Abstract

Background and Purpose: This QI project sought to evaluate provider knowledge of medication adherence and screening while providing education on the Hill-Bone Medication Adherence Scale (HB-MAS). The project evaluated providers with prior motivational interviewing (MI) training techniques and its subsequent impact on medication adherence in the home setting for adults with HF.

Methods: This project utilized a pretest-posttest design to evaluate provider knowledge and usability following intervention. HB-MAS screening rate completion was measured and scores were evaluated by comparison among naturally existing groups MI training vs. no MI training. The intervention was attending a medication adherence training and workshop on HB-MAS tool.

Results: A total of 12 advanced practice providers met inclusion criteria and participated. Results were not statistically significant (p= .25) however, post test scores (M= 34.00, IQR= 7), did increase over pretest scores (M = 29.500, IQR= 5.5, Cohens D=.410). On CDS Usability Questionnaire all participants reported all items either good or excellent. Average adherence at completion was M= 25.53, SD = 2.49. Sample was broken into group 1 (received MI training in the past) and group 2 (who had no MI training in the past). Group 1 had slightly worse medication adherence (M= 28.00, IQR=7.00) than group 2 (M=26.00, IQR= 2.00), the difference was not statistically significant.

Conclusions: The QI study found the intervention conducted was meaningful, however, not adequality powered to detect statistical significance. The CDS Usability Questionnaire indicated high usability of the HB-MAS questionnaire within this population. It does appear that MI may not have been the best way to improve adherence within this population, or could be related to a small sample size.

Implications: This highlights the continued clinical need to improve APRN knowledge of medication adherence screening. Further, adequately powered studies are needed to evaluate the impact of MI techniques within this population.

Keywords: Heart failure (HF), chronic disease management, medication adherence, medication screening, Hill-Bone Medication Adherence Scale (HB-MAS), *Adapted Clinical Decision Support Usability Support (CDS) Tool Questionnaire,* advanced practice provider (APRN)