Medication Reconciliation & Polypharmacy Committee Regular Meeting

September 24, 2020

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2020 MRPC Meeting Schedule

September 24	**Yale** _99 H_	2S001
October 19	**Integ** _1290_	om
November 16	**Integ** _1290_	om
December 21	**Integ** _1290_	om

Meetings to remain
webinar only until further notice

All remaining 2020 meetings take place
3:30 pm – 5:30 pm

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Agenda

Welcome and Roll Call	Nitu Kashyap, Sean Jeffery	3:30 pm
Review and Approval of July 2020 Minutes	All	3:35 pm
Public Comment	Public	3:36 pm
An Act Concerning Diabetes HB 6003	Rod Marriott	3:38 pm
BPMH Requirements: Development	Tom Agresta	4:25 pm
BPMH Requirements: Known Issue #1	Nitu Kashyap, Sean Jeffery	4:35 pm
BPMH Requirements: Next Steps	Nitu Kashyap, Sean Jeffery	5:15 pm
Medication Safety Continuing Education	Tom Agresta	5:20 pm
Meeting Adjournment	All	5:28 pm

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Welcome and Roll Call

Nitu Kashyap, Sean Jeffery

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Roll Call

Alejandro Gonzalez-Restrepo	*Hartford Healthcare*	**Margherita Giuliano**	*CT Pharmacists Assoc.*
Amy Justice	*Yale, VA CT Healthcare System*	**Marie Renauer**	*Yale New Haven Health*
Anne VanHaaren	*CVS Health*	**Mark Silvestri**	*Cornell Scott-Hill Health Center*
Diana Mager	*CT Assoc. Healthcare at Home*	**MJ McMullen**	*Surescripts*
Ece Tek	*Cornell Scott-Hill Health Center*	**Nate Rickles**	*UConn School of Pharmacy*
Elizabeth Taylor	*DMHAS*	**Patricia Carroll**	*Patient Advocate*
Jason Gott	*DSS*	**Rachel Petersen**	*Surescripts*
Jennifer Osowiecki	*CHA*	**Rod Marriott**	*DCP*
Jeremy Campbell	*Boehringer-Ingelheim*	**Stacy Ward-Charlerie**	*WardRx*
Kate Sacro	*Yale New Haven Health*	**Dr. Valencia Bagby-Young**	*DDS*
Lesley Bennett	*Patient Advocate*		

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Review and Official Approval of:

July 20, 2020 Meeting Minutes

Motion to approve? Second?

Public Comment

An Act Concerning Diabetes HB 6003

Rod Marriott

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Public Act 20-4
An Act Concerning Diabetes and High Deductible Health Plans

PA 20-4 Section 2

Effective January 1, 2021

– Definition Changes

- "Nonlegend device" means a device that is not a legend device
- "Diabetes device" means a device, including but not limited to a blood glucose test strip, glucometer, continuous glucometer, lancet, lancing device or insulin syringe, that is (A) a legend device or nonlegend device, and (B) used to cure, diagnose, mitigate, prevent or treat diabetes or low blood sugar;

Definition Changes Continued

- "Diabetic ketoacidosis device" means a deivce that is (A) a legend or nonlegend device, and (B) used to screen for or prevent diabetic ketoacidosis'

- "Glucagon drug" means a drug that contains glucagon and is (A) a legend drug or nonlegend drug, (B) prescribed for self-administration on an outpatient basis, and (C) approved by the federal Food and Drug Administration to treat low blood sugar;

PA 20-4 Section 3

Definition Changes Continued

- "Insulin drug" means a drug, including, but not limited to, an insulin pen, that contains insulin and is (A) a legend drug or nonlegend drug, (B) prescribed for self-administration on an outpatient basis, and (C) approved by the federal Food and Drug Administration to treat diabetes;

- "Usual customary charge to the public" means a charge for a particular prescription not covered by Medicaid, excluding charges made to third-party payors and special discounts offered to individuals, including, but not limited to, senior citizens

PA 20-4 Section 3

1. A pharmacist may <u>immediately</u>

 – Prescribe and dispense to a patient

   • Maximum 30 day supply of:

     – A diabetic ketoacidosis device

     – Insulin drug

     – Glucagon

     – Diabetes devices that are necessary to administer such supply of such insulin drug or glucagon drug

   • If…

PA 20-4 Section 3

1. The patient informs the pharmacist that the patient has less than a 7-day supply of such:
   - Insulin drug,
   - glucagon drug,
   - diabetes devices, or
   - Ketoacidosis device

2. The pharmacist determines, in the pharmacist's professional judgement, that the patient will likely suffer significant physical harm within seven days if the patient does not obtain an additional supply of such:
   - Insulin drug,
   - glucagon drug,
   - diabetes devices, or
   - Ketoacidosis device

3. (A)The pharmacist reviews the Prescription Drug Monitoring Program to determine that no pharmacist prescribed and dispensed a supply of any of the following within the last 12 months;

- Insulin drug
- Glucagon drug
- Diabetes devices
- Diabetic ketoacidosis device

Unless

(B) The pharmacists...

– Contacts the pharmacy that filled the most recent prescription

– Reviews a database that maintains the most recent prescription (internal or external)

– Or a prescription label containing the most recent prescription label

– Determines that no pharmacist dispensed a supply within the previous 12-month period

PA 20-4 Section 3

Not later than 72 hours after the pharmacist dispenses an insulin drug, glucagon drug, diabetes devices or diabetic ketoacidosis device the pharmacist, or their representative, shall provide notice to the practitioner who most recently prescribed the product.

PA 20-4 Section 3

The patient is expected to pay for the product prescribed by the pharmacist and the patient's health insurance can be billed but the amount charged cannot exceed the price of:

- The coinsurance
- The copayment
- Deductible
- Other out-of-pocket expense imposed by the health insurance
- The usual customary charge to the public for the supply

PA 20-4 Section 3

Pharmacist is not prohibited from requiring the patient to submit

- Proof of health insurance coverage for the patient
- Personal identification for the patient
- Contact information for the health care provider providing treatment to the patient
- Information concerning previous prescriptions used to the patient for the products needed
- Sworn statement by the patient stating that the patient is unable to obtain the product in a timely manner without suffering significant physical harm

PA 20-4 Section 3

Pharmacists shall refer patients to federally-qualified health centers if:

- The pharmacist determines that the patient does not have health insurance coverage for such products
- The patient informs the pharmacist that the patient is concerned that the net cost to the patient for such supply if unaffordable

PA 20-4 Section 4

Update your email!

- Get an email about this program

- Get your renewal and renew online

- Get information from DCP and the Commission of Pharmacy when sent

- Get your license sent electronically

PA 20-4 Section 5

Upload the dispensing of the medications to the PDMP

- Insulin drug
- Glucagon drug
- Diabetes devices
- Ketoacidosis devices

Public Act 20-2
An Act Concerning
Telehealth

Public Act 20-2 Section 2

Transfer of unfilled prescriptions for controlled substance in schedule II, III, IV, or V

Transfer must be consistent with the federal Controlled Substances Act and the regulations promulgated thereunder and polices established by the DEA

Public Act 20-2 Section 2

Pharmacy that receives the original electronic prescription shall:

– Take measures to prevent the prescription from being filled at a pharmacy other than the pharmacy receiving the transfer

– Record the following:

- Name
- Telephone number
- Address
- Name and license number of the pharmacist receiving the prescription

Public Act 20-2 Section 2

Pharmacy that receives the transferred prescription shall record:

1. Name and address of the patient, or the name and address of the owner of an animal and the species of the animal
2. Whether the patient is an adult or a child or specific age
3. Compound or preparation prescribed and the amount thereof
4. Directions for use of the medication
5. Name and address of the prescribing practitioner
6. Date of issuance
7. Federal registry number of the practitioner

Public Act 20-2 Section 2

Pharmacy that receives the transferred prescription shall record (continued):

- That the prescription was transferred
- The name of the pharmacy that first received such prescription
- The date on which such prescription was issued
- The date on which such prescription was transferred
- For Schedule III, IV or V controlled substances, any refills issued for such prescription
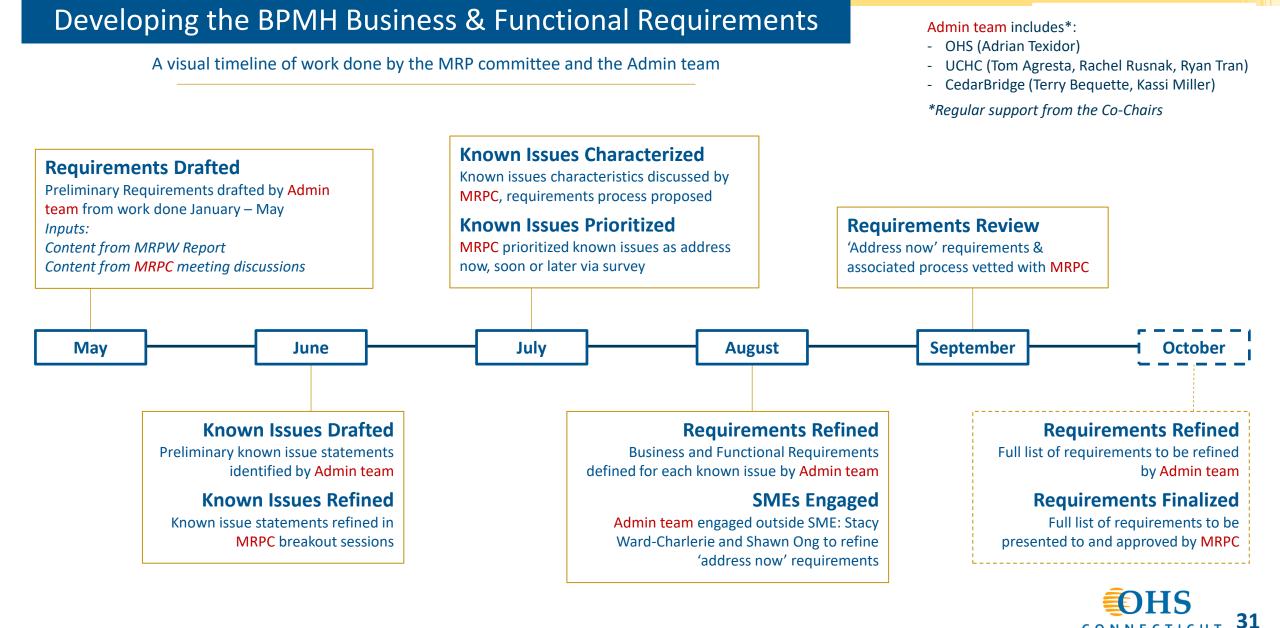
Public Act 20-2 Section 2

The pharmacy that first receives an electronically transmitted prescription can send a facsimile (copy) containing prescription information for such prescription to the receiving pharmacy after contact has been made

BPMH Requirements: Development

Tom Agresta

Developing the BPMH Business & Functional Requirements

A visual timeline of work done by the MRP committee and the Admin team

Admin team includes*:
- OHS (Adrian Texidor)
- UCHC (Tom Agresta, Rachel Rusnak, Ryan Tran)
- CedarBridge (Terry Bequette, Kassi Miller)

*Regular support from the Co-Chairs

Requirements Drafted
Preliminary Requirements drafted by Admin team from work done January – May
Inputs:
Content from MRPW Report
Content from MRPC meeting discussions

Known Issues Characterized
Known issues characteristics discussed by MRPC, requirements process proposed

Known Issues Prioritized
MRPC prioritized known issues as address now, soon or later via survey

Requirements Review
'Address now' requirements & associated process vetted with MRPC

May	June	July	August	September	October

Known Issues Drafted
Preliminary known issue statements identified by Admin team

Known Issues Refined
Known issue statements refined in MRPC breakout sessions

Requirements Refined
Business and Functional Requirements defined for each known issue by Admin team

SMEs Engaged
Admin team engaged outside SME: Stacy Ward-Charlerie and Shawn Ong to refine 'address now' requirements

Requirements Refined
Full list of requirements to be refined by Admin team

Requirements Finalized
Full list of requirements to be presented to and approved by MRPC

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Survey Results

- First distributed July 23rd, 2020
- 12 respondents
- Known issues categorized as:
  - Address now (5 statements)
  - Address soon (12 statements)
  - Address later (5 statements)
- **All** issues to be addressed eventually, but consider *versioning* of the BPMH

Address Now *(stage 1)*

Address Soon *(stage 2)*

Address Later *(stage 3)*

Known Issues – Categorized

Known Issues – Categorized

Address Now

There is no single accurate source and list of medications concurrently available to all the physicians, providers, health systems, and pharmacists involved in a patient's care.

Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history.

Additions and changes to medication history do not occur in real-time from all sources, resulting in gaps in accuracy and currency.

People accessing a medication history may not have proper consent to view the information or to make changes to the information.

Despite front line responsibility for prescribing, coordinating, and reconciling patient's medications, primary care providers often lack complete information on the full array of medications that a patient is using (e.g. Rx, OTC, supplements).

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Known Issues – Categorized

Address Now	Address Soon
There is no single accurate source and list of medications concurrently available to all the physicians, providers, health systems, and pharmacists involved in a patient's care.	Patients and providers may not understand why they are taking a particular medication.
	The use of technology to improve medication history, including EHRs, smartphone apps, and repositories of information, presents new problems of interoperability and data currency. User adaption to new technologies is a related additional problem.
Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history.	Medication reconciliation is not a simple process and provider education is an ongoing problem - systematic approaches to medication reconciliation can vary depending on the size and type of organization, staffing, and technology capabilities.
	Pharmacists/dispensers are not always aware of the condition being treated by a prescription.
Additions and changes to medication history do not occur in real-time from all sources, resulting in gaps in accuracy and currency.	Information on OTC, supplements, and herbals, does not originate in provider or prescriber systems and is challenging to capture from patients and caregivers.
	Home care nurses are not provided with accurate real-time medication histories prior to engaging with the patient, nor do the paper records they prepare include the full medication history.
People accessing a medication history may not have proper consent to view the information or to make changes to the information.	Patients may not be adequately informed or trust having their information shared, including through technology.
	Patients may not know when their medication was changed or who might have made the changes.
	Accurate medication information is particularly challenging for vulnerable populations who receive care in multiple settings and have complex treatment regimens.
Despite front line responsibility for prescribing, coordinating, and reconciling patient's medications, primary care providers often lack complete information on the full array of medications that a patient is using (e.g. Rx, OTC, supplements).	Automatic refill programs at pharmacies may not be in sync with medication history changes or provider decisions to discontinue a medication.
	Some EHRs lack access to real-time pharmacy benefits data and/or pharmacy claims data to be used in medication reconciliation.
	Institutions do not define the roles and responsibilities necessary to perform medication reconciliation

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Known Issues – Categorized

Address Now	Address Soon	Address Later
There is no single accurate source and list of medications concurrently available to all the physicians, providers, health systems, and pharmacists involved in a patient's care.	Patients and providers may not understand why they are taking a particular medication.	Patients are unaware of what should be included in a medication list such as OTC medications, vitamins and dietary supplements, creams and ointments.
Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history.	The use of technology to improve medication history, including EHRs, smartphone apps, and repositories of information, presents new problems of interoperability and data currency. User adaption to new technologies is a related additional problem.	Family caregivers may not have access or mechanisms to contribute information to a medication list.
Additions and changes to medication history do not occur in real-time from all sources, resulting in gaps in accuracy and currency.	Medication reconciliation is not a simple process and provider education is an ongoing problem - systematic approaches to medication reconciliation can vary depending on the size and type of organization, staffing, and technology capabilities.	Medication histories may be presented differently in different systems or settings, creating challenges in interpreting or understanding the information.
	Pharmacists/dispensers are not always aware of the condition being treated by a prescription.	
	Information on OTC, supplements, and herbals, does not originate in provider or prescriber systems and is challenging to capture from patients and caregivers.	
People accessing a medication history may not have proper consent to view the information or to make changes to the information.	Home care nurses are not provided with accurate real-time medication histories prior to engaging with the patient, nor do the paper records they prepare include the full medication history.	There is a need for consistently accepted workflows that adapt medication reconciliation to various sizes and types of healthcare settings, encounters (in-person, remote), and to the most effective time during different types of encounters.
	Patients may not be adequately informed or trust having their information shared, including through technology.	
	Patients may not know when their medication was changed or who might have made the changes.	
	Accurate medication information is particularly challenging for vulnerable populations who receive care in multiple settings and have complex treatment regimens.	
Despite front line responsibility for prescribing, coordinating, and reconciling patient's medications, primary care providers often lack complete information on the full array of medications that a patient is using (e.g. Rx, OTC, supplements).	Automatic refill programs at pharmacies may not be in sync with medication history changes or provider decisions to discontinue a medication.	No metrics exist for the measurement of adherence to medication reconciliation processes.
	Some EHRs lack access to real-time pharmacy benefits data and/or pharmacy claims data to be used in medication reconciliation.	
	Institutions do not define the roles and responsibilities necessary to perform medication reconciliation	

BPMH/Requirements Process Motion #1:

The MRPC supports the current organization of the BPMH known issues into three categories – address now, address soon, address later – as determined by a survey of the members of the committee, first distributed on July 23rd, 2020.

Motion to approve? Second?

BPMH Requirements: Known Issue #1

Nitu Kashyap, Sean Jeffery

Known Issue #1 – First 'Address Now' Known Issue

Discussion:

The next several slides will outline the business and functional requirements associated with this known issue.

There is no single accurate source and list of medications concurrently available to all the physicians, providers, health systems, and pharmacists involved in a patient's care.

Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history.

Additions and changes to medication history do not occur in real-time from all sources, resulting in gaps in accuracy and currency.

People accessing a medication history may not have proper consent to view the information or to make changes to the information.

Despite front line responsibility for prescribing, coordinating, and reconciling patient's medications, primary care providers often lack complete information on the full array of medications that a patient is using (e.g. Rx, OTC, supplements).

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Known Issue #1: There is no single accurate source and list of medications concurrently available to all involved in patient's care.

Business Requirements

A single list of all current medications for a patient shall be available
The medication list shall be accessible through a query and meet compliance requirements
The medication list shall be in a standardized electronic format
The medication list shall adhere to a standardized vocabulary or nomenclature
The medication list shall be compiled from multiple sources

Functional Requirements

The medication list may be static with periodic updates *or* it can be created when requested from component information systems
Individuals with records on the medication list shall be uniquely identified
The medication list shall be available to all physicians, providers, health systems, and pharmacists involved in patient's care in accordance with governance rules, as well as to patients and caregivers
Individuals accessing the medication list shall be validated using identity management (MPI *or* Provider Directory)
The medication list shall accept updates from HIT systems
The medication list shall interact with HIT systems
Medication history disambiguation shall be facilitated through software and human readable interfaces (deduplication, modifications)
Sources shall be vetted for accuracy of the information submitted

Requirements Overview

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Known Issue #1: There is no single accurate source and list of medications concurrently available to all involved in patient's care.

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Requirements Discussion 1/5

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Requirements Discussion 2/5

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Requirements Discussion 3/5

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Requirements Discussion 4/5

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Requirements Discussion 5/5

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BPMH/Requirements Process Motion #2:

The MRPC accepts the business and functional requirements as developed for the five known issues in the 'address now' category, as described in this presentation, subject to minor grammatical or clarifying edits.

Motion to approve? Second?

BPMH Requirements: Next Steps

BPMH Requirements: Next Steps

- Finish list of business and functional requirements for remaining known issue statements
  - Draft already in progress for 'address soon' statements
  - Full list of requirements to be presented during October meeting
- Requirements recommendations report for HITAC
  - Business and functional requirements development to inform report content
  - Progress on report to be shared during October meeting

BPMH/Requirements Process Motion #3:

The MRPC endorses the process that produced the first set of business and functional requirements and directs the MRPC Administration team to continue this work and complete developing requirements for the remaining known issues for presentation and acceptance at the committee's October 19th, 2020 meeting.

Motion to approve? Second?

Medication Safety Continuing Education

Tom Agresta

Telehealth in the Time of COVID: Vision 2020 from National and Connecticut Perspectives

Learning Objectives:

1. Define the elements of Telehealth
2. Describe how Telehealth is addressing current and future COVID-19 related primary care delivery challenges
3. Explain the role of Telehealth in chronic disease state management and medication reconciliation
4. Identify challenges and best practices to implement and apply Telehealth to practice

- Thursday, October 1, 2020
- 1:30 – 3:30 pm EST
- Link to be distributed
- Presenters: Tom Agresta, Tamara Malm, Steven Waldren & Daniel Wilensky

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Vacation, Outages

Nitu Kashyap, Sean Jeffery

E-mail us!

Attendance Check-In

Nitu Kashyap, Sean Jeffery

Has anyone joined since attendance was recorded?

Official Adjournment

Motion to adjourn? Second?

Additional 'Address Now' Issue Statements

If time allows/discussion is desired

Known Issue #3 – Reminder

Discussion:

The next several slides will outline the business and functional requirements associated with this known issue.

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Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history.
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Despite front line responsibility for prescribing, coordinating, and reconciling patient's medications, primary care providers often lack complete information on the full array of medications that a patient is using (e.g. Rx, OTC, supplements).

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Known Issue #3 - Requirements Overview

Business Requirements

The end user shall have access to the most current information at the time they are accessing the system
There shall be a longitudinal view of medications and changes

Functional Requirements

The system shall be capable of getting certain information and processing within a set amount of time (or near real-time) and send data out in near real-time from all potential locations of care
The system shall be capable of flagging cancelled medications and changes to dose, route and instructions as well as new additions, therapy changes, changes in where prescriptions are filled and changes in order status (ordered, dispensed)
The system shall be capable of tracking changes
The system shall reconcile ledger entries from all sources to associate a single related medication change event with the associated individual

Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history.

Known Issue #3 - Requirements Discussion 1/2

Business Requirements

Functional Requirements

The end user shall have access to the most current information at the time they are accessing the system

There shall be a longitudinal view of medications and changes

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Known Issue #3 - Requirements Discussion 2/2

Business Requirements

Functional Requirements

The system shall be capable of getting certain information and processing within a set amount of time (or near real-time) and send data out in near real-time from all potential locations of care

The end user shall have access to the most current information at the time they are accessing the system

The system shall be capable of flagging cancelled medications and changes to dose, route and instructions as well as new additions, therapy changes, changes in where prescriptions are filled and changes in order status (ordered, dispensed)

There shall be a longitudinal view of medications and changes

The system shall be capable of tracking changes

The system shall reconcile ledger entries from all sources to associate a single related medication change event with the associated individual

Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history.

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Known Issue #9 – Reminder

Discussion:

The next several slides will outline the business and functional requirements associated with this known issue.

There is no single accurate source and list of medications concurrently available to all the physicians, providers, health systems, and pharmacists involved in a patient's care.
Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history.
Additions and changes to medication history do not occur in real-time from all sources, resulting in gaps in accuracy and currency.
People accessing a medication history may not have proper consent to view the information or to make changes to the information.
Despite front line responsibility for prescribing, coordinating, and reconciling patient's medications, primary care providers often lack complete information on the full array of medications that a patient is using (e.g. Rx, OTC, supplements).

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Known Issue #9 - Requirements Overview

Business Requirements

Additions to a medication list from one HIT system shall be available in an electronic format to all users
The system shall be capable of input from and output to all HIT systems
Input from and output to HIT systems shall occur in near real-time
Changes to a medication list shall be available in the source system and other systems accessed by end users in near real-time

Functional Requirements

If additions and changes cannot be reflected in near real-time, and indicator in the user's system shall reflect that a change has occurred or will occur
A change log and process shall be in place for the medication list
Clear identification of the source systems for changes updates or delete shall exist in an audit log or similar functionality
Changes shall adhere to a standardized nomenclature
A system that monitors changes shall be implemented and available to user systems to alert users of the changes
Changes to a medication shall have a date and timestamp

Additions and changes to medication history do not occur in real-time from all sources, resulting in gaps in accuracy and currency.

Known Issue #9 - Requirements Discussion 1/2

Business Requirements

Additions to a medication list from one HIT system shall be available in an electronic format to all users
The system shall be capable of input from and output to all HIT systems
Input from and output to HIT systems shall occur in near real-time
Changes to a medication list shall be available in the source system and other systems accessed by end users in near real-time

Functional Requirements

If additions and changes cannot be reflected in near real-time, and indicator in the user's system shall reflect that a change has occurred or will occur
A change log and process shall be in place for the medication list
Clear identification of the source systems for changes updates or delete shall exist in an audit log or similar functionality
Changes shall adhere to a standardized nomenclature
A system that monitors changes shall be implemented and available to user systems to alert users of the changes
Changes to a medication shall have a date and timestamp

Additions and changes to medication history do not occur in real-time from all sources, resulting in gaps in accuracy and currency.

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Known Issue #9 - Requirements Discussion 2/2

Business Requirements

Additions to a medication list from one HIT system shall be available in an electronic format to all users

The system shall be capable of input from and output to all HIT systems

Input from and output to HIT systems shall occur in near real-time

Changes to a medication list shall be available in the source system and other systems accessed by end users in near real-time

Functional Requirements

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Changes to a medication shall have a date and timestamp

Additions and changes to medication history do not occur in real-time from all sources, resulting in gaps in accuracy and currency.

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Known Issue #13 – Reminder

Discussion:

The next slide outlines the business requirement and functional requirements associated with this known issue.

There is no single accurate source and list of medications concurrently available to all the physicians, providers, health systems, and pharmacists involved in a patient's care.
Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history.
Additions and changes to medication history do not occur in real-time from all sources, resulting in gaps in accuracy and currency.
People accessing a medication history may not have proper consent to view the information or to make changes to the information.
Despite front line responsibility for prescribing, coordinating, and reconciling patient's medications, primary care providers often lack complete information on the full array of medications that a patient is using (e.g. Rx, OTC, supplements).

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Known Issue #13 – Requirements Overview/Discussion

Business Requirement

Functional Requirements

Consent rules and regulations shall be adhered to for all users and systems accessing the medication list

The system shall implement criteria for who can view medication history information and/or make changes to the information based on industry standards and current regulations

The system shall account for patient consent as well as guardian, POA or conservator consent to share medication information

The system shall be capable of verifying the user has access and providing necessary audit logs

If more than one consent policy is involved in a specific use-case (e.g. viewing a record, changing a record) the more restrictive policy shall prevail

People accessing a medication history may not have proper consent to view the information or to make changes to the information.

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Known Issue #16 – Reminder

Discussion:

The next slide outlines the business requirement and functional requirement associated with this known issue.

There is no single accurate source and list of medications concurrently available to all the physicians, providers, health systems, and pharmacists involved in a patient's care.

Medication information can and does change frequently, with changes from different sources and perspectives, making it difficult to establish and maintain a single source of medication history.

Additions and changes to medication history do not occur in real-time from all sources, resulting in gaps in accuracy and currency.

People accessing a medication history may not have proper consent to view the information or to make changes to the information.

Despite front line responsibility for prescribing, coordinating, and reconciling patient's medications, primary care providers often lack complete information on the full array of medications that a patient is using (e.g. Rx, OTC, supplements).

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Known Issue #16 – Requirements Overview/Discussion

Business Requirement

Functional Requirement

Users shall have access to the full array of prescription and non-prescription drugs from the medication list

The system shall have the capability to add, store and identify or tag over the counter and supplements as a part of the medication list

Despite front line responsibility for prescribing, coordinating, and reconciling patient's medications, primary care providers often lack complete information on the full array of medications that a patient is using (e.g. Rx, OTC, supplements).

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