

# a:care

## MASTERCLASS 3

How healthcare providers  
can address nonadherence

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# Overview



Brief review of the adherence problem



Ways to assess adherence



Communication strategies to integrate essential elements of behavioral change theories



Four strategic questions for the office visit to increase adherence



Your personal plan for developing a new communication habit

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## The adherence problem (1/3)



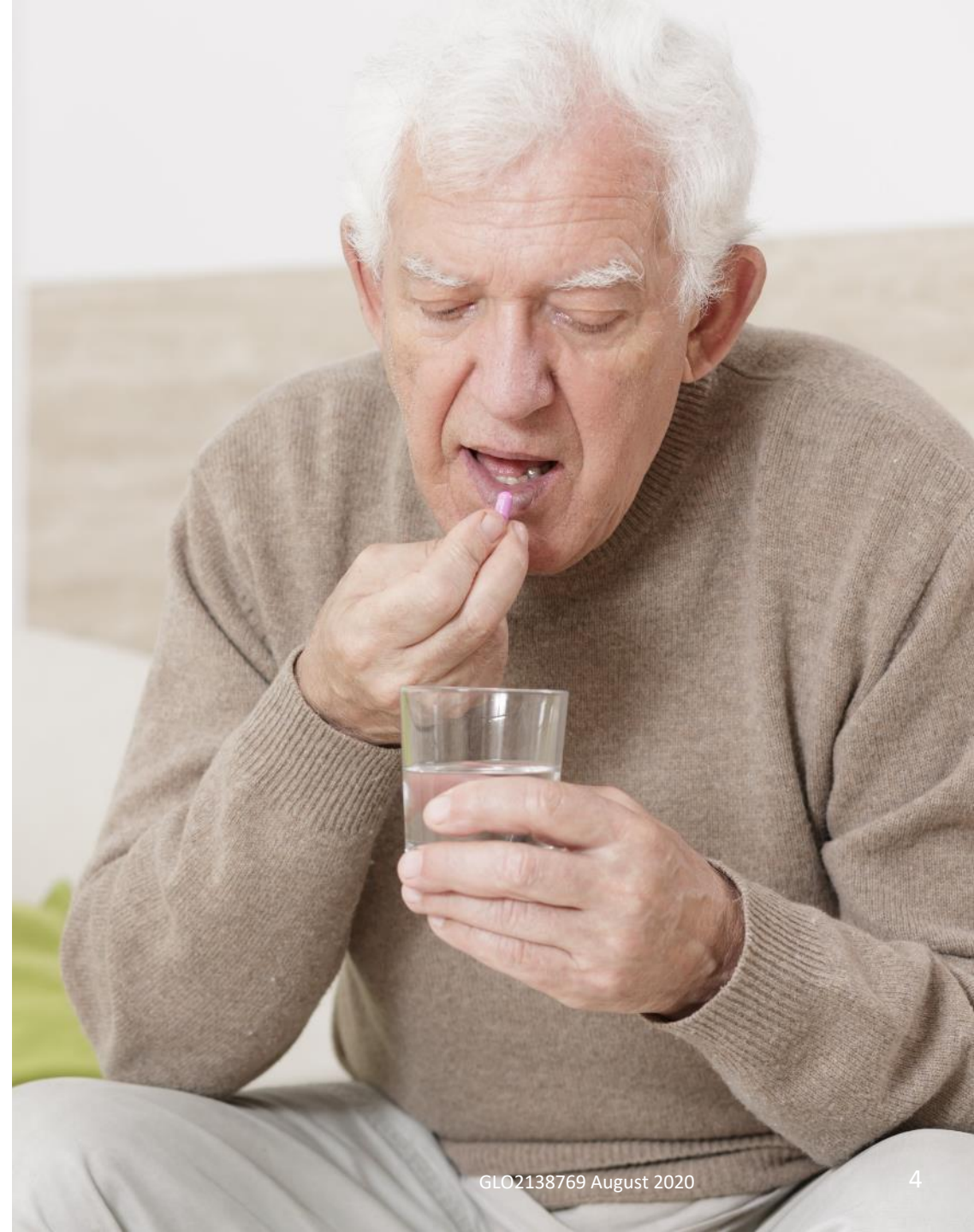
**Drugs don't work if patients don't take them<sup>1</sup>**



**Increasing the effectiveness of adherence interventions may have far greater impact on health than any improvements in specific medical treatments<sup>2</sup>**

1. Everett Koop. C. 'Drugs don't work in patients who don't take them', European Journal of Heart Failure 19 (1412–1413), 2017, DOI:10.1002/ejhf [Accessed 27 July 2020], <https://pubmed.ncbi.nlm.nih.gov/28891126/>

2. Adherence to long-term therapies: Evidence for action, WHO study, 2003, [Accessed 27 July 2020], [https://www.who.int/chp/knowledge/publications/adherence\\_report/en/](https://www.who.int/chp/knowledge/publications/adherence_report/en/)



## The adherence problem (2/3)



**Most providers think patients follow our excellent healthcare advice, but they don't!**

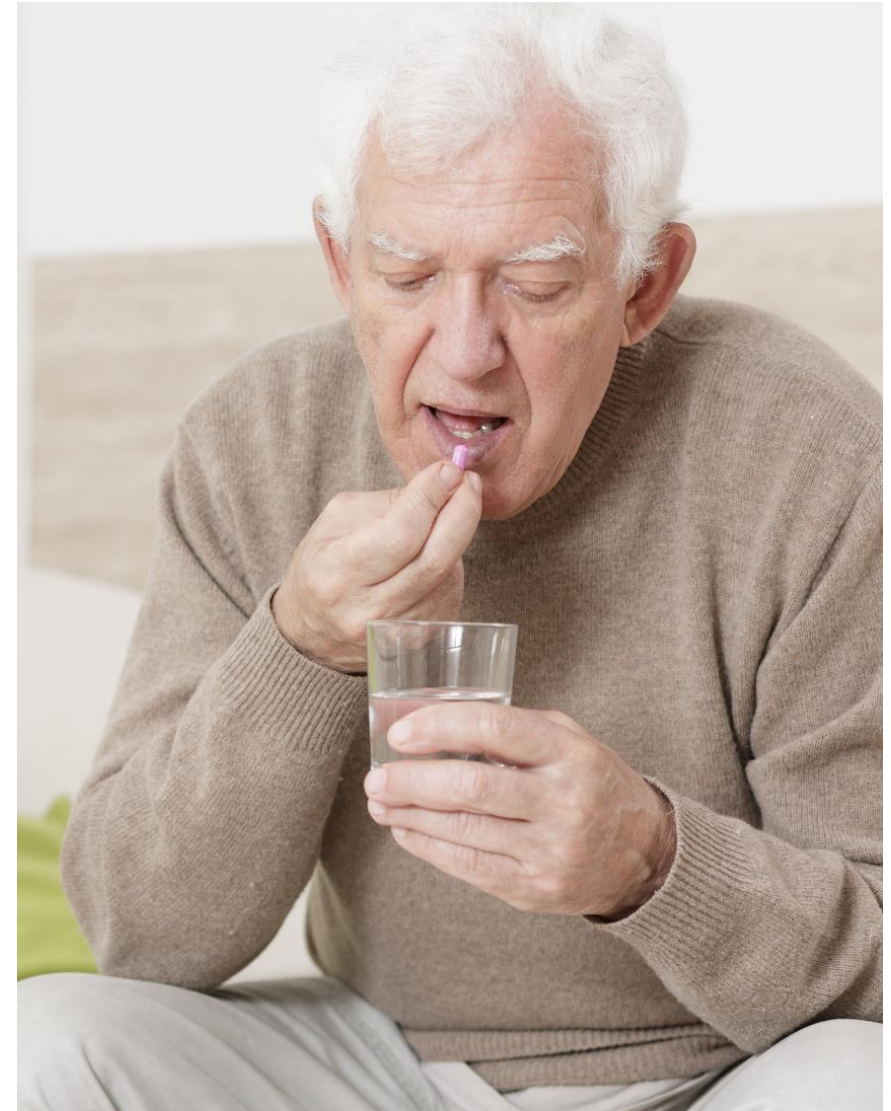
**Why we think this: optimistic bias<sup>3</sup>; patients tend to exaggerate/please<sup>4</sup>; we think we can predict who will adhere<sup>5</sup>)**



**About 50% of patients take their medications as prescribed<sup>6</sup>**



**Non-adherence is a global and costly problem for everyone – patients, providers, and payors, alike. No country outperforms another**



3. Du Pasquier-Fediaevsky, Laurence, & Nadia Tubiana-Rufi.: Discordance between physician and adolescent assessments of adherence to treatment: influence of Hb[A.sub.1c] level. Diabetes Care, vol. 22, no. 9, September 1999, [Accessed 27 July 2020], <https://go.gale.com/ps/anonymou?id=GALE%7CA135564895&sid=googleScholar&v=2.1&it=r&linkaccess=abs&issn=01495992&p=AONE&sw=w>; 4. Rand. C., Wise. R et al: Metered-Dose Inhaler Adherence in a Clinical Trial. American Review of Respiratory Disease, December 1992, <https://doi.org/10.1164/ajrccm/146.6.1559> 5. Gilbert. JR, Evans. CE, Haynes. RB, Tugwell. P: Predicting compliance with a regimen of digoxin therapy in family practice. Can Med Assoc J.123(2):119-122, August 1980, 6. Brown. M, Bussel. J: Medication Adherence: WHO Cares? Mayo Clin Proc 86(4): 304–314, April 2011, DOI: 10.4065/mcp.2010.0575 [

# The adherence problem (3/3)



Adherence is a repeated and ongoing health **BEHAVIOR**

If patients are not adherent, they need something to help them change their **BEHAVIOR**

Using theory-driven, evidence-based behavioral interventions can influence patient health behavior and outcomes

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# Assess adherence: questionnaires

**Questionnaires are designed to get valid and reliable self-reports, but there is no "gold standard"<sup>7</sup>**



Morisky Medication Adherence Questionnaire



Brief Medication Questionnaire



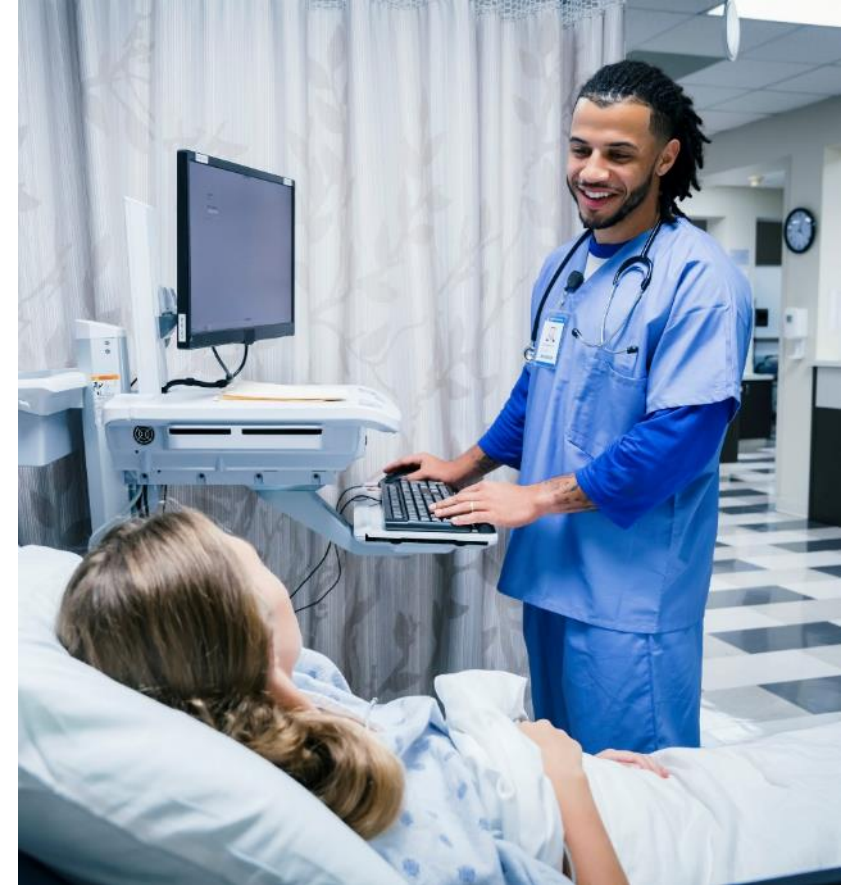
Hill-Bone Compliance Scale



# Assess adherence: ask a routine question during the office visit



- Typical questions asked by healthcare providers
  - “You are taking your medications, right?”
  - “Are you still taking XXXXX?”
- How do patients answer this question?
- **The questions you ask influence the answers you get!**



# Assess adherence: ask a routine question during the office visit



## How can providers increase accurate self reports of adherence?

- Tip: give patients permission to say they are not 100% perfect
- Tip: allow them to say they are having difficulty following the regimen



## Experiment! Try asking about adherence in a new way to see if you get a different answer

**Some of my patients have difficulties taking the medications as they are supposed to be taken. Over the past 2 weeks, how many days do you think you missed a dose of XXXXX?**



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# Commonly used strategies to influence the behavior of others



Ordering, directing, demanding



Warning or threatening



Persuading with reason, logic, argument, or lecture



Moralizing, preaching, telling what you “should” do



Disagreeing, judging, criticizing, blaming



Shaming, ridiculing, labeling



**May work in some settings, but is often least effective to change behavior!**

Commonly used strategy to get patients to *adhere to advice*

Telling the patient to take a medication and expecting her to take it



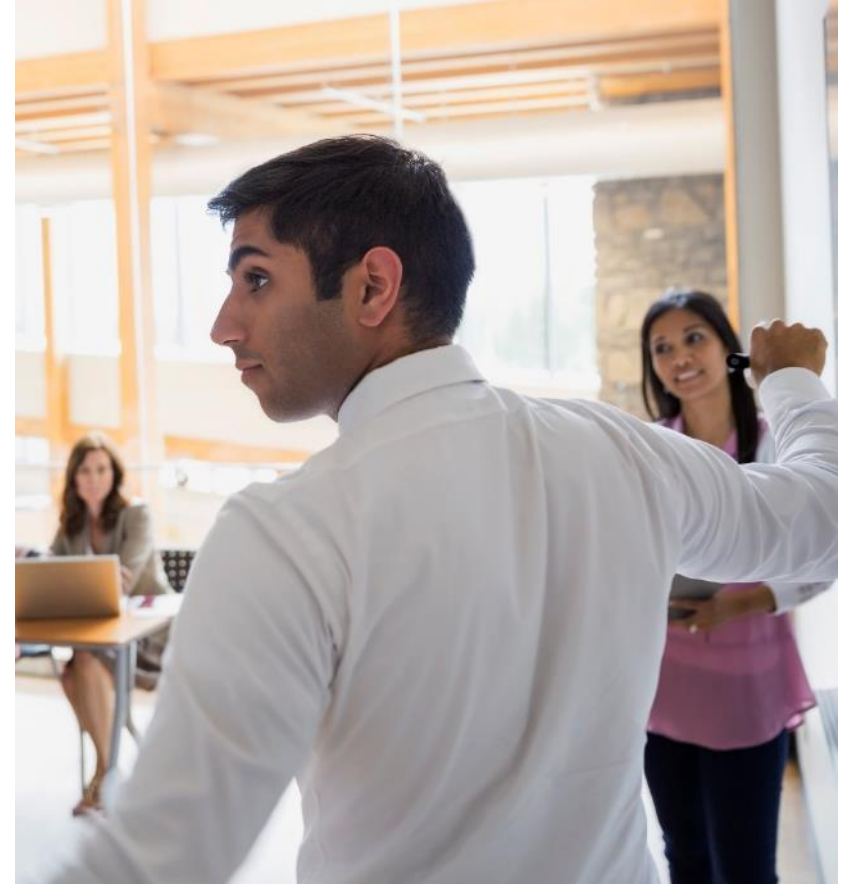
**May be least effective with patients!**



# Most effective strategies to influence the behavior of others



**Least used strategies!**



# Motivational Interviewing can integrate these effective communication strategies



Basic Premise of MI: The **questions** you ask influence the actions of your patients

# What is Motivational Interviewing (1/2)



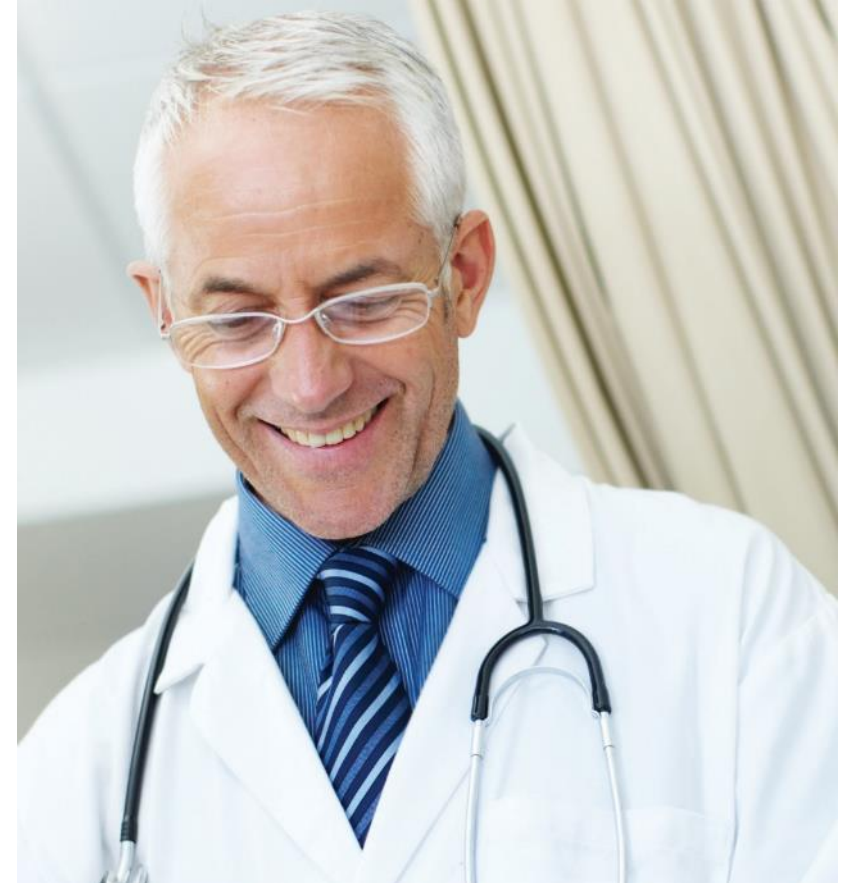
**Scientifically supported clinical method for helping people change behavior; it is patient-focused and goal-directed<sup>8</sup>**



**Theory-driven: cognitive dissonance<sup>9</sup>, self-determination<sup>10</sup>, and self-perception<sup>11</sup>**



**Outperforms traditional advice giving in the treatment of a broad range of behavioral problems and diseases<sup>12</sup>**



8. Miller. W: Motivational interviewing with problem drinkers. Behavioural Psychotherapy, 11 (147-172), April 1983, DOI: <https://doi.org/10.1017/S0141347300006583> [Accessed 27 July 2020], <https://www.cambridge.org/core/journals/behavioural-and-cognitive-psychotherapy/article/motivational-interviewing-with-problem-drinkers/20AD43D18F0976A4DED33EC34FA0C952>  
9. Miller. M: Cognitive Dissonance Theory (Festinger), 2015, [Accessed 27 July 2020], [https://www.researchgate.net/publication/291356571\\_Cognitive\\_Dissonance\\_Theory\\_Festinger](https://www.researchgate.net/publication/291356571_Cognitive_Dissonance_Theory_Festinger)  
10. Richard M. Ryan, Edward L. Deci, Self-Determination Theory: Basic Psychological Needs in Motivation, Development, and Wellness, American Psychological Association, January 2000, Vol. 55, No. 1, 68-78 DOI: 10.1037/110003-066X.55.1.68  
11. Bem, D: Self-perception: An alternative interpretation of cognitive dissonance phenomena. Psychological Review, 74(3), 183-200, 1967, DOI: <https://doi.org/10.1037/h0024835> [Accessed 27 July 2020], <https://psycnet.apa.org/record/1967-13584-001>  
12. Rubak S, Sandbaek A, Lauritzen T, Christensen B: Motivational interviewing: a systematic review and meta-analysis. Br J Gen Pract, 55(513):305-12, April 2005 [Accessed 27 July 2020], <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1463134/>



# Motivational Interviewing (2/2)



**Builds rapport and creates positive relationships with patients**



**Incorporates elements of major behavioral science theories (e.g., HBM, TTM, Patient Activation, COM-B, and TPB)\***



**Can assess and “nudge” adherence behavior**



**May be different from the way you currently communicate with patients**

- If you struggle with adherence, consider trying this approach!

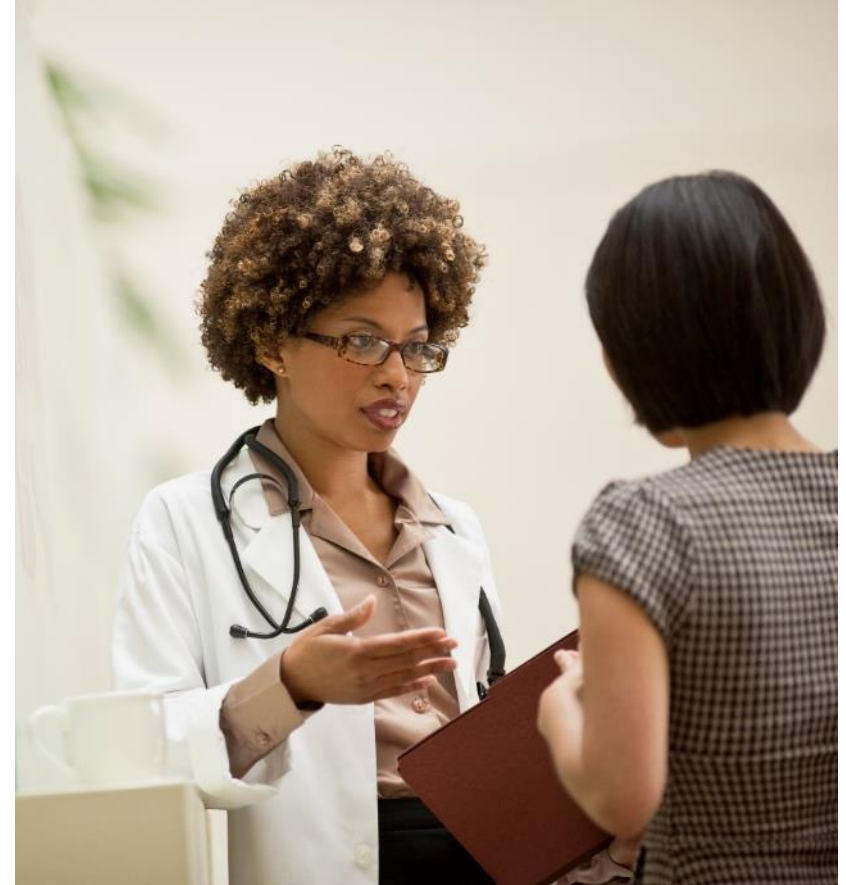
\*Abbreviations:

HBM – Health Belief Model

TTM - Transtheoretical model

COM-B – Capability / Opportunity / Motivation – Behavior

TPB – Theory of Planned behavior



# Basic elements of Motivational Interviewing



**Asking open-ended questions vs. telling patients what to do**



**Focuses on the patient's preferences, values, and personal situations, not the provider's agenda**



**Views the patient as expert**



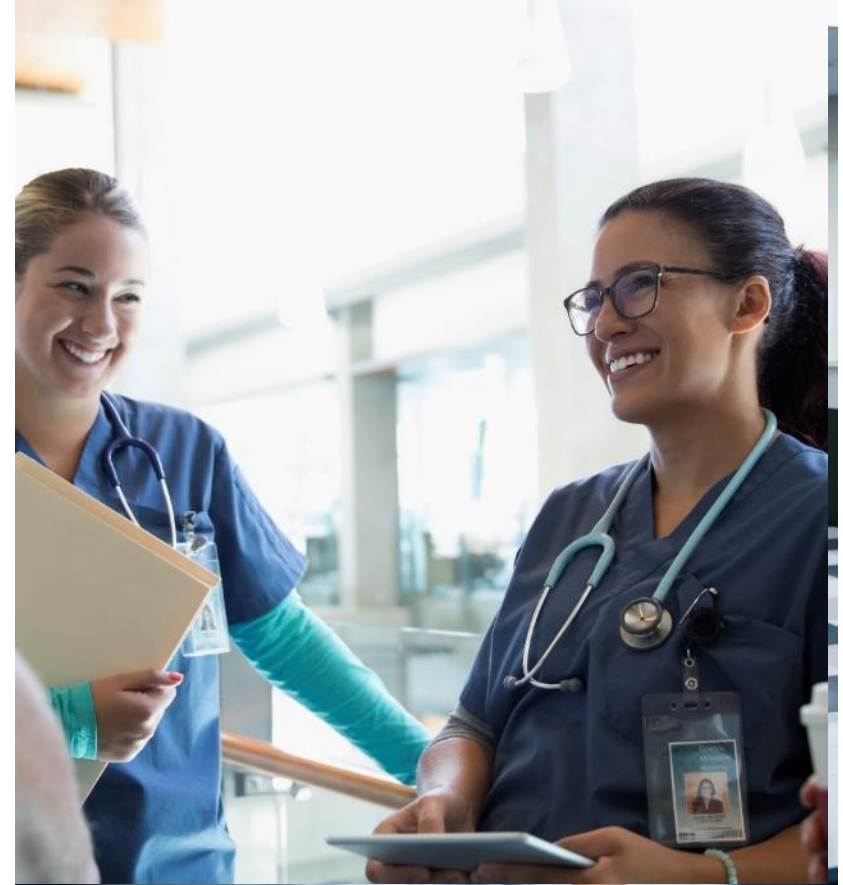
**Helps providers gain insight into how to help patients better adhere**



**Directs the patient toward an outcome**



**Allows providers to give advice that will be better received and more likely acted upon**



# We don't have enough time to learn Motivational Interviewing . . .



1

Learning Motivational Interviewing takes a lot of time, practice, and supervision

2

We do have time to learn questions that embody the Motivational Interviewing approach

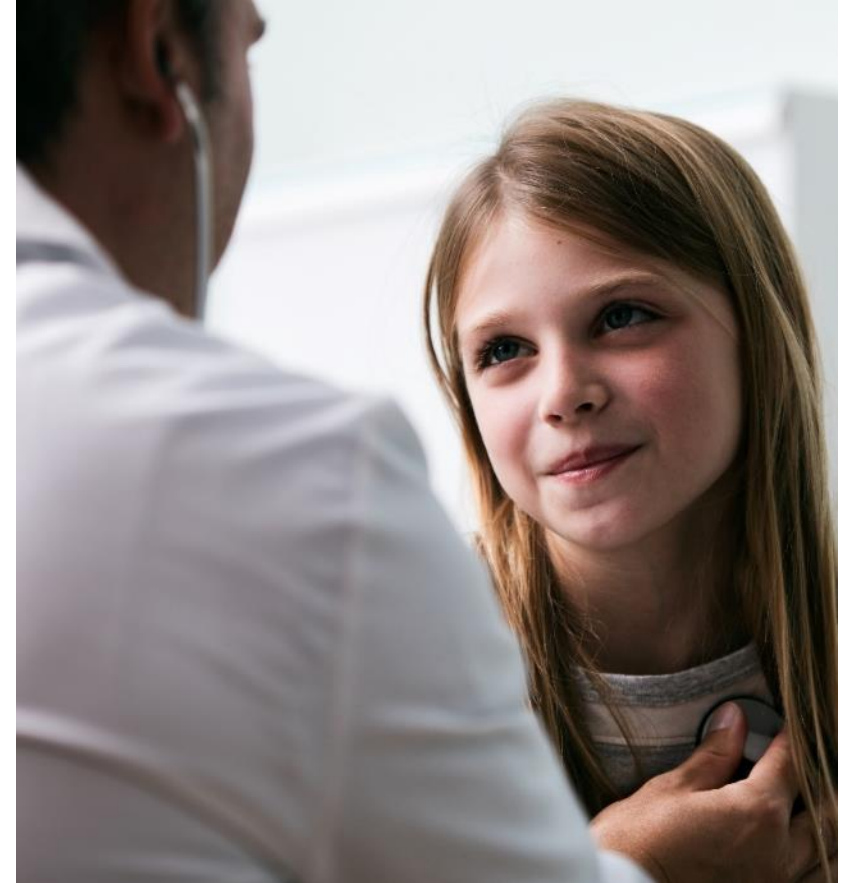
3

You can learn “Motivating questions” that could make a difference for you and your patients

# A motivational approach can help patients adhere to your excellent advice<sup>13</sup>



- Fill prescriptions/continue taking medications
- Use adherence support programs:
  - Web based/apps
  - Chronic condition management programs (e.g., nurse/pharmacist coaches)
  - Simple tools (e.g., pill box, reminder system)
- Follow your tailored, practical advice for any behavior change



13. Possidente. C, et al: Motivational interviewing: A tool to improve medication adherence? American Journal of Health-System Pharmacy, Volume 62, Issue 12, June 2005, DOI: <https://doi.org/10.1093/ajhp/62.12.1311> [Accessed 27 July 2020], [https://www.researchgate.net/publication/7795663\\_Motivational\\_interviewing\\_A\\_tool\\_to\\_improve\\_medication\\_adherence](https://www.researchgate.net/publication/7795663_Motivational_interviewing_A_tool_to_improve_medication_adherence)

# Prepare your patient with necessary information about the behavior before motivating them to do it



**Brief, simple, clear:** “You had a heart attack. I want to prescribe a medicine called XXXXX. This medicine allows blood in your heart to flow more easily and makes your heart not work so hard

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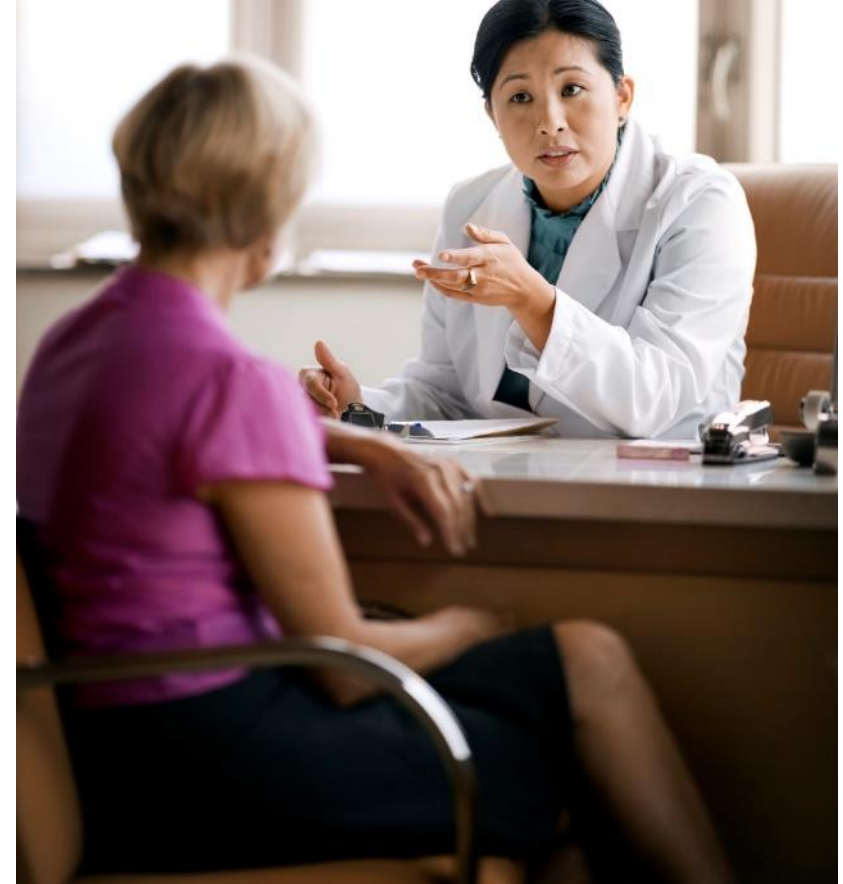


**Regimen:** “This is a medicine you need to take once a day and probably for the foreseeable future”

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**Side effects:** “Side effects might include . . . But the benefits of this medicine outweigh these”



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Four strategic motivating questions to improve adherence



Your personal plan for developing a new communication habit

## Motivating questions (1/4)

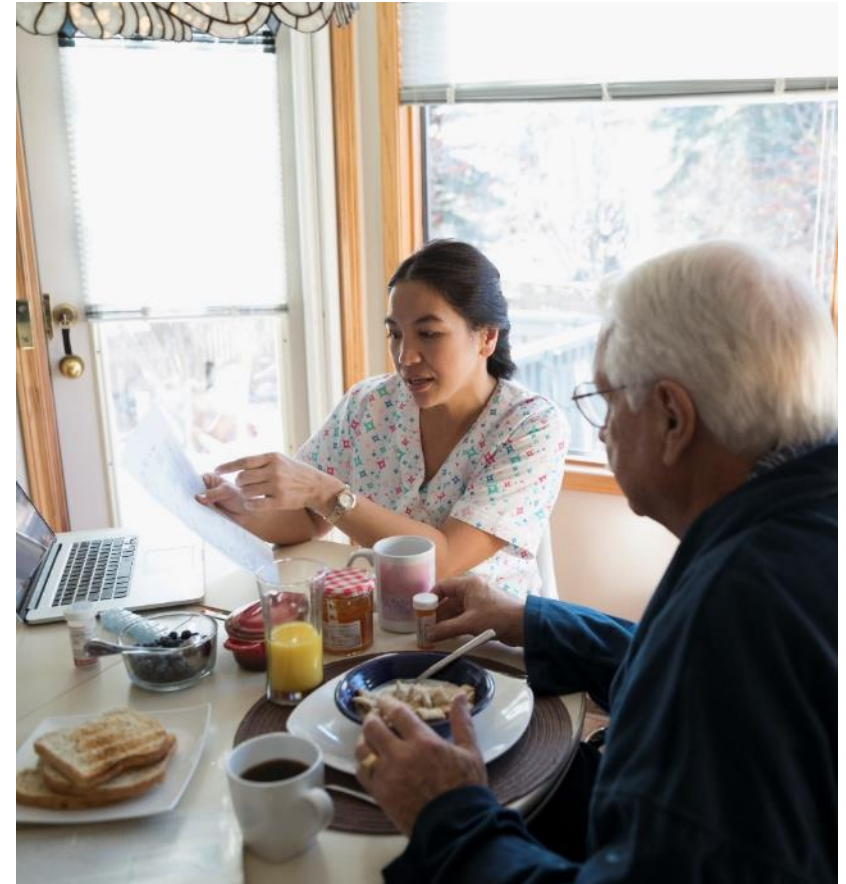
**Question #1: RAISES AWARENESS ABOUT AN ISSUE AND LETS THE PATIENT KNOW YOU VALUE HIS OPINION.**  
This question indicates “I’m interested in what you know. I want to hear your perspective. You are the expert in your life.”



### Ask the patient about the medication or lifestyle change you’re prescribing

- “What are your thoughts about taking XXXXX and how it might affect your heart disease/vertigo?”
- “What are your concerns about taking XXXXX .....
- “What do you recall about taking medication XXXXX and .....

**Try it!**



## Motivating questions (2/4)

**Question #2: ASK FOR PERMISSION, THEN SHARE YOUR ADVICE. When patients hear themselves ask for your input, they are more likely to accept it (self-perception theory<sup>14</sup>)**



“I have some advice that might work very well for you and make you feel better. Would you like to talk about it?”

Try it!



Share your brief, tailored advice



Make sure it is something the patient can achieve

14. Bem, D: Self-perception: An alternative interpretation of cognitive dissonance phenomena. *Psychological Review*, 74(3), 183–200, 1967, DOI: <https://doi.org/10.1037/h0024835> [Accessed 27 July 2020], <https://psycnet.apa.org/record/1967-13584-001>





## Motivating questions (3/4)

### Question #3: ASK ABOUT BENEFITS OF TAKING MEDICATION/LIFESTYLE CHANGE.

This question is to generate “change talk”<sup>15</sup> and not “sustain talk” (that allows the patient defend his reasons for NOT changing or following your advice)

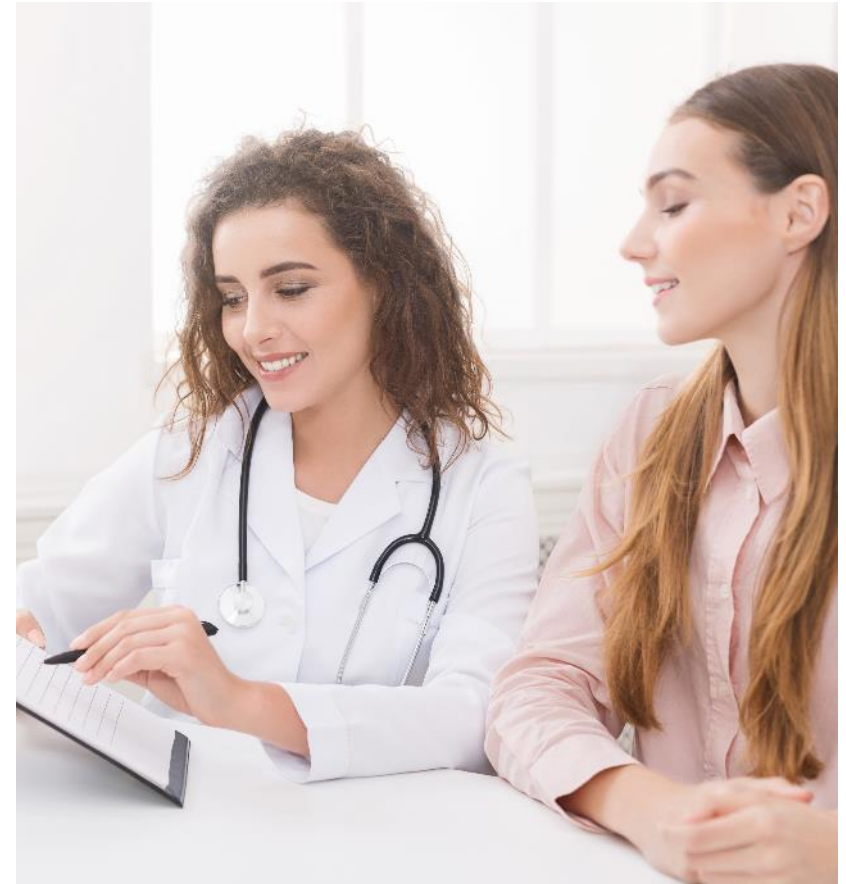


“Change talk” increases intrinsic motivation to change. This question will help the patient verbalize plans for doing something differently going forward

- “If you were able to take this medicine, how might your health improve?”
- “What benefits do you see from taking .....?”
- If you were able to \_\_\_\_\_, how might this impact your future?”

### Try it!

15. Miller. WR & Rollnick. S: Talking Oneself Into Change: Motivational Interviewing, Stages of Change, and Therapeutic Process. Journal of Cognitive Psychotherapy, 18(4), 299–308, 2004, DOI: <https://doi.org/10.1891/jcop.18.4.299.64003> [Accessed 27 July 2020], <https://psycnet.apa.org/record/2005-04354-002>



## Motivating questions (4/4)

**Question #4: ASK FOR COMMITMENT to fill prescription/take it continuously, make a lifestyle change or enroll in a Patient Support Program. Verbal commitment drives behavioral change<sup>16</sup>**

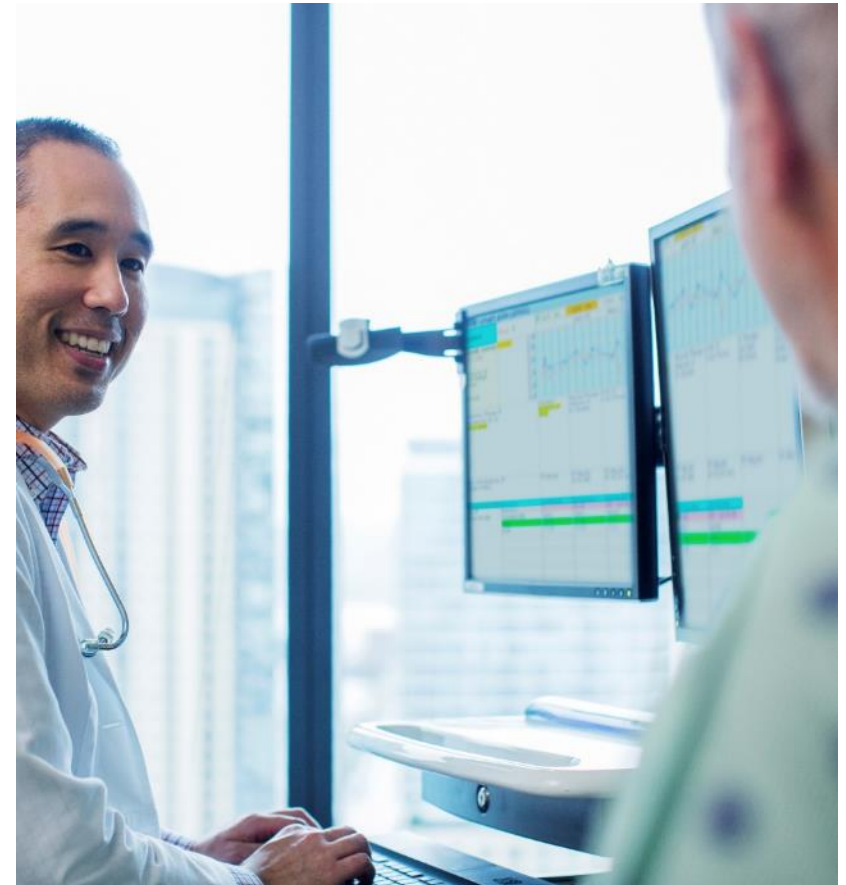


“When exactly do you think you will fill this prescription?”

“When do you think you can get started with . . . ?

“What steps can you take now to make some progress?”

Try it!



16. Amrhein. P, Miller. WR, Yahne. C et al: Client commitment language during motivational interviewing predicts drug use outcomes. J Consult Clin Psychol 71(5):862-878, October 2003, DOI:10.1037/0022-006X.71.5.862 [Accessed 27 July 2020], <https://pubmed.ncbi.nlm.nih.gov/14516235/>

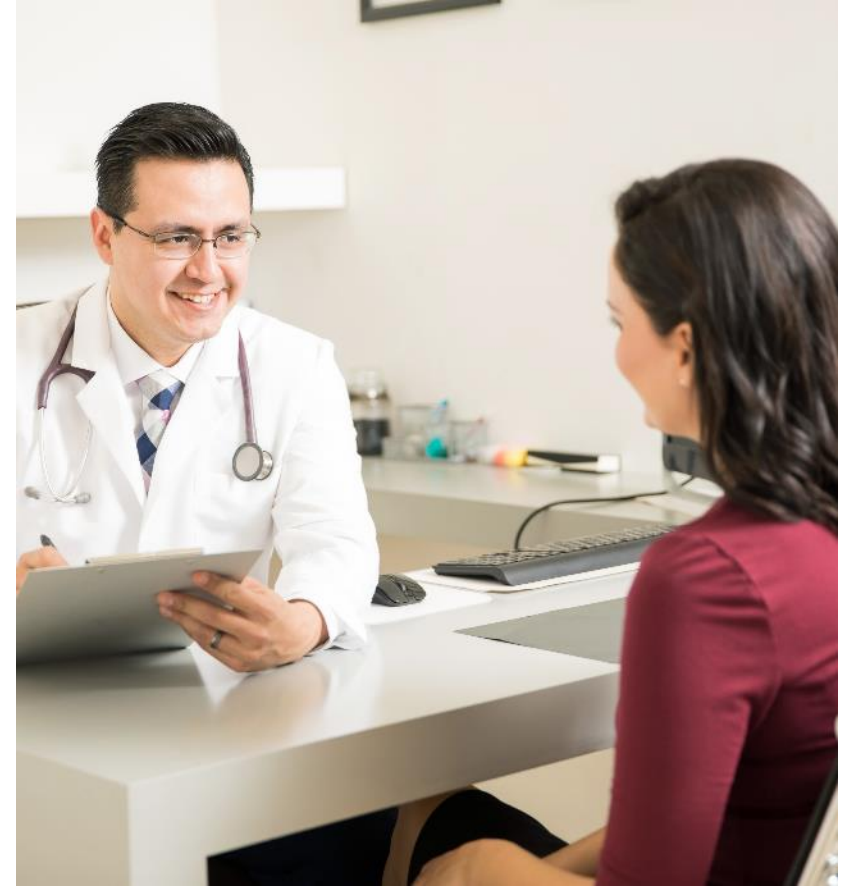
# Example of patient-provider motivating conversation (1/5)



Q#1: “What are your thoughts about taking XXXXX and how it might affect your heart disease/vertigo?” (Ask patient’s perspective)



Well, I can’t tell that it helps me. I don’t feel better after I take it. It seems like a waste of time



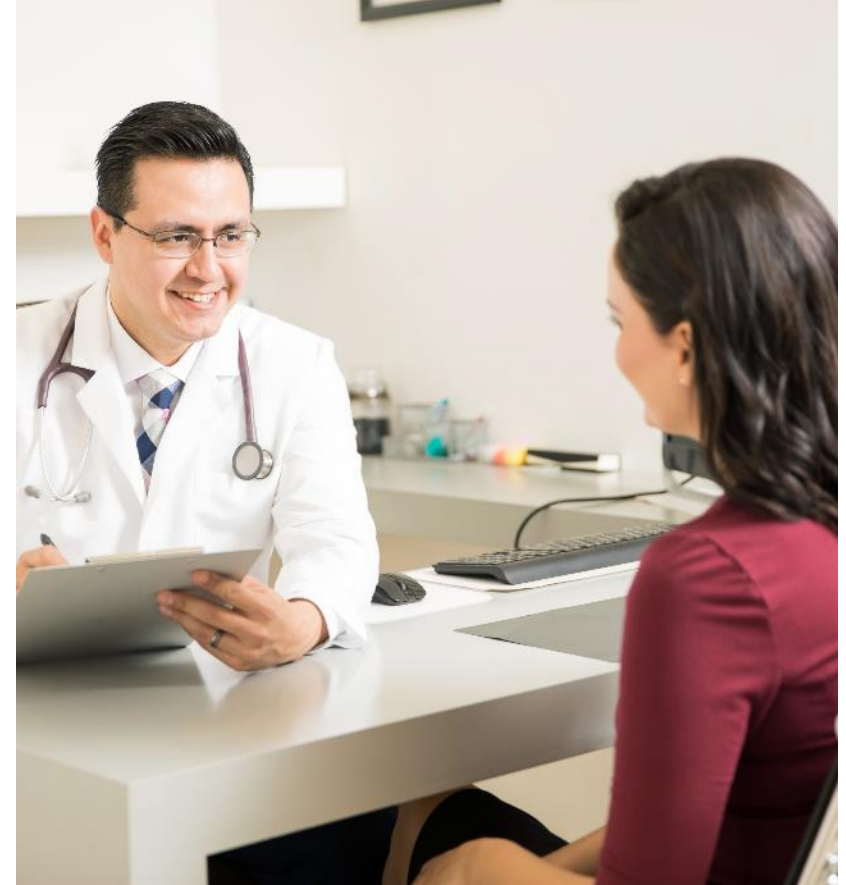
## Example of patient-provider motivating conversation (2/5)



You must feel frustrated about taking a medicine that doesn't make you feel better.  
(Empathy to connect with patient)



Yes. It's frustrating and it discourages me. I don't feel any different if I take the medicine or not. So, most of the time, I don't worry about taking it



## Example of patient-provider motivating conversation (3/5)



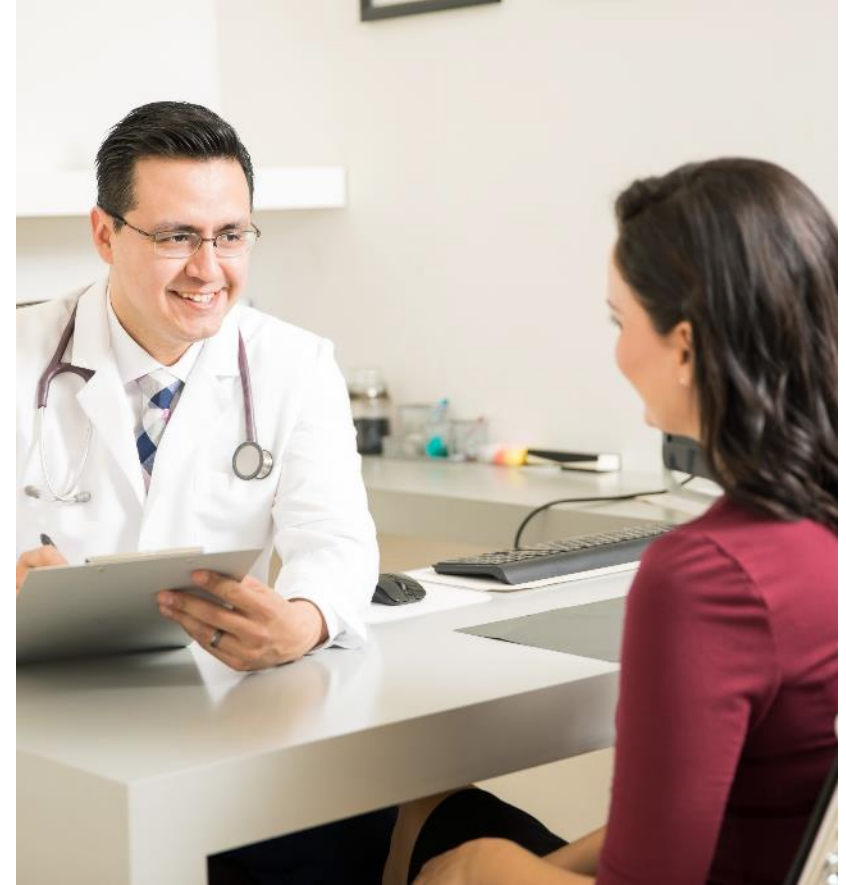
Q#2: “I have some information that might make a big difference for you and your long-term health. Would you like to hear my thoughts?”

XXXXX is not a medicine that you can feel working, but it protects your heart when you take it consistently. It keeps your blood flowing and your heart strong. My advice is that you take XXXXX every morning to keep your heart as healthy as possible.



Yes. Of course, I’m interested in your thoughts. That’s why I’m here.

Okay. I didn’t know that about the medicine. I thought that I should be able to tell that I’m taking it. I can’t feel anything.



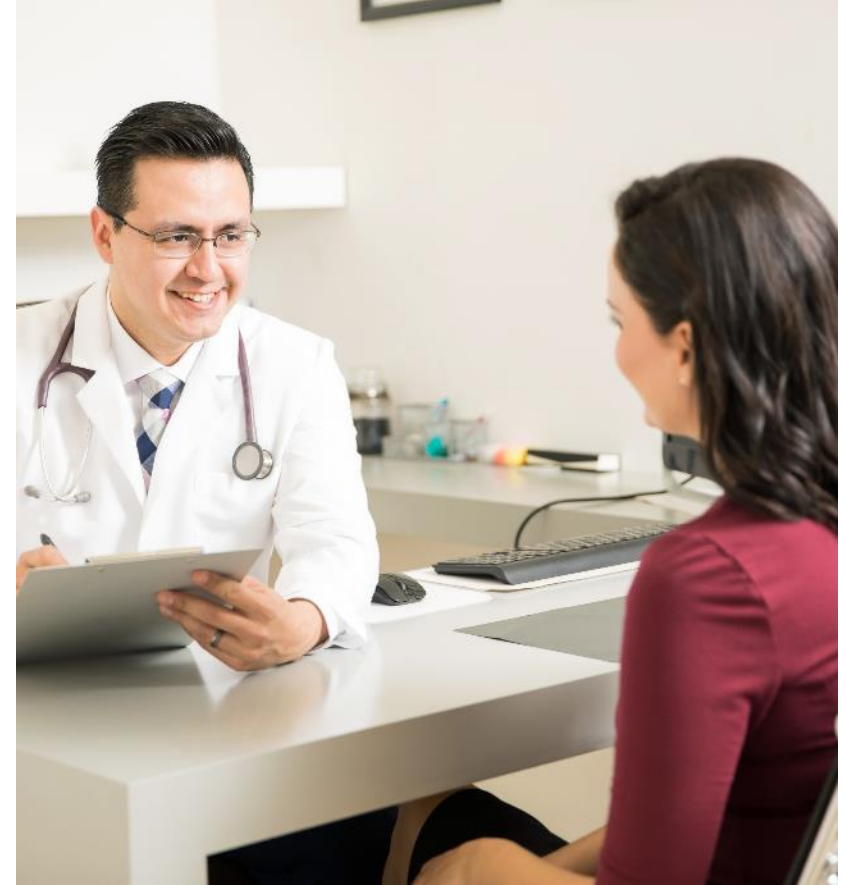
## Example of patient-provider motivating conversation (4/5)



Q#3: “Sure. I understand. If you were able to take this medicine, every day to keep your heart strong and working as long as possible, what might be better for you? (elicit change talk)



Well, I want my heart to be strong and I want to live a long life and feel good. I have children, you know, and I want to be around to see them grow up. I want to feel good and be healthy so I can take care of my family



# Example of patient-provider motivating conversation (5/5)

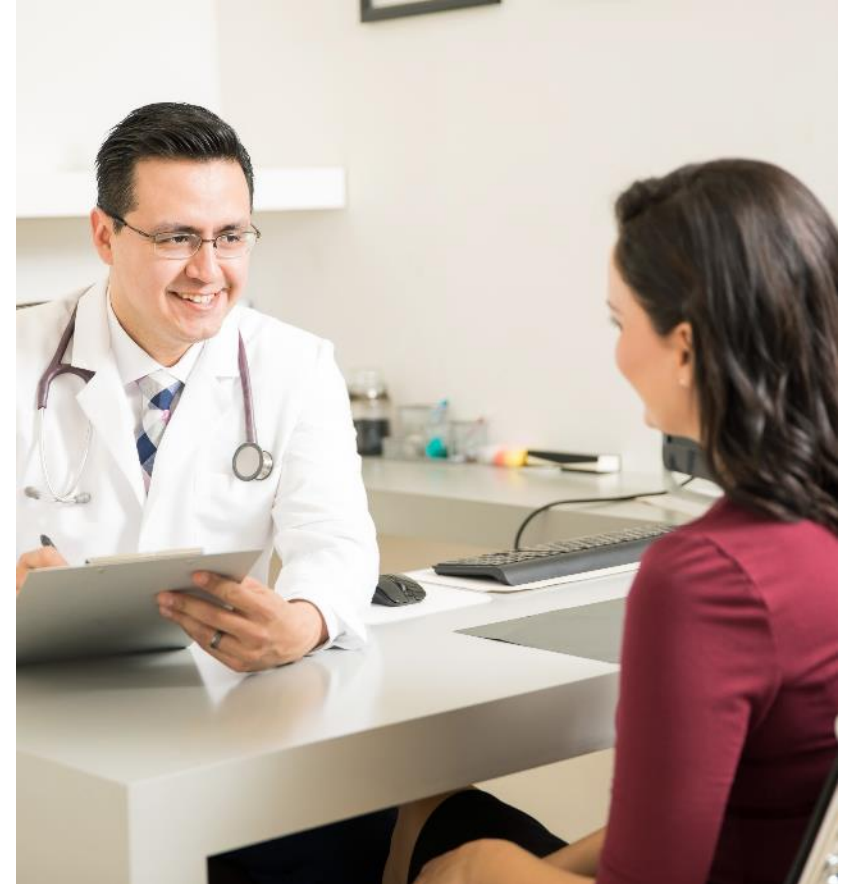


Q#4: “When exactly do you think you can start taking this medicine, every day, as we’ve just talked about?” (Get commitment)

Great idea. Taking your medicines is one of the best things you can do to have a long and healthy life



I can start tomorrow. I have a pill box that you gave me and I have plenty of medicine because I haven’t been taking it like I should. I’ll put the box on my counter so I can see it every morning



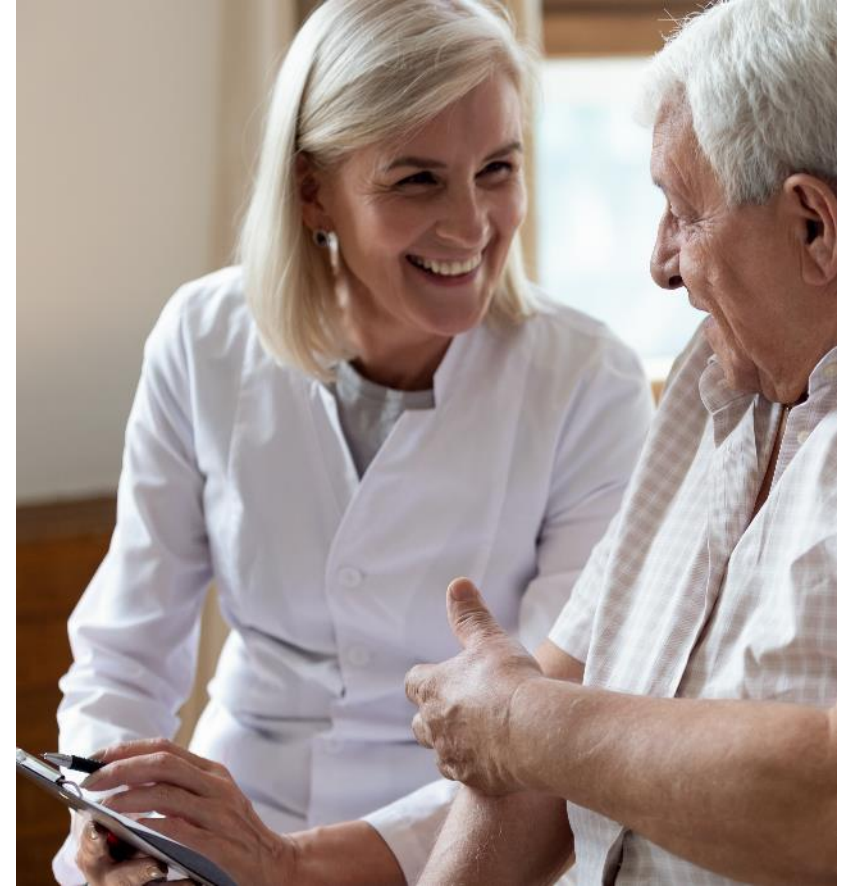
# Follow up with your patient



**Follow-up to determine if your advice is followed**



**If the patient did not change his medicine taking behavior or follow lifestyle advice, ask the same four questions, again, beginning with Question #1 at the follow-up visit**





# Overview



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Four strategic motivating questions to ask during the office visit



Your personal plan for developing a new communication habit

How can you develop a new way of communicating about adherence?



# Asking motivating questions is challenging



**Open-ended questions are not typical during fast-paced office visits. We think they take too much time**



**Healthcare providers tend to rely on advice-giving and telling vs. asking for patients' opinions and perspectives**

- This approach might work for some patients . . . .
- Or, maybe we think this approach works . . . .
- Or, maybe we change the medication . . . .



**Learning to ask strategic, open-ended questions may be very different from your current approach to nonadherence. It might require you to change!**



## How to get started



**Practice asking the four questions by using the exact wording that is provided today in the class. Review the slides!**



**You may feel uncomfortable at first, if this communication style is new for you**

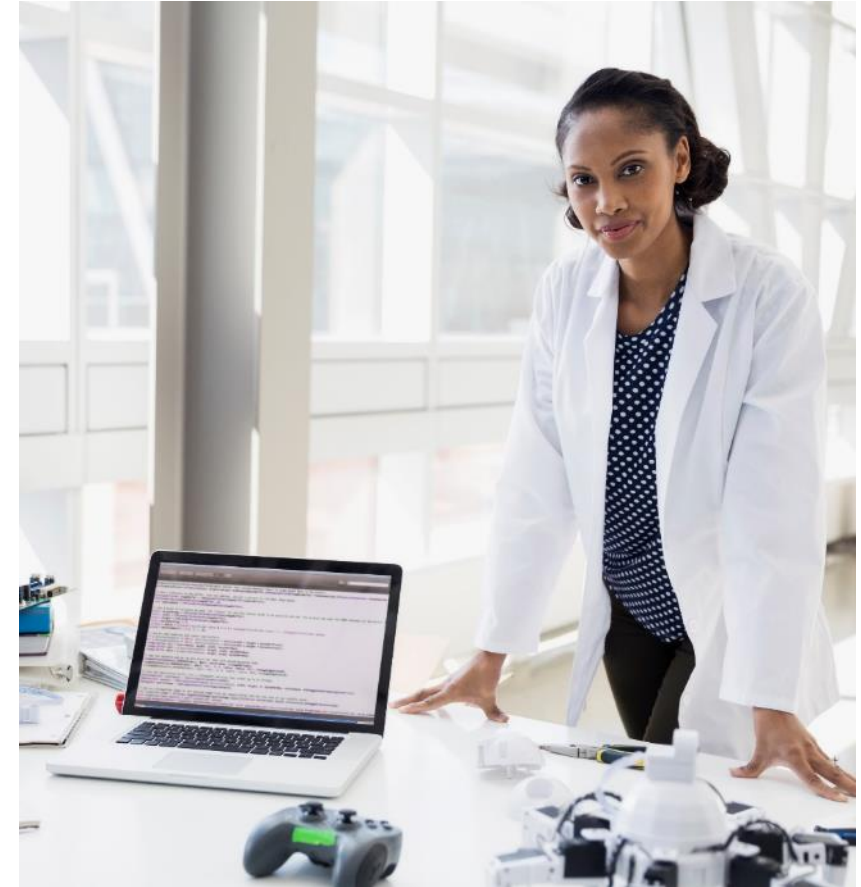
- Feeling uncomfortable is normal! Don't worry!
- Patients will not focus so much on the words you say; they will begin a self-focused, internal problem-solving process and talk themselves into change



**Remember, the intent behind the questions is most important**



**When you feel confident, you can use your own words**



## How to develop a new habit

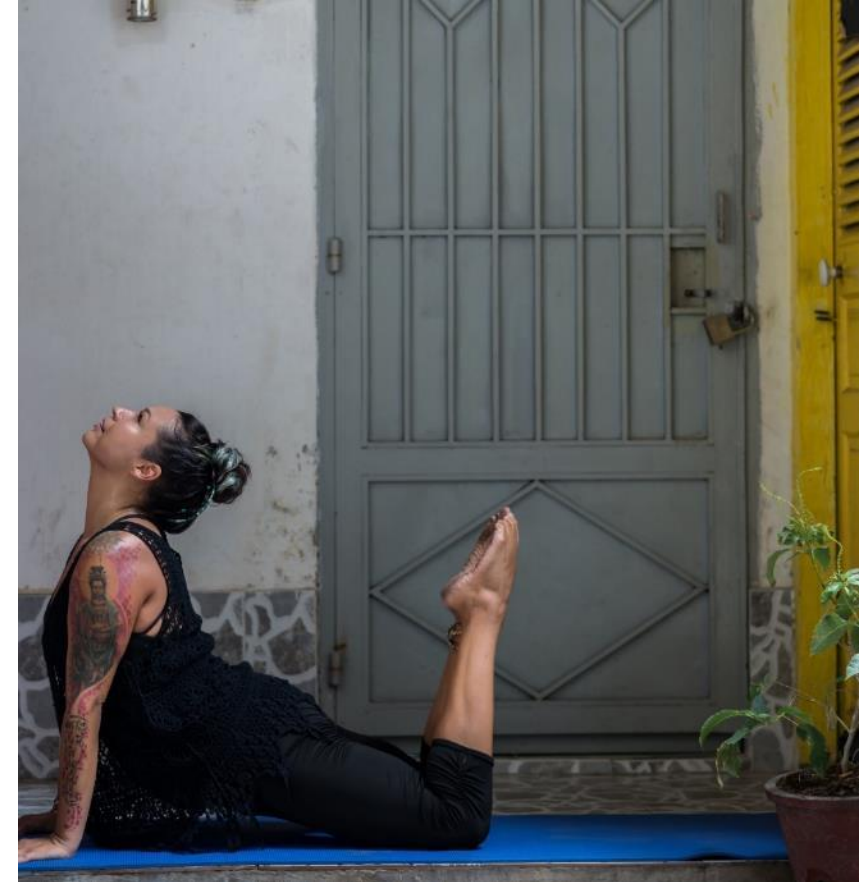


### What has worked for you in the past to change your own behavior?

- set goals?
- track your progress?
- use reminders?
- reward yourself?



### Practice is always necessary!



# How to develop a new habit around the motivating questions



## Some helpful strategies

- Rehearse the intent of the questions:
  - ASK: “What are your thoughts . . . .” (increase awareness)
  - TELL: “I have something that might help; would you like to hear about it?” (permission/share advice)
  - ASK: “What benefits would you expect?” (elicit change talk)
  - COMMIT: “When do you think you will get started?” (get commitment)



- **Practice with spouse, children, colleagues about any behaviors**



- **Practice with patients**



- **Set yourself up for success – you can master one question at a time!**



# Answer these motivating questions for yourself!



**What do you think would be better if you were to change your communication style and approach your patients in a new way?**

---



**When do you think you can start practicing motivating questions?**

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# What healthcare providers say about the motivating questions

“The motivating questions work about 90% of the time”



“Learning the motivating questions changed my personal and professional life”



“It works every time”



“Even with my most challenging patients, the motivating questions work”



## Final thoughts

- Everyone in healthcare wants things to be better, but few of us want to change what we do
- If what we're doing isn't working, we need to change our strategies
- Patient adherence is the perfect opportunity to make a significant difference



# Thank you!

## Summary

- Nonadherence to healthcare advice is a significant concern and unrecognized by many providers
- Assess adherence with questionnaires or by asking a strategically worded question
- Motivational Interviewing is a scientifically supported clinical method that integrates essential elements of behavioral change theories
- “Motivating questions” may improve patients’ adherence
- A personal practice plan can help you develop a new communication habit

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