Enhancing Primary Care Clinic Staff’s Skills to Promote a Shared Medication Adherence Practice

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Clinical Problem and Objective

Medication nonadherence is a persistent problem leading to adverse outcomes and reduction in treatment efficacy

- 50% rate of medication adherence
- Up to 80% for certain medications
- Higher among minority, low income, urban communities

Prevalence

- ~125,000 U.S. deaths annually
- 10% of hospitalizations
- Costs US healthcare system nearly $300 billion annually

Effects

- To train primary care staff to identify and address medication nonadherence

Objective

Nurses are key players in addressing the problem
- 8 RCTs of nurse-led interventions significantly improved medication adherence
- Minimal training results in practice change
- Another study demonstrated a single educational workshop can result in nurse-led practice change

Evidence-based Interventions to promote adherence:
- combo pills
- 1x/day dosing
- text messaging
- insulin pens

Focus given to high-risk populations:
- African Americans, low-income, and urban communities

Synthesis of Supporting Literature

Nurses are key players in addressing the problem
- 8 RCTs of nurse-led interventions significantly improved medication adherence
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Project Implementation

Population, Setting, & Stakeholders
- 91% black, 42% patients below the poverty line
- Urban Federally Qualified Health Center (FQHC)
- Clinic staff, patients, QI committee, Mile Square system

Design & Theoretical Framework
- Quasi-experimental, mixed methods pre-post-design
- New World Kirkpatrick Model

Progression of Intervention

Pre-Intervention
- Presentation to the Mile Square QI Committee
- Site visit for participant recruitment (n=8) (See Figures 1 and 2)
- Pre-Survey

Intervention
- Single 30-minute slideshow presentation
- Virtual webinar (n = 6), Recorded webinar (n = 2)
- TOOLS for staff:
  - Modified Medication Adherence Rating Scale (MARS)
  - Barriers and Interventions Checklist (BIC)
- Motivational Interviewing

Post-Intervention
- Immediate and 4 weeks post-workshop surveys
- Weekly email reminders

(Tsai et al., 2005; Thompson et al., 2004)

Titles of Participants

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<th>RN (1)</th>
<th>APRN (1)</th>
<th>CMA (2)</th>
<th>LPN (4)</th>
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<td>12%</td>
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Years in Healthcare

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<td>&gt;20 years</td>
<td>13%</td>
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<td>1-10 years</td>
<td>25%</td>
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<td>11-20 years</td>
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Outcomes

Project Objectives Met
- 29% increase in staff knowledge
- 44% increase in staff confidence in initiating conversations
- 77% increase in patient adherence discussions

Practice Change Contributors/Recognition of Relevance

Program Evaluation

- Staff Reasons for Successful or Unsuccessful Program Adoption
  - Utilizing practical course materials/tools (25%)
  - My own effort and discipline (25%)
  - My experience (25%)
  - The workshop itself (17%)
  - A good system of accountability (8%)

- Too many other things to do (37%)
- No incentive to apply change (13%)
- Difficult to apply (13%)
- Told not to use it (13%)
- Do not remember what I learned (12%)
- Not encouraged to use it (12%)

Implications for Practice and Recommendations

Conclusion
- Medication nonadherence exists among the patient population
- A single session nurse-led clinic staff education program resulted in an increase in knowledge, self-confidence and self-reported practice behavior change

Clinical Implications for Practice
- Evidence of prevalence and need for practice change

Recommendations and Next Steps
- Continue at current Mile Square Englewood clinic
- Expand to other Mile Square sites
- Add modified MARS and BIC to intake workflow (EHR)
- Delegate process steps by staff position
- Establish standard method of staff communication
- Complete adequate patient follow-up

Acknowledgements

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- Alfreda Vincent, LPN II at Mile Square Englewood

References

Available upon request or at the following Google document:
https://docs.google.com/document/d/1Hr9XUHzE1Au_4M_IXc6h1E8p_Jw5WwK2FPh8s_lwiedt/?usp=sharing