

QUALITY OF OUTPATIENT SERVICES

KRAKOW GMINA

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Introduction

This report presents the results of a survey of the quality of outpatient care delivered in the przychodnias of the Krakow gmina. The survey was conducted as part of the Harvard-Jagiellonian Consortium for Health project. The survey was conducted in December of 1997, January and February of 1998. The survey methodology is summarized on page 3.

This report includes information about 3 dimensions of quality:

- **Access:** The ease with which health care can be reached by patients in the face of financial, organizational, cultural, and emotional barriers
- **Satisfaction:** The degree to which health care satisfies patients
- **Clinical Quality:** Whether a health-care provider delivers medical services that are appropriate for each patient's condition, provides them safely, competently, in an appropriate time frame, and achieves desired outcomes in terms of those aspects of patient health and patient satisfaction that can be affected by medical services.

Each section contains several graphs displaying the indicators. The graphs are numbered sequentially within a section. Beneath the graph is a table with the data from the graph. At the bottom of the page is text describing the importance of each indicator. Each graph includes an "achievable benchmark" for each indicator. It is achievable because it is calculated from the performance of the best of the Krakow przychodnias who were surveyed. The benchmark is computed by first rank ordering the rates on each indicator at each przychodnia. Next, the rates of the top 15% of przychodnias were averaged to create the benchmark. For this report, the benchmark group consisted of 3 przychodnias.

The final section of this report presents data about the demographics and casemix in the surveyed przychodnias.

An appendix includes additional detailed information for managers explaining some of the indicators.

Summary of Survey Methods

Number of Respondents:	481 patients from ZOZ Krowdrza 623 from ZOZ Podgorze 446 from ZOZ Nowa Huta 298 from ZOZ Srodmiescie
Methods:	Surveys were distributed at the przychodnias between 8:00 and 17:00 on the day of the survey. Patients were approached after they had registered, the purpose of the study explained and asked if they would to complete a survey. They were asked to complete the first part before they saw the doctor and to complete the second part after the doctor visit. Completed surveys were collected in a box. Some patients took the questionnaires home and mailed the responses back to the DDM office. Just over 10% of the completed surveys were mailed back to the DDM office.
Survey content:	<p>The survey contained questions about the 3 major dimensions of quality: access, satisfaction and clinical quality. Questions were derived from standard, well-tested formats such as the Picker Institute outpatient questionnaire, the CAHPs (Consumer Assessment of Health Plans) questionnaire, the NCQA (National Committee on Quality Assurance) member satisfaction survey.</p> <p>The survey included questions where the patient was asked to report facts about what happened during the visit, such as “how long did you wait to see the doctor” or facts about themselves such as date of birth or gender, and questions where the patient was asked rate or evaluate something such as the skill of the receptionist or the doctor’s politeness. These two types of questions are known as reports and ratings.</p>
Types of indicators	<p>The report contains 4 different types of indicators.</p> <p>Rate-based: The first indicator type shows the percentage of patients who met a criterion, such as percent of patients having successful telephone registration, or waiting less than 30 minutes to see the doctor.</p> <p>Ratings: The second indicator type is a rating or evaluation, such as a overall satisfaction. These indicators are scaled 0 to 100 with 100 being “best performance or highest satisfaction” and 0 being “worst performance or lowest satisfaction”.</p> <p>Waiting time: The third indicator type is the waiting time. This indicator displays all the data, from the maximum to the minimum value.</p> <p>Composite scale: The fourth indicator type is a composite scale, constructed from several questions. For example, the communication indicator is created by scoring and summing the answers to 3 questions. These indicators are scaled 0 to 100 with 100 being “best performance” and 0 being “worst performance”.</p> <p>The indicators in this report are constructed by first calculating the indicator results for the individual przychodnias and then averaging the results across all 19 surveyed przychodnias.</p>

Report format:

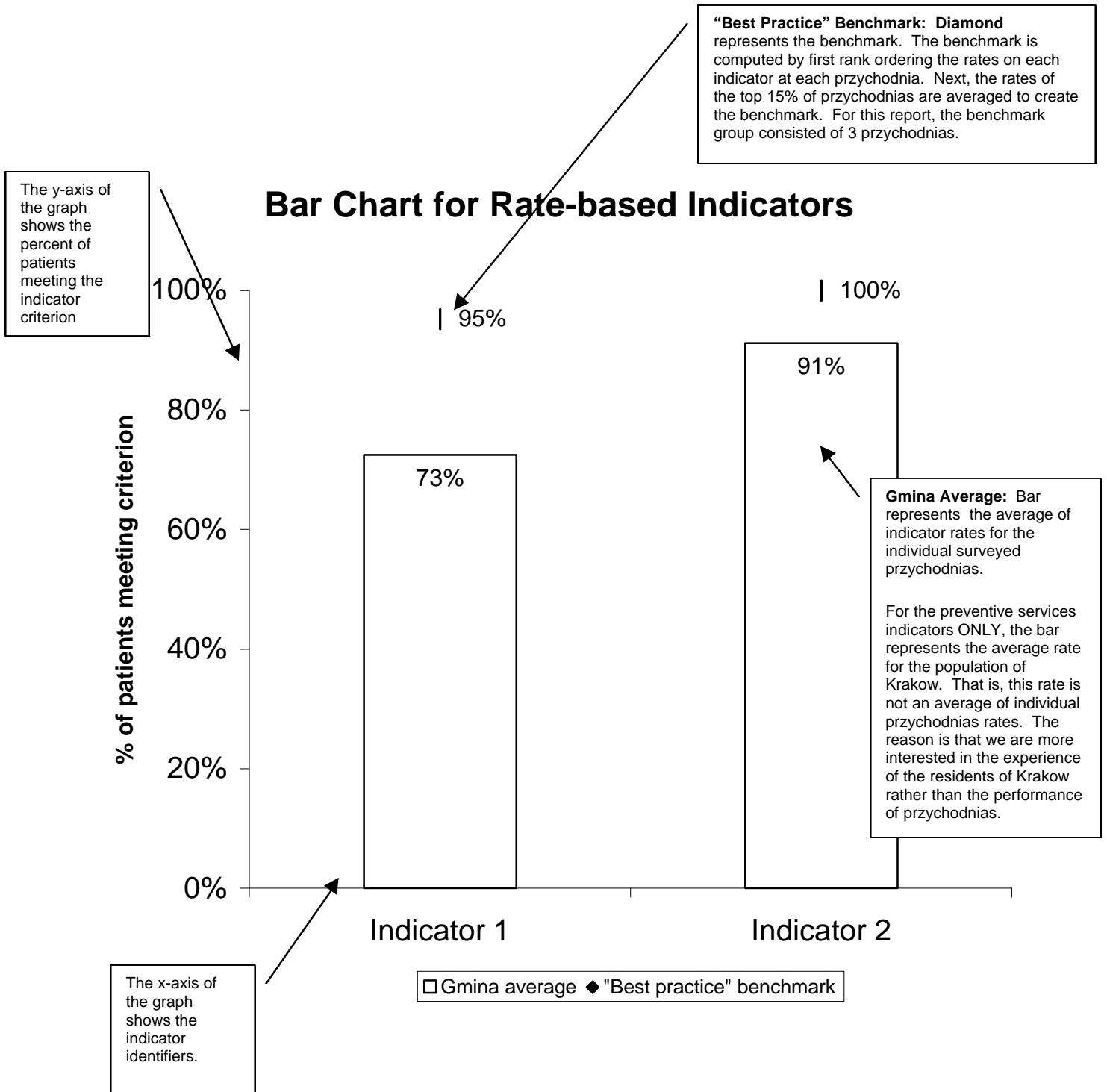
Page layout: Each page in this report displays a graph of a group of indicators. The graphs are numbered sequentially within a section. Beneath the graph is a table with the data from the graph. The table shows the number of przychodnias included in the graph, the average number of patients per przychodnia for the indicator, the indicator value, and the “Best Practice” benchmark. At the bottom of the page is text describing the importance of each indicator.

Appendix: The appendix to the report presents additional data for managers about some of the indicators.

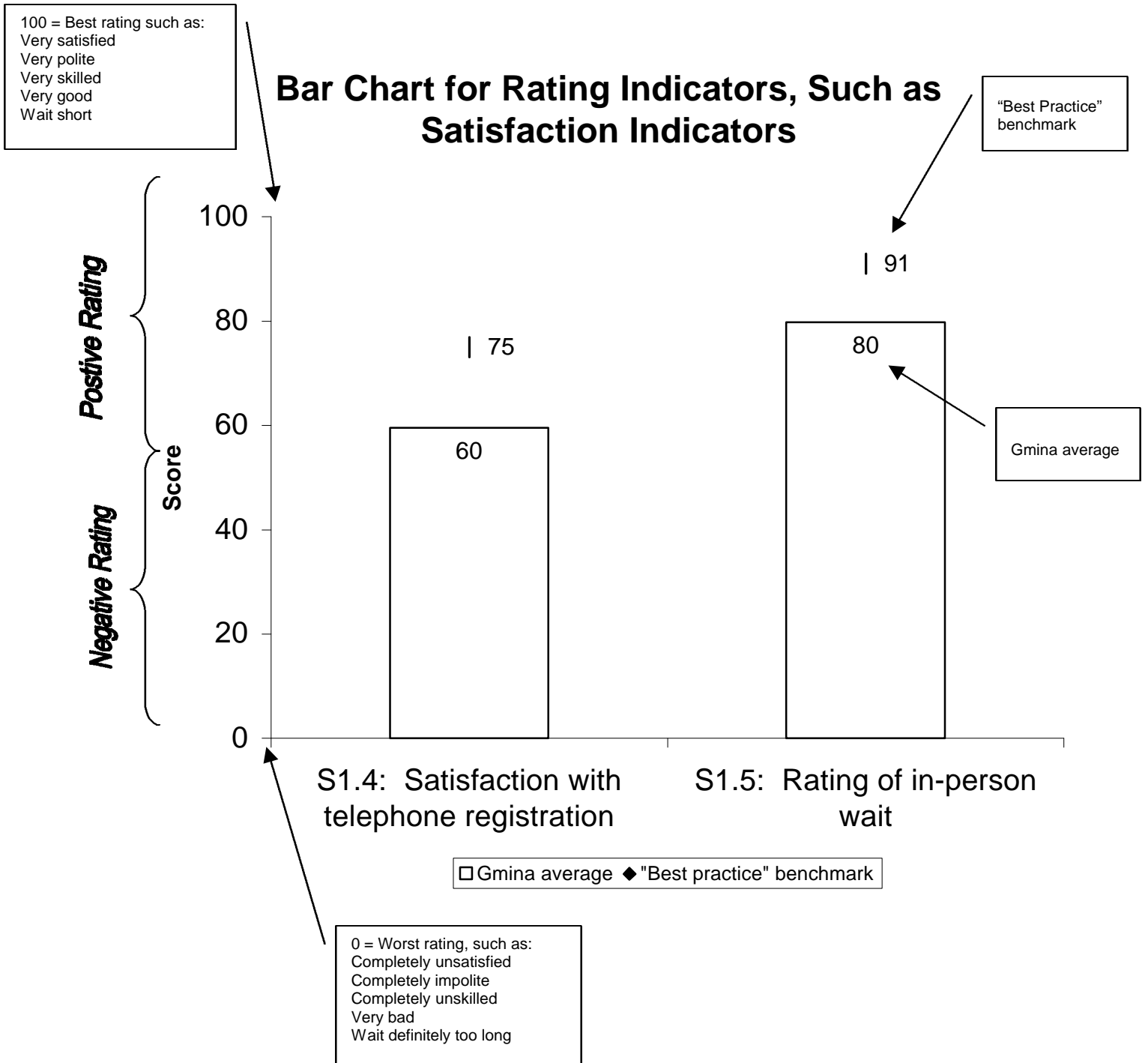
Comparative data:

Benchmark: Each graph shows an achievable “Best Practices” benchmark. The benchmark is considered achievable because it is calculated from the performance of the best of the Krakow przychodnias. The benchmark is computed by first rank ordering the rates on each indicator at each przychodnia. Next, the rates of the top 15% of przychodnias were averaged to create the benchmark. For this report, the benchmark group consisted of 3 przychodnias..

Reading the Graphs



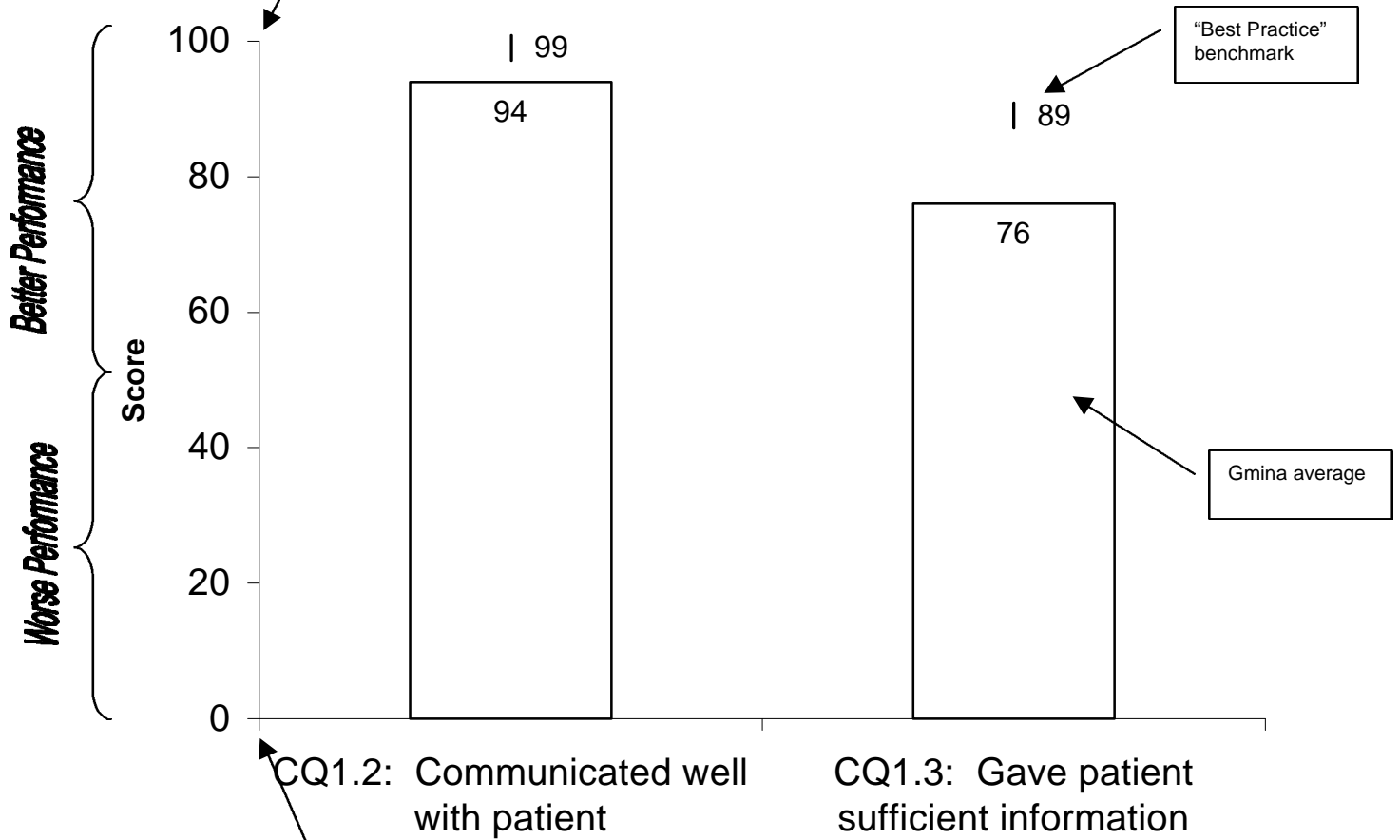
Reading the Graphs (continued)



Reading the Graphs (continued)

100 = Best performance such as:
Most respect
Best communication
Completely sufficient information

Bar Chart for Composite Indicators,
Such as "Patient reports doctor communicates well with patient"



"Best Practice"
benchmark

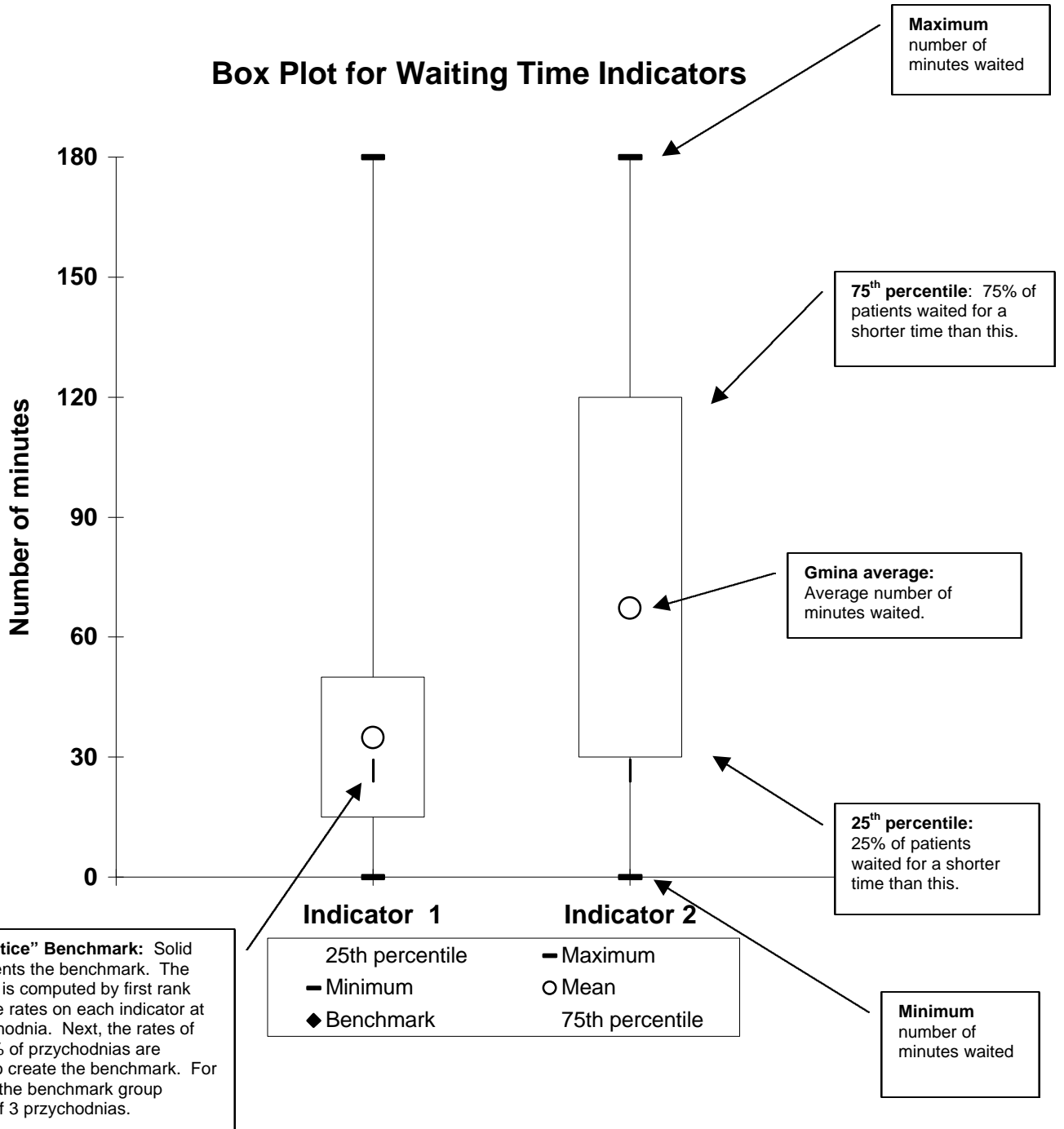
Gmina average

□ Gmina average ◆ Best Practice benchmark

0 = Worst performance such as:
Completely disrespectful
Poor communication
No information

Reading the Graphs (continued)

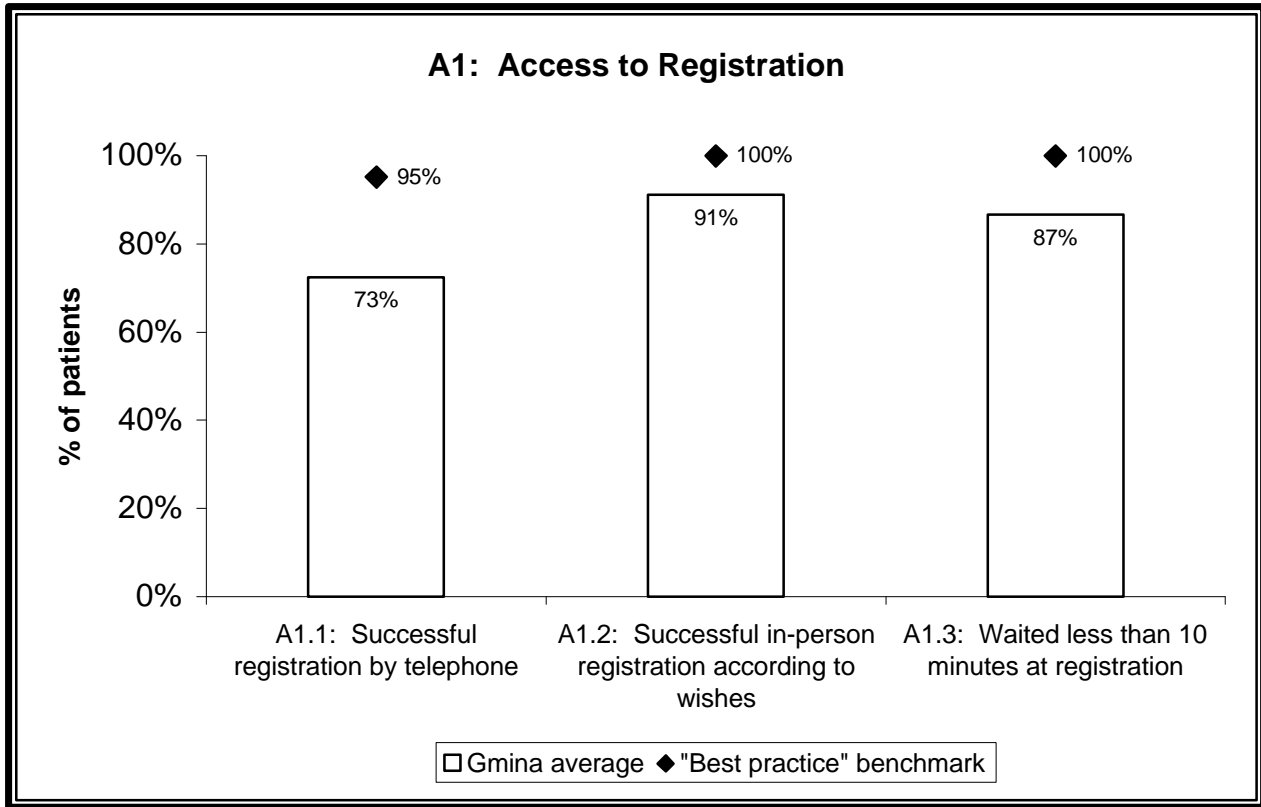
Box Plot for Waiting Time Indicators



Access

Access

Access



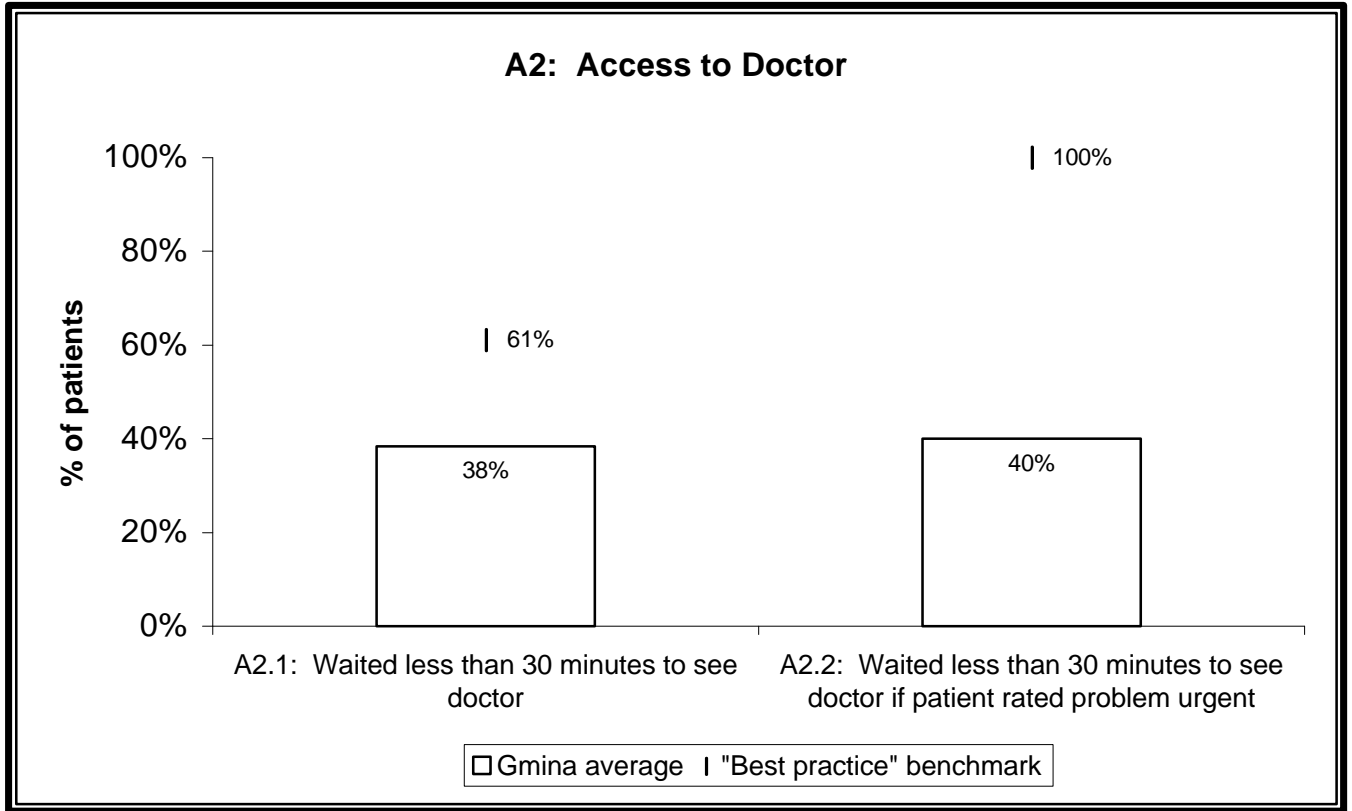
	# of przy.	Average # of respondents per przychodnia	Gmina average	Benchmark
A1.1: Successful registration by telephone	19	48	73%	95%
A1.2: Successful in-person registration according to wishes	19	36	91%	100%
A1.3: Waited less than 10 minutes at registration	19	29	87%	100%

Indicator A1.1 measures the rate of successful telephone registration among all patients who tried telephone registration. Many patients value telephone access highly (93% of surveyed patients said telephone registration is very important).

Indicator A1.2 shows how often patients were able to register for the day and time of day of their choice. Barriers faced by patients who were not able to register according to their wishes included a limited number of appointments, their doctor was absent, or the registration desk was closed.

Indicator A1.3 is a measure of efficiency of the registration process. The shorter the waiting time, the more efficient registration is at serving the patients.

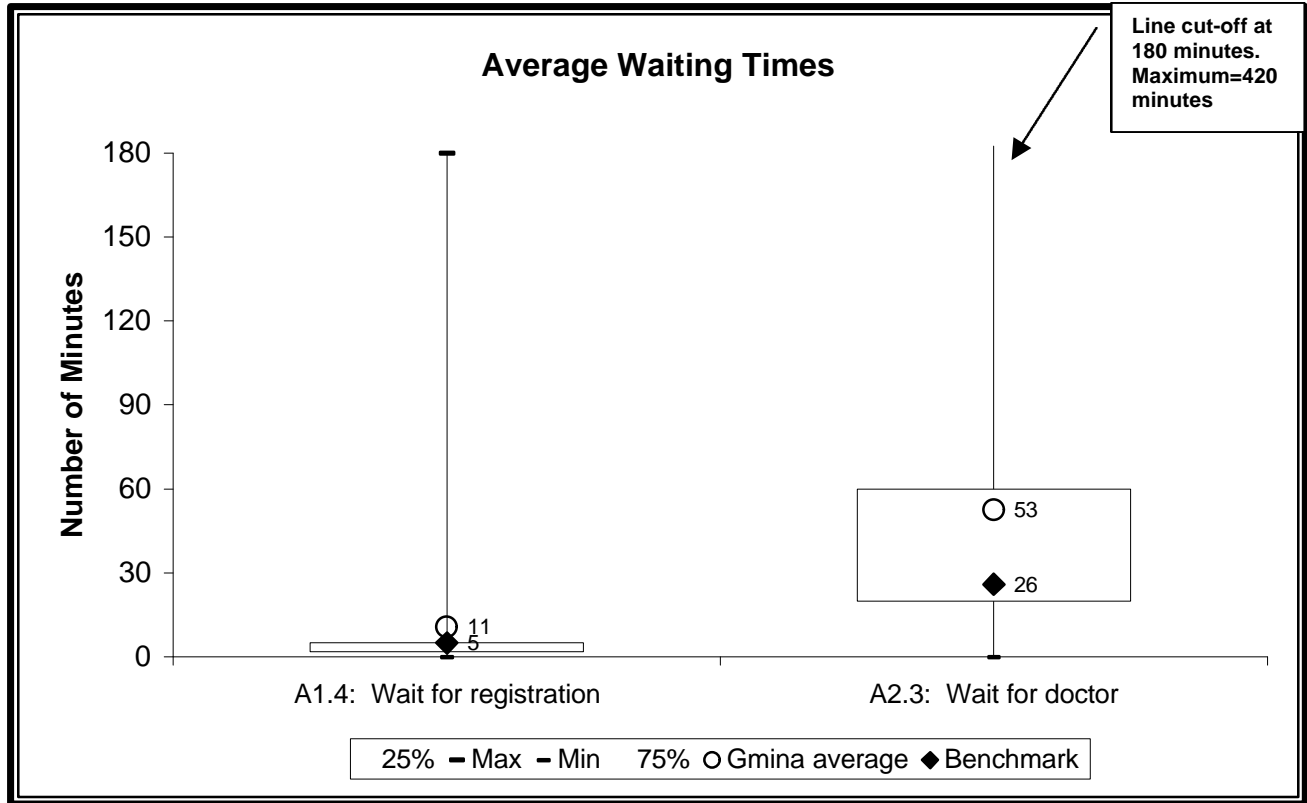
Access



	# of przy.	Average # of respondents per przychodnia	Gmina average	Benchmark
A2.1: Waited less than 30 minutes to see doctor	19	81	38.4%	61.2%
A2.2: Waited less than 30 minutes to see doctor if patient rated problem as urgent	19	4	40.2%	100%

Patient waiting times are correlated with patient satisfaction. The longer the patient waits to see the doctor, the less likely the patient is to be satisfied with either the visit or with the overall service of the przychodnia.

Access

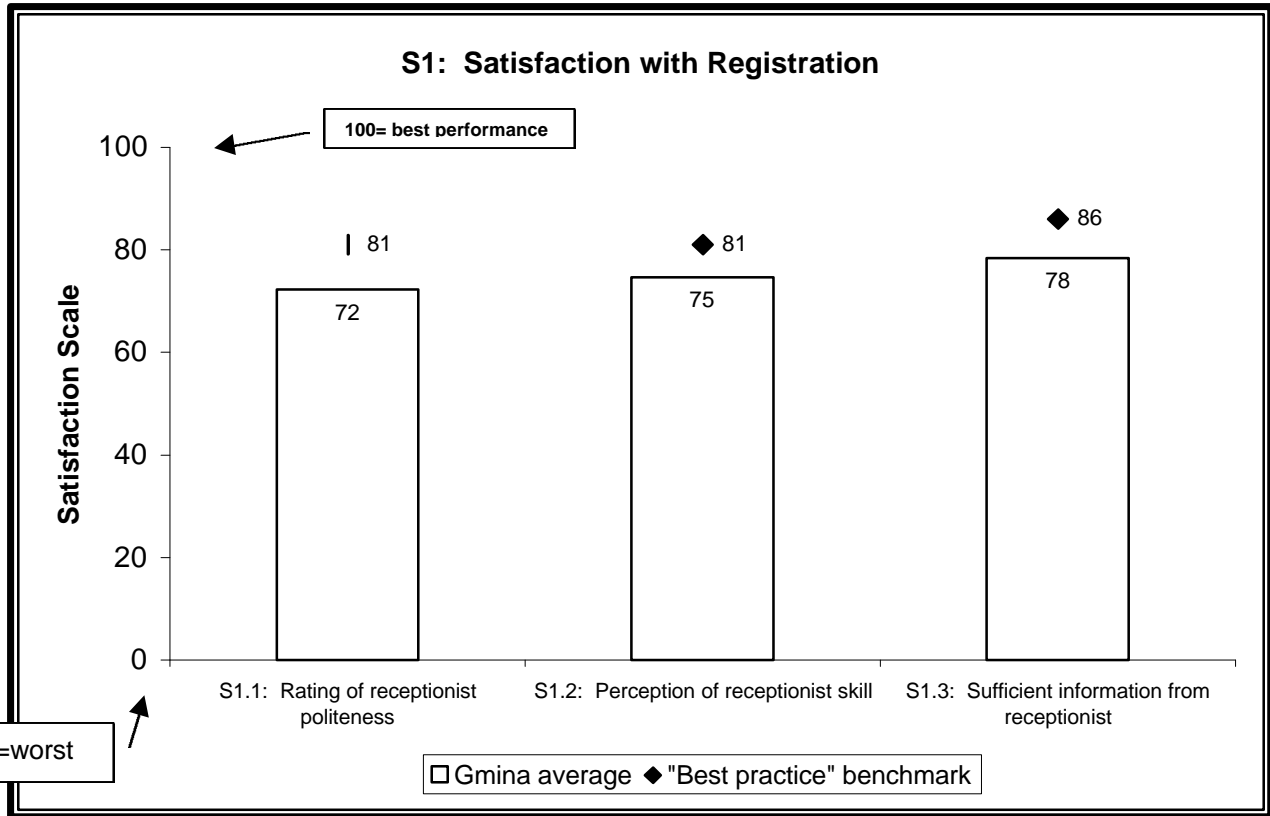


	# of respondents	Min-Max	25% - 75%	Gmina average	Benchmark
A1.4: Average waiting time for registration	981	0 – 180 minutes	2 – 10 minutes	11 minutes	5 minutes
A2.3: Average waiting time for doctor on day of appointment	1537	0 – 420 minutes	20 – 60 minutes	53 minutes	26 minutes

Patient waiting times are correlated with patient satisfaction. The longer the patient waits to see the doctor, the less likely the patient is to be satisfied with either the visit or with the overall service of the psychodnia.

This chart shows the distribution of patient responses as box plots. The average number of minutes spent waiting is shown as a line in the middle of box. The lower end of the box is the 25th percentile, that is 25% of patients had shorter waiting times than shown by the line. The upper end of the box is the 75th percentile, that is 75% of patients had waiting times shorter than indicated by the line. The “whiskers” at each end of the box lead to the minimum and maximum waiting times.

Satisfaction

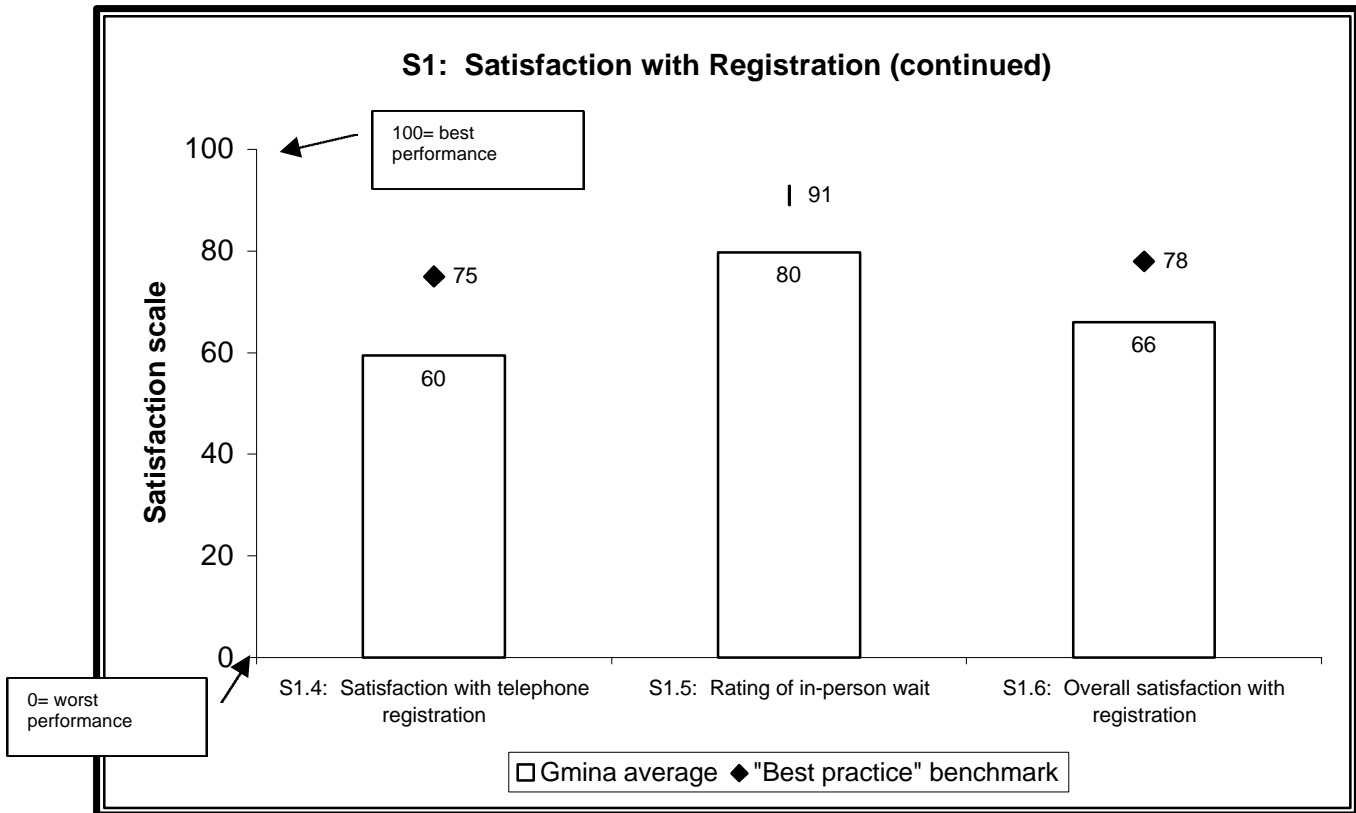


	# of przy.	Average # of respondents per przychodnia	Gmina average	Benchmark	% of patients giving highest rating
S1.2: Rating of receptionist politeness	19	91	72.7	81	33.3%
S1.2: Perception of receptionist skill	19	90	74.6	86	35.1%
S1.3: Received sufficient information from receptionist	19	91	78.4	81	53.8%

Indicator S1.1: Registration is often the patient's first encounter with the przychodnia. The attitude and manner of registration personnel affect the patient's experience with registration. Data from this survey show that politeness of the receptionist is strongly correlated with overall satisfaction with registration.

Indicator S1.2: The perceived skill of the receptionist is also strongly correlated with satisfaction with registration. Comparatively low rates on this indicator may suggest an opportunity for staff training.

Indicator S1.3: As with perceived politeness and skill, the sufficiency of information received from the receptionist is strongly correlated with overall satisfaction with registration. Inaccurate or incomplete information from the receptionist could delay the patient receiving important diagnostic tests or treatments. Low rates on this indicator may suggest the need to review the methods and procedures for transmitting information to patients.

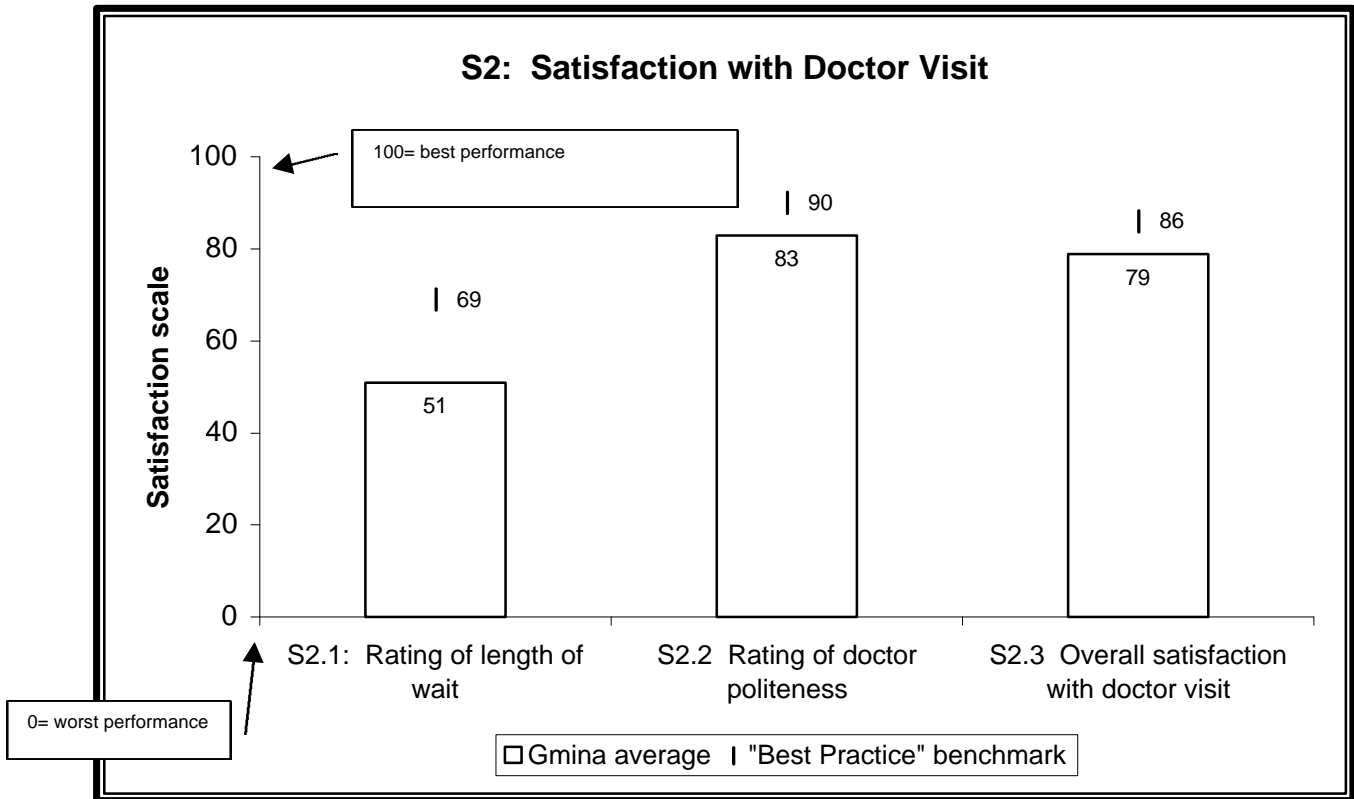


	# of przy.	Average # of respondents per przychodnia	Gmina average	Benchmark	% of patients giving highest rating
S1.4: Satisfaction with telephone registration	19	52	59.5	75.4	30.1%
S1.5: Rating of in-person wait	19	66	79.8	91.0	81.3%
S1.6: Overall satisfaction with registration	19	84	66.3	78.1	26.8%

Indicator S1.4: Many patients value telephone access highly (93% of respondents said telephone registration is very important). Yet patients are not always able to complete registration by telephone. Overall in Krakow, 27% of the patients who tried to register by telephone were unable to and had to register in-person. Satisfaction with telephone registration was strongly correlated with overall satisfaction with the przychodnia.

Indicator S1.5: Patients vary in their perceptions of time. A five minute wait for one patient may be “short” while a five minute wait for another patient may be “definitely too long”. High levels of dissatisfaction with waiting times may indicate that registration is operating inefficiently.

Indicator S1.6: Satisfaction with registration is correlated with overall satisfaction with the przychodnia.

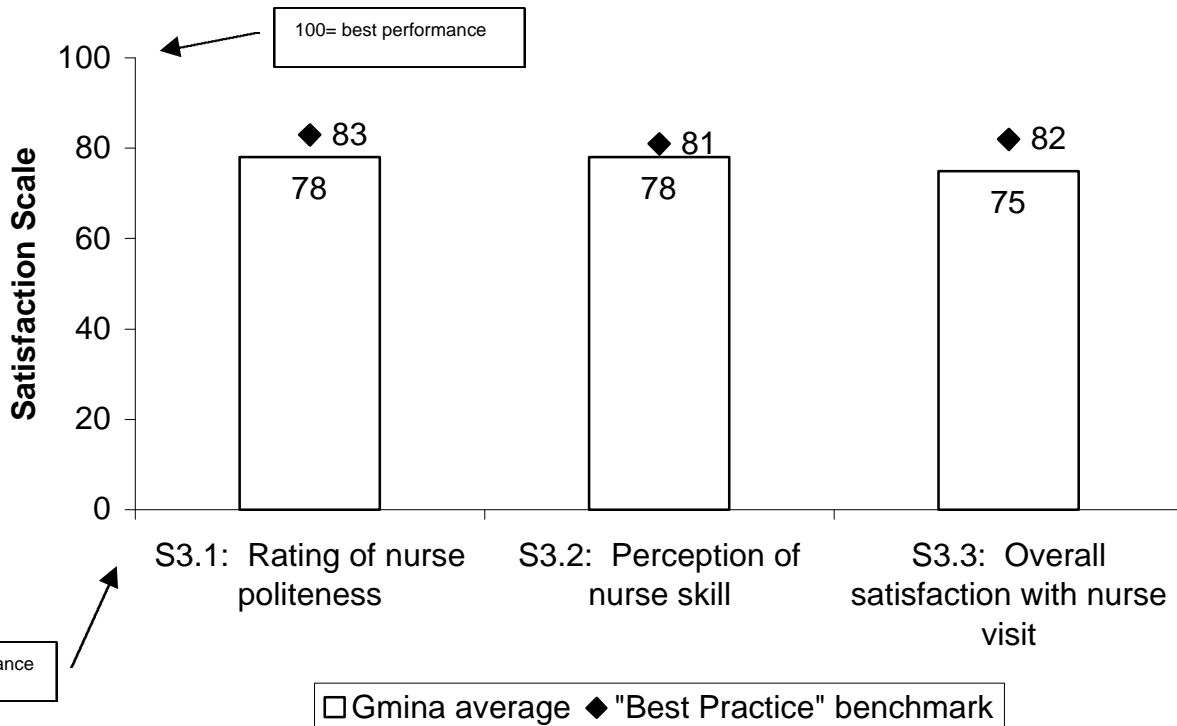


	# of przy.	Average # of respondents per przychodnia	Gmina average	Benchmark	% of patients giving highest rating
S2.1: Rating of length of wait	19	86	51.1	69.4	35.1%
S2.2: Rating of doctor politeness	19	50	83.3	89.7	58.9%
S2.3: Overall satisfaction with doctor visit	19	82	78.8	85.9	45.9%

Indicator S2.1: Patients vary in their perceptions of time. A one hour wait for one patient may be “short” while a one hour wait for another patient may be “definitely too long”. High levels of dissatisfaction with waiting times may suggest that patients value their own time and would prefer to spend their time on other activities rather than on waiting.

Indicators S2.2 and S2.3: In general, patients tend to be very satisfied with their own doctor and their own experience with the health care system. Low rates (less than 50) should signal the need for improvement.

S3: Satisfaction with Nurse Contact

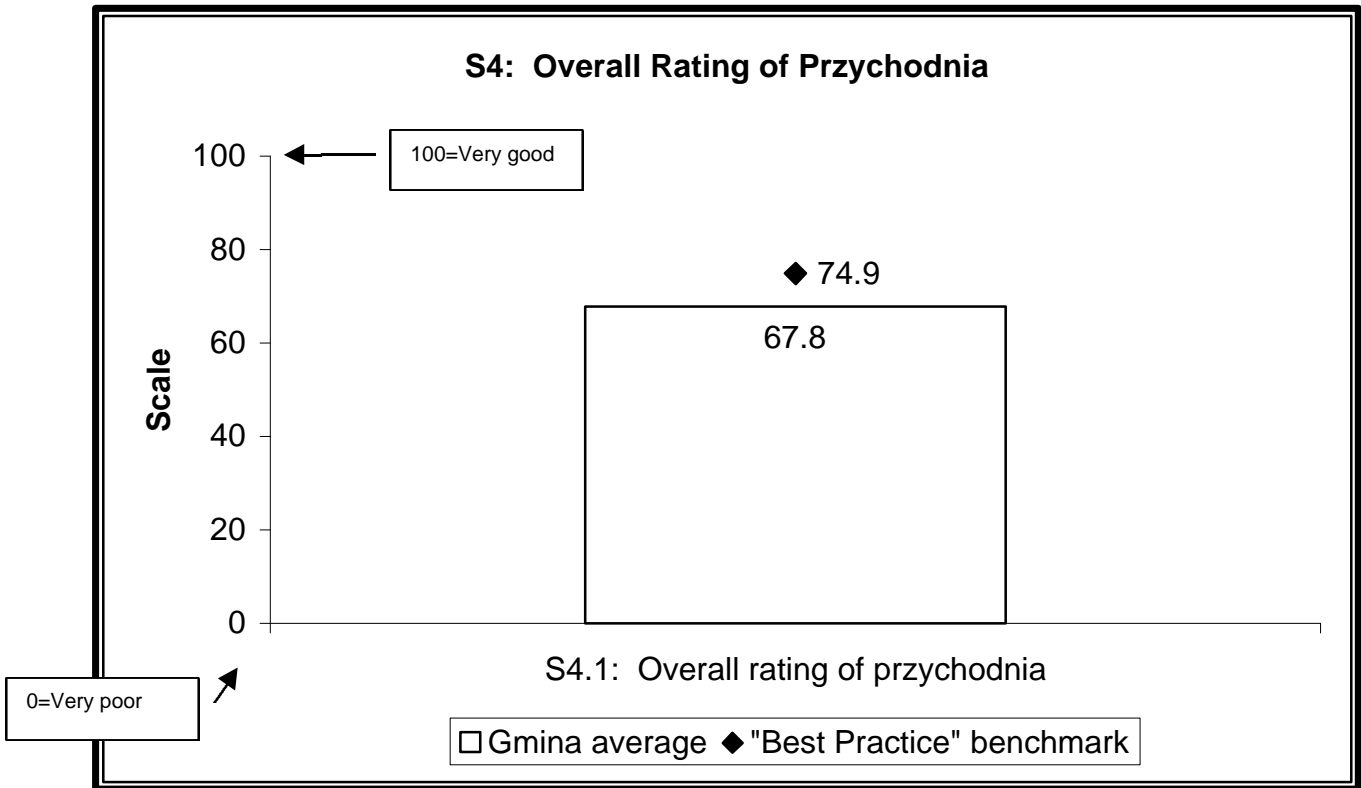


	# of przy.	Average # of respondents per przychodnia	Gmina average	Benchmark	% of patients giving highest rating
S3.1: Rating of nurse politeness	19	50	77.8	83.1	42.7%
S3.2: Perception of nurse skill	19	47	78.3	80.6	41.4%
S3.3: Overall satisfaction with nurse contact	19	57	75.2	81.7	35.6%

Indicator S3.1: As with the doctor visit, patients tend to be very satisfied with the care they receive from a nurse. Low rates should signal the need for further review.

Indicator S3.2: As with the doctor visit, patients tend to be very satisfied with the care they receive from a nurse. Low rates should signal the need for further review.

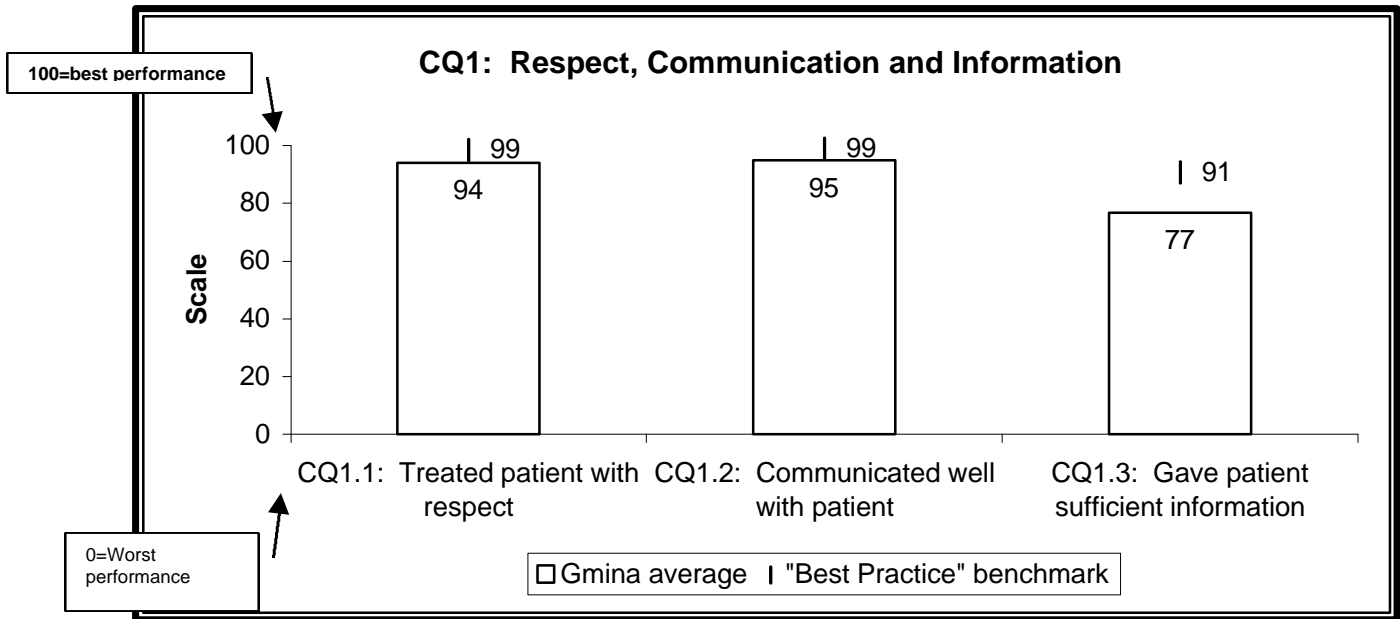
Indicator S3.3: As with the doctor visit, patients tend to be very satisfied with the care they receive from a nurse. Low rates should signal the need for further review.



	# of przy.	Average # of respondents per przychodnia	Gmina average	Benchmark	% of patients rating przychodnia as "very good"
S4.1: Overall rating of przychodnia	19	85	67.8	74.9	18.9%

Indicator S4.1: This indicator is based on the survey item asking the patient to evaluate the overall services provided at the przychodnia. The response options ranged from very good to very poor.

Clinical Quality

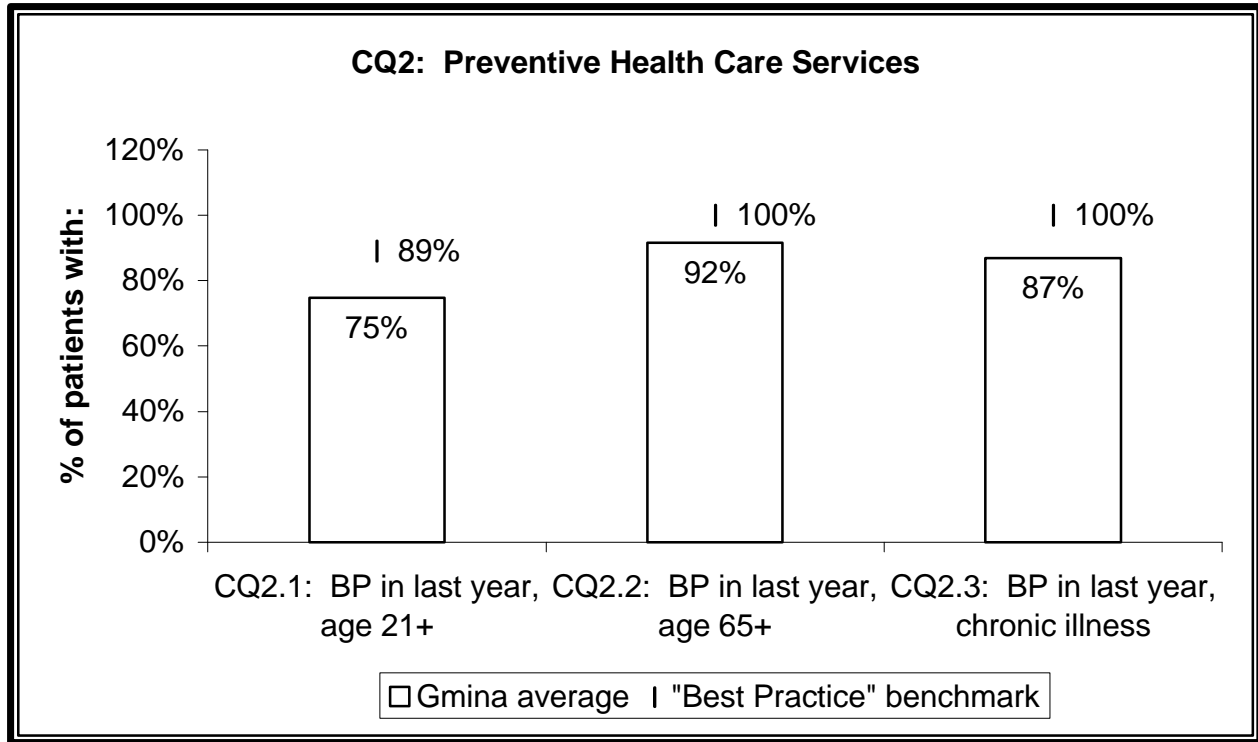


	Number of Przychodnias	Average # of respondents per przychodnia	Gmina average	"Best Practice" benchmark
CQ1.1: Doctor treated patient with respect	19	80	94.1	98.5
CQ1.2: Doctor communicated well with patient	19	86	94.9	99.1
CQ1.3: Doctor gave patient sufficient information	19	74	76.8	90.7

Indicator CQ1.1: The respect and compassion shown by the doctor during a patient contact are technical skills. Doctors who have respect for a patient's preferences, treat patients respectfully and with dignity are acknowledging that the patient's experience is an important part of successful and technically competent health care delivery. Patients who feel their doctor treats them with respect may be more compliant with treatment recommendations. This indicator is constructed from three survey items: "The doctor was gentle during the examination," "The doctor protected my privacy", and "The doctor examined me carefully." In some health care settings, the patient exchanges privacy for the privilege of seeing the doctor. Well run przychodnias, on the other hand, are able to delivery efficient and effective care while safeguarding the privacy of the patient. Busy doctors may feel pressured to spend less time with each patient and to hurry through an examination. This indicator captures, in part, the patients perception of a doctor's thoroughness.

Indicator CQ1.2: Good communication is a technical skill. Doctors who listen well are better able to appropriately treat the patient. The language of medicine is often confusing for patients. The doctor needs to make sure that s/he communicates with the patient in a manner the patient can understand so that the patient can follow treatment advice. This indicator is constructed from three survey items: "I had a chance to tell of my suffering/complaint," "The doctor spoke in clear ways that I could understand," and "The doctor listened to what I said."

Indicator CQ1.3: The third indicator evaluates the sufficiency of the information received by the patient, from the patient's perspective. Patients need information to adequately comply with treatment recommendations. For example, the patient must understand how, when and why to take medication in order to derive full benefit from drug therapy. This is indicator is constructed from five survey items: information about the current complain, further treatment, medication, test results, future tests required.

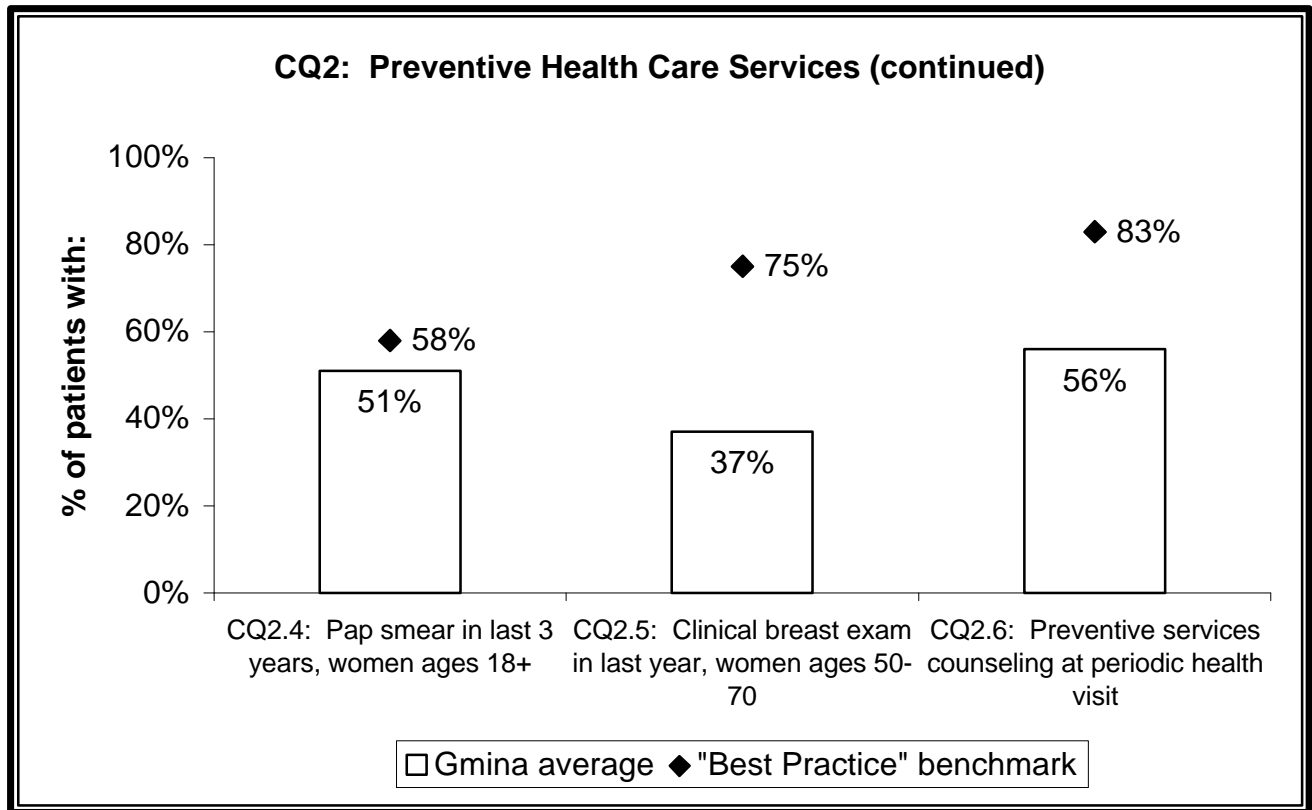


	Number of przy	# of respondents	Gmina average	"Best Practice" benchmark
CQ2.1: Patients over the age of 21 with a blood pressure measurement in last year	19	1345	74.8%	88.6%
CQ2.2: Patients over the age of 65 with a blood pressure measurement in last year	19	146	91.7%	100.0%
CQ2.3: Patients with self-reported heart disease, hypertension or diabetes with a blood pressure measurement in last year	19	610	87.0%	100.0%

Indicator CQ2.1: Hypertension is an important risk factor for coronary artery disease, stroke, renal disease, retinopathy and congestive heart failure. In addition, there is a direct clinical link between the level of hypertension and the benefits of lowering blood pressure. A careful and thorough review of the literature by the US Preventive Services Task Force (USPSTF) and the Canadian Task Force on the Periodic Health Examination form the basis for the clinical quality indicators related to blood pressure (USPSTF. Guide to Clinical Preventive Services. Baltimore, MD: Williams and Wilkins, 1996. Canadian Task Force on the Periodic Health Examination. Canadian guide to clinical preventive health care. Ottawa: Canada Communication Group, 1994). The USPSTF recommends periodic screening for all patients over the age of 21 (p. 46). This is an "A" level recommendation, that is, there is good evidence to support the recommendation (USPSTF, p 861).

Indicator CQ2.2: As patients age, their risk for hypertension increases. In particular, isolated systolic hypertension is a concern for elderly patients. Periodic screening is recommended for all patients over 65.

Indicator CQ2.3: Patients with diabetes are at increased risk of developing hypertension. The American Diabetes Association recommends that all patients with diabetes receive a blood pressure screening yearly. Patients with diagnosed hypertension need to have their blood pressure monitored frequently, even if their hypertension is well controlled with drugs and/or diet. The Joint National Committee V recommends follow-up visits every 6 months for patients on medication for hypertension. Patients with heart disease who also have hypertension are at increased risk of cardiac events. Designation of chronic disease status is based on a yes answer to the question "Has a doctor ever told you that you have heart disease, hypertension or diabetes?"



	# of przy	# of respondents	Gmina average	"Best Practice" benchmark
CQ2.4: Pap smear in the last 3 years for women over age 18	19	1121	50.8%	58.1%
CQ2.5: Clinical breast exam by a doctor in last year for women ages 50 to 70	19	244	36.9%	74.8%
CQ2.6: Preventive health care counseling at routine periodic visit	19	264	55.7%	82.7%

Indicator CQ2.4: The US Preventive Services Task Force recommends regular Pap tests for all women who have been or are sexually active. ("A" recommendation). The recommended interval for screening is every 3 years ("B" recommendation – evidence not as compelling as "A" recommendation). (see page 112)

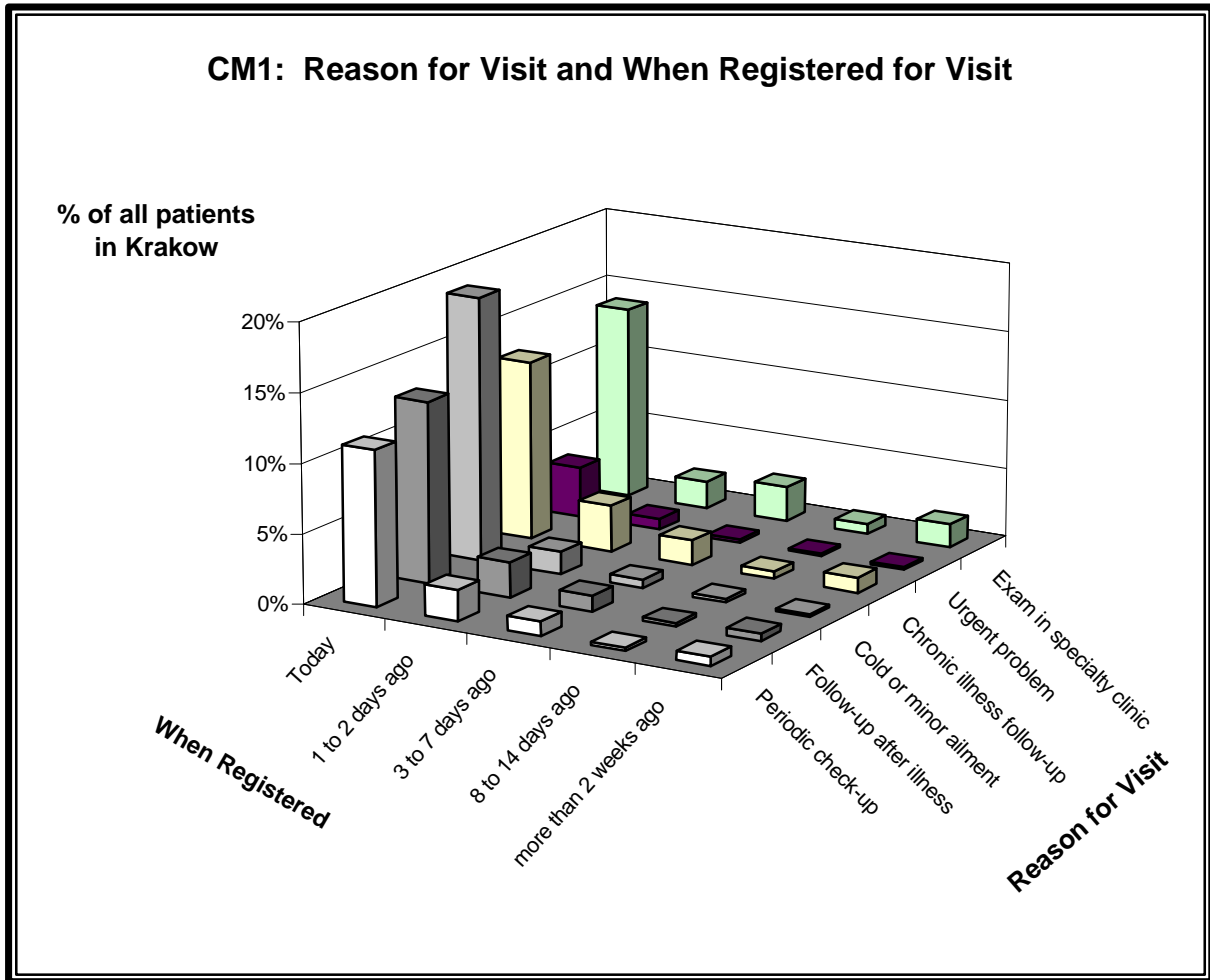
Indicator CQ2.5: Routine screening for breast cancer is recommended every 1 to 2 years for women aged 50 to 70 ("A" recommendation). The ideal screening regimen includes both mammography and clinical breast exam. This indicator asks only about a clinical breast exam performed by a doctor. Mammography is not included in the indicator.

Indicator CQ2.6: The USPSTF notes that the effectiveness of clinician counseling is well documented (p. ixv). They recommend that patient education and counseling be part of the routine health exam (p. ixvii)

Casemix and Demographic Data

Casemix and Demographic Data

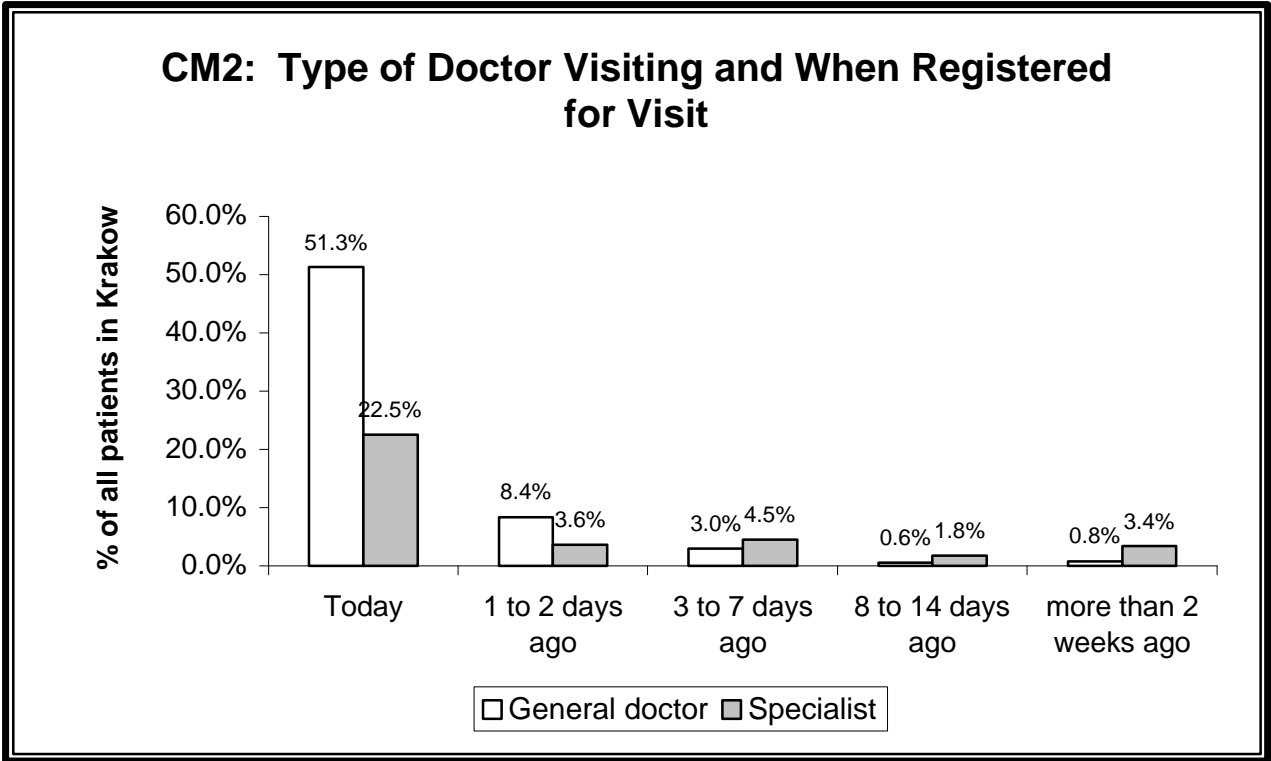
Casemix and Demographic Data



Reason for Visit	Today	1 to 2 days ago	3 to 7 days ago	8 to 14 days ago	more than 2 weeks ago
Routine periodic checkup	11.2%	2.2%	1.0%	0.2%	0.7%
Follow-up after recent illness	13.0%	2.5%	1.1%	0.2%	0.5%
Cold or minor illness	19.0%	1.6%	0.6%	0.2%	0.2%
Chronic illness follow-up	12.9%	3.4%	1.8%	0.5%	1.1%
Urgent problem or serious trauma	3.7%	0.8%	0.2%	0.2%	0.2%
Exam with specialist	13.9%	2.0%	2.5%	0.7%	1.7%

This chart shows the reason for today's visit to the przychodnia and when the patient registered for the visit.

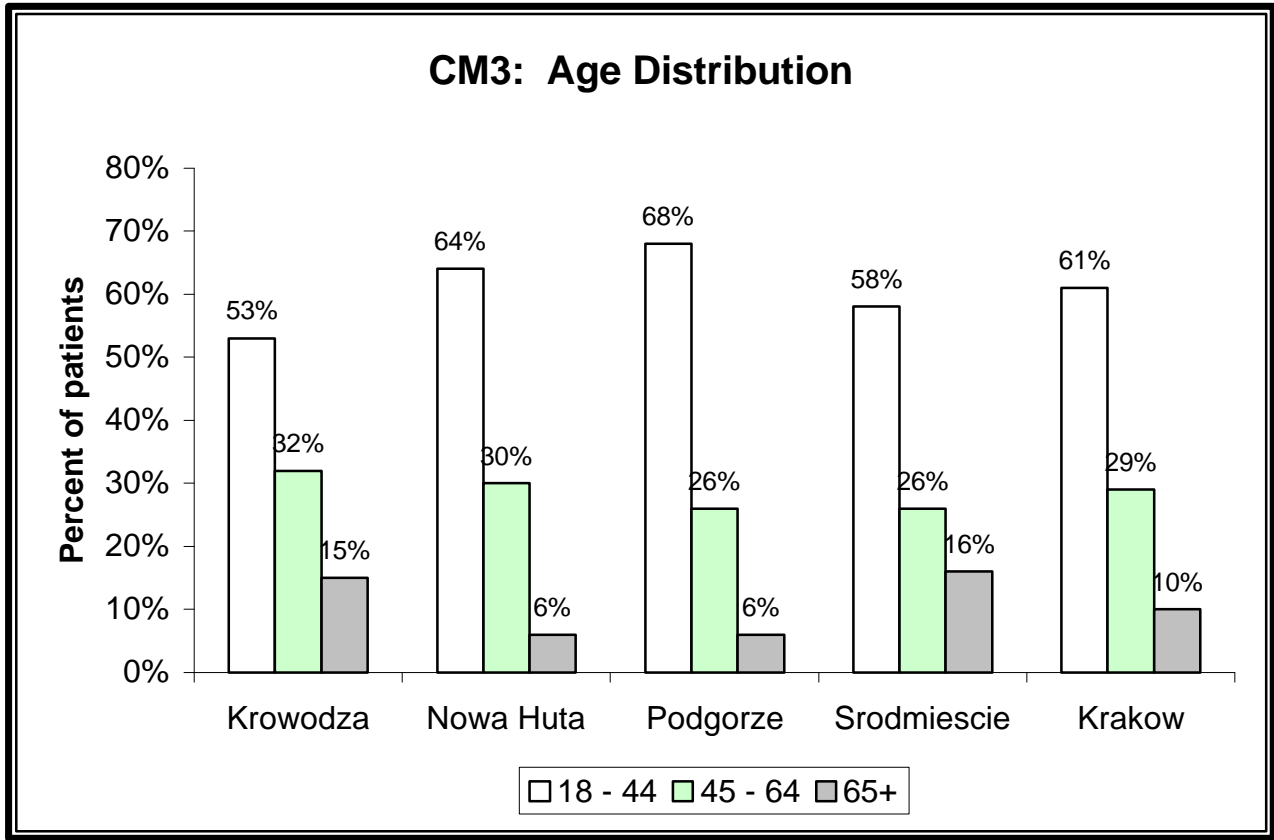
Casemix and Demographic Data



Patients seeing:	Today	1 to 2 days ago	3 to 7 days ago	8 to 14 days ago	more than 2 weeks ago
General doctor	51.3%	8.4%	3.0%	0.6%	0.8%
Specialist doctor	22.5%	3.6%	4.5%	1.8%	3.4%

This chart compares the waiting time for an appointment with a general doctor versus the waiting time for an appointment with a specialist.

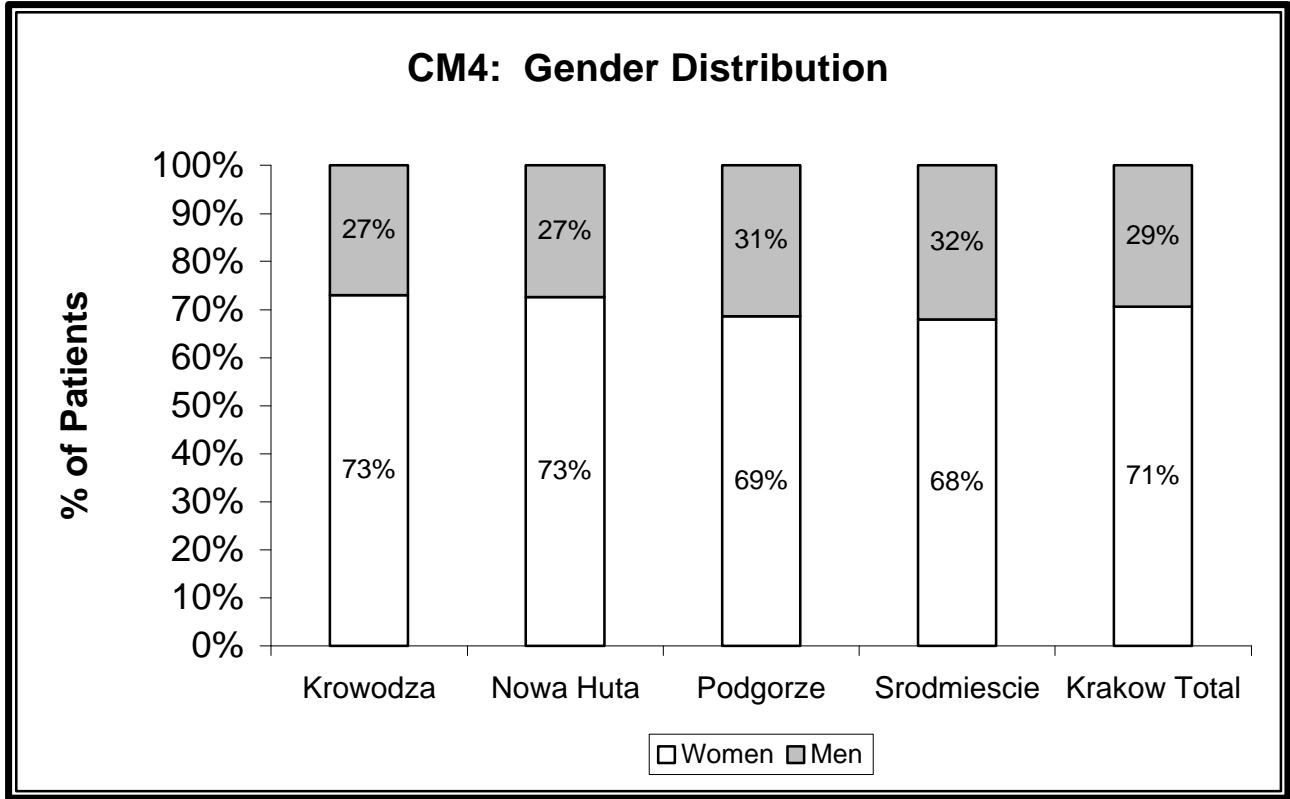
Casemix and Demographic Data



Age Category	Krowodza	Nowa Huta	Podgorze	Srod miescie	Krakow Total
Ages 18 – 44	52.4%	64.2%	67.8%	58.4%	61.4%
Ages 45 – 64	32.3%	29.8%	25.8%	25.9%	28.5%
Ages 65+	15.3%	6.0%	6.4%	15.7%	10.1%

This graph presents the age distribution of patients in the 4 ZOZ in Krakow. The mix of ages treated by the przychodnia is an important component of casemix. Older patients tend to require more health care services and are often sicker than younger patients.

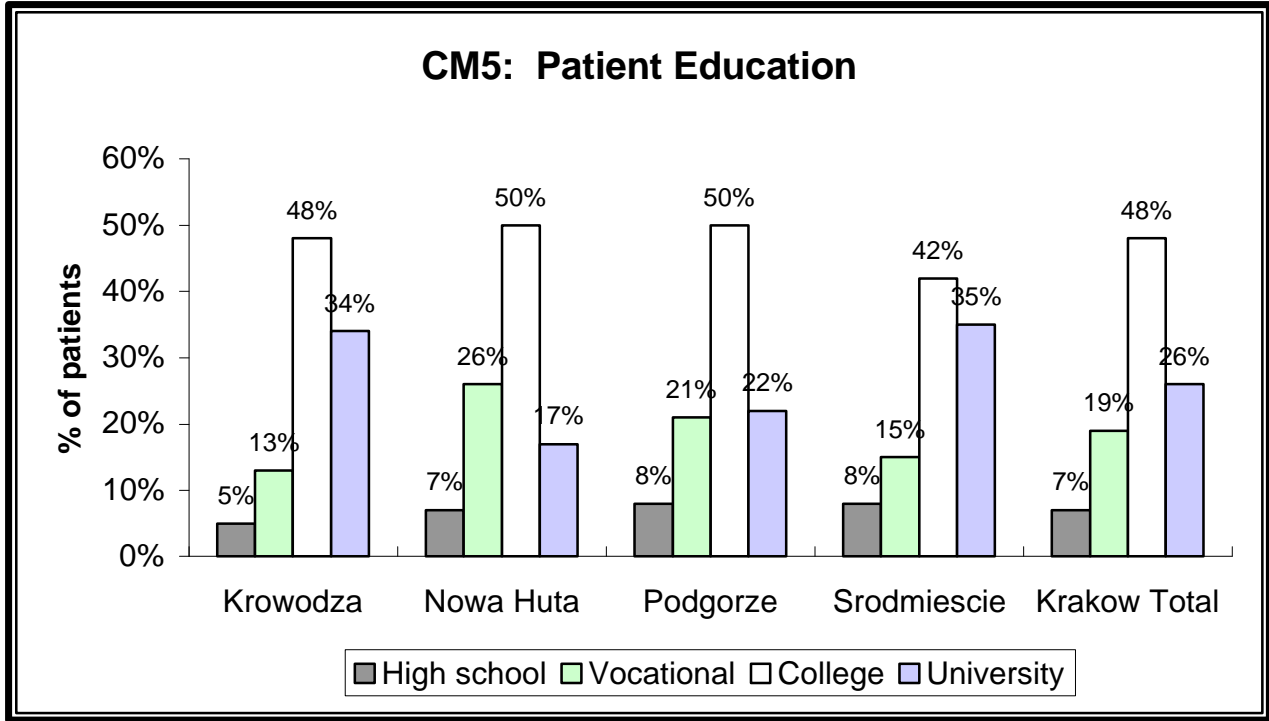
Casemix and Demographic Data



Gender	Krowodza	Nowa Huta	Podgorze	Srod miescie	Krakow Total
Women	72.9%	72.5%	68.7%	68.0%	70.6%
Men	27.1%	27.5%	31.3%	32.0%	29.4%

This chart shows the gender distribution of patients in Krakow SP ZOZ. Typically women use more health care services than men.

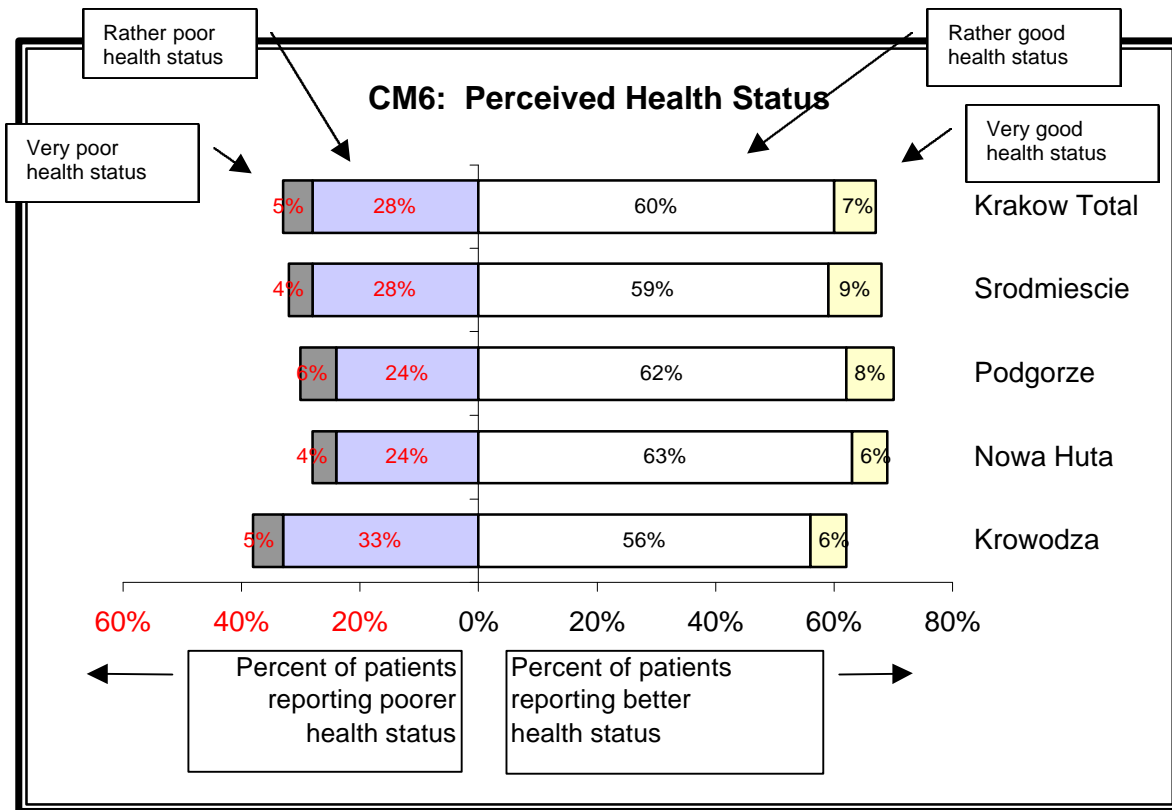
Casemix and Demographic Data



Percent of patients in each education category	Krowodza	Nowa Huta	Podgorze	Srod miescie	Krakow
High School	5.2%	6.6%	7.8%	8.0%	6.9%
Vocational	13.3%	26.3%	20.9%	15.2%	19.3%
College	47.7%	49.9%	49.6%	42.0%	47.9%
University	33.8%	17.2%	21.7%	34.8%	25.9%

This chart displays the education levels of patients in each SP ZOZ.

Casemix and Demographic Data

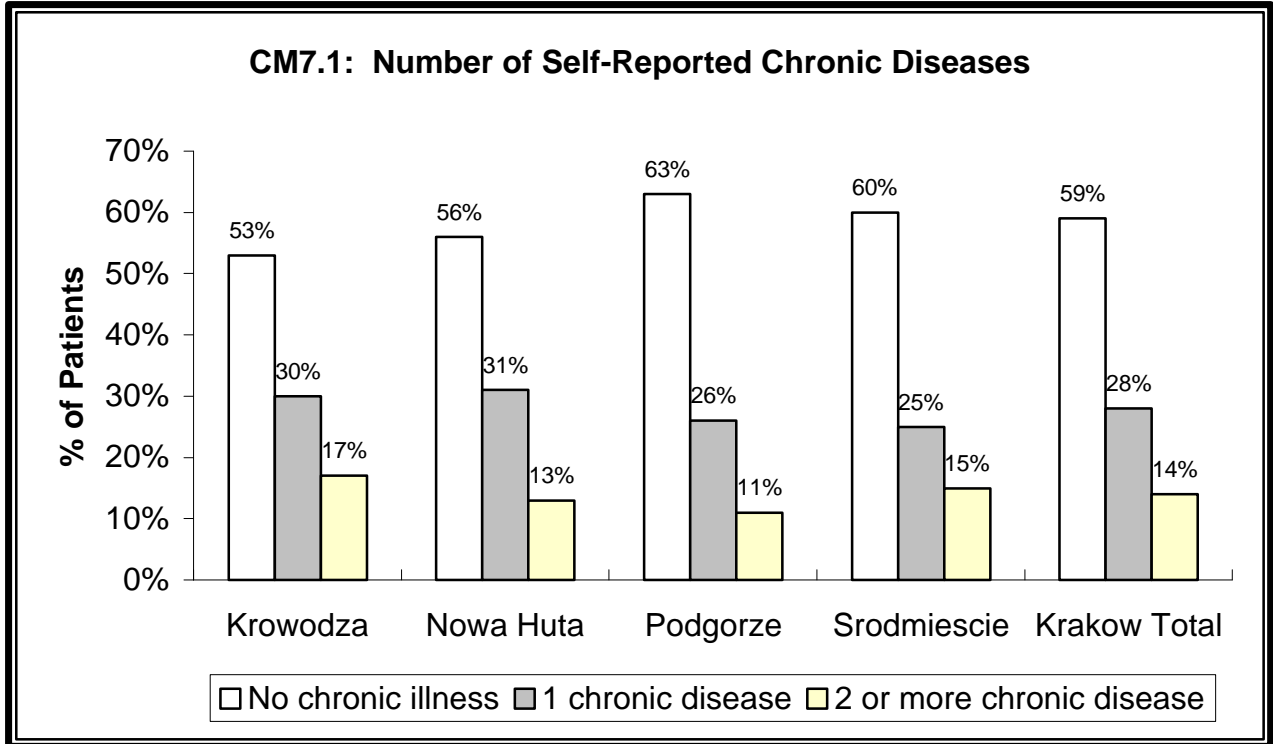


Percent of patients in each health status category	Krowodza	Nowa Huta	Podgorze	Srodmiescie	Krakow
Very Poor	5.4%	3.9%	5.5%	4.1%	4.8%
Rather poor	32.7%	27.2%	24.2%	28.0%	27.8%
Rather good	55.6%	63.3%	62.2%	59.3%	60.3%
Very Good	6.4%	5.6%	8.1%	8.5%	7.1%

This chart shows the patient's rating of their own health status.

Patient health status affects not only how often the patient uses health care services, but may also affect satisfaction. Patient health status is an important component of a przychodnia's casemix.

Casemix and Demographic Data

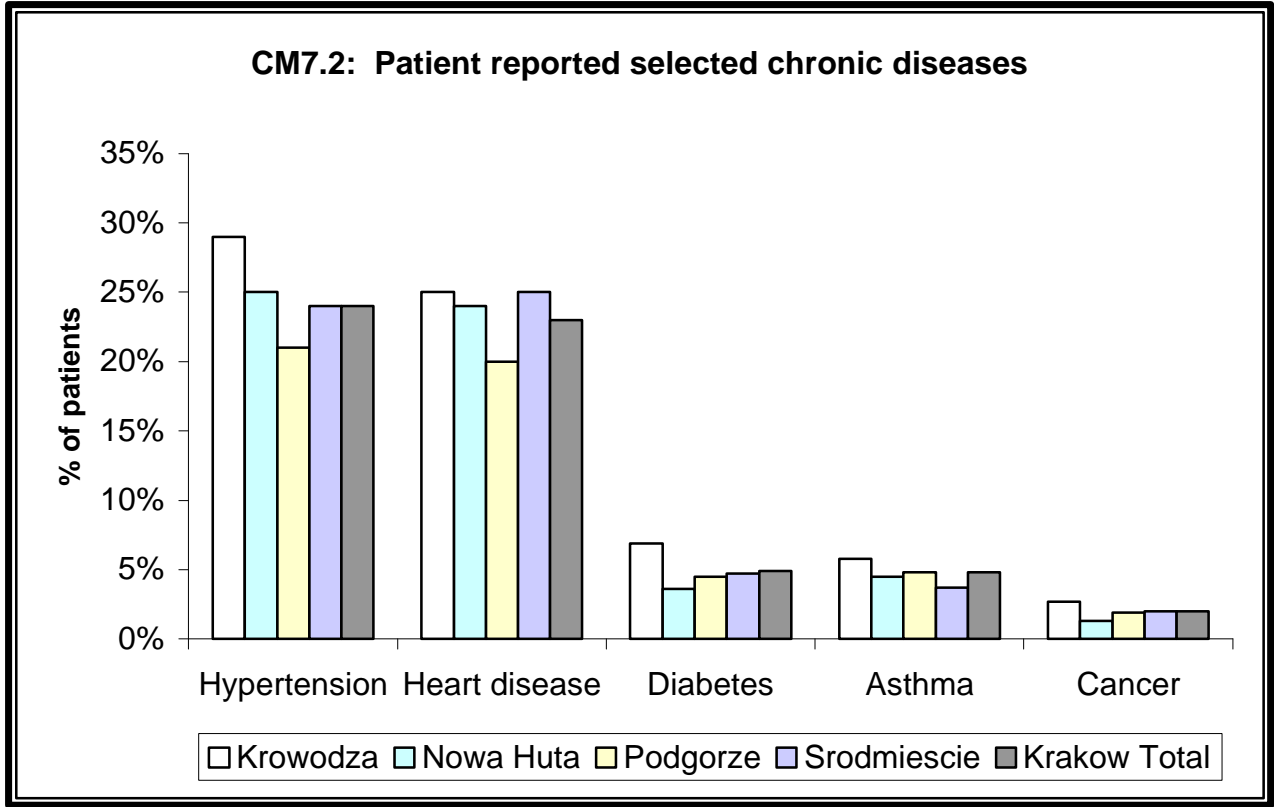


Percent of patients in each category	Krowodza	Nowa Huta	Podgorze	Srodmiescie	Krakow
None of the listed chronic diseases	53.0%	56.7%	63.4%	60.1%	58.6%
1 chronic disease (heart disease, hypertension, diabetes, asthma or cancer)	29.9%	30.5%	25.7%	24.5%	27.7%
2 or more chronic diseases (heart disease, hypertension, diabetes, asthma or cancer)	17.1%	12.8%	10.9%	15.4%	13.7%

This chart shows how often surveyed patients reported certain chronic illnesses. Patients with chronic illnesses typically requires more health care services than patients without chronic disease. Understanding the chronic disease profile of a patient population helps the przychodnia delivery effective services.

This graph is based on a survey item which asks “Has your doctor ever told you that you have – heart disease, hypertension, asthma, cancer or diabetes.” A patient could mark multiple responses.

Casemix and Demographic Data

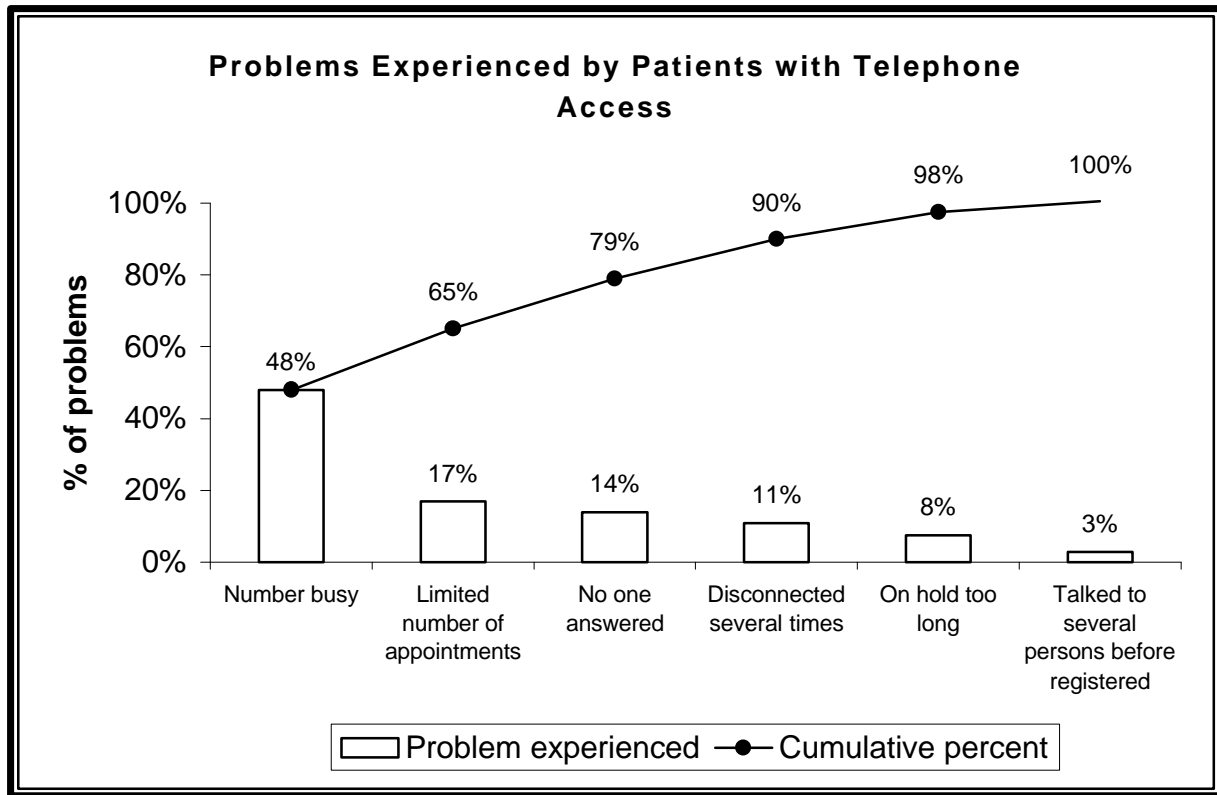


Percent of patients in each category	Krowodza	Nowa Huta	Podgorze	Srod miescie	Krakow
Hypertension	28.8%	25.1%	20.7%	24.2%	24.4%
Heart disease	24.8%	23.8%	19.7%	24.8%	22.9%
Diabetes	6.9%	3.5^	4.5%	4.7%	4.9%
Asthma	5.8%	4.5%	4.8%	3.7%	4.8%
Cancer	2.7%	1.3%	1.9%	2.0%	2.0%

This chart shows the specific chronic illnesses reported by patients in response to the question: “Has your doctor ever told you that you have – heart disease, hypertension, asthma, cancer or diabetes.” A patient could mark multiple responses

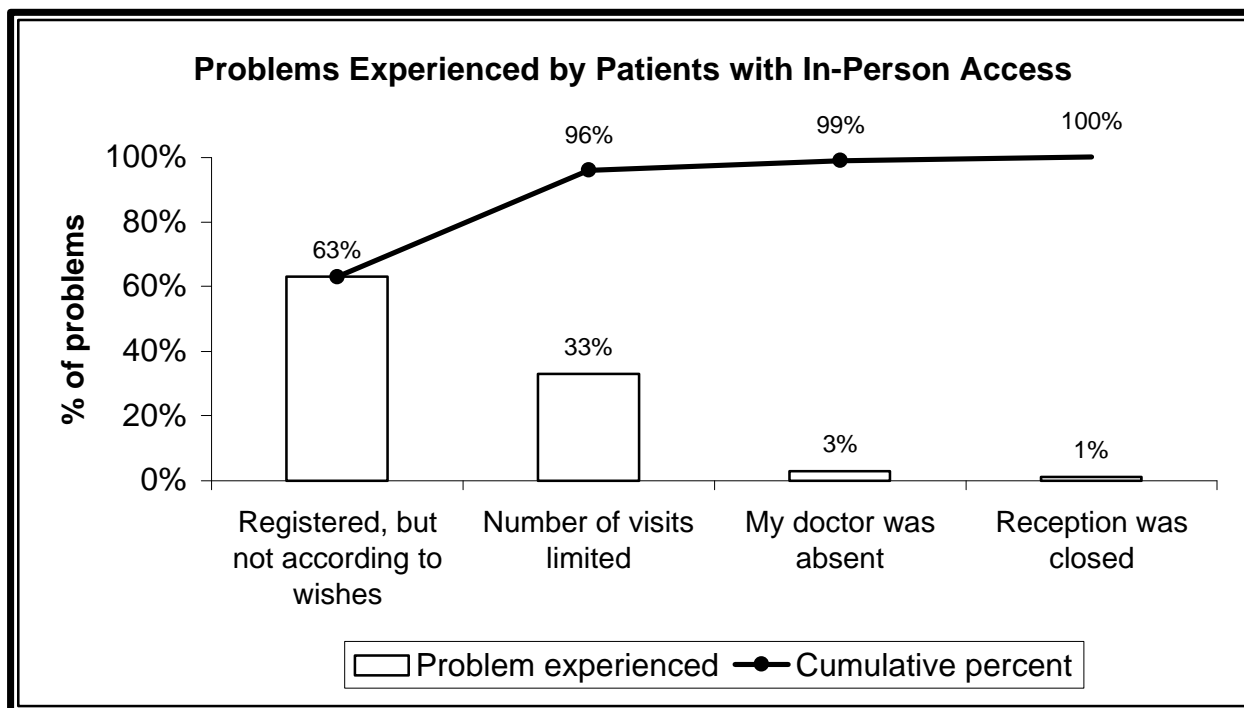
Appendix

Additional Information For Managers



	Percent of all problems
Number busy	48%
Limited number of appointments	17%
No one answered	14%
Disconnected several times	11%
One hold too long	8%
Talked to several people before registered	3%

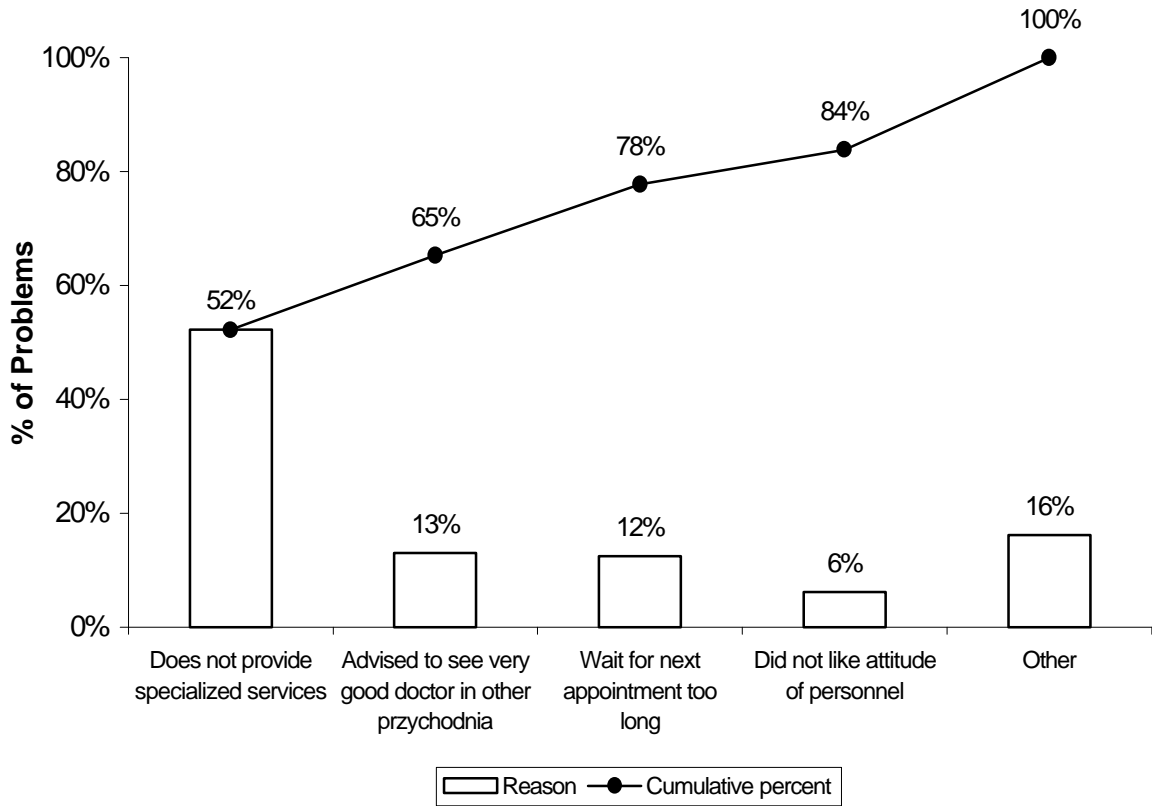
This graph is a Pareto chart, showing how often patients experience specific problems when they try to register by telephone. The problems are arranged with the most frequently experienced problem on the left-hand side of the graph.



	Percent of Patients Who Tried In-Person Registration
Registered, but not according to my wishes	63%
Number of visits limited	33%
My doctor was absent	3%
Registration was closed	1%

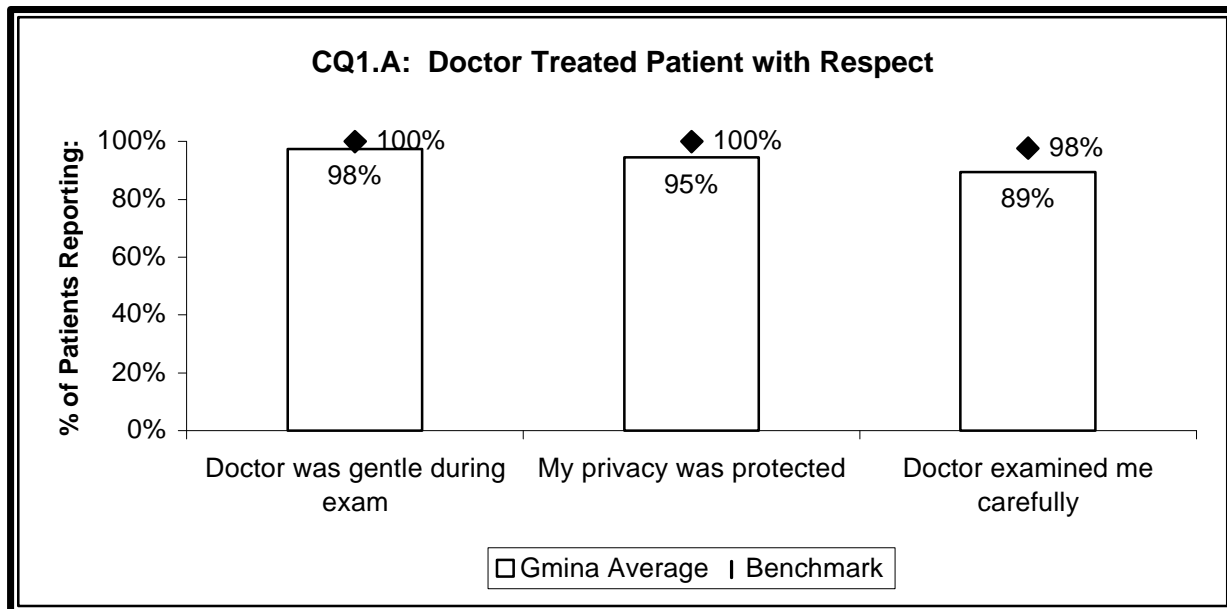
This graph is a Pareto chart, showing how often patients experience specific problems when they go to the przychodnia to register in-person. The problems are arranged with the most frequently experienced problem on the left-hand side of the graph.

S4.A: Reasons for Using Other Przychodnia



	Percent of patients reporting they use the services of other przychodnia
This przychodnia does not provide the specialized services I need	52.2%
I was advised to see a very good doctor in another przychodnia	13.1%
The wait for the next available appointment was too long	12.5%
I did not like the attitude of the personnel	5.2%
Other reasons	16.1

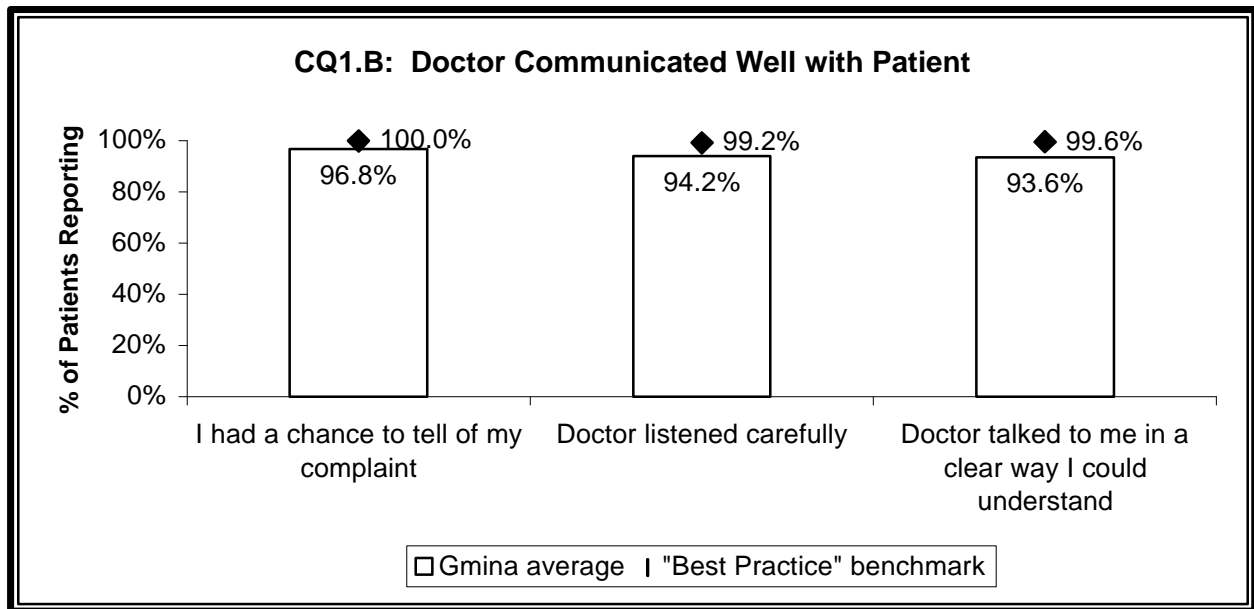
Seventy-five of the respondents to this survey report that they sometimes use services of other przychodnia. This Pareto chart ranks the reasons for using other przychodnia, with the most common reason listed on the left-hand side of the graph.



Percent of Patients Reporting:	Number of Przychodnias	Average # of respondents per przychodnia	Gmina average	"Best Practice" benchmark
Doctor was gentle during exam	19	63	97.5%	100%
My privacy was protected	19	68	94.5%	100%
Doctor examined me carefully	19	81	89.4%	97.7%

This graph presents the results of the individual survey items which comprise indicator CQ1.1.

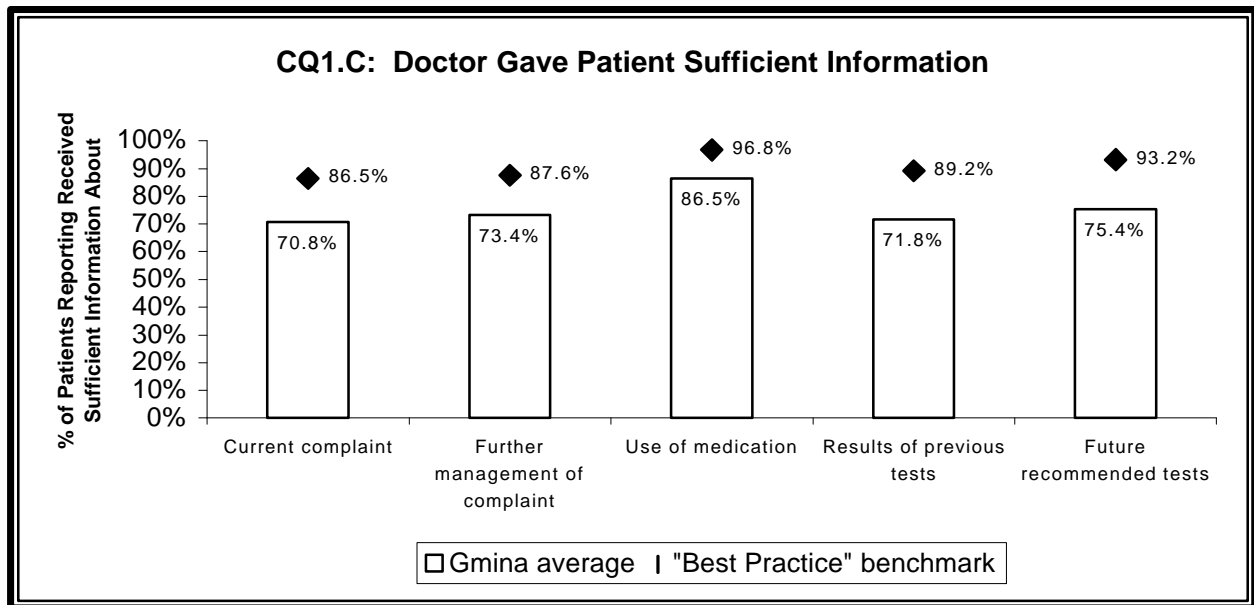
The respect and compassion shown by the doctor during a patient contact are technical skills. Doctors who have respect for a patient's preferences, treat patients respectfully and with dignity are acknowledging that the patient's experience is an important part of successful and technically competent health care delivery. Patients who feel their doctor treats them with respect may be more compliant with treatment recommendations.



Percent of Patients Reporting:	Number of Przychodnias	Average # of respondents per przychodnia	Gmina average	"Best Practice" benchmark
I had a chance to tell of my complaint/ailment	19	80	96.8%	100%
The doctor listened to me carefully	19	72	94.2%	99.2%
The doctor talked to me in a clear way I could understand	19	68	93.6%	99.6%

This graph presents the results of the individual survey items which comprise indicator CQ1.2.

Good communication is a technical skill. Doctors who listen well are better able to appropriately treat the patient. The language of medicine is often confusing for patients. The doctor needs to make sure that s/he communicates with the patient in a manner the patient can understand so that the patient can follow treatment advice.



Percent of Patients Reporting They Received Sufficient Information About:	Number of Przychodnias	Average # of respondents per przychodnia	Gmina average	"Best Practice" benchmark
Current complaint/ailment	19	63	70.8%	86.5%
Further management of current complain/ailment	19	62	73.3%	87.6%
The use of medication	19	43	86.5%	96.7%
Results of previous tests	19	40	71.8%	89.2%
Future recommended tests	9	85	75.4%	93.2%

This graph shows the results of the individual survey items which comprise indicator CQ1.3.

Patients need information to adequately comply with treatment recommendations. For example, the patient must understand how, when and why to take medication in order to derive full benefit from drug therapy.