

Medication Reconciliation: Working with Med Rec Vendors

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Objectives

- Brief overview of the Baylor Health Care System
- Provide background regarding electronic medication history databases
- Discuss integration of electronic products into the process
- Discuss advantages and disadvantages
- Review future directions

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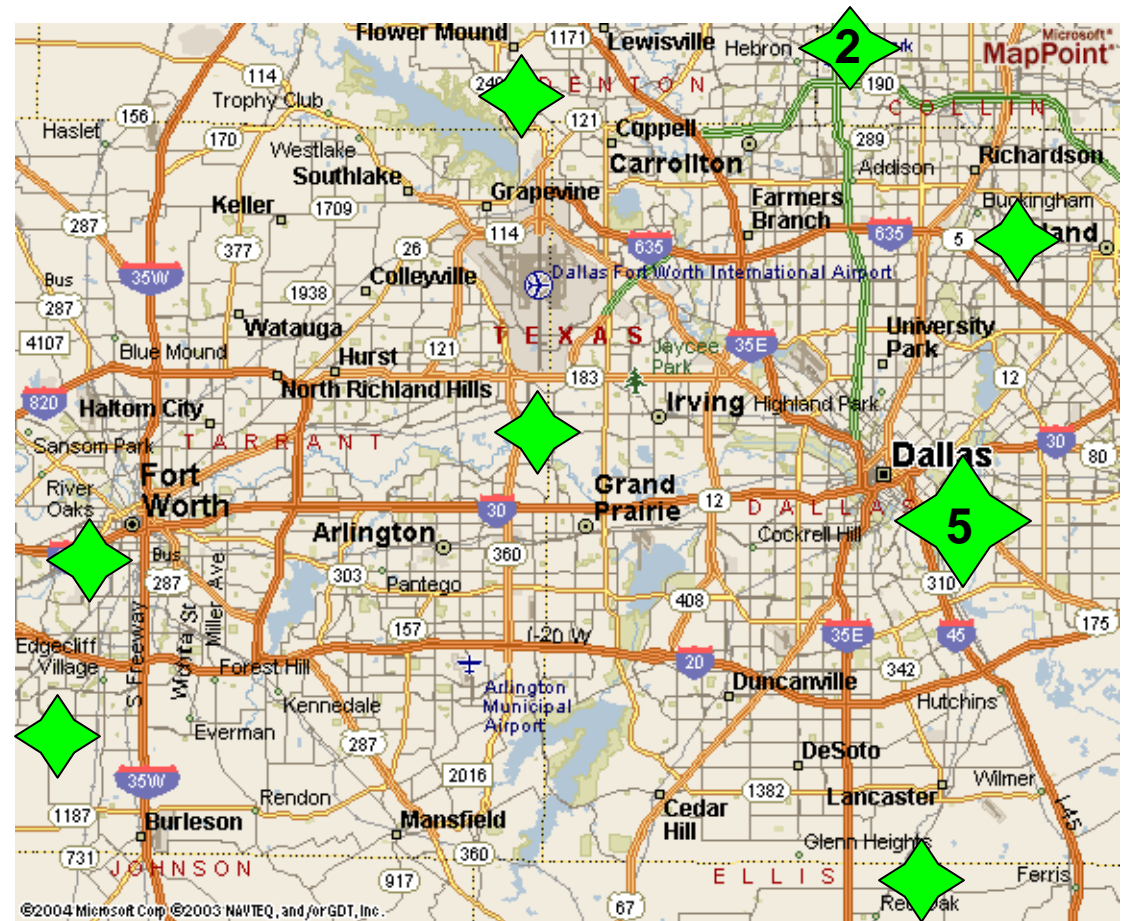
The Baylor System, Dallas Texas

- The System

- 13 Hospitals
- 3000 Licensed beds
- 125,000 Admissions
- 16,000 Employees
- 3,700 Active Physicians

- The Pharmacy

- 13 Hospital Pharmacies
- 1 Retail Pharmacy
- Over 400 employees



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Electronic Systems and an Automated UML



Potential Electronic Sources of Medication Data

- RxHub
- McKesson Per Se Technologies
- SureScripts – Pharmacy Health Information Exchange
- Intermedix – Patient Account Management
- Texas Medicaid
- Others

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What is RxHub?

- A database collection of membership demographics from each participating payor of the drug benefit, pharmacy benefit manager, or health plan.
- Over 160 million patient names and profiles
- RxHub requires the payors to provide as many of the following elements as possible:
 - First name, middle name or initial, last name, name suffix
 - Birth date
 - Full address including zip code
 - Gender
 - Unique identifier
 - *Not SSN (due to poor reliability)*
- All benefit and patient-oriented data (such as drug history) is stored by the payor, not RxHub



Some Medication Reconciliation Services

- eMPOWERx
- MedsInfo-ED (Massachusetts)
- All Scripts
- RxAccord
- Healthcare Systems (HCS)
- DrFirst RcopiaAC
- Micromedex Med Rec Soln
- RelayHealth
- Siemens, EPIC, Eclipsys, Cerner, and other integrated systems are developing potential integration

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Patient #1

Medication	Date
Vytorin 10/20	5-21-06
Naproxen 500mg	5-21-06
Lisinopril 40mg	5-21-06
Lexapro 10mg	5-21-06
Allegra D	5-21-06
Nexium 40mg	6-12-06
Mentax 1%	6-12-06

- Patient was brought in by ambulance with a fractured hip
- Medicare Part D
- Nurse obtained verbal medication history upon patient arrival
- Automated UML printed with admission packet and contained two medications that were not included in the patients history



Patient #3

Medication	Date
Tramadol 50mg	8-7-06
Hydrocodone/Acet 7.5mg	7-18-06
Methocarbamol 750mg	7-18-06
Norvasc 10mg	7-18-06
Hydrocodone/Acet 7.5mg	6-17-06
Methocarbamol 750mg	6-17-06

- Patient presented to the ED on 8/9/06 claiming to have been hit in the mouth
- Insurance
- Had been seen two days prior by the same ED physician and received the Tramadol rx
- Did not mention previous Vicodin/Soma prescriptions on either visit, but did ask for more



Integrating an Electronic Solution into Your Process



BHCS Goals for an Automated UML

- Streamline the admissions process
- Improve the accuracy of medication histories
 - ✓ Many patients can't give an accurate history
 - ✓ Identify medications that patient may omit
- Tie into RxHub and other databases
 - ✓ Not 100% reporting/capture
 - ✓ Does not include cash only patients, others
 - ✓ Medicare Part D has improved hit rate
- User friendly, minimally invasive system, preferably with no front-end software

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Vendor Selection

- Consider track record and customer base
- Pros and cons of charge structure
 - ✓ Monthly or annual fee
 - ✓ Fee per patient “Hit”
- Run actual admit data across multiple vendors
- Consider user interface



Implementation

- Generally straightforward and requires little staff training
- Users need to understand limitations
- Only provides a starting point for the patient history
- Medical record considerations

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Key Project Activities

- Contracting
- Project Planning and Communication
 - ✓ Form Development
 - ✓ Payor evaluation
- Technical Setup
 - ✓ Server (order, setup, installation)
 - ✓ VPN connectivity and testing
 - ✓ Interface, ADT testing
 - ✓ Printers (location, drivers, set-up, testing)
- Results Reporting and Testing
- Training Materials and Education
- Go-Live – Baylor Dallas ED on August 9, 2006



Pros, Cons, and Future Directions



Advantages

Provides access to data that may not otherwise be available

- Extremely helpful with many patient types
- Has been a significant help with challenging patients
- Can also approximate patient compliance
- Implementation is straightforward and fairly simple
- Clinician support has been excellent
 - Saves some clinician time
- Multiple vendors now available
- Serves as a continuum of care bridge



Disadvantages

- Hit rate depends upon a variety of factors
 - Payor mix
 - Biggest holes are with state Medicaid and private pay
 - Also Medicare patients w/out Rx coverage (Part D or rider)
- Costs may be hard to justify - soft dollars
- Most vendors cannot currently integrate the data electronically
- Data must still be validated

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Future Directions

- Will see more integration into major electronic health record and patient intake systems
 - Will eventually be a module for purchase
- Increased access to databases will improve hit rates and reduce potential for inaccurate data
- Facilities must continue to address operational challenges with medication reconciliation



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