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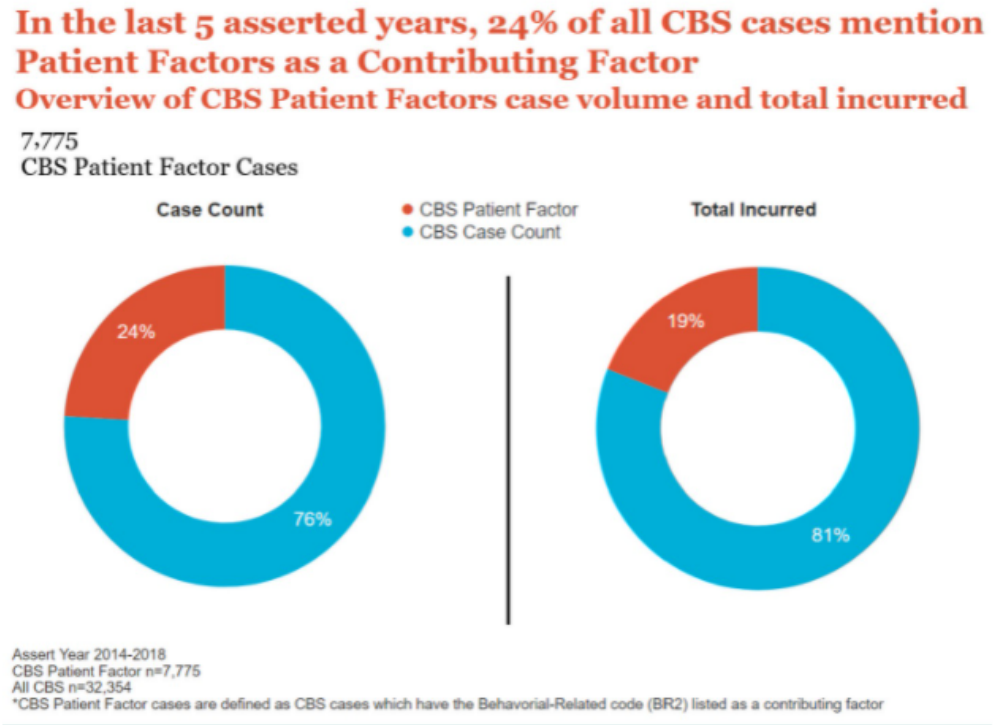
Illuminating Risks

Illuminating Risks of Patient Non-adherence to Recommended Care

- *A patient on blood thinners ends up in the ED with a brain bleed after not having his blood checked as his doctor advised*
- *An HIV-positive patient declines taking medication for their infection*
- *A woman with an abnormal mammogram misses her follow-up appointments and is eventually diagnosed with breast cancer*

Patients who are not cooperative in their care pose a befuddling challenge for clinicians and health systems. Non-adherence compromises a patient's health and is a common complicating factor in malpractice claims. One in four medical professional liability (MPL) cases includes a patient-behavior factor that contributed to what went wrong.



Deep analysis of these cases tells us that patient non-adherence does not protect health care entities from malpractice claims, or payments. Providers may still be held accountable when patients are not able to do what they have been asked to do for their health, whether that means taking a medication, showing up for an appointment, or adjusting an unhealthy habit.

Non-adherence is not necessarily a defiant choice. Many patients face personal, socioeconomic, or systemic obstacles to optimal care. Instead of ineffectively blaming patients for adverse outcomes, health care organizations can lower their risk exposure by addressing the systems issues that underlie allegations by patients who have strayed from recommended care. Blunting the perception of indifference or negligence hinges on paying more attention to why patients are not maintaining partnerships with their providers—and working with them on solutions.

Patient Behavior Factors at a Glance

Health care-related patient behaviors are among roughly 200 contributing factors we track through our Comparative Benchmarking System. Coding these factors enables analysts to identify trends and vulnerabilities associated with patient harm and financial loss. For example, we can learn that, in a given set of failure to diagnose colon cancer cases, a significant subset involved patients who failed to undergo a recommended screening colonoscopy.

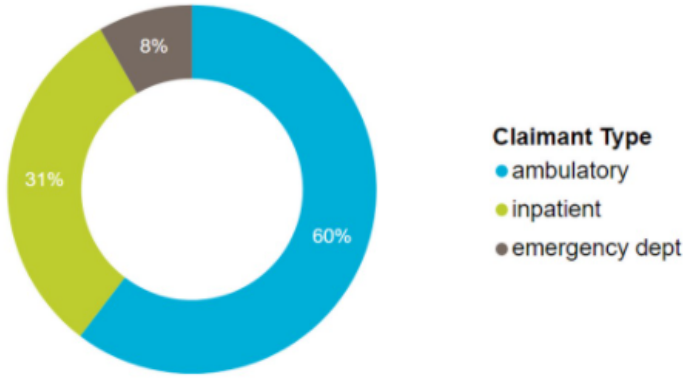
From 2014-2018, 24 percent of MPL cases included a patient-behavior contributing factor. These ranged from not taking medications as prescribed, to abandoning a provider out of dissatisfaction, to irresponsible behavior such as exercising too soon after surgery. These patient-behavior related cases:

- Most commonly involved ambulatory care patients
- Include a large cluster (46%) in which patient non-adherence with a) their treatment regimen, b scheduled follow-up calls or appointments, or c) medication(s) played a role
- Underscore the need to find a pathway to adherence. Of the 2,679 cases in the patient-behavior category coded with a high-severity injury, 58 percent involved at least one of these three non-adherence issues

Roughly 60% of all CBS Patient Factor cases take place in the Ambulatory care setting

All care settings by CBS Patient Factor case volume

7,775
CBS Patient Factor Cases



Assert Year 2014-2018
CBS Patient Factor n=7,775
All CBS n=32,354
*CBS Patient Factor cases are defined as CBS cases which have the Behavorial-Related code (BR2) listed as a contributing factor

Building Trust and Empathy

Patients have many reasons why they do not, or cannot, follow their providers' health care guidance. Some don't understand the written or verbal instructions, or the urgency of a diagnostic test (e.g., to verify a suspicious scan). Some cannot afford their treatment; others may have no ride to an appointment or won't risk time off from work. Clinicians have a duty to show empathy; to explain the benefits of medications and tests—along with the consequences of avoiding them; to make concerted efforts to reach "no-show" patients; and to demonstrate those attempts in the medical record.

High Clinical Severity Patient Factor Cases by Claimant Type

	ALL HIGH SEVERITY	AMBULATORY	INPATIENT	ED
All Patient Behavior High-severity Cases	**2,679**	**1,338**	**1,074**	**261**
Non-Adherence with Treatment Regimen	31%	31%	32%	32%
Non-Adherence with Follow-up Call/Appointment	22%	34%	9%	16%
Non-Adherence with Medication	12%	14%	8%	16%

Assert Year 2014-2018
CBS Patient Factor n=2,679
*CBS Patient Factor cases are defined as CBS cases which have the Behavorial-Related code (BR2) listed as a contributing factor

And when a patient skips an ordered test or procedure, the prescribing provider is responsible for following up.

"The courts no longer automatically buy the idea that it's the patient's fault they didn't show up for their appointment," notes Gordon D. Schiff, MD, Quality and Safety Director for the Harvard Medical School Center for Primary Care. "We have a responsibility to go the extra mile. If we fail to, we could be held liable."

Schiff urges clinicians to build respectful relationships with their patients that enables them to forgo blame, tease out the reasons for non-adherence, and work with patients to overcome obstacles.

"Labeling patients in an accusatory way and blaming them of non-adherence undermines collaboration and trust," Schiff says. "Who's going to file a malpractice suit? Somebody who has a good, trusting relationship with me, or somebody I treat antagonistacally because they missed an appointment or failed to take a medication? A lot of literature demonstrates that malpractice suits don't happen simply because something bad occurred. They are more often markers, syptoms and the consequence of breakdowns of relationships. Given the uncertainties in medicine, and frankly the inevitability of adverse outcome despite our best efforts in many cases, we have to prioritize maintaining caring relationships with patients."

Recommendations

The following strategies for improving patient adherence are drawn from two decades of analyzing health care trends through the lens of harm and loss, risk reduction, and patient safety. Share these with other leaders in your organizations to review, discuss, and develop training where needed.

Communicating with Patients

- Address non-adherence by identifying the problems at play; understanding the causes (e.g., patient is afraid of procedure); and exploring solutions with patients.
- Help providers respectfully elicit non-adherence information so patients feel comfortable talking about socioeconomic challenges or other reasons.
- To identify potential barriers before they occur, encourage providers to fully explain why they prescribed a treatment and ask the patient, "Can you do this?"

Strengthening Follow-up

- Assess your system's ability to "close the loop" by following up with patients on medication use, diagnostic tests, referrals, and symptom monitoring.
- Always document when providers remind patients about follow-up tests and appointments… and when patients expressly refuse.

- Consider patient-centric scheduling strategies for patients who chronically miss important appointments.

Improving Systems

- Increase convenience for patients (e.g., weekend/evening appointments, settings and equipment that can accommodate larger patients, virtual visits).
- Engage case management to deliver care that is coordinated, safe, effective, efficient, and patient-centered. Make sure front-desk staff can be helpful resources for patients.
- Consider using patient navigators, especially for underserved populations, to help them access medical appointments, cancer screenings, etc.

Health care systems cannot shirk their responsibility to understand why patients sometimes do not follow recommended treatments, to help clear roadblocks to good care, and to protect their liability exposure. These are essential components of providing quality care and creating a culture of safety.

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1 Comment

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I like the new publication and appreciate the take away to not blame the patient for non-compliance, instead try to determine the patient's reason for not being compliant with treatment.

Like | 3

Reply

on May 18, 2021