Why don’t you just take your medications? Education strategies for patient medication compliance...
Saturday, May 11, 2013

Objectives
At the end of this presentation, attendees should be able to:
1) Relate the importance of medication compliance.
2) Explain barriers to medication non-compliance.
3) Describe methods of educating your patients about medication compliance.
4) Create solutions to improve medication compliance.

Frequent barrier to taking medications correctly in my patients:

Adherence - broader
Compliance - choosing or not to take Rx

Non-Compliance
- We want adherence: “The extent to which a person’s behavior—taking medication, following a diet, or making healthy lifestyle changes—corresponds with agreed-upon recommendations from a health-care provider.” [WHO]
- Non-adherence: 3 out of every 4 patients self-report non-adherence
  - Behaviors:
    - Delaying refills
    - Never filling prescriptions
    - Reducing dosage or administration frequency
  - Outcomes: Increases in...
    - Disease progression, transplant rejection
    - Hospitalization/ER/ED visits
    - Mortality
    - Healthcare costs
    - Antibiotic resistance – “superbugs”
- Identifying non-adherence:
  - Self-report: use open-ended questions
  - Bring medications to appointment (check refill dates, refills remaining, count amount left in bottle)
  - Talk to the patients’ pharmacy
  - Use adherence tests
    - Morisky-8 (MMAS-8) or Morisky-4 (MMAS-4): http://dmorisky.bol.ucla.edu/MMAS_scale.html
    - Medication Possession Ratio (MPR) calculation: \[ MPR = \frac{\text{sum of days supply for all fills in period}}{\text{number of days in period (time between fills)}} \]

Barriers to Adherence
- Patient-Related Factors [includes socioeconomic & condition]
  - Perceptions of personal need
    - Asymptomatic chronic diseases/conditions
    - Long-term therapy
  - Expectations and prior experiences
    - Side effects of medication
    - Lifestyle disruption
    - Suspicion of healthcare professionals
  - Motivation
    - Perceived risks vs. benefits (cost-benefit ratio)

Figure 1: Adherence Barriers According to the WHO
Why don’t you just take your medication?

- Self-efficacy
  - Cultural beliefs/societal beliefs
  - Social support
  - Cost
  - Knowledge of disease/condition
  - Health literacy
    - “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” [IOM]
    - Associated with less patient knowledge & adherence
    - Disparity in communication
      - Health information = ≥10th grade
      - Average reading level = 8th grade & Medicaid reading level = 5th grade
    - Confusion regarding conflicting information (Internet sources vs. healthcare provider)
- Clinician-Related Factors [includes healthcare system & therapy]
  - Poor patient-healthcare provider communication
    - Distrust of healthcare professionals
    - Lack of cultural competency
    - Conflicting instructions by different providers
    - Use of medical terminology
    - This can result in a poor understanding of the:
      - Disease
      - Benefits and risks of treatment
      - Proper use of medication
  - Reasons given by patients for missing doses:
    - Lack of understanding about the discharge instructions
    - Confusion about conflicting instructions
  - Therapy: adherence decreases as the complexity of therapy increases

How do we help our patients?

- Try to target as many of the barriers to adherence as possible
- Socioeconomic Barriers
  - Use low-cost medications or generics
  - Help your patients enroll in patient assistance programs
    - NeedyMeds: http://www.needymeds.com
    - Partnership for Prescription Assistance: http://www.pparx.org
    - RxAssist: http://www.rxassist.org
    - TogetherRx Access: http://www.togetherrxaccess.com
    - National Council on Patient Information and Education: http://www.talkaboutrx.org
- Patient-Related Barriers
  - Social support
    - Address/accommodate health beliefs
    - Educate yourself and your team on the cultural groups in your practice
  - Motivational strategies
    - Emphasize benefits
    - Motivational interviewing
Why don’t you just take your medication?

- "Collaborative person-centered form of guiding to elicit and strengthen motivation for change."
- Based on three key elements:
  o Collaboration between the practitioner and the patient
  o Evoking or drawing out the patient’s ideas about change
  o Emphasizing the autonomy of the patient
- Want to learn more? Go to: http://www.motivationalinterview.org/quick_links/about_mi.html
  ▪ Health coaching

- Condition-Related Barriers
  o Identify and treat disease-specific demands, symptoms, impairments (e.g., depression)
  o Explain benefit of therapy
  o Treat co-morbidities that decrease adherence (i.e., depression)

- Therapy-Related Barriers
  o Minimize incidence/severity of side effects
    ▪ Avoid drug interactions
    ▪ Lower doses per day: combination medications, long-acting medications
  o Counsel on medications
    ▪ What to expect
    ▪ How take the medication
    ▪ Why adherence is important
    ▪ Teach-back method (For more information: http://www.nchealthliteracy.org/toolkit/tool5.pdf)

- Healthcare System Barriers
  o Communicate clearly (For more information: http://www.nih.gov/clearcommunication/index.htm)
    ▪ Explain WHY the behavior is important
    ▪ Avoid jargon
    ▪ Written & verbal
  o Use therapy reminders:
    ▪ Blister packaging, “pill boxes”
    ▪ Reminder apps
      • http://www.medactionplan.com/ - Website will let you upload med list and sync with patient app
  o Use motivational strategies

Setting SMART goals: Short-term goals that achieve long-term goals

- **Specific**
  o **Who**: Who is involved?
  o **What**: What do I want to accomplish?
  o **When & Where**?
  o **Which**: Identify requirements and constraints
  o **Why**: Specific reasons, purpose, or benefits of goal

- **Measurable**
  o Establish concrete, objective ways to measure progress
  o Include descriptive, numeric measures

- **Attainable**
Why don’t you just take your medication?

- **Realistic**
  - How confident are you in achieving the goal (1=Not confident at all, 10 = Completely confident)?
    - If ≥7, goal is realistic
    - If <7, modify goal
- **Timely:** establish time frame, start & end date

**What can you do? Make things “SIMPLE” for your patients**

- **S** – Simplify the regimen
- **I** – Impart knowledge
- **M** – Modify patient beliefs/behavior
- **P** – Provide communication/trust
- **L** – Leave the bias
- **E** – Evaluate adherence


**Solution to the Patient Barrier in My Clinic:**

**References:**


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