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Introduction to SETMA's Modest Proposal
An Automated EMR Medication-Reconciliation Function

For several years SETMA has envisioned an automated EMR medication-reconciliation function which would increase patient safety and quality. After a telephone conference call with Surescripts this morning, I am more confident than ever that it will be possible for us to collaborate in a solution.

With collaboration between Surescripts, NextGen, SETMA, the ABFM, academic medicine and LightBeam (a data analytics company), I think we can do this. It will not be easy but then if it were it would not be important. There is nothing which we are asking of our data which cannot be done. How it is displayed and how it functions is critical. Pat and Danny, can you recommend the appropriate person for us to include from NextGen?

All of this is the logical extension of SETMA's history (see Your Life Your Health - May, 1999 -- Four Seminal Events in SETMA's History) In May, 1999, SETMA experienced four seminal events. The second event was that from Peter Senge's *The Fifth Discipline*, we defined the principles which guided our development of an EHR and which defined the steps of SETMA's transformation from an EMR to EPM (Designing an EMR on the Basis of Peter Senge's The Fifth Disciple). These principles would also be the foundation of SETMA's morphing into a patient-centered medical home (PC-MH). The principles were to:

1. Pursue Electronic Patient Management rather than Electronic Patient Records
2. Bring to every patient encounter what is known, not what a particular provider knows
3. Make it easier to do "it" right than not to do it at all
4. Continually challenge providers to improve their performance
5. Infuse new knowledge and decision-making tools throughout an organization instantly
6. Promote continuity of care with patient education, information and plans of care
7. Enlist patients as partners and collaborators in their own health improvement
8. Evaluate the care of patients and populations of patients longitudinally
9. Audit provider performance based on endorsed quality measurement sets
10. Integrate electronic tools in an intuitive fashion giving patients the benefit of expert knowledge about specific conditions

The idea is to automate the medication reconciliation process so that a task which is difficult and time consuming could be reduced to a one-minute process which sacrifices neither quality nor safety but increases both.

Below are some of our previous thoughts about this process.

SETMA's IT Team said: There are some new reconciliation features in NextGen UD2 which will be on in a few weeks. At that time, we can see what is in there. I think it will include some of what you are talking about but I think the roadblock may still be getting the data to populate it in order for it to be useable. Also, as I understand it, it is built into NextGen and I don't think will be customizable.

1. [Medical Home - A Modest Proposal: A Systems Solution to Medication Reconciliation](#) -- the original concept

2. [Your Life Your Health - Medical Home Series Two: Part XIV - Medication Reconciliation: AMA, NQF, ISMP](#) - the old way

3. [Governance Board - Medication Refills, Reconciliation and Maintenance](#) -- more about the old way

4. [Your Life Your Health - A Modest Proposal: Automated Medication Reconciliation](#) - the modest proposal restated

5. [EPM Tools - Problem List Reconciliation: The Tools Required to Facilitate the Maintenance of a Current, Valid and Complete Chronic Problem List in an EMR](#) -- the same principles applied to chronic problem list reconciliation

6. [In The News - The Automated Team](#) -- automation in disease management

The Vision

As we learn more about how to improve our health and as we are able to change the future of our health more, excellence in healthcare increasingly is dependent upon two things: a team approach and the automation of those standardized tasks, which while they are critical to excellent care, can be completed without requiring the time and attention of team members. This gives the team more time to interact with one another personally. This standardization and automation of care brings us one step closer to the ultimate promise of electronic patient management which is the ultimate goal of electronic patient records. The Automated Team is the logical extension of clinical decision support.

The Team

The majority of healthcare is delivered and received in the ambulatory setting in a clinician's office. While the healthcare team is much boarder, in the ambulatory setting, the principle

members of the team are the patient, the nursing staff and the healthcare provider. Ultimately, while the standardization and automation of this team's functions will spread across all areas of care, Southeast Texas Medical Associates' efforts begin with diabetes. Each member of the team -- patient, nurse, provider -- contribute to the excellence of ambulatory care for diabetes.

The Plan

When a patient who has diabetes makes an appointment, based on evidenced-based medicine and national standards of care, the electronic record will immediately search the patient's entire medical record to determine what tests, procedures, consultations or interventions are required and which have not been performed. Each of these interventions will be directed at the prevention of the complications of diabetes and/or at the improvement of the care of the patient with diabetes. Because diabetes is a progressive disease, excellence of care at one point in time may not reflect excellence of care at another time, thus the reason why the "automated team" needs an updated, current and complete plan of care and treatment plan at each visit.

The Automation

When the patient presents for their appointment, three documents will have been prepared:

I look forward to talking with each of you about this project.

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