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Addressing Medication Adherence Barriers in Hispanics Diagnosed with Diabetes Type II

PURPOSE

The purpose of this scholarly project was to identify and mitigate the barriers of medication adherence in an underserved population of Hispanic patients diagnosed with Type II diabetes through a nurse-driven telephone follow-up program. The program aims to assess and offer solutions available in the clinic to barriers of medication adherence.

BACKGROUND

The project was implemented at the non-profit Christ Clinic located in Katy, TX. About 94% of the population are Spanish-speaking Hispanics and 200% below the federal poverty level. The patients do not have insurance due to their immigration status. Of the 5,000 clinic patients, an estimated 40% are non-medication compliant.

METHODOLOGY

Using Plan-Do-Study-Act (PDSA) cycles & 5 A's Behavior Change Model, a 12-week Self-Management Program was initiated. Through follow-up telephone calls, the program included assessments of medication knowledge (MKQ) and barriers to medication compliance (ARMS-D), education about diabetes medication, and guidance to solve barriers to medication compliance. Primary outcomes included change

in HgbA1C levels, pharmacy refill compliance and improved scores on MKQ and ARMS-D.

RESULTS

There was no significant change in average results on HgbA1c. Pharmacy refill compliance was 100% and an improvement score of >5 on the MKQ. There was an 83.3% compliance rate on follow-up calls. Guidance for self-management of medications involved referrals to existing clinic services and distribution of pill boxes to each participant.

IMPLICATIONS

Recommendation to integrate new resources such as promotores & Door Dash services to help address continuation of self-management plans and transportation for the barriers to medication compliance.