

How to get from Health Education to Compliance - the Health Economist's Perspective

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The potential costs of non-compliance with treatment can fall on the patient, the health care provider and the health system itself. These costs will comprise the opportunity cost of resources not properly utilized, e.g. when appointments are missed or prescribed drugs are discarded; the extra cost of subsequent therapy after the failure to undertake initial treatment; and the additional human cost of ill-health resulting from sub-optimal treatment. Efficient operation of the health care system depends on the mutual co-operation and understanding of patients and health professionals. Shortening consultation times may be a false economy if the patient is not fully informed about the treatment.

Researchers can also play a part in addressing compliance issues. Studies to identify the most clinically effective and cost-effective treatments frequently ignore compliance because they use data taken from the controlled trial environment. Evidence-based guidelines must also be able to be implemented in routine practice.

It will be interesting to observe the effect of recent changes at NICE in the UK, which now has responsibility for evaluating health promotion and behavioural change interventions as well as drugs devices and procedures. If the two programmes work co-operatively the impact could be beneficial to all parties.