Core Competencies, Chapter 4

Medication Reconciliation/Shared Medication Lists Between Care Providers

Contributor: Lorin Scher, MD. Edited by Marc Avery and Stacey Devenney.

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Definition and Why This Subject is Important

Poor adherence to medications account for two-thirds of medication-related hospitalizations, and even higher for patients/clients with complex needs. Multiple studies have demonstrated that patients with chronic conditions adhere to medication plans only about 50% of the time, which may account for the poor outcomes related to chronic medical illness and mental health disorders.

Unfortunately, most traditional health care organizations rely on the client/patient to be the "owner" of the medication list. Patients may not possess the health literacy and other personal resources in order to accomplish this task. As a result, clinicians erroneously expect their patients to remember and manage all medication changes made by the numbers of their providers. Integrated health care organizations recognize that multiple strategies are required to improve medication adherence, and this section focuses on tools to improve medication reconciliation and shared medication lists between providers.

Example

Medication reconciliation was demonstrated when a medical assistant sees a 40-year-old man at this primary care visit. The patient reported that he is prescribed medication by his primary care provider and by his psychiatrist. The medical assistant obtains a Release of Information (ROI) for the behavioral health clinician and then calls the psychiatry office to verify current medications. After this the medical assistant asks the patient which of the prescribed medications he is actually taking.

The medical assistant discovered that the patient's psych meds were changed since the last visit, and that he decided to stop another medication prematurely. The medical assistant noted these discrepancies in the file in preparation for the visit with the primary care provider.

Narrative Description

Poor adherence to prescribed medications is directly related to poor medical and behavioral health outcomes. Complex clients/patients with medical and psychiatric comorbidities are at particularly high risk for medication errors, med-related hospitalizations, and avoidable drug-drug interactions. Multiple strategies involving improved client/patient education, use of an electronic health record, and smartphone apps can all help improve medication adherence. The process of medication reconciliation and shared medication lists across providers has been proven to prevent adverse drug events, and remains a top safety priority for any health care organization.

Medication reconciliation is the process of creating the most accurate list possible of all medications and herbal supplements a patient/client is prescribed (includes medication name, dose, frequency of use, and route of administration). This list is then compared and adjusted at any transition point within a hospitalization or outpatient visit.

In addition to electronic health records medication reconciliation initiatives, clinicians will also develop medication adherence plans with their clients / patients involving the following important goals:

1. Identify and Assess Non-adherence (Drug Adherence Work-up tool – Million hearts initiative)
2. Help patients remember (improved education / motivational interviewing approaches / smartphone tools)

3. Address financial / physical barriers (medication delivery, local formularies, low cost medications)
4. Communicate and Educate (reminders, address attitudes / beliefs, written instructions, appropriate education materials)
5. Informed consent process (explain risks and benefits, discuss side effects, use "positive framing")
6. Involving patients in treatment plan (shared decision making, monitoring blood pressures / glucose / PHQ-9s)

Available Resources

1. Pharmacist Drug Adherence Work-Up Tool (DRAW) (free) – http://millionhearts.hhs.gov/Docs/TUPD/DRAW_Tool.pdf
2. Use visual aids such as pill cards to show the medication regimen (free on Agency for Healthcare and Research Quality website) - http://www.ahrq.gov/sites/default/files/wysiwyg/patients-consumers/diagnosis-treatment/treatments/pillcard/pillcard.pdf
3. Decision aids can help patients reach a risk / benefit decision by answering treatment specific questions - http://www.webmd.com/a-to-z-guides/decision-points-for-medicines-topic-overview
4. Medication adherence smartphone applications (apps) and alerts – the following two are free and were rated highest in a study conducted by pharmacists
    - MyMedSchedule (for iPhone and Android) -- http://www.mymedschedule.com (free)
    - MyMeds (for iPhone and Android) -- http://www.my-meds.com (free)

BHICCI Plan for Learning/Teaching/Coaching

- Primary care providers and clinic staff READ the materials presented in Core Competency 4- Medication Reconciliation/Shared Medication List Between Providers (Medication Reconciliation), and discuss with the practice coach.
- PCP and clinic staff ATTEND or VIEW the Web-training or In-Person Presentation: Review on Medication Reconciliation.
- PARTICIPATE in follow up Coaching (call, in person or materials sent) by Jen Clancy Consulting team based on plan.

How will Competence in this area be Measured?

Following completion/verification of the above learning/teaching/coaching plan, each primary care provider/complex care manager will have the opportunity to practice his/her new skills under supervision. Following this, the supervisor will rate the clinician's competency in each of the following by:

1. Case discussion of 3 or more complex care patients/clients, or
2. Chart review of 5 or more patients/clients.

COMPETENCY AREA	EVIDENCED BY:	SUPERVISOR'S RATING*
Able to complete medication reconciliation.	• Be able to demonstrate how to complete a medication reconciliation record based on best practices • Be able to verbalize how to resolve discrepancies, duplications, or drug interactions during the interaction process. • Will be able to verbalize how health literacy problem impact medication compliance • Be able to communicate effectively with the Patient/client about medication	1 2 3 4 5

*1= Excellent results with no need for prompting or support.
3 = good results and/or required some prompting or support.
5 = required much support and/or was unable to complete necessary skills.