Noncompliant Patients?

Motivational Interviewing (MI) can help

Ramona Wong MD 1-2015
What is MI?

www.motivationalinterviewing.org
ESRD Incidence – USRDS 2013

Hawaii 419/million
E$RD I$ CO$TLY

- 1.4% Medicare population
- 7.2% Medicare spend
- $49.3 billion/year = total cost for ESRD patient care
ESRD Etiology (USRDS)

- Diabetes: 45%
- Hypertension: 27%
- Unknown/Missing: 5%
- Glomerulonephritis: 8%
- Other: 15%

Hawaii 2013: 63% DM ESRD
Obesity in US-2009
Obesity in US-2011
Ideal Body Weight – US

United States - Obesity: BMI - Ideal (Viewed by Total)
Priority Area: AHA 2020 Goals: Cardiovascular Health Metrics

Year

Percentage
35.9
34.8
33.7
32.6
31.5
30.4
0.0

Total
Obesity >1/3 U.S.

Nutrition
23% < one veg/d
38% < one fruit/d

Physical activity
< 50% met PA rec
< 25% mm PA rec

Genes

2014 CDC National Center for Chronic Disease Prevention and Health Promotion
DM in US-2009
DM in US-2010
DM in US-2011
DM 2
Nutrition
Physical activity
Waist
Genes

HTN
Nutrition
Physical activity
Waist
Smoking
Genes
Non-compliance

- failure to act in accordance with a wish or command.
- failure to conform to rules or standards.
Chronic Disease (CDC 2012)

~ ½ US adults have ≥ 1 chronic dz
~ ¼ US adults have ≥ 2 chronic dz
7/10 top mortality Dx = chronic dz
U.S. top 10 causes of death

- Heart disease 596,577
- Cancer 576,691
- Chronic lower resp disease 142,943
- Stroke 128,932
- Accidents 126,438
- Alzheimer's 84,974
- Diabetes 73,831
- Influenza and Pneumonia 53,826
- Nephritis, NS, nephrosis 45,591
- Intentional self-harm 39,518
CV health measures – NHANES

- Not smoking
- Moderate exercise 5+ times each week
- Untreated BP under 120/80
- Total cholesterol under 200
- HA1c less than 5.7%
- BMI less than 25
- Diet high in veggies, fruit, fish, whole grains, low in sodium and sugary drinks

CV health measures – NHANES

• Not smoking
• Moderate exercise 5+ times each week
• Untreated BP under 120/80
• Total cholesterol under 200
• HA1c less than 5.7%
• BMI less than 25 (23 if Asian)
• Diet high in veggies, fruit, fish, whole grains, low in sodium and sugary drinks

Perspective

• Current U.S. “culture”

• National noncompliance

• Increasing chronic disease
Our “culture”

Societal values

- Money, business, fame
- Competitive, comparative
- Task/achievement/metric oriented
- Measureable success/failure
Our healthcare “culture”

Categorical

• Wellness, health maintenance
• Disease screening, prevention, management
• Advanced Care Plan, End of life
  • Advanced age or disease or when therapeutic options exhausted
Our healthcare “culture”

Healthcare is pro-life

- Quality metrics based on prolife guidelines
- Outcomes measured
- Payment may be linked to metrics
Our healthcare “culture”

Is advisory: MD>i, NP>i, RD>i

- Provider expertise > patient preference
- Authoritative > collaborative
- Money paid to MD by patient
- We bestow and they receive value
vs. Mindful living

Individual values

• Individual’s life goals
  • What is important to you in this lifetime?
• Understand rules of life, death, +/- disease
• Informed choices made by individual
  • Personal
  • Impactful
• Mindful living vs cultural “default”
Because *patients* manage chronic disease with daily choices about food, drink, meds, activity, etc...

their understanding “how” is key
ESRD: Hospitalization relative to HD initiation
Aloha Kidney

- **Purpose:**
  - Fill CKD education gap
  - No cost, public health ed outreach

- **2 components**
  - Kidney Disease Education (KDE)
  - CKD navigation
Aloha Kidney – KDE

- Prior/after Nephro consult
- Evoke life goals, preferences
- Rules of life, death with CKD
- Impact of daily choices
- Allow motivation from within
- Map all possible transitions ahead
- Supplements informed shared decision process with MD
Your kidneys and you

What kidneys do for you
What happens as kidneys fail
What you can do to help

Ramona Wong MD 2014
The **Glomerulus** is the filter

- Dirty blood flows into the glomerulus
- Special blood vessel walls let wastes filter out of blood to become urine
- Clean blood flows out of the glomerulus back to the heart
Glomerulus walls

- The glomerulus blood vessel wall is like a fine mesh net.
- Small things pass through: waste, salt, acid, calcium, phosphorus, water.
- Larger things cannot pass through unless damaged: protein, red blood cells.
2012 KDIGO Guideline for CKD Classification
Risk for ESRD, CV event or death

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<th>&lt;30 mg/g</th>
<th>30-300 mg/g</th>
<th>&gt;300 mg/g</th>
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<tr>
<td>&lt;15</td>
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</table>
How you can give your kidney

Aloha
2014 BP goals: Best range varies

If protein in urine, younger and generally healthy:

110 - 130
60 – 80

If no protein in urine or have heart disease:

120 - 139
70 - 89

If 80+ y/o (2011 AHA)
140 - 145 SBP

If 65 - 79 y/o (2013 ESC)
140 - 150 SBP

If > 70 y/o + CKD (2013 VA)
130 - 159
70 – 89

If > 60 y/o (2014 JNC 8)
< 150/90

If < 60 y/o (2014 JNC 8)
< 140/90

Do: Ask your doctor the best range for you
Kidney, Heart and Brain Connection

Kidney Failure
Heart attack
Stroke
Gangrene
Death
Prevalence of CKD

Number of Patients

GFR

- > 90
- 60-89
- 30-59
- 15-29
- < 15

Number of Patients:
- > 90: 6,000,000
- 60-89: 5,000,000
- 30-59: 8,000,000
- 15-29: 1,000,000
- < 15: 2,000,000
CV health measures – USA

- Not smoking
- Moderate exercise 5+ times each week
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Options if Kidneys Fail (without bias)

Dialysis

Transplantation

Natural Life

There is no right or wrong, it’s your choice
Food - Drink - Labs - Meds

Help!

What do I need to know???

It depends entirely on YOUR goals
Choices
Aloha Kidney – CKD navigation

Can help if you feel lost or stuck
Aloha Kidney – CKD navigation

Provided by a nephrologist or specialized RN

- MD, office staff, patient or family request
- Resource for patients
  - If confused/scared about next step
  - Through transition to ESRD
- Connect with community resources
- Explain Advanced Care Directives
- Explain POLST
But Doctor, what can I eat?
CKD Dietary “Counseling”

Medical Nutrition Therapy referral:

*Individualized* assessment

*Patient centered* diet prescription

MD limitations in time, training in diet sources of

<table>
<thead>
<tr>
<th>Sodium</th>
<th>Protein</th>
<th>Calories</th>
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<tr>
<td>Phosphates</td>
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<td>Purines</td>
<td>Vitamin D</td>
<td>Iron</td>
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ESRD: Hospitalization relative to HD initiation

[Graph showing hospitalization rates over time from ESRD initiation, with distinct peaks for two time periods: 1998-1999 and 2003-2004.]
Instead of telling him what he should do...
Ask, listen, understand his concerns
Offer education (Aloha Kidney) (CKD MNT)
Once there is understanding, then insight into choices. . .

allow dissonance if her behaviors are not aligned with her goals.
Let her decide if/when she wants to change*

Lend support, encouragement

*Intrinsic motivation
Reach informed, shared, patient-centered decisions together
Noncompliant Patients?

Motivational Interviewing (MI) can help them by enhancing us

Ramona Wong MD 1-2015