Regional Medication Safety Initiative: Enhancing Communication and Coordination Between Hospital-Based Clinicians, Community Pharmacies, and Outpatient Physician Offices

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Overview

- Project goals and objectives
- What is medication reconciliation?
- ‘Defragmenting’ drug therapy
- What do we want to accomplish today?
Project Background

- Project funded by Michael Reese Health Trust (Lambert/Schiff PIs, under CPSF)
- 2-year planning grant started January 2005
- Year 1: build team, plan pilot, invitation only meeting, open meeting
- Year 2: execute pilot and plan for future
Long-Term Objective

- To improve the safety of the drug use process by creating better communication linkages between community pharmacies, hospitals and outpatient physician offices.

- (What about other nodes in the continuum of care?)
Specific Aims

- To bring together a planning group of consumers, community pharmacies and pharmacists, office-based clinicians, and hospital-based clinicians to identify the highest priority challenges and opportunities with regard to medication reconciliation.

- To enroll at least one solo practitioner, one primary care group practice, one hospital and one community pharmacy in our medication reconciliation demonstration project.
Specific Aims

- To implement locally-defined, boundary-spanning, best practices for reconciliation among these participants
- To evaluate the success of the planning effort
- To seek funding for a larger scale demonstration of the successful practices
## Project Timeline

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<td>Recruit office-based physicians</td>
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What Have We Accomplished Thus Far?

- Built core planning team
- Met by teleconference every two weeks since March 2005
- Worked on our own definition of medication reconciliation
- Reviewed other ongoing efforts
- Secured tentative commitment from retail pharmacy chain to participate
Peer Review

- The Michael Reese Health Trust will sponsor a peer review
- Half Day (morning)
- Ron Stock, MD from SharedCarePlan.org
- Thursday, October 27, 2005
- Location?
Goals and Objectives of Peer Review

- Give feedback on design of pilot project
- Inform us about similar projects/progress elsewhere
- Identify barriers and ways to overcome barriers
- Evaluate our process of collaboration
- Assist us in identifying key technologies
- Give us macro perspective on RHIOs and other related issues
How does this project relate to other local efforts?

- **IHA project**
  - Admission reconciliation (20+ hospitals)
  - Becky Steward

- **Northwestern project**
  - Kris Gleason
  - Direct admission and transfer reconciliation
  - AHRQ-funded
Other Initiatives We Are Exploring

- Regional Health Information Organizations
  - PeaceHealth (Portland, OR), [http://www.sharedcareplan.org](http://www.sharedcareplan.org)
  - Indianapolis
  - Massachusetts
  - Colorado, [http://www.CareTransitions.org](http://www.CareTransitions.org)
What is Medication Reconciliation?

- **The American Heritage® Dictionary of the English Language, Fourth Edition---reconciliation.**
  - To reestablish a close relationship between.
  - To settle or resolve.
  - To bring (oneself) to accept: *He finally reconciled himself to the change in management.*
  - To make compatible or consistent: *reconcile my way of thinking with yours.* See synonyms at adapt.
  - To reestablish a close relationship, as in marriage: *The estranged couple reconciled after a year.*
  - To become compatible or consistent: *The figures would not reconcile.*
JCAHO Has Its Own Definition

- Goal 8 requires an accurate and complete reconciliation of medications across the continuum but the requirements relate only to obtaining and communicating a complete list of medications. Please explain.

- A. The intent of the goal is that whenever a patient/client/resident moves from one "setting, service, practitioner, or level of care within or outside the organization," the complete and current list of that patient/client/resident's medications—as obtained on admission/entry and updated during that episode of care—will be communicated to the next provider of service to be compared (reconciled) with the medications to be provided in/by the new setting, service, practitioner, or level of care. The list will reflect changes that occurred during the episode of care.
More on J CAHO Goal

- Goal: Accurately and completely reconcile medications across the continuum of care.
- During 2005, for full implementation by January 2006, develop a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
- A complete list of the patient's medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization.
JCAHO: What needs to be reconciled?

- Rx medications, samples, herbals, vitamins, nutraceuticals, OTCs, vaccines, diagnostic and contrast agents, radioactive meds, respiratory therapy products, parenteral nutrition, blood derivatives, intravenous solutions, and any product designated by the FDA as a drug.

- Excluded: enteral nutrition solutions, oxygen or other medical gases.

http://www.drugtopics.com/drugtopics/article/articleDetail.jsp?id=143478
Defragmenting Drug Therapy

- Not having an accurate list of a patient’s current medications is not the problem---it is a symptom
- The underlying disease is fragmentation
- Medication reconciliation is symptomatic treatment---a band-aid
- Real treatment would attack fragmentation
Who Will Take Responsibility?

- Someone in the patient’s life has to take responsibility to coordinate and oversee the drug therapy. Put your name to it. Manage uncertainty. Whom to contact?

- Who is going to take responsibility? Short of a dedicated professional, how do we manage this in such a fragmented system?

- Responsibility likely to be a shared between PCP and pharmacist.
How many patients can one provider handle?

- Answer is a function of the number of providers, patient’s acuity, level of involvement and cognitive capacity not just number of meds or number of diagnoses.
- One person can do perhaps 2 patients per day if we mean high level reconciliation.
Levels of Reconciliation

- What are they on?
- Why are they on it?
- What did they stop and why?
- Matching, comparison, and organizing
  - Sort by indication
  - Sort by pharmacologic category
  - Match with problem list
- Why are they in the hospital?
  - Is this best treated by drug therapy?
  - Could lifestyle do the trick?
Levels of Reconciliation

- Appropriateness of drug therapy?
- Reconciling for renal/hepatic function?
- Reconciling with formulary
- Reconciling with clinical guidelines
- Reconcile with other lab results
- Reconcile with individual personal experience
- Reconciling past with present (what drugs have they failed on?)
Levels of Information Need

- Type and extent of information need depends on level of reconciliation being attempted
- “Merely” getting an accurate list (i.e., “first-order reconciliation”) is hard enough and often not achieved
- Our designs should keep in mind the higher levels of reconciliation
Is “Reconciliation” the Right Term?

- Medication coordination
- Medication therapy management (a la new Medicare benefit)
- Managing regimens not prescribing drugs
- Medication rationalization
- Avoiding the slippery slope
Nodes in the Continuum of Care

- Home
- Hospital
- Outpatient Pharmacy
- Outpatient physician office
- Others
  - Rehab, long term care, social work, prison, nutritionist, PT, OT, etc., etc.
4 Nodes Yield 12 Interfaces

- Patient contacts hospital
- Hospital contacts patient
- Patient contacts pharmacy
- Pharmacy contacts patient
- Patient contacts outpatient clinic
- Outpatient clinic contacts patient
- Hospital contacts outpatient pharmacy
- Outpatient pharmacy contacts hospital
- Hospital contacts outpatient clinic
- Outpatient clinic contacts hospital
- Pharmacy contacts outpatient office
- Outpatient clinic contacts pharmacy
Complexity Within Nodes

- Each “geographic” node has its own internal complexity
- In the home there is the patient and the caregivers
- In the pharmacy there are multiple pharmacists and technicians
- In the hospital there are multiple MDs, RNs, PharmDs and others
- In the outpatient clinic there are receptionists, nurses, and MDS
What Do We Want to Accomplish Today?

- The goal of today’s meeting is to assess the extent of agreement or disagreement on basic goals and strategies.
Key Questions to Consider

- What sort of information is most important to share across boundaries?
- Which personnel should do the actual communication and coordination?
- Which patients will participate and how will their informed consent be gained?
- What technical obstacles exist?
- What practical obstacles exist?
- What are realistic goals for the two-year timeframe of the project?
- How might we measure our success?
Some Basic Procedural Questions

- What is the actual (physical) format of the medication list?
- How do you deal with meds at home but not hospital?
- How do you make sure meds get ordered, filled, received?
- How do you deal with formulary conflicts?
- How do you inform the primary care giver?
- How does the list get from the patient to the pharmacist?
- How do we make sure meds get filled?
- How (and to whom) do we feedback what does get filled?
- How do we assess and deal with compliance and how do we inform MD that noncompliance is a problem?
- How do we handle discontinuations?
Topics for Morning Presenters

- This is what I need
- When I need it
- Why I need it
- What format I need it in
- Where can I get it?
- Barriers/limitations?
Plan for the Day

- **Morning**
  - Discuss consumer, hospital, pharmacy, and outpatient physician perspectives, problems, and ideals

- **Working Lunch**

- **Afternoon**
  - Analysis of failure modes
  - Discussion of current models around US
  - Group design of pilot project
Summary

- A difficult problem that no one has yet solved
- We will a modest, local attempt not to solve the problem but to better understand it
- We need lots of help, input, cooperation, resources