

© Copyright Richard Bruce Smith, 2009, 2015, 2018. All Rights Reserved.
No Part May Be Used or Reproduced without Prior Permission.

PATIENT MANAGEMENT STRATEGY



Establishing a Continuum of Patient Compliance

Richard B. Smith

When it comes to understanding healthcare expenses, we are, to some extent, 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 Corporation, 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 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, noncompliance has reached epidemic proportions in the United States.

Achieving highly-effective patient compliance requires an understanding of the nature of patient compliance and noncompliance; of the continuum of patient compliance; and of the strategies and interventions that advance the continuum: strategies and interventions that engage and activate the patient, establish patient responsibility and commitment, and further encourage patient persistence of self-care.

THE NATURE OF PATIENT COMPLIANCE AND NONCOMPLIANCE

Patient compliance is a state of engagement, activation, and persistence in which the patient effectively and efficiently manages their health, healing, and wellbeing. For patient compliance to be effective and efficient, the patient must be interested and involved in their life and engaged in their care and care plan. Besides being engaged, the patient must also be moved to take actions consistent with their care plan and the patient must be determined, committed, and persistent in achieving optimal outcomes. In their engagement, activation, and persistence, the patient chooses to follow the care provider's instructions and recommendations set forth in the care plan and takes actions consistent with those instructions and recommendations.

In direct contrast to compliance, patient noncompliance is the result of adverse conditions, circumstances, or events, called barriers, which arise with the patient. Impeding patient choices and actions, barriers constrain, obstruct, or thwart patient compliance. Besides concerns associated with inauspicious patient self-efficacy and confidence, noncompliance is often a matter of contrary patient thoughts and feelings, beliefs and opinions, judgements and viewpoints, attitudes and principles, regarding their care, care plan, care provider, and care team as well as their own self-care. In essence, noncompliance arises with adverse patient perspectives, perceptions, and preferences about their health, healing, and wellbeing which can occur, as we know, at any time for any number of reasons. Patient noncompliance happens; it is a fact of life.

THE CONTINUUM OF PATIENT COMPLIANCE

The *Continuum of Patient Compliance* is a logical, incremental progression of ongoing patient choices, activities, and events that advance the patient through three principal stages of compliance with the intention of achieving optimal outcomes for patient health, healing, and wellbeing. Before discussing the *Continuum of Patient Compliance*, however, let us distinguish the continuum of care from the continuum of compliance.

Beginning with an onset of symptoms and the first visit to their care provider, the patient enters a continuum of care that will integrate health services and products with a course of therapy, established in a care plan, managed by the care provider and a care team, over a period of time. The patient, participating in this course of treatment, is expected to follow instructions and recommendations, is expected to comply with the care plan. The *Continuum of Patient Compliance* is an extension of the care continuum that addresses the roles and responsibilities of the patient for following the instructions and recommendations of their care plan and for taking actions consistent them. In view of that, the *Continuum of Patient Compliance* is a progression of choices, activities, and events that help ensure patient compliance in the care continuum.

With the *Continuum of Compliance*, as mentioned, there are three principal stages of compliance: *Patient Engagement*, *Patient Activation*, and *Patient Persistence*. We surely understand the value of *Patient Engagement*, as the first stage of compliance, especially for helping the patient to be aware, involved, and immersed in their health and healing. *Patient Engagement* is the patient's *introduction* to their condition and an

invitation to be actively engaged and committed to their care. As such, *Patient Engagement* is about creating patient mindfulness, awareness and understanding, interest and involvement, for their diagnosis, condition, treatment options, and care.

Since there is a clear distinction between being engaged and taking action, the second stage of compliance emphasizes *Patient Activation*; that is, helping the patient take action consistent with their instructions and recommendations. In taking action, *Patient Activation* focuses on patient preparation and education by helping the patient to understand their care plan and to follow its instructions and recommendations; training the patient in the use of medications and products; and preparing the patient for their self-care. As such, *Patient Activation* is having the patient take action consistent with their care plan and subsequently having them evaluate the results of their action. And yet, simply taking action does not ensure patient compliance; rather, the patient must be constantly, consistently, and continuously committed to their care; the patient must be persistent in taking action.

The third stage of compliance, *Patient Persistence*, concentrates on patient sustainability, continuance, and performance by helping the patient take responsibility for their care and by helping the patient make a commitment to their health and healing with their ongoing engagement and activation. As such, *Patient Persistence* is about the patient taking that responsibility, being resilient and reliable, and being committed to their care plan. Optimal patient compliance and optimal patient outcomes are achieved with patient performance, progress, persistence, and continuous quality improvement.

The First Stage of Compliance

PATIENT ENGAGEMENT

The first stage of compliance, *Patient Engagement*, works to create patient awareness, introduction, interest, and involvement relative to the patient's disease state. Accordingly, *Patient Engagement* requires the patient to work through these three phases or conditions of engagement to ensure successful patient activation, persistence, compliance, and outcomes.

1. PATIENT AWARENESS

All Patient Engagement begins with some form of *Patient Awareness* and introduction for the conditions and circumstances of the patient's disease. While the patient is, to some extent, present to the signs, sensations, and symptoms of their disease, the care provider, in this first phase of Patient Engagement, generates a diagnosis, defines the disease, and determines a prognosis from having ordered, performed, and evaluated patient tests, examinations, and screenings. In putting a name to the disease, the care provider creates a connection in the patient with their condition.

The care provider initiates some awareness and understanding for the disease and further establishes the relationship of the physician, patient, and patient's condition with the potential complications and comorbidities of the disease, the risks and rewards of treatment, the need for patient compliance, and the consequences of noncompliance as well as any prospective changes, challenges, or adjustments in the patient's lifestyle and quality of life as a corollary of their disease and its treatment. In establishing this new relationship in their life,

the patient may experience anxiety, fear, discomfort, and pain as well as a multitude of other emotional and physical concerns related to their condition and that these feelings may affect Patient Engagement. The patient becomes aware of the effect and meaning of their disease; the patient gets present to their life.

2. PATIENT INTEREST

The second phase of Patient Engagement is *Patient Interest* which is generated and established in the patient and care provider's mutual intention to completely and authentically manage the patient's condition and disease and to potentially advance the patient's health, healing, and wellbeing. To that point, the care provider initiates *Patient Interest* and mindfulness with the goal of helping the patient learn more about their condition, therapy, and care by providing access to valuable information and education relative to their diagnosis and disease and by reliably addressing patient concerns and answering patient questions. The care provider also initiates *Patient Interest* by mutually establishing open communications and fostering a trusted relationship helping the patient develop a greater concern and interest for their care and care plan. Besides being more attentive and mindful of their condition and its effect on their life, the patient also takes into account how their condition may potentially affect their relationships and association with friends, family members, loved ones, and others involved in providing care as part of *Patient Interest*.

By advancing *Patient Interest*, the care provider also works with the patient to review and evaluate treatment options and, together, they mutually establish a care plan. Partnering with the patient, the care provider further elevates *Patient Interest*. It is important for the care provider to understand the significance of partnering, of working together, of creating a team, especially in helping to ensure patient compliance given the patient is typically the one who is responsible in the end for following the instructions of their care plan and for taking actions consistent with the plan.

Patient Interest is grounded in patient belief and patient desire. Accordingly, the care provider needs to assess *Patient Interest* relative to patient belief in their therapy, care, care plan, and the care team and the care provider needs to assess patient belief in the patient's confidence and ability to self-care, manage their condition, and achieve a quality of life appropriate to their condition. Add to that, the care provider needs to also assess patient desire for health, healing, and wellbeing in determining their level of *Patient Interest*. The degree of desire a patient has for their health, healing, and wellbeing and their corresponding belief is critical to achieving compliance and optimal patient outcomes.

3. PATIENT INVOLVEMENT

As a natural extension of Patient Interest, *Patient Involvement* is the decisive condition of engagement defined by patient acceptance and agreement; that is, patient acceptance for their diagnosis and disease, patient acceptance for their therapy and care, patient agreement with the care, care plan, care team, and patient agreement with their role and responsibility for self-care.

Fostering a trusted relationship through open and straight communications and seeking to understand the patient's enthusiasm and motivation to comply, the care provider needs to assess patient acceptance and agreement. In particular, acceptance, not denial, of their diagnosis and disease is an essential measure of *Patient Involvement* in that the patient is empowered, not victimized, in their condition. Acceptance, however,

does not necessarily mean agreement although the patient needs to accept their diagnosis as a reality of their condition; the patient also needs to actively agree with the therapy, care plan, and care team, not passively resist. What's more, the patient, in their acceptance, needs to agree to follow the care provider's instructions and recommendations and take the right and good actions consistent with them.

Acceptance and agreement are choices the patient makes based on their desires and beliefs. In view of that, the patient needs to express their desire to manage their condition and their desire for health and healing as well as their desire *and* willingness to do what it takes to achieve it. In addition to acceptance and agreement, *Patient Involvement* is also concerned with patient approval and appreciation of the care, care plan, and care team. What that means is, in being engaged in their condition and care, the patient likes, trusts, and believes in the therapy, themselves, and the people who will help to make it happen. As such, the patient wants to be compliant and is willing to do what it takes to achieve optimal outcomes. There is no patient involvement without patient like, trust, belief, and desire.

Finally, *Patient Involvement* necessitates patient self-efficacy. The care provider must continue to assess the patient's confidence and ability to follow instructions and to take actions. Patient self-confidence is essential and fundamental to *Patient Involvement* for managing their care, condition, and healing in the same way patient like, trust, belief, and desire is critical and indispensable to involvement. Without patient confidence and ability, without patient self-efficacy, there is no engagement; and without Patient Engagement, there is no compliance.

PATIENT ENGAGEMENT SUMMARY

Patient Engagement is the first stage of achieving patient compliance. It is comprised of three phases: *Patient Awareness*, *Patient Interest*, and *Patient Involvement*. And while each phase is critical to Patient Engagement, each phase contributes to the logical, incremental progression of patient compliance.

In summary, Patient Engagement creates awareness and introduction, interest and involvement; it encourages patient mindfulness while it nurtures patient relatedness and connection to the realities of their condition. In addition, Patient Engagement works to create patient comprehension and understanding for their diagnosis and disease; for their condition, care, and therapy; and for the potential changes, challenges, and circumstances that come with managing their condition. Patient Engagement calls for ongoing patient information and education and for the patient and care provider to establish mutual intentions with a care plan. Some of the most important indicators of Patient Engagement are patient capability, choice, and confidence in their self-care; the most important, however, are patient belief and desire.

Patient Engagement occurs with the patient in their thoughts and feelings, in their perceptions and preferences, in their attitudes and values, and in their sentient behaviors; all of which constantly, consistently, and continuously advance optimal patient outcomes. Above all, Patient Engagement occurs with powerful, passionate patient belief and desire; belief in their care, care plan, and care team and desire for their health, healing, and wellbeing.

The Second Stage of Compliance

PATIENT ACTIVATION

The second stage of compliance, *Patient Activation*, works to create patient preparation, action, and assessment relative to the patient's therapy and care plan. Accordingly, *Patient Activation* requires the patient to work through these three phases or conditions of activation to ensure successful patient persistence, compliance, and outcomes.

1. PATIENT PREPARATION

In the first stage of compliance, Patient Engagement, information and education is provided to the patient that was focused on the patient's diagnosis, disease, and prognosis. In the second stage of compliance, Patient Activation, the patient is provided further information and education but this time it is focused on the patient's therapy and care plan.

Patient Preparation is concerned with educating, training, and assessing the patient for self-care. That means the care provider, nurse educator, or other healthcare professional instructs the patient on their therapy regimen and care plan involving the plan's instructions and recommendations as well as the other components of compliance including patient drugs, medications, devices, equipment; additional treatments and therapies; ongoing care, tests, screenings, and examinations; and other recommendations regarding the patient's nutrition, exercise, lifestyle, health, and wellbeing. For example, the patient is instructed, as part of their preparation, on various aspects of self-care like medication dosage and administration, medication side effects and warnings, adverse reactions, medical device use and maintenance, wound care and cleansing, dressing changes, and more.

Patient information and education during *Patient Preparation* also involves, in some instances, the need for care providers to teach processes or demonstrate techniques to the patient for using healthcare products, medical devices, and equipment. Substantiating their training and education, the patient needs to demonstrate their competency and understanding, as part of *Patient Preparation*, for correctly carrying out the instructions and recommendations of their care plan. Accordingly, *Patient Preparation* points to an important task for care providers to understand and corroborate the ability of the patient to self-care based on their education and training provided during this second stage of compliance. In addition, the care provider also needs to understand the patient's ability to make choices, resolve problems, recover from setbacks, ask for assistance, and seek support should the need arise.

Assessing patient knowledge, ability, and skill are decisive during *Patient Preparation* to determine patient competence and confidence, courage and conviction, for being compliant. Accordingly, it is suggested the information and education regarding the patient's diagnosis and disease during the first stage of Patient Engagement be kept separate from the information and education regarding the patient's therapy and care plan during the second stage of Patient Activation. The two topics should *not* be collapsed into one conversation but be kept separate so as to create greater clarity, understanding, and competency with the patient for advancing their compliance. While one conversation defines the challenge, the other prepares the patient to address it powerfully.

Lastly, *Patient Preparation* involves patient planning. The care provider, care team, and patient need to mutually determine those things that are required, in advance of the patient taking action, to satisfy their care plan; for example, filling prescriptions in advance, purchasing medical products, ordering equipment, being fitted for appliances and devices, and so forth. Other planning may include making arrangements for homecare services, social services, transportation services, meals, and other clinical or personal services. Add to that other planning which may include preparing, organizing, or retrofitting the patient's residence, as appropriate, to the needs of the patient. Still other planning and support may include scheduling and confirming appointments in advance for the continuance of care with patient check-ups, follow-ups, examinations, tests, screenings, and other therapies and personal care.

Patient Preparation and planning are critical to successful Patient Activation. Providing basics, teaching care plans, making arrangements, preparing for needs, scheduling events, addressing concerns, encouraging patients, and supporting their beliefs and desires are all part of *Patient Preparation* to ensure optimal outcomes and patient compliance. With these in place, the patient can make healthy choices and take healthy actions with confidence and commitment.

2. PATIENT ACTION

Following Patient Preparation, the next phase or condition of compliance is *Patient Action*. The patient is engaged in their care plan and prepared to follow their instructions and recommendations and take actions consistent with them. Prescriptions are filled, medical products are procured, appointments are in the book, and the patient is in readiness.

Patient Action is decisive for compliance; it is the patient's initiation into self-care. Accordingly, the patient needs to be able to easily and readily access the care provider and care team, as appropriate, in the patient's first days of self-care to report concerns, adverse reactions, unusual signs, or atypical sensations. Consequently, the patient needs to be able to ask for and receive clinical and personal assistance in addressing any concerns that may occur, in answering any questions, and in gaining other services and support should the need arise.

During their first days of self-care, the patient deals with changes in their life. There are changes in following a schedule, changes in activities of daily living, and changes in personal habits as well as other likely changes in the patient's diet, exercise, activity, work, rest, and play. In particular, the care provider needs to create awareness in advance for these imminent changes and any inconveniences, challenges, and concerns the patient may encounter. The care provider will need to create a conversation for how these changes and challenges can be potentially and powerfully managed.

Because of the demands of compliance to follow the instructions and recommendations of the care plan and to take actions consistent with them, the patient is faced with incorporating those instructions and recommendations into their daily routine. Often, it is a matter of remembering to take an action when it is required or recalling the precise instructions so the action can be taken. And sometimes, it is a matter of reviewing the instructions again and perhaps again because the patient forgets how to take action. As the patient incorporates the care plan into their life, however, the patient adapts to the challenges and adopts the changes; the patient, over time and with assistance and care, becomes compliant.

The care provider, nonetheless, knows all too well the patient might resist taking consistent action and have their reasons and excuses for inaction. Accordingly, the care provider and patient need to renew their conversations, should this occur, regarding the patient's like, trust, belief, and desire for the care, care plan, and care team as well as their desire for health, healing, and wellbeing.

Besides patient resistance, the patient might also be reluctant to follow the care plan because of their experience with medication side effects, anxiety, discomfort, and pain. While the patient takes action according to their care plan, the patient, in doing so, might undergo adverse signs, sensations, and other symptoms. Here, the care provider and patient need to reevaluate the care plan, determine the causes, and generate an alternative approach as required.

Another consideration for the care provider is that the patient might become complacent in their self-care meaning the patient experiences improvements in their condition and the way they are feeling and, as a result, alters or stops their participation in self-care. As appropriate, the care provider and patient need to create a new conversation for patient commitment, responsibility, and persistence appropriate to the patient's condition.

Whether the circumstance is patient resistance, reluctance, or complacency, the patient and their care provider need to explore the patient's concerns and challenges, as well as the changes the patient has had to make in their life, and determine ways to overcome these barriers and behaviors. The patient and care provider begin this process with open, forthright communications, nothing withheld, coupled with a restatement of mutual intentions, beliefs, and desires.

3. PATIENT ASSESSMENT

The third phase or condition of Patient Activation is *Patient Assessment* in which the care provider and the patient mutually evaluate the patient's actions and experiences as well as any initial therapeutic results of treatment. Patient assessment is important in understanding how the patient is following their instructions and recommendations and if the patient is being compliant with the care plan. *Patient Assessment* is also important in understanding how the patient is responding or reacting to the therapy. The care provider and patient need to determine any changes in the patient's condition and they need to review how the patient is feeling physically and mentally overall. As such, *Patient Assessment* helps determine if there are any unusual signs, sensations, or symptoms or any unwanted side effects, adverse reactions, discomfort, or pain. As appropriate, the care provider will need to adjust, correct, or modify patient instructions and recommendations, medications and drugs, and products and devices. In addition, the care provider will also need to address any patient questions, challenges, and concerns that may arise during this phase.

As we know, *Patient Assessment* is concerned with patient experiences and evaluating the efficacy of treatment. While it often takes time before therapeutic results are observed and achieved, the patient commonly evaluates their care experiences and any changes with their condition within moments of the patient taking action or shortly thereafter. For instance, the patient evaluates the simplicity or complexity of the instructions and recommendations, the ease or difficulty of use, the convenience or inconvenience of the regimen, the timing relative to patient activity, and so forth. The patient also commonly evaluates the care they have received, the

care provider, and care team up to this moment. Developing their opinions, judgments, beliefs, and initial perceptions, the patient assesses their care and self-care as positive or negative, working or not working, right or wrong medication, good or bad treatment, safe or unsafe, difficult or easy, like or dislike, and so forth.

Although Patient Action is decisive for compliance, *Patient Assessment* helps ensure continuance. Patient compliance correctly comes into being when the patient is actively following their care plan and, more importantly, when the patient is aware, present to, and accepting of their new condition or quality of life as a consequence of their condition and therapy. First, the patient must adapt to the challenges and changes they encounter with their care plan and, second, the patient must adopt a new, powerful way of being, focused on health and healing, for managing their condition. *Patient Assessment* is concerned with how the patient is adopting the care plan and adapting to changes in their lifestyle by creating new practices and habits.

Helping to determine the probability for continuing self-care and achieving compliance, *Patient Assessment* addresses the initial perceptions of the patient's experiences as well as their concerns, challenges, and questions. In view of that, *Patient Assessment* also addresses patient barriers to compliance and patient behaviors arising out of those barriers. Barriers to compliance occur from many different reasons, purposes, or causes. For instance, something in the care plan or therapy regimen may create a barrier. Or perhaps the care provider or someone on the care team may unknowingly create a barrier with the patient. Besides the care, care plan, and care team, the patient may have some circumstance, condition, perception, preference, or belief that brings about some barrier to their compliance. Whatever the reason, *Patient Assessment* provides an opportunity to determine patient obstacles to compliance, discover their reasons, identify any unhealthy behaviors, and help eliminate the barriers.

PATIENT ACTIVATION SUMMARY

Patient Activation is the second stage of achieving patient compliance. It is comprised of three phases: *Patient Preparation*, *Patient Action*, and *Patient Assessment*. And while each phase is critical to Patient Activation, each phase contributes to the logical, incremental progression of patient compliance.

In summary, Patient Activation establishes patient preparation, action, and assessment by providing patient information, education, and training focused on their therapies, care, and care plan. Patient Activation also performs assessments for patient knowledge, ability, and skill in following the instructions and recommendations and for patient competence and confidence, patient capacity to make choices and resolve problems, and patient ability to recover from setbacks and ask for help as needed. Following their preparation, the patient is then able to take action and deal with changes, inconveniences, challenges, and concerns as appropriate.

Some of the most important indicators of Patient Activation are patient capability, choice, and confidence in taking action as well as patient ability to adopt and adapt. Furthermore, patient assessment is also important to review patient actions and experiences; evaluate initial therapeutic results; determine overall effectiveness and efficiency; and, as needed, adjust, correct, or modify patient instructions and recommendations to further advance compliance and outcomes.

The Third Stage of Compliance

PATIENT PERSISTENCE

The third stage of compliance, *Patient Persistence*, works to create patient commitment, continuance, and performance relative to the patient's therapy and care plan. Accordingly, *Patient Persistence* requires the patient to work through these three phases or conditions of persistence to ensure successful patient compliance and outcomes.

Patient Persistence is key to achieving compliance throughout the patient's therapy regimen and often throughout the patient's life. The first two stages of compliance, Patient Engagement and Patient Activation, are undoubtedly essential but it is *Patient Persistence* that ensures the patient constantly, consistently, and continuously manages their condition by making healthy choices and taking healthy actions in line with their care plan.

To that end, *Patient Persistence* is all about the patient choosing health and healing and making a commitment to do the work of health and healing the way it was meant to be done or better. What that simply means is the patient must take responsibility and steadfastly perform their self-care. Although the three phases of *Patient Persistence* help ensure successful compliance and optimal patient outcomes, they, more importantly, transform the patient's old way of being from having to endure a compulsory care plan to a new way of living and being, enlivened and empowered in their health, healing, and wellbeing.

1. PATIENT COMMITMENT

Patient Commitment helps the patient be responsible, dependable, and committed to their care, care plan, and self-care. *Patient Commitment* requires a certain amount of patient dedication and devotion to always wanting to make right and good choices and to always taking healthy actions no matter the patient's experience, condition, or circumstance. With *Patient Commitment*, the patient chooses their condition rather than resisting it; adapts to the changes and circumstances caused by their therapy and disease; adopts their care plan; and takes the right actions consistent with it.

Patient Commitment is a state of being dedicated to the cause of health and healing and corresponding activities of self-care. The patient gives their word to follow instructions and recommendations of the care plan and to take actions consistent with them. Since the patient's word is given as a promise or pledge rather than an obligation or liability (which have a negative connotation with the patient), the patient is responsible for keeping their word as a matter of their integrity. The patient is accountable to their family members, friends, and loved ones as well as their care provider and care team. As such, the patient is responsible, in their word, for their progress, performance, and continuance of self-care for achieving optimal outcomes.

Equally, the care provider is also responsible for patient progress and achieving optimal outcomes as the prescriber of care. And while the care provider is responsible for helping to create optimal outcomes, the patient is ultimately responsible for being compliant, partnering with their care provider, and generating a mutual patient-provider relationship built on integrity and workability. Because there are no assurances of health and healing without patient compliance, *Patient Commitment* is decisive.

Patient Commitment also works to ensure candid communication and trusted relationships. The patient commits to staying in communication no matter the patient's experience, condition, or circumstance. Setbacks, breakdowns, and lapses in self-care, at times, can cause the patient to go undercover, withhold communication, avoid contact, or to be unresponsive because the patient regards setbacks, breakdowns, and lapses in care as things that are bad or wrong. However, breakthroughs arise out of breakdowns especially when the patient keeps their word and stays in communication. By staying in communication, the care provider and patient can work through the challenges and treat breakdowns not as something bad or wrong but as "something that is missing." The care provider and patient can determine "that which is missing" and restore it to the care plan, recommit to the care, and restore the relationship back to integrity and workability. Setbacks, breakdowns, and lapses in care and in life will occur; they are inevitable. Acknowledging their role and reality in being human and being a patient and then moving forward are important to advancing patient health, healing, and wellbeing. They are all part of being responsible and building *Patient Commitment*.

Besides staying in communication, the patient also needs to commit to being resilient and coachable. As we know, stuff happens in health care as it does in other areas of life. By being coachable, the patient and care provider can deal more powerfully and effectively with patient breakdowns, barriers, and behaviors. What's more, by being coachable, the patient discovers the difference in responding rather than reacting to circumstances and the patient discovers the difference in being empowered and free rather than being at the effect of circumstances. Finally, by being coachable, the patient is open to discovering those choices and corresponding actions that could make a significant and lasting difference for their health, healing, and wellbeing.

2. PATIENT CONTINUANCE

Patient Continuance works to help the patient sustain high levels of interest and involvement in their condition and care. *Patient Continuance* helps the patient to maintain awareness of their condition, to be continually present to their signs, sensations, and symptoms, and to eliminate, or at least limit, patient complacency. Because complacency can lead to patient noncompliance and result in additional complications and comorbidities for the patient, it is prudent for the care provider and care team to ongoingly communicate with the patient and provide continuous, relevant information and education as well as inspiration and motivation. The information and education can be news, tips, tidbits, trends, wide-ranging data and knowledge, and more, however, it should also be specific and directly applicable to the patient's needs. The inspiration and motivation are exactly that: encouragement, acknowledgement, and reassurance. Inspirational and motivational materials can be patient success stories and testimonials as well as inspirational verses and maxims.

By staying in communication with the patient and by personalizing the communication, the patient develops a stronger sense of care, commitment, and connection with the care provider and care team. As a result, the ongoing communication, information, education, inspiration, and motivation further expand the patient's interest and continuance in their self-care while deepening their overall involvement and partnership with those dedicated to the patient's care including family members, friends, and loved ones.

Patient Continuance also works to reaffirm patient acceptance for the diagnosis, disease, and prognosis as established in the first stage of compliance. It also works to reaffirm patient acceptance and agreement for the

care, care plan, and care team now that the patient has had experience in working with them. With their intention to maintain open communications, the patient is invited to share their thoughts and feelings for their acceptance and agreement as well as their belief and desire for health and healing plus their continued willingness to achieve it. In addition to acceptance and agreement, *Patient Continuation* also works to reaffirm patient approval and appreciation for the care, care plan, care provider, and care team. The patient is invited to share their like, trust, and belief in their care and treatment as well as their desire for continuation.

As mentioned, *Patient Continuation* works to create patient inspiration and motivation, acknowledgement and recognition. During this phase of Patient Persistence, it is decisively important that the care provider and care team provide direct patient encouragement; that the care provider and care team have the conversation acknowledging appreciation for the patient taking on their condition freely and powerfully. This one-on-one interaction, this acknowledgement, is critical to *Patient Continuation* and persistence. By being compliant, the patient is in the top twenty percent of patients, with a chronic condition in the United States, for taking on their health and healing. It's a big deal! The patient needs to hear this and be recognized and honored for their commitment and persistence.

In helping the patient stay motivated, the care team should also encourage the patient to get involved in a patient compliance coaching program for either individuals or groups, if available and appropriate to the patient's needs. Although patient compliance coaching programs may add some cost to care, the programs help ensure patient compliance and engender optimal patient outcomes. They can be a valuable investment in patient care especially for the patient who is dealing with a chronic illness with complications and comorbidities or the patient who wants and really needs additional support. In the long term, the return on investment for a patient compliance coaching program is proven greater than the additional costs of managing complications and comorbidities from patient noncompliance. The care team should also consider suggesting the patient get involved with a care community or care circle comprised of other patients who have the same disease state and share similar conditions, challenges, and concerns for helpful tips and encouragement, often shared within the group, and for peer and professional support.

In addition to patient compliance coaching and providing motivational and inspirational materials, the care team should also consider offering other patient information that supports healthy patient diets, exercise, and changes in behavior and lifestyle. Those materials include, but are not limited to, nutritional guides, food diaries, menus, recipes, and activity and exercise logs as well as self-help materials and other patient support literature. As a complement to these materials, the care team should also consider using patient incentives and rewards to help ensure Patient Persistence and compliance. These recommendations often advance *Patient Continuation* and provide additional, valuable support for increasing Patient Persistence.

3. PATIENT PERFORMANCE

Patient Performance works to help the patient sustain their healthcare activities, manage their medications, materials, and supplies, and constantly assess their health, healing, and wellbeing. Although it is the last phase of persistence, *Patient Performance*, along with Patient Commitment and Patient Continuation, is an ongoing phase of compliance, a lifetime behavior, for long-term care and maintenance by constantly, continuously, and consistently making healthy choices and taking healthy actions.

Patient Performance requires the patient's participation and preparedness for managing their care plan continuously which includes refilling medications and restocking products, using and maintaining devices and equipment, scheduling and keeping appointments, arranging specialty care and homecare, and always handling other patient services and support. *Patient Performance*, as we know, also requires constant, continuous monitoring, measuring, and reporting of activities, performance, and progress. Continuous tracking and reporting offer the care provider and patient opportunities to better manage the patient's condition; they also offer opportunities to determine areas for continuous improvement, to achieve logical, incremental enhancements for the patient's health and quality of life.

As the patient continues in their care and as the patient fully integrates their care plan into their life, the daily routine of following instructions and recommendations and taking actions becomes second nature to the patient; the patient develops healthy habits by making healthy choices; and as a result, the patient creates a personal culture of health and wellbeing.

When patient concerns and challenges arise, the care provider and patient may need to adjust, correct, or modify the care plan which may require additional Patient Engagement and Patient Activation. As a result, the patient will, in all likelihood, need to return to the first and second stages of compliance in managing their concerns and challenges. This may require additional patient information, education, inspiration, and motivation. This may also require additional patient training for a change in meds or devices. And, this may require a change in ongoing care, specialty care, and the care team. Whatever the concerns, whatever the challenges, the care provider and patient will need to work through the earlier stages and phases of compliance as needed.

Something to keep in mind since we are discussing concerns and challenges: all challenges, concerns, and conflicts, in health care and in life, are resolved in communication. The patient and the care team, however, must share the mutual intention to want to do just that in their relationship: stay in communication, be open and forthright, directly share thoughts and feelings for building mutual trust, integrity, responsibility, and workability, and resolve any challenges, concerns, and conflicts that may arise.

In addition to patient concerns and challenges, the care provider and patient may need to address changes in the patient's condition along the way such as complications and comorbidities. Again, the care provider and patient will need to work through the structured approach to compliance provided in the Patient Engagement and Patient Activation stages. Ultimately, the objectives are to continue to create an equally beneficial relationship and to create a revised or updated care plan that works for the patient for the duration of their therapy or, as appropriate, for a lifetime of managing their condition.

PATIENT PERSISTENCE SUMMARY

Patient Persistence is the third stage of achieving patient compliance. It is comprised of three phases: *Patient Commitment*, *Patient Continuance*, and *Patient Performance*. And while each phase is critical to Patient Persistence, each phase contributes to the logical, incremental progression of patient compliance.

In summary, Patient Persistence establishes patient responsibility and resilience, dedication and diligence, and progress and accomplishment by continuing to focus on patient communication; continuing to partner and build relationships; continuing to provide ongoing patient information and education; continuing to inspire and motivate. Patient Persistence advances the work of Patient Engagement and Patient Activation in patient belief and desire, choice and action.

Patient Persistence calls for the patient to be powerful and passionate in their commitment to health, healing, and wellbeing; to give their word as a matter of integrity and workability to be persistent and compliant; to be coachable; and to actively seek support and to be supportive. What's more, Patient Persistence calls for the patient to be encouraged, acknowledged, recognized, and honored for their continuance; for their responsibility and resilience; for their progress and performance. As such, Patient Persistence requires ongoing monitoring, measuring, and managing of the patient with the intention of continuing quality improvement.

Some of the most important indicators of Patient Persistence are patient responsibility, resilience, and commitment; patient belief and desire; patient power and freedom in choice and action. Because it is a lifelong behavior, Patient Persistence transforms the patient creating a new normal, a new way of living, a new way of being.



THE CONTINUUM OF PATIENT COMPLIANCE SUMMARY

As we can see, the Continuum of Patient Compliance is a logical, incremental progression of ongoing patient choices, activities, and events that advance the patient through Patient Engagement, Patient Activation, and Patient Persistence with the intention of achieving compliance for patient health, healing, and wellbeing.

The Continuum of Patient Compliance begins by creating and nurturing patient awareness, interest, and involvement for the patient's diagnosis, disease, and condition. The continuum continues with patient planning and preparation for their care and treatment into patient activation and assessment of their self-care. The continuum then leads to patient commitment and continuance requiring patient belief and desire, patient responsibility and resilience. From there, the continuum advances to patient persistence, performance, and progress for optimal patient compliance and outcomes.

Consider for a moment the Continuum of Patient Compliance as a healthcare conversation to advance patient compliance. The purpose of the conversation is to transform the culture of patient health, healing, and wellbeing through patient compliance, by changing patient health behaviors, by helping the patient to make healthy choices and to take healthy actions. Before a cultural transformation can occur, however, we need to change the patient's usual conversation of noncompliance to an unusual conversation of compliance; we need to help change patient resolve and inaction to patient choices and action.

In this cultural transformation of patient health, healing, and wellbeing, we need to change patient thoughts and feelings, perceptions and preferences, beliefs and desires. When we change patient thoughts and feelings, we change patient conversations. When we change patient conversations, we change patient ways of being. When we change patient ways of being, we change patient behaviors. When we change patient behaviors, we change cultures of health, healing, and wellbeing.

The Continuum of Patient Compliance is exactly that: a positive change in conversations with the intention of advancing patient compliance for achieving optimal clinical, economic, business, patient management, and satisfaction outcomes.