



ASHP plans campaign for standard patient med list

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Cynthia Brennan

It's time to push for much greater use of medication lists by consumers, with a standard format for those lists, participants agreed at a recent summit hosted by ASHP. That likely means many people will use a medication list on paper before they use an electronic one, and that's OK, said about 30 representatives from organizations including the Joint Commission, AARP, and the Food & Drug Administration. The group also developed a research agenda on use of patient medication lists and laid the groundwork for a national social marketing campaign—which ASHP and the ASHP Foundation will plan in upcoming months—to enhance awareness among patients, caregivers, and professionals of the importance of such a summary.

The representatives agreed on recommended data elements for a standardized list. They identified barriers to its use as well as some potential resolutions, said Daniel J. Cobaugh, Pharm.D., research director at the ASHP Foundation. An ASHP release noted: "While many organizations have developed medication lists, there is no national standard regarding the data they should contain."

The group agreed, ASHP said, that the standardized list must be simple and include only current medicines. Among the elements participants agreed to were:

- A patient's personal information
- Details about allergies and other medicine-related problems
- Current medicines, including the amount used, frequency of use, how each is taken, and information on who prescribed or recommended the medication. Cobaugh said the list will also contain information on when it was last updated, who updated it, and instructions for its use.

Among the barriers the group identified to the list's use are professionals' and consumers' concerns about accuracy, ease of use, and privacy and security, as well as problems with integrating it into healthcare work without creating a new process. Another barrier, Cobaugh said, is that of patients' perceptions that physicians and pharmacists already have the information on hand.

The group also agreed that research should test the list and how it is used to determine if it affects outcomes in therapy, safety, and economics and perhaps even quality-of-life outcomes for patients.

This campaign is a natural continuation of ASHP's continuity-of-care initiatives, the association said. In a recent white paper, the ASHP Continuity of Care Task Force said, "Deficiencies in sharing patient information are a core contributor to the discontinuity of care and a logical precursor to medical errors."

Cynthia Brennan, Pharm.D., ASHP outgoing president, said this work grew, in part, from discussions with the American Pharmacists Association that included recognition of continuity problems as patients go from the community to the hospital and back again: "We can't figure out really how to talk to each other without having a true electronic health record."

Eventually, she said, the organization would like to see both hospital and community pharmacists helping patients update their lists and adding the pharmacists' name and contact information to the document. The work will move toward harmonizing the list with the current certification process for electronic records—including certification of personal health records controlled by the patients—that is being driven by the Department of Health & Human Services, said Brennan.

Cobaugh said the conference representatives recognized that the country is moving toward use of personal health records, and ASHP will strive to ensure that its list will be consistent with what is in those records. "We would want to use the result of the conference to inform about what is happening at the level of personal health record development, so that organizations that are developing personal health records are integrating our thinking into their development."

If the campaign can increase patients' awareness of the importance of a medication list, he said, "an obvious next step" would be increasing awareness of the importance of the personal health record.

In coming months, ASHP and the ASHP Foundation will focus on putting the data elements for the list into a format, ensuring the language is health literacy-sensitive, and possibly using consumer focus groups to test the list, Cobaugh said. Although ASHP currently has a medication list form on its Web site, it will be updating that list based on the consensus at the conference.

Cobaugh also said the groups will be looking to get many stakeholders in partnership to

undertake the social marketing campaign.

ASHP plans to publish a summary of the summit at the following site: www.ashpfoundation.org.

THE AUTHOR is a writer based in the Washington, D.C., area.