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Impact of Patient-Provider Communication on Self-Reported Adherence and Association with Social Determinants in a Population of Inner-City Dialysis Patients

Introduction: We investigated patient-healthcare team relationships and their interaction with self-reported adherence in the hopes of finding potential areas to improve care.

Methods: A random sample of 31 dialysis patients were surveyed using the Revised Kim Alliance Scale, the World Health Organization Quality of Life Scale and the Perceived Stress Scale (PSS).

Results: Mean age was 57.1 ± 3.1 yrs, 90% (28) identified as black, 58% (18) were male, 66% (20) had less than a college education. The ability to express negative feelings with the healthcare team correlated with understanding the importance of taking medication as scheduled (r=0.54, p=0.002), was inversely correlated with reported difficulty taking medication (r=-0.54, p=0.002), and number of times medication was missed (r=-0.63, p<0.001). Importance of taking medication as scheduled correlated with two KASR-R subsection scores, communication (r=0.06, p<.001) and empowerment (r=0.38, p=0.033). Feeling that the provider did not allow free expression of opinion inversely correlated with overall feelings of being in control (r=0.38, p<0.05), happiness with transportation and living space (r=-0.48, p=0.01 and r=-0.39, p=0.04), energy, safety, and overall health (r=-0.58, p=0.001, r=-0.38, p=0.04, r=-0.45, p=0.01). None of these findings related to age, sex, or education.

Conclusions: In our population: 1. Understanding of the importance of taking medicine and adherence to a medication regimen were associated with comfort discussing negative feelings with the healthcare team. 2. Pts who reported inability to express their opinion felt less in control overall, were more unhappy with other aspects of their lives, and reported poorer health. 3. As communication and empowerment were each associated with understanding and adherence, both should be actively pursued in delivering care to our patients.