

# **From Compliance To Adherence To Concordance**

## **The Purchaser Perspective: Population Management**

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## **Treatment Adherence: Defined**

“Drugs don't work in patients who don't take them.”

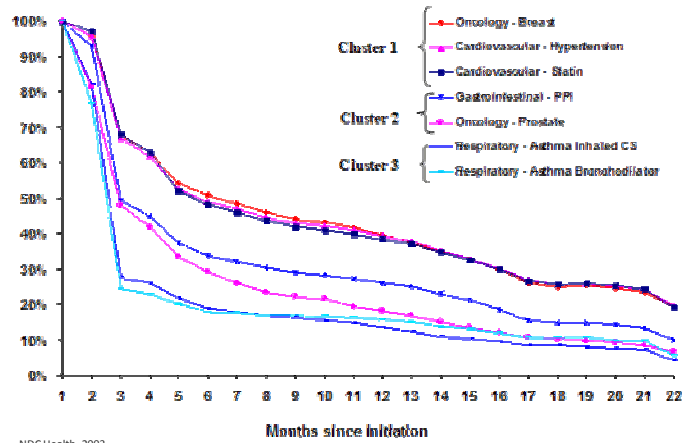
— C. Everett Koop, M.D.

Patient adherence to treatment is the degree to which patients adhere to medical advice and take medicines as directed. Adherence depends not only on patient acceptance of information about the health threat itself but also on the practitioner's ability to persuade the patient that the treatment is worthwhile and on the patient's perception of the practitioner's credibility, empathy, interest, and concern.

*Source: Management Sciences for Health and World Health Organization 1997, 428*

# The Adherence Reality

## Persistency Comparison Across Therapeutic Areas

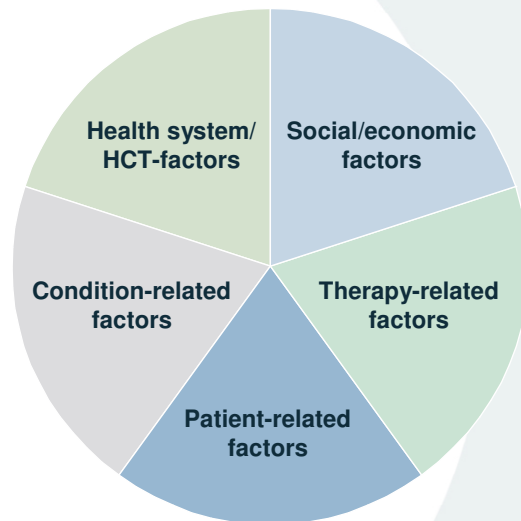


NDC Health, 2003

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# The Five Dimensions of Adherence



HCT = healthcare team

# Barriers to Adherence

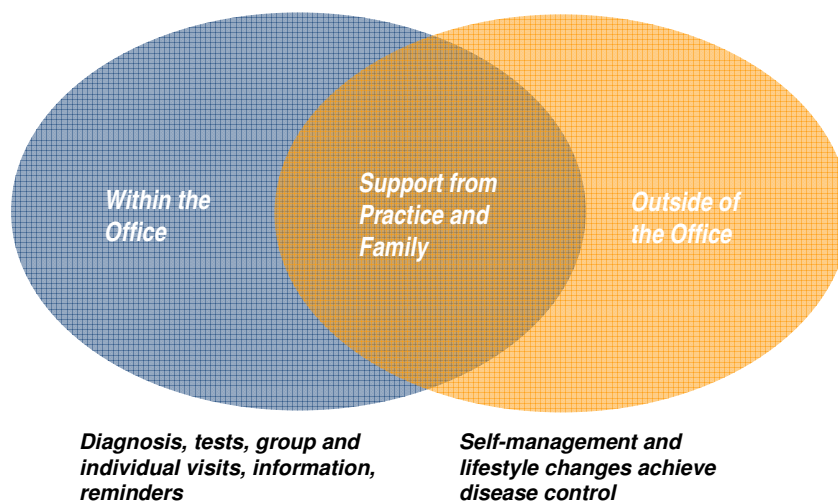
- Complexity of the regimen
- Number of medications
- Method of administration
- Testing/monitoring requirements
- Multiple prescribers
- Concerns about side effects
- Speed of treatment effect
- Forgetfulness
- Inability to understand and act on instructions
- Perceptions about the nature and severity of the illness
- Denial of illness
- Asymptomatic condition
- Lack of motivation/incentives to change behavior
- Cost
- Limited access to healthcare services
- Burdensome work schedules
- Low health literacy
- Lack of instructions from HCP
- Physician/patient relationship
- Pharmacist/patient relationship
- Discontinuation after treatment effect is felt

Source: *Enhancing Prescription Medicine Adherence: A National Action Plan*, National Council on Patient Information and Education. August 2007.

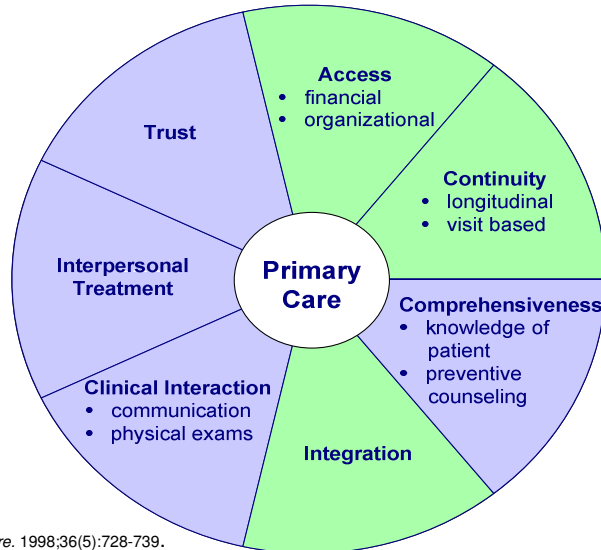
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## The Patient Experience Exists In and Out of the Physician Office Setting

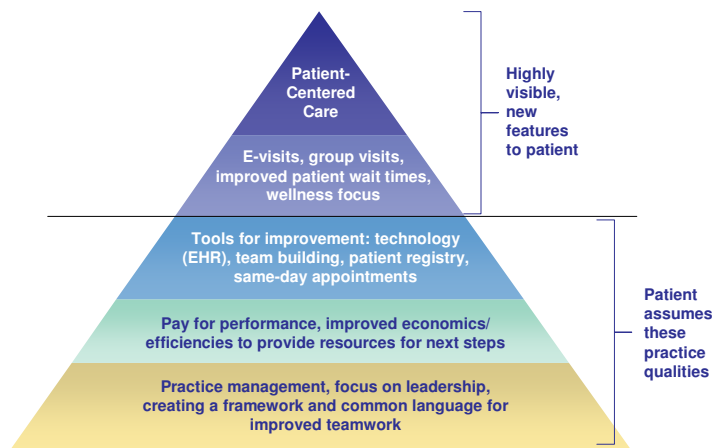


## Measuring Essential Attributes of Patient Care Experiences in Primary Care

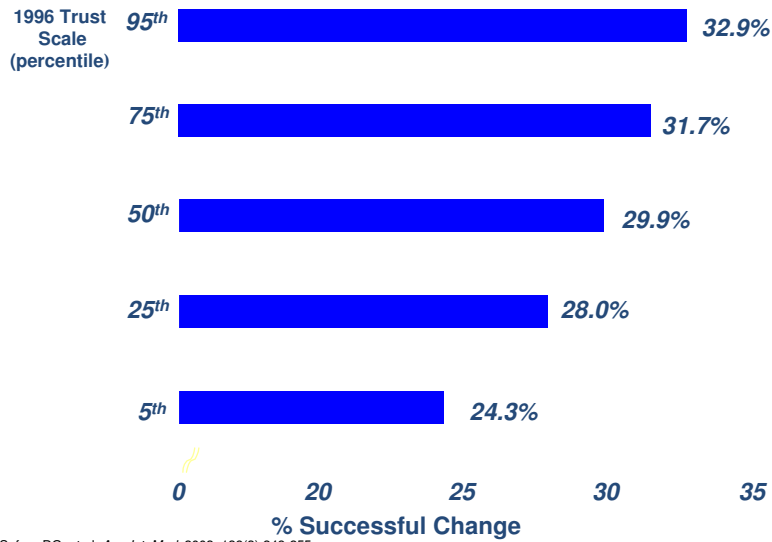


Safran DG, et al. *Med Care*. 1998;36(5):728-739.  
 Safran DG, et al. *JGIM* 2006 21(1): 13-21.

## Here's What a Patient-Centered Practice Should Look Like:



## Patient Trust as a Predictor of Adherence: Successful Behavior Change



## What Were the Critical Elements of Success?

- **Senior leadership vision and steadfast commitment**
  - “This is who we are!”
  - Discussion at regular meetings and in conversations at every level of the organization
- **Measurement**
  - Regularly reported results (MD-level, practice-level, system-level)
- **System-level changes**
  - Scheduling templates, phone scripts, prioritizing continuity
- **External momentum toward public reporting**

Communication

## Health Literacy is a Key Factor in Chronic Disease Management

**Health literacy is the ability to read, understand, and act on health care information.<sup>1</sup>**

- Health literacy affects people's ability to<sup>2</sup>:
  - Navigate the healthcare system, including filling out complex forms and locating providers and services
  - Share personal information, such as health history, with providers
  - **Engage in self-care and chronic-disease management**
  - Understand mathematical concepts such as probability and risk
- Low literacy is associated with several adverse health outcomes, including<sup>3</sup>:
  - Low health knowledge
  - **Increased incidence of chronic illness**
  - Poorer intermediate disease markers
  - Less than optimal use of preventive health services

Poor health literacy can have a negative impact on adherence

1. What is health literacy. Center for Health Care Strategies, Inc. www.chcs.org. 2. Whelton PK, et al. JAMA.2002;288:1882-1888. 3. Berkman ND, et al. *Literacy and Health Outcomes*. Agency for Healthcare Research and Quality, Department of Health and Human Services; January 2004. AHRQ Publication No. 04-E007-2.

Communication

## Indications of Limited Health Literacy

Behaviors that may suggest literacy problems

- ✓ Frequently missed appointments<sup>2</sup>
- ✓ Patient registration forms that are incomplete or inaccurately completed<sup>1,2</sup>
- ✓ Non-adherence with medication regimens<sup>1</sup>
- ✓ Patients say they are taking their medications, but laboratory tests or physiological parameters do not change in the expected fashion<sup>1</sup>
- ✓ Reluctance to take written materials along with reliance on oral explanations and demonstrations of tasks<sup>2</sup>
- ✓ Having intermediaries serve as surrogate readers<sup>2</sup>

Responses to receiving written instructions<sup>1</sup>

- ✓ "I forgot my glasses"
- ✓ "I'll read this when I get home"
- ✓ "Can you read this to me?"
- ✓ "Let me bring this home so I can discuss it with my children"

Responses to questions about medication regimens<sup>1</sup>

- ✓ Unable to name medications and explain what they're for

1. Weiss BD. *Health Literacy and Patient Safety: Help Patients Understand. Manual for Clinicians*. 2nd ed. American Medical Association Foundation and American Medical Association. 2007. 2. Baker DW et al. *Arch Fam Med*. 1996;5:329-334.

## Traditional Care vs. Collaborative Care

Issue	Traditional Care	Collaborative Care
Relationship between patient and provider	Providers are experts who tell patients what to do. Patients are passive.	Providers are experts about disease. Patients are experts about their lives.
Principal caregiver?	The provider.	Patient and provider share responsibility.
What is the goal?	Compliance with instructions. Noncompliance is a patient problem.	Patient sets goals based on information from provider. Noncompliance is a problem of strategies.

Bodenheimer T, et al. *JAMA*. 288: 2002, 2469-2475

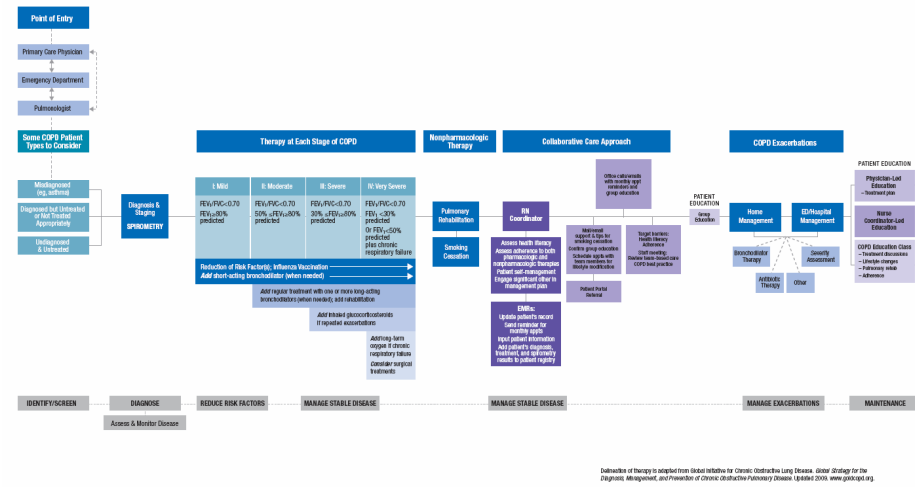
## Traditional Care vs. Collaborative Care

Issue	Traditional Care	Collaborative Care
How is behavior changed?	External motivation	Internal motivation through increased patient understanding
How are problems identified?	By the provider	By the informed patient who can recognize problems
How are problems solved?	By the provider	By the informed patient with the provider

Bodenheimer T, et al. *JAMA*. 288: 2002, 2469-2475

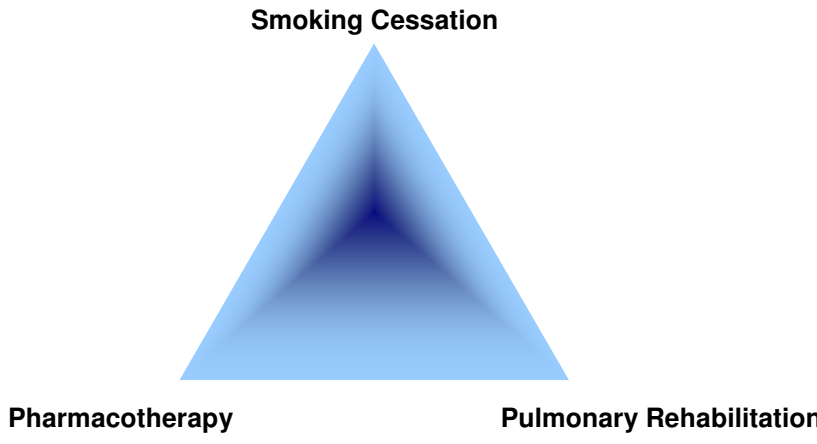
# THE PATIENT JOURNEY

The Challenges of Diagnosing and Managing Chronic Obstructive Pulmonary Disease (COPD)



Diagrams of therapy is adapted from Global Initiative for Chronic Obstructive Lung Disease. Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease. Update 2006. www.ginasthma.org

# Multimodal Approach to the Treatment of COPD



## Population Management: Meet Stan and his COPD

Stan's physician presents his case at monthly group-practice meeting



Following the presentation, several physicians report having patients with uncontrolled COPD who might benefit from some of the information Stan's physician presented.



**What other information might be relevant for the group?**  
**What steps might the practice take to improve COPD control?**



### Screening

## COPD Population Screener™ (COPD-PS)

- Simple, validated questionnaire that can help identify people age  $\geq 35$  in the general population who are at risk for COPD
- Identifies COPD symptoms and risks, as well as considers age as a screening factor
- This tool may lead to:
  - Increased awareness of COPD
  - Earlier symptom recognition
  - Use of spirometry for accurate diagnosis
- Web site
  - Available at [www.copdscreener.com](http://www.copdscreener.com)

This survey asks questions about you, your breathing and what you are able to do. To complete the survey, mark an X in the box that best describes your answer for each question below.

- During the past 4 weeks, how much of the time did you feel short of breath?
 

None of the time	A little of the time	Some of the time	Most of the time	All of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Do you ever cough up any "sputum," such as mucus or phlegm?
 

Only with occupational or household dusts	Yes, a few days a month	Yes, most days a week	Yes, every day
No, never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Please select the answer that best describes you in the past 12 months. Do you think I need to increase any breathing problems?
 

Strongly disagree	Disagree	Unsure	Agree	Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Have you smoked at least 100 cigarettes in your ENTIRE LIFE?
 

No	Yes	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- How old are you?
 

Age 35 to 49	Age 50 to 59	Age 60 to 69	Age 70+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here to score the survey: In the spaces below, write the number that is next to your answer for each of the questions. Add the numbers to get the total score. The total score can range from 0 to 10.

41	42	43	44	45	TOTAL SCORE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If your total score is 5 or more, your breathing problems may be caused by chronic obstructive pulmonary disease (COPD). COPD is often referred to as chronic bronchitis and/or emphysema and is a serious lung disease that often gets worse over time. While COPD cannot be cured, it can be treated.

Please share the completed survey with your doctor. The higher your score, the more likely you are to have COPD. Your doctor can help evaluate your breathing problems by performing a simple breathing test, also known as spirometry.

If your total score is between 0 and 4, and you experience problems with your breathing, please share this survey with your doctor. Your doctor can help evaluate any type of breathing problem.

## Patient Dashboard: A Management Tool for Both Patients and Physicians

### Dashboard displays key data and trends

Illustrates patient's current status and activity over time

Example: Stan's improvement in spirometry over 6 weeks

### Individual patient trends can be compared versus a comparative element

(eg, the group practice, region, nation, other)

### For physicians, dashboards can help to determine if they're meeting targets

Comparatives can be internal (among peers) and/or external (eg, GOLD guidelines)

Initial Visit

### Patient Profile Dashboard

Test	Data
Height/Weight/BMI	5'11"/144 lbs/20.1 kg/m <sup>2</sup> (normal weight)
Average of 3 office BP measurements	152/98 mm Hg
Diagnosis	Moderate COPD with partial reversibility Stage I hypertension
Treatment	Moderate COPD Long-acting anticholinergic medication Short-acting bronchodilator prn Stage I Hypertension Thiazide diuretic (25 mg qd) for antihypertensive therapy

## Consider the patient population, look beyond the individual patient

### Patient Registry

- No. of patients with COPD
- No. receiving pharmacotherapy
  - Delineated according to number of medications
- No. of non-adherent patients
- No. of patients with uncontrolled COPD/No. of patients achieving GOLD guidelines

### Group Visits

- Shared medical visit
- Include spouses/partners and caregivers for reinforcement of messages on adherence and lifestyle modifications
- Continue at defined intervals for engaged patients as an educational/information forum

**Are there opportunities to expand care offerings?**

## Adherence is Not Solely a Patient Problem

### Adherence a critical issue for COPD care

“Extent to which a patient’s behavior (in terms of taking medication, following a diet, modifying habits, or attending clinics) coincides with medical or health advice”

Terminology is “intended to be non-judgmental, a statement of fact rather than of blame of the prescriber, patient, or treatment”

Synonyms:  
Compliance  
Concordance

McDonald HP, et al. JAMA. 2002;288:2868-2879.

## Summary

- **Purchasers want to pay for value delivery:**
  - **Quality improvement divided by cost reduction**
- **Quality improvement cannot happen without excellent patient adherence**
- **Adherence is achieved through concordance**
- **Concordance is maximized by:**
  - **improving the patient experience**
  - **raising health literacy**
  - **managing populations and disease states**
  - **improving the care system including what happens in the community setting**