



DEPARTMENT OF THE ARMY  
HEADQUARTERS, US ARMY MEDICAL COMMAND  
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FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO  
ATTENTION OF

20 APR 2007

MCCG

MEMORANDUM FOR COMMANDERS, MEDCOM MAJOR SUBORDINATE COMMANDS

SUBJECT: Outpatient Medication Reconciliation and Master Problem List Completion Using AHLTA

1. References.

a. MEDCOM memorandum, Balanced Scorecard, National Patient Safety Goals, Medication Reconciliation and Universal Protocol Monitoring Tools, 15 June 2006.

b. Current edition, The Joint Commission (TJC) Accreditation Standards.

c. "The AMEDD AHLTA Guide to Improved Healthcare Outcomes (Build 838.20)," 22 February 2007 and other documents located at the AHLTA website on AKO.

2. Effective 1 Jun 07, MTFs will use AHLTA to complete JCAHO medication reconciliation and master problem list requirements. In Jun 06, compliance with the National Patient Safety Goals of Medication Reconciliation and Universal Protocol became a Balanced Score Card reporting requirement. In outpatient medical care, medication reconciliation is an extension of master problem list maintenance. AHLTA provides a universal MHS tool to accomplish outpatient medication reconciliation and maintain the patient's master problem list. AHLTA enables electronic documentation and monitoring of compliance.

3. A best practice approach is enclosed. MTFs may offer improvements to this recommended best practice and updates will be shared to improve healthcare and assist in decreasing variance across the enterprise.

4. Point of contact for AHLTA processes is LTC(P) Ron Moody at the AMEDD AHLTA Program Office (706) 787-7165, or e-mail: [ron.moody@us.army.mil](mailto:ron.moody@us.army.mil); and POC for TJC policies and medication reconciliation reporting is LTC Robert Durkee, MEDCOM Patient Safety Center, Commercial (210) 221-6622, DSN 471-6622, or e-mail: [robert.durkee@amedd.army.mil](mailto:robert.durkee@amedd.army.mil).

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A handwritten signature in black ink, appearing to read "Gale S. Pollock".

GALE S. POLLOCK  
Major General  
Commanding

# Outpatient Medication Reconciliation and Master Problem List Maintenance Methodology Using AHLTA

**Effective 1 June 2007:**

MTFs will use documentation within AHLTA to meet the requirement for outpatient medication reconciliation and master problem list maintenance. The steps in this process should be part of normal patient care and part of a broader process that ensures delivery of quality healthcare. Using AHLTA, medication reconciliation will be determined by positive responses documented with the MEDCIN terms listed below. This process will facilitate the creation of electronic methods for tracking of medication reconciliation, allergy updating, and patient problem list maintenance. Compliance may be monitored locally but the AMEDD will utilize and track the metric centrally.

## Outpatient Care Process:

1. During each patient encounter a screener or other designated member of the healthcare team will review the patient's current medications, allergies, problems, surgeries and family medical history listed in AHLTA with the patient to determine if updating is required.
2. Until the Clinical Data Repository/Health Data Repository (CHDR) Project allows for the automatic import of medication from the Veterans Administration and Pharmacy Data Transaction Service (PDTs), these medications will be entered as OTC medications.
3. The completion of medication reconciliation and master problem list maintenance will be considered complete if the below-listed MEDCIN terms and a free text statement similar to that below are documented in the AHLTA encounter. To facilitate ease of this review, AMEDD screening templates and AIM forms have been developed to assist with documentation by the entire healthcare team. The first term addresses medication reconciliation.
  - a. MEDCIN Term: reviewed Medication history (Free text: Was reviewed and updated in patient medication list)
  - b. MEDCIN Term: reviewed Allergy history (Free text: Reviewed allergy information and updated as necessary)
  - c. MEDCIN Term: reviewed Past Medical History (Free text: And updated on patient's problem list)
  - d. MEDCIN Term: reviewed Past Surgical History (Free text: Was reviewed and updated in patient's problem list)

4. In order to facilitate documentation about a patient's compliance with taking medication as prescribed, the MEDCIN term "Noncompliance with Medication (Free text: Patient states currently taking medication as follows)" will be used to indicate patient reported compliance with taking medication as prescribed.
5. To consolidate tracking additional MEDCOM-wide items, additional terms may be added to address and help facilitate compliance with other JCAHO items as well as HEDIS, ORYX, and CPG measures.
6. The screener or other designated member of the healthcare team will complete any other necessary screening and refresh Autocite. The Autocite will include at a minimum active medication, allergies and problems.
7. Each facility should have a mechanism to provide a reconciled medication list to the patient. This list is not required at the end of each visit unless the provider changes medications or if a patient is moving to continued healthcare at a facility with AHLTA. The provider will furnish the patient's paper-based reconciled medication list when discharged to care outside of the direct care system.
8. To facilitate medication reconciliation and master problem list maintenance, the patient's information will be updated at the time of inpatient discharge. This will be accomplished though using the medication, allergy and problem list module of AHLTA to update patient information.

**Effective 1 June 2007:**

AHLTA will be the sole source for outpatient medical care for completing medication reconciliation and maintaining the patient problem list. Ambulatory visits will utilize the process above and the MEDCIN terms identified. MTFs will perform manual audits and report to MEDCOM Patient Safety using TJC-recommended sample sizes for visits not documented in AHLTA.

The documentation of the process for using AHLTA to meet the goals outlined in this memorandum is part of "The AMEDD AHLTA Guide to Improved Healthcare Outcomes (Build 838.20)", located on AKO and the directions for locating pre-configured screening templates and AIM forms can also be found on AKO. For your convenience, both documents are included at Tab A and B.