

4.3 PARAMETERS FOR TREATMENT NON-COMPLIANCE IN OUTPATIENT CLINICAL SETTINGS

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I. PURPOSE

The purpose of these parameters is to provide clinical guidelines for the appropriate handling of non-compliance with treatment recommendations.

II. DEFINITION

Compliance is the extent to which a person's behavior coincides with medical or health advice. Examples of compliance include keeping appointments, participating in a treatment program, taking medications as prescribed, and adhering to the recommendations of the treating clinicians. Compliance is lowest when the condition being treated is prolonged, treatment is prophylactic or suppressive, and the consequences of stopping treatment are delayed

III. FACTORS PROMOTING COMPLIANCE

- A. Clinics may consider developing a pre-appointment reminder system to improve "no show" rates, for both initial and on-going individuals in treatment.
- B. Individuals should be informed at the beginning of treatment of the clinic's policies regarding missed appointments, hours of availability of treating clinicians, emergent and urgent service availability, and other factors relevant to treatment expectations. Information should be conveyed in a therapeutic, motivating, engaging and non-punitive manner in the form of written orientation materials.

IV. INTERVENTIONS FOR NON-COMPLIANCE

A. Factors Related to Non-Compliance

Factors related to treatment non-compliance are multiple and should be considered when evaluating appropriate interventions to improve compliance. Such factors include, but are not limited to:

1. Availability of social/family support;
2. Quality of the therapeutic alliance;
3. Illness history (type, severity, relapse history, insight);
4. Specific health/cultural beliefs of the individual/family in treatment;

5. Clinic environmental factors (long waiting times, impersonal treatment, unattractive surroundings);
6. Greater time lapse between initial appointment request and appointment visit;
7. Practical barriers (cost, transportation, pharmacy access);
8. Staff/clinician attitudes;
9. Family/caretaker attitudes and beliefs about treatment;
10. Multi-agency participation;
11. Extent of educational interventions;
12. Factors intrinsic to the disease process;
13. Substance abuse and medical co-morbidity;
14. Psychodynamic considerations;
15. Misalignment between practitioner and client treatment goals;
16. Medication side effects;
17. Complexity of treatment regimen; and
18. Inadequate recognition of problems significant to the client.

B. Evaluation and Assessment of Treatment Non-Compliance

1. Clinical judgment should be exercised in determining clinical interventions aimed at improving treatment collaboration, engagement and the therapeutic alliance.
2. Appropriate evaluation and assessment of all factors related to treatment non-compliance should occur, including a thorough exploration of the individual's thoughts and reasons for treatment non-compliance, incorporating family/care giver input.
3. Compliance issues must be approached from a rehabilitative alliance that includes the individual in treatment, treating practitioners, treatment team members, family members, friends, and other caregivers.
4. The support system of the individual in treatment should be engaged in interventions designed to improve treatment collaboration and compliance.
5. Interventions aimed at improving treatment collaboration and adherence must be clearly documented in the clinical record. Documentation should include, at minimum:
 - a. The individual's reasons for non-compliance to treatment recommendations,
 - b. Duration of non-compliance,
 - c. Involvement of family or other caregivers, and
 - d. The risks and alternatives to treatment non-compliance as discussed with the client and caregivers.
6. Instances of non-compliance that potentially expose the Department to significant liability should be reported to the clinic manager.

C. Missed Appointments

1. Clinics should demonstrate appropriate flexibility in maintaining treatment continuity when missed appointments occur.
2. Attempts should be made to contact individuals who do not show for scheduled appointments, and all such activity should be appropriately documented.
3. Individuals who can not be contacted by telephone should receive a written notification that may include any of the following as appropriate to the situation:
 - a. Statement of the practitioner's concern regarding missed appointments;
 - b. Attempts made to contact the individual in treatment;
 - c. Any past interventions related to treatment engagement;
 - d. Request to contact the practitioner to advise of intent for continued treatment;
 - e. Invitation to return to clinic with name and telephone number of specific contact;
 - f. If the individual is taking medications, advisement of the risks associated with non-compliance with prescribed medications;
 - g. Notification of contact information in case of emergent/urgent care needs; and
 - h. Other information specific to the individual in treatment and clinically appropriate as judged by the treating clinician(s).
4. When appropriate, family members or caregivers may be enlisted to assist in contacting the individual to help determine continued treatment preferences.
5. Subsequent to all reasonable attempts at establishing contact with the individual, including attempts at telephone contact, written communication, and/or communication with caregivers, written notification should be sent to the individual indicating that closure of their clinical record will occur and that the clinic/practitioner can not maintain responsibility for continued treatment until the individual re-establishes contact. Written notification should include all of the information indicated immediately above, including the expected closure date of the clinical record.
6. Clinical records should be closed within ninety (90) days after all above attempts to engage the individual have occurred, unless there are circumstances that justify keeping the record open as judged by the treating clinician. Such justification must be documented in the clinical record on a regular basis.

D. Unscheduled Visits and Late Arrival for Appointments

1. Clinics should demonstrate appropriate flexibility in maintaining treatment continuity when unscheduled visits and late arrivals for appointments occur.
2. Clinical personnel should evaluate individuals who present under such circumstances.
3. An appropriately high level of priority should be assigned to accommodating the treatment needs of individuals presenting under such circumstances.
4. When the treatment needs of an individual who presents under such circumstances cannot be met at the clinic due to lack of available resources or other factors, the clinic administrator should document the situation and take all necessary steps to secure alternative resources for the individual.

E. Medication Non-Compliance

Medication non-compliance is a special situation that must be addressed by the prescribing physician. The physiologic dangers inherent in this situation must be considered and the nature and outcome of such deliberations must be clearly documented in the medical record.