

Patients need of healthcare by strategic management

[Business](#), [Strategic Management](#)



The deliberative model in healthcare is expected to meet quite a few of the needs of the American public regarding the general area of healthcare. Of the many areas that may decide to look at this problem, an attempt is made here to look at two specific problems. One is the need of patients taking medicine properly and the other is the needs of patient care among all Americans. The problems in taking medication have been taken up on the issue of individual needs of patients foreducationon medicine taking. The education needs of patients in this area are not being met by healthcare providers.

It may be worthwhile to take up a study to develop medication taking instructions for patients which can be used byhealthcare providers in the long run. The aim should be to reach an approach which will be based on the view of patients regarding their needs of taking medicine and at the same time, also taking into account the concerned theories for health and education. The problem has been accentuated by the development of new medicines for the treatment of problems in diseases. This is clear when one notices that in Canada it self, 167 new drugs were introduced in the period from 1997 to 2001.

This has led to the total number of drugs in the market reaching a figure of over 3, 000. This shows that there is no shortage of drugs, yet a large number of patients are not being able to get the benefits that the medicines are expected to give. In one study it was seen that about 12% of the cases of hospitalization that are taking place now could be avoided if the condition of the patient was properly managed when the patient was undergoing

treatment at home. They could have been cared for by family physicians, nurses and pharmacists.

This is further accentuated with the knowledge given by another study that 43% of these avoidable admissions were in the area of some chronic diseases like asthma, diabetes or heart failure. These diseases require patients to use medicines over a long term. This shows clearly that patients with chronic diseases are being hospitalized regularly when they could have been cared for in the home by doctors working outside the hospitals. (Bajcar, 2003) When the patients are put on medicines, they should receive the maximum benefits from their medicines.

For this purpose, the first point is the correct procedure of prescribing the medicine for the patient along with the dosing requirements. The second part is that these medicines have to be taken and this has to be done properly. This is generally decided by the patient. It has been seen in many instances that the process of preparing the prescriptions is not linked correctly to the process of taking the medicines. This often leads to the future hospitalization of the patient. During an analysis that was done recently it was seen that 7% of the total number of admissions to hospitals in recent times, 7% were directly caused by the medicines that were taken by the patient or the failure of the medicines to act or the medicines were not taken properly by the patients.

Further it was seen that 59% of these admissions could have been avoided as the causes were due to inappropriate care or errors in medication. In

medical terms, the adverse effects on patients are called drug related morbidity and mortality. The cost of drug related morbidity and mortality in United States during 1995 to the healthcare system was \$76. 6 billion. These costs have been rising at a very fast rate and the costs in 2000 went to a figure above the \$177 billion mark.

This also showed that hospital admissions related to drug related morbidity and mortality was now above 70% of the total costs. (Bajcar, 2003) The major cause behind this problem is the shortcoming in patient education as felt by the patients, though the groups of healthcare professionals at different levels are trying to give a lot of importance to it. The patients say that they are not given enough information about the side effects of medication, risks of medication, the choices that they have about medication and the period for which the medication should be taken.

This problem has been realized and the differences which are being caused by the differences in the approach of the health care professional and patient requirements are being sorted out. The problem is the greatest for patients who are on long term medication. (Bajcar, 2003) The shortage of information to patients is because of not getting enough information, or not receiving the information they want, or not receiving the information in a manner that gives the patients a chance to ask questions or seek involvement from the patients, or providing them information that is suitable for their special needs.

The difference is in what information the patients want and what information the health care professionals feel they should be given. There is a clear change among patients that they are informed about their healthcare, and this is line with the present day thinking that healthcare is centered on the patient, increase the participation of the patient, and give the patients greater powers. This will enable the patients to take better decisions.

The problem is compounded by the fact that there is no proper literature regarding the education needs of patients, who are on long term medication. This does not permit an analysis of the education needs of these patients. At present the emphasis regarding education on medication taking by the patients has the greatest focus on the information to be provided by the healthcare professional and does not consider the educational aspect.

The teachings to the professionals consist of sets of guidelines given to professional or a set of questions to be asked of the patient. These are not related to the understanding of how the patient is taking the medicine. This is leading to a situation where the medication taking practices of patients on long term medication is remaining underdeveloped, and this is also keeping in dark the relationship between the actual medication consumption and the final effects that the medication is providing.

There are definite needs for the development of a model for education of patients regarding their taking of medicine, and for the present levels of knowledge are not adequate. (Bajcar, 2003) A similar area where there is a lack of communication between the doctors and the patients is in the area of

health insurance. This is reflected from the continuous rise in numbers of Americans without insurance and these are causing poor access to health care systems in the country.

It is seen that about 20% of the people in the country are not able to pay healthcare bills, and an even higher proportion of 25% forgo medication based on cost. This ultimately results in deaths of the order of 18, 000 a year as was seen in 2000. There are certainly troubles that are being caused to individuals, but even the society is suffering. The costs of care for the patient keep increasing, and the final cost has to be met by the government which is reflected on the average citizen. (Will Insured Citizens Give Up Benefit Coverage to Include the Uninsured?)