

CROSS-INDUSTRY Organizations

Inhaler adherence is everyone's responsibility: Conclusions of the IPAC-RS Patient Concordance Initiative

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On behalf of the International Pharmaceutical Aerosol Consortium on Regulation and Science (IPAC-RS)



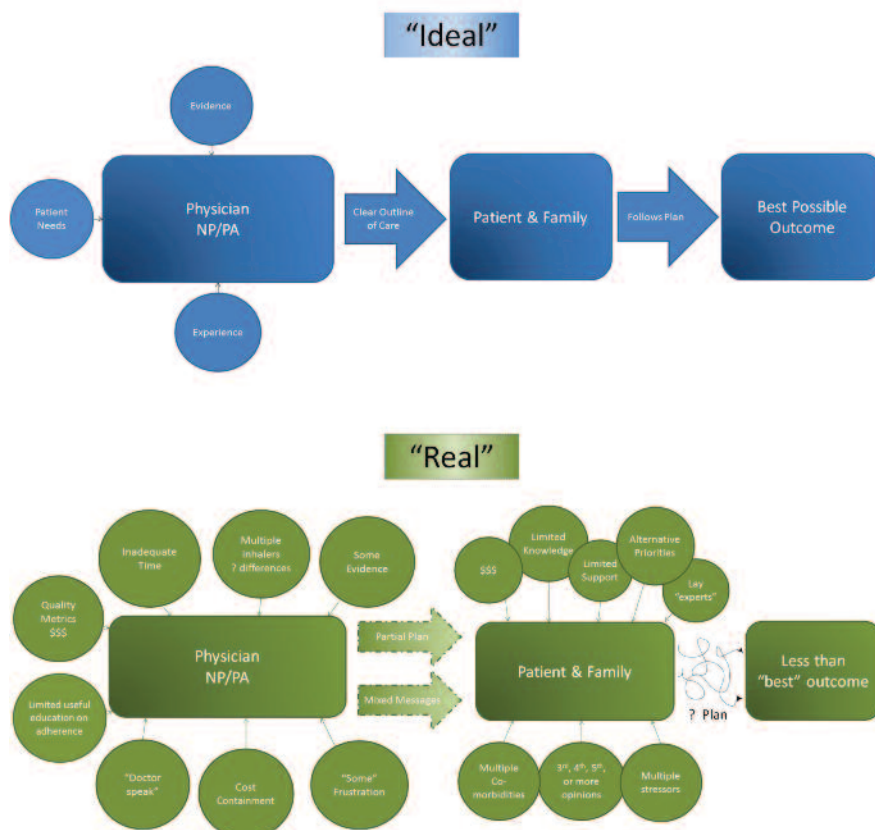
The IPAC-RS Patient Concordance Steering Committee

For decades, children and adults with asthma and chronic obstructive pulmonary disease (COPD)—the most common chronic pulmonary diseases in the world—have had difficulty achieving the “best possible” outcomes despite the availability of effective treatments for these diseases. Poor adherence to prescribed treatments is a prime reason for this and a commonly applied explanation. However, it is a complex problem. The International Pharmaceutical Aerosol Consortium on Regulation and Science (IPAC-RS) established its Patient Concordance Steering Committee in 2010 to engender awareness of and prompt discussion about key challenges related to patient adherence to inhaled medications as well as potential solutions. The initiative brought together the perspectives of patients, healthcare professionals, payers and individuals from industry engaged in the development and manufacture of oral, inhaled and nasal drug products (OINDPs). The results of this work suggest that to address the issue of poor adherence, increased understanding and acknowledgment of the complexity of poor adherence is needed, and implementation of a more collaborative, patient-centered approach to care should be considered.

The need for mutual understanding

The need for increased mutual understanding was one of the most salient conclusions that emerged from this committee's work. Steering committee discussions and the IPAC-RS Patient Concordance Workshop, as well as a literature review, made it clear that the training, experience and perceptions of healthcare professionals and patients—as well as those

of payers and individuals from the pharmaceutical industry—vary widely. In the context of the physician's office, this can lead to misunderstandings that have a detrimental effect on disease management. For example, physicians may claim to feel that “patients never do what they are supposed to,” while patients may feel that instructions were not clearly communicated or that they weren't sufficiently engaged, and



A comparison of "ideal" and "real" treatment and outcome scenarios

Table 1**Communications with patients at key times can be critical for adherence***

People with all chronic diseases require consistent, continuous and correct communications from diagnosis throughout the life of the disease. However, certain time points may have especially important effects on adherence.

Time of diagnosis

Asthma and COPD are serious but controllable chronic diseases that require life-long management in which the patient and family play the major role of helping set goals for therapy and carrying out daily therapy. Chronic disease requires chronic reinforcement of this message, which may not initially be absorbed or may be quickly forgotten.

Point of care

Every visit to a healthcare professional, related or unrelated to asthma or COPD, may be used as an opportunity for education and discussion about the patient's needs, goals and preferences. Messages must be clear and consistent across health professionals and followed by simple queries to confirm understanding. For example:

Inhaler assessment: "Tell me about your red (or green or blue or purple) inhaler. When do you use this and what is your understanding of what it does?"

Transitions of care

Every visit, whether to the office, emergency department or hospital, is a transition of care. The patient and family move from a setting with the health professional to guide them to caring for their asthma or COPD on their own. Patients are experts on their experiences and the information they provide can be used to collaboratively design care for everyday management and optimal adherence.

Demonstration may be worth 1,000 words

Most people learn best by seeing and doing. Asking patients to demonstrate how they use their inhalers at every visit can help confirm that their technique is correct and present opportunities for additional education. Patients should bring all inhalers to each visit to facilitate this.

Communication is not a monologue

Time limitations, impatience and stress often result in lectures. However, failing to assess understanding and not actively inviting questions may lead to a visit to the emergency department, an after-hours call or frustration, fear and increased symptom burden. When healthcare professionals make an effort to listen to their patients, they may help to increase understanding and promote adherence.

*This table is based on the critical communications table in the Patient Concordance Initiative report that will be made available on the IPAC-RS website.

therefore, did not follow instructions. Increasing mutual understanding and promoting productive, non-judgmental, clear and consistent communication may be a way of preventing or reducing such miscommunications. It may also build mutual confidence and trust, leading to a more honest, open exchange.

Additional factors for effective treatment

Beyond general understanding, consideration of individual patient needs; health team or system strengths and limitations; disease and therapy-related factors; and other patient-related factors were emphasized as critically important

for developing an effective treatment plan. Patient representatives on the steering committee—as well as healthcare professionals—made clear the importance of considering social and economic factors when developing treatment plans, such as cost, pharmacy location and individual patient factors such as lifestyle and physical and

cognitive abilities. They also underscored the need to provide resources for work, school and home to help reinforce technique and guide a patient's response to symptoms. It was furthermore acknowledged that health teams and systems may be limited in their ability to address issues. Two key questions were raised that related to whether the members of the health team know how to use inhalers and whether they know how to correctly assess technique. Unless these factors are considered, it may be difficult to develop a treatment plan that works well for a specific patient.

Preparing patients for success

Careful attention to educational messages, including communication about the treatment plan, was also stressed. Workshop participants speaking on behalf of the patient perspective conveyed concerns about information being overwhelming, difficult to understand because of the use of medical jargon, omission of information and limited time with their healthcare professionals. Both physician and patient representatives encouraged attention to inclusion of key information such as therapy name, purpose, schedule and potential adverse events; demonstration of proper technique; and follow-up at future visits. The underlying goal is to prepare the patient for success by making sure they know the "why," "what," "how" and "when" of their treatment.

Support beyond the physician's office

Finally, there was much discussion about expansion of the care team beyond the physician's office to include pharmacists, family and caregivers, employers and health plans, and even the pharmaceutical industry, though less directly.

All of these individuals and organizations play a role in the patient experience. Pharmacists can provide additional instruction and provide refills. Family and caregivers can provide positive reinforcement and even participate in shared medical appointments. Employers and health plans affect the accessibility of care and wellness promotion and the pharmaceutical industry develops devices which are intended to be appropriate, safe and effective. More complete integration of these stakeholders into the care process may help the patient transition from one setting to another by increasing the level of reinforcement and support the patient receives.

Conclusions

Poor adherence deserves attention because it presents a significant challenge to the achievement of better outcomes by patients. As was made clear by participants in the IPAC-RS Patient Concordance Steering Committee and corresponding workshop, adherence is a complex issue, particularly because both patients and physicians have a variety of needs and face competing demands. To improve adherence, greater understanding of these issues is needed by all stakeholders. This, along with continued attention to communication and appropriateness of treatment plans, will enable the development and implementation of practical solutions.

This article reflects conclusions of the IPAC-RS Patient Concordance Steering Committee workshop and literature review. The inclusion of any recommendations or mention of any organizations or products does not represent endorsement by IPAC-RS or any IPAC-RS member company. A complete report from the IPAC-RS Patient Concordance

Steering Committee is in development and will be made available on the IPAC-RS website, www.ipacrs.org.

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