

Strategies for Success

Practical advice to help you reach Best Practice status in ophthalmology.



Published through a partnership of BSM Consulting and Ophthalmology Management.

September 2013

Print Issue | Contact BSM | Subscribe | Archive | Forward to Friend



We are currently offering a special annual subscription rate of just \$795 (an immediate \$200 savings) for new subscribers.

Click here to learn more about BSM Connection®

See You in New Orleans at AAO November 16-19, 2013



Visit us at Booth 1036

Techniques for Boosting Patient Compliance Rates

By Heidi Pesterfield

Editor's Note: For additional tools and resources related to this topic, visit the BSM Café (www.bsmcafe.com).



Patient noncompliance—or "nonadherance"—can range in consequence from a minor inconvenience for the practice to the threatened health and well-being of a patient. Fortunately, practices that continually struggle with patient compliance may be able to affect their patients' behavior and boost overall adherence rates by utilizing the following techniques:

Identify the problem. Initial identification of patient noncompliance can be tricky. More often than not, the patient isn't going to come right out and admit the behavior. Some hints that a patient might not be complying with treatment plans could include: chronically missed appointments, inconsistent pharmacy refill requests, and the deterioration of the patient's medical condition.

When practice team members rally to support patients in keeping appointments and following treatments plans, everyone is a winner.

Adapt communication style. Sometimes patients are unable to comply with doctors' orders because the orders are misunderstood. Every patient possesses a different comprehension level that must be assessed early on so the staff's communication style can be modified accordingly. When a comprehensive disadvantage is suspected, caregivers can avoid misunderstandings by speaking slowly, avoiding medical jargon, explaining technical terms, and speaking in short sentences.

Investigate and identify barriers. The source of a patient's noncompliance is not always obvious. While a patient might appear to practice team members as lazy, forgetful, or indifferent, practices could be way off target with this assessment. For instance, patients who consistently fail to adhere to medication regimes might be embarrassed to admit they cannot afford their prescriptions or are unable to read the labels. Other compliance barriers include transportation or child care issues that prevent patients from making it to appointments.

Provide written care plans and appointment reminder cards. Even the most compliant patient can, in some circumstances, struggle to remember specific directions received from a health care provider. An example is the patient who receives bad news about his or her health. Due to the anxiety caused by a less-than-desirable diagnosis, this patient might forget some of the details of the treatment plan or when to follow up with the physician. This is why patient handouts and reminder cards are helpful.

Establish and maintain patient rapport. Patients tend to be more accountable when they have meaningful relationships with the physician and staff. The key to establishing and maintaining such relationships is by building rapport. There are many rapport-building techniques; these are a few: being a good listener by frequently nodding and rephrasing or "reflecting" back what patients say, using a patient's name often throughout the visit, and getting to know more about a patient's personal life.

Encourage participation. Patients tend to follow through with medical directives when they feel they have actively participated in their care. An example of this is when physicians invite patients to discuss the pros and cons of proposed treatment plans. This technique also helps build patient rapport.

Ask patients for solutions. Patients know themselves better than anyone. When they struggle with compliance, providers can ask patients what they believe would help them get on track. Here's an example: "Mrs. Jonze, what do you think would help you remember to take your medication regularly?" or "I would like to hear your ideas on how we could best help you make it to your appointments, Mr. Smyth."

Avoid scare tactics. Although it is critical to inform and occasionally remind patients of the potential consequences of noncompliance, trying to frighten or shame them into action has been proven to be extremely ineffective, and can, in fact, backfire. Patients may never return for care if they feel they are being bullied into compliance. Patients need to be supported, not blamed.

Express genuine concern. When patients understand that the practice genuinely cares for their well-being, they may be more inclined to work toward improved adherence. To express a more personalized message of concern, physicians and staff members can address patients as they would a friend or relative. Here are some examples: "I want you to know, Hugh, I get extremely worried about you when you miss your appointments." Or: "It saddens me to think of the ways your life might change if you continue to go without your medication, Gladys."

Worthwhile Payoff

When practice team members rally to support patients in keeping appointments and following treatment plans, everyone is a winner. But not all patients respond the same, and identifying the source of nonadherance can be tricky. By utilizing these tips, staff members have a better chance of impacting the problem and receiving the worthwhile payoff of improved patient outcomes.



About the author: Heidi Pesterfield works in publication services for BSM Consulting, an internationally recognized health care consulting firm headquartered in Incline Village, Nevada and Scottsdale, Arizona. For more information about the author, BSM Consulting, or content/resources discussed in this article, please visit the BSM Café at www.BSMCafe.com.



Copyright 2013