

The background of the slide is a light blue gradient with a blurred image of a medical clipboard. On the clipboard, there is a stethoscope and a circular object with the letters 'RX' written on it. The text is overlaid on a semi-transparent dark blue horizontal band.

# The Effects of Shared Decision Making and Patient Education on Medication Adherence

Dr. Jessica Chung, DNP, FNP-C  
Founder of J.C. Healthcare & Associates,  
International Business Association for Nurses &  
SkinToneRx

# The Significance of Medication Nonadherence

- Medication Adherence is important in the management and treatment of various acute and chronic diseases and disorders.
- Medication non-adherence has significant adverse effects on patient care such as increased hospitalizations, need for long term care, negative health outcomes, increased health care provider visits and raising health care costs
- Unintentional medication non-adherence is an ongoing concern in clinical practice due to lack of education on medication.
- Medication nonadherence has significant negative impacts on health such as increased risk for organ damage and failure, increased risk for cardiovascular events, increased risk for drug abuse and addiction, increased risk for medication dependency, increased risk for infection and increased risk of death.

# STUDY PURPOSE

To determine if shared decision making and adherence therapy improves medication adherence in patients identified as being non-adherent with previous prescribed medication therapy.

Engage providers and patients in shared decision making to identify appropriate prescribed medication.

Develop and integrate adherence therapy into clinical practice which will consist of medication education, disease education, discussing treatment barriers and concerns and agreement to medication adherence.

# Study Details

- **Setting**
  - Primary care clinic in Tampa Bay, Florida.
- **Population**
  - Adults with at least one chronic medical diagnosis prescribed at least one medication for a chronic medical condition
- **Implementation**
  - Identifying patients who are non adherent or at high risk for nonadherence to prescribed therapy during routine office visits
  - Engaging the patient in **shared decision making** and **adherence therapy** at the initial visit
  - Conducting follow up phone calls or office visits with the patient to assess medication adherence, level of understanding and reiterating education as necessary
  - Assessment of medication adherence 30 days after the initial visit

# What is Adherence Therapy?

- Using the Medication Adherence Model developed by Mary Jayne Johnson, I identified and assessed patients for non-adherence which involved gathering information from the patient and researching the patient's medical records, including their medication refill report from pharmacies
- With this information, I developed and implemented **adherence therapy** weekly via an office visit or phone call
- Adherence Therapy is composed of:
  - Questions asked to identify improvement in medication adherence or continued risks of non-adherence
  - Educating the patient on the importance of their medication, disease process and risks for negative health outcome with non adherence
  - Formulating a plan with the patient's input on how they can remain adherent to medication use as prescribed

# Study Results

Participants enrolled into this study had at least **one chronic medical condition** including: Hypertension, Type 2 diabetes, Chronic allergies, Liver carcinoma, Asthma or Chronic pain.

100% of the participants in this study were identified as nonadherent or at high risk for non-adherence to prescribed therapy.

66% of participants received adherence therapy and/or engaged in shared decision making at least twice after the initial session during the study.

Of the 66% of participants that received adherence therapy and/or engaged in shared decision making, 75% were adherent to prescribed therapy 30 days or more after the initial session.

- 33% of the participants did not engage in shared decision making or receive adherence therapy after the initial session due to no participation in follow up phone call/visit sessions or withdrawing from the study
- 16% remained non-adherent to prescribed therapy after 30 days

# Clinical Significance to Practice

- Engaging patients in shared decision making and providing education has a positive effect on medication adherence
- Patients are more likely to be adherent to prescribed therapy when they receive education that is tailored to their specific needs and medical condition
- Engaging in shared decision making and education with the healthcare provider improves patient and provider communication, which affects medication adherence
- Aide advanced practice nurses in clinical settings in properly managing care for non-adherent patients and develop an effective plan of care to improve medication adherence.
- Increased medication adherence can decrease unnecessary hospitalizations, improve disease trajectory, reduce/prevent health related complications and decrease health care costs associated with complications and improve overall health and quality of life.

# Potential Challenges and Success in Clinical Practice

## **Challenges:**

- Following up with participants within the outlined timeframe due to scheduling conflicts
- Providing necessary education in limited time frames
- Identifying qualified patients willing to adhere to implemented medication adherence strategies

## **Successes:**

- Providing needed patient education that is lacking in our healthcare system
- Patients most likely to remain adherent after receiving adherence therapy
- Helping healthcare providers implement tools to identify medication nonadherence and reduce the occurrence of nonadherence in practice
- Improvement in patient and provider relationship