PATIENT MANAGEMENT STRATEGY

Patient Belief and Desire in Achieving Highly-Effective Patient Compliance

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Chronic diseases and health conditions are among the most common, most preventable, and most costly of health challenges we face in America today resulting in seven out of ten deaths each year. According to reports from the Centers of Disease Control and Prevention, approximately half of adults living in the United States have at least one chronic disease and, to make matters worse, about one-third of them have multiple conditions, complications, and comorbidities. As such, caring for patients with chronic health conditions and diseases including diabetes, COPD, obesity, arthritis, heart disease, asthma, stroke, and others accounts for over eighty-five percent of our nation's healthcare expenses.

When it comes to understanding healthcare expenses, we are somewhat familiar with the costs of care and the multitude of factors that contribute to them. What is often overlooked, however, is the cost of patient noncompliance. According to the Annals of Internal Medicine, McKesson, and The Atlantic Monthly Group,

seventy-five to eighty-five percent of patients are noncompliant in one or more ways based on their failure to comply with prescribed treatment regimens. Consequently, patient therapeutic noncompliance, one of the most costly healthcare challenges we face today, accounts for over $300 billion in wasted healthcare spending per year. As a result, patient noncompliance has reached epidemic proportions in the United States.

ADVANCES IN UNDERSTANDING COMPLIANCE

For more than sixty years, healthcare professionals, clinicians, and researchers have been studying patient activities and behaviors that engender noncompliance in attempts to uncover ways in which they can enhance and improve preventative and therapeutic compliance; yet, in all that time, there have been no significant advances in either managing or transforming patient sentient health behaviors. During the last sixty years, however, hundreds of models were created in an attempt to explain and address human health behaviors. Although each model may add something to our understanding, no model succeeds in fully engaging and activating patients to completely bring about patient commitment, persistence, and compliance.

Still, what we have learned are patient choices and actions, which constitute health behaviors and give rise to compliance, originate in what are called patient predisposing factors, enabling factors, and reinforcing factors. While patients always make choices, they may or may not take actions originating in their choices. We want to know exactly what contributes to patients making healthy choices and taking healthy actions. Which predisposing, enabling, and reinforcing factors contribute to optimal patient choices and actions and, more to the point, ensure optimal patient compliance?

PREDISPOSING, ENABLING, AND REINFORCING FACTORS

Patient predisposing factors are the thoughts and feelings patients have regarding their health and healing. Patients, at some point, focus on matters about their diagnosis and disease, their care and care plan, and their physical and emotional condition as well as their quality of their life. Accordingly, patient predisposing factors are a multifaceted collection of patient opinions and judgments, attitudes and values, beliefs and viewpoints. It is this dynamic, this distinctive collection of patient perceptions and preferences biased in their emotions, which affects patient confidence or self-efficacy, choice, and action. Unlike enabling and reinforcing factors, patient predisposing factors determine patient willingness and desire to comply.

In contrast to predisposing factors, patient enabling factors involve patient knowledge, education, experience, upbringing, aptitude, and skills. Enabling factors also involve patient access to healthcare professionals and resources including therapies, products, programs, services, and other support.

Patient reinforcing factors are different from patient thoughts and feelings, knowledge and skills. Reinforcing factors are the influences a patient experiences with healthcare professionals, clinicians, and experts, friends and family members, and others that either support and acknowledge patient health behaviors or criticize and censure them. As reinforcement, people motivate and manipulate, prompt and persuade, provoke and push patients to make specific choices and take specific actions. In view of that, reinforcing factors are transient in their efficacy; they hold influence for a brief period of time before their usefulness in achieving overall compliance vanishes.

In efforts to manage and transform patient behaviors, healthcare professionals, provider organizations, pharmaceutical manufacturers, clinical and research associations, insurers, and others are working today to improve patient engagement and activation by designing, developing, and applying innovative technologies and tools, protocols and best practices, and new methods of education and motivation. These initiatives clearly focus on patient enabling factors and, to some extent, patient reinforcing factors in the effort to improve patient health behaviors by monitoring, measuring and managing patient compliance activities, by enhancing patient and clinician relations and communications, and by providing valuable information, education, and motivation to patients. These initiatives, however, do not, actually cannot, affect patient predisposing factors. Patient emotions, feelings, and sentiments are transient in nature, generally unpredictable, and typically unaffected by technology. What's more, patient thoughts and feelings, perceptions and preferences, attitudes and values, beliefs and desires consistently, constantly, and continuously prevail over technology.

PATIENT TENDENCIES

Patients are human beings with human tendencies guided, moment to moment, by their changing emotions, feelings, and sentiments affecting patient choices, behaviors, and actions and making them variable and unpredictable. Accordingly, patient compliance requires ongoing patient services and support with ongoing communication, education, and motivation in efforts to enable and reinforce positive, productive patient choices, behaviors, and actions. And yet, the only predictable thing about the patient is that patient choices, behaviors, and actions are unpredictable.

How, then, are healthcare professionals able to influence patient predisposing factors especially since they comprise a multifaceted collection of opinions and judgments, attitudes and values, beliefs and viewpoints? That is the $300 billion question occurring yearly with wasted healthcare spending from patient noncompliance.

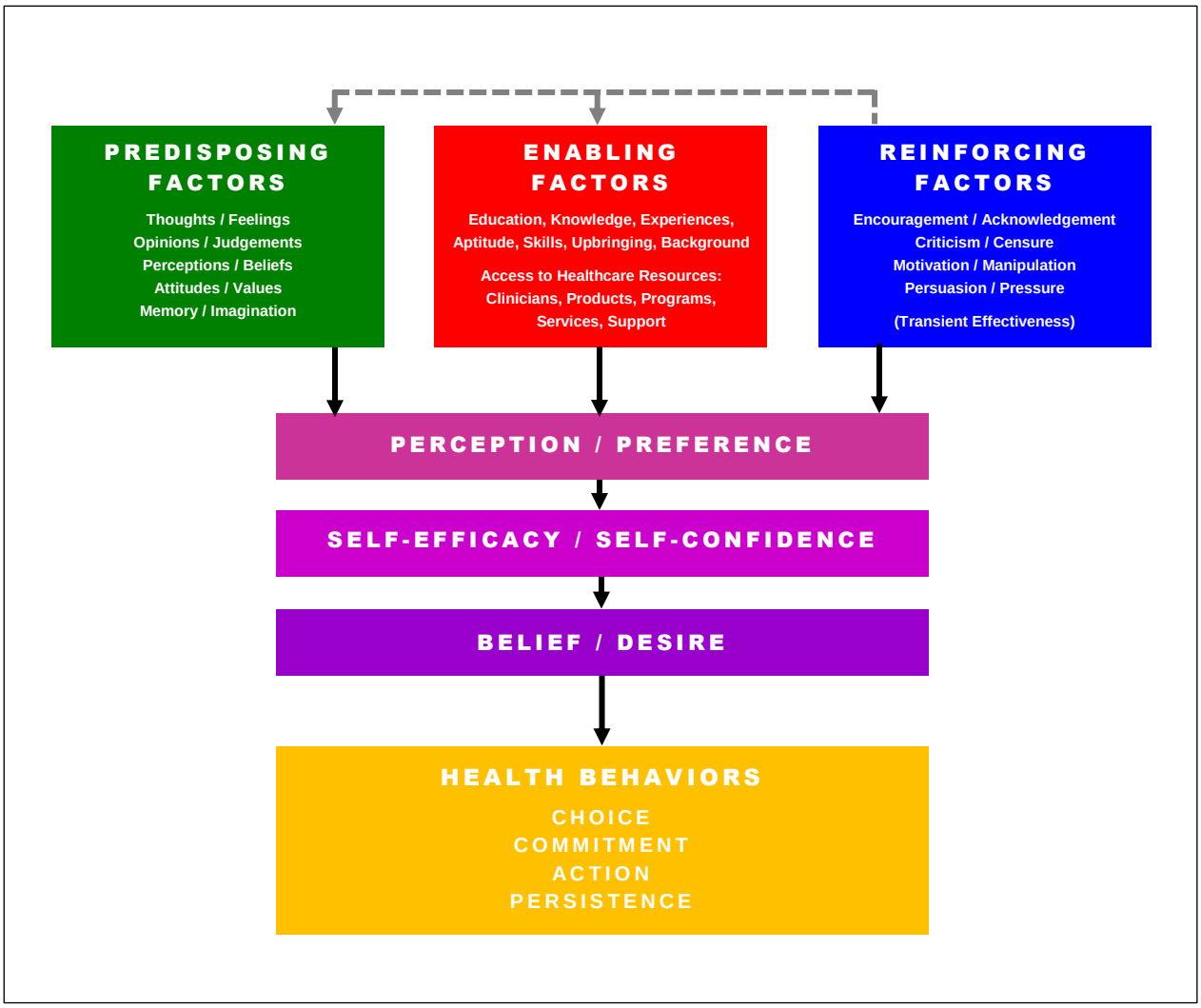
People and patients live their lives inside of life experiences; they form perceptions and preferences for what they think is right and wrong, good and bad, true and false, like and dislike, and so forth. In making meaning of life and in forming perceptions and preferences, people and patients continually develop and acquire opinions and assessments; they make judgments about thoughts and things, other people and places, circumstances and conditions. Along their journey, people also acquire attitudes and ways of being; over time, they adopt certain moralities and values, ethics and ideals. What's more, people develop certain individual beliefs and viewpoints, convictions and expectations, in life. It is this multifaceted collection of thoughts and feelings that comprise patient predisposing factors which consequently influence patient confidence or self-efficacy, choices, behaviors, and actions. Self-efficacy, as we know, is an amalgam of patient self-confidence, self-assurance, and self-reliance which originate in patient opinions, judgments, attitudes, and beliefs. Based on their level of self-efficacy, patients make confident choices or uncertain choices, or they make no choices at all, resulting in either action or inaction. Consequently, patient self-efficacy impacts their confidence, choices, behaviors, and actions.

PATIENT BELIEF

Of all patient thoughts and feelings, belief is the one decisive predisposing factor that ultimately influences and directs patients in their confidence, choices, behaviors, and actions. We correlate belief with trust, faith, and certainty in something and so we associate belief with the agreement and acceptance for something true. In believing something, it becomes the truth.

While patients create beliefs all the time, based on their thoughts and feelings, perceptions and preferences, those beliefs may or may not be the truth, may or may not be positive and productive, and may or may not align with the beliefs of others. What's more, patient beliefs may or may not align with their care, care plan, and care team. Consequently, patients create beliefs that contribute to either their confidence or lack of confidence in managing their condition. Patients also create beliefs in either their certainty or uncertainty in making choices and taking actions as they also create beliefs regarding their expectations and outcomes. Whether patients believe they can or they can't, they are correct.

In generating optimal patient compliance then, healthcare professionals must make every effort to work with patients in developing their beliefs for health and healing and wellbeing. Clinicians need to work with patients in developing trust and faith and confidence in their ability to heal, to make healthy choices, and to take healthy actions. Clinicians also need to help patients actively commit to, participate in, agree with, and accept their care, care plan, and care team with certainty. Patient action and inaction, which equate to compliance and noncompliance, arise out of patient belief.



PATIENT CONVICTION

When healthcare professionals encounter patients who are noncompliant, they instinctively know there is some lack of conviction or some amount of dislike, distrust, or disbelief within the patient. Stated another way, the patient has a belief or conviction that is opposed to following their doctor's instructions and recommendations (and taking actions consistent with them) or the patient is opposed to their health, healing, and wellbeing.

While nurturing patient beliefs and convictions for the good of the patient, clinicians need to create patient like, trust, and belief in their care, care plan, and care team in addition to creating patient confidence, conviction, and belief in their self, their ability to self-care and manage their condition, and their body's ability to heal as appropriate. Healthcare professionals accomplish these important measures by creating a background of relatedness with their patients in conversation so that patients know they are not only listened to but they are also gotten and heard. By being related, healthcare professionals can work to uncover patient skepticism and doubt so as to open up opportunities for healthy conversations relative to patient interests and concerns, answering their questions, and providing reassurance in contrast to conversations of cynicism, unworkability, and distrust.

Although patient predisposing factors, especially patient belief, determine patient confidence in their choices and actions, what exactly contributes to patient belief?

PATIENT NEEDS, WANTS, AND DESIRES

The answer is basic to existence. As human beings, we survive by satisfying our needs and wants. While we recognize needs are essentials in life and wants are enhancements, we understand the differences of requisites and necessities in contrast to excesses and indulgences. How patients articulate their needs and wants in relation to their life, their diagnosis and disease, care and care plan, and physical and emotional condition, gives voice to their perceptions and preferences for health and healing. Does the patient, for example, need to or want to follow doctor's instructions and recommendations? Does the patient need to or want to take their medication? In listening and really hearing the patient, and in hearing also that which is unsaid, clinicians can better understand that which is important to the patient in their engagement, activation, persistence, and compliance. What's more, the clinician can also ascertain patient beliefs.

Patient needs and wants contribute to patient beliefs. Patient needs define certain beliefs and convictions whereas patient wants define other types of beliefs and convictions. As such, the needs and wants of patients affect their beliefs which, in turn, affect patient predisposing factors.

Before patients articulate their needs or wants, however, patients formulate them as their desires. Desires are dreams, hopes, wishes, fantasies, or urges people think about and often speak about but do not act on. They are simply thoughts and feelings having no significance in life particularly if what all people do with their desires is to think and speak about them without taking action. Accordingly, when patients state their desires, they are neither needs nor wants; they are simply digressions in thought and language. However, when patients take actions consistent with their desires, they transform them fulfilling on their needs and wants. Desires become what the patient intends as either needs or wants grounded in the type of actions the patient takes bringing the desires from intellectual and emotional thoughts and ideas into the realm of physical reality. Strong patient

desires, which are always acted on, contribute to patient compliance. Research in the computational theory of mind and studies in intuitive psychology indicate patient desires and beliefs are the most powerful contributing factors to patient confidence, choices, behaviors, and actions.

SUMMARY

If they are nurtured in a positive, productive manner, patient beliefs and desires elevate and drive confidence, choices, behaviors, and actions resulting in highly-effective patient compliance. In view of that, patient beliefs and desires are critical to realizing patient engagement and activation, commitment and persistence. If patient beliefs and desires are conversely negative or neutral, however, they can extinguish confidence, create uncertainty and indecision, and cause patient indifference as well as inaction resulting in noncompliance. By nurturing their beliefs and desires for the good of the patient, healthcare professionals can advance patient beliefs and desires in helping to ensure optimal clinical, economic, and patient satisfaction outcomes.

In summary, patient belief is about patients liking, trusting, and believing in themselves, their ability to make right and good decisions, their ability to manage their care, and their ability (actually, their mind and body's ability) to respond to treatment, recover from illness, and heal accordingly. Patient belief begins with patient acceptance and agreement in their diagnosis and disease, their care, care plan, care team, and those things that are associated with their therapy regimen including examinations, tests and screenings, medications, healthcare and personal products, and the use of devices or other instrumentation and equipment.

Before patients form patient beliefs, however, they must have a strong, powerful desire for health, healing, and wellbeing. It is not enough for patients to simply articulate their hopes, dreams, and desires; patients must powerfully choose them and act on them immediately, in the moment, as urgent wants or needs. Patient belief and desire always, without exception, drive patient engagement and activation, persistence and compliance.