Today’s Presentation

• Introduction to the Script Your Future Campaign

• Medication Adherence in Practice

• Q & A

• Conclusion

If you need help during the webinar email ayannaj@nclnet.org.

Rebecca Burkholder
National Consumers League

Dr. Ira Wilson
Brown University
Brief History

• NCL – Founded in 1899
• Planning Phase (2008-2010): AHRQ planning support
  o Dozens of stakeholders at the table
• Consumer Research & Creative Development (2010-2011)
  o Building on existing research
• Implementation (2011- Present)
The Script Your Future Campaign

Objective

- Raise awareness of the importance of taking medication as directed

Target Audiences

- Patients with chronic conditions – respiratory, cardiovascular, diabetes
- Family caregivers
- Healthcare professionals

Scope

- National
- 6 target markets – Baltimore, Birmingham, Cincinnati, Providence, Raleigh, Sacramento
- 130+ Committed Partners
- 3 year + campaign, launched May 2011
Key Messages

play with him ’til dinnertime.
check his science homework.
lend him the car.
wait up until he gets home.
help him pick out a tux.
chase his kids around the yard.
take my meds.

If you have a long-term health problem, like diabetes, asthma or high blood pressure, your future depends on taking your medicine. Learn helpful tips at ScriptYourFuture.org.

TAKE THE PLEDGE. TAKE YOUR MEDS.
If you don’t take your medicine as directed, you’re putting your health and future at risk.

Health professionals: Free Webinar
Learn how to have the kind of conversations with your patients that improve their adherence. November 19, 12 noon Eastern. Learn more >>

Featured Tools
Get the help you need to take your medicine as directed.

Upcoming Events
Join upcoming events with doctors, pharmacists and other health experts around medication adherence.

Don’t see your health condition? 

Health Conditions
Respiratory
Cardiovascular
Diabetes

Featured Tools
Script Your Future Wallet Card.
Campaign Resources: PSAs/Posters/Wallet Card

Script Your Future: A PSA with the U.S. Surgeon General

Dr. Regina Benjamin
U.S. SURGEON GENERAL
Questions to ask your doctor/pharmacist

1. What's my medicine called and what does it do?
2. How and when should I take it? And for how long?
3. What if I miss a dose?
4. Are there any side effects?
5. Is it safe to take it with other medicine or vitamins?
6. Can I stop taking it if I feel better?
Talking with Your Patients about Medication Adherence

Ira B. Wilson, MD, MSc
Why is This Important

- Beneficence
- Chronic disease epidemiology
- Expensive problem: $100B to $289B
- Pay for performance
- We don’t do this well
- Evidence base for interventions
Current methods for improving adherence for chronic health outcomes are mostly complex and not very effective.

Conclusion: Reduced out-of-pocket expenses, case management, and patient education with behavioral support all improved medication adherence for more than 1 condition. Evidence is limited on whether these approaches are broadly applicable or affect long-term medication adherence and health outcomes.
Level of Intervention

- System vs. individual
- Your conversations
Broad Goals

• Disruptive
• Practical
• Immediate implementation
Underlying Principles

• Motivational interviewing
• Adult learning theory
• Patient-centered care
• Shared decision-making
So …

• What can we do in the course of 15 minute office visit or pharmacy visit?

A lot
Change our Thinking

• Providers’ expertise: diagnosis and treatment
• Medical model: communicate that expertise to patients
• Insufficient recognition of patients’ expertise
Barriers to Overcome

• Logistical problems: cost, formularies
• Complex life circumstances
• Stress and mental disorders
• Side effects and complications
Patients’ Expertise?

• Patients are experts in all these things
• They are *the only experts* in all these things
• Years of experience
Patients’ Expertise?

• Patients are experts in all these things
• They are the only experts in all these things
• Years of experience
• They will not take medications as you would like them to until they believe that you understand and respect their expertise
3 Difficult Adherence Conversations

1. How to ask about adherence ... getting the conversation started
2. How to do problem solving or trouble shooting
3. How to inform or educate
Asking About Adherence

• Do you ask about adherence?
• How do you ask about adherence?
• What does it feel like?
• Expressing distrust?
An Open Ended Question

• Ask an open ended question that only the patient can answer, and for which there is no right or correct answer
An Open Ended Question

- Ask an open ended question that only the patient can answer, and for which there is no right or correct answer
  - How do you think these medications are working for you?
  - What has it been like for you to take these medications?
  - How does taking these medications make you feel?
  - What’s the worst/hardest thing for you about taking these medications?
Avoid the Righting Reflex

• Ask an open ended question that only the patient can answer, and for which there is no right or correct answer

• Follow up by asking a clarifying question
  o Avoid the “righting reflex”
  o Patients need to feel accurately understood
Clarifying Questions

• Ask an open ended question that only the patient can answer, and for which there is *no right or correct answer*

• Follow up by asking a clarifying question
  - Tell me more ...
  - Can you tell me more about what that is like for you?
  - How does that effect you on a daily basis?
  - Does that make it hard for you to take care of your kids (or go to work every day)?
  - What do you do when that happens?
  - How do you handle that?
What to be Curious About

- Ask an open ended question that only the patient can answer, and for which there is no right or correct answer
- Follow up by asking a clarifying question
- Be a detective, but not about whether they are taking their medications ... instead, be authentically curious about their life and how they are experiencing medication taking
Flip It!

The usual approach is
  o Ask whether there is an adherence problem
  o Then ask why

Try this instead
  o What has their experience been?
  o Problems and barriers naturally emerge
Problem Solving

3 things have to happen for patients to successfully and consistently take medications

1. Accept diagnosis
2. Choose treatment
3. Implement treatment
Accept Diagnosis

• Diagnosis is about identity
• Stigma
• Implications of diagnosis for health
• Nature of threat
• Time course of threat
Choose treatment

• Treatment vs. no treatment
• If treatment, which treatment?
• Shared decision making
• Active choice is necessary for adherence
Implementing Treatment

- Cost, logistical problems
- Competing demands and distractions
- Forgetting
Intentional vs. Unintentional

- Intentional non-adherence
- The real reason vs. what sounds good
- Avoiding uncomfortable conversations
Additional Complexities

• More than one type of problem can be present at any time
• Barriers can differs from med to med
• Barriers can change, so update yourself regularly
Informing or Educations: 3 Steps

1. What patients know
2. What patients want to know
3. What patients need to know
What Patients Know

• Questions
  o “You have probably thought a lot about diabetes ... how do you think about it?”
  o “You probably know a lot about how HIV gets transmitted from one person to another person ... how do you understand it?”

• Understand what they know, who they get information from, how strongly they feel about things, why they feel that way

• Understand their causal models, their attributions
What Patients Want to Know

• Questions
  o “You probably have some questions about why you are taking that inhaled steroid ... is there anything you’ve been wondering about?”
  o “You have probably heard people talk about those new recommendations about how to treat high cholesterol ... what kind of questions do you have about that?”

• Don’t guess or assume ... find out
What Patients Need to Know

• Ask permission
• Questions
  o “Can I share a couple of thoughts with you about hypertension treatment?”
  o “Would you mind if I shared a couple of thoughts with you about this idea that the inhaled steroid causes fungus in your mouth?”
• Avoid information overload
Summary

• Different model: prioritize patients’ expertise
• 3 difficult conversations
  o Getting the conversation started
  o Problem solving
Summary

• Different model: prioritize patients’ expertise
• 3 difficult conversations
  o Getting the conversation started
  o Problem solving
    • Accepting the diagnosis
    • Choosing treatment
    • Implementing treatment
Summary

• Different model: prioritize patients’ expertise
• 3 difficult conversations
  o Getting the adherence conversation started
  o Problem solving
  o Educating or informing
Summary

- Different model: prioritize patients’ expertise
- 3 difficult conversations
  - Getting the adherence conversation started
  - Problem solving
  - Educating or informing
    - What they know
    - What they want to know
    - What they need to know
Why This Approach is Practical

• It is a set of concepts, an approach, a strategy, not a set of rules
• Longitudinal care means you can do this little by little
• Getting to the heart of the problem always saves time
• Make these ideas your own
• Have more fun
I WILL

cook for her tonight.
show her I really can dance.
take her picture at Niagara Falls.
cry at our anniversary party.
paint the living room her favorite color.
grow old with her.
take my meds.

Script Your Future
130+ Partners working together to improve medication adherence

Scriptyourfuture.org
Contact: ayannaj@nclnet.org for more information