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## THE HEALTH CARE PROVIDERS OF TODAY MUST WEAR MANY HATS AND ARE FACING INSURMOUNTABLE OBSTACLES WHEN IT COMES TO DELIVERING CARE

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We're leaders, managers, teachers, employers, advocates, and if we have any spare time left, we provide patient care. Yet the care and education we wish to provide is not easily accepted as it once was. Before Google, Twitter, Facebook, network television, what we expressed to our patients was accepted and instructions were followed. Today, patients will consult their smartphones and tablets before deciding to call the medical office. And the message our patients receive will differ from one news outlet to the next depending on what is being broadcast, covered or biased. From a time when what we said was taken as law to now being second guessed, medical providers today struggle to teach and care for our patients. So how do we consistently get our message out? How do we compete in a digital world? Compounding this problem is the fact that society has become used to instant gratification. We don't wait for food to thaw, or wait for a letter or wait for a song to play on the radio. .... Fast food, emails, texts and entertainment come to us instantly. Unfortunately, our patients expect healthcare to be delivered at the same speed. Society demands will not revert back to the olden days, and health care providers today need to deliver a message that competes with social media, and deliver care quicker than it ever has been delivered. Medical professionals today are leaders, teachers, and health providers. But we may also need to tap in our broadcasting, networking and computer skills when it comes to communicating in this new digital era.

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## PATIENT NON-ADHERENCE TO MEDICATION IN THE PRIMARY CARE SETTING: MEASURING REASONS AND IDENTIFYING SOLUTIONS

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Non-adherence to medication is associated with poor treatment outcomes and an increased rate of hospitalization, especially among vulnerable patient populations. The study assessed the nature and frequency of non-adherence to medication in the primary care setting. It also assessed the strategies used to combat non-adherence and sought to identify possible solutions. This study was performed in the outpatient Primary Care Clinic of Kings County Hospital. The vast majority of the clinic's patients are African American or Afro-Caribbean, and have either Medicaid or no insurance at all. Using a sample of convenience, the study tracked the rate of non-adherence as well as the types of and reasons for non-adherence. The study found the rate of non-adherence to be 24%. The most common type of non-compliance was underutilization of medication. 50% of non-adherent patients had stopped taking medication and another 35% either skipped doses or only took the medication sometimes. The leading reason for medication non-adherence was lack of understanding (32%), followed by unwillingness to take the medication (26%) and problems with side-effects (21%). Interestingly, no patients cited cost or inability to obtain a prescription as a reason for their non-adherence. The main strategy for increasing patient adherence was in visit education (63%), followed by arranging social support (19%). Within this patient population, non-adherence was related to a conscious choice in 95% of patients. The fact that non-adherence was a conscious choice, frequently associated with lack of understanding, suggests that patient education has a major role to play in increasing patient adherence.

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