

A Better Way: Leveraging a Proven and Utilized System for Improving Current Medication Reconciliation Processes

Ajit A. Dhavle, PharmD, MBA; Seth Joseph, MBA; Yuze Yang, PharmD; Chris DiBlasi, MBA; and Ken Whittemore, RPh, MBA

In the commentary, “A Call for a Statewide Medication Reconciliation Program,” published in the October 2016 issue of *The American Journal of Managed Care*[®], Drs Askin and Margolius present recommendations for statewide medication reconciliation programs (SMRPs) aimed at improving current medication reconciliation processes.¹ Incomplete or inaccurate data found within patient medication histories can pose serious safety risks, and we agree with the authors’ assessment that improvements to medication reconciliation processes are necessary.²

Nevertheless, the establishment of SMRPs, by expanding current prescription drug monitoring programs (PDMPs), may not be the most practical or expeditious solution. First, as noted by the authors, health systems might be disinclined to invest to make their electronic health records (EHRs) interoperable with SMRPs. Further, PDMP datasets have not been universally integrated in physician EHRs or pharmacy management systems, and this lack of seamless integration compromises physician accessibility and usability, thereby negatively affecting their utilization.³ Second, the absence of a single nationally adopted and accredited standard, common vocabularies, and uniform data formats by PDMPs will result in EHR and pharmacy vendors potentially needing to certify and implement 50 different SMRPs—a cost-prohibitive and resource-intensive endeavor.⁴ Finally, as noted by the commentary authors, prescribers and pharmacies who serve patients in multiple states may have to register with each SMRP separately to access its data, which would result in additional workflow burdens. EHR and pharmacy integration challenges across SMRPs can thus negatively impact clinician usability and subsequently reduce the efficiency of the overall medication reconciliation process.

An alternative to a mandated SMRP is to employ the existing national network of connected pharmacies, EHRs, and pharmacy benefit managers (PBMs) that enables providers to electronically access—through their EHRs—medication lists for their patients. This national network infrastructure utilizes the medication history transaction standard that is approved by the National Council for Prescription Drug Programs (NCPDP), adopted by CMS, and

ABSTRACT

In this reply to the commentary, “A Call for a Statewide Medication Reconciliation Program,” published in the October 2016 issue of *The American Journal of Managed Care*[®], authors note that although they agree with the authors’ assessment of the problem, they believe there is a proven and scalable solution to improve medication reconciliation that is already available to, and used by, clinicians.

Am J Manag Care. 2017;23(3):e98-e99

required under Meaningful Use stage 3 criteria.⁵ This solution has already been implemented and is operated by the Surescripts Health Information Exchange; it facilitates a single standard EHR certification and integration process, thereby avoiding the aforementioned state-by-state variations in portal layouts, data formats, and/or user experiences. In addition, this solution is seamlessly integrated and accessed by clinicians within existing EHR workflows and has been increasingly adopted and utilized by them over the past 10 years.⁶

Indeed, pharmacies, PBMs, and prescriber EHRs successfully and securely communicated over 1.7 billion patient medication histories across the Surescripts network in 2015 alone.⁷ The NCPDP medication history solution provided by Surescripts includes both pharmacy-dispensed data and PBM claims data. When combined, these longitudinal data sets provide a more comprehensive nationwide picture of a patient's medication history than is available in PDMPs.

In summary, although we agree with the authors' assessment of the problem, we believe there is a proven and scalable solution to improve medication reconciliation that is already available to, and used by, clinicians. ■

Author Affiliations: Surescripts LLC (AAD, SJ, YY, CD, KW), Arlington, VA.

Source of Funding: None.

Author Disclosures: All authors are employees of Surescripts, which has a commercial product for medication history and would benefit financially

from the success of the products mentioned in the letter. The authors report no other relationship or financial interest with any entity that would pose a conflict of interest with the subject matter of this article.

Authorship Information: Concept and design (AAD, CD, SJ, KW); acquisition of data (AAD); analysis and interpretation of data (AAD, YY); drafting of the manuscript (AAD, CD, SJ, KW, YY); critical revision of the manuscript for important intellectual content (AAD, CD, SJ, KW, YY); statistical analysis (AAD); provision of patients or study materials (AAD); administrative, technical, or logistic support (AAD, YY); and supervision (AAD).

Address Correspondence to: Seth Joseph, MBA, Surescripts LLC 2800 Crystal Dr, Arlington, VA 22202. E-mail: seth.joseph@surescripts.com.

REFERENCES

1. Askin E, Margolius D. A call for a statewide medication reconciliation program. *Am J Manag Care*. 2016;22(10):e336-e337.
2. Cornish PL, Knowles SR, Marchesano R, et al. Unintended medication discrepancies at the time of hospital admission. *Arch Intern Med*. 2005;165(4):424-429.
3. Rutkow L, Turner L, Lucas E, Hwang C, Alexander GC. Most primary care physicians are aware of prescription drug monitoring systems, but many find the data difficult to access. *Health Aff (Millwood)*. 2015;34(3):484-492. doi: 10.1377/hlthaff.2014.1085.
4. HHS. Prescription Drug Monitoring Program interoperability standards. HealthIT.gov website. https://www.healthit.gov/sites/default/files/fdasia1141report_final.pdf. Published September 2013. Accessed January 2017.
5. HHS. ONC Health IT Certification Program. HealthIT.gov website. <https://www.healthit.gov/policy-researchers-implementers/standards-and-certification-regulations>. Updated December 14, 2016. Accessed January 2017.
6. Gabriel MH, Smith JY, Sow M, Charles D, Joseph S, Wilkins TL. Dispatch from the non-HITECH-incented health IT world: electronic medication history adoption and utilization. *J Am Med Inform Assoc*. 2016;23(3):562-569. doi: 10.1093/jamia/ocv151.
7. Surescripts. 2015 National Progress Report. Surescripts website. <http://surescripts.com/news-center/national-progress-report-2015/>. Accessed August 2016.

Full text and PDF at www.ajmc.com