Behavioral Change in Clinical Practice: Hard But Not Hopeless
By Joanne Kaldy

"It's hard to change habits," said Leslie Eber, MD, CMD, at the start of a program on “Changing Provider Behavior: Beyond the ‘Just Do It’ Mentality” at PALTG21, the Virtual Annual Conference of AMDA – The Society for Post-Acute and Long-Term Care Medicine. She recalled how she would often come back from Society meetings buzzing with ideas and plans, and then she was faced with “How challenging it is to change behaviors and habits.” But she stressed that there is hope.

Start with System 1 and System 2
To start, Dr. Eber talked about economist Daniel Kahneman’s systems of decision-making. System 1 is fast and intuitive, and uses past experiences and immediately available facts. System 2 is a deliberate process that uses questioning and further investigation.

“It feels really good to use System 1. It makes us feel comfortable and secure,” she said. “But it also is correlated with predictable mistakes. System 1 decisions are famous for jumping to conclusions if we don’t have all the facts.” That is, she said, “If it looks like a duck and quacks like a duck, it’s a duck.” System 1 also relies on expert intuition, the recognition of past patterns. This can be useful, Dr. Eber suggested, “but in medicine, as we learn more and fine-tune best practices, it can be a Pitfall.” System 1, she said, does not allow for the possibility that evidence critical to our decisions is missing. “We often use heuristics, a shortcut for solving a problem or making a decision.” This is where people revert to something they know to do from experience and habit.

System 2 is more time consuming and less comfortable, Dr. Eber explained. However, she said, “When we are measured and deliberate, we divert from our habits and make much better decisions.” When we do this, she said, we have to address our cognitive ease — that confidence and trusting of intuition that makes mistakes more likely. At the same time, the focus must be on cognitive strain, which relies on vigilance, suspicion, and an investment of time and effort. This decision-making process may take practitioners out of their comfort zone, but the result is likely to be fewer mistakes.

Beliefs: Boost or Bust?
Our beliefs help shape our decisions, and in medicine, Dr. Eber said, “our beliefs are deeply engrained.” That isn’t surprising; human reasoning is belief based, and often it is built on experience. Unfortunately, experience also can lead to inaccurate medical beliefs. Along with our beliefs, Dr. Eber noted, we all have biases. “We need to recognize and address them,” she stressed.

Base rate neglect — the gap between statistical evidence and best practices and the practitioner’s thinking about an individual patient — is a sort of bias that is common in geriatrics, Dr. Eber suggested. This is when the evidence and clinical knowledge point to one decision, yet the practitioner makes a different one because “I know Mrs. Jones.” Compelling statistics, she said, “will not change long-held beliefs or beliefs rooted in personal experience.” COVID-19 vaccine hesitancy is an example of this, Dr. Eber offered, as many people dismiss the scientific evidence because of their own personal experience with vaccinations.

So how do we make better decisions? First, Dr. Eber said, “We have to overcome inertia. We have to embrace cognitive strain and consider alternatives and what is possible.”

Give a Little Nudge
In recent years, “nudges,” described as effective ways to influence behaviors, have become a popular strategy, said Sing Palat, MD, CMD. These, she noted, “are used to alter behavior, but they don’t forbid options or remove freedom of choice.”

There are different types of nudges. Among them is the default option, which creates a path of least resistance,” Dr. Palat said. This type of nudge is designed with the expectation that biases are natural. One popular and common example of a default option is the organ donor opt-out for consent, which has resulted in a high percentage of donors across all states. She said, “Removing small obstacles rather than shoving people in one direction has more impact.”

Mapping is a nudge where information about various options is explicitly laid out and made easy to understand.

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Building Bridges: How Nursing Homes Can Forge Community Connections
By Randy Dottinga

In Baltimore, a comprehensive health center for older people learned a valuable lesson when it tried to forge a connection with the surrounding community: the best route to win hearts may be through the stomach.

Keswick, a nonprofit organization that manages hundreds of nursing, rehabilitation, and long-term-care beds, decided about 10 years ago that it wanted to help seniors in the wider community stay healthy. “Originally, we thought we’d offer a lot of chronic disease management programs for conditions such as diabetes and hypertension,” recalled president and chief executive officer Carmel Roques. But there was a problem: few people showed up.

“No one just says, ‘I’m going to just run down there and take a diabetes prevention program.’ They don’t do that even if they’ve had a crisis,” Ms. Roques said. “They’re not that motivated to start there. We realized we’ve got to lower the threshold.” The staff at Keswick came up with a solution: teach people how to cook healthy food.

Keswick turned an unused space into a demonstration kitchen and taught neighbors how to cook great-tasting food. Keswick staff members also opened a small gym with equipment for older adults and offered classes in yoga and tai chi.

Now, Keswick’s Wise & Well Center for Healthy Living program is getting raves in the local media and turning the community into a fan base through hundreds of classes. “People are connecting and receiving support to improve their health,” Ms. Roques said.

It’s not common for care facilities to reach out beyond their walls. But those that do are finding that community connections pay dividends, and not just in terms of doing good. The community members you impress today may turn to your facility first when they or their loved ones need care. As Ms. Roques put it, “They feel confident about coming back to us because they know us.”

Jeffrey Nichols, MD, CMD, former treasurer of AMDA — The Society for Post-Acute and Long-Term Care Medicine, has seen this in action. “The more familiar people are with you, the more successful you can be,” said Dr. Nichols, who is director of the geriatrics center at Gouverneur Diagnostic and Treatment Center in New York City.

So how do you get started at building bridges to the community around you? Start by analyzing the needs of the neighborhood, Dr. Nichols suggested. “Talk to local political and religious leaders and ask about what’s needed.”

And think creatively about what you have to offer at your facility, he said. “A lot of nursing homes have pleasant grounds and open areas that could be used for picnics or other kinds of outdoor community events,” he said. “In addition, nursing homes almost always have space for people to gather, and most activity programs end by about 4:00 in the afternoon prior to preparation for early dinners. There’s often a lot of available space that could be used for meetings later in the day.”

Think about opening your facility to the Boy Scouts and Girl Scouts, for instance. Or welcome groups like Alcoholics Anonymous. When he worked in a previous position, Dr. Nichols said, “we had an AA group that met in the evenings at our place. Four of our residents were alcoholics who were sober at that time. It was a tremendous support for them.”

Sometimes, he said, “the local needs can be more severe. I worked in an extremely poor immigrant community, and local leaders told us about the extreme prevalence of hunger and immigrants in need. We opened up a space at the nursing home for a food pantry. We didn’t provide most of the food — it came from all over, and people from the neighborhood could pick it up. We also started English as a second language classes and counseling for immigrants.”

Uptown Health Care, a Colorado nursing home, is making a difference through a similar approach.

The facility is in downtown Denver, and both staffers and residents watched with alarm as homeless encampments grew during the coronavirus pandemic, said physician assistant Allison Villegas, PA-C. “It bothered all of us,” she said, and everyone wanted to help. This year, Uptown Health Care came up with a program they titled Old Farts with Big Hearts, designed to help the homeless by giving them items they need.

Staff and residents have gathered items like food, blankets, socks, trash bags, deodorant, and water bottles. Residents have written positive notes to go in the bags of items — “We’ve been there, and it gets better,” for instance — and they have donated unneeded clothing.

“We went to an encampment and set up a table of all the clothing, blankets, and bags of items,” Ms. Villegas said. “Last time, we were able to take seven residents. We’ll do a drive every quarter and leave the bags again.” And the items change according to need; in the summer, they include handy sunscreen and baseball caps.

“The residents and staff really enjoyed it,” she said. “Residents say they don’t have anything to give like money, but we’ve reminded them that they can give their time. They’ve said that’s really nice, and they like to get out of the building and see people after being cooped up during the pandemic.”

Dr. Nichols urges colleagues to consider the tremendous value that programs like these can bring to nursing homes and communities.

“People are so frightened of nursing homes. We’ve got to get past that if there will be any future where long-term care gets integrated into the rest of the society,” he said. “Reaching out to the community helps to break down these barriers. And remember: The more familiar people are with you, the more successful you can be.”

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and choose from, observed Dr. Palat. “Clinical algorithms can put the idea of mapping on paper. Algorithms give providers the necessary cues to take appropriate sequential actions.” These algorithms are common in medicine, and they are used in resources such as the Society’s Clinical Practice Guidelines.

“Giving feedback, especially in real time, is a nudge that improves performance,” said Dr. Palat. Another nudge is the spotlight effect. “When people think everyone is watching, they tend to conform to social norms,” said Dr. Palat. For instance, one facility posted a commitment letter signed by physicians to decrease inappropriate antibiotic prescriptions. That public declaration of intent led to a reduction in the behavior.

Framing, another type of nudge, refers to focusing on the way choices are presented. In medicine, this most often involves scripted communication — giving providers specific words or phrases to use. Other types of nudges include priming with effective education and the herd effect, where peer comparisons create social norms.

To create a nudge, it is important to first identify the opportunities and determine measurable outcomes. The nudge must be implemented strategically and pragmatically — it won’t work if it’s not practical. You align
The 2021 Carey Cowles Award goes to Joanne Kaldy, senior contributing writer at Caring, for “Not a Pizza Party: How to Help Frontline Staff During the COVID-19 Pandemic” (Caring for the Ages 2020;22[1]:P19).

“Except for the Pulitzer, I can’t think of any other award that would mean more to me,” Ms. Kaldy reflected when she heard the news. The award recognizes the author of the most read/downloaded article of the year and was established in memory of Carey Cowles, Caring’s managing editor for four years, who lost her battle with cancer in 2018.

Carey had been a colleague and friend to Ms. Kaldy. “When we had that first Editorial Board meeting after she passed, I just felt her absence so strongly,” Ms. Kaldy remembered. “I wanted to talk about it more, but we had to get on to business.” After the meeting, Paige Hector, LMSW, Caring’s associate editor, sent her a framed photograph of Carey so that she could remember her — Ms. Kaldy was touched by the gesture. It sits in her living room, and she often says hello to Carey when she passes by the photograph.

In addition to Carey being known for her love of the Colorado Bulldog cocktail, Ms. Kaldy remembers her as being the eye of the storm. “There would be chaos reinnig all around, and Carey was just calm. She had such a positive effect on me that way. I tend to get a little overexcited and worried about everything, and she just went along and said, we’re fine, we’re good. It was really wonderful to be around her and call her a friend.”

Ms. Kaldy believes the article’s popularity reflects the support of AMDA – The Society for Post-Acute and Long-Term Care Medicine of certified nurse assistants (CNAs).

The article, published in January 2021, featured an opening talk given by David Grabowski, PhD, professor of health care policy at Harvard Medical School, at the National Association of Health Care Assistants’ (NAHCA) CNA Staffing Summit in October 2020. Dr. Grabowski’s research considers the true value of CNAs during the COVID-19 pandemic; they provide 80% to 90% of direct care to patients in nursing homes.

Ms. Kaldy reflected that Dr. Grabowski had called being a nursing home caregiver “one of the most dangerous jobs in America” due to its high risk of infection among staff, limited personal protective equipment, poor pay and sick leave, and a frightening number of staff deaths. “I was really pleased to have the opportunity to share all of that with AMDA members because our CNAs do such an amazing job and are such an important part of the care team,” Ms. Kaldy said.

Ms. Kaldy was honored to receive the award. “When the idea to do the award came up, I was really excited about it, and never in a million years would I have thought I would win it someday.”

“I’m still smiling, I can’t stop smiling,” she said.

Tess Bird, DPhil, is the current managing editor of Caring for the Ages.