May 2, 2012

Howard Koh, M.D.
Assistant Secretary for Health
Health and Human Services
Office of the Surgeon General, Room 710-H
200 Independence Ave. SW
Washington, D.C. 20201

Re: Request for Information on Prescription Medication Adherence

Dear Dr. Koh,

We appreciate the opportunity to comment on the serious public health problem of prescription medication non-adherence. The National Transitions of Care Coalition (NTOCC) believes that the improvement of care transitions, or hand-offs, between care settings is integral to the improvement in patient medication adherence, and ultimately decreasing avoidable hospital readmissions.

NTOCC strongly believes that the first step to improving medication adherence is to ensure the communication of timely and accurate information between care settings. Every episode of care involves various individuals and, oftentimes, multiple transfers between different health care settings. Poor communication during transitions can lead to medication errors, duplicative tests, inconsistent patient monitoring, and lack of follow through on referrals, all of which contribute to poor health outcomes for patients and avoidable hospital readmissions. In fact, on discharge from the hospital, 30% of patients have at least one medication discrepancy[i] and an estimated 66% of medication errors occur during transitions: upon admission, transfer or discharge of a patient.[ii]

NTOCC has created a number of resources to help improve the transfer of information, including key medication elements, between transitions. For instance, NTOCC believes that every time a patient is exposed to a new care setting or level of care, a medication reconciliation form should be completed by a member of the care team, and providers in the new setting should receive key information about this patient's plan of care.

NTOCC strongly believes that patients and family caregivers should be empowered to take an active role when a transition in their care occurs. Patients and family-caregivers must have a clear understanding of the care plan, including how to take medications, how the medications relate to their condition or diagnosis, and potential benefits and risks of medications.

NTOCC has developed several tools, such as NTOCC's Medication Reconciliation Elements to assist providers in creating their own forms for performing medication reconciliation to ensure that key information is communicated. In addition, NTOCC has developed My Medicine List, to help patients and family caregivers track their own medications as they navigate transitions.

NTOCC believes that the entire care team, including pharmacists, is integral to the medication reconciliation process and should be better incorporated during the entirety of a patient's transition. There are a number of care models that have demonstrated to improve health outcomes and reduce costs. NTOCC has identified seven essential intervention categories within these models to improve care transitions, including a "Medications Management" category. You can view these models, intervention strategies, and other resources by visiting NTOCC's Transitions of Care Compendium.

Sincerely,

Cheri Lattimer
Executive Director

cc: Dr. Boris Lushniak, Deputy Surgeon General

[i] Kwan, Y, Fernandes, OA, , JJ et al., "Pharmacist medication assessments in a surgical preadmission clinic," Arch Intern Med, 2007;167:1034-40.
[ii] Santell, J., "Catching Medication Errors at Admission, Transfer, and Discharge," United States Pharmacopeia.