

# Does Training in Motivational Interviewing Increase Providers' Use of Self-Management Goals?

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## Introduction

- Patient-centered strategies are important for accreditation and improving outcomes
- Patient/Primary Centered Medical Homes (PCMH) encompass strategies such as increasing patient engagement and self-management
- Program evaluation explored the characteristics of a local federally qualified health center (FQHC), its Joint Commission PCMH review and the identified gap in documentation of self-management goals (SMG).
- Interests of stakeholders and administration pointed to exploring the use of brief training in Motivational Interviewing (MI) techniques to address this gap in chronic care management.



Figure 1  
www.cdc.gov

## Frameworks

- CDC's framework (Figure 1) was utilized as program evaluation process guide (CDC,1999)
- Conceptual framework based on Eisler's Cultural Transformation Model, which describes the paradigm shift from provider domination to provider-patient partnership as imperative to improving patient engagement and health outcomes (Eisler & Potter, 2014)

## Methods

- Based on review of literature and a needs assessment, a professional development program was designed to increase primary care providers' knowledge and skills in using MI techniques to better construct and document SMGs
- MI is a form of gentle counseling that encourages active listening, integration of patient's own goals, values and perceptions, and the guided formation of a patient-centered action plan
- Both online and face-to-face sessions were delivered to staff and included content on change theory, MI-focused communication and development of SMART goals (Figure 2)
- Rollnick & Miller (2008) MI texts and other tools were provided
- This pilot study's small sample of primary care providers of patients with diabetes and/or hypertension (n=5) and the larger group of participants in the MI professional development programming (n=30) provided data toward the feasibility, sustainability, and evidence for MI training
- As a mixed method evaluation, both data specific to the impact on SMG goals (quantity and quality) and overall presentation content and format were assessed.



Figure 2

Wiki File/Smart-goals.png

## Results

- Presentation impact was evaluated using a series of statements based on the objectives and format scored by the participants using a Likert-scale
- The mean of each item was reported and identified satisfaction with the achievement of presentation objectives as well as the online and face-to-face formats
- Review of documentation in the EHR during a pre- and post-intervention period was used to assess the impact of the programming on primary care providers' use of SMGs in patients with diabetes and/or hypertension
- One month after the program completion, EHR data collection did not show any increase in primary care providers' documentation of SMGs in patients with diabetes and/or hypertension (7% before, 6% after)
- Interview data did point to increased provider use of SMG and MI terminology and favorable attitudes toward attempts to increase patient engagement in action plans.

Figure 3  
Presentation Objectives & Participant Mean Score

1) Describe the stages of change theory	3.88/4
2) List the criteria for SMART goals	3.91/4
3) Discuss motivators, challenges, and barriers to change	3.9/4
4) Apply methods of questioning to enhance patient self-reflection and engagement	3.91/4

## Conclusions

- Results may have been impacted by a recent placement change for SMG documentation in the EHR as well as brief study time period
- Increased training session time likely needed
- Staff discussions demonstrated interest in improving patient engagement in chronic care management
- Exploration of ways to optimize exam time and collaborate with other staff or volunteers to increase patient engagement in their own care planning was evidence of a shift toward enhanced provider-patient partnership
- At this FQHC, support evident for continued assessment of needs and practical approaches to incorporating patient-centered approaches

### Select References

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