ACEing Adherence in Diabetes Care

Jerry Meece, RPh, CDE, FACA, FAADE
Plaza Pharmacy and Wellness Center
Gainesville, Texas
jmece12@cooke.net
November 17th, 2015
Assessing and Increasing Adherence

Creating Productive Conversations

Explaining the Complexities of Diabetes in a Meaningful Manner
Learning Objectives

• List three barriers to adherence in the areas of nutrition, physical activity, medication taking, and self-monitoring

• List four ways to assess and increase adherence concerning nutrition, physical activity, medication taking, and self-monitoring

• Identify three components of motivational interviewing

• Give three examples of using analogies to explain complex terms associated with diabetes self-management
Ancient Greek Medicine’s
Three Legged Stool

- Knife
- Herb
- Word
“Drugs Don’t Work In People That Don’t Take Them.”

C. Everett Koop, M.D.
How are we doing?

• 16-18% of people with diabetes are in control of lipids, blood glucose and blood pressure

• 23% of people with diabetes ceased self-monitoring blood glucose (SMBG) in 2010

• Patients taking five or more prescriptions were taking them wrong 50% of the time
Polling Question

The number of people who get a new prescription filled but fail to pick it up is _____%.

A. 10-12%
B. 15-18%
C. 20-25%
D. 50-60%
How Are We Doing?

- **20-25%** of people who get a new prescription fail to get it filled

- **50%** of people on a chronic medication stop taking it within a year (example—statin therapy)

- World Health Organization reports medication adherence rates in U.S. at around **50%**
Cost of Adherence

• $317 Billion (overuse, underuse, misuse)
  • Emergency room visits
  • Hospitalizations
  • Diabetic ketoacidosis
  • Hypertensive crisis
  • Myocardial infarction
  • Stroke

• 13% decrease in hospitalizations for people who adhere to meds
State of The Meds

$106 Billion - cost of non-adherence in three areas:

• Diabetes
• Lipids
• Blood pressure/heart disease
What is Adherence?

• A *group* of behaviors

• Interactions between patient, provider and health-care system

• Being adherent is NOT the same as being compliant
What’s the Difference?

- **Compliance**: How well you do and follow what I say

- **Adherence**: How well you apply a plan that we agreed upon together

- **Persistence**: Adherence to the plan overtime
For a Person to be Adherent

- Must fully understand and comprehend the plan
- Be in full agreement with the course of action
- Be committed to the execution and what is increasingly a multi-step solution
Polling Question

The average percent of awake time a person spends in medical care is approximately 0.02%?

A. True
B. False
Why is this important?

Time in Medical Care
- 2,400 minutes
- 0.02% of time awake

Time Outside of Medical Care
- 10,512,000 minutes
- 99.98% of awake time

Piette JD. AADE Annual Conference; 2002.
Causes of Poor Adherence?
What Stands in the Way of Adherence?
From Patients’ Standpoint

- Psychological issues
- Fear of asking providers questions
- Forgetfulness in doing what was agreed upon
- Stressful life events
- Patient’s own health beliefs
- Not seeing immediate benefit of therapy
- Never understanding instructions in the first place
- Health literacy
Typical Health Encounter

- “Walk 30-45 minutes 5 days a week.”
- “We’ve got to get that A1C down.”
- “Watch your salt intake.”
- “Don’t eat anything white.”
- “Check your blood sugar 4 times a day before a meal and 2 hours after, but rotate times.”
- “You need to lose 25 pounds.”
- “Take your diabetes meds am and pm after meals, except the capsule, take it at bedtime.”
- “The pill for your lipids is to be taken at bedtime.”
- “If this doesn’t improve, we’ll have to start insulin.”
Typical Health Encounter

How much do I really need?

How much is too much?

How much will it cost?

Do I take it with food?

Adherence to recommendations

Will the side effects bother me?

What’s an A1C?

What’s a lipid?

I haven’t lost a pound in 5 years!

Where do I go to walk? My knees hurt too much!

What can I really eat?

J Meece 2007©
Analogies May Help Understanding

- “Not monitoring your blood sugar is like driving down the highway without an oil light, speedometer or gas gauge.”

- “Your blood glucose measurement is like a snapshot for a moment in time. Your A1C is like a full length movie.”

- “Your body needs insulin to burn carbohydrates cleanly for energy. If there is no insulin it burns fats and that’s like burning old car tires—messy and dangerous.”
Health System Factors

- Access to care
- Wait times
- Staff resources
- Presentation and preparation of learning and instruction materials
- Awareness of cultural and health literacy issues
- Billing procedures
- Networks
When polled after a physician visit _____% of patients completely disagreed on decisions made.

A. 5 %  
B. 10 %  
C. 21 %  
D. 50%
Provider Factors (Barriers)

- Knowledge of health literacy issues
- Lack of empathy
- Lack of positive reinforcement
- Lack of enthusiasm by HCP
- Communication skills—
  - 21% of patients completely disagree on decisions made
  - The door knob syndrome

Parkin and Skinner, 2003
Consider Financial Barriers

Do patients tell their providers when they cut-back on medication use due to cost?
Reasons Patients *Don’t* Talk with Providers about Their Medication Cost Problems

- I didn’t trust my providers enough. (8%)
- Not enough time during the visit. (24%)
- I didn’t think it was important enough. (33%)
- I felt embarrassed. (36%)
- I didn’t think they could help. (56%)
- *And…the number one reason:*

“No one ever asked me.” (61%)
What must providers do to overcome these challenges?

Communication is key!

Effective interventions

Measure medication adherence

Overcoming Barriers
Our patients have *most* of their answers within them.

It is our job to help them find them.

First Identify Barriers through Motivational Interviewing Process

What will get in the way?
  What might help you to overcome that barrier?
  What has helped in the past?

Can you think of anything else that might get in the way?
Then Problem-Solve

• Provide tools, strategies, resources, and teach skills
• Suggestions: Here is what others have done… How would that fit into your plan?
• Use “fail to complete” occasions as problem-solving rather than as failure—Think experiment
• Practice-Session-Practice
• Finally, “Can you repeat your plan to me?”
• FOLLOW-UP
Assessment of Adherence
Measuring Adherence (Scales)

Morisky Medication-Taking Adherence Scale (MMAS (4-question))

1. Do you ever forget to take your [name of health condition] medicine?
2. Do you ever have problems remembering to take your [name of health condition] medication?
3. When you feel better, do you sometimes stop taking your [name of health condition] medicine?
4. Sometimes if you feel worse when you take your [name of health condition] medicine, do you stop taking it?

Medication Possession Ratio (MPR)
- Claim based adherence estimates

Morisky, DE & DiMatteo, MR. Journal of Clinical Epidemiology 2011; 64:262-263
http://www.urac.org/MedicationAdherence/Nau
Measuring Adherence (Self Report)

My humble opinion—**not asking right questions** BETTER:
- How often in a two week period……..
- How often in a two week period do you have problems remembering …
- What problems are you having with your:
  - Nutrition plan
  - Physical activity plan
  - Blood glucose monitoring

Self Report/Physician Report
- Ask about at each visit
  - Ask the question the correct way
  - Listen for resistance

Clinical Observations---Jerry Meece, RPh, CDE, FACA, FAADE

Morisky, DE & DiMatteo, MR. Journal of Clinical Epidemiology 2011; 64:262-263
http://www.urac.org/MedicationAdherence/Nau
Strategies to Improve Adherence: Change Talk
Core Components of MI

Collaborative goal setting
• “Same side of the desk” (mentally)

Open ended questions
• “Tell me…..”
• “What” and “How”

Reflective listening
• Mirror what you’ve heard
• Repeat and use short summaries
• “It sounds like..”, “What I hear you saying is..”

Empathy
• Try to understand emotions, thoughts and values

Everyone would prefer to live a long, healthy life
Our patients are not unmotivated to manage diabetes effectively
The problem is that diabetes self-care is tough
Adherence is a major problem that we have to continually be aware of
Our patients face many obstacles to good self-care
Good conversations lead to good outcomes
"A person's real need, a most terrible need, is for someone to listen...not as a 'patient' but as a human soul."

–Carl Rogers
Comments? Questions?

My thanks for listening!

Jerry Meece, RPh,CDE,FACA,FAADE
Director of Clinical Services
Plaza Pharmacy and Wellness Center
Gainesville, Texas 76240
jmeece12@cooke.net