Advancements in Remote Medication Monitoring: The Future of Clinical Pharmacy in Patient-Centered Care

Mohaned Mohamed Safer Alghamdi¹, Fahad Mesfer Saed Alghamdi¹, Mohammed Ayoub Mohammed Alkhudher^{1*}, Abdullah Rashed I Alhaidar¹, Ahmed Abdulmajid Ali Albahrani¹, Ammar Naif Almmutery², Bandar Ejel Obaid Almutairi³, Abdullah Mohsin Alattas⁴, Khadija Ali Alnakhli⁴, Waleed Mohsen Hadi Marwi⁴, Abubakr A Almehdar⁴, Waad Ali Al Haj⁴, Eidah Saleem Suliman Albalawi⁵, Meshal Saleh Roughian Alenazi⁵, Sarah Abdullah Bin Hammad Alatawi⁵

¹Dammam Psychiatric and Mental Health Hospital, Dammam-32411, Saudi Arabia
²Madinah Health Cluster, Ministry of Health, Madinah-42351, Saudi Arabia
³Madinah Psychiatric Hospital, Ali Ibn Abi Talib Road, Al Madinah-42319, Saudi Arabia
⁴King Fahad Hospital in Al-Madinah, Al Jamiah-3177, Madinah-42210, Saudi Arabia
⁵Tabuk Health Cluster, Ministry of Health, King Khaled Civil Hospital, Tabuk-47915, Saudi Arabia

*Corresponding author: E-mail: Al.khudher89@gmail.com

Abstract

Remote Medication Monitoring is a new dimension in health care delivery that encompasses telehealth platforms, mobile applications, wearable devices, and artificial intelligence. The present paper fully analyzes the wide impact of RMM on patient-centered care, medication adherence, and health outcomes. RMM provides a huge leap for the management of chronic diseases toward the reduction of hospitalizations by making possible the gathering of real-time health data, proactivity interventions, and tailoring treatment. Moreover, RMM also allows enhanced communication between patients and healthcare providers in facilitating a collaborative approach to care. Predictions of health complications based on AI and IoMT predictive analytics further add to the more proactive and effective healthcare delivery system. RMM enables patients to be more self-directing in their care, thereby increasing selfmanagement and enhancing the quality of life. Even though such intervention benefits much, it needs further improvement in dealing with technical issues, patient engagement, regulatory compliance, and data privacy for effective incorporation into broadened areas. This study illustrates the potential of RMM to transform healthcare practice, especially in clinical pharmacy, by defining the directions for its further development and integration. This can be achieved through the integration of innovative solutions and strategic collaboration. RMM can then become a sustainable, inclusive, and efficient healthcare ecosystem.

Keywords

Remote Medication Monitoring, Telehealth, Wearable Devices, Artificial Intelligence, Patient-Centered Care, Clinical Pharmacy and Chronic Disease Management

1. Introduction

RMM is a new health care approach introduced to society through the application of modern technology, following and monitoring the adherence of patients to medication and other aspects. Such a system plays a very essential role in current healthcare because it overcomes the need to continuously monitor the conditions of a patient, especially the chronic ones. RMM adopts different technologies; it uses technologies like wireless sensor networks and applications for mobile for the collection of real-time data, and at the same time, it opens a channel to facilitate communication from the patients themselves to the caregivers (Song & Lv, 2014; Chung & Fong, 2014). Improvement of patient outcomes. Studies have shown that patients with cardiac conditions could improve their survival rate through the monitoring of distant devices, wherein data collected from them can facilitate timely interventions (Mittal et al., 2016; Bogyi et al., 2019; Saxon et al., 2010). In the case of patients with CIEDs, the implementation of remote monitoring has been linked to improved management of arrhythmias and heart failure; therefore, it leads to fewer hospitalizations and a better quality of life (Hindricks et al., 2013; Olen & Dechert-Crooks, 2017). For instance, RMM enables the anticipation of health issues as soon as they occur, so health care professionals can intervene before issues occur rather than responding to them after they happen (Elkhodr et al., 2011).

The integration of RMM into healthcare systems helps to overcome logistic issues as well, especially due to the COVID-19 pandemic, which reduced the number of in-person visits. Telehealth solutions, such as RMM, have continued care for patients who are too ill or otherwise unable to travel to a physician's office or clinic (Garfan et al., 2021; Hwang & Kim, 2022). This will help the patients who have a better ability to reach the health facilities. This also helps the health organizations to utilize more of their facilities for the severe cases of the patients (Ali et al., 2020; Hayajneh et al., 2016). RMM systems can help in medication adherence through reminders and compliance tracking that are vital factors for chronic conditions (Pak & Park, 2012; Veenis et al., 2021). The ability to modify medication regimens based on real-time data while the patient is located elsewhere further underlines personalized care for patients; treatment plans would be tailored according to individual needs (Smeets et al., 2018; Ruiz et al., 2020). This would be particularly important in managing complicated conditions that call for frequent adjustment of dosages.

Among the most recent developments is telepharmacy service integration, in which the reach of clinical pharmacy extends beyond just a traditional clinical setting. Thus, with telepharmacy, pharmacists are able to offer a range of remote consultations, medication therapy management, and patient education that enhance adherence and clinical outcomes in areas that need them the most, such as underserved ones (Lussier et al., 2021; Baldoni et al., 2019). Lussier et al. (2021) and Cheong (2020) assert that studies indicate that telepharmacy can effectively integrate medication therapy with self-management support to enhance patient outcomes. The COVID-19 pandemic accelerated the use of telehealth, and therefore, pharmacists are compelled to think out of the box in utilizing technology to provide health information and ensure medication adherence (Cheong, 2020; Badowski et al., 2021).

Furthermore, automated dispensing systems and electronic prescribing have also made the process of running pharmacies more efficient and less likely to have a drug error and more streamlined in their workflow. In automation, pharmacists are free from time spent on routine activities while

performing other high-value clinical tasks (Sng et al., 2018; Alahmari et al., 2022). For example, pharmacy robots have been established to greatly enhance the precision of drug administration. This, consequently, increases the safety of the patient (Alahmari et al., 2022). In this aspect, pharmacists are increasingly involved in direct patient care and attendance at ward rounds, working collaboratively with the healthcare team in order to maximize drug therapy (Dascanio et al., 2021; Mekonnen et al., 2013).

This evolution is also seen in the increased focus on comprehensive medication management (CMM) through telehealth platforms. CMM is identified as an integral part of team-based care, and its delivery is increasingly taking place remotely (Badowski et al., 2020). This increases access to clinical pharmacy services; it also subscribes to models of value-based healthcare in which the value is defined in terms of the patient-centered outcomes or cost-effectiveness (Badowski et al., 2020; Murry et al., 2020). Telehealth interventions have been shown to improve the care management of chronic diseases; however, such interventions are likely most beneficial for rural patients where there is fewer available health providers (Murry et al., 2020).

Finally, the learning environment of the clinical pharmacists changes with the evolution of such technological advancements. The curricula in pharmacy are being designed with increasing emphasis on training in digital health technologies, artificial intelligence, and telehealth practices, so future pharmacists are well-equipped to operate and take advantage of them appropriately (Hasan, 2024; Alhur, 2023; Badreldin et al., 2020). This educational transformation is crucial to ensure that the pharmacists meet the changing requirements of the healthcare system and offer quality patient care.

2. Technological Advancements in Remote Medication Monitoring

Telehealth platforms, one of the leading technologies in RMM, enable pharmacists to conduct virtual consultations and manage medications remotely. It has been demonstrated that telehealth increases patient engagement and adherence to medication regimens, particularly in chronic disease management (Bukhari et al., 2021). Telemedicine with pharmacy service integration is important because it lets pharmacists render the medication counseling service and chronic disease management effectively in achieving essential healthcare roles remotely (Bukhari et al., 2021). Another one is remote monitoring systems using wireless technology, through which the system tracks physiological patient parameters such as heart rate and blood pressure with medication adherence in real-time and continuously. For example, in the Medtronic CareLink system, remote control of a patient with a fitted ICD is possible, and monitoring of the patient is possible using the system. This allows timely interventions on real-time data provided (Marzegalli et al., 2008; Ardoin et al., 2016). Various such systems have yielded tremendous advantages in terms of decreasing rehospital visits and delivered better outcomes regarding patients when health problems may arise soon and treated early (Raatikainen et al., 2008; Saxon et al., 2010).

Other important devices are wearable devices equipped with sensors, which are highly required for RMM. These may record a wide range of health parameters and transmit them wirelessly to health care professionals. For instance, monitoring systems on ECG, temperature, and heart rate

may send alerts to the pharmacists and doctors concerning anomalies; this will contribute to making instantaneous medication or treatment adjustments (Shaikh, 2012). Applying Internet of Things technology will enhance such capabilities even further by simple data communication with electronic health records, as per K. Abhinay et al., 2020. Automated dispensing systems in medication are another aspect of RMM since patients receive their medicines as prescribed. These systems have the capability of reminding patients, which is really helpful for patients receiving multiple medications, and monitoring their adherence (Bikou et al., 2010; Mabo et al., 2011). The automation of the management of drugs reduces the chances of errors and, at the same time, creates more time for the pharmacist to undertake direct patient care activities. Third, the integration of data analytics and artificial intelligence within RMMs enables the examination of patient data for trends to predict possible health crises. The use of this technology enhances clinical pharmacists' decision-making powers in terms of making medication adjustment and patient management decisions (Vegesna et al., 2017). With such technologies, more specific care is provided to patients, and outcomes in healthcare are maximized.

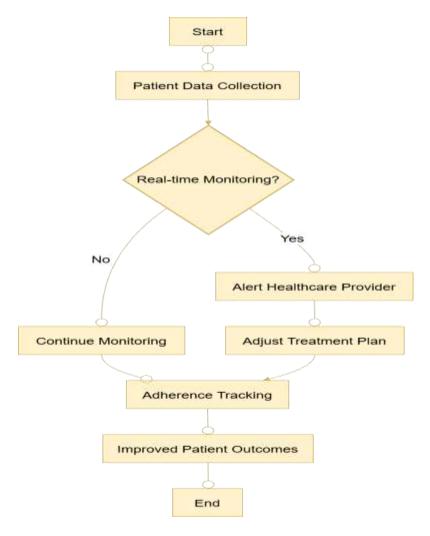


Figure 1: Outlines a process for managing patient data using real-time monitoring and adherence tracking to enhance patient outcomes.

2.1 Contribution of Wearables and Mobile Applications to Medication Compliance

2.1.1. Mobile Applications

Strong evidence exists that in this respect, there is tremendous improvement in the compliance of patients provided by mobile applications specific to their medication compliance. Generally, such application will contain informing capabilities of the drug intake by the patient, educational material regarding drugs, and in-built drug dosage tracking (Choi et al., 2015)Armitage et al., 2020). For example, a meta-analysis showed that patients who were using mobile applications for medication adherence had higher rates of medication adherence than those without such interventions (Armitage et al., 2020). Moreover, the applications can also send tailored reminders and reminders that remind the patients to take their medication because the likelihood of missed doses is low (Hartch, 2023). Lastly, mobile applications may help in improving communication between patients and health providers. They facilitate access to medical records and monitor patient adherence in real-time (Choi et al., 2015). This is crucial for chronic disease management, where continuous effective treatment results are dependent on medication adherence. For instance, a study conducted on cancer patients demonstrated that the mobile application monitored their symptoms and drug adherence significantly enhanced patient results (Gopichandran et al., 2023).

2.1.2 Wearable Devices:

Mobile applications are supported by wearable devices through which health metrics related to adherence to drugs are monitored constantly. These devices will monitor the vital signs and activity levels, other health indicators, and enable the healthcare providers to assess overall health and adherence to prescribed therapies (Lee et al., 2022; Baglione et al., 2020). For example, it can remind a patient to take their medication because their heart rate or blood pressure might have increased or for other physiologic responses (Baglione et al., 2020). Additionally, using wearable devices through mobile applications enables maximizing the productivity of medication management systems. The aggregation and analysis of data from wearable devices enable health care providers to understand adherence patterns in patients and, based on such data, make decisions concerning treatment plans for the patients (Baglione et al., 2020). Because this is data-driven, patient-specific interventions could be designed to particularly target the adherence issues that each patient might exhibit.

2.1.3. Effectiveness for Vulnerable Population:

Technology will aid the vulnerable population, which comprises medically underserved populations and more challenged aging individuals in how they manage prescription medication (Hartch, 2023; Park et al., 2020). For instance, in this case, one of the studies centered on the role that mobile applications could play in their management to enable older adults with coronary heart disease adhere to their medication and proved its utility to be able to engage the aging population (Park et al., 2020).

3.Effects on Patient Centered Care

3.1 Remote Medication Monitoring Supporting Patient-Centered Care

3.1.1. Increased Patient Involvement

RMM enables patients to be responsible for managing their health. Patients can use wearable devices and mobile applications for the real-time monitoring of health parameters and adherence to medication. This engagement empowers them with a sense of ownership over their health, and in this way, they are making decisions regarding treatment (Daley et al., 2019;. As an example, patients are also said to have the desire for interpretation of health data together with the providers of health services. This in return boosts their comprehension of their care coupled with more interaction with health providers (Daley et al., 2019; Leonardsen et al., 2022). Such engagement promotes an alliance therapeutic between patients and the health professionals, which will form the concept of patient-centered care.

3.1.2. Motivating Patient Autonomy Self-Management:

Self-management refers to the process of ensuring patients receive the tools to manage their condition adequately. The above can be realized through Mobile applications, as most of the developed applications have functions like drug reminders, educative content, and symptom tracking, which in turn helps keep the patients on track with the prescribed treatment (Vindrola-Padros et al., 2020; Ekenga, 2024). For example, studies have demonstrated that when implemented together, remote monitoring and chronic care management have a substantial impact on patients' improvements in blood glucose and blood pressure level control. Therefore, these technologies enhance self-management (Ekenga, 2024). RMM can also enable early detection of issues, thus allowing the patients to take control of their health through timely interventions (Vindrola-Padros et al., 2020).

With real-time data obtained from the RMM, the healthcare providers will be monitoring the patients in constant mode and can intervene if needed. This is essentially useful for patients with chronic conditions, who tend to have exacerbations or complications more often. For instance, remote monitoring of patients with COPD has proven to improve recognition and treatment of exacerbations that ultimately improve the outcomes of the patient (Macnab et al., 2015; Isaranuwatchai et al., 2018). RMM also offers the possibility of tailoring adjustments in care to each patient's individual data so that treatment plans will always be updated according to a patient's needs (Isaranuwatchai et al., 2018).

3.1.3. Addressing Holistic Needs

It has also been in support of holistic practice that encompasses mental and social support and incorporates them during the monitoring processes. Some designs of remote models offer screening for possible mental health concerns, giving the comprehensive view that may be expected for a given patient's conditions (Vindrola-Padros et al., 2020; Agarwal et al., 2020). A holistic point of view toward health care remains fundamental to responding to the aspects of social determinant.

Table 1: Enhancing Patient Engagement and Autonomy through Remote Monitoring.

Aspect	Details	Citation(s)
Increased Access to	Continuous access to health data (e.g., vital signs,	Dalloul (2023);
Health Information	medication adherence) enables better	Grewal (2024)
	understanding of health status and informed	
	decision-making. Wearable devices allow real-time	
	tracking of health metrics, fostering a sense of	
	control and encouraging proactive health	
	management.	
Enhanced	Real-time sharing of health data with providers	Hwang (2023); Ruiz
Communication	facilitates timely feedback and treatment	et al. (2020); Daley
with Healthcare	adjustments. Continuous communication fosters a	et al. (2019);
Providers	collaborative relationship, enhancing patient	Schoenfeld et al.
	engagement. Remote monitoring of devices (e.g.,	(2004)
	cardiac implants) enables quick clinical decisions.	
Empowerment	Educational components in remote monitoring	Dockendorf et al.
through Self-	systems inform patients about their conditions and	(2020); Kang &
Management	treatments. Tools like mobile apps provide tailored	Exworthy (2022)
	advice, reminders, and goal tracking, fostering	
D 11 1 G	autonomy and active participation in care.	TT (2022)
Personalized Care	Real-time data enables individualized treatment	Hwang (2023);
and Support	plans tailored to patients' needs and circumstances.	Abdullah (2023)
	For instance, remote monitoring aids in	
	hypertension management through timely	
	medication adjustments, enhancing adherence and	
Reduction of	confidence in self-management.	Gravel (2024)
Barriers to Care	Remote monitoring eliminates geographic and logistical barriers to healthcare, particularly for	Grewal (2024)
Dairiers to Care	patients in rural or underserved areas. It promotes	
	accessibility, ensuring regular communication and	
	participation in care.	
	participation in care.	

3.2 Benefits of Remote Medication Monitoring on Adherence, Health Outcomes, and Quality of Life

3.2.1 Medication Adherence:

The most substantial benefit of RMM is that it has a positive effect on the adherence of patients to medications. For example, there are findings that a patient with a chronic disease is able to stick to his/her medication regimen if they interact with a remote monitoring system. As an example, a

systematic review revealed that patients with chronic diseases adhered well to their treatment if they applied mobile applications and wearable devices to remind them to take the medications Kvarnström et al. (2021). The timely alert and medication-taking monitoring ability by these systems enables patients to take their medications at the right time and in a responsible manner. In addition, the education available through such systems enables the patient to learn about the medications, which in turn can also increase adherence. Yadav et al., 2021; Alshayban & Joseph, 2020.

3.2.2. Health Outcome Improvements

The improved medication adherence through RMM is a direct indicator of better health outcomes. Patients who consistently follow their medication regimens experience better disease control and fewer complications. For example, research indicates that patients with diabetes who adhere to their treatment plans have lower rates of hospitalization and better glycemic control (Perwitasari & Urbayatun, 2016; Janežič et al., 2017). Plus, remote monitoring promotes an early indication of possible health issues, thereby timely intervention and prevention of exacerbation for chronic conditions. Such a preventive approach has been proved to decrease presentation at the emergency door and also inpatient readmission, thus improving general outcomes in health outcomes (HIRAPARA, 2024; Desalegn et al., 2020).

3.2.3. Improved Quality of Life:

Adherence to medication and quality of life are very well correlated. Generally, the HRQoL score is better in patients who adhere to their medication than in non-adhering patients (Ebrahem & Alam, 2016; Song et al., 2017). For instance, in the study concerning the quality of life of tuberculosis patients, there was a huge improvement in quality of life among patients with high adherence to medication, thereby indicating the importance of provider-patient relationships that support them to enhance adherence (Yadav et al., 2021). Equally, well-adhering patients with diabetes demonstrated greater well-being and greater health satisfaction overall, according to the research works by Alshayban & Joseph (2020), Nugraha & Putri (2019). RMM makes such positive differences in life for chronic conditions through relieving management burden on chronic disease patients and fostering more independent lifestyles of these patients along with preparing them with capabilities for being better health caretakers.

3.2.4. Psychosocial benefits:

RMM, besides influencing the medical implications, has several positive effects on psychological and social aspects of life in the cases of patients. For example, frequent interaction and communication with health care providers aside from educating one reduce fearfulness and ambiguities regarding management of a disease condition. Many, thus acquire more powers for active involvement and participation in matters concerning health to subsequently result in

betterment in terms of mental welfare (Amjad et al., 2023; Akar et al., 2015). Furthermore, the social support provided through remote monitoring systems may also enhance a patient's feeling of belonging to a community, which will, in turn, enhance the quality of life of the patient (Tiwari, 2024; ALÇINAR, 2023).

4. Clinical Pharmacy's Role in Remote Monitoring

4.1 Implementation of Remote Medication Monitoring into Clinical Pharmacy Practice

4.1.1Telehealth Services:

The services of clinical pharmacists are given to the patient as telehealth infrastructure, giving them medication management and counseling. It has been very helpful as clinicians are consulting the patient who cannot access locations of traditional health care services especially in rural or under-served areas (Carr-Lopez et al., 2021)Muflih et al., 2021). Examples include the engagement of pharmacists in collaboration with students enrolled at pharmacy school, who delivered CMM through telehealth modalities during the COVID-19 pandemic, in the interest of ensuring that the patients saw the minimum risk imposed by exposure (Carr-Lopez et al., 2021). In addition to increasing access to care, such a model lends itself to a collaborative delivery environment that facilitates pharmacist-patient interaction.

4.1.2. Patient Monitoring and Support:

Remote monitoring technologies enable clinical pharmacists to track patients' medication adherence and health metrics in real-time. Using mobile applications and wearable devices, for example, vital signs, medication intake, among other important health data can be monitored (Fauzi, 2024; Nelissen et al., 2018). This allows the pharmacist to identify possible issues before they become major problems, intervene immediately, and make suitable adjustments to treatment plans as necessary. For example, a study has reported the benefits of pharmacy-based hypertension care via mobile health applications, which would enable remote monitoring of patients and thereby improve blood pressure control (Nelissen et al., 2018).

4.1.3. Education and Empowerment:

Clinical pharmacists are also using RMM to educate patients on their medications and health conditions. Remote consultations will give direct information and resources from pharmacists to the patients, hence engaging them in the active management of their health (Muflih et al., 2021; Bukhari et al., 2021). Such an educational intervention is vital for the enhancement of medication adherence and for getting a better understanding of the treatment regimes. For example, telepharmacy has been applied in the delivery of personalized counseling and coaching that has been linked with increased patient satisfaction and adherence rates. According to Bukhari et al., 2021, this is so.

4.1.4. Collaborative Care Models:

Clinical integration of pharmacists into interdisciplinary care teams is increasingly becoming the norm, mainly in specialized settings like chronic disease management programs. It will enable pharmacists to collaborate with other healthcare providers to ensure the patients receive the best care possible by enhancing medication management in this type of environment (Choi et al., 2023; Isleem et al., 2022). In this collaborative approach, all the needs of the patients would be met, and the treatment they receive by medications would always be well managed.

4.1.5. Overcoming Obstacles to Care

This reduces different kinds of barriers that have been witnessed among patients while attempting to access health care services. For example, monitoring home-based care may help individuals with mobility disorders who live far away from service facilities or are too busy to access facilities (Fauzi, 2024; Taylor et al., 2021). Increasing access to pharmaceutical care will therefore enhance health care access and ensure the provision of all needed care for the patient.

Table 2: Challenges Faced by Clinical Pharmacists in Implementing Remote Monitoring Technologies

Challenge	Details	Citation(s)
Technological	Effective remote monitoring requires robust	Vegesna et al. (2017);
Barriers	technological infrastructure. Challenges include the	Mosch et al. (2022);
	cost of technology, the need for reliable internet, and	Daley et al. (2019);
	integration with existing EHRs. Interoperability	Jaleel et al. (2020)
	issues hinder seamless data sharing and workflow	
	integration. Training patients and providers on	
	technology use is also a significant barrier.	
Patient	Varying comfort levels with technology impact	Carter et al. (2022);
Engagement and	patient participation in RMM. Adherence may be	Alvarado et al. (2017);
Compliance	affected by perceived benefits or technical	Rocque et al. (2022)
	difficulties. Education on the importance of RMM	
	and proper technology use is crucial for successful	
	implementation.	
Resource	Limited staffing and time constrain the effective	Vegesna et al. (2017);
Limitations	management of RMM programs. Tasks such as data	Abdumanonov &
	monitoring, follow-ups, and patient education strain	Karabaev (2020);
	pharmacy resources. Additionally, organizational	Daley et al. (2019)
	support for integrating RMM into practice is often	
	inadequate, leading to pharmacist burnout.	
Workflow	Adapting clinical workflows to include RMM	Foster et al. (2018);
Integration	requires careful planning and collaboration with	Mosch et al. (2022);
	healthcare providers. Challenges include ensuring	Daley et al. (2019);
	effective use of RMM data in clinical decisions and	Zogas et al. (2021)
	overcoming resistance from professionals	
	accustomed to traditional care models.	

Data	Managing the high volume of data from RMM is	Vegesna et al. (2017);	
Management	challenging. Pharmacists need strategies to analyze	Abdumanonov &	
and	data and identify trends for intervention. Keeping up	Karabaev (2020);	
Interpretation	with evolving technologies and data analytics	Rocque et al. (2022)	
	methods requires ongoing education and training.		
Regulatory and	Compliance with patient privacy and data security	Hayajneh et al. (2016);	
Privacy	regulations is a significant hurdle. Legal and ethical	Jaleel et al. (2020)	
Concerns	adherence complicates implementation, while		
	concerns about data breaches deter adoption.		

4.2 Optimizing Drug Therapy and Enhancing Patient Safety through Remote Monitoring Data

4.2.1. Personalized Medication Management

During the telepharmacy monitoring, the remote site will receive the live information from the patients by way of these critical areas, including patients' vital signs, adherence to drugs, and the results of their labs. Such areas ensure the proper personification of drugs, given their context in terms of safety and effectiveness for patients. For example, in the case of CIEDs, a pharmacist can create medication regimens based on the pattern of arrhythmia and performance of a device by referring to remote monitoring data Hwang (2023). This patient-centric approach not only improves the outcomes of therapy but also decreases the likelihood of an adverse drug reaction.

4.2.2. Early Detection of Complications:

Pharmacy professionals can easily identify early challenges or setbacks to a patient's medical state if they monitor their records. For example, it has been shown that telemonitoring of heart failure patients reduces hospitalization if it acts faster to manage signs of fluid overload (Lim et al., 2016; Varma et al., 2014). The data also allows pharmacists to make predictive adjustments of their patients' prescribed medications, say diuretics, before further exacerbations for better patient care. The intervention and early treatment are critical milestones in managing these chronic conditions improved communication and collaboration

Remote monitoring also encourages cooperation between pharmacists, patients, and other healthcare providers. The information can be used by the pharmacist to facilitate a collaborative care conversation with the members of the healthcare team about the status of a patient and medication therapy (Guédon-Moreau et al., 2012). This type of collaborative management is highly effective in managing intricate medication regimens since it ensures coordinated adjustments according to comprehensive patient data.

4.2.3. Monitor for drug interactions and side effects

The remote monitoring data will allow the pharmacist to detect possible drug-drug interactions and monitor for side effects in real time. For example, when a patient is put on several drugs, the pharmacist can use the remote monitoring data to identify adverse effects or drug interactions that could result from polypharmacy (Seng, 2023). In this manner, by closely watching the response of patients to drugs, the pharmacist can make suggestions for dose titration or different therapies in advance to improve safety for the patients.

4.2.4. Patient education and empowerment

Remote configurations in monitoring allow the pharmacist to utilize this system as a resource for educating the patient on his/her medication and disease status. Upon analysis of the monitoring data, the pharmacists can educate the patient on the concept of adherence and encourage the patient to report any change in health status (Abdumanonov & Karabaev, 2020). This equips the patient with much control over care, which can induce better adherence and health outcomes.

4.2.5. Data-Informed Decisions

Remote monitoring data can be translated into evidence-based drug therapy for any pharmacist to practice their profession. For this cause, the pharmacists are capable of monitoring trends in health on patients and can, therefore, find patterns in changing as well as alterations in their medication therapy processes (Treskes et al., 2021). This helps the patient get quality care and ensures that therapeutic results keep on improving.

5. Challenges and Barriers

5.1 Challenges in Universal Implementation of RMM in Medical Practice

5.1.1. Technical Supporting Factors:

The main drawback to the use of RMM in clinical service delivery is the technical setup. Generally, most healthcare centers lack the needs of having a steady internet and compatible electronic health records to carry out remote monitoring technologies Schenk & Schenk (2011)Taylor et al., 2014). Integration of multiple devices and applications of remote monitoring can also be complex, and it, therefore, leads to interoperability problems that cause issues in sharing and making use of the data (Li et al., 2013; Schafer et al., 2022). The technological fragmentation caused can become inefficient and make RMM programs less effective.

5.1.2. Cost and Reimbursement Issues:

Implementation of RMM technologies can be a big barrier in terms of cost. This technology is perceived by many healthcare providers as costly for the purchase and maintenance of such systems and maybe the extra human resources to staff them (Alvarado et al., 2017; Jarrin et al., 2021). Also, the ambiguity over reimbursement for these remote monitoring services may also

demote healthcare providers from using this technology. With unclear reimbursement policies, providers are not likely to invest in RMMs as they fear that their services will not be reimbursed (Jarrin et al., 2021; Carter et al., 2022).

5.1.3. Patient Engagement and Acceptance:

Engaging patients with remote monitoring programs is difficult. Many patients are either unaware of the use of technology or resist the use of monitoring tools across distances because they are perceived to infringe on their data's privacy and security (Hayajneh et al., 2016; Smith, 2023). The patients also do not value the merits of remote monitoring thus taking part in lower numbers (Smith, 2023). It is fundamental that patients know why they need remote monitoring and how to interact with the technologies that come with it so that it is implemented correctly.

5.1.4. Workflow Integration:

It is quite hard to integrate RMM into a current clinical workflow. Providers in the health care industry, such as pharmacists, will have to change their practices and include remote monitoring while keeping care as the centrality of the patients (Hwang, 2023; Liria et al., 2020). This integration calls for planning and coordination of the healthcare team in ensuring effective utilization of data acquired through remote monitoring in clinical decision-making (Stulock et al., 2022; Hwang, 2023). This integration complicates matters because other healthcare workers are resistant and accustomed to traditional face-to-face models of care.

5.1.5. Data Management and Interpretation

It will overwhelm the healthcare providers with such huge volumes of data coming from remote monitoring technologies. Thus, it will enable the proper clinical decisions while managing patients as it can support the proper data management and interpretation (Stulock et al., 2022; Hayajneh et al., 2016). The pharmacists and other healthcare providers will have to plan how they are going to analyze the data for the patient and identify the trends that will require intervention. This is a challenge because there will always be an ongoing need to educate and train on emerging technologies and data analytic methods (Taylor et al., 2014; Smith, 2023).

5.1.6. Regulation and Privacy Issues

Regulation regarding patient's privacy and security is another. This only adds a little degree of difficulty as there is also legal and ethical expectation from health care providers about the observance of these remote monitoring systems about the standards. The remote monitoring technology raises a cause for concern that information might get accessed and potentially leaked by these technologies for the patients and even for the healthcare providers (Hayajneh et al., 2016; Chen et al., 2020).

Table 3: Regulatory and Ethical Considerations in Remote Medication Monitoring.

Aspect	Details	Citation(s)
Privacy and Data	RMM systems are used to collect sensitive health information,	Das et al.
Security	which needs strong cybersecurity to prevent unauthorized	(2021)
	access and breaches. HIPAA regulations need to be followed	
	in order to maintain confidentiality and protect patient	
	privacy.	
Informed	Patients must be informed about how their data will be used,	Hall et al.
Consent	the risks and benefits of RMM, and the technology's	(2019)
	limitations. Clear communication empowers patients to make	
	informed decisions.	
Autonomy and	Ethical frameworks must ensure that patients have control	Hall et al.
Patient Rights	over their health data and decisions. RMM increases	(2019)
	engagement but should not sacrifice autonomy or coerce	
	patients into participating.	
Regulatory	The regulatory landscape is complex and varies by	Alexander et
Compliance	jurisdiction. Pharmacists must navigate telehealth and data	al. (2017)
	protection regulations to ensure legal compliance across	
	different settings.	
Equity and	Disparities in technology access, internet connectivity, and	Nelissen et
Access	digital literacy must be addressed to ensure equitable RMM	al. (2018)
	implementation, particularly for underserved populations.	
Professional	Pharmacists need training to interpret RMM data and make	Hwang
Accountability	clinical decisions. Clear guidelines should define their roles	(2023)
	and responsibilities in providing safe and effective care.	
Ethical Use of	Ethical considerations must prevent scenarios where patients	Bell &
Technology	feel overly monitored or controlled. Frameworks should guide	Haberer
	RMM development to enhance the patient-provider	(2018)
	relationship.	

6. Future Directions and Opportunities

6.1 Emerging Trends and Technological Innovations in Remote Medication Monitoring

6.1.1. Integration of Artificial Intelligence (AI)

The AI within RMM transforms the way of analyzing and utilization of patient information. AI algorithms can process extensive data generated by devices used for remote monitoring to derive patterns and make predictions on what health conditions would be in time before they go worse Patibandla (2023). For instance, AI will support early medication non-adherence through patient behavior and physiological data monitoring for the design of interventions before any additional compromise of care by healthcare providers (Bhatt et al., 2022). This consequently enables better personalization through the real-time adjustment made there from to optimize better drug therapy for enhanced patient safety.

6.1.2. Internet of Medical Things (IoMT):

IoMT is a fundamental component of RMM in which patients' health condition is tracked via the connected devices. For example, devices that gather and provide real-time health data to the providers could be wearables, smartwatches, or home monitoring systems (Selvaraj & Sundaravaradhan, 2019). Advanced application of IoMT technologies allows connecting other technologies used for communication. The application does allow patients' real-time interaction with their respective caregivers through real-time monitoring of such things as signs and adherence of medication (Yadav, 2024). The improvement in patient involvement enhances the alertness of a healthcare provider responding to a given patient condition's changes.

6.1.3. Sophisticated Mobile Health Apps

Medications have undergone dramatic changes through application of sophisticated mobile health apps. Many of these applications offer medication reminders, adherence tracking, and medication education and education about health conditions. This equips the patient in the active pursuit of care and enhances adherence, which results in better health outcomes as provision of applications that equip patients with health monitoring and management of medication facilities does (Bingham et al., 2020; Abdullah, 2023). In addition, telehealth features in the apps allow the patient to be accessed by the pharmacist and other healthcare providers during virtual consultations in support of the patient (Seng, 2023).

6.1.4. Tele-Remote Monitoring of Patients for Chronic Diseases

RMM is widely applied in the management of chronic diseases, such as diabetes, hypertension, and heart failure. Most research studies have confirmed that remote monitoring significantly enhances the outcome of most patients due to the timely provision of interventions and personalized care (Chalupsky et al., 2022; Kennel et al., 2022). For example, frequent monitoring of the patients with heart failure from distance will allow chronic follow-up of symptoms and response to medication in such a way that the health providers can correct these problems beforehand (Theuns et al., 2021). Apart from hospitalization rate lowering, this treatment will enhance quality of life about the chronic patient. Focus on Patient Centered Care:

This is where the shift to patient-centered care encourages more and more usage of RMM technologies that support patient engagement and autonomy. Innovatively, more developments of RMMs are designed with a focus on patient engagement, where patients gain access to their health data and have effective communication with health providers (Daley et al., 2019). Focusing on the empowerment of the patient, there is a mutually collaborative relationship that enhances adherence and overall satisfaction in care.

6.1.5. Health professional training and education

With the advancements in the technologies of RMM, training of health care providers in the proper use of the tools is now more imperative, even among pharmacists. There are available educational programs aimed at providing the skills necessary to interpret remote monitoring data, interact with patients, and implement RMM in clinical workflows to successfully execute (Sapci & Sapci, 2018). Adequate training of healthcare providers will ensure that there is improvement in healthcare delivery.

6.1.6. Regulatory Developments:

The regulatory agencies now understand the very significant role that RMM plays in healthcare delivery and are establishing rules and standards to govern its adoption. Such rules will assure safety, efficacy, and privacy associated with remote monitoring technologies and, thus, will instill confidence among both providers and patients. As such regulations evolve, they will facilitate the adoption of RMM technology as related issues like data security and reimbursement become easier to resolve (Carr-Lopez et al., 2021).

6.2 Evolving Clinical Pharmacy Practices to Integrate Remote Monitoring into Patient Care Models

6.2.1 Embracing Telehealth and Virtual Care Models:

Clinical Pharmacists Use Telemental/Telehealth To Deliver Medication Management And Counselling Services. Virtual consultations permit access to everyone who might rarely find conventional care services within all their local environments, especially at rural setups. Such models serve the underserved areas Nott (2023)Carr-Lopez et al., 2021); it enhances more patient engagement through real-time assessment of medication use and health improvement. Further to support this transition, training pharmacy students and practitioners in telehealth modalities can be done so that they are ready to deliver effective remote care (Carr-Lopez et al., 2021).

6.2.2. Use of Mobile Health Applications:

The development and implementation of mobile health applications can help in the monitoring of patients remotely and also facilitate patient engagement. Clinical pharmacists can cooperate with the developers of software to produce more friendly applications. These applications shall remind patients to take drugs and provide educational content. Such apps are designed for the empowerment of patients to self-manage drugs, thus enhance medication adherence as well as resulting health outcomes; Nelissen et al., 2018; Isleem et al., 2022. To this end, they should integrate them into e-records systems to make them easier to relate with the various other medical professionals; Isleem et al., 2022. Encouraging Interprofessional Interaction:

The integration of RMM in clinical pharmacy practice necessitates interdisciplinary collaboration among diverse healthcare professionals. Clinical pharmacists should collaborate closely with physicians and nurses and the rest of the healthcare team in developing holistic care plans that reflect remote monitoring data (Vindrola-Padros et al., 2020; Naseman et al., 2020). Interdisciplinary collaboration between providers ensures the medication regimen of the patient as well as health status is brought to the attention of all for timely interventions to optimize drug therapy.

6.2.3.Enhancement in Data Management and Analytics:

The sheer volumes of data from remote monitoring call for training of clinical pharmacists in data management and analytics so that meaningful analyses of the data can be carried out. Such training programs will be very helpful in equipping pharmacists with skills required for analysis of data emanating from remote monitoring for a basis for clinical decisions (Nelissen et al., 2018; Hutchings et al., 2020). Data analysis enables the pharmacists to know the trends about the health of patients and their compliance with medication, so appropriate alterations can be made in advance.

6.2.4. Regulatory and Ethical Issues:

As the technology of RMM emerges, clinical pharmacists will have to stay updated regarding its issues related to regulation and ethics. This would involve knowledge about patient privacy laws, data security protocols, and getting informed consent from the patients (Muflih et al., 2021; Agarwal et al., 2020). In this respect, such regulations will build the trust between pharmacists and patients along with the safety of remote monitoring practices being ethical and in legal standards. Patient Education and Empowerment: Patients must be educated for RMM to take effect. There is a scope for clinical pharmacists in this context; to educate patients on the advantages of remote monitoring, on using resultant associated technologies, and on adherence to medication (Murry et al., 2020; Mayora et al., 2018). Empowerment will increase the patient's participation in care and consequently enhance adherence.

6.2.5.Continuous Professional Development

Given the ever-changing scenario, it would be wise for clinical pharmacists to engage in professional development with continuous attendance in workshops, conferences, and training on telehealth, mHealth, and data analytics (Boursier et al., 2021; Bondi et al., 2021). This means that if clinical pharmacists can be exposed to the recent innovation, then there will be easier integration of RMM in the practice with further improvement of care quality.

Conclusion

Remote Medication Monitoring has become part and parcel of the contemporary healthcare environment, while answering most long-standing questions in the treatment of patients. Advanced technology gives RMM a facilitation for real-time health monitoring, plus individualized treatments of patients along with time interventions, especially to chronicity. Improving medication adherence, reducing the cost in the delivery of healthcare, and ensuring that people live improved lives stand as testaments to its scope. This actually promotes patient autonomy and participation in their care. However, the success of RMM remains dependent on solutions to the most critical issues it brings along about technology integration, data security, and engagement of patients. Increased cooperation among healthcare providers and advancement of AI and IoMT will encourage full-scale RMM implementation, which will address the most crucial gaps in accessibility and equity of healthcare. The paradigm shift not only allows clinical pharmacists to take center stage of patient care but also spells a much better, efficient, patient-centered, and equitable health care ecosystem. It further promises universal reduction of health disparities when RMM technologies and practices are taken to the underserved regions around the world. With further growth of RMM, the future of healthcare delivery would be rewritten, based on innovation, inclusion, and improved patient outcomes in developing a more resilient and adaptive health care infrastructure.

Acknowledgment

The authors express their gratitude to the Cochrane Database, editors, publishers, and open access databases, particularly the Cochrane Library, CINAHL, PubMed, Medline, Embase, Google Scholar, and BMJ Clinical Evidence, for providing the literature required to assemble the study.

Author contributions

The corresponding author assisted the first author in finishing the original manuscript as he was drafting it. Each author must give their final approval before the manuscript is submitted to a journal for publication. Each co-author helped with the creation of the table and figures, the editing of the book, and the gathering of literature.

Conflict of Interest

The authors declare no conflict of interest, financial or otherwise.

Ethical Approval

Not Applicable

References

Alçinar, R. (2023). Birinci basamakta tip 2 diyabet hastalarının ilaç uyumu ve yaşam kalitesi ilişkisi: kesitsel bir çalışma. Turkish Journal of Family Medicine & Primary Care, 17(3), 360-369. https://doi.org/10.21763/tjfmpc.1312415

Abdullah, M. (2023). Telehealth in hypertension management: remote monitoring, adherence, and patient outcomes. International Journal of Community Medicine and Public Health, 11(1), 387-391. https://doi.org/10.18203/2394-6040.ijcmph20233861

Abdumanonov, A. and Karabaev, M. (2020). Information communication texnolgy for monitoring of a prenosological state of the population health ... https://doi.org/10.21203/rs.2.23804/v1

Agarwal, P., Mukerji, G., Laur, C., Chandra, S., Pimlott, N., Heisey, R., ... & Martin, D. (2020). Covidcare@home: lessons from a family medicine led remote monitoring program.. https://doi.org/10.1101/2020.07.20.20158386

Akar, J., Bao, H., Jones, P., Wang, Y., Varosy, P., Masoudi, F., ... & Curtis, J. (2015). Use of remote monitoring is associated with lower risk of adverse outcomes among patients with implanted cardiac defibrillators. Circulation Arrhythmia and Electrophysiology, 8(5), 1173-1180. https://doi.org/10.1161/circep.114.003030

Alahmari, A., Alrabghi, K., & Dighriri, I. (2022). An overview of the current state and perspectives of pharmacy robot and medication dispensing technology. Cureus. https://doi.org/10.7759/cureus.28642

Alexander, E., Butler, C., Darr, A., Jenkins, M., Long, R., Shipman, C., ... & Stratton, T. (2017). Ashp statement on telepharmacy. American Journal of Health-System Pharmacy, 74(9), e236-e241. https://doi.org/10.2146/ajhp170039

Alhur, A. (2023). Incorporating technology in pharmacy education: students' preferences and learning outcomes. Cureus. https://doi.org/10.7759/cureus.50158
Ali, M., Vecchio, M., Putra, G., Kanhere, S., & Antonelli, F. (2020). A decentralized peer-to-peer remote health monitoring system. Sensors, 20(6), 1656. https://doi.org/10.3390/s20061656

Alshayban, D. and Joseph, R. (2020). The impact of medication adherence on health-related quality of life of diabetic patients in the kingdom of saudi arabia: findings from a cross-sectional study. Periódico Tchê Química, 17(34), 867-873. https://doi.org/10.52571/ptq.v17.n34.2020.891_p34_pgs_867_873.pdf

Alvarado, M., Kum, H., Coronado, K., Foster, M., Ortega, P., & Lawley, M. (2017). Barriers to remote health interventions for type 2 diabetes: a systematic review and proposed classification scheme. Journal of Medical Internet Research, 19(2), e28. https://doi.org/10.2196/jmir.6382

Amjad, A., Batool, I., Akhtar, N., Khan, M., & Tariq, S. (2023). Emotional regulation, self-compassion, medication adherence and quality of life in dermatologic patients. PJMHS, 17(2), 145-151. https://doi.org/10.53350/pjmhs2023172145

Ardoin, W., Hoyle, W., Bewaji, O., Ferris, T., Peres, S., Hallbeck, S., ... & Brady, P. (2016). Real-time remote physiological monitoring. Proceedings of the Human Factors and Ergonomics Society Annual Meeting, 60(1), 618-622. https://doi.org/10.1177/1541931213601141

Armitage, L., Kassavou, A., & Sutton, S. (2020). Do mobile device apps designed to support medication adherence demonstrate efficacy? a systematic review of randomised controlled trials, with meta-analysis. BMJ Open, 10(1), e032045. https://doi.org/10.1136/bmjopen-2019-032045

Badowski, M., Bente, J., Davis, E., Isaacs, D., L, L., Martello, J., ... & Kane-Gill, S. (2021). Telehealth and technological applications in patient-centered care: implications for pharmacy learners and clinical pharmacists. Journal of the American College of Clinical Pharmacy, 4(8), 1044-1055. https://doi.org/10.1002/jac5.1490

Badowski, M., Wright, E., Bainbridge, J., Michienzi, S., Nichols, S., Turner, K., ... & Martin, R. (2020). Implementation and evaluation of comprehensive medication management in telehealth practices. Journal of the American College of Clinical Pharmacy, 3(2), 520-531. https://doi.org/10.1002/jac5.1210

Badreldin, H., Alosaimy, S., & Al-Jedai, A. (2020). Clinical pharmacy practice in saudi arabia: historical evolution and future perspective. Journal of the American College of Clinical Pharmacy, 3(5), 920-929. https://doi.org/10.1002/jac5.1239

Baglione, A., Gong, J., Boukhechba, M., Wells, K., & Barnes, L. (2020). Leveraging mobile sensing to understand and develop intervention strategies to improve medication adherence. Ieee Pervasive Computing, 19(3), 24-36. https://doi.org/10.1109/mprv.2020.2993993

Baldoni, S., Amenta, F., & Ricci, G. (2019). Telepharmacy services: present status and future perspectives: a review. Medicina, 55(7), 327. https://doi.org/10.3390/medicina55070327

Bell, K. and Haberer, J. (2018). Actionable adherence monitoring: technological methods to monitor and support adherence to antiretroviral therapy. Current Hiv/Aids Reports, 15(5), 388-396. https://doi.org/10.1007/s11904-018-0413-0

Bhatt, P., Liu, J., Gong, Y., Wang, J., & Guo, Y. (2022). Emerging artificial intelligence—empowered mhealth: scoping review. Jmir Mhealth and Uhealth, 10(6), e35053. https://doi.org/10.2196/35053

Bikou, O., Licka, M., Kathoefer, S., Katus, H., & Bauer, A. (2010). Cost savings and safety of icd remote control by telephone: a prospective, observational study. Journal of Telemedicine and Telecare, 16(7), 403-408. https://doi.org/10.1258/jtt.2010.090810

Bingham, J., Black, M., Anderson, E., Li, Y., Toselli, N., Fox, S., ... & Almodóvar, A. (2020). Impact of telehealth interventions on medication adherence for patients with type 2 diabetes, hypertension, and/or dyslipidemia: a systematic review. Annals of Pharmacotherapy, 55(5), 637-649. https://doi.org/10.1177/1060028020950726

Bogyi, P., Vámos, M., Bári, Z., Polgár, B., Muk, B., Nyolczas, N., ... & Duray, G. (2019). Association of remote monitoring with survival in heart failure patients undergoing cardiac resynchronization therapy: retrospective observational study. Journal of Medical Internet Research, 21(7), e14142. https://doi.org/10.2196/14142

Bondi, D., Alavandi, P., Allen, J., Avery, L., Buatois, E., Connor, K., ... & Chung, A. (2021). Addressing challenges of providing remote inpatient clinical pharmacy services. Journal of the American College of Clinical Pharmacy, 4(12), 1594-1600. https://doi.org/10.1002/jac5.1553

Boursier, A., Ferret, L., Fulcrand, J., Heiremans, J., Charpentier, P., Dujardin, L., ... & Lemaire, A. (2021). Integrating a clinical pharmacist into a multidisciplinary pain center: feedback and perspectives.. https://doi.org/10.21203/rs.3.rs-230281/v1

Bukhari, N., Siddique, M., Bilal, N., Javed, S., Moosvi, A., & Babar, Z. (2021). Pharmacists and telemedicine: an innovative model fulfilling sustainable development goals (sdgs). Journal of Pharmaceutical Policy and Practice, 14(1). https://doi.org/10.1186/s40545-021-00378-9

Carr-Lopez, S., Strohecker, L., Miyahara, R., Patel, R., Yvonne, T., Shek, A., ... & Law, E. (2021). Impact of a veterans affairs primary care collaboration to provide remote team-based care and telehealth introductory pharmacy practice experiences. Journal of the American College of Clinical Pharmacy, 4(9), 1109-1116. https://doi.org/10.1002/jac5.1474

Carter, J., Donelan, K., & Thorndike, A. (2022). Patient perspectives on home-based care and remote monitoring in heart failure: a qualitative study. Journal of Primary Care & Community Health, 13. https://doi.org/10.1177/21501319221133672

Chalupsky, M., Craddock, K., Schivo, M., & Kühn, B. (2022). Remote patient monitoring in the management of chronic obstructive pulmonary disease. Journal of Investigative Medicine, 70(8), 1681-1689. https://doi.org/10.1136/jim-2022-002430

Chen, J., Amaize, A., & Barath, D. (2020). Evaluating telehealth adoption and related barriers among hospitals located in rural and urban areas. The Journal of Rural Health, 37(4), 801-811. https://doi.org/10.1111/jrh.12534

Cheong, W. (2020). "to be or not to be in the ward": the impact of covid-19 on the role of hospital-based clinical pharmacists—a qualitative study. Journal of the American College of Clinical Pharmacy, 3(8), 1458-1463. https://doi.org/10.1002/jac5.1315

Choi, A., Lovett, A., Kang, J., Lee, K., & Choi, L. (2015). Mobile applications to improve medication adherence: existing apps, quality of life and future directions. Advances in Pharmacology and Pharmacy, 3(3), 64-74. https://doi.org/10.13189/app.2015.030302

Choi, D., Rubin, D., Puangampai, A., & Lach, M. (2023). Role and impact of a clinical pharmacy team at an inflammatory bowel disease center. Crohn S & Colitis 360, 5(2). https://doi.org/10.1093/crocol/otad018

Chung, W. and Fong, E. (2014). Seamless personal health information system in cloud computing., 3658-3661. https://doi.org/10.1109/embc.2014.6944416

Daley, C., Toscos, T., & Mirro, M. (2019). Data integration and interoperability for patient-centered remote monitoring of cardiovascular implantable electronic devices. Bioengineering, 6(1), 25. https://doi.org/10.3390/bioengineering6010025

Dalloul, A. (2023). A review of recent innovations in remote health monitoring. Micromachines, 14(12), 2157. https://doi.org/10.3390/mi14122157

Das, S., Siroky, G., Lee, S., Mehta, D., & Suri, R. (2021). Cybersecurity: the need for data and patient safety with cardiac implantable electronic devices. Heart Rhythm, 18(3), 473-481. https://doi.org/10.1016/j.hrthm.2020.10.009

Dascanio, S., Nowa, S., Williams, S., Kumwenda, H., Urick, B., & Steeb, D. (2021). Implementation and evaluation of clinical pharmacy services through quality improvement in a tertiary hospital in malawi. Journal of the American College of Clinical Pharmacy, 4(5), 594-603. https://doi.org/10.1002/jac5.1395

Desalegn, D., Girma, S., & Abdeta, T. (2020). Quality of life and its association with current substance use, medication non-adherence and clinical factors of people with schizophrenia in southwest ethiopia: a hospital-based cross-sectional study. Health and Quality of Life Outcomes, 18(1). https://doi.org/10.1186/s12955-020-01340-0

Dockendorf, M., Hansen, B., Bateman, K., Moyer, M., Shah, J., & Shipley, L. (2020). Digitally enabled, patient-centric clinical trials: shifting the drug development paradigm. Clinical and Translational Science, 14(2), 445-459. https://doi.org/10.1111/cts.12910

Ebrahem, S. and Alam, F. (2016). Effectiveness of psychiatric nursing intervention on adherence to medications and quality of life of schizophrenic patients. American Journal of Nursing Science, 5(6), 232. https://doi.org/10.11648/j.ajns.20160506.11

Ekenga, V. (2024). Impact of collaborative chronic care management with remote monitoring on blood glucose and blood pressure in federally qualified health center patients: a pilot study. Health Science Reports, 7(2). https://doi.org/10.1002/hsr2.1853

Elkhodr, M., Shahrestani, S., & Cheung, H. (2011). Improving e-health security through trust negotiation.. https://doi.org/10.5220/0003613701720177

Fauzi, I. (2024). The remote provision of pharmaceutical products and services by retail pharmacies in kampala, uganda; practices and challenges.. https://doi.org/10.21203/rs.3.rs-4116387/v1

Foster, A., Croot, L., Brazier, J., Harris, J., & O'Cathain, A. (2018). The facilitators and barriers to implementing patient reported outcome measures in organisations delivering health related services: a systematic review of reviews. Journal of Patient-Reported Outcomes, 2(1). https://doi.org/10.1186/s41687-018-0072-3

Garfan, S., Alamoodi, A., Zaidan, B., Al-Zobbi, M., Hamid, R., Alwan, J., ... & Momani, F. (2021). Telehealth utilization during the covid-19 pandemic: a systematic review. Computers in Biology and Medicine, 138, 104878. https://doi.org/10.1016/j.compbiomed.2021.104878

Gopichandran, L., Garg, R., Chalga, M., Joshi, P., Dhandapani, M., & Bhatnagar, S. (2023). Development of mobile application-based system for improving medication adherence among cancer patients receiving palliative therapy. Indian Journal of Palliative Care, 29, 51-56. https://doi.org/10.25259/ijpc_12_2021

Grewal, N. (2024). Practical considerations of remote care in thoracic aortopathy in india. Journal of Clinical Medicine, 13(11), 3327. https://doi.org/10.3390/jcm13113327

Guédon-Moreau, L., Lacroix, D., Sadoul, N., Clémenty, J., Kouakam, C., Hermida, J., ... & Kacet, S. (2012). A randomized study of remote follow-up of implantable cardioverter defibrillators: safety and efficacy report of the ecost trial. European Heart Journal, 34(8), 605-614. https://doi.org/10.1093/eurheartj/ehs425

HIRAPARA, R. (2024). An analysis of prescription pattern, adherence to pharmacotherapy and quality of life in pemphigus vulgaris patients. International Journal of Pharmacy and Pharmaceutical Sciences, 8-12. https://doi.org/10.22159/ijpps.2024v16i3.50234

Hall, A., Wilson, C., Stanmore, E., & Todd, C. (2019). Moving beyond 'safety' versus 'autonomy': a qualitative exploration of the ethics of using monitoring technologies in long-term dementia care. BMC Geriatrics, 19(1). https://doi.org/10.1186/s12877-019-1155-6

Hartch, C. (2023). Effects of a medication adherence app among medically underserved adults with chronic illness: a randomized controlled trial. Journal of Behavioral Medicine, 47(3), 389-404. https://doi.org/10.1007/s10865-023-00446-2

Hasan, H. (2024). Knowledge, attitude and practice among pharmacy students and faculty members towards artificial intelligence in pharmacy practice: a multinational cross-sectional study. Plos One, 19(3), e0296884. https://doi.org/10.1371/journal.pone.0296884

Hawksworth, L., Raja, S., Drake, J., Davis, T., O'Brien, A., & Brady, J. (2022). Exploring nurses' perceptions of the barriers and facilitators that influence acceptance and use of remote visual monitoring technology. Journal of Nursing Management, 30(7), 3466-3480. https://doi.org/10.1111/jonm.13822

Hayajneh, T., Mohd, B., Imran, M., Almashaqbeh, G., & Vasilakos, A. (2016). Secure authentication for remote patient monitoring with wireless medical sensor networks. Sensors, 16(4), 424. https://doi.org/10.3390/s16040424

Hindricks, G., Elsner, C., Piorkowski, C., Táborský, M., Geller, J., Schumacher, B., ... & Kottkamp, H. (2013). Quarterly vs. yearly clinical follow-up of remotely monitored recipients of prophylactic implantable cardioverter-defibrillators: results of the reform trial. European Heart Journal, 35(2), 98-105. https://doi.org/10.1093/eurheartj/eht207

Hutchings, O., Dearing, C., Jagers, D., Shaw, M., Raffan, F., Jones, A., ... & Ritchie, A. (2020). Virtual health care for community management of patients with covid-19... https://doi.org/10.1101/2020.05.11.20082396

Hwang, Y. (2023). Patient outcomes associated with the first remote monitoring experience of cardiac implantable electronic devices in south korea. Clinical Interventions in Aging, Volume 18, 1587-1595. https://doi.org/10.2147/cia.s422626

Hwang, Y. and Kim, J. (2022). The first survey on patient needs for remote monitoring of cardiac implantable electronic device in south korea. Medicine, 101(23), e29414. https://doi.org/10.1097/md.0000000000029414

Isaranuwatchai, W., Redwood, O., Schauer, A., Meer, T., Vallée, J., & Clifford, P. (2018). A remote patient monitoring intervention for patients with chronic obstructive pulmonary disease and chronic heart failure: pre-post economic analysis of the smart program. Jmir Cardio, 2(2), e10319. https://doi.org/10.2196/10319

Isleem, N., Shoshaa, S., AbuGhalyoun, A., Khatib, M., Naseralallah, L., Danjuma, M., ... & Saad, M. (2022). Critical care tele-pharmacy services during covid -19 pandemic: a qualitative exploration of healthcare practitioners' perceptions. Journal of Clinical Pharmacy and Therapeutics, 47(10), 1591-1599. https://doi.org/10.1111/jcpt.13709

Isleem, N., Shoshaa, S., Ghalyoun, A., Khatib, M., Naseralallah, L., Danjuma, M., ... & Saad, M. (2022). Critical care tele-pharmacy services during covid-19 pandemic: a qualitative exploration of healthcare practitioners' perceptions.. https://doi.org/10.21203/rs.3.rs-1166280/v1

Jaleel, A., Mahmood, T., Hassan, M., Bano, G., & Khurshid, S. (2020). Towards medical data interoperability through collaboration of healthcare devices. Ieee Access, 8, 132302-132319. https://doi.org/10.1109/access.2020.3009783

Janežič, A., Locatelli, I., & Kos, M. (2017). Criterion validity of 8-item morisky medication adherence scale in patients with asthma. Plos One, 12(11), e0187835. https://doi.org/10.1371/journal.pone.0187835

Jarrin, R., Barrett, M., Kaye, L., Sayiner, S., Leer, A., Johns, J., ... & Ostrovsky, A. (2021). Need for clarifying remote physiologic monitoring reimbursement during the covid-19 pandemic: a respiratory disease case study. NPJ Digital Medicine, 4(1). https://doi.org/10.1038/s41746-021-00421-8

Kang, H. and Exworthy, M. (2022). Wearing the future—wearables to empower users to take greater responsibility for their health and care: scoping review. Jmir Mhealth and Uhealth, 10(7), e35684. https://doi.org/10.2196/35684

Kennel, P., Rosenblum, H., Axsom, K., Alishetti, S., Brener, M., Horn, E., ... & Uriel, N. (2022). Remote cardiac monitoring in patients with heart failure. Jama Cardiology, 7(5), 556. https://doi.org/10.1001/jamacardio.2021.5090

Kvarnström, K., Westerholm, A., Airaksinen, M., & Liira, H. (2021). Factors contributing to medication adherence in patients with a chronic condition: a scoping review of qualitative research. Pharmaceutics, 13(7), 1100. https://doi.org/10.3390/pharmaceutics13071100

Lee, S., Chu, Y., Ryu, J., Park, Y., Yang, S., & Koh, S. (2022). Artificial intelligence for detection of cardiovascular-related diseases from wearable devices: a systematic review and meta-analysis. Yonsei Medical Journal, 63(Suppl), S93. https://doi.org/10.3349/ymj.2022.63.s93

Leonardsen, A., Helgesen, A., Stensvold, A., Magnussen, J., & Grøndahl, V. (2022). Cancer patients' perspectives on remote monitoring at home during the covid-19 pandemic- a qualitative study in norway. BMC Health Services Research, 22(1). https://doi.org/10.1186/s12913-022-07897-4

Li, J., Talaei-Khoei, A., Seale, H., Ray, P., & MacIntyre, C. (2013). Health care provider adoption of ehealth: systematic literature review. Interactive Journal of Medical Research, 2(1), e7. https://doi.org/10.2196/ijmr.2468

Lim, P., Lee, A., Chua, K., Lim, E., Chong, D., Tan, B., ... & Ching, C. (2016). Remote monitoring of patients with cardiac implantable electronic devices: a southeast asian, single-centre pilot study. Singapore Medical Journal, 57(07), 372-377. https://doi.org/10.11622/smedj.2016120

Liria, R., López-Villegas, A., Costa, C., Peiró, S., Robles-Musso, E., Bautista-Mesa, R., ... & Catalán-Matamoros, D. (2020). Effectiveness and safety in remote monitoring of patients with pacemakers five years after an implant: the poniente study. International Journal of Environmental Research and Public Health, 17(4), 1431. https://doi.org/10.3390/ijerph17041431

Lussier, M., Learn, L., Aftewicz, H., Webster, L., Gazes, S., Kern, M., ... & Wright, E. (2021). Implementation and evaluation of a centralized pharmacy telehealth center within an integrated health delivery system. Journal of the American College of Clinical Pharmacy, 4(11), 1384-1391. https://doi.org/10.1002/jac5.1505

Mabo, P., Victor, F., Bazin, P., Ahres, S., Babuty, D., Costa, A., ... & Daubert, J. (2011). A randomized trial of long-term remote monitoring of pacemaker recipients (the compas trial). European Heart Journal, 33(9), 1105-1111. https://doi.org/10.1093/eurheartj/ehr419

Macnab, M., Lee, S., McCloughan, L., Hanley, J., McKinstry, B., & Pinnock, H. (2015). Oximetry-supported self-management for chronic obstructive pulmonary disease: mixed method feasibility pilot project. BMC Health Services Research, 15(1). https://doi.org/10.1186/s12913-015-1135-2

Marzegalli, M., Lunati, M., Landolina, M., Perego, G., Ricci, R., Guenzati, G., ... & Santini, M. (2008). Remote monitoring of crt-icd: the multicenter italian carelink evaluation—ease of use, acceptance, and organizational implications. Pacing and Clinical Electrophysiology, 31(10), 1259-1264. https://doi.org/10.1111/j.1540-8159.2008.01175.x

Mayora, C., Kitutu, F., Kandala, N., Ekirapa-Kiracho, E., Peterson, S., & Wamani, H. (2018). Private retail drug shops: what they are, how they operate, and implications for health care delivery in rural uganda. BMC Health Services Research, 18(1). https://doi.org/10.1186/s12913-018-3343-2

Mekonnen, A., Yesuf, E., Odegard, P., & Wega, S. (2013). Implementing ward based clinical pharmacy services in an ethiopian university hospital. Pharmacy Practice, 11(1), 51-57. https://doi.org/10.4321/s1886-36552013000100009

Mittal, S., Piccini, J., Snell, J., Prillinger, J., Dalal, N., & Varma, N. (2016). Improved survival in patients enrolled promptly into remote monitoring following cardiac implantable electronic device implantation. Journal of Interventional Cardiac Electrophysiology, 46(2), 129-136. https://doi.org/10.1007/s10840-016-0112-y

Mosch, L., Poncette, A., Spies, C., Weber-Carstens, S., Schieler, M., Krampe, H., ... & Balzer, F. (2022). Creation of an evidence-based implementation framework for digital health technology in the intensive care unit: qualitative study. Jmir Formative Research, 6(4), e22866. https://doi.org/10.2196/22866

Muflih, S., Al-Azzam, S., Abuhammad, S., Jaradat, S., Karasneh, R., & Shawaqfeh, M. (2021). Pharmacists' experience, competence and perception of telepharmacy technology in response to covid-19. International Journal of Clinical Practice, 75(7). https://doi.org/10.1111/jjcp.14209

Murry, L., Parker, C., Finkelstein, R., Arnold, M., & Kennelty, K. (2020). Evaluation of a clinical pharmacist team-based telehealth intervention in a rural clinic setting: a pilot study of feasibility, organizational perceptions, and return on investment. Pilot and Feasibility Studies, 6(1). https://doi.org/10.1186/s40814-020-00677-z

Naseman, K., Faiella, A., & Lambert, G. (2020). Pharmacist-provided diabetes education and management in a diverse, medically underserved population. Diabetes Spectrum, 33(2), 210-214. https://doi.org/10.2337/ds19-0048

Nelissen, H., Cremers, A., Okwor, T., Kool, S., Leth, F., Brewster, L., ... & Hoog, A. (2018). Pharmacy-based hypertension care employing mhealth in lagos, nigeria – a mixed methods feasibility study. BMC Health Services Research, 18(1). https://doi.org/10.1186/s12913-018-3740-3

Nelissen, H., Okwor, T., Khalidson, O., Osibogun, A., & Hoog, A. (2018). Low uptake of hypertension care after community hypertension screening events in lagos, nigeria. Global Health Action, 11(1), 1548006. https://doi.org/10.1080/16549716.2018.1548006

Nott, S. (2023). A stepped wedge randomised controlled trial assessing the efficacy and patient acceptability of virtual clinical pharmacy in rural and remote australian hospitals.. https://doi.org/10.21203/rs.3.rs-3335920/v1

Nugraha, S. and Putri, S. (2019). Adherence and quality of life in patients with type ii diabetes mellitus.. https://doi.org/10.2991/sores-18.2019.86

Olen, M. and Dechert-Crooks, B. (2017). Implantable cardiac devices: the utility of remote monitoring in a paediatric and chd population. Cardiology in the Young, 27(S1), S143-S146. https://doi.org/10.1017/s1047951116002390

Pak, J. and Park, K. (2012). Ubimms: an ubiquitous medication monitoring system based on remote device management methods. Health Information Management Journal, 41(1), 26-30. https://doi.org/10.1177/183335831204100104

Park, L., Ng, F., Shim, J., Elnaggar, A., & Villero, O. (2020). Perceptions and experiences of using mobile technology for medication adherence among older adults with coronary heart disease: a qualitative study. Digital Health, 6. https://doi.org/10.1177/2055207620926844

Patibandla, S. (2023). Validation of safety and efficacy of real time multi vital remote monitoring in patients with chronic ischemic heart disease. International Journal of Innovative Research in Medical Science, 8(10), 472-478. https://doi.org/10.23958/ijirms/vol08-i10/1753

Perwitasari, D. and Urbayatun, S. (2016). Treatment adherence and quality of life in diabetes mellitus patients in indonesia. Sage Open, 6(2). https://doi.org/10.1177/2158244016643748

Raatikainen, M., Uusimaa, P., Ginneken, M., Janssen, J., & Linnaluoto, M. (2008). Remote monitoring of implantable cardioverter defibrillator patients: a safe, time-saving, and cost-effective means for follow-up. Ep Europace, 10(10), 1145-1151. https://doi.org/10.1093/europace/eun203

Rocque, G., Dent, D., Ingram, S., Caston, N., Thigpen, H., Lalor, F., ... & Stover, A. (2022). Adaptation of remote symptom monitoring using electronic patient-reported outcomes for implementation in real-world settings. Jco Oncology Practice, 18(12), e1943-e1952. https://doi.org/10.1200/op.22.00360

Ruiz, M., García, M., Aguilera, R., Prat, X., García, J., Orozco, M., ... & Ferrer, J. (2020). Patient satisfaction with remote monitoring of cardiac implantable electronic devices: the valiosa questionnaire. BMC Health Services Research, 20(1). https://doi.org/10.1186/s12913-020-05216-3

Sapci, A. and Sapci, H. (2018). Digital continuous healthcare and disruptive medical technologies: m-health and telemedicine skills training for data-driven healthcare. Journal of Telemedicine and Telecare, 25(10), 623-635. https://doi.org/10.1177/1357633x18793293

Saxon, L., Hayes, D., Gilliam, F., Heidenreich, P., Day, J., Seth, M., ... & Boehmer, J. (2010). Long-term outcome after icd and crt implantation and influence of remote device follow-up. Circulation, 122(23), 2359-2367. https://doi.org/10.1161/circulationaha.110.960633

Schafer, K., Harris, I., Lounsbery, J., Philbrick, A., & Moon, J. (2022). Shifts in pharmacists' responsibilities in family medicine residency programs during covid-19. Innovations in Pharmacy, 13(1), 15. https://doi.org/10.24926/iip.v13i1.4559

Schenk, R. and Schenk, J. (2011). Integration of remote blood glucose meter upload technology into a clinical pharmacist medication therapy management service. Journal of Diabetes Science and Technology, 5(1), 188-191. https://doi.org/10.1177/193229681100500126

Schoenfeld, M., Compton, S., Mead, R., Weiss, D., Sherfesee, L., Englund, J., ... & Mongeon, L. (2004). Remote monitoring of implantable cardioverter defibrillators:. Pacing and Clinical Electrophysiology, 27(6p1), 757-763. https://doi.org/10.1111/j.1540-8159.2004.00524.x

Selvaraj, S. and Sundaravaradhan, S. (2019). Challenges and opportunities in iot healthcare systems: a systematic review. Sn Applied Sciences, 2(1). https://doi.org/10.1007/s42452-019-1925-y

Seng, J. (2023). Role of caregivers in remote management of patients with type 2 diabetes mellitus: systematic review of literature. Journal of Medical Internet Research, 25, e46988. https://doi.org/10.2196/46988

Shaikh, R. (2012). Real time health monitoring system of remote patient using arm7. International Journal of Instrumentation Control and Automation, 18-21. https://doi.org/10.47893/ijica.2012.1061

Smeets, C., Storms, V., Vandervoort, P., Dreesen, P., Vranken, J., Houbrechts, M., ... & Dendale, P. (2018). A novel intelligent two-way communication system for remote heart failure medication uptitration (the cardiocoach study): randomized controlled feasibility trial. Jmir Cardio, 2(1), e8. https://doi.org/10.2196/cardio.9153

Smith, S. (2023). Barriers to technology adoption by patients and providers in diabetes and hypertension care management. Digital Medicine and Health Technology, 2. https://doi.org/10.5772/dmht.18

Sng, Y., Ong, C., & Lai, Y. (2018). Approaches to outpatient pharmacy automation: a systematic review. European Journal of Hospital Pharmacy, 26(3), 157-162. https://doi.org/10.1136/ejhpharm-2017-001424

Song, A. and Lv, J. (2014). Remote medical monitoring based on wireless sensor network. Applied Mechanics and Materials, 556-562, 3327-3330. https://doi.org/10.4028/www.scientific.net/amm.556-562.3327

Song, S., Lee, S., Jang, S., Lee, Y., Kim, N., Sohn, H., ... & Suh, D. (2017). Mediation effects of medication information processing and adherence on association between health literacy and quality of life. BMC Health Services Research, 17(1). https://doi.org/10.1186/s12913-017-2598-0

Srikar, M. and Chaitanya, B. (2020). Iot based health monitoring system. Journal of Critical Reviews, 7(04). https://doi.org/10.31838/jcr.07.04.137

Stulock, R., Montgomery, J., Parker, M., Singrey, A., & Zeleznikar, E. (2022). Pharmacist involvement in a comprehensive remote monitoring and telemanagement program. American Journal of Health-System Pharmacy, 79(11), 888-895. https://doi.org/10.1093/ajhp/zxac025

Taylor, J., Coates, E., Brewster, L., Mountain, G., Wessels, B., & Hawley, M. (2014). Examining the use of telehealth in community nursing: identifying the factors affecting frontline staff acceptance and telehealth adoption. Journal of Advanced Nursing, 71(2), 326-337. https://doi.org/10.1111/jan.12480

Taylor, S., Cairns, A., & Glass, B. (2021). Rural pharmacists and stakeholders perspectives of expanded pharmacy practice: a descriptive study. Australian Journal of Rural Health, 29(3), 341-353. https://doi.org/10.1111/ajr.12739

Theuns, D., Radhoe, S., & Brugts, J. (2021). Remote monitoring of heart failure in patients with implantable cardioverter-defibrillators: current status and future needs. Sensors, 21(11), 3763. https://doi.org/10.3390/s21113763

Tiwari, R. (2024). Impact of pharmacist-led interventions on medication adherence and inhalation technique in adult patients with copd and asthma. Journal of Health and Allied Sciences, 13(1), 14-22. https://doi.org/10.37107/jhas326

Treskes, R., Beles, M., Caputo, M., Cordon, A., Biundo, E., Maes, E., ... & Heggermont, W. (2021). Clinical and economic impact of heartlogicTM compared with standard care in heart failure patients. Esc Heart Failure, 8(2), 1541-1551. https://doi.org/10.1002/ehf2.13252

Varma, N., Michalski, J., Stambler, B., Pavri, B., & Investigators, T. (2014). Superiority of automatic remote monitoring compared with in-person evaluation for scheduled icd follow-up in the trust trial - testing execution of the recommendations. European Heart Journal, 35(20), 1345-1352. https://doi.org/10.1093/eurheartj/ehu066

Veenis, J., Radhoe, S., Hooijmans, P., & Brugts, J. (2021). Remote monitoring in chronic heart failure patients: is non-invasive remote monitoring the way to go?. Sensors, 21(3), 887. https://doi.org/10.3390/s21030887

Vegesna, A., Tran, M., Angelaccio, M., & Arcona, S. (2017). Remote patient monitoring via non-invasive digital technologies: a systematic review. Telemedicine Journal and E-Health, 23(1), 3-17. https://doi.org/10.1089/tmj.2016.0051

Vindrola-Padros, C., Sidhu, M., Georghiou, T., Sherlaw-Johnson, C., Singh, K., Tomini, S., ... & Fulop, N. (2020). The implementation of remote home monitoring models during the covid-19 pandemic in england.. https://doi.org/10.1101/2020.11.12.20230318

Yadav, R., Kaphle, H., Yadav, D., Marahatta, S., Shah, N., Baral, S., ... & Ojha, R. (2021). Health related quality of life and associated factors with medication adherence among tuberculosis patients in selected districts of gandaki province of nepal. Journal of Clinical Tuberculosis and Other Mycobacterial Diseases, 23, 100235. https://doi.org/10.1016/j.jctube.2021.100235