Society of General Internal Medicine

View Abstract

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TITLE: HOW SMART IS YOUR GOAL? RESIDENT MOTIVATIONAL INTERVIEWING BRIEF INTERVENTIONS TO CALIBRATE PATIENT GOALS IN MANAGING UNCONTROLLED DIABETES.

ABSTRACT BODY:

Statement of Problem or Question (one sentence): In our safety-net hospital's predominantly Afro-Caribbean, low socioeconomic status population, 40% of patients living with diabetes mellitus (DM) have Hemoglobin A1c > 8%.

Learning Objectives 1: To teach residents to use their population health registry to identify and manage high-risk patients living with DM

Learning Objectives 2: To apply motivational interviewing (MI) behavioral interventions to engage patients in setting DM self-management Specific, Measurable, Achievable, Realistic and Time-bound (S.M.A.R.T) goals

Description of Program/Intervention, including organizational context (e.g. inpatient vs. outpatient, practice or community characteristics) : Resident physicians were trained in MI, a patient-centered approach focused on elicit behavioral change by strengthening an individual's motivation and commitment to a specific goal. Residents used the NYCH+H/Kings County population health registry to identify empaneled primary care patients living with DM. Residents administered a standard questionnaire designed to assess confidence with and barriers to diabetes self-management in-person or by phone. Using MI techniques, residents worked with patients to identify a SMART goal. 4-6 weeks later, residents contacted patients by telephone and assessed confidence with DM self-management and satisfaction with achieving their SMART goal.

Measures of success (discuss qualitative and/or quantitative metrics which will be used to evaluate program/intervention): Patients were assessed for barriers to self-management, which were grouped into common themes. A readiness ruler was used to establish pre- and post-intervention confidence in diabetes self-management, as well as motivation, commitment to and confidence in patient ability to pursue and achieve a DM self-management SMART goal. SPSS analysis of pre-and post-intervention confidence rulers was performed using the paired-samples t-test.

Findings to Date (it is not sufficient to state ☐findings will be discussed☐): Participants were predominantly women (57%), with an average age of 60. 46/48 patients completed both initial and post-intervention surveys. Most commonly perceived challenges to DM self-management were: diet (42%), medication issues (18%), stress (11%). 52% patients were satisfied (score 8-10 on confidence ruler) with achieving their SMART goal.

Pre- and post-intervention self-management scales were positively correlated (r=0.70, p=.000). On average, DM self-management improved from a mean of 7.13 to a mean of 7.72, t(45)=-2.446, p = 0.018, following resident-patient MI and SMART goal setting.

Key Lessons for Dissemination (what can others take away for implementation to their practice or community?): Application of structured motivational interviewing techniques in a resident primary care practice engages patients to establish and pursue SMART goals focused on diabetes self-management. Use of population health chronic disease registries enables residents to identify and target high-risk patients for these effective interventions which improve DM self-management.

PRESENTATION TYPE IP SHARED DETAILS PAGE URL:

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