

# Communication and Patient Adherence

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# Conflicts/Disclosures

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- Research, speaking and/or consulting support from Abbvie, Celgene, Janssen, Lilly, Novartis, Ortho Dermatology, Pfizer, Regeneron and Sanofi
- Founder and majority owner of [www.DrScore.com](http://www.DrScore.com)
- Founder and part owner of Causa Research, a company dedicated to enhancing patients' adherence to treatment.

# Objectives

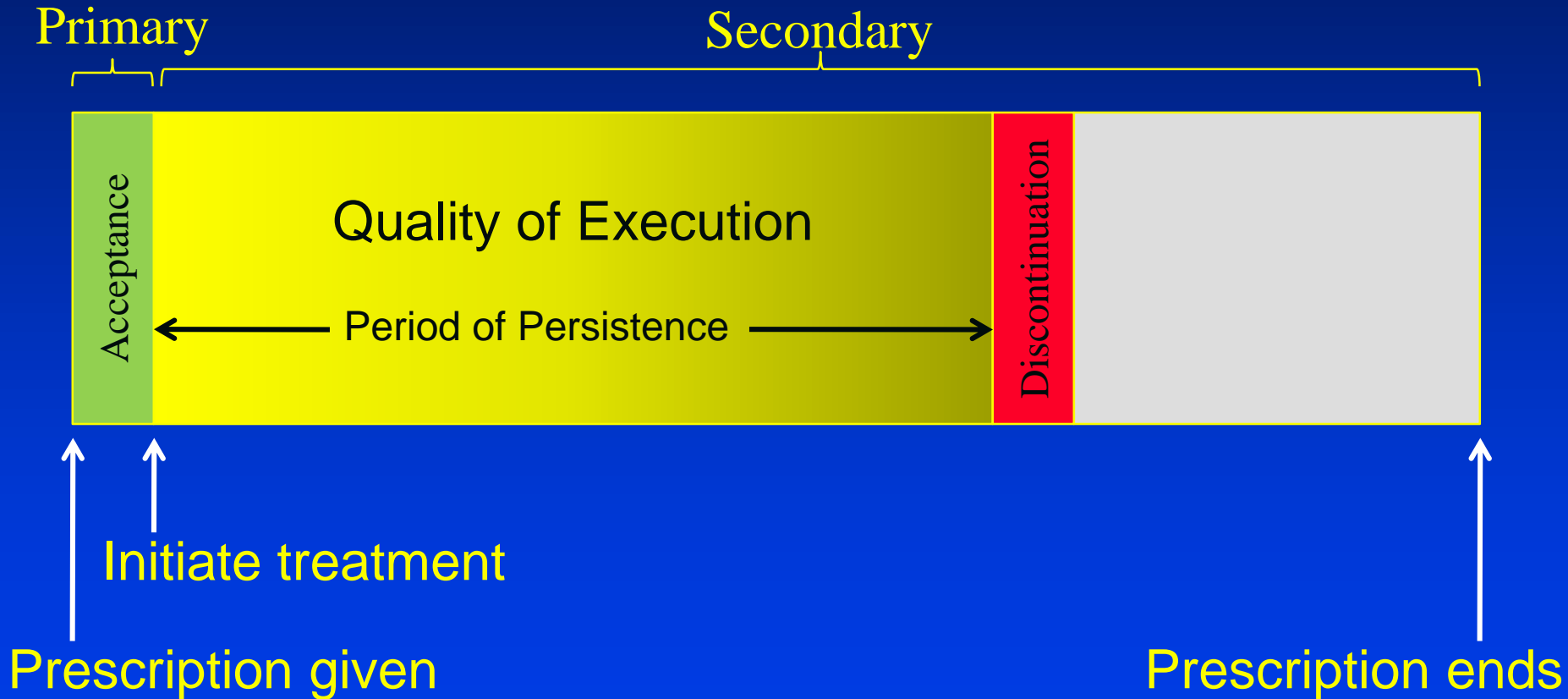
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- *Part 1: How bad is adherence*
  - *Describe how poorly patients use medication*
- *Part 2: Basic communication issues*
  - *Describe basic ways to improve patients' use of treatment*
- *Part 3: More advanced approaches*
  - *Describe psychological approaches to change how patients perceive and use recommended treatments*

# Part 1: How bad is adherence

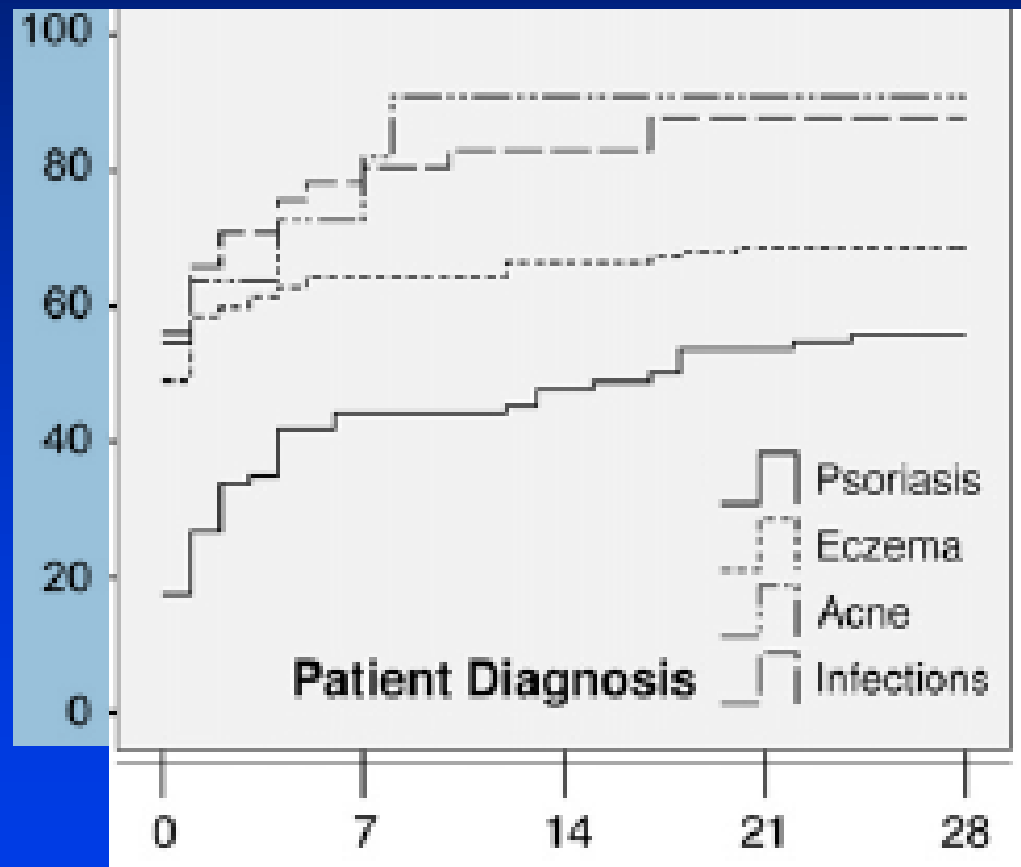
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# Components of Adherence



# Primary Non-Adherence

- Many patients don't even fill the prescription
- Psoriasis patients are among the worst



# Secondary Non-Adherence

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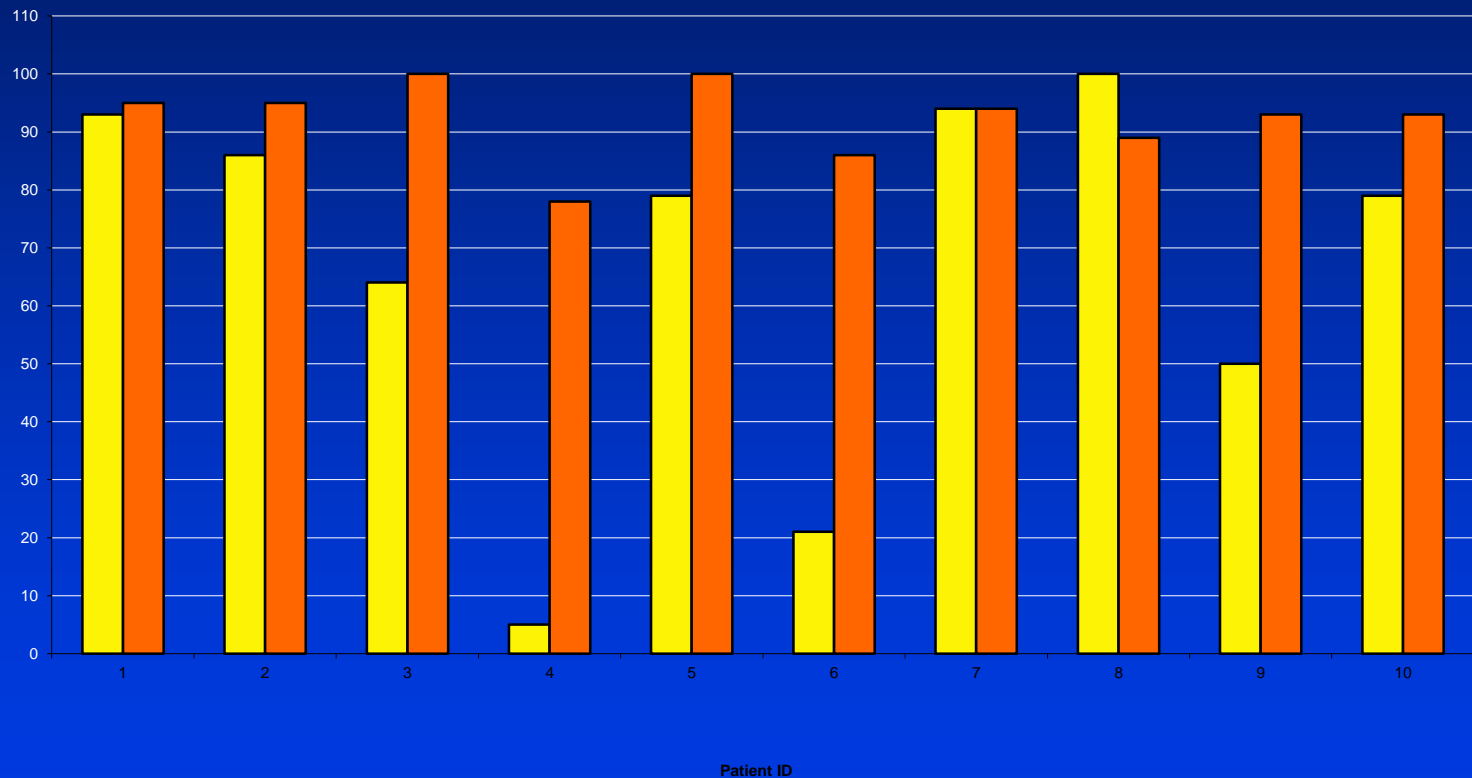




September 2007						
Mon	Tue	Wed	Thr	Fri	Sat	Sun
			6 0	7 1	8 0	9 1
10 1	11 1	12 0	13 1	14 0	15 0	16 0
17 1	18 0	19 0	20 1	21 1	22 0	23 0
24 0	25 0	26 0	27 0	28 0	29 0	30 0

[illegible]

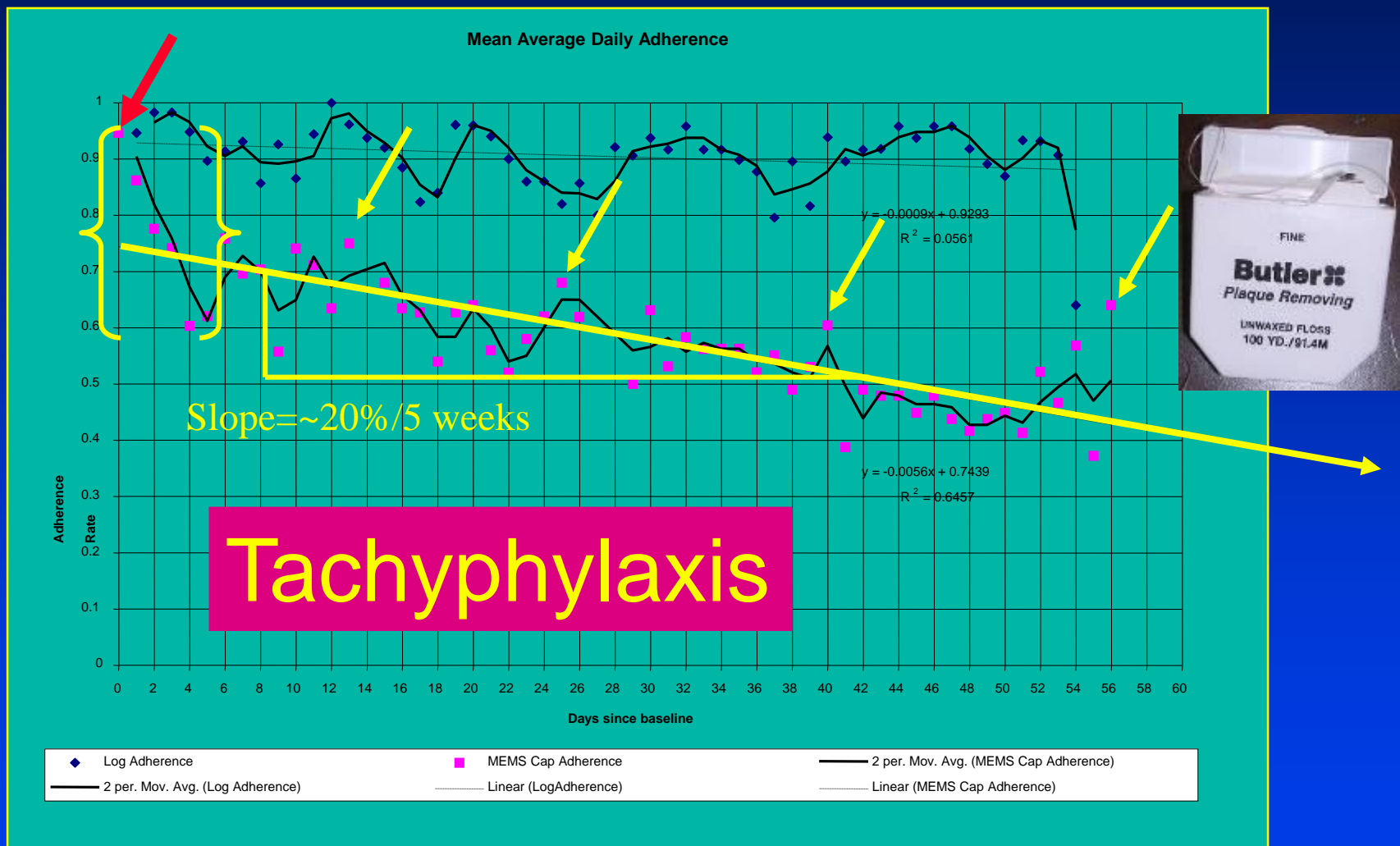
# Electronic/Self-Reported Adherence



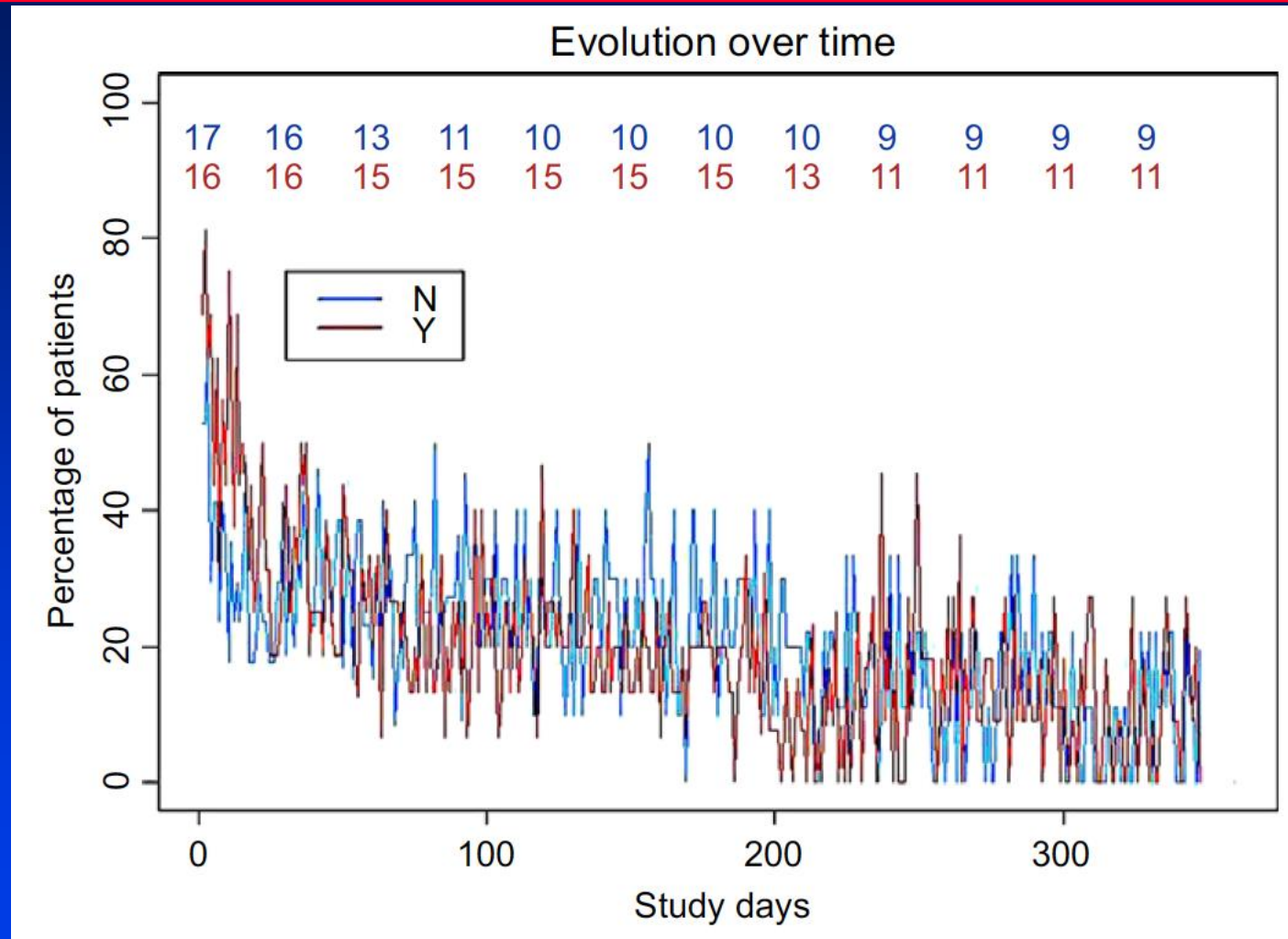
■ Average Electronically Monitored Adherence per Day

■ Average Patient Recorded Adherence per Day

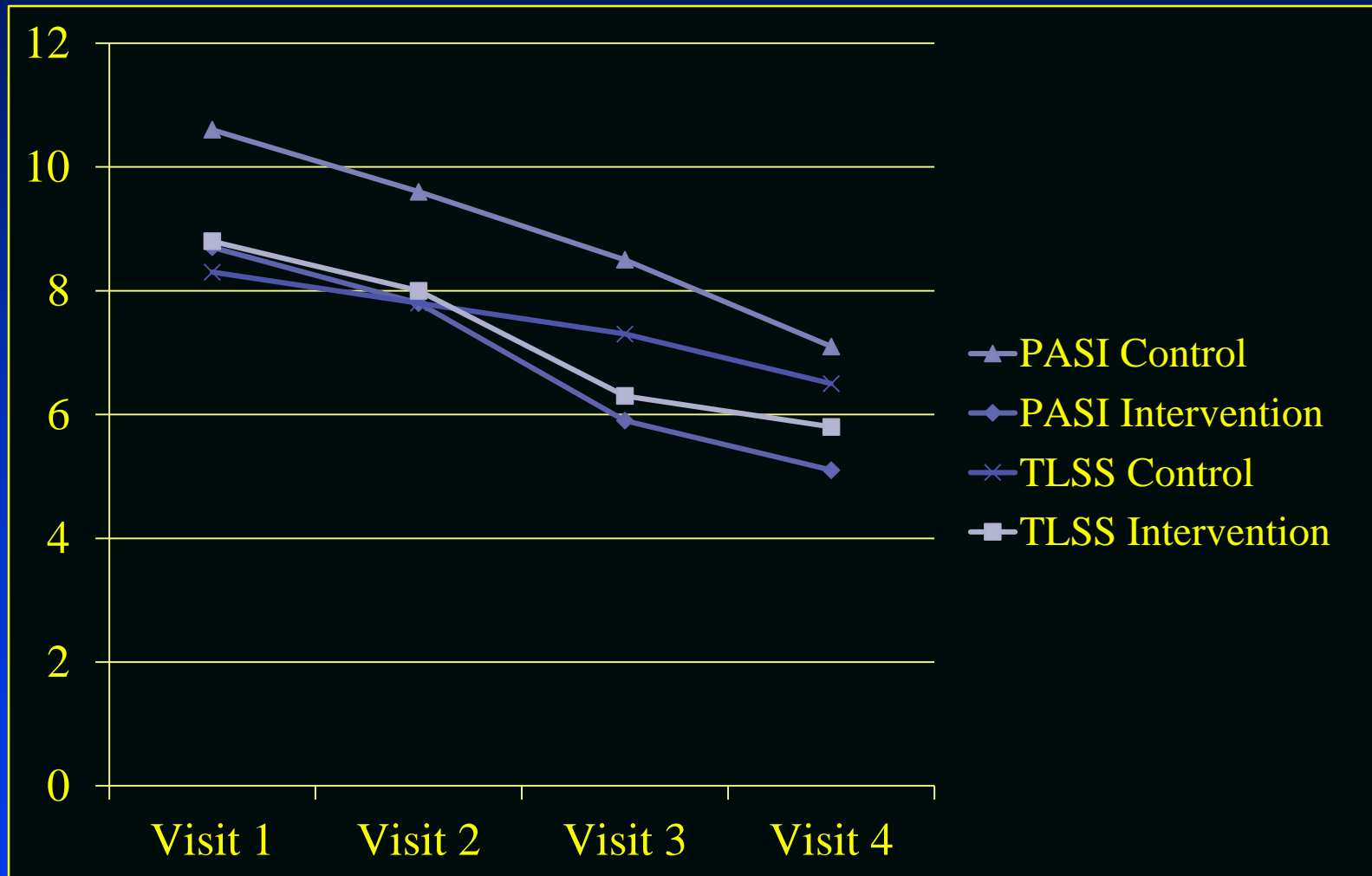
# Mean Daily Adherence



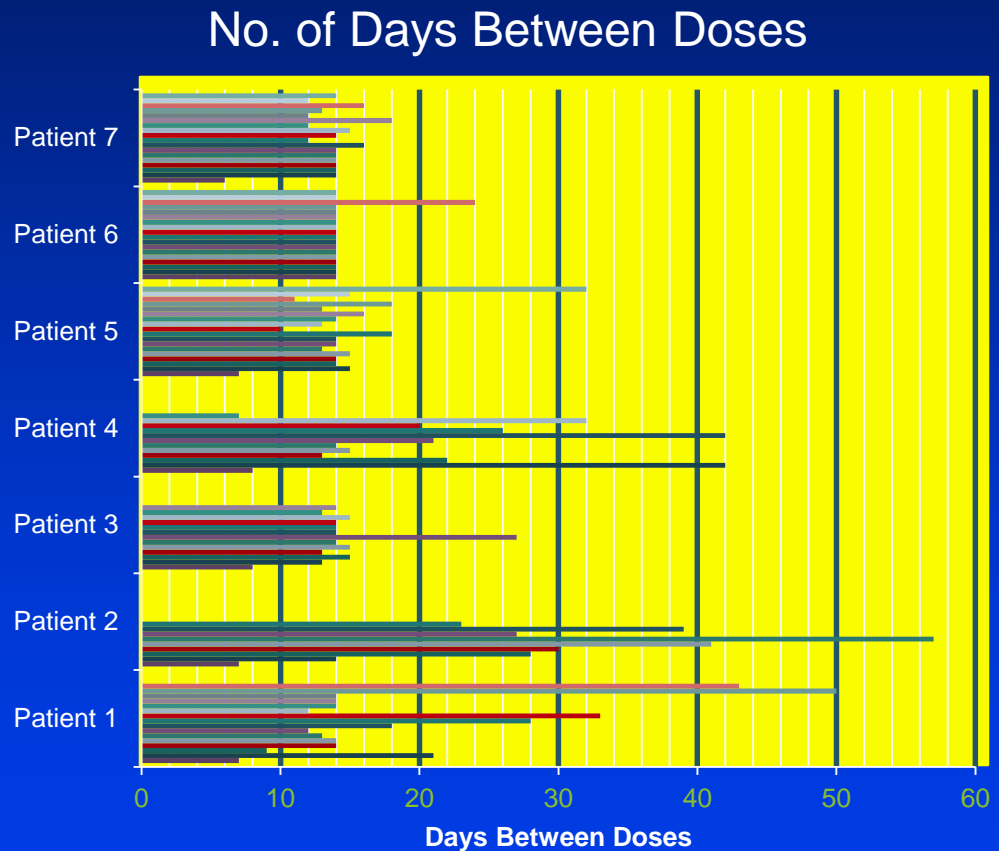
# Long Term Adherence in Psoriasis



# Efficacy of Topicals when Psoriasis Patients Failed Topicals

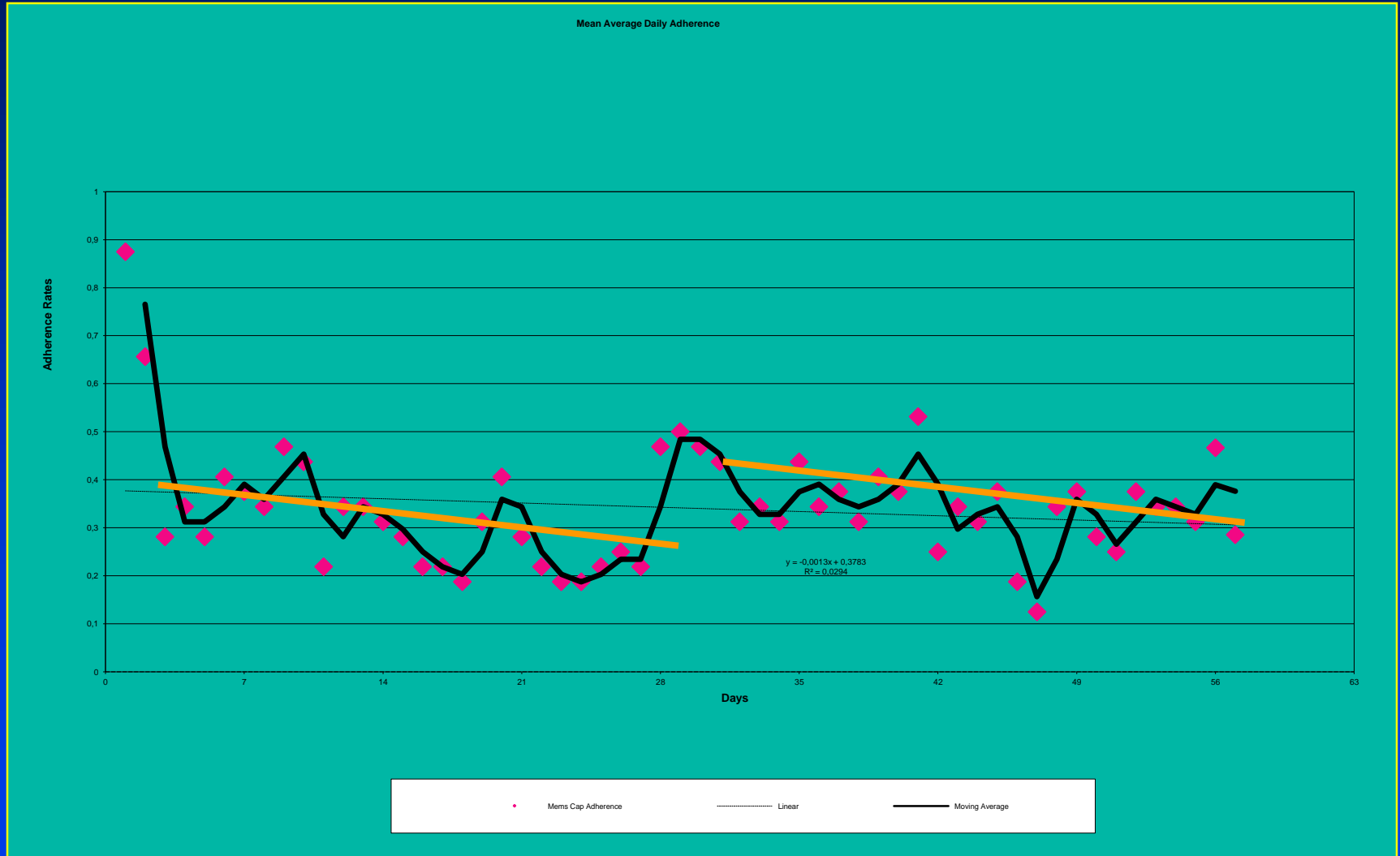


# Adherence to Biologics

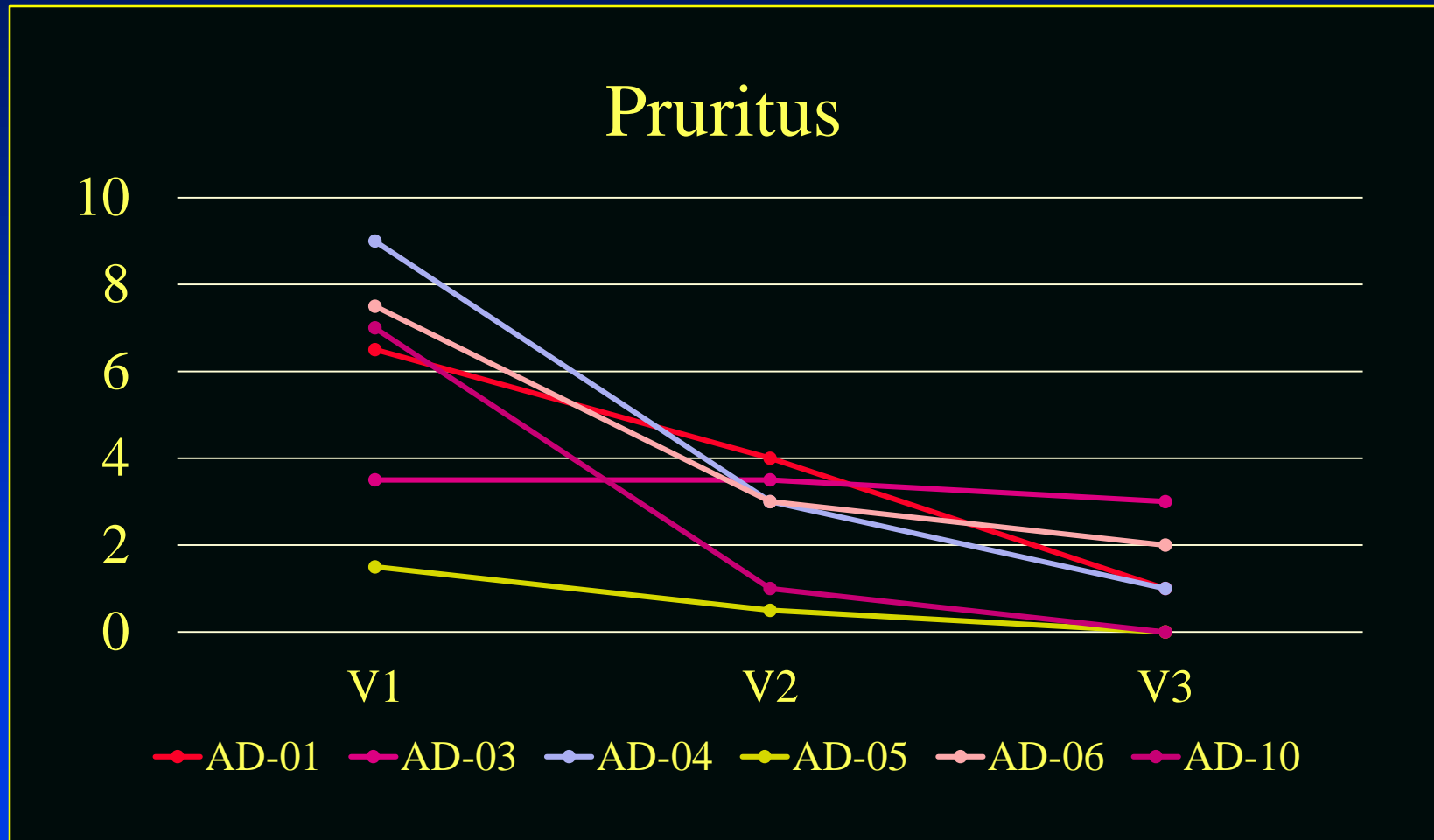


*West C, et al. Adherence to adalimumab in patients with moderate to severe psoriasis. Dermatol Online J. 2013 May 15;19(5):18182.*

# Atopic Dermatitis Adherence is Miserable

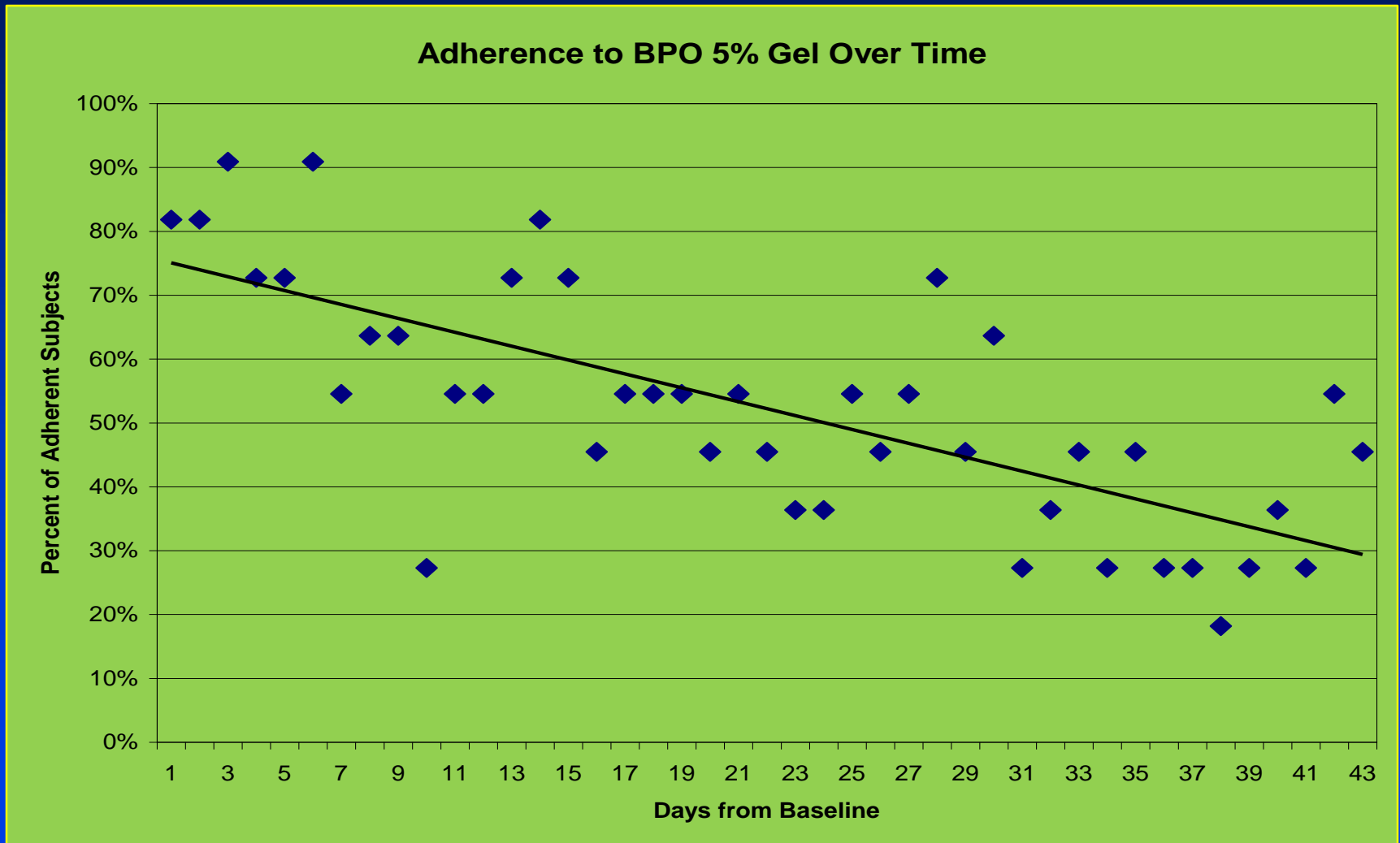


# Topical Steroid for AD Patients Who “Failed” Topical Steroids





# Acne Adherence



# Part 2: Basic communication issues

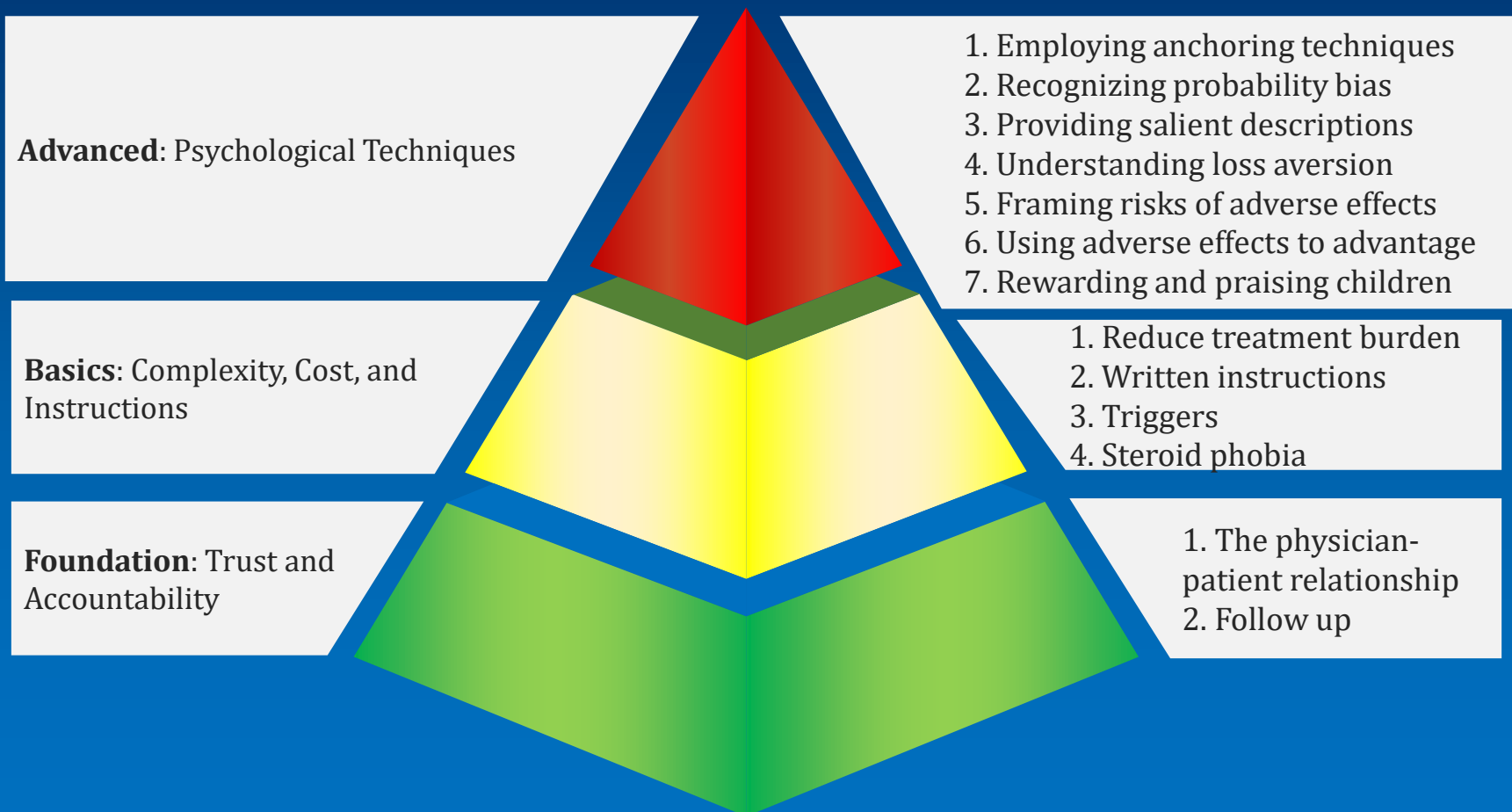
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# Why Are Patients Non-Adherent

Poor motivation	The patient may not be particularly bothered.
Secondary gain	Seeking disability or other gain
Lack of trust in doctor	Physician-patient relationship is the foundation
Fear of medication	Founded or unfounded fear of treatment.
Don't know what to do	Patients may not remember oral instructions
Burden of treatment	Sometimes the tx is worse than the disease!
Perceived burden	Sometimes tx seems worse than the disease.
Passing responsibility	Multiple caregivers may not take responsibility
Forgetfulness	"Pavlov's dog" problem
Laziness	No energy to follow treatment.
Resignation	Some patients have just given up

Doctors are lousy at addressing adherence  
It's largely a problem of communication

# Adherence Intervention Pyramid



# Getting Feedback From Patients

You have selected **Dr. Andrea O Example**. Our full survey takes 2 to 3 minutes. You can stop at any point.

## SCORE THIS DOCTOR:

On a scale of '0' to '10', where 0 is the worst possible care and 10 is the best possible care, how would you rate **Dr. Example**?

worst care

best care

0 1 2 3 4 5 6 7 8 9 10

Add any additional comments about **Dr. Example** here. Please identify any particularly good things you noted about the visit, as one of the best ways to encourage people is to give them positive feedback on what they do well. (40 word maximum).

Continue

Ratings and comments submitted to DrScore are designed to give feedback to physicians to help them enhance their medical practice. DrScore is not a regulatory body and is not an appropriate venue for issues that need the attention of state or professional authorities.

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# Traits Patients Don' t Like

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- Poor access
- Poor communications
  - Poor listening
  - Lack of partnership
  - Didn' t communicate information
- Poor follow up
- Lack of interpersonal skills
  - *“Took an apparent disinterest in my health ”*

We need to communicate caring

# Factors Associated with Patient Satisfaction

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	Correlation to Patient Satisfaction
Age	0.01

# Patients Want Caring Doctors

- Strive to be perceived as caring



Fig. 1. Relationship between patients' perception of their doctor's friendliness and caring attitude and patients' overall satisfaction.



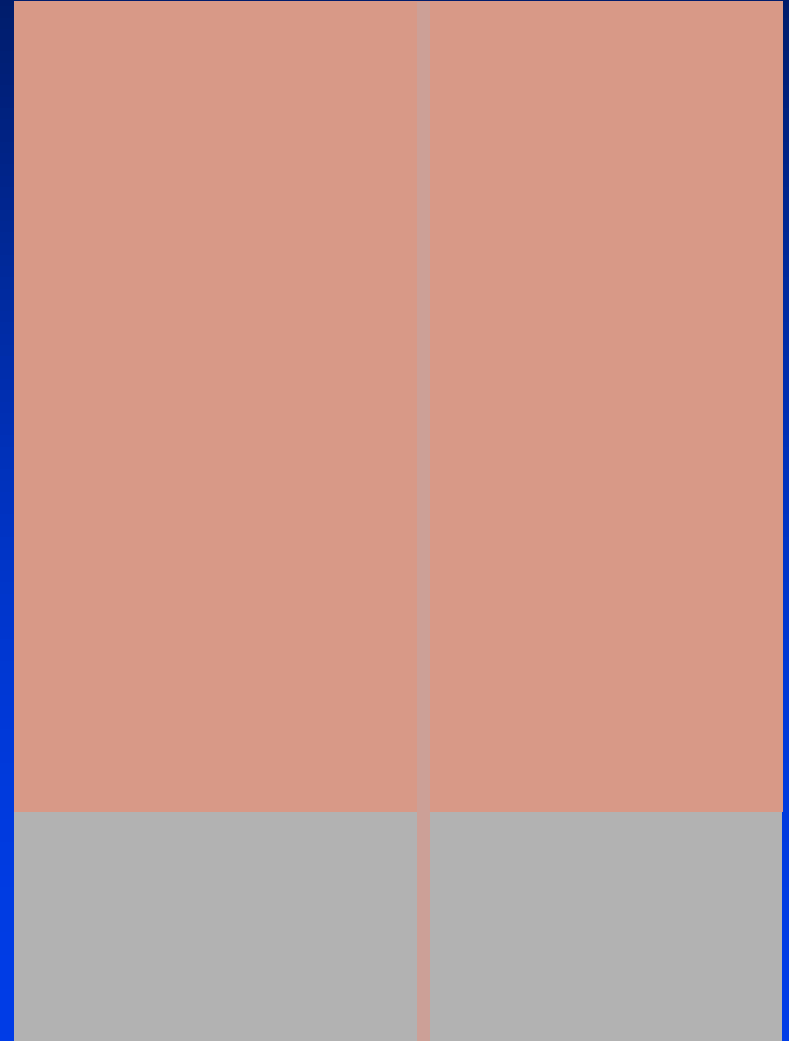
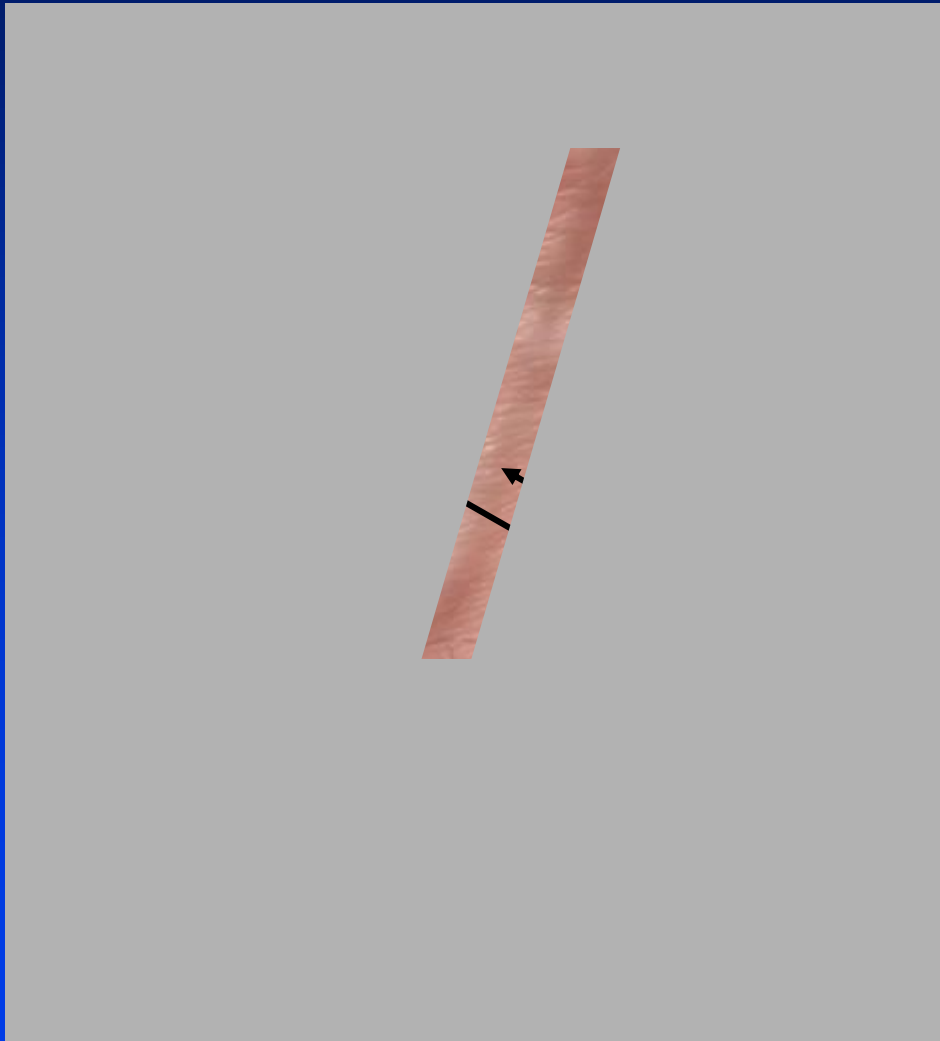
# It's Not Just the Doctor's Words or Behavior

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- Set a context so the doctor is presented in the best possible way
- Don't make it look like the practice only cares about money
- Make the practice (and the doctor) personable
- Attend to warmth and fuzziness as though it matters (because it does)

# Context Makes Veins Look Blue

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# What does this context suggest?

Payment due  
at time of  
service

Payment due  
at time of service.

There is a \$25.00 fee  
on all checks  
returned for  
non-sufficient funds.

Attention all  
patients:  
Always ask for your  
receipt as proof of  
account payment.

Fee for  
returned  
checks

←  
Dr. Williford  
Check-In.  
Please follow  
the signs.

ATTENDING  
Aide &  
Nurse only

Your insurance company  
requires us to collect  
your co-payment at the  
time of service.

The Department of  
Dermatology requires a  
copy of your Insurance  
Card at the time of your  
visit. Please have your  
card ready when you  
check in.

We appreciate your co-operation

# Better

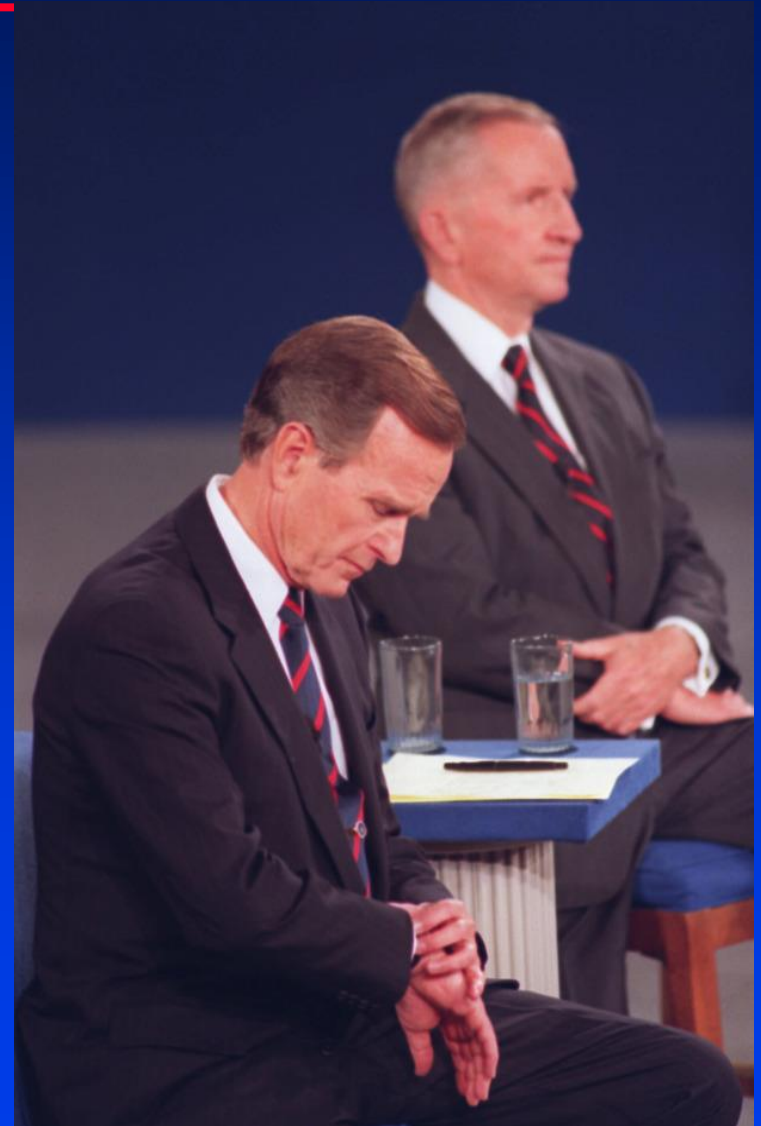
OUR PRACTICE CONTINUES TO  
GROW THROUGH REFERRALS  
FROM OUR PATIENTS  
THANK YOU FOR YOUR  
TRUST AND CONFIDENCE



# Put a clock on the wall behind the patient

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- Looking at a watch can be the kiss of death
  - Put clocks behind where patients sit
- I'm doing it now *because* I care, not because I am in a hurry
- What matters is how it is perceived

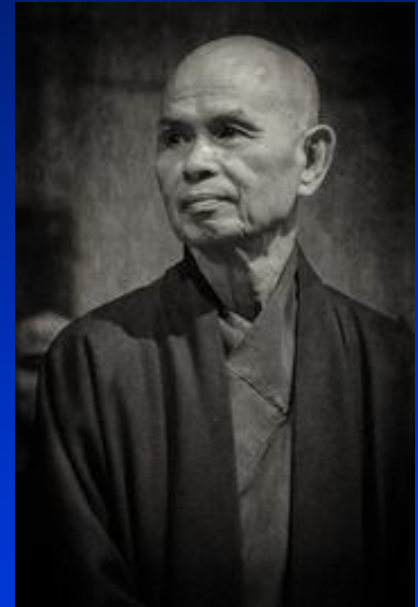


# Fundamental Principle:

## Don't Blame The Lettuce

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“When you plant lettuce, if it does not grow well, you don't blame the lettuce. You look for reasons it is not doing well. It may need fertilizer, or more water, or less sun. You never blame the lettuce. Yet if we have problems with our friends or family, we blame the other person. But if we know how to take care of them, they will grow well, like the lettuce. Blaming has no positive effect at all, nor does trying to persuade using reason and argument. That is my experience. No blame, no reasoning, no argument, just understanding. If you understand, and you show that you understand, you can love, and the situation will change”

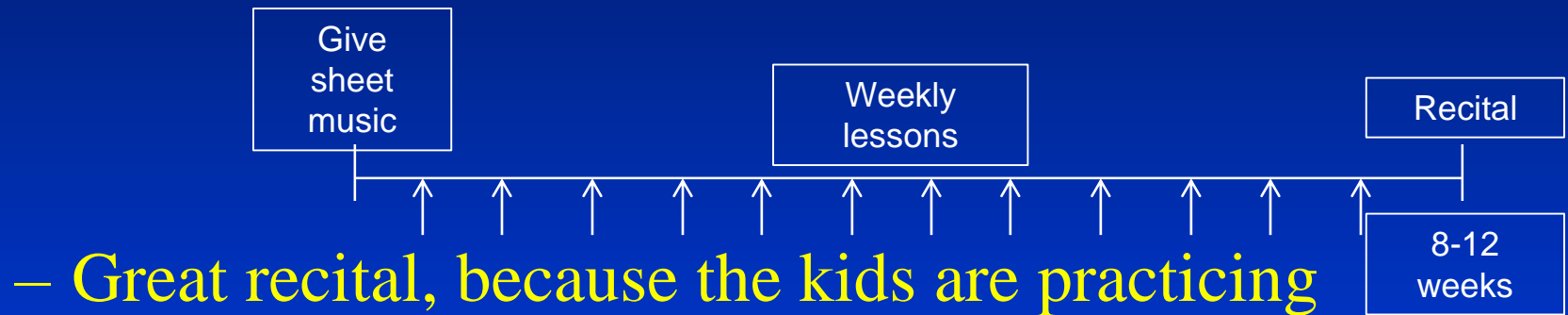


*Thích Nhất Hạnh*  
*Vietnamese Buddhist monk*

# Parable (not evidence): Piano Lessons

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- “Here is your sheet music, practice every day, recital in 8-12 weeks”





# Adding a One Week Return Visit Helps

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- Kids with atopic dermatitis
- 0.1% tacrolimus ointment BID
- Return in 4 weeks or 1 week/4 weeks



*Sagransky MJ, et al. A randomized controlled pilot study of the effects of an extra office visit on adherence and outcomes in atopic dermatitis. Arch Dermatol. 2010;146:1428-30.*




# Communication Doesn't Need a Visit

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- Return visits make people get the medicine and use it
  - Focus on initial adherence also promotes habit
  - A cell phone call can do the same thing
- Giving your cell phone number is a powerful way to communicate that you care
  - Whether you answer the phone or not
  - It can be misinterpreted, though
- Do Not Preprint Your Cell Phone Number on Your Business Card!

# Internet Survey & Contest



The screenshot shows the 'Acne Survey' interface from Wake Forest University. At the top left is the university's logo and name, including the School of Medicine and Division of Public Health Sciences. The title 'Acne Survey' is at the top right. A banner image features a tree and the text 'distinctive in research excellence'. Below the banner, a thank-you message is followed by instructions to select answers for six questions. The questions are: 1. How many days did you apply the drug this week? (dropdown), 2. How easy was it to use the study drug as prescribed? (dropdown), 3. Did using the medication interfere with your daily routine? (dropdown), 4. How useful was the medication in treating your acne? (dropdown), 5. How severe is your acne now? (dropdown), and 6. Have you had any side effects? (dropdown). Below question 6 is a text box for 'If yes, what side effects did you experience?'. A 'submit' button is at the bottom right.

WAKE FOREST UNIVERSITY  
SCHOOL of MEDICINE  
DIVISION of PUBLIC HEALTH SCIENCES

Acne Survey

distinctive in research excellence

Thank-you for participating in our web survey!

Please select the answers that best apply to your experience with the medication this week, and click submit.

1. How many days did you apply the drug this week?

2. How easy was it to use the study drug as prescribed?

3. Did using the medication interfere with your daily routine?

4. How useful was the medication in treating your acne?

5. How severe is your acne now?

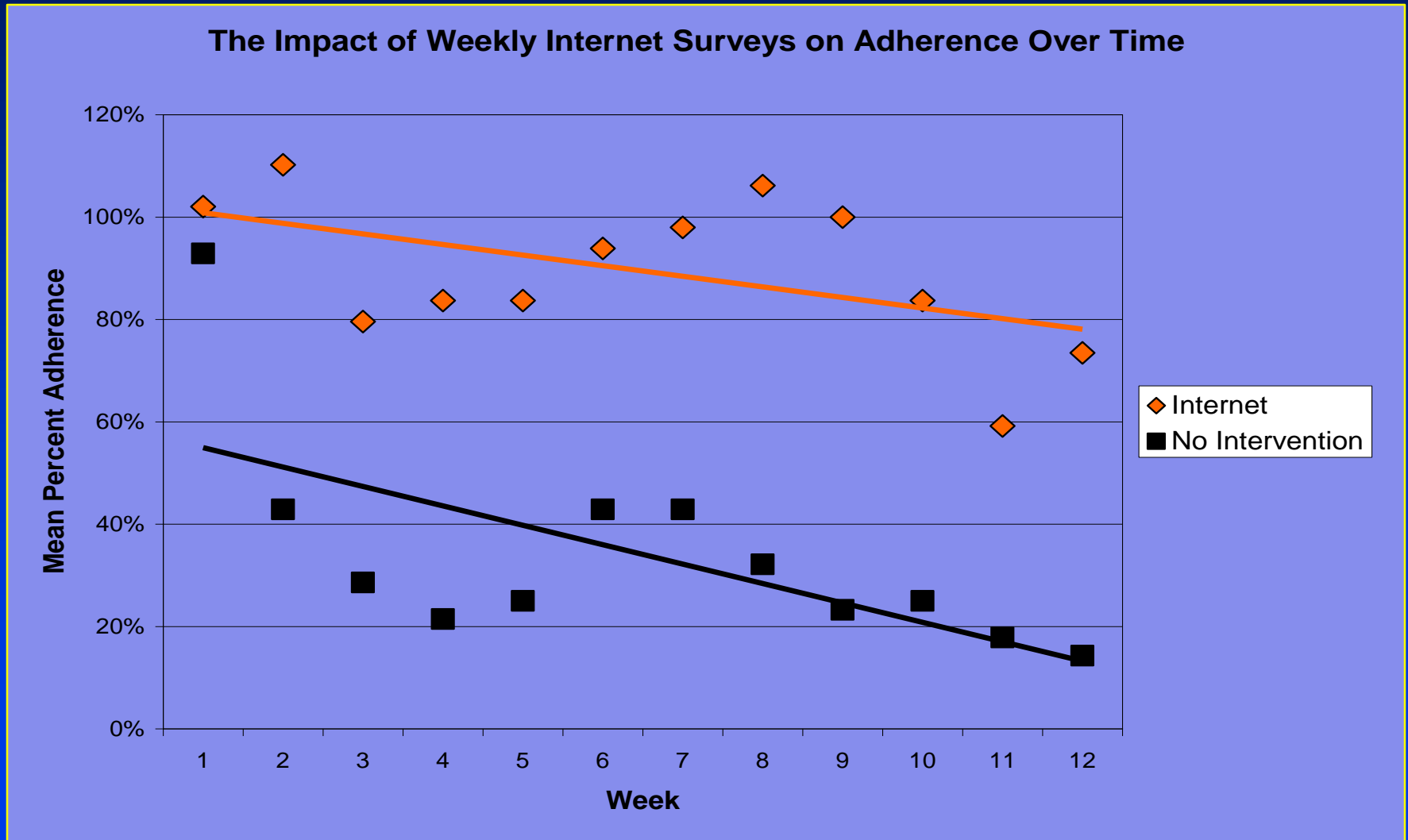
6. Have you had any side effects?

If yes, what side effects did you experience?

submit

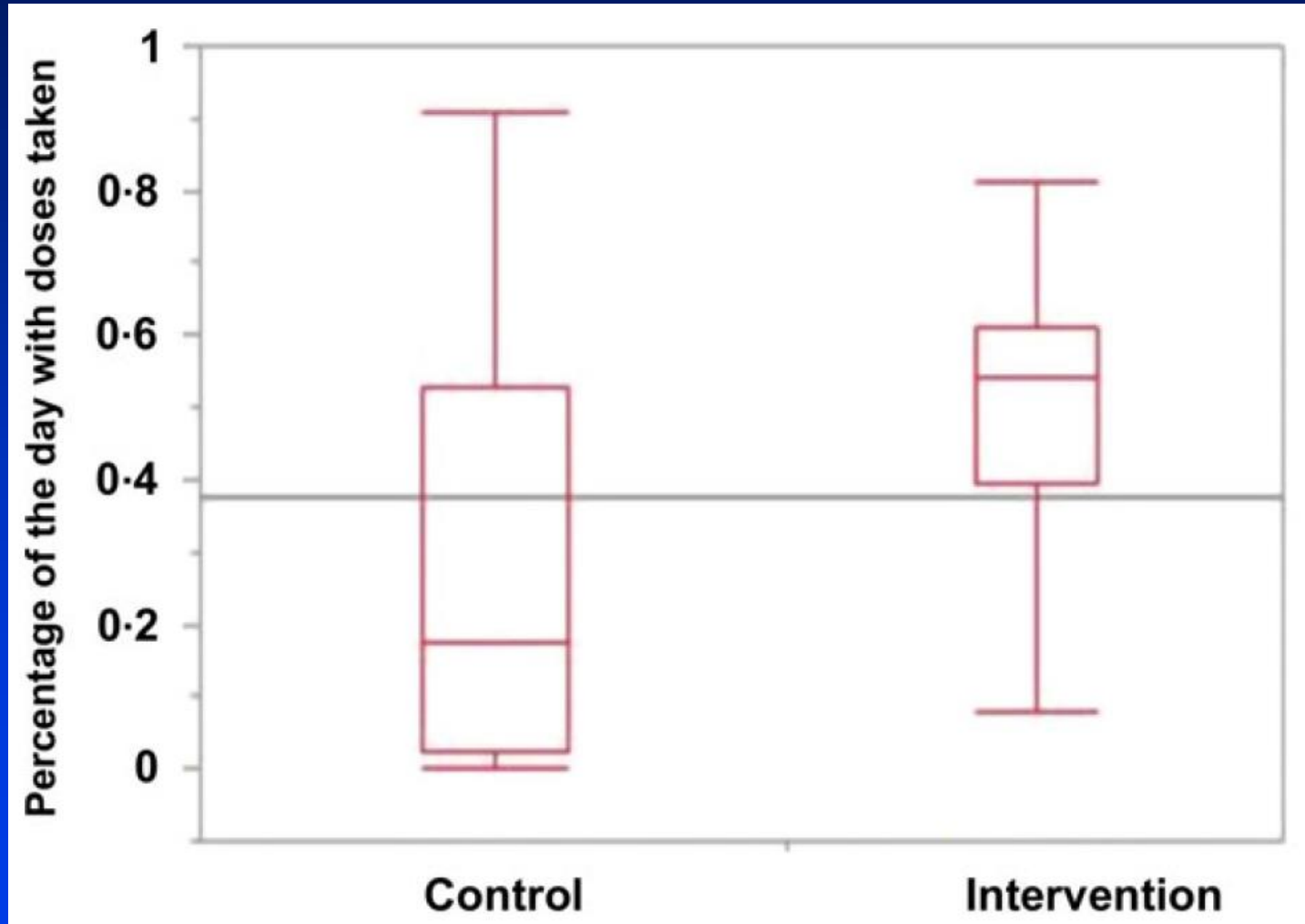
- Half the subjects received a weekly email link to the survey
- For each completed survey, subjects were entered to win an iPod Nano
- For 5 of 6 completed surveys, subjects received a \$5 gift card

# An Online Survey Improves Adherence



# Long Term Accountability In Psoriasis

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# Curse of Knowledge

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- Better informed people find it difficult to think from the perspective of less well-informed people
- Makes it hard to meet patients' education needs
- Complicated by issues of cultural and linguistic competency
  - Great resources on cultural & linguistic competency are available at:  
<http://www.meded.uci.edu/cme/pdfs/cultural-linguistic-competency-resources.pdf>

# Give Instructions in Writing

Table II. Patient knowledge about basic drug information, satisfaction with the consultation, and worries about adverse effects 2 weeks after a consultation according to a questionnaire,  $n=17$ .

Patient knowledge and opinion	<i>n</i>	%
Diagnosis	7	41
Duration of treatment	6	35
Daily applications by number	12	71
Application dose by quantity	2	12
Fully satisfied with consultation	8	47
Worried about adverse effects	8	47

# Patients Who Know More Than You

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- Some patients feel they know more than the doctor
  - The doctor feels challenged, not respected
  - The patients don't easily accept advice
- Solution
  - Best not to say “I went to medical school”
  - Try “It's so great to see a patient who has educated themselves before getting here. So many people come here and don't have your level of knowledge. It's so nice to have a patient who I can talk to on my level!”

# Written Instructions

- Patients don't remember "Dove not Ivory"
- Use an Action Plan

## Your Child's Eczema Action Plan

### What is eczema?

Eczema, also called atopic dermatitis, is a chronic disease of the skin—meaning it is an ongoing problem. It causes dry, itchy, irritated skin and can be stressful for kids and families. It is not contagious. It sometimes runs in families, but not everyone in the family will have eczema.

Even though there is no cure, there are lots of good ways to control eczema. The BEST thing you can do for eczema is to keep skin moisturized! Kids with eczema have dry skin, and the drier the skin, the more itchy and irritated the skin will be.

### Here are some tips:

- Bathe daily. Use lukewarm water, 10 minutes or less.
- Use a small amount of mild soap. Choose one that is fragrance free. A liquid or bar is fine. Some that are specially made to be milder include: *Dove, Cetaphil, Purpose, Cerave*
- Pat skin dry—don't rub. Be gentle; rough rubbing can irritate skin.
- Moisturize. This is best done right after bathing, when the skin is still a little wet. Moisturize as needed throughout the rest of the day.
- Choose a moisturizer without fragrance. Here are some examples: *Eucerin cream, Cetaphil cream, Cerave cream, Aquaphor ointment, Vaseline petroleum jelly ointment*
- Choose fragrance-free soaps, moisturizers, & laundry detergent. Don't use dryer sheets; they are too irritating.

Other instructions from your doctor:

### What to do in a flare:

Despite good routine care, your child's eczema may still flare. The plan below will tell you what medicines to use to get the flare under control. Don't forget—keep using good routine skin care even during a flare!

### What to use during a flare:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### USE THESE MEDICINES FOR:

If your child is not better by then, is getting worse at any time, or shows signs of infection (fever, chills, pus, or crusting), call your doctor at \_\_\_\_\_.

CALL US at \_\_\_\_\_ on: M-T-W-T-H-F

Let us know how your child is doing overall.

Next appointment: \_\_\_\_\_

### 1. NORMAL/DRY:

Normal skin, a little dry, not itching much if at all.

#### PLAN:

- Regular skin care routine; moisturize twice daily

### 2. MILD: Itchy skin with light redness.

#### PLAN:

- Regular skin care routine, but moisturize a little extra
- HYDROCORTISONE Cream: use once a day until the itching is gone (Use HYDROCORTISONE 2.5% Cream to the face and genitals.)

### 3. MODERATE: Bad itching that keeps you and/or your child awake at night or causes scratching that leaves marks.

#### PLAN:

- Regular skin care routine, but moisturize a little extra
- TRIAMCINOLONE 0.1% OINTMENT: use twice a day until the itching is gone (Use HYDROCORTISONE 2.5% Cream to the face and genitals.)

### 4. SEVERE: Skin that is PAINFUL, RED, CRUSTED, or has PUS. Your child may have a FEVER or CHILLS.

#### PLAN:

- CALL YOUR DOCTOR TO SCHEDULE AN APPOINTMENT! Your child may have an infection requiring antibiotics.



# Prescribe only “all natural” treatments

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- The words we use with patients are important
  - Never label patients “non-compliant”
- Never, ever use the word “steroid” with a mom
- Use reassuring words
  - “All natural, organic”
  - “Gluten-free”
  - “Made in a nut-free facility here in America”
  - “Complements natural healing pathways”
  - “Balance, harmony, holistic”

## Part 3: More advanced approaches

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### Humans perceive things subjectively

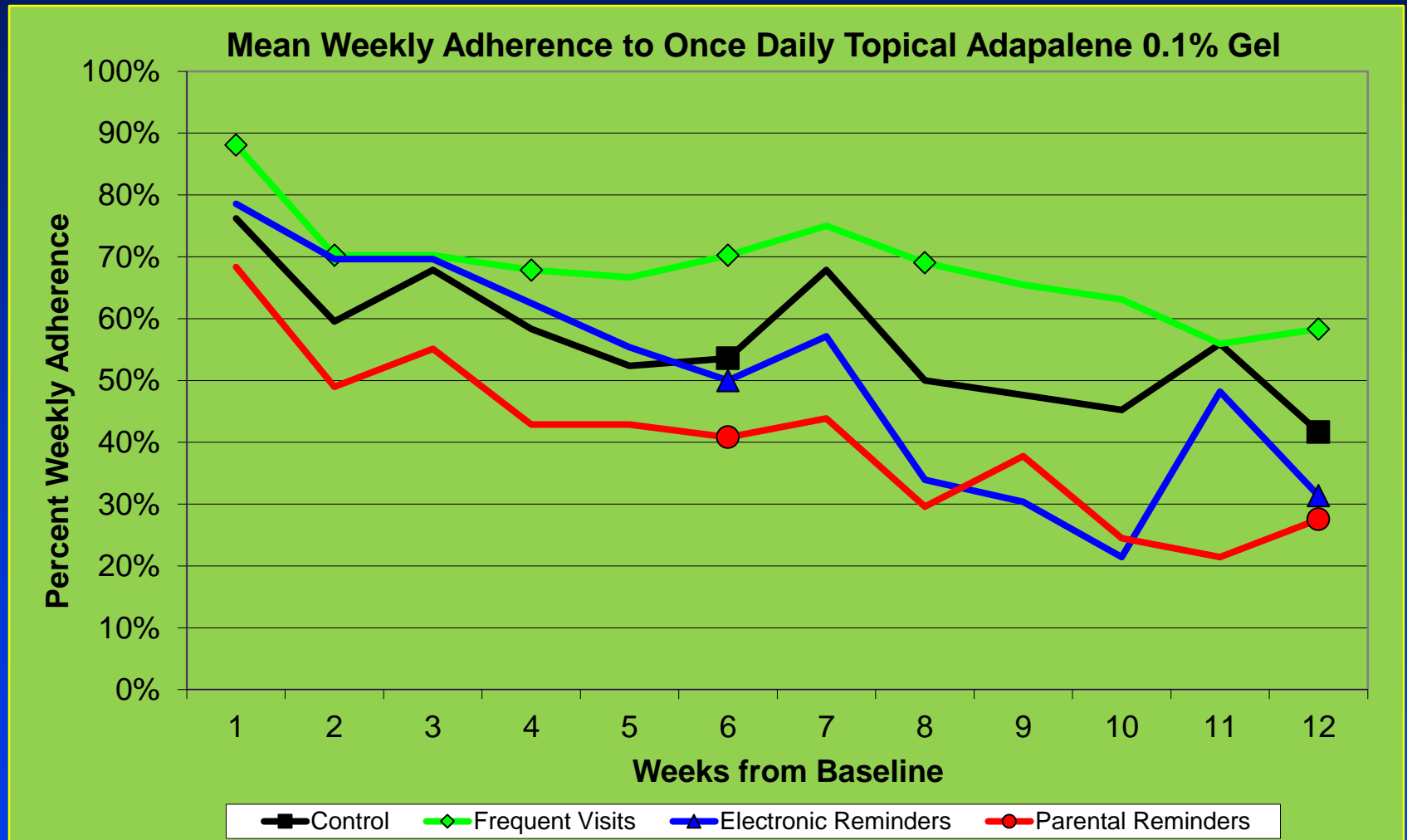
- Framing
- Anchoring
- Loss averse
- Salience
- Inertia
- Anecdote
- Dishonesty
- Structure

# Side Effects are a Mixed Bag

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- Side effects & fear of them can reduce compliance
- Side effects may also be an opportunity
- For acne patients on spironolactone
  - “This drug is a diuretic. In addition to its effect on your acne, you may also notice some weight loss.”
- For scalp psoriasis, tell patients: This may sting...
  - That’s because it is so strong.
  - The stinging is a sign that it is working
  - Most guys don’t have what it takes to use this stuff

# Reminders & Office Visits for Acne



# Teen Psychology & Communication

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- Watch out for oppositional-defiant behavior
- Do not tell teenage patients that other teenagers are non-adherent
  - Teenagers want to be like other teens
- “This is the treatment that most teenagers use for this condition”
- “Most teenagers tell me they need a reminder system. Could you text me in a few days to let me know what system you find best?”

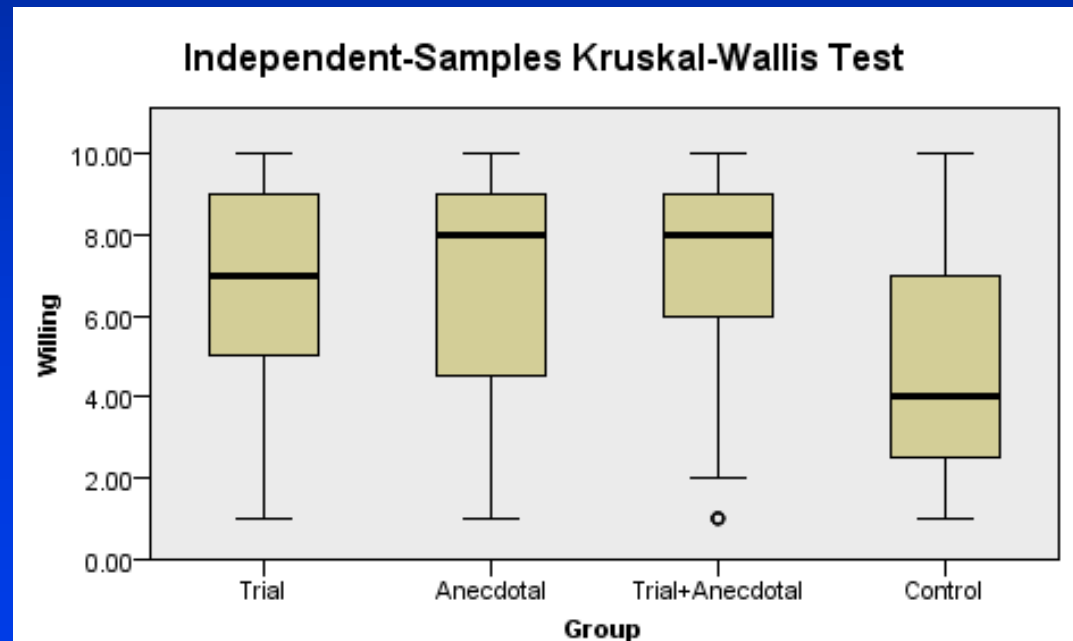
# Anecdote

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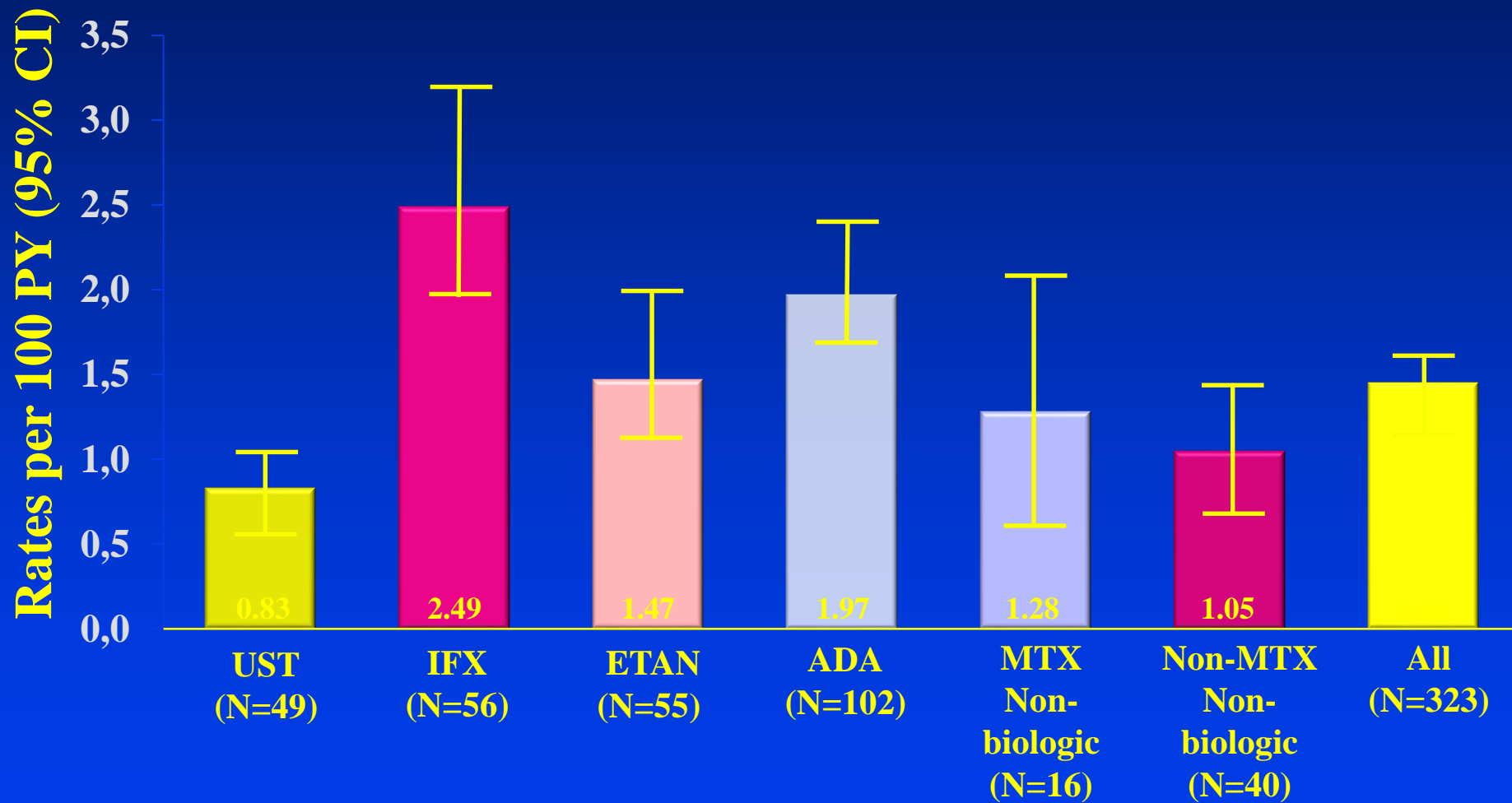
- Anecdotes are more powerful than data
  - United Airlines
    - 148 million passengers in 2017
    - People remember the one who was beaten and dragged off
- “I had a patient who did really well on drug X”
  - “She was sitting in this same chair.”
- “I put my son on this same medication”

# Testing Anecdote

- How willing would you be, on a 1 (not willing) to 10 (completely willing) scale, to take a doctor recommended treatment for your psoriasis....
- No info
- Detailed info
- One anecdote
- Detailed info + one anecdote



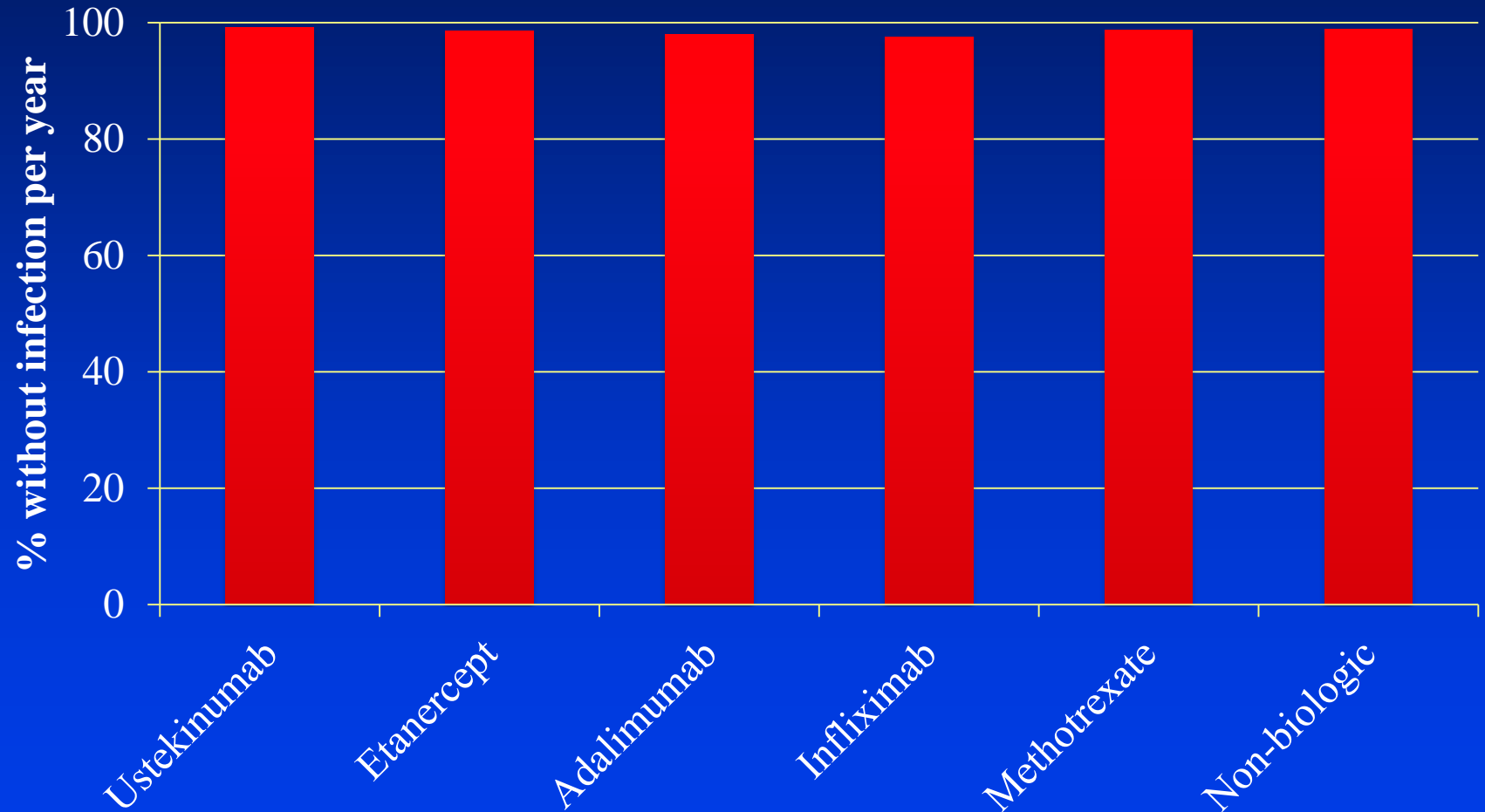
# Communicating Risk Information



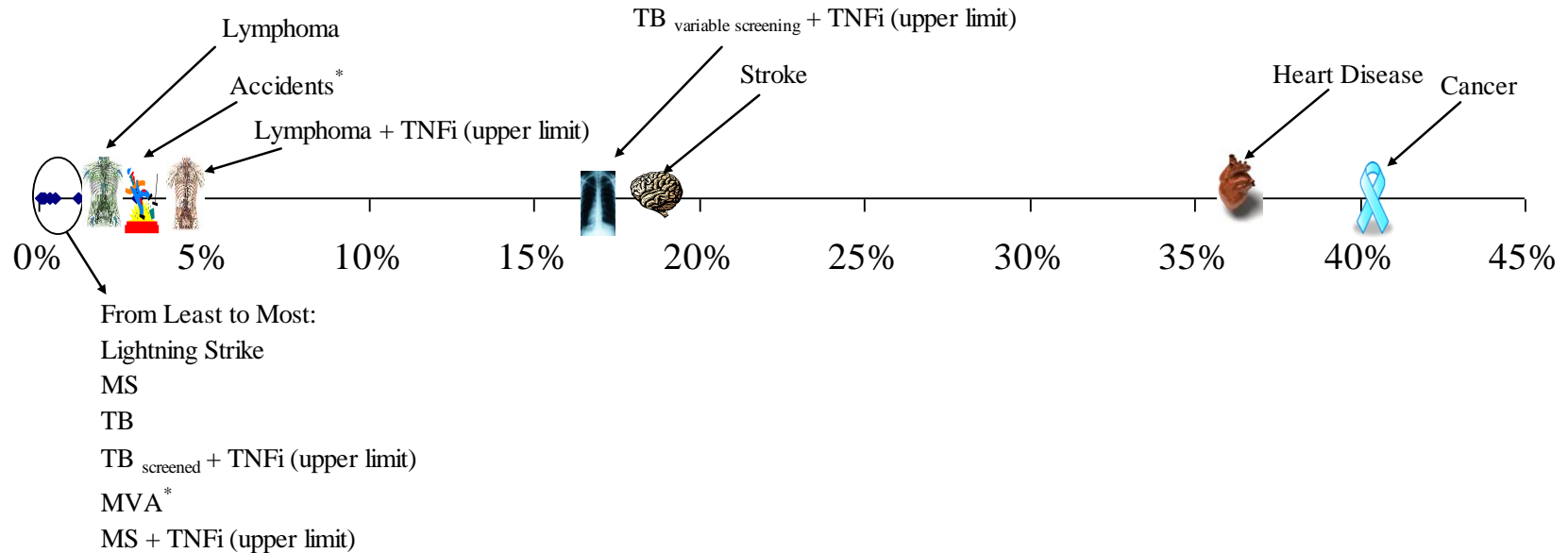
N = number of serious infections per treatment group



# Communicating Safety Information



# Use images to communicate risks in perspective



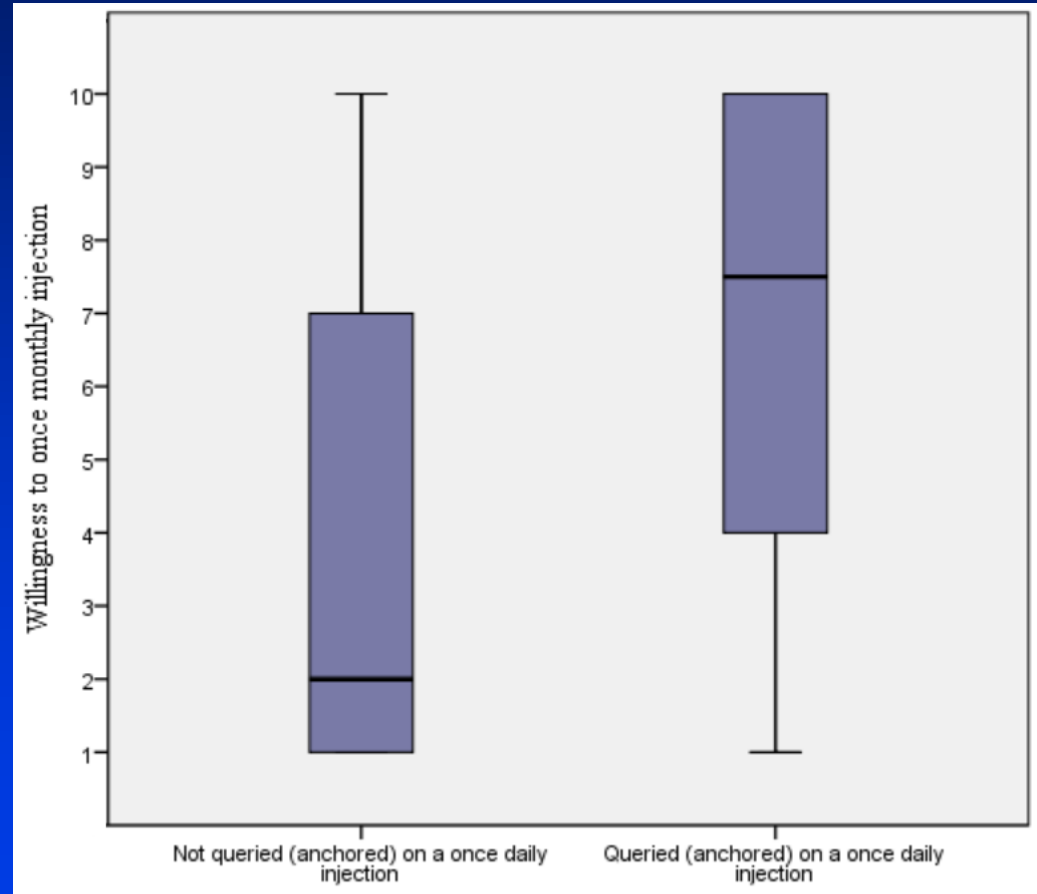
# Framing

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- A set point, even an arbitrary one, affects perceptions
- A risk that is more likely than being killed by lightning doesn't sound bad
- A risk that is less likely than a coin flip sounds terrible

# Anchoring

- How willing would you be to take a shot once a month?
- How willing would you be to take a shot once a day? Once a month?



# Loss Aversion

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- Losses make bigger impact than equivalent gains
  - Don't compare risk to benefit
  - Compare risk to risk
- Taking a statin
  - If you take this statin regularly, on average, you would live a year longer
  - If you don't take your statin regularly, on average, you would die a year sooner
- Sunscreen
  - Will keep you looking young
  - If you don't use it, you will lose the youthful look of your skin

# Having Something at Stake

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- Adherence to meeting attendance
  - You have to charge a registration fee or no one will show up
- If patients have paid a copay, they will use the medication
- On the other hand, if the copay is too high, they are less likely to fill the medication

# Saliency

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- The chance of a 8 point Richter scale earthquake in San Francisco seems more likely than an earthquake in the western half of the country
- “If you don’t use sunscreen, you may get a skin cancer” doesn’t have as much impact as “If you don’t use sunscreen, you could end up with a golf ball size skin cancer on your nose, resulting in surgery requiring removal of your nose and placement of a rubber prosthesis.

# Inertia/Default Option/Anecdote

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- Powerful force
  - Opt out vs opt in
    - Dramatically increases retirement plan participation
  - Keeps people from switching medications
- Also, too much choice isn't helpful
  - People choose the middle



# Using a Decoy Option

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- A pill that is slightly effective
- An injection that is highly effective
- A pill that is slightly effective
- An injection that is highly effective
- An injection that is moderately effective

# Motivational Interviewing

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- Help patients “self-discover”
  - Or at least give them the impression of that
- Many ways this can be used
  - What would you do to remember to take the medication?
  - Is it important to you to be there when your children graduate high school/college?
- Developed for personal interaction
  - Lends itself to web-based survey administration

# Samples

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- I am no longer able to have drug samples in our university clinic
  - Except for biologics
- Using samples
  - Helps patients know the right way to use the medicine
    - Don't teach injection with a reusable demonstration device and an orange
  - Helps get them over the fear of starting a new medicine
  - Begins to get patients in the habit

# Assessing Adherence

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- The Honest Truth About Dishonesty
  - “Try to recall the Ten Commandments”
- Also, ask indirect questions
  - “What do you do with leftover medication? Is it in a locked cabinet or in the medicine cabinet or do you throw it away?”
  - “Are you keeping the extra injectors you’ve accumulated refrigerated like you’re supposed to?”

# Conclusions

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- Learn to make the right diagnosis and prescribe the right treatment
  - That isn't enough
  - To be successful, you have to have the skill to get patients to use their medications
- Don't blame the patient
  - Take responsibility
- There are many tools at your disposal