

Modified Drug Adherence Work-up Tool (M-DRAW) for Patient

Please read each question and rate or write your responses based on your experience during the past month.

	Question	Answer			
1.	Do you feel unsure about how/when to take your medications?	Never 1	Rarely 2	Sometimes 3	Often 4
2.	Do you have any difficulty getting your medications on time from the pharmacy? <u>If you answered "sometimes" or "often", please answer below:</u> <ul style="list-style-type: none"> • Is it difficult for you to get to the pharmacy to pick up your medications? • Is paying for your medications a burden on your finances? • Do you forget to place refill requests on time? 	1	2	3	4
3.	Do you have difficulty keeping track of all your medication schedules throughout the day? (e.g., when to take each medication)	1	2	3	4
4.	Do your medications give you side effects that make you <u>NOT</u> want to take it?	1	2	3	4
5.	Do you worry about what foods or other medications might interact with your medication?	1	2	3	4
6.	Do you feel that you can take more or less of your medication than the prescribed dose to fit your lifestyle?	1	2	3	4
7.	Do you feel like you don't get any benefits from taking your medication?	1	2	3	4
8.	Do you feel uncomfortable about taking your medication while you are out with family and friends?	1	2	3	4
9.	Do you consider it a burden that you have to take your medications for the rest of your life?	1	2	3	4
10.	Do you have doubts about whether your health condition needs to be treated?	1	2	3	4
11.	Do you have doubts if taking your medication will improve your health condition in the long term?	1	2	3	4
12.	Do you feel that you are <u>NOT</u> receiving the best possible treatment available from your health care provider?	1	2	3	4
13.	Do you have any other doubts or concerns about taking your medication? (e.g., language barrier, cultural issues, social support, faith-related, etc.)	Answer: _____ _____			

Priming question:

You have been prescribed medication(s) for your health condition(s) which is to be taken regularly. How would you describe your past experience with taking your medication(s)?

- a. I want to be very regular in taking my medication(s), but I am not always good with it due to some challenges.
- b. I take my medication(s) regularly (9 out of 10 times).
- c. I am not very regular in taking my medication(s) because I feel unwilling.

Answer: _____

Modified Drug Adherence Work-up Tool (M-DRAW) for Provider

For each question answered “sometimes” or “often”, check the box for “YES”. For each YES, consider the suggested actions for intervention and refer to the guide sections on the next page. Check the “Done” box when intervention has been given for identified barrier.

	Patient Interview	YES	Suggested actions & GUIDES	DONE
1.	Do you feel unsure about how/when to take your medications?	<input type="checkbox"/>	Verify adherence and correct understanding of regimen; Identify discrepancies; add to their knowledge	<input type="checkbox"/>
2.	Do you have any difficulty getting your medications on time from the pharmacy? <ul style="list-style-type: none"> • Is it difficult for you to get to the pharmacy to pick up your medications? • Is paying for your medications a burden on your finances? • Do you forget to place refill requests on time? 	<input type="checkbox"/>	Suggest mail order or delivery option; Assist with set-up	<input type="checkbox"/>
		<input type="checkbox"/>	Cost reduction strategies (GUIDE D)	<input type="checkbox"/>
		<input type="checkbox"/>	Suggest automatic refill or refill synchronization; Assist with set-up	<input type="checkbox"/>
3.	Do you have difficulty keeping track of all your medication schedules throughout the day? (e.g., when to take each medication)	<input type="checkbox"/>	Medication burden reduction strategies (GUIDE B) Adherence aid methods (GUIDE A)	<input type="checkbox"/>
4.	Do your medications give you side effects that make you <u>NOT</u> want to take it?	<input type="checkbox"/>	Explore ways to manage side effects or switch to more tolerable alternative Symptom management strategies (GUIDE C)	<input type="checkbox"/>
5.	Do you worry about what foods or other medications might interact with your medication?	<input type="checkbox"/>	Assist with creating a list of foods/medications that can cause major interaction with the current regimen	<input type="checkbox"/>
6.	Do you feel that you can take more or less of your medication than the prescribed dose to fit your lifestyle?	<input type="checkbox"/>	Patient-centered medication review (GUIDE F) Motivational interviewing (GUIDE E)	<input type="checkbox"/>
7.	Do you feel like you don't get any benefits from taking your medication?	<input type="checkbox"/>	Patient-centered medication review (GUIDE F) Motivational interviewing (GUIDE E)	<input type="checkbox"/>
8.	Do you feel uncomfortable about taking your medication while you are out with family and friends?	<input type="checkbox"/>	Explore alternative formulations or route of administration that would be less interfering with patient's lifestyle	<input type="checkbox"/>
9.	Do you consider it a burden that you have to take your medications for the rest of your life?	<input type="checkbox"/>	Motivational interviewing (GUIDE E) Additional referrals (GUIDE G)	<input type="checkbox"/>
10.	Do you have doubts about whether your health condition needs to be treated?	<input type="checkbox"/>	Motivational interviewing (GUIDE E) Additional referrals (GUIDE G)	<input type="checkbox"/>
11.	Do you have doubts if taking your medication will improve your health condition in the long term?	<input type="checkbox"/>	Motivational interviewing (GUIDE E) Additional referrals (GUIDE G)	<input type="checkbox"/>
12.	Do you feel that you are <u>NOT</u> receiving the best possible treatment available from your health care provider?	<input type="checkbox"/>	Patient-centered medication review (GUIDE F) Motivational interviewing (GUIDE E)	<input type="checkbox"/>
13.	Do you have any other doubts or concerns about taking your medication? (e.g., language barrier, cultural issues, social support, faith-related, etc.)	<input type="checkbox"/>	Document additional barriers: _____ Intervention given: _____	<input type="checkbox"/>

Guided Strategies for Increasing Adherence (GUIDE)

Based on the information gathered during interview, select one or more appropriate suggestions under corresponding category as intervention for the identified barrier.

A	<p style="text-align: center;"><u>Adherence Aid Methods</u></p> <ul style="list-style-type: none"> • Reminder tools: schedule phone alarms, text message reminders, goal setting to tie medication taking to other habituated behaviors in the patient's routine • Organization tools: day/time pill box, medication calendar, wallet cards
B	<p style="text-align: center;"><u>Medication Burden Reduction Strategies</u></p> <ul style="list-style-type: none"> • Verify appropriateness of each medication the patient is taking • Use long-acting drugs where possible • Use combination drugs when possible
C	<p style="text-align: center;"><u>Symptom Management Strategies</u></p> <ul style="list-style-type: none"> • Determine if the symptoms are consistent with side effects of medications the patient is taking • Evaluate if symptoms need to be treated or make a change in treatment
D	<p style="text-align: center;"><u>Cost Reduction Strategies</u></p> <ul style="list-style-type: none"> • Substitute with generic options if available • Reduce number of medications • Use combination drugs when possible • Consider tablet splitting • Consider therapeutic interchange • NeedyMeds.com
E	<p style="text-align: center;"><u>Motivational Interviewing</u></p> <ul style="list-style-type: none"> • Use open-ended questions to divulge patient's concerns and motivations. • Use reflective listening: <i>"It sounds like you are concerned about your condition..."</i> • Listen for indicators of the patient's DESIRE, their ABILITY, their REASONS, and their NEED to make changes. • Listen for their COMMITMENT and TAKING STEPS to make changes. • When you hear these, they are motivators or actions to encourage, and should be reinforced: <i>"That's great that you have decided you need to take the medication"</i>. • Ask for permission to talk: <i>"Can we talk a bit about your medications?"</i> • Eliciting change: <i>"What would you like to see different about your current situation?"</i> • Ensure that having difficulties while changing is not uncommon: <i>"Many people report feeling like you do. They want to change their ____, but find it difficult."</i> • Decisional balancing: <i>"What are some of the good things about taking your medications? Okay, on the flipside, what are some of the less good things about taking your medications?"</i> • Before educating, assess patient's baseline knowledge: <i>"What might happen down the road if you don't take your medications?"</i> • Columbo approach: <i>"So, help me to understand, on the one hand you say you want to live to see your 12-year old daughter grow up and go to college, and yet you won't take the medication your doctor prescribed for your diabetes. How will that help you live to see your daughter grow up?"</i> • Supportive statements: <i>"It's clear that you're really trying to change the way you take your medications."</i>
F	<p style="text-align: center;"><u>Patient-centered Medication Review</u></p> <ul style="list-style-type: none"> • Evaluate the appropriateness of each medication • Review the medications for therapeutic efficacy • Walk through the purpose of each medication with the patient
G	<p style="text-align: center;"><u>Additional Referrals</u></p> <ul style="list-style-type: none"> • Refer to support groups for patients lacking social support • Refer to nutritional classes to aid meal planning and nutrition education • Suggest mental health therapy to help with issues rooted in mental exhaustion