in the PAI 2030 recommendations, that involves bidirectional information sharing and communication intended to provide timely, complete, and accurate health details so that patients and families can participate in care and decision-making at a time and place convenient for them. As pharmacists, we must position ourselves to include in our practice sphere all patients in any location, size, or type of care setting. To improve health, pharmacists must accept a purposeful role in addressing social determinants of health through prevention and wellness initiatives. All patients, regardless of socioeconomic conditions, should have an equal opportunity for access to comprehensive medication management by a pharmacist to improve the safety and effectiveness of medication use.4 As part of this vision, the pharmacy enterprise should be integrated to provide patient-centered care that is digitally connected across the continuum to ensure delivery at times and places that are most convenient and cost-effective for the patient.

Healthcare of the future demands a patient experience that is convenient, participatory, cost-effective, data driven, and personalized.9 It will require effective leadership—at the bedside, in the clinic, and from the pharmacy executive’s chair—to set in motion the themes presented within the PAI 2030 recommendations. The outputs stemming from these recommendations will help provide direction and influence leading to transformative advances in practice. PAI 2030 is at an intersection of several critical advances in health and healthcare delivery. These advances are happening at a rapid pace and present an opportunity for pharmacists to lead the way as we work to use the latest technology and approaches to care to ensure that patients experience optimal health outcomes. We cannot be passive in this time of change. To improve coordinated, patient-centered care, individually and for the population, a sea change is needed to help speed the adoption of best practices in a more revolutionary manner. We must pursue that sea change with all of our energy as we pursue our vision of a healthier society.


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Implementation of medication reconciliation

Medication reconciliation is probably one of the more challenging components of a safe and effective medication process. Clinicians around the world struggle with implementing a process that successfully captures the best medication list possible and then using that information to decide on treatment plans. Since it was introduced during an Institute for Healthcare Improvement breakthrough series collaborative, medication reconciliation has become part of medication-safety improve-
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ment efforts around the world. The World Health Organization Global Patient Safety Challenge: Medication Without Harm includes the sharing of information at transfer that can be addressed via medication reconciliation.

However, the lessons learned in implementation have focused on larger academic centers that have resources to apply to this intervention. In the Rural VA Multi-Center Medication Reconciliation Quality Improvement Study (R-VA-MARQUIS), described in this issue, researchers used an existing model of proven interventions, adapted those interventions, and used an improvement method that has resulted in improvement.

Any improvement effort is based on the desire to improve (will), ideas for changes that lead to improvement (ideas), and use of improvement science (execution). Too often, organizations resort to using policies, training and education, and punishment as ways to improve systems. These elements are all necessary but not sufficient. This approach has been used for years and has resulted in more complex systems that do not achieve the desired results. To achieve successful improvements, engagement of those who do the work and use of an improvement method are essential.

Developing will is the role of leaders and critical for any improvement effort. Leaders set the tone for the organization, set the goals, and provide the support needed to ensure that improvement teams can successfully implement change. Aligning an improvement effort with the organizational goals provides direction and builds will among the staff. The R-VA-MARQUIS researchers identified leadership engagement as one of the success factors that helped one hospital achieve better results.

To improve a system, change is necessary (ideas). But not all change leads to improvement. Change ideas come from staff, published case studies, or research. However, not all changes will be successful without some adaptation to the local environment.

To execute or get results, an improvement method is necessary to achieve the desired results (execution). Examples include the use of a plan—do-study-act cycles, Lean, Six Sigma, or other improvement methods. In R-VA-MARQUIS, the researchers used mentored coaching to support the teams working on improving and implementing their medication reconciliation process. The support provided allowed the teams to share challenges faced and to gather ideas to overcome those challenges as well as measures to determine their progress.

Experience in improvement also tells us that a process that has been designed to work in one area may not work the same way in other areas. In this study, 2 hospitals adapted the tools to meet the resources available and the capacity to execute a reliable medication reconciliation process. Many projects have failed when the improvement team tried to implement a process that was successful elsewhere without considering the resources, context, and culture that existed in the original organization. To be successful, these interventions must be adapted to the local context.

In one of the R-VA-MARQUIS hospitals, there was an apparent increase in the number of reconciled medications. Of note here is that every system is perfectly designed to get the results that it gets. Further investigation offered several reasons why this may be. Ultimately, a successful program requires clear delineation of roles and responsibilities and ensuring that staff are held responsible to complete the process.

Although R-VA-MARQUIS was a limited study and focused only on 3 small rural hospitals, its results indicate the steps needed to implement a medication reconciliation process in the rural hospital environment and in resource-strapped organizations.

I congratulate the R-VA-MARQUIS researchers for their contribution to the ongoing efforts to improve medication reconciliation, which in turn will impact medication safety. Further studies can help understand other factors to consider in rural hospital settings to ensure implementation of a successful medication reconciliation process.


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