

Polypharmacy

This is such an important feature of the clean-up process. When patients are referred for all diagnostic imaging, specialist referral or community support programs, the active medication list is always attached.

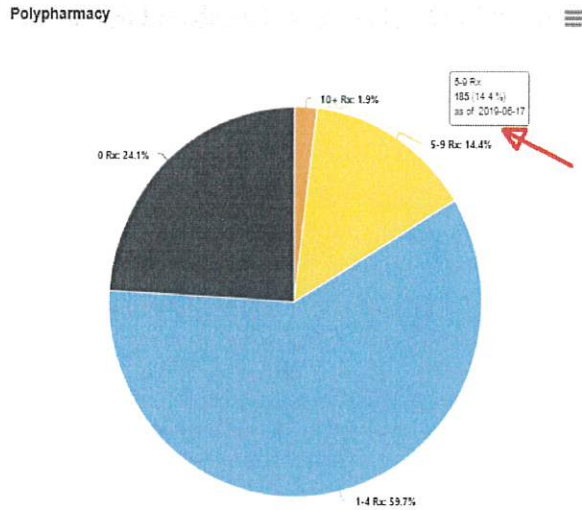
Other providers such as locums need to see an accurate list of medications. The College of Physicians and Surgeons recommends the use of Pharmanet. Calling the pharmacies is time consuming and the response can be slow.

Currently the Med Access EMR defaults every medication to *continuous* if it is not changed to *short term*. Educate the provider about this to prevent big clean-ups in the future.

The key to Polypharmacy is creating accurate medication lists and discontinuing expired medications if they should not be there. The first step is to discontinue meds that have not been renewed for the last 18 or 24 months. Explain to the provider that the entries will not be deleted, just moved lower to the Inactive section of the meds. **Ask how old prescriptions should be before you move them.**

Ask your provider for any exceptions (examples: aspirin, diabetic strips and vitamins) Ideally, they should be renewed so they do not show as expired.



Hint: We start the clean-up by first looking at charts with fewer meds, and then increasing the number of meds. (The other way around would cause you to look at the same charts more than once, because removing entries will put this chart with those with fewer meds.) Decide with your provider at how many meds to start – charts with too few meds may be allowed to skip the clean-up process.



In the Outcomes dashboard in Panel 1 we have this pie chart. We are trying to get the yellow and orange as small as possible while the black and blue should get bigger. Record the number of charts in yellow and orange at your “Pre” score fields.

Before you start working on polypharmacy, change your Med Access user profile so that patient charts will open by default at the **Meds** tab. (The steps are under “Before getting started on Empanelment” in this manual.

We start with building the following Report  template, finding all charts that have active Meds, some of which were prescribed more than 2 years ago. Most long term care facilities keep their own records or prescriptions so those charts may not be accurate in Med Access.

When you have this report ready, on the right hand side of the screen next to “**Searching**”, click on the down arrow , then click on  **Search**. This will refresh the list of identified patients. You can try to modify the numbers in your report criteria so that the list size becomes easy for you to manage.

Practice Mgmt Reporting

Criteria

Template: OD PSP - PolyPharm

Demographics

Status: Active

Primary Provider: Peter

Profile

Visits

Task

Observation

Medications

Active Status: Active Only

Drug Use: Continuous

Start Date: 17-Jun-1969 to 17-Jun-2019

Signing Status: Approved

Count: Equals 3

Medications

Active Status: Active Only

Drug Use: Continuous

Start Date: 17-Jun-1969 to 17-Jun-2017

Signing Status: Approved

Count: Greater than or 1

Allergy

Goals

Billing

Billing Item or or

	00114	Starts	X
	00115	Starts	X
	13005	Starts	X

Bill Date: 3 years Ahead: None

Appointment

Reports

Type: Patient Count (pdf)

Searching

Type: New Search Search


Services

Has 3 active continuous meds

1, 2 or 3 meds have been prescribed more than 2 years ago, and are still active

Remove charts of persons in care facilities

Start by opening the patient charts by clicking on the patient names. (You need the charts to open at the **Meds** tab.) You should be looking for meds that were prescribed more than 2 years ago with expired renewals.

- a. Look for duplicate entries in the meds lists.
- b. The easiest way to remove old prescriptions is to “Discontinue” them by clicking on the red stop-sign icon . Some providers might want to add a reason, others might ask you to change it from “Continuous” to “Short Term”.

c. To discontinue meds:

The screenshot shows a patient's medication list with columns for Use Type, Name, Dosage Info, Qty, Refills, Route, Start-End Date, and Status. A table of active medications is shown below:

Use Type	Name	Dosage Info	Qty	Refills	Route	Start-End Date	Status
Continuous	BECLOMETHASONE DIPROPIONATE 50 mcg	2 Spray(s), BID	1	2	Nasal	05Jan16-03Jul16	Approved
Continuous	FOSAVANCE 70 MG-5600 UNIT TAB	1 Tablet(s), 1x/week	52	0	Oral	12Apr14-12Apr15	Approved
Continuous	PANTOLOC DR 40 MG TABLET	1 Tablet(s), QD	14	0	Oral	08Jun19-22Jun19	Approved
Continuous	SENNA	2 Tablet(s), QHS PRN	60	0	Unidentified	03Jul18-	Approved
Continuous	TECTA DR 40 MG TABLET	1 Tablet(s), BID, 1 W, then 1 Tablet(s), QD,	56	0	Oral	07May18-25Jun18	Approved
Continuous	ZOPICLONE 7.5 mg TABLET	1 Tablet(s), QHS PRN	90	0	Oral	24Apr19-23Jul19	Approved
Continuous	fluticasone propionate 50 mcg/actuation SPRAY,	2 Spray(s), QD	60	3	Nasal	07Sep18-05Jan19	Approved
Continuous	lactulose 10 gram/15 mL SOLUTION, ORAL (10	15-30 mL, QD PRN	900	0	Oral	24Apr19-24May19	Approved

Look among the red expiry dates for meds that have to be removed. If there are only 1, 2 or 3 to remove, click on the red stop-sign icon . In the Change Status pop-up window, add a reason if required, and then “Approve” the change.

The screenshot shows the 'Change Status' pop-up window for discontinuing a medication. The window displays the medication name, a 'Reasons' dropdown menu set to 'Other', a 'Comments' text area containing 'Cleanup of old prescriptions', an 'Effective Date' field set to '18-Jun-2019', and an 'Ordering Provider' dropdown. At the bottom, there are 'Approve' and 'Preview' buttons. A red arrow points to the 'Approve' button.

If there are 3 or more meds to Discontinue, you can do them all in one step. Click on the “Discontinue” icon (just under the “Imm” tab)

Senior M Test
79 years 01-Jan-1940 Male
Chart# T1001

Click to Launch COPD Reference Material
Click to launch PRH Respiratory Outpatient Services Requisition

Summary Search Family Help

Demog Visits Tasks Bills Allg Meds Profile Labs Invest Consults Imm Goals Appt

Clinical

Drug Allergies and Intolerances
No Drug Allergies Known
No Drug Intolerances Known

Options
 Paper Chart Superseded
 Suppress Warning
 Compliance Package
 Preferred Pharmacy
 Discontinue Active prescriptions

State: Active and Recently A.

Active	Use Type	Name	Dosage Info	Qty	Refills	Route	Start-End Date	Status
	Continuous	ASA 80 MG TABLET EC	1 Tablet(s), QD	90	1	Oral	08Aug17-04Feb18	Approved
	Continuous	FERROUS FUMARATE 300 mg (100 mg) CAPS...	1 Capsule(s), BID	180	0	Oral	02Oct14-31Dec14	Approved
	Continuous	FUCIDIN 2% OINTMENT	1 Application(s), TID	42	6	Topical	07Mar14-13Jun14	Approved
	Continuous	KEFLEX 500 MG TABLET	1 Tablet(s), QID	28	0	Oral	15Jun17-22Jun17	Approved
	Continuous	KEFLEX 500 MG TABLET	1 Tablet(s), QID	40	0	Oral	11Sep14-21Sep14	Approved
	Continuous	LAX-A-DAY POWDER (17G/DOSE)	17 g, QD	1530	1	Oral	11Dec13-09Jun14	Approved
	Continuous	LIPITOR 40 MG TABLET	1 Tablet(s), QHS	90	1	Oral	08Aug17-04Feb18	Approved
	Continuous	RAMIPRIL 5 mg CAPSULE (HARD, SOFT, ETC.)	1 Capsule(s), QD	90	3	Oral	02Oct14-27Sep15	Approved

Many old meds to discontinue

The following window will open:

Prescription Discontinue - Google Chrome

https://.med-access.net/med/BulkOptionsForMultipleRxs.do?option=Discontinue&patientId=20128

Return


Prescription Discontinues

Select Active	Name	Dosage Info	Qty	Route	Refills	Start-End Date	Status	Update
<input type="checkbox"/>	Continuous ASA 80 MG TABLET EC	1 Tablet(s), QD	90	Oral	1	08Aug17-04Feb18	Approved	08Aug17
<input checked="" type="checkbox"/>	Continuous FERROUS FUMARATE 300 mg (100 mg) CAPS	1 Capsule(s), BID	180	Oral	0	02Oct14-31Dec14	Approved	02Oct14
<input checked="" type="checkbox"/>	Continuous FUCIDIN 2% OINTMENT	1 Application(s), TID	42	Topical	6	07Mar14-13Jun14	Approved	07Mar14
<input type="checkbox"/>	Continuous KEFLEX 500 MG TABLET	1 Tablet(s), QID	28	Oral	0	15Jun17-22Jun17	Approved	15Jun17
<input type="checkbox"/>	Continuous KEFLEX 500 MG TABLET	1 Tablet(s), QID	40	Oral	0	11Sep14-21Sep14	Approved	11Sep14
<input checked="" type="checkbox"/>	Continuous LAX-A-DAY POWDER (17G/DOSE)	17 g, QD	1530	Oral	1	11Dec13-09Jun14	Approved	11Dec13
<input type="checkbox"/>	Continuous LIPITOR 40 MG TABLET	1 Tablet(s), QHS	90	Oral	1	08Aug17-04Feb18	Approved	08Aug17
<input checked="" type="checkbox"/>	Continuous RAMIPRIL 5 mg CAPSULE (HARD, SOFT, ETC.)	1 Capsule(s), QD	90	Oral	3	02Oct14-27Sep15	Approved	02Oct14

Discontinue Reason* Other
 Comments Cleanup of old continuous prescriptions.
 Effective Date* 18-Jun-2019
 Ordering Provider*

Approve Approve & Preview Preview

Click the tick boxes next to the old meds you want to remove. Add a reason if required. Click on "Approve" to finish.

To change a prescription from "Continuous" to "Short Term" click on the med name or the edit icon , and then in the next window click the "Short Term" button. Save it by clicking on "Correct".

Prescription Writer - Google Chrome
https://...med-access.net/med/LoadPatientDisplayMed.do?medData.id=463739&useTemplateForNew=false

Prescription Id: 2022453 **Status: Approved** **Drug Allergies and Intolerances**

Prescription Type: Simple Continuous Short Term

Drug Name*: **NEOMYCIN SULFATE/GRAMICIDIN/NYSTATIN/**

Generic Drug Name: neomycin sulfate/gramicidin/nystatin/triamcinolon

Dose: 1 Application(s) Frequency: BID - Twc PRN: Duration: 1 Mth30

Patient Instructions:
Pharmacy Instructions:
Quantity*: 15 g Refills: 6 Route*: Topical

Indication:
Ordering Provider*:
Start Date*: 13-Jun-2017 End Date*: 09-Jan-2018

Original Ordering Provider

NSAIDS: FLURBIPROFEN Mild Rasi
Salicylates: FLURBIPROFEN Mild Rasi
NSAIDS: NAPROXEN SODIUM Mild Othe
Salicylates: NAPROXEN SODIUM Mild Othe

Renew Correct Hold Discontinue

Repeat the report with increasing numbers of meds until all the old meds are dealt with.