Drug Adherence Work-up Tool (DRAW®)

Ask each guestion and note "YES" response. For each YES, consider the suggested actions and refer to the guide sections on the next page. **Patient Interview Suggested actions & GUIDES** Yes Verify adherence; Identify any 1) Please tell me how you take your medication discrepancies; Add to their every day. knowledge A, B, E Reduce number of meds per day by - 2) Do you feel like you have too many stopping/changing medications; medications or too many doses per day? Simplify regimen A, C, D Adherence aid, alarm or specialized 3) Do you sometimes forget to take your medication on routine days? packaging; Med calendar; Memory 4) Do you forget on non-routine days such as aid; Rule out anticholinergic meds weekends or when traveling? A, E 5) Do you have a concern that your medication Patient education; Guided is **not** helping you? counseling 6) Do you feel that you **do not** need this B. C medication? Guided counseling; Switch 7) Have you had any side effects? medications; Symptom management; Adjust regimen 8) Are you concerned about side effects? B, C Switch to less costly medication; 9) Is the cost of this medication too much? cost reduction strategy **Pharmacist:** Rule out anticholinergics; Discuss with other area providers; Referral 10) At any time during this interview, did you sense an issue about decreased cognitive to assistance resource; Recommend function? or support medication assistance including aids and/or caregivers 11) Is there a limitation on instrumental A, E activities of daily living to affect adherence and/or use of adherence aids? 12) Do you plan to follow up with this patient? Schedule follow-up date Copyright © 2009-2010 The University of Iowa

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GUIDES

Reminder tools, adherence aids or alarms range from helping the patient set a cell phone alarm to an automated medication dispensing machine. Aids typically organize, prompt or both. To view a wide range of compliance aids, go to www.epill.com.

A

- Use specialized organizers, such as the day/time pill containers;
- Use of special blister packs if available;
- Institute a medication calendar if patient can and will use it.

Simplifying regimen includes: 1) using long acting drugs where possible, 2) reducing number of medications

В

Patient education addresses any identified knowledge deficiencies. Refrain from reiterating that their physician ordered it. Positive reinforcement of the benefits sounds better than being told about the negative outcomes from non-adherence.

Guided counseling addresses concerns about the effectiveness or necessity of the medication.

- Helping a person resolve their medication issues requires you to listen well and understand their concerns in order to work with the patient.
- Use open-ended questions to divulge their concerns and motivations. Example: Ask, "On a scale of 1 to 10, 10 being the most important, how important is it to you that you take this medication?" If the score is low, a follow-up question could be, "What can I do to help you raise your score to a 9 or 10?" Upper range is used to induce a dialogue with patient.

C

- Listen for indicators of the patient's DESIRE, their ABILITY, their REASONS, and their NEED to make changes.
 Also listen for their COMMITMENT and TAKING STEPS to make changes. When you hear these, they are motivators or actions to encourage.
- For more information, see www.motivationalinterview.org/clinical/overview.html.

Symptom management:

- Consider if the symptoms are consistent with side effects of medications the patient is taking.
- Consider if the symptoms need to be treated or if there is a need to make a change in treatment.
- For memory decline, refer to section E.

Cost reduction strategies:

ח

- Reducing number of medications
- Use of combination drugs when possible
- Tablet splitting

- Generic substitution
- Therapeutic interchange

Cognitive issues: Patient may require additional assistance from alternative care givers such as competent relative, visiting nurse, assisted living, other community resources that provide assistance for daily activities in order to maintain medication regimen. Action options include 1) referral to a geriatric assessment unit, 2) discussion of available options with other area providers with appropriate referral to a local resource. Maintaining a current list of local and/or best available resources is recommended.

F

Anticholinergics: Consider whether or not: 1) anticholinergics could be contributing to cognitive memory decline, 2) any cholinesterase inhibitors are being counteracted by anticholinergics. Consider a substitute for the anticholinergic medication and recommend physician/patient resolution.

Instrumental activities of daily living (IADL): Consider if the patient is able to prepare their meals, phone for refills, or use an adherence aid without assistance. Consider any visual restrictions, quality of hearing, as well as their dexterity when considering the type of compliance aid. The ability to recognize the correct medication is essential. A caregiver may need to implement one or more aids. Maintaining a current list of local and/or best available resources is recommended.

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