People-centered care to improve medicines adherence

Authors

Prof. dr. Tinne Dilles, Laura Mortelmans, Elke Loots, Kelly Sabbe, Hilde Feyen, dr. Maarten Wauters, dr. Filip Haegdorens, dr. Elyne De Baetselier

Affiliations

NuPhaC (Nurse and Pharmaceutical Care), Centre for Research and Innovation in Care, University of Antwerp, Belgium

INTRODUCTION

Medicines use is essential for the treatment of many patients. Non-adherence rates are high and result in poor health outcomes, increased healthcare utilization and costs. People-centered care (PCC) strategies are believed to improve overall health outcomes. Yet, it is unclear to what extent PCC strategies can improve medicines adherence.

People-centered care (PCC)= empowering people to take charge of their own health (1). It means that individuals' values and preferences are elicited and, once expressed, guide all aspects of their care (2).

1. World Health, O., WHO global strategy on people-centered and integrated health services: interim report. 2015, World Health Organization: Geneva.
2. American Geriatrics Society Expert Panel on Person-Centered, C., Person-Centered Care: A Definition and Essential Elements. J Am Geriatr Soc, 2016. 64(1): p. 15-8 DOI: 10.1111/jgs.13866.

Full text article

Dilles et al. People-centered care and patients' beliefs about medicines and adherence: A cross-sectional study. Heliyon, Volume 9, Issue 5, e15795

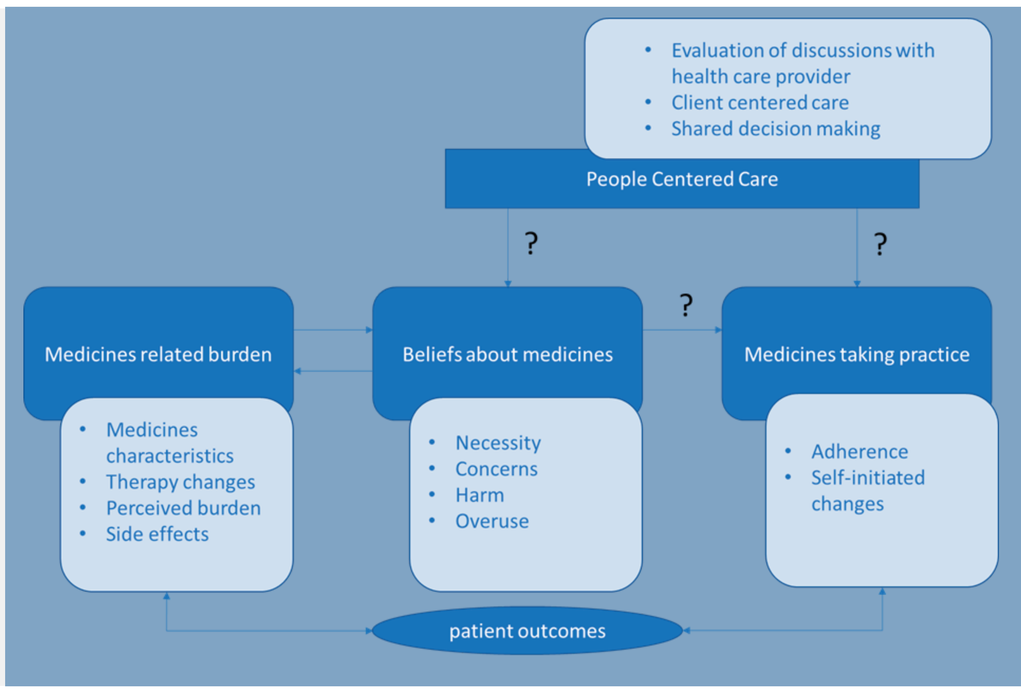
OBJECTIVE

This study aimed to explore the relationship between PCC and adherence to medicines for persons with chronic medicines use, as well as the extent to which patients' beliefs about medicines are influenced by their level of perceived PCC.

METHODOLOGY

In a cross-sectional survey design, adults using at least 3 chronic medicines per day were questioned about their medicines adherence, beliefs about medicines, and people-centered care. A combination of self-developed and validated instruments was used. General questionnaires were adjusted to pharmacotherapy:

- MARS-5: Medication Adherence Report Scale
- BMQ: Beliefs about Medication Questionnaire
- CCCQ: Client-Centered Care Questionnaire
- SDM-Q-9: Shared Decision-Making Questionnaire



PARTICIPANTS WITH VARYING BACKGROUND, HEALTH STATUS AND MEDICATION BURDEN

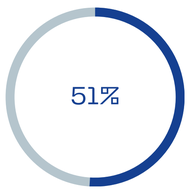
Participant characteristics (n=459)		
Gender (%)	Female	55,3
	Male	44,7
Highest educational level (%)	Primary school or no certificate/ degree	18.3
	Secondary school	34.6
	Higher vocational education	15.5
	Bachelor	23.9
	Master or higher	7.7
Employment status (%) (most relevant categories)	Retired	51.0
	Unemployed	3.1
	(former) Employment in healthcare	19.2
Age, years (Mean [range])		62.8 [19-96]
Health status		
The burden due to the chronic condition(s) (%) 0= not at all_10= unbearable	3 or less	34.3
	4-6	33.4
	7 or more	32.3
Hospitalizations (%)	>24 hours last 6 months	25.1
Medicines use		
Number of different medicines per participant per day (Mean [range])	All medicines	6.5 [3-20]
	Chronic medicines	5.7 [3-18]
The proportion of participants per estimated number of medicines changes last year (%)	No changes	34.6
	1	32.6
	2	18.9
	3 or more	13.9
Side effects		
Proportion of participants that experience a significant impact of side effects of medicines on their daily life per frequency category (%)	Always	7.2
	Often	8.7
	Sometimes	19.8
	Seldom	21.8
	Never	41.2

ADHERENT TO SELF-ADJUSTED THERAPY

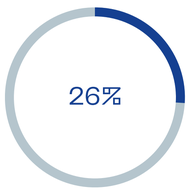
		Mean (range)
MARS-5, ranging 5- 25, with a higher score corresponding to a better adherence		22.6 (10-25)
		%
MARS-5, ranging 5- 25, with a higher score corresponding to a better adherence	20 or more	88.4
	16-19	8.5
	15 or less	3.1
The participant reports adjusting the pharmacotherapy based on personal experiences and preferences	always	0.7
	often	3.9
	sometimes	12.6
	seldom	9.4
	never	72.1
The participant informs healthcare providers about self-initiated adjustments to the pharmacotherapy	always	43.8
	often	7.6
	sometimes	7.4
	seldom	5.4
	never	31.2

WE CAN DO BETTER IN PROVIDING PEOPLE CENTERED CARE

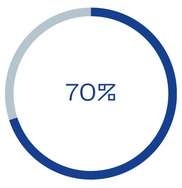
MY HEALTHCARE PROVIDER WANTS TO KNOW EXACTLY HOW I WANT TO BE INVOLVED IN DECISION MAKING



THE HEALTHCARE PROVIDER AND I SELECTED A TREATMENT OPTION TOGETHER

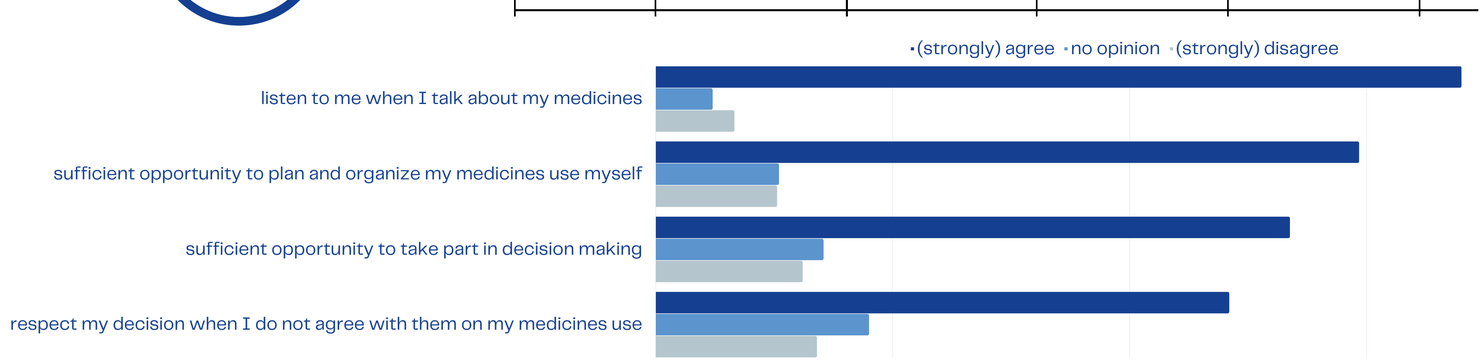


THE HEALTHCARE PROVIDER AND I REACHED AN AGREEMENT ON HOW TO PROCEED WITH MY PHARMACOTHERAPY



Percentage= proportion of participants that has discussed the topic (row) with a health care provider (column). The participants who had a discussion, indicated to what extent in was in line with their needs (pie charts): **Adjusted to the patient's needs**; **Not enough**; Too much

Discussions with health care providers about medicines use in the last year (n=459)					
N=459	Family doctor	Medical specialist	Pharmacist	Nurse	NR
Drug choice	75%	71%	14%	17%	4%
Patient goals related to medication	60%	60%	10%	14%	14%
Adherence	49%	54%	15%	18%	16%



PEOPLE CENTERED CARE CAN IMPROVE ADHERENCE

PCC (adjusted CCCQ) had a weak, positive correlation with medicines adherence (MARS-5) ($r=0.3$, $p<0.001$) and with the frequency of self-initiated changes to the medicines used ($r=0.1$, $p=0.006$). In multiple logistic regression analysis, each point of increase on the adjusted CCCQ corresponded to a 7% higher chance of medicines adherence (>=20 on the MARS-5), corrected for age, the burden due to chronic diseases, the impact of side effects and beliefs about medicines. This was not the case for shared decision-making (SDM-Q-9).