



Adherence:

A Multidimensional
Approach to Patient-
Centered Support

Uniting to Scale
up TB Care in
Central Asia

April 14-15, 2011

Main Points

- Multidimensional approach to adherence: interventions needed at different levels
- Patient adherence factors: barriers and facilitators
- Considerations for fortifying our patient-centered adherence support

My Inspiration



Timely Treatment + Adherence = Cure

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- Both components are equally important for successful outcomes
 - Adherence strategies cannot be an after-thought
 - Both components need rigorous planning and financial resources

Adherence Interventions

- Three levels:
 - Health Care System
 - Health Care Providers
 - Patients

Adherence Interventions

- Health Care System:
 - Adequate staffing
 - Allocate resources and time for health education
 - Access to good communication
 - Recognize the need to support health care providers

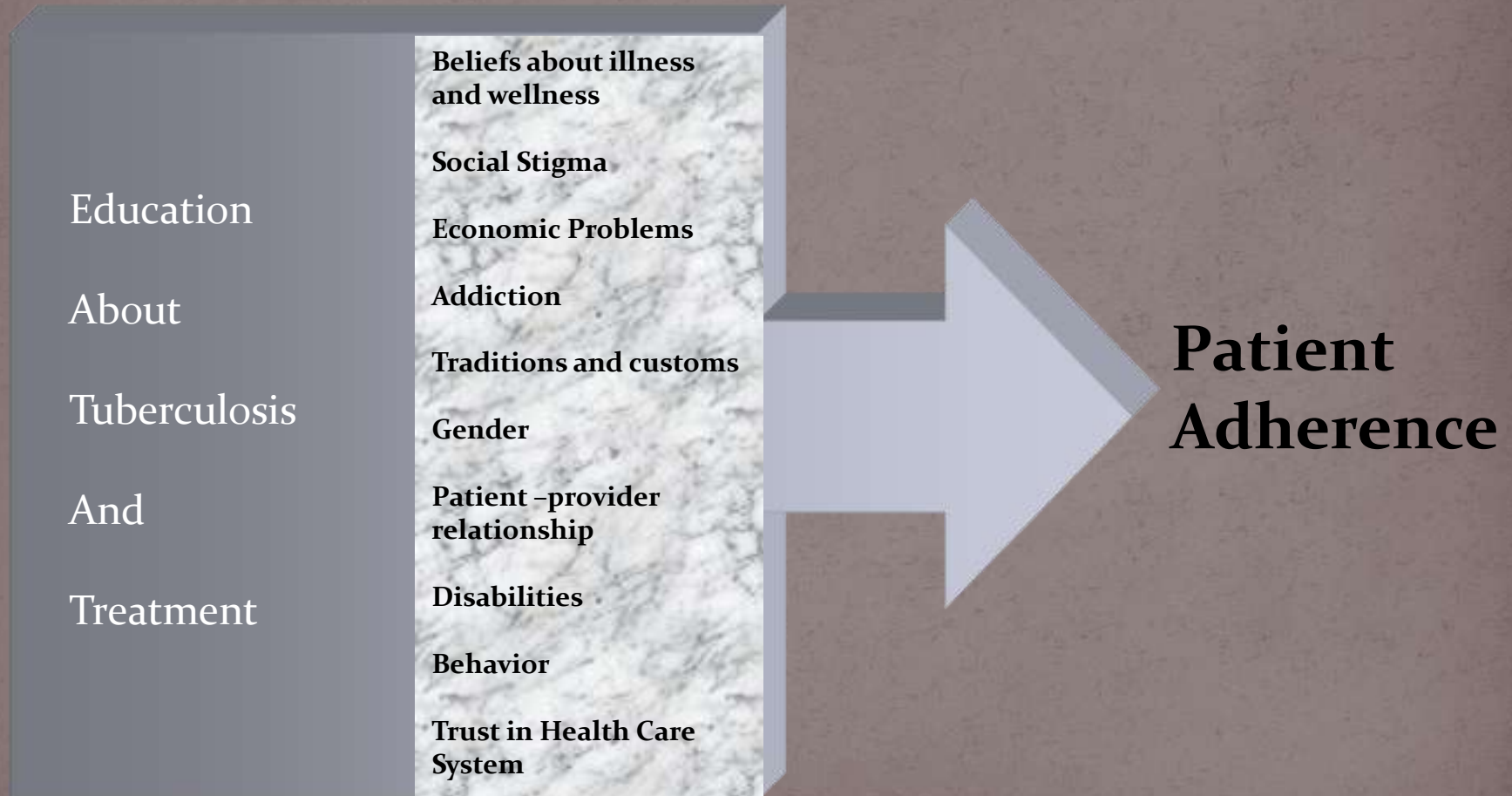
Adherence Interventions

- Health Care Providers
 - Include nurses in multidisciplinary team planning
 - Provide training in:
 - Effective Health Communication strategies
 - Motivational Skills
 - Behavioral skills to help patients
 - Basic counseling skills
 - Provide consistent clinical supervision and support

Adherence Interventions

- Patient Support
 - No set of personality traits that have been linked to adherence
 - Patients who face the same problems/barriers may react differently
 - Aspects of patient adherence not only include coming to clinic, but taking all medications, using stress reduction skills, managing addictions, communicating with family
 - “Reasons “ given for defaulting are often different than the actual problem

Barriers and Facilitators of Adherence



- **BAD NEWS:**

No one intervention is effective.

- **GOOD NEWS:**

All evidence points to the idea that a patient-centered approach can assist us to find what can work for each person

Patient-centered Approach

- Non-judgmental or blaming
- Focus is on partnering with the patient and family to involve them in shared decisions
- Requires a change in thinking about health care from a biomedical model of care to a bio-psychosocial model of care

Practical considerations for providing Patient-centered care:

- Initial psychosocial Patient assessment: economic, family support, history of TB, history of coping.
- Multidisciplinary Admission Process
- Individual Adherence Plans: what patient and provider agree to do together to bring a cure

Adherence Plans could include:

- Enablers: “goods or services that make it easier for patients to adhere to treatment (e.g.. stipend, housing, transportation, food, juice/kefir needed to take drugs, resting place after drug intake, child care)
- Incentives: “goods or services used to encourage patients to adhere to treatment” (e.g.. Rewards, incentives, recognition)
- Patient support buddy
- Counseling, support group, psycho education
- Behavioral strategies a patient agrees to use to support adherence
- Job Training
- For Children: access to continue their education and minimize disruption to their social and educational development.

Adherence Plans

- Can be changed if they are not working
- Can be adapted to temporary changes in circumstances
- Can offer choices, options, and restore a sense of control for the patient
- Establishes the shared responsibility of the provider and patient

Conclusion

- Adherence is needed at all levels and is not just a patient problem
- Not one strategy will help all patients.
- A multidisciplinary team approach will assist with sharing the responsibility of patient care
- A patient-centered approach can adapt to the adherence needs of each patient.
- Adherence support needs rigorous planning and financial backing to work.

Thank you !