

Medication Reconciliation

TIPS FOR PROVIDERS AND STAFF



1. Use supplemental sources to compile patient's medication list before the patients visit

- a. Include the medications name, formulation, dose, route, and frequency

2. Remind the patient to bring all of their medications – Utilize My Med Bags

3. Use open-ended questions during the visit:

- a. What medications are you currently taking?
- b. Don't forget to ask about the use of:
 - Topical products, patches, eye drops, nebulizers, inhalers, injectables
 - Over-the-counter medications
 - Vitamins
 - Herbs
 - Health Supplements
 - Substance use and frequency
 - Alcohol, tobacco, illicit products
 - Medications prescribed by other providers
 - Recent changes to medications
 - Starting new medications
 - Stopped medications
 - Changes to medication (dose, frequency)
 - Use of multiple pharmacies

4. For each medication ask the patient:

- a. What do you take this medication for?
- b. When do you take this medication?
- c. How much medication do you take each time?
- d. How often do you miss a dose?

5. Clarify the mediation instructions

- a. Use the teach back method to confirm the patient understood

6. Address discrepancies:

- a. Duplicate therapy
- b. Duplicate or missing indication
- c. Changes in dose/route/frequency
- d. Dose or drug formulation changes
- e. Therapeutic interchanges
- f. Medications no longer taking
- g. Medications currently taking but not listed prior

7. Identify barriers to managing medication use:

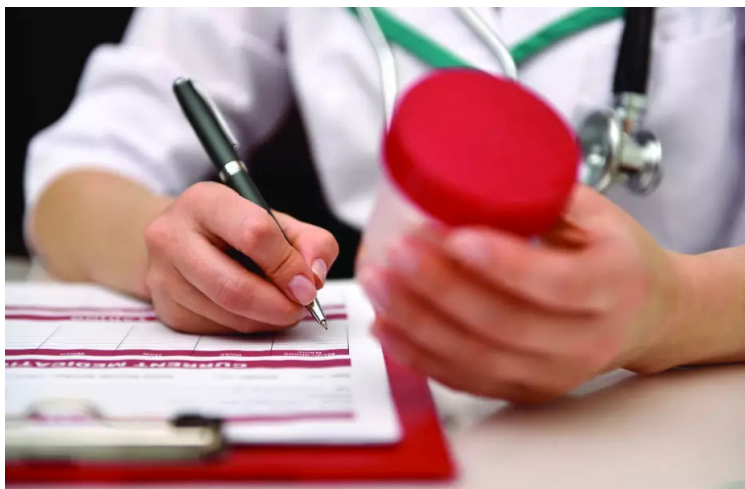
- a. Side effects, access, cost, adherence problems, food/drug interactions, drug/drug interactions, etc.

8. Document the review:

- a. When it was performed
- b. Document any patient-medication problems identified

9. Update medication list

- a. Update patient record and upload to EHR
- b. Provide updated list to patient
- c. Share with other health care team members



*** Remember medication reconciliation can help satisfy requirements for billable services and quality measures**