An analysis of level of patient compliance to advised Radiological Investigations and Admission in FMRI, Gurgaon:

INTRODUCTION:

Physicians work in partnership with patients to achieve optimal care but most often patients do not comply with physician's advice.
Besides impacting patients and the health care system, non-compliance has grim financial implications for other stakeholders, such as hospitals, insurance companies and employers. Yet most patients don't particularly care how their individual non-compliance affects the cost of care at their hospital or in the healthcare system overall.

OBJECTIVES:

1. To determine the **effect of cost** in influencing patient's compliance to advised radiological investigations and admission in FMRI, Gurgaon
2. To determine the **effect of waiting time** in influencing patient's compliance to advised radiological investigations and admission in FMRI, Gurgaon
3. To determine the **effect of patient trust** in influencing compliance to advised radiological investigations and admission advised in FMRI, Gurgaon

METHODOLOGY:

Study Design:

Descriptive Cross Sectional study

Study Area:

Fortis Memorial Research Institute, Gurgaon

Sample Size:

Departments: Neurology
Sample size: 200

Sample Method:

Simple Random Sampling

Sample Criteria:

A total of 200 prescriptions were collected over a period of 30 days during the working hours of OPD from Monday to Saturday (to account for daily variation). **Prescriptions were collected only for those patients who were advised radiological investigations and/or were advised admission by consultants in neurology department.**

Tools:

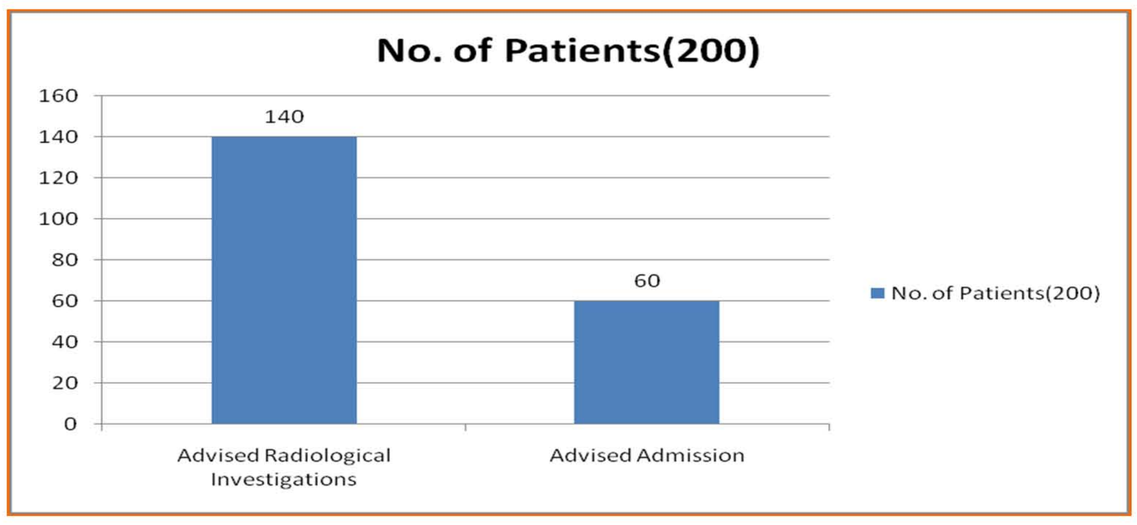
Patients: Semi-structured Questionnaire

Technique:

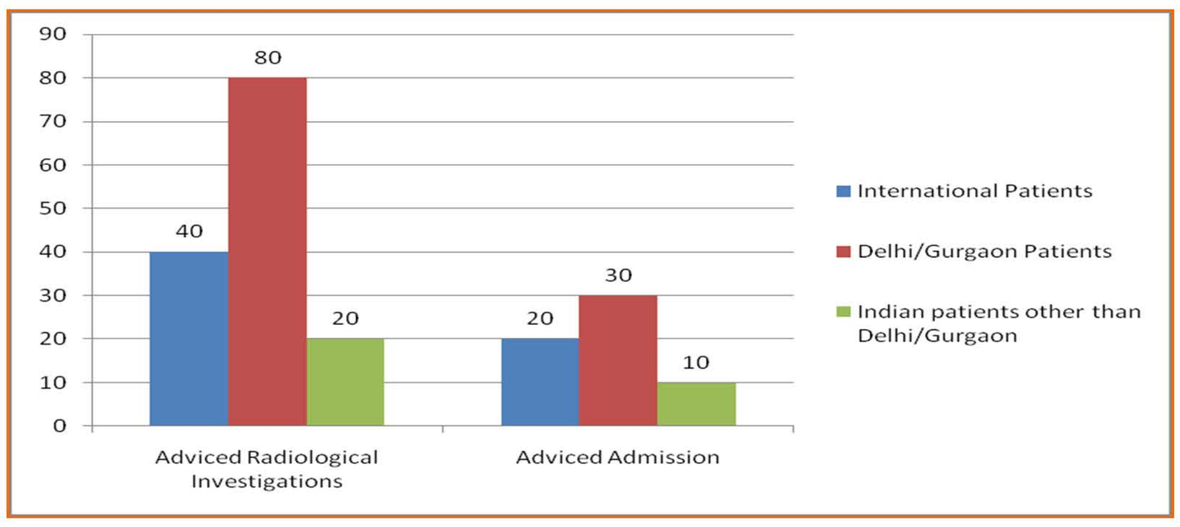
Patients: Telephonic interview

FINDINGS:

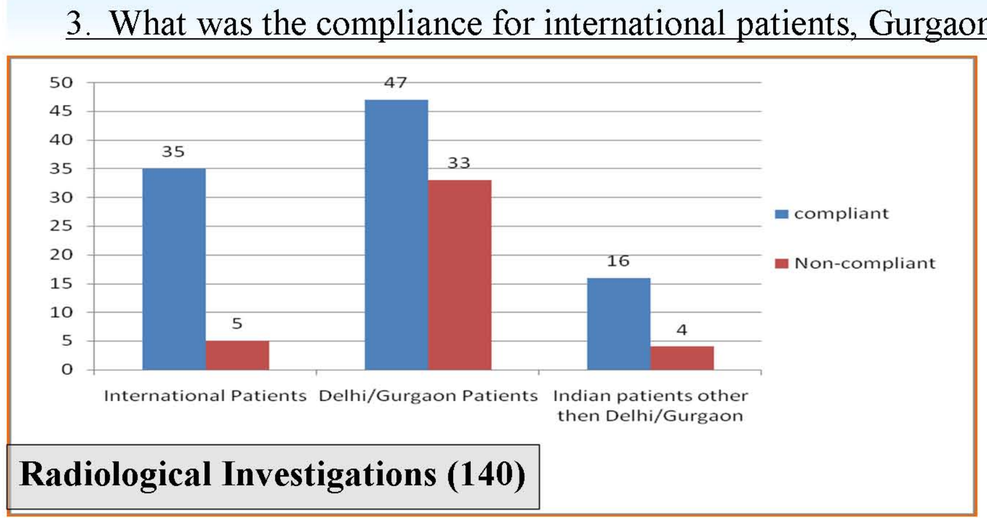
1. Of the total 200 prescriptions analysed for patients, how many of them were advised radiological investigations and how many were advised admission?



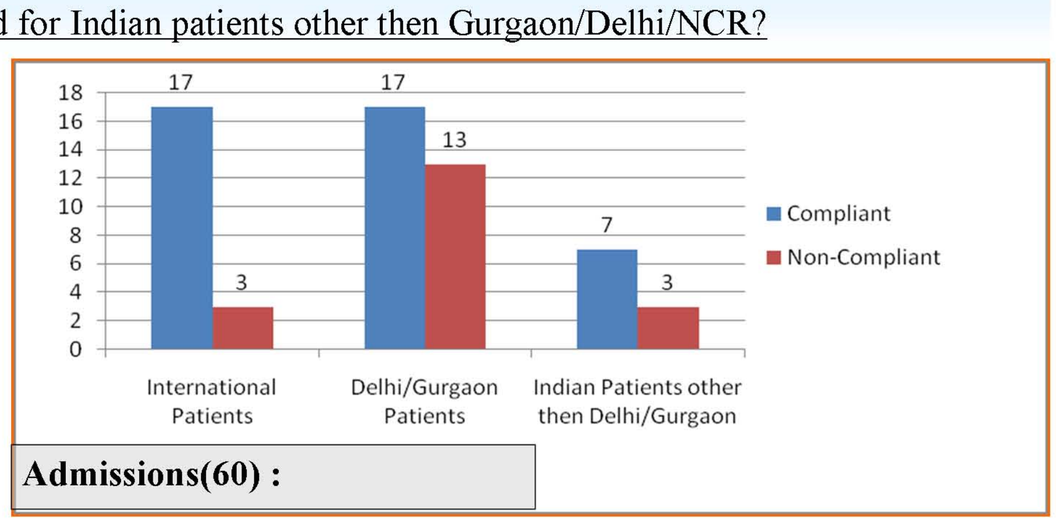
2. Of the total 140 patients who were advised radiological investigations and 60 patients who were advised admission, what was the geographical distribution of patients?



3. What was the compliance for international patients, Gurgaon/Delhi/NCR residents and for Indian patients other then Gurgaon/Delhi/NCR?



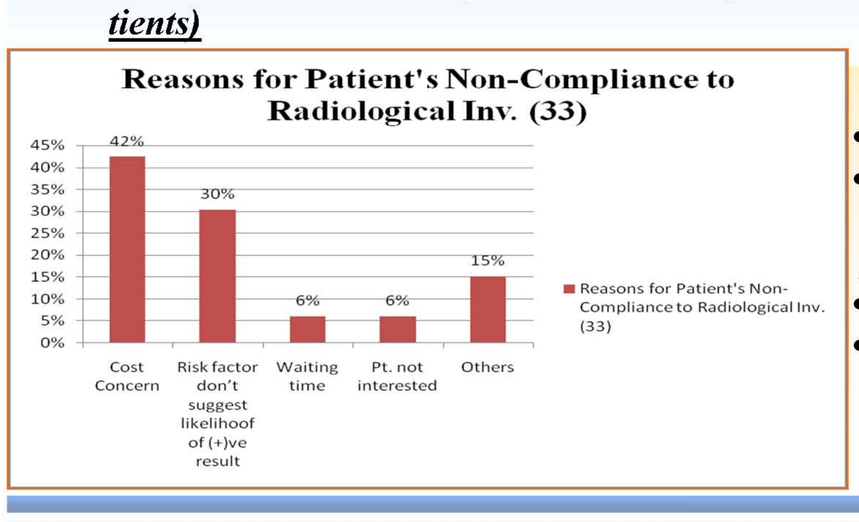
Radiological Investigations (140)



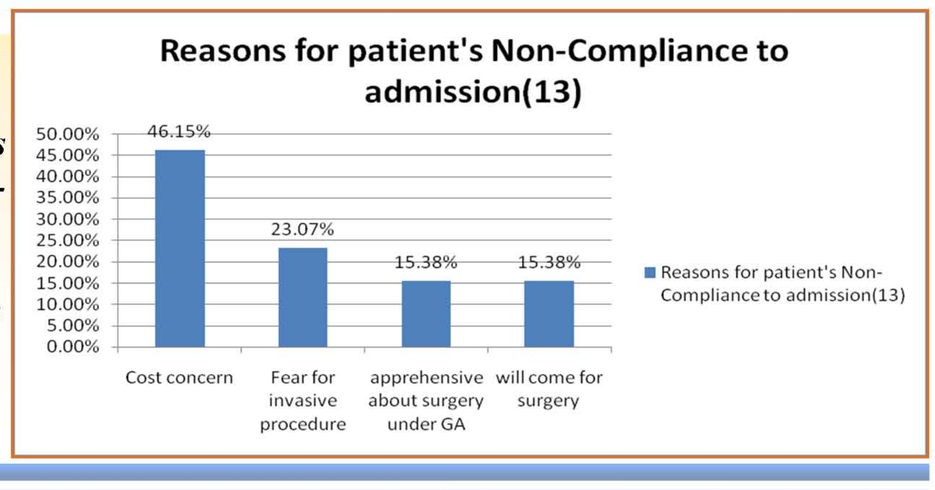
Admissions(60) :

Non-compliance was found to be highest for Gurgaon/Delhi/NCR resident's i.e. 41.25% and 43% for radiological investigations and admissions respectively. So, detailed analysis was done only for patients from Gurgaon/Delhi/NCR region.

4. To know, the reasons of patient's non-compliance to Radiological investigations and Admissions advised by consultants : ***(only for Delhi/ Gurgaon/NCR patients)***



- *High Cost*
- ***Patient not convinced with consultant's advice or disease/illness not properly explained***
- *Psychological factor*
- *Characteristics of the therapeutic regimen*



DISCUSSION/RECOMMENDATIONS:

These patients are not "non-compliant," they simply have more steps to complete at the beginning of the process before engaging and arriving at a place where they are ready to either accept the advice and input of the physician or ideally co-create a patient-specific healing journey.

⇒Pricing policy to be revised for patients from Gurgaon/Delhi/NCR region.

⇒**Informed refusal:** The potential risks of declining the recommended course of treatment should routinely be discussed with patients, along with the risks and potential complications of the procedure/treatment itself.

⇒The patient should be given ample opportunity to raise any questions or concerns about proceeding or not proceeding with the recommended course of treatment.

⇒If the patient decides to refuse the treatment, the physician should not assume that the patient understands the consequences of that refusal and needs no further explanation. The physician should always verbally confirm that the patient understands and has no questions about the proposed procedure or treatment and/or the potential risks of refusing it.

The solution to this problem lies in the development of an open, co-operative doctor-patient relationship.

CONCLUSION:

If we truly want to create a healthy health care system than we must create an environment where the practitioner has the time, relationship and patient's trust to assess and identify the real barriers to healing (those early steps in the process that must be addressed). Then together they must take the opportunity to co-create a healing journey that will best position the patient to achieve specific health goals. To meet the patient where he is at and begins the co-created plan at that point.

Presented by:
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