Communication and Patient Adherence

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Conflicts/Disclosures

• 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

• Founder and part owner of Causa Research, a company dedicated to enhancing patients’ adherence to treatment.
Objectives

- **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
Components of Adherence

- Quality of Execution
- Period of Persistence
- Acceptance
- Discontinuation

Initiate treatment
Prescription given

Primary Non-Adherence

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

Secondary Non-Adherence
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Electronic/Self-Reported Adherence

Mean Daily Adherence

\[ y = -0.0009x + 0.9293 \]
\[ R^2 = 0.0561 \]

\[ y = -0.0056x + 0.7439 \]
\[ R^2 = 0.6457 \]

Slope=\~20%/5 weeks

Tachyphylaxis

Long Term Adherence in Psoriasis

Evolution over time

Percentage of patients

Study days

0 100 200 300

0 20 40 60 80 100

N  Y

17 16 13 11 10 10 10 9 9 9 9
16 16 15 15 15 15 13 11 11 11

Alinia H et al BJD 2017;176:759–764
Efficacy of Topicals when Psoriasis Patients Failed Topicals

Adherence to Biologics

Atopic Dermatitis Adherence is Miserable

\[ y = -0.0013x + 0.3783 \]

\( R^2 = 0.0294 \)

Topical Steroid for AD Patients Who “Failed” Topical Steroids

Acne Adherence

Adherence to BPO 5% Gel Over Time

Part 2: Basic communication issues
# Why Are Patients Non-Adherent

<table>
<thead>
<tr>
<th>Poor motivation</th>
<th>The patient may not be particularly bothered.</th>
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<tbody>
<tr>
<td>Secondary gain</td>
<td>Seeking disability or other gain</td>
</tr>
<tr>
<td>Lack of trust in doctor</td>
<td>Physician-patient relationship is the foundation</td>
</tr>
<tr>
<td>Fear of medication</td>
<td>Founded or unfounded fear of treatment.</td>
</tr>
<tr>
<td>Don’t know what to do</td>
<td>Patients may not remember oral instructions</td>
</tr>
<tr>
<td>Burden of treatment</td>
<td>Sometimes the tx is worse than the disease!</td>
</tr>
<tr>
<td>Perceived burden</td>
<td>Sometimes tx seems worse than the disease.</td>
</tr>
<tr>
<td>Passing responsibility</td>
<td>Multiple caregivers may not take responsibility</td>
</tr>
<tr>
<td>Forgetfulness</td>
<td>“Pavlov’s dog” problem</td>
</tr>
<tr>
<td>Laziness</td>
<td>No energy to follow treatment.</td>
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<tr>
<td>Resignation</td>
<td>Some patients have just given up</td>
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Doctors are lousy at addressing adherence  
It’s largely a problem of communication
**Foundation: Trust and Accountability**

- Employing anchoring techniques
- Recognizing probability bias
- Providing salient descriptions
- Understanding loss aversion
- Framing risks of adverse effects
- Using adverse effects to advantage
- Rewarding and praising children

**Basics: Complexity, Cost, and Instructions**

- Reduce treatment burden
- Written instructions
- Triggers
- Steroid phobia

**Advanced: Psychological Techniques**

- The physician-patient relationship
- Follow up

___

*Lewis DJ, Feldman SR. Practical Ways to Improve Patient Adherence, 2017*
Getting Feedback From Patients

You have selected Dr. Andrea 0 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?

[Rating options from 0 to 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).

[Comment box]

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.

advocacy relations  |  for doctors  |  for businesses  |  for researchers  |  for media

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Traits Patients Don’t Like

- 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

<table>
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<th>Age</th>
<th>Correlation to Patient Satisfaction</th>
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<tbody>
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</table>

Patients Want Caring Doctors

- Strive to be perceived as caring

It’s Not Just the Doctor’s Words or Behavior

- 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
What does this context suggest?

- Payment due at time of service
- Fee for returned checks

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.
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

• 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
“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

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

  – Great recital, because the kids are practicing

  – No weekly lessons – miserable (execrable) recital
Adding a One Week Return Visit Helps

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

Communication Doesn’t Need a Visit

• 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

- 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

The Impact of Weekly Internet Surveys on Adherence Over Time

Mean Percent Adherence vs. Week

Long Term Accountability In Psoriasis

![Diagram showing comparison between control and intervention groups.](image)

*Alinia H et al BJD 2017;176:759–764*
Curse of Knowledge

- 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.

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<thead>
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<td>Duration of treatment</td>
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<td>35</td>
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<td>Daily applications by number</td>
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<td>71</td>
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<td>Application dose by quantity</td>
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<td>Fully satisfied with consultation</td>
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<td>47</td>
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<tr>
<td>Worried about adverse effects</td>
<td>8</td>
<td>47</td>
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Patients Who Know More Than You

• 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

Prescribe only “all natural” treatments

• 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

Humans perceive things subjectively

- Framing
- Anchoring
- Loss averse
- Salience
- Inertia
- Anecdote
- Dishonesty
- Structure
Side Effects are a Mixed Bag

• 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

Mean Weekly Adherence to Once Daily Topical Adapalene 0.1% Gel

Weeks from Baseline

Percent Weekly Adherence

- Control
- Frequent Visits
- Electronic Reminders
- Parental Reminders

Yentzer B et al. JAAD 2011;64:793-5
Teen Psychology & Communication

• 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?

Lewis DJ, Feldman SR. Practical Ways to Improve Patient Adherence, 2017
Anecdote

- 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

Rates per 100 PY (95% CI)

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<th>Treatment</th>
<th>Rate</th>
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<td>ADA</td>
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<td>MTX Non-biologic</td>
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<tr>
<td>All</td>
<td>1.45</td>
<td>323</td>
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N = number of serious infections per treatment group

Communicating Safety Information

% without infection per year

- Uslekinumab
- Etanercept
- Adalimumab
- Infliximab
- Methotrexate
- Non-biologic

Use images to communicate risks in perspective

From Least to Most:
- Lightning Strike
- MS
- TB
- TB screened + TNFi (upper limit)
- MVA
- MS + TNFi (upper limit)
- Accidents
- Lymphoma
- Lymphoma + TNFi (upper limit)
- TB variable screening + TNFi (upper limit)
- Stroke
- Heart Disease
- Cancer

Cancer
Heart Disease
Stroke
TB
variable screening
+ TNFi (upper limit)
Framing

• 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

- 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

Ariely D. Predictably Irrational
Having Something at Stake

• 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

• 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

• 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

*Thaler & Sunstein: Nudge: Improving Decisions About Health, Wealth, and Happiness*
Using a Decoy Option

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

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

• 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

• 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

• 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

• 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