

Of Course, I Take My Medications as Directed

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Financial Disclosure

- President, Eyetechs
- Partner, PhoneCOA

Course Objectives

At the conclusion of this presentation, you will be able to:

- Identify behaviors and visual cues of non-compliant patients
- Identify roadblocks to compliance
- Offer collaborative approaches to increased compliance
- Utilize support services for the patient and care team
- Explain why the patient-provider relationship is terminated when non-compliance persists.

Why This Topic?

Growing frustration by physicians and staff that we:

- **Aren't** identifying non-compliant patients soon enough
- **Aren't** managing non-compliant patients as well as possible
- **Are** continuing efforts to treat non-compliant patients when patients are not responding to counseling



Glaucoma - the “Thief of Sight”

- Number 1 condition for non-compliance
 - No symptoms
 - Chronic condition
- Risk factors
 - Family history
 - Age
 - Ethnicity
- Education
- Check with family members
- PSA - January



Patient Education

Understanding Glaucoma

Glaucoma is an eye disease that usually has no symptoms in its early stages. Without proper treatment, glaucoma can lead to blindness. The good news is that with regular eye exams, early detection, and treatment, you can preserve your sight.

Understanding and Living with Glaucoma

A COMPLETE GUIDE FOR PATIENTS AND FAMILIES



GLAUCOMA
RESEARCH FOUNDATION

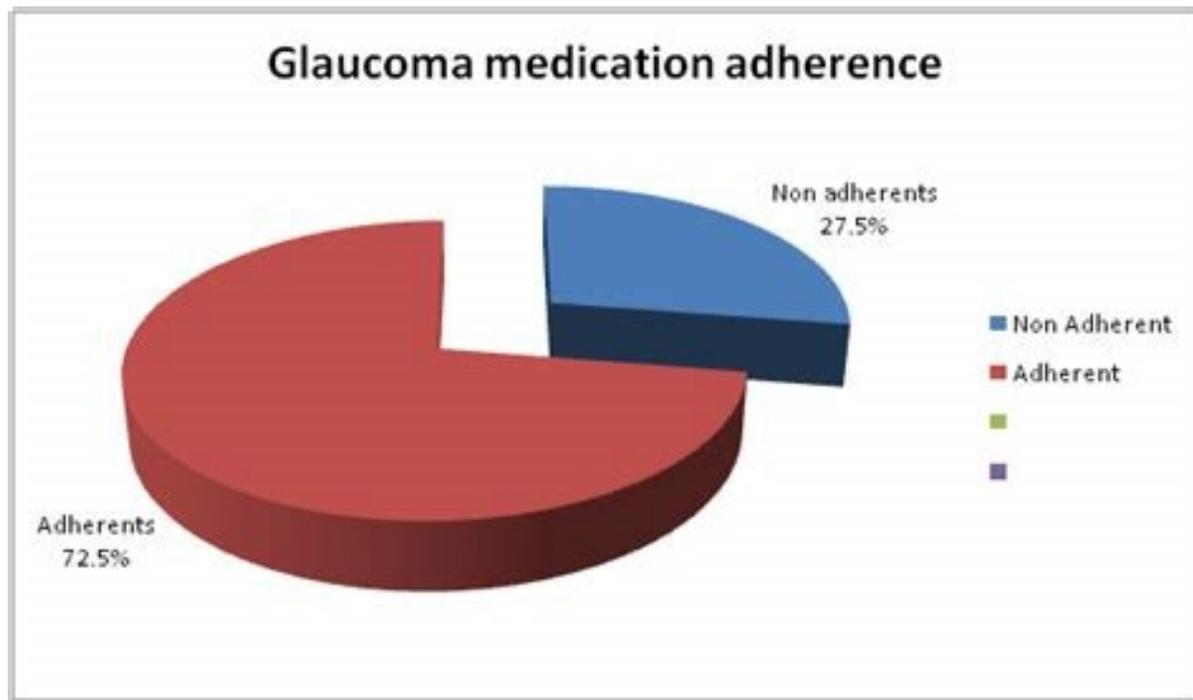
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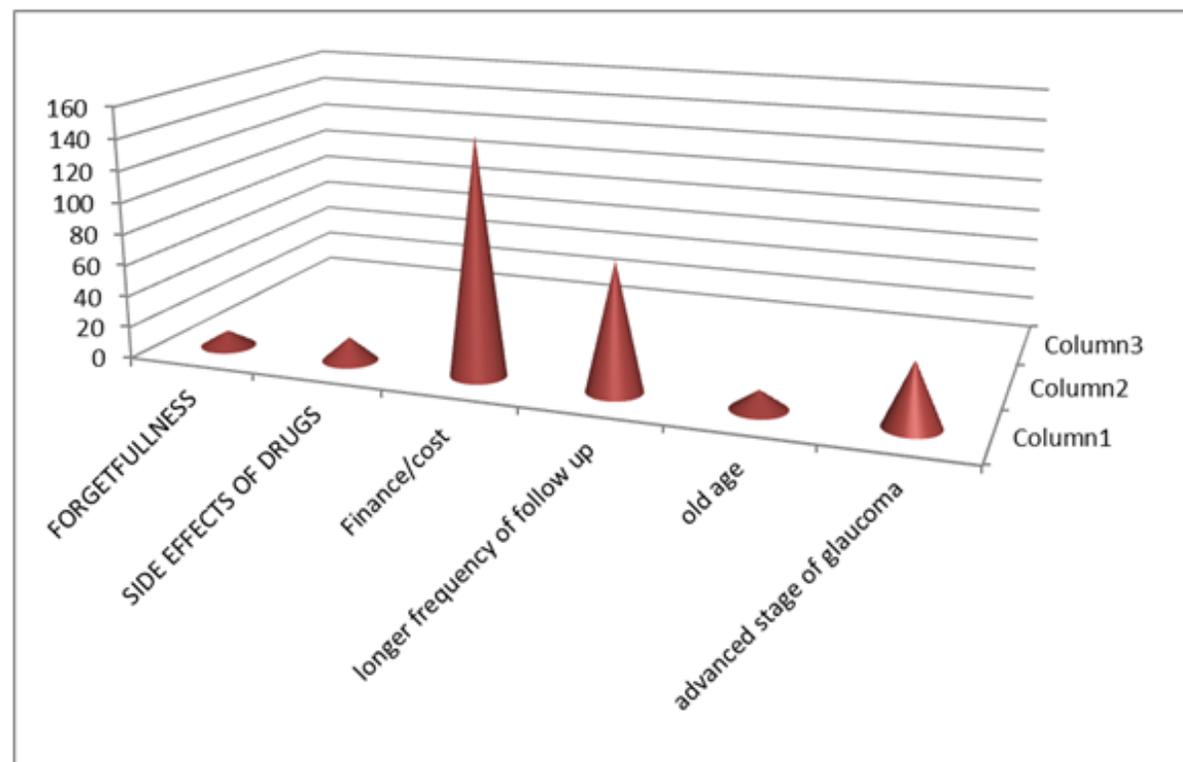
eyetechs

Glaucoma Non-Compliance

Adherence



Factors to Non-compliance



Identifying Non-Compliant Patients

- Lost to recall
- Multiple cancellations or rescheduled appointments
- Patient rarely needs refills
- Puts drops in while at the office
- Complains about cost of drops – requests samples
- Refuses treatments
- Confusion about serious versus bothersome symptoms
- Operative or post op complications
- Language barriers
- Confusion
- Mistrust



Using Schedules to Identify Patients

- Vague excuses for missed appointments
 - “Conflict”
 - “Busy”
 - Occasional no-show
- Return always just a bit later than recommended
 - Comes in at 8 months for 6 month follow up
- Refuses to schedule at check out
 - “Need to check my calendar”
 - Uses as excuse to delay follow up



Using Medication Issues to Identify Patients

- Still has “plenty” of medication, but last refill was >1 year prior
- Admits to rationing medications
- Admits to missing a dose “periodically”
- Comments about cost of medication
- Frequent requests for samples



May indicate difficulty in affording medications or unpleasant side effects.

Look at the full med list – does patient take lots of meds?

Refusing Treatment to Identify Patients

Identify the root cause:

- Fear?
- Cost?
- Lack of understanding of risks/benefits?
 - Perception of effectiveness?
- Over reliance on (*possibly non-existent*) symptoms?
- Internet nightmare: “I know what is best for me”
- Religious beliefs?

Lack of Comprehension to Identify Patients

- Belief that if something is wrong, there would be symptoms
 - Think hypertension
 - Glaucoma
 - RD
 - Early AMD

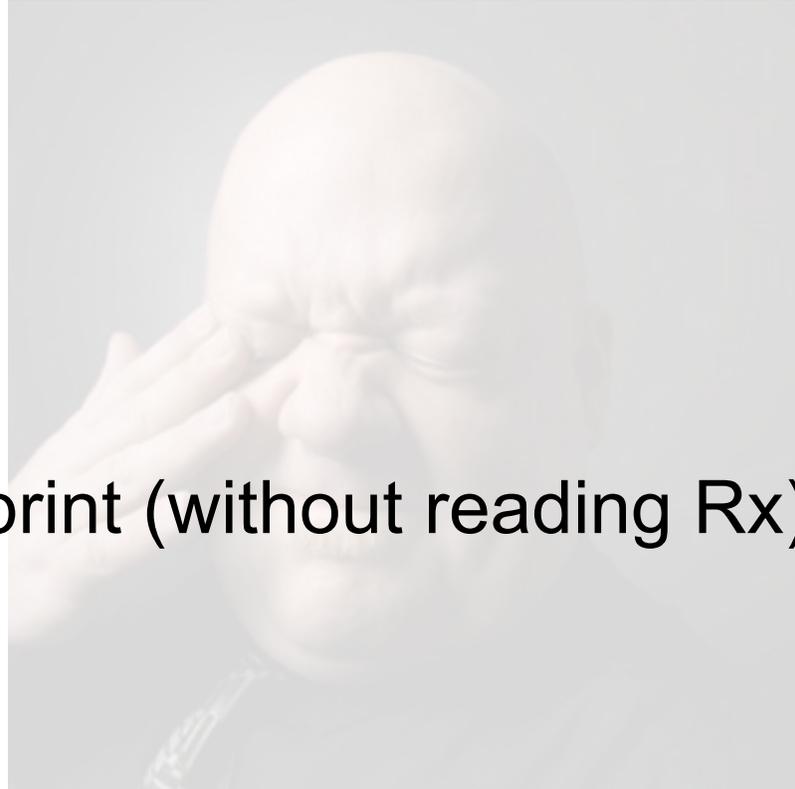


Lack of Comprehension to Identify Patients

- Lack of understanding that poorly controlled systemic disease can cause eye complications
 - DM
 - Long-term med use (e.g. Plaquenil)
 - Thyroid
 - Hypertension

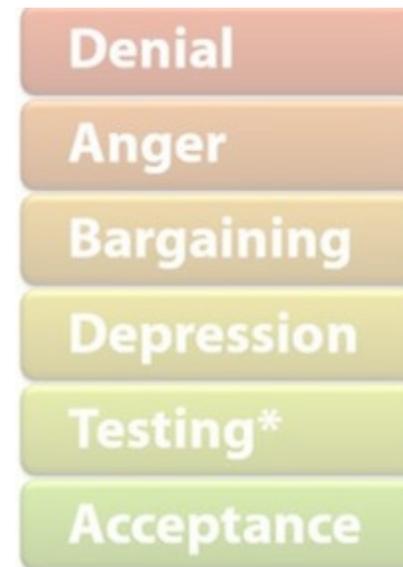
Patients May Not Understand Symptoms

- Dry eye symptoms
 - Watering
 - FB sensation
- Benign floaters
- Inability to read small print (without reading Rx)



Identifying Patients During the Post-Op Period

- Misunderstanding normal post op discomfort
- Confusion about known additional treatment needs
- Feeling that a successful procedure was a failure
 - Denial – *Arguing*
 - Anger - *Raised voice, “scoffing”*
 - Loss of hope – *Slouched posture*
 - Fear – *Closed posture*
 - Frustration – *Crying, withdrawing*



When there are Language Barriers

- Language barriers
 - Patient agrees too readily
 - Nods but does not participate
 - *Does not bring translator or admit to not speaking the language*
 - Legal vs. ethical requirements

When there are Barriers to Comprehension



- Cognitive issues
 - Blank affect
- Mistrust
 - Closed body position
 - “Silent treatment”

The Future is Now

- SLT
- Time release medications and implants
 - Durysta (FDA approved)
 - AC implant (Phase II)
 - Microinvasive implant (Submitted)
- In the pipeline
 - Surface implants
 - Gel forming drops
 - Punctal implants



The Technician's Role

Identifying Patients

- LISTEN and HEAR
 - Often clues are subtle
- ASK open ended questions
 - “How are you taking your medications?”
 - Tell me your routine”
 - *Avoid* asking “ Are you using your Lumigan at bedtime in both eyes?”



Identifying Patients

- ASK

- “What questions do you have?”

- Disease specific

- Treatment alternatives

- Have literature available to give to patient while they wait for MD (multilingual)

- Encourage patients to ask questions

- Be sure you have a good understanding about the disease

- Do not tell the patient something that will contradict the physician



Post-Op Patients

- Know the usual post operative course for every procedure your MD does
 - Understand **known** potential complications
 - Know usual recovery time
 - Be aware of common benign post op symptoms
- Alert the MD if a patient seems angry, frustrated or fatalistic about their post op progress
 - Patient may become withdrawn, irritable or teary
 - Do not document displeasure
- Do not make promises or assurances



Questions to Determine Compliance

- I see that you have missed some appointments. Have you been feeling ok?
- The surgery you had tends to have a slow recovery. Are you coping ok?
- Do you live alone?
 - have friends or family to help you at home?
- Are there any concerns you would like us to know about?
- The doctor suggested you get a second opinion. Do you have any questions about why?
- Do you have any more questions?
- Is there anything else you need from us today?



Medication Reminders

- Medisafe App
 - Medication reminders and refills
 - Sync to another's phone
- Link to daily activities
- Move the bottle
- Color coded spreadsheet



Patient Education Resources

- American Academy of Ophthalmology (www.aao.org)
 - Patient education information for clinicians, brochures & videos for patients
- Eyesmart of the AAO (<http://www.aao.org/eye-health>)
 - Website for patient education resources
- Condition Specific Websites
 - American Glaucoma Society (<http://www.americanglaucomasociety.net/patients/faqs>)
 - American Macular Degeneration Foundation (<https://www.macular.org>)
 - Your practice website



Additional Resources

- Involve Family and Caregivers
 - Language, comprehension
- Offer second opinion
 - Best option for lack of trust
- Call the PCP
 - Cognitive issues
 - Insight into management/communication alternatives



The Behavior Continues

We've educated. We've talked. We've given literature. We've involved others.

- The patient still cancels
- Doesn't use the meds
- Complains about irrelevant symptoms
- Refuses to follow directions
 - "knows best"
 -is decidedly non-compliant.

What now?

Should Your Doctor End the Relationship?

- Non-compliant patients are stressful for the MD and staff.
- Hours are spent trying to reschedule, educate, accommodate the patient.
- Despite all efforts, the patient is headed toward vision loss and the team cannot stop the inevitable.....

Yet the MD holds liability for vision loss if the patient is retained by the practice but does not comply with treatment.



Saying Goodbye

1. All prior interactions, activities and educational sessions **have been carefully documented.**
 - a. Consider a “Refusal for Treatment” form.
2. Send a letter with a recap of treatment expectations, severity of disease, recommendation for a second opinion.
 - a. Give the patient a limited time to comply (usually 30 days) and several other professionals.
 - a. Emergencies the exception
 - b. TRACK the time and act as soon as the time is up.



Saying Goodbye

1. If nothing has changed, formal termination of care
 - a. Letter explaining why relationship is being terminated
 - b. Resources for patient to get care elsewhere
 - c. Record release form to transfer records
 - d. MARK account inactive so patient doesn't resurface several years later!

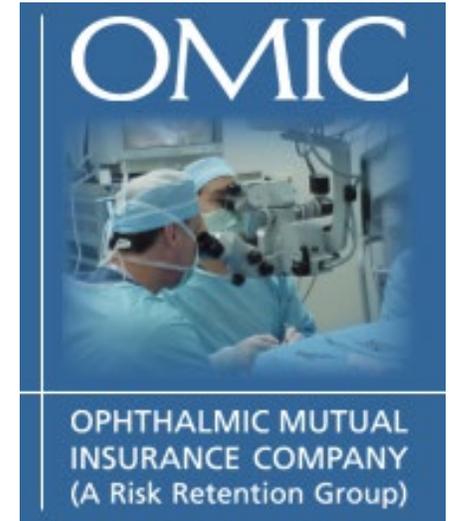
Never reinvent the wheel

- Ophthalmic Mutual Insurance Company (OMIC)
 - www.omic.com
 - Open web site (your MD does not need to be insured by OMIC)
 - Many resources on difficult patient situations

- How-to advice and letters:

<http://www.omic.com/terminating-the-physician-patient-relationship/>

- Warnings
- Second opinion recommendations
- Termination of care



Refusal for treatment

or “how to get their attention”

REFUSAL OF RECOMMENDED MEDICAL OR SURGICAL TREATMENT

Patient Name: _____

Dr. _____ informed me of the following:

I have the following condition(s): _____

The doctor recommends: _____

The recommended treatment consists of: _____

The purpose of the recommended treatment is: _____

I should get the recommended treatment within the following time
period: _____

The possible alternative(s) to the recommended treatment: _____

The consequences of not getting the recommended treatment or the above described
alternative(s): _____

I understand that my failure to accept the recommended treatment may endanger my
vision, life, or health; I nonetheless refuse to consent to it.

My reason for refusal is: _____

Patient (or person authorized to sign for patient)

Date

Sample Termination of Care Letter

Dear (Patient):

After careful consideration, I feel it would be in your best medical interest to seek the services of another ophthalmologist. I have decided to discontinue as your ophthalmologist effective 30 days from the date you receive this letter for the following reason(s): **(Indicating the specific reason(s) for termination is optional although if it involves your medical treatment, such as failure to take prescription medication, you may wish to do so.)**

I strongly urge you to make arrangements for the services of another ophthalmologist as soon as possible to maintain the continuity of your care. If you need a referral, you might contact your health plan, the local ophthalmological society (give number) or the (state or county) medical association (give number). My office will transfer a copy of your records to your new physician if you so desire. A copy of the authorization form is included.

If you should have a medical eye emergency before you have been able to secure the services of another physician, I will be able to provide such emergency care for 30 days from the date you receive this letter.

In closing, I wish to remind you of the importance of seeking regular eye care and maintaining the continuity of services by another qualified ophthalmologist. **(If the patient has a condition that requires specific care, state the care AND the consequences of no care in clear, patient-friendly language. If the patient has a condition that needs regular follow-up, state the frequency and urgency of the follow-up, AND state the consequences of not getting the follow-up at the recommended time in clear, patient-friendly language.)**

I appreciate your understanding and assistance in this matter and assure you we will do all we can to facilitate a smooth transition in your care.



Summary

1. Identify non-compliant patients

- Alert the MD!

2. Ask questions, try to learn cause of non-compliance

- Educate with words, models, handouts

3. If education fails, terminate patient care

- *Last resort*, based on the assumption that the MD has done all she can and the problem is with the patient.

The Other Compliance

Compliance

- “A compliance program is a mechanism to identify activities that may be inconsistent with applicable rules, regulations or program policies and that may subject a practice to sanctions.”

Compliance Program for Physician Practices; the American Society of Ophthalmic Administrators

- Focuses on
 - Quality care according to standards set by AAO and CMS
 - Billing appropriately for services rendered

7 Elements of a Compliance Program



Benefits of a Compliance Program

- Improved patient care, including appropriate billing for services rendered
- Improved documentation
 - Accurately reflects what transpired during the visit.
- More knowledgeable staff
- Minimized risk of outside audit
- Credible data analysis
- Maximized revenue potential

THANK YOU

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