

Best Practice Toolkit: Medication Reconciliation and Management

The Future of Healthcare at Home Committee of the CT Association for Healthcare at Home recommends the following information and resources to optimize Medication Reconciliation and Management in the home.

The guidance in this packet aims to help home health and hospice providers improve medication management, reduce adverse medication events, while helping patients get the most effect from their medication regime.

Definitions:

- **Medication Reconciliation** – The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider. [See tool.](#)
- **Medication adherence** – the degree or extent to which a patient’s or caregiver’s medication administration behavior coincides with medical advice. [See tool.](#)
- **Medication knowledge** – involves patient comprehension, understanding, ability and confidence in taking medication.

Medication Management Essentials:

- Medication Reconciliation should be completed with any care transition and with any changes in condition prompting medication changes—key time points include start of care, resumption of care, any known trip to the ED or physician’s office, and recertification. (see [algorithm from BPIP](#))
 - Review and document ALL medications the patient is taking including over-the-counter medications, herbals and dietary supplements.
 - Compare list to current physician orders (hospital discharge summary, W10) and physician orders prior to last care setting as well as with what the patient/caregiver thinks they’re supposed to be taking.
 - Applies to ALL patients, not just patients who require OASIS assessments
 - Includes therapy only patients
- Medications should be reviewed with patient and compared to the active medication list every visit
- Identify any potential medication adverse effects or reactions
 - Includes ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and non-adherence with drug therapy.
- Notify physician with any medication discrepancies, adverse effects, or reactions
- Provide policies to guide staff on medication essentials



Home Health Compare Medication Management Metrics:

Medicare Home Health Compare website publishes national and state OASIS process and outcome measures as well as Patient Satisfaction results based on the Home Health CAHPS (HHCAHPS) survey.

Measurements to monitor and include in QA processes:

- Home Health Compare measurement:
 - Improvement in Management of Oral Medications
- HHCAHPS measurements addressing medication:
 - Several questions feed the domain reported as “**Did the home health team discuss medicines, pain, and home safety with patients.**”

Tips/Tools for Successful Medication Management:

Competency Test & Answer Key—each clinician on an annual basis.

Audit—Include in quarterly audits or as focused audit specific to Med Recon

Teach back—an approach to encourage disease and medication self-management along with understanding teaching materials

Motivational Interviewing—a patient engagement tool that guides patient to make decisions on personal goals and interventions

Beers Card—a resource tool to alert clinician to potentially inappropriate medication use in older adults.