Improving Medication Adherence with Better Patient Communication

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Objectives

- Understand Definitions Related to Medication Taking Behavior
- Know Ways Medication Adherence is Measured
- Know Main Reasons for Poor Adherence
- Realize the Importance of Physician-Patient Communication for Optimal Adherence
- Know Strategies for Improving Adherence in Practice and in Teaching
Non-adherence: It’s Not A New Problem

“Keep watch also on the fault of patients, which often makes them lie about taking of things prescribed.”

- Hippocrates, circa 200 BC
Definition of Adherence

The extent to which a person’s behavior ... coincides with medical or health advice.

-- Haynes, 1979
Taxonomy: the measurable components of adherence

- **Acceptance** -- does the patient accept or decline the recommended treatment?
  yes/no; when

- **Execution** -- how well does the patient execute the recommended regimen?
  multidimensional

- **Discontinuation/ Persistence** -- when does the patient stop taking the medicine?
  when

Slide Courtesy of John Urquhart
Measuring Adherence

- Prescription databases
  - Proportion of days covered (PDC) or medication possession ratio (MPR)
  - Cumulative medication gap (CMG)
- Self-report, questionnaires
- Pill counts
- Drug level monitoring
- Microelectronic monitoring systems (MEMS)

Adherence: graphically as a function of time:

- Non acceptance
- Perfect adherence
- Treatment discontinuation
- Persistence
- Adherence/compliance

Days: 0 100 200 300
Percent: 0.4 0.5 0.6 0.7 0.8 0.9 1.0

PKC: $N \sim 20'000$ patients

The Five Dimensions of Adherence

- Health system factors
- Condition related factors
- Social/economic factors
- Therapy related factors
- Patient related factors

Traditional misconception - nonadherence is a patient driven problem

Reasons For Poor Medication Compliance

Source: Wall Street Journal Online, Harris Interactive 2005
Although forgetfulness was the number one reason for poor compliance, communication between physicians and patients was a key factor for patient compliance to medication.
Why Patients Don’t Take Their Medications

Unintentional
- Forget
- Ineffective physician-patient communication (eg. symptoms disappeared, …)
- Couldn’t afford/obtain them

Intentional
- Ineffective physician-patient communication?
- Wanted to save money
- Didn’t need them anymore
- Perceived higher risk/benefit- eg. side effects
- Other- “emotional factors”: beliefs, mistrust, social, …
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Physician Communication in Medication Prescribing

How effective are we?
Some Real Life Examples of Miscommunication

Swedish Electrolux Advertising in America:
“Nothing sucks like an Electrolux”

In a Copenhagen airline ticket office:
“We take your bags and send them in all directions”

In a Norwegian cocktail lounge:
“Ladies are requested not to have children in the bar”
Physician Communication When Prescribing New Medications

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**Background:** Communication about taking a new medication is critical to proper use of drug therapy and to patient adherence. Despite ample evidence that medications are not taken as prescribed, few investigations have detailed the elements of communication about new medication therapy. This article describes and assesses the quality of physician communication with patients about newly prescribed medications.

**Methods:** This was an observational study that combined patient and physician surveys with transcribed audiotaped office visits from 185 outpatient encounters with 16 family physicians, 18 internists, and 11 cardiologists in 2 Sacramento, Calif, health care systems between January and November 1999, in which 243 new medications were prescribed. We measured the quality of physician communication when prescribing new medications.

**Results:** Physicians stated the specific medication name for 74% of new prescriptions and explained the purpose of the medication for 87%. Adverse effects were addressed for 35% of medications and how long to take the medication for 34%. Physicians explicitly instructed 55% of patients about the number of tablets to take and explained the frequency or timing of dosing 58% of the time. Physicians fulfilled a mean of 3.1 of 5 expected elements of communication when initiating new prescriptions. They counseled the most about psychiatric medications, fulfilling a mean of 3.7, 3.5, and 3.4, pulmonary, and cardiovascular elements, respectively.

**Conclusions:** When initiating new medications, physicians often fail to communicate critical elements of medication use. This might contribute to misunderstandings about medication directions or necessity and, in turn, lead to patient failure to take medications as directed.

*Arch Intern Med.* 2006;166:1855-1862
Medication Communication Index (MCI)

- Medication Name
- Purpose
- Number of pills/sprays/drops
- Frequency
- Duration of Therapy
- Side Effects
Physician Communication When Prescribing New Medications

- Stated the specific medication name in 74% of prescriptions
- Explained the purpose of the medication in 87%
- Instructed 55% of patients about the number of tablets to take and explained the frequency or timing 58% of the time
- Explained how long to take the medication for 34% of the medication prescriptions
- Adverse effects were addressed for 35% of medications

One Example- Physician: “If I’m writing antibiotics, are you allergic to penicillin? Patient: “No, I’m not allergic to anything.” Physician: “Okey dokey.”

Analysis of Videotaped Physician Prescribing of a New Prescription

- Persistency addressed in only 33% of the visits
- Prescribing with a positive emotion 30% of the time
- Post-visit physician interviews- physicians expressed confidence their patients were motivated and would take the medication long-term

Physician-Patient Communication:

- is an important ingredient for optimal medication adherence
- is often inadequate in the area of prescribing medications
- often lacks the emotional content necessary for the most favorable outcome in medication adherence
Physician Characteristics for Effective Communication

- Those who instill trust in their patients\(^1-4\)
- Active listeners\(^5-7\)
- Provide emotional support; empathetic\(^7\)
- Give understandable, comprehensive information on disease and treatment options\(^3, 5-7\)
- Respect patient perspective and wishes\(^5\)
- Encourage patient questions\(^5\)

Ideal Physician-Patient Communication in Medication Prescribing

- Collaborative, trusting, and patient centered
- Effective at helping patients understand:
  - their disease(s)
  - different treatment options
  - benefits/risks of treatment selected
- Effective to empower patients to self manage chronic conditions
Medicines Partnership: Concordance

A process of prescribing and medicine taking based on partnership

- Patients have enough knowledge to participate as partners
  - Patients have access to information about their condition, the treatment options available and the risks and benefits of different options relative to their own situation
  - Education empowers patients to manage their own health
  - Patients feel confident in asking questions and engaging in a discussion about medicines

- Prescribing consultations involve patients as partners
  - Patients are invited to talk about medicines-taking
  - Professionals explain the agreed treatment fully
  - Patients are as involved as they want to be in treatment decisions
  - Patients and Health Professionals reach a joint understanding of the decision

- Patients are supported in taking medicines
  - Medications are reviewed regularly with patients
  - All opportunities are used to discuss medicines and medicine taking
  - Practical difficulties in taking medicines are addressed
  - Information is effectively shared between professionals

- Health professionals are prepared for partnership
  - Health professionals are equipped with the necessary skills to engage patients
  - Health professionals regard it as important to invest time in reaching an informed agreement

- Patients engage
  - Able to follow treatment plan

- Patient Engagement

- Patient Empowerment

- Risk/benefit

- Agreement

- Understanding
Medication Concordance: the Pre-Rx

- Trusting, empathetic and collaborative physician

- Patient:
  - understands condition and treatment options
  - partnered in treatment decision
  - understands treatment plan
  - understands benefits & risks of treatment
  - is engaged and able to follow plan

- Agrees to Rx. --> Rx
New Adherence/Compliance Taxonomy

ADHERENCE/COMPLIANCE

QUALITY OF EXECUTION
of the drug regimen

PERSISTENCE (days)

Concordance

Acceptance

Drug prescription

Discontinuation

End prescription

Adapted from Vrijens & Urquhart, 2005 Journal of Antimicrobial Chemotherapy
The Checklist
New Medication Prescription Checklist

- **Patient**
  - Understands their disease
  - Understands treatment options
  - Aware of benefit/risk of medication
  - Partnered in treatment decision
  - Agreement and able to follow treatment plan*
  
- **Pre-Rx (concordance)**
  - Knows name/indication
  - Knows dose/frequency
  - Knows duration to take medication
  - Knows side effects/what to do if they occur
  - Asked compliance focused questions

- **Rx**

*Treatment plan communicated with a positive emotion
Compliance Focused Questions: Examples

- What is your plan for how you will take your medications? How will you remember the schedule?
- How confident are you in your ability to comply with the medication regimen?
- What support/help do you have?
- Do you anticipate any barriers to taking your medications as prescribed?
- Do you have any concerns about the treatment plan or possible side effects?