


Sixteenth Street
COMMUNITY HEALTH CENTER
Milwaukee, Wisconsin

Taming the Troublesome Twosome:
Adherence and Compliance

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August 27, 2008
Ryan White Grantee Meeting
Washington, DC



Sixteenth Street
Community Health Center

- Located in Milwaukee, WI
- Most densely populated zip code in WI
- Urban FQHC
- Serves 30,000 patients
- >80% of patients are Latino
- Issues related to language, poverty, literacy, culture, unemployment, immigration
- HIV Department is totally grant-funded
- Staff of 12 includes 3 HIV-specialist physicians



What are Compliance and Adherence?

- Terms Used interchangeably
- Often a “losing battle”
- Occurs repeatedly
- Frustrating to HIV staff



Compliance vs. Adherence

- **Compliance**
 - Following demands of prescriber
 - Implies passive role
 - Non-compliers considered to be:
 - Incompetent
 - Unable to follow instructions
- **Adherence**
 - Collaboration with prescriber
 - Implies active role
 - Self-motivated decision to follow treatment advice
 - Self-regulation of illness and treatment
 - Partner with physician and nurse



The Troublesome Twosome

- Universal problem
- Affects all age groups
- Varies with disease state; 4-92%
- Costly
- Wastes resources
- Worsens with time
- Influenced by dosing and appointment schedule



Reasons Patients Cite

- Doesn't understand therapy or illness
- Feels better
- Fears drugs or dependence
- Not sure what to do if a dose is missed
- Experiences side effects
- Cultural or religious issues
- Cognitive problems (dementia)



Previous Strategies

- Phone calls
- Home visits – RN and CM
- Counseling by nurse, physician
- Directly-observed treatment
- Pill boxes
- Transportation



Impact of Strategies

- Phone calls and home visits
 - Transient population
- Counseling
 - "Preaching to the choir"
- DOT
 - Effective but time-intensive
- Pill boxes
 - Helpful if filled weekly
- Transportation
 - Staff time; patient often not there



Creative Approach

- Try something new
- More than an “after-thought”
- Ample time and resources
- Free to be flexible



Restructure Case Management

- Acuity score increased efficiency
- Focus on high-need patients
- Stable patients require fewer contacts
- Freed-up time of one CM



Developed New Position

- “Linkage to Care” Coordinator
- Focus solely on adherence issues
- Work closely with other HIV staff



Where to Start?

- Active patients
- Medication non-compliance
- Appointment non-compliance
 - Clinic visits
 - Specialty referrals
 - Behavioral Health
 - AODA treatment



Make Personal Contact

- Home visits
- Identify barriers
- Work out solutions together
- Tenacity and “tough skin”
- Gain trust



Approaches to Medication Adherence

- “Reminder” medication boxes
- Trained about medications by RNs
- Home visits to fill medication boxes
- Taught to ask pertinent questions about side effects
- Encouragement during side effects
- Check in with RN following visit
- Directly-observed treatment



Dealing with Missed Appointments

- Identify problem(s)
- Can we fix the problem?
- Different physician / therapist
- Appointment times
- Provide transportation / bus tickets
- Mental health / AODA stigma
- Child care



Next Step?

- Patients Lost to Care
 - In care elsewhere
 - Refuse care
 - Deceased
- Incarcerated Patients
 - Determine release date
 - Work with parole officers




Detective Work

- Last addresses
- Old phone numbers
- Neighbors
- Relatives
- Databases (CCAP)
- Other agencies
- Schools




Track Record

- 44 Lost to Care
 - 11 returned to care
 - 12 in care elsewhere
 - 2 refused care (continue contact)
 - 2 incarcerated
 - 3 not yet located
 - 14 moved out of state (transient population)
- 23 Active patients being followed



What We've Learned

- Address non-compliance ASAP
- Develop a patient contract
- Choose staff member carefully



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