

Medication Reconciliation in a Physician's Office

Medication errors have been a patient safety target due to their high frequency and mostly preventable nature. Medication reconciliation has been identified as a strategy to reduce these errors.

Gone are the days when a patient's medical needs were attended to by one general practitioner from cradle to grave. Today, it is much more common for a patient to be seen by several physicians from a variety of specialties and sub-specialties. In addition, 50 to 70 percent of ambulatory care visits result in the prescription of medication.¹ Consequently, it is highly probable that your patients are taking medications prescribed by physicians besides you. And some patients may be receiving medications through the mail.

Most physician offices have patients complete a medication record when they are first seen. This document should include all medications taken, as well as known drug allergies and previous adverse drug reactions. Making sure this information is accurate and complete may be difficult initially, especially with patients who are on many different medications. However, it can be helpful to have the patient bring in every medication, including over-the-counter drugs and herbal and natural medicines to the next appointment.

Once a baseline medication record has been established, patients should be asked to update their medication histories at the start of *each visit*. It can be particularly useful to go through the medication list on file, drug by drug, rather than simply asking, "Are you still taking the same meds?" Explain to your patients why this information must be kept current.

Many practices provide a personal medication sheet for their patients to complete, update and carry with them to medical appointments. This can improve compliance and keep patients engaged as partners in their own healthcare. Sample medication records are available on www.fda.gov/usemedicinesafely/mymedicinerecord.htm, www.macoalition.org/initiatives.shtml and through the AARP.

Or, your practice may create its own medication record form. The key information it should contain is medication name, dosage, how often and when taken, date first taken, prescribing physician, and reason for medication. See the FDA's *My Medical Record* example below.

The physician's most important task in the medication reconciliation process is reviewing the patient's medication list to identify potential problem areas such as:

- Discrepancies between the practice's medication record and the patient's medication list
- Drug contraindications, whether because of a patient condition, a known allergy, previous reaction or reported intolerance, or another drug
- Contraindicated use of herbal supplements (e.g., a patient taking ginkgo also on daily aspirin)
- High-risk drugs (anticoagulants, chemotherapeutic agents, Accutane, or drugs with FDA black box warnings)
- Incorrect dosage or improper method of administration
- More than five prescribed medications

Problem areas should be addressed and resolved by the physician promptly – taking whatever steps necessary to ensure drug safety and effectiveness for the patient. This includes contacting other physicians, adjusting doses and discontinuing herbal supplements as necessary.

Through medication reconciliation, you can provide an accurate and complete listing of a patient's current medications at each point along the care continuum. In doing so, you'll help maximize the therapeutic effectiveness of medications, prevent adverse drug events and deliver optimal patient care.

What I'm Using RX-brand & generic name; OTC-name & active ingredients	What It Looks Like color, shape, size, markings, etc.	How Much	How to Use/When to Use	Start/Stop Dates	Why I'm Using/Notes	Who Told Me to Use/How to Contact	
<i>Enter ALL prescription (Rx) medicine (include samples), over-the-counter (OTC) medicine, and dietary supplements</i>							
Ex	XXXX/xxxxxxxx	20 mg pill; small, white, round	40 mg; use two 20 mg pills	Take orally, 2 x/day, at 8 a.m. & 8 p.m.	1-15-09	Lowers blood pressure; check blood pressure once a week; blood test on 4-15-09	Dr. Xxxxx (800) 555-1212
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