

A Qualitative Study Identifying Barriers to Patient Adherence in Orthopaedics

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Disclosures: Rucinski (N); Cook; (1-Arthrex, Inc, Musculoskeletal Transplant Foundation; 2- Arthrex, Inc; 3B-Artelon, Arthrex, Inc, Eli Lilly, Schwartz Biomedical; 5-Arthrex, Inc, ConforMIS, Coulter Foundation, DePuy, A Johnson & Johnson Company, Eli Lilly, Merial, Musculoskeletal Transplant Foundation, National Institutes of Health, U.S. Department of Defense, Zimmer-Biomet; 7B-Thieme; 8-J of Knee Surgery; 9-Midwest Transplant Network, Musculoskeletal Transplant Foundation); Royse (5-Zimmer)

INTRODUCTION: While the importance of patient adherence to treatment protocols in significantly impacting outcomes is firmly accepted, a definition for adherence and mechanisms to address non-adherence are not well established. The goals of this study were to define adherence and to identify barriers and enablers for adherence partnerships through the lens of the orthopaedic healthcare team.

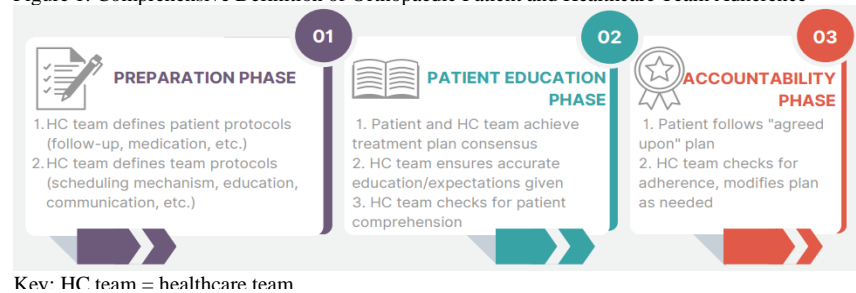
METHODS: Ethical approval was obtained through the University of Missouri Institutional Review Board (IRB #2074303). The qualitative study was designed using concepts from grounded theory. Eight focus groups, comprised of orthopaedic healthcare team members, were convened to identify factors influencing orthopaedic patient adherence to treatment plans.

RESULTS: Healthcare team members identified a range of factors affecting patient adherence. They recognized that these factors build or diminish trust with patients and act as barriers or enablers that influence patient adherence. Factors included patient communication, staffing, patient education, team communication, established protocols, time constraints, patient navigators, and overarching health care system policies. Participants conveyed that patient non-adherence can be a deliberate decision but can also result from barriers faced by the patient. Patient factors perceived to influence adherence included patients' expectations, motivation, literacy levels, sense of autonomy, socioeconomic background, availability of social support, and time commitments. Synthesis of themes identified distinct phases of adherence (**Figure 1**) and culminated in the creation of a preliminary model that encapsulates healthcare team and patient factors impacting adherence, entitled, *The Barriers and Enablers to Treatment Adherence (BETA) Model*. (**Figure 2**)

DISCUSSION: This study utilized a qualitative study design to identify barriers and enablers that patients and healthcare teams face to adherence, as viewed through the lens of the healthcare team. Findings suggest that adherence, historically regarded as "willful," is instead a nuanced, complex concept that relies on multiple factors, some of which may be beyond the patient's control. Focus groups indicated that adherence starts within the healthcare system, with a key focus on healthcare teams first defining standardized, team-based protocols. Teams should then work with patients to identify a mutually agreed-upon plan of care that considers the patient-specific barriers and enablers to adherence, in conjunction with evidence-based treatment options. In the broader context, healthcare systems must be responsible for absolving barriers to equitable care through resource development and policy changes (i.e., telehealth services, financial counseling, and investment in patient navigators). As the BETA model is optimized and validated through ongoing development, assessment, and refinement, it is anticipated to serve as a foundational platform for programmatic research aimed at validating and implementing management strategies that empower healthcare teams to effectively equip patients for adherence, thereby optimizing patient outcomes following orthopaedic interventions.

CONCLUSION: Study findings alleviate the patient from the sole burden of adherence, recognizing the influences that the healthcare team and system have on patients' ability to adhere. The BETA model of patient adherence represents the first step to mitigating non-adherence by providing a foundation for programmatic research aimed at developing and evaluating interventions and management strategies that empower healthcare teams to effectively equip patients for adherence, leading to optimized patient outcomes following orthopaedic interventions.

Figure 1: Comprehensive Definition of Orthopaedic Patient and Healthcare Team Adherence



Patient Barriers and Enablers to Treatment Adherence through the lens of the healthcare team

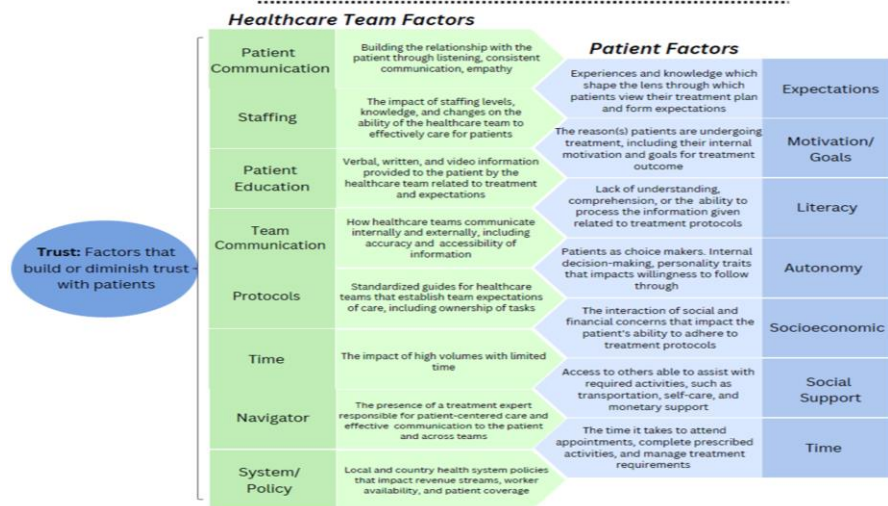


Figure 2: Patient Barriers and Enablers to Treatment Adherence (BETA) model