

Managing non-adherent patients

Patient non-adherence can occur for various reasons. Effective communication is a key factor in trying to resolve the problem, writes Julie Price



NON-ADHERENT PATIENTS, also known as non-compliant patients, may present a challenge to GPs, despite their experience with a variety of patients and personalities. Patients who do not adhere to recommended treatment/care plans might be more likely to have suboptimal outcomes because of their non-adherence. Understanding the reasons behind non-compliance can help doctors determine the most appropriate and constructive actions or next steps.

Non-adherence can be said to fall into two categories¹:

- A non-adherent patient refers to someone who unintentionally refuses treatment. This resistance could be due to a variety of reasons, such as confusion, not understanding instructions, problems using the treatment, inability to pay for the treatment or simply forgetting to take the treatment
- A patient who is non-compliant usually refers to one who intentionally refuses to take a prescribed medication or does not follow the doctor's treatment recommendations, due to the patient's perceptions of the treatment and their motivation to start and continue with it.

Although it is reasonable for clinicians to expect patients to adhere to their treatment/care plans, patients also have the right to refuse recommendations for tests or treatment. Healthcare professionals are responsible for informing patients about any risks associated with refusing care and documenting the informed refusal discussion in the patient's medical record.²

When advising or treating non-adherent patients, it is important to recognise unique patient circumstances, values and needs that might be barriers to developing and sustaining a mutually agreed-upon care plan. A study by Kvarnström K et al³ identified that the main barriers to good adherence were related to patient-specific factors, the role of the doctor and the health system. The study highlighted patient factors such as:

- Poor knowledge of the illness and medication
- Independent pausing, stopping or controlling of a medication
- Lack of competence in self-management
- Fear

- Denial
- Media and friends as a source of information, that provide opposing advice
- Diseases where poor control does not yet present symptoms
- Challenges with lifestyle changes
- Replacing prescription drugs with self-administered drugs.

In addition to patient-related factors, a fragmented health-care delivery system may contribute to non-adherence. Unreliable processes and systems can hinder effective communication and information sharing among providers involved in coordinated care. As a result, patients who are unable to effectively act as their own care co-ordinators might be at risk of non-adherence. For example:

- Discharge information from a secondary care setting might not be shared with a GP
- Radiology or blood results might not be made available to the ordering doctor
- Problems with keeping the medication lists up to date
- Shortage of GP appointments
- Obtaining a timely appointment with a specialist might be difficult due to long waiting lists and shortage of specialists, particularly if the patient is required to schedule their own appointment
- Accessing specialty care might be difficult for patients depending on their financial or geographic constraints.

Tips for managing non-adherent patients

GPs can consider implementing strategies to (a) help patients adhere to care plans and (b) address non-adherence when it occurs. Suggested strategies include both patient and systems-focused approaches.

Patient-focused approach

Patient-focused strategies are intended to improve doctor/patient communication and better engage patients in informed decision-making as a way to support care plan adherence. For example:

- A patient-centred approach that encourages patients to be more involved in their care can be adopted by using a frank and open communication style and allowing time for

patients to discuss any doubts or concerns they have about treatment

- Open-ended, probing and non-judgmental questions can be used to identify factors influencing non-adherence
- During each patient encounter, emphasise the importance of following the recommended care plan and explain the possible consequences of non-adherence
- Educate patients about the importance of adhering to a treatment regimen until otherwise directed, even if symptoms subside. Consider patients' lifestyles and medication costs when developing care plans
- Use the teach-back⁴ technique to ensure that patients fully understand the information and instructions provided. Patients from all backgrounds may have limited health literacy, which can lead to non-adherence
- With the patient's permission and where appropriate, inform the patients' family members/carers about the importance of following care plans
- Provide patients with education about their treatment/care plans both verbally and in writing, especially if the patient has serious health problems
- If a patient has financial, physical, or emotional limitations that may lead to non-adherence, determine whether any community services are available to assist the patient and improve adherence
- If a patient is missing appointments, try to determine the reason why. Consider transportation, family care, work schedules, or financial issues that may prevent the patient from keeping appointments. After several appointments have been missed, consider sending a letter to the patient stressing the importance of keeping the appointments and adhering to the care plan
- If a patient is not adhering to their care plan, consider sending a letter to the patient that specifies the possible consequences of not doing so.

Systems-focused approach

Patient non-adherence may sometimes be the result of a disjointed healthcare delivery system. Improvements in systems and processes might help improve care co-ordination and support adherence. It is acknowledged that many systems issues, including communication between secondary and primary care, are beyond the control of GPs. Some GP practice systems and protocols can, however, help to address issues with non-adherent patients. For example:

- Effective processes to track and follow up with patients regarding outstanding care recommendations such as testing, referrals and missed appointments
- Medication reconciliation is essential for reducing medication errors and ensuring patients have accurate medication advice. GP IT systems should have an up-to-date current list of medications for each patient. Consider undertaking regular medication reviews, particularly when a patient is discharged from hospital
- In so far as possible, communication between primary and secondary care at both referral and discharge should be standardised⁵
- Document missed or cancelled appointments by noting either 'patient DNA' or 'cancelled' in the patient's medical record. If possible, document the reason for a cancellation, eg. 'no transportation' or 'childcare issues'

- Document a description of all clinical non-adherence and any education provided to the patient and/or family regarding the consequences of not following the care plan
- Document non-adherence by using subjective statements from the patient and/or family and objective information obtained through patient encounters
- During a consultation, if the patient displays disruptive behaviours when discussing non-adherence, record the latter in the patient's medical record. The documentation should include a description of the observed behaviours, any discussions with or interventions provided to the patient, the patient's response to any discussions or interventions, actions taken and any additional follow-up performed.

Continued non-adherence

Despite best efforts on the part of GPs and their staff, some patients may continue to engage in non-adherent activities and behaviours, eg. refusing to comply with medical advice and/or make the necessary lifestyle changes required to enable their treatment to be effective.

When this happens, a GP may wish to terminate their relationship with a patient, particularly if the patient does not return to the surgery or refuses to adhere to the recommended care plan.⁶ Making the decision to remove a patient from a GP practice can be an emotive issue and may give rise to potential complaints. In certain circumstances, the relationship of trust may have broken down to such an extent that it is in the patient's and the GP's best interests for them to be treated by an alternative GP. In these circumstances, the GP may wish to contact their medical indemnifier for advice.

Summary

Patient non-adherence can occur for various reasons. Some patients might have legitimate limitations that prevent them from following through with recommendations; others may simply be unco-operative.

GPs and their staff can work toward improved management of challenging patient situations by communicating effectively with patients and other practitioners involved in patients' care, carefully considering the possible reasons for non-adherence, implementing strategies to address these issues, and adequately documenting non-adherence when it occurs. 

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Adapted, with kind permission, from MedPro Guideline – Managing Non-adherent Patients

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