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Proper adherence: What we have learned**John Shaske**

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Background: Failure to adhere costs the Canadian health care system an estimated \$10 billion a year in unnecessary doctor visits and/or emergency hospital visits. Since the mid-90s, there have been concerted initiatives developed to improve adherence. In 1979, a compliance figure of 29% was considered normal. Once, increased patient counseling became the norm adherence rates rose to 50%. Since the mid-1990s though we have hit a wall, despite compliance packaging, electronic reminders, syncing of a patient's meds and other approaches, normal adherence remains in the 50-55% range. And yet studies and some pharmacies have much better rates.

Aim: To identify the processes used by the pharmacists that actually get better health outcomes than the medical community's norms through proper adherence.

Methods: Steps: (1) Review of the literature of studies that demonstrate improved health outcomes. (2) Observe the dynamics of successful pharmacists and what they do in their process in creating a care plan to achieve proper medication adherence and improve patient health outcomes as a result of their actions in British Columbia Canada.

Results: No matter what studies were reviewed or pharmacies observed the common denominators were the same: (1) Getting to know the patient in all aspects of their health from objective measurements to learning their drug taking habits and health outcome goals. (2) Knowing how to interpret and use evidence based medicine. (3) Knowing how to communicate to the entire health care team including the patient what the health care goals are and then reaching a constructive conclusion with the patient being respected for their health care goals and aiding them in reaching those goals.

Conclusion: Personal experience and these ongoing studies have demonstrated that proper adherence and personal health goals results can be improved through meaningful engagement between patients and their pharmacist.

References

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Biography

John Shaske has graduated from the University of British Columbia and completed his Hospital Residency from the Vancouver General Hospital. He has won both provincially 2013 and Canadian 2015 Innovator of the Year award. In 2016, he won the Agent of Change award from UBC-Faculty of Pharmaceutical Sciences. Currently, he is working on research in the pharmacist intervention and home monitoring in heart patients and patient outcomes doing medication management.

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