

Why Don't Clients Do What They Say They Will Do... Barriers To Compliance?

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Why don't clients do what we say? Eliminating the barriers to compliance (30 min. lecture + 30 minute workshop)

Poor compliance is nothing new to health care. Over 2000 years ago Hippocrates said that patients often lied about taking their medication. Medical was a problem then and is still one of the biggest problems health care professionals face and a primary causes for failed outcomes.

While we all know adherence is an issue most people have no idea how severe the problem is. Results of numerous studies indicate a range of 30-60 percent non adherence. Not surprisingly adherence to short term acute recommendations is much higher than in chronic long term protocols. For instance adherence among patients dealing with ischemic heart disease is about 75% while adherence with disposable contact lenses is about 30%.

Many diseases are preventable, treatable or even curable. With appropriate care and most importantly adherence. Without adherence all the medical effort and care we expend may well be wasted. It has been said that adherence is the single greatest barrier to success.

The issues we face with poor client compliance or as it has come to be called "adherence" are hardly new. Hippocrates wrote that patients often lied about taking their medication. Estimates for non-adherence in all areas of treatment range from a low of 4 percent to a high of 92 percent, with an average ranging from 30 to 60 percent. Not surprisingly compliance with preventive health care efforts is considerably lower than in the management of chronic disease states.

Given that many diseases are preventable, curable, or at least treatable, patient adherence is often a crucial step toward improving treatment status and achieving good health. The diagnosis, the carefully weighted treatment plan, and the expanded time and effort in patient education all become wasted efforts if a patient does not adhere to the prescriptions and proscriptions recommended by a health care provider.

Adherence or Compliance may well be the greatest impediment to therapeutic outcomes and preventive health care.

Studies of non-adherence indicate that from 10 to 90 percent of patients do not fully follow their doctor's orders. Most researchers agree that at least half of all patients do not take their prescribed drugs correctly. Adherence does not correlate with age, sex, race, occupation, education, income level, or socioeconomic status. In fact, unlike in the investment world, the only good indicator of future adherence may be past adherence! Some people just do and some people just don't

In humans, the five most common types of non-adherence with medication are: 1) failing to have a prescription filled at all, (2) incorrect dosing (3) taking the medication at the interval, (4) forgetting to take medications, and (5) stopping the medication. Sound familiar?

Some barriers to compliance are psychological such as insufficient understanding of the regimen, lack of faith in benefits of treatment, and attitudes toward medication-taking in general. This requires greater educational effort such as stressing the benefits of the medication is often insufficient to sustain or reinforce the behavior over time. Personalized follow-up on adherence through the pharmacy may improve adherence.

Cues, or prompts, are often one of the most effective and efficient behavioral strategies to enhance medication adherence. Factors that increase adherence include perceived support from the provider, patient satisfaction with the medical visit.

Why is what you do as important as what you say?

A study of human health care providers found that overweight or obese physicians were less likely to discuss weight loss with heavy patients: only 18% of these doctors discussed losing weight with their patients while 30% of normal weight physicians did.

Is it possible that one of the reasons our profession is so poor at advocating for preventive measures and treatment plans that we are poor in our own compliance either as individuals or as a practice recommendation? Veterinarians and their staff are role models for clients and a lackadaisical approach to preventive health care or treatment of our own pets is likely to influence our ability to draw forth compliant behavior. Veterinary teams that practice what they preach are more likely to preach what they practice.

<http://healthland.time.com/2012/01/30/fat-doctors-are-less-likely-to-help-patients-lose-weight/#ixzz1rXrMMZRL>

Sometimes we believe we have made a recommendation but for some reason it was never followed. Why? Without doubt the greatest reason is confusion with sometimes conflicting recommendations and explanations from two or more staff members. Who do you believe? Sometimes the easiest thing is to do nothing.

One of the mysterious and confusing factors is "internal compliance" wherein even when talking about agreed upon recommendations there are significant variations among staff recommendations to clients.

You can do anything if you have enthusiasm. It is the yeast that makes your hopes rise to the stars. With it, there is accomplishment. Without it, there are only alibis. — Henry Ford

Steps to take

- Recommit Agree that pet owners and pets deserve the best care we can provide
- Develop a standardized approach to preventive health care. Implement the AAHA/AVMA Preventive Pet Healthcare Guidelines
- Be proactive in advocating for preventive health care from vaccines to heartworm preventives, from dental care to diagnostic tests. Don't wait for the client to initiate a discussion. They might not. You are the trusted advisor, the advocate for the pet.
- Discuss them regularly to be sure you haven't drifted and hold each other accountable
- Schedule follow-up care and medication refill reminders before the client leaves.
- Every pet owner should hear the message of, preventive care, commitment and adherence.
- We need to be certain that our staff is compliant and educated so they can advocate with authority and integrity