Colorectal Cancer Screening: Helping to Motivate Patients

Michael Quinn, PhD
Common Barriers to CRC Screening

• Access to affordable screening resources
• Identify screening-eligible patients
• Provider aware of eligible patients
• Discuss risk, benefits, procedures with patient
• Patient agrees
• Patient completes screening
• Provider receives report of screening results
• Discuss screening results with patient
Common Barriers to CRC Screening

- Access to affordable screening resources
- Identify patients eligible for screening
- Alert provider of patients eligible for screening
- Discuss risk, benefits, procedures with patient
- Patient agrees
- Patient completes screening
- Provider receives report of screening results
- Discuss screening results with patient
Objectives

• Review an evidence-based model for understanding adherence to screening recommendations

• Provide an overview of an evidence-based approach for how providers can influence patients’ motivation to get screened
Essential Components to Intrinsic Motivation of Behavior

- Conviction
- Confidence
- Autonomy

Deci & Ryan, 1985
Bandura, 2004
Stages of Change

Prochaska & DiClemente, 1992
Stage of Change for Colonoscopy Screening
(N = 257 1st degree relatives of colon cancer pts)

Pre-Cont 64%
Contemplation 15%
Action 21%

Rawl et al., 2005
Stage of Change for FOBT Screening
(N = 257 1st degree relatives of colon cancer pts)

Pre-Cont  | Contemplation | Action
---       |---           |---
66%       | 20%          | 14%

Rawl et al., 2005
How to Assess Stage of Change

“It’s recommended that people 50 and over get screened for early detection of pre-cancerous polyps. This test can prevent colorectal cancer and save lives.

What are your thoughts about getting screened for polyps?”

• Pre-Contemplation = “No, I don’t think I need that.”
• Contemplation = “There are benefits, but it’s also a hassle.”
• Preparation = “I’m trying to find the time to schedule that.”
• Action = “I’m scheduled for next month at the GI clinic.”
How to Assess Motivators

Conviction

- “How important is it to you that you get screened for polyps?”

- “What would have to happen for you to see this as more important?”

Confidence

- “How confident are you that you can complete this screening in the next 2 months?”

- “What would have to happen for you to feel more confident about completing this screening?”
Processes of Change

Prochaska & DiClemente, 1992
Processes of Change

Pre-Contemplation → Contemplation
- Awareness of problem or risk
- Explore plausible solutions, benefits
- Patient Education

Contemplation → Preparation
- Explore ambivalence
- Weigh Pros-Cons
- Motivational Interviewing
Processes of Change

Preparation → Action

• Promote self-efficacy
• Identify short-term strategy
• Articulate anticipated outcome
• Relapse Prevention
Implications

• Most people aren’t ready to take action
• Attempting to move more than one stage leads to resistance.
• Moving one stage increases change by 30% - 50%.
• Take a long-term view
• Motivating change requires:
  • Assessment of current stage of change, conviction, confidence
  • Demonstrated respect for patient autonomy
  • Patient counseling tailored to current stage
Motivational Interviewing

What it is:

• Directive..

• patient-centered counseling style …

• for eliciting behavior change …

• by helping patients to explore and resolve ambivalence

Miler & Rollnick, 2002
Motivational Interviewing

How Does It Work:

Selectively reinforces “change talk”\(^1\)
- “I’m worried about my health.”
- “I know I’ve got to do something.”

In context of supportive, empathic relationship\(^2\)
- Collaborative, supports patient autonomy
- Avoids argument, rolls with resistance

\(^1\)Amrhein et al., 2003
\(^2\)Miller et al., 1993
Motivational Interviewing

Key MI Counseling Skills – O-A-R-S:

• Open-Ended Questions
• Affirmations
• Reflections
• Summaries

Miler & Rollnick, 2002
Motivational Interviewing

Change Talk – D-A-R-N-C:

• Desire
• Ability
• Reasons
• Need
• Commitment

Miller & Rollnick, 2013
Motivational Interviewing

Change Talk – D-A-R-N-C:

• **Desire**

  “I would like to know that I’m not at risk.”

• **Ability**

  “I think I can clear some time to schedule the colonoscopy.”

Miller & Rollnick, 2013
Motivational Interviewing

Change Talk – D-A-R-N-C:

- **Reasons**
  
  “I would feel safer knowing I’m not at risk.”

- **Need**
  
  “I need to get this screening taken care of.”

Miller & Rollnick, 2013
Motivational Interviewing

Change Talk – D-A-R-N-C:

• **Commitment**

  “I really mean it this time. I’m going to call the GI clinic and schedule the colonoscopy.”

Miller & Rollnick, 2013
Motivational Interviewing

Providers and Staff Can Learn MI Skills

- Half-Day Workshop at Chicago FQHC
- 11 Physicians & Mid-Level Providers
- Discussed Stages & Processes of Change
- Modeled and Practiced MI Skills
  - Assessment of Stage, Conviction, Confidence
  - OARS, Reinforcing Change Talk
- CRC Referral Rate from 43% to 55%
- CRC Completion Rate from 36% to 46%
Motivational Interviewing

Provider and Staff Training Resources

Local Universities

Psychology, Social Work Departments

Motivational Interviewing Network for Trainers (MINT)

http://www.motivationalinterviewing.org/
Motivational Interviewing

Recommended Video Demonstrations:

• The Ineffective Physician
  https://www.youtube.com/watch?v=80XyNE89eCs&t=105s

• The Effective Physician
  https://www.youtube.com/watch?v=URiKA7CKtfc&t=42s

Gold & Merlo, Univ of Florida
Thank You

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