Medication Reconciliation for GUIDE
NDCC Affinity Group 07.22.26

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Disclosures

- No relevant financial disclosures

Learning Objectives

- What are the CMS requirements
- What have we been doing at Hopkins
- Our challenges and some recent solutions

From the GUIDE RFA (11/2023)

JOHNS HOPKINS MEDICINE

Management vs. Reconciliation

Under the Required Care Delivery Activities:

Medication Management and Reconciliation

- Clinician with prescribing authority *must review* beneficiary's medications
- Any resulting medication *changes must be shared* and confirmed with the beneficiary's PCP and other relevant specialists

FYI - High-risk medications as a performance measure became claims-based in PY2026 (CMS is pulling from NCQA)

From the RFA

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7 Medication Management and Reconciliation	**7.1** A clinician with prescribing authority shall review and reconcile the medications that beneficiary is taking at the time of the comprehensive initial assessment, at any additional future assessments, and then periodically as requested by other members of the care team, the beneficiary or the caregiver, as appropriate. Medication review would customarily include, as part of this element, a review of prescription drugs, over-the-counter medications, supplements, natural treatments, and/or any other substances the beneficiary might be using for any purpose. **7.2** If clinically advisable for the beneficiary, GUIDE Participant's advanced practice nurse, physician assistant, or physician shall consider prescribing medications that are beneficial for the beneficiary. **7.3** If clinically advisable for the beneficiary, GUIDE Participant's advanced practice nurse, physician assistant, or physician shall de-prescribe any medications that are inappropriate for the beneficiary to continue taking. **7.4** GUIDE Participant shall share recommended changes to the beneficiary's medications with the beneficiary's primary care provider and other medical specialists, as applicable, and confirm that the relevant medical provider, either the primary care provider or the medical specialist, agrees to the proposed change to the beneficiary's medications prior to the beneficiary changing their medications. **7.5** GUIDE Participant's care navigator shall provide information on supports to help the beneficiary maintain the correct medication schedule, such as pill reminders, pill boxes, and/or software applications.
	8.1 In order to provide education and support to the caregiver of a beneficiary, GUIDE

Johns Hopkins Dementia Care Needs Assessment (JHDCNA) 4.0©
Problem List with Definition

Health & Future Care Planning	**C-2**	**Medication management**	**47**	Needs medication review/reconciliation; concerns about polypharmacy, side effects, efficacy, med interactions, potentially harmful meds; complex administration schedule; multiple prescribers
Home & Personal Safety	**D-6**	**Medication use and adherence**	**79**	Problems taking medications as prescribed (forgetting to take meds, taking too much, disorganized/lost/expired medications, cost, side effects)
Memory, Thinking, & Behavior	**A-2**	**Medication management for cognitive symptoms**	**68**	Problems that might be helped by a medication for memory loss
Health & Future Care Planning	**G-1**	**Health Care and Medication Insurance Coverage**	**57**	Needs health care or medication insurance coverage, lacks coverage for needed services, needs better coverage for med costs or co-pays; not getting coverage/benefits qualified for

Here are some recommended standard questions to ask during routine follow-up encounters:

ABOUT THE PATIENT

"Since we last spoke on ____..."

Medical

- Have there been any new medical problems or changes in medication?
- Any visits to primary care, urgent care or the Emergency Room, or been admitted to the hospital?
- Have you had any trouble getting the care, services, or medications needed by the patient?
- Do you have any questions, concerns, or uncertainty about any of the treatments that have been prescribed?

Day-to-day

- Are there any changes in the things that they are able to do at home?
- Is there any new difficulty with bathing, dressing, or toileting?
- Have there been any falls or new problems with walking or balance?
- Any changes in daily routine or activities?

Memory, thinking, and behavior

- Have you noticed any recent worsening of memory or thinking?
- Have you noticed any new or changing concerning or distressing behaviors or mood sxs?

Implementation challenges

Changing workflow perspective:

- Early referrals all came from our DPPs
- Referrals from our PCPs have Med Lists in Epic *but not DPP-reviewed*
- Outside referrals are not in Epic (have records)
  - Use a separate care navigation platform outside of Epic
  - Now deciding if/how to input Med List into the EHR

Implementation challenges

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Clinical capacity perspective:

- When & how often should we meet as an IDT?
- How should the clinicians document the Med Rec?
- Who is keeping track of this?
  - Current enrollment is roughly 140 with two CNs

Finally, some solutions!

- Started meeting weekly at a designated time to discuss newly completed assessments
  - CNs send the names/MRNs ahead of time
  - Save any challenging situations for another time
- Halima Amjad, MD developed a smart phrase

- We need to be paying closer attention to HRMs

JH GUIDE Program Clinical Review **smart phrase**

- Patient was discussed with care navigator and interdisciplinary team following care navigator assessment.
- Medical history and conditions were reviewed: (list)
- Medical condition, medical care, or specialist needs:
- Other medical needs (e.g. nutrition, hearing, pain, palliative care, etc):
- Medications reviewed: (list)
- Medication-related concerns or needs (polypharmacy, specific medications, difficulty following regimen, inaccurate list, etc):
- Moderate or high-level health care decision-making capacity considerations: (likely able, likely not able, or unclear)
- Decision-making capacity notes or next steps:
- Any other notes for clinical care:

Implementation challenges

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Accuracy perspective:

- Clinician's med list vs. Patient's list vs. Reality
- Not much opportunity for our CNs to do home visits
- How are our CNs asking the questions?
  - My own comfort level making recs in this scenario
  - Lack of time to meet, verify, discuss and convey my recs

"It's me, hi, I'm the problem, it's me." - TS

Questions and comments?

THANK YOU