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

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Presenter Disclosure Statement

NOTHING TO DISCLOSE

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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.

Non-compliance in medication taking can be classified as:

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

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

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
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.

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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)

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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.

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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
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

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?