

## **Cost Of Healthcare A Major Obstacle For Patients Taking Medication**

Two common topics in today's global discussions around healthcare are whether patients have access to the medical care they need, and whether they follow their prescribed treatment plan as per advice from their doctor or pharmacist. It is increasingly clear that, for us to understand how patients act and how healthcare business models should operate, health research is vital.

Medication adherence is an important topic for healthcare providers. Studies have shown that nearly half of patients with chronic conditions do not take their medications as advised, and that this leads to over \$300 billion of healthcare costs every year in the U.S. At Harvard University, research using data from one of the largest continuously conducted health surveys in the U.S. showcases an important relationship between medication adherence and a range of socioeconomic and demographic factors.

Research focused on medication adherence for patients that were diagnosed with hypertension (high blood pressure). A strong relationship was found between how strictly patients followed treatment plans with health insurance coverage and frequency of doctor visits. Patients that had not visited a doctor in two years had almost five times the odds of not taking their blood pressure medication. Patients that went a year without visiting a doctor had almost three times the odds of skipping medication. While patients without healthcare insurance or health cover had more than two times the odds of skipping medication. There are a number of reasons for this, but financial resources are well-known to play a key role.

Those that do not have the financial means often see healthcare as a burdensome expense, especially in areas of the world where out-of-pocket expenses can reach vast sums compared to monthly incomes. This can often be heightened in regions such as the Middle East. The majority of residents live outside of the more advanced healthcare systems of the GCC, with a reliance on private sector clinics combined with a significant portion of uninsured citizens feeding into the issue.

The numbers paint an even more dramatic picture. According to the World Bank and the UN WHO global health expenditure database, out-of-pocket health expenditures were 18% of total healthcare expenditures globally in 2014 (the last available year). In contrast, Middle Eastern countries are often significantly higher, such as Yemen at 76%, Morocco at 58%, Egypt at 56%, Syria at 54%, Iran at 48%, Tunisia at 38% and Lebanon at 36%. Considering these figures have not improved significantly in two decades, financing solutions can play an enormous role in these countries.

Improved health outcomes in these environments could be achieved by enabling patients with limited financial resources to see general practitioners for health check-ups on a regular basis, as well as medication assistance programs to reduce cost, especially for those with chronic conditions. Healthcare conversations in the GCC also often highlight the

potential of machine learning, 3D printing and tech-enabled smart healthcare. In parallel, a back-to-basics approach focusing heavily on health financing for at-risk populations will be needed.

The Middle East is prime for business models and policies that tackle one of the underlying foundations of healthcare before jumping to advanced infrastructure, and that is the simple need to access care and pay for medications in the hopes of advancing health outcomes and social equity.

<https://forbesmiddleeast.com/cost-of-healthcare-in-the-middle-east-putting-patients-off-their-medication>