HIV and Medication Adherence Competency Tool

Human Immunodeficiency Virus (HIV) infects around 50,000 people in the US every year. As of 2012, about 1.2 million people in the US were infected with HIV, of whom approximately 12.8% of people did not know they were infected.

It is important for medical providers to understand the issue of medication adherence as it relates to the control of HIV in order to mitigate the advancement of disease in their patients. Median HIV medication adherence in the US is between 60-70%, however researchers suggest that the Antiretroviral (ARV) adherence threshold be greater than 90%. Non-adherence allows for viral replication of HIV and loss of immunological and clinical benefits of the ARVs. Non-adherence can also limit future treatment options for patients.

REASONS FOR NON-ADHERENCE

The first step in overcoming non-adherence is detecting any potential barriers to adherence. Potential barriers include:

- **Patient may not understand what the medication does and why they are being prescribed the medication.**
- **Patient may be unable to read/understand medication name and/or the medication instructions (i.e., frequency and doses).**
- **Patient may forget to take medication as a result of a lack of organization or a lack of routine management.**
- **Patient may fear that the medication may do harm or cause addiction.**
- **Fear due to religious beliefs, or fear of discovery by a friend or family member, may cause patients to become less diligent with their regimen.**
- **Patients may have disabilities that prevent them from continued adherence. This may include vision impairment, motor disability, and trouble eating or swallowing.**
- **Patients may limit the frequency of pill consumption in order to make medications last longer or abstain from refilling prescriptions due to finances.**
- **The Patient may not understand what the medication does and why they are being prescribed the medication.**

In collaboration with

Cicatelli Associates Inc.          www.hivcbacenter          Funded by the CDC Grant #8754
Understanding why a patient is non-adherent will aid in pin-pointing the right intervention to increase his/her adherence. The following protocol was formed by the Quality Insights of Pennsylvania, the Medicare Quality Improvement Organization to provide a standard approach in evaluating a patient’s ability to optimize their medication adherence.  

Utilize the tools on the following pages during patient visits to keep abreast of any issues that affect his or her medication adherence.

**MED TEACHING STRATEGIES**

**Purpose:** To promote a consistent approach to assessing, teaching, and evaluation the patient’s knowledge and ability related to the Improvement in Management of Oral Medications outcome measure.

**ASSESS**

Make sure comprehensive assessment includes learning assessment and barriers:

- Sensorimotor barrier?
- Environmental barrier?
- Cognitive barrier
- Emotional barrier?
- Language barrier?
- Pain/discomfort?
- Cultural/religious practices?
- Poor motivation?

**TEACH**

Make sure teaching includes aspects that can improve self-administration:

- Visual recognition of the drug?
- Purpose?
- Dosing & administration?
- Brand & generic names?
- Expected duration of therapy?
- When to take medication relative to meals, sleep, etc.
- What to do in case a dose is missed?
- What to do if the condition being treated becomes/remains a problem?

**EVALUATE**

Make sure to evaluate and document the patient’s or caregiver’s response to your teaching:

- Needs review?
- Repeats knowledge with cue(s) OR performs actions under supervision?
- Verbalizes knowledge/perform actions spontaneously (without cueing/supervision)?
**MANAGING YOUR MEDICINES**

Many people need help in managing their medicines. One of our goals is to help you understand the purpose of your medicines and how to take them correctly.

<table>
<thead>
<tr>
<th>PLACE A CHECKMARK IN THE BOX ON THE RIGHT OF THE STATEMENT IF IT APPLIES TO YOU</th>
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<tbody>
<tr>
<td>I have new medicines.</td>
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<tr>
<td>I have changed medicines.</td>
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<tr>
<td>I don’t understand the instructions related to my medications. I am not sure how my medicines help my condition.</td>
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<tr>
<td>I don’t think that my medicines help me.</td>
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<tr>
<td>I am concerned about side effects.</td>
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<tr>
<td>I don’t always remember to take my medicines at the right time.</td>
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<tr>
<td>I have trouble reading or seeing small print instructions on medicine bottles.</td>
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<tr>
<td>I have trouble holding the small pills or opening the packaging or the medicine bottles.</td>
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<tr>
<td>I have trouble paying for my medicines.</td>
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Please write down any other concerns you may have:
**MEDICATION ASSESSMENT PROTOCOL**

**Purpose:** To provide a standardized approach to evaluating patient ability to administer medications.

<table>
<thead>
<tr>
<th>INSTRUCTIONS</th>
<th>CLINICAL OBSERVATION/ASSESSMENT</th>
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<tr>
<td>Have patients demonstrate how he/she takes his/hers medication. Ask if the patient has any help to prepare or select the appropriate medications</td>
<td>• Observe the patient performing preparatory activity (e.g., gathering medication supplies or moving to area where medications are routinely stored/organized). • Is the process organized? • Identify compliance aids used. • If the patient does have assistance, determine (through observation and interview) if the assistance is necessary.</td>
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**Once the medication supplies are available:**
Ask the patient to describe how he or she would proceed with taking his or her medicines (i.e., ask specifically, “What would you do first? Second?” etc.)

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<td>• Is the process appropriate as described? • Correct dosage, time, and frequency? • Check the patient’s response against the directions for his or her specific medications.</td>
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**If ability to sequence the multi-step medication administration task is not evident:**
Ask the patient to demonstrate a multi-step medication administration task (i.e., “Please show me how you would open your medicine bottles and take your medication.”)

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<td>• Does the patient demonstrate ability to appropriately complete all steps in the task? • Selects the appropriate bottles • Opens each one and selects the correct dosage prior to closing lid(s) • Takes medication as directed • Closes lid(s) and returns bottles to storage area.</td>
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**Check adherence:**
As part of the comprehensive assessments and on an ongoing basis.

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<td>• Review calendar, diary, list, pillbox, etc. to determine compliance. • Select one medication with known start date and count pills to verify compliance. • Does patient have any established daily routines which are, or could be, tied-in to medication administration?</td>
</tr>
</tbody>
</table>

Promoting and practicing these tools can help alleviate the burden placed on healthcare providers. Also, encouraging patient discussion of potential barriers to adherence ensures that providers are informed, and increases the patients trust in his/her medication regimen.
References


Additional Resources


