Initiating an Effective Medication Reconciliation Program

Welcome!

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We will get started shortly!

Tanya Vadala

PHARM.D. MEDICATION SAFETY PHARMACIST, IPRO

Tanya is an IPRO pharmacist with 17 years of clinical pharmacy, community pharmacy, academia, quality improvement and medication safety experience. Prior to joining IPRO, she worked at various community pharmacies and taught at Albany College of Pharmacy and Health Sciences in Albany, NY. She specializes in Medication Therapy Management (MTM), medication reconciliation, opioids, immunizations, and patient self-care. Her formal teaching experience includes courses in pharmacy practice and clinical experiential teaching.

Contact:
TVadala@ipro.org

Medication Reconciliation

- How is it being accomplished at your facility?

- Who is doing the Med Rec?

- Is there a process or policy your facility follows?

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Objectives

- Discuss key points for starting a medication reconciliation program

- Identify how to take a best possible medication history

- Review common errors

Program Initiation

- Buy in at all levels
- Policy creation
- Training/Education
- Process review

Standardize the Medication Reconciliation Process

- Process design: centered around the best possible medication history

- Define roles, responsibilities and accountability: determine which discipline(s) should be involved in each step of the process. Identify who is ultimately in charge.

- Integration into workflow: Placement and assurance it will be done

Creating the Team

- Team Leader – someone who can build consensus and knows who, how and when to ask for resources
- Administrative leader – to remove barriers, assign resources
- Clinical Champion(s) – physicians, pharmacists, nurses with the expertise/knowledge necessary
- Direct patient care/front line staff – those who know current workflow and who can envision how to improve
- Pharmacists – consultant pharmacists
- Quality Improvement staff (is often a team leader)
- Information technology staff

How to Take the Best Possible Medication History (BPMH)

Slides courtesy of:
Jeffrey L. Schnipper, M.D., M.P.H.
Stephanie Labonville, Pharm.D., BCPS
Becky Largen, Pharm.D., BCPS
Jenna Goldstein, M.A.

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Goals of a Good Medication History

❖ To obtain complete information on the patient's regimen, including the:

- Name of each medication
- Formulation (e.g., extended release)
- Dosage
- Route
- Frequency

❖ To distinguish between what patients are supposed to be on vs. what they actually take

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History Also Ideally Includes

❖ Drug indications

❖ Any recent changes in the regimen

❖ Over-the-counter drugs

❖ Sample medications

❖ Vitamins, herbals, nutraceuticals, supplements

❖ When the patient last took each medication

❖ Allergies and the associated reactions

❖ Prescriber(s)

❖ Pharmacy(ies)

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It's Not Easy!

❖ Many health care professionals are not trained to take a good medication history

❖ Patients may be unfamiliar with their meds

❖ Available information may be incomplete, out of date, or conflicting

❖ Errors are common

- Examples: omitting a medication, additional medication, wrong dosage or frequency

❖ Can be time consuming

- But training makes the process better and faster

Tips on Taking a Good History

❖ Try to use at least **two sources** of information when possible and explore discrepancies between them
- Source #1 = from patient
  - Patient (from interview)
  - Patient-owned medication lists
  - Family members and other caregivers
  - Pill bottles
- Source #2 = from elsewhere
  - Discharge medication orders from recent hospitalizations
  - Medication lists and/or notes from outpatient providers
  - Transfer orders from other facilities
  - Pharmacy(ies) where patient fills prescriptions

Using a Medication List

❖ Can save time and reduce errors in the medication history

❖ List may not be current or accurate

❖ Review and verify list with the patient

- Don't just read the list and ask patient if it is ok!

- **Ask patient to tell you what they are taking, how much, and how often**

- Then use list to explore discrepancies and confirm

- Probe to identify additional medications

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How to Probe for Information

❖ Begin with an open-ended question
- *What medicines do you take?*

❖ Ask about scheduled medications
- *Which medicines do you take every day, regardless of how you feel?*

❖ Ask about prn medications
- *Which medicines do you take only sometimes?*
- *Do you often take something for headaches? Allergies? To help you fall asleep? When you get a cold? For heartburn?*

Medication History Probes

❖ Fill in gaps
- For each medication, elicit dose and time(s) of day the patient takes it, if not already provided
- Ask about extended-release forms and route

❖ Assess the purpose of each medication
- *What is that medicine for? Do you take anything else for that?*

❖ Ask about meds for specific conditions
- *What medicines do you take for your diabetes, high blood pressure, etc.?*

Medication History Probes

❖ Ask about medications that are easy to forget
  - *Do you take any inhalers, nebulizers, nasal sprays, ointments, creams, eye drops, ear drops, patches, injections, or suppositories?*
  - *Do you take any medicines in the evening or night?*
  - *Do you take any medicines weekly or monthly?*
❖ Ask about non-prescription products
  - *Which medicines do you take that don't require a prescription? Any over-the-counter medicines, vitamins, herbals, supplements?*

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Medication History Probes

❖ Assess when was the last dose of each med

- *When did you take the last dose of your [warfarin, blood pressure medicine, insulin]?*

❖ Ask about adherence

- *Many patients don't take their medicines exactly as they should every day. In the last week, how many days have you missed a dose of one of your medicines?*

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Time-Saving Tips

❖ Start with easily accessible sources
- Medication list from outpatient medical record
- Recent hospital discharge summary
- Prescription fill information from patient's local pharmacy or national database if available
- Patient's home medication list
- Patient's pill bottles if available

❖ You can finish quickly if
- Your list agrees with patient's list or bottles, or
- Patient is reliable and can explain differences

When to Gather Additional Data

❖ Patient is unsure about medication names, doses, and indications

❖ Patient cannot explain discrepancies in lists

❖ Patient doesn't have a list and can't provide medication information from memory

❖ Sources of information not updated recently

❖ The missing information is potentially dangerous

Common Errors Found

- Some examples include:
  - Omissions
  - Duplications
  - Dose/frequency/route of administration errors
  - Drug name discrepant/incorrect

- Some "errors" are not errors but changes that the prescriber made intentionally

References

1. Mueller SK, Kripalani S, Stein J, et al. A toolkit to disseminate best practices in inpatient medication reconciliation: multi-center medication reconciliation quality improvement study (MARQUIS). Jt Comm J Qual Patient Saf. 2013 Aug;39(8):371-82. PubMed PMID: 23991510.

Resources

- MARQUIS: https://www.hospitalmedicine.org/clinical-topics/medication-reconciliation/marquis-med-rec-collaborative/

- Institute for Safe Medication Practices: http://www.ismp.org/

- Agency for Healthcare Research and Quality: http://www.ahrq.gov/qual/patientsafetyix.htm

Questions

Discussion

Contact Information:

Tanya Vadala

Pharm.D. Medication Safety Pharmacist, IPRO

TVadala@ipro.org

CMS 12th SOW AIMS

Behavioral Health Outcomes & Opioid Misuse
- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services

Patient Safety
- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce C. diff in all settings

Chronic Disease Self-Management
- ✓ Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- ✓ Identify patients at high-risk for developing kidney disease & improve outcomes
- ✓ Identify patients at high risk for diabetes-related complications & improve outcomes

Quality of Care Transitions
- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events

Nursing Home Quality
- ✓ Improve the mean total quality score
- ✓ Develop national baselines for healthcare related infections in nursing homes
- ✓ Reduce emergency department visits and readmissions of short stay residents
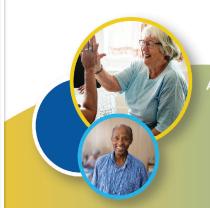
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Georgia, Kentucky, North Carolina, or Tennessee
Leighann Sauls
Leighann.Sauls@AlliantHealth.org

Alabama, Florida, or Louisiana
Jeana Partington
Jeana.Partington@AlliantHealth.org

Program Directors

Upcoming Events

Nursing Homes Tuesdays, 2pm ET/1pm CT	Community Coalitions Thursdays, 12:30 pm ET/11:30am CT
September 15th, 2020: High risk medication use and quality practices to prevent ADE	August 27th, 2020: Using SBIRT for Effective Screening and Referral to Treatment *Special 60-minute Presentation*
October 20th, 2020: Understanding and using QAPI elements in day to day care processes	September 24th, 2020: Opioid Use in the Aging Population *Special 60-minute Presentation*
November 17th, 2020: Preventing and Managing C. difficile	October 29th, 2020: Blood Glucose Targets And Adapting Treatment Goals For Special Populations
December 15th, 2020: Preventing Healthcare Acquired Infections (including immunization stats)	December 17th , 2020: Gear up for the New Year! Positioning your Organization to Gather, Track, and Use Data in 2021

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