Adherence as a Social Determinant of Health

Christian Klepper, PsyD, LP
Faculty Trainer
Mid-America MHTTC





What is adherence?

"the extent to which a patient's behavior corresponds with the prescribed medication dosing regime"

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Economic Stability

- Employment
- Food Insecurity
- Housing Instability
- Poverty

Education Access and Quality

- Early Childhood Education and Development
- Enrollment in Higher Education
- High School Graduation
- Language and Literacy

Social and Community Context

- Civic Participation
- Discrimination
- Incarceration
- Social Cohesion

Health Care Access and Quality

- Access to Health Care
- Access to Primary Care
- Health Literacy

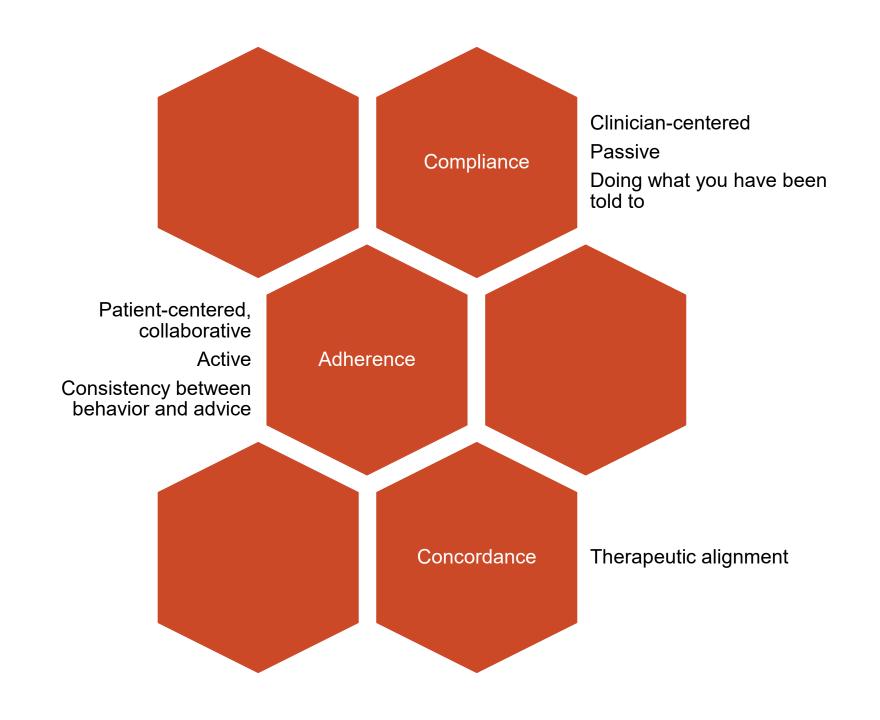
Neighborhood and Built Environment

- Access to Foods that Support Healthy Eating Patterns
- Crime and Violence
- Environmental Conditions
- Quality of Housing

Adherence is...

"the extent to which a person's behaviour – taking medication, following a diet, and/or

executing lifestyle changes – corresponds with agreed recommendations from a health care provider."

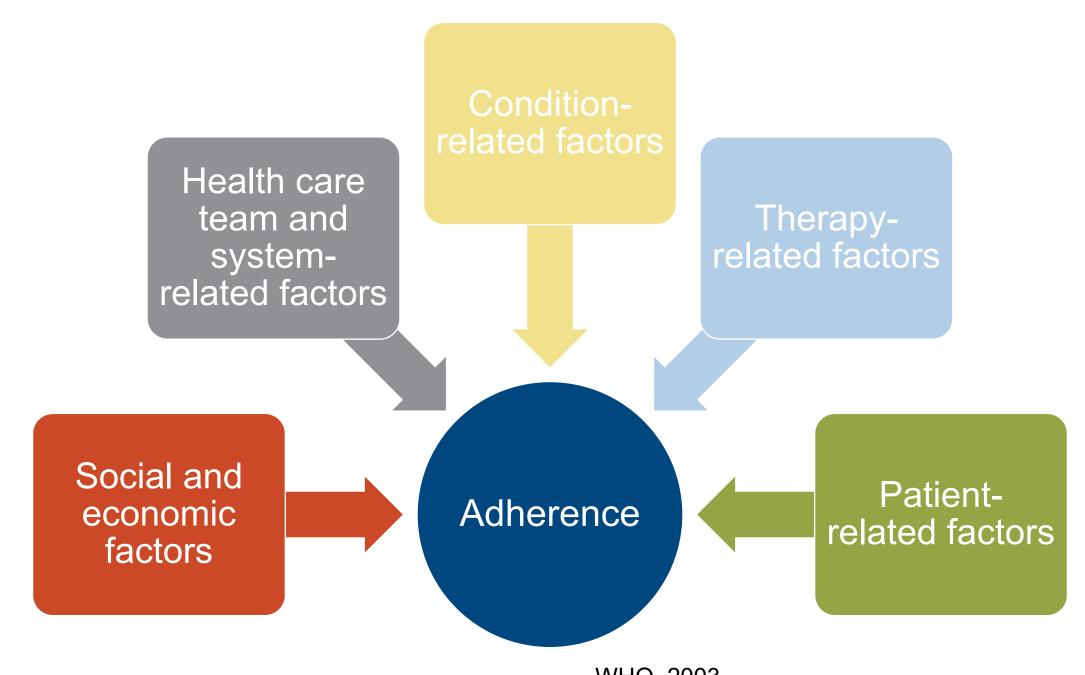


Nonadherence

20-30% of prescriptions are never filled

Patients do not continue treatment as prescribed 50% of the time

ADHD: half to two thirds of youth discontinue treatment within one year



Factor	Examples
Socioeconomic	Poverty, illiteracy, unemployment, lack of social support networks, unstable living conditions, greater distance from treatment centers, higher out-of-pocket cost of medications and care, lack of transportation, cultural beliefs reflecting mistrust in the health care system, family dysfunction, patient demographic characteristics, levels of education, and literacy.
Health care system	Lack of patient engagement skills of health care professionals, little focus on team-based care, and lack of adherence monitoring.
Medical condition	Multiple health conditions, depression, and the simultaneous use of multiple drugs to treat a single ailment or condition (polypharmacy).
Therapy-related	Side effects, complexity of the medical regimen, long duration of regimen, and frequent changes to regime.
Patient-related	Visual, hearing, cognitive, mobility, and swallowing impairments; difficulty filling prescriptions (due to few resources or literacy); lack of knowledge or understanding about the disease or need for the prescribed medication; expectations about and perceived benefits of treatment; ability and motivation to follow a medical regimen; frustration; anxiety; and substance or alcohol abuse.

Examples
Cost, lack of/insufficient insurance Lack of social support Access to care and resources Cultural beliefs, stigma, secrecy Education, English literary Too busy, other priorities
Poor provider communication
Comorbidities (depression)
Changes in routine (related or unrelated) Complicated, variable, or time-intensive regimen
Distrust provider Beliefs about this medication or treatment – side effects Beliefs about symptoms – felt better, not a problem for the patient Alcohol or substance misuse Forgot Reduced motivation due to mental health issues

WHO, 2003; Gast & Mathes, 2019

Self-actualization

desire to become the most that one can be

Esteem

respect, self-esteem, status, recognition, strength, freedom

Love and belonging

friendship, intimacy, family, sense of connection

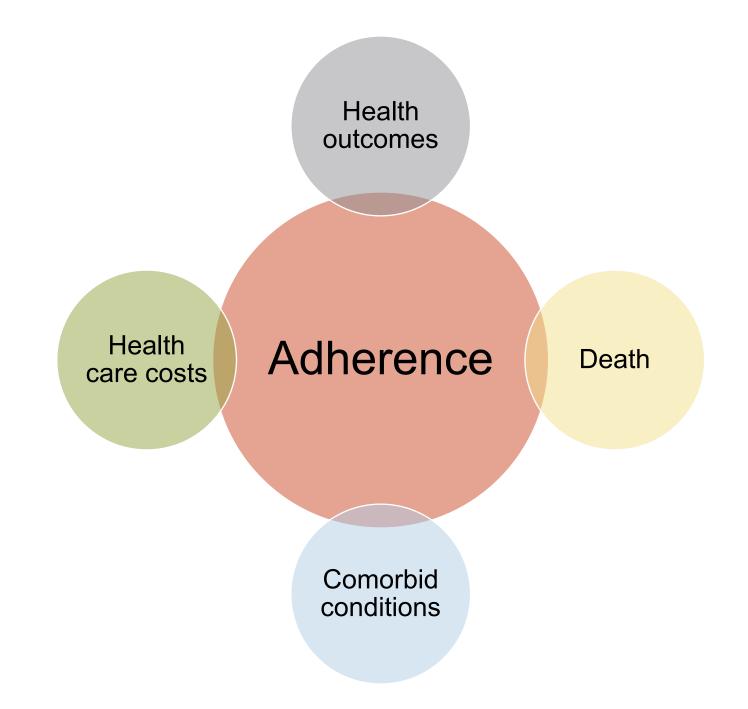
Safety needs

personal security, employment, resources, health, property

Physiological needs

air, water, food, shelter, sleep, clothing, reproduction

Maslow's hierarchy of needs



When resources are abundant...



When resources are not abundant...



Barrier to Adherence	Reason for non-adherence	Physician/health system hurdles
Health literacy	Health care systems dimension	Inadequate transmittal of information about condition and medication
Lack of medication knowledge		Inadequate transmittal of information about medication
Poor communication on doctor's part	difficition	Not applying effective communication strategies
Do not trust doctor	Patient-related dimension	Leaving patients with a lack of trust in the doctor
Concern about adverse effects, avoid side effects		Inadequate transmittal of information about medication
Belief about medication		Inadequate attention to aligning treatment with patient's beliefs
View on symptoms—felt good so did not take medication		Not adequately educating patients about need for treatment of asymptomatic disease
Alcohol/substance misuse		Inadequate effort to address patient's substance abuse
Forgot		Inadequate reminder systems put in place
Depression leading to reduced motivation		Inadequate effort to address depression
Cost and lack of insurance coverage	Social and	Prescribing unaffordable medications
Lack of caregiver	economic dimension	Inadequate attention to patient's support
Secrecy/stigma	difficient	Inadequate attention to patient's beliefs about their condition
Access to health care and resources		Inadequate provision of service at patient's location
Cultural beliefs		Inadequate attention to aligning treatment with patient's cultural beliefs
Busy, competing priorities		Failure to consider patient's schedule when prescribing medication
Education level		Inadequate transmittal of information about condition and medication
Change to routine	Therapy-related	Failure to consider patient's schedule when prescribing medication
Pill burden, drug regimen too much	dimension	Failure to simplify amount of medications and/or dosing frequency

WHO's take home messages about adherence (2003)

Nonadherence is

- Worldwide problem
- Influenced by several factors

Adherence is

- Important modifier of health system effectiveness
- Dynamic process that needs to be followed up
- Enhances patients' safety

Nonadherence leads to

- Poor health outcomes
- Increased health care costs
- Impact grows as the burden of chronic disease grows

To address nonadherence,

- Effective adherence interventions
- Evolving health systems
- Support, not blame, patients
- Patient-tailored interventions
- Train health professionals
- Involve family, community, and patients' organizations

Assessment & Intervention

AAFP's Framework to Address SDOH

ASK

About SDOH

IDENTIFY

 Resources in patients' communities that can help address SDOH

ACT

 To help connect patients with resources to address patients' SDOH



	Weblials			
Factor	Examples			
Socioeconomic	Poverty, illiteracy How do greater distance of transportation patient demonstrate the results of social support attworks, unstable living conditions, enters, higher out-of-pocket cost of medications and care, lack of transportation, these levels of education, and literacy.			
Health care system	Lack of patients? health care professionals, little focus on team-based care, and lack of adhe patients?			
Medical condition	Multiple health cond to ression, and the simultaneous use of multiple drugs to treat a single ailment or condition (polypharmacy).			
Therapy-related Steeffects, complexity of the medical regimen, long duration of regimen, and frequent changes				
	that we will be with the disease of literacy); lack of knowledge or understanding about the disease or need for a medication; expectations about and perceived benefits of treatment; ability and follow a medical regimen; frustration; anxiety; and substance or alcohol abuse.			

Screening

Depression screening

Chart review & historical adherence

Assessing adherence

- Direct/objective measures
- Indirect measures
 - Subjective verbal self-report, questionnaires
 - Objective

Z-Codes

Z55	Problems related to education and literacy	Z71	Persons encountering health services for other counseling and medical advice, not elsewhere classified
	.0 Illiteracy and low-level literacy		.2 Person consulting for explanation of examination or test findings
Z56	Problems related to employment and unemployment		.3 Dietary counseling and surveillance
	.0 Unemployment, unspecified		.4 Alcohol abuse counseling and surveillance
Z 59	Problems related to housing and economic circumstance		.5 Drug abuse counseling and surveillance
	.0 Homelessness		.6 Tobacco abuse counseling
	.1 Inadequate housing	Z 91	Personal risk factors, not elsewhere classified
	.4 Lack of adequate food and safe drinking water		.1 Patient's noncompliance with medical treatment and regimen
	.5 Extreme poverty		.11 Patient's noncompliance with dietary regime
	.6 Low income		.12 Patient's intentional underdosing of medication regimen
	.7 Insufficient social insurance and welfare support		.120 due to financial hardship
Z62	Problems related to upbringing		.128 for other reason
	.0 Inadequate parental supervision and control		.13 Patient's unintentional underdosing of medication regimen
Z63	Other problems related to primary support group, including family circumstances		.130 due to age-related disability
	.6 Dependent relative needing care at home		.138 for other reason
	.7 Other stressful life events affecting family and household		.14 Patient's other noncompliance with medication regimen
	.72 Alcoholism and drug addiction in family		.19 Patient's noncompliance with other medical treatment and regimen









Case Study

- Mother Claudia
- Father Patrick
- · Grandmother Ivonne
- Daughter Tyler (age 16)
- Son Elliot (age 13)
- Daughter Edith (age 2)



Medical Therapy-Socioeconomic Health care Patient-related condition system factors factors related factors factors factors

Socioeconomic factors

Low literacy and health literacy (grandma) Lack of transportation (have a van; only 2 adults can use it)

Mistrust of health care system (father) Ethnic minority status (Latinos)

Disability (grandma-disability due to a stroke)

Income (2 employed adults and 4 unemployed household members)

Insurance (grandma is not covered)

Age (young children and aging grandma)

Health care system factors

Therapy-related factors

Medical condition factors

Patient-related factors

Chronic, congenital condition (son) Alcohol or substance misuse (possible for dad, history of DUI) Mental health issues (mom-anxiety, daughterdepression)

Increasing adherence

Measure and monitor adherence

 Electronic monitoring rather than retrospective verbal report

Team-based engagement

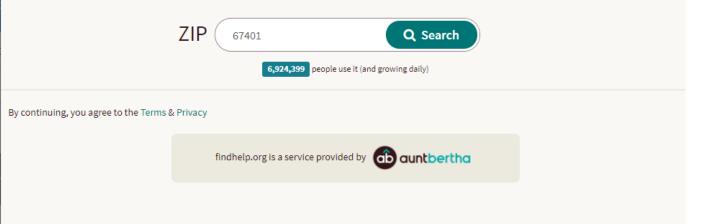
- Reduce fragmentation & silos
- Patient portals for e-visits, clinical reminders, and medication education

Reduce health disparities

Interventions

- Use the teach-back method
- Ensure patients who speak languages other than English have access to appropriate services
 - Access to interpreters and translators
- Connect patients and families with social work and community organizations

Find **food assistance**, **help paying bills**, and other free or reduced cost programs, including new programs for the COVID-19 pandemic:



How to use Aunt Bertha



☑ Support Sign Up

Log In

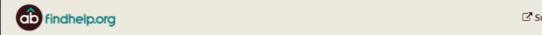
Find **food assistance**, **help paying bills**, and other free or reduced cost programs, including new programs for the COVID-19 pandemic:



Enter your zip code

By continuing, you agree to the Terms & Privacy

findhelp.org is a service provided by auntbertha



Find **food assistance, help paying bills,** and othe reduced cost programs, including new programs COVID-19 pandemic:

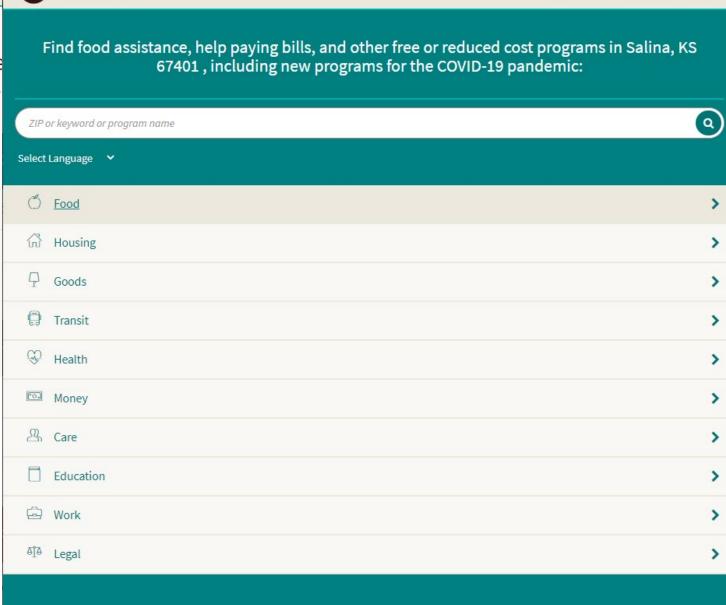
ab findhelp.org



By continuing, you agree to the Terms & Privacy

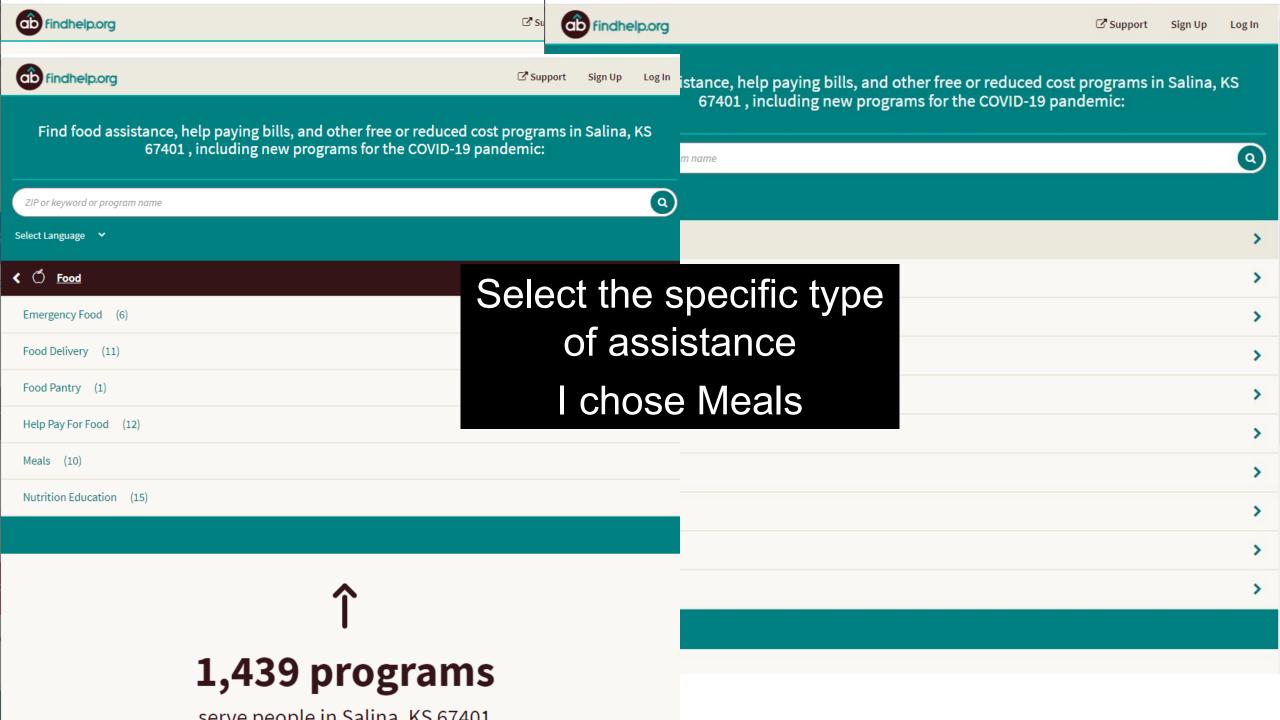


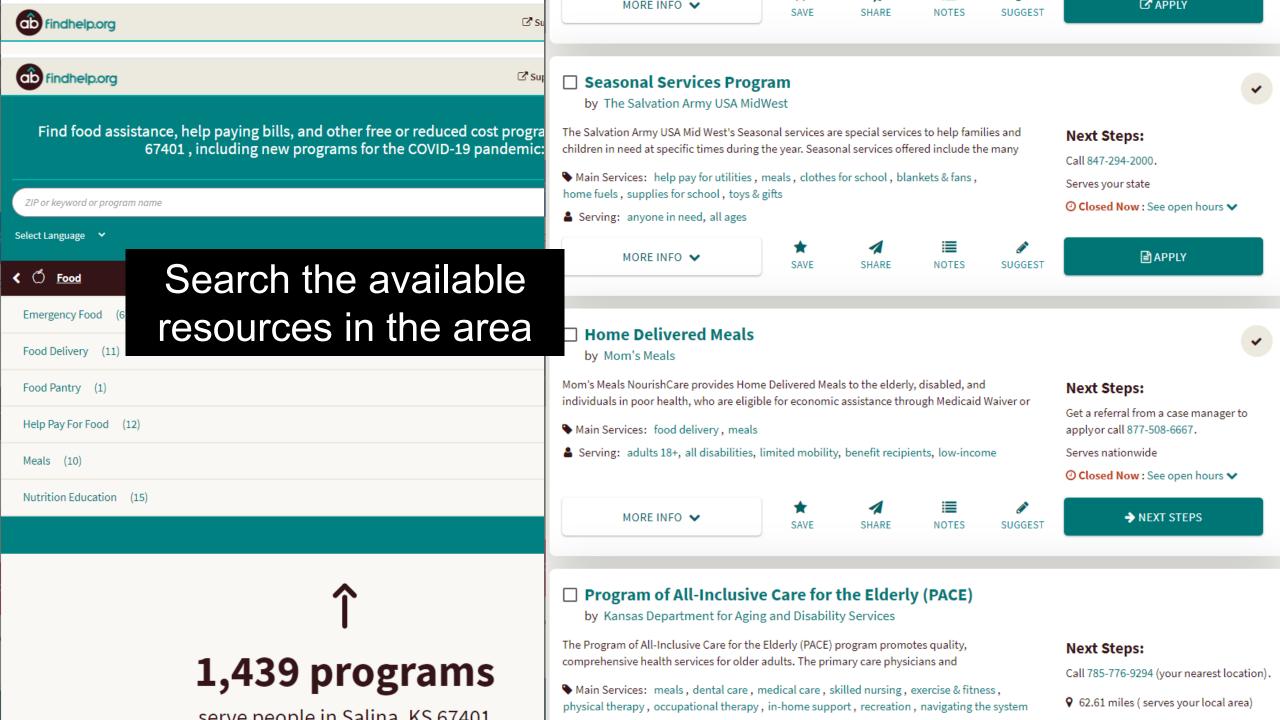
Choose the category of assistance
I chose Food

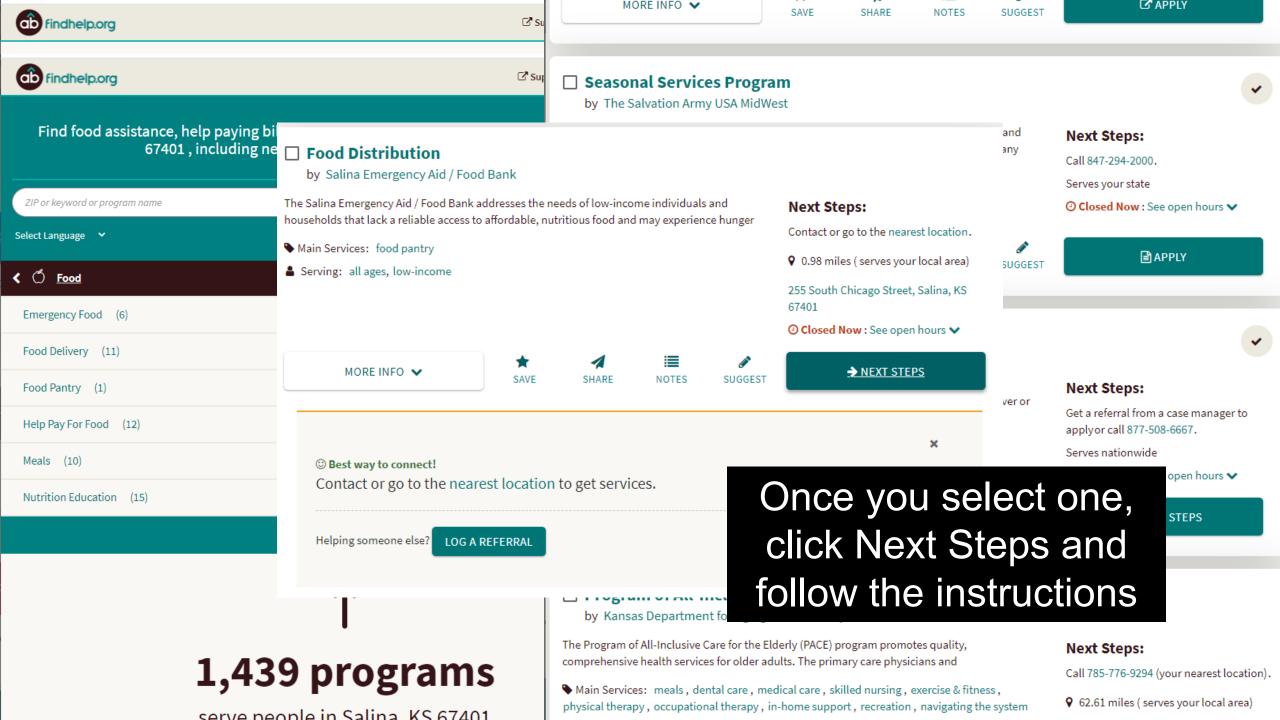


Support

Log In







How to be adherent



Knowledge – know what the instructions are



Motivation – understand the importance, desire to please provider



Ability – physical, mental, emotional



Contextual factors – time, finances

Resources – Teach Back

This is an excerpt from the full AHRQ Health Literacy Universal Precautions Toolkit, Second Edition, available at http://www.ahrq.gov/literacy.

Use the Teach-Back Method

Tool 5

Overview

Regardless of a patient's health literacy level, it is important that staff ensure that patients understand the information they have been given. The teach-back method is a way of checking understanding by asking patients to state in their own words what they need to know or do about their health. It is a way to confirm that you have explained things in a manner your patients understand. The related show-me method allows staff to confirm that patients are able to follow specific instructions (e.g., how to use an inhaler).

- The teach-back and show-me methods are valuable tools for everyone to use with each patient. These methods can help you:
 - · Improve patient understanding and adherence.
 - Decrease call backs and cancelled appointments.
 - · Improve patient satisfaction and outcomes.

Fact

Studies have shown that 40-80% of the medical information patients are told during office visits is forgotten immediately, and nearly half of the information retained is incorrect.

Use Plain Language

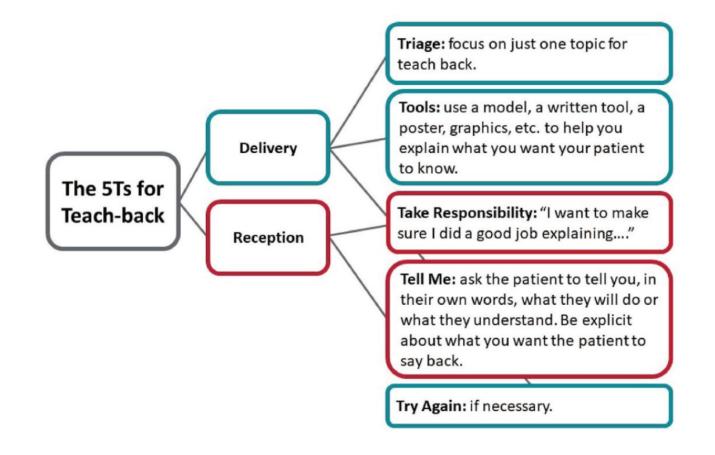
Use these words	Avoid these words
reduces swelling	anti-inflammatory
blood thinner	anticoagulant
take before meals	take on an empty stomach
take after meals	take on a full stomach
high (low) blood sugar	hyper(hypo-)glycemic
high (low) blood pressure	hyper(hypo-)tension
fats	lipids
overweight	obese
weak bone disease	osteoporosis
not cancer	benign

Use these words	Avoid these words
heart doctor	cardiologist
skin doctor	dermatologist
doctor who treats diabetes	endocrinologist
stomach doctor; doctor for digestion problems	gastroenterologist
doctor for women	gynecologist
doctor for the brain, spine, and nervous system	neurologist
cancer doctor	oncologist
eye doctor	ophthalmologist
lung doctor	pulmonologist
joint, bone, and immune system doctor	rheumatologist

https://www.ahrq.gov/patient-safety/reports/engage/interventions/teachback.html

White, 2015; David & Rhee, 1998; Wilson et al., 2005

Resources – Teach Back



Take aways

- Related to many SDOH
- Providers must address adherence anticipate potential issues
- Social and community resources are key

References

Anderson, K.M., Leister, S., De Rego, R. (2020). The 5Ts for teach back: An operational definition for teach-back training. Healio. https://journals.healio.com/doi/10.3928/24748307-20200318-01

CDC. (2017, August). Science in-brief: Strategies and emerging interventions for improving medication adherence. https://www.cdc.gov/dhdsp/pubs/docs/SIB feature Aug2017.pdf

Chan, F., Cardoso, E., & Chronister, J.A. (2009). Understanding psychosocial adjustment to chronic illness and disability: A handbook for evidence-based practitioners in rehabilitation. Springer Publishing.

Chan F., da Silva Cardoso E., Chronister J., & Hiatt E. (2013) Psychosocial adjustment. In: Gellman M.D., Turner J.R. (eds) Encyclopedia of Behavioral Medicine. New York, NY. https://doi.org/10.1007/978-1-4419-1005-9 917

Charach, A. & Fernandez, R. (2013). Enhancing ADHD medication adherence: Challenges and opportunities. *Curr Psychiatr Rep, 15*, 371.

Devine, F., Edwards, T., & Feldman, S.R. (2018). Barriers to treatment: Describing them from a different perspective. *Patient Preference and Adherence, 12*, 129-133.

Gast, A., & Mathes, T. (2019). Medication adherence influencing factors—an (updated) overview of systematic reviews. *Syst Rev, 8*, 112. https://doi.org/10.1186/s13643-019-1014-8

Livneh, H., & Antonak, R.F. (2005). Psychosocial aspects of chronic illness and disability. In F. Chan, M.J. Leahy, & J. Saunders (Eds.), Case management for rehabilitation health professionals (2nd ed., Vol. 2, pp. 3–43). Aspen Professional Services.

Smart, J. (2009). Disability, society, and the individual (2nd ed.). Pro-Ed.

Smedema, S.M., Bakken-Gillen, S.K., & Dalton, J. (2009). Psychosocial adaptation to chronic illness and disability: Models and measurement. In F. Chan, E. Da Silva Cardoso, & J.A. Chronister (Eds.), Understanding psychosocial adjustment to chronic illness and disability: A handbook for evidence-based practitioners in rehabilitation (pp. 51–73). Springer.

Use the Teach-Back Method: Tool #5. Content last reviewed September 2020. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html

White, N.D. (2014). Medicatio nonadherence in the Latino population, language barriers and considerations. *Pharmacy Review*, 9(1), 43-45.

World Health Organization. (2003). Adherence to long-term therapies: Evidence for action. World Health Organization. http://apps.who.int/medicinedocs/pdf/s4883e/s4883e.pdf.

Wright, B.A. (1983). Physical disability: A physical approach (2nd ed.). Harper and Row.

Connect With Us

JOIN OUR MAILING LIST:



FOLLOW US ON SOCIAL MEDIA:







EMAIL: midamerica@mhttcnetwork.org

WEBSITE: mhttcnetwork.org/midamerica



