



The “Best Possible Medication History” (BPMH) form, which can be generated from the Alberta Netcare Electronic Health Record, can help practitioners gain an appreciation of medications that a patient should be taking, and actually is taking. However the form has limitations. It can be used safely if practitioners are aware of these limitations and protect against error.



Data

- The Netcare BPMH form is pre-populated with Pharmaceutical Information Network (PIN) data.
- PIN data reflects medications dispensed by most Alberta pharmacies but often misses:
 - Acute care, occupational, institutional, continuing care or public health medications.
 - Out-of-province, out-of-country or Internet purchases.
 - Study drugs, samples and direct-from-clinic/office supplies.
- PIN data is generated for every medication dispensed and is not filtered, edited, or curated. As such:
 - Duplicate medications may appear for varying reasons, including different prescribers, different preparations or different brands of the same drug.
 - Patients may not be taking dispensed meds, may be taking an adjusted dose, or may be on a tapering schedule.
 - Tall-man lettering (decreases likelihood of confusing similar drug names) is not used.
 - Prescription stop-conditions are not captured.
- PIN data often does not reflect over-the-counter medications, nutritional supplements, vitamins and herbal remedies.



Information

- The BPMH form inputs dispensing information verbatim, displaying patient instructions (i.e. ‘take 2 tablets once a day’).
- The correct dose, route, frequency and modifiers need to be derived when translating dispensing information to prescribing information. Calculate carefully.
- The imported data includes a dispensing date and a formulation quantity. Cross this information out. The date may not reflect when the patient was started on a medication. The quantity will not reflect what is wanted, or appropriate, for admitted patients.
- Always complete the Dose/Route/Frequency columns, as the PIN data is at risk for being incomplete or not representative. Likewise, avoid error by not selecting “continue per Netcare”, instead providing explicit prescribing information and selecting one of the other options.
- Be sure to convert to standardized dose measurements (e.g. milligrams, micrograms, milliliters, etc.).



Lists

- Imported PIN data is sorted by reverse chronology, and is not organized alphabetically, by drug class, or by health condition.
- Duplicates may appear anywhere, not necessarily adjacent to one another.
- The list includes both generic (default) and brand drug names. Be sure to check both.



Timeframes

- Different time intervals can be selected when generating a list. A longer interval (e.g. 12 months) will generate more duplicates whereas a shorter interval (e.g. 1 month) will be associated with more missed medications.
- The appropriate time span will depend upon frequency of patient follow-up, medication refill allowances and factors such as extended absences from the province.



Reconciliation

- Effective medication reconciliation requires validation of intended and taken medications; from at least two sources. Always verify and be sure to determine whether or not, or how medications are actually being taken.
- Just because data is computerized does not make it correct. PIN data is a source of medication *information*, but not a source of *truth*. Always exercise caution.



Innovation

- The Netcare BPMH form is offered as an aid to clinicians working with patients at transitions of care. Medication reconciliation can be challenging and facilitated access to PIN data can help in this process.
- The Netcare team is continually striving to improve medication services. Please report issues either by:
 - Submitting a “Suggestion / Enhancement” request within Netcare using the link provided at the bottom of the left-most column (“Suggestion Box”).
 - Submitting an online report to the AHS Reporting & Learning System so that process improvements can be considered: <http://insite.ahs.ca/1284.asp>.
 - Submitting a telephone report to the AHS Reporting & Learning System via 1-877-338-3854.