

Patient Adherence Challenging the CME Community



Webinar April 9, 2009

Prepared By



This project is funded by
an educational grant
from Pfizer.

None of the presenters
have any relationships
with commercial
interests to disclose.

“Increasing the effectiveness of adherence interventions might have a far greater impact on the health of the population than any improvement in specific medical treatments.”

RB Haynes, Cochrane Collaboration

3

Why Patient Adherence?

- Patient Adherence:
 - is a serious healthcare issue
 - is not owned by any of the clinical areas
 - is not a good stand alone CME topic
 - can drive up the cost of healthcare
 - can negatively impact patient outcomes
 - can foster new paradigm where CME providers

4

Meta-analysis

Most intervention studies used “case management” models

- Implemented by nurses, pharmacists or physician extenders
- Physicians were rarely an integral part of the interventions

Evidence does not indicate that current interventions are effective in significantly improving adherence for chronic conditions

- On-going interventions are more effective than “one shot” interventions
- Intensive, personal monitoring and education is more effective than less personal and infrequent monitoring and education

5

Model for Patient Adherence



Interview Themes

- Physicians know adherence is an issue but place responsibility on the patient
- System barriers exist
- Adherence is not assessed pre-treatment
- Adherence is not assessed with failure of therapy
- Few resources or systems are available
- Communication is key

7

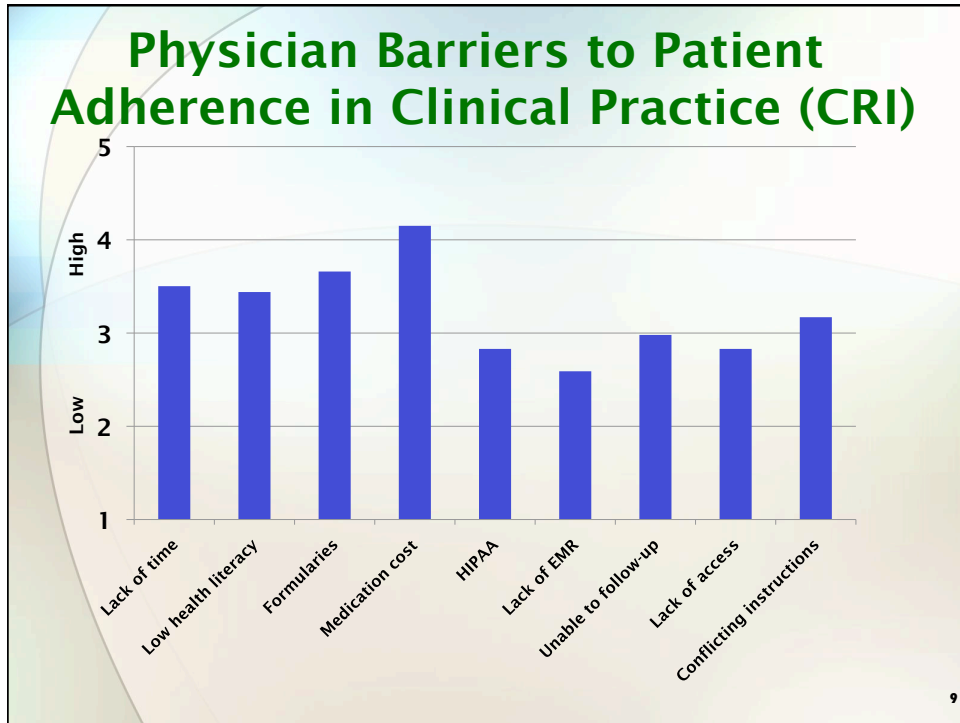
Interview Themes

Physicians spend more time discussing

- purpose
 - timing
 - side effects
- and less time discussing
- consequences
 - interactions
 - refilling prescriptions

Non-adherence is more of an issue with chronic conditions (excluding pain)

8



Aggregate Physician Barriers to Adherence in CME

- Not interested in talking about this topic as a stand-alone
- Perceive adherence as a patient problem
- Don't perceive that they have the skills and resources to change patient behavior
- Already think that they are doing a good job
- Addressing adherence must include a multidisciplinary approach

Key Competency Gaps (Perceived Needs)

- **High perceived needs**
 - Identify poor adherence in their patients
 - Enlist ancillary healthcare providers to help patients comply
 - Identify resources that will help patients comply
- **Low perceived needs**
 - Provide simple, clear instructions
 - Customize the regimen to improve adherence
 - Ensure understanding of instructions

11

Adherence Competencies



12

ASK

Identify patient factors that may contribute to non-adherence (cognitive impairment, lack of belief in the treatment)

Identify medication factors that may contribute to non-adherence (complex regimen, side effects, etc.)

Ensure that patients understand the value and effect of adherence

Determine whether a given patient will be able to adhere to directions

Identify therapies and medications prescribed by other physicians that see my patients

13

ADAPT

Provide simple clear instructions on the regimen

Customize the regimen according to patient wishes and needs

Engage family and other caregivers when needed

Enlist ancillary healthcare providers to help patients comply

Identify sources of free or reduced-cost medications for my patients

Provide patient literature in language that my patients can understand

Reinforce desirable behavior and results when appropriate

14

Educational Implications

- Emphasize adherence by addressing
 - patient safety concerns
 - lack of therapeutic effectiveness
- Non-adherence complicates and confuses the clinical assessment
- Cases should include a patient failing therapy related to non-adherence
- Education should address appropriate communication skills through probing questions

15

Your Educational Design

How would you integrate patient adherence into your educational strategies and activities?

16

Examples of What to Do

- Use multidisciplinary panels
- Case studies
- Discuss strategies
- Others

Guide to Integration of Patient Adherence

Sample Questions to Guide CME Discussions

- Before the patient leaves the office, what does the patient/family need to know about the therapy that you have prescribed?
- Who is responsible for communicating the plan of care and critical messages that impact patient adherence?
- How do you document the communication of these messages?
- Is there a mechanism for follow up with the patient to assess adherence?
- What information do you want to know when the patient returns for follow up?

Example Case – Initial Assessment

A 40 year old woman is referred to a cardiologist for management of hypertension. She presents as an overweight woman with a BMI of 38 and a waist circumference of 40 inches. Her vital signs include a pulse rate of 85/bpm, BP 168/98 at rest.

After completion of the history and physical examination, the cardiologist recommends that the woman be placed on an anti-hypertensive medication. He writes the prescription and tells the patient that he would like to see her in 30 days for a follow up visit to determine how well the medication is working.

Areas for Discovery

Does she understand what hypertension is and what the health impact of hypertension is?

Does she know what her goal BP is?

Does she have insurance?

How will she integrate this medication into her life?

Does she understand potential side effects?

Does she know who to call if she has any questions?

Will she take the medication?

How is this information transferred to her PCP?

19



20

What percentage of your patients have difficulty adhering to your prescribed therapies?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0-20 | 20-40 | 40-60 | 60-80 | 80-100 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How often do you provide your patients with resources to aid with adherence?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very rarely | | | | Almost Always |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How often do you educate your patients about the importance of adherence?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very rarely | | | | Almost Always |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How often do you assess patient adherence on follow-up?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very rarely | | | | Almost Always |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How often do you educate your patients about the importance of adherence?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very rarely | | | | Almost Always |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How often do you assess reasons patients are not/cannot be adherent?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very rarely | | | | Almost Always |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How often do you verify that patients understand what they need to do and why?

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very rarely | | | | Almost Always |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

21

Expectations

Include ASK-ADAPT into your activity and assess the effect

22

Next Steps

- Review Toolkit resources and comprehensive needs assessment for ideas. www.ipmameded.org
- Sign LOA
- Schedule phone conference with HPC

23

Contacts

Mary Ales 608-237-7331
males@ipmameded.org

Jann Balmer 434-924-5950
jbalmer@virginia.edu

Amy Holthusen 206-617-3173
aholthusen@ipmameded.org

Jack Kues 513-558-1425
kuesjr@ucmail.uc.edu

Chris Larrison 317-733-9816
larrison@changingperformance.com

Tom McKeithen 904-529-6571
mckeithen@changingperformance.com

24