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3 **Title: Opposition to Medication Reconciliation of Emergency**
4 **Department Discharged Patients**
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6 **Introduced by: Domenic R. Federico, MD, for the Kent County Delegation**
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8 **Original Author: David H. Whalen, MD**
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10 **Referred to: Reference Committee A**
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12 **House Action: Adopted as Amended**
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15 **Whereas, the Centers for Medicare and Medicaid Services (CMS) has**
16 **proposed expanding quality measures under the Hospital Outpatient**
17 **Department Quality Reporting Program (HOP QDRP)¹, and**
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19 **Whereas, as part of these measures, CMS plans to include medication**
20 **reconciliation as part of emergency department quality measures², and**
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22 **Whereas, the Joint Commission has promulgated Rule 8 requiring**
23 **medication reconciliation on discharge from the hospital, including discharge**
24 **from the emergency department³, and**
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26 **Whereas, the Joint Commission, itself, has recognized the difficulties**
27 **that hospitals have in performing a thorough medication reconciliation on**
28 **even admitted patients, and on March 5, 2010, issued a decision that lack of**
29 **compliance with Rule 8 would not be counted against hospitals during the**
30 **2010 year⁴, and**
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32 **Whereas, emergency physicians are not adequately trained or equipped**
33 **to evaluate if patients should be continuing to take medications prescribed by**
34 **numerous different specialists for conditions not regularly treated by**
35 **emergency physicians (i.e. chronic conditions) and this is better handled by**
36 **primary care physicians, and**
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38 **Whereas, the Joint Commission proposed solution to this problem is to**
39 **have “the patient’s primary care physician or the original prescribing**
40 **physician ... contacted”⁵ at the time of medication reconciliation, and**
41

42 **Whereas, this is rarely possible at times that patients present to the**
43 **emergency department and, if possible, would involve numerous phone calls**
44 **to all of the patient’s specialists for conditions unrelated to their present visit**
45 **to the emergency department, contributing to overcrowding and slower**
46 **throughput; therefore be it**

47 **RESOLVED: That MSMS oppose calls for mandatory medication**
48 **reconciliation to be done on patients discharged from the emergency**
49 **department; and be it further**

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51 **RESOLVED: That the Michigan Delegation to the AMA ask the AMA to**
52 **oppose mandatory medication reconciliation on patients discharged from the**
53 **emergency department.**

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WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

¹ CMS press releases, accessed 3/8/10: <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=3471&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=1%2C+2%2C+3%2C+4%2C+5&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date>

² Ibid

³ JCAHO website, accessed 3/8/10: http://www.jointcommission.org/NR/rdonlyres/CEE2A577-BC61-4338-8780-43F132729610/0/NPSGChapterOutline_FINAL_HAP_2010.pdf

⁴ JCAHO website, accessed 3/8/10: http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/npsg8_review.htm

⁵ JCAHO website, accessed 3/8/10: http://www.jointcommission.org/AccreditationPrograms/Hospitals/Standards/09_FAQs/NPSG/Medication_reconciliation/NPSG.08.01.01/Reconciliation+upon+arrival.htm