

Identifying eHealth Opportunities to Support Medication Adherence – Findings of a Focus Group Study

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What's the problem?

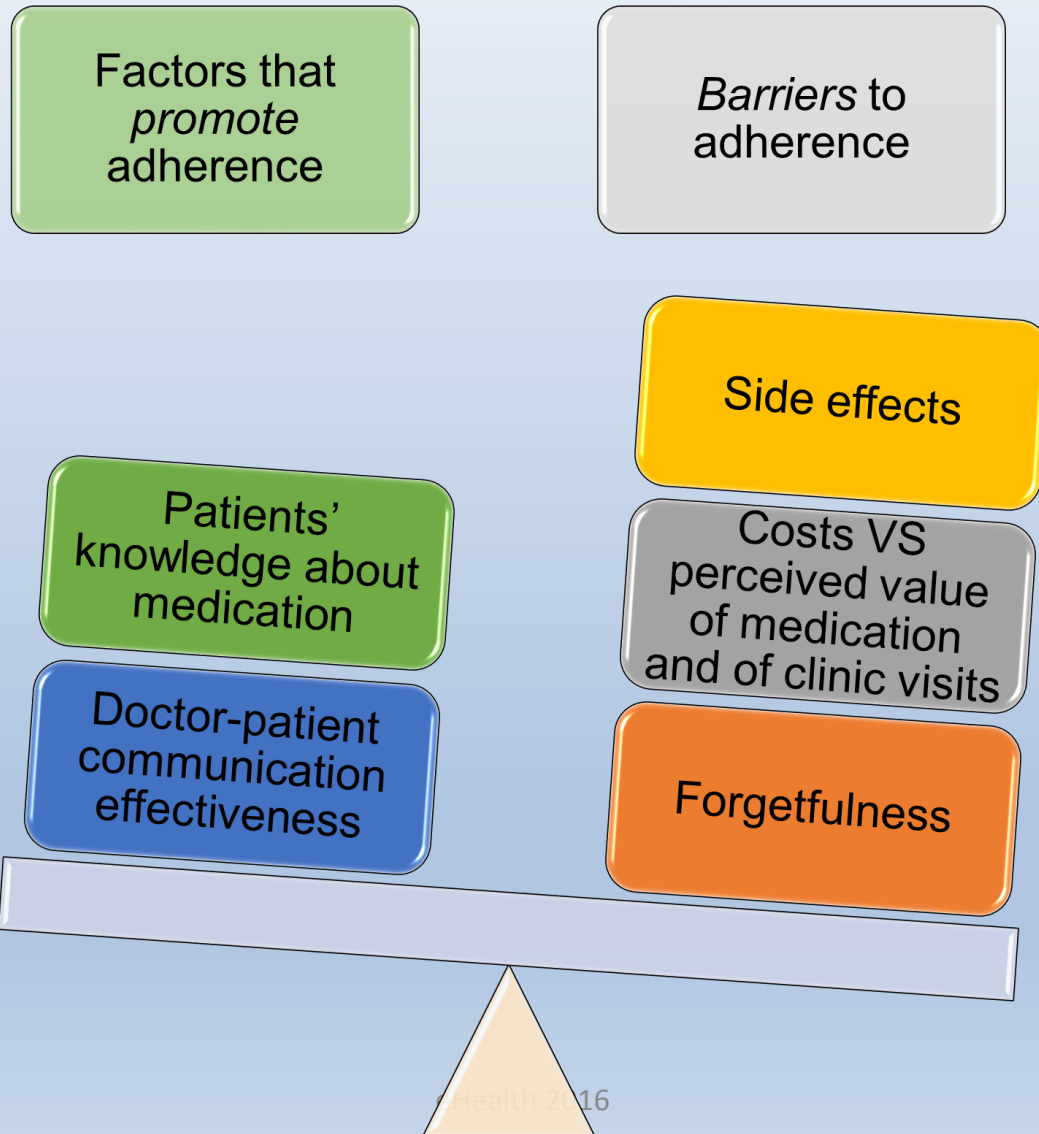
- New Zealand (NZ) indigenous people (Māori) are at high risk for cardiovascular disease (CVD).
- One key barrier to CVD risk management is poor long-term adherence to evidence-based medication.
- We need to understand the perspectives of Māori patients and their primary care providers regarding what is (not) working and what might work in primary care to achieve better adherence.

Adherence Gaps Can Be Detected

- By analyzing the prescription records in electronic medical records (EHR)

Adherence status	N	%
≥80% adherence to all CVD medications prescribed	322	59%
<80% adherence to ≥1 CVD medication prescribed	127	23%
No antihypertensive, cholesterol or oral diabetic medication prescribed in last two years	100	18%
Total:	549	100%

Patients and Providers Perspectives



eHealth Opportunities

Key target area for potential health IT	Adherence factors
To utilize quality Internet information services; to share education materials, experience, and information on consequences of non-adherence	Improving patient knowledge
To ID adherence gaps; to support patient self-monitoring; to deliver effective interventions to wider community; to facilitate provider training & knowledge sharing	Supporting patient-provider comm.
To simplify Rx refill procedures; to support convenient data collection and sharing in patient monitoring	Reducing costs
To identify patient needs; to support data collection regarding patient behavior	Tackling forgetfulness

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