

Addressing Issues in Isotretinoin Treatment Plan Adherence: An Evidence-Based Practice Improvement Project

Ashley Riedy, BSN, RN; Christina Brown, DNP, APRN, FNP-BC; Kimberly Brefini, LPN, CRC

BACKGROUND

- Patients who are treated with isotretinoin (Accutane) must adhere to iPLEDGE guidelines per the Food and Drug Administration (FDA).
- 46% of patients have poor adherence to their treatment plan.
- Implementation of risk management programs alone has been insufficient worldwide.
- The American Academy of Dermatology (AAD) has recommended additional interventions focused on patient education.

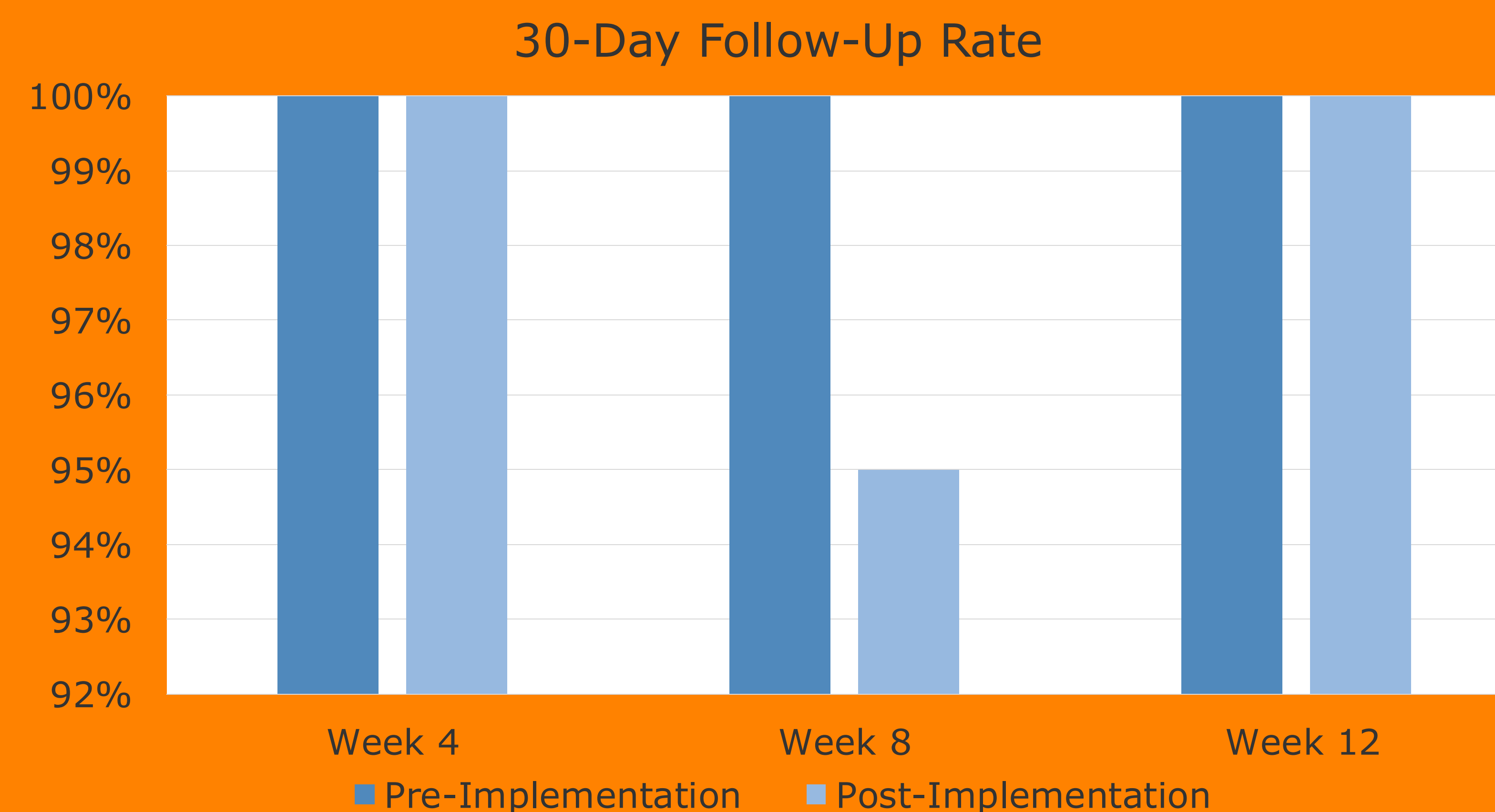
LOCAL PROBLEM

- The project site is a private dermatology clinic in Knoxville, Tennessee.
- Patients often need clarification of instructions after their appointment and do not promptly obtain their prescription or return to the clinic.
- Purpose: Implement a standardized educational program using an infographic regarding Accutane.
- Aim: Increase 30-day follow-ups by 25%.

METHODS

- Framework: Evidence-Based Practice Improvement (EBPI) model
- Plan-Do-Study-Act (PDSA) cycles were conducted to develop and evaluate the infographic.
- Outcome measure: 30-day follow-up rate
 - Measured for a 12-week period pre- and post-implementation
- Process measures:
 - Percent of patients who received the infographic and scheduled their initial follow-up appointment before leaving the office

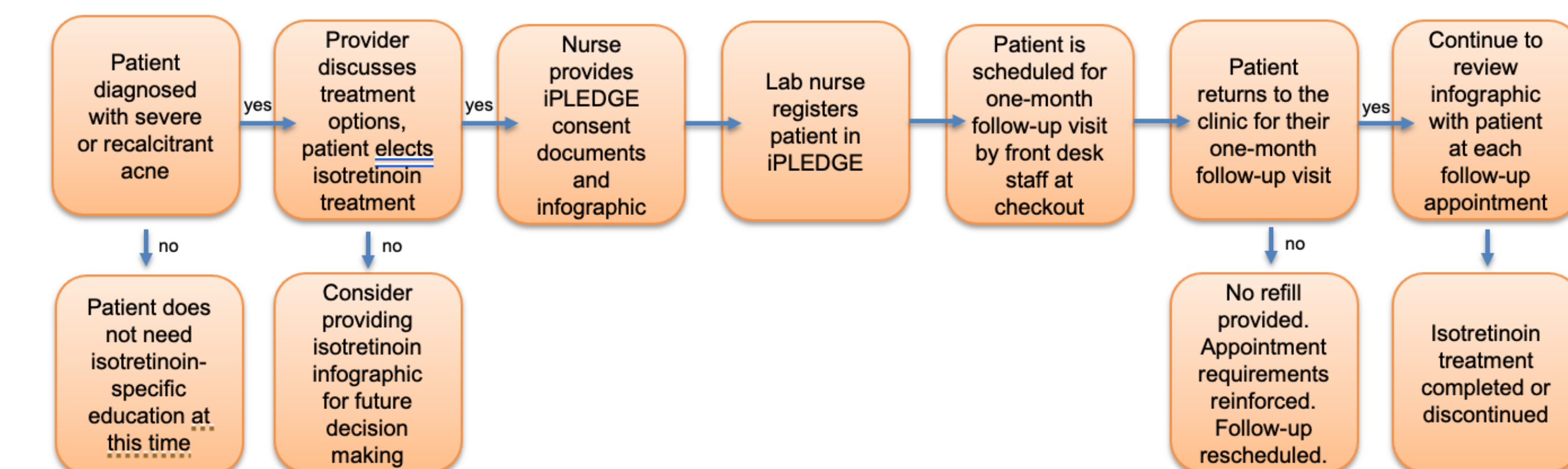
A standardized, evidence-based educational intervention was a ***cost-effective and patient-centered*** solution that demonstrated clinical significance.



References

INTERVENTIONS

- All patients beginning treatment with isotretinoin were provided with the infographic during implementation.



RESULTS

- 100% of patients received the infographic.
- 100% of patients scheduled their 1st follow-up appointment during their initial visit.
- Clinical significance achieved; no statistically significant change in 30-day follow-up rate.
- Unexpected results:
 - Baseline data showed high follow-up rate.
 - Patients discontinuing treatment due to relocation and cost.

CONCLUSIONS

- Implementation of infographic helped to standardize patient education.
- The infographic is sustainable due to its low cost and ease of integration into practice.
- Patient adherence is multifactorial—data only captured one outcome measure.
- Future projects could include more extensive measures of adherence and/or implementation of a text appointment reminder system.