Medication Lists Across the Continuum

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Objectives

- Identify staffing resources for the entire medication reconciliation process
- List multiple resources to collect unknown home medication lists
- Describe how to document high risk medications including insulin and warfarin
- Note the Multicare Health System provider responsibilities involved in Med Rec
- Discuss pharmacist interventions involved with Med Rec and patient medication safety
What is Medication Reconciliation?

Medication reconciliation is a process of comparing the medication a patient is currently taking, should be taking, and newly ordered medications.
What is Medication Reconciliation? (cont)

Medication Reconciliation is…

….completed by the medical provider (ideally the admitting provider)

and this comparison addresses duplications, omissions, and interactions, as well as the need to continue current medications
Impact of Medication Reconciliation

There is evidence that medication discrepancies can affect patient outcomes.

The Medication Reconciliation process can resolve these discrepancies, helping to ensure we are providing high quality medical care.
Creating the PTA is the process of identifying the most complete and accurate list of all medications that the patient is taking outpatient. This list includes the name, dosage, frequency, route and last dose of each outpatient medication,…

…Optimizing the medication record with external list of medications obtained from a patient, hospital or other provider.
Tacoma General Hospital Approach

A combination of pharmacy and nursing staff cover all admissions

- Emergency Department: Pharmacy
- Direct/EEG: Pharmacy
- Women/Newborn: Nursing
- Surgical Admission: Nursing
Patients Who Need PTA Lists Collected

- The PTA list status is marked “In-Process,” “Review in ED by Pharmacist Requested” or is blank.
- The provider requests a PTA list.
- The pharmacist may be consulted to obtain a PTA list.
## Pharmacy Med Rec Technician Hours

<table>
<thead>
<tr>
<th></th>
<th>Good Samaritan</th>
<th>Tacoma General</th>
<th>Allenmore Hospital</th>
<th>Auburn Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Inpt Admission 2013</strong></td>
<td>14791</td>
<td>15519</td>
<td>2857</td>
<td>6430* (10/6)</td>
</tr>
<tr>
<td></td>
<td>-11957 (TG)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- 3562 (MB)</td>
<td></td>
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<tr>
<td><strong>PTA Lists</strong></td>
<td>20200</td>
<td>9396</td>
<td>2217</td>
<td>8359</td>
</tr>
<tr>
<td><strong>Tech Hours/day</strong></td>
<td>28.5</td>
<td>25.5</td>
<td>8.5</td>
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<tr>
<td><strong>Med Rec Tech (time/per pt)</strong></td>
<td>20 min/pt</td>
<td>20 min/pt (ED)</td>
<td>36 min/pt (floor)</td>
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</table>
Are there any changes to your medication list?
Interviewing the Patient

Ask what pharmacy(s) they receive prescriptions from
Go through each medication having the patient or provider telling us as much information as possible
  – Use open ended questions
  – Obtain name, strength and frequency for each medication

Ask when the patient last took each medication
  - Even for PRNs, you want to ask when they took it last

Ask if they buy anything OTC that they have taken recently

Ask about creams, eye drops, inhalers, and patches
  - Especially with pediatric patients
1. Are you currently taking any prescription medications?
2. Are you taking insulin or other injectable medication?
3. Are you currently taking any vitamins or herbal products?
4. Are you currently taking any other OTC medications such as aspirin or APAP?
5. Do you use any topical patches or creams? If yes, where are they applied and when were they changed/used last?
6. Do you use any inhalers or nebulizer solutions?
7. Are you currently taking any blood thinners, such as Coumadin? Have you ever been on a blood thinner for any reason?
8. Are you allergic to any medications? What was the reaction?
   *inquire about food, latex and contrast allergies
9. Do you have any prescribed medications that you don't take for any reason (financial or other)?
10. If patient unsure of med/dosage, is there someone at home that can read off the prescription bottles to us?
11. At what pharmacy do you fill your prescriptions? May I contact them if I have any questions?
Unknown Home Medications

1. Medication List
2. Family members or caretakers
3. Prescription Vials
4. Dispensing pharmacy
5. CareEverywhere
6. MAR from nursing homes or care facilities
7. Dialysis centers
8. Contact primary care provider (PCP)
9. Contact government agencies
10. Washington State Prescription Monitoring Program (PMP)
Contact Lists

- Nursing Home List
- VA contact
- Tribal Health Authority
- Dialysis centers
- Methadone Clinics
- Local jail
- Coumadin Clinics
- Local Hospitals
- Community Health
- Group Health
- Mail Orders

- Express Scripts Tricare- 1-877-387-0466
- Express Scripts Mail Order Pharmacy- 1-866-595-7312
- Express Scripts Physician Service Center (24/7)
  1-877-503-4073
- Express Scripts Direct Line: 1-800-922-1557
- Maxor Mail Order Pharmacy- Fax 806-324-5511
  Phone- 800-687-8629
- OptumRx (aka Prescription Solutions): 1-800-791-7658
  CVS Caremark Mail Order Pharmacy:
  1-877-864-7744
- Medco Provider Service Center (AKA Express Scripts):
  1-800-411-1665 (Hours M-F 0900-1730 EST)
Medications Requiring More Detail

- Antibiotics
- Steroid Tapers
- Coumadin (warfarin)
- Insulins
- Pumps
  - insulin and baclofen
U-500 Insulin

- **U-500 pearls:**
  - This is a highly concentrated form of regular insulin
  - It comes in 500 units/mL vs. the traditional 100 units/mL
  - **CAUTION WITH DOSING**
    - Is the dose in mL or Units?

*Bring an insulin syringe in the room to help clarify how much they draw up*
Controlled Prescriptions and Methadone

- **Controlled Substances:**
- Please try to confirm controlled substances
- Providers may use WA Prescription Drug Monitoring Program

- **Methadone Clinics:**
  - If the medication is once daily and a solution
    - this is treatment dosage
  - Contact methadone clinic to confirm dose
  - All info discovered is placed in notes section
Home Medication Lists Reviewed

Medication Lists Marked as Reviewed April 2011

- Reviewed: 65%
- Not Reviewed: 35%

Medication Lists Marked as Reviewed October 2013

- Reviewed: 100%
- Not Reviewed: 0%
Providers: Medication Reconciliation

Admitting providers:

• Goal is to complete med rec within 24 hours
• PTA lists should be completed
• Responsibility to review PTA list
• Reconcile every medication listed on the PTA list upon:
  – Admission
  – If the patient transfers between level of care
  – Discharge
• New Med Rec Status Patient List Column in EPIC

*In the outpatient setting, the providers are not able to close the chart until the home medication list is reviewed.*
Preop patients:

- Goal is for all patients to have some contact before surgery
- Currently 2 nurse screeners (Allenmore and Tacoma General) who call patients and perform med rec among other tasks
  - Typically done 10-14 days prior to surgery
- Resources can be requested, and if patients require labs/EKGs they can bring in a corrected list (or meds) at clinic visit
- PreAdmit nurses continue process- at times with help of pharmacy (particularly for nursing home patient MARs)
- Printout given to patient, with which medications to take on day of surgery indicated- instructed to bring back with last dose column marked
### Patient List columns with Med Rec alerts:
- Admission Med Rec Complete?
- Transfer Med Rec Status
- Discharge Med Rec Complete?

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<tbody>
<tr>
<td>Neonatal Abstinence Syndrome (Princip Prob)</td>
<td>✔️</td>
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<td>!</td>
<td>!</td>
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<tr>
<td>(None Found)</td>
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In the last three years, at MHS Hospitals

- Reported medication events
  – decreased by more than 25%
- Medication Harm events
  – dropped by almost 50%

In response to implementation of medication safety initiatives, including Medication Reconciliation
Pharmacist Responsibilities in Med Rec

- Review PTA lists entered by med rec pharmacy technicians
- Cosign progress note
- Clinically review the PTA list and identify any medication concerns
- Contact provider if med rec is needed
- Contact provider with PTA medication concerns
- Contact PCP if there are medication concerns from the clinics
- Include multiple providers to communicate medication concerns if needed
- PITCH Study: discharge CHF medication review and education
Pharmacist Interventions

- PTA list had a new statin prescription by cardiologist
  - The statin dose had accidently been doubled to 80 mg. The patient had been on that dose historically but had a adverse drug event
  - Provider (including admitting) was contacted, dose corrected, patient educated, pharmacy contacted, and EPIC entry fixed

- Duplicate Medications:
  - Patient is taking both Valsartan-HCTZ 320-12.5 mg daily and losartan 50 mg daily written by different providers.
  - The patient filled both prescriptions in recently at the same Rite Aid
  - In addition, the patient is currently taking saxagliptin 5 mg daily and Tradjenta (linagliptin) 5 mg daily
  - Providers involved were contacted in a group message and called
  - Duplicate medications were discontinued in our computer system, provider offices contacted to change their records, Rite Aid pharmacy was alerted, and patient educated
Essential Components of Medication Reconciliation

• Policies and procedures
• Continuously improving our process
• Training and assuring continuing competency
• Improve our EMR that support medication reconciliation
• Share accountability with key leaders for ongoing success of med rec processes across the continuum of care
Thank you!

Do you have any questions for us?

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