



Medication Reconciliation

The Institute for Healthcare Improvement defines medication reconciliation as the process of creating the most accurate list possible of all medications a member is taking. This includes: drug name, dosage, frequency, and route. The list should be compared against the physician's admission, transfer and/or discharge orders, with the goal of providing the correct medications to the member at all transition points. Electronic prescribing (e-prescribing) and Electronic Health Record (EHR) allow greater ability to accurately reconcile medications.

More than 40 percent of medication errors are believed to result in reconciliation errors in transfers of care. Twenty percent of these errors result in harm. Furthermore, outpatient records have been noted to have discrepancies in medication in 25 percent to 75 percent of the records.

Joint Commission on Accreditation of Health Care Organizations reports that 60 percent of medication errors are a result of communication failures. Contributing to this is poor self-management within the home, a lack of understanding, confusion, low health literacy, and cultural barriers.

Important steps for the practitioner:

1. Encourage your patients to maintain an accurate medication list and to bring this list with any updates to each appointment.
2. Assess and monitor your patients' understanding/knowledge and compliance with medication.
3. Compare your patients' list of current medications with the medications that you have prescribed. Reconcile medication lists at all transition points such as movement from one level of care to another or when seeing multiple physicians to manage care.
4. If e-prescribing, allow access of medications prescribed by other providers. Comparing the available information with your prescriptions is an effective method of medication reconciliation.
5. If you are participating in an EHR incentive program, medication reconciliation is a recommended meaningful use. For more information, view the CMS EHR incentive programs, and contact your EHR vendor for implementation within your program.
6. Members enrolled in the Beacon's Intensive Case Management Program will discuss medications with their case managers. If there are any questions related to the accuracy of the medication list or to the members understanding, the case manager will contact you regarding the need for medication reconciliation. Your direction related to medication is essential to providing the best service to your patient.