



The Meds 360° Difference

Scenario: Missed Therapeutic Duplication at the Outpatient Clinics

Joe, a 70-year-old with 4 chronic conditions, suffered a stroke due to a preventable medication error that occurred while being treated for a CHF exacerbation.

Seven days later Joe's discharge orders include a follow-up visit with a neurologist at Mercy Hospital. His condition has improved, but Joe complains of severe lower back pain.

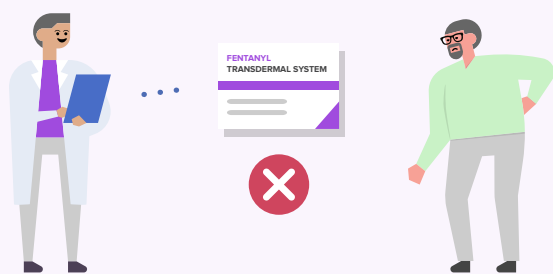


Business As Usual

The neurologist is happy with Joe's recovery from the stroke but suggests he see the neurosurgeon at the outpatient clinic at Mercy for a recurrence of severe back pain.



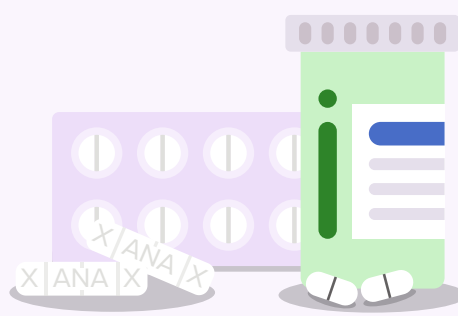
Joe is referred to a neurosurgeon who discovers that Joe has a herniated disc. He is unaware that Joe's physician had just written a 30-day supply of Vicodin one week ago and prescribes a Fentanyl patch. The therapeutic duplication is missed.



Joe picks up his Fentanyl prescription at the Mercy Outpatient Pharmacy. The pharmacist had checked the PDMP but Mercy is in a contiguous State and hence opioids filled by other pharmacies in Joe's home State aren't displayed.



Joe is confused about his prescriptions and takes both opioids as well as Xanax.



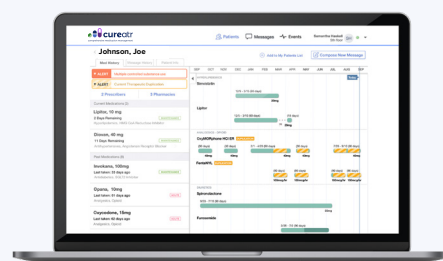
One week later, Joe gets dizzy, falls at home, and is taken back to the hospital ER for evaluation 8 days post-discharge.



With Meds 360°

1

Using the Meds 360° timeline view, Joe's medications are organized by their GPI-6 based therapeutic categories. With this view of Joe's medication, the neurologist can easily piece together Joe's medication narrative, seeing all refill gaps, therapeutic interchanges, and therapeutic duplications.



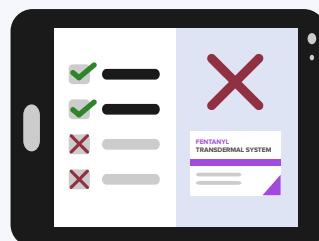
2

The neurologist sees that in addition to Joe's oxymorphone prescription, he's also been prescribed an additional opioid at discharge and is alerted to the duplication highlighting the two concomitant opioids.



3

The neurologist can now see that opioids are proven ineffective for Joe's chronic back pain. He chooses not to prescribe the additional Fentanyl patch and advises Joe to stop taking the other opioids. Opioids have proven ineffective.



4

A new care plan is developed that focuses on nerve blocks and if unsuccessful, surgical intervention.



5

There is also a controlled substance alert and the neurologist cautions Joe about the dangers of using opioids in combination with his anti-anxiety medications.



6

With this information at hand, Joe's medication regimen is properly adjusted and he avoids a 30-day readmission.

