Risk Tip: Medication Reconciliation

Medication Reconciliation in a Physician's Office Medication errors have been a patient safety target due to their high frequency and mostly preventable nature. Medication reconciliation has been identified as a strategy to reduce these errors.

Gone are the days when a patient's medical needs were attended to by one general practitioner from cradle to grave. Today, it is much more common for a patient to be seen by several physicians from a variety of specialties and sub-specialties. Consequently, it is highly probable that your patients are taking medications prescribed by physicians besides you. And some patients may be receiving medications through the mail.

Once a baseline medication list is established, update the medication list at the start of each visit. It can be particularly useful to go through the medication list on file, drug by drug, rather than simply asking, "Are you still taking the same meds?" Explain to your patients why this information must be kept current.

The physician's most important task in the medication reconciliation process is reviewing the patient's medication list to identify potential problem areas such as:

- Discrepancies between the practice's medication record and the patient's medication list
- Drug contraindications, whether because of a patient condition, a known allergy, previous reaction or reported intolerance, or another drug
- Contraindicated use of herbal supplements (e.g., a patient taking gingko also on daily aspirin)
- High-risk drugs (anticoagulants, chemotherapeutic agents, Accutane, or drugs with FDA black box warnings)
- Incorrect dosage or improper method of administration

Problem areas should be addressed and resolved by the physician promptly – taking whatever steps necessary to ensure drug safety and effectiveness for the patient. This includes contacting other physicians, adjusting doses and discontinuing herbal supplements as necessary.

Through medication reconciliation, you can provide an accurate and complete listing of a patient's current medications at each point along the care continuum. In doing so, you'll help maximize the therapeutic effectiveness of medications, prevent adverse drug events and deliver optimal patient care.