Adherence with Recommended Treatment Plans & Introduction of the Teach Back Method as a Tool for Improved Adherence

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Patient compliance (patient adherence) :

- The extent to which the patient adheres to medical advice

Patient compliance includes:

- Taking medications
- Keeping appointments
- Undertaking recommended preventive measures
- Changing behavioral patterns

Non-compliance can be caused by:

- Failure to understand instructions
- Non comprehension
- Volitional non-compliance

How big a problem is medication non-compliance?

Up to 60% of all medication prescribed is taken incorrectly or not taken at all!

Medication non-compliance includes:

- Not filling a prescription
- Over medication
- Taking wrong medication
- Taking right medication in a wrong time
- Forgetting to take medication
- Deliberately under dosing or not taking medication

This can happen when explanations are not given to the patient.

Overall rates of non-compliance:

- 90% of elderly patients make some medication errors.
- 35% of elderly patients make potentially serious errors.
- 50% of all long term medications are abandoned in the first year.
- 75% of chronic care patients prescribed drugs either stop taking their medication at some point or don't take them as directed.
- Only 75% of patients who understand and agree with treatment are compliant.

How much does non-compliance cost?

- An estimated 125,000 lives could be saved annually with better medication compliance.
- The total annual cost of non-compliance is 100 billion $$ (45 billion in the health care industry).
- Non-compliance leads to 3.5 million hospital admissions annually, or 11% of all admissions.
- In the elderly, 40% of all admissions are due to medication problems.
- Non-compliance is the greatest cause of re-admissions to hospitals.
- Non-compliance causes admission of 380,000 patients to nursing homes, and is the key factor in admissions

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Non-compliance in medication taking can be classified as:

- Errors of omission
- Errors of commission
- Dosage errors
- Scheduling errors

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Patient's noncompliance is important from at least 4 perspectives:

- Individual patient care
- Public health efforts
- Interpretation of the medical literature
- Economic consequences

When patients do not take their medications correctly:

- They may not get better
- Can get sicker / worsen the disease
- Can have a relapse

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Health Effects:

- Increase morbidity
- Treatment failure
- Exacerbation of disease
- Increases frequent physician visits
- Increases hospitalization
- Death

Economic Effects

- Increases absenteeism
- Lost productivity at work
- Lost revenues to pharmacies
- Lost revenues to pharmaceutical manufacturers

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Dimensions of compliance: some things we think we know

- Initial non-compliance or defaulting
  - 2% - 20%, possibly as high as 50%
  - Average 8.7%
- Refill compliance or persistence
  - Decreases over time
- Not all non-compliance is improper medication use
  - Rational noncompliance

Importance of Compliance :

Prevalence of non-compliance

- Rates vary from less than 10% to over 90% depending on the setting.
- Cross sectional studies of patients taking medications chronically show 20 – 70 % non-compliance

Example:

- Among newly diagnosed hypertensives, 50% fail to follow through with referred advice
- Over 50% who began treatment drop out by 1 year
- Reasons: beliefs, side effects, cannot take pills, patient did not trust the doctor

Methods of Measuring Compliance

Approaches to assessing compliance behavior in patients:

- Asking
- Medication counting
- Assay
- Supervision

Often necessary to use more than one method to arrive at a reasonably valid estimate of compliance in the individual patient.

Ability to predict compliance

Sometimes no better than would be expected by chance

Methods of measurement:

1. Asking:

- Simplest and most practical method of assessing compliance behavior.
- Self-reports of noncompliance are valid, but often result in underestimation of the degree of noncompliance.
- Only 40%-80% of patients admit their noncompliance.
- Self-reported compliance over-estimates true compliance rates.
- Manner of asking influences the accuracy of patient response.

2. Medication Counting:

More objective but it has problems:

- Overestimation
- Underestimation

3. Assays Limitations:

- Assays can be expensive
- Multiple measurements are required over extended period of time
- Patient may take medicine immediately before the collection of specimen but not at other time
- Differences in drug absorption, distribution, metabolism, excretion.

(whether a low level represents noncompliance or inadequate dosage in patient???).

- Collection of specimens has to be timed correctly, at appropriate times, absence of any drugs in the specimen suggests noncompliance.
- Assays are not available for many medications.

Patient Considerations

Factors believed to affect compliance:

- Patient knowledge
- Prior compliance behavior
- Ability to integrate into daily life / Complexity of the particular drug regimen
- Health beliefs and perceptions of possible benefits of treatment (self efficiency)
- Social support (including practitioner relationships)

Health Beliefs:

- How serious is my disease
- What are the sequences of being careless in treating the disease
- Self efficiency

Factors which are NOT believed to be associated with compliance:

- Age, race, gender, income or education.
- Patient intelligence.
- Actual seriousness of the disease or the efficiency of the treatment.

Patients at Higher Risk:

1. Asymptomatic conditions
   - Hypertension
2. Chronic conditions
   - Hypertension, arthritis, diabetes
3. Cognitive impairment
   - Dementia, Alzheimer's
4. Complex regimens
   - Poly pharmacy
5. Multiple daily dosing
6. Patient perceptions
   - Effectiveness, side effects, cost
7. Poor communication
   - Patient practitioner rapport
8. Psychiatric illness
   - Less likely to comply

Factors associated with compliance

Environmental factors

- Good social support, assistance of family
- Depending on cultural norm about gender
- Social class
- Previous experiences of similar disease among relatives or friends can affect one's compliance

Appointment keeping is positively correlated with appointment scheduling system that:

- Reduce waiting time
- Give individual rather than block appointment
- Minimize the time between scheduling and the actual appointment date
- Make referrals to specific doctors rather than to clinics

What is Adherence?

Adherence is:

- The patient's active participation in planning care
- Understanding, consent and partnership in health care delivery between the provider and patient
- Both adherence to care and adherence to medications

In Other Words…

Adherence is a client's behavior coinciding with the prescribed health care regimen as agreed upon through a shared decision making process between the client and the health care provider

Adherence vs. Compliance

The term compliance is defined as acting in accordance to a command. In health care, it is often perceived as obeying a provider's instructions

Unlike adherence, compliance is not based upon shared decision-making between the patient and provider

Benefits of Adherence

Through adherence, patients and providers can:

- Diagnose complications early
- Improve outcomes of treatment and care
- Develop a positive patient-provider relationship

Non-Adherence Factors

Non-adherence is correlated with:

- Unstable emotional life or psychiatric illness
- Inability to fit the medication schedule into a daily routine
- Missed clinic appointments
- Poor clinician-patient relationship
- Alcohol and drug abuse

Non-Adherence Factors (2)

- Lack of patient education
- Side effects
- Domestic violence
- High pill burden
- Cultural and religious beliefs

Five Types of Non-adherers

1. Consistent Underdoser
   - Regularly neglects to take one of the prescribed doses, such as the midday dose
   - Regularly takes only some of the prescribed medications
2. Consistent Overdoser
   - Regularly takes a drug more often or in larger doses than is prescribed
3. Random Doser
   - Takes the medications when she or he thinks of it

Five Types of Non-adherers (2)

4. Abrupt Overdoser
   - Does not take medications properly and then takes an overdose prior to a clinic visit
   - Doubles up for missed doses
5. Tourist (takes "drug holidays")
   - Abruptly stops all medications for a few days or weeks
   - Takes one day off per week

Adherence to Care

- Assessment of adherence to care requires a functioning, integrated administrative infrastructure
- Adherence-to-care issues are most effectively addressed when coordinated by a designated person
- Regular and organized interdisciplinary communication is an important adherence-to-care component – different members of the care team have different "pieces of the puzzle"
  - Nurses, pharmacists, counselors, outreach workers

Assessing Adherence

- Health-care providers cannot accurately discern which patients will adhere
- Providers must formally assess adherence
- An interdisciplinary assessment approach is most successful
- Intensive assessment should be conducted during initiation of care
- Assessment is a continual process that must be revisited during every patient interaction

Assessing Adherence (2)

- Assessment requires a supportive and nonjudgmental approach
- Acknowledge that medication adherence is difficult
- Assess missed doses
- Assess barriers to adherence and support strategies

Assessing Adherence (3)

- Do not assume "once adherent, always adherent"
- Many things can change over time
  - Patients may tire of taking medications – pill fatigue
  - Family structure may change causing new adherence challenges
- After clinical improvement occurs, patients may assume they no longer need medications

Barriers to Adherence

- Cultural beliefs or fears about medication
- Side effects
- Difficulty swallowing medicines

Barriers to Adherence (2)

- Inadequate understanding of medicine regimen
- Competing priorities: work, child care, food access
- Forgetfulness or lack of support to remember
- Travel or being away from home

Promoting Adherence

Care Setting:

- Welcoming and comfortable environment
- Accessible, with co-located services
- Convenient hours for work, child care
- Reimbursement for transportation costs
- Child care or facilities at clinic

Promoting Adherence (2)

Communication:

- Ask patients to restate information given
- Practice active listening
- Ask open-ended questions to facilitate patient sharing
- Restate answers to ensure understanding
- Show concern and respect
- Be non-judgmental

Promoting Adherence (3)

Outreach and Follow-Up:

- Develop processes to contact patients
- Plan to address missed appointments
- Consistently obtain specific patient contact information
- Document patient's preferred contact method

Counseling

- Team approach, including physician, nurse, pharmacist, laboratory technician and counselor
- The team provides information to each other to improve quality of care
- Team ensures confidentiality
- Involve family members and other care providers

Teach Back Method

How it works:

- After you provide teaching, ask the patient to explain the material you've just covered.
- Based on the response, you can determine how much and how well the patient comprehends and recalls what you've taught.
- If the patient has trouble explaining or recalling the material, you'll need to repeat, clarify, or modify it—and then reassess the patient's understanding and recall.
- You might need to repeat this cycle several times.

How to Use Teach Back with Patients

What to Say

- Explain things clearly using plain language and avoid using medical jargon and vague directions.
- Make sure your patients know your goal is to check how well you explained the health information—not to test their knowledge.
- Encourage your patients to use their own words, rather than copying you or others on your clinical team.
- Ask open-ended questions that start with "what" or "how" and avoid questions that result in "yes" or "no" answers.
- When appropriate, ask your patients to show you how to do something, such as how to check their blood pressure or use their inhaler.

How to Use Teach Back with Patients

How to Say It

- Speak slowly and make eye contact.
- Allow your voice and facial expressions to show genuine interest.
- Use relaxed body language.

When to Use Teach-Back

- Use teach-back whenever you explain an important concept—such as treatment options, participation in a clinical trial, weighing benefits and risk, or adherence to a treatment plan.
- Check for comprehension after main points and repeat these points throughout the visit

Help Your Patients to Understand

- Teach-back allows you to see how well you explained or taught health information to your patients.
- Patients do not mind being asked about their understanding—according to a patient preferences and assessment study.

If a Patient Does Not Understand

At times, teach-back may reveal that a patient does not understand what they need to know, or what they need to do.

Steps to Take:

1. Say, "I must not have done a good job explaining. Let me try again."
2. Explain the health information a second time using a different approach. Create a simple drawing, show a model, or demonstrate the behavior.
3. Use teach-back again to check for comprehension.

Usefulness of Teach-Back

- By enhancing patients' knowledge, teach-back increases their adherence to disease management and makes them more accountable for their own health.
- Effective self-management increases patients' confidence in health management—especially in performing specific tasks. Such as:
  - Monitoring symptoms
  - Watching their diet
  - Adjusting medications based on specific criteria
  - Incorporating exercise into the daily routine
  - Knowing when to seek medical advice.

Questions?