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What Can Clinicians Really Do To Affect Medication-Taking Behavior?

After taking care of patients at the SFGH Family Health Center for over ten years, I approach non-adherence to prescribed medication instructions as the norm, rather than as an aberrant form of patient behavior. With that in mind and based almost completely on my own anecdotal experience with patients, I have devised my own "toolbox" of strategies to help individuals and families use medications safely, wisely, and in ways that promote both health and quality of life. I use the toolbox in almost every patient encounter and in my clinical teaching with residents and students.

The problem of medication non-adherence is rarely addressed in medical school curricula. During residency, physicians in training are so focused on knowing the pharmacology of the hundreds of drugs we prescribe, their interactions, and indications for use, that we rarely take a step back and ask, "How does is feel to take this drug?" "How many pills is my patient taking each day?" How much do all these medications cost, monetarily and in terms of time spent requesting refills and waiting at the pharmacy?" Most importantly, students and residents are rarely even taught to ask the question, "*Are* you taking the medicine I've prescribed and *how* are you taking the medicine I've prescribed?" Just asking these questions in a non-threatening, non-judgmental manner is the most important tool in my toolbox.

There's no doubt that, besides David Sobel, the best place for us to learn how to approach medication noncompliance with our patients is *from* our patients, both those who take their medicines and those who don't. Each of us practices in a different environment with different populations of patients, and so we all have our own toolboxes that we use when we address self-management with our patients with chronic illness. My toolbox reflects the unique practice environment that is the Family Health Center and San Francisco General Hospital, and I look forward to hearing about strategies that others in different practice settings, working among different patient populations, have found successful.

The Family Health Center is the primary outpatient training site for the UCSF/SFGH Family and Community Medicine Residency Program. The FHC's 65+ PCPs are 4 Family Nurse Practitioners, 41 residents, and about 20 clinical faculty. All are part-time clinicians with their own patient panels. We serve over 10,000 patients, a third of whom are uninsured. Approximately 45% have Medi-Cal and 20% have Medicare. Our uninsured patients have prescription drugs covered through the county plan for medically indigent adults, and most of them pay $5-10 co-pays for each of their medications. We are the home of the Refugee Medical Clinic, and our patients literally come from all over the world. They speak 26 different languages. We use on-site interpreters, hospital-based interpreters, and now half the clinic uses video medical interpretation. As is the case in most public hospitals, over half of our patients have low functional health literacy. We take care of

children, pregnant women, young families, and many, many adults with chronic illness. Over 1,100 of our patients have diabetes. We have a family practice model, and so many of our clinic visits are for multiple members of the same family together. As you might imagine by seeing the diversity of patients we serve, there are no easy answers to the question of why our patients do or do not take their medicines as prescribed, nor is there one great strategy that would work to address the problem of medication non-adherence in all or even many of our patients. So here are some of the things in my toolbox:

- Tools to help determine whether and how often an individual is taking his or her medicine:
  - A detailed, nonjudgmental history from the patient
  - Non-physician assessment, especially by a public health nurse or pharmacist
  - Pill counts, facilitated by the patient bringing all medicines to each clinic visit
  - Electronic pharmacy claims data (medication dispensing history)
- Tools to explain to the patient when and how to take his or her medication
  - 3x5 index cards with pictorial representations of the time of day that tell patients with limited literacy when to take each of their medicines
  - Computerized pictorial representations of each medicine which displays which pills are taken at what time
  - Home-based patient education through physician or public health nurse home visit
  - Community pharmacies that will fill medi-sets monthly or use bubble pack for chronic meds
- Tools to help patients devise strategies for safe and healthy medicine-taking behavior:
  - An open-ended invitation to the patient to think of ways they could remember to take their medicines, with prompts to explore such things as family members who might be engaged to help, alarms, merging taking medicines with other routines like tooth-brushing
  - Detailed explanations about the intended purpose of each medication
  - An exploration of the patient's personal and culturally-based beliefs about the medicines as a step toward devising culturally relevant solutions
  - A pharmacist consultation visit targeted to helping understand why the patient is having problems and simplifying the medication regimen

Finally, here are some key take-home messages to remember when trying to address the problem of medication non-adherence in your own practice:

1. Ask. Don't tell. By just asking the questions in a non-judgmental way, you'll promote a discussion based in a trusting relationship.
2. Acknowledge normalcy. Convey to the patient that you understand how difficult it is to take medicines as prescribed and that, in fact, most of your patients encounter similar challenges.
3. No one intervention works for everyone or even for most non-adherent patients. It is much more likely to be a successful strategy if the patient comes up with it him or herself.