Confronting the Myth of the “Non-Adherent” Patient:

How Overcoming Victim Blaming in Healthcare Can Lead to Better Patient Outcomes

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Introduction: A little about me...
At the conclusion of this session, the participant will be able to:

Learning Objective 1: Understand the issues associated with the “non-compliant” label.

Learning Objective 2: Use specific assessment strategies to improve assessment.

Learning Objective 3: Understand how integrated healthcare teams can overcome victim-blaming in healthcare.

Learning Objective 4: Provide BETTER CARE for all patients.
Non-Compliance vs. Non-Adherence

• Evolution of the terms over the years

• Resulted from an intention to avoid value judgments of patients

• Belief that term “non-adherence” = patient understanding and participation in their own treatment process, while “non-compliance” = patient submission to the will of medical professionals

• Does the distinction matter?
The Myth of the “Non-adherent” Patient

How is non-adherence defined?

• Taking prescribed agents at doses & times recommended by providers
  • Different classifications:
    • Discontinuation, skipping, altering dosages.
    • Forgetfulness, careless missing of doses.

What do medical professionals often mean when they use the term?

Why is it problematic?

• Leads to healthcare “victim blaming.”
• Allows healthcare professionals and healthcare systems to avoid taking responsibility for patient outcomes.
What Does “Non-Adherence” Really Mean?³

Lack of Access to Care

Lack of Supports to Address Social Challenges

Lack of Education & Understanding

Building the Team in Team-based Integrated Health Care

2018 Integrated Health Care Conference

Hosted by Arizona State University’s Doctor of Behavioral Health Program
Causes of “Non-Adherence”?

According to Kaiser Permanente study of approximately 9,000 patients.

Note: 46% would fall under the “better education” category.

Study says nothing about social issues.

Causes of Non-Adherence³

- Forgetfulness (32%)
- Perceived Side Effects (27%)
- Cost Issues (23%)
- Don't feel it would help (19%)
Why does non-adherence matter?

- Expensive
- Shorter Lifespan
- Quality of Life
The Expense of Healthcare

Healthcare Expense in General:⁴

• In 2010 the costs of U.S. healthcare exceeded $2.7T, 17.9% of GDP.
• By 2020, projections ➔ 20% of GDP.
• 20%-30% of U.S. healthcare spending identified as wasteful.

Non-adherence = $100-$300 billion of avoidable healthcare costs.⁴

• Medical non-adherence account for 33%-69% of drug-related adverse events that result in hospital admissions.⁵

Non-adherence to medical treatment is a major concern in chronic disease management.⁶

• Almost half of all American adults—117 million people—suffer from chronic disease.
• 1 in 4 Americans has multiple chronic diseases.
Non-Adherence & Patient Lifespan

- According to the CDC & DHS, chronic diseases are responsible for 7 out of 10 deaths each year, and treating people with chronic diseases accounts for 86% of our nation’s health care costs.\(^7\)

- Individuals with mental health and substance abuse disorders die decades before the average person—largely from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease.\(^8\)

Infographic: The University of Michigan, Center for Managing Chronic Disease.\(^15\)
Non-Adherence & Qualify of Life

- Cost is not only financial, it’s emotional: chronic disease is strongly correlated with depression\(^9\). Addressing non-adherence not only leads to healthier patients, but HAPPIER patients.

- Depressed patients are 76% more likely to be non-adherent to treatment than non-depressed patients.\(^1\)
Challenges to Addressing Adherence

Challenges to Overcome:

• Not typically seen as a “social issue” akin to IV drug use, DV, homelessness, etc. by medical professionals OR social workers.

• Social workers don’t widely receive formal training on basic medical issues, meds, treatment regimens, side effects, etc.

• Disciplines remain in their “box”: Physicians and nurses aren’t trained to understand social issues, social workers aren’t trained to understand medical issues. ¹⁰
Challenges to Addressing Adherence

Physicians & nurses: understand implications of non-adherence, but don't understand their role in addressing it.

Role of Physicians and Nurses in patient education & understanding of their own medical treatment.

- Undermined by TIME pressures.
- Average physician spends 13-16 min w/ patients.

![Bar chart showing how many minutes doctors say they spend with each patient, broken down by gender and time intervals.](chart)

**How Many Minutes Doctors Say They Spend with Each Patient**

- **Less than 9:**
  - Male Doctors: 6%
  - Female Doctors: 4%
- **10-12 minutes:**
  - Male Doctors: 21%
  - Female Doctors: 18%
- **13-16 minutes:**
  - Male Doctors: 29%
  - Female Doctors: 27%
- **17-20 minutes:**
  - Male Doctors: 21%
  - Female Doctors: 24%
- **21-24 minutes:**
  - Male Doctors: 9%
  - Female Doctors: 11%
- **25 or more:**
  - Male Doctors: 11%
  - Female Doctors: 15%

*Source: Medscape*
Evolution of Healthcare

Fee for Service

Focus: Addressing Medical Acuity Per Visit.
- Little incentive to address overall health issues.

Quality Based Pmnts

Focus: High Quality Healthcare Delivery
- Measured by readmission statistics

Integrated Healthcare

Focus: Integration of healthcare disciplines
- Intended to provide more holistic care.
- Requires improved collaboration & understanding between disciplines.
Integrated Healthcare Model

Movement toward integrated healthcare models in major healthcare systems

• Healthcare systems responding to changing fee-for-service model → quality-based reimbursement by encouraging inter-disciplinary models in acute care settings.¹³
  • Focus on readmissions due to penalties imposed by CMS/HRRP = over $400 million for healthcare organizations in 2015 and 2016.¹³

• Behavioral health programs:
  • Incorporating NP’s and pharmacy access.
  • Social services providers are beginning to understand that addressing medical issues must be addressed with mental health issues.⁸
IHC Success...

Depends on Better…

• Collaboration & Understanding
  • Between disciplines working together to address medical and social issues.
  • Gaining better understanding of each other’s diagnostic terms, treatment, and prognosis.
    • To fully participate in an interdisciplinary team we must understand each other’s language.

• Advocacy
  • Must encourage all professionals in medical settings to see non-adherence as a social issue.
  • Must stand against healthcare “victim blaming”

• Patient Assessment: Today’s Primary Focus
Assessment...

Must:

• Be open-ended
• Take both medical AND social acuity into consideration.
• Addresses the 3 main barriers:
  • Patient understanding/education on disease management.
  • Access to medical treatment & prescribed regimen
  • Social Challenges
Assessment Math

Diagnosis + Social Issues – Mitigating Factors = Sociomedical Acuity

Sociomedical Acuity: The combination of medical factors and social factors which determine a patient’s overall risk (low/moderate/high).

- Risk for readmission
- Risk for “non-adherence”
- Risk of long-term illness, significant harm, and/or death.
- Higher sociomedical acuity = higher need for integrated services
Group Assessment Activity:
Patient Poker

Playing The Hand You’re Dealt

• Review case scenarios & apply the “Assessment Math” sequence to determine risks vs. mitigating factors.
  • Assign a level of sociomedical acuity (low/moderate/high).
  • Identify services and/or plan of action for your patient.
Today's Takeaways

How we can do better....

• Better initial assessment.
  • Consideration of sociomedical acuity.
  • Avoiding victim blaming & the “non-adherent” label
• Better discharge & community planning
  • Increased advocacy for patients.
• Better financial outcomes for healthcare entities.

Above all: Better CARE for patients.
QUESTIONS?

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"You can do what I cannot do. I can do what you cannot do. Together we can do great things."

– Mother Teresa
References (Slide 1 of 2)


References (Slide 2/2)


15) The University of Michigan, Center for Managing Chronic Disease. Retrieved from: https://cmcd.sph.umich.edu/

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