

SELF-EFFICACY AND EMPOWERMENT



Access to high-quality information can help patients feel more in control.

BY RICHIE KAHN, MPH, AND NANCY GRAYDON

When psychologists reference the concept of self-efficacy, they are describing an individual's confidence in their ability to do what is necessary to achieve a specific goal or objective. When health care providers talk about self-efficacy in the clinic, they are trying to ascertain whether patients will fill their prescriptions, use their medications as prescribed, and attend their appointments as directed. Unsurprisingly, patient education and patient-provider communication have a significant impact on self-efficacy (see *Normalizing the Obstacles to Care*).

In discussions surrounding glaucoma medication use, the words *adherence* and *compliance* are frequently bandied about, even though many patients perceive these terms negatively. Instead of talking about whether patients have filled their prescriptions and are using medication as intended, why not shift the focus to patients' needs, creating an opportunity for discussion and working to educate and empower them? Rather than asking patients why they are not taking their drops as prescribed, why not ask if they are experiencing challenges with their treatment? Elevated IOP may be a result of a patient's running out of their drops before month's end owing to incorrect dosing. Perhaps financial burdens are a barrier to medication access. Maybe the patient is unsure how many drops to instill or how frequently to administer them.

Research suggests that patients who ask more questions about their

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medications do so because they have less confidence in their ability to use them as prescribed.¹ Education and communication are therefore key, but these initiatives take time, which is often in short supply.

Glaucoma Research Foundation (GRF) offers a variety of high-quality, readily available resources designed to benefit both patients and clinicians. I recently sat down with Nancy Graydon, the Executive Director of Development and Chief Operating Officer at GRF, to review the organization's comprehensive offerings.

Richie Kahn, MPH (RK): How do clinicians play a role in GRF's resources?

Nancy Graydon (NG): GRF wants and needs to partner with clinicians. All our materials were developed with a

wonderful and talented team of glaucoma specialists who write and review our print and online content. We rely on their experiences with patients to suggest topics and help answer the questions frequently posed by people with glaucoma.

RK: How can GRF's resources help to educate and empower patients?

NG: GRF's booklet *Understanding and Living with Glaucoma* is a comprehensive resource and an important guide for patients and their caregivers. It outlines current treatment options and provides useful tips to patients for working with their doctor and making healthy choices. Because it answers so many questions for patients, the guide becomes an important and empowering tool. In

RESOURCES FROM GLAUCOMA RESEARCH FOUNDATION

FOR PATIENTS AND CLINICIANS



Gleams Newsletter and E-Newsletter

A print and email-based newsletter with interviews, personal stories, and current information about glaucoma, treatments, research findings, and more



Glaucoma 360 New Horizons Forum

An annual forum uniting clinical, industry, financial, and regulatory leaders in an exchange on research innovation and advances in glaucoma care



Understanding and Living With Glaucoma English and Spanish Versions

Comprehensive and up-to-date guides on glaucoma, treatment options, frequently asked questions, and more



Glaucoma 360 Glaucoma Symposia

A full day at Glaucoma 360 featuring complimentary continuing medical education for ophthalmologists and optometrists



Annual Glaucoma Patient Summit

An annual event that highlights advances in treatment options and provides practical information to help patients understand and live with glaucoma



GRF Ambassadors Program

A group of leading doctors who advocate for patients, assist with the development of educational materials, and make patient education a key component of their practices



Webinars and Patient Education Videos

Video-based presentations featuring clinicians, researchers, and patients discussing glaucoma, its management, research progress, and more



Catalyst for a Cure

GRF's flagship research program, designed to engage scientists and philanthropists dedicated to groundbreaking work in glaucoma

addition, by encouraging patients to receive *Gleams*, GRF's print and online newsletter, doctors demonstrate deep compassion for patients' ongoing eye care.

Most patients turn to the internet for answers, and by recommending GRF, doctors can ensure that their patients have access to reliable, unbiased, and practical information. In a recent study of online glaucoma content, GRF's

website (www.glaucoma.org) ranked among the best, scoring a 45 out of 50 for quality and a 12 out of 12 for accuracy of information.²

Informing patients that there are reliable resources available allows them to have more control in their diagnosis. Depression, feeling out of control, and hopelessness can be common among patients with chronic diseases. If armed with trustworthy information, patients may be more willing to adhere to

treatment and overcome any obstacles that prohibit them from taking their medications as prescribed.

RK: Have you heard of any effective ways clinicians incorporate GRF's resources into their patient education process?

NG: Andrew Iwach, MD, who is the Director of the Glaucoma Center of San Francisco and Board Chairman of GRF, invites his patients to sign up for

NORMALIZING THE OBSTACLES TO CARE

AN INTERVIEW WITH PAULA ANNE NEWMAN-CASEY, MD, MS

GT: In your experience, how does self-efficacy factor into glaucoma care?

As it relates to glaucoma, the concept of self-efficacy may be best understood in terms of Maslow's hierarchy of needs. When a patient's basic needs (eg, food, shelter, safety, social support) are not being met easily and when significant barriers to care exist (eg, accessibility, cost, side effects), it is difficult for them to achieve self-efficacy. If a patient's basic needs are met, it becomes more possible to address caring for their physical and mental health. Frequently, however, the health care system does not empower patients to have a sense of ownership over their disease process and to feel fully capable of navigating their care. Many facets of the system, in fact, are barriers to care, such as difficulty getting an appointment and long wait times at office visits.

GT: What practices can physicians implement to better educate and empower patients?

Although a necessity, overcoming these systemic obstacles is challenging. Until progress is made, physicians can consider certain approaches to fostering open dialogue with patients about challenges they may be facing in their care. One helpful conversation starter is an adherence question that can be integrated into the patient intake form. My colleagues and I conducted a study of several patient questionnaires to determine which question might best predict electronically monitored adherence.¹ The one question that was found to be most accurate was the following: Over the past month, what percentage of your drops do you think you took correctly? Patients who answered 85% or less were at higher risk of poor adherence, indicating additional support was warranted. Incorporating a question like this into the patient encounter helps to normalize the fact that taking medications every day can be hard. It also opens the door to other more open-ended questions about cost or drop instillation or even general prompts such as, "Tell me what you know about glaucoma."

GT: How does health coaching help address some of the barriers to care?

Once the fundamental challenges to adherence, such as difficulties with medication cost or side effects, are addressed by the physician, I believe that a health coach who works with the patient as an extension of the care team is the most effective tool. A health coach can guide the patient in developing questions and building the confidence to pose them to their physician at their next visit. Having a member of the care team dedicated to promoting a patient's self-confidence, self-efficacy, and empowerment is critical, particularly with a lifelong disease.

While evaluating the coaching program that my colleagues and I have developed, we found that working with a glaucoma coach increased patients' comfort in posing questions to their ophthalmologist, increased their confidence in their ability to instill drops, and decreased their glaucoma-related distress. We are currently conducting a randomized controlled trial to test whether this approach improves medication adherence as compared with standard physician care and handwritten education (ClinicalTrials.gov NCT04735653, funded by the National Eye Institute R01EY031337). As we accumulate scientific evidence, we hope that Medicare reimbursement for glaucoma coaching will be possible, especially given the pathway that has been cleared by payment for similar patient self-management support for diabetes and other chronic diseases.

1. Cho J, Niziol LM, Lee PP, et al. Comparison of medication adherence assessment tools to identify glaucoma medication nonadherence. *Ophthalmol Glaucoma*. 2022;5(2):137-145.

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the *Gleams* newsletter while they are in his clinic. Providing interested patients with easy access to an ongoing educational resource about their disease helps to educate and empower them with high-quality information. ■

1. Carpenter DM, Blalock SJ, Sayner R, et al. Communication predicts medication self-efficacy in glaucoma patients. *Optom Vis Sci*. 2016;93(7):731-737.

2. Jia J, Shukla AG, Lee D, Razeghinejad R, Myers JM, Kolomeyer NN. A systematic analysis of online glaucoma content. *Ophthalmol Glaucoma*. 2022;5:447-451.

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