Patient Non-Adherence

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Keep a watch...on the faults of the patients, which often make them lie about the taking of things prescribed.

For through not taking disagreeable drinks, purgative or other, they sometimes die.

Hippocrates, Decorum
Impact of Non-Adherence

- Substantial increase in morbidity and mortality
  - Approximately 125,000 deaths/year
- Causes 10% of all hospitalizations
- Of all medication related admissions
  - 33-69% are due to poor adherence
- Cost of nonadherence up to $289 billion/year

Osterberg L  NEJM 2005 353;5:487-9
Viswanathan M Ann Int Med 2012;157:785-95
Increasing adherence may have a far greater impact on the health of the population than any improvement in specific medical treatments.
Adherence implies patient agreement with recommendations

Compliance implies patient passivity
PATIENTS DON’T TAKE THEIR MEDICINE AS PRESCRIBED 50% OF THE TIME

25% OF INITIAL PRESCRIPTIONS ARE NEVER FILLED

85% OF PHYSICIANS BELIEVE THE MAJORITY OF THEIR PATIENTS ARE ADHERENT

85% OF PATIENTS SURVEYED STATE THAT THEY WOULD NOT TELL THEIR DOCTOR THAT THEY WERE NOT PLANNING ON BUYING A MEDICINE

Brown MT Family Practice Mgt; March/April 2013 McHorney, C Current Medical Research and Opinion 2009 25:1; 215-238
Communication Issues
Primary Nonadherence by drug class

N= 423,616

% Unfilled

- Antihypertensives
- Antidepressants
- Antilipidemics
- Antiasthma
- Ulcer drugs
- Diuretics
- Antidiabetics

Adapted from Fischer M AJM 2011 124;1081.e9-e22
Primary Nonadherence by zip code income level

N= 423,616

Adapted from Fischer M  AJM 2011  124;1081.e9-e22
Rationale for Hiding Nonadherence

• Social desirability bias

• Fear of being punished or admonished/dismissed

• Fear of embarrassment
Adherence decreases as frequency of dosing increases

Adherence decreases as frequency of dosing increases.
30% UNINTENTIONAL (Forgetfulness)

70% OTHER CAUSES

Osterberg L NEJM. 2005;353(5):487-497
OBSTACLES

UNINTENTIONAL vs INTENTIONAL

- FORGETTING
- SHIFT WORK
- COST
- CONFUSION
- WORK RESTRICTIONS

- MISTRUST
- FEAR OF SIDE EFFECTS
- MENTAL ILLNESS
- LACK OF BELIEF IN BENEFIT
- FEAR OF DEPENDENCY
- FEAR IT IS DANGEROUS
- LACK OF DESIRE
- NO APPARENT BENEFIT
- ALTRUISM
OBSTACLES

- **PATIENT**
  - Cost/Health literacy/Access
  - Rational nonadherence
  - Mental illness

- **provider**
  - Failure to recognize/complicated regimens
  - Inadequate communication/relationship
  - Accusatory approach ‘shamed’
  - Negative attitude toward the patient

- **PROCESS**
  - Fumbled hand-offs
  - Insufficient time to develop trust
  - Lack of educational resources
  - Low refill consolidation
Medication Adherence:
We Didn’t Ask and They Didn’t Tell

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Don’t ask.....
I didn’t ask....

Don’t tell...
They didn’t tell...
MEDICATION THERAPY ADHERENCE NOT ADDRESSED
Old process map
MEDICATION THERAPY
ADHERENCE NOT ADDRESSED

NOT AT GOAL

SELECT 2ND MEDICATION
MEDICATION THERAPY
ADHERENCE NOT ADDRESSED

- NOT AT GOAL
- SELECT 2ND MEDICATION
- ASSESS DRUG INTERACTIONS
MEDICATION THERAPY
ADHERENCE NOT ADDRESSED

NOT AT GOAL

SELECT 2\textsuperscript{nd} MEDICATION

ASSESS DRUG INTERACTIONS

ORDER MEDICATION
27 KEYSTROKES
MEDICATION THERAPY
ADHERENCE NOT ADDRESSED

NOT AT GOAL

SELECT 2ND MEDICATION

ASSESS DRUG INTERACTIONS

ORDER MEDICATION 27 KEYSTROKES

REVIEW SIDE EFFECTS, DOsing, COST, ETC
MEDICATION THERAPY
ADHERENCE NOT ADDRESSED

- NOT AT GOAL
- SELECT 2ND MEDICATION
- ASSESS DRUG INTERACTIONS
- ORDER MEDICATION 27 KEystrokes
- REVIEW SIDE EFFECTS, DOSING, COST, ETC
- PATIENT CALL RE: COST
MEDICATION THERAPY
ADHERENCE NOT ADDRESSED

- Not at goal
- Select 2nd medication
- Assess drug interactions
- Order medication 27 keystrokes
- Review side effects, dosing, cost, etc.
- Patient call re: cost
- Not on formulary
MEDICATION THERAPY
ADHERENCE NOT ADDRESSED

1. NOT AT GOAL
2. SELECT 2ND MEDICATION
   → ASSESS DRUG INTERACTIONS
   → ORDER MEDICATION
   27 KEYSTROKES
   → REVIEW SIDE EFFECTS, DOSING, COST, ETC
   → NOT ON FORMULARY
   → PREAUTH REQUIRED
   → PATIENT CALL RE: COST

- PATIENT CALL RE: COST
- PREAUTH REQUIRED
- NOT ON FORMULARY
- REVIEW SIDE EFFECTS, DOSING, COST, ETC
MEDICATION THERAPY
ADHERENCE NOT ADDRESSED

1. NOT AT GOAL
2. SELECT 2\textsuperscript{ND} MEDICATION
3. ASSESS DRUG INTERACTIONS
4. ORDER MEDICATION 27 KEYSTROKES
5. REVIEW SIDE EFFECTS, DOSING, COST, ETC
6. PATIENT CALL RE: COST
7. NOT ON FORMULARY
8. PREAUTH REQUIRED
9. ADDITIONAL TESTING

Clock: 2:00
MEDICATION THERAPY
ADHERENCE NOT ADDRESSED

NOT AT GOAL

SELECT 2ND MEDICATION

ASSESS DRUG INTERACTIONS

ORDER MEDICATION 27 KEYSTROKES

REVIEW SIDE EFFECTS, DOSING, COST, ETC

PATIENT CALL RE: COST

NOT ON FORMULARY

PREAUTH REQUIRED

ADDITIONAL TESTING

ADDITIONAL VISIT

27 KEYSTROKES

MEDICATION 27 KEYSTROKES
MEDICATION THERAPY ADHERENCE IS ADDRESSED
New process map

NOT AT GOAL → IDENTIFY NONADHERENCE → IMPROVE ADHERENCE

GOAL ACHIEVED

NOT AT GOAL
Renew chronic meds
Once a Year

Physician time
Nursing time
40 million primary care visits each year
Weekend/night calls
Medication errors
Patient satisfaction
% of doctors informed the patient of duration of cardiovascular therapy

17%-Cardiologist
34%-Internists
40%-Family Practice
Health Literacy Universal Precautions

12 percent of Americans are proficient in completing essential tasks. Approach all patients with the assumption that they are at risk of not understanding their health conditions or how to deal with them, and then subsequently confirming and ensuring patients’ understanding.

Health-literate Organizations
Institute of Medicine

\(^1\text{National Assessment of Adult Literacy}
\text{http://nces.ed.gov/pubs2006/2006483.pdf}
\text{Koh,H Health Affairs 2/2013 32;2:357-367}
INTERVIEWING IN A BLAME FREE ENVIRONMENT

• These are difficult to take every day. How often do you skip one?
• There are quite a few-how many of these do you take?
• Most people don't take all their meds everyday. How about you?
• When was the last time you took drug A? B?
Improve the health of your patients and reduce overall health care costs.

Medication adherence

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CME CREDITS: 0.5

How will this module help me successfully identify and prevent medication nonadherence in my practice?

1. Eight steps to improve medication adherence
2. Answers to common questions about how to involve staff and patients in identifying nonadherence and changing behaviors

Share

Download module as PDF
Download module PowerPoint

Online module
Downloadable tools
Implementation support
Patients do not take their medicine as prescribed about half the time.
Why is it important to assess adherence?
Eight steps to improve medication adherence in your practice

1. Consider medication nonadherence first as the reason a patient’s condition is not under control

2. Develop a process for routinely asking about medication adherence

3. Create a blame-free environment to discuss medications with the patient

4. Identify why the patient is not taking their medicine
Eight steps to improve medication adherence in your practice

5. Respond positively and thank the patient for sharing their behavior

6. Tailor the adherence solution to the individual patient

7. Involve the patient in developing their treatment plan

8. Set patients up for success
For additional resources, frequently asked questions and implementation support, visit www.stepsforward.org!
Variations in pill appearance and adherence

A patient taking 5 medicines, each produced by 5 generic manufacturers theoretically faces over 3000 possible arrays of pill appearances ($5^5$).

If taking 9 meds, patients experience 36 opportunities/yr to change appearance.

80% of all meds in US are now generic.

1. KESSELHEIM, CHOU DHRY JAMA INTERN MEDICINE 2013;173(3):202-208
2. DRESSED FOR SUCCESS YU 208-209
Creative Solutions