

PRIMARY CARE HAWAI'I CONFERENCE

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Kauai, Hawai'i



Health Behavior Change in a Primary Care Practice

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Objectives



- ✓ Describe the "burden of treatment" and how it can be minimized to enhance adherence
- ✓ Use *one simple question* to screen patients for depression, align treatment plans with intrinsic motivation, and improve clinician satisfaction
- ✓ Apply one technique to strengthen self-efficacy and confidence in counseling patients on health behavior change.
- ✓ Elicit patient-generated solutions and behavior change goals

Extra Credit

Decrease clinician
frustration

Rethinking Behavior Change

1. Is behavior change important?
2. Is behavior change difficult?
3. What are the pathways to change?
4. Are people really unmotivated?
5. How can we prescribe success?



1. Is behavior change important?



Behavior Matters

Quality excellence & cost-efficient care depends on patients deciding to:

- ✓ Get preventive services
- ✓ Take prescribed medications
- ✓ Use health care resources wisely
- ✓ Improve their health behaviors (diet, exercise, smoking, stress management, chronic conditions self-management, etc.)



Bottomline: Our clinical success, quality scores and satisfaction depend on patient behavior... and patients deserve some credit for quality scores!

2. Is behavior change difficult?



Behavior Change is not Rocket Science ...But it is Science!

Health Education Theory

Motivational Interviewing

Behavioral Psychology

Health Communications

Social Psychology

Behavioral Economics

Marketing Science

Gamification

Entertainment

in Aufgabe

Wurf-Parabel

$$\frac{\Delta v_3}{v_0} = 1\% \text{ ergibt}$$

$$\frac{\Delta x_1}{x_1} = 2\% \text{ oder}$$

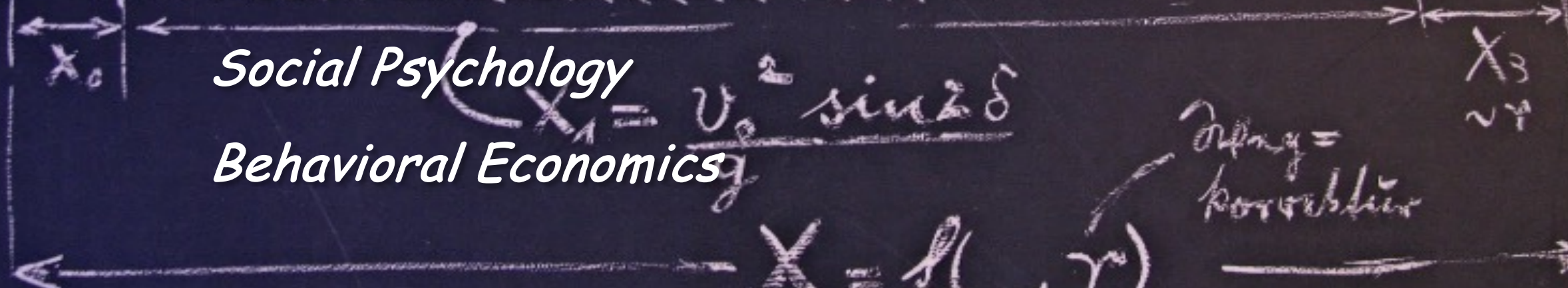
$$\Delta x = 500,$$

$$x_1 = v_0^2 \sin^2 \delta$$

$$x = f(t, v)$$

Wurf = parabolisch

x_3
 v_4



Think of a change you made...

Did a major life event trigger a **BREAKTHROUGH** change?



Did you just change the behavior because it felt **PLEASURABLE**?



Did you change because the **ENVIRONMENT** required or invited the change?



Did you plan out and write down specific **SMALL STEPS**?



What if small steps do not lead to sustained behavior change and ongoing health habits?

Nasrudin the Smuggler





Preventive Care

Smoking

Exercise

Diet

**Medication
Adherence**

Addiction

Confidence Matters

“We were able to demonstrate only weak associations between changes in behavior and changes in health status.”



Kate Lorig

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BRIEF REPORT

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THE BENEFICIAL OUTCOMES OF THE ARTHRITIS
SELF-MANAGEMENT COURSE ARE NOT ADEQUATELY
EXPLAINED BY BEHAVIOR CHANGE

KATE LORIG, MITCHEL SELEZNICK, DEBORAH LUBECK, ELAINE UNG, ROBERT L. CHASTAIN, and
HALSTED R. HOLMAN

Evaluation of the Arthritis Self-Management Course revealed significant positive changes in the practice of behaviors that were taught and in health outcomes. However, utilizing a variety of statistical techniques, we were able to demonstrate only weak associations between changes in behavior and changes in health status. This suggests the need to examine the mechanisms by which health education affects health status.

As do other persons who have chronic and disabling illnesses, the person who has arthritis plays a potentially significant role in the management of his or her health care. This role includes using techniques for maintaining mobility and strength, engaging in practices that reduce pain, and balancing the beneficial and adverse effects of medication. If the patient's role is to emerge fully, it is necessary that he or she gain new understanding about chronic illness and skills for coping with the effects. The purpose of the Arthritis Self-Management Course (ASMC) was to assist patients in attaining such understanding and skills.

The underlying assumptions of those who developed the ASMC hold that enhanced knowledge and adoption of specific self-management behaviors will lead to improved functional outcomes. The ASMC, as originally tested in a randomized trial of 190 people with arthritis, was successful: Knowledge about arthritis was increased, taught behaviors were adopted, and pain was diminished by approximately 20%. No significant improvement in the average degree of disability was observed, but there was no deterioration. The effects persisted without reinforcement, albeit with some decay, for as long as 20 months, which was the longest time interval studied (1).

We describe here the results of an inquiry into mechanisms of the effects of the ASMC. The first part of the report presents ASMC outcomes for 707 people, including the original 190 participants in the initial study. The second part describes the associations between participants' adoption of taught behaviors and improved health outcomes. The data reveal only weak correlations between the two.

The weak associations of behavior change with health outcomes, which run counter to the usual perception of a direct progression from health education intervention to specified behavior change to improved health outcome, raise potentially important questions concerning the sources of benefit from health education.

PATIENTS AND METHODS

Public service announcements in newspapers, on radio, and on television in the San Francisco Bay area were used to recruit 854 persons with arthritis. A physician's consent form confirming the patient's diagnosis was part of the application process.

Upon completion of the application, all subjects were classified by the site at which they chose to take

Arthritis and Rheumatism, Vol. 32, No. 1 (January 1989)

1989

Small Steps to Health

Behavior Matters

Mind Matters

Small Steps

Small Steps

Sustained
Health Habit

Success
Experience

- ✓ Exercise
- ✓ Healthy Eating
- ✓ Smoking
- ✓ Preventive Care
- ✓ etc.

- ✓ Self-Efficacy
- ✓ Confidence
- ✓ Optimism
- ✓ Mood
- ✓ Mindset
- ✓ Identity
- ✓ etc.

Improved
Health

Improved
Health

Biology Matters

Behavior Matters

Confidence Counts



Can success and confidence spread?



Success Succeeds

Focus on One Thing:
regular physical activity



Unintentional Benefits



- smoking
- alcohol
- perceived stress
- loss of temper
- procrastination



- healthy eating
- keeping appointments and chores
- money management
- study habits
- focus and tracking tasks

Oaten M: Longitudinal gains in self-regulation from regular physical activity. *Brit J Health Psych*, 2006

4. Are people really unmotivated?

~~UNMOTIVATED~~

OR OVERWHELMED?



Life's Complicated



Burden of Treatment

143 minutes per day

- This is the time it could take patients with type 2 diabetes to take care of themselves if they were to follow every doctors' orders.



“Minimally Disruptive Medicine”

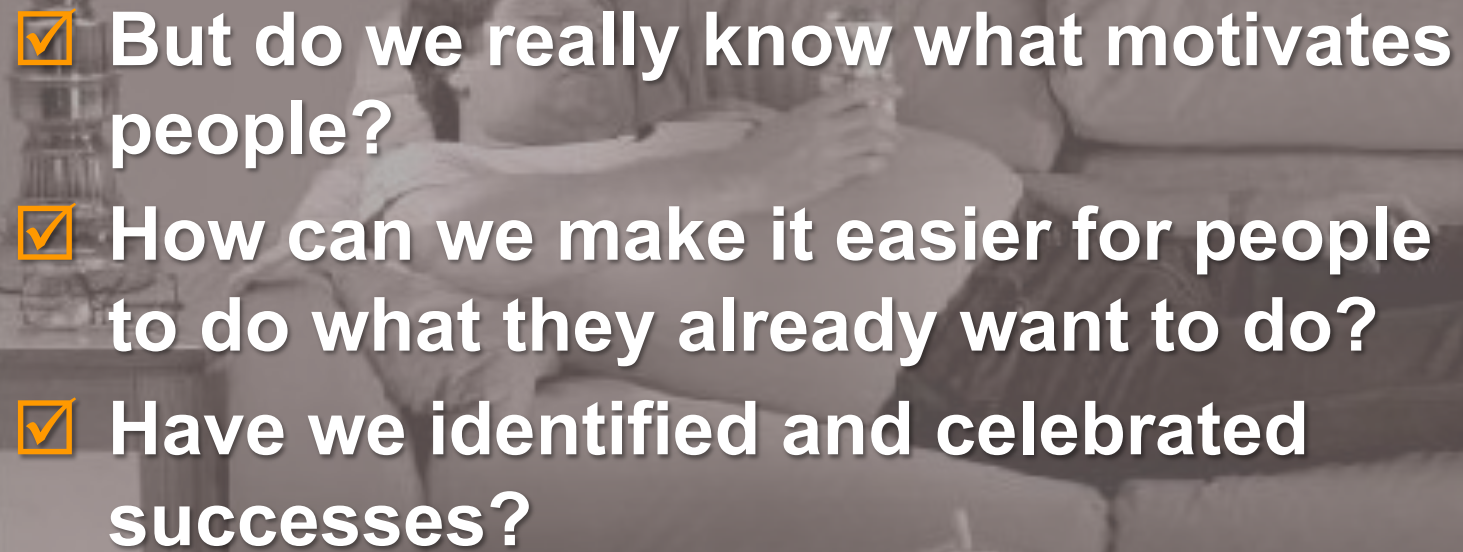


In addition to the **burden of illness**, the **burden of treatment** represents the challenges associated with everything patients do to care for themselves. For example: visits to the doctor, medical tests, treatment management, and lifestyle changes. Patients with chronic conditions find it difficult to integrate everything asked of them in their everyday life (between work, family life and/or other obligations).

<https://www.burdenoftreatment.com/eng/main.php>

<http://minimallydisruptivemedicine.org/>

Leppin AL, et al Minimally disruptive medicine. *Healthcare* 2015, 3, 50-63; doi:10.3390/healthcare3010050

- 
- A man is sitting on a couch, eating and drinking. He is holding a glass of beer. On a table next to him is a trophy. The scene is dimly lit, suggesting a relaxed or celebratory atmosphere.
- ✓ But do we really know what motivates people?
 - ✓ How can we make it easier for people to do what they already want to do?
 - ✓ Have we identified and celebrated successes?

MOTIVATION

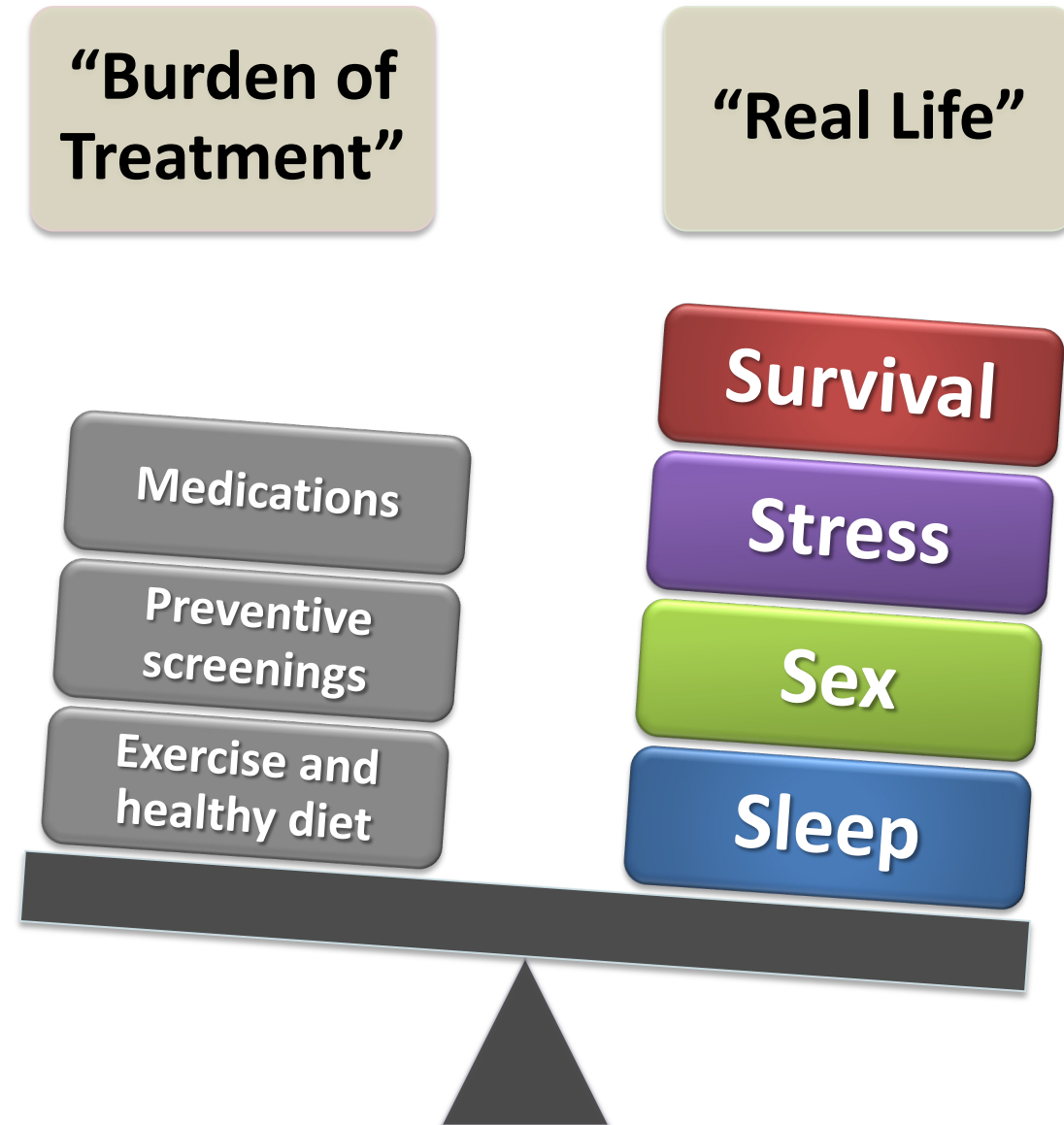
SOMETIMES THERE JUST ISN'T ANY.



MOTIVATION

Target the Ready & Willing
Help people do what they already want to do.

What are people motivated about?



5. How can we prescribe success?



Prescribing Failure

How to Undermine Happiness and Health



Choose behavior that is:

- ✓ Prescribed
- ✓ General
- ✓ Difficult
- ✓ Long-term
- ✓ Deprives

Prescribing Success:

How to Improve Happiness and Health



Choose behavior that is:

- ✓ Personal
- ✓ Specific
- ✓ Easy (70-80% confident)
- ✓ ± Rapid and immediate
- ✓ ± Pleasurable
- ✓ ± Change the environment
- ✓ Celebrate success

How to Create Success

TROUT



TIDE

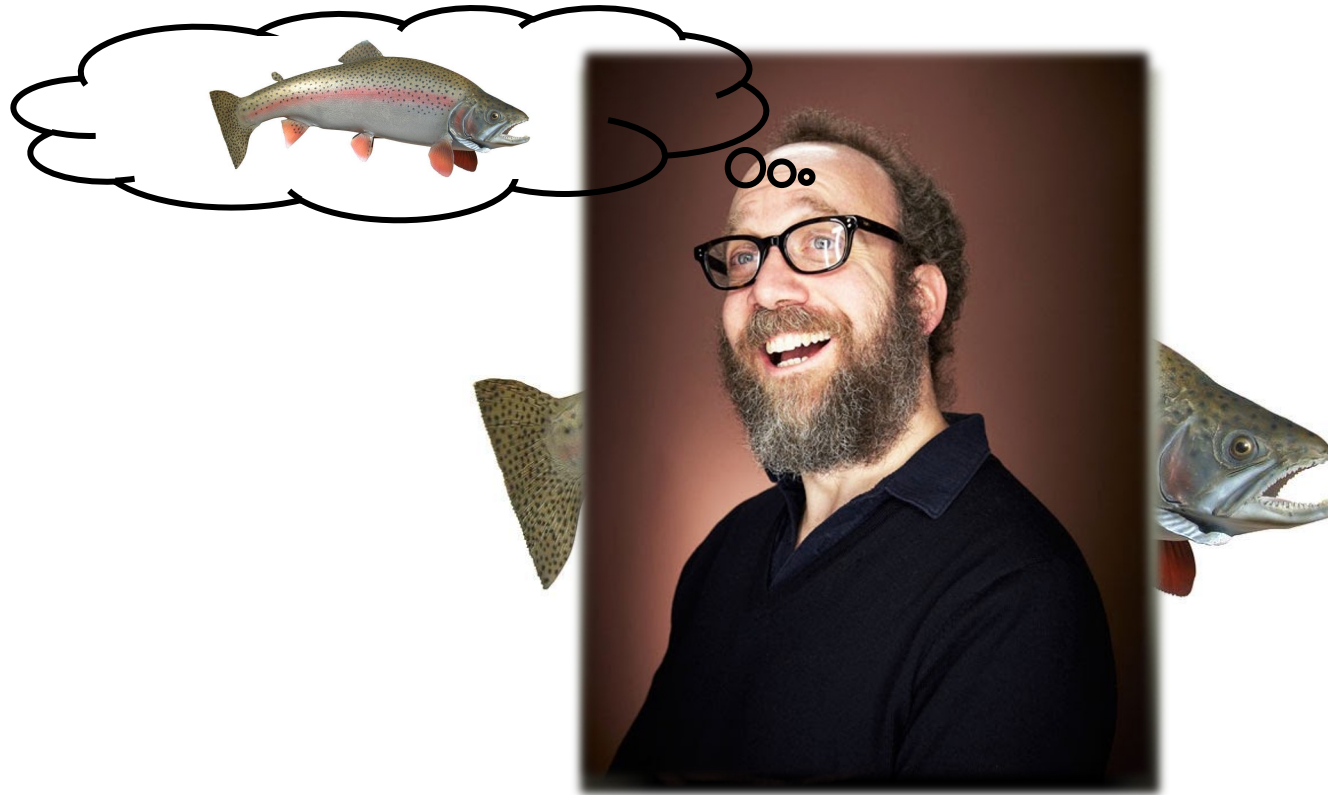


TIRES



Three Brief Tales

Discover their Passions



“What do you REALLY enjoy?”

Screening for Pleasure Enjoyment as a Vital Sign

- ✓ List 10 activities that are fun for you. What brings you joy? What that makes you feel happy? It can be anything- walking the dog, talking with friends, working in the garden, listening to music, writing a letter to someone special, watching your children play, fixing a special meal...
- ✓ What prevents you from doing more of the things you really enjoy?

Pleasant Events Schedule

How Often	How Pleasant	
_____	_____	1. Being in the country
_____	_____	2. Wearing expensive or formal clothes
_____	_____	3. Making contributions to religious, charitable, or other groups
_____	_____	4. Talking about sports
_____	_____	5. Meeting someone new of the same sex
_____	_____	6. Taking tests when well prepared
_____	_____	7. Going to a rock concert
_____	_____	8. Playing baseball or softball
_____	_____	9. Planning trips or vacations
_____	_____	10. Buying things for myself
_____	_____	11. Being at the beach
_____	_____	12. Doing art work (painting, sculpture, drawing, movie-making, etc.)
_____	_____	13. Rock climbing or mountaineering
_____	_____	14. Reading the Scriptures or other sacred works
_____	_____	15. Playing golf
_____	_____	16. Taking part in military activities
_____	_____	17. Re-arranging or redecorating my room or house
_____	_____	18. Going naked
_____	_____	19. Going to a sports event
_____	_____	20. Reading a "How to Do It" book or article
_____	_____	21. Going to the races (horse, car, boat, etc.)
_____	_____	22. Reading stories, novels, poems, or plays

320 items



Peter Lewinsohn

How I Thrive Exam Room and Office Poster

Your Name
Your Title

How I Thrive...

Your Department



David Sobel, MD
Medical Director
Patient Education and Health Promotion

How I Thrive...
My healthiest pleasures
are traveling with my
family on safari in Africa.



132R04 Niagara Falls Blvd
at Lake Shasta Dr
Regional Health Education



Invite their Solutions



“What do you think might work for you?”

Celebrate their Successes



“What a great job you have done!”

TROUT



Discover their Passions

- *What do you really enjoy?*

TIDE



Invite their Solutions

- *What do you think might work for you?*

TIRES






Celebrate their Successes

- *What a great job you have done!*

Your Turn to Fish for Fun





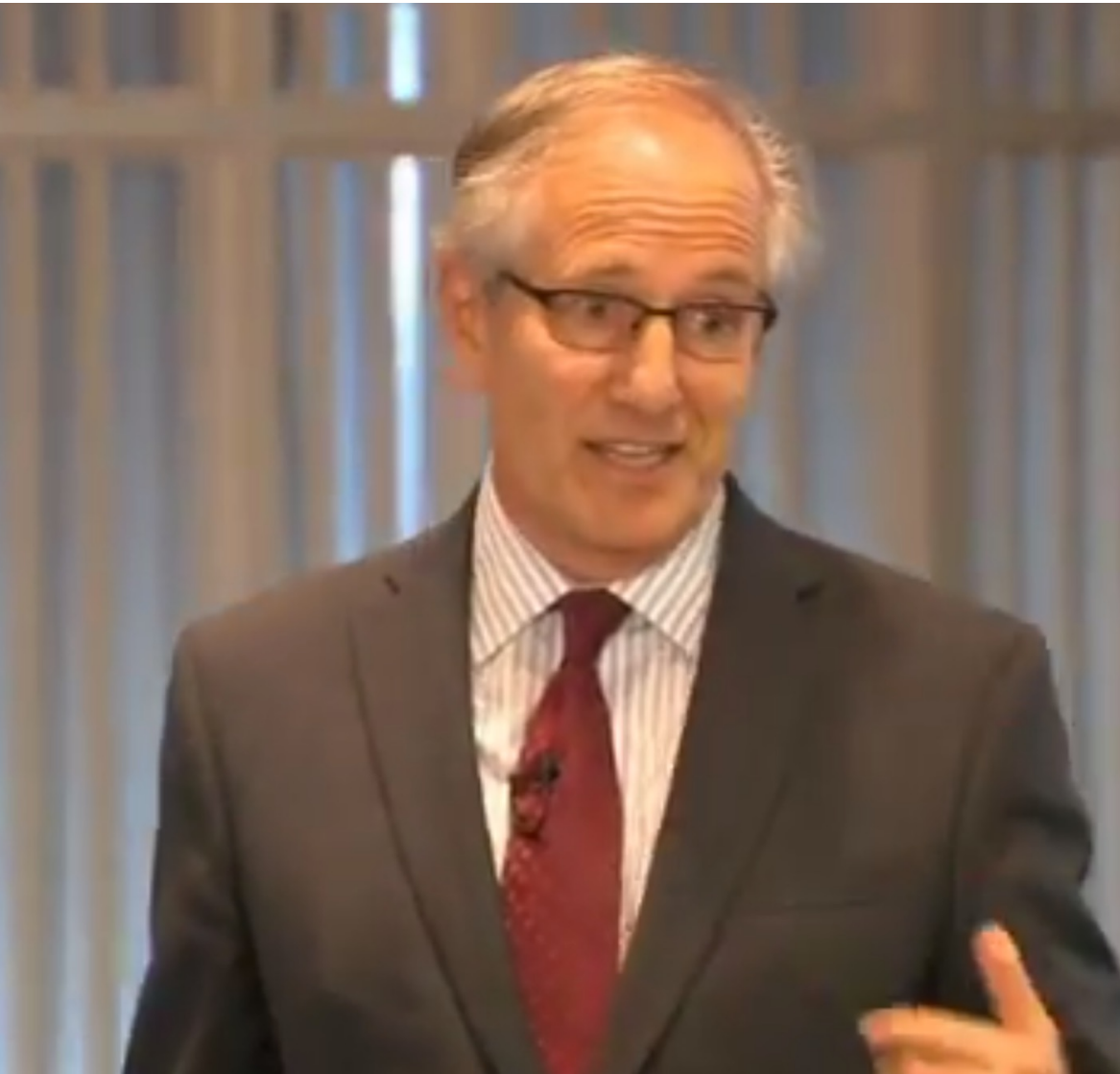
- ✓ Target the ready and willing
- ✓ Leverage the science of behavior change
- ✓ Create small, simple success experiences
- ✓ Discover their Passions 
- ✓ Invite their Solutions 
- ✓ Celebrate their Successes 
- ✓ Design for pleasure

Resources for a Healthy Change



Behavior Change and Beyond

A Video Lecture



Engaging Patients as Partners: Effective Behavior Change Strategies for Busy Clinicians

Medicine Grand Rounds Stanford University School of Medicine (February 10, 2016)

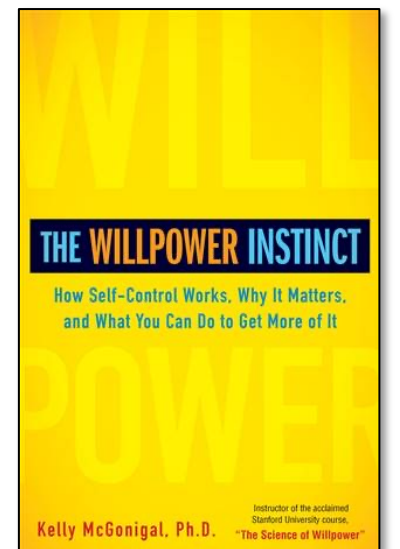
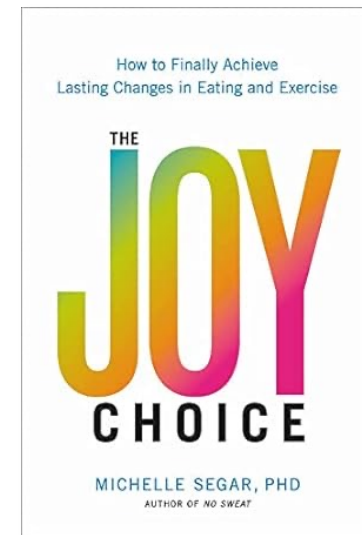
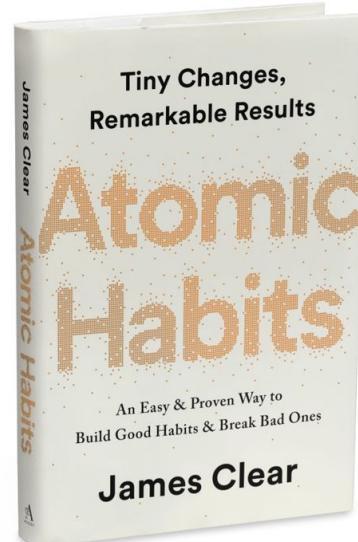
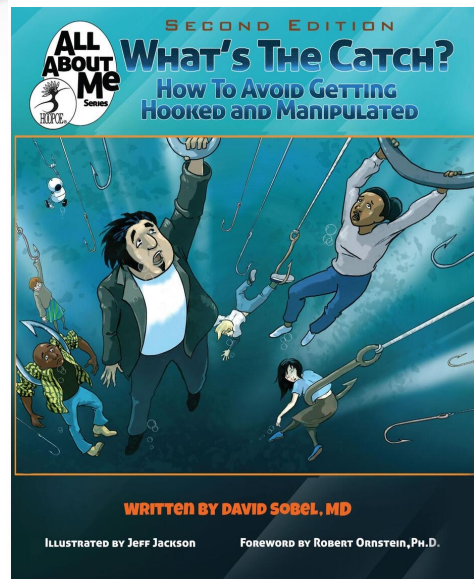
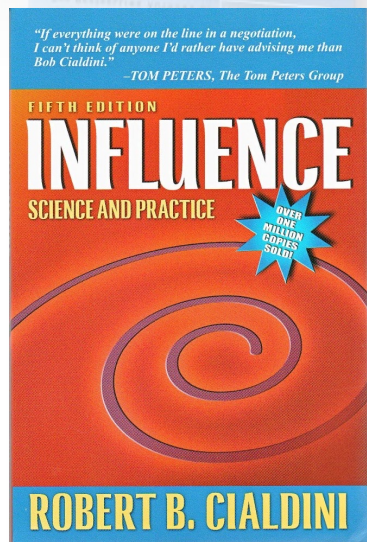
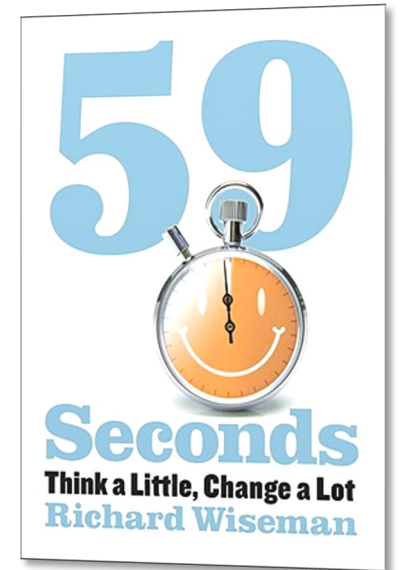
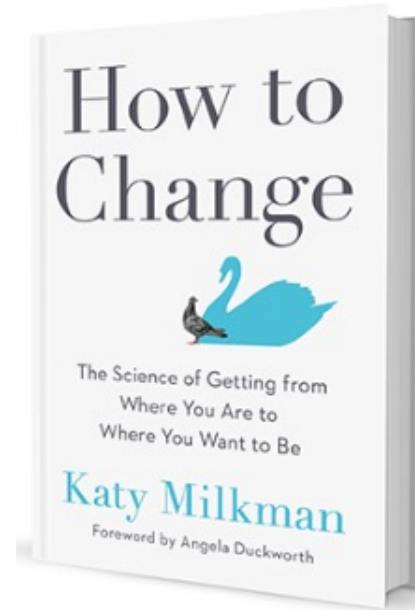
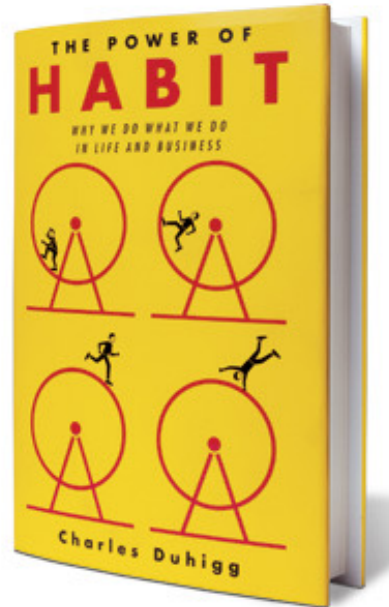
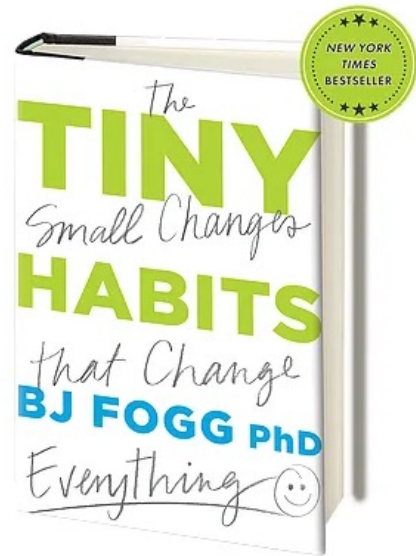
David Sobel, MD, MPH

<http://med.stanford.edu/irt/edtech/video/re/?v=projects/mgr-public/grmed-02-10-2016-08r.mp4>

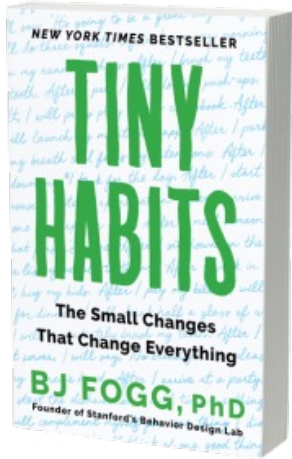
Behavior Change and Beyond Video Lecture (Sobel) For health educators and clinician audience

<https://youtu.be/Ypql16SjZWY>

Books on Making Change Easier



Behavior Design -- BJ Fogg



Fogg Behavior Model
(<https://behaviormodel.org/>)

- **B=map**

Fogg Method
(<http://www.foggmethod.com>)

- Step 1: Get Specific
- Step 2: Make it easy
- Step 3: Prompt the behavior

Tiny Habits Method and online program

- <http://www.tinyhabits.com>

