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Patient Noncompliance: Better Communication Means Lower Risk

Patient noncompliance – including missed appointments, cancelled procedures, rejection of prescribed therapies, frequent changing of providers and unbought or unused medications – can contribute to patient injury in every type of healthcare setting. If left unaddressed, persistent noncompliance can compromise care, weaken the provider-patient relationship and create serious liability exposure.

Timely intervention and sound documentation are critical to minimizing noncompliance and limiting the impact of recalcitrant patient behavior. When clinical impasses arise, providers must know how to negotiate with patients in a respectful manner, balancing patients' values and care preferences against their own medical judgment and expertise.

The following checklist is presented for a facility's consideration. It is designed to help improve provider-patient dialogue, achieve mutual agreement, strengthen adherence to treatment plans and increase patient satisfaction. The measures noted within do not represent a comprehensive list of strategies to deploy. Individual organizations should, of course, consider and evaluate the strategies noted herein and determine those that are appropriate to their environment of care, including consultation with retained professionals.

Quick Links

- Always Use Teach-back! Training Toolkit, issued by the Institute for Healthcare Advancement.
- Culture, Language, and Health Literacy Resources, issued by the Health Resources & Services Administration. Last reviewed in August 2019.
- Ellis, K. and Lasic, M. "The Crowded Clinic," posted on the website of the Institute for Healthcare Improvement.
- Health Literacy Universal Precautions Toolkit, 2nd Edition, issued by the Agency for Healthcare Research and Quality (AHRQ). Webpage last reviewed in May 2020.
- Scarlett, W. and Young, S. "Medical Noncompliance: The Most Ignored National Epidemic," *Journal of the American Osteopathic Association*, August 2016, volume 116, pages 554-555.
- Toolkit for Making Written Materials Clear and Effective, issued by the Centers for Medicare & Medicaid Services. Webpage last modified on February 11, 2020.
- Toolkit to Engage High-Risk Patients In Safe Transitions Across Ambulatory Settings, issued by AHRQ, 2017.

Patient Noncompliance: A Self-assessment Tool

Risk Control Measures	Yes/No	Comments/Action Plan
Early Communcation		
Are potential time constraints recognized at the outset of patient encounters, and are adjustments – such as double-appointment bookings and/or use of scribes – made to ensure sufficient interview time?		
Do patient healthcare information records note the individuals upon whom patients rely to meet their general healthcare needs (e.g., spouse, relatives, paid caregivers, friends, etc.)?		
Do providers explain to patients that they are expected to take some responsibility for the outcome of their care or treatment? For example, *"We both want you to benefit from physical therapy, but I'm not sure you fully support our current approach. What do you think might be more effective?"*		
Are telehealth technologies, medical practice portals and interactive websites utilized to engage patients and encourage them to become more informed and active partners in their treatment?		
Are questions posed in a constructive, problem-solving manner? For example, *"I see that you have not been completing your daily exercises. I wonder if they are causing you too much pain, or if there is some other reason?"*		
Do providers relate personally to patients, in order to build a stronger therapeutic partnership? For example, *"Tell me, what can I do differently to help you meet your personal health goals?"*		
Do providers clearly and explicitly convey the severity of the problem and the risks of not properly carrying out instructions? For example, *"Your wound must be cleaned three times a day in the first week after surgery, in order to avoid hard-to-treat infections and permanent scarring. What questions do you have about dressing changes?"*		
Setting Goals		
Are patients encouraged to identify goals and preferences on their own, before the provider offers suggestions? For example, *"It's your choice to make, as long as you understand the benefits and risks of the selected treatment."*		
Do patient encounters begin with a discussion of the patient's personal goals and issues, rather than a recap of laboratory or diagnostic workups? For example, *"First, tell me what concerns you most, and then we'll discuss test results."*		
Are underlying factors affecting compliance explored with patients in a non-judgmental manner? For example, *"It sounds as if you may be concerned about the medication's possible side effects. Is that why you have not taken it as prescribed?"*		
Does each encounter end with the patient verbalizing at least one self-management goal in a clear and specific manner? For example, *"I will monitor blood glucose levels before meals and at bedtime between now and my next appointment."*		

Risk Control Measures	Yes/No	Comments/Action Plan
Establishing Boundaries		
Are providers and staff trained to communicate better with hostile, manipulative or otherwise difficult patients, using live workshops and role-playing scenarios?		
Do providers strive to achieve a mutually acceptable plan of care with hesitant patients, using the following strategies, among others:		
• Ascertaining specific patient concerns, such as the out-of-pocket costs of a surgical procedure?		
• Identifying practical or logistical difficulties that may hinder compliance, such as lack of reliable transportation to and from the healthcare facility?		
• Encouraging patients to obtain a second opinion, if desired?		
• Taking the time to explain the potential consequences of not complying with recommendations?		
Are written protocols in place for managing hard-to-treat patients, including, among others, documentation requirements for the following key issues:		
• Repeated prescription refill requests from patients, if clinical indications are marginal?		
• Narcotic use and general pain management in drug-seeking patients?		
• Appointment or procedure cancellations?		
• Unacceptable behavior, such as belligerent voice-mail messages, yelling or cursing at staff?		
• After-hours patient management?		
• Refusal to consent to recommended treatment?		
• Neglecting to take medications, do exercises or make necessary lifestyle changes?		
• Terminating the patient-provider relationship?		
Are providers trained in setting and adhering to the discussion agenda? For example, *"We are here to discuss your leg pain. The vascular studies show you have peripheral arterial disease, and I would like to talk about surgical options. Is that okay with you?"*		
Are open-ended questions used to assess patients' resistance to change? For example, *"How do you think your life would be different if you stopped smoking?"*		
Are 10-point scales used to clarify patient priorities and/or barriers to compliance? For example, *"On a scale of 1 to 10, how important is it for you to resume normal activities without feeling back pain?"*		
Is provider proficiency in communicating with difficult and noncompliant patients objectively documented in personnel files?		

Timely **intervention** and sound **documentation** are **critical to minimizing noncompliance** and limiting the impact of recalcitrant patient behavior.

Risk Control Measures	Yes/No	Comments/Action Plan
Enhancing Patient Education		
Are barriers to communication assessed and documented in the patient healthcare information record, including low health literacy, cognitive impairment and limited English skills?		
Are qualified and credentialed interpreters available when necessary?		
Do providers use the "teach-back" technique in order to ensure understanding of proposed treatments, services and procedures – e.g., asking patients if they have any questions about their medications, as well as requesting that they describe in their own words how to take them?		
Is use of the teach-back technique documented in the patient healthcare information record?		
Has the organization considered the benefits of hiring a health coach, health navigator and/or case manager?		
Are patients asked to explain in everyday words the medical information they have been given, including:		
• Diagnosis or health problem?		
• Recommended treatment or procedure?		
• Risks and benefits of the recommended treatment or procedure, as well as alternatives to it, including the refusal of the treatment or procedure?		
• Patient responsibilities associated with the recommended treatment?		
Do providers ask patients at discharge time to repeat critical instructions and is their response noted in the patient healthcare information record? For example, *"It is important that we remain on the same page regarding your recovery. Can you tell me in your own words what an infected wound looks like and what you would do if you saw signs of infection?"*		
Patient Logistics		
Are patients asked whether they can get to appointments via automobile or public transportation, and are responses documented in the patient healthcare information record?		
Are patients asked if they have a means of contacting healthcare providers in the event they cannot make an appointment or pick up a medication?		
If a patient lacks the physical or mental capacity to perform such essential tasks as changing dressings or picking up prescriptions, has a relative or friend been asked to assist after receiving permission from the patient or legal guardian?		
Are appointment waiting times evaluated in an effort to avoid patient dissatisfaction, and are deficits addressed and corrected?		

Risk Control Measures	Yes/No	Comments/Action Plan
Patient Follow-up and Utilizing Effective Reminders		
Are patients reminded of upcoming appointments, including referrals and laboratory visits, via telephone and/or email? Are these reminders documented in the patient healthcare information record?		
When patients fail to fill maintenance prescriptions, are providers notified via e-prescribing software?		
Are electronic alerts used to remind patients with a history of noncompliance about screening and monitoring requirements?		
Are impaired patients informed of subscription services that, via wireless devices, deliver reminders to take medications or perform self-care activities?		
Are follow-up and referral appointments scheduled and entered in the computer system before patients leave the facility?		
Does written policy require documentation of no-shows, as well as telephone follow-up within 24 hours?		
Is there a written policy for terminating the patient-provider relationship if the patient is chronically noncompliant and fails to respond to reminders and other messages?		

This resource serves as a reference for allied healthcare facilities seeking to evaluate risk exposures associated with patient noncompliance. The content is not intended to represent a comprehensive listing of all actions needed to address the subject matter, but rather is a means of initiating internal discussion and self-examination. Your organization and risks may be different from those addressed herein, and you may wish to modify the activities and questions noted herein to suit your individual organizational practice and patient needs. The information contained herein is not intended to establish any standard of care, or address the circumstances of any specific healthcare organization. It is not intended to serve as legal advice appropriate for any particular factual situations, or to provide an acknowledgment that any given factual situation is covered under any CNA insurance policy. The material presented is not intended to constitute a binding contract. These statements do not constitute a risk management directive from CNA. No organization or individual should act upon this information without appropriate professional advice, including advice of legal counsel, given after a thorough examination of the individual situation, encompassing a review of relevant facts, laws and regulations. CNA assumes no responsibility for the consequences of the use or nonuse of this information.

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