An HL7 EHR Systems Standards Workgroup Initiative
HL7 Reducing Clinician Burden (RCB) Focus Team

2022-Now also supported as an NCPDP Project to assure alignment with NCPDP Standards

Project: Reducing Clinician Burden with Medication List Management and Reconciliation

• Challenge from CMS Representatives: Practical project to address documentation burden
• Convened clinician interest group, reviewed options that met “practical in utility and scale”
• Settled on “Trusted, accurate current medication list” as impactful
  • EHR “Medication Lists” are inconsistent, often out of date, untrustworthy
  • Extensive evidence that medication errors contribute to clinical errors, patient harms, costs
  • A lot of work and rework expended in curating current medications, value is lost as results are difficult or impossible to find in EHRs
  • Very high utility for clinical decision making
• Good starting point for incremental address of complex interoperability challenges that also cause extensive burden (ex: Problem List, integration into Problem-Oriented Health Record)

Executive Summary

This document <excerpt> initiates an explanation of the place of a limited medication reconciliation pilot initiative within a much larger universe of a specification-defined comprehensive Medication Reconciliation. In this pilot the focus is on the patient contributions to medication reconciliation e.g., aggregating patient-specified medication information in useful manner that may also inform the larger comprehensive medication reconciliation. A major objective of this project is to develop and test means to automate differentiation between specification-defined Medication Reconciliation outputs to assure their fitness for a given end-use.

Please request the full four-page version for greater detail.

Overview

Medication reconciliation (MR) is a process that collects all available medication information about a patient e.g., existing medication orders, patient reported medication orders, over-the-counter (OTC) medication information (e.g., herbals, supplements, vitamins, and other medications), medication dispenses, medication administrations, medication history and medication related claims or bills. After aggregating the medication information, the provider determines if any action needs to be taken related to the known medications. These actions include updating an existing prescription, writing a new prescription, writing a new order indicating that a patient should not take a medication, including one or more of the OTCs. The end point of the MR process is to end up with a reconciled medication list that can be usefully shared with a provider or patient or patient representative.

Future Steps:

Through 2022 we will further develop a pilot-ready representation for Usability Testing with support from Saperi Systems, Inc., a Public Benefits Company. Are you interested? Inquiries to Task Facilitator Reed Gelzer at R.Gelzer@TrustworthyEHR.com. Further documents are also available at the HL7 Confluence page for HL7 RCB Project Focus Team - Medication List Management and Reconciliation