What is Adherence?

Adherence to treatment means that a patient is following the recommended course of treatment by taking all prescribed medications and coming for scheduled exams and tests.

TB Treatment Guidelines

- The healthcare provider is responsible for successful treatment - not the patient
  - Prescribing appropriate regimen
  - Ensuring successful completion of therapy
- Focus on patient-centered care utilizing case management and directly observed therapy (DOT).
  Patient-centered care respects an individual’s right to participate actively as an informed partner in decisions and activities related to diagnosis and treatment.

Case Management

- System is patient focused and involves:
  - Assignment of responsibility
  - Systematic review of patient progress and response to treatment
  - Adherence plan arranged with the patient
  - Continuity of care-coordinate care with the primary provider
- Case manager should ensure:
  - Treatment plan is established
  - Patient is educated-improving treatment literacy
  - Therapy and follow-up are continuous
  - Contacts are identified and examined

TB Case Management Activities - 1

- Treatment with anti-TB medications-appropriate regimen completed in expected time frame
- DOT
- Monitoring of response to TB treatment-sputum conversion, symptom improvement
- Monitoring of adverse drug reactions
- Adherence monitoring-barriers identified and issues addressed
- Relevant information should be reinforced at each visit
TB Case Management Activities - 2

  - Patient cooperates with TB staff in disease control efforts to prevent further transmission
- Treatment plan documented
  - Individualize care plan and update as needed with active input from the patient and healthcare providers
- Community health
  - Contacts identified, tested & evaluated for treatment according to guidelines

Promoting Adherence

Adherence can be affected by positive or negative factors:

- Related to health system
- Social/family issues
- Personal factors
- Medication side-effects**


Interventions for Adherence

- Many different types of interventions
- Can be tailored to address specific challenges patient may face
- Best approach is multi-level strategy that addresses:
  - Patient
  - Regimen
  - Provider

Patient-Focused Interventions

Interventions are individualized based on patient’s knowledge, attitudes, and beliefs about TB

- Provide education and information
- Suggest medication scheduling and cues (e.g., at meal times or when brushing teeth, etc.)
- Use adherence gadgets (e.g., pill boxes, timers, etc.)
- If necessary use interpreters

Provider-Focused Interventions - 1

- Use a multi-disciplinary team approach
- Employ adherence-related policies or protocols
- Arrange prompt and frequent follow-up
- Use a written contracting between patient and provider
- Encourage active patient role

Provider-Focused Interventions - 2

- Provide accurate, current TB health information
  - Awareness of side-effects and management
  - When and how to contact provider
- Communicate goals of medical care
  - Reasonable and acceptable for patient
  - Small steps over time
  - Put it all on the table (no hidden agendas)
  - Consequences of failing to adhere
- Anticipate & address other medical or lifestyle issues
- Ask about non-medical issues
  - Identify support mechanisms
Regimen-Focused Interventions

- Manage side effects
- Reduce pill burden
- Utilize dietary interventions
- Provide medication fact sheets
- Provide dosing instruction sheets
- Utilize “tricks of the trade”
- Arrange for peer support
- Parenteral administration

Infusion Therapy

Directly Observed Therapy (DOT)

- Involves providing anti-TB drugs directly to patient and watching as patient swallows each dose
  - All medication administered at once rather than splitting doses
- Preferred strategy for all patients with TB disease
- Consider for all patients
- Should be used for all intermittent therapy
- Can lead to reductions in relapse and acquired drug resistance

Prioritizing DOT

- Pulmonary TB with + sputum smears
- Past treatment failure
- Exposure to drug resistant case
- Case of relapse
- Co-infected with HIV
- Current or prior substance use issues, psychiatric illness, memory impairment
- Prior history of non-adherence
- Children and adolescents
- Close contacts of case of TB disease
- Immunocompromised

Summary

- DOT + Individualized Case Management + Enablers/Incentives
- = Best Treatment Results

Take-Home Points

- Develop individualized treatment plans to meet each patient’s needs
- Recognize specific challenges of working with TB
- Use knowledge and tools to overcome challenges and to advocate for patients
- Carefully monitor for treatment failure even with DOT
- Explore opportunities to link with providers across disciplines to strengthen adherence support
**New Challenges**

- Private providers/FQHCs
  - Delayed or missed diagnosis
- Homeless and substance use patients
- Co-morbidities – assess that patient had PCP upon discharge
- Limited resources – doing more with less
- Drug and tuberculin solution (PPD) shortages
- Electronic medical records
- Insurance coverage
  - Affordable Care Act (ACA) and fee for service
  - Time allowed to see patients

**Team Work in Action**

Even the Grinch is a team player!

**Rebecca Stevens**

https://www.youtube.com/watch?v=TAExQuTha0