

Tools for ORAL ADHERENCE TOOLKIT



- Tool 1.** Oral Therapy Agent Information
- Tool 2.** Common Side Effects of Oral Cancer Therapies by Classification
- Tool 3.** Reimbursement Resources
- Tool 4.** Pharmacy Descriptions, Benefits, and Concerns
- Tool 5.** Barriers to Adherence With Oral Therapies
- Tool 6.** Techniques for Monitoring Adherence to Oral Therapies
- Tool 7.** Sample Treatment Calendars
- Tool 8.** Traditional Counseling Versus Motivational Interviewing
- Tool 9.** Motivational Interviewing Techniques & Sample Dialogue
- Tool 10.** Transtheoretical Model of Change: Stages of Change
- Tool 11.** The READS Principles of Health Behavior Change
- Tool 12.** Readiness-to-Change Scale

Resource List

Tool 1

Oral Therapy Agent Information



Drug Name Generic/Brand	Manufacturer City/State	FDA-Approved Oncology Indications	Drug-Drug Interactions	Administration With or Without Food
Bexarotene (Targretin®)	Eisai Inc. Woodcliff Lake, NJ	<ul style="list-style-type: none"> Cutaneous T-cell lymphoma 	<ul style="list-style-type: none"> CYP3A4 inhibitors 	With food
Capecitabine (Xeloda®)	Roche Laboratories Nutley, NJ	<ul style="list-style-type: none"> Metastatic breast cancer Metastatic colorectal cancer Adjuvant colon cancer (stage III) 	<ul style="list-style-type: none"> Coumarin-derivative anticoagulants 	With food
Dasatinib (Sprycel®)	Bristol-Myers Squibb Co. Princeton, NJ	<ul style="list-style-type: none"> Chronic myeloid leukemia Philadelphia chromosome-positive acute lymphocytic leukemia 	<ul style="list-style-type: none"> CYP3A4 inducers/inhibitors Antacids H₂ antagonists Proton pump inhibitors 	With or without food
Erlotinib (Tarceva®)	OSI Pharmaceuticals Inc. Melville, NY Genentech, Inc. South San Francisco, CA	<ul style="list-style-type: none"> Non-small cell lung cancer Pancreatic cancer 	<ul style="list-style-type: none"> CYP3A4 inducers/inhibitors H₂ antagonists Affected by cigarette smoking 	Without food
Everolimus (Afinitor®)	Novartis Pharmaceuticals East Hanover, NJ	<ul style="list-style-type: none"> Renal cell carcinoma 	<ul style="list-style-type: none"> CYP3A4 inducers/inhibitors Grapefruit juice St. John's wort 	With or without food
Gefitinib (Iressa®)	AstraZeneca Pharmaceuticals Wilmington, DE	<ul style="list-style-type: none"> Non-small cell lung cancer (restricted access per FDA – see product label) 	<ul style="list-style-type: none"> CYP3A4 inducers/inhibitors Coumarin-derivative anticoagulants H₂ antagonists 	With or without food
Lapatinib (Tykerb®)	GlaxoSmithKline Research Triangle Park, NC	<ul style="list-style-type: none"> HER2+ advanced or metastatic breast cancer 	<ul style="list-style-type: none"> CYP3A4 inducers/inhibitors 	Without food
Lenalidomide (Revlimid®)	Celgene Corporation Summit, NJ	<ul style="list-style-type: none"> Multiple myeloma Myelodysplastic syndrome 	<ul style="list-style-type: none"> Digoxin 	With or without food
Nilotinib (Tasigna®)	Novartis Pharmaceuticals Corp. East Hanover, NJ	<ul style="list-style-type: none"> Chronic myeloid leukemia (Philadelphia chromosome-positive, chronic or accelerated phase) 	<ul style="list-style-type: none"> CYP3A4 inducers/inhibitors Grapefruit juice St. John's wort 	Without food
Pazopanib (Votrient®)	GlaxoSmithKline Research Triangle Park, NC	<ul style="list-style-type: none"> Advanced Renal Cell Carcinoma 	<ul style="list-style-type: none"> CYP3A4 inducers/inhibitors Grapefruit juice St. John's wort 	Without food
Procarbazine (Matulane®)	Sigma-Tau Pharmaceuticals Gaithersburg, MD	<ul style="list-style-type: none"> Hodgkin disease (lymphoma) 	<ul style="list-style-type: none"> Ethyl alcohol Sympathomimetic drugs Tricyclic antidepressants 	With or without food. Must be on a modified-dose tyramine diet
Sorafenib (Nexavar®)	Bayer Pharmaceuticals West Haven, CT Onyx Pharmaceuticals, Emeryville, CA	<ul style="list-style-type: none"> Unresectable hepatocellular carcinoma Advanced renal cell carcinoma 	<ul style="list-style-type: none"> Irinotecan Docetaxel Doxorubicin Fluorouracil CYP3A4 inducers 	Without food
Sunitinib (Sutent®)	Pfizer Oncology New York, NY	<ul style="list-style-type: none"> Advanced renal cell carcinoma Gastrointestinal stromal tumor 	<ul style="list-style-type: none"> CYP3A4 inducers/inhibitors 	With or without food
Temozolomide (Temodar®)	Schering Corporation, Kenilworth, NJ	<ul style="list-style-type: none"> Glioblastoma Anaplastic astrocytoma 	<ul style="list-style-type: none"> No clinically relevant drug interactions 	Empty stomach
Thalidomide (Thalomid®)	Celgene Corporation Summit, NJ	<ul style="list-style-type: none"> Multiple myeloma 	<ul style="list-style-type: none"> CYP3A4 inducers/inhibitors Check prescribing information for listing of drugs that may reduce effectiveness of oral contraceptives. 	Administered at bedtime, ≥ 1 hour after evening meal
Vorinostat (Zolinza®)	Merck & Co. Inc. Whitehouse Station, NJ	<ul style="list-style-type: none"> Cutaneous T-cell lymphoma 	<ul style="list-style-type: none"> Coumarin-derivative anticoagulants 	With food

**** NOTE: Instructions for taking medication without food generally implies one (1) hour before or two (2) hours after food.**

Eisai Inc. (2007). Targretin®(bexarotene) [Prescribing information]. Woodcliff Lake, NJ: Author.
 Roche Pharmaceuticals. (2006). Xeloda®(capecitabine) [Prescribing information]. Nutley, NJ: Author.
 Bristol-Myers Squibb. (2008). Sprycel®(dasatinib) [Prescribing information]. Princeton, NJ: Author.
 OSI Pharmaceuticals Inc./Genentech Bio Oncology. (2008). Tarceva®(erlotinib) [Prescribing Information]. Melville, NY/South San Francisco, CA: Authors.
 AstraZeneca. (2005). Iressa®(gefitinib) [Prescribing information]. Wilmington, DE: Author.
 GlaxoSmithKline. (2008). Tykerb®(lapatinib) [Prescribing information]. Research Triangle Park, NC: Author.
 Celgene Corporation. (2007). Revlimid®(lenalidomide) [Prescribing information]. Summit, NJ: Author.
 Bayer HealthCare Pharmaceuticals/Onyx Pharmaceuticals. (2008). Nexavar® [Prescribing information]. Wayne, NJ/Emeryville, CA: Authors.

Pfizer Pharmaceuticals. (2008). Sutent® (sunitinib) [Prescribing information]. New York, NY: Author.
 Celgene Corporation. (2007). Thalomid® (thalidomide) [Prescribing information]. Summit, NJ: Author.
 Merck & Co. (2008). Zolinza®(vorinostat) [Prescribing information]. Whitehouse Station, NJ: Author.
 Sigma-Tau Pharmaceuticals. (2009). Matulane® (procarbazine) [Prescribing information]. Gaithersburg, MD: Author.
 Schering Corporation. (2008). Temodar® (temozolomide) [Prescribing information]. Kenilworth, NJ: Author.
 Novartis Pharmaceuticals Corporation. (2009). Tasigna® (nilotinib) [Prescribing information]. East Hanover, NJ: Author.
 GlaxoSmithKline. (2009). Pazopanib (Votrient) [Prescribing information]. Research Triangle Park, NC: Author.

Tool 2

Common Side Effects of Oral Cancer Therapies by Classification



Classification	Common Side Effects
Tyrosine kinase inhibitors	<ul style="list-style-type: none">• Rash• Hand-skin reaction• Diarrhea• Nausea/vomiting/dyspepsia• Edema - periorbital & peripheral• Elevated liver function tests• Muscle cramps• Cardiotoxicity• Fatigue• Cytopenias
Angiogenesis inhibitors	<ul style="list-style-type: none">• Birth defects• Dizziness• Drowsiness• Rash• Thrombotic disorders• Neuropathy• Cytopenias• Cardiotoxicity
Fluoropyrimidines	<ul style="list-style-type: none">• Hand-foot syndrome (HFS)• Dry skin• Nausea/vomiting/dyspepsia• Diarrhea
Selective estrogen receptor modulators (SERMS)	<ul style="list-style-type: none">• Hot flashes• Vaginal dryness
Aromatase inhibitors	<ul style="list-style-type: none">• Arthralgia• Bone loss• Vaginal dryness

Last updated 12/24/2009

Tool 3

Reimbursement Resources Table 1: Agent Specific Resources



Drug Name Generic/Brand	Reimbursement/Assistance Information	Web Site	Patient Education Resource Web Site
Bexarotene (Targretin®)	Eisai Oncology Reimbursement Specialists 1-866-613-4724	www.eisai.com/section.asp?ID=191	http://targretin.com/capsules
Capecitabine (Xeloda®)	Oncoline® Patient Assistance Program 1-800-443-6676, option 3	www.xeloda.com/resource-center/xeloda-insurance-coverage.aspx	www.xeloda.com
Dasatinib (Sprycel®)	Destination Access® 1-800-861-0048	www.destinationaccess.com	www.sprycel.com
Erlotinib (Tarceva®)	Tarceva Access Solutions® 1-888-249-4918	www.TarcevaAccessSolutions.com	www.tarceva.com
Everolimus (Afinitor®)	http://www.afinitor.com/assets/pdf/afinitor-afinitrac-information.pdf	www.afinitor.com	Same as previous
Gefitinib (Iressa®)	IRESSA® Access Program	www.iressa-us.com	Same as previous
Lapatinib (Tykerb®)	TykerbCARES® 1-866-489-5372		www.tykerb.com
Lenalidomide (Revlimid®)	RevAssist® 1-888-423-5436	www.celgenepsc.com 1-800-931-8691	www.revlimid.com
Nilotinib (Tasigna®)	Novartis Customer Service 1-866-411-TASIGNA (1-866-411-8274)	www.us.tasigna.com	n/a
Pazopanib (Votrient®)	CARES by GSK Program 1-888-663-4752	www.votrient.com	www.votrient.com
Procarbazine (Matulane®)	Customer Service 1-800-490-3262 Matulane® Patient Assistance Program administered by NORD (National Organization for Rare Disorders) 1-203-744-0100	www.matulane.com	Same as previous
Sorafenib (Nexavar®)	REACH® program 1-877-322-4448 NexConnect 1-866-639-2827		www.nexavar-us.com
Sunitinib (Sutent®)	FirstResource® 1-877-744-5675		www.sutent.com
Temozolomide (Temodar®)	Schering's Commitment to Care® program. 1-800-521-7157	www.temodar.com	
Thalidomide (Thalomid®)	S.T.E.P.S.® program 1-888-423-5436 Patient Support Coordinator 1-800-931-8691	www.celgenepsc.com	www.celgene.com
Vorinostat (Zolinza®)	ACT® program 1-866-363-6379		www.zolinza.com

Tool 3

Reimbursement Resources Table 2: Reimbursement and Patient Assistance Resources



CancerCare Co-Payment Assistance Foundation	www.cancercarecopay.org
Cancer Supportive Care Programs National and International Listing of Pharmaceutical Programs	www.cancersupportivecare.com/drug_assistance.html
Chronic Disease Fund	www.cdfund.org 1-877-968-7233
HealthWell Foundation	www.healthwellfoundation.org 1-800-675-8416
The Leukemia and Lymphoma Society Co-Pay Assistance Program	www.lls.org/copay 1-877-557-2672
National Cancer Institute, Support and Resources	www.cancer.gov/cancertopics/support 1-800-422-6327
NeedyMeds	www.needymeds.com
Partnership for Prescription Assistance	www.pparx.org 1-888-477-2669
Patient Access Network Foundation	www.panfoundation.org/
Patient Advocate Foundation	www.patientadvocate.org
Patient Advocate Foundation Co-Pay Relief	www.copays.org 1-866-512-3861

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Tool 4

Pharmacy Descriptions, Benefits and Concerns



Dispensing Site	Benefits	Concerns
Community retail pharmacy	<ul style="list-style-type: none"> • Is usually located near patient's residence • May be better positioned to monitor for drug-drug interactions if all prescriptions are filled at this pharmacy chain 	<ul style="list-style-type: none"> • Community pharmacist may not have adequate experience to provide counseling for specialized medications • May not stock less frequently used medications, thus resulting in delay in starting cycle • Billing concerns – may not bill correctly when medication is covered under Medicare Part B • Limited resources for patients without insurance or with high copays
Specialty pharmacy	<ul style="list-style-type: none"> • Has highly experienced and knowledgeable oncology pharmacy staff • Provides additional patient education by phone or mail • Delivers medication to patient at no additional cost • Able to custom pack multi-strength doses to avoid multiple copayments • Works closely with insurance plans & Medicare • Access to patient assistance programs 	<ul style="list-style-type: none"> • May not be local – patient may have concerns about working with pharmacy by phone.
Mail-order pharmacy	<ul style="list-style-type: none"> • Usually decreased patient co-pay when medication is ordered in 90-day amounts • May have nurse case managers on staff to assist patients on medications for “catastrophic diseases” 	<ul style="list-style-type: none"> • Unlikely that patient will speak directly with an oncology pharmacist • Nurse case manager may not be an oncology nurse • Most require minimum 90-day supply
Practice dispensing pharmacy	<ul style="list-style-type: none"> • Is convenient – inside oncology office • Has physician or nurse available for questions • Has all personnel available so that double-check of prescription can be performed for safety • Has patient medical record readily available for questions 	<ul style="list-style-type: none"> • Varying levels of physician supervision may be required, depending on regulations • Drug safety rules mandated by HFAP, Joint Commission, OSHA, and public health rules require additional documentation and record-keeping
Hospital pharmacy	<ul style="list-style-type: none"> • May give patient access to an oncology pharmacist • Allows close communication with practice physician or nurse • Generally follows double-check of prescription if given patient data • May be connected to practice through electronic ordering system 	<ul style="list-style-type: none"> • Travel burden: Hospital pharmacy may not be located on same campus as office • May not have access to patient assistance program information • May limit to 30-day supply, creating travel burden for patients who may be able to extend office visits to 2-3 cycles
Pharmaceutical dispensing program	<ul style="list-style-type: none"> • Ensures safety in high-risk cancer medications • Access to patient assistance programs • Has highly experienced & knowledgeable oncology staff • Can provide additional patient education by phone or mail 	<ul style="list-style-type: none"> • Requires telephone or online contact with prescriber (MD or APN) • Requires faxed prescription • Delay in receipt of medication by patient • Additional paperwork and phone work by office staff • May not have access to full medication profile, with less ability to screen for drug-drug interactions.

APN: advanced practice nurse; HFAP: Healthcare Facilities Accreditation Program [American Osteopathic Association]; OSHA: Occupational Safety and Health Administration

NOTE: Based on information from Institute of Medicine Committee on Identifying & Preventing Medication Errors, Aspden, Wolcott, Bootman, & Cronenwett, 2007; Schulmeister, 2006; Weingart et al., 2008)

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Tool 5

Barriers to Adherence With Oral Therapies



Dimension	Barriers
Socioeconomic	<ul style="list-style-type: none">• Low language literacy• Lack of family or social support network• Unstable living conditions; homelessness• Busy work or social lifestyle• Limited access to healthcare facilities and/or pharmacy• Lack of health insurance• Medication cost
Healthcare system	<ul style="list-style-type: none">• Poor provider-patient relationship• Poor provider communication skills• Lack of positive reinforcement from the healthcare provider• Lack of knowledge on adherence and of effective interventions for improving it• Patient information materials written at too high of a literacy level• Lack of continuity of care
Disease	<ul style="list-style-type: none">• Asymptomatic disease• Severity of symptoms
Treatment-related	<ul style="list-style-type: none">• Complex medication regimen• Lack of immediate benefit of therapy• Actual or perceived unpleasant side effects• Treatment interferes with lifestyle or requires significant behavioral changes
Patient-related	<ul style="list-style-type: none">• Physical factors• Psychological/behavioral/developmental factors• Knowledge about disease• Expectations or attitudes toward treatment• Perceived benefit of treatment• Confidence in ability to follow treatment regimen• Motivation• Fear of possible adverse effects• Psychosocial stress, anxiety, anger• Alcohol or substance abuse

NOTE: Based on information from American Society on Aging & American Society of Consultant Pharmacists Foundation, 2006; Atkins & Fallowfield, 2006; Haynes et al 2002; Lebovits et al, 1990; Madden et al., 2008; Michaud & Choi, 2008; Osterberg & Blaschke, 2005; Weingart et al., 2008; World Health Organization, 2003.

Tool 6

Techniques for Monitoring Adherence to Oral Therapies



Test	Advantages	Disadvantages
Direct methods		
Directly observed therapy	Most accurate	Patients can hide pills in their mouths and then discard them; impractical for routine use
Measurement of the level of medicine or metabolite in blood	Objective	Variations in metabolism and "white coat adherence" can give a false impression of adherence; expensive
Measurement of biologic marker in blood	Objective; in clinical trials, can also be used to measure placebo	Requires expensive quantitative assays and collection of bodily fluids
Indirect methods		
Patient questionnaires Patient self-report	Simple; inexpensive; the most useful method in the clinical setting	Susceptible to error with increases in time between visits; results are easily distorted by the patient
Pill counts	Objective, quantifiable, and easy to perform	Data easily altered by the patient (e.g., pill dumping)
Rates of prescription refills	Objective; easy to obtain data	A prescription refill is not equivalent to ingestion of medication; may require access to pharmacy system
Assessment of the patient's clinical response	Simple; generally easy to perform	Factors other than medication adherence can affect clinical response
Electronic medication monitors	Precise; results are easily quantified; tracks patterns of taking medication	Expensive; requires return visits and downloading data from medication vials
Measurement of physiologic markers	Often easy to perform	Marker may be absent for other reasons (e.g., increased metabolism, poor absorption, lack of response)
Patient diaries	Helps to correct poor recall	Easily altered by the patient

NOTE: Based on information from Osterberg & Blaschke, 2005; Peterson et al., 2003.

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Patient on Combination Oral Therapy: Capecitabine (Xeloda®) + Lapatinib (Tykerb®)

Sample Calendar 1

SUNDAY Date _____	MONDAY Date _____	TUESDAY Date _____	WEDNESDAY Date _____	THURSDAY Date _____	FRIDAY Date _____	SATURDAY Date _____
		Xeloda AM Xeloda PM Tykerb BEDTIME	Xeloda AM Xeloda PM Tykerb BEDTIME	Xeloda AM Xeloda PM Tykerb BEDTIME	Xeloda AM Xeloda PM Tykerb BEDTIME	Xeloda AM Xeloda PM Tykerb BEDTIME
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NO XELODA Tykerb BEDTIME	NO XELODA Tykerb BEDTIME	Xeloda AM Xeloda PM Tykerb BEDTIME	Xeloda AM Xeloda PM Tykerb BEDTIME	Xeloda AM Xeloda PM Tykerb BEDTIME	Xeloda AM Xeloda PM Tykerb BEDTIME	Xeloda AM Xeloda PM Tykerb BEDTIME

NOTES:

Take Xeloda within 30 minutes after a meal, approximately 10-12 hours apart (breakfast and dinner).

Take Tykerb on an empty stomach (30 minute before or one hour after eating).

Last updated 11/1/2009

Xeloda® is a registered trademark of Roche Laboratories, Nutley, NJ.

Tykerb® is a registered trademark of GlaxoSmithKline, Philadelphia, PA.

Sample Calendar 2

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
WEEK 1							
Take Xeloda AM	X	X	X	X	X	X	X
Take Xeloda PM	X	X	X	X	X	X	X
Take Tykerb	X	X	X	X	X	X	X
WEEK 2							
Take Xeloda AM	X	X	X	X	X	X	X
Take Xeloda PM	X	X	X	X	X	X	X
Take Tykerb	X	X	X	X	X	X	X
WEEK 3							
NO XELODA							
Take Tykerb	X	X	X	X	X	X	X
WEEK 4							
Take Xeloda AM	X	X	X	X	X	X	X
Take Xeloda PM	X	X	X	X	X	X	X
Take Tykerb	X	X	X	X	X	X	X
WEEK 5							
Take Xeloda AM	X	X	X	X	X	X	X
Take Xeloda PM	X	X	X	X	X	X	X
Take Tykerb	X	X	X	X	X	X	X
WEEK 6							
NO XELODA							
Take Tykerb	X	X	X	X	X	X	X

NOTES: Take Xeloda within 30 minutes after a meal, approximately 10-12 hours apart (breakfast and dinner).

Take Tykerb on an empty stomach (30 minute before or one hour after eating).

Xeloda® is a registered trademark of Roche Laboratories, Nutley, NJ.

Tykerb® is a registered trademark of GlaxoSmithKline, Philadelphia, PA.

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Tool 8

Traditional Counseling Versus Motivational Interviewing



Traditional Counseling	Motivational Interviewing
<ul style="list-style-type: none">• Healthcare provider (HCP) is the healthcare expert.• Assumes patient lacks knowledge.• Tells patient what to do.• Hopes patient follows instructions	<ul style="list-style-type: none">• HCP develops partnership with patient.• Exchanges information to facilitate an informed decision• Patient has the right to decide own care.
<ul style="list-style-type: none">• HCP provides definitive information.• Directives are presumed to be non-negotiable.	<ul style="list-style-type: none">• HCP provides information to patient for the purpose of developing discrepancy between present behavior and goal.
<ul style="list-style-type: none">• HCP dictates healthcare behavior.	<ul style="list-style-type: none">• HCP and patient negotiate behavior and reach agreement.
<ul style="list-style-type: none">• Goal is to motivate the patient.	<ul style="list-style-type: none">• Goal is to access motivation and elicit patient's commitment to change behavior.
<ul style="list-style-type: none">• HCP persuades patient to change behavior.	<ul style="list-style-type: none">• HCP understands and accepts patient's action.
<ul style="list-style-type: none">• HCP expects respect from patient.	<ul style="list-style-type: none">• HCP must earn respect from patient.

NOTE: Based on information from Levensky et al., 2007; Miller & Rollnick, 2002; Possidente et al., 2005.

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Tool 9

Motivational Interviewing Techniques & Sample Dialogue



Technique	Comments	Sample Dialogue
Ask open-ended questions.	<ul style="list-style-type: none">• Avoid questions that ask “yes” or “no.”	Nurse: Please tell me about the problems you’ve had in taking your hormonal therapy every day since your last visit.
Use reflective listening.	<ul style="list-style-type: none">• Paraphrase clients’ comments.• Phrase reflections as statements, not as questions.	<p><i>Patient: It’s quite a challenge to try to deal with diarrhea while we’re traveling on vacation, but I know it’s a side effect of the medicine.</i></p> <p>Nurse: So, even though the diarrhea interferes with your vacation, you expect it to happen, so you’re not caught off guard.</p> <p><i>Patient: I can’t stop taking this medicine. What would my family think?</i></p> <p>Nurse: It sounds like there would be a lot of pressure from your family if you decided to stop.</p>
Elicit self-motivated statements.	<ul style="list-style-type: none">• Encourage patients to verbalize how they are changing.• Point out any changes you have observed and ask them how they did this.	Nurse: It sounds like you have made real progress in taking your medicine every day. How do you feel about that?
Affirm.	<ul style="list-style-type: none">• Support, encourage, and recognize the patients’ difficulties.	Nurse: It sounds like you are still struggling with remembering to take your medicine on an empty stomach, but you have made some changes. How do you think you might be able to do this every day instead of a few days a week?
Summarize.	<ul style="list-style-type: none">• Summarize the comments made.• Transition to the next topic or conclude the session.	Nurse: You said you feel strongly that the medicine is helping keep your cancer from coming back. You want to find ways to remember to take it every day. What things do you think you could do to help you remember your medicine every day?

NOTE: Based on information from Levensky et al., 2007; Miller & Rollnick, 2002; Possidente et al., 2005; Zimmerman et al., 2000.

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Tool 10

Transtheoretical Model of Change: Stages of Change



Stage	Construct of Stage	Motivational Interviewing	Healthcare Provider Tasks
Precontemplation	<ul style="list-style-type: none"> Does not intend to take action in the foreseeable future May be in this stage because person is uninformed or underinformed about the consequences of behavior 	<ul style="list-style-type: none"> Increase perception of risks and problems with current behavior. 	<ul style="list-style-type: none"> Raise doubts about current behavior.
Contemplation	<ul style="list-style-type: none"> Intends to change Aware of risks and benefits of changing Risk/benefit balance can produce profound ambivalence. 	<ul style="list-style-type: none"> Begin to formulate early plan. Still ambivalent 	<ul style="list-style-type: none"> Listen to patient concerns. Support benefits, address concerns about risks.
Preparation	<ul style="list-style-type: none"> Intends to take action in the immediate future Has taken some significant action already Has a plan of action 	<ul style="list-style-type: none"> Increase self-efficacy for change. 	<ul style="list-style-type: none"> Raise reasons for change and risks of not changing.
Action	<ul style="list-style-type: none"> Has made specific changes Action is observable. Relapse is common. 	<ul style="list-style-type: none"> Implement the plan. Problem-solve. 	<ul style="list-style-type: none"> Help client use skills for problem-solving. Support self-efficacy.
Maintenance	<ul style="list-style-type: none"> Is working to prevent relapse Is increasingly more confident in ability to continue the change 	<ul style="list-style-type: none"> Resolve associated problems as they occur. 	<ul style="list-style-type: none"> Help patient identify and use strategies to prevent relapse.
Regression	<ul style="list-style-type: none"> Individuals revert to an earlier stage of change. Relapse is one form of regression. Can regress from any stage to any earlier stage The majority regress from maintenance to contemplation or preparation. 	<ul style="list-style-type: none"> Recycle through prior stages. 	<ul style="list-style-type: none"> Support patient's efforts to return to appropriate behavior. Support positive attitude.

NOTE: Based on information from Prochaska et al., 2002; Prochaska & Velicer, 1997.

Tool 11

The READS Principles of Health Behavior Change



	Principle	Actions
R	Roll with resistance.	<ul style="list-style-type: none">• Be flexible.• Get clarification.• New perspectives are invited, not imposed.• Do not give person a reason to resist more.• Resistance is a signal to respond differently.• Repeat your understanding.• The person is a primary resource in finding answers and solutions.
E	Express empathy.	<ul style="list-style-type: none">• An objective identification of another person's emotions (not experience).• Repeat throughout the change process.• Identify and understand resistance and reasons for unhealthy behaviors without judgment.• Create a climate for change through trust.• Empathy positions you as being on the person's side.
A	Avoid arguing.	<ul style="list-style-type: none">• Arguing adds to the person's resistance.• Arguing forces people to defend the behavior you are trying to change.• Confront or ask for clarification, but do not argue.• Feelings are not arguable.
D	Develop discrepancy.	<ul style="list-style-type: none">• Change is motivated by a perceived discrepancy between present behavior and important personal goals or values.• Discrepancy = Dissonance.• Discuss good things and bad things about change• Go over pros and cons• Throw the system out of kilter.• Restate the discrepancies heard.
S	Support self-efficacy.	<ul style="list-style-type: none">• Self-belief in the ability to change is an important motivator.• Notice positive language and behaviors.• Let the person know you have noticed.• The person, not the counselor, is responsible for choosing and carrying out change.• Praise the behavior, not the person.• Develop patient's autonomy to take responsibility for his or her own health.• Continue to support self-efficacy throughout the process.

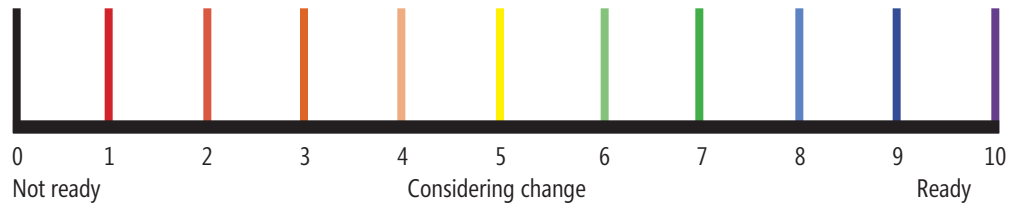
NOTE: Based on information from Miller & Rollnick, 2002.

Tool 12

Readiness to Change Scale



Readiness to Change Scale



Instructions for Use

1. Ask patient to rate how ready he or she is for change by drawing an arrow to or circling a number in the appropriate area on the scale.
2. A score > 5 indicates patient is ready to work toward changing behavior.
3. Discuss the patient's ranking on the scale with the following questions:
 - a How important is this change to you?
 - b How confident are you that you can make this change?
 - c Why did you choose a _____, not a 10?
 - d What would have to happen to make it a ____ [choose number 1-2 up from patient choice]?

NOTE: Based on information from Prochaska et al., 2002; Zimmerman et al., 2000.

Resource List



Professional Resources

American Society on Aging & American Society of Consultant Pharmacists Foundation. (2006). *Adult medication®: Improving medication adherence in older adults*. Retrieved from http://www.adultmedication.com/downloads/Adult_Medication.pdf

GlaxoSmithKline. (n.d.). *Healthcare providers' overview—About ASK®*. Retrieved from <http://www.takingmeds.com/hcp/hcp-overview.html>. Includes patient education information and discussion of the ASK-20® (Adherence Starts with Knowledge) adherence survey.

Jacobson, J.O., Polovich, M., McNiff, K.K., LeFebvre, K.B., Cummings, C., Galioto, M., ... McCorkle, M.R. (2009). American Society of Clinical Oncology/ Oncology Nursing Society chemotherapy administration safety standards. *Oncology Nursing Forum*, 36, 651–658. doi:10.1188/09.ONF.651-658

Roche Laboratories. (n.d.). *For healthcare professionals: A better-educated patient*. Retrieved from <http://www.oralchemoadvisor.com/hcp/default.aspx>

Patient-Directed Information

American Cancer Society. (2008). *Oral chemotherapy: What you need to know*. Retrieved from http://www.cancer.org/docroot/ETO/content/ETO_1_2x_Oral_Chemotherapy.asp

Dana-Farber Cancer Institute. (n.d.). *Oral chemotherapy fact sheet*. Retrieved from <https://www.dana-farber.org/can/patient-instruction/html/oral-chemotherapy-fact-sheet.html>

GlaxoSmithKline. (2008). *ASK®: Adherence starts with knowledge*. Retrieved from <http://www.takingmeds.com/index.html>. Contains information on adherence, including a self-assessment survey (ASK-20®) that identifies barriers to oral medication adherence.

Roche Laboratories. (n.d.). *Oral chemotherapy guide*. Retrieved from <http://www.oralchemoadvisor.com/oral-chemotherapy-guide.aspx>

Helpful Websites

American Cancer Society	www.cancer.org
American Society of Health-System Pharmacists	www.ashp.org
Association of Cancer Online Resources	www.acor.org
Association of Community Cancer Centers	www.accc-cancer.org
Cancer.Net, American Society of Clinical Oncology Patient Information	www.cancer.net
ChemoCare	www.chemocare.com
Epocrates	www.epocrates.com
Leukemia and Lymphoma Society	www.lls.org
Lexi-Comp, Inc.	www.lexi.com
Micromedex	www.micromedex.com
MyMedSchedule.com	https://secure.medactionplan.com/mymedschedule/index.htm
National Cancer Institute	www.cancer.gov
National Coalition for Cancer Survivorship	www.canceradvocacy.org
National Comprehensive Cancer Network	www.nccn.org
Patient Compliance	www.patientcompliance.net
Stand Up to Cancer	www.standuptocancer.org
UpToDate® information resource	www.uptodate.com
U.S. Food and Drug Administration	www.fda.gov