

Noncompliant Patients?

Motivational Interviewing (MI)
can help

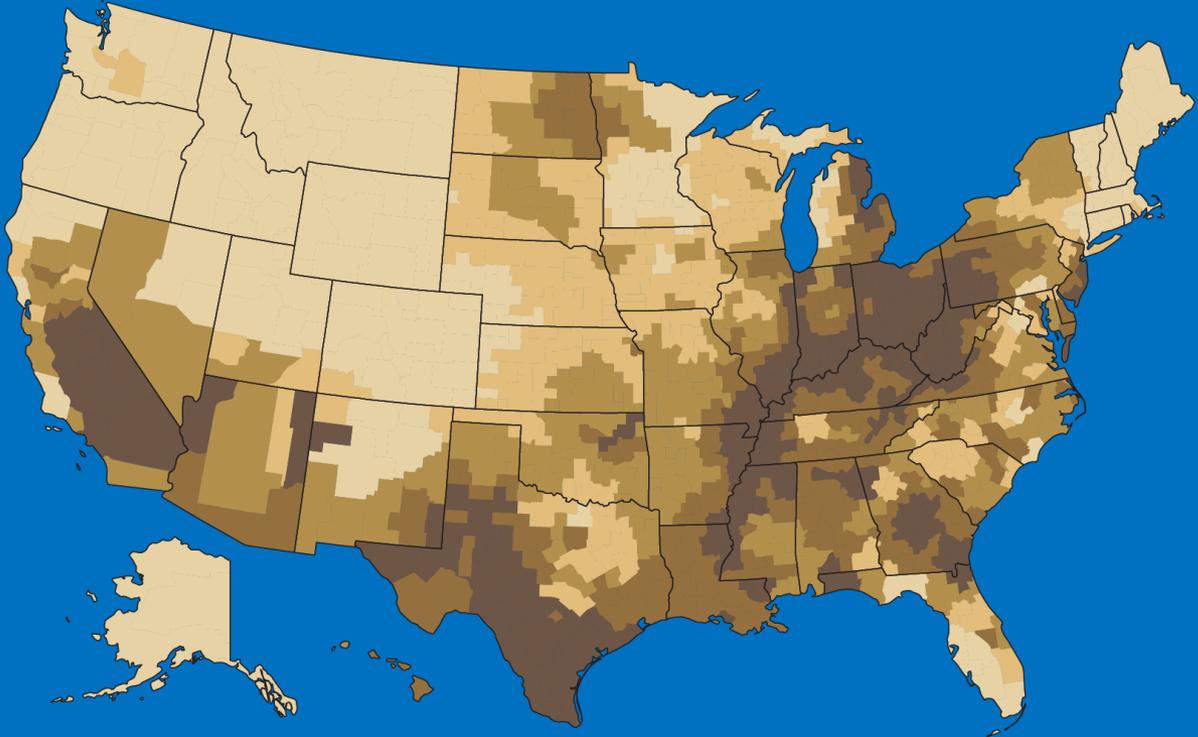
Ramona Wong MD 1-2015

What is MI?



www.motivationalinterviewing.org

ESRD Incidence – USRDS 2013

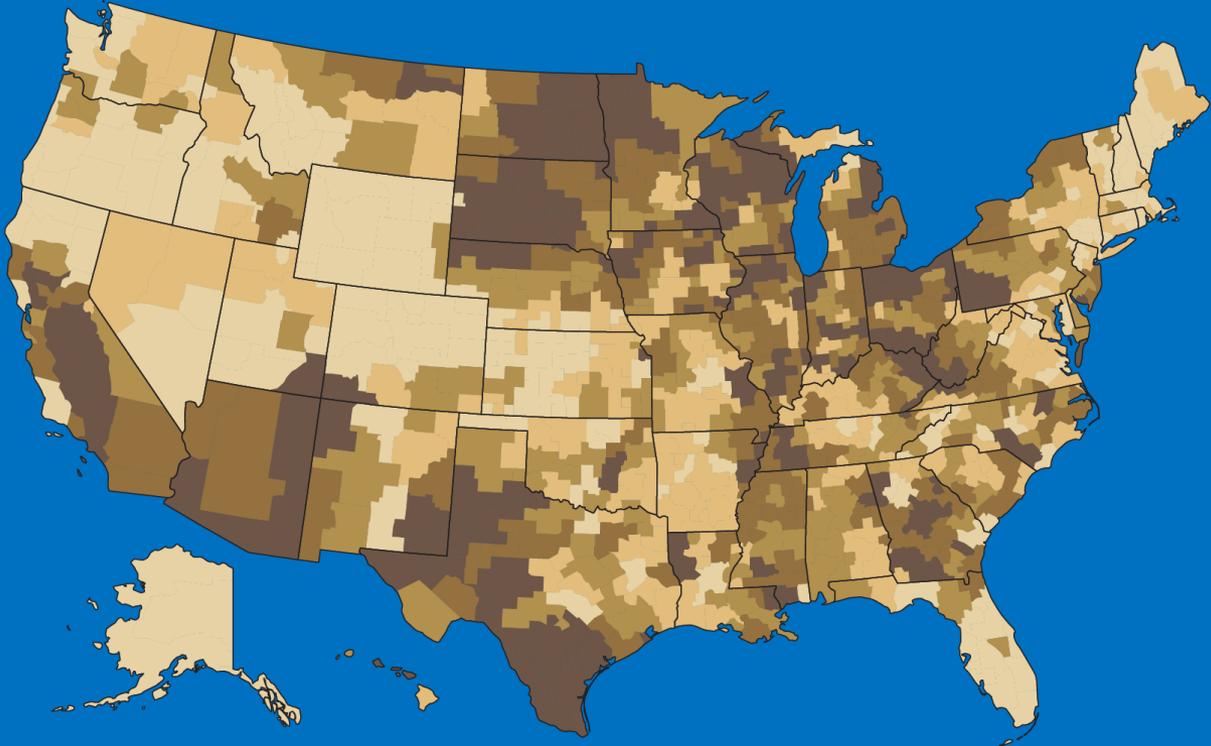


279.0 310.3 337.3 366.9 408.8

448.8

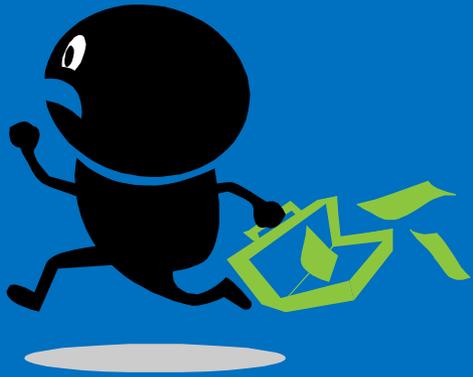
Hawaii 419/million

ESRD Prevalence – USRDS 2013



1,690 1,839 1,960 2,105

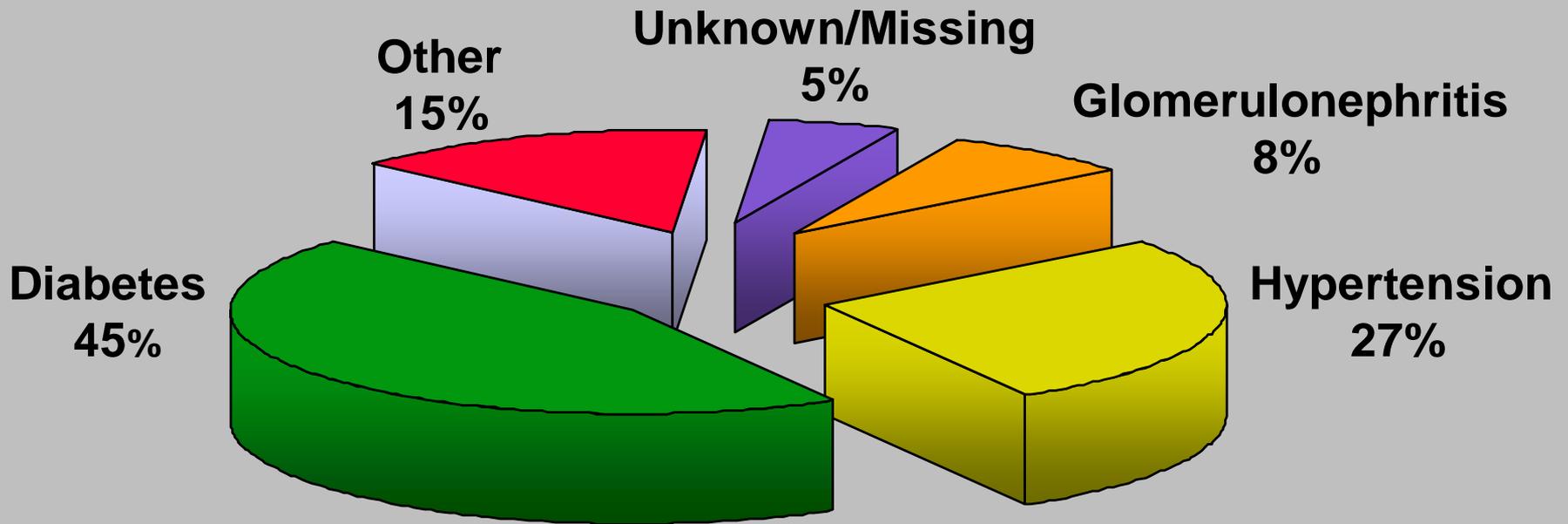
Hawaii 2094/million



ESRD IS COSTLY

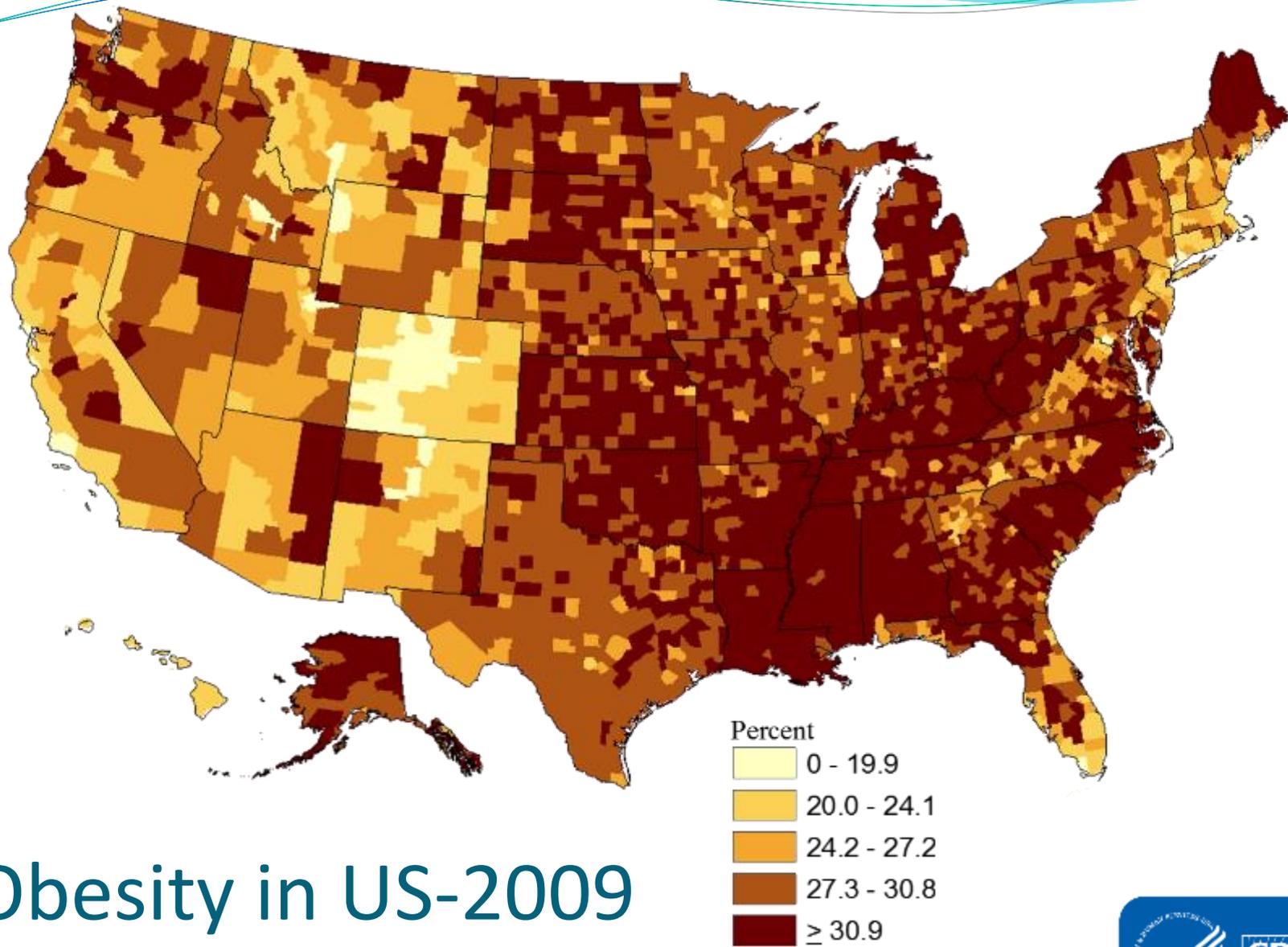
- 1.4% Medicare population
- 7.2% Medicare spend
- \$49.3 billion/year = total cost for ESRD patient care

ESRD Etiology (USRDS)

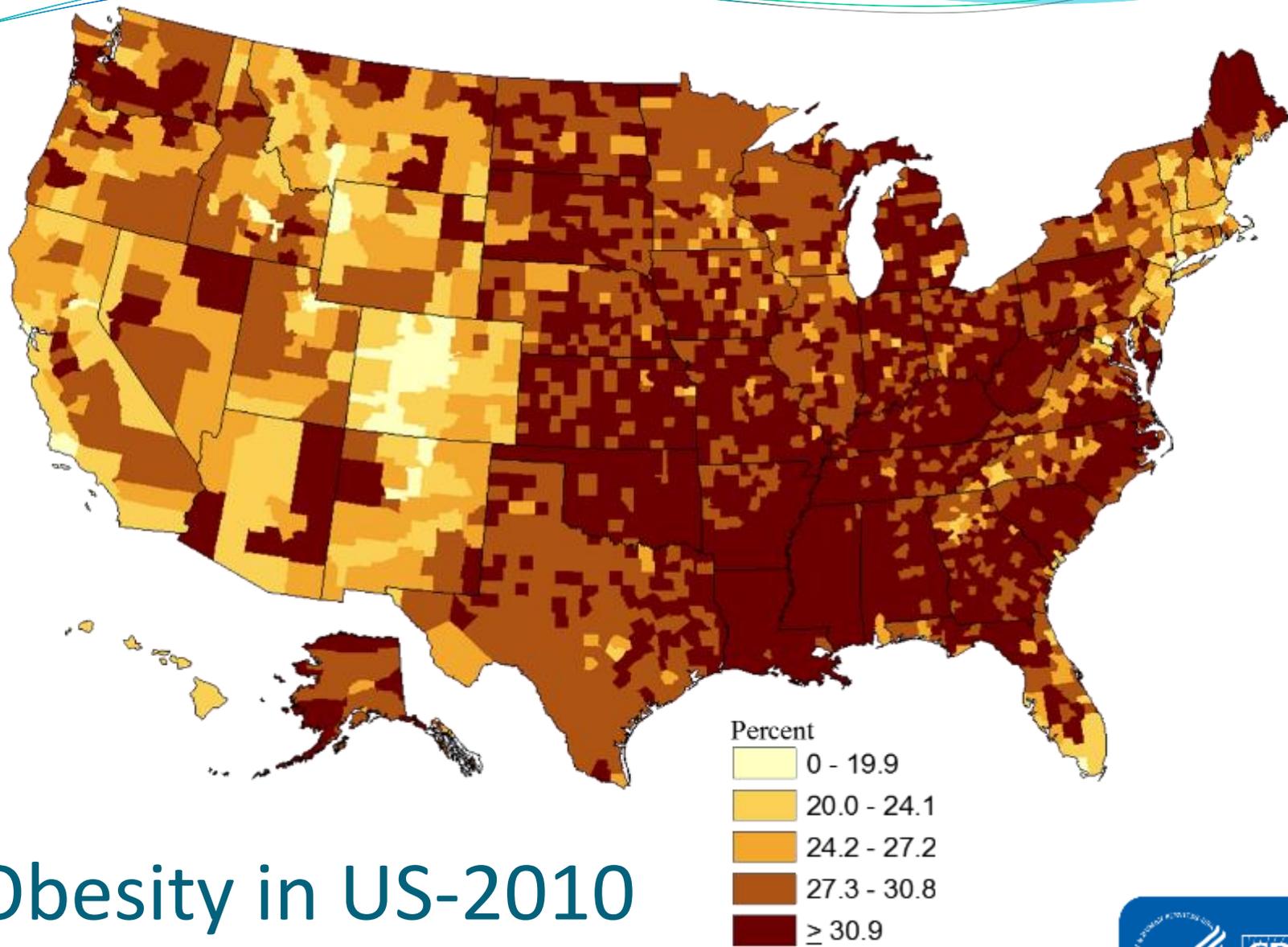


Hawaii 2013: 63% DM ESRD

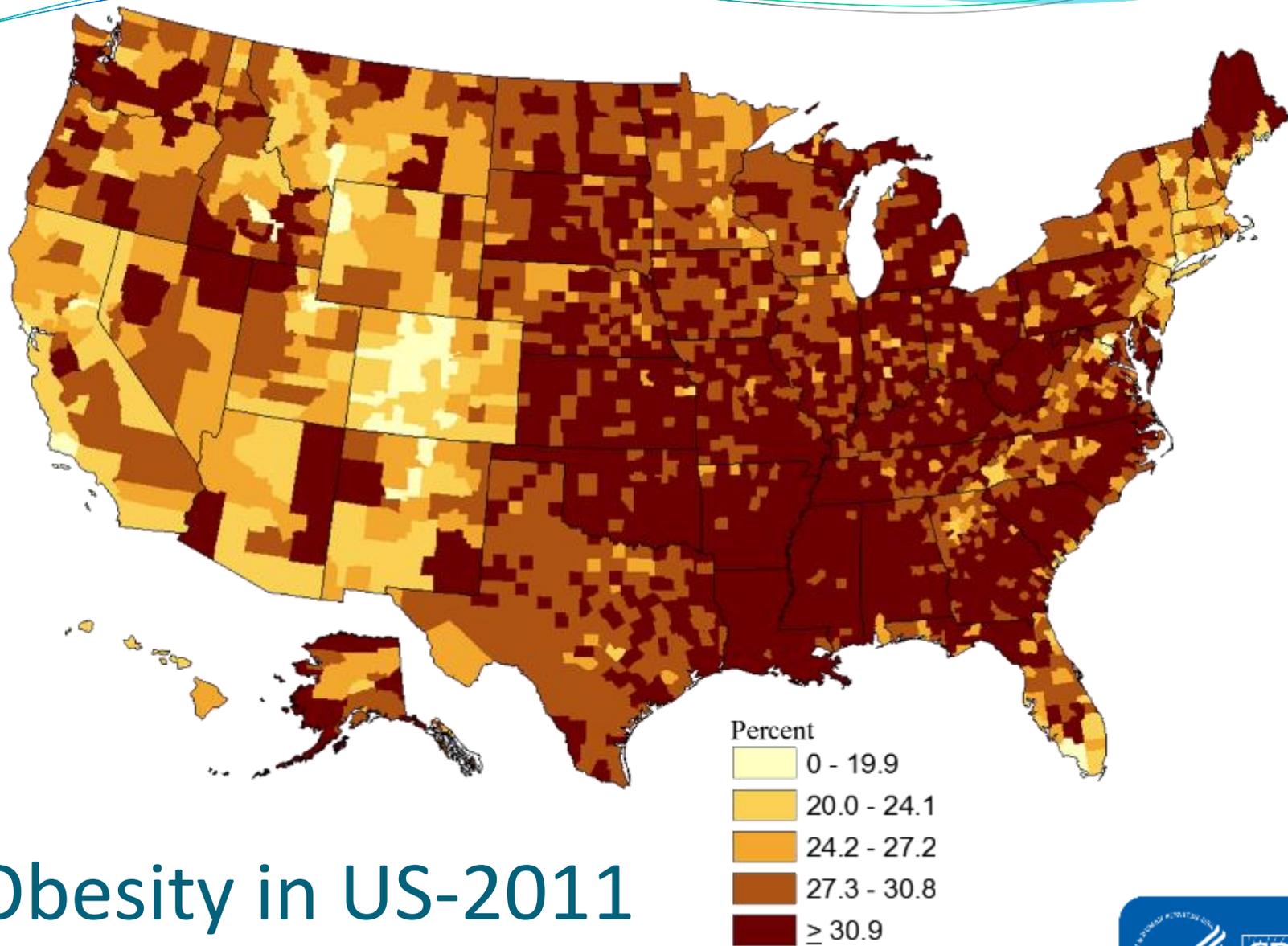
Obesity in US-2009



Obesity in US-2010

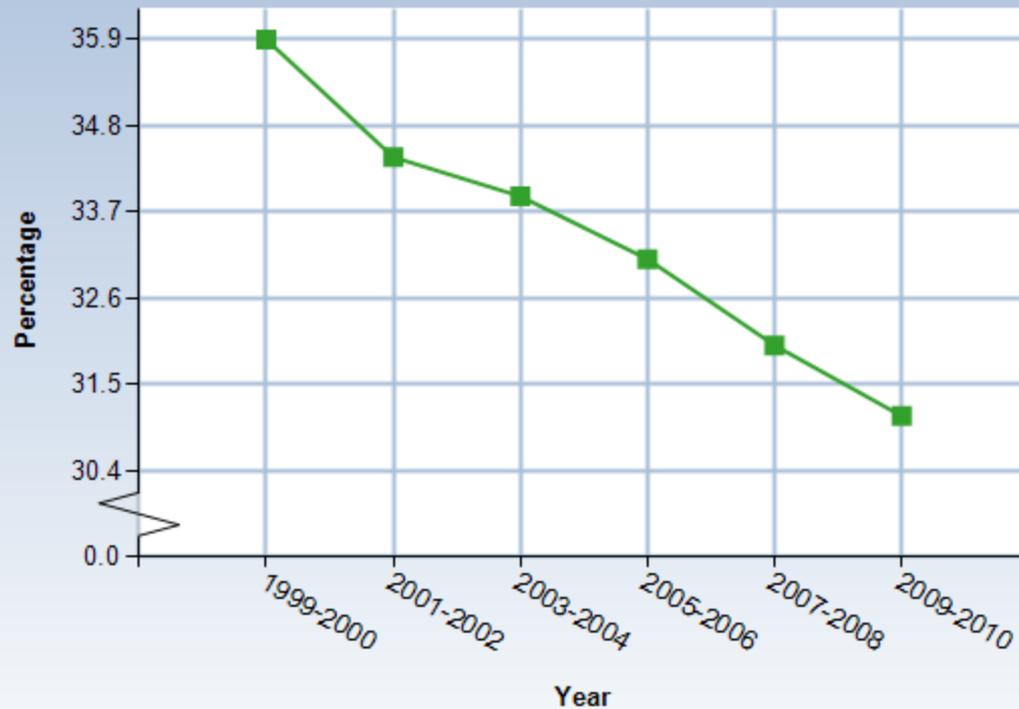


Obesity in US-2011



Ideal Body Weight – US

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



Total

Obesity >1/3 U.S.

Nutrition

23% < one veg/d

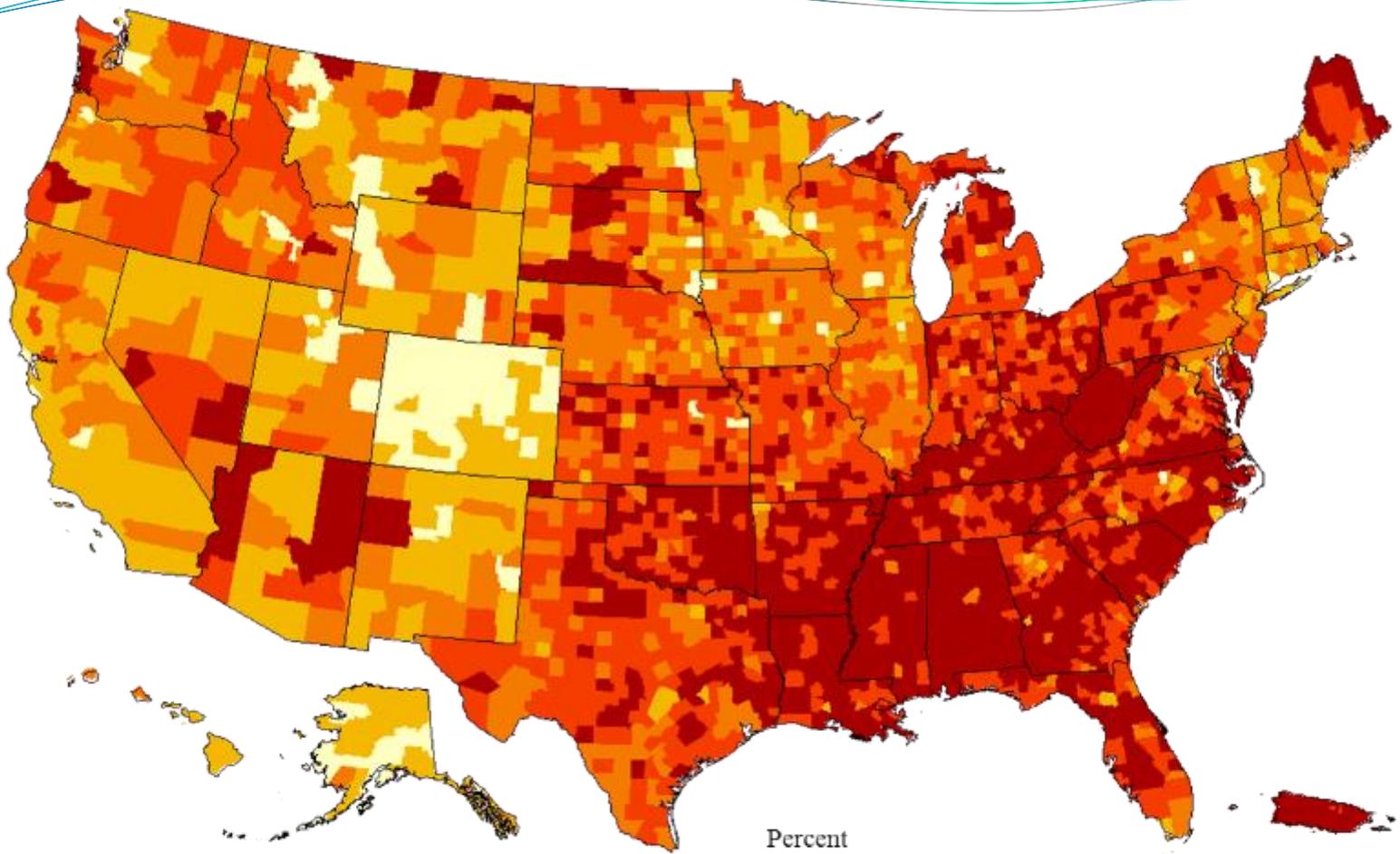
38% < one fruit/d

Physical activity

< 50% met PA rec

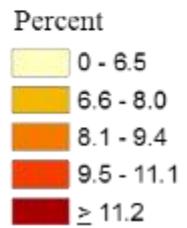
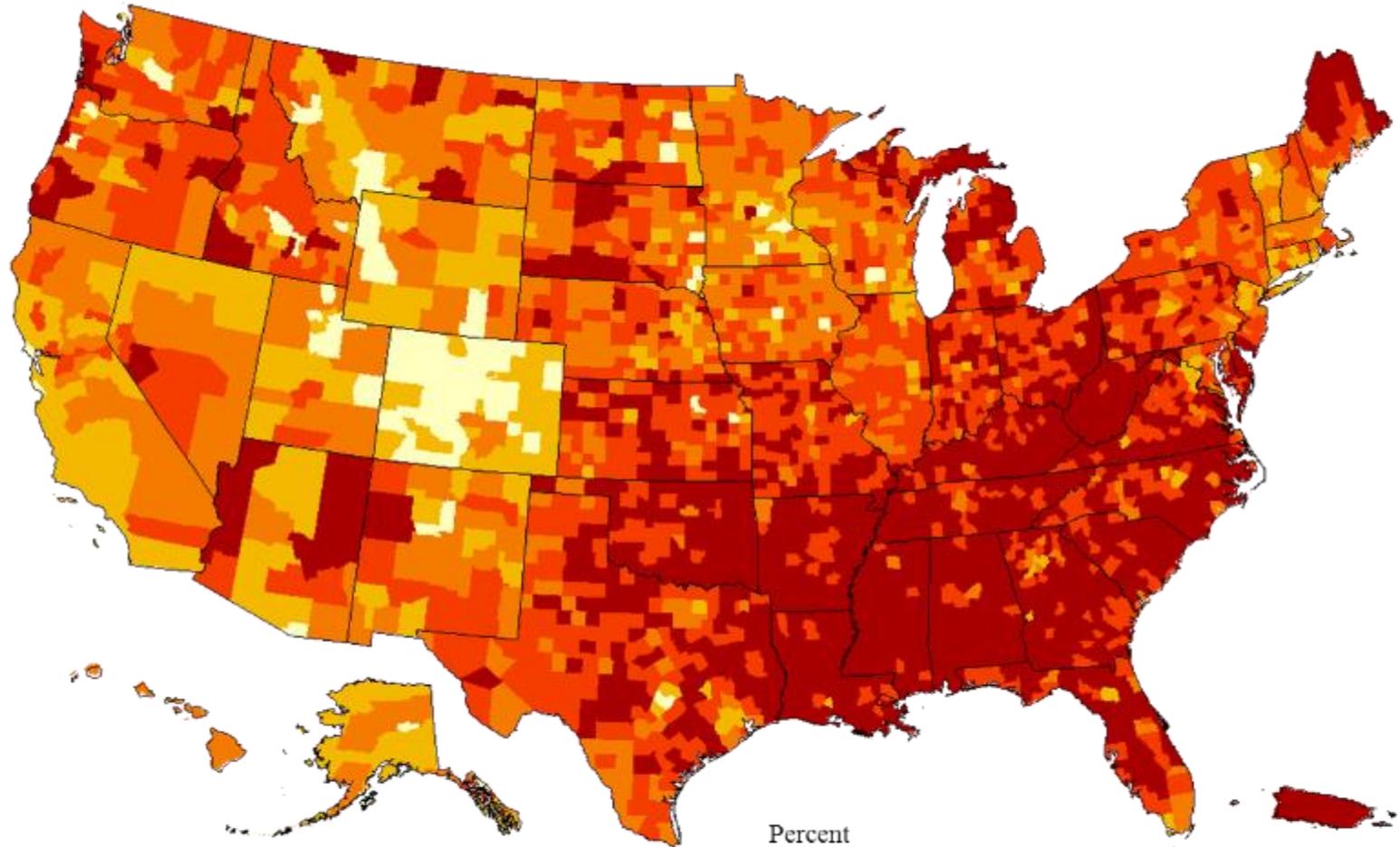
< 25% mm PA rec

Genes



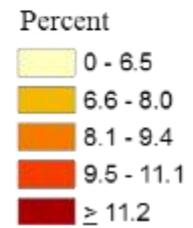
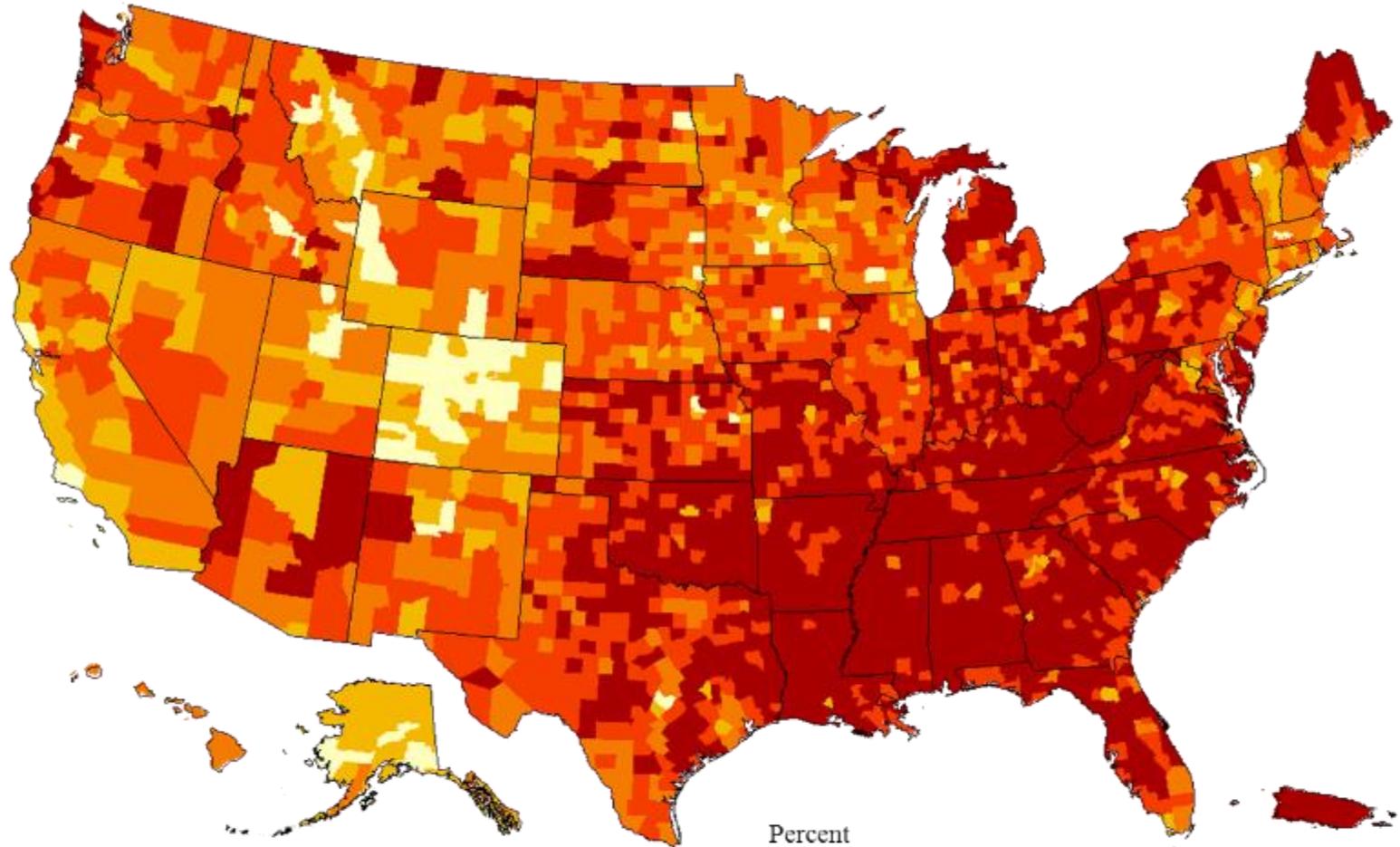
DM in US-2009





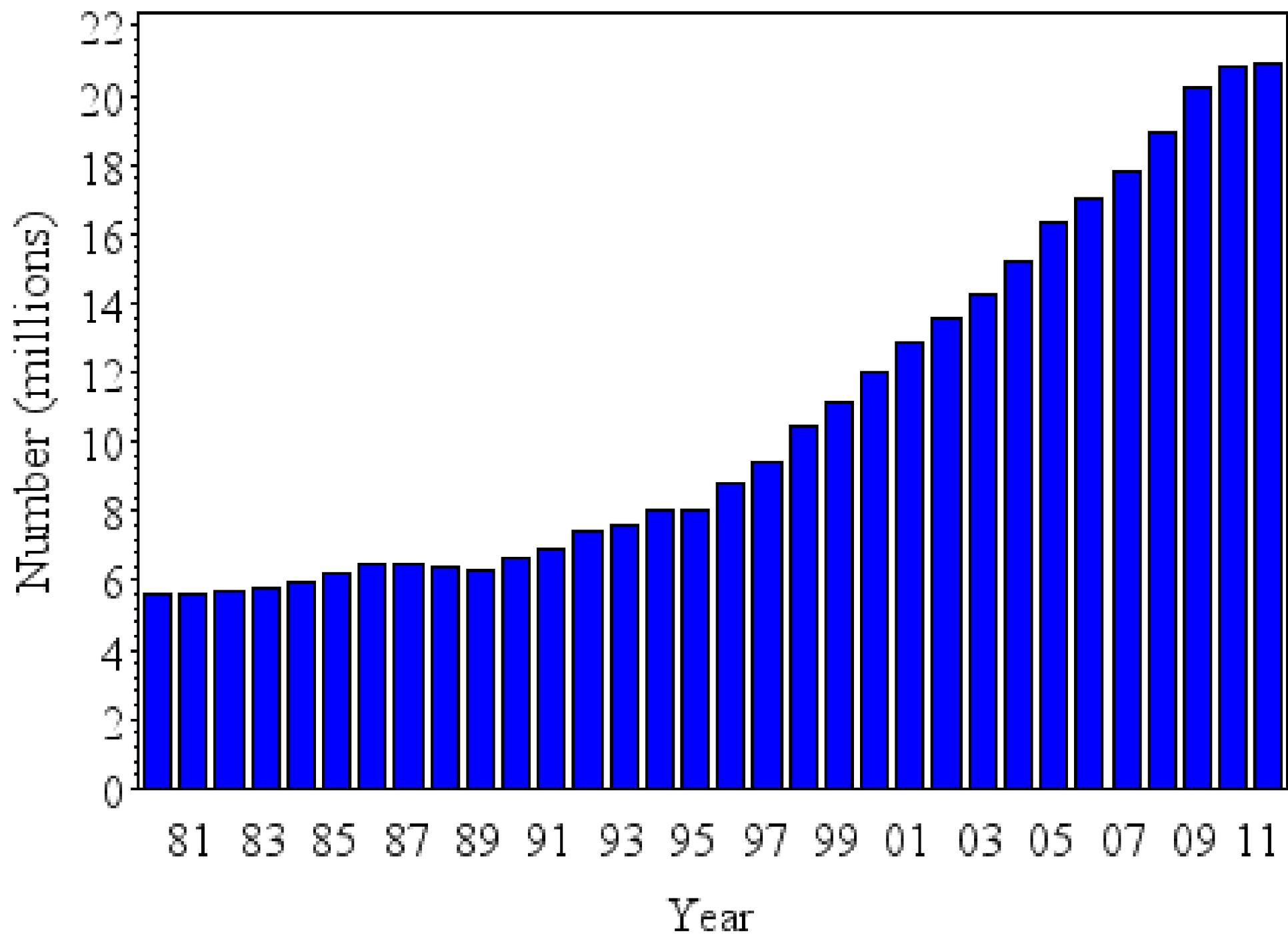
DM in US-2010





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)

~ 1/2 US adults have ≥ 1 chronic dz

~ 1/4 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



**POWIAT
SWIDNICKI**

104









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

Yang Q et al, Trends in CV Health Metrics JAMA 3.16.2012. 1988-1994, 2005-2010.

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

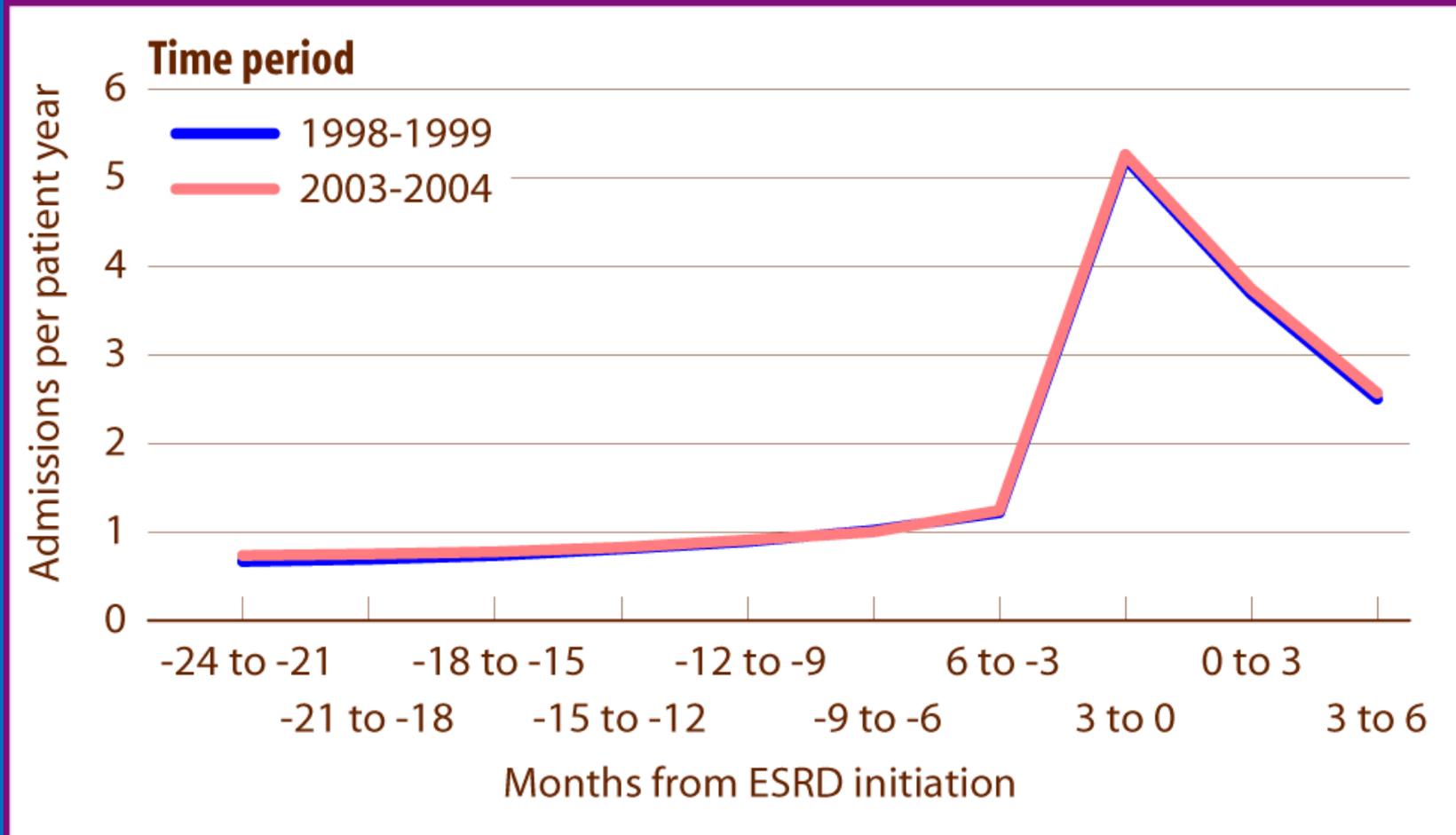
- Individual's life goals
 - What is important to you in this lifetime?
- Understand rules of life, death, +/- disease
- Informed choices made by individual
 - Personal
 - Impactful
 - Mindful living vs cultural “default”

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



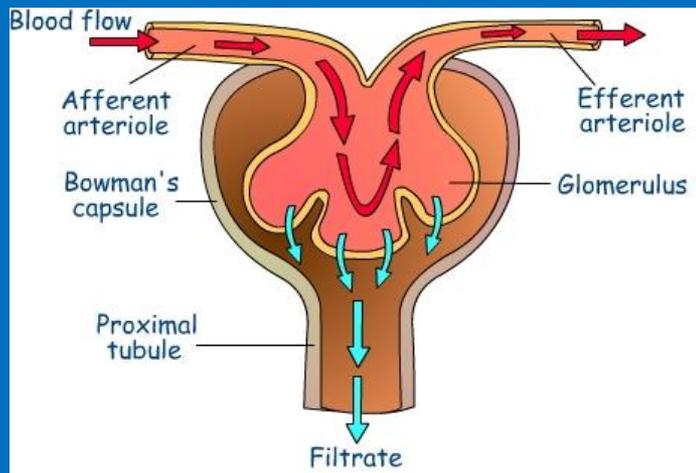
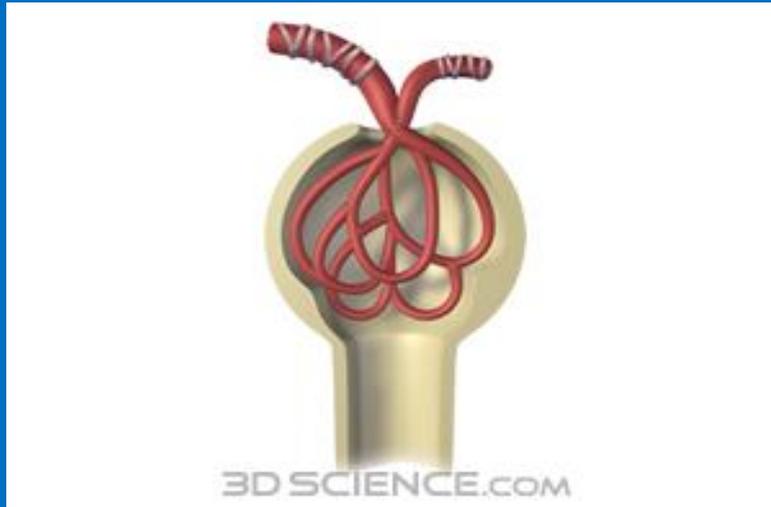
Your kidneys and you

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



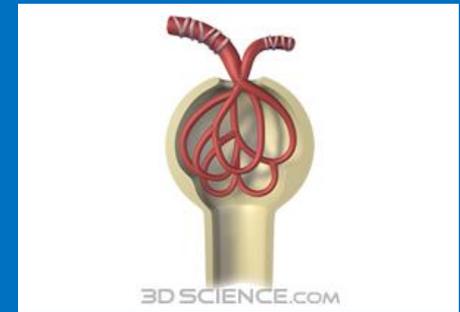
Ramona Wong MD 2014

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

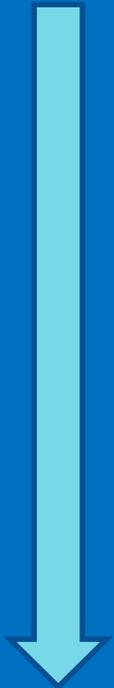
2012 KDIGO Guideline for CKD Classification

Risk for ESRD, CV event or death

Urine Albumin

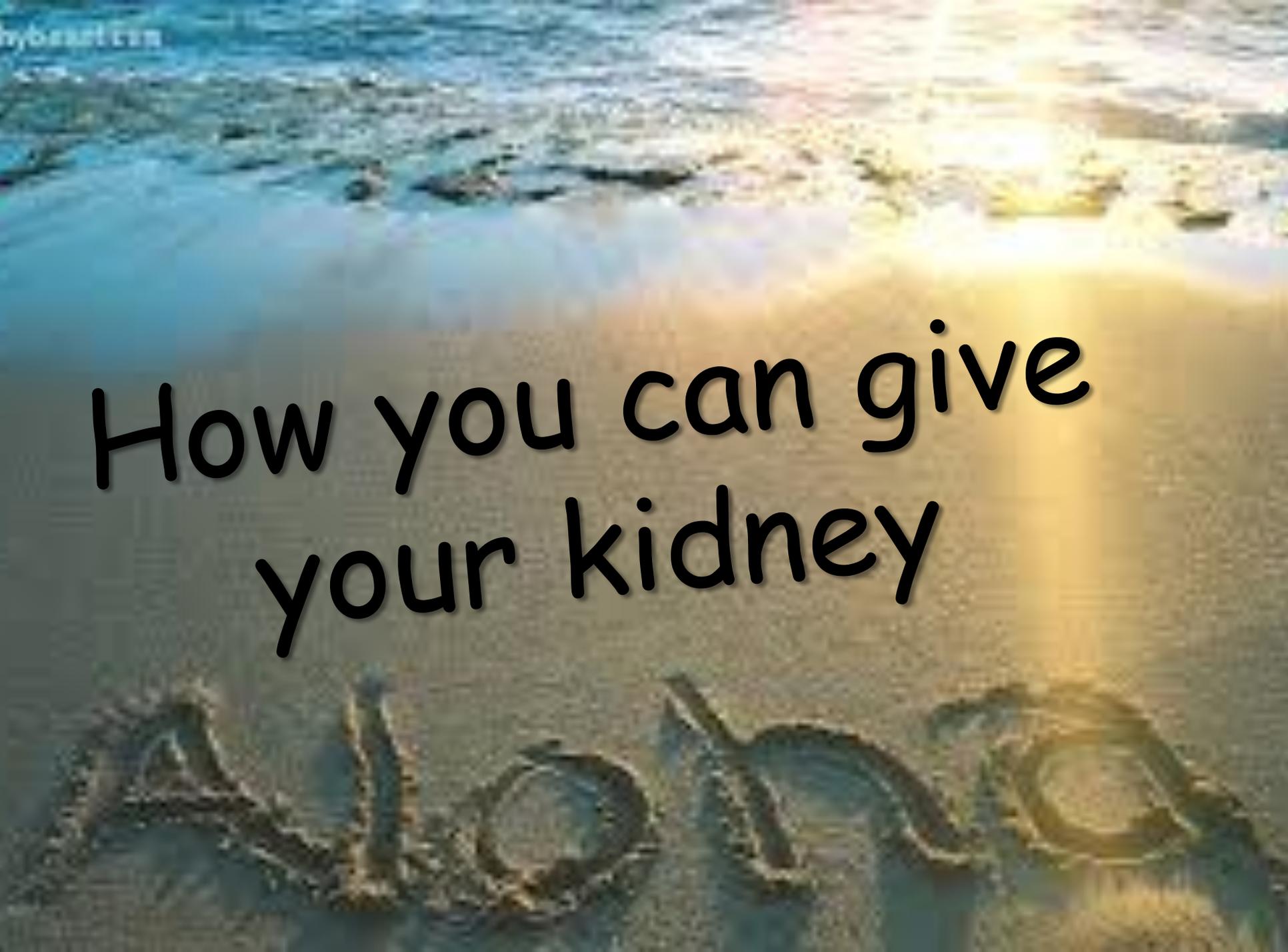


GFR



	<30 mg/g <3 mg/mmol	30-300 mg/g 3-30 mg/mmol	>300 mg/g >30 mg/mmol
≥90	Green	Yellow	Orange
60-89	Green	Yellow	Orange
45-59	Yellow	Orange	Red
30-44	Orange	Red	Red
15-29	Red	Red	Red
<15	Red	Red	Red

How you can give
your kidney





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

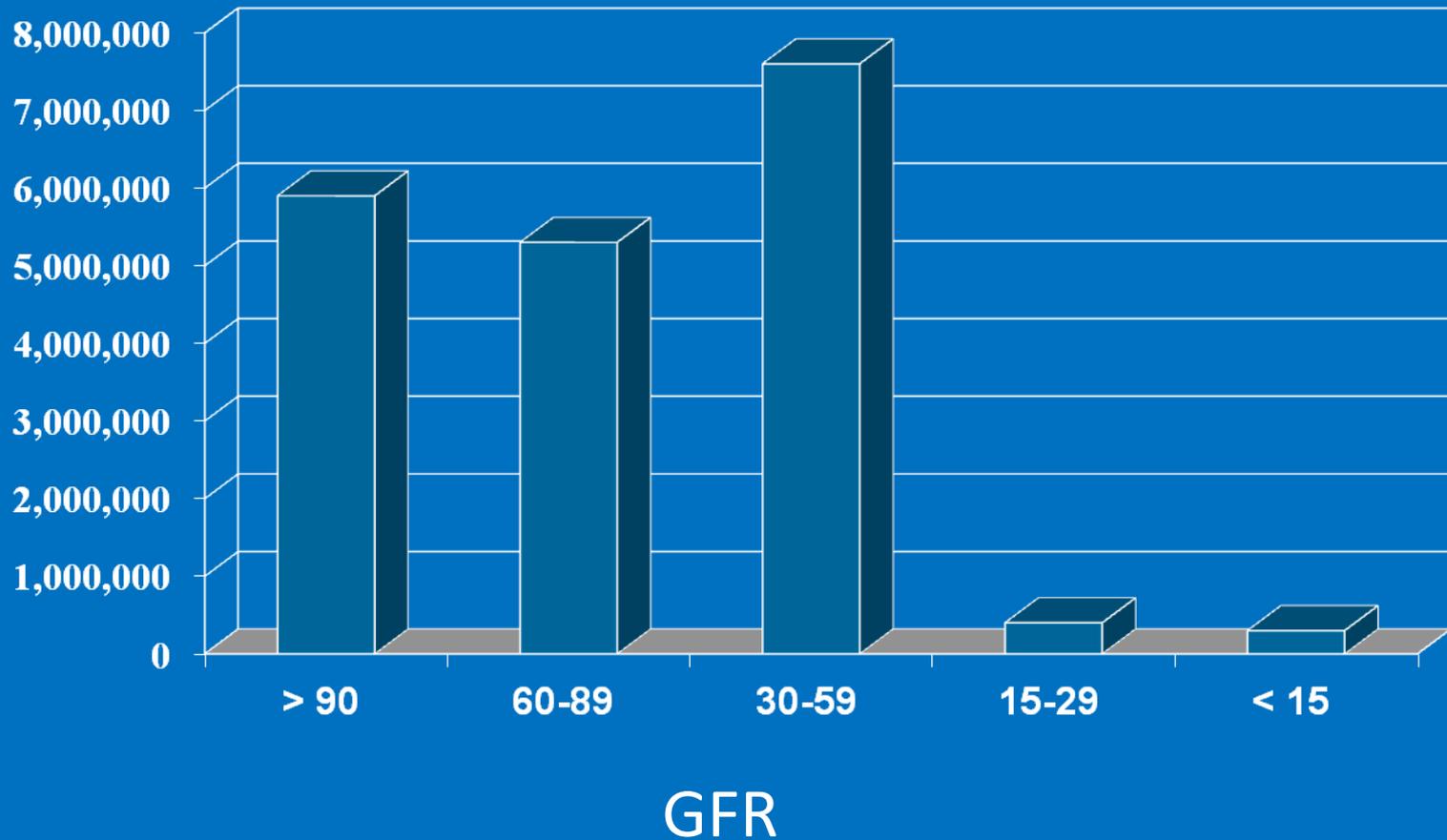
Stroke

Gangrene

Death

Prevalence of CKD

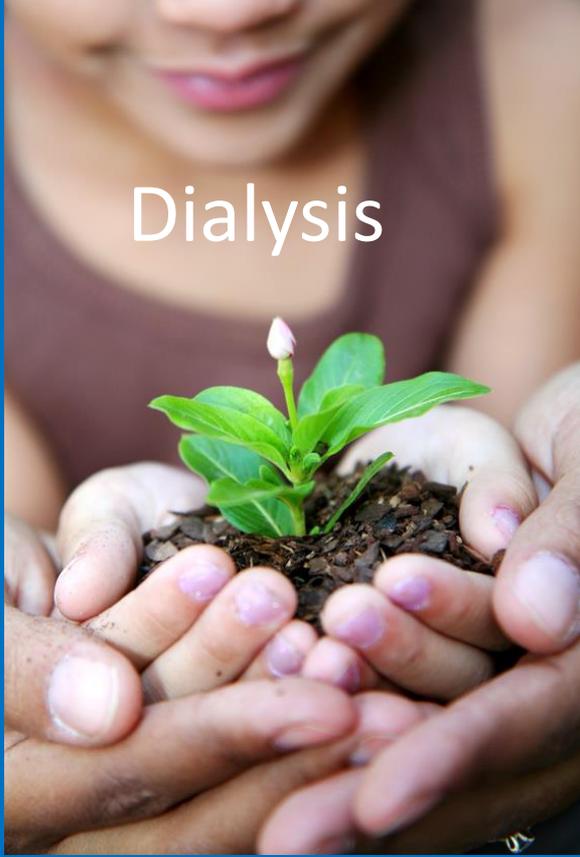
Number of Patients



CV health measures – USA

- Not smoking
- Moderate exercise 5+ times each week
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- BMI less than 25
- Diet high in veggies, fruit, fish, whole grains, low in sodium and sugary drinks

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

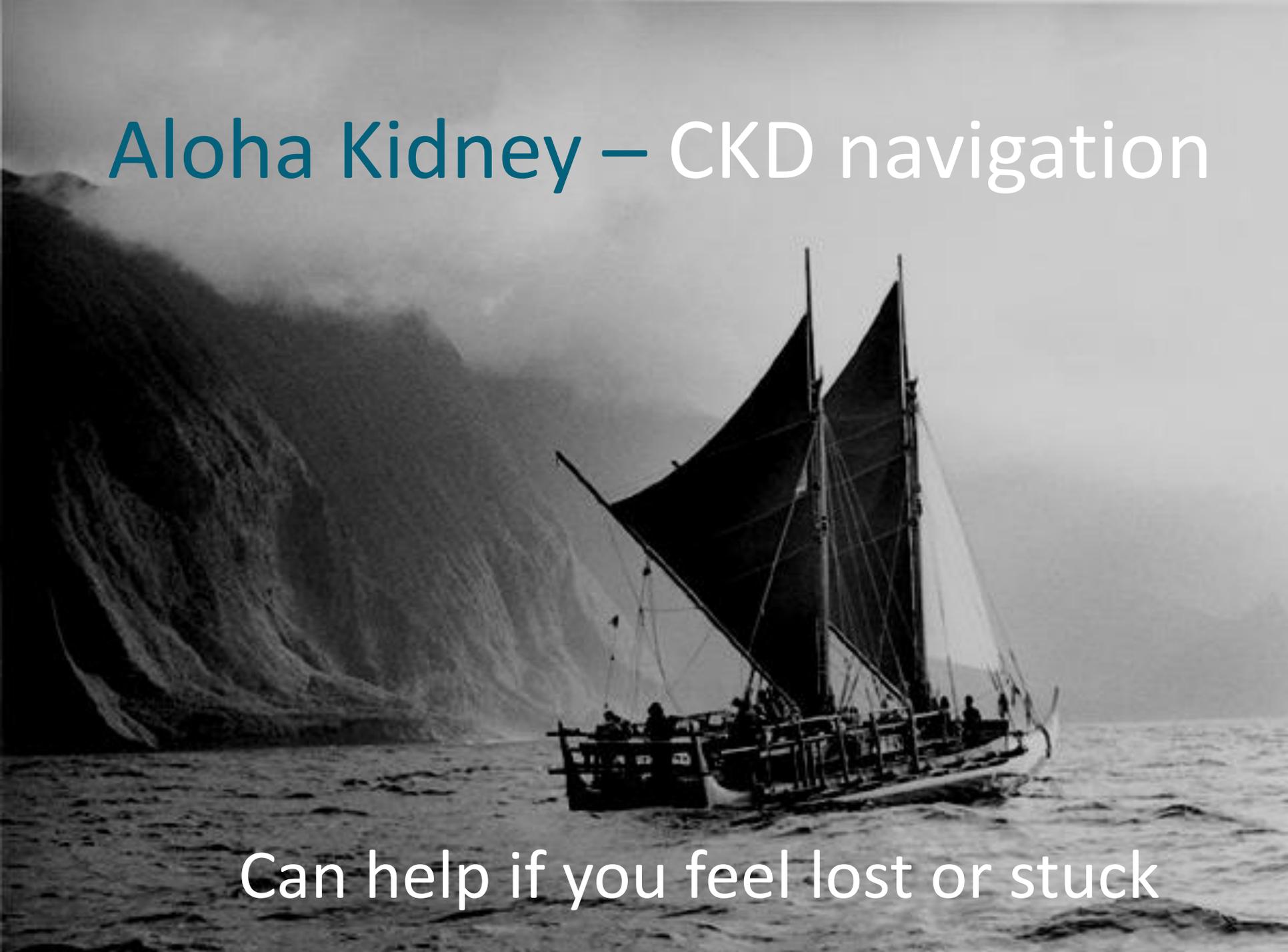


Choices



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

Sodium

Protein

Calories

Phosphates

Calcium

Fats

Potassium

Academic animal vs. veg protein

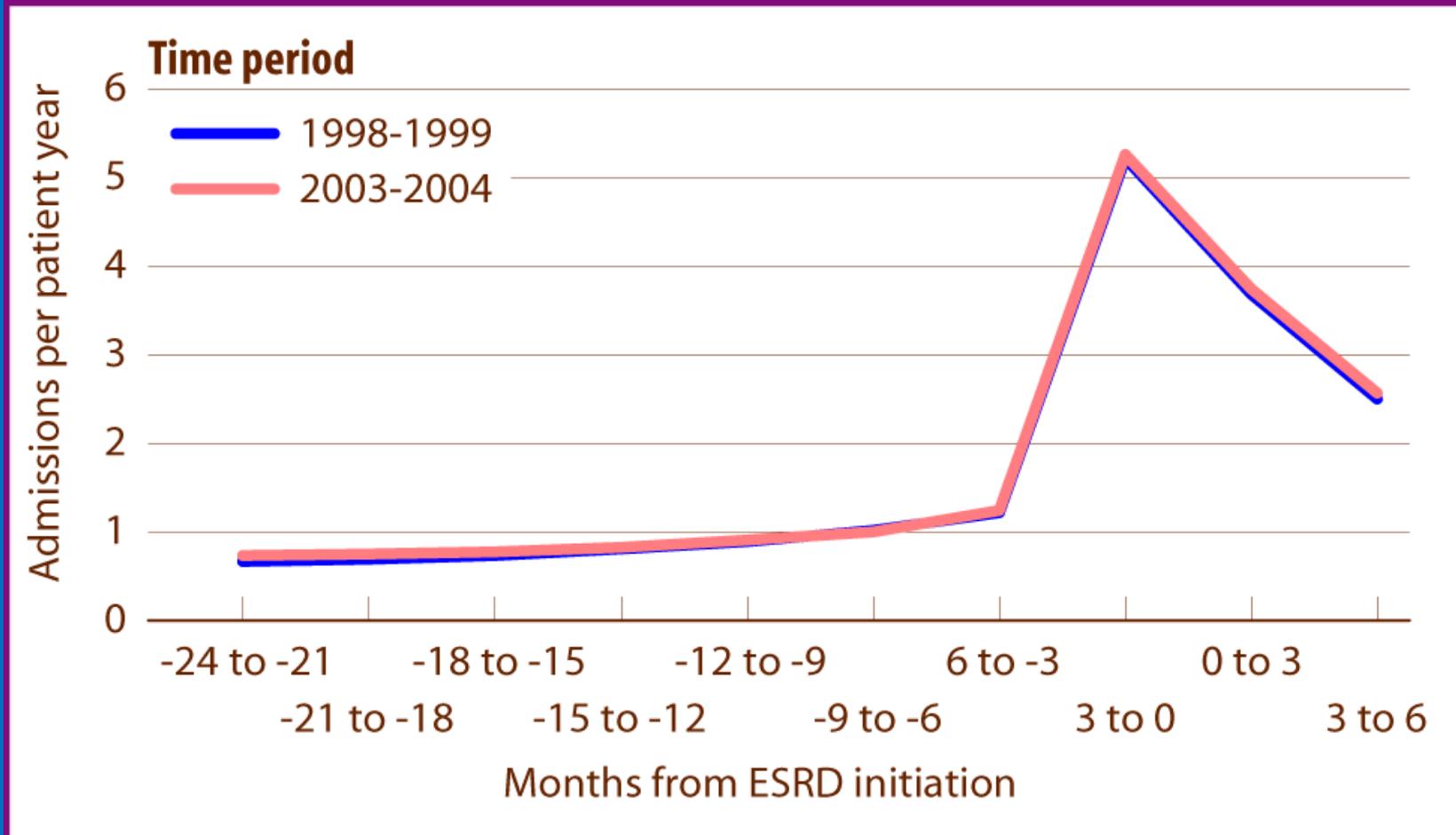
Purines

Vitamin D

Iron

ESRD:

Hospitalization relative to HD initiation

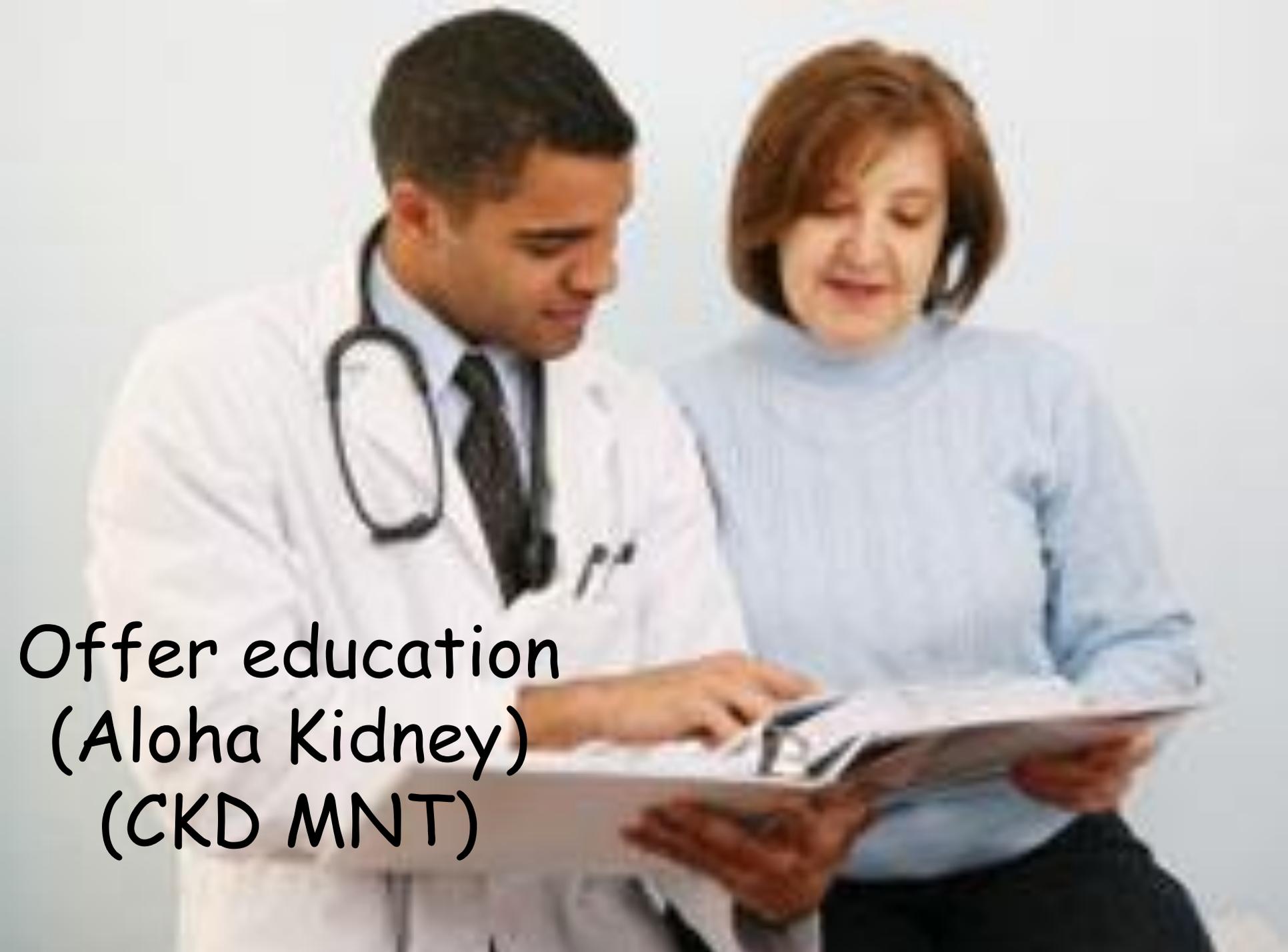


A photograph showing a doctor in a white lab coat on the left, leaning forward and writing on a notepad with a pen. On the right, an elderly man with grey hair, wearing a blue sweater over a light blue collared shirt, sits at a table with his arms crossed and a sad, downcast expression. The background is a plain, light-colored wall.

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