# Health | IS

Institute of Technology Management
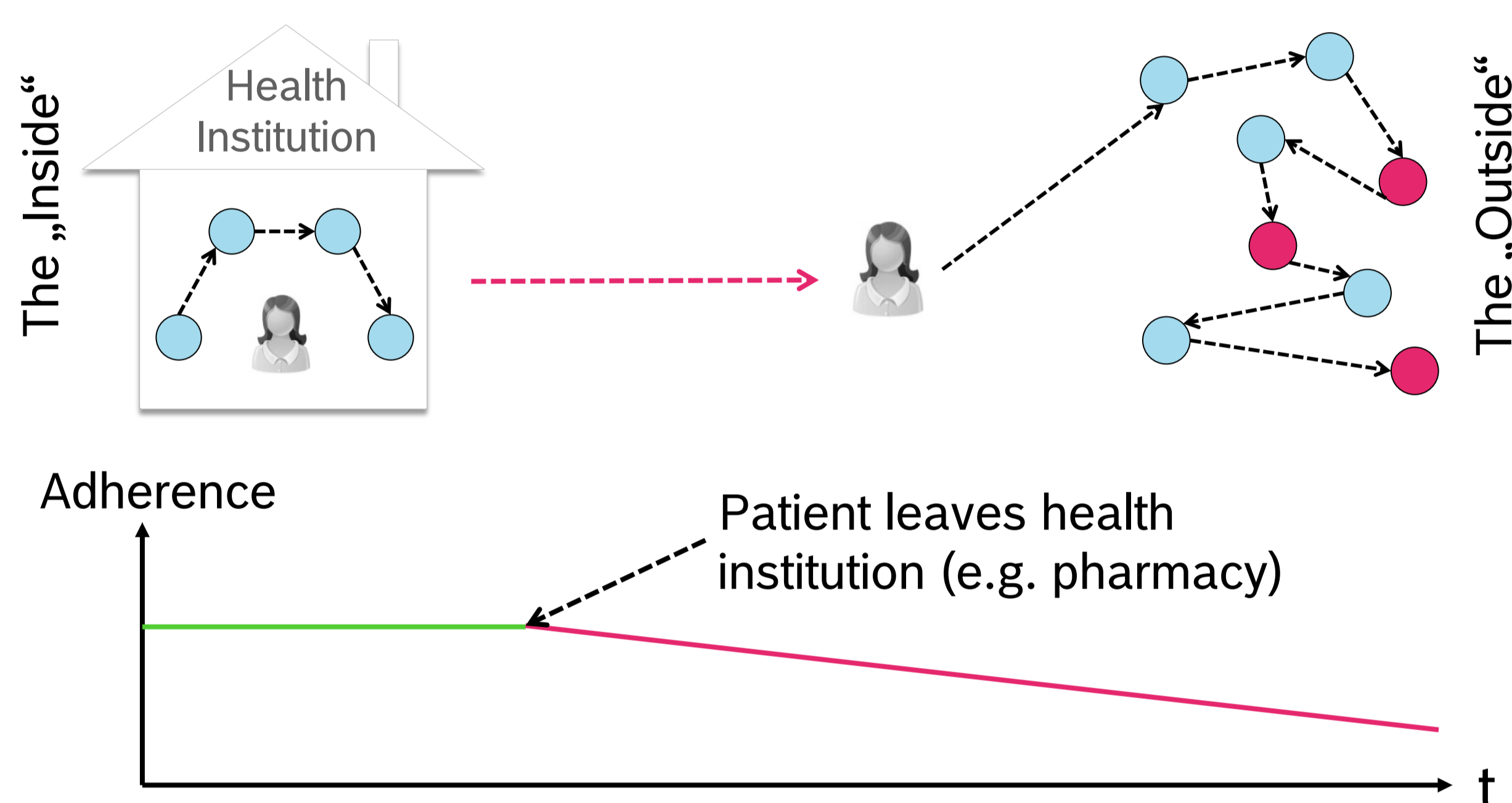University of St.Gallen

**ETH** *zürich*

# Connecting Pharmacies and Patients Beyond Face-to-face Encounters
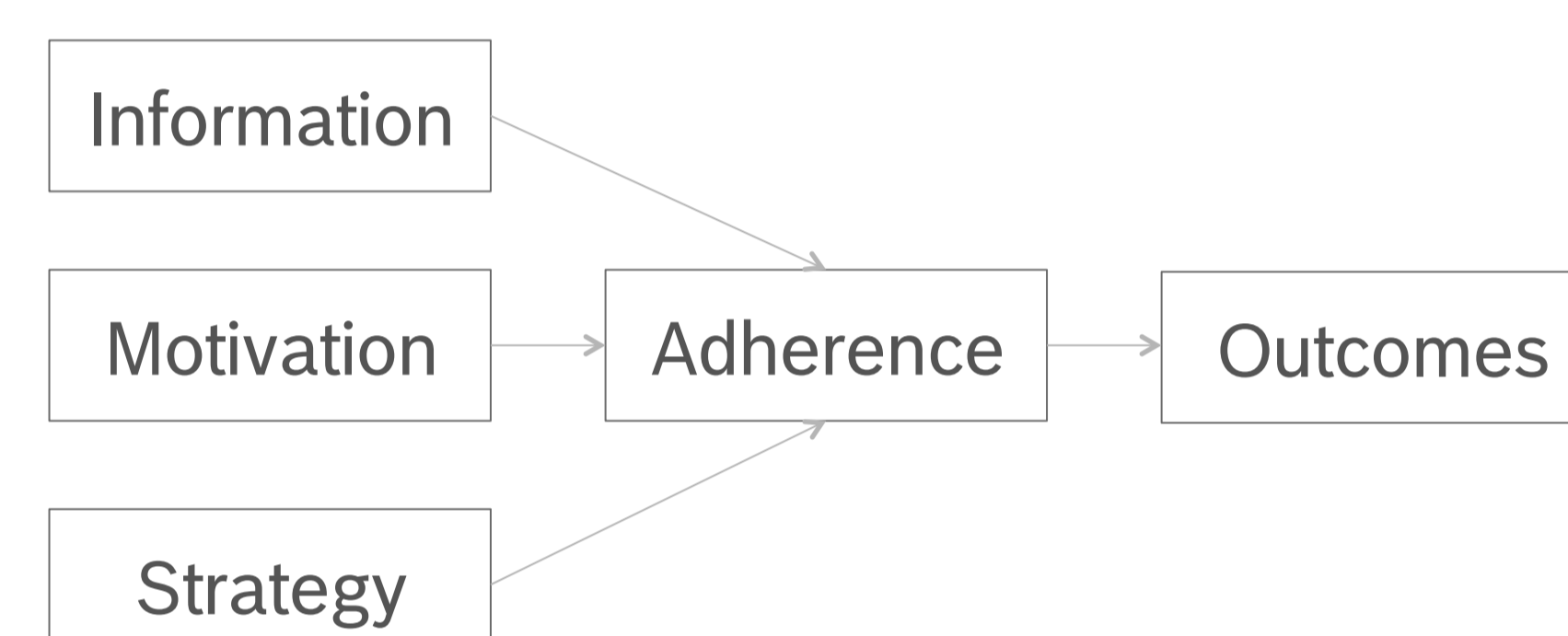
## Motivation

Fundamental asymmetry between the **"inside"** and the **"outside"** limiting communication & collaboration between health professionals and patients, thus limiting professional support of the patient.

The „Inside"

Health Institution

The „Outside"

Adherence

Patient leaves health institution (e.g. pharmacy)

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**Question: How can "the outside" be structured?**

## Approach

▶ Design Science Research & Pilot Study with 21 Swiss Pharmacies.

▶ Analysis of genre and genre systems of communication between pharmacists and patients.

Mulhouse • Schaffhausen • Konstanz
Basel • Winterthur • St. Gallen
Solothurn • Zürich
Burgdorf • Einsiedeln • Liechtenstein
Bern • Luzern
Chur
**Switzerland**

Information
Motivation → Adherence → Outcomes
Strategy

IMS Model (adopted from DiMatteo et al. 2012: Improving patient adherence: a three-factor model to guide practice. Health Psychology Rev, 6(1), 74-91)

## Results

Therapy Circle over specified follow-up duration

Start dialog with pharmacist

Interaction elements at specified times

1. Patient App (iPhone)

add new patient follow-up

Dialog with the patient. Also interaction elements can be added (like photo or request therapy progress).

Configured follow-up with interaction elements like therapy progress or photo feedback.

Different patients that can be filtered and sorted

2. Pharmacist App (iPad)

## Contributions

▶ Design principles of information systems that enable continuous communication between health professionals and patients.

▶ Understanding of communication patterns and their influence on patients' adherence (emerging genres and genre systems).

▶ Implementation of "mutual accountability": Both health professional and patient are responsible for health outcomes.

▶ Potential cost reduction in the public health system by enabling continuous support to address non-adherence behaviors and by allocating resources in cost-efficient pharmacies.

## Authors

**Dirk Volland**
dirk.volland@unisg.ch

**Klaus Korak**
kk@alphastreams.com

**Tobias Kowatsch**
tobias.kowatsch@unisg.ch

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## References