

The Impact of Motivational Interviewing and Patient-Directed Goal Setting on Patient-Centered Care Delivery

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Background

- Engaging patients in their health care decision making improves health outcomes and resource utilization.¹
- Motivational interviewing (MI) is a person-centered, collaborative, and goal-oriented communication style intended to elicit and strengthen an individual's own reasons, motivation and commitment to change.²
- Motivational interviewing is effective in changing lifestyle behavior in a variety of health behavioral applications.^{2,3,4,5}
- Most effective MI training methods involve lecture, discussion, demonstration/modeling, and practice.⁶

Project Aims

- Test if MI training results in a change in Targeted RNs' knowledge/values/confidence/behaviors in patient-centered care and RNs' essential attributes for patient-centered care.
- Examine if MI training results in Targeted RNs engaging patients in setting personal goals.
- Examine if this MI training results in patients progressing toward/achieving their goals.

Framework

- MI served as the framework for Evidence-Based Practice (EBP) project.

Setting and Sample

Registered Nurse Demographics (n = 24)¹

Type of RN	n	%
RN Care Coordinator	8	33
Community Based Case Manager	5	21
Clinic RN	1	4
Home Care RN Case Manager	10	42
Highest Nursing Education		
Associate	8	33
BSN	11	46
Masters	5	21
Years of Nursing Experience		
0-5	2	8
6-20	13	34
21+	9	39

- A regional market of a large Midwest not-for-profit healthcare system, serving primarily rural and suburban communities.
- N = 26 completed on-line learning modules and MI classroom training.
- Targeted Nurses* (n = 18) documented patient-centered goals in the EHR.

*Comprised of Community-based Case Managers (CBCMs), advanced practice Clinical Nurse Specialists providing outreach services to patients who are high utilizers of acute care services, and RN Care Coordinators (RNCCs), embedded nurses within the organization's primary care teams providing outreach to high risk patients with chronic conditions.

Methods

Aim 1: Motivation Interviewing-Guided Training (All RNs): 4.5 hours of on-line training, classroom case simulations with MI content experts, and three 1-hour coaching sessions over the course of 3 months.

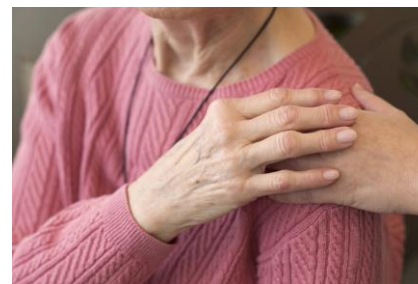
Pre- and Post-Training Assessment (All RNs): surveys to test for changes in knowledge/values/confidence/behaviors in patient-centered care and practice of MI skills.

Aims 2 & 3: Goal Documentation (Targeted RNs): patient's personal goals at baseline and progress towards/achievement of those goals in a longitudinal plan of care in the EHR (Epic).

Findings

Aim 1: Mean Desirable Attributes for Patient-Centered Care

Attribute	Pre (n = 24)	Post (n = 18)
Respectful	9.92	10.00
Advocate	9.92	10.00
Presence	9.92	9.89
Compassionate	9.79	9.89
Supports patient participation in decision	9.63	9.78
Available	9.21	9.50
Able to discern patient activation	9.21	9.33
Efficient	8.88	9.33



Aim 1: Mean Patient-Centered Behaviors and Characteristics

Behavior/Characteristic	Pre (n=24)	Post (n=18)
Value social determinants	9.46	9.67
Value patient engagement	9.08	9.44
Value patient goals	8.88	9.22
Confidence in knowledge	8.79	8.39
Confidence in engaging	8.17	8.39
Consistently engage patient	8.13	8.00
Familiar with MI	7.63	9.17
Seeing goal prompts discussion	7.54	7.94
Use of MI	7.38	8.50
Reference LPOC	4.79	6.89
Patient-centered goal-setting is new	4.29	4.17
Pts with chronic conditions are not focused on better health choices	2.88	3.11
Goal-setting conversations are not relevant to practice	1.63	1.28

Aim 1: Mean Targeted RN MI Skills (1 = Not at All, 7 = Extensively)

MI Consistent Skill	Pre (n = 24)	Post (n = 18)
Uses open-ended questions	5.83	6.06 ²
Conveys MI style or spirit	5.58	5.72
Uses reflective statements	5.58	5.23 ³
Affirms strengths and change efforts	5.54	5.67
Fosters collaborative atmosphere	5.25	5.44
Discusses change plan	5.17	5.44
Discusses patient-centered problems	4.87 ¹	5.29 ³
Motivates to change	4.88	5.06
Develops discrepancies	4.54	4.33
Works with ambivalence	4.46	4.47 ³
MI Inconsistent Skill		
Provides unsolicited advice	4.13	3.72
Uses close-ended questions	3.58	3.17
Asserts authority	3.25	2.17
Confronts patient directly	3.08	2.39

¹23 responses, ²16 responses, ³17 responses

Aim 2: Number of Patients Engaged in Goal-Setting

Time of Entry into Pilot	Yes	Per cent
Pre-Pilot or Day 1 (N=466)	187	33.88
Day 2 thru 90 (N=86)	39	45.34

Aim 3: Goal Progress by Patient

	n (%)
Positive Progress ¹	179 (78.17)
Did not Make Progress ²	14 (6.11)
Progress Not documented	36 (17.47)
Total Patients	229 (100)

¹ Documented goal status of Improving or On Track on any goal documented for patient

² Documented goal status was never Improving or On Track on any goal documented for patient



Conclusions and Implications

- Targeted RNs reported high patient-centered attributes, behaviors, characteristics, and MI skills at baseline.
- The intervention was effective in further building these qualities.
- Training increased Targeted RNs engagement in goal-setting
- More than three quarters of patients made positive progress on an established goal
- These findings support expansion of MI training and patient goal-setting across an organization.

Limitations

- Evaluation of MI skills relied on self-assessment
- A larger sample is required to test for significant pre- post-intervention changes.
- It is unclear which training strategy(s) was most valuable due to low evaluation response rate.
- The number of Targeted RN encounters per patient was not measured.

Recommendations

- Evaluate the sustainability of goal-setting at 6 months post-implementation.
- Determine if a standardized, patient-centered goals-setting approach will improve patient utilization of acute care services.
- Evaluate whether MI training and goal-setting could yield positive patient outcomes with a larger sample size when applied to other RN roles.

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