MEDICATION ADHERENCE: STRATEGIES AND TOOLS

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Learning Objectives

- Increase understanding of our role in patient-centered care
- Develop strategies to help patients/clients improve their knowledge about their medications purpose and side effects
- Recognize stages of change in our patients
- Learn about using strength-based inquiry and DEARS tool to improve medication adherence
- Discuss communication tools, self management and action plans to improve medication adherence
- Discover options for medication management systems
PATIENT CENTERED CARE

A fitting place to start!

- Personal Health Care – building relationships
- Shared Decision Making – patient and health care clinicians are a team
- Self Management – empowering patient to take the lead
- Provider Skills – yes, please, to all of these for all of us! Cultural competency, Motivational interviewing, enhanced communication skills and conflict management
- Patient Participation – providing patients the tools that support success
Three Primary Causes of Medication Non-adherence:

1. Knowledge deficits related to the purpose and importance
2. Concern about side effects
3. Financial burden

https://www.ehidc.org/sites/default/files/resources/files/Adherence%20Estimator%20Kit_%20Interactive%20PDF.pdf
KNOWLEDGE DEFICITS RELATED TO THE PURPOSE AND IMPORTANCE OF MEDICATIONS

Step One: Assess knowledge

- Start by asking permission –
  - “We have some time to look close at your medications together. Is it ok if we talk about the purpose of each?”

- Use open ended questions or imperative statements:
  - “What do you know about metoprolol?
  - “How does metformin help you?”
  - “Tell me about this medication”
KNOWLEDGE DEFICITS RELATED TO THE PURPOSE AND IMPORTANCE OF MEDICATIONS - CONTINUED

Step 2: Address knowledge deficits:

- Help the patient develop a list of questions for his/her providers
- Assist with scheduling an appointment if questions cannot be addressed by phone
- Attend appointment with patient if possible
- Consider other resources such as a pharmacist or home health

You can keep up to date on clinical practice guidelines by signing up to receive Medscape communications. Here is the link:

nursehttps://emedicine.medscape.com/index/list_12533_o?src=wnl_drugguide_181015_mscpref&uac=159288AG&implID=1770369&faf=1
CONCERN ABOUT SIDE EFFECTS

1. Normalize this concern – “Most people worry about side effects.”
2. Connect patient to education that includes purpose and side effects
   - Provide printed material
     - Use only reputable online sources such as NIH, Medline Plus, Up To Date, or the pharmaceutical company website
     - Use education material approved by your health system
   - A pharmacist as a resource
3. Encourage discussion with provider then prepare patient for that conversation
4. If the patient’s fears have led them to stop the medication or they are seriously considering stopping it, ask permission to notify the doctor’s office or help the patient call in themselves.
WORKSHEETS TO IMPROVE COMMUNICATION WITH PROVIDER

http://www.heart.org/en/health-topics/cardiac-rehab/communicating-with-professionals/preparing-for-medical-visits

<table>
<thead>
<tr>
<th>PACE Guide Sheet</th>
<th>PREPARING FOR YOUR DOCTOR’S VISIT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appointment Date: Time:</td>
</tr>
<tr>
<td></td>
<td>Doctor: Location:</td>
</tr>
<tr>
<td></td>
<td>1. Bring a list of all medication, vitamins, herbs and over-the-counter medications.</td>
</tr>
<tr>
<td></td>
<td>2. Fill out this form and take it to your doctor appointment.</td>
</tr>
<tr>
<td></td>
<td>3. Use the PACE method when communicating with your health care providers:</td>
</tr>
<tr>
<td></td>
<td>P = Provide information about how you feel</td>
</tr>
<tr>
<td></td>
<td>A = Ask questions if you don’t have enough information</td>
</tr>
<tr>
<td></td>
<td>C = Clarify what you hear</td>
</tr>
<tr>
<td></td>
<td>E = Express any concerns you may have</td>
</tr>
<tr>
<td></td>
<td>Reason for your appointment:</td>
</tr>
<tr>
<td></td>
<td>Describe your symptoms and/or concerns. List 3 with the most important one first:</td>
</tr>
<tr>
<td></td>
<td>1. ____________________________</td>
</tr>
<tr>
<td></td>
<td>2. ____________________________</td>
</tr>
<tr>
<td></td>
<td>3. ____________________________</td>
</tr>
<tr>
<td></td>
<td>What do you hope your doctor will do?</td>
</tr>
<tr>
<td></td>
<td>List 3 questions you have about your condition, tests/procedures, medications, or other treatments. List the most important question first:</td>
</tr>
<tr>
<td></td>
<td>1. ____________________________</td>
</tr>
<tr>
<td></td>
<td>2. ____________________________</td>
</tr>
<tr>
<td></td>
<td>3. ____________________________</td>
</tr>
<tr>
<td></td>
<td>REMEMBER!</td>
</tr>
<tr>
<td></td>
<td>• If you don’t understand something, ask your doctor to explain it.</td>
</tr>
<tr>
<td></td>
<td>• Repeat the doctor’s instructions in your own words.</td>
</tr>
<tr>
<td></td>
<td>• At the end of your visit, review what you and the doctor agreed upon.</td>
</tr>
</tbody>
</table>
USING P.A.C.E. TO COMMUNICATE ABOUT MEDICATIONS DURING MEDICAL APPT

P = Provide information about how you feel
- Do you take medicine to make you feel better? What medicine (for example, nitroglycerin for chest pain)? When and how do you take the medicine?
- Does the medicine help?
- Do you use other treatments to help you, such as vitamins, herbs, dietary supplements, over-the-counter medicines, physical therapy, acupuncture or other treatments?

A = Ask questions if you don't have enough information
- Why do I need to take the medicine? What does it do?
- What side effects should I watch for and report to my doctor?
- Do you have any samples I can try?
- Is there a generic form of the medicine?
- Will I feel better when I take this medicine? How long until I feel better?
- How should I take the medicine, and what should I do if I miss a dose?
- How long will I need to take the medicine?
C = Clarify what you hear

- Ask the provider to explain
  - "I don't understand. Can you say that again, using different or simpler words or draw me a picture?"
  - "Can you clarify?"
  - "Could you please repeat that last part?"
  - "What does that word mean?"
  - "Please spell that word for me."

- Repeat the provider’s instructions
  - "I think you're telling me that..."
  - "Am I correct that you want me to..."
  - "Before my next visit, I will..."
  - "You want me to call you if..."

- Review what you heard
  - "I heard you tell me these three things..."
  - "We decided that..."
  - "You want me to try a new medicine because..."
  - "You think I'm doing fine except for..."
  - "Could you please write down the things you want me to remember?"
USING P.A.C.E. TO COMMUNICATE ABOUT MEDICATIONS DURING MEDICAL APT, CONTINUED

E = Express any concerns you may have
- I am concerned about this medication
- I want to understand why I am taking ______________ and how it will help me
- Can you help me understand why it is important to my health? I do better taking a medication when I understand its purpose
- Will my condition get worse if I don’t take this medication?
- I may struggle with how I need to take this medication, is there something else I can take?
- What are possible side effects and when should I be worried?
- How should I let you know if I am having a problem with this medication?
- Are there any other medications I could take for this condition that could treat my condition without side effects?
Pharmacies typically have consult rooms where the pharmacist can answer questions privately. They are also open to telephone calls with questions.

How a pharmacist can help:

- Talk with the patient to improve understanding about:
  - How and when to take medications
  - What side effects might be expected
  - Potential interactions with current medications and any OTCs including supplements the patient may be taking now or considering purchasing
  - Suggestions for easy to open containers if needed.
  - Changes in the labeling to make it more readable including larger font and/or a language other than English
COMMUNICATING WITH THE PHARMACIST

Educate patients about asking these types of questions at the pharmacy:

- Do you have a patient profile form for me to fill out? Does it include space for my over-the-counter drugs and my dietary supplements?
- Is there written information about my medicine? Ask the pharmacist if it's available in large print or in a language other than English if you need it.
- What is the most important thing I should know about this medicine? Ask the pharmacist any questions that may not have been answered by your doctor.
- Can I get a refill? If so, when?
- How and where should I store this medicine?
Stages of Change

@BizPrivy

1. Pre-contemplation
   - No, not me

2. Contemplation
   - Well, maybe

3. Preparation
   - Ok, what do I do now?

4. Action
   - Ok, let's do this

5. Maintenance
   - It is possible!
IMPROVE MEDICATION ADHERENCE WITH STRENGTH-BASED INQUIRY

What are some elements of your life you feel good about?
What elements of your health and wellbeing do you want to improve?
What part does your medication play in your health?
How would you feel at your ideal wellness?
What would be the benefits of changing now?
Tell me about the driving force behind your desire to change.
What strengths (people, resources, systems, environments) can you rely on to ensure your success with medication management?
What challenges do you anticipate?
What are some strategies to help you realize success with your medication management?
IMPROVING MEDICATION ADHERENCE: DEARS
A MOTIVATIONAL INTERVIEWING STRATEGY

Develop discrepancy
- Bring out the scale
- Employ the “Colombo” technique

Express empathy
- Practice reflective listening
- Reflect without criticizing, blaming or judging

Amplify ambivalence
- Recognize and verbalize when the patient is “of 2 minds”
Improving Medication Adherence: DEARS

A Motivational Interviewing Strategy

**Roll with resistance**
- Acknowledge that resistance is normal when people are considering change
- Recognize actions or words of resistance - arguing, interrupting, denying, and ignoring
- Ask permission

**Support self-efficacy**
- Strive to increase self confidence
- Reframe toward more positive/realistic view
USING SELF MANAGEMENT PLANS TO IMPROVE MEDICATION ADHERENCE

“Here are the things your doctor asks you to when you have _______.”

“We can check off the things you are already doing well.”

“Which of the things that you are not doing do you feel is most important to work on now?”

“Thank you for sharing this with me. Can I share what I see is important as a __________ (nurse, community health worker, EMT or paramedic)?”
Improving Medication Adherence with Action Planning

**What I will do:**

**When I will do it:**

**How often I will do it:**

**What or who will help me:**

**What problem might get in my way of reaching this goal:**

**What I can do to fix the problem:**

This is how sure I am that I will be able to do this: /10
Systems at Home
Self Management Options
Pharmacy Packaging
WHAT WE CAN DO IN THE HOME

- Reconcile medications against current provider list
  - Notify provider of any discrepancies
  - Call pharmacy and/or provider for clarification if needed
  - Provide list of OTCs to provider

- Help with organization with permission if patient does not have a working system already in place. This may include:
  - Medisets/pill boxes
  - Arranging medications in a system to better keep track
  - Labeling
  - Education about charts
  - Setting up a plan to get needed refills
  - Supporting the patient in a transition to a pharmacy managed system
  - Partnering with family/caregivers and/or friends for accountability
MORE TIPS FOR MEDICATION MANAGEMENT

Set patients up for success:

- Use alarms & reminders
- Combine/organize medications together in one place – pill box, mediset
- Take medications with another routine activity (i.e.— brushing teeth)
- Ensure labels are clear and add any needed information – carry a sharpie with you!
- Use a method to keep track
  - Chart medications and symptoms
  - Charts with checkboxes
  - Calendar

Consider having the patient choose something to do now and support them in writing an action plan. Provide accountability in your follow up
# EXAMPLE OF MEDICATION ADMINISTRATION CHART

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication Chart</th>
<th>Scheduled Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>aspirin 81 MG EC tablet Take 15 mg by mouth Daily.</td>
</tr>
<tr>
<td>PM</td>
<td>PM PM PM PM AM AM</td>
<td>aspirin 81 MG EC tablet Take 15 mg by mouth Daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>gloperidi (PLAVIX) 75 mg tablet Take 1 tablet (75 mg total) by mouth Daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>glipizide (GLUCOMET) 5 MG tablet Take 1 tablet (5 mg total) by mouth Daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>hydrochlorothiazide (HYDRODIURIL) 25 MG tablet Take 25 mg by mouth Daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>hydrochlorothiazide (HYDRODIURIL) 25 MG tablet Take 25 mg by mouth Daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>metformin (MXMEMO) 500 MG tablet Take 500 mg by mouth twice daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>metformin (MXMEMO) 500 MG tablet Take 500 mg by mouth twice daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>atorvastatin (LIPITOR) 80 MG tablet Take 1 tablet (80 mg total) by mouth Daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>atorvastatin (LIPITOR) 80 MG tablet Take 1 tablet (80 mg total) by mouth Daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>furosemide (LUXFU) 40 MG tablet Take 1 tablet (40 mg total) by mouth Daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>furosemide (LUXFU) 40 MG tablet Take 1 tablet (40 mg total) by mouth Daily.</td>
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</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>guanethidine (NEURONTIN) 600 MG tablet Take 600 mg by mouth 4 (four) times daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>guanethidine (NEURONTIN) 600 MG tablet Take 600 mg by mouth 4 (four) times daily.</td>
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<td>metformin (MXMEMO) 500 MG tablet Take 500 mg by mouth twice daily.</td>
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<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>potassium chloride (K-DUR, KLORE-COL) 20 MEOQ tablet Take 20 mg by mouth Daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>potassium chloride (K-DUR, KLORE-COL) 20 MEOQ tablet Take 20 mg by mouth Daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>salbutamol (ALUPAR) 2 MG tablet Take 2 mg by mouth 4 (four) times daily.</td>
</tr>
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<td>AM AM AM AM AM AM</td>
<td>salbutamol (ALUPAR) 2 MG tablet Take 2 mg by mouth 4 (four) times daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>prednisolone (DASPE) 15 MG tablet Take 15 mg by mouth nightly as needed for insomnia.</td>
</tr>
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<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>prednisolone (DASPE) 15 MG tablet Take 15 mg by mouth nightly as needed for insomnia.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>insulin glargine (LANTUS) 100 unit/mL injection Inject 55 Ums into the skin 2 (two) times daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>insulin glargine (LANTUS) 100 unit/mL injection Inject 55 Ums into the skin 2 (two) times daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>sodium acetate (acetate) (Ciran) 24,000-76,000 - 1,000,000 unit QuDa Take 1 capsule by mouth 3 (three) times daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>sodium acetate (acetate) (Ciran) 24,000-76,000 - 1,000,000 unit QuDa Take 1 capsule by mouth 3 (three) times daily.</td>
</tr>
<tr>
<td>AM</td>
<td>AM AM AM AM AM AM</td>
<td>levothyroxine (LEVOXIN) 5 MG tablet Take 5 mg by mouth Daily.</td>
</tr>
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<td>AM AM AM AM AM AM</td>
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</tr>
</tbody>
</table>

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## As Needed Medications

- **Prochlorperazine (PROCHLOR) 10 MG tablet**: Take 1 tablet by mouth every 4 (four) hours as needed for nausea.
- **Prochlorperazine (PROCHLOR) 10 MG tablet**: Take 1 tablet by mouth every 4 (four) hours as needed for nausea.
- **Nasacort (NASACORT) 10-325 mg per tablet**: Take 1 tablet by mouth every 6 (six) hours as needed (2 tablets).
- **Nasacort (NASACORT) 10-325 mg per tablet**: Take 1 tablet by mouth every 6 (six) hours as needed (2 tablets).
- **Benadryl (BENADRYL) 25 MG tablet**: Take 1 tablet by mouth every 4 (four) hours as needed for allergic reactions.
- **Benadryl (BENADRYL) 25 MG tablet**: Take 1 tablet by mouth every 4 (four) hours as needed for allergic reactions.
- **Methylcellulose (METHYLCOL) 10 MG tablet**: Take 1 tablet by mouth every 4 (four) hours as needed for constipation.
- **Methylcellulose (METHYLCOL) 10 MG tablet**: Take 1 tablet by mouth every 4 (four) hours as needed for constipation.

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## Medication Chart

- **Medication Chart**: A table showing the scheduled medications with their dosages and administration times.
- **Scheduled Medications**: A list of medications with their specific instructions for administration.

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## Diagram

- A diagram illustrating the different medications and their administration times.
- A legend explaining the color coding used in the diagram.
### Example of Medication Chart to Use in Filling Mediset

<table>
<thead>
<tr>
<th>Date</th>
<th>Scheduled Medications for Box</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Scheduled Medications Chart</strong></td>
</tr>
<tr>
<td></td>
<td><strong>As Needed Medications</strong></td>
</tr>
<tr>
<td></td>
<td><strong>INHALE 2 Puffs INTO THE LUNGS EVERY 6 HOURS AS NEEDED FOR WHEEZING OR SHORTNESS OF BREATH</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Acetaminophen 500 mg</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Take 2 tablets by mouth twice daily as needed for pain</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Aspartame sodium (COLACE) 100 MG capsule</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Take 100 mg by mouth 2 (two) times daily as needed for Constipation.</strong></td>
</tr>
</tbody>
</table>

- **Allopurinol (ZYLOPRIM) 100 MG tablet**
  - Take 100 mg by mouth Daily. **MORNING**

- **Aspirin 81 MG EC tablet**
  - Take 81 mg by mouth Daily. **MORNING**

- **atorvastatin (LIPITOR) 80 MG tablet**
  - Take 80 mg by mouth Daily. **BED**

- **Bumetanide (BUMEX) 2 MG tablet**
  - Take 1.5 tablets (5 mg total) by mouth daily **MORNING**

- **Carvedilol (COREG) 25 MG tablet**
  - Take 1 tablet (25 mg total) by mouth 2 (two) times daily. **MORNING and BED**

- **Digoxin (LANOXIN) 0.125 MG tablet**
  - Take 1 tablet (0.125 mg total) by mouth Daily. **MORNING**

- **Duloxetine (CYMBALTA) 60 MG capsule**
  - Take 60 mg by mouth Daily. **BED**

- **Gabapentin (NEURONTIN) 300 MG capsule**
  - Take 300 mg by mouth 3 (three) times daily. Take 1-2 capsules three times a day as directed **MORNING, NOON and BED**

- **Metformin (GLUCOPHAGE XR) 500 MG 24 hr tablet**
  - Take 2 tablet (1000 mg total) by mouth twice daily **MORNING and BED**

- **Omeprazole (PRILosec) 20 MG capsule**
  - Take 1 capsule by mouth once daily **MORNING**

- **Spirinocolate (ALDACTONE) 25 MG tablet**
  - Take 1 tablet (25 mg total) by mouth Daily. **MORNING**

**Spirometry Chart**

**Scheduled Medication Chart**

**Not in Medication Box**

- **tiotropium bromide (SPIRIVA) 2.5 mcg/actuation Mist**
  - Inhale 6 mcg into the lungs Daily. Inhale 2 puffs daily **MORNING and BED**
Having someone help you doesn’t mean that you failed; It just means that you’re not in it alone.

~ Eric Messer
RESOURCES AND REFERENCES

- https://www.fda.gov/drugs/resourcesforyou/ucm163959.htm
- https://www.heart.org/en/health-topics/cardiac-rehab/managing-your-medicines/taking-control-of-your-medicines