

The Patient Profile: Improving Treatment Adherence

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THE INNOVATION

Primary care clinicians have limited time to get to know patients to individualize care delivery and thereby activate patients. Between 46% and 56% of patients misunderstand dosing instructions or medication warnings.¹ This partially accounts for the 1.5 million adverse drug events resulting in 117,000 hospitalizations each year.² To answer the Institute of Medicine's call "to become a more health literate organization,"³ and in an attempt to improve treatment adherence by deepening relationships and engagement, our health literacy initiative evolved into a whole-person assessment: The Patient Profile.

WHO AND WHERE

Westminster Medical Clinic is a family medicine private practice outside Denver, Colorado, participating in various initiatives since 2003.

HOW

Zarcodoolas outlines 4 categories of health literacy which need addressing—fundamental, science, social, and cultural.⁴ The *Profile* gathers self-reported information: identity descriptors, health beliefs, personality type, learning style, communication preferences, and health literacy level.

The *Profile* is given to new patients, patients with chronic illness or chronic pain, and those receiving health coaching, either electronically through the vendor, Vault, or as a paper

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version. Staff document results in the electronic medical record (EMR). Providers and staff review results in care management meetings, care team meetings, daily huddles, or before visits. The *Profile* completion rates are monitored biannually.

We created an implementation manual to support providers and staff in interpreting results, and assist in adjusting care delivery via a "decision-tree" that includes: post-visit dialog with a medical assistant or health coach, use of monitor screens in patient rooms to share visual information, and incorporation of various teaching methods and strategies.

LEARNING

Patients self-report beliefs as influences on health: relationships with family members, friends, workplace, stress, natural healers, doctors, supplements, and foods. This information is used to guide discussions regarding treatment adherence.

We found that spiritual/religious beliefs influence patient health. As a result, the clinic hosted 2 educational panels of community religious leaders to better understand beliefs, needs, and care choices. The clinic plans to form a community/neighborhood of leaders for patient advocacy and integrate a chaplain into our care teams to support advanced care planning.

Data also showed that most of our patients with hemoglobin A_{1c} ≥9 have intermediate health literacy levels. This preliminary data suggests fundamental health literacy level is not the barrier to patient engagement. Instead, we are now exploring the social, cultural, and scientific—as well as behavioral—barriers to adherence.

Although we have seen care improvements, robust studies are needed to evaluate outcomes related to the Quadruple Aim using the *Profile* such as clinician-patient experiences and contextual factors of strengthened relationships, and methods to improve medication and care plan adherence and improve clinical outcomes.

Key words: health literacy, patient participation, patient education, patient adherence, patient compliance, social determinants of health

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References are available at <http://www.AnnFamMed.org/content/16/3/271/suppl/DC1>.