## James L. Holly, M.D.

## Automated Medication Reconciliation Part III of IV

By James L. Holly, MD Your Life Your Health *The Examiner* June 9, 2016

## Yet this was not enough - A System's Solution to Medication Reconciliation

In 2012, SETMA began thinking that a system's solution (see Peter Senge, The Fifth Discipline, "The more complex a problem the more systemic the solution must be.") to medication reconciliation would be a huge step forward in safety and quality of patient care, and in the pursuit of the Institute of Healthcare Improvement's Triple Aim. Whether addressing care transitions, care coordination, hospital readmissions, or patient safety, medication reconciliation is a key element of success.

In preparation for a visit October 29-November 1, 2012 from a Robert Wood Johnson Foundation research team (see the following link for a description of their research project <u>The Primary Care Team: Learning from Effective Ambulatory</u> <u>Practices (PCT-LEAP): Performance Measures Worksheet - Robert Wood Johnson</u> <u>Foundation</u>), SETMA prepared a 57-page document describing SETMA's auditing and quality programs. The link above will guide readers to that document. The document addresses SETMA's solution to care transitions, care coordination, etc. Based on the AMA's monograph, *The physician's role in medication reconciliation Issues, strategies and safety principles (Making Strides in Safety*® program ©2007 AMA) and, AHRQ's *Medications at Transitions and Clinical Handoffs* (*MATCH*) Toolkit for Medication Reconciliation, and other studies SETMA understood the potential benefit for a structured, systemic solution to medication reconciliation.

In addition to effective care transitions (the following link is to SETMA's performance on the Physician Consortium for Performance Improvement (PCPI) Care Transitions Measurement Set for 2009 through 2016, <u>PCPI Care Transitions</u> -- the next link is to the public reporting by provider name for 2012 <u>Care Transition Audit</u> (Section A), SETMA has established the following steps and principles for medication reconciliation:

We think that forming a coalition with pharmacies, clinicians, patients and IT technology could result in a solution to medication reconciliations which could:

- 1. Reduce the time involved in medication reconciliation to less than two minutes
- 2. Advance a practice closer to perfect medication lists
- 3. Make it easy to reconcile medications at every contact and even when the patient is not schedule for a visit.
- 4. Increase patient safety

5. If a D. Pharm consultant is involved in the process, it would even be stronger. I look forward to hearing from you.

**The Electronic Age Accelerates the Achievement --** What has brought us to this day in the Spring of 2016?

- 1. March 30, 1998 Purchase of Electronic Patient Record System
- 2. January 26, 1999 Foundation laid and SETMA began documenting patient encounters electronically
- 3. May 20, 1999 SETMA realized that EMR was too expensive and too hard if all we did was document a patient encounter electronically.
- May 20,1999 SETMA adopted Electronic Patient Management as our goal and began developing chronic disease management tools and clinical decision support
- 5. May 20, 1999 Defined ten principles of patient-centered medical home
  - a. Pursue Electronic Patient Management rather than Electronic Patient Records
  - b. Bring to every patient encounter what is known, not what a particular provider knows
  - c. Make it easier to do "it" right than not to do it at all
  - d. Continually challenge providers to improve their performance
  - e. Infuse new knowledge and decision-making tools throughout an organization instantly
  - f. Promote continuity of care with patient education, information and plans of care
  - g. Enlist patients as partners and collaborators in their own health improvement
  - h. Evaluate the care of patients and populations of patients longitudinally
  - i. Audit provider performance based on endorsed quality measurement sets
  - j. Integrate electronic tools in an intuitive fashion giving patients the benefit of expert knowledge about specific conditions
- 6. January, 2000 SETMA began auditing provider performance
- 7. January 2004 SETMA began using electronics to increase efficiency and excellent of care with process analysis taking complex and difficult tasks and reducing them to simple problems.
- 8. Used electronics to improve medication management with:
  - a. Maintaining of accurate and complete medication lists -- 1999
  - b. E-prescribing of routine medications -- 2010
  - c. Systematizing of Medication Reconciliation
  - d. E-prescribing of controlled substances -- 2014
  - e. Systemic Monitoring of patient use of opioids 2014
  - f. Reducing Long Term Care use of Antipsychotics 2014
  - **g.** Texas Prescription Program Electronically verifying patient use of controlled substances 2015.
  - h. Collaboration with NextGen and Surescripts to create an electronic capacity for efficiency, effective and excellent medication reconciliation

## The NextGen Solution of Medication Reconciliation in Collaboration with Surescripts Tutorial for Medication Reconciliation

With the conceptual foundation laid in the first three parts of this series most of the functions which needed for an automated medication reconciliation solution is available now and can be used by going to the NextGen medication module and by clicking on the icon outlined in green below.

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Once on the medication module, you can see if this patient is eligible for use of the automated medication reconciliation by looking at the designation in green below. As long as this does not read "Not Eligible," you may use the reconciliation function for that patient.

	Clear Delete	★		Potient Hist	ing 228.00 lb   103.42 Kg [vit	als recorded on 5/10/	2010 CM	X Eliaible	Fitient History
Formulary S		Status	Medication	-	Generic Name	Method	Star Date		Patie 🤮 Patie 📻 Ca
	ive (5 items)								New 🖭 Lock 🔬 Search
1		Active	Armour Thy	oid 120 mg Tab	THYROID,PORK	120 mg ORAL TABLET			
	Print	Active	clobetasol 0	.05 % Topical Cream	CLOBETASOL PROPIONATE	0.05 % TOPICAL CREA	11/01/2013	07/02	
	eRx	Active	Drisdol 50,0	00 unit capsule	ERGOCALCIFEROL (VITAMI	50,000 unit ORAL CAPS	05/10/2016	05/17	🗄 🖷 🛄 11/13/2015 06:48 A
		Active	Mobic 15 mg	tablet	MELOXICAM	15 mg ORAL TABLET	05/10/2016	11/02	⊕ ■ 11/10/2015 09:15 A
	eRx	Active	Plaquenil 20	0 mg tablet	HYDROXYCHLOROQUINE S	200 mg ORAL TABLET	05/10/2016	07/02	Interpretation Interpretatio Interpretatio Interpretation Interpretation Inte
Status: Ina	ctive (26 items)								10/12/2015 05:28 F
		Inactive	clobetasol 0	.05 % Topical Cream	CLOBETASOL PROPIONATE	0.05 % TOPICAL CREA	07/02/2012	07/02	09/28/2015 05:04 F
	Print	Inactive		05 % Topical Cream	CLOBETASOL PROPIONATE	0.05 % TOPICAL CREA	11/02/2012	07/02	🕀 🖲 07/14/2015 12:33 F
	Print	Inactive		05 % Topical Cream	CLOBETASOL PROPIONATE	0.05 % TOPICAL CREA	05/03/2013	07/02	🗄 🖷 🕮 07/09/2015 01:42 F
	eRx	Inactive		00 unit capsule	ERGOCALCIFEROL (VITAMI			05/17	🗄 🖷 🛄 05/25/2015 09:01 F
	eRx	Inactive		00 unit capsule	ERGOCALCIFEROL (VITAMI			05/17	🗄 🖷 05/18/2015 11:36 A
	eRx	Inactive		00 unit capsule	ERGOCALCIFEROL (VITAMI			05/17	
	eRx	Inactive	Drisdol 50,0	00 unit capsule	ERGOCALCIFEROL (VITAMI	50,000 unit ORAL CAPS	11/10/2015	05/17	+ • • 05/12/2015 09:15 A
	Print	Inactive	Lunesta 2 m		ESZOPICLONE	2 mg ORAL TABLET	07/02/2012	07/02	· · · · · · · · · · · · · · · · · · ·
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	eRx	Inactive	Mobic 15 mg	tablet	MELOXICAM	15 mg ORAL TABLET	05/01/2014	11/02	
	eRx	Inactive	Mobic 15 mg		MELOXICAM	15 mg ORAL TABLET	07/07/2014	11/02 ~	⊕ ● ○ 09/25/2014 10:09 /     ↓
								>	08/22/2014 12:00 /
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mour Th	vroid 120 mg T	ab					Encounter is	LOCKED	⊕ ● □ 05/01/2014 09:00 /
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14 - 24 Martin	Non Formulary								

Currently, Surescripts builds their database from medications prescribed from a formulary which is a restricted list of medications which the patients insurance company will pay for. Some new insurance companies, such as the Affordable-Care-Act plans do not yet provide this information. Uninsured patients generally do not have a Surescripts database record. SETMA is currently working with Surescripts and NextGen to expand the access to patient data but what we have gets a good start.

Some medications from Surescripts have "sig" codes and some don't. ("Sig" stands for "signa" which is the name for the directions on a prescription for taking a medication.) Why do only some medications have "sig" codes? Surescripts' Medication History data consists of two datasets:

- a. claims from Pharmacy Benefits Management Solutions (PBMs) and
- b. dispensed records from pharmacies.

"SIG" codes <u>are</u> contained in pharmacy dispensed records but <u>are not</u> contained in PBM claims. So within the overall medication list, some meds may contain SIG information and some may not.

If the record shows that the patient is eligible for medication reconciliation, the provider will click on the button entitled "Medication History," seen below outlined in green.

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	eRx	Ac	tive	1	Drisdol 50,0	00 unit capsule		ERGOCALCIFEROL (VITAMI	50,000 unit ORAL CAPS	05/10/2016	05/17	11/13/20	
		Ac	tive	1	Mobic 15 mo	tablet		MELOXICAM	15 mg ORAL TABLET	05/10/2016	11/02	H • 11/10/20	
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	Print		active		Mobic 15 mg			MELOXICAM	15 mg ORAL TABLET	07/02/2012	07/02	11/14/20	
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			active		Mobic 15 mg			MELOXICAM	15 mg ORAL TABLET	11/01/2013	11/02	10/30/20	14 02:16 F
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	eRx		active		Mobic 15 mg			MELOXICAM	15 mg ORAL TABLET	05/01/2014	11/02	⊕ ● ● ● 09/25/20	14 10:09 A
	eRx	In	active		Mobic 15 mo	tablet		MELOXICAM		07/07/0011	11/02 🌱	● 08/22/20	14 12-00 A
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rovider: Kuma	r, Vijay MD											Custom	-
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	id Note												

If the patient is not eligible, you will see the designation outline in green below which states, "**Not Eligible**" and the button "Medication History" will be **grayed out**.

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out Save	Clear Delete	▼		56 year Old Male Weighing	1000 PAQ PM ICS Close		/20151 No	t eligible	Fitient History
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Didido: A	Print	Active	Abilify 2 mg t	ablat	ARIPIPRAZOLE	2 mg ORAL TABLET	02/25/2016	03/02	🔄 New 💁 Lock 🔬 Search
	Print	Active		tablet,delayed release	ASPIRIN	81 mg ORAL TABLET DR	04/15/2015	04/15	🕀 🗀 05/05/2016 01:30 F
		Active	Celebrex 50 r		CELECOXIB	50 mg ORAL CAPSULE	09/15/2014	08/24	🗄 🗀 05/04/2016 01:46 F
		Active	Celebrex 50 r	The second secon	CELECOXIB	50 mg ORAL CAPSULE	02/26/2015	02/26	🗄 🗀 04/27/2016 10:01 A
		Active		10 mg-acetaminophen 300 mg tablet		10 mg-300 mg ORAL TA	12/01/2015	02/26	🖶 🛋 04/20/2016 08:40 A
		Active		5 mg-acetaminophen 500 mg tablet	HYDROCODONE/ACETAMI	5 mg-500 mg ORAL TABLET		02/20	
		Active	Lipitor 10 mg		ATORVASTATIN CALCIUM	10 mg ORAL TABLET	06/11/2013	01/10	⊕ ● ○ 03/23/2016 04:32 F
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			tramadol 50 n	The second s	TRAMADOL HCL	50 mg ORAL TABLET	12/09/2015	12/05	
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		Inactive	Adderall 5 mg		DEXTROAMPHETAMINE/AM		02/26/2015	02/26	1 02/25/2016 09:31
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		Inactive	Celebrex 50 r	ng capsule	CELECOXIB	50 mg ORAL CAPSULE	08/24/2014	08/24	B = 02/01/2016 07:58 /     Control 1/2016 07:58 /     Control 1/201
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When the patient is eligible for a "medication reconciliation, the provider will see the following window which states "Status: Has Not Been Requested." In order to obtain the "medication history" from Surescripts the provider must complete this form.

	Medication History Consent
Status	: Has not been requested.
Consent:	Has not been requested.
Expires:	▼ 05/11/2019 v in 3 Years v
Memo:	

To obtain the "medication history" from SureScripts you must do three things:

- 1. Click on the "Has not been requested" button
- 2. Click on the "Yes" button
- 3. Click on the "Accept" button out lined in the second screen below

		50,000 unit capsule		07/0
	Drisdo	1.50.000 unit capsule Medicat	ERGOCALCIFEROL (VITAMI 50,000 unit ORAL CAPS	10/1
-	Statur			07/0
	Conser :	Yes	v	11/0
	Expire	Has not been requested. Yes		11/0 11/0
_	Memo	No		05/0
	_	Withdrawn	·	07/0
•	🕑 Sho	ow History Note: Consent is required	for Medication History Accept Cancel	story Enc

Click on "Accept" button below outlined in green.

	Drisdol	50,000 unit capsul	e	ERGOCALCIFEROL	(VITAMI	50,000 unit	ORAL CAPS	07/0
_	Drisdol	50.000 unit capsul	e	ERGOCALCIFEROL	(VITAMI	50,000 unit	ORAL CAPS	10/1
			Medication H	istory Consent			×	11/1
- IC								07/0
_	Status:	Has not bee	n requested.					07/0
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- 11	Memo:	No						05/0
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C 🕶	🕑 Sho	w History Note:	Consent is required for Me	dication History	Ac	cept	Cancel	istory
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In the fourth part of this series, the final steps of electronic medication reconciliation will be discussed.