

# The Impact of Behavioral Coaching on Adherence

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There are many forces that are driving the rise of healthcare consumerism. As patients experience greater financial risk and responsibility for their healthcare, they are becoming more active decision makers. They are no longer passive and accepting of healthcare decisions made by providers. Patients are consumers of healthcare and want individualized information and support. At the same time, patient-centered care involves including patients in decision-making, and engaging their sense of responsibility for care while respecting their individual needs. Better patient communication improves patient satisfaction and increases patient adherence to medication and treatment regimens, leading to improved health outcomes.

Using behavioral science to address adherence barriers isn't new in the world of pharma sponsored patient support; in fact, behaviorally based programs have been around for years. However, the application of live, two-way support to identify barriers in real time and then deploy specific messaging, resources and coaching support is on the rise. In this paper, we will explore the growth of behavioral coaching:

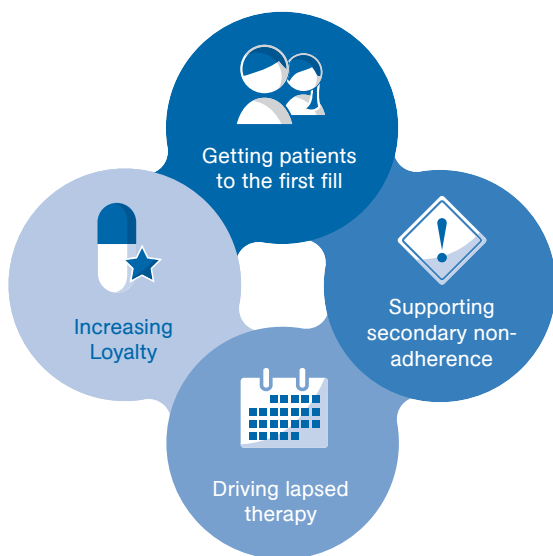
- What are behavioral-based conversations?
- How effective are patient led conversations in improving adherence?
- Why is it important for pharma manufacturers to embrace these conversations?

## Proven Benefits of Coaching: Digging into Behavioral Barriers and their Importance

The concept of coaching is pervasive in today's culture with many popular forms: life coach, professional coach, fitness coach, personal coach, wellness coach and behavioral coach. Regardless of the topic, coaches help us to take the next step towards achieving our goals. But understanding the purpose behind behavioral coaching in particular is important as we seek to meet patient needs. Behavioral coaching uses evidence-based clinical strategies and interventions to engage patients in behavior change to better self-manage their health<sup>1</sup>. The ultimate goal is to improve health outcomes, lower risk, and decrease health care costs<sup>2</sup>.

How is behavioral coaching different than legally required counseling (e.g., OBRA 90), and how can brands leverage this emerging channel to reach patients? Legally required counseling is essentially a one-way narrative in which a pharmacist describes side effects, dosing guidelines and other medication-specific information patients need. In contrast, behavioral coaching takes it a step further in encouraging a two-way, patient-led conversation to uncover barriers to adherence, express empathy, and offer personal support that results in a collaborative action plan to maximize adherence.

Eyeforpharma's research revealed that twice as many pharma companies report successful adherence initiatives versus those that failed, with clinical coaching, pharmacy coaching and phone coaching leading the list of the most preferred and effective adherence support tools<sup>3</sup>. Additionally, of those surveyed, more than one half believe it is possible to improve adherence by 10-25%, while one third consider an improvement of more than 25% possible<sup>4</sup>. McKesson's coaching programs consistently increase adherence 25 – 35%, on average. These coaching programs leverage behaviorally-trained clinicians and Patient Support Representatives to identify barriers to behavior change and then provide tailored resources, and messaging to patients to help them overcome those barriers.



Results demonstrate that frequent, personalized interactions with patients create opportunities to reinforce messages about adherence and allow patients to take an active role in managing their own healthcare. By using behavioral-based techniques in coaching patients, pharmacists and trained call center agents can help deliver impactful conversations with patients through this empathetic approach. There is no simple answer, but giving consumers the tools to actively engage in their own care is key to improving medication adherence.

## Factoring the Patient Experience

Increased financial responsibility for rising health care and drug costs is a significant issue. Patients who abandon prescriptions weigh their decision, often choosing between different medications they perceive to be more important, or prioritizing other life needs. The impact of this choice is often decreased health outcomes, such as un-controlled blood pressure, poor glycemic control, or delaying the initiation of cancer treatment<sup>5</sup>. If the patient's health suffers too much, they are at risk for return trips to the doctor or acute hospitalization. Such non-adherence is estimated to cost the healthcare system nearly \$300 billion annually and accounts for approximately 13 percent of total healthcare expenditures<sup>6</sup>.

However, most non-adherence is not due to drug cost. It is estimated that 69% of the problem is behavioral, such as simple procrastination or forgetfulness, medication concerns, or feeling that healthy outcomes are out of reach<sup>7</sup>. As they walk out of a physician's office, 50% of patients do not remember what they discussed. Patients walk out with a prescription and often do not recall instructions around dosing or lifestyle changes. This impact drives the need for behavioral coaching at the pharmacy.

According to research conducted by McKesson, most patients (80%) agree they are committed to doing everything they can to maintain their health and most (80%) also report they are compliant. Yet, documented national non-adherence rates tell us that the reality is very different. Assuming they take the prescription to the pharmacy, only about 50% are adherent and only 10% make the requested lifestyle changes<sup>8</sup>.

This is where specific therapeutic class insights are critical to truly understanding patient needs and delivering support that drives improved outcomes. For example, McKesson's research investigated patients' attitudes and beliefs toward prescription medications that impact compliance, medication selection, and price sensitivity, including:

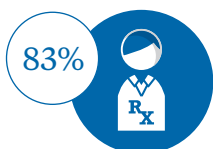
- Patient groups that are significantly more likely than other patients to stop taking their medication if they feel better,
- Patient groups that are most likely to be confident enough to ask their doctor to prescribe a specific medication or to ration to make the medication supply last longer,
- Patient groups that are most likely to stop taking their medication without consulting their doctor, if they feel the medication is not working.

Ultimately, this research validated a multi-pronged approach that draws on both published secondary literature, and the one tactic that allows modifications for individual patient needs: behavioral coaching involving one-on-one interactions between patients and trained professionals. The good news is, according to McKesson's research, patients also see the value:



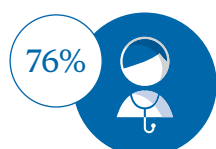
**Live Behavioral Coaching Support**

Behaviorally trained coaches who understand individual needs



**Pharmacist Coaching**

Trained pharmacists who provide coaching when picking up prescription



**Live Clinical Phone Support**

Nurses trained in understanding condition



**Leveraging Behavioral Coaching Techniques**

While each patient's situation may be unique, our experience in behavioral coaching reveals similarities across therapeutic conditions which can be used to infer best practices in addressing patient challenges across brands and patient populations. For example, sensitive conditions (HIV, hepatitis C) have social implications that may require more empathetic messaging than more mainstream chronic conditions, such as diabetes or hypertension. Patients with a visible dermatological condition (psoriasis, onychomycosis) often face quality of life issues that physicians may not fully conceptualize and also require significantly different support.

Helping to overcome these barriers is individualistic in nature, and takes investment, patience and experience. Behavioral conversations identify a patient's position on their treatment paradigm, help them to clearly define their treatment goals, and create a path to reach those goals with dynamic support provided at every step along the journey.

Alignment of goals between the coach and the patient is one of the most important steps in improving outcomes. To prevent wasted energy and directionless action, goals must have meaningful connection to the patient's life. Patients are more likely to succeed if goals have personal meaning, as opposed to focusing on achieving an external reward or avoiding punishment. A patient's active

engagement is the key to setting goals designed to help them commit to behave consistently and have greater focus on attaining a goal:

- **Encourage** patients to start with small, achievable goals to build momentum towards achieving their larger goal. For example, it is much easier for an obese patient to focus on losing 5 pounds on his way to losing 20 pounds.
- **Engage** patients by asking three questions:
  - What do THEY think the next steps should be?
  - What are THEY committed to?
  - How you can support THEM?

Techniques like active listening and reflective response involve patients digging deeper into their personal barriers, which is critical to help set goals, as well as work towards achieving them. Both techniques require focus and effort. It is more than simply listening in order to reply, but listening to understand – not just the words, but the emotion behind the words, that influence the patient<sup>9</sup>. It is important for the coach to clarify what they heard to let the patient know they are listening and to correct any misunderstandings so they are well-positioned to start making behavioral changes. For example, if a patient is ready to do something (e.g., quit smoking, lose weight, or take a medication), telling the patient what to do and cheering them on may have its place.

Patient-centered behavioral coaching is designed to help patients determine the way in which THEY believe they need to change their behaviors to achieve their goals. Patients who feel listened to are more comfortable with the care they receive and are more likely to adhere to the advice/plan. In fact, as Miller and Rollnick stated, "Patients who feel listened to, actually feel like you spent more time with them than you actually have. Whereas conversely, if they don't feel listened to, they feel you have spent less time." The way in which the coach responds is equally as important as the listening component<sup>10</sup>. An explicit empathetic or reflective response lets the patient know that the coach has listened and fully understands the patient's dilemma. However, when the patient is ambivalent or resistant, a directive approach may actually produce a **negative effect**<sup>11</sup>.



**Choose Reflective Responses:**

"I hear you saying that you're having trouble taking your medicine lately. Is that right? Let's talk about some ways to get on the right track again."



**Instead of Directive Responses:**

"You have to remember to take your medicine every day at the same time. Try using a medication tracker or chart."



A good example is smoking cessation. While a smoker knows that smoking is bad, telling the patient to stop rarely, if ever, encourages them to do so and often forces them to defend the very behavior we are attempting to influence. As a result, the patient resists, and presents arguments to counter the proposed change.

It is equally as important to recognize that all barriers to adherence cannot be overcome simply with coaching. Coaches typically focus on behavioral barriers that can be modified and recognize external or operational barriers that may not be changed through coaching alone, such as transportation issues, formulary changes or the doctor's choice to change or discontinue the medication. However, the coach can help provide the patient with available resources once the need is identified.

## How Coaching Helps to Overcome Opportunities

Behavioral conversations are designed to “meet the patient where they are along their journey,” but this also can refer to the channels through which patients can be coached. The same patients can be touched across multiple channels to enhance the overall patient experience and outcomes. “Most paramount to building a consistent, impactful support program is to place the patient and his or her needs in the center, then build an integrated experience across channels, internal stakeholders, and budgets,” said Amanda Rhodes, McKesson Director, Client Strategy and Solutions.



Channels where pharma brands may reach patients through coaching include:

**1. Pharmacy Coaching:** Pharmacists often serve as the first line of healthcare and are trusted patient coaches. Ninety-five percent of all Americans live within five miles of their community pharmacy. With pharmacists' personal relationships with patients, they can create an interactive, tailored conversation that leads to patients' increased understanding of their disease, the role and function of their medication, the importance of adherence, and the need to build a plan of action.

For example, for the diabetes portfolio of programs, patients who received face-to-face behavioral coaching from trained pharmacists showed an average of 1.5 to 2 incremental refills with adherence increasing approximately 30%. Even more impressive, McKesson studies show sustained adherence impact for these patients through the 18 month mark, demonstrating true health behavior change. Once patients are coached, they continue to take their medication as prescribed, even after coaching sessions end.

*Adherence Barriers:* The glaucoma patient population is primarily elderly, typically suffering from a multitude of co-morbidities. Patients are often not knowledgeable about the disease, its progression, or the way in which the medications work to lower eye pressure. In addition, cost is often a barrier, so patients typically weigh their perceived “need” for the medication when they decide whether or not to fill their prescription. Coupled with the age of these patients, there are often dexterity challenges with administering the drops leading to over- and under-use. These are barriers that pharmacists can help to support during Pharmacy Intervention Program coaching sessions when patients pick up their prescriptions.

*Program Goal:* Impact secondary adherence through coaching patients at their first and second fills, setting appropriate expectations to impact long-term adherence outcomes.

*Results:* This behavioral coaching program showed strong results.

- Measured through McKesson's pharmacy dispensing data, there was a 33% increase in adherence between patients who received coaching by Sponsored Clinical Services pharmacists, and the propensity-matched control group who did not receive coaching.
- Pharmacy-based behavioral coaching services were delivered from participating pharmacies in McKesson's pharmacy network, which includes more than 6,000 independent and retail national accounts nationwide (e.g., Health Mart, Publix, Kinney and Ahold).

**2. Phone Coaching:** Research shows that phone coaching for people with chronic conditions can improve health behavior, self-efficacy and health status. Planned telephone coaching sessions appear to be most effective for improving self-management skills in people from vulnerable groups: the planned telephone coaching services have the advantage of regular contact, helping people develop their skills over time; and the tailored conversation allow the coach to support the patient's individual needs<sup>12</sup>. “We began supporting patients in overcoming financial barriers through our in-bound contact center, but quickly realized that was only one part of the equation. We changed our approach to become more proactive, putting into place outreach programs, which leverage our behavioral expertise to help patients overcome both financial and behavioral barriers,” says Jennifer Richard, VP, McKesson, Shared Services.

Using dynamic, two-way conversations, coaches can identify adherence barriers and provide targeted messaging to help overcome those barriers, connecting with patients using proven health behavior change tools and techniques. This approach can,

with proper consent from the patient, align personalized messaging with a patient's intended utilization activity. These programs can be used as stand-alone solutions or integrated into broader patient outreach campaigns by pairing them with financial assistance or educational support programs. Recognizing that adherence barriers change over time, as well as patients' information and education needs, brands can integrate out-bound support and multi-channel communications to maintain personalized support for patients throughout their treatment journey.

### Diabetes Coaching Case Study

**Adherence Barriers:** The life of a diabetic patient is a juggling act to maintain glycemic control: blood-glucose testing, exercise and diet. Many Type II diabetics struggle with the condition from the point of diagnosis, and consequently have feelings of failure if they progress to an insulin-dependent state. Everyday decisions can be complex, often leading to feelings of being overwhelmed and even giving up. These issues create multiple challenges to medication adherence, and ultimately, disease and blood-glucose management. It's easy for these patients to feel out of control with the regimen complexity often required for diabetes and the associated long-term complications. Studies show a significant number of patients don't take their medications as prescribed, which may reduce effectiveness and open the door for additional complications. Increasing adherence in diabetic patients is a tri-pronged approach and an important consideration when supporting the patient.

**Program Goal:** Improve patient adherence through providing behavioral coaching individualized to the needs of patients segmented on level of engagement. Results demonstrated that patients who were coached were 25% more adherent to therapy vs. control during a 9 month study. This 25% increase in adherence translated to an increased length of time on therapy of nearly 31 days. As expected, "highly engaged patients," as determined by Insignia's Patient Activation Measure, were correlated with higher adherence, however, upon study completion, the categorically "low engaged" patient finished the study with higher levels of adherence due to additional interventions of support. The primary conclusion proved coaching increases adherence and is effective across all behavioral segments. "*Symphony Health Solutions Data; 2016*"



**3. Hub Support:** Delivering a consistent experience through all patient support programs, from therapy initiation and throughout the patient's journey, is increasingly important. Many brands have different decision makers leading these initiatives, resulting in a lack of integration between various hub services, patient support programs, and co-pay card vendors. This lack of integration leads to a disjointed patient experience and a missed opportunity to maximize patient impact. Integrating access with adherence is crucial to a patient's success - and coordinating that support, inclusive of data integration and a seamless patient experience, increases patient success. "At McKesson, we know that the information we are sharing and our ability to help the patient through access hurdles may be helping to save their life," says Jennifer Lasky, Senior Director, Contact Center Operations.

**4. Specialty Pharmacy:** With the dosage complexity and costs associated with specialty and biosimilar medications, specialty pharmacies offer varying levels of patient support. When building a comprehensive patient support program, it is critical for brands to understand how the pharmacies' approach to patient support compliments its distribution model and patient experience goals. For example, Biologics, one of the leading specialty pharmacies in the country, provides patient support through Oncology nurses, who are experts in setting appropriate expectations, providing empathy, identifying psychological challenges, and linking the patient to brand approved resources. "At Biologics, we value the level of patient support we provide to our oncology patients. We strive to put patient needs at the core of our conversations, and build strong relationships," said Ann Steagall, Biologics Director, Clinical Policy.

The use of behavioral coaching is growing significantly within oncology to support patients moving from an end of life diagnosis to living with a chronic disease. The unique characteristics of oncology patients present complex challenges that impact the best approach to help patients achieve positive outcomes with emerging, specialty pharmacy treatments.

The use of oral oncolytics is rapidly expanding, giving patients promising new treatment options. In 2015, nine oral cancer drugs were approved by the FDA<sup>13</sup>, and of the 836 cancer medicines and vaccines biopharmaceutical companies currently have in clinical development, 25 percent are oral agents<sup>14</sup>.

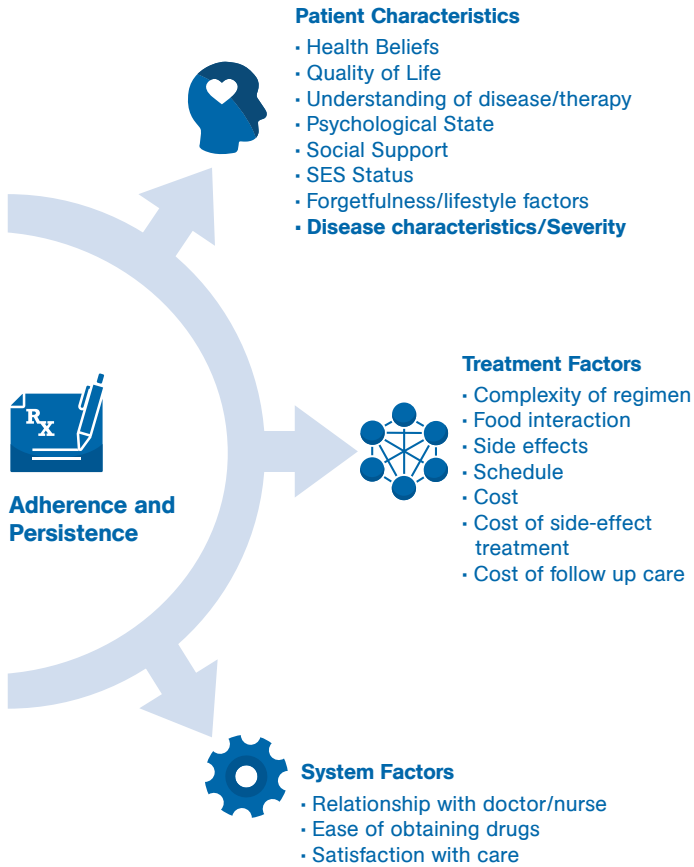
Avoidance of IV therapy is one patient preference that factors into the increase of the use of oral oncolytics. Convenience is another as most oral oncolytics result in fewer office visits and less time spent receiving treatment compared to IV chemotherapy. However, the shift of treatment from the physician office to a patient's home also reduces professional oversight. This limits regular visibility into whether patients are taking the medication and if they are taking it properly. Treatment issues not only arise if patients do not take the pills, but also if they take the wrong dosage or at the wrong times.

Despite the fact that a cancer patient's ongoing health and survival depend on consistent adherence, research indicates that primary

non-adherence rates within oral oncolytics can be upwards of 20%<sup>15</sup>. While some barriers to adherence with oral oncolytics are consistent with any therapeutic class, there are some that are unique to oncology patients. As outlined in the chart, (see Figure 1) these adherence issues can be:

- Patient-related - medication concerns, understanding the importance of being adherent, feeling that healthy outcomes are out of reach and unattainable;
- Treatment-related - side effects, drug interactions, pill fatigue;
- System-related - perceived support from oncologist, medication changes, financial burden

Figure 1:



Over the course of treatment, many oncology patients will transition back and forth between acute and chronic symptoms and treatment approaches. As a result, barriers to adherence will change over time and it is important to set appropriate treatment expectations, recognizing that patients will need individualized support based on where they are along their journey. For example, when a patient is unsuccessful with a therapy, it increases fatigue and sense of futility. Behavioral coaching can help address treatment fatigue, but it involves very different support than other clinical barriers, such as women on extended adjuvant breast cancer therapy who feel that since they are past their initial cancer diagnosis and treatment, they consider themselves to be “well” and don’t want the reminder that they were once “sick.”

### Coaching Patients through Specialty Pharmacy Support

Janice, a 52 year old woman diagnosed with ovarian cancer three years ago, has undergone three surgeries, IV chemotherapy and intraperitoneal therapy. Following the treatments, Janice’s cancer antigen-125 begins to increase again, which raises her risk of reoccurrence. As a result, her physician prescribes a PARP inhibitor, a targeted therapy designed to keep cancer cells from repairing their damaged DNA.

Janice tells the specialty pharmacy technician processing her prescription that she is concerned about the number of pills she would have to take every day and that she is not sure she wants to take this new medication. She is tired and does not think it is worth it. Working with her physician’s office, the pharmacy offers Janice the opportunity to speak with one of the oncology nurses on call and Janice agrees.

The nurse allows Janice to express her frustration with her disease, the therapy, the side effects and the cost, utilizing active listening to identify the core barriers to Janice remaining adherent. When asked which of these is her biggest worry, Janice tells the nurse that she is afraid she will get sick from the drug, put her family through that and leave them with even bigger bills to pay when she passes away.

Using behavioral coaching techniques, the nurse educates Janice on the therapy. She tells her what side effects to expect and what her experience has been taking care of other patients. She also lets Janice know that the pharmacy can help find assistance with her out of pocket expenses for the new drug. The nurse allows Janice to have a say in what happens next but makes sure that Janice is making an informed decision without twisting her arm or telling her she has to take the medication. As a result, Janice agreed to try the PARP inhibitor therapy.



### Specialty Pharmacy – Outbound Call #1

- Schedules medicine shipment, triages to Oncology Nurse



### Clinical Support Triage

- Helps Janice identify adherence barriers (behavioral, side effects, cost, perceived efficacy)
- Sets appropriate medication expectations
- Provides support and guidance



### Clinical Support Call #2

- Focuses on goals and quality of life
- Establish rating scales for baseline symptoms
- Uncovers emotional challenges (i.e. anxiety, fear of side effects)
- Builds a collaborative care plan



### Oncology Nurse Contacts HCP's Office

- Inquires about on-site counseling for Janice
- Establishes communication link between nurse support and HCP office



## Janice

Background | Diagnosis | Support Pathway | Adherence Barriers

## Conclusion - Integrating Behavioral Coaching into Comprehensive Patient Support Programs Improves Medication Adherence

To effectively combat non-adherence, the pharma industry must explore patient-centric approaches that increase adherence rates and improve patients' quality of life. This requires a shift from short-term initiatives to longer-term strategies, recognizing that behavior change takes time. As the eyeforpharma research stated, "adherence requires a significant and consistent behavioral change and therefore, the most effective methods to improve adherence are those that engage the patient, increase their self-efficacy and nudge patients towards establishing the right set of habits<sup>16</sup>."

Behavioral coaching conversations that leverage powerful tools developed by pioneers such as William Miller, Stephen Rollnick, and Bruce Berger, such as active listening, open ended questions, and reflective response have consistently increased adherence. The art comes in applying these techniques within the confines of pharma marketing, thus balancing academia and marketing principles in

order to shape talking points and coaching conversations. These conversations allow patients to dig deeper into their own personal barriers, to help coaches and clinicians set appropriate product expectations, leverage available resources, and develop a plan of action to prevent non-adherence. Ultimately, the strategic balance between patients' needs and brand goals results in a scalable adherence solution that builds patient engagement, giving brands the ability to optimize patient spend and identify communication strategies most likely to meet the needs of targeted patients.

The good news is that the majority of pharma companies believe clinical, pharmacy, and phone coaching support are most effective ways to increase medication adherence<sup>17</sup>. McKesson's coaching programs consistently increase adherence 25 – 35%, on average. The pharma marketing challenge lies in ensuring that coaching is integrated across a breadth of delivery channels, including retail pharmacy, hub services, and specialty pharmacies. Leveraging coaching across these channels allows brands to reach patients where they are along during their course of their treatment to enhance the overall patient experience, drive positive health outcomes, and increase medication adherence.

**McKesson Corporation**

4343 North Scottsdale Road, Suite 370  
Scottsdale, AZ 85251

[mckesson.com/mprs](http://mckesson.com/mprs)  
**1.800.479.9546**

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References:

- 1 Huffman M., Miller C. (2015). Evidence-based health coaching for healthcare providers (3rd ed.). Winchester, TN: Miller & Huffman Outcome Architects, LLC. Google Scholar
- 2 Judith H. Hibbard and Jessica Greene  
What The Evidence Shows About Patient Activation: Better Health Outcomes And Care Experiences; Fewer Data On Costs Health Affairs 32, no.2 (2013):207-214 doi: 10.1377/hlthaff.2012.1061
- 3 Eyeforpharma, HOW THE PHARMA INDUSTRY IS TACKLING MEDICATION ADHERENCE
- 4 Eyeforpharma, HOW THE PHARMA INDUSTRY IS TACKLING MEDICATION ADHERENCE
- 5 <http://www.npr.org/sections/health-shots/2017/03/15/520110742/as-drug-costs-soar-people-delay-or-skip-cancer-treatments>
- 6 Iuga, A. O., & McGuire, M. J. (2014). Adherence and health care costs. Risk Management and Healthcare Policy, 7, 35–44. <http://doi.org/10.2147/RMHP.S19801>
- 7 <http://lab.express-scripts.com/lab/insights/adherence/a-new-perspective-on-nonadherence>; <http://healthitanalytics.com/news/69-of-medication-non-adherence-due-to-poor-patient-behaviors>
- 8 Brown, M. T., & Bussell, J. K. (2011). Medication Adherence: WHO Cares? Mayo Clinic Proceedings, 86(4), 304–314. <http://doi.org/10.4065/mcp.2010.0575>
- 9 <http://www.guilford.com/books/Motivational-Interviewing-in-Health-Care/Rollnick-Miller-Butler/9781593856120/reviews>
- 10 <http://www.guilford.com/books/Motivational-Interviewing-in-Health-Care/Rollnick-Miller-Butler/9781593856120/reviews>
- 11 <http://www.guilford.com/books/Motivational-Interviewing-in-Health-Care/Rollnick-Miller-Butler/9781593856120/reviews>
- 12 (Aust Health Rev. 2013 Jun;37(3):381-8).
- 13 "In-Office Dispensing of Oral Oncolytics: A Continuity of Care and Cost Mitigation Model for Cancer Patients." The American Journal of Managed Care. Published Online: March 18, 2016. Accessed November 3, 2016. <http://www.ajmc.com/journals/supplement/2016/improving-patient-access-to-critical-therapies-in-the-age-of-cost-sharing/in-office-dispensing-of-oral-oncolytics-a-continuity-of-care-and-cost-mitigation-model-for-cancer-patients>
- 14 ibid
- 15 Brown, M. T., & Bussell, J. K. (2011). Medication Adherence: WHO Cares? Mayo Clinic Proceedings, 86(4), 304–314. <http://doi.org/10.4065/mcp.2010.0575>
- 16 Eyeforpharma, HOW THE PHARMA INDUSTRY IS TACKLING MEDICATION ADHERENCE
- 17 Eyeforpharma, HOW THE PHARMA INDUSTRY IS TACKLING MEDICATION ADHERENCE