

Title:

Goal Setting Using Motivational Interviewing in a High-Risk Care-Managed Patient Population

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Care Management, Goal Setting and Motivational Interviewing

References:

Draxten, M., Flattum, C., & Fulkerson, J. (2016). An Example of How to Supplement Goal Setting to Promote Behavior Change for Families Using Motivational Interviewing. *Health Communication*, 1276-1283.

Haas, S., Swan, B. A., & Haynes, T. (2013). Developing ambulatory care registered nurse competencies for care coordination and transition management. *Nursing Economics*, 44-49.

Lee, C. S., Longabaugh, R., Baird, J., Streszak, V., Nirenberg, T., & Mello, M. (2015). Participant Report of Therapist-delivered active ingredients in a telephone-delivered brief motivational intervention predicts taking steps toward change. *Addict Res Theory*, 421-428.

Whittington, J., Nolan, K., Lewis, N., & Torres, T. (2015). Pursuing the triple aim: The first 7 years. *The Milbank Quarterly*, 263-300.

Abstract Summary:

Effectiveness of Motivational Interviewing in patient goal setting in a Medicaid population should be well documented by Care Managers. The advantages of Motivational Interviewing within this high-risk cohort are discussed. These data will support the benefits and barriers identified when attempting to establish best practices in patient goal setting.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The Learner will be able to identify the advantage of motivational interviewing as one strategy to engage patients in healthcare goal setting.	poster presentation
The Learner will be able to describe the influence that demographic data may have on patient goal identification and achievement.	poster presentation

Abstract Text:

BACKGROUND: The Patient Protection and Affordable Care Act (PPACA) of 2010 mandates that providers and health care agencies make significant changes in the way they deliver health care and manage the associated costs. The Institute for Healthcare Improvement's (IHI) Triple Aim of optimizing health system performance, the experience of care and the per capita cost of providing care, together with the implementation strategies of creating a foundation for population management, managing services for the population and building an ongoing learning system, provide a framework for implementing changes under the PPACA (Whittington, J., Nolan, K., Lewis, N., & Torres, T. 2015).

An Accountable Care Organization (ACO) in the Midwest known as the Medical Home Network (MHN) manages a large urban and suburban county-wide population of newly insured Medicaid patients. The MHN Health Risk Assessment (HRA) stratifies this population into three groups of which ten percent are categorized as high risk. High risk patients are generally identified by the following: over-utilization of emergency services, frequent hospitalizations and limited use of primary care services. The MHN utilizes registered nurses and social workers as care managers to partner with high-risk patients to select the most appropriate point of service and engage in more self-care.

For the past two years, care managers have worked with this newly insured patient population to determine best approaches to risk reduction and patient engagement. The care managers have developed ways to bridge communication between patient and provider and to help facilitate care with a consistent, ongoing relationship (Haas, S.; Swan, B.A., Haynes, T., 2013). Additionally, they have received training in Motivational Interviewing in order to assist their patients in establishing positive relationships. Through regular phone contact, care managers use their Motivational Interviewing skills to help patients articulate their health care goals and engage in behavioral changes that will assist them to meet their self-management goals. While Motivational Interviewing began as a face-to-face method to help in the behavioral change process, current literature on the use of telephonic Motivational Interviewing has been shown to be helpful in certain populations (Lee, C.S., et. al. 2015; Draxten, M., Flattum, C., & Fulkerson, J. 2016).

PURPOSE: The purpose of this project is to evaluate the impact care managers have had on their ability to motivate patients to make behavioral changes which result in re-stratification to a lower category of risk. Documentation of objective data will provide care managers with direction on developing best practices and evidence-based protocols.

OBJECTIVE: The objective of this project is to gather baseline data to be used to evaluate the effectiveness of Motivational Interviewing. Data will include high risk patients' demographic data, care managers' response to the benefits and barriers of using only telephonic Motivational Interviewing sessions and goal documentation and goal outcomes. Retrospective chart audits and a survey of the care managers will be used to obtain data.

METHOD: All patients who have been stratified as high risk on the MHN Health Risk Assessment in the past two years will be reviewed using descriptive data analysis. Demographic data will be gathered from the Electronic Medical Record (EMR) of each patient. Chart audit data specific to the patient's plan of care will be compared and analyzed. A survey will be developed to obtain the care managers' perspective on the benefits and barriers of the use of telephonic Motivational Interviewing with their high risk, adult Medicaid patient population.

RESULTS: Results from patient demographic data will be analyzed with descriptive statistics. Care manager survey results will be correlated with demographic data. Qualitative analysis will be used to gather insights into the benefits and barriers related to the use of Motivational Interviewing by telephone in this high-risk Medicaid population.