



Team Based Care

Medication Management

Partnering with patients to achieve clinical targets, improve adherence, and avoid dangerous medication errors.

Key Changes

- Routinely **reconcile** medications and prevent or address medication issues.
- **Develop** individualized medication plans.
- **Involve** patient and team in titrating medications.
- **Manage** chronic pain and opioids safely, effectively, and humanely.

Examples

- Partner with patients to help design meaningful medication reconciliation workflow.
- Develop process to address clinical inertia in the medication management of identified sub-populations. Consider reviewing in PEER committee or case conferences.
- Run reports of chronic medications soon to expire and test workflow to refill them before the patient runs out of medication whenever appropriate (e.g., thyroid, OCPs, asthma controller meds, beta blockers for angina, anticoagulants)
- Involve patients in the design of a meaningful medication plan.
- Consider population management strategies for patients on medications such as opioids, benzodiazepines, ADHD medications, anticoagulants. Use the Institute for Safe Medication Practices (ISMP.org) high alert medications for ambulatory care practices to select a focus population of patients using the highest risk medications (such as warfarin, carbamazepine, insulin, PTU, opioids, benzodiazepines) - [ismp.org/communityRx/tools/ambulatoryhighalert.asp](https://www.ismp.org/communityRx/tools/ambulatoryhighalert.asp)

Search ImprovingPrimaryCare.org for more resources

Primary Care Team Guide Assessment-Related Questions

Registered Nurse (RN)

10	RNs in our practice...	are not part of the core practice team.	mostly triage phone calls and do injections or other procedures.	Manage transitions within and across levels of care (home care, hospital, specialists). Provide specific intensive care coordination and management to highest risk patients.	Provide care management for high risk patients and collaborate with providers in teaching and managing patients with chronic illness, monitoring response to treatment, and titrating treatment according to delegated order sets in independent nurse visits
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Pharmacist

	Components	Level D	Level C	Level B	Level A
12	A pharmacist...	is not involved in our practice.	oversees our dispensary but is not much involved in clinical care.	is available to answer medication-related questions from providers and staff both directly and electronically.	works closely with the core practice team to review prescribing practices and proactively assist patients with medication related problems such as non-adherence, side effects and medication management challenges.
		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

Medication Management

	Components	Level D	Level C	Level B	Level A
21	In our practice medication management consists of...	prescribers who order prescriptions and refills as necessary .	a MA or another clinical staff member who reviews the EHR drug list at the beginning of a patient's appointment.	a pharmacist, nurse, or coach/educator who works directly with patients having challenges understanding or taking their medications, individually or in groups.	In addition to C and B, the practice has a pharmacist and/or nurse who can titrate medications for select groups of patients under standing orders.
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How Primary Care Teams Achieve the Quadruple Aim

