

Making the Shift From Adherence to Self-Management

A look at adherence from the patient's perspective

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When 38% of a brand's sales are lost to nonadherence,¹ perhaps the current approach to treatment adherence is not as effective as it could be. Shifting the focus of adherence programs away from the patient as an observer and toward the patient as a participant in the decision-making process may help to increase adherence. To understand how to make the shift toward self-management, it will help to examine current adherence programs from the following patient perspectives.

"Do I want to take this medicine each day, even though it makes me feel sick to my stomach?"

Perspective #1: At the end of the day, it's up to the patient.

In asking patients to be adherent to a treatment plan, you are really asking them to make a choice. To help patients make the right choices, self-management programs need to be based on patient-centered approaches, such as shared decision making and chronic disease self-management. An effective program is one that helps patients assess their readiness for change and then prioritize those changes based on what is most important to them. Giving patients the information, tools, and skills they need to "own" their decisions will also give them the confidence to talk with their physicians about what is and is not working.

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Perspective #2: It's not just what you say, it's how you say it.

A self-management plan is only as effective as it is comprehensible. Many leading organizations—including the AMA, FDA, NIH, NCQA, and PhRMA—promote health literacy principles as essential components of effective education. Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand the basic information and services needed to make appropriate health decisions. HealthEd recently audited more than 150 online and offline patient education tactics and found that their content was, on average, at a 10th -grade to 11th-grade reading level. Some tactics were even as high as a 19th-grade reading level. Yet research shows that almost half of American adults read at or below an 8th-grade reading level.² A successful self-management program must be not only clinically sound, but also comprehensible and actionable. After all, if patients cannot process and understand the information provided, they cannot act upon it, even if they believe it is the best choice for them.

"I know I need to eat healthier food to help lower my cholesterol, but I don't want to give up Sunday brunch at the diner."

Perspective #3: Knowing you should doesn't always mean you will.

Much time and effort has been dedicated to developing patient programs that focus on medicine reminders. But if patients never start treatment, then there is no medicine to remind them to take. It is essential that self-management programs

start by addressing ambivalence. For example, patients may be unsure that the benefits of following a treatment plan outweigh the potential risks and costs. Helping patients acknowledge and uncover ambivalence early creates a teachable moment that can inspire change now by educating patients on the consequences of waiting until later. Only after patients have been coached through identifying and resolving their ambivalence can a program address the various other factors that influence medicine-taking behavior, such as forgetfulness.

Pharmaceutical marketers have an opportunity to initiate a shift away from traditional adherence models by integrating these 3 key perspectives into innovative self-management programs.

Conduct your own assessment

Do the self-management (adherence) programs that you, as a pharmaceutical marketer, develop:

- Encourage patients to make their own decisions about self-management?
- Meet health literacy principles in order to promote comprehension and action?
- Address ambivalence early in the treatment process and pave the way for realistic change?

Conclusion

Pharmaceutical marketers have an opportunity to initiate a shift away from traditional adherence models by integrating these 3 key perspectives into innovative self-management programs.



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Sources of Information Used in this Article

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