


**PATIENT CENTERED APPROACH
THAT FACILITATES ACCESS
AND ADHERENCE TO
MEDICATIONS**

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 - Masters in Chemistry
 - 5+ years experience teaching and as clinical pharmacists
 - Assistant Professor and Antimicrobial Stewardship pharmacist
 - Experience in retail pharmacy and P&T committees
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DISCLOSURE

Dr. Rodríguez-Escudero, faculty for this CE activity, has no relevant financial relationship(s) with ineligible companies to disclose.

LEARNING OBJECTIVES

- ✓ Define patient centered care and discuss its contribution to patient empowerment and engagement with their treatment.
- ✓ Identify resources that facilitate patients' accessibility to medications.
- ✓ List the important key aspects of patient education, including empathy and communications skills.
- ✓ Select strategies to ensure patients' adherence to medications and their treatments.

SIX DOMAINS OF HEALTHCARE QUALITY



Institute of Medicine (US) Committee on Quality of Health Care in America. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington (DC): National Academies Press (US); 2001. 2, Improving the 21st-century Health Care System. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK222265/>

Paternalism

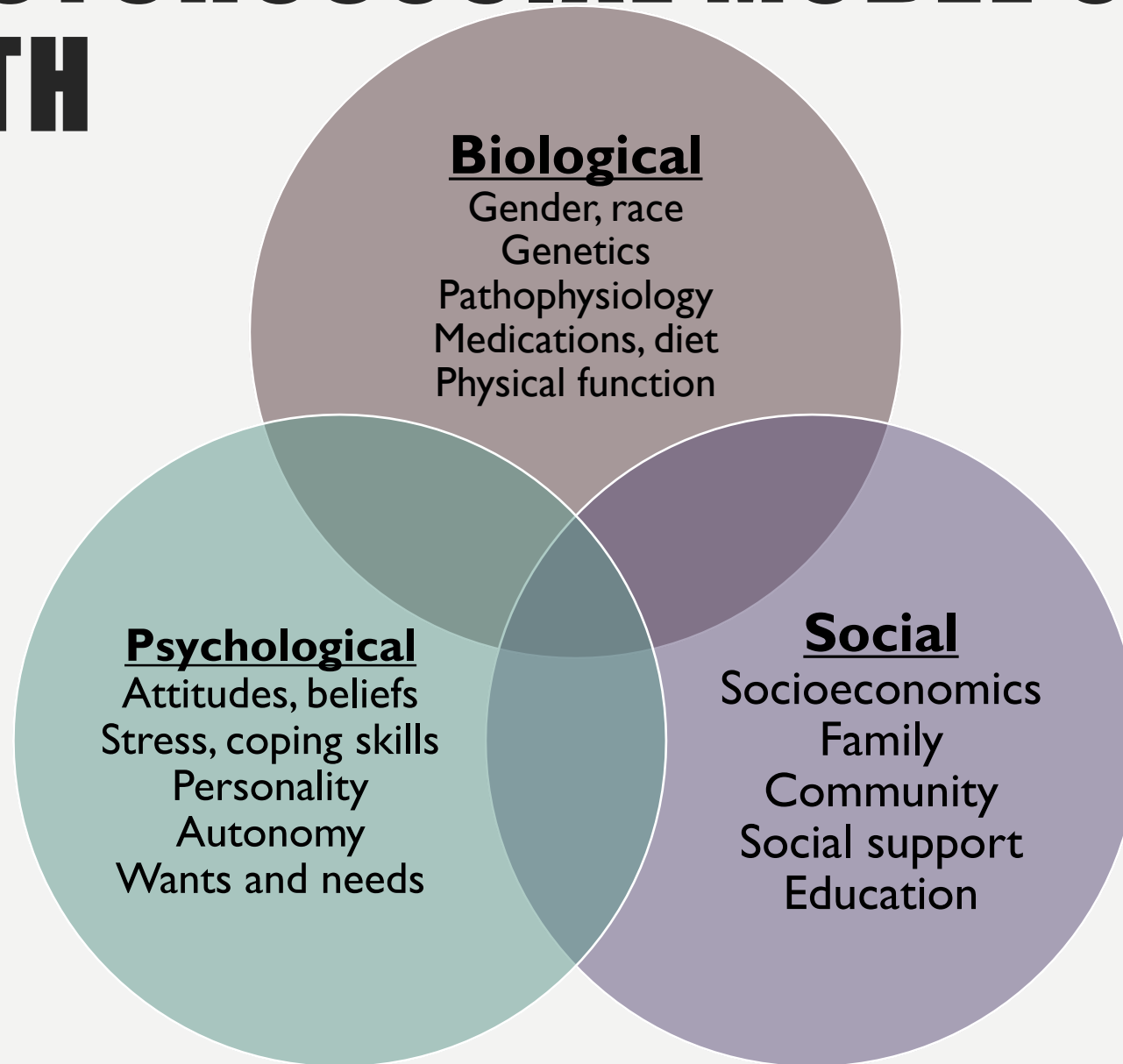
Patient/Person
Centered Care



PATIENT-CENTERED CARE

**“Care that
is respectful of
and responsive to
individual patient
preferences, needs, and
values and ensuring that
patient values guide all
clinical decisions.”**

BIOPSYCHOSOCIAL MODEL OF HEALTH



Turabian JL. Patient-centered care and biopsychosocial model. *Trends Gen Pract.* 2018;1(3):1-2.

PICKER'S EIGHT PRINCIPLES OF PATIENT- CENTERED CARE

Clear information, communication,
and support for self-care

Continuity of care and smooth
transitions

Involvement in decisions and
respect for preferences

Attention to physical and
environmental needs

Emotional support, empathy and
respect

Involvement and support for family
and caregivers

Effective treatment delivered by
trusted professionals

Fast access to reliable healthcare
advice

QUESTION

When a healthcare provider addresses a patient's anxiety over the impact of the illness, they are implementing which patient-centered care principle?

- a. Clear information, communication, and support for self-care
- b. Emotional support, empathy and respect
- c. Involvement in decisions and respect for preferences
- d. Fast access to reliable healthcare advice

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PATIENT EMPOWERMENT

“a process through which people gain greater control over decisions and actions affecting their health”

“a process in which patients understand their role, are given the knowledge and skills by their health-care provider to perform a task in an environment that recognizes community and cultural differences and encourages patient participation”

WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care. Geneva: World Health Organization; 2009. 2, Patient empowerment and health care. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK144022/>

RESEARCH: EMPOWERMENT OF PATIENTS WITH IBD

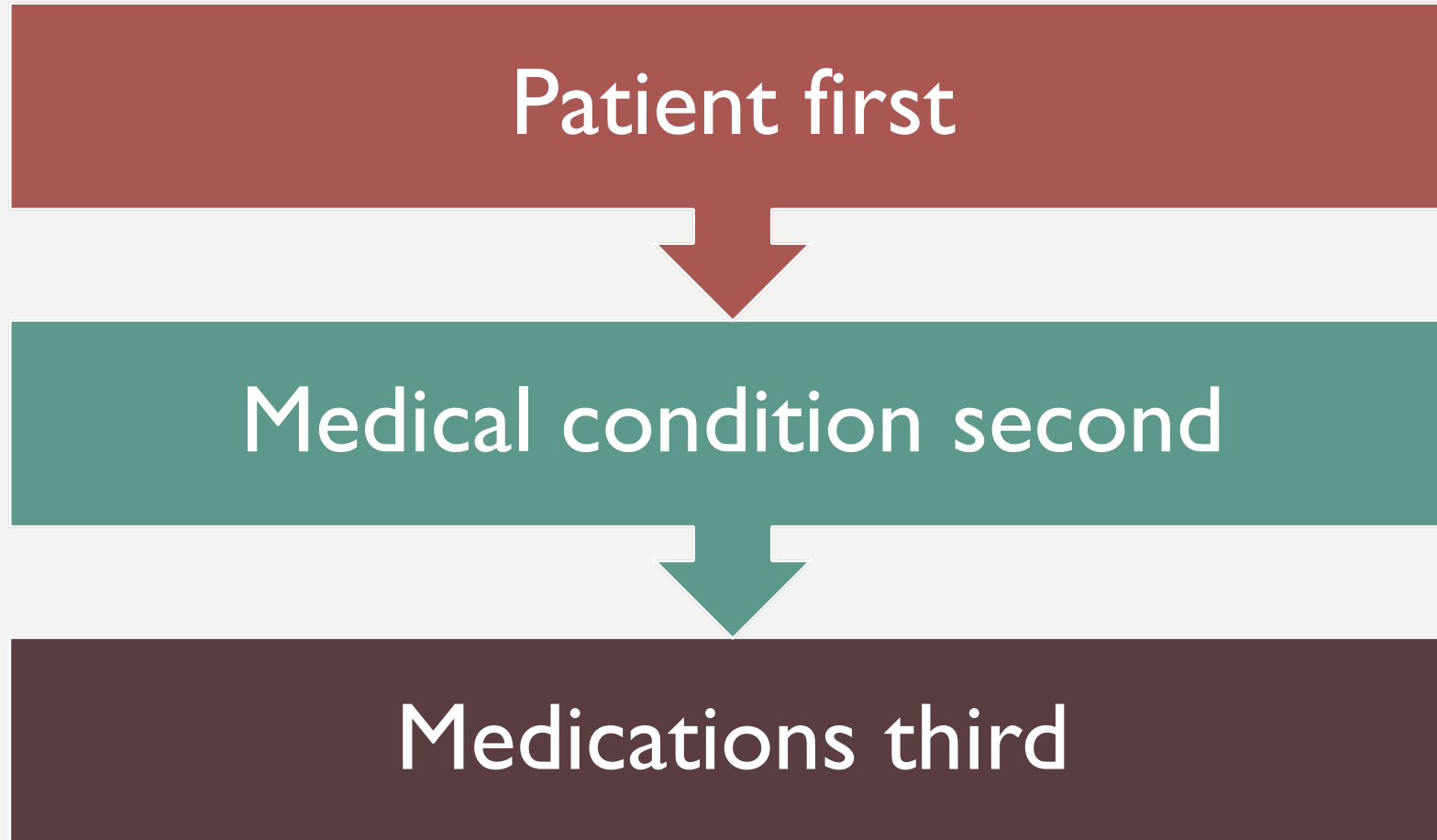
Self-care	Ability to perform self-care behaviors (diet, exercise, fol Accepting responsibility	Clear information, communication, and support for self-care
Psychological coping	Disease acceptance Distractions, Positive attitude, Stress control Compatibility of job with the disease	Emotional support, empathy and respect
Health literacy	Knowledge of disease and medications Ability to obtain information	Clear information, communication, and support for self-care
Social interactions	Ability to interact Ability to ask for support	Involvement and support for family and caregivers Access to reliable advice
Self-evaluation	Self-efficacy Self-esteem	Clear information, communication, and support for self-care
Shared decision-making*		

PATIENT-CENTERED APPROACH IN PHARMACEUTICAL CARE



Use authorized by: Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process. May 29, 2014. Available at: <https://jcphp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf>

A PROPOSED ORDER OF THINKING



UNDERSTANDING A PATIENT'S CONCEPT OF ILLNESS

- What are the patient's *ideas* about their illness?
- What are the patient's *feelings*?
- What do they *expect* from the clinician?
- What are the effects of the illness on *function*?



Compliance
Satisfaction
Quality of care

UNDERSTANDING THE PATIENT'S MEDICATION EXPERIENCE

- What is the patient's general attitude toward taking medication?
- To what extent does the patient understand her medications?
- What does the patient want/expect from her drug therapy?
- What concerns does the patient have about her drug therapy?
- Are there cultural, religious, or ethical issues that influence the patient's willingness to take medications?
- What is the patient's medication taking behavior?

MEDICATION EXPERIENCE AND DRUG THERAPY PROBLEMS

Patient's medication experience	Patient's medication-related needs	Patient's drug therapy problems
UNDERSTANDING of the medication and why it is being used and how to use it as intended	Appropriateness	1. Additional drug therapy is needed 2. Unnecessary drug therapy needs to be discontinued
EXPECTATIONS of the positive and potential negative outcomes from the medication	Effectiveness	3. The medication is the wrong drug 4. The dosage is too low
CONCERNS about taking the medications	Safety	5. Adverse drug reaction is experienced 6. The dosage is too high
BEHAVIOR of the patient in terms of adherence	Adherence	7. Patient is nonadherent

BUILDING A THERAPEUTIC RELATIONSHIP

- “The therapeutic relationship is a partnership or alliance between the practitioner and the patient formed for the purpose of optimizing the patient's medication experience”

Characteristics and Behaviors Associated with the Therapeutic Relationship (from Cipolle, 2012)

Characteristics about yourself	Behaviors you manifest toward your patient
Honesty/authenticity/open communication	Putting the patient's needs first
Empathy/sensitivity	•Offering reassurance •Seeing the patient as a person
Patience and understanding	Mutual respect/trust
Competence	Cooperation/collaboration
Assuming responsibility for interventions	Caring
Being held accountable for the decisions and recommendation made	•Building confidence •Supporting the patient and offering advocacy •Paying attention to the patient's physical and emotional comfort

QUESTION

How would you practice patient centered care?

- a. Tell the patient to listen to what the physician told them
- b. Reassure the patient that his/her medications will work as expected
- c. Respect a patient's decision not to get vaccinated
- d. Persuade the patient to buy an OTC product because you think it will benefit him/her
- e. B & C

QUESTION

How would you practice patient centered care?

- a. Tell the patient to listen to what the physician told them
- b. Reassure the patient that his/her medications will work as expected
- c. **Respect a patient's decision not to get vaccinated**
- d. Persuade the patient to buy an OTC product because you think it will benefit him/her
- e. B & C



ADHERENCE

QUESTION

When assessing a patient's medication for possible drug therapy problems, which is correct?

- a. First evaluate adherence to the drug
- b. First evaluate the effectiveness of the drug
- c. First evaluate the indication of the drug
- d. First evaluate the safety of the drug
- e. The order is not important

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ADHERENCE

Definition

The patient's ability and willingness to take a therapeutic regimen that the practitioner has clinically judged to be appropriately indicated, adequately efficacious, and, based on all available evidence, can produce the desired outcomes without any harmful effects.

BARRIERS TO MEDICATION ADHERENCE

The patient does not understand the instructions

The patient prefers not to take the medication

The patient forgets to take the medication

The medication costs too much

The patient cannot swallow or self-administer the product

The drug is not available

Pill burden

Fear of side effects

Previous negative experiences with medications

Confusion

Lack of understanding of the condition or goals of therapy

Poor health literacy

Mathematics and measurement not understood

Pseudoscientific beliefs

Cultural beliefs and practices

Religious beliefs and practices

Complex therapeutic regimens

Cognitive factors (especially in older patients)

Lack of involvement in the decision-making process

STRATEGIES TO IMPROVE ADHERENCE

Patient education

- Personalized
- Repeated
- Initiated at the time of new disease diagnosis (< 1 month) or at treatment initiation

Simplifying medication regimens

- Use combination pills
- Optimize doses before adding medication
- Synchronize: Use medications that can be taken at the same time of day
- Synchronize: pharmacy pick ups

STRATEGIES TO IMPROVE ADHERENCE

Clinical Pharmacist Consultation

- Referring patients to clinical pharmacists for disease co-management
- Patient Education
 - Therapy
 - Goals
 - Self-monitoring

Medication-Taking Reminders

- Text messages, telephone calls
 - Personalized
 - Interactive
- Reminders from smartphone apps to take medications daily
- Refill reminders
- Pill boxes and blister packs

STRATEGIES TO IMPROVE ADHERENCE

Team-based care

- Access to provider across continuum of care
- Collaboration between physician and pharmacist

Reducing barriers to medications

- Cost reduction
- Identify nonadherent patients and engage them in their care

Health information technology

- E-prescribing
- Support communication

In a 2011 study, providers using electronic prescribing (e-prescribing) increased first-fill medication adherence by 10% compared with those using paper prescriptions

Medication management services have been shown to consistently decrease noncompliance levels to less than 20%

In a 2015 study of > 500 patients, the proportion of patients who picked up >80% of refills improved from 70% to 80% with pharmacist education.

Kini V, Ho PM. *JAMA*. 2018;320(23):2461–2473.

Cipolle RJ, Strand LM, Morley PC. Chapter 4. Patient-Centeredness in Pharmaceutical Care. 2012.



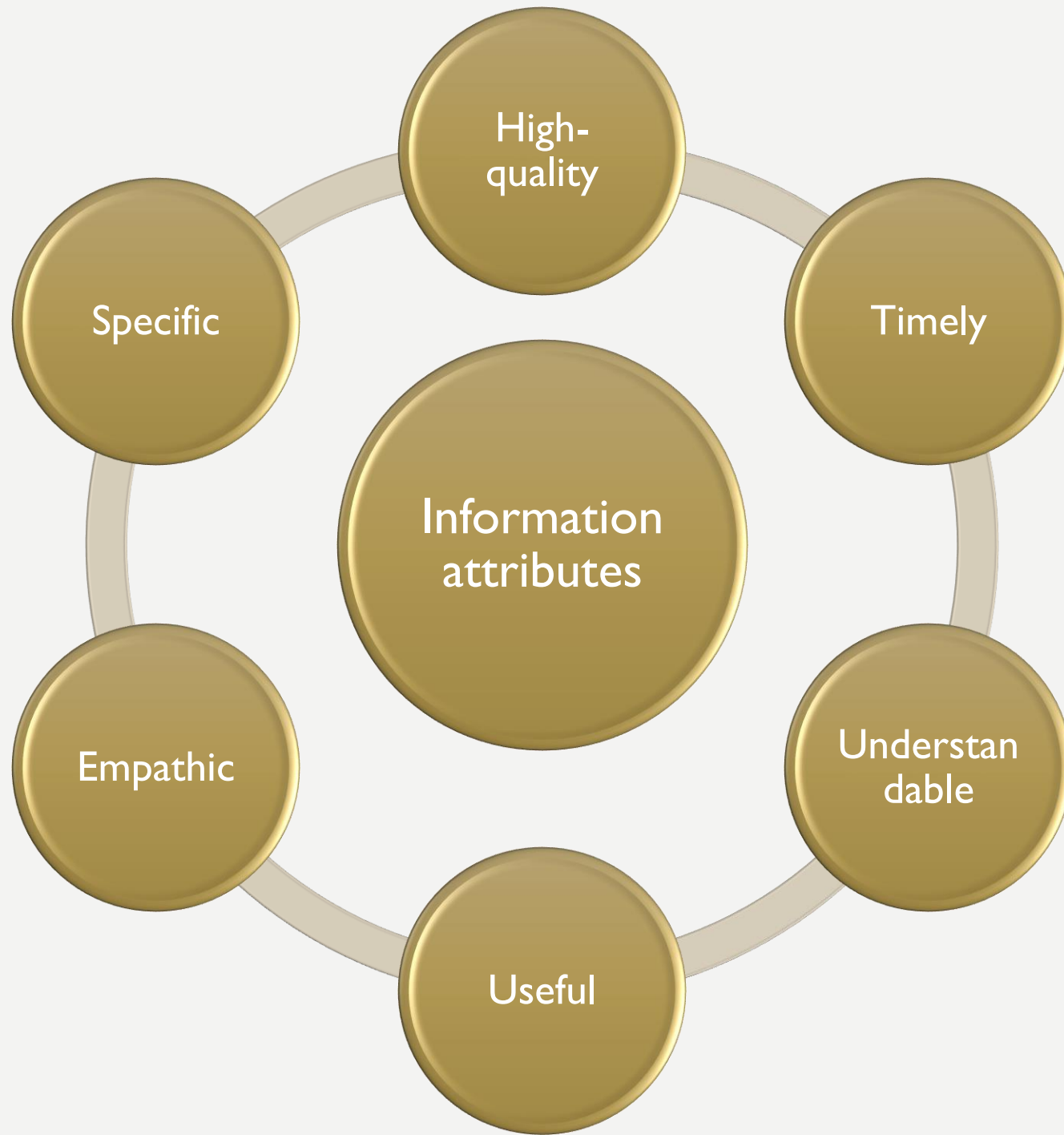
PATIENT EDUCATION

PATIENT EDUCATION MUST INCLUDE:

- Name (brand and generic) of medication, dosage, frequency, and route of administration
- Time to effect
- Emphasize the benefits of the medication
- Potential side effects (common and serious)
 - Signs and symptoms to look for
 - How to minimize side effects
 - Discuss rare but serious side effects (emphasize rare) and when to seek immediate medical attention.

PATIENT EDUCATION MUST INCLUDE:

- Lifestyle modifications (exercise, diet, smoking cessation)
- Identify drug-drug, drug-food, and drug-disease interactions
- Storage
- Missed dose
- Disposal of used or expired medications
- Ask the patient to repeat information back to you to verify their understanding.
- Ask if the patient has additional questions or concerns.
- Provide written instructions in addition to verbal instructions.





Build the relationship

Greet warmly (eye contact)
Ask for chief complaint
Establish agenda



Listen actively

Ask open ended questions
Paraphrase
Clarify



Use empathy

Encourage emotional expression
Validate feelings



Elicit patient's perspective

Beliefs regarding illness
Impact of QOL
Worries



Provide education

Assess educational needs
Correct misconceptions
Test for comprehension



Negotiate a plan

Involve patient
Explore barriers
Set goals
Encourage questions

FRAMEWORK FOR PHARMACIST CONSULTATION

Conway JM. Monitoring Drug Therapy, Documentation, and Patient Education. In: Nemire RE, Assa-Eley M. eds. *Pharmacy Student Survival Guide, 4e*. McGraw Hill; 2023.

EMPATHY

The ability to understand the feelings of another person

How does this situation make you feel?

I can see how difficult it has been for you to cope with these severe symptoms.

It must be very frustrating to feel that no one understands.

QUESTION

A pharmacist is counseling a patient with IBD. She says: “Let’s agree on working on making the symptoms better even though we may not be possible to make them go away completely”. What is the pharmacist practicing?

- a. Paraphrasing
- b. Setting realistic expectations
- c. Testing for comprehension
- d. Being a bad pharmacist

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A pharmacist is counseling a patient with IBD. She says: “Let’s agree on working on making the symptoms better even though we may not be possible to make them go away completely”. What is the pharmacist practicing?

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ACCESS TO MEDICATIONS

STRATEGIES TO IMPROVE ACCESS

- Provide contact to specialty pharmacy
- Preferred biosimilars
- Expedite the approval process
 - Complete prescription with ICD-10 diagnostic code and clinical justification
 - Supporting documentation
 - Tb
 - Hep B
 - Pregnancy
- Manufacturer coupons and copay cards
- Patient Assistance Programs
- Delivery of medications
- Transitions of care


QUESTION

Which of the following aspects directly correlates with prescription fill rates?

- a. Income
 - b. Race/ethnicity
 - c. Marital status
 - d. Occupation
- 

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QUESTIONS?

THANK YOU!



REFERENCES

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- Conway JM. Monitoring Drug Therapy, Documentation, and Patient Education. In: Nemire RE, Assa-Eley M. eds. *Pharmacy Student Survival Guide*, 4e. McGraw Hill; 2023.

ACCESS CODE