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Medication Reconciliation Meaningful Use Toolkit

Toolkit

Provided By:
The National Learning Consortium (NLC)

Developed By:
Health Information Technology Research Center (HITRC)
Iowa Foundation for Medical Care (IFMC)

NATIONAL LEARNING CONSORTIUM

The National Learning Consortium (NLC) is a virtual and evolving body of knowledge and tools designed to support healthcare providers and health IT professionals working towards the implementation, adoption and meaningful use of certified EHR systems.

The NLC represents the collective EHR implementation experiences and knowledge gained directly from the field of ONC's outreach programs (*REC*, *Beacon*, *State HIE*) and through the *Health Information Technology Research Center (HITRC)* Communities of Practice (CoPs).

The following resource is an example of a tool used in the field today that is recommended by "boots-on-the-ground" professionals for use by others who have made the commitment to implement or upgrade to certified EHR systems.

DESCRIPTION

This toolkit has been developed for Eligible Professionals (EPs) practicing in a physician office or clinic setting to assess their clinical processes and technical capabilities relevant for meeting the Medication Reconciliation Meaningful Use objective. After you complete the self-assessment questions, the toolkit will direct you to a process model that can serve as a guide for how you can most easily meet this objective. EPs may wish to use the tool to guide discussions with their Regional Extension Center (REC) on how to achieve meaningful use.

Medication reconciliation is a process that ties together numerous meaningful use objectives and measures. While other meaningful use objectives such as maintaining an active medication list are required to achieving the process of medication reconciliation, this tool will primarily focus on the following Meaningful Use Stage 1 objective from the EHR Incentive Program Final Rule:

> ***The EP who receives a patient from another setting of care or believes an encounter is relevant should perform medication reconciliation.***

The corresponding measure for this objective is computed using the following criteria:

- **Denominator** – Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.
- **Numerator** – Number of transitions of care in the denominator where medication reconciliation was performed.
- **Exclusion** – If an EP was not on the receiving end of any transition of care during the EHR reporting period they would be excluded from this requirement.

The resulting percentage (Numerator ÷ Denominator) must be more than 50 percent in order for an EP to meet this measure.

The following definitions are used throughout the toolkit:

- **Medication Reconciliation** -- The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.
- **Relevant Encounter** – An encounter during which the EP performs medication reconciliation due to new medication or long gaps in time between patient encounters or for other reasons

determined appropriate by the EP. Essentially an encounter is relevant if the EP judges it to be so.

- **Transition of Care** – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.

INSTRUCTIONS

This toolkit is divided into three sections:

- **Section One: Medication Reconciliation Assessment of Current State**
  - There are no correct or incorrect answers to this self-assessment. It is intended for use within any office or clinic setting as an evaluation of your current process and technical capabilities. You do not have to share your answers with anyone although it may be beneficial to discuss them with your REC representative.
- **Section Two: Medication Reconciliation Model Logic**
  - Upon completion of the assessment form, review the Medication Reconciliation Model Logic. Use your answers to the self-assessment to identify the model which best represents a feasible meaningful use endpoint for you.
- **Section Three: Medication Reconciliation Meaningful Use Models**
  - Find the model identified in the previous step in section three. Study the model, in conjunction with your REC, to determine how your current processes can be enhanced to achieve Medication Reconciliation Meaningful Use.

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1 Medication Reconciliation Assessment of Current State

The following self-assessment will guide you through key issues to consider related to using an Electronic Health Record (EHR) for medication reconciliation. Once you have answered all of the questions, you will be directed to a model that you can use to enhance the use of your EHR to achieve the Medication Reconciliation Meaningful Use objective.

1.1 STEP 1: IDENTIFY TRANSITIONS

Best Practices

- ***Document each care transition within the EHR.***
- ***The EHR automatically alerts the EP that a patient has had a transition in care.***
- ***The Eligible Professional (EP) consistently identifies patients that have had a transition in care since their last office visit.***
- ***The EP quantifies the number of unique transitions in care.***

1. Does the EHR automatically alert the EP that a care transition has occurred?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never

2. Do other care providers notify the EP of a care transition?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never

3. Does a patient/patient family contact the EP when a care transition has occurred?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never

4. Is there a process in place to routinely ask all patients if a care transition occurred since last office visit?

   ☐ Yes ☐ No

5. Do local hospitals and other care facilities notify the EP office of their patient discharges?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never

6. Do office staff note a care transition in the EHR when a hospital discharge summary is received from the patient or hospital?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never

Questions for additional consideration and discussion with your Regional Extension Center (REC) for Health Information Technology.

1. When a care transition is identified, how/where is it documented in the EHR?
   Click here to enter text.

1.2 STEP 2: ASSEMBLE CURRENT MEDICATION LISTS FROM OTHER SOURCES

Best Practices

- ***Routinely compile other lists of prescription and non-prescription medication information for each patient, including dose, route, administration, and the source of the information.***
- ***Review other lists of medication listing for each patient in relationship to the medication list within the EHR.***
- ***Review other lists of medication with each patient during relevant visits with the Eligible Professional (EP).***

1. Can a medication list from another source be brought into the EHR and compared to the existing list without manual information entry?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never

2. What are the available sources commonly used by the office staff to identify a patient's medication list? (check all that apply)

   ☐ Patient History

   ☐ Hospital

   ☐ Skilled Nursing Facility

   ☐ Home Healthcare

   ☐ Patient Medication Containers (brought to the office)

   ☐ Patient and/or patient significant others

   ☐ Other, please specify:

3. How is a list of medications commonly obtained from other health care providers? (check all that apply)

   ☐ Written correspondence from other healthcare entity and/or provider (e.g. fax/ letter/ ect)

   ☐ Verbal communication with other health care organizations and/ or providers

   ☐ Health Information Exchange (HIE)

   ☐ Other electronic exchange (e.g. Continuity of Care Document)

4. Can the patient and/or their caregiver/family provide the most current medication information prior to or during the visit?

   ☐Always ☐Usually ☐Sometimes ☐Never

5. Are patients reminded to send in medication list prior to visit, or asked to bring in list when scheduled for a visit with the EP?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never

6. Are other sources of medication listing compiled prior to the office visit?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never

Questions for additional consideration and discussion with your Regional Extension Center (REC) for Health Information Technology.

1. What is the capability of the EHR to assemble a medication list from other sources?
   Click here to enter text.

2. How is the medication list compiled from other sources separated from the medication list within the EHR?
   Click here to enter text.

3. How is information obtained from patient's family/caregiver regarding medications?
   Click here to enter text.

1.3 STEP 3: RECONCILE MEDICATION LISTS

Best Practices

- ***View and compare the other lists of medication with the one contained in the EHR side by side in the EHR.***
- ***Identify discrepancies between the medication lists.***

1. Is the EHR capability to electronically view two or more medication lists used to reconcile the medications?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never

2. If a medication list from another source is brought into the electronic health record, will differences be highlighted or flagged in some manner?

   ☐ Yes ☐ No

3. Who is responsible for reconciling the medication lists? (check all that apply)

   ☐ Receptionist ☐ Certified Medical Assistant ☐ Nursing Assistant ☐ Pharmacist

4. ☐ RN ☐ LPN ☐ EP ☐Other, Please specify: Click here to enter text.

Questions for additional consideration and discussion with your Regional Extension Center (REC) for Health Information Technology.

1. How are differences in the two lists documented within the EHR?
   Click here to enter text.

1.4 STEP 4: RESOLVE ALL DISCREPANCIES AND DOCUMENT IN HER

Best Practices

- ***Review each medication for indication, effectiveness, and possible adverse events.***
- ***Resolve all discrepancies between the other sources of medication listing and the one contained in the EHR.***
- ***Document the reason for each change in medication within the EHR.***
- ***Note all discontinued medications including the date of discontinuation.***
- ***Store the history of each medication within the EHR.***
- ***Document the identity of the person that completed the reconciliation within the EHR.***

1. Does the physician/ Health IT implementer record all updates to the medication list within the EHR?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never

2. Is the rationale for changes to the medication list documented?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never

3. Is there a mechanism to note discontinued medication (including the date of discontinuation)?

   ☐ Yes ☐ No

4. Does documentation in the EHR allow identification of who finalized the reconciled medication list?

   ☐ Yes ☐ No

5. Is a history of medications saved and viewable for reference?

   ☐ Yes ☐ No

Questions for additional consideration and discussion with your Regional Extension Center (REC) for Health Information Technology.

1. How is the identity of the person performing the reconciliation process documented within the EHR?
   Click here to enter text.

1.5 STEP 5: PROVIDE PATIENT AND OTHER CARE PROVIDERS WITH RECONCILED MEDICATION LIST

Best Practices

- ***Provide the patient with a clear and easily understood copy of the reconciled medication list at each visit.***
- ***The reconciled medication list makes it clear to the patient/caregiver what medications should be taken and which medications should NOT be taken.***
- ***Document the provision of the reconciled medication list in the EHR.***
- ***Send the reconciled medication list to other care providers involved in the treatment of an individual patient.***

1. Is the EHR the source of a printed copy of the reconciled medication list including medication name, route, frequency, and any special instructions?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never

2. Who prints the reconciled medication list and provides it to the patient? (check all that apply)

   ☐ Receptionist ☐ Certified Medical Assistant ☐ Nursing Assistant ☐ Pharmacist

3. ☐ RN ☐ LPN ☐ EP ☐Other, Please specify: Click here to enter text.

4. Does the printed reconciled medication list specifically direct the patient not to take medications that were discontinued?

   ☐ Yes ☐ No

5. Is the provision of the reconciled medication list documented in the EHR?

   ☐ Yes ☐ No

6. Do patients request an electronic copy of their reconciled medication list?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never

7. Are changes in the physician office EHR readily available for other providers within the health care system?

   ☐ Yes ☐ No

8. Do you send the reconciled medication list to other providers of care and patient authorized entities?

   ☐ Always ☐ Usually ☐ Sometimes ☐ Never ☐ Only on request

1.6 STEP 6: EVALUATE PATIENTS UNDERSTANDING OF EACH MEDICATION, PROVIDE EDUCATION AS NEEDED

Best Practices

- ***Provide education regarding the newly reconciled medication list to the patient, including what medications are not to be taken any longer and if new medications will be started.***
- ***Assess the patient/caregivers' understanding of the medications and instructions.***
- ***Provide the patient/caregiver contact information for follow-up in the event of additional questions or concerns.***
- ***Schedule follow-up lab or office visit as required by the patient's medications and provide to patient.***

1. When is the patient's understanding of how to take his/her medications evaluated? (check all that apply)

   ☐ During the check in process at the physician's office/ clinic

   ☐ By the EP during the visit

   ☐ By another staff member after the EP visit

   ☐ During a follow up call with the patient after the visit

   ☐ Not routinely evaluated

   ☐ Other, please specify:

2. Who is responsible for providing education about medications? (check all that apply)

   ☐ Receptionist ☐ Certified Medical Assistant ☐ Nursing Assistant ☐ Pharmacist

3. ☐ RN ☐ LPN ☐ EP ☐Other, Please specify: Click here to enter text.

4. Is a phone number provided to the patient in case there are more questions?

   ☐ Yes ☐ No

5. If a new prescription was ordered, does the patient know where to obtain the medication?

   ☐ Yes ☐ No

6. If monitoring is necessary, is a follow-up appointment made for the patient prior to leaving the office?

   ☐ Yes ☐ No

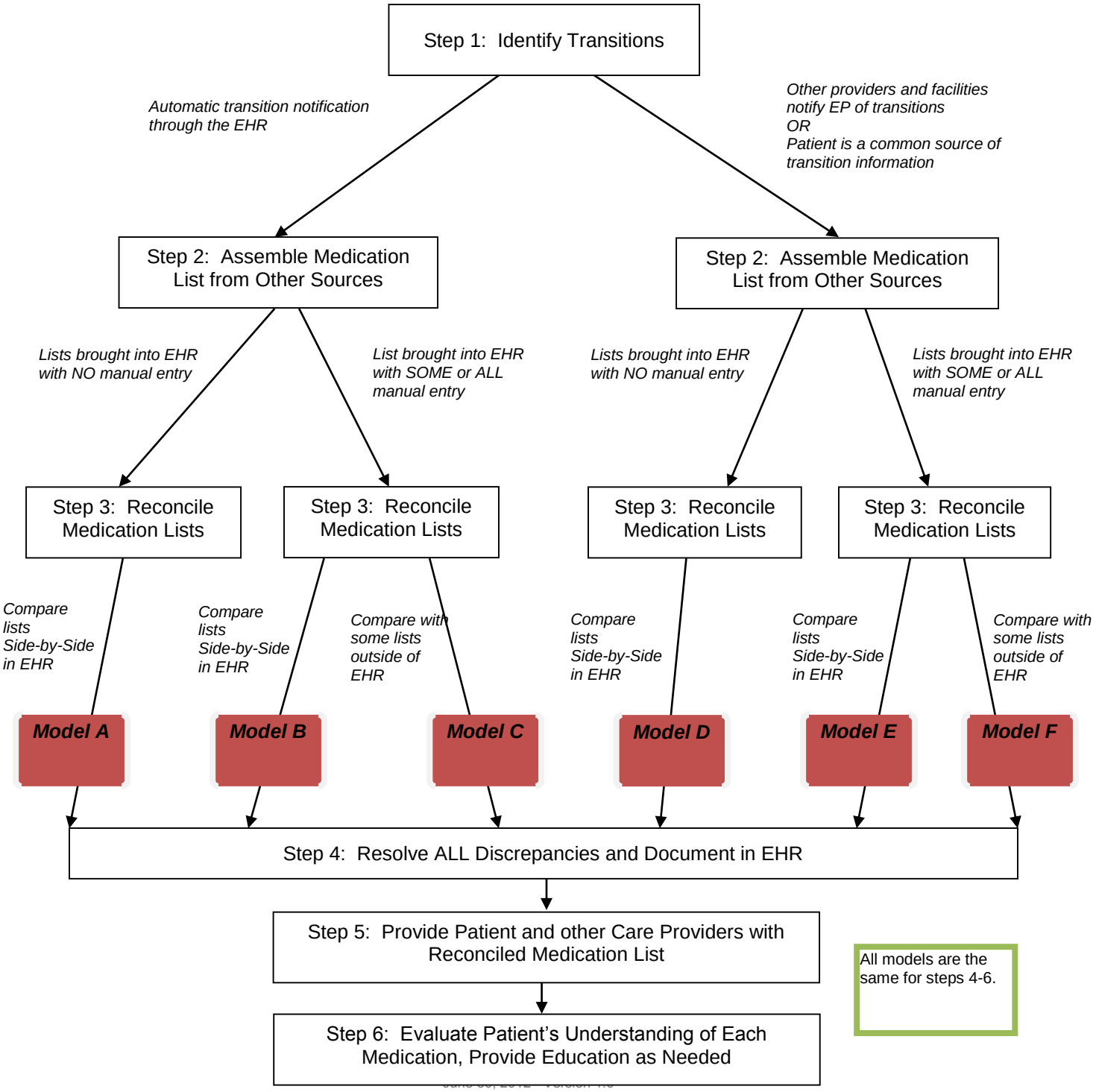
Questions for additional consideration and discussion with your Regional Extension Center (REC) for Health Information Technology.

1. How is the patient's understanding of how to take his/her medication assessed?
   Click here to enter text.

2. How is the education and assessment of the patient's understanding documented in the EHR?
   Click here to enter text.

2 Medication Reconciliation Model Logic

All of the models represent ways of achieving the medication reconciliation MU objective. Based on your responses to the self-assessment questions, follow the branch at each step in the flow diagram that most closely represents your current practice. The diagram will lead you to the model likely to be the closest or most feasible way of achieving the objective.



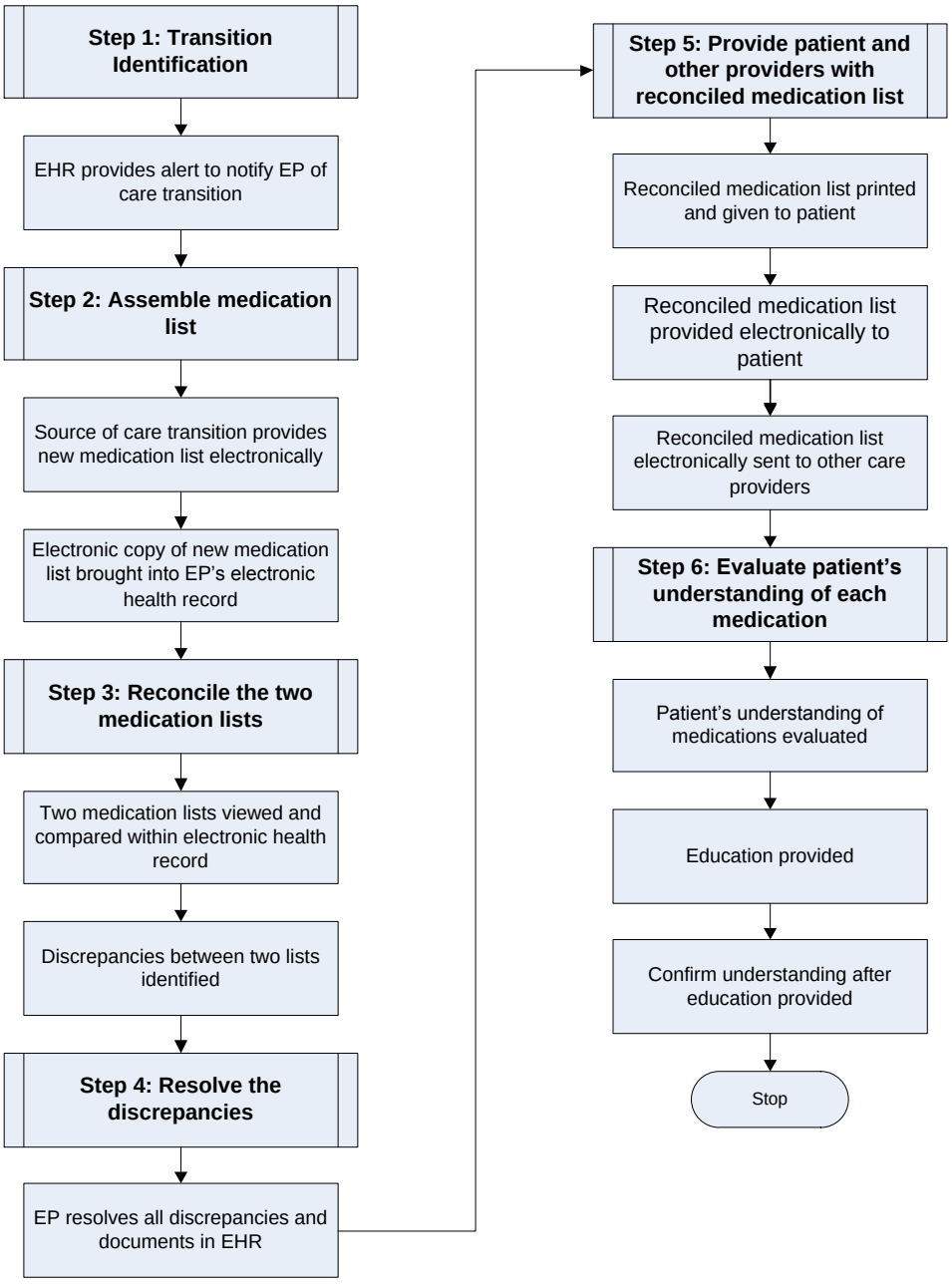
3 Medication Reconciliation Meaningful Use Models

3.1 MODEL A

Practice Characteristics and Capabilities

- *EHR always provides a care transition alert*
- *All medication lists from other sources are in electronic format and are always brought into the EHR*
- *Other sources of medication list(s) for an individual patient are always compared side-by-side within EHR*
- *EP records updates to the medication list within the EHR*
- *A copy of the new medication list is printed from the EHR and given to the patient*
- *An electronic copy of the new medication list can be provided to the patient upon request*
- *Other care providers are provided an electronic copy of the medication list as required*

Exhibit 1 Model A Workflow

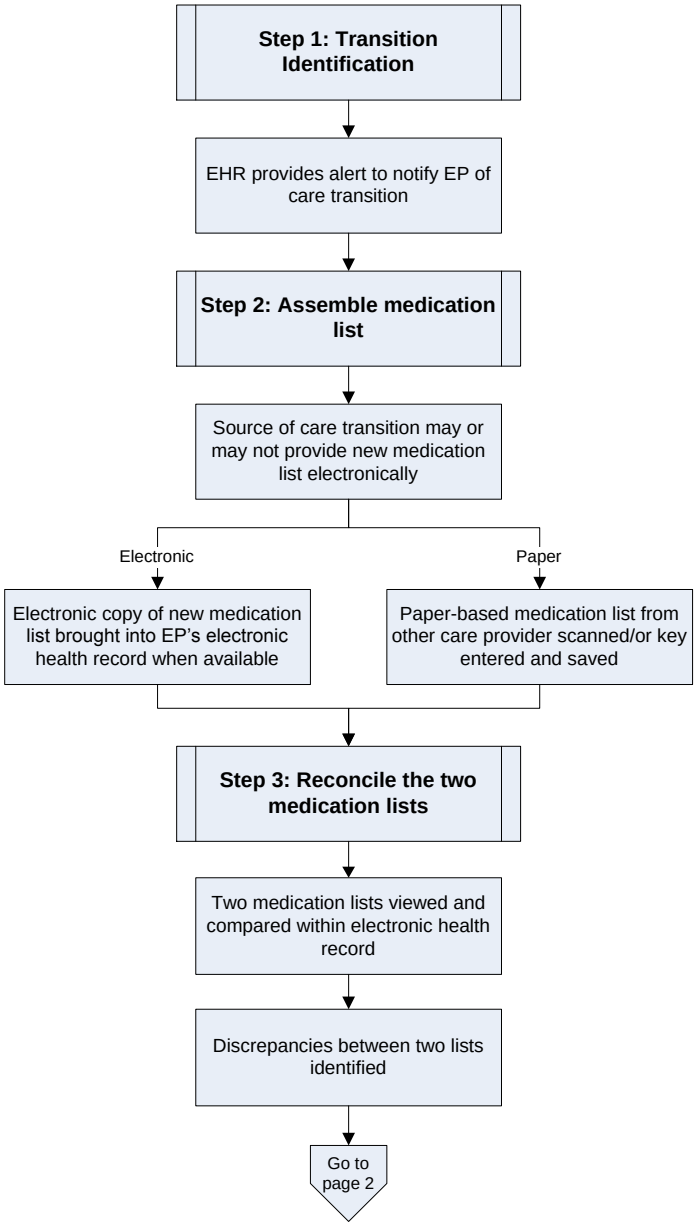


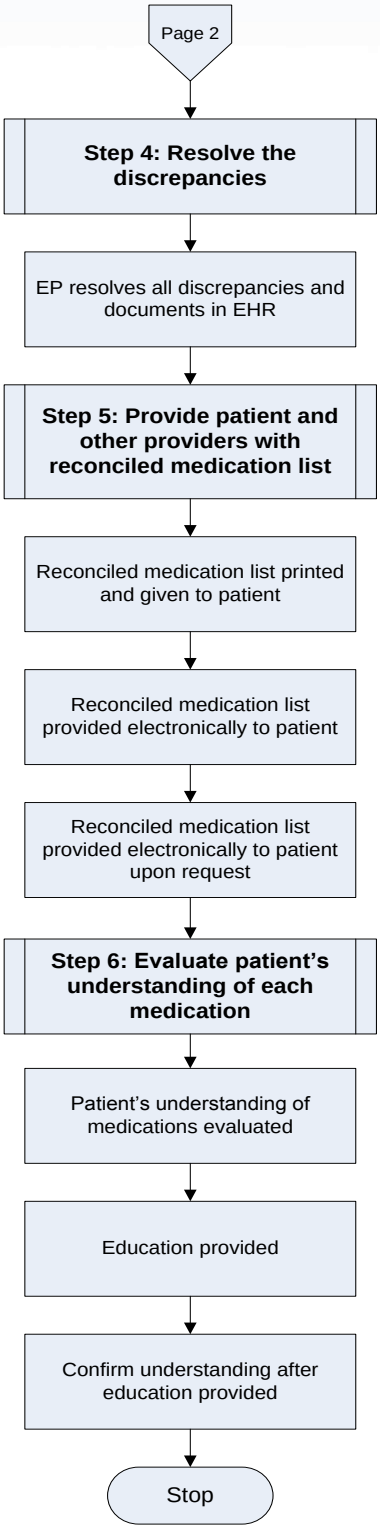
3.2 MODEL B

Practice Characteristics and Capabilities

- ***EHR always provides a care transition alert***
- ***Medication lists from other sources are not always in electronic format***
- ***Medication lists from other sources cannot always be brought into EHR without manual data entry***
- ***Other sources of medication list(s) for an individual patient are always compared side-by-side within the EP's EHR.***
- ***EP records updates to the medication list within the EHR***
- ***A copy of the new medication list is printed from the EHR and given to the patient***
- ***An electronic copy of the new medication list can be provided to the patient upon request***
- ***Other care providers are provided an electronic copy of the medication list as required***

Exhibit 2 Model B Workflow



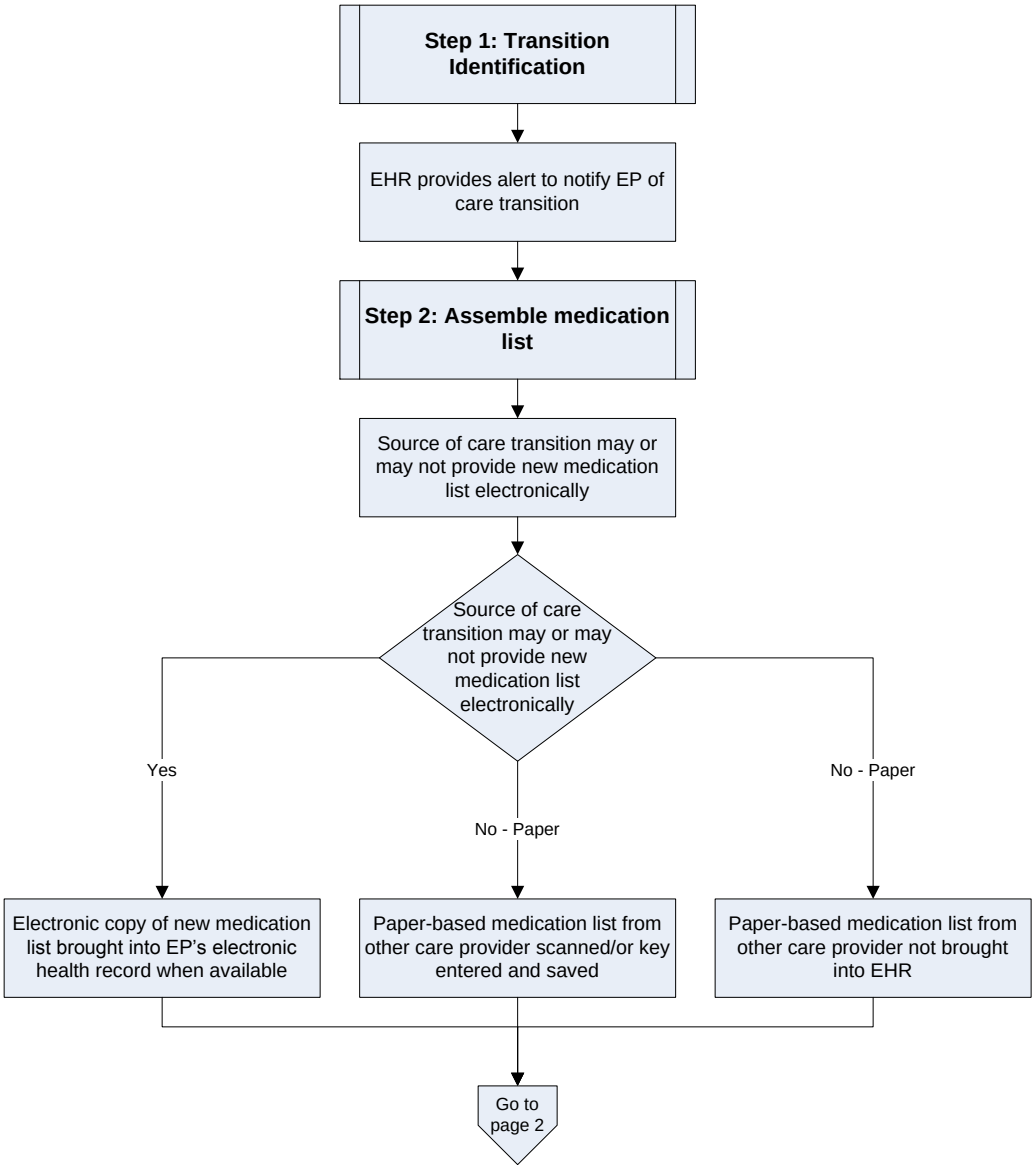

Page 2
Step 4: Resolve the discrepancies
EP resolves all discrepancies and documents in EHR
Step 5: Provide patient and other providers with reconciled medication list
Reconciled medication list printed and given to patient
Reconciled medication list provided electronically to patient
Reconciled medication list provided electronically to patient upon request
Step 6: Evaluate patient's understanding of each medication
Patient's understanding of medications evaluated
Education provided
Confirm understanding after education provided
Stop

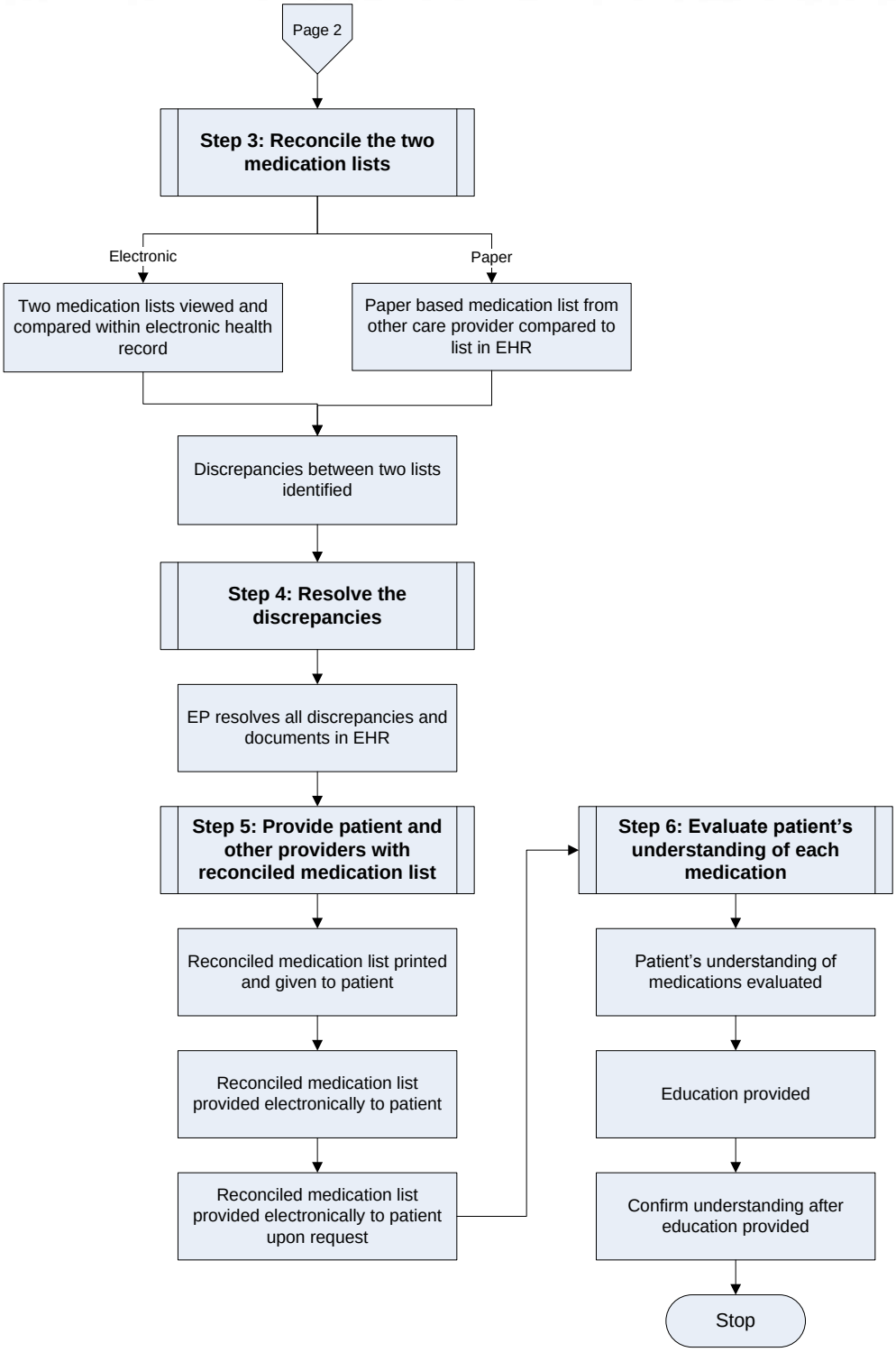
3.3 MODEL C

Practice Characteristics and Capabilities

- ***EHR always provides a care transition alert***
- ***Medication lists from other sources are not always in electronic format***
- ***Medication lists from other sources cannot always be brought into EHR without manual data entry***
- ***Other sources of medication list(s) are not always compared side-by-side within the EP's EHR.***
- ***EP records updates to the medication list within the EHR***
- ***A copy of the new medication list is printed from the EHR and given to the patient***
- ***An electronic copy of the new medication list can be provided to the patient upon request***
- ***Other care providers are provided an electronic copy of the medication list as required***

Exhibit 3 Model C Workflow

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Step 3: Reconcile the two medication lists
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Paper
Two medication lists viewed and compared within electronic health record
Paper based medication list from other care provider compared to list in EHR
Discrepancies between two lists identified
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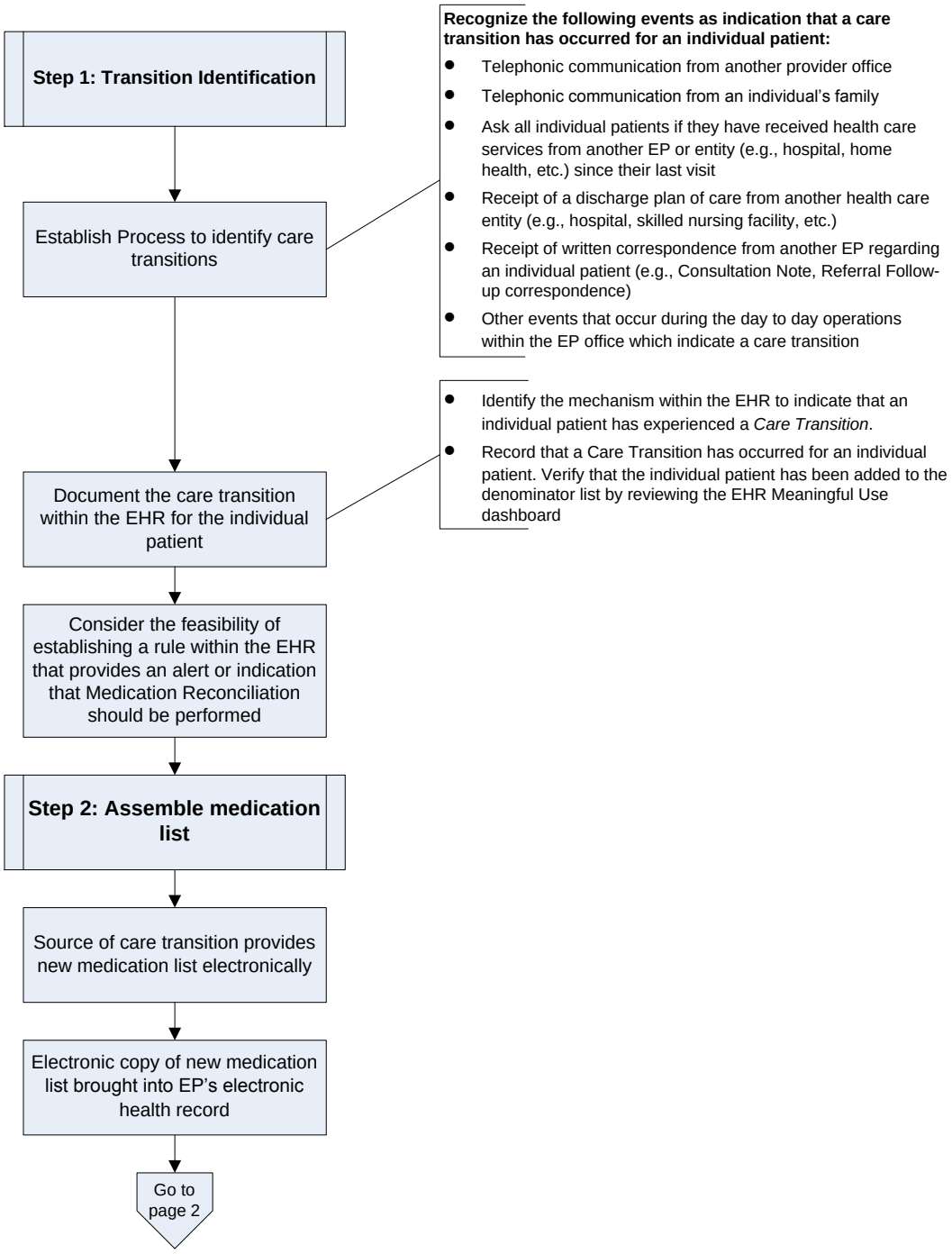
Reconciled medication list provided electronically to patient upon request
Step 6: Evaluate patient's understanding of each medication
Patient's understanding of medications evaluated
Education provided
Confirm understanding after education provided
Stop

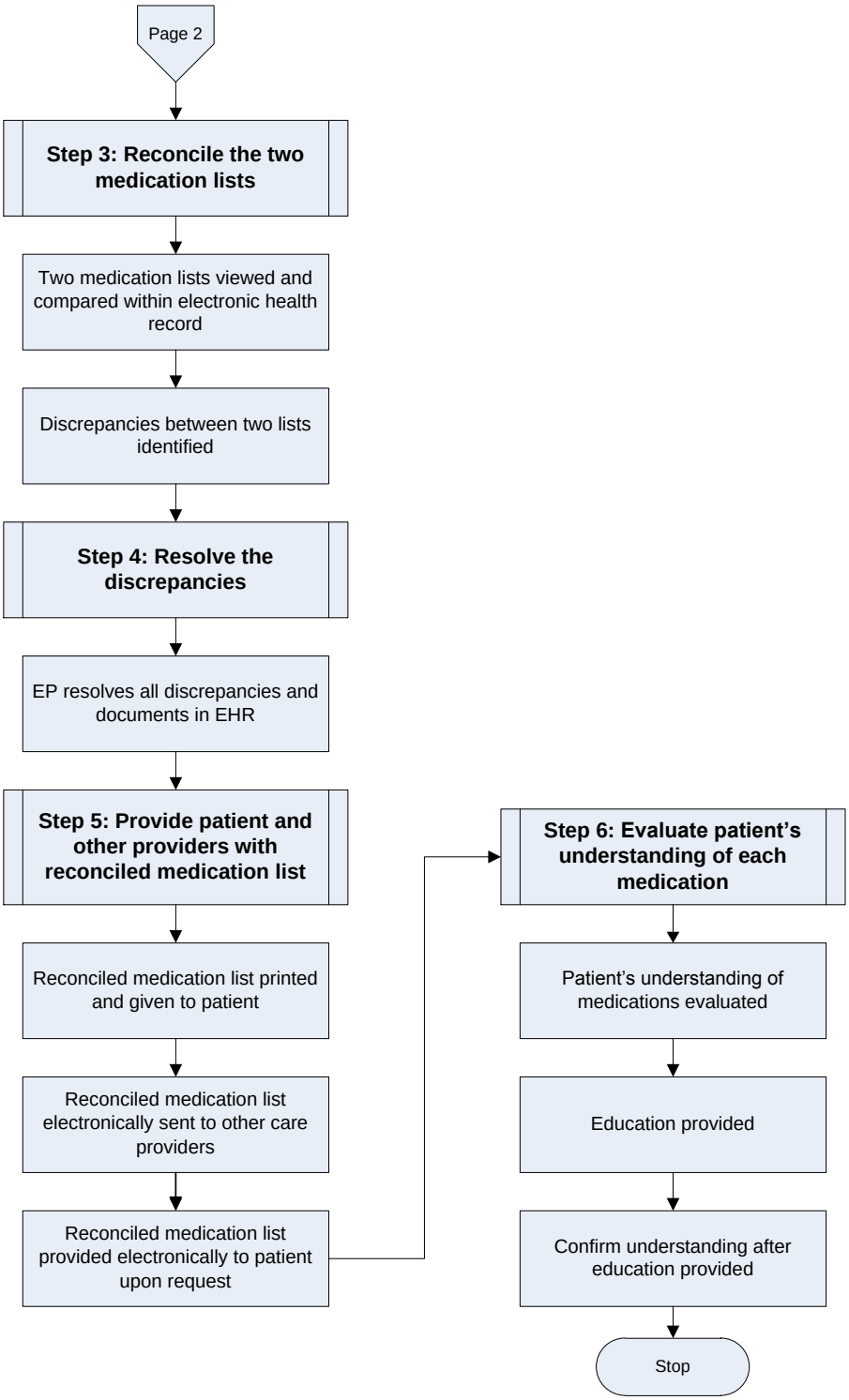
3.4 MODEL D

Practice Characteristics and Capabilities

- ***EHR does not always alert EP that a care transition has occurred***
- ***Medication lists from other sources are always in electronic format***
- ***Medication lists from other sources can always be brought into EHR without manual data entry***
- ***Other sources of medication list(s) for an individual patient are always compared side-by-side within the EP's EHR.***
- ***EP records updates to the medication list within the EHR***
- ***A copy of the new medication list is printed from the EHR and given to the patient***
- ***An electronic copy of the new medication list can be provided to the patient upon request***
- ***Other care providers are provided an electronic copy of the medication list as required***

Exhibit 4 Model D Workflow

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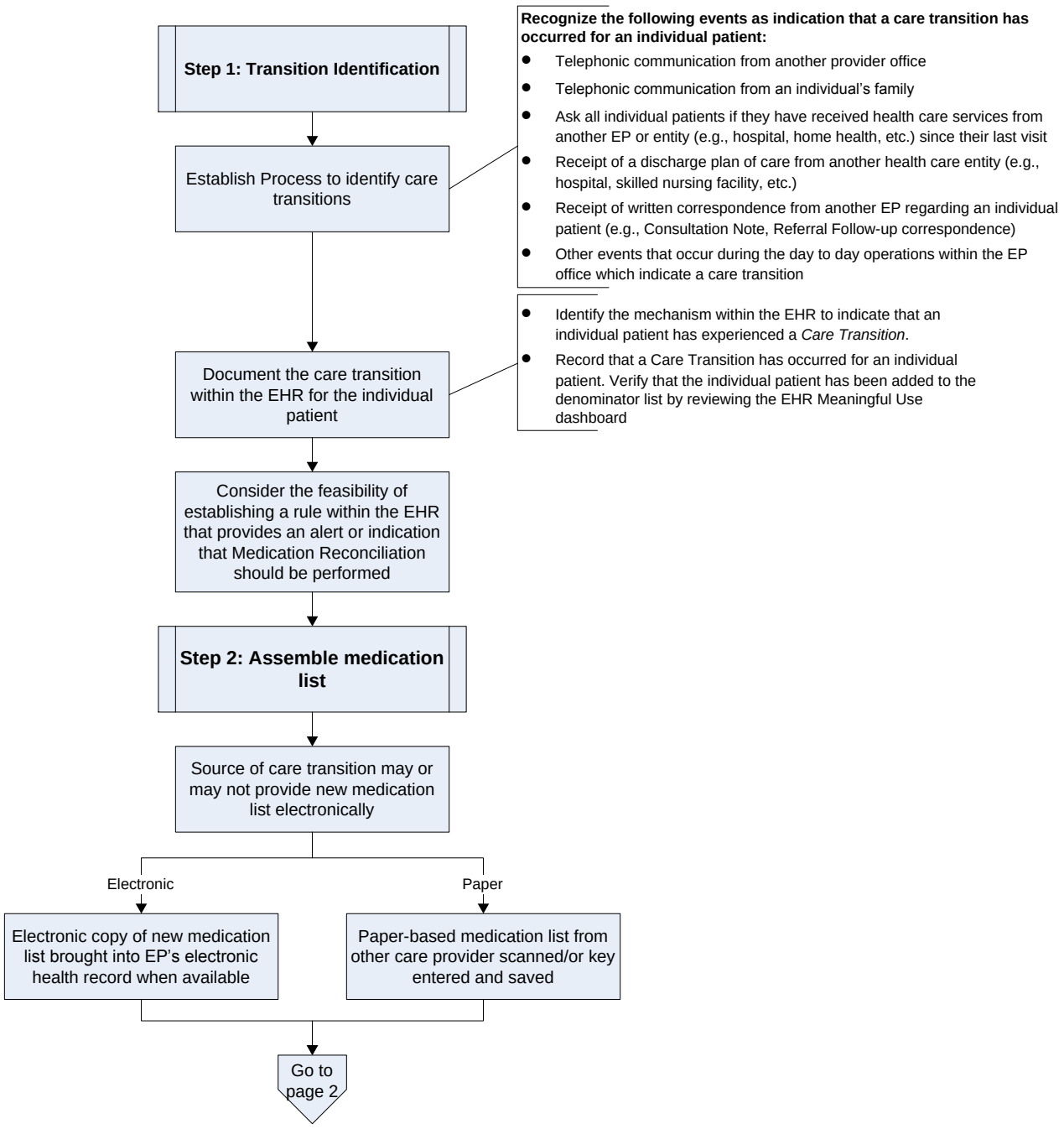
Reconciled medication list electronically sent to other care providers
Reconciled medication list provided electronically to patient upon request
Step 6: Evaluate patient's understanding of each medication
Patient's understanding of medications evaluated
Education provided
Confirm understanding after education provided
Stop

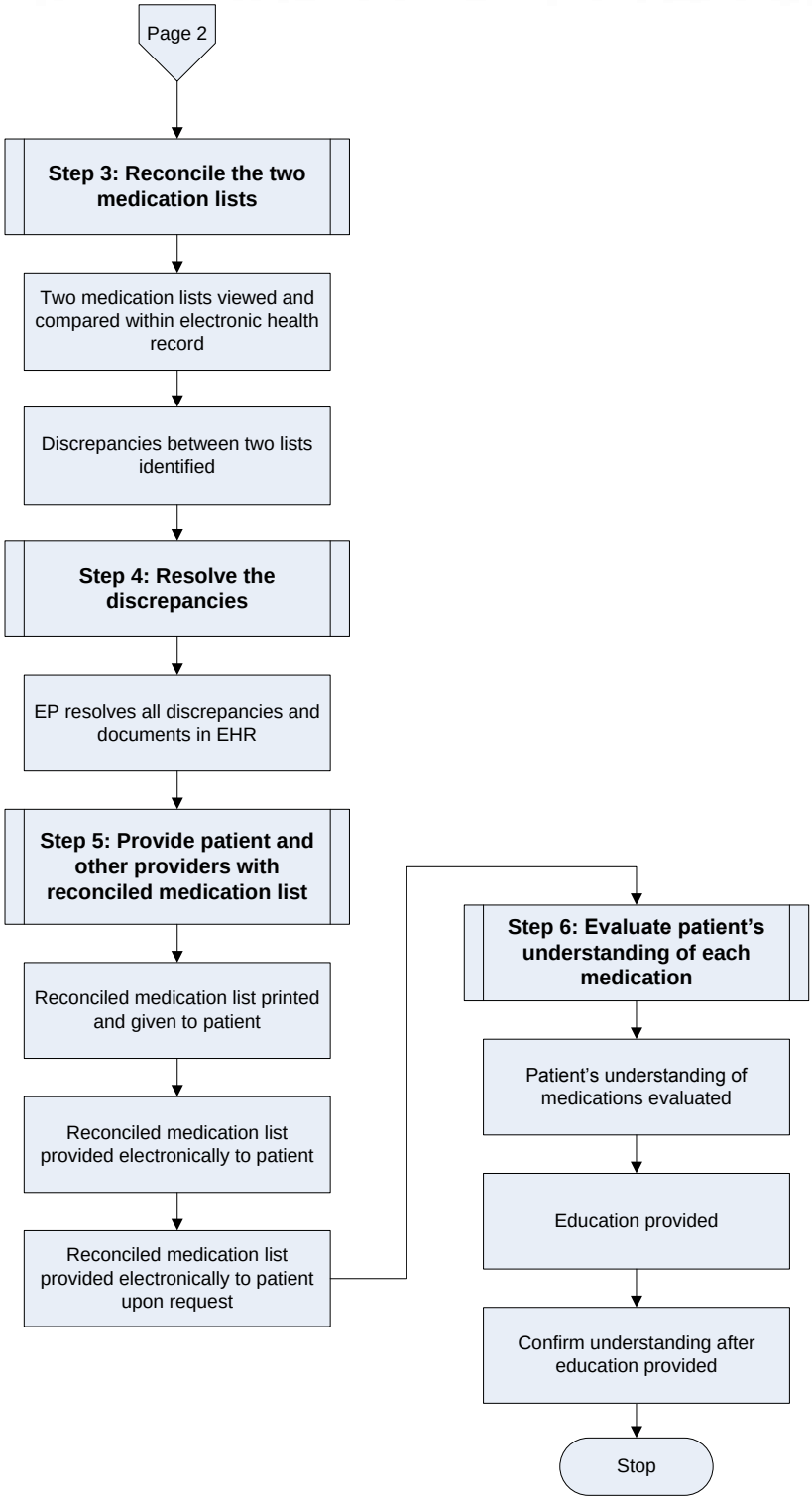
3.5 MODEL E

Practice Characteristics and Capabilities

- ***EHR does not always alert EP that a care transition has occurred.***
- ***Medication lists from other sources are not always in electronic format***
- ***Medication lists from other sources cannot always be brought into EHR without manual data entry***
- ***Other sources of medication list(s) for an individual patient are always compared side-by-side within the EP's EHR.***
- ***EP records updates to the medication list within the EHR***
- ***A copy of the new medication list is printed from the EHR and given to the patient***
- ***An electronic copy of the new medication list can be provided to the patient upon request***
- ***Other care providers are provided an electronic copy of the medication list as required***

Exhibit 5 Model E Workflow

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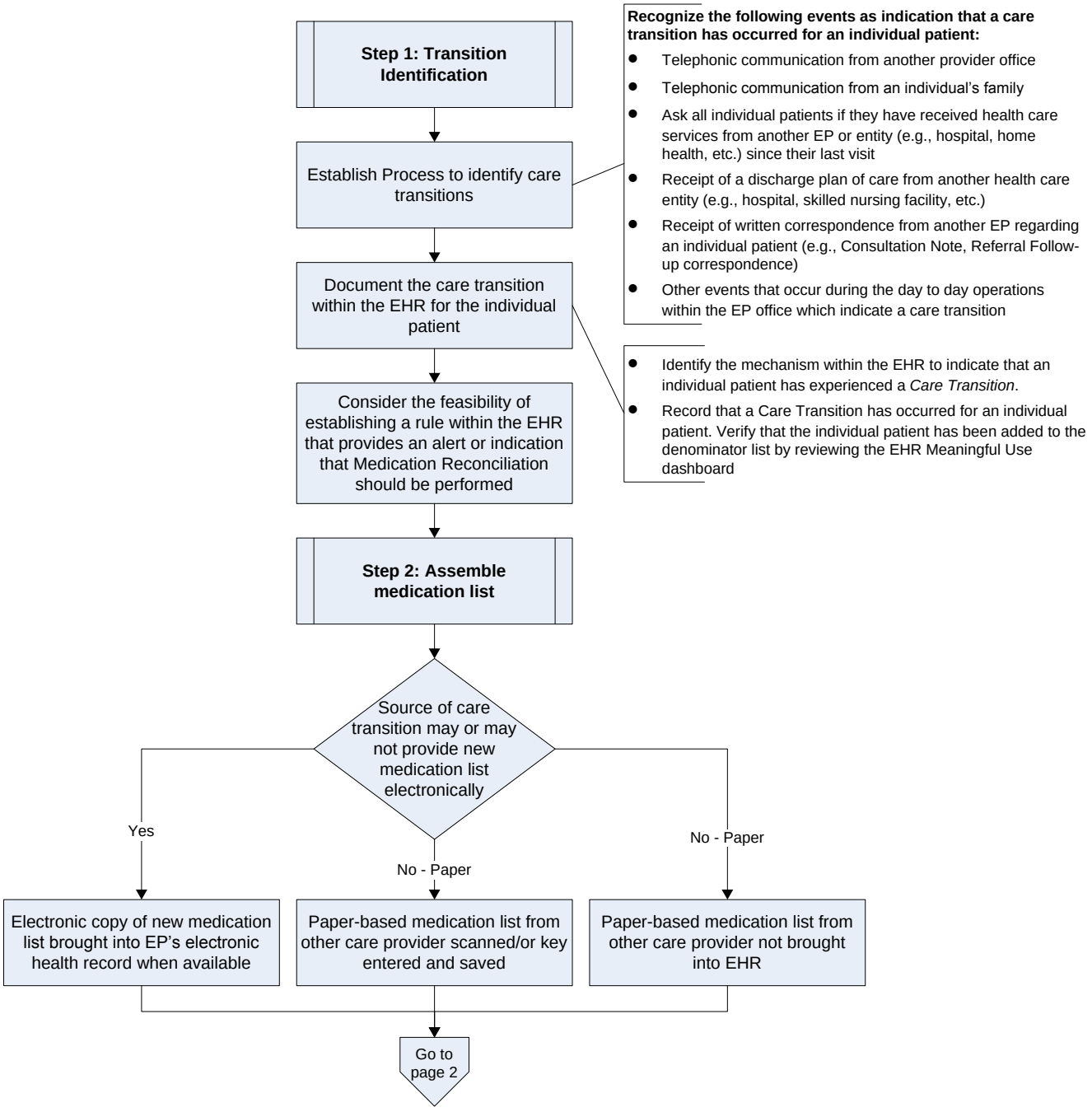
Reconciled medication list provided electronically to patient upon request
Step 6: Evaluate patient's understanding of each medication
Patient's understanding of medications evaluated
Education provided
Confirm understanding after education provided
Stop

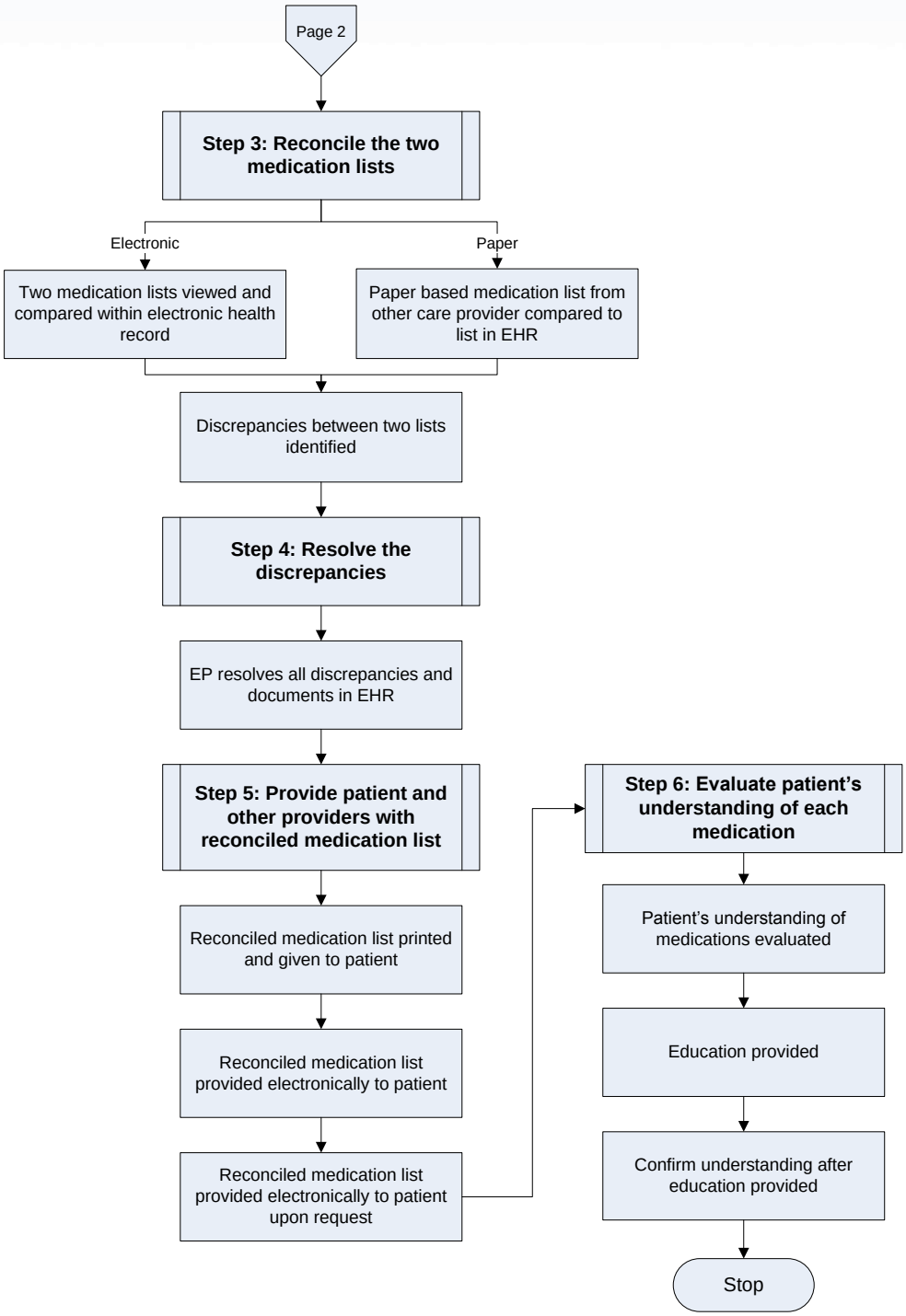
3.6 MODEL F

Practice Characteristics and Capabilities

- ***EHR does not always alert EP that a care transition has occurred.***
- ***Medication lists from other sources are not always in electronic format***
- ***Medication lists from other sources cannot always be brought into EHR without manual data entry***
- ***Other sources of medication list(s) for an individual patient are not always compared side-by-side within the EP's EHR.***
- ***EP records updates to the medication list within the EHR***
- ***A copy of the reconciled medication list is printed from the EHR and given to the patient***
- ***An electronic copy of the reconciled medication list can be provided to the patient upon request***
- ***Other care providers are given an electronic copy of the reconciled medication list as required***

Exhibit 6 Model F Workflow

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Education provided
Confirm understanding after education provided
Stop