

**CPC Healthcare Communications Whitepaper Series:
Using Psychological Models to Improve Patient Compliance**



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Why Use Psychological Models?

The dismal facts on patient compliance are well documented: less than 50% of patients keep to long-term drug therapy, and even fewer of them adhere to prescribed lifestyle and behaviour changes.¹

Although we know the risk factors for many of the most prevalent diseases today, as well as the behaviours that need to be changed in order to improve patient outcomes, the challenge remains in getting patients 1) to take their medications as prescribed and 2) to make necessary lifestyle changes in order to reduce health risks.

Since those two actions require patients to modify their current behaviour patterns, we rely extensively on behavioural psychology models. They provide solid foundations for building effective support programs that positively impact patient behaviour, compliance to drug therapy and overall health.

What Are Some of the Challenges in Changing Patient Behaviour?

It is hard for most of us to change even simple behaviour patterns. Therefore, it can be challenging to get patients to make changes, particularly when they are faced with:

- A disease or condition that itself is asymptomatic (such as hypertension).
- A condition that requires life-altering changes in behaviour (such as losing weight or stopping smoking).
- A therapy whose effects are not felt immediately (such as inhaled corticosteroids to treat asthma).

In an ideal world, healthcare practitioners would be in a position to provide one-on-one behavioural interventions with all patients who need to make significant changes to improve their health. However, with our health system under financial strain and physicians not necessarily well equipped to provide such services, there is an opportunity for pharmaceutical manufacturers to fill the void. They can provide support programs designed to make patients comply with pharmacotherapy and to cause behaviour changes that benefit patient health overall. In some cases, a program's results may even mean that a patient ultimately no longer needs medication to treat his or her condition.

How Can We Affect Behaviour Change?

Information alone is not enough to affect behaviour change. Despite knowing that smoking and obesity have many health consequences, people continue to smoke and overeat. Rather, we need to understand why patients behave the way they do and provide appropriate interventions that will motivate them to change their behaviour.

Wherever possible, interventions should be tailored to individual needs in order to be effective. To achieve a level of customized communication, we use psychological models to divide (or stage) patients into distinct groups and communicate with each group appropriately. Because our communication is consistent with each of the patients' stages and needs, patient behaviour is positively impacted.

What Models Are Most Applicable for the Pharmaceutical Industry?

There are a number of psychological models that can be used as a foundation for a patient support program. The most widely used model is the Trans-Theoretical Model (TTM, Prochaska and the stages of change).² By asking a few key questions of the patient, we are able to assign him or her to one of the following five stages of change:

Precontemplation:

As the name suggests, a patient who is in precontemplation is not even thinking about making any changes, and is unlikely to respond to any type of communication or intervention. In the pharmaceutical industry, we rarely have contact with these patients. Either they never fill their prescriptions or if they do, they aren't motivated to take their medication. They also aren't open to any messaging on the importance of compliance.

Contemplation:

Someone in contemplation is starting to think about making changes sometime in the future, which is generally defined as the next six months.

Preparation:

In preparation, the patient is preparing to alter his or her behaviour, often by experimenting with small changes. Patients in the preparation stage are often thought of as being likely to move to the action stage within a month or so.

Action:

When patients are in action, they are actively involved in making changes, but these behaviour changes have not yet become deeply ingrained. Generally, we say that patients need to have been in action and have made changes to their behaviour for at least six months before they will move into the maintenance stage.

Maintenance:

In the maintenance stage, patients have made the necessary changes and need to work in order to ensure those changes become permanent. Patients also have to work at avoiding their previous behaviour patterns.

Once we understand what stage patients are in, we have greater insight into how ready or motivated they are to make changes, and what information or type of intervention is most likely to benefit them.

How Do You Apply Psychological Theory to the Real World?

It is important to understand the psychological theory, work within the framework of a particular disease state and turn the theory into practical information that will impact compliance.

TTM can be valuable if it is well understood and used appropriately. It is not enough to simply understand the five stages in their most simplistic forms as described above; it is also important to understand the processes that underlie each stage. The five TTM stages should be used in conjunction with additional relevant theories and models. For example, it is important to understand the process of change, and how each stage of the process is affected by a set of independent variables. The intervening variables or theories incorporated by TTM include decisional balance (weighing the pros and cons) and self-efficacy (confidence in being able to make a change).

The following two examples elucidate how we applied TTM to real-world patient support programs.

In the anti-obesity category, CPC Healthcare Communications developed a patient program that included telephone counselling and customized print support. Working with the rest of our team, our consulting behavioural psychologist applied TTM and expertise in eating disorders in order to:

- Establish profiling data to be gathered at the enrollment call.
- Develop a counselling database to be used by the healthcare professionals engaged in counselling patients by telephone.
- Train the healthcare professionals who provided the telephone counselling.
- Develop editorial outlines for a series of newsletters and customized tip sheets.

In the smoking-cessation category, we partnered with a variety of experts in the development of *Smokers and Friends*, a support program for smokers, their families and friends. The *Smokers and Friends* program incorporates TTM along with the addiction model. The program recognizes that quitting is a process that takes time, and that relapse is common and needs to be planned for. As well, the program offers individual support and acceptance, not judgment. The enrollees were supported by registered nurses who had been trained to provide smoking-cessation counselling over the phone. The enrollees also received a workbook, brochures for their family and friends, and customized tip sheets to assist with the telephone counselling.

In general, there are two good choices for delivering appropriate information to patients based on the profiling done at program registration: 1) print communications, which are customized or segmented and 2) a Web site with a customized home page. Telephone counselling by a healthcare professional can offer additional support, help tailor counselling accordingly and identify other barriers to behaviour change. In addition, telephone counselling provides the opportunity to reinforce the message of the targeted print materials, which are designed to assist patients as they move through the stages of change.

Are Other Models Useful Besides TTM?

Although TTM is the most widely used psychological model for changing health-related behaviour, other models can be more useful in certain situations.

For example, in the overactive bladder category, we found that TTM was not appropriate. Instead, we used the five-stage Conflict Theory Model.³ This model helped us develop a physician strategy for treating overactive bladder as well as a patient compliance program. By increasing physician and patient awareness of this widespread and life-disrupting condition, the model encouraged both audiences to consider a new approach for dealing with an old problem.

So What Does It All Mean?

CPC Healthcare Communications believes in working closely with consulting behavioural psychologists to understand what models may be relevant to the particular category we are working on. Once we have a good understanding of the relevant models, we can then apply them where appropriate in order to develop interventions that have the greatest impact on patient behaviour and compliance.

References

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