Improving patient safety and reducing readmissions means making medication reconciliation and patient education top priorities.

While meticulous medication reconciliation is essential to safe prescribing, the actual process of reconciling patient medications is easier said than done. For physicians and clinical staff across acute and post-acute settings, obtaining a current and accurate medication list is a challenging and painstaking process, often yielding questionable results; those involved start to wonder if they can really rely on these lists.

To ensure the best and most comprehensive list possible, experts advise tapping into multiple sources of information on medications, including the patient’s pharmacy, his physicians, and family members. Also, interview questions can be scripted to include prompts to facilitate recall, which is especially helpful when interviewing patients with cognitive impairment and older adults—nearly 20% of whom are taking 10 or more different types of medications in a given week.2

Here are some tips for what healthcare professionals can do to optimize the process of taking a medication history:

■ **Make it meaningful.** When talking to patients and families, explain that obtaining an accurate medications list is critical to safe prescribing. Obtaining an accurate list ensures that the medications the patient needs will be ordered and those that might cause harmful interactions won’t.

■ **It’s only natural!** While healthcare professionals are well aware of harmful interactions that occur when prescription medications interact with supplements, over-the-counter medications, and herbal preparations, your average patient may not volunteer this information, considering all of the substances in these categories as “healthy” or “harmless.” When interviewing, ask about prescription medications as well as over-the-counter med-
Digging deeper—uncovering nonadherence. As any seasoned practitioner can attest, just because it’s on the list, doesn’t mean the patient is actually taking his medication or taking it as he should. It’s important to not only ask if the patient is taking the medication, but how he is taking it. Polypharmacy, inconvenient scheduling, prolonged duration of therapy, excessive cost, unpleasant side effects, low health literacy, simple forgetfulness, or insufficient patient education are just a few of the reasons why patients fail to adhere to regimens. Medication nonadherence is widespread: Estimates of nonadherence typically range from 25% to 50%, with nonadherence most common among patients who are symptom free. One way to start this conversation is by asking patients if there are any medications that they have questions about or ones that don’t seem to be working for them.

When communicating with patients, keep it simple! Low health literacy is one of the major factors contributing to non-adherence with medication regimens, and so this vulnerable population is at increased risk for adverse events and preventable hospital readmissions. Although low health literacy is associated with such factors as low income, low education level, limited English proficiency, and compromised mental status, it is important to understand that any patient’s ability to comprehend and retain information can be adversely impacted by stress, pain, medication side effects, or simply a lack of familiarity with the information. So some educators believe that the best strategy is to use simple, plain language whenever possible. Plain language is language that would likely be immediately comprehensible to the majority of patients (e.g., it’s “your blood pressure pill” versus your “antihypertensive medication”). Finally, whenever educating, use “teach back” liberally as a means of verifying patients’ understanding. The teach-back method simply involves asking your patients to repeat in their own words what they need to do when they leave your office. It helps confirm that the patient understands the information the care provider has imparted.

Ask, and then ask again. When memory fails, rephrasing the question can often trigger recall. The following pertinent questions that physicians might ask are aligned with the recommendations outlined by the Medications at Transitions and Clinical Handoffs (MATCH) Toolkit for Medication Reconciliation, from the Agency for Healthcare Research and Quality:

► Ask about doctors. Asking about a particular doctor may trigger patient recall: “What medications does your kidney doctor prescribe? What about your heart doctor?”

► Ask about diagnoses. Reviewing a problem list can offer insight into medications: “Are you currently taking any medication for your heart condition? For your arthritis?”

► Ask about frequency. Patients often forget to include medications with infrequent dosing: “Are there any medications you take daily, weekly, or monthly?”

► Ask about route. In addition to inquiring about oral medications, ask patients about patches, eye drops, ear drops, anything injectable, and topical medications: “Is there any medication you put on your skin?”

► Ask about location. A mental tour of the home may yield discoveries: “Do you have any medications in your kitchen, on your nightstand, in your bathroom, or in your refrigerator?”

► Ask about OTCs for common conditions. What do you take when you get a headache? Do you take anything to fall asleep? Do you take any laxatives? What do you take for allergies? Do you take any pain medication?”

► Ask about the medications added most recently to the regimen, stopped medications, and changes in medications.

Providing patients with a “master list” of their reconciled medications and instructing them to carry the list to every physician appointment and to update it whenever medications are started, stopped, or changed can help alleviate the medication history conundrum. Annotating the list with lay language and explanations of medication purposes (e.g., warfarin = “blood thinner”) can help assist patients in recognizing and recalling their medications.

Remember, every moment with a patient is a teaching opportunity. Helping patients understand what they need to do to manage their own health is the greatest gift we can give them.

References