Getting Better! Mission

Getting Better! - Assisting lifestyle change to improve the health of our patients with chronic illnesses

What is different about Getting Better!
- COACHING AFFECT CHANGE
- PEER SUPPORT
- IMPROVE BODILY SELF PERCEPTION
- CORRECTING DYSFUNCTIONAL POSTURAL PATTERNS
- USE OF LOW COST FACILITATORS
- PLUS ALL THE REST

Getting Better! Approach to Patient Empowerment
- Build relationships between peers and mentors
- Collaborate with others that are working toward a common goal
- Educate participants about healthy lifestyles and disease management
- Negotiate to make Getting Better! fit every patient’s life
- Refer individuals to groups that can supply the support and knowledge for behavior change to wellness
How Does **Getting Better!** Accomplish **All of That?**

- **Patient control:** “What will work for you?”
- **Positive affect:** We give patients the confidence they need!
- **Provide additional information** and resources to the patient including...
  - Small group therapy
  - Accounts of individuals succeeding in the program
  - Mentors to guide the patients through their journey

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No PROGRAM to date has incorporated **diet, exercise,** and **lifestyle change** in one program like **Getting Better!**

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**What Are We Doing Now?**

We Physicians do not have the **time, skills** and **reimbursement** to deliver wellness management in chronic disease!

It is **not enough** to simply inform patients suffering from chronic diseases about wellness (diet and exercise).
Top 5 Reasons
Why Doctors Don’t Practice Behavioral Medicine for Lifestyle Change?

1. Lack of skills and necessary information
2. Believe it is not important
3. Reimbursement
4. Time commitment
5. Believe patient cannot or will not change

Often the patient is motivated and prepared but does not have the necessary support from medical professionals!

Proportional Contribution to Premature Death

[Chart showing proportional contribution to premature death]

Proportional Contribution to Premature Death

[Graph showing contributions from different factors]

Getting Better! Readiness to Change Evaluation Chart

“Where do you think you are in terms of changing your behavior?”

<table>
<thead>
<tr>
<th>Not ready to change</th>
<th>Thinking of change</th>
<th>Undecided</th>
<th>Somewhat ready</th>
<th>Very ready</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

“How would you rate your ability to maintain diet and exercise?”

<table>
<thead>
<tr>
<th>Not a problem</th>
<th>Slightly problematic</th>
<th>Undecided</th>
<th>Rarely able to maintain</th>
<th>Not able to maintain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Factors that Influence Patient Change and Wellness Behavior

- Patient’s Level of Self-Efficacy: “Can I do this?”
- Locus of Control: “Should I do this?”
- Patient’s Readiness for Change: “Am I ready and willing to do this?”
- Patient’s Support System: “Do I have the support and knowledge to do this?”

Getting Better! Patient-Centered Collaborative Care

“If physicians view themselves as experts whose job is to get patients to behave in ways that reflect that expertise, both will continue to be frustrated...”

“Once physicians recognize patients as experts on their own lives, they can add their medical expertise to what patients know about themselves to create a plan that will help patients achieve their goals.”
Individualized Education and Communication Tools Used in Getting Better!

- Traditional patient education paired with...
- Self-Management Education
- Motivational interviewing
- Coaching
- Small group discussion based learning of diet and exercise

Getting Better! Philosophy on Self-Management Education: Small Group Wellness Training

- Patients identify their own specific problems
- Small group training develops problem-solving skills
- Provides techniques to help patients make decisions and take appropriate actions as they encounter changes in circumstances or diseases
- Complements traditional patient education
- Relies on self-efficacy, the confidence that one can carry out a behavior necessary to reach a desired goal

Stanford Self-Management Education Program

Program focuses on education of 6 main topics...

1. Techniques to deal with problems such as frustration, fatigue, pain, and isolation.
2. Appropriate exercise for maintaining and improving strength, flexibility, and endurance.
3. Appropriate use of medication
4. Communicating effectively with family, friends, and health professionals
5. Nutrition
6. How to evaluate new treatments

http://patienteducation.stanford.edu/programs/cdsmp.html
Stanford Education Program vs. Getting Better!

- The Stanford education program focuses solely on diet and exercise education.
- Patients struggle with self-motivation.
- Major shortcomings: Patients need guidance on how to change their lifestyle, need a timeline of when to change their lifestyle, and need peers to change with them.

Getting Better! educates participants with one-on-one peer and mentor sessions.
- Participants also participate in small group, discussion-based learning methods.
- Individuals involved with Getting Better! exercise, learn, and grow TOGETHER!

Getting Better! Lifestyle Plans

Fuel Motivation

- Lifestyle plans are developed by patients not health care professionals and carried out initially in small groups.
- The lifestyle plans give patients confidence in managing their disease and confidence that fuels internal motivation.

Engagement, Mindfulness, and Change

Individuals, Families, Communities, and Society

- Social and School Environments
- Physical Activity Environments
- Food and Beverage Environments
- Health Care and Work Environments
- Getting Better! Message Environments
“We **Cannot Pay** for a Lifestyle Change Program!”

- Factors that influence a payer’s decision: **expert opinions** and acceptance as “standard of care”
- Can be demonstrated by inclusion of lifestyle management in published practice parameter guidelines
- **Outcomes of sample data are important**, especially to Pharmacy Directors and employer groups
- **89% would start tomorrow writing scripts for lifestyle change programming if readily available.**

What **Getting Better!** Is All About

It’s not about **costs**, it’s about **value**.

It’s not about a **test group vs. a placebo group**, it’s about the **benefits** experienced with the **Getting Better!** program.

It’s not about the **end results**, it’s about **valuable lifestyle changes**.

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**Getting Better!**

Distribution of **Medical Costs FOR ASTHMA**

- **Before Getting Better**
  - Direct Chronic Disease Cost
  - Comorbidity Costs
  - **Concomitant Costs Disappear!**

- **12 months with Getting Better**
  - Direct Chronic Disease Cost
  - Comorbidity Costs
“Getting Better! Is MORE Than a Break the Bank Program”

- The value of Getting Better! to every customer is evident with the results of the program.
- The patient is now the important payer and will be identified as such at Getting Better!
- Getting Better! educates patients on:
  1. Complications of their specific disease
  2. Comorbidity
  3. Cost of complications to payers
  4. Quality of life improvements
- Patient creates lifestyle management guidelines with Getting Better!
  Professionals that incorporate diet, exercise, and healthy living into their everyday life.

Pilot Study: Asthma Wellness Program

- 34 asthma patients with documented severe poorly controlled asthma and BMI participated in the trial.
- The study involved randomized regular care vs. diet and exercise incorporated care (Wellness Program).
- 10 individuals completed the study.
- Indirect and direct costs of care decreased with the wellness program.

Getting Better! Lifestyle Trial: Trial Results

- Graph showing the improvement in SF-36 scores before and after Getting Better! treatment.
Adherence at 12 Months

Before Getting Better!
12 Months after Getting Better!

*P = .05.

Getting Better! Non-Adherence Questionnaire:

Questions are given to patients at doctor visits

During this visit would you like to discuss any of the following?

1. Asthma- information and management
2. Different treatment options
3. Different types of medications
4. Side effects of medications
5. Results of specific medications
6. Expense of medications and copays
7. Smoking cessation
8. Diet and exercise
9. Family concerns
10. Other topics

Use of Care Management Processes Effective Results

CMP = care management process; CHF = congestive heart failure.

<table>
<thead>
<tr>
<th>Form of CMP</th>
<th>Diabetes</th>
<th>Asthma</th>
<th>CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient education</td>
<td>69.8%</td>
<td>60.2%</td>
<td>49.6%</td>
</tr>
<tr>
<td>Case management</td>
<td>43.4%</td>
<td>39.9%</td>
<td>43.7%</td>
</tr>
<tr>
<td>Feedback to physicians</td>
<td>48.0%</td>
<td>24.1%</td>
<td>30.5%</td>
</tr>
<tr>
<td>Registry</td>
<td>40.3%</td>
<td>31.1%</td>
<td>34.9%</td>
</tr>
<tr>
<td>Guidelines</td>
<td>40.6%</td>
<td>36.3%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Percent using all 5 forms</td>
<td>11.3%</td>
<td>6.5%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

Improving Asthma Care Delivery
Using Getting Better! Strategies

- Establish a partnership between health care professionals and patients
- Develop asthma self-management education programs
- Use case management by trained nurses or social workers
- Provide follow-up education and linkage to ongoing care following emergency department visits
- Increase awareness about the impact of cultural differences on treatment programs

Self-Management Training and Asthma Outcomes

- Of the 23 studies measuring clinical outcomes, 11 demonstrated improvement in asthma symptoms
- Only 1 study found improvement in measured lung function
- Studies with self-management action plans had a greater tendency to improve outcomes than those without action plans.
- Self-management interventions involving mild to moderate asthmatic patients demonstrated a smaller effect than those involving patients with severe asthma

Value of Self-Management
Getting Better! Strategies and Asthma Control

- An evaluation of 36 randomized controlled trials of self-management education for adults (n=6,090) with asthma
- Self-management included regular...
  Medical reviews
  Self-monitoring of symptoms
  Individual written action plan
  Self-adjustment of medication
- The one Getting Better! component that was missing from this study was small group therapy with diet and exercise over a long period of time.
Getting Better!
Self Management

Current Asthma Management Techniques

- Hospitalizations
- ER Visits
- Unscheduled Office Visits
- Missed Work
- Nocturnal Asthma

Favors Self-Management Favors Usual Care

0.1 1.0 10

Asthma and Managed Care:
Expanding Access to Disease Management via Getting Better!

- Most enrollees with asthma offered asthma management programs, regardless of severity, included diet and exercise
- Participate in an asthma disease management program!
- Methods used to enroll members in asthma disease management programs include:
  - Physician referral
  - Case and care management referral
  - Self-referral
  - Automatic enrollment with opt-out

Commonly Used Interventions for Chronic Diseases

- Annual influenza vaccinations (flu shots)
- Printed educational messages (newsletter articles)
- Website information and tools
- Nurse advice toll-free line
- Smoking cessation support/services
  - 74% of commercial enrollees are in health plans that integrate smoking cessation support into their asthma management program
Factors **Limiting Adherence** of Asthma Management

- Financial or economic barriers
- Low health literacy
- Environmental factors at home
- Customs, cultural, or religious beliefs that impact use of health care services

Interventions to Improve Asthma Care

*Using Getting Better! ideas*

- Distribution of [evidence-based practice guidelines](#)
- Providing patient feedback to providers on their satisfaction with their prescribed asthma care
- Financial and nonfinancial incentives to providers who meet selected quality targets
- Information technology tools including registries, automated decision support tools, and reminder programs
- Asthma action plan templates
- Benefit design and formulary management

Nutrition and Exercise: Getting Better! Approach
Current Literature
Fish Oil Supplementation
- Improved pulmonary function
- EIA
- LTC4, LTE4, IL-1B TNG, and LTB4

People who eat diets high in vitamin C, E, Beta-carotene, flavonoids, magnesium, selenium, omega 3 fatty acids, and antioxidants have lower rates of asthma.

Wide range of nutrients affect asthma outcomes, cross-sectional studies are consistent and conclusive.

Evidence from longitudinal studies and randomized studies are less consistent and less conclusive.

Exercise: Evidence of Successful Losers
- 629 women, 155 men participated in the study
- Average weight loss of 30 kg, maintained for 5 years
- Average exercise equivalent of 28 miles of walking per week
- “... a strong commitment to regular exercise...”

Getting Better! Group Therapy
- Lifestyle intervention by group care is used by Getting Better! in order to improve patient response to the program.
- Groups consist of peers that are in similar situations
- Males and females are separated into different groups
- Group leaders focus on connecting with patients on a personal level
- The connection between patients and mentors is more time consuming than patient connection to their general physician.
Diet and Exercise Studies Have to Overcome

1. Measurement issues
2. Confounding
3. Single nutrient supplements may be ineffective
4. Supplements may be harmful
5. Foods not individual nutrients matter
6. Genetic susceptibility important

Just to name a few!

Getting Better!
Wellness Program

Social support
Physical activity
Stress reduction
Cognitive Problem Solving (PBL)

Must overcome barriers of low self-efficacy
Must be highly rewarding not highly disciplined

Cognitive Strategies Used in Getting Better!

Science: Behavioral techniques

Visualize - Verbalize - Practice
Predictable Session Check-In
Physical Exercise
Stress Reduction
Action Plan
The **Biology** of **Weight Control**

- There is a **set-point** for body weight regulation
- Expending energy does **more** than "burn calories"
- Energy expenditure is important in **allowing the regulatory mechanisms to work**

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Can You Believe It?

An excess of only **100 calories** per day will result in a **12 lb. weight gain** in the course of **one year**.

Examples of 100 calorie diet additions:

- A hand-full of peanuts
- One bottle of soda or beer
- One slice of bread with a little margarine
- 1.5 oz. of beef
**Hormones Associated with Weight Control**

- **GI**: ghrelin, cholecystokinin, somatostatin
- **Endocrine**: epinephrine, insulin
- **Adipose Tissue**: leptin, resistin
- **Peripheral Nervous System**: norepinephrine
- **Central Nervous System**: dopamine, serotonin, galanin, opioids

**Can Viruses Effect Weight?**

- Studies have shown that it might be possible!
- 15% of obese people have antibodies to adenovirus 36
- These people do not show lipid "metabolic syndrome" and related abnormalities

**Common Misconceptions**

"Obesity is just due to overeating!"

- There is a complex interaction of genetics, culture, diet, and individual coping traits that contribute to obesity
- About 60% of variability in body weight is determined by genetics
- Culture of large portions of calorie-dense and high fat foods is a large component of obesity
- Culture of decreased levels of exercise also needs to be considered
Common Misconceptions

“We should be aggressive about treating obesity!”

• Rather, we should emphasize fitness and healthy lifestyles.
• Getting Better believes in a philosophy of building others up with positive thinking support rather than just “fixing a problem.”
• Patients learn how to control their weight problems by managing their lives.

Common Misconceptions

“Focusing solely on weight is the best way to lose weight!”

• Focusing only on weight results in eating disorders and abnormalities.

<table>
<thead>
<tr>
<th>Effects</th>
<th>Often/Always %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating Binges</td>
<td>17</td>
</tr>
<tr>
<td>Vomiting After Eating</td>
<td>7</td>
</tr>
<tr>
<td>Terrified of Being Overweight</td>
<td>43</td>
</tr>
<tr>
<td>Preoccupied with Desire to be Thinner</td>
<td>39</td>
</tr>
<tr>
<td>Preoccupied with Thought of Having Fat on my Body</td>
<td>35</td>
</tr>
</tbody>
</table>

Common Misconceptions

“The treatment of obesity can be effective!”

• We fail 95% of the time with non-surgical treatments.
• There are side effects to our attempts to treat obesity.

“We are unbiased in our treatment of obesity!”
Common Misconceptions

“Commercial weight control programs work!”

• About 50% of people who sustain a weight loss do it on their own.

“Dieting is the best way to treat obesity!”

More Than Removing Fat

• Liposuction of 20% of fat: (n = 15) saw no change in:
  Insulin sensitivity, plasma glucose, insulin
  C-reactive protein
  Blood pressure
  Lipids

• But, this information was not even for visceral fat.

 Unsustainable Effects of Commercial Weight Loss Programs

Weight Watchers “Lifetime Members”

• Achieved goal of BMI < 25 or medical goal
• Maintained for only 6 weeks
• 95% female participants and employed
• 70% follow-up at 5 years
Unsustainable Effects of Commercial Weight Loss Programs

Weight Watchers “Lifetime Members”

- 5 year follow-up, N=1002
- Almost all participants regained 76% of the weight lost
- 19% have maintained a 10% loss
- 43% have maintained a 5% loss

Dieting: The Evidence

Low calorie diets are recommended for weight loss. Reducing fat as part of a low calorie diet is a practical way to reduce calories. The combination of a low calorie diet and physical activity is recommended.

Dieting: The Evidence

One alternative diet study showed...

- 629 women, 155 men
- Average weight loss of 30 kg, maintained for 5 years
- This is an example of a “successful loser”
- Diets consisted of 1400 calories per day and 24% of calories from fat
**Dieting:**
The Evidence

- **Common dieting questions:** *Is there any truth to commercial low carb diets?*

- **Examples:** Atkins, Carb Addicts, The Zone, Sugar Busters

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**The Truth About the Atkins Diet**

In a 6-month study...

- **5 kg difference** favoring low carbohydrate diet
- **Improvements in glucose and lipid tolerance**

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**The Truth About the Atkins Diet**

- **4% greater weight loss at 6 months**
- **No significant difference was seen among patients at one year!**
- **Significant difference in HDL’s and triglycerides favoring low carbohydrate diets**
- “...Overall greater energy deficient in the low-carbohydrate group...”
The Truth About the Atkins Diet

There is some benefits to glycemic load diets

- Less hunger
- Lower:
  - Insulin resistance
  - Triglycerides
  - C-Reactive protein
  - Blood pressure
- No change in body composition

Common Factors of Most Commercial Diets

- No significant differences in weight and cardiovascular risk factors
- Significant differences with adherences, regardless of which diet
  - Atkins, Zone, Weight Watchers, Ornish
    - N=160, Mean BMI 35, over 12 months
    - Average weight loss: 2.1kg with Atkins, 4.9kg with Weight Watchers

Exercising With Getting Better!
**Exercise:**

Getting Better! 

- **Moderate levels of physical exercise** for **30-45 minutes, 3-5 days per week** should be encouraged.

- All adults should set a goal of **30 minutes a day** or more of **moderate intensity physical activity** on most, preferably all, days of the week.

**IOM Report 2002**

- One hour each day in moderately intense physical activity

  - Examples: Walking 4 mph one hour per day OR jogging 20 to 30 minutes 4 to 7 days a week

**WHO/FAO Recommendations**

Support **Getting Better! Programs**

- To prevent unhealthy weight gain **45 to 60 minutes of moderate intensity exercise** is mandatory

- To maintain weight loss **60 to 90 minutes of moderate intensity exercise** is required

- Reducing TV viewing by 30 minutes each day can help achieve your weight loss goals.
Exercise: Can It Be Effective?

- Initially focus on physical activity rather than all the risk factors associated with exercise
- Tailored interventions and written materials can be effective
- Discussions with patients about barriers and facilitators are important to beneficial exercise

Exercise: Can It Be Effective?

- 42 general practices
- 750 patients with low exercise levels
- Randomized to M.D. advice and 3 f/u phone calls
- At 12 months no significant change in BMI was observed, but 9 kcal/week more exercise plus improved QOL
- NNT 10

Getting Better! Exercise Improvements

- Focus on fitness: fitness is what truly matters
  - "There was a steep inverse gradient between fitness and mortality in this cohort of men and documented diabetes, and this association was independent of BMI."
  - 32,161 person years, results true for both overweight and obese categories
Getting Better! Believes in Fitness Rather Than Quick Fixes

- When medications are used for other indications than what is favorable, it can cause significant problems for the patient
- Overuse of drugs pose “clear and present danger” for obese patients
- Lifetime treatment needs to be considered rather than taking medications
- Surgery poses “clear and present danger” for obese patients
- Patients need to focus on fitness rather than “quick fixes” like medications and surgery
- Getting Better! provides patients with the tools to move towards healthy lifestyles and increase fitness

The 5 A’s of Getting Better! Programs

1. Assess: Ask and assess health risks and choices of ways to change with each individual patient
2. Advise: Instruct patients with clear, specific, and personalized advise
3. Agree: Develop goals and fitness programs collaboratively with each patient
4. Assist: Aid patients in gaining skills, confidence, and support
5. Arrange: Schedule specific times with the patients on a regular basis to ensure sustainability

Getting Better! Develops Action Plans

“...The action plan process – agreeing on a small change with a high probability of success – may convert some pre-contemplative patients to the action stage.”

- Getting Better! believes that in order for patients to succeed in making lifestyle improvements, action plans need to be made
- Getting Better! educates patients on how to make smart action plans that fit into individual lifestyles.
Getting Better! Mission

Getting Better! - Assisting lifestyle change to improve the health of our patients with chronic illnesses

Getting Better! Core Curriculum

- This curriculum is intended to provide an overview for Getting Better! to physicians and health peer counselors on a new and different lifestyle change program
- Peer counselors trained and experienced on Getting Better! lifestyle change will educate and help fellow peers to adopt better lifestyle habits
The Importance of the Getting Better! Curriculum

- People with chronic disease and obesity have the desire to change, and it can be done through Getting Better!
- Freedom from poor lifestyle habits means not only better health, but also better quality of life.
- Lifestyle change is an important part of recovery.
- The strength and courage that it takes to make lifestyle changes toward freedom from obesity and poor lifestyle choices translates into abilities and resources that foster a healthy recovery and improvements in chronic disease.

Getting Better! Training Overview

Imperative Information

1. Terms and definitions
2. The importance of lifestyle changes
3. The addictive nature of obesity
4. How to help people improve food choices
5. What a physician and/or peer counselor can do to help others adopt a better lifestyle
6. Getting Better! programs can be applied to everyday life

Part 1:

Terms and Definitions
Terms and Definitions

- **Addiction**: Using a drug, for no medical reason, when it causes harm; interferes with individuals' ability to make a healthy decision about using the drug.

- **Dependence**: The state of relying on or needing someone or something for aid, support, or the like.

- **Dopamine**: A chemical in the brain that is affected by nicotine from tobacco; responsible for feelings of pleasure.

- **Fitness**: Capability of the body of distributing inhaled oxygen to muscle tissue during increased physical activity.

Terms and Definitions

- **Placebo**: "Fake" substance or treatment used in research studies given to someone so the effects can be compared to people who have received the actual treatment.

- **Obesity**: The condition of increased body weight on account of the accumulation of fat in the body.

- **Relapse**: Starting to use a substance again after a person has quit; society today often associates relapse with tobacco use, but this can be associated with obesity as well. Food addictions can interfere with people's ability to live healthy lifestyles and maintain healthy weights.

Part 2:
The Importance of Lifestyle Changes
Lifestyle Change...

Is the chief, single, *avoidable cause of death* in our society and the most important public health issue of our time.

**Getting Better!** is changing one of society’s biggest medical problem

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Lifestyle Research Findings

Supports Getting Better!

- Poor lifestyle hurts nearly every part of the body and increases co-morbidity in patients with chronic illnesses
- Improving lifestyle has both short-term and long-term benefits for health
- The list of diseases caused by poor lifestyle continues to grow

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Health Consequences of Obesity and Lack of Exercise

**Cardiovascular diseases:** diseases related to the heart, arteries, and blood vessels; circulation problems in hands and feet

**Pulmonary diseases**
**Health Benefits** Associated with **Lifestyle Change** Through **Getting Better!**

- Blood flows better: 2 weeks to 3 months
- Ability to clear lungs is better: 1 to 9 months
- Added risk of heart disease is now much less: 1 year
- Risk of stroke is now similar to those who
- Less types of cancers: 10 years
- Risk of heart disease is now similar to those who

**Weight Loss and Exercise** Lowers Risks of Death

![Graph showing years of life gained with age]

**Getting Better! Programs Improve All Aspects of Life**

- Improve health and overall quality of life
- Increase the amount of healthy years in life
- Improve the effect of medications for mental health
- Decrease social isolation
- Help to save money
- Applicable for anytime throughout life
Part 3: The Addictive Nature of Obesity

Poor Lifestyle Addiction
Is a 2-Part Problem

<table>
<thead>
<tr>
<th>Physical</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad habits such as</td>
<td>Bad habits such as</td>
</tr>
<tr>
<td>little to no exercise</td>
<td>overeating</td>
</tr>
<tr>
<td>Treatment</td>
<td>Treatment</td>
</tr>
<tr>
<td>Getting Better! Program</td>
<td>Getting Better! Program</td>
</tr>
</tbody>
</table>

Treatment should address both the addiction and the behavior.

Obesity Related Addiction Can Be Compared to Smoking Addiction
Trends in Adult Smoking by Sex
U.S. 1955-2007

19.8% of adults are current smokers

70% want to quit

The Challenges of Quitting

- People smoke in many different situations out of habit: after meals, work breaks, stressful environments, social gatherings...
- Quitting requires coping - changing thought processes and actions in tempting situations
- Quitting requires motivation - thinking about a more positive life outlook and other meaningful reasons to quit
- Group discussions and support can aid in the process of breaking an addiction

Addictions related to obesity encounter these same challenges

Relapse Common in Smokers and Dieters

- Relapse, starting an old lifestyle again when trying to diet and exercise, can be a huge barrier experienced by individuals attempting to live healthier
- For many people, lifestyle change takes more than one try
- Many need to practice first, and people who are successful have usually experienced relapse
- Getting Better teaches individuals from past failures
Financial Impact of Addiction

Buying cigarettes every day for 50 years @ $4.32 per pack
Money banked monthly, earning 4% interest

Dollars lost, in thousands

Even if you don’t invest the money, you will save $3,033.80 yr for each pack a day smoked.

The Dopamine Reward Pathway

Dopamine release
Stimulation of receptors

Pharmacodynamics Effect: Lack of Exercise and Poor Diet

- Irritability / Frustration / Anger
- Anxiety
- Difficulty Concentrating
- Restlessness / Impatience
- Depressed Mood / Depression
- Insomnia
- Impaired Performance
- Increased Appetite / Weight Gain
- Cravings

Most symptoms manifest within the first 1-2 days, peak within the first week, and subside within 2-4 weeks.

Part 4: Improve Food Choices with Getting Better!

Getting Better! Programs
Address Behavioral Changes to Improve Diet

Physical
Bad habits such as little to no exercise
Treatment
Getting Better! Program

Behavior
Bad habits such as overeating
Treatment
Getting Better! Program

Treatment should address both the addiction and the behavior.

Adding Medications to Your Diet
To Advance Lifestyle Changes
Part 5: Physician and Peer Counseling Role In Getting Better!

Getting Better! Counseling and Support Programs

- People who get help and social support are more likely to be successful.
- Most people do better if they get help to prepare and plan for a lifestyle change.
- Most people do better if they understand the need to change behavior from a medical, scientific, and social standpoint.
- Ultimately, it is the person's choice to begin diet and exercise improvements.

Barriers of Getting Better! Interventions:
Patient and Consumer Factors

- Expectation of failure
- Self-stigma
- Lack of recovery
- Fear of withdrawal symptoms
- Boredom
- Relapse
- Coping with tension and anxiety
- Daily routines
- Eating as a social activity
- Lack of self-confidence
- Lack of home environment support.
Physician and Peer Counselor Role
In Assisting Getting Better! Patients

People trying to eat less and exercise often fail to plan. Peer counselors and other health professionals are important in helping peers with their attempts.

Counseling is an important component of recovery.

Counseling Can Improve Chances of Recovery
Smoking Example is Comparable to Lifestyle Change

Compared to people who smoke who do not get help from a clinician, those who get help are 1.7-2.2 times as likely to successfully quit for 5 or more months.

Coping With Challenges
Changing How You Think...

- Review your commitment to lifestyle change - "Why is it important to you?"
- What is motivating you to live a healthier lifestyle?
- Block negative thinking out of your mind
- Positive self-talk is important
- Visualize how you would handle difficult situations - see yourself in your mind living the way you want to live and healthier
- Begin to see yourself as the person you want to be
- Address self-medication – people sometimes seek relief from grief through self-medication
Coping With Challenges
Changing How You Think...

Thinking about food does not mean that you have to eat:
• “Just because you think about something doesn’t mean you have to do it!”
• Tell yourself, “It’s just a thought,” or “I am in control.”
• Say the word “Stop!” out loud, or visualize a stop sign.

When you have a craving, remind yourself:
• “The urge for food will only go away if I don’t use it.”

As soon as you get up in the morning, look in the mirror and say to yourself:
• “I will make it through another day and diet and exercise.”

Coping With Challenges
Changing How You Think...

Change your environment:
• Home and workplace
• Remove items that remind you unhealthy habits and stay away from people or places where you would normally relapse
• Change the behaviors that usually involve treating and NO exercise

Substitutes for eating:
• Water
• Sugar-free chewing gum
• Outdoor activities
• Take a walk, breath deeply

Try to reduce stress, talk with friends or peers who want to help

How You Can Help
Peer Counselors Working With Getting Better!

Peer counselors can play an important role by:
• Helping peers become motivated to quit
• Encouraging peers to be their own experts
• Providing recommendations about ways to quit
• Providing support throughout the quit attempt

YOU might be the ONE person to whom a consumer will listen. HELP SAVE A LIFE.
Two Counseling Strategies
Used by Getting Better! Counselors

1. AAR Approach: Ask - Advise - Refer
   Provides a brief intervention to do with your peer
   Ideal if peers are seen only a few times

2. 5 A's Approach: Ask - Advise - Assess - Assist - Arrange
   A deeper, more intense intervention
   Good for peers seen more frequently

The 5 A’s of Getting Better! Programs

1. Assess: Ask and assess health risks and choices of ways to change with each individual patient
2. Advise: Instruct patients with clear, specific, and personalized advise
3. Agree: Develop goals and fitness programs collaboratively with each patient
4. Assist: Aid patients in gaining skills, confidence, and support
5. Arrange: Schedule specific times with the patients on a regular basis to ensure sustainability

For Peers Involved in the Getting Better! Program

Praise progress.
Ask about social support.
Identify triggers for relapse.
Offer tips for preventing relapse.
Encourage peers to consider their options.
Encourage healthy alternatives to bad habits.
Encourage regular exercise and healthy lifestyle habits.
Part 6: Applying Getting Better! To Everyday Life

Start Discussing Getting Better!
With Patients in Need of a Lifestyle Change

- Starting to talk to a peer or patient about their lifestyle is not always easy
- Remember that people have different feelings about their lifestyle: some people may want to change while others may not want to change
- How do you start the conversation?
  - I want to support you in improving your health and your lifestyle
  - Focus on support and respect

Encourage Peers and Patients to Start Getting Better!

Next steps for peers and patients:
- See physician, doctor, or pharmacist to discuss Getting Better!
- Make an appointment to talk about Getting Better! with a provider.
- Look for additional social support from friends or wellness groups.
**Talk to Program Staff**

*Getting Better! is Important*

- Get buy-in from providers and administrators
- "We need support from those who lead us"
- Discuss health and cost benefits
- Promote *Getting Better!* programs in the workplace, at home, and with your acquaintances
- Policies are important for supporting a healthy environment for lifestyle growth and changes.
- Encourage the development of support groups around diet and exercise for consumers in need.

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**Getting Better! Peer Counselor**

*Advisa*

**Basic Do's and Don'ts**

**Do's**
- Support your peer
- Be honest
- Reinforce that you care about the participant
- Discuss and develop coping strategies
- Talk about all the options to help with a healthy lifestyle
- Help your peer set goal and make a plan

**Don'ts**
- Hesitate to talk
- Give up trying
- Forget that you are an important part of the recovery process for patients

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**Role Playing:**

*Using the 5 A's Group Activity*

This exercise will be completed in pairs:

One individual will play the role of the "peer counselor," the other will play the role of the "peer."

After we complete the role-playing exercise, the "peer" and the "peer counselor" should give feedback to one another.
Lifestyle is the #1 cause of disease and death.

Let’s get started today and do something.

According to the World Health Organization...

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

Case 1:
49-Year-Old Woman With Severe Persistent Asthma

Details
- 49 year old woman with severe asthma / allergic rhinitis
- History of severe pneumonia and endocrine problems
- Nocturnal awakenings at least once per week
- At least 6 emergency room visits and 1 hospitalization in 1 year
- Uncontrolled on current treatment regimen, which includes ICS

Some individuals need help starting to live a healthy life.

“Assist the unmotivated patient!”
- Dr. Don Bukstein, MD
Getting Better!
Motivation

Basic Information:
How to Motivate the Unmotivated

- Become familiar with the four basic Motivational Interviewing (MI) Principles
- Learn the strategic use of the common tools: Ask, Listen, and Inform
- Observe interaction techniques that aid in health behavior change

Inspire Motivation:
Motivation is Fundamental to Getting Better!

Motivation is:
- Essential to change!
- A dynamic and fluctuating state
- Particularly sensitive topic to unmotivated individuals
- Strongly influenced by the interpersonal “style” of helping professionals
- Must come from within. People are more persuaded by what they hear themselves say than by what someone tells details

3/13/2014
4 Motivational Techniques
Used in Getting Better! Programs

1. Express Empathy, Respect, and Understanding

2. Recognize Discrepancies

3. Roll with Resistance

4. Support Self-Efficacy

1. Express Empathy, Respect, and Understanding

• Empathize that starting to make a lifestyle change is difficult

• Demonstrate respect and ask permission before discussing your concerns: “Are you open to talking briefly about your diet, exercise, and lifestyle?”

• “Dance” with the patient, do not wrestle, if they say “No,” accept it

• Walk beside them, not in front pulling or behind pushing

1. Express Empathy, Respect, and Understanding

• Listen carefully, without judgment or interruption

• Ask open-ended questions that cannot be answered with a simple yes or no: “What would change in your life if you changed your lifestyle, diet, and exercise habits?” “What benefits do you think you might experience if you changed your lifestyle?”

• Ask permission to inform: “I have some ideas if you would like to hear them!” “I can refer you to coaches that have quite a bit of experience helping with this if you are interested.”
1. **Express Empathy, Respect, and Understanding**

- Ask for **more information** or **clarification**
- The phrase “Tell me more…” should be common throughout discussions
- **Listen, listen, listen**
- Listening makes the individual feel valued and important
- Reflect back what you have heard
- Paraphrase their main ideas

Outcomes of this type of interaction:

- **Less resistance** and struggle
- Trust by the patient
- A willingness to **work together**
- An opportunity to find out what is important to the patient and how you can build on that

2. **Recognize Discrepancy**

- Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be
- Discomfort motivates action

Tip the scale toward 51% Lifestyle change = making a change
2. Recognize **Discrepancy**

**Patient Decision Making Worksheet**

<table>
<thead>
<tr>
<th>Good Things about Lifestyle Change</th>
<th>Bad Factors about Lifestyle Change</th>
</tr>
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<tbody>
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3. **Roll with Resistance**

- **Change is hard.** Resistance among patients will vary.
- Sometimes it is necessary to **stop and change direction towards a new outcome.**
- **Do not wrestle, work with the individual.**
- **Ask** open ended questions that require detailed responses.
- Reflect on **past experiences** and **progress** of the patient.

**The road of motivation will look more like...**

**THIS**

**NOT THIS**
4. **Support** Self-Efficacy

- **Self-efficacy = “I can do it!”**
- **Definition:** The inward capacity to produce a desired result or effect for oneself.
- **It’s one of the best predictors of success**
- Give individuals the tools they need to do the job like: medical support, diet information, exercise programs, and counseling all from **Getting Better!**
- Support even small steps forward
- Always convey your confidence in their ability

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**Getting Better! Motivational Techniques**

*Work with Many Different Types of Patients*

- Patients *unwilling* to change lifestyle at the current time
- Patients *not open* to evidence-based treatment
- Patients open to medication but *not to coaching* or vice-versa
- Patients want to use treatment that has *little evidence of success*

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**Getting Better! Motivational Techniques: Overview**

- Using *common clinical tools* in a *strategic way* can drastically change the outcome
- *Express empathy, recognize discrepancies, roll with resistance, and support self-efficacy*
- The outcome of a **Getting Better!** motivational intervention may be as small as getting the patient engaged in the conversation
- This may seem like a long process, but in reality, *it is worth the time and effort*
- Do not strive for perfection with the motivational techniques, *just attempt to use them*
- **Work together!**
References

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For More Information on Getting Better! And How to Get Involved

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“Remember it’s yours-make it better!”
- Dr. Bukstein, MD, Co-President of Getting Better!
CMS Reimbursement for Obesity Treatment

- Qualified nonphysician
  - 98962 5-8 patients
  - at least 30 minutes, face to face
- Physician
  - 99078
  - no time limit or patient parameters

www.obesity.org/certification/comp.htm