



Sample Process for Medication Management Strategy

Introduction

The Medication Management strategy is an effort to engage patients and families to actively participate with you in developing a complete and accurate medication list from which you can complete medication reconciliation. Patients are asked to bring in all the medications they take, both prescribed and over the counter. These include non-oral medications such as injections, inhalers, ointments, and drops, as well as medications they only take occasionally. Staff within your practice will work with patients and their families to develop a complete and accurate medication list. Clinicians will conduct medication reconciliation based on the complete and accurate list. Several tools are available with this strategy.

How To Use This Document

This document provides a sample process for developing a complete and accurate medication list. Every primary care practice is different, varying by practice size, staffing levels, procedures, resources, technology use, and patient demographics. The process for developing the medication list may differ among practices.

This document contains a sample process with step-by-step instructions for using the strategy. Depending on the characteristics of your practice, some steps may not apply. Adjust the steps and how you complete them as needed to fit your practice.

This Medication Management strategy uses a paper-based medication list. A paper-based list was purposely included to encourage better patient engagement and to accommodate primary care practices that do not use electronic health records (EHRs). If you use an EHR with functionality for a medication list, you may be able to meet the intent of this strategy using the EHR. It will be important, though, to ensure that patients and their family members are fully engaged during the creation of the medication list.



Step 1. Before the Appointment: Staff

1. Remind patients to bring all their medications to their next appointment. You can use a telephone, email, or text reminder. Or you can use the Patient Information Card provided with this strategy.
2. If you use the Patient Information Card, you can mail the card to patients before their appointment as a reminder; the Patient Information Card also includes an appointment reminder (date/time). Alternatively, you can give the Patient Information Card to patients as they leave their current appointment, to remind them of their next appointment and to bring their medications with them next time.
3. Consider providing a bag (e.g., a ziplock-type bag or a brown bag) to patients to encourage and facilitate bringing in medications. For medications that need to be refrigerated, suggest that the patient bring the medication in a thermal lunch tote.

Step 2. At Rooming: Staff

1. Thank the patient for bringing in the medications.
2. Using the Medication List form, go through the prescription medications one by one:
 - a. For each, write down the medication name, prescribed dose, and prescribed frequency.
 - b. Ask the patient what the medication is for and document why the patient takes it.
 - c. Check whether the medication is expired and note that on the Medication List form.
 - d. Check whether the prescription indicates that no refills remain, and note on the Medication List form that a refill may be needed.
 - e. Ask the patient how he or she takes the medication. Ask when he or she takes it and how much. Use the word “medicine” instead of medication as it is more likely to be understood. Indicate on the Medication List form whether the patient is taking the medication as prescribed.
 - f. If the patient is not taking the medication as prescribed, try to find out why.
 - g. Repeat this process until you have a complete list of all prescription medications, including non-oral medications such as injections, inhalers, ointments, and drops, as well as medications only taken occasionally.

3. Using the Medication List form, go through the over-the-counter medicines, vitamins, and herbal medicines one by one.
 - a. For each, write down the name. Ask the patient how much he or she takes and when, and then record the dose and frequency on the form.
 - b. Ask the patient what the medication is for and document why the patient takes it.
 - c. Repeat this process until you have a complete list of all over-the-counter medications, vitamins, and herbal medicines.
4. Ask the patient whether he or she has remembered all the medications, encouraging the patient to disclose everything. If the patient could not bring something, was unsure about something, or thinks he or she has forgotten something, note that on the Medication List form.
5. Suggest that the patient throw away any expired medications.
6. Make the clinician aware of any prescription that is not being taken as prescribed and the reason, if you were able to determine it.

A brief procedure guide with these steps is provided for staff as they learn the process. In addition, a shorter checklist is available to be used as a reminder. If you change these steps to fit your practice, you will need to customize the procedure and checklist.

Step 3. During the Exam: Clinician

1. Conduct a medication reconciliation by reviewing the medication list with the patient and family members in conjunction with the physical exam to determine if any changes are needed. Consider:
 - Challenges in how the patient is taking the medication.
 - Possible interactions with other medications or over-the-counter medicines.
 - Overdoses.
 - Appropriateness as a treatment.
 - Avoidable regimen complexity.
 - Avoidable side effects.

Your EHR may have the capability of identifying possible interactions and overdoses.

2. For medications that are expired or prescriptions that have no refills remaining, consider whether a new prescription is needed.
3. If the patient has not been taking his or her medication or has not been taking it correctly, try to find out why. You can use the job aid provided with this strategy to help you discuss and resolve common barriers to adhering to prescribed medications.
4. Ensure that the patient understands how and why he or she is taking each medication. You can use the teach-back method to confirm patient understanding. (Guidance on implementing teach-back is available at <http://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/interventions.html>.)
5. If your practice uses EHRs, ensure that the medication list in the record is updated appropriately.

If your practice does not use EHRs, note any corrections or changes on the paper Medication List form.

Step 4. After the Exam: Staff

1. If your practice uses EHRs, provide the patient with a printout of the complete and accurate medication list. Advise patients to keep a copy with them when they visit other health care providers.
2. If your practice does not use EHRs, provide the patient with a paper copy of the medication list only after the list has been corrected as necessary to be complete and accurate.

