Medication Reconciliation FAQ

Preamble

The term “medication reconciliation” is defined by the Joint Commission as “the process of comparing the medications a patient is taking (and should be taking) with newly ordered medications” in order to resolve discrepancies or potential problems. This definition emphasizes the importance of reconciliation, which is the act of comparing medication lists and noting inconsistency versus the act of merely collecting a medication history. It is nationally recommended that pharmacists should be involved in functions including but not limited to developing policies and processes, implementing and continuously improving those processes, and training and assuring the continuing competency of those involved in medication reconciliation. The Board expects a pharmacist to establish roles and responsibilities of heath care providers in medication reconciliation processes, including pharmacy technicians, interns, and other medical support personnel.

When implementing a pharmacy technician medication history program, it is essential to be in compliance with the Oregon Board of Pharmacy laws and rules regarding what pharmacy technicians can and cannot do. Pharmacy technicians are not allowed to make clinical decisions, of any kind, during the medication reconciliation process or otherwise. They may write down the information gathered from the patient, gather information from a secondary source if needed, and present it to the pharmacist for verification. For example, a patient reports taking furosemide as needed based on their weight. However, the pharmacy technician finds that the patient’s prescription has a direction for furosemide 20 mg daily. In this scenario, the pharmacy technician may not make a judgement call to include only the direction from the prescription and omit the information about how the patient is taking it. In a different scenario, a patient tells the pharmacy technician that he/she takes a medication for blood pressure at home and is unable to recall the name. The pharmacy technician then goes down the Prior to Admit (PTA) medication list and picks out a drug that he/she believe is the blood pressure medication. By doing that, the pharmacy technician uses clinical judgement to identify which drug has an indication for high blood pressure, which is not within the scope of pharmacy technician duties and is not permitted by the Board.

Pharmacy technicians who perform medication reconciliation must have proper training on how to collect medication history and interview a patient. Pharmacy technicians may compare the list they gather from medication history to what is currently ordered for the patient in the hospital and make note of differences when updating the patient’s medical record. It is a pharmacist’s responsibility to verify and review any clinical scenarios or discrepancies in the patient medical record prior to prescribing decisions being made.

These FAQs are provided to address pharmacy involvement in the medication reconciliation process. The Oregon Board of Pharmacy does not have jurisdictional oversight over what functions nurses and other non-pharmacy personnel may be permitted to perform.
Q. What is Medication Reconciliation?

A. Medication reconciliation (Med Rec) is the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician’s admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points within the hospital.

Q. Are pharmacy technicians allowed to perform medication reconciliation without a pharmacist oversight and review?

A. No. However, a pharmacy technician that has received training appropriate for medication reconciliation process, may assist in the data collection process in order to obtain the best possible medication history for the patient. Please note, that while pharmacy technicians are allowed to assist in the medication reconciliation process, they may not do so independently. A supervising pharmacist must verify a medication history summary collected by a pharmacy technician and be available to assist the technician if requested.

A person licensed to perform the duties of a pharmacy technician may perform the duties of a pharmacy technician only under the supervision, direction, and control of a licensed pharmacist.

Q. Is a pharmacist required to verify the medication history obtained by a pharmacy technician?

A. Yes. A pharmacist is required to verify all medication histories obtained by pharmacy technicians in the medication reconciliation process. This task may not be delegated to non-pharmacist staff.

Q. Are pharmacy technicians allowed to make clinical decisions during the medication reconciliation process?

A. No. Pharmacy technicians are not allowed to make clinical decisions, of any kind, during the medication reconciliation process or otherwise. Making clinical decisions is not in the scope of the pharmacy technicians duties. If a technician makes a clinical decision, the technician, pharmacist and outlet may be subject to discipline for engaging in the practice of pharmacy without a license.

Q. Is the verbal communication of a patient’s medication history from pharmacy technician to pharmacy technician allowed? This could be a request for patient’s medical history printout from a healthcare provider outside of a hospital or health system, such as a patient’s local pharmacy or primary care provider?

A. Yes. However, technician to technician communication would require verifiable documentation (i.e. faxed medication history) for the pharmacist who is verifying the
medication history, to be able to validate the information. Clinical decisions may not be made during communications such as these.

Q. Is the communication of a patient’s medical history between pharmacy technicians, using disease states or medication indications, allowed?

A. No. Pharmacy technicians are not allowed to communicate a patient’s medication history, to another pharmacy technician, by discussing disease states or indications.

The Laws and Rules applicable to utilizing pharmacy technicians in the medication reconciliation process include:

**Pharmacists:**

OAR 855-019-0200 - General Responsibilities of a Pharmacist

(2) Only a pharmacist may practice pharmacy as defined in ORS 689.005, to include the provision of patient care services.

(6) A pharmacist on duty is responsible for supervising all pharmacy personnel, and ensuring that pharmacy personnel only work within the scope of duties allowed by the Board.

(7) A pharmacist may not permit non-pharmacist personnel to perform any duty they are not licensed and trained to perform.

**Pharmacy Technicians:**

ORS 689.005(29) “Pharmacy technician” means a person licensed by the State Board of Pharmacy who assists the pharmacist in the practice of pharmacy pursuant to rules of the board.

ORS 689.486 - When license required; qualifications for licensure; renewal; supervision required.

(6) A person licensed to perform the duties of a pharmacy technician may perform the duties of a pharmacy technician only under the supervision, direction and control of a licensed pharmacist.

OAR 855-025-0025 - Use of Pharmacy Technicians and Certified Oregon Pharmacy Technicians

(4) Work performed by Pharmacy Technicians and Certified Oregon Pharmacy Technicians assisting the Pharmacist to prepare medications must be verified by a Pharmacist prior to release for patient use. Verification must be documented, available and consistent with the standard of practice.