Improving Patient Adherence Through Health Behavior Change

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Upon completion of this workshop you will learn:

- About recent medication adherence research and how to talk to patients to improve their adherence to medication
- How to help patients commit to a plan appropriate to their stage of change
- An empathic yet directive counseling style
- The key principles of motivational interviewing
  - Roll with resistance
  - Express empathy
  - Develop discrepancy
  - Support self-efficacy
- Strategies you can use to negotiate behavior change with patients
What percentage of US prescriptions dispensed are not taken correctly?

A. <10%
B. 10%-20%
C. 21%-40%
D. 41%-50%
E. >50%
According to the American Heart Association (AHA), more than half of all Americans with chronic diseases don’t follow their physician’s medication and lifestyle guidance.

Two-thirds of all Americans fail to take any or all of their prescription medicines.

What percentage of patients don’t fill their prescription or don’t even begin taking the medication?

A. <10%
B. Approximately 24%
C. >30%
US Patients do not take medications as prescribed

- Rx Prescribed: 100%
- Rx Filled: 88%
- Rx started: 76%
- Rx Completed: 47%

Statin persistency
(11,708 patients analyzed)

~50% at 6 months
32% at 12 months

NDC Health Services Analysis, 2000, data on file
Patient-reported reasons for nonadherence

- Just forget (54.9%)
- Don’t like being dependent on drugs (7.3%)
- Other (3.6%)
- Too expensive (1.8%)
- If I don’t take them, supply will last longer (1.3%)
- Side effects (6.4%)
- Don’t think drugs are working (3.4%)
- Hate taking drugs (7.1%)
- Don’t think it’s always necessary (13.7%)

Impact of medication adherence on all-cause health care costs

*P<0.05 vs. 80%-100% group.
†P<0.05 vs. 80%-100% group in diabetes and hypercholesterolemia patients.
Impact of medication adherence on hospitalization risk

Hospitalization Risk

<table>
<thead>
<tr>
<th>Medication Possession Ratio</th>
<th>Diabetes</th>
<th>Hypertension</th>
<th>Hypercholesterolemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%-19%*</td>
<td></td>
<td></td>
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<tr>
<td>20%-39%*</td>
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<td>40%-59%*</td>
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<tr>
<td>60%-79%*</td>
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<tr>
<td>80%-100%</td>
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*P<0.05 vs. 80%-100% group.
Low adherence to antihypertensive therapy was associated with worse BP control

- Highly adherent patients were 45% more likely to achieve blood pressure control than patients with medium or low adherence*

*When controlled for age, gender, and comorbidities (OR=1.45; \( P=.026 \)).

†\( P=.06 \) prior to adjustment; \( P=.026 \) in regression analysis.

Lower adherence to statin therapy was associated with worse LDL-C control in patients with diabetes and dyslipidemia.

The case for improving adherence

- Improved adherence is associated with:
  - Reduced overall health care costs
  - Decreased risk of hospitalization
  - Improved clinical outcomes

The traditional biomedical method of patient counseling

- Patient education materials provided to patient, often when they are leaving the doctor’s office or at the pharmacy when they pick up the prescription

- Auxiliary Rx bottle labels as the primary form of communication

- Limited to no discussion regarding
  - Medication’s value
  - Patient’s understanding of disease
  - Patient’s understanding of therapy
  - Patient’s readiness to accept treatment

- Assumes the patient will follow the doctor’s orders

- Interventions following this model are unlikely to cause sustained changes in adherence

Let’s look at a patient counseling session
Note the following during the video:

- Eye contact
- Body language
- Signs of respect
- Signs of empathy
Behavioral model: Information-motivation-behavioral skills model

- Presence of both information and motivation increase the likelihood of adherence.
- Interventions based on this model have been effective in influencing behavioral change in a variety of clinical applications.

The case for Health Behavior Change

- Managing an illness requires behavior modification
- To effectively change behavior, a patient must be ready to make the necessary changes
- Resistance can be turned into motivation
- Helps build the patient’s confidence for success
- Improves patient–provider relationships, which leads to better adherence
- When this model has been used in smoking cessation, alcohol/drug rehabilitation, and medication nonadherence, positive behavior changes occurred

A strategy and collection of methods geared to the brief patient-centered consultation based on:

- Motivational Interviewing
- Stages of Change Model

It is a method of communication that is:

- Patient-centered
- Directive
- Effective and enhancing motivation to change by exploring and resolving ambivalence

The spirit of Health Behavior Change

- Collaborate with patients
- Evocate their readiness to take action
- Develop patients’ autonomy so they take responsibility for their own health

Let’s compare the 2 models of care:

<table>
<thead>
<tr>
<th>Biomedical</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner centered</td>
<td>Patient centered</td>
</tr>
<tr>
<td>Information giving</td>
<td>Information exchange</td>
</tr>
<tr>
<td>“Save” the patient</td>
<td>Patient “saves” self</td>
</tr>
<tr>
<td>Dictate behavior</td>
<td>Negotiate behavior</td>
</tr>
<tr>
<td>Compliance</td>
<td>Adherence</td>
</tr>
<tr>
<td>Authoritarian (Parent-Child)</td>
<td>Servant</td>
</tr>
<tr>
<td>Motivate the patient</td>
<td>Assess motivation</td>
</tr>
<tr>
<td>Persuade, manipulate</td>
<td>Understand, accept</td>
</tr>
<tr>
<td>Resistance is bad</td>
<td>Resistance is information</td>
</tr>
<tr>
<td>Argue</td>
<td>Confront</td>
</tr>
<tr>
<td>Respect expected</td>
<td>Respect earned</td>
</tr>
</tbody>
</table>

Adapted from Berger BA. *Case Manager.* 2004;15:46=50.
Resistance can be bad or good

- Resistance can be a sign of a patient’s internal conflict between their current behavior and their desired behavior

- Resistance can disrupt and impact the rapport between the patient and health care provider
  - Signal of a disturbance in the relationship
Four categories of resistance behavior

- **Negating**
  - blaming, disagreeing, excusing, minimizing, claiming impunity, pessimism, reluctance, unwillingness to change

- **Arguing**
  - challenging, discounting, hostility

- **Interrupting**

- **Ignoring**

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Working with the resistant patient

YES, BUT, and Persuasive Communication are NOT the solution to resistance

Understanding, exploration, and patience are the solution

Stages of change model

- 5 stages of change

- By identifying patient's position in the change process, health care providers can tailor intervention, usually with skills they already possess

- Focus is not to convince patient to change behavior but to help patient move along stages of change

Precontemplation stage

- Characteristics
  - Patient not even considering changing
  - May be in denial or not consider problem serious
  - May have tried to change and failed so many times they have given up

- Strategies
  - Educate on risks benefits
  - Highlight the positive outcomes related to the change

- Example
  - Smoker is in denial of health risks: “heart attack won’t happen to me, my father smoked for 92 years”
Contemplation stage

- **Characteristics**
  - Person is ambivalent about changing
  - During this stage the person weighs benefits costs or barriers of the change including time, expense, fear

- **Strategies**
  - Identify barriers and misconceptions the patient has
  - Address their concerns and identify appropriate support systems

- **Example**
  - A patient with high cholesterol recognizing need to change: “I know I need to change my diet, but I don’t want to give up the foods I like”

Preparation stage

■ Characteristics
  ◆ The person is prepared to experiment with small changes

■ Strategies
  ◆ Develop realistic goals and timelines for the change
  ◆ Don’t try too many changes or too much change all at once
  ◆ Provide positive reinforcement about patient’s willingness to change

■ Example
  ◆ Overweight patient preparing to exercise by identifying exercise facilities in their area and planning on how to fit this into their schedule

Action stage

- **Characteristics**
  - The person takes definitive action to change their behavior

- **Strategies**
  - Provide positive reinforcement
  - Remind them of the positive benefits of the change
  - Verify their support system

- **Example**
  - Patient with high blood pressure fills medication, self-monitors BP daily, and continuously takes medication. They use reminder system to help them not forget to take medication

Maintenance and relapse prevention stage

- **Characteristics**
  - The person strives to maintain the new behavior over the long term

- **Strategies**
  - Provide encouragement and support
  - Identify any potential barriers that may sideline them from their goals

- **Example**
  - Patient refills their medication regularly, continues to follow their diet, and incorporates daily visits to the gym

The 4 general principles of Health Behavior Change

- R E D S
- Roll with resistance
- Express empathy
- Develop discrepancy
- Support self-efficacy

The principles of Health Behavior Change

1. Roll with resistance

- Use understanding, empathy
- Get clarification
- New perspectives are invited, not imposed
- Resistance is not directly opposed
- Resistance is a signal to respond differently
- Repeat your understanding
- The patient is primary resource in finding answers and solutions

If a 50-year old patient with hypertension says: “I just don’t like the idea of taking a medicine every day,” what is an appropriate response?

- “Well, if you want to get your blood pressure under control, you need to take the medicine every day”
- “High blood pressure is a chronic illness and you have to take your medication every day”
- “What in particular don’t you like about taking your medication every day?”
- “Having to take medicine every day concerns you?”
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The principles of Health Behavior Change

1. Roll with resistance

Health Behavior Change
REDS
The principles of Health Behavior Change

2. Express empathy

- Acceptance facilitates change
- Skillful reflective listening is fundamental
- Identify and understand resistance and reasons for unhealthy behaviors without judgment
- Empathy creates a climate for change through trust and must be shown throughout the process

Listening skills are important when expressing empathy

What is not listening:

- Ordering, directing, commanding
- Warning or threatening
- Giving advice, suggestions, solutions
- Persuading or lecturing
- Moralizing, preaching (fixing, healing, and converting)
- Disagreeing, judging, criticizing, or blaming
- Agreeing, approving, or praising
- Shaming, ridiculing, or labeling
- Reassuring, sympathizing, or consoling
- Questioning or probing
The principles of Health Behavior Change

3. Develop discrepancy

- Discrepancy = dissonance
- Point out the good things and bad things about change, the pros and cons
- Discrepancy throws the patient’s system out of kilter
- Restate the discrepancies heard
- The patient should identify the arguments for change
- Change is motivated by a perceived discrepancy between present behavior and important personal goals or values

If a patient who has a child with severe asthma continues to smoke, what is an appropriate response?

- “What you are doing is harmful to your child and you need to stop”
- “I know that you don’t want to do anything to make your child’s asthma worse. On the other hand, we know that the tars and nicotine which get on your hands can trigger her asthma, since she is very sensitive to these things. What are your thoughts about this?”
- “Cigarette smoke on your clothes can make your child’s asthma worse even if you smoke outside. You must stop smoking”
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The principles of Health Behavior Change

4. Support self-efficacy

- A person’s belief in the possibility of change is an important motivator
- The person, not the counselor, is responsible for choosing and carrying out change
- Notice the positive, including statements, not just behaviors
- Let the person know you’ve noticed
- Let them know how you feel
- Praise the behavior, not the person
- Continue to support self-efficacy throughout the process

During his last visit a patient with diabetes is told he needs to start exercising as part of his treatment. You have earlier rolled with resistance and empathized with him. To support his self-efficacy, what is an appropriate response?

- “What are your thoughts about your exercise program?”
- “You really need to do it, not just think about it”
- “Getting into a regular exercise routine will help you”
- “Good. What kind of exercise have you thought about?”
The principles of Health Behavior Change
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Elicit

- Opening strategy: elicit information about patient’s lifestyle, how does the patient view it

- Ask about a typical day: what is the patient’s routine?
  - Needed for tailoring medication schedule
  - Helps identify dietary needs/problems
  - Patient’s exercise activity

Elicit patient’s thoughts on the good things and bad things

- What do they like and dislike about the proposed therapy and lifestyle changes?
- What is their understanding of the illness and its treatment?
- Do they agree with the MD’s assessment?
- Do they believe they can do what is asked? What will help?
- What are the barriers to change?
Provide information — is the patient ready for information?

Provide patient with all appropriate information

- Dosage – how much to take and when to take it
- When the expected onset of action is
- Most common side effects and what to do if any occur
- What to do if there are problems
- Ask if patient has any further questions
After you have provided patient with information, elicit any additional concerns they may have:

- “What are your thoughts now about managing your…”
- “Where does this leave you now?”
- “Do you anticipate needing any help?”

ELICIT → PROVIDE → ELICIT
The ingredients of readiness to change

**Importance** *(Why should I change?)*
(personal values and expectations of the importance of change)

**Confidence** *(How will I do it?)*
(self-efficacy)

Explore importance
Menu of strategies

- Scaling questions
- Examine the pros and cons
- Explore concerns about the behavior
- A hypothetical look over the fence
- Do little more

Building confidence
Menu of strategies

- Scaling questions
- Brainstorm solutions
- Past efforts – success and failures
- Reassess confidence
- Do little more

Scaling questions
The Readiness Ruler

- Useful tool when you encounter resistance

- Goal is to get the patient talking about potential changes in behavior

- Scale from 1 to 7

- Used to evaluate 2 concepts
  - Importance
  - Confidence

Scaling questions
The Readiness Ruler questions

- Initial question
  - “How important is this change for you?”
  - “How confident are you that you can make this change if you want to?”

- Follow-up questions
  - “Why did you choose a _____, not a 1?”
  - “What would have to happen for it to be a ______?” (next highest number from what they stated)
The Envelope

- Elicits change talk
- “If I handed you an envelope, what would the message inside have to say to get you to ________?”
- Useful when there is ambivalence

Examine the pros and cons

- Useful when there is ambivalence
- Many patients are uncertain about change
- Variation exists in people’s awareness of their internal conflict
- Patient’s have unique perceptions and contradictions about change which should be explored

Examine the pros and cons

- Ask a question like:
  - “What are the good things about change?”

- Then ask:
  - “What are the less good things about change?”

- Practitioner Role
  - Listen carefully and summarize both sides using the patient’s own terminology
  - Be careful not to start TELLING the patient about advantages of change during this discussion which may give the patient a reason to resist more
Explore concerns about the behavior

- Strategy which focuses upon the costs of the current behavior or situation

- One can only use this strategy with the emphasis on the word ‘concern’ if the patient *appears* concerned

- Overestimating the patient’s concern may lead to resistance

Explore concerns about the behavior

Questions to ask the concerned patient:

- What concerns you the most about [your behavior]?
- What concerns do you have about [the behavior]?
A hypothetical look over the fence

- Strategy used to examine the implications of behavior change
- Best utilized with patients who perceive the high level of importance of changing in a change
- Useful for dealing with both importance and confidence issues

How to introduce it:

- Why don’t we imagine for a moment that you did make this change. How would you feel?
Brainstorm solutions

- Encourage patients to select goals and determine strategies to achieve them

- Practitioner can offer a range of options for the patient:
  - “There is usually many possible courses of action”
  - “I can tell you about what’s worked for other people, you will be the best judge of what works for you”
  - “Let’s go through some options together”

- Help the patient set small, achievable targets

- Establish a realistic timeframe

Past efforts – success and failures

- Expectations are frequently related to past experiences
- Confidence can be undermined by perceived repeated failure
- Help patient to see the past as a valuable resource in planning for a success
- Guide conversation toward talk about strengths and solutions
  - Ask patient about their most successful attempt to date, what made it different from other attempts
  - Are any of these differences things that can be built into the current plan?

Health Behavior Change summary

- REDS
- Elicit – Provide – Elicit
- Scaling Questions / The Envelope
- Brainstorm Solutions
- Past Efforts – Success and Failures
- Reassess Confidence
- Examine the pros and cons
- Explore concerns about the behavior
- A hypothetical look over the fence
- Do Little More
Helpful resources


References

American Heart Association. Statistics you need to know. Available at:


Final Questions