Drug Compliance and Counseling Service

Introduction

The experience from the Medication Compliance Clinics operated in several of the Specialist Out-Patients Clinics in HA since 2001, showed that favourable patient outcome is obtained as a result of the service where pharmacists review the medication regimen for patients who are often treated with multiple or sometimes duplicated drug regimen. The pharmacists provide active feedback to the prescribers to optimise the medication treatment and to reduce the phenomenon of polypharmacy. At the same time, the pharmacists provide counseling to the patients to improve the patients’ understanding on their drug therapy, thus improving patients’ drug compliance.

On the other hand, medication non-compliance is known to cause unnecessary hospital readmissions, avoidable ill health, premature deaths and additional costs to the healthcare system. At the same time, common medication-related problems including Adverse Drug Reactions and treatment failures may be attributed to the lack of monitoring and the necessary follow-up on the effects of medication taking, or over-prescribing or under-prescribing or patients not understanding the medications that are prescribed or not taking the medications as prescribed.

With the current resource constraints and overwhelming patient load on the public health care system in HA, comprehensive coverage by our HA pharmacists to meet the drug compliance and counseling service needs for our concerned patients seems rather remote. It is apparent that partnership with our community counterparts will certainly contribute to meet better health outcomes for our patients as their medication problems are better managed.

Hence, as a matter of priority and as a start up initiative, the Advisory Committee on the Public Private Partnership Programme for Pharmacy Service, has set up the first Working Group to start the Patients Referral Scheme on Drug Compliance and Counseling Service (DCCS).

The Working Group will need to establish the system of patients referral, the patients selection criteria, the pre-requisites for the hospital and the community pharmacies for participation into the scheme, the criteria and accreditation and training requirement for the participating hospital and community pharmacists, the operation logistics, the considerations on
professional, ethical and legal matters and the method for handling patients’ consent and patients’ data, etc.

It is expected that through the development and implementation of the DCCS, a service network between Hospital and Community Pharmacists can be established; and that trust and respect from our patients for our Community Pharmacist can be enhanced and that many medication-related problems for our patients could be minimised or prevented through the long-term monitoring of drug compliance and through patient counseling by our community pharmacists and ultimately our patients will be empowered to make their choice of pharmacists’ support from the community sector in their medication management in the long run.