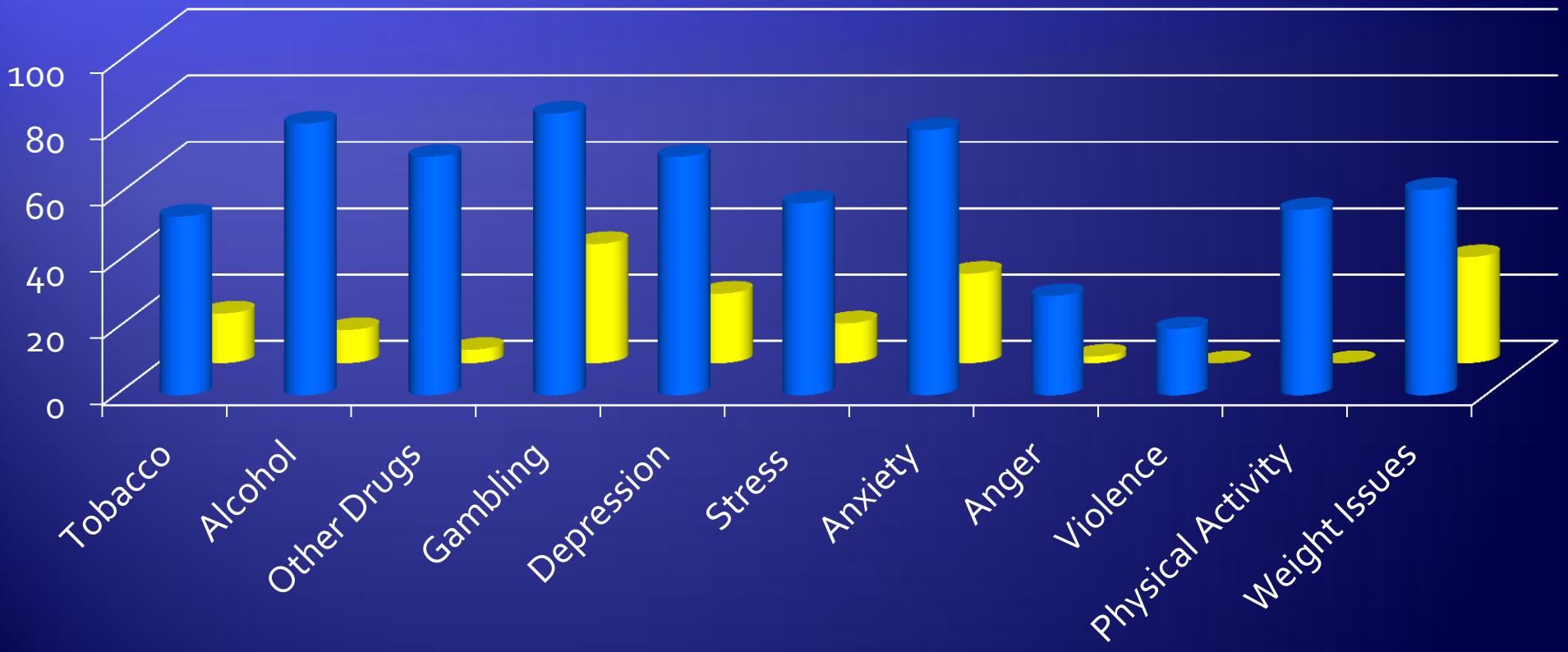


TADS PACT © Adult 2004-2005

Nursing and Medical Students

n=104

Ages 21-34 years



A Wish List for Diabetes Management

- The structure of diabetes consultations moves to a person focused, person driven approach
- Cherry picking - tobacco, obesity, physical inactivity acknowledged as only a portion of the whole picture
- Cost and time efficient enjoyable diabetes interactions occur because 'more' has been swapped for 'less'
- Sharing of prior diabetes interactions is the norm between health professionals
- Training in behavioural change skills is a core requirement for diabetes health workers
- Funding for prevention is a given, rather than a shallow immersion

Our primary role in working alongside people with diabetes is not to push our personal agenda, but rather **facilitate** in removing the obstacles to successful interactons

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Takeaway Tips

- Less is More
- How we speak to people is far more important than what we say to them
- Sharing of information rather than imparting it
- **Ready** doesn't mean willing and able to do it
- The Big picture is more important than the Big 3
- When we change our behaviour, our patients will follow
- Every opportunity is a BOI opportunity- it becomes your second skin stress buster

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It’s question time!

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