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MI and Shared Decision Making in chronically ill patients: is mhealth key for adherence?

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6th PAMI Conference Hotel Mercure Poznań Centrum 18 October 2015

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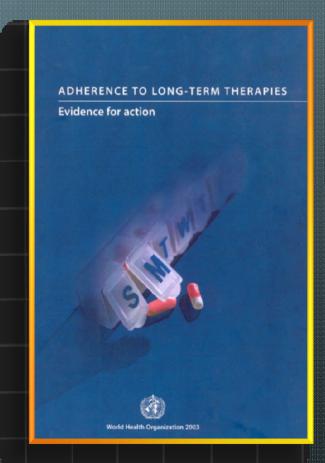
- INTRODUCTION: Patient adherence in chronic medical conditions
- Principles of patient centered care
- The link between SDM and MI
- MI, SDM & Mhealth
- Take to home message

Adherence to treatment & chronically ill patients

Doctors are highly qualified experts. But a very high percentage of patients do not follow their experts' recommendations.

The challenge of poor adherence

- WHO: 30-70% of chronically ill patients are non-adherent to medical treatments and medical recommendations
- Few of them inform their doctors, and not all doctors identify correctly the lack of adherence



WHO: Adherence to long-term therapies: evidence for action. 2003.

Understanding poor compliance

30%
non-voluntary
(forgetfulness)

70%
VOLUNTARY
(drop-out)

NEEDS

WORRIES
About side effects

J Behav Ther Exp Psychiatry. 2015 Jul 2;50:113-119. doi: 10.1016/j.jbtep.2015.06.005. The therapeutic alliance and therapist adherence as predictors of dropout from cognitive therapy for depression when combined with antidepressant medication.

Cooper AA, Strunk DR, Ryan ET, DeRubeis RJ, Hollon SD, Gallop R.

Patient Centered Care (PCC)



- ASSOCIATED WITH:
- IMPROVED PATIENT OUTCOMES
- IMPROVED SELF-MANAGEMENT
- PATIENT SATISFACTION
- MEDICATION ADHERENCE

Ethical principles of sharing decision making

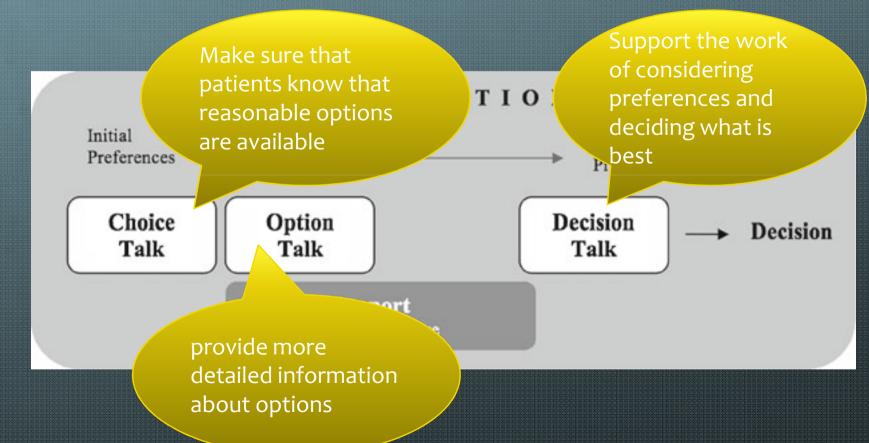
- Self-Determination Theory (SDT): our intrinsic tendencies (motivation) is to protect and preserve our well-being.
- Relational autonomy: we are not entirely free, our decisions will always relate to interpersonal relationships and mutual dependencies

SDM: Concept

"An approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options to achieve informed preferences"

Elwyn G, Coulter A, Laitner S, Walker E, Watson P, Thomson R. Implementing shared decision making in the NHS. BMJ. 2010

A 3-step model for clinical practice



SDM and MI: similarities

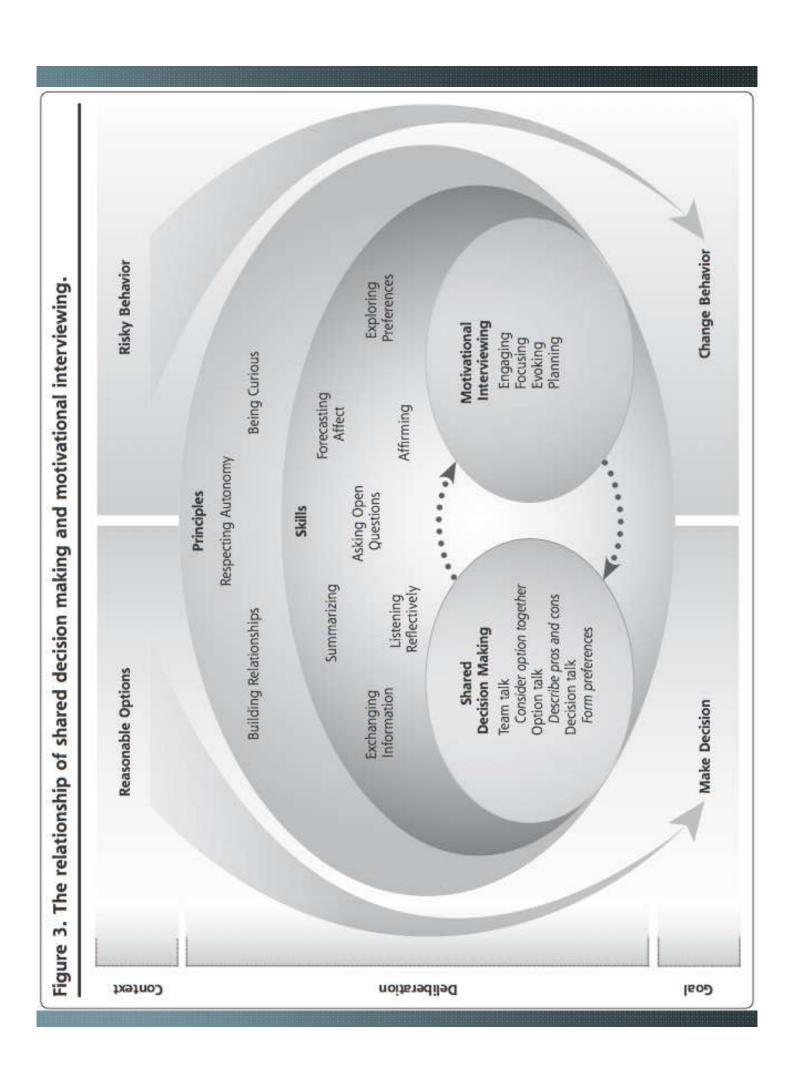
- Patient-centered orientation
- Focus on engaging patients to explore their:
 - Views and opinions,
 - Options for treatment
 - Management approaches from the patients' perspective
- Similar communication skills: exchanging information, reflective listening, developing trust.

Two complementary processes

MI

SDM

- Addresses ambivalence to change
- The interviewer seeks to explore and understand the patient's reasons to change before setting out a plan of action.
- Strives to clarify treatment options
- Help a patient to actively consider those options before supporting a journey toward informed, wellconsidered preferences and confident decision



Key issues about mHealth

- mHealth solutions can empower citizens with information and motivation to improve lifestyles and reduce chronic diseases
- Patients can stay healthier, resources can be better utilised, lowering the costs of care.

Source: PWC, socioeconomic impact of mHealth 2013

"Mobile health has the potential to deliver larger benefits than tele-health as it is more accessible than tele-health."

Horst Merkle, Roche Diagnostics

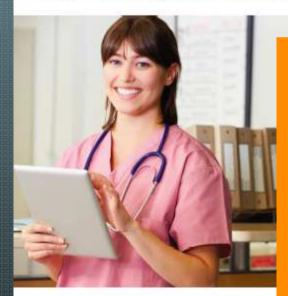


Socioeconomic impact

June 2013

Socio-economic impact of mHealth

An assessment report for the European Union



mHealth could save 99 billion EUR in healthcare costs in the European Union (EU) and add 93 billion EUR to the EU GDP in 2017 if its adoption is encouraged.

Private

savings (23%)



76 bn Public savings (77%)

23 bn



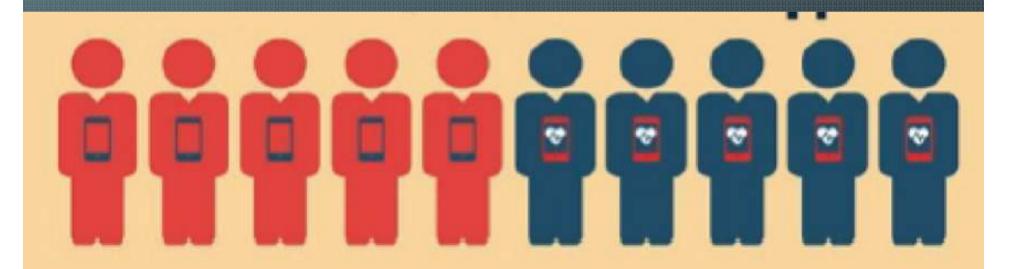
Total GDP addition in 2017





Future perspectives

By 2017, 3,4 billion people worldwide will own a smartphone and 50% will use health apps



Source: PWC. Health'Research Institute. Top health Industry issues of 2015

Mobile health app

mHealth app are becoming a regular part of care



86% of clinicians believe that mobile apps will become important to physicians for patient care management over the next 5 years

"Finding a doctor or finding information is not so much a challenge. The major challenges are self-motivation and adherence. I think this is one of the major opportunities for mobile health where we can work with patients or users."

Bastian Hauck, Founder, Team Blood Glucose So...
An opportunity to MI and SDM?

IMIR RESEARCH PROTOCOLS

Moreau et al

Original Paper

Amond Tailored Development of a Fully Automated, Web-Based, Physical Activity Renilar Intervention Promoting

Friederichs et al BMC Public Health 2014, 14:212 http://www.bio.medcentral.com/1471-2458/14/212

Public Health BMC

Open Access

ntervie

-Chan

STUDY PROTOCOL

I Move: systematic development of a web-based Michel More

computer tailored physical activity intervention,

IMIR RESEAR

base

(JMIR Res Pro Self-

Stijn AH F and Lilian

http://www.trialsjournal.com/content/14/1/75

Hebden et al. Trials 2013, 14:75

TRIALS TRIALS

STUDY PROTOCOL

Open Access

'TXT2BFiT' a mobile phone-based healthy lifestyle program for preventing unhealthy weight gain in young adults: study protocol for a randomized controlled trial

Lana Hebden^{1*}, Kate Balestracci¹, Kevin McGeechan², Elizabeth Denney-Wilson³, Mark Harris⁴, Adrian Bauman² and Margaret Allman-Farinelli¹

Conclusions

- MI and SDM are two patient centered approach that can be useful for increasing treatment adherence
- mhealth apps can play a relevant role to improve the health in the population as mobile devices are worldwide available.
- An attractive format and a patient centered approach seems to be appropriate when a health app is designed
- Although with limitation, MI principles and some MI strategies as well as SDM model can be adapted to an mhealth format.
- More research is needed in order to find evidence-based feasibility and efficacy.