



## From Patient Education to Patient-Centric Support: Disrupting the Paradigm to Improve Adherence and Outcomes

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### Introduction

According to a recent study, *Economic impact of medication non-adherence*, “Medication non-adherence places a significant cost burden on healthcare systems.” Worldwide, estimated cost measured by impact on pharmaceutical companies tops \$600 billion annually. ([MobiHealthNews](#), 2016)

While significant, the cost to pharma and the healthcare system alone fails to capture the impact of non-adherence on quality of life for patients or deaths due to non-adherence. In a 2003 report by WHO on the challenge of non-adherence, it was noted that “increasing adherence may have a greater effect on health than any improvement in specific medical treatments.<sup>1</sup> Adherence is a complex issue requiring a comprehensive solution.

When patients are adherent, there is:

- An increase in the amount of evidence available to prove efficacy of a treatment
- Prevention of future episodes, recurrence, or new diagnoses is more possible
- A reduction in cost of care
- An increase in patient satisfaction
- A reduction in the burden on healthcare professionals

According to the National Institute of Health, nonadherence with medication is a complex and multidimensional health care problem.<sup>2</sup> Complex challenges require comprehensive and innovative solutions.

Healthcare professionals and the organizations they work for invest significant resources in developing their medical expertise. However, training in communication strategies such as open-ended questions, active listening, and acknowledging is often missing from the curriculum in nursing and medical schools. Additionally, even though stress has so many negative impacts, assessing stress and providing stress reduction strategies are seldom undertaken. Taking existing patient resources such as oncology nurses, patient navigators, oncologists, and

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<sup>1</sup> If You Build It, Will They Come? Designing Truly Patient-Centered Health Care, *Health Affairs*, 29, no. 5 [2010]: 914-920, page 916

<sup>2</sup> Hugtenburg, J. G., Timmers, L., Elders, P. J., Vervloet, M., & van Dijk, L. (2013). Definitions, variants, and causes of nonadherence with medication: a challenge for tailored interventions. *Patient Preference and Adherence*, 7, 675–682. <http://doi.org/10.2147/PPA.S29549>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3711878/>



pharmacists and embedding coaching skills and strategies to improve adherence, we create a solution that improves the overall delivery of healthcare to patients.

## **Barriers to Adherence**

Some factors that have frequently been associated with nonadherence include:

- Patient-related factors (cognition, support, depression, and belief in value of therapy),
- Treatment-related factors (side effects, complexity of treatment, drug interactions, and label warnings)
- Healthcare system–related factors (lack of physician availability, lack of financial resources/insurance coverage, delays in obtaining prescription/refills, and delay in follow-up care).<sup>3</sup>

This is not a complete picture of what contributes to non-adherence. Little to no consideration is given to non-medical factors such as:

- Stress
- Caregiving responsibilities (children, aging parents)
- Work-related issues
- Patient mindset including limiting beliefs they may hold about efficacy and outcomes
- Impact of illness on relationships and social life
- Grief or feelings of loss related to changes caused by health challenges

Support and interventions need to be person-focused, not only disease state focused.

Another factor creating a barrier to adherence is that the old paradigm of patient education is not working. Communication perceived by the patient to be primarily one way focused on information coming at them is not effective. We need to move beyond education to engagement.

Patient engagement is defined as

...the desire and capability to actively choose to participate in care in a way uniquely appropriate to the individual, in cooperation with a healthcare provider or institution, for the purposes of maximizing outcomes or improving experiences of care. (Higgins, Larson, Schnal 2017)

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<sup>3</sup> <http://www.jons-online.com/issue-archive/2016-issue/july-2016-vol-7-no-6/oral-chemotherapy-patient-education-and-nursing-intervention/>



## ***Critical Steps to Creating Patient Engagement***

Patient engagement is created by:

- Using a coaching based approach to patient communication
- Building trust and rapport through active listening, acknowledging, and other coaching skills
- Understanding the patient mindset
- Addressing stress, a significant block to behavior change and adherence
- Providing a structured approach to creating action plans and strategies

Patients are doing the best they can with the tools they have often under very trying circumstances. To expect them to make changes armed only with what they already know and education about their treatment alone is expecting too much. If they are taught a process for managing change and they are involved in designing interventions to break through potential barriers to adherence in advance, they can be part of the solution instead of being perceived as the problem when non-adherence occurs.

The client-centered focus of coaching provides the kind of environment that encourages patient engagement through the nature of the coaching relationship.

## ***What is Health Coaching?***

Coaching is “a relatively new behavioral intervention that has gained popularity in health promotion, public health, and disease management because of the ability to address multiple behaviors, health risks, and self-management of illness in a cost-effective manner.”<sup>4</sup>

According to the International Coach Federation, coaching is defined as

...partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential, which is particularly important in today’s uncertain and complex environment.

Interventions that are informed by the principles of coaching change the typical wellness relationship where the expert dictates the path. Instead, through a coaching style approach, patients receive information from experts but, through guidance, assemble and create personal plans that uniquely fit their motivations and interests. Changing the paradigm in this manner places patients in the position of taking both responsibility for, and ownership of, their own care.

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<sup>4</sup> Effect of Motivational Interviewing-Based Health Coaching on Employees’ Physical and Mental Health Status, Journal of Occupational Health Psychology, Vol. 11, No. 4, 358–365, 2006.



A beneficial outcome noted in a recent study on training healthcare professionals in coaching skills showed,

Eighty-eight percent of professionals trained in health coaching reported an increased ability to engage patients as a result of the training.<sup>5</sup>

When patients are coached they can:

- Feel empowered to take charge of their lives
- Be more motivated to make healthy choices to improve their physical and emotional wellbeing
- Maximize their use of internal & external resources
- Improve their relationships with their caregivers, family, and friends
- Find the energy to feel like they are thriving, not just surviving
- Be more effective communicators with their healthcare providers
- Create their own strategies and action plans thereby increasing the likelihood they will make sustainable changes
- Feel more satisfied with the quality of care they are receiving
- Experience better outcomes

Core competencies covered include:

- Role of Stress in Behavior Change
- Intrinsic vs. Extrinsic Motivators
- Enhanced communication skills
- Identification of blocks to adherence
- Increasing patient self-efficacy, resilience, and self-confidence
- Patient mindset as positive mindset

Because coaching focuses on supporting patients to find their own solutions, it is well suited to and adaptable for use in different cultures and countries.

### ***What is Mindset...and Why Does It Matter?***

Mindset is made up of thoughts, attitudes, beliefs, and perceptions. These can be shifted or changed. Perceptions and beliefs can also be dependent on an individual's situation. What's important is whether the perception or belief is empowering or is limiting.

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<sup>5</sup> Survey: Health Coach Training May Improve Patient Engagement, Sabrina Rodak, Becker Hospital Review, June 10, 2013.



Mindset plays a critical role in how successful patients can be when adding a new medication to their daily routine. Remember, as a cancer patient starts a new treatment, there are many factors that influence whether or not they will stay on that treatment to completion.

When healthcare professionals understand the unique factors that create obstacles to adherence, including the role of the patient mindset, and have access to coaching skills and strategies to efficiently and effectively help patients break through those obstacles and shift to a “can do” mindset, everyone wins. We move from focusing on the problem of adherence to proactively setting the patient up with the best possible chance for success.

### *Stress and Behavior Change*

Executive functioning (EF) refers to the set of neurocognitive processes that govern our ability to:

- Problem-solve
- Observe current behavior
- Assess behaviors that are not aligning with our goals
- Modify our behavior to better meet goals

“Chronic stress severely disrupts two key processes attributed to the PFC [Prefrontal Cortex]: working memory and behavioral flexibility.”<sup>6</sup>

Any attempt to create behavior change without assessing and addressing significant levels of stress, a highly common occurrence with those facing health challenges, will not be sustainable over time. Stress as an obstacle to behavior change is commonly overlooked and yet significant progress in reducing stress can be made at a very low cost compared to the cost of non-adherence.

### *Don't Change What You Do...Change HOW You Do It*

Healthcare professionals and the organizations they work for invest significant resources in developing their medical expertise. A cost-effective patient adherence intervention is one that is designed to enhance the ability of those already interfacing with patients by expanding the existing knowledge and skill base.

At a time when many organizations are moving to technology-based support solutions for patients, it is important to recognize that not all patients are comfortable with using technology and many, particularly those in low income areas, may have limited to no access. By taking

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<sup>6</sup> Journal of Neuroscience, The Prefrontal Cortex as a Key Target of the Maladaptive Response to Stress, João J. Cerqueira<sup>1</sup>, François Mailliet, Osborne F. X. Almeida<sup>3</sup>, Thérèse M. Jay, and Nuno Sousa, 14 March 2007, (11) 2781-2787



existing patient resources such as oncology nurses, patient navigators, oncologists, and pharmacists and embedding coaching skills and strategies to improve adherence, we create a solution that is not technology dependent and one that improves the overall delivery of healthcare to patients.

Training healthcare professionals in basic coaching skills, a structured approach to behavior change, and the importance of stress reduction and patient mindset in adherence creates a very holistic, well-rounded approach and allows your team to ensure they are coming from a true patient-centered approach in their care.

*Adherence isn't just about taking medication...it is about changing lives.*



To learn more about the Well Beyond Ordinary, Inc. coaching based [Patient Adherence Training Program](#) and [Patient Support Program](#), schedule a complimentary discovery call so we can discuss a customized solution based on your needs.

For more information, contact:

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