

# POSTS MADE IN AUGUST 2013

## [CONNECTED HEALTH, INTEGRAL TO QUALITY OF CARE](#)

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Connected health uses technology to deliver patient care across geographic boundaries. The convergence of the Internet, high bandwidth telecommunications, video technology, smart phones, sophisticated robotics, digital sensors and scanners provide the enabling technologies that give patients in remote, medically underserved areas, or those who are homebound, immediate quality care.

From physical and speech therapy to mental health counseling, or in an emergency that occurs where there are no trauma facilities available, connected health provides the interface that hooks up the patient with appropriate health care specialists. It is particularly useful in assisting millions of patients with chronic conditions to manage their care remotely.

The impact of connected health has resulted in the following benefits to patients and to our health care system:

- Reductions in the cost of providing quality care to chronically ill patients, estimated to be over \$1 trillion annually.
- Ongoing preventive health and reductions in medical errors.
- Improved global and local public health surveillance and drug safety
- Consumer engagement in health and self management.

Some examples of where connected health has been critical:

The Center for Connected Health and Partners Home Care did a pilot where over 500 heart failure patients were monitored remotely. Home health nurses collected vital signs, including heart rate, blood pressure and weight, using simple devices in the patient's home. The information was sent daily to a nurse, who could identify early warning signs, notify the patient's primary care physician, and intervene to

avert a potential health crisis. The program resulted in reduced hospital visits and improved quality of health care for the patients. The Center did another study which used cellular telephone technology and a “smart” pill bottle to detect when a patient at home had not taken their scheduled medication. A signal was sent that would light up an ambient orb device in the patient’s home to remind them to take that medication. This also reduced the chances of a medical crises or emergency room visit.

On October 24 and 25 in Boston, Partners Connected health will hold its 10th Annual Symposium. This year’s theme is “*Collaborations and Innovations to Engage Patients and Elevate Care.*” They have an exciting roster of speakers. It is a conference not to be missed.

## [HOW THE SYSTEM BLOCKS MEDICATION COMPLIANCE](#)

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Over half of all Americans suffer from at least one chronic disease that uses medication as an effective course of treatment. However, according to a recent research study one in seven Americans receives a failing grade when it comes to adherence to their prescribed medication.

This data was collected and published in a recent report entitled **Medical Adherence in America**, by the National Community Pharmacists Association (NCPA) and Langer Research Associates. The research found that three-quarters of adults aged 40 years and older with chronic conditions are ignoring physicians’ instructions in taking their medications. They skip, miss, or forget whether they have taken doses; fail to fill or refill prescriptions; under- or overdose, or take medication prescribed for a different condition. This non-compliance amounts to a hefty \$290 billion cost impact that all of us are paying for.

I am one of the patients who is compulsive about taking the medications prescribed, at the right time and in the right dose. However, there are times when even good intentions and practices

are not enough. Our health care system has built blockades so large that sometimes it becomes virtually impossible to comply.

Here's a recent example. I am taking a medication for reflux disease that my physician recently increased from one 20 mg dosage to two per day. Although this pill is generally dispensed in a single dosage of 20 mg or 40 mg, my physician felt that the larger dose might cause side effects.

From a medical standpoint this would seem to make good sense. Apparently it did not make sense to the mail order pharmacy where my insurance plan requires me to get my medications. They denied the request for the new prescription and sent me an email to that effect. So my physician's office faxed the pharmacy an override which was approved by the payer.

Since I have medication in my possession from the previous prescription, however, this pharmacy decided that it would fill my new prescription several days from the time it was issued instead of filling it immediately. This meant that by using two pills a day I was fast running out of medication. I called the pharmacy to follow up and insure that they were going to fill this prescription in a timely manner, only to be told, after waiting an hour on the telephone, on hold, that they had to follow their standard process. Thus, my new prescription would arrive in a couple of weeks and a full week after I had run out of pills.

My recourse is to privately pay for the pills I need, or simply not to take the medication and risk aggravating my condition. I opted for the former because I am the one who will be negatively impacted by being without the medication.

As a last resort, I called the grievance department of my prescription plan and filed a grievance regarding the refusal by the pharmacy to consider the medical implications of their actions. It turns out that even with the grievance; the mailing date of the prescription will not change. I am writing this post, not to give you the personal details of my problems but to point out that no matter how engaged a patient might be there are times when you have to take things to the next level.

The lessons from this experience are as follows:

1. When it comes to any deviation from the norm (in my example two 20 mg pills per day and not one), you must make sure that your prescription is being processed in a timely manner.
2. You need to follow through. Do not depend upon the physician's office or the pharmacy to notify you if there is a problem. Do not make assumptions that your prescription will be filled. Call and check when you suspect your medication might not arrive in time.
3. Every health plan has a grievance process. Do your homework and identify how you file a grievance when you are not given the courtesy of prompt, efficient service.
4. Make every effort to comply with your physician's instructions regarding how and when to take your medications and fill your prescriptions. The problems that you avoid are far greater than the inconvenience of staying on top of your medication regiment.