



The New Era of Patient Communication and Relationship Management

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Abstract

In the healthcare sector the key customers are patients. Hospitals may offer better care by establishing a long-term relationship between the hospital and a patient. The primary reason for investing in building positive relationships with patients is a limited number of patients in the therapeutic segment or of long-term care and only clinics aware of this fact that can attach to each patient have a chance to build a sustainable advantage. Encouragement of the patient to continue to use the services of a company/provider is a procedure several times cheaper than getting new patients.

Purpose of the study: Discussion and projection of patient relationship through effective communication. The pharmacists have a vital role to play which is discussed along with comparison.

Findings: Developed or under developed country, patients have a similar need for understanding and following treatment guidelines which is truly impractical for long term care without personal supervision. So many factors are behind patient relationship but one thing clearly understood that the handling of such situation is a provider's function, a regular follow up through taking different measures along with treatment intervention.

Materials and methods: Research conducted a comprehensive year-round literature search, which included books, technical newsletters, newspapers, journals, and many other sources. Medicine and technical experts, medical and drug regulatory authorities, representatives, hospital nurses and even doctors' attendants were interviewed. Projections were based on estimates such proper treatment guideline followed by the patients through various manners by the providers/their institution.

Research limitations: Very few articles found in matters regarding along with a very less interest paid by general people to talk about healthcare matters. It was very difficult to bring out facts of PRM, giving it a substantial figure to discuss in this article.

Practical implication: The soul of this article was to detail about patient communication and relationship for long term care, which is applicable for non-patients as well. Along with students, researchers and professionals of different background and disciplines, e.g. Pharmacists, marketers, doctors, nurses, hospital authorities, public representatives, policy makers and regulatory authorities have to acquire much from this article.

Social implication: Patient communication is the soul of understanding need and solution. PRM truly helps patient to adhere the healthcare facilities for better health benefit. The article is written in very simple manner that even general people along with technical person can acquire the core objectives of this article. The article provides patient care review to the pharmacists in care system and last but not the least a silvery lining to better pharmacists' dealings with patient care in near future.

Keywords: Customer relationship management; Patient communication; Patient satisfaction; Patient reminder; Compliance; Counselling; Patient motivation

Abbreviations: PRM: Patient Relationship Management; CRM: Customer Relationship Management; HIS: Hospital Information System; NCPIE: National Council on Patient Information and Education; DOT: Directly Observed Treatment

Background

In the business world, customer relationship management is used to retain customer loyalty in order to increase revenue. Healthcare organizations can build the same kind of relationship with patients, and it can also offer more tangible benefits. The first benefit is by using the same hospital a patient's treatment history should be relatively well known by the organization. Oftentimes, different hospitals use different patient information systems which are not always compatible with each other. If patient keeps changing the hospital, his or her medical record can be scattered around various sites. Ideally, if the patient is treated by the same physician in every visit, that physician will get more familiar with the patient, which could improve treatment.¹⁴ The most tangible benefit, however, is time. If the patient goes to the same physician every time, there is no need for long check-up sat the beginning of each visit.

Introduction

A PRM application also can provide better care for patients by allowing hospitals a better understanding of patients' needs and want through improved communication via follow-up systems. Understanding how the treatment has worked is crucial for physicians. By letting the physicians know, how satisfied the patients are, physicians can have a better understanding on how the treatments and operations they perform are working. Thus, having better patient relationships and better patient loyalty benefits both the healthcare organization and the patient. Today, patients can easily find instructions for their treatment from the Web. When hospitals provide real-time information and disseminate it to their current and potential patients it will help them to stay in touch with people as well as compete with other healthcare organizations for customers. Hospital management strategies should consider comprehensive, efficient hospital information systems which support a shift of focus to patients. With the idea of PRM, hospitals may be able to move on towards more customer-centric operations than before.

Key Elements of PRM for Hospitals

a. Collection of data related to personal details of the patients, frequency of visits of the patients, the doctor

he is referring to, admission of patients, medical history, discharges, attendants, details of physicians etc. from across the enterprise, recording it and maintaining a database or the Master File.

- b. Analyzing the data and identifying the potential profitable customers, formulating the best marketing opportunities for them and finding the best medium to communicate with the identified targets.
- c. Developing marketing campaigns for turning the likely to be customers into profitable customers.
- d. Tracking the effectiveness and return on investment from these campaigns.

Application of PRM

PRM is not a technology but rather a vision realized through technology; technology grants the ability to achieve more cohesion between the disparate parts of the healthcare system, which in turn improves both clinical outcomes and patient satisfaction" PRM can.

- a. Help prevent additional illness. With a 360-degree view of the patient, physicians can more easily identify relationships between current symptoms and future health concerns.
- b. Improve the quality and consistency of care. Automated processes can be created to ensure critical safety procedures are followed, and that the organization is in compliance with privacy and other regulatory policies.
- c. Speed routine processes, such as admissions, referrals, and discharges. By analyzing the performance of routine processes over time, improvements can be made that eliminate unnecessary steps and increase patient satisfaction.
- d. Eliminate time wasted accessing information. By electronically storing indexed documents, such as treatment plans, symptom-and-diagnoses relationships, and reference articles, less time is spent searching for information needed to deliver quality care.
- e. Automate proactive communications. By viewing patient data sorted by certain characteristics, targeted proactive communications can easily be sent. For example, mailings to diabetic patients can inform them of new information, treatment options, or upcoming educational offerings.
- f. Reduce the number of missed appointments. Tasks can easily be set up to streamline appointment reminder calls. Automated processes can be put in place for follow-up and rescheduling should appointments be missed.

Benefits of Patient Relationship Management (PRM) in the Health Care Industry

- a. Patient PRM applications can speed routine processes, such as admissions, referrals, and discharges by analyzing the performance of routine processes over time. Improvements can be made to eliminate unnecessary steps and increase patient satisfaction.
- b. Furthermore, it can help prevent additional illness by physicians taking thorough examination of the patients all times to enable them easily identify relationships between current symptoms and future health concerns.
- c. Moreover, PRM application can eliminate time wasted accessing information by electronically storing indexed documents, such as treatment plans, symptom-and diagnoses relationships, and reference articles, less time is spent searching for information needed to deliver quality care.
- d. The PRM can automate proactive communications by viewing patient data sorted by certain characteristics, targeted proactive communications that can easily be sent. For example, mailings to diabetic patients can inform them of new information, treatment options, or upcoming educational offerings.
- e. PRM can also contribute to improve the quality and consistency of care by creating automated processes to ensure critical safety procedures are followed, and that the organization complies with privacy and other regulatory policies.
- f. Finally, yet importantly is that PRM will reduce the number of missed appointments? Tasks can easily be set up to streamline appointment reminder calls. By putting automated processes in place for follow-up and rescheduling should appointments be missed?

PRM Versus CRM in Private and Public Health Care

In brief, while CRM and PRM involve similar approaches, "the goal of CRM is ultimately to increase consumer spending. Conversely, PRM strives to give patients the information they need to make better healthcare choices, which will ultimately save them and the system money". Patient Relationship Management (PRM) also requires added consideration for handling complex data and the need to enforce airtight security and the appropriate use of patient data. Despite the differences, commonalities between CRM and PRM enable stronger relationships that benefit from: greater anticipation of customer needs and wants, improved communication channels, timely and credible information, and the capture of tacit knowledge in essence knowing people better without wasting their time. However, the marketing tactics of commercial

persuasion and manufactured demand do not directly apply in healthcare; therefore, the best 'marketing' goal that a private for-profit healthcare organization can hope for in "the migration of CRM to PRM is the natural evolution of building the perception. When the need arises, the promoted physician practice or hospital is there to help you." Nevertheless, 'perception management' also applies to public PRM in efforts to nurture relationships with a patient/provider audience receptive to preventive, cost-saving interventions that stave off the need for expensive acute care services. Responsibility for the public purse creates an impetus for seeking these efficiencies through this form of Citizen Relationship Management-the CRM equivalent in the public realm.

Implementation of CRM in Health Care

CRM system needs a daily accumulation of data from both in-patient and outpatient departments' terminals through multi-media platform and integration with other ancillary technical systems enable an effective CRM system to be completed after the following work is done well.

- a. Integration of CRM system with Hospital Information System (HIS)
- b. Integration of CRM with Hospital Web Platform
- c. Integration of CRM with Call Centers
- d. Integration of CRM with short-message gateway
- e. Establishment of Customer Responding Mechanism and Database.

PRM should analyze the performance of routine processes over time (such as admissions, discharges, transfers, and referrals), improvements can be made to eliminate unnecessary steps and increase patient satisfaction. Secondly, if patients have a better understanding of their role in ensuring good health, they can make better choices concerning their health and their lifestyle. That has the potential to have a significant impact on the health system. Thirdly, the customized workflows can be developed to automate care coordination activities between provider institution (E.g., Hospital, Clinic, Home Health,), which can help improve patient outcomes while increasing operational efficiency and reducing costs. Fourthly, clinicians can flag patients with specific chronic illnesses and automate targeted proactive communications to inform them of upcoming educational offerings and remind them of ways to manage their illnesses. Collaborative systems and processes will have to be able to accommodate new providers that emerge over time, such as home health organizations and disease-management and wellness companies. The fifth point is that, the healthcare administrators will also have to provide a secure framework that protects patient privacy

and consumer rights. In this vision, an informed patient will be able to make sound, cost-effective choices, working with a global healthcare community that can provide personalized, quality care. These choices, and the solid foundation of shared information provided by collaborative abilities, will help the entire system increase both efficiency and effectiveness. Altogether, this will help ensure that individuals and societies can rely on a strong and sustainable healthcare system long into the future.

PRM Programs in Hospital Setting

A Customer Relationship Program for patients in a hospital can be broadly classified into two factions i.e. In Patient CRM and Outpatient CRM. In Patient CRM includes all those customer care activities when a person gets treatment in the hospital and avail the facilities rendered by the hospitals. Here the customers can be the patient and the attendants to the patient i.e. who accompanies or visit the admitted patients. Out Patient CRM consists of those customer care activities when the person is discharged from the hospital. It includes maintenance of database of each and every patient and thereafter, maintaining regular interaction with the patient.

Inpatient CRM

The most important parameter for a person visiting any hospital is the way of treatment he will get there. Winning over patient's faith is of utmost importance for the employees of the hospital. Right from the chief doctor to the ward boy, it is the duty of each and every employee to ensure patient satisfaction and proper training can be given in this regard. They should make the patient believe that the hospital is doing their level best to cure him. Clear instructions about the procedures should be given to the patients and their attendants to eliminate unnecessary steps and avoid hassles.

Outpatient CRM

Out Patient CRM includes post discharge activities which help in maintaining and strengthening the relationship with the patients. Hospitals should record and maintain computerized database of each and every patient in detail which includes personal details of the patient, medical history, referred physicians, scheduled appointments, frequency of visits etc. This information would in turn help in other CRM activities of the post discharge period. Even after getting discharged from the hospital, the patient needs to come again for further treatment or checkup at regular intervals. These activities might include:

a. Sending greetings and wishes on birthdays to the patients along with the offer of free health check-up.

This would make the patient feel special and make him believe that the hospital still cares for him even after discharge.

- b. Maintaining a database would enable the hospital to send continuous reminder to the patients about the scheduled appointment and seek their confirmation that they would be coming.
- c. The hospitals can create "Rehabilitation Centers" for the patients who are suffering from long ailments. Once they are discharged from the hospital, the hospitals can arrange a visit to these centers for them where they can meet the people who are suffering from similar ailment or have already been treated for the same. This would give moral support to the patients and would curb the sense of insecurity and loneliness in them.
- d. The database helps the hospitals to get the proper understanding about the profile of patients who are visiting the hospital. It helps to list out the kind of disease from which most patients suffer from, their referral sources, the geographical areas from which the patient come from etc. Creating customer delight is crucial for any organization. Similarly, hospitals must also strive hard to achieve customer lifetime value by improving customer loyalty. CRM is not only confined to maintenance of database of every patient but it also about the use of technology to provide value added services to its customers. Apart from patients and attendants, now the hospitals are also driving their attention towards the customers i.e. the ones who are presently healthy and are availing the offers given by hospitals in terms of health packages and insurance schemes etc. [1].

Industrial age medicine to information age healthcare

With the Web technology, PRM also affords healthcare providers the ability to extend services beyond its traditional practices, and it provides a competitive advantage environment for a healthcare provider to achieve a complex patient care goal. PRM enables a healthcare provider to capture essential patient information to be utilized effectively, especially in integrating the patients' information in a system to promote superb service here are many challenges in adopting PRM for healthcare organizations. Due to the complexity of the business nature in healthcare, there are many issues dealing with patients that must be considered. A healthcare is undergoing a paradigm shift; from 'Industrial Age Medicine to Information Age Healthcare' it is important to examine each business process as a layer of value to the service. Patients place a value on these services according to quality of outcome, quality of service, and price. The value of each layer

depends on how well they are performed. When a healthcare provider cannot achieve its strategic objectives, it needs to reengineer its activities to fit business processes with strategy. If the business processes do not fit the strategy, it will diminish the value. For example, the value of a health education is reduced by a delay respond of patient's query or poor communication skills. The value of service is reduced by a poor schedule of physician [2].

Other universal issues of PRM

Importance of patient counseling: Patient counseling is necessary to reduce medication errors and improve patient healthcare. This leads to several potential benefits:

- a. Improved therapeutic outcomes and decreased adverse effects.
- b. Improved patient adherence to the treatment plan.
- c. Decreased medication errors and misuse.
- d. Enhanced patient self-management by involving the patient in designing the therapeutic plan.
- e. Potential for decreased health care costs due to appropriate use of medications and prevention of adverse events.

The pharmacist also benefits in this process. Potential benefits to the pharmacist in this process include:

- a. Enhanced professional status in the view of patients and other health care providers.
- b. Establishment of an essential component of patient care that cannot be replaced by technicians or automation.
- c. Enhanced job satisfaction through improving patient outcomes.
- d. A value-added service to offer patients.
- e. Revenue generation through payment for counseling services- limited at present but growing.

In short, it ensures positive outcomes on the management of disease, including improved drug compliance, better treatment endpoints, and patient satisfaction.

Lack of patient/health professional interaction

These observations are equally important with respect to the interaction between the pharmacist and the patient. The following factors are among those that could influence compliance adversely if inadequate attention is given to the scope and quality of the interaction with the patient.

Failure to comprehend importance of therapy:

Patients usually know relatively little about their illnesses, let alone the therapeutic benefits and problems

that could result from drug therapy. Therefore, they establish their own beliefs and expectations with respect to their drug therapy. If the therapy does not meet these expectations, they are more likely to become noncompliant.

Poor understanding of the instruction: Prescriptions that state that medication should be taken as directed can be the source of misunderstanding as well as serious consequences. For example, many prescriptions are written and labeled to indicate how many doses are to be taken each day with no additional clarification as to how the doses are to be scheduled. How should instructions to take one tablet three times a day be interpreted? Does this mean every 8 hr, or with meals, or possibly some other schedule? If the drug is to be given with meals or at a specified time before or after meals, it usually is assumed that the patient eats three meals a day. Yet this is not always the case.

- a. In some cases, the uncertainty or confusion on the part of the patient is such that medications are given by the wrong route of administration (e.g., instilling oral pediatric antibiotic drops into the ear for an ear infection or administering suppositories by the oral route).
- b. A patient being prepared for an electrocardiogram was observed to have 20 transdermal nitroglycerin patches at various locations on his body. Although he had understood the instructions to apply one patch a day, no instruction had been provided regarding their removal.

Provider instruction on patient comprehension and recall

Physicians and pharmacists continue to be the main sources of drug information and advice given to patients. Patients often receive information about the drug name and recommended dose and dosage frequency, but the majority of patients still receive no specific oral counseling about the purpose of therapy, how long to take their medication, side effects, other precautions, and when the medication will begin to work. In fact, the quality of medication instruction by a provider is a better predictor of patient comprehension and recall than the patient's age and education. Research also has shown that there are substantial gains in patient comprehension and recall when providers use

- a. Written reinforcement and visual aids, including printed leaflets or information sheets
- b. Expanded prescription labels and stickers
- c. Calibrated liquid measuring devices
- d. And special containers or calendars that indicate exactly when each dose is to be taken.

The difficulty and length of informational materials can interfere with the patient's ability to comprehend and recall advice. In general, patients have fewer difficulties if providers simplify instructions by avoiding medical jargon and using shorter words and sentences. In fact, the patients who received the difficult leaflet made nearly the same number of medication errors as those who received no information (Guidelines for dispensing of medicines).

Provider support on patient motivation and evaluation of care

Being ill and undergoing treatment can involve

- a. A variety of stresses, practical problems, and
- b. Other concerns that adversely affect patients' evaluations of treatment and their motivation to perform difficult tasks such as changing an unhealthy life-style, taking multiple medications, tolerating adverse events, and maintaining a positive self-image and outlook.
- c. Patients also develop more positive attitudes and achieve better treatment outcomes when their caregivers make a systematic effort to *reinforce* the value of therapy. This reinforcement can take multiple forms, such as 3. giving feedback to patients about their conditions during follow-up medical and pharmacy visits,
- d. Encouraging patients to monitor their own conditions with special devices, or making home visits to increase family support and reinforcement. For example, experimental studies in hypertension management have documented substantial gains in patient adherence and clinical outcomes if patients receive regular blood pressure monitoring and feedback about their condition from a pharmacist or nurse [3].

Provider monitoring on patient feedback and satisfaction

Surveys suggest that patients experience a wide variety of subjective and objective problems and concerns that contribute to non adherence, dissatisfaction with care, and treatment dropout. These *barriers* to treatment adherence include

- a. Doubts about the physician's diagnosis or need for treatment,
- b. Misunderstandings about the regimen,
- c. Difficulties remembering each dose,
- d. Doubts about the effectiveness of the prescribed drug for their condition,
- e. Concerns about side effects and other bothersome features of a drug,
- f. And fears about the long-term effects of treatment or social stigma associated with certain conditions or treatments [4].

Non-compliance detection: Current detection methods include indirect measures, such as self-report, interview, therapeutic outcome, pill count, change in the weight of metered-dose inhaler canisters, medication-refill rate, insurance prescription claims databases, and computerized compliance monitors, and direct measures, such as biological markers, tracer compounds, and assay of body fluids. In general, the direct methods of detection have a higher sensitivity and specificity than the indirect methods. However, all of these methods have their limitations. To help overcome limitations of the assessment methods and to provide corroborative information, it is recommended that at least two different detection methods be used to measure compliance.

Indirect methods: Self-reports and interviews with patients are the most common and simplest methods of attempting to determine compliance with therapy. Pill counts are another detection method used to measure compliance and frequently are used in clinical drug studies. A patient's compliance with a medication regimen can be assessed by the difference between the number of dosage units initially dispensed and the number remaining in the container on a return visit or during an unscheduled home visit. However, pill dumping (i.e., attempts by patients to misrepresent their compliance by discarding medication) is common, and several studies have shown that return counts grossly overestimate actual compliance rates [5].

Direct methods: Biological markers and tracer compounds indicate patient compliance over an extended period. For example, measurement of glycosylated hemoglobin in patients with diabetes mellitus gives an objective assessment of metabolic control during the preceding 3-month period. Tracer compounds-small amounts of agents with long half-lives such as Phenobarbital-have been added to drugs in some studies and measured in biological fluids as pharmacological indicators of compliance.

Improving compliance: Pharmacists have a particularly valuable opportunity to encourage compliance since their advice accompanies the actual dispensing of the medication, and they usually are the last health professional to see the patient prior to the time the medication is to be used.

Identification of risk factors: These factors should be considered in planning the patient's therapy so that the simplest regimen that is, to the extent possible, compatible with the patient's normal activities can be developed.

Development of treatment plan: The more complex the treatment regimen, the greater is the risk of noncompliance, and this must be recognized in the development of the treatment plan. The use of longer-acting drugs in a therapeutic class, or dosage forms that are administered less frequently, also may simplify the regimen. The treatment plan should be individualized on the basis of the patient's needs, and when possible, the patient should be a participant in decisions regarding the therapeutic regimen.

Patient education: One of the findings of the report of the Office of the Inspector General is "education is the best way to improve compliance". Complex terms and unnecessary jargon that can interfere with patient understanding should be avoided. Patients should be asked to repeat the instructions for administering their medications to show that they understand them, and they also should be encouraged to ask questions.

Oral communication/counseling: Oral communication is the most important component of patient education because it directly involves both the patient and the pharmacist in a two-way exchange and provides the opportunity for the patient to raise questions. For such communication to be most effective it should be conducted in a setting that provides privacy and is free of distractions.

Written communication: It is also desirable and sometimes required to provide supplementary written instructions or other information pertaining to the patient's illness or drug therapy, and many pharmacists provide patients with medication instruction cards or inserts. Information that pertains to the specific medication/formulation being dispensed is preferred to information that applies to a therapeutic class of agents or a general statement that applies to all dosage forms of a particular medication. The provision of supplementary written information appears to be most effective in improving compliance with short-term therapeutic regimens (e.g., antibiotic therapy). For drugs used on a long-term basis, written information as a sole intervention has not been shown to be sufficient for improving patient compliance.

Audio-visual materials: The use of audio-visual aids may be particularly valuable in certain situations because patients may be better able to visualize the nature of the illness or how their medication acts or is to be administered (e.g., the administration of insulin, the use of a metered-dose inhaler). An increasing number of health-care professionals have used such aids effectively by making them available for viewing in a patient waiting

area or consultation room and then answering questions the patient may have.

Controlled therapy: It has been proposed that hospitalized patients be given the responsibility for self-medication prior to discharge. Usually, patients go from a complete dependence on others for the administration of their medication while hospitalized to a situation in which they are given the full responsibility when discharged, often with the assumption that they know about their drugs because they were taking them in the hospital. The suggested arrangement would permit patients to start using the medications on their own before discharge, so that health-care professionals can more directly identify problems or situations that might undermine compliance, and answer patient questions.

Patient motivation: Information must be provided to patients in a manner that is not coercive, threatening, or demeaning. The best intentioned, most comprehensive educational efforts will not be effective if the patient cannot be motivated to comply with the instructions for taking the medication. The physician-patient interaction has been characterized as a *negotiation*. This concept may be extended further by the development of contracts between patients and health-care providers in which the agreed-upon treatment goals and responsibilities are outlined.

Monitoring therapy

- a. Self-Monitoring: Patients should be apprised of the importance of monitoring their own treatment regimen and, in some situations, the response parameters.
- b. Pharmacist Monitoring: The pharmacist's role in minimizing noncompliance does not end when the prescription is dispensed. Pharmacist follow-up with telephoned or mailed refill reminders has been found to increase compliance. One approach in which both health professionals and patients have collaborated effectively in reviewing/monitoring the use of medication has been the *brown bag* program. The Administration on Aging and National Council on Patient Information and Education (NCPPIE) have encouraged older consumers to put all their medicines in a bag and take them to their health professional for a personalized medicine review [6].
- c. Directly Observed Treatment (DOT): Even when many of the steps described earlier have been taken, noncompliance may still result. Many of the recommendations for improving patient compliance are included in a comprehensive set, Recommendations for Action to Advance Prescription Medicine Compliance that has been developed by NCPPIE. Bottom line is "no single strategy or programmatic focus

showed any clear advantage compared with another. Comprehensive interventions combining cognitive, behavioral, and affective components were more effective than single-focus interventions.”

Benefits of patient compliance through PRM

The improvement of compliance will result in a situation in which all parties benefit. Most importantly patients benefit from the enhancement of the efficacy and safety of their drug therapy. Pharmacists benefit because there is an increased recognition and respect for the value of the advice and service that they provide. Pharmaceutical manufacturers benefit from the favorable recognition that accompanies the effective and safe use of their drugs as well as from the increased sales resulting from the larger number of prescriptions being dispensed [7]. Finally, society and the health care system benefit as a result of fewer problems associated with noncompliance. Although an increase in compliance will result in more prescriptions being dispensed and a higher level of expenditures for prescription medications, this increase in costs will be more than offset by a reduction in costs (e. g. physician visits, and hospitalizations) attributable to problems due to noncompliance.

Conclusion

PRM provides a healthcare organization with a one-to-one communication solution that improves care delivery, lowers costs, and increases loyalty among the key stakeholders most necessary to organizational success. Perficient provides industry-specific service offerings tailored specifically to address healthcare business challenges and opportunities Relationship management in healthcare industry is vitally important both for healthcare providers and patients, therefore, managing customer relationship is a key factor for healthcare providers to sustain their business in a competitive environment. Health Plans can reduce costs through more targeted member outreach. Communicate with HCE members to increase preventative care, encourage healthy lifestyles, and decrease the use of out-of-network providers. Deliver one-to-one customized communications that cater to a member's unique

healthcare needs and increase their loyalty to HCE.

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