Improving Medication Reconciliation in a Family Medicine Clinic

Erica Stewart MD, Sarah Fatool MD, Jaimie Fager MD, Micca Schneider MD, Kelsey Lee MD, Kari Nilsen PhD

University of Kansas School of Medicine-Wichita Department of Family & Community Medicine Family Medicine Residency at Wesley Medical Center

Introduction

- Medication reconciliation is a formal, active, evolving, and collaborative process within the healthcare system to validate the accuracy and comprehensibility of medication information consistently across transitions of care
  - Reduces the potential for discrepancies, as well as adverse drug events (ADEs), which are preventable occurrences in any patient taking prescribed or over-the-counter medications[1,2]
- In the outpatient/ambulatory care setting, patients' care is often fragmented
  - In the outpatient setting, there is an increased event rate of 27.4 per 100 patients for significant ADEs, with 3 of every 100 events deemed preventable[3]
  - Even higher in the community-dwelling elderly population, whom majority take greater than or equal to 5 medications daily, placing them at risk of the effects of polypharmacy[1]
- Given these staggering statistics and that medication reconciliation has reduced ADEs in other settings within the healthcare system, it can be thought that it will reduce them in the outpatient setting as well[2]
- Accurate medication lists represent one of the most important components of the EMR of every patient, as it is constantly utilized for refill requests of medications for chronic medications, assessments of quality, and informing computerized clinical decision support[4]

Purpose

- Using this knowledge, this quality improvement project aimed to increase the accuracy of the medication lists within the Wesley Family Medicine Clinic (WFMC) EMR

Aim Statement

We aimed to increase the percentage of WFMC patients with polypharmacy who brought in their OTC and prescribed medications for EHR reconciliation from <5% to 50% by November 30th, 2020

Method

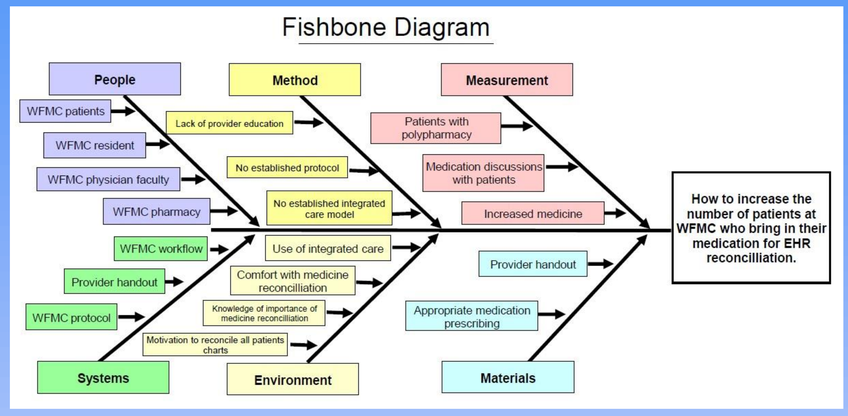
- A didactic session was held for WFMC residents and faculty regarding the importance of medication reconciliation
- Workflow changes were then implemented in the clinic in the form of nursing staff education and reminders in the clinic
  - Posters hung in clinic
  - Reminders given by physicians and clinic staff
- Patient survey at baseline and end of project

Results

Initial Patient Results	
Q1. Did you bring you Medications to your appointment?	
Yes	10.0%
No	90.0%
Q2. What percentage of your medications did you bring to your appointment today?	
0-25%	45.0%
26-50%	0.0%
51-75%	0.0%
76-100%	7.0%
No answer	48.0%
Q3. Did someone ask you to bring your medications to your appointment?	
Yes	96.0%
No	0.0%
No answer	4.0%

Final Patient Results	
Q1. Did you bring you Medications to your appointment?	
Yes	15.0%
No	85.0%
Q2. What percentage of your medications did you bring to your appointment today?	
0-25%	85.0%
26-50%	0.0%
51-75%	5.0%
76-100%	10.0%
Q3. Did someone ask you to bring your medications to your appointment?	
Yes	10.0%
No	90.0%

Results



Discussion

- Based on the results, the aim statement was not reached
- The large limitations were the COVID-19 pandemic and the use of telehealth within WFMC with led to fewer patients in clinic during the study time frame
- Future research in this area can now include how to utilize the unique nature of telehealth in assisting in medication debridement within the EHR, assisting in further reduction of ADEs

Conclusion

- Now that patient volume in clinic is increasing, this project should be replicated due to the importance of medicine reconciliation
- Continuing education for physicians, clinic staff, and patients is needed to ensure everyone understands the importance and need for medication reconciliation.

References

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