

# Medication Reconciliation & Polypharmacy Work Group

## *Engagement and Safety Subcommittee*

April 25, 2019



# Agenda

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## Agenda

Welcome and Call to Order	Nate and Anne	9:00 AM
Public Comment	Attendees	9:05 AM
Update on Student Research Assignment / Lit Review	Nate Rickles	9:10 AM
Update on Recommendation and Planning Process	Nate and Anne	9:20 AM
Review of Member Input	Attendees	9:30 AM
Next Steps & Adjournment	Nate Rickles	9:55 AM

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# Public Comment

# Update on Student Research Assignments / Lit Review

# Update on Recommendations and Planning Process

# Review of Member Input

# Discussion Topics

- **Obtaining a “Best Possible Med History”**
- **Patient Engagement**
- **Team Approach, Staff Training and Roles**
- **Technology**

# Obtaining a “Best Possible Med History”

- Toolkit of best practices in the MARQUIS Study
- Marie note re: obtaining BPMH
- BPMH important regardless of care setting
- Use of multiple sources (3+) important
  - Digital vs. non-digital sources
  - Congruence in multiple sources
- PRN and OTC more likely to be missing than chronic and acute meds
  - Patient-reported OTC important
- Cash payments contribute to incomplete meds list



# Patient Engagement

- Patients should be asked open-ended questions
- Barriers facing patients should be addressed
- Med rec safety is a plan that has a positive impact on a patient's life, improves a patient's knowledge/health literacy, and avoids AEDs
- Engagement should start before patient comes in for an appointment
- Patient / caregiver tools and education should be provided
- Process should be standardized and patient-friendly
- Roles of the care team should be clear and understood by patient / family
- Patient / family should confirm meds list for completeness and accuracy

# Team Approach, Staff Training and Roles

- Team approaches yield better results
- All staff must be properly trained
- Roles of the staff must be clear
- Lack of time and resources to gather meds history compromises results
- Use of digital tools can improve results
- Issue: which provider types yield better results?
  - Often performed by MAs
  - PharmDs involvement valuable, but limited in availability
  - Outcomes when using or not using digital tools?

# Technology

- Use of mobile apps for gathering patient-generated data
- Use of digital tools by providers, including access to “single source of truth” or BPMH
- Use of digital vs. non-digital sources of data

# Discussion and Next Steps

# Contact Information

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