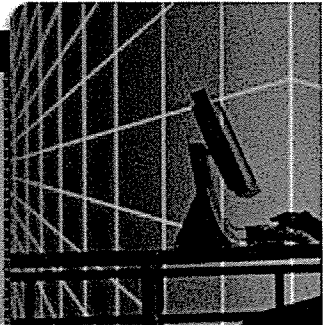


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A Big Headache Cured? Making a Standard Medication List a Reality

By Kathryn Foxhall

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Standard-setting organizations are slowly but surely moving toward incorporating a common medication list into personal health records.

There is widespread agreement that a medications list is a key and primary part of a patient's record. However, progress on this front has traditionally been slow. Let alone having an electronic the healthcare establishment has not even agreed on a format for a hard-copy list. But, in recent we have been taken to standardize medication lists in paper and electronic formats.

In June, the American Society of Health-System Pharmacists (ASHP) convened several key player reach a consensus on a format and the information elements to include and begin laying the framev campaign to get patients and providers to use it.

A number of groups offer a format for a "personal medication record," said the ASHP, but the doc widely, and studies on their use find they also vary in utility.

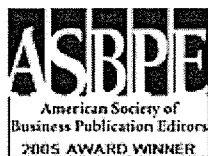
Included in the ASHP discussions were representatives of several major healthcare players, includi Commission, the American Association of Retired Persons, the National Quality Forum, and the A Healthcare Research and Quality.

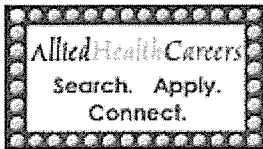
Eventually, the pharmacists' organization would like to see the standardized medication list fitting personal health record (PHR). But for now, the primary goal is to get an accepted format in widesp it's on paper.

The ASHP said, "We recognize that electronic transmission of health information, including medic information, to patients and providers is optimal in comparison to the current array of paper-based However, it is not likely that complete implementation of electronic systems will occur in the next It noted Census Bureau estimates that only 34% of people over the age of 65 have computers, and populations are less likely to own computers.

ASHP officials also mentioned recent guidance from the World Health Organization, The Joint Co The Joint Commission International calling for development of a standard card or form for medica

At the meeting, the representatives planned a research agenda on the use of medication lists and lai for a public relations push—which the ASHP and ASHP Foundation will plan in upcoming month: attention to the need for maintaining the records.





The following data elements were agreed on for inclusion in a standard medication list:

- a patient's personal information;
- details about allergies and other medicine-related problems; and
- current medicines, including amount used, frequency of use, and how each is taken, and information prescribed or recommended the medication.

The form will also have instructions for use, as well as a place to enter when and by whom the list was created. The ASHP is looking forward to a time when a patient's pharmacist inside the hospital and in the community can easily communicate to discuss medications.

ASHP President Cynthia Brennan, PharmD, said the group also wants to make sure the list is as practical as possible, which may mean different things to different members. For example, some people may want it on a piece of paper, while others prefer something the size of a credit card.

The conference participants recognized that there are numerous hurdles to clear before a standard format is adopted nationwide, according to Daniel J. Cobaugh, PharmD, the foundation's research director. His concerns about accuracy, privacy and security, ease of use, and the need to seamlessly integrate the new list with current workflows.

Following the format's launch, the group plans to study how the list is being used and its impact on patient safety, and economics.

The effort is an outgrowth, in part, to a national push for greater medication safety. An Institute of Medicine report on preventing medication errors estimated that "on average, a hospital patient is subject to a medication error per day." The IOM has said thousands of people die each year from adverse drug mistakes alone cost the nation millions of dollars in medical care.

"For medication safety, consumers and providers [including physicians, nurses, and pharmacists] should act on patients' rights; providers should engage in meaningful communication about the safe and effective use of medications at multiple points in the medication-use process; and government and other participants should develop consumer-oriented written and electronic information resources," the IOM said.

The ASHP effort also relates to the campaign for "medication reconciliation" in healthcare facilities. The Joint Commission's new standard for such reconciliation. According to an article from the Institute of Medicine, "Reconciliation is a process of identifying the most accurate list of all medications a patient is taking—including name, dosage, frequency, and route—and using this list to provide correct medication information anywhere within the healthcare system. Reconciliation involves comparing the patient's current medications against the physician's admission, transfer, and/or discharge orders. Experience from other organizations has shown that poor communication of medical information at transition points is responsible for as many as 50% of all medication errors."

As more companies get involved with developing PHRs, Cobaugh said it's important that the ASHP publish information about its work on a standard format so these companies can integrate it into their electronic structure. The organization also hopes that increasing consumer awareness of medication lists will be a step toward greater PHR use.

In the meantime, Cobaugh said, the ASHP will also be involved with the electronic health record systems and processes driven by Health and Human Services (HHS).

And, indeed, within a few days of the ASHP conference, the HHS structure on HIT was accepting a standard medication list within an electronic PHR, a step meant to bring a standard electronic list closer to reality.

The Health Information Technology Standards Panel (HITSP), under a contract with HHS, is selecting a standard format for a medication list.

many standards and languages for transmission of electronic information. With more than 300 org participating, its choices relate to and feed into the certification process for electronic health records. These standards are expected to eventually become the choices nationwide, if only because the government program Medicare, will relate to programs that are certified.

At the June 12 meeting of the American Health Information Community (AHIC), the advisory group presented standards for communication in a PHR, including a medication list.

John D. Halamka, MD, MS, HITSP chair, referred to the standard as replacing the clipboard, “the i would have demographics, medications, allergies, and specific patient care preferences like advanced interoperable electronic document that could be stored in a personal health record and be transported.

He said its development required a “historic” collaboration among such groups as the ASTM standard organization Health Level Seven (HL7), Accredited Standards Committee X12, and SNOMED to ‘the best of all those organizations in terms of transmitting content and technology to create a parsimonious standards for the PHR functions.

“It required one of the very first-rate acts of harmonization within HITSP,” said Halamka. He explained ASTM has a continuity-of-care record, what he called a clinician-driven construct that describes patient travels between caregivers or is used in a PHR. On the other hand, HL7 has a clinical document architecture detailed, terminology-based, controlled way of describing a document that is commonly used in hospitals.

To leverage the strength of both standards, he said, HL7 and the ASTM worked collaboratively to create a continuity-of-care document for the HITSP process. It will be implemented in several vendor systems coming year.

“It meets the tests of using a clinician-driven set of data but also controlled vocabularies,” usable by said Halamka.

He also presented completed standards for biosurveillance and laboratory results within an electronic

Also important to PHRs—and medication lists within them—will be HITSP’s next major deliverables: privacy and security standards, due this October, which Halamka said will enhance many current standards. “The role of HITSP to make privacy policy,” he said, noting that it is the responsibility of the AHIC and other organizations. “But we can come up with security standards that help with variations of privacy policy,” including common mechanisms to audit lookups, common means of access control, and even common measurements of time.

In addition, among the standards HITSP is selecting this year is a medication management construct for an actual electronic health record—that is, a record controlled by healthcare providers rather than consumers. Standards will include medication reconciliation, ambulatory prescriptions, and contraindication. HHS Secretary Michael Leavitt he expects to present some “low-hanging fruit” on the medication standard in October.

The HITSP rounds of choosing communication standards is expected to continue for years to come for various sorts of transmissions selected. In terms of medications, standards that may be set in 2007 include vaccines, medical errors, patient-reported outcomes, linkage to FDA structure product labels, prescribing, and dispensing.

Information on the HITSP Consumer Empowerment standards is available at www.hitsp.org.

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