Making Differences Matter
Redesign Ambulatory Medication Reconciliation

AMGA Annual Meeting
April 5 2014

Presenters
Thomas N. Atkins, MD MMM, FAAFP, FACPE, CPE
Steven A. Mitnick MD MBA
Katherine T. Manuel, Chief Operating Officer, SGMF
Angela Lin MD
Sutter Health at a Glance

Serving more than 100 communities...

- 24 acute care hospitals
- 209,000 inpatient discharges
- 35,000 births
- 785,000 ED visits
- 3 million active patients (foundation, hospital, Sutter Care at Home)
- 5,000 physicians (Physician medical foundation model; plus 4 IPAs) part of the Sutter Medical Network
- 47,000 employees
- Self-insured plan with 85,000 beneficiaries
- Sutter Health Plus health plan
- $9.1 billion in revenues (2011)
- 283 MOBs
- 20 ambulatory care clinics
- 13 surgery centers
- Home health & hospice, and long-term care services throughout Northern CA
- Medical research and medical education/training
- iTriage and MyChart mobile apps
Sutter Service Area Overview

West Bay Region
- Sutter Active Patients (share): 414k (23%)
- Affiliated MDs (Fnd./IPA): 309 / 679
- Exchange Patients (% of pop.): 197k (11%)
- Total Pop.: 1.8 million

Peninsula Coastal Region
- Sutter Active Patients (share): 914k (32%)
- Affiliated MDs (Fnd./IPA): 792 / 339
- Exchange Patients (% of pop.): 286k (10%)
- Total Pop.: 2.9 million

East Bay Region
- Sutter Active Patients (share): 441k (17%)
- Affiliated MDs (Fnd./IPA): 429 / 574
- Exchange Patients (% of pop.): 260k (10%)
- Total Pop.: 2.6 million

Central Valley Region
- Sutter Active Patients (share): 360k (22%)
- Affiliated MDs (Fnd./IPA): 231 / 146
- Exchange Patients (% of pop.): 164k (10%)
- Total Pop.: 1.5 million

- Sutter active patients includes foundation, hospital and homecare patients as of June 2013. It does not include the approximate 1.5M IPA patients.
- Exchange patients is predicted 2014 new patients to enter the Northern California exchanges. Source: Optum
- 2013 Population – Source: Claritas
- Affiliated MDs total as of December 2012 and does not include hospital based physicians.
Two Medical Groups
Same Concern

• Prevent Harm
The Burning Platform
Are you taking too many meds?

By Sabriya Rice, CNN Medical Producer
May 31, 2011 10:22 a.m. EDT

Medication Nation: Too many pills?

Source: CNN
MEDICATION RECONCILIATION
WORK FLOW IMPROVEMENTS

Thomas N. Atkins MD MMM
Sutter Medical Group
OUTLINE

• BACKGROUND
• NEW POLICY
• NEW WORK FLOW
• ADVANTAGES
• REDUCING DEMAND
• IMPLEMENTATION
• Inaccurate Current Medication Lists (CML) were noted to be a growing problem

• 4% of professional liability claims

• Task force chartered to create work flows and expectations to address medication reconciliation.

• Policy passed by SMG Board and SMF

• New work flows implemented 2012
Background

- Assessment of the Current Work Flow
  - Work arounds are time consuming
  - Lengthy disclaimers
  - Specialist needs not met
  - Standard work flows implemented (a good thing!)

- New Function available in Epic

- System wide task force created new Operational Guideline and detailed work flows

- New Guideline and work flows reviewed and approved by SMF and SMG leadership and committees.

- Decision to revise SMG work flows using the new Guideline (being implemented as SMG / SMF policy) and work flows (taking advantage of new Epic function)
New Policy
Not Really Different Than the Old One

• All Prescribing Clinicians
  • At a minimum:
    – Shall be accountable for the medications they prescribe and oversee in a patient’s care
    – Shall remove/discontinue medications that the patient clearly indicates they are not taking
    – Shall remove duplicate medications
    – Shall add medications that the patient indicates they are taking
    – Assume responsibility for the data entry done by the MAs they supervise
  
• Are strongly encouraged
  – to inform the prescribing clinician of any changes in the medication list
  – to correct sig mismatches based on reliable data and accepted workflows
  – when patients have questions about medications they have not personally prescribed, to refer that patient back to the prescribing clinician and, as a courtesy, inform the prescribing clinician of the question the patient raised
  – to make changes to the CML whenever additional information is received (consultation letters, discharge summaries, etc.)

• All communication between a clinician and a MA regarding medications will be performed and documented in a consistent manner as detailed in the linked workflows.

• There should be documentation of the current medication usage in most clinical encounters
Medical Assistants (MA)

Medical Assistants will follow the collaborative workflow for medication reconciliation. This includes:

- “Flag” medications for discontinuation by clinician based on their review of the CML with the patient.
- Document patient reported medications into the CML with as much information as is available and clinically relevant.
- Identify and/or update current medications with the current dose and sig for review and approval by clinician.
- Mark all other medications as “taking”.
- Pend orders for requested medication renewal for review and approval by clinician.
- Reporting any discrepancies to the clinician for resolution.
## Work Flow
### Med Doc Review - Lots to See !!!

NEW

**Med Document**:

- **Atorvastatin Calcium (LIPITOR PO)**
  - Take by mouth, inform patient.
  - Note written on 9/17/2013 01:00: Patient takes 1/2 tab in the am and 1/2 tab in the pm (Note)

- **Methotrexate (TENORM) 500mg Tab**
  - Take 1 tab by mouth twice daily with breakfast and dinner.
  - Dose: 1-3 Tab, R-3
  - Refills: 3 ordered
  - Pharmacy: SMT TEST SACTO SCHREIVER AVE

- **Propranolol 24hr-CR (INDERAL LA) 80mg**
  - Take 00 mg by mouth daily
  - Note written on 9/20/2013 09:00: Historical entered 9/20/2013 (Date)

- **Rizatriptan (MAXALT) 10mg Tab**
  - Take 10 mg by mouth once as needed. May repeat in 2 hours if needed.

**Flagged for Removal**

- **Cetirizine HCl (ZYRTEC ALLERGY) 10 mg CAPS**
  - Take 10 mg by mouth daily as needed. Informant: PATIENT

**Mark as Reviewed**

Last Reviewed by Ambulatory, Physician, MD on 9/20/2013 at 9:13 AM

(History)
### VS. OLD

**Med Activity Review**

<table>
<thead>
<tr>
<th>Medication</th>
<th>DAW</th>
<th>Sig</th>
<th>Refills</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMOXICILLIN PO</td>
<td></td>
<td>Take by mouth</td>
<td></td>
<td>9/21/2013</td>
<td>9/27/2013</td>
</tr>
<tr>
<td>propranolol 24Hr-CR (INDERAL LA)</td>
<td></td>
<td>Take 100 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>metFORMIN (GLUCOPHAGE) 500mg Tab</td>
<td></td>
<td>Take 1 Tab by mouth twice daily with breakfast and</td>
<td>180 Tab</td>
<td>9/20/2013</td>
<td>9/20/2014</td>
</tr>
<tr>
<td>lisinopril (PRINIVIL, ZESTRIL) 5mg Tab</td>
<td></td>
<td>Take 5 mg by mouth daily.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atonvastatin Calcium (LIPITOR PO)</td>
<td></td>
<td>Take by mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cetrizine HCl (ZYRTEC ALLERGY) 10 MG CAPS</td>
<td></td>
<td>Take 10 mg by mouth daily as needed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>rizatriptan (MAXALT) 10mg Tab</td>
<td></td>
<td>Take 10 mg by mouth once as needed. May repeat in 2 hours if needed</td>
<td></td>
<td>9/17/2013</td>
<td>9/30/2014</td>
</tr>
</tbody>
</table>

*Have to click to see any other details*

*Have to scroll to see the other columns*
BUT THE WORK FLOW HAS CHANGED !!!
Detail of Information

Med Documentation: *NOTE: No retroactive Allergy/Interaction checking is performed in order to avoid future interactions.

Please verify the patient's list of medications and add new medications as required.

Alphabetical

- **AMOXICILLIN**: Take by mouth. Indications: Sinus Pain. Last Dose: Past Week.
- **Atorvastatin Calcium (LIPITOR PO)**: Take by mouth. Informant: FRIEND. Last Dose: 9/20/2013.
- **Lisinopril (PRINIVIL, ZESTRIL) Fmg Tab**: Take 5 mg by mouth daily.
  Note written 9/17/2013 08:11 - Patient takes 1/2 tab in the am and 1/2 tab in th.
- **MetFORMIN (GLUCOPHAGE) 500mg Tab**: Take 1 Tab by mouth twice daily with breakfast and dinner. Disp-180 Tab, R-3.
  Refills: 3 ordered Pharmacy: SMF TEST SACTO SCHRIEVER AVE.
- **Propranolol HCL (INDERAL LA) 80mg**: Take 80 mg by mouth daily.
  Note written 9/20/2013 06:14 - Historical entered 9/20/2013 (Edit Note).
- **Rizatriptan (MAXALT) 10mg Tab**: Take 10 mg by mouth once as needed. May repeat in 2 hours if needed.

Flagged for Removal

- **Cetirizine HCl (ZYRTEC ALLERGY) 10 MG CAPS**: Take 10 mg by mouth daily as needed. Informant: PATIENT.

Mark as Reviewed
Means there is a note
Workflow
The Documentation is Accurate
OLD (Yucky!!)

ATORVASTATIN CALCIUM 10 MG PO TABS (Order# 213389728)

Order Date: 9/21/2013 7:36 PM
Documented By: Physician Ambulatory, MD
Department: Sssa Familymed Elk Grove

<table>
<thead>
<tr>
<th>Patient Demographics</th>
<th>Sex</th>
<th>DOB</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zztestcentral, Teenager</td>
<td></td>
<td>1995</td>
<td>1122 Testing Street SACRAMENTO CA 95833</td>
<td>916-555-1236 (Home)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider Information</th>
<th>Authorizing Provider</th>
<th>Encounter Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atkins, Thomas N, MD</td>
<td>Atkins, Thomas N, MD</td>
<td></td>
</tr>
</tbody>
</table>

Medication Detail
atorvastatin (LIPITOR) 10mg Tab
Sig: Dose and sig unknown
Class: Historical

Medication Notes
AMBULATORY, MD  Sat Sep 21, 2013 7:43 PM
I do not manage or prescribe this drug. This information is the best information from the patient at this time. This drug is being added in the interests of accuracy of med list. It does not imply that I will manage or prescribe this drug in the future.

Medication Administration Instructions
Dose and sig unknown

I am NOT the authorizing physician!!!
Inconsistent information
Time consuming and space hogging statement entered with each new medication!!!
VS NEW (Accurate!!)

- The actual or unknown authorizing physician!!
- If unknown, dose and sig ARE NOT listed!!
- No need for the disclaimer!!
- MA Attribution for data entry!!

**Medication Report**

AMOXIL PO (Order# 213520312)

**Patient Demographics**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Sex</th>
<th>DOB</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zztestsmic, Carlos</td>
<td>Male</td>
<td>11/11/1961</td>
<td>700 SOD COURT, SACRAMENTO, CA 95608</td>
</tr>
</tbody>
</table>

**Provider Information**

<table>
<thead>
<tr>
<th>Authorizing Provider</th>
<th>Unknown, Um Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medication Detail**

<table>
<thead>
<tr>
<th>Amoxicillin (AMOXIL PO)</th>
<th>Sig - Route: Take by mouth. Indications: AM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Class: Patient reported</td>
</tr>
</tbody>
</table>

**Current med list reviewed by:**

<table>
<thead>
<tr>
<th>User</th>
<th>Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMBULATORY, MA SMARTSETSS [AMEMASS]</td>
<td>10/30/2013  8:03 PM</td>
</tr>
</tbody>
</table>
How Some Things Work

• The YELLOW message disappears if the med is prescribed – Will stick until prescribed

• “Doseless” meds can’t be reordered – tip that the Rx is not yours to fill.

• Pended discontinued meds listed (if multiple meds to discontinue Med Activity is most efficient).

• All added meds will show who entered (The MA or nurse, not the doctor)
Advantages

Allows MA to:
• Enter meds on list without physician signature or dx assoc.
• Display who entered the information in the chart.
• Indicate the source of information (patient etc)
• Enter medications where the dose or sig is unknown. (Doseless meds Ex: Inderal PO)
• Enter the true authorizing physician, even if unknown.
• Note information specific to a medication for clinician to easily identify what medications have an issue.
• “pend” meds for discontinuation.
• “pend” meds for refill.

Allows reporting to monitor reconciliation activity
Reducing Demand

- Prescribe all chronic meds in 90 day supplies and 3 refills. (Pharmacies will adjust if 90 days supply not a benefit)
- Use the calculator to do this quickly (Caution: it enters an End Date)
- Put End Dates on meds that are not chronic
- Develop work flows where the MA “tees up” all refills coming due in an office encounter to avoid the refill request.
- Avoid the use of “0” refills:
  - Bypasses RN refill
  - Results in frequent unnecessary requests
  - Try using other methods for appointment compliance
Implementation

• Detailed work flows and tip sheets posted
• Staff and physician mentors trained
  – Will train physicians and staff in the care center
• Do before the holidays during the “lull”
• Increase satisfaction of patients, physicians and staff.

• A MORE ACCURATE MEDICATION LIST FOR PATIENT SAFETY!!
Steven A Mitnick  MD MBA
Angela Lin  MD

Gould Medical Group

MAKING DIFFERENCES MATTER
A LEADERSHIP CONVERSATION
Medication Reconciliation is Everybody’s Problem

• Accurate medication lists are fundamental for patient safety and high quality care. We knew in 2011 that the medication lists in our Epic EHR did not accurately reflect what the patient was taking.

• The primary care departments had medication reconciliation accuracy rates of 88% in Internal Medicine, 70% in Family Practice and 50% in Pediatrics.

• Specialty departments had medication reconciliation accuracy rates of 78% in medical specialties, 73% in OB/GYN and 50% in surgical specialties. Data showed that only 14% of Gould specialists had consistently reviewed patient medications.
Incentivize Improvements

Reward Transparency

• Professional Standards Committee (2009)
• GMG Individual Performance Bonus (2010)
• 25% Patient Satisfaction
• 25% Quality Metric
• 25% Meeting Attendance
• 25% Department/Section Improvement Project
• Total bonus potential: $10,000
Group-wide 2013 Quality Project: Medication Reconciliation

- Recommended by Prof Standards Committee and approved by GMG Board
- All specialties will participate
- Performance bonus will be paid based on performance of each specialty section
- Performance thresholds:
  - 90% reconciliation accuracy for primary care
  - 80% reconciliation accuracy for specialties
- Reconciliation percentage defined as all verified meds divided by all listed meds for all patients seen
Lean Leader’s Role: Align & Balance Efforts

Senior levels must create stability and provide resources

**Role**

- **MUST PROVIDE VISION AND INCENTIVE**
  - **SENIOR MANAGEMENT**
  - Likes the results

- **MUST LEAD THE ACTUAL OPERATIONAL CHANGE**
  - **MIDDLE MANAGEMENT**
  - Left with changed, uncertain role

- **MUST DO**
  - **FRONT LINES**
  - Likes the involvement
The Power of Analytics

Motivation

The Art of Persuasion
Baseline Data by Department

Current Med List Review: Baseline 2011

- Allergy
- Cardiology
- Surgery
- Dermatology
- ENT
- Family Medicine
- Gastroenterology
- General Surgery
- Infertility
- Internal Medicine
- Nephrology
- Neurology
- OB/GYN
- Oncology
- Ophthalmology
- Orthopedic Surgery
- Pediatrics
- Plastic Surgery
- Podiatry
- Pulmonary Med
- Rheumatology
- Urgent Care
- Urology
Stage 1 Deployment
Primary Care
2011-2012

Primary Care Departments Trend

- Family Medicine
- Internal Medicine
- Pediatrics

Percentage

Month

Gould Medical Group
Affiliated with Sutter Gould Medical Foundation

Sutter Health
Sutter Gould Medical Foundation
We Plus You
Primary Care
Sustain the Good Work
2013-2014

Primary Care Departments Trend

- Family Medicine
- Internal Medicine
- Pediatrics

Percentage

Month

July August September October November December January February

2013 2014
Stage 2 Specialty and Surgery

Recent Results

- Allergy
- Cardiology
- Dermatology
- ENT
- Family Medicine
- Gastroenterology
- General Surgery
- Infectious Diseases
- Infertility
- Internal Medicine
- Nephrology
- Neurology
- Ob/Gyn
- Occ. Health
- Oncology
- Ophthalmology
- Orthopedic Surgery
- Pediatrics
- Podiatry
- Pulmonology
- Rheumatology
- Urgent Care
- Urology
# Patient Safety is Everyone’s Job!

**SGMF Operation Directors to Frontline Managers**

---

## Med Rec Care Team Homepage

This report captures the % of medications reviewed by care team on all arrived office visits for the month or week. Click on the monthly or weekly link to view the report.

**Click here to view care teams under target**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Department</th>
<th>Section Report Links</th>
<th>Director</th>
<th>Director Report Links</th>
<th>Manager</th>
<th>Manager Report Links</th>
<th>Supervisor</th>
<th>Supervisor Report Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>GMPC INTRMLED 600 WASHINGTON</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Assad Abdelmalek</td>
<td>Monthly</td>
<td>Weekly</td>
<td>None</td>
<td>Monthly</td>
</tr>
</tbody>
</table>
Katherine T Manuel
Chief Operating Officer
Sutter Gould Medical Foundation
Implementation

• Paired Leadership - **Who**

• Process: Management System - **How**
  – Lean
    • Standard Work and improvement of Standard Work
    • Reports
    • Daily huddles

• Alignment - **How**
  – Incentive Program
Support Structure
Paired Leaders (aka Dyads)

Section
- Section Chiefs Specialties
- Section Chairs Specialties
- Medical Director Specialties

Department
- Department Chairs Specialties
- Department Chairs Primary Care
- Medical Director Primary Care

Division
- Operations Director Specialties
- Operations Director Primary Care

Executive
- SGMF Chief Operating Officer

GMG Chief Medical Officer

MDs

MA’s
- Section Supervisors Specialties
- Section Supervisors Primary Care
- Department Manager Specialties
- Department Manager Primary Care
Managing our Day-to-Day Operations

Value Stream Analysis

Kaizen A3

Completion Plan with Metrics Tracking

Huddles

Production Control Board

Problem/Counter Measure Board

Improved Performance & PDSA

Metrics tracking

Problem solving

Identify Value added vs non-VA steps, cycle and TAKT time

Understand problem, determine root cause, develop solutions and experiments

Implementing and auditing standard work

Active real-time management of resources
Leader Standard Work

EXPECTED BEHAVIORS FROM (LEAN) LEADERS

1. Coach to follow standard work
2. Coach to improve standard work, following A3/PDSA and lean solutions

Jose Bustillo, Simpler Sensei
# Certified Medical Assistant Standard Work

**Combination Sheet**

<table>
<thead>
<tr>
<th>#</th>
<th>DESCRIPTION</th>
<th>MANUAL TASK TIME</th>
<th>AUTO RUN TIME</th>
<th>TIME</th>
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<tbody>
<tr>
<td></td>
<td>value-adj</td>
<td>non-v-adj</td>
<td>walk time</td>
<td>value-adj</td>
</tr>
<tr>
<td>1</td>
<td>Bring patient back to ex. room</td>
<td>44</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Extend white flag</td>
<td>2</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Get patient weight</td>
<td>28</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Sit patient next to computer</td>
<td>15</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Log into Epic: Reason for visit</td>
<td>7</td>
<td>96</td>
<td></td>
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<tr>
<td>6</td>
<td>Allergies, review Med’s, confirm pharmacy</td>
<td>46</td>
<td>142</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Review Health Maintenance</td>
<td>93</td>
<td>235</td>
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</tr>
<tr>
<td>8</td>
<td>Get patient Vitals</td>
<td>75</td>
<td>310</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Enter patient data</td>
<td>15</td>
<td>325</td>
<td></td>
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<tr>
<td>10</td>
<td>“accomp” in care notes</td>
<td>7</td>
<td>332</td>
<td></td>
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<tr>
<td>11</td>
<td>Pull up patient Med list for provider</td>
<td>2</td>
<td>334</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Scripting for exiting exam room</td>
<td>4</td>
<td>342</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Extend green flag when exiting</td>
<td>6</td>
<td>348</td>
<td></td>
</tr>
</tbody>
</table>

(1 sheet per person) TOTALS: 175 125 48
IMVS - Ops Metrics Med Rec

Document Title: IMVS - Ops Metrics Med Rec
Updated By: Manual
Due Date: Every Monday
Last Updated: 3/10/2014
Update Frequency: Weekly
Metric Owner: DeMaris Young

Med REC

Team Average

Target 100%
# Employee Performance Incentive Plan 2014

<table>
<thead>
<tr>
<th>PILLAR</th>
<th>METRIC: Section vs. Overall</th>
<th>PERFORMANCE</th>
<th>2014 Targets</th>
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<tbody>
<tr>
<td>QUALITY</td>
<td></td>
<td></td>
<td>Full</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Threshold</td>
<td>Performance</td>
</tr>
<tr>
<td></td>
<td>MED REC: Overall/Section</td>
<td></td>
<td>$75</td>
</tr>
<tr>
<td></td>
<td>Overall</td>
<td></td>
<td>$150</td>
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<td>Primary Care Section Specific</td>
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<td>Specialty Section Specific</td>
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<td>90%</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>80%</td>
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<tr>
<td></td>
<td>PATIENT SATISFACTION: Overall/Section</td>
<td></td>
<td>$75</td>
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<tr>
<td></td>
<td>Press Ganey Survey Overall</td>
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<td>$150</td>
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<tr>
<td></td>
<td>Press Ganey Survey Section Specific</td>
<td></td>
<td>&gt;p65</td>
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<td></td>
<td></td>
<td></td>
<td>&gt;p70</td>
</tr>
<tr>
<td>SERVICE</td>
<td>MHOL TAT: Overall</td>
<td>$75</td>
<td>$150</td>
</tr>
<tr>
<td></td>
<td>% Response in 1 business day</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>ACCESS: Overall</td>
<td>$75</td>
<td>$150</td>
</tr>
<tr>
<td></td>
<td>% Schedulable Hours Outside 8-5 M-F</td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>FINANCE</td>
<td>PRODUCTIVITY: Overall</td>
<td>$75</td>
<td>$150</td>
</tr>
<tr>
<td></td>
<td>% Work RVUs &gt; Budget</td>
<td>2.5%</td>
<td>5.0%</td>
</tr>
<tr>
<td>PEOPLE</td>
<td>HUDDLES: Section Specific</td>
<td>$75</td>
<td>$150</td>
</tr>
<tr>
<td></td>
<td>Audit Performance (Defined by 3/1/14)</td>
<td></td>
<td>TBD</td>
</tr>
<tr>
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<td>TBD</td>
</tr>
<tr>
<td>TOTAL</td>
<td>Increase to $1000 if all Full Perf</td>
<td>$450</td>
<td>$900</td>
</tr>
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</table>
System-wide Initiative

Pillars

• **Quality & Patient Safety**
  • The most common error in patient care is a medication error.
  • Can result in serious harm
  • Often results in inconvenience to patients and their family
  • Contributes to excessive cost of prescriptions

• **Patient Services**: Empower our patients
  • Medication Adherence
  • Use of tools like AVS, Medication List reports, and MHO
System-wide Initiative

Pillars

– Affordability

• Prescribing the wrong medication is costly
• Medication errors leading to hospitalization or additional care / tests is costly
• Paying co pays or other deductibles for medications never used is a waste of money
System-wide Initiative

- Pillars: Accountability
  - If no one is responsible: the probability of an accurate list is almost zero.
  - Shared chart means shared accountability
  - Everyone that touches the medication list is accountable for the accuracy of what they have touched
  - Accountability must be within the scope of the person’s role
Reconciliation is...

- Is there still an indication for the medication
- 2. Is the medication effective
- 3. Is the dosage correct
- 4. Are the directions correct and practical
- 5. Are there drug-drug interactions
- 6. Are there drug-condition interactions
- 7. Is the duration of therapy acceptable to achieve the benefit
- 8. Are there better alternatives (price, dosing, interactions)
Physicians

- At a minimum are accountable for:
- Medications they prescribe or manage
- Discontinuing medications that the patient is clearly not taking
- Highly encouraged to notify prescribing physician
- SmartPhrase .MEDDC
- Highly encouraged to provide reason for discontinuation
- Documentation of a conscious decision is always more defensible.
- Adding medications to the list that the patient is taking.
- Interaction checking
- Allergy Checking
Questions?

Thomas N. Atkins MD MMM, AtkinsT@sutterhealth.org
Steven A Mitnick, MD MBA MitnickS@sutterhealth.org
Katherine Manuel, ManuelK@sutterhealth.org
Angela Lin, MD lina@sutterhealth.org