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Guideline

Managing Nonadherent Patients



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Introduction

Nonadherent patients, also known as noncompliant patients, present a challenge to healthcare providers. Patients who do not adhere to recommended care plans might be more likely to have suboptimal outcomes as a result of their nonadherence. However, the label “nonadherent patient” should be carefully considered. Various factors related to the patient and the healthcare delivery system can affect adherence. Carefully considering these factors might help providers better manage nonadherence and patient care.

Further, although it is reasonable for healthcare providers to expect patients to adhere to their care plans, patients also have the right to refuse recommendations for tests or treatment. Providers are responsible for informing patients about any risks associated with refusing care and documenting the informed refusal discussion in the patient’s health record.

Objectives

The objectives of this guideline are to:

- Explain some of the reasons why patients might not adhere to their care plans
- Emphasize the need to evaluate subjective and objective information related to nonadherence to determine the best course of action
- Describe various strategies that healthcare providers and staff can use to encourage adherence and address nonadherence when it occurs
- Discuss situations in which a healthcare provider might consider terminating the provider–patient relationship because of nonadherence to care plan recommendations

Managing Nonadherent Patients

To a certain degree, healthcare providers have the right to choose which patients they want to treat, and they may also choose to terminate relationships with nonadherent patients. However, when deciding how to manage these situations, providers should consider both subjective and objective information about each patient’s nonadherent behaviors and activities. Analyzing the situation may lead to a solution to the problem without severing ties.

A number of factors might affect a patient's willingness and ability to be involved in, and adhere to, his/her treatment and care plans, including:

- Forgetfulness
- Lack of knowledge about medications and their use
- Cultural, health, and religious beliefs
- Denial or ambivalence regarding the patient's health
- Financial issues
- Low health literacy
- Minimal social support¹

To manage nonadherent patients, providers should try to understand unique patient circumstances, values, and needs that might be barriers to developing and sustaining a mutually agreed upon care plan.

Further, in addition to patient-related factors, a fragmented healthcare delivery system may contribute to nonadherence. Unreliable processes and systems can hinder effective communication and information sharing among providers involved in coordinated care. As a result, patients who are unable to effectively act as their own care coordinators might be at risk for nonadherence.

Examples of potential systems breakdowns that could affect adherence include the following:

- Discharge information from an acute care setting might not be shared with a primary care physician.
- A consulting specialist might not routinely send consultation reports to a referring provider.
- Radiology results might not be made available to an ordering provider.
- Accessing specialty care might be difficult for patients depending on their financial or geographic constraints.

- Obtaining a timely appointment with a specialist might be difficult due to a shortage of specialists, particularly if the patient is required to schedule his/her own appointment.

Effective provider–patient communication, highly reliable care coordination, and a well-trained staff can help identify, address, and possibly resolve some of the causes of patient nonadherence. However, staff must first be educated, engaged (with their organization or practice), and enabled — and providers must support interventions.

Risk Strategies and Recommendations

Healthcare providers can implement a number of strategies to (a) help patients adhere to care plans and (b) address nonadherence when it occurs. Suggested strategies include both patient-focused and systems-focused approaches.

Patient-Focused Approaches

Patient-focused strategies are intended to improve provider–patient communication and better engage patients in informed decision-making as a way to support care plan adherence. For example:

- Establish a policy defining the basic rights and responsibilities of each patient. This policy provides a foundation on which to build an effective provider–patient relationship. Display or make this information available to all patients (e.g., in welcome materials, on the practice’s website, or through the patient portal).
- Consider that a patient-centered approach seeks to get patients more involved in their care. During patient encounters, ask open-ended, probing, and nonjudgmental questions to identify factors influencing nonadherence.
- Try using various communication techniques such as [motivational interviewing](#) to empower patients to set goals they believe are attainable. Understanding the patients’ stages of changing behavior and dealing with discouragement will support a mutually agreed upon care plan.
- During each patient encounter, emphasize the importance of following the recommended care plan and explain the possible consequences of nonadherence.

- Educate patients about the importance of adhering to a treatment regimen until otherwise directed, even if symptoms subside. Consider patients' lifestyles and medication costs when developing care plans.
- Use the [teach-back](#) (or repeat-back) technique to ensure that patients fully understand the information and instructions provided. Patients from all racial, ethnic, socioeconomic, and educational backgrounds may have limited [health literacy](#), which can lead to nonadherence.
- With patients' permission, include their families/significant others in education about the importance of following care plans.
- Provide nonadherent patients with education about their care plans both verbally and in writing — especially if the patient has serious health problems.
- If a patient has financial, physical, or emotional limitations that lead to nonadherence, determine whether any community services are available to assist the patient and improve adherence.
- Create a patient care agreement that details the responsibilities of both the provider and the patient relative to the care plan. Both the provider and patient should sign the contract. For more information, see MedPro's guideline [Patient Agreements in Clinical Practice](#).
- Provide patients with a summary of their visits at check-out following their appointments. Electronic health record systems should be able to facilitate the provision of summaries.
- In the primary care setting, use care coordinators to assist patients with adherence, particularly for population health management.
- If a patient is missing appointments, try to determine the reason why. Consider transportation, family care, work schedules, or financial issues that may prevent the patient from keeping appointments.

- After several appointments have been missed, consider sending a letter to the patient stressing the importance of keeping the appointments and adhering to the care plan. (See Appendix A for a sample letter.) Also consider sending these letters via certified/registered mail as well as routine postal delivery.
- If a patient is not adhering to his/her care plan, consider sending a letter to the patient that specifies the possible consequences of not doing so. (See Appendix B for a sample letter.)

Systems-Focused Approaches

As noted earlier, patient nonadherence sometimes is the result of a disjointed healthcare delivery system. Improvements in systems and processes might help improve care coordination and support adherence. For example:

- Review and discuss with the care team any patient nonadherence issues that need attention.
- Identify and address care coordination barriers among providers to facilitate communication and information sharing in the delivery of care, especially in circumstances in which patients are unable to act as their own care coordinators.
- Ensure effective processes are in place to track and follow up with patients regarding outstanding care recommendations, such as testing, referrals, and missed appointments.
- Document missed or cancelled appointments by noting either “patient no-show” or “cancelled” in the patient’s health record. If possible, document the reason for a cancellation — e.g., “no transportation” or “child care issues.”
- Do not delete original appointment entries because the appointment log may become a valuable tool if you have to demonstrate a patient’s continued nonadherence to appointments.
- Document a description of all clinical nonadherence and any education provided to the patient and/or family regarding the consequences of not following the care plan.
- Document nonadherence by using subjective statements from the patient and/or family and objective information obtained through patient encounters. Consider using an informed refusal form for the patient to sign or an informed refusal letter.

- Avoid disparaging remarks or editorializing when documenting information related to a patient's nonadherent behaviors.
- If disruptive behaviors also are noted in nonadherent patients, document them in the patient's health record. The documentation should include a description of the observed behaviors, any discussions with or interventions provided to the patient, the patient's response to any discussions or interventions, actions taken, and any additional follow-up performed.

Continued Nonadherence

Despite best efforts on the part of healthcare providers and their staff members, some patients may continue to engage in nonadherent activities and behaviors. When this happens, a provider might want to terminate his/her relationship with a patient — particularly if the patient does not return to the office or refuses to adhere to the recommended care plan.

Although providers generally have the right to treat the patients they wish to treat and to terminate relationships with patients, they should use caution when discharging patients who are members of a protected class, such as individuals who have limited English proficiency (per the Civil Rights Act). Federal and state laws prohibit discrimination based on race, religion, color, etc., and other laws — such as the Americans with Disabilities Act — also may apply.

When deciding to discharge patients for nonadherence, providers should ensure they have objective and factual documentation that supports their decision. For more information, see MedPro's [Terminating a Provider–Patient Relationship](#) guideline or speak with your MedPro risk solutions consultant, who can provide additional guidance.

Conclusion

Patient nonadherence can occur for various reasons. Some patients might have legitimate limitations that prevent them from following through with recommendations; others may simply be uncooperative.

Healthcare providers and their staff members can work toward improved management of challenging patient situations by communicating effectively with patients and other practitioners involved in patients' care, carefully considering the possible reasons for nonadherence,

implementing strategies to address these issues, and adequately documenting nonadherence when it occurs. These proactive steps also might help providers decide when terminating a relationship with a patient because of nonadherence is the best course of action.

Resources

For more information on patient-centered approaches to care, see MedPro's [Risk Resources: Patient Engagement](#).

Endnote

¹ Chesanow, N. (2014, January 16). Why are so many patients noncompliant? Medscape. Retrieved from www.medscape.com/viewarticle/818850

Appendix A. Sample Letter: Appointment Nonadherence

<Practice/Organization Name>

<Address 1>

<Address 2>

<City, State ZIP>

<Date>

<Patient Name>

<Address 1>

<Address 2>

<City, State ZIP>

Dear <Patient Name>:

Our records show that you have missed <number> appointments. We have tried to reschedule, but have been unable to reach you.

Our practice aims to provide high-quality service to help you maintain and manage your health. To do so, you need continued and timely care.

Please contact our office at <phone number> to schedule an appointment. Our staff is happy to review our schedule and find a date and time that works well for you.

Sincerely,

<Name>

<Title>

Appendix B. Sample Letter: Care Plan Nonadherence

<Practice/Organization Name>

<Address 1>

<Address 2>

<City, State ZIP>

<Date>

<Patient Name>

<Address 1>

<Address 2>

<City, State ZIP>

Dear <Patient Name>:

It has come to my attention that you are not following our agreed upon care plan. For the important health reasons that we discussed during your office visits, you should <insert the advice/recommendations/care plan>.

If you do not follow these recommendations, you could have problems, such as <list the most significant consequences of not following advice/recommendations/care plan>.

Our practice is committed to providing you with high-quality healthcare. To do so, we need you to follow your care plan. You are a very important member of your own healthcare team.

Please contact our office if you have any questions or concerns about your care plan.

Sincerely,

<Name>

<Title>

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