



Is it non-compliance or non-adherence?

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UnitedHealthcare Community Plan

United Healthcare

1

Disclosure

I have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.

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2

Learning Objectives

At the end of this presentation, you should:-

- ❖ Describe the difference between non-compliance and non-adherence and how these terms contribute perceptions regarding the individual.
- ❖ Identify how to interpret non-adherence in care coordination and review contributing factors.
- ❖ Discuss how to use trauma-informed tactics in communicating with individuals about treatment issues.
- ❖ Review strategies that implement shared decision-making to improve adherence and compliance.

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3

Agenda

1. What is non-compliance?
2. What is non-adherence?
3. Why is it important to distinguish difference? – what's in a name?
4. What is trauma-informed process?

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4

Pre questions

What is the difference between non-compliance & non-adherence?

- A. There is no difference, the terms can be used interchangeably.
- B. They are both intentional and rational decisions.
- C. One is intentional and the other is not.
- D. a and b

Which of the following is the most commonly occurring aspect of non-adherence?

- A. Medications are not filled.
- B. Medications are not started.
- C. Medications are not finished.
- D. None of these contribute to non-adherence.

During a trauma-informed interview, the interviewer should:

- A. Ask the individual what is wrong with them.
- B. Never ask the individual what is wrong with them.
- C. Ask the individual what is wrong with them and then suggest how to fix their problems.
- D. a and c

What does the 'S' in the acronym SHARE for shared decision-making stand for?

- A. Share here.
- B. Show the member their problems.
- C. Seek your member's participation.
- D. None of the above.

Non-adherence and non-compliance can be due to multiple factors, including characteristics of the patient, the treatment plan, and societal issues; however, the term non-compliant is used to describe the individual who unintentionally fails to follow a plan of care.

- A. True
- B. False

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5

Case – meet Oma Anna... how it started!

- 72yo widow, American of German descent, Houston resident, Strong-willed lady, thick accent, refuses NF
- **Med Hx:** HTN, CHF, Afib, s/p MI x1 and has had a TIA, COPD, Glaucoma, Has OA in knees and leg swelling. Has had 3 hospitalizations in the past 6 months and 4 ER visits. Falls occasionally. Has an attendant a few hours /day – paid by her dtr
- **Social HX:** Lives alone mostly, 40yo son lives with her sometimes, he's unreliable. Likes to knit and garden. Doesn't drive, depends on son and dtr and neighbor to get out and to MD visits. They do her grocery shopping when they have time. She doesn't cook – eats once meal/day
- **Fm HX:** 3 kids – 2 boys, 1 girl. Has 5 grandchildren
- **Fxnal capacity, ADLs and Adaptive aids:** uses a cane, rollator at times, is on 2 L NC prn, Transfers - Min Assist



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6

What is non-compliance?

- Non-Compliance describes patients who **deliberately** refuse to follow a treatment plan. (Medscape)
- Make a **rational decision** based on knowledge, experience, and beliefs (AMA)
- A patient's non-compliance is the patient's breach of an agreement between himself and his healthcare provider.
- Compliance suggests an excessively authoritative role for the provider.



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7

What is non-adherence?

- Non-Adherence is the behavior in which a patient **UNINTENTIONALLY** fails to follow a plan of care (Medscape)
- When patients don't take their medications as prescribed (AMA)



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8

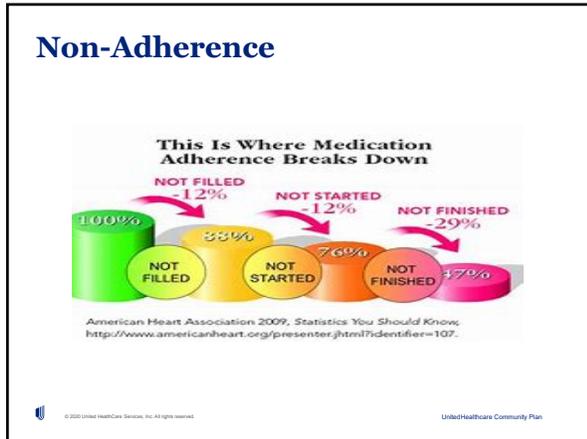
Case – about Oma Anna

- 72yo widow, American of German descent, Houston resident. Strong-willed lady, thick accent, refuses NF
- **Med Hx:** HTN, CHF, Afib, s/p MI x1 and has had a TIA, COPD, Glaucoma. Has OA in knees and leg swelling. Has had 3 hospitalizations in the past 6 months and 4 ER visits. Falls occasionally. Has an attendant a few hours /day – paid by her dtr
- **Her meds** (she shows you list) :
 - Lasix 20mg bid
 - Enalapril 20mg in am
 - Metoprolol 50mg bid
 - Entresto 49/51mg bid
 - ASA 325mg daily
 - Aldactone 25mg tid
 - Coumadin 2.5mg MWFF, 5mg T/TH/Sun off Sat
 - NitroDur patch on 12hrs off 12hrs
 - ProAir HFA every 4hrs - Albuterol HFA every 4 hrs
 - Symbicort inhaler 500 bid
 - 2 Glaucoma eye drops twice/day
 - Vicoden (HC/Tylenol) 5/325mg 4tid
 - Aleve prn throughout the day for her knee as needed



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9



13

- ### 8 reasons patients don't take their medications (AMA)
- Fear** - frightened of potential side effects ,may have experienced previous side effects with same or similar medications ,may have witnessed side effects experienced by a friend or family member who is taking the same or similar medications
 - Cost** – high cost may lead to patients' not filling their medications in the first place or they may ration what they do fill in order to extend the supply
 - Misunderstanding** - may not understand the need for the medication , the nature of side effects or the time to take to see results (for example taking a medication every day for a chronic condition to reduce the risk of something bad happening in the distant future)
 - Too many medications** – having several different medications prescribed with higher dosing frequencies and taken at different times ,multiple medications that could be combined or use a simplified regimen
 - Lack of Symptoms** – when there are no symptoms the patients don't feel any different when they start or stop the medication and so might not see a reason to continue or once a condition is controlled they may think the problem is resolved and discontinue the medication .
 - Mistrust** - The pharmaceutical industry's influence on physician prescribing patterns can make patients suspicious of doctor's motives for prescribing certain medications
 - Worry** – may be concerned about becoming dependent on medication , inadequate communication between the physician and patient with the physician not understanding the patients concerns
 - Depression** – depressed patients are less likely to take medications as prescribed
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14

Why is it important to know the difference? – what's in a name?

15

Trauma- informed interviewing

(adapted from The Substance Abuse & Mental Health Services Administration's "Guiding Principles of Trauma-Informed Care". Center of HealthCare Strategies | SAMHSA's Concept of Trauma & guidance for a trauma-informed approach 2014)

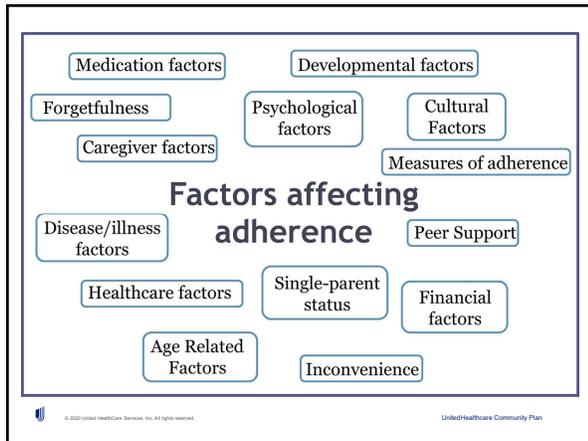
- Shifts the focus from "What's wrong with you?" to "What happened to you?"
- Acknowledges the need to have a complete picture of the member's life situation – past and present- in order to provide effective healthcare services with a healing orientation
- Involves:
 - understanding trauma;
 - recognizing the effects;
 - Training;
 - Integrating knowledge into practices and treatments;
 - Avoiding re-traumatization

Core Principles

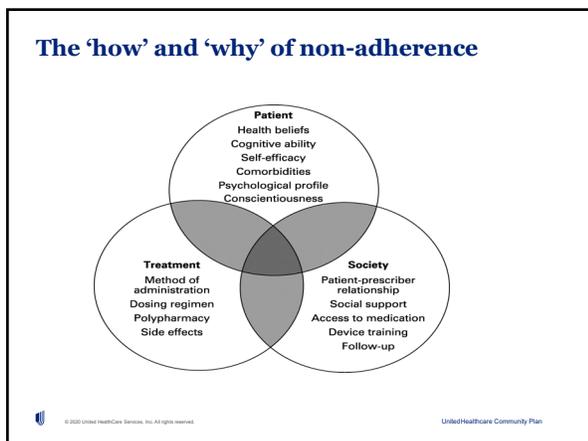
- ❖ **Emotional safety**- non-judgmental support. Recognize & integrate member's strengths & experiences
- ❖ **Build trustworthiness & transparency**
- ❖ **Peer-support**
- ❖ **Collaboration**- include the member in the process & discuss mutually agreed upon goals for treatment
- ❖ **Empowerment**- by providing information simple things that can be done daily, recognize effects of stress
- ❖ **Humility & Responsiveness, compassionate resilience** – sensitive to member's racial, ethnic, & cultural background & gender identity

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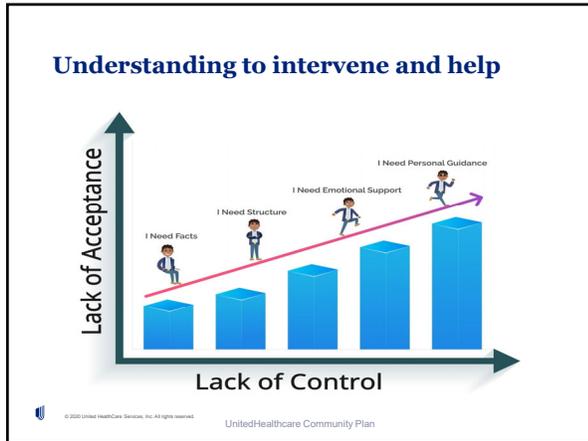
19



20



21



22

Shared Decision making

(adapted from Agency for Healthcare Research and Quality)

- occurs when a healthcare provider and a member **work together** to make a health care decision that is best for the member.
- **The optimal decision takes into account**
 - **evidence-based information** about available options
 - the **provider's knowledge** and experience
 - the **member's values** and preferences
- Step-wise approach per AHRQ using the acronym **SHARE**
 - **S – Seek** your member's participation
 - **H – Help** your member explore and compare treatment options
 - **A – Assess** your member's values and preferences
 - **R – Reach** a decision with your member
 - **E – Evaluate** your member's decision

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23

Case – what you found out about Oma Anna

- 72yo widow, American of German descent, Houston resident, Strong-willed lady, thick accent, refuses NF
- **Med Hx:** HTN, CHF, Afib, s/p MI x1 and has had a TIA, COPD, Glaucoma, Has OA in knees and leg swelling. Has had 3 hospitalizations in the past 6 months and 4 ER visits. Falls occasionally. Has an attendant a few hours /day – paid by her dr

Your investigation -

- **Attendant:** She doesn't like the attendant, she's too pushy, and puts her out the house 2-3days /week but doesn't tell her dr
- **Drs –** she sees a different Dr/NP at the local clinic whenever she goes. Can't get to Dr Nguyen often and he doesn't understand her... but he's a good Dr and she likes him. She didn't now she was seeing a NP – she doesn't know what that is, she thought they were all Drs (MDs). She thinks that's dishonest – she's always had issues with trusting the 'medical folks'
- **Medication reconciliation**
 - She doesn't take Metoprolol – it makes her sleepy
 - She take the Lasix 3days/week – it makes her stay up all night in the bathroom, she wets her pants, its embarrassing
 - She only takes coumadin 5mg daily – its easier to remember
 - She has never filled NitroDur or Symbicort
- She takes the Vicoden and Aleve together 4x/d

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24

Post questions

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5. Non-adherence and non-compliance can be due to multiple factors, including characteristics of the patient, the treatment plan, and societal issues; however, the term non-compliant is used to describe the individual who unintentionally fails to follow a plan of care.
 - a. True
 - b. **False**

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28

THANK YOU !!



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29
