

National Association of Chain Drug Stores Pharmacies: Improving Health, Reducing Costs. July 2010. Based in IMS Health Data

Synthesis of Supporting Literature

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
- 1 x/day dosing
- text messaging
- Insulin pens

Focus given to high-risk populations:

African Americans, low-income, and urban communities

(Munoz et al., 2019; Revello & Fields, 2015; Slabaugh et al., 2015; Thakkar et al., 2016; Weeda et al., 2016; Verloo et al., 2017).

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

Elizabeth Ebeywa, MA, BS, RN, Valerie Gruss, PhD, APRN, CNP-BC, FAAN, & Michael Koronkowski, PharmD, BCGP

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

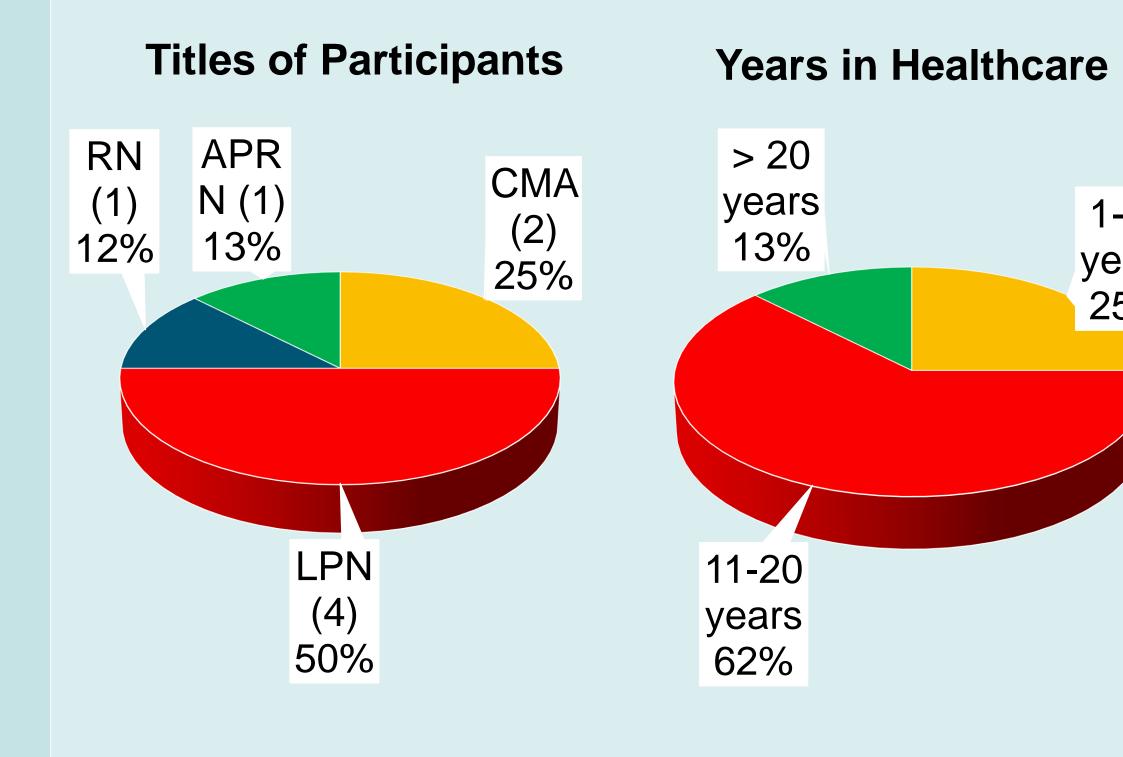
- Immediate and 4 weeks post-workshop surveys
- Weekly email reminders

(Oyekan, 2009; Thompson et al., 2000).

1-10

years

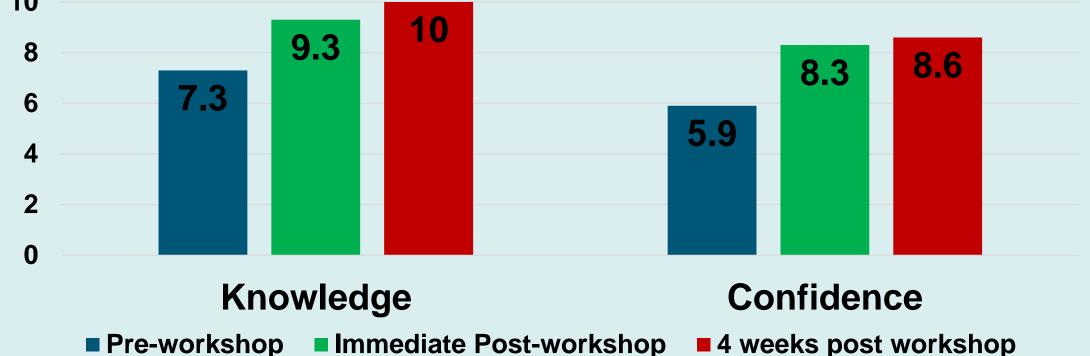
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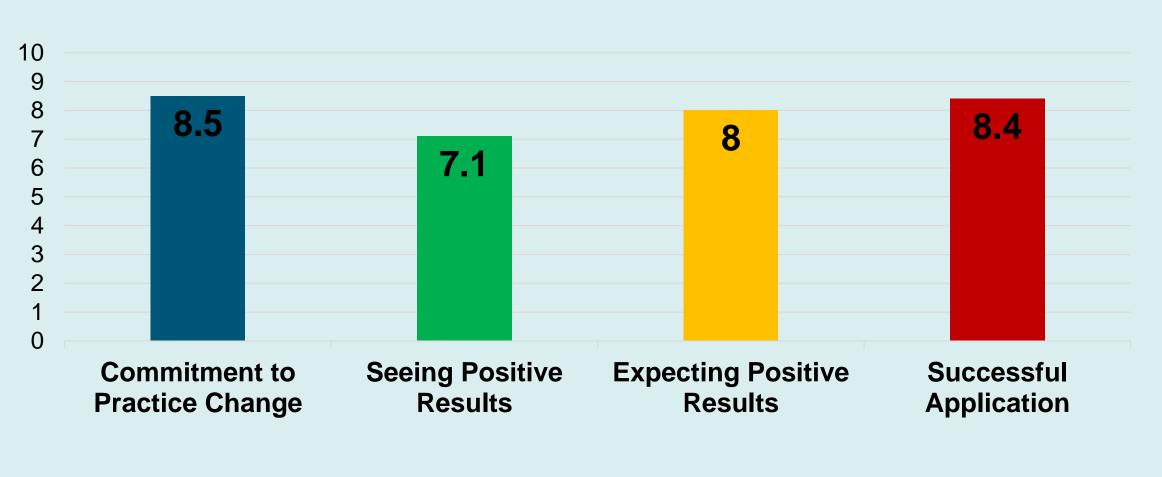
Outcomes

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**

Reasons for <u>Successful</u> Program Adoption	Reasons for <u>Unsuccessful</u> Program Adoption
Utilizing practical course	 Too many other things to
materials/tools (25%)	do (37%)
 My own effort and 	 No incentive to apply
discipline (25%)	change (13%)
• My experience (25%)	• Difficult to apply (13%)
 The workshop itself (17%) 	 Told not to use it (13%)
 A good system of 	• Do not remember what I
accountability (8%)	learned (12%)
	 Not encouraged to use it
	(12%)



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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

Improving our Patient's Health Outcomes

It's not just IF a patient is non-adherent, but WHY



Acknowledgements

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- Afra Vincent, LPN II at Mile Square Englewood

References

Available upon request or at the following Google document:

https://docs.google.com/document/d/1Hlp3XUlhEiAu_4M-_IXc6hT8Xp_JsvWkKZuRhBiL_lw/edit?usp=sharing