

Communicating to Optimize Adherence and Concordance: The *EEL* Model



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“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

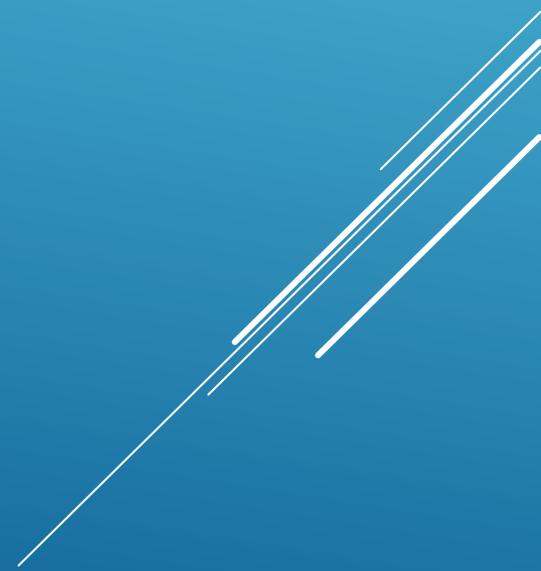
Communication-Based Challenges

Treating patients in “a new era”

More treatment failure

More non-adherence

More dissatisfaction



THE HIGH COST OF LOW ADHERENCE

- ▶ When patients don't take their medicines as directed, the consequences can include
 - ▶ Patient
 - ▶ HCP
 - ▶ Researchers evaluating medication efficacy/safety
- ▶ In the United States, estimated direct and indirect costs of nonadherence totaled \$337 billion in 2013
- ▶ With total healthcare spending in the United States averaging \$9,255 per person in 2013, about one dollar of every nine spent was wasted because treatment regimens were not followed as intended

CLINICAL IMPACT OF LOW ADHERENCE

- ▶ Depending on the characteristics of the condition, the treatment, the patient, and the setting, estimates of medication nonadherence rates typically range from 30% to 60%, with the nonadherence percentage being greatest when the patients are symptom-free.^[1]
- ▶ At a time when efficacious drug therapies exist or are being developed rapidly, discouraging that ~50% of the patients for whom appropriate medication is prescribed fail to receive the full benefits because of inadequate adherence to treatment.^[2]
- ▶ One study showed that 77% of patients demonstrated degrees of compliance with their medication regimen when the treatment was designed to cure a disease and only 63% of patients complied when treatment was aimed at prevention. However, when medication was to be taken over a long period, compliance rates dropped dramatically to approximately 50% for either prevention or cure.^[3]

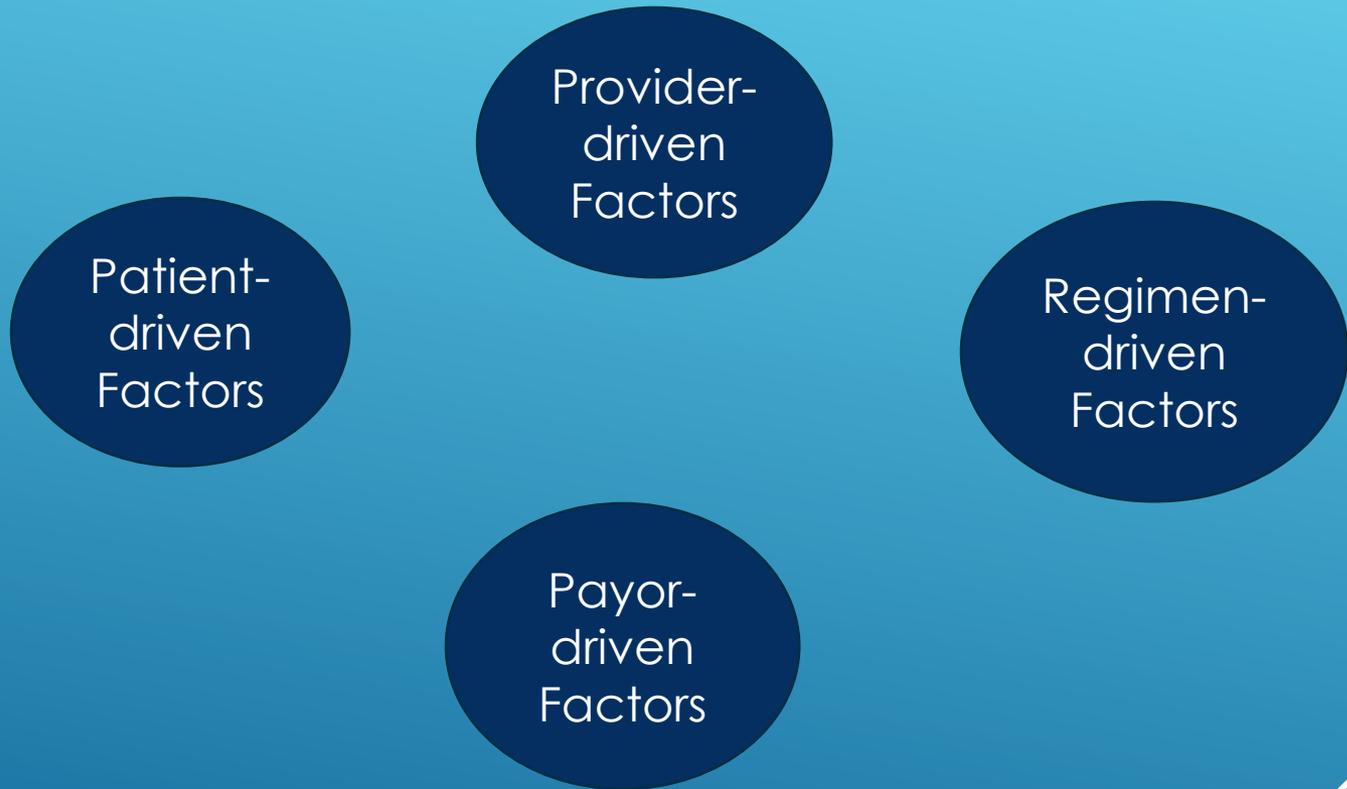
FACTORS IMPACTING ADHERENCE

- ▶ Health literacy
- ▶ Cultural health beliefs
- ▶ Race
- ▶ Age (younger = lower)
- ▶ Marital status
- ▶ SES
- ▶ Depression
- ▶ Insecure-dismissing attachment style
- ▶ EEL

THE EVOLVING NATURE OF PATIENT ENGAGEMENT AND FOLLOW-THROUGH: MEDICATIONS AND MORE

- ▶ Compliance
 - ▶ *acting in accordance with advice*, in this context advice given by the prescriber, but the modern attitude to the word is that it betrays a *paternalistic* attitude towards the patient on the prescriber's part and that it should not be used
- ▶ Adherence
 - ▶ From the Latin word *adhaerere*, which means to cling to, keep close, or remain constant. Refers to the *ability and resources needed* to execute a treatment regimen
- ▶ Persistence
 - ▶ *continuing* the treatment for the prescribed duration
- ▶ Concordance
 - ▶ Concordance does not refer to a patient's medicine-taking behavior, but rather *the nature of the interaction between clinician and patient*; based on the notion that consultations between clinicians and patients are a *negotiation between equals*

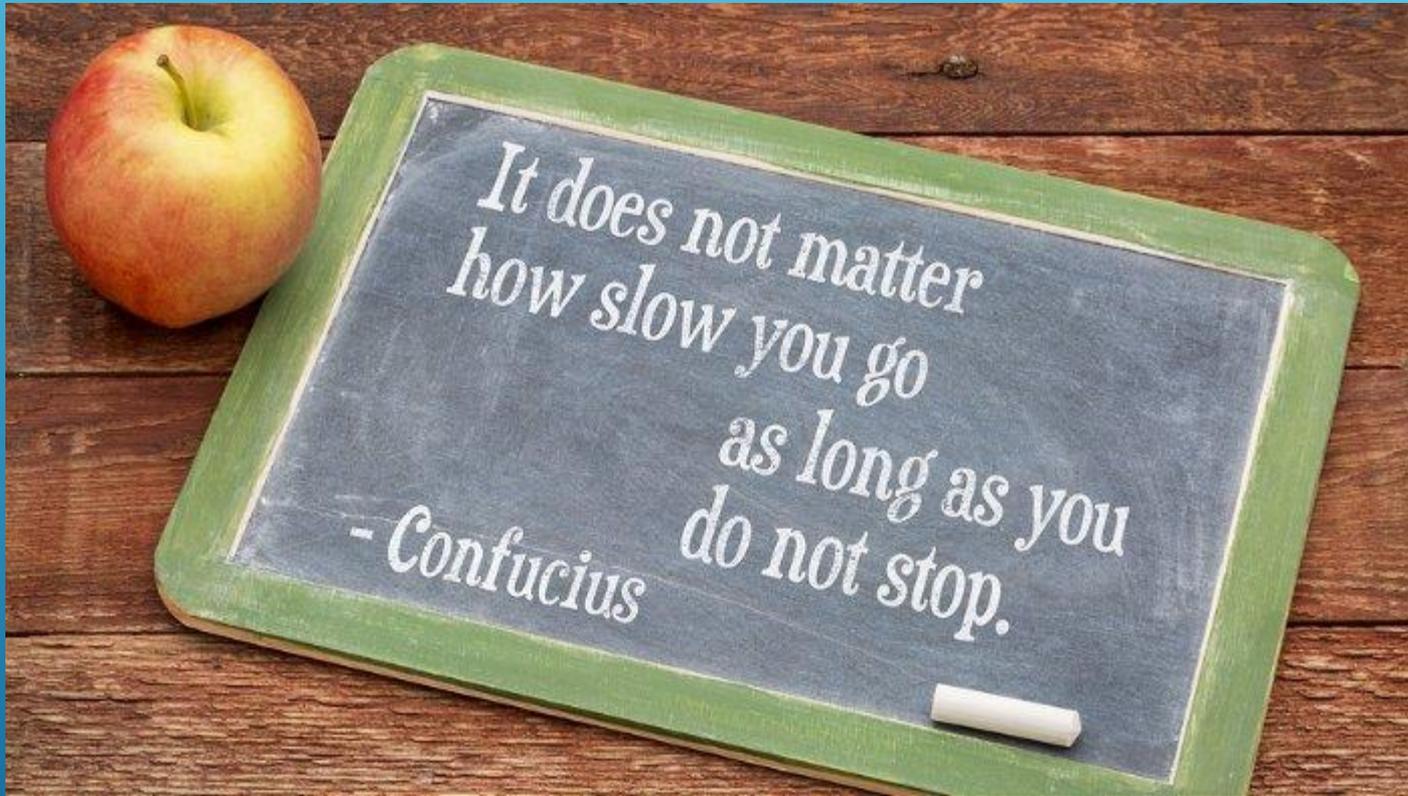
Factors driving low and non-adherence





CONCORDANCE



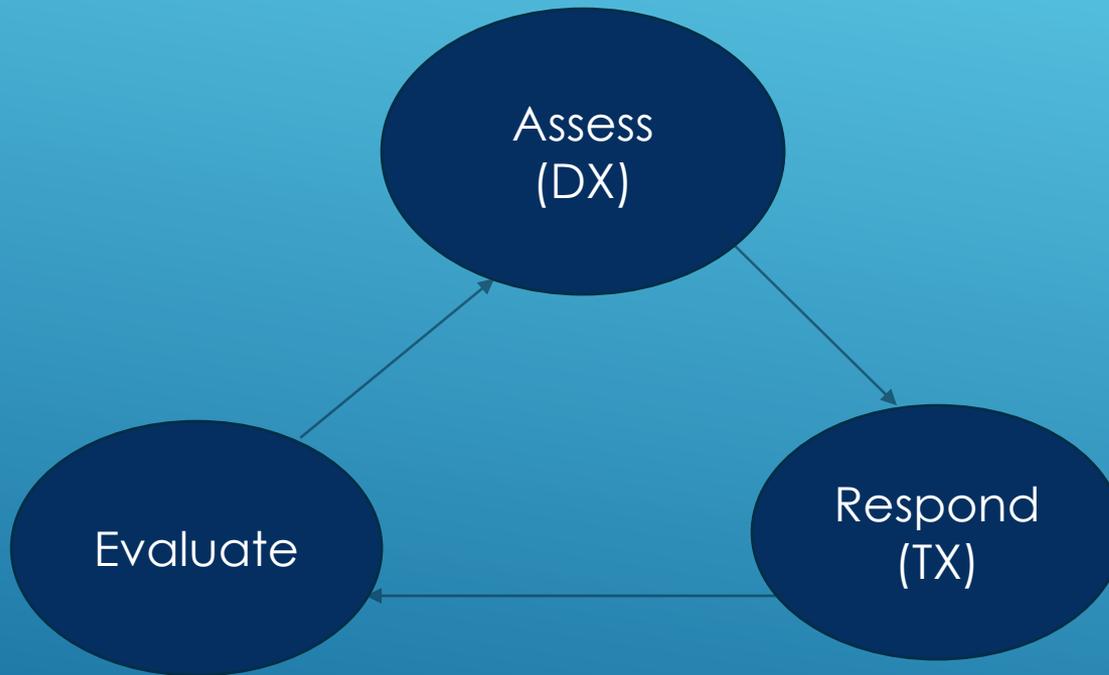


**Basic Task in Communication:
Matching Patient Concerns:
EEL**

**Patient issues relating to:
Emotions(Attitude)
Education(Knowledge)
Logistics(Practical)**

**Forming appropriate responses to:
Address patient's concerns and influence the patient to
take an effective course of action.**

Implementing EEL



Management of Patient Demands

Emotional: “I just can’t afford to be sick! My boss will kill me.”

Educational: “But I want the antibiotic now so I won’t get sicker later.”

Logistical: “Those horse pills make me gag! I can’t take those.”

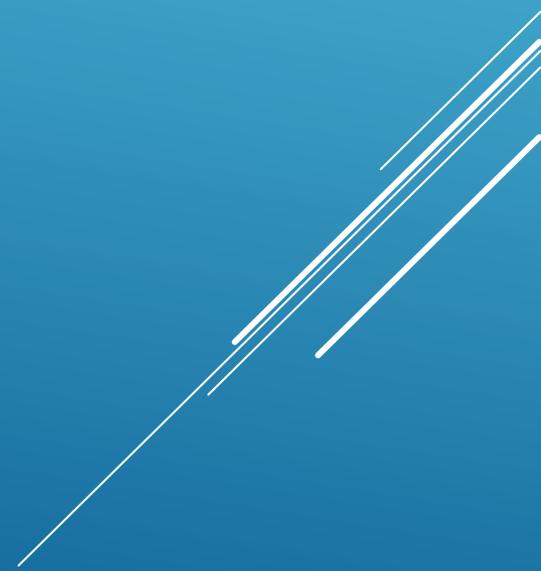


Statements That Reflect ...

Emotional concerns

Educational needs

Logistical issues



Responding to Patient Demands:

Emotional reactions

Listening with empathy and reflection



Respond by Focusing on the patient's issues.

Avoid:

- **Judging**
 - **Advising**
 - **Quizzing**
 - **Placating**
- 

“Listen, that junk you told me to buy at the drugstore hasn’t helped me at all! In fact, I feel even more sick than when I called in to ask for your advice!”



Judging

“Well, you should have called us back sooner if you thought you needed something else.”

Advising

“Next time, speak up if you think the medicines are not going to work.”

Quizzing

“Did you take the pills the way we talked about?”

Placating

“Don’t worry, at least that product didn’t hurt to try and we can start you on something else.”

Empathic reflecting

“Sounds like you’re getting pretty worried that your symptoms are getting worse with no relief at all, but before we talk about what to do next, tell me more about what you mean by feeling sicker....”

Responding to Patient Demands:

Educational Issues

Determine patient's knowledge base

Review past experience

Evaluate level of functional health literacy

Respond

Clarify misperceptions

Check for patient understanding

Persuading and Influencing Patients

What works? And What backfires?

Key Educational Task: Adapting to a Range of Attitudes

-4 = “Only faith heals.”

-3 = “With some of these drugs, I hear that you feel worse than if you’d just suffered through it.”

-2 = “But I could get addicted (be allergic, etc.).”

-1 = “But if I don’t get the right dose (brand name, etc.), it won’t work....”

0 = “It’s worth a try, I guess.”

+1 = “Drug use is OK as long as it is short term.”

+2 = “The F.D.A. keeps us safe.”

+3 = “All these newer medications are safer (have fewer side effects etc.).”

+4 = “The new breakthroughs in medicinal chemistry are awesome.”

Responding to Patient Demands:

Logistical strategies

Use collaborative strategies
(e.g. if patient spends long hours at work---
split refills into two vials for desk and home)

Outline options

Outcome is the primary concern



Supporting Patient Adherence

Emotions: “I should be able to fight off this bug on my own.”

Education: “I gave myself a few days off from the medicine so my body wouldn’t become immune to it.”

Logistics: “I know it’s important to finish the prescription, but I seem to forget once I feel better.”

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And the most amazing statement that you have ever heard come out of a patient's mouth is...???

How did the comment reflect...

Emotional concerns?

Educational needs?

or

Logistical issues?

Responding to Adherence Challenges: Emotions

Assess

Determine patient's health beliefs through interview

Evaluate patient's past treatment experiences

Elicit patient's fears

Respond

Acknowledge difficulty with adherence

Support health beliefs

Respond to concerns from past experiences

Assure availability for ongoing support

Responding to Adherence Challenges: Education

Assess

- Check for patient's understanding of reason for treatment and its effects
- Verify patient's belief that benefits are worthwhile

Respond

- Collaborate on treatment plan
- Provide all necessary information to maximize buy-in and adherence

Responding to Adherence Challenges: Logistics

Willingness to identify and address practical barriers
Familial support (geriatric?)
Cost
Dosing
Literacy



Conclusion

Effective communication is another tool in the practitioner's armamentarium and a good tool set goes a long way.

Check for emotional, educational and logistical issues.

Match the appropriate response to the issue to address the patient's concerns.



- ▶ Fairchild PC et. al. Future expectations for diabetes and hypertension treatments: “Through the diet...I think this is going to go away.” *J Gen Int Med*. 2016 Oct. 11 [Epub ahead of print].
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- ▶ Pourat N et.al. Availability of care concordant with patient-centered medical home principles among those with chronic conditions: Measuring care outcomes. *Med Care*. 2016 Mar; 54(3): 262-268.
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