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# Medication Adherence Barriers

## Development and retrospective pilot test of an evidence-based screening instrument

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**BACKGROUND:** Adherence to a prescribed medication regimen is often critical to successful comorbid disease management and decreased risk for adverse outcomes. The barriers that result in nonadherence are often multilayered and complex, making them difficult to address in an outpatient clinic setting.

**OBJECTIVES:** The primary objective of this project was to develop an evidence-based observational screening instrument and determine its potential to identify barriers to medication adherence.

**METHODS:** Medication adherence barriers were divided into five categories. These barriers provided the foundation for the screening instrument. To pilot test the instrument, a retrospective, quasiexperimental, observational comparison study was designed. The pilot study evaluated retrospective data of the Oncology Care Model (OCM).

**FINDINGS:** Of 250 OCM patient records, 184 (74%) revealed potential medication adherence barriers for patients with uncontrolled comorbid illness or events.

### KEYWORDS

adherence; medication; barriers; cancer; screening; comorbidities

### DIGITAL OBJECT IDENTIFIER

10.1188/20.CJON.E13-E20

**ALTHOUGH ADHERENCE TO A PRESCRIBED MEDICATION REGIMEN** can be imperative to successful disease management, 50%–60% of patients are nonadherent to their prescribed treatment regimen (Lam & Fresco, 2015; National Center for Health Statistics, 2017). The World Health Organization's (WHO, 2003) definition of adherence is “the extent to which a person's behavior . . . corresponds with agreed recommendations from a healthcare provider” (p. 17). This definition includes the initiation, continuation, and discontinuation of therapy as directed (Lam & Fresco, 2015; WHO, 2003). One factor or more may comprise the barriers to medication adherence for a patient. These barriers may be intentional or unintentional, may be intertwined or independent, and may include financial, psychological, educational, medical, and behavioral components (American Medical Association [AMA], 2020; Irwin & Johnson, 2015; Oncology Nursing Society [ONS], 2016; Washburn, 2018). As many as 42 significant, specific barriers to medication adherence were detected in one extensive meta-analysis of research (Irwin & Johnson, 2015).

Patients with cancer, particularly those with accompanying comorbidities, are at risk for inferior outcomes if they cannot successfully adhere to the oncologist's prescribed treatment regimen because of complications of comorbid illness (Aarts et al., 2015; Barthélémy et al., 2014; Bender et al., 2014; Greer et al., 2016; Roop & Wu, 2014; Sarfati et al., 2016). The Centers for Medicare and Medicaid Services (CMS) and Joint Commission accreditors expect healthcare providers to assess inpatient and outpatient adherence to medication regimens and act on issues with adherence if possible (Cawthon et al., 2014; CMS, 2019). CMS (2019) has interest in outpatient quality measures focusing on patients receiving outpatient chemotherapy. Adult patients at the Alan B. Pearson Regional Cancer Center in Lynchburg, Virginia, who have had cancer treatment within six months, have comorbid illness, and are eligible for Medicare benefits are enrolled in the Oncology Care Model (OCM) cohort at the hematology-oncology clinic. According to CMS (2019) guidelines, patients from the OCM cohort are expected to receive enhanced services to include care coordination and improved care plans to help prevent emergency department visits and hospitalization from the start of chemotherapy and for six months following their last dose of chemotherapy. Based