



# **More Than ePrescribing: Deploying Effective Medication Management**

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# **Disclosures**

**Cleveland Clinic**

**Point of Care Partners**

# Outline

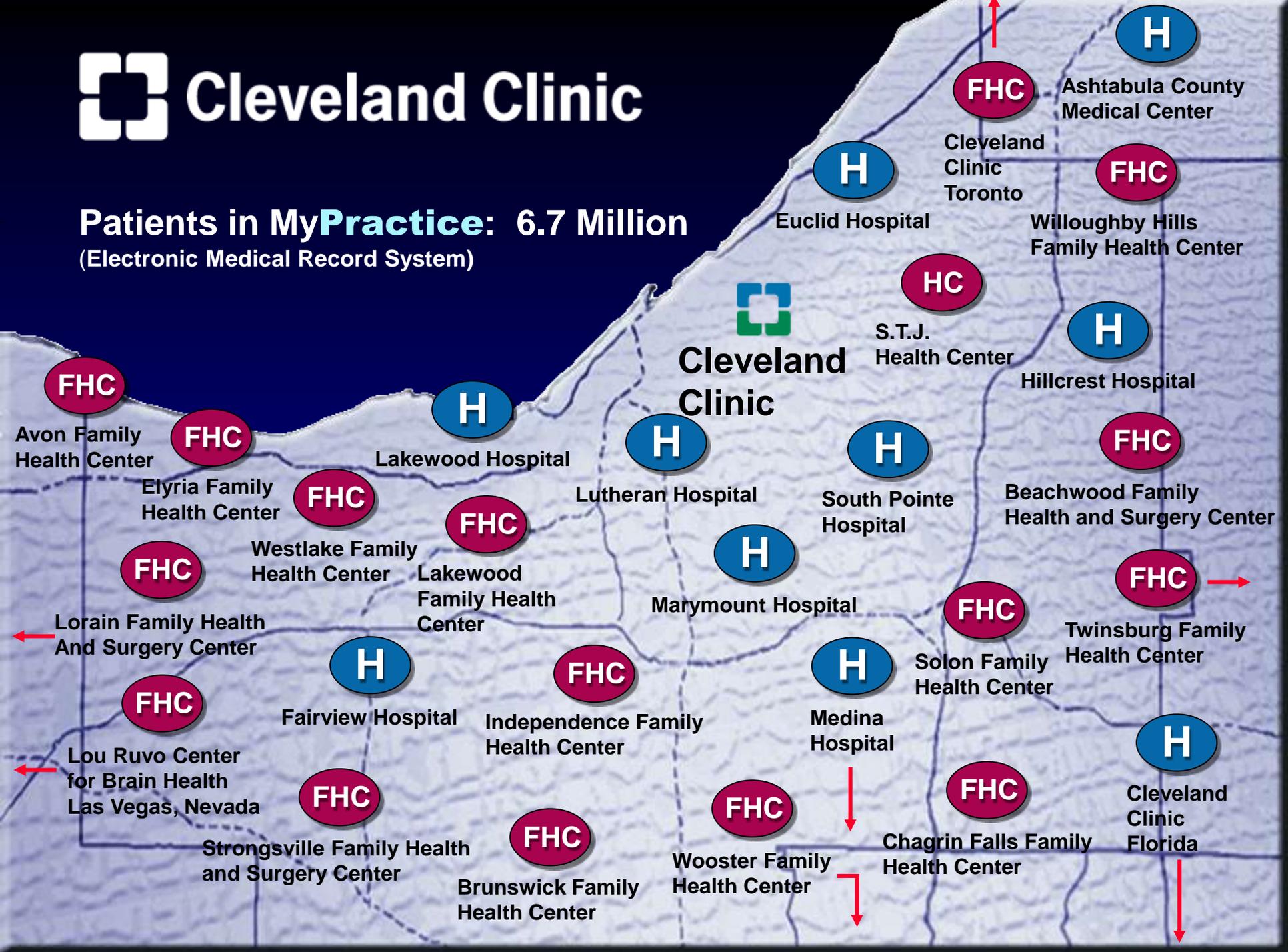
- **Prescribing before EHR**
- **What is eMedication Management?**
- **Stakeholder value**
- **How eMedication Management has been implemented at Cleveland Clinic**
- **Future opportunities to improve pharmacotherapy using health IT**

# Cleveland Clinic



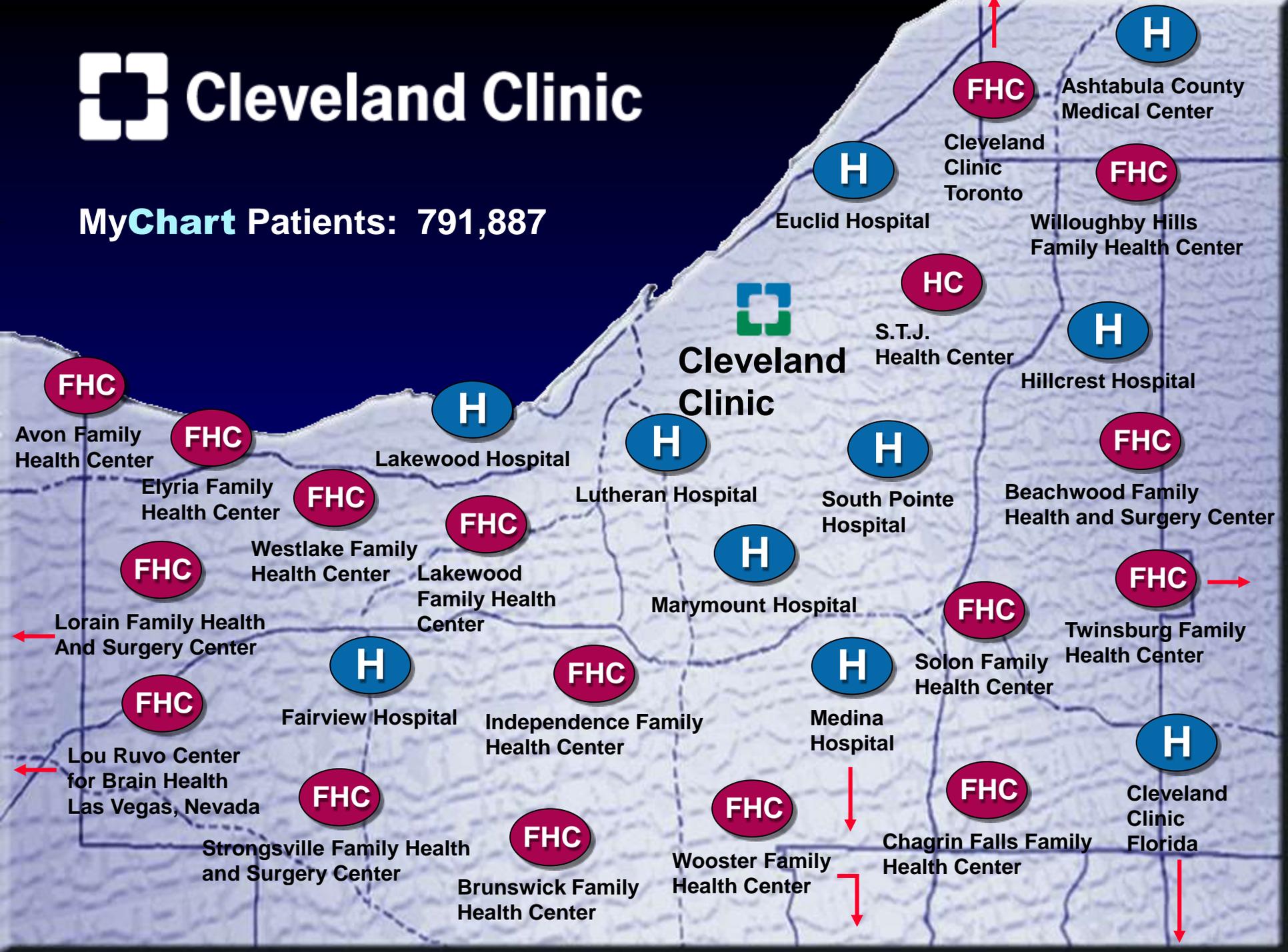


**Patients in MyPractice: 6.7 Million**  
(Electronic Medical Record System)





MyChart Patients: 791,887



# **MyPractice** Electronic Medical Record

## **Cleveland Clinic User and Encounter Statistics Through July, 2013**

<b>Physicians:</b>	<b>7,849</b>
<b>Residents / Fellows:</b>	<b>2,761</b>
<b>Pharmacists:</b>	<b>472</b>
<b>Other End Users:</b>	<b>45,958</b>
<b>Patients in the EMR:</b>	<b>6,700,529</b>
<b>Encounters:</b>	<b>48,733,322</b>
<b>Prescriptions:</b>	<b>102,618,073</b>
<b>Orders:</b>	<b>316,506,687</b>
<b>Total Results:</b>	<b>968,571,042</b>

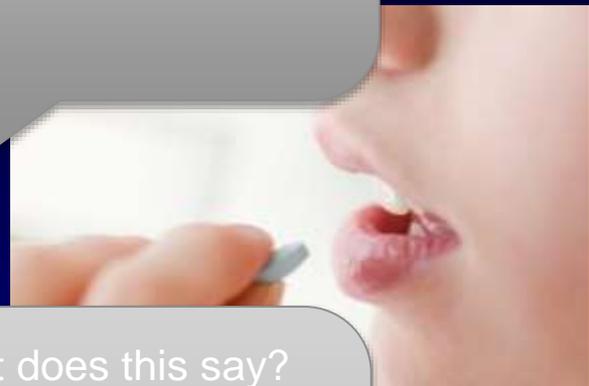
# Rx before

Is she taking the medication?  
Is she on any other medications?

What is this medication and why am I taking it?  
How do I take this medication?

Do I really need to take this medication?  
How much does the medication cost?  
Is it going to cause me more harm?

What does this say?  
Is this the right dose?  
Any drug interactions or allergies?  
Is it on the formulary?



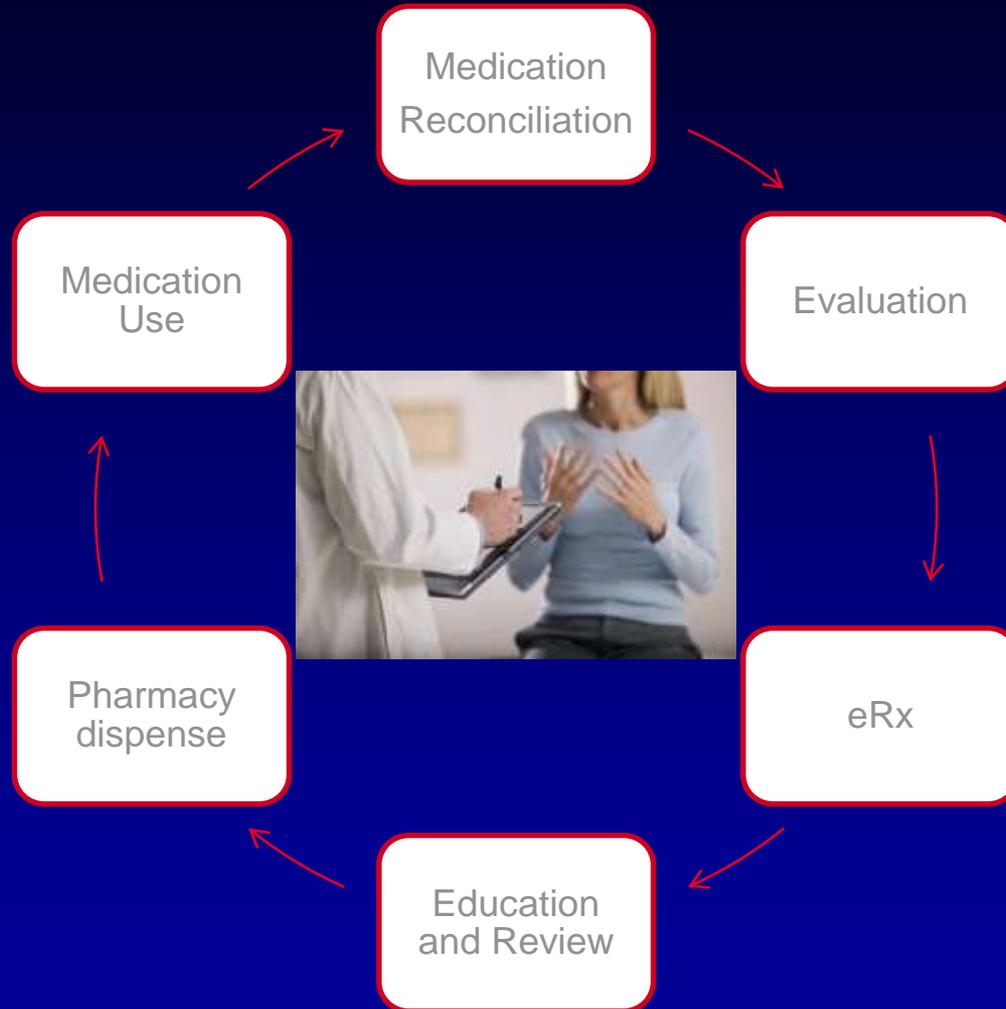
# Gaps in Rx before eRx

- **No decision support**
  - **Allergy, duplicate, interaction**
- **Lost paper prescriptions**
- **Misleading abbreviations**
- **Transcription Errors**
- **No compliance checking**
- **No benefit checking**

# Stakeholder Value

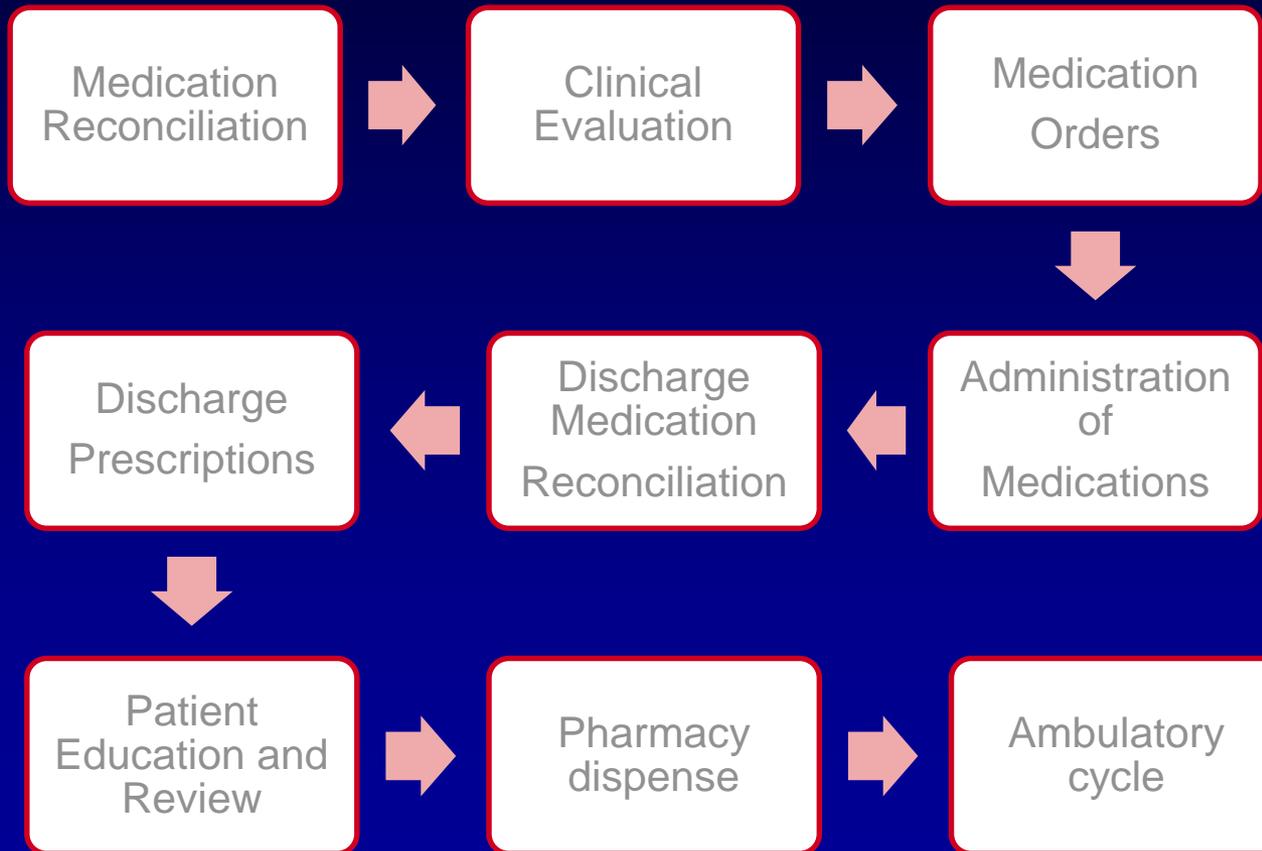
Stakeholder	Role	Benefit to Stakeholder
Patients	Consumers	Outcomes; Quality of Life; Less Time Spent on Health Management, Lower OOP costs
Physicians: Primary Care & Specialists	Provider of primary or specialty care	Medication List; Enhanced Collaboration Between Providers; Better Patient Care/Communication; Reduced Medication Errors & Readmission Rates
Pharmacy/ Pharmacist	Provider of CMR/ Medication Summary Data	Improved workflow; Medication List; Sharing Collected Medication Summary Data
HIE(s)	Receiver of data; facilitate sharing	Contribute to EHR; Longitudinal View of Patient
Hospital	Receiver of data; sharing data on discharge	Medication List; Better Care Delivery to Patients; Reduce Hospital Readmission Rate
Employer	Provider of data	Premium Expense; Absenteeism/Presenteeism; Productivity; Employee Satisfaction
Health Plan	Provider of data	Medication List; Shared Data; Identify Trends in Utilization

# Ambulatory Cycle

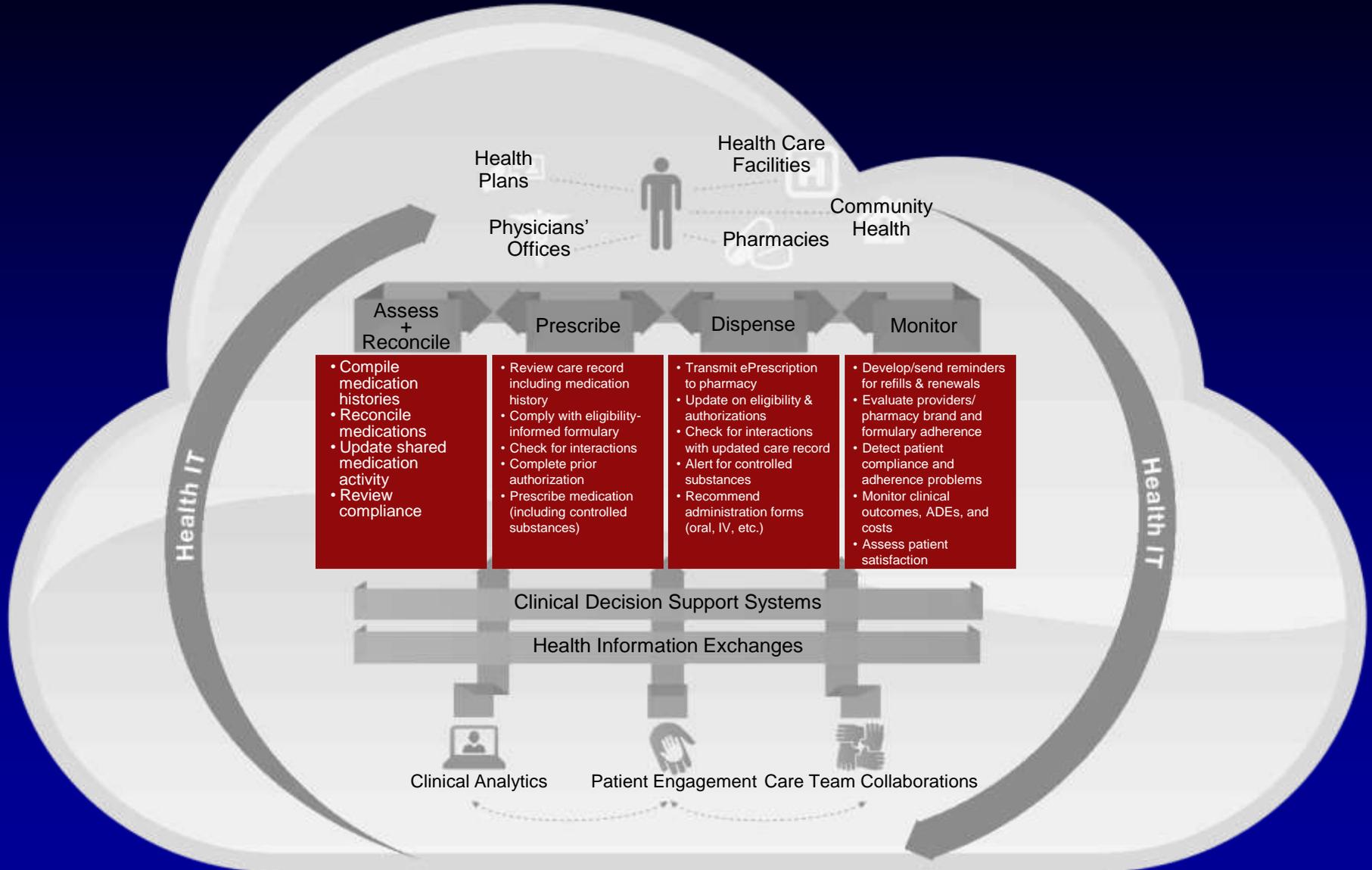




# Inpatient Cycle

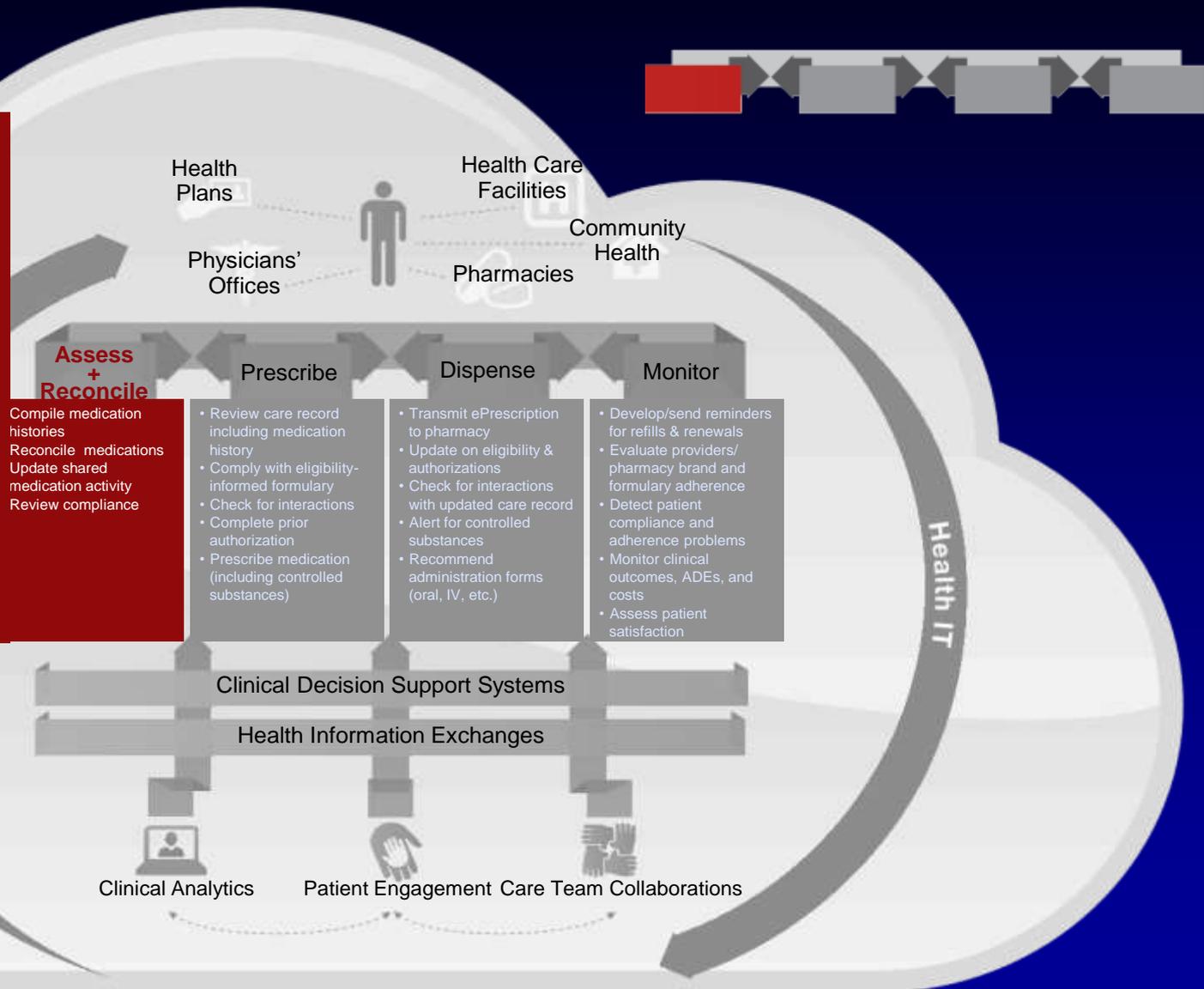


# eMedication Management



# eMedication Management

- Compile medication histories
- Reconcile medications
- Update shared medication activity
- Review compliance





# Medication Reconciliation

Can assess compliance



	Quantity	Unit Strength	Unit Form
▼ ATORVASTATIN CALCIUM			
7/26/2013 ATORVASTATIN 10 MG TABLET	90		Already recorded
▼ CITALOPRAM HYDROBROMIDE			
10/3/2013 CITALOPRAM HBR 20 MG TABLET	30		Already recorded
9/10/2013 CITALOPRAM HBR 20 MG TABLET	30		Already recorded
8/6/2013 CITALOPRAM HBR 20 MG TABLET	30		Already recorded
▼ CLONAZEPAM			
10/1/2013 CLONAZEPAM 0.5 MG TABLET	30		+ Add to Meds
8/8/2013 CLONAZEPAM 0.5 MG TABLET	30		+ Add to Meds

Option to add new meds



# Medication update

**Update Current Medication List**

Please use this section to Review and Update the Patient's Current Medications.

Med List Comments: None Entered [+ Add Note](#)

Add Additional Medications [+ Add](#) [Check Interactions](#) [Informants](#)

Sort by: **Alpha**  Show Details

Pharmacy **E- CVS/PHARMACY #3609 - WESTON, FL 33326 - 1120 WESTON RD - 954-384-7669 CORNER OF INDIAN TRACE 3609**

**Alphabetical**

	<u>Last Dose</u>	<u>Taking?</u>
<b>atenolol 50 mg tablet</b> Take 1 tablet by mouth once daily. Print RX, ORAL, Disp-30 tablet, R-0 DAILY Starting 1/11/2013, Until Discontinued <b>Refills: 0 ordered</b>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>atorvastatin 10 mg tablet</b> Take 1 tablet by mouth daily at bedtime. Normal, ORAL, Disp-90 tablet, R-3 AT BEDTIME Starting 4/22/2013, Until Discontinued <b>Refills: 3 ordered</b> Pharmacy: <b>E- CVS/PHARMACY #5083 - WESTON, FL 33326 - 324 INDIAN TRACE RD - 954-349-3579 WESTON LAKES PLAZA 5083</b>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>Azelastine 0.15 % (205.5 mcg) Spray</b> Use 2 Sprays in each nostril once daily. Normal, EACH NOSTRIL, Disp-1 Bottle, R-3 DAILY Starting 8/5/2013, Until Discontinued, Dx: 2. Rhinitis <b>Refills: 3 ordered</b> Pharmacy: <b>E- CVS/PHARMACY #3609 - WESTON, FL 33326 - 1120 WESTON RD - 954-384-7669 CORNER OF INDIAN TRACE 3609</b>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

Document  
compliance



# Inpatient MedRec

Update Prior to Admission Medications [?] Resize Close

Help 1 Update Prior to Admission Medications 2 Reconcile Prior to Admission Medications 3 New Admission Orders 4 Review and Sign

Update Prior to Admission Medications

Previous Next

This is a list of the patient's home medications. Please verify the list and add new medications as needed.

Med List Comments: + Add Note

New Prior to Admission Med + Add Check Interactions Informants

Sort by: Alphabetical Show Details Mark Unselected with Last Dose Today Mark Unselected with Last Dose Yesterday

Alphabetical

	Last Dose	Time	Taking?
<p> <b>albuterol HFA (PROAIR HFA) 90 mcg/actuation inhaler</b> 2 Puffs every 4 hours as needed. Take as directed Normal, Disp-1 Each, R-0 Refills: 0 ordered Pharmacy: E- CCF FLORIDA WESTON - INTERNAL ONLY - WESTON, FL 33331 - 2950 CLEVELAND CLINIC BLVD - 954-659-6337</p>	Today Yesterday Last Week Other	at	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<p> <b>ALPRazolam 1 mg/mL Conc</b> Take 10 mL by mouth as needed. Print RX, ORAL, Disp-1 Bottle, R-0 AS NEEDED Starting 2/11/2013, Until Discontinued Refills: 0 ordered Pharmacy: E- RIGHTSOURCE RX - WEST CHESTER, OH 45069 - 9843 WINDISCH RD - 800-967-9830 Note written 10/8/2013 1433 pateitn was never on it. Or wrong dose now takes ... (Edit Note)</p>	Today Yesterday Last Week Other	at	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<p> <b>aspirin, buffered (BUFFERIN) 325 mg buffered tablet</b> Take 1 tablet by mouth once daily. Normal, ORAL, Disp-21 tablet, R-0 DAILY Starting 8/23/2013, Until Discontinued Refills: 0 ordered Pharmacy: E- CCF FLORIDA WESTON - INTERNAL ONLY - WESTON, FL 33331 - 2950 CLEVELAND CLINIC BLVD - 954-659-6337</p>	Today Yesterday Last Week Other	at	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<p> <b>Bromfenac Sodium 0.09 % ophthalmic solution</b> Use 1 Drop in both eyes twice daily. Print RX, Disp-2.5 mL, R-0 Refills: 0 ordered Pharmacy: E- RIGHTSOURCE RX - WEST CHESTER, OH 45069 - 9843 WINDISCH RD - 800-967-9830</p>	Today Yesterday Last Week Other	at	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<p> <b>Bromfenac Sodium 0.09 % ophthalmic solution</b> Use 1 Drop in both eyes twice daily. Print RX, Disp-2.5 mL, R-0 Refills: 0 ordered Pharmacy: E- CCF FLORIDA WESTON - INTERNAL ONLY - WESTON, FL 33331 - 2950 CLEVELAND CLINIC BLVD - 954-659-6337</p>	Today Yesterday Last Week Other	at	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<p> <b>diazepam 10 mg tablet</b> Take 1 tablet by mouth every 6 hours as needed. Print RX, ORAL, Disp-1 tablet, R-0 EVERY 6 HOURS AS NEEDED Starting 6/8/2012, Until Discontinued Refills: 0 ordered Pharmacy: E- CCF FLORIDA WESTON - INTERNAL ONLY - WESTON, FL 33331 - 2950 CLEVELAND CLINIC BLVD - 954-659-6337</p>	Today Yesterday Last Week Other	at	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<p> <b>Erythromycin-Benzoyl Peroxide (BENZAMYCIN) gel</b> Apply 1 application to affected area twice daily as needed. Apply to Acne. Print RX, TOPICAL, Disp-50 g, R-3 2 TIMES DAILY AS NEEDED Starting 2/11/2013, Until Discontinued, Last Dose: Not Taking Refills: 3 ordered Pharmacy: E- RIGHTSOURCE RX - WEST CHESTER, OH 45069 - 9843 WINDISCH RD - 800-967-9830 Note written 3/19/2013 0915 Stopped taking after 14 days of use. (Edit Note)</p>	Today Yesterday Last Week Other Not Taking	at	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

# Inpatient MedRec

Decision point

Reconcile Prior to Admission Medications

← Previous Next →

This is where you determine which Prior to Admission medications will be ordered as Inpatient medications.

Sort by: Rx Class  Show Details Order All Unselected Hold All Unselected Next

This order was created from diazepam 10 mg tablet

**ANTICOAGULANTS, COUMARIN TYPE**

**warfarin 12.5 mg (COUMADIN)**  
13 mg, ORAL, ONCE, 1 dose Today at 1500  
This order was created from warfarin 7.5 mg Tab 7.5 mg, warfarin 5 mg Tab 5 mg

**BETA-ADRENERGIC AGENTS**

**albuterol HFA (PROAIR HFA) 90 mcg/actuation inhaler**  
2 Puffs every 4 hours as needed. Take as directed  
Normal, Disp-1 Each, R-0  
Refills: 0 ordered Pharmacy: E- CCF FLORIDA WESTON - INTERNAL ONLY - WESTON, FL 33331 - 2950 CLEVELAND CLINIC BLVD - 954-659-6337

**EYE ANTI-INFLAMMATORY AGENTS**

**Bromfenac Sodium 0.09 % ophthalmic solution**  
Use 1 Drop in both eyes twice daily...  
Print RX, Disp-2.5 mL, R-0  
Refills: 0 ordered Pharmacy: E- RIGHTSOURCE RX - WEST CHESTER, OH 45069 - 9843 WINDISCH RD - 800-967-9830

**Bromfenac Sodium 0.09 % ophthalmic solution**  
Use 1 Drop in both eyes twice daily...  
Print RX, Disp-2.5 mL, R-0  
Refills: 0 ordered Pharmacy: E- CCF FLORIDA WESTON - INTERNAL ONLY - WESTON, FL 33331 - 2950 CLEVELAND CLINIC BLVD - 954-659-6337

**Orders Need Reconciliation**

**Order on Admission**  
- warfarin 12.5 mg (COUMADIN)

**Discontinue on Admission**  
- Bromfenac Sodium 0.09 % ophthalmic solution

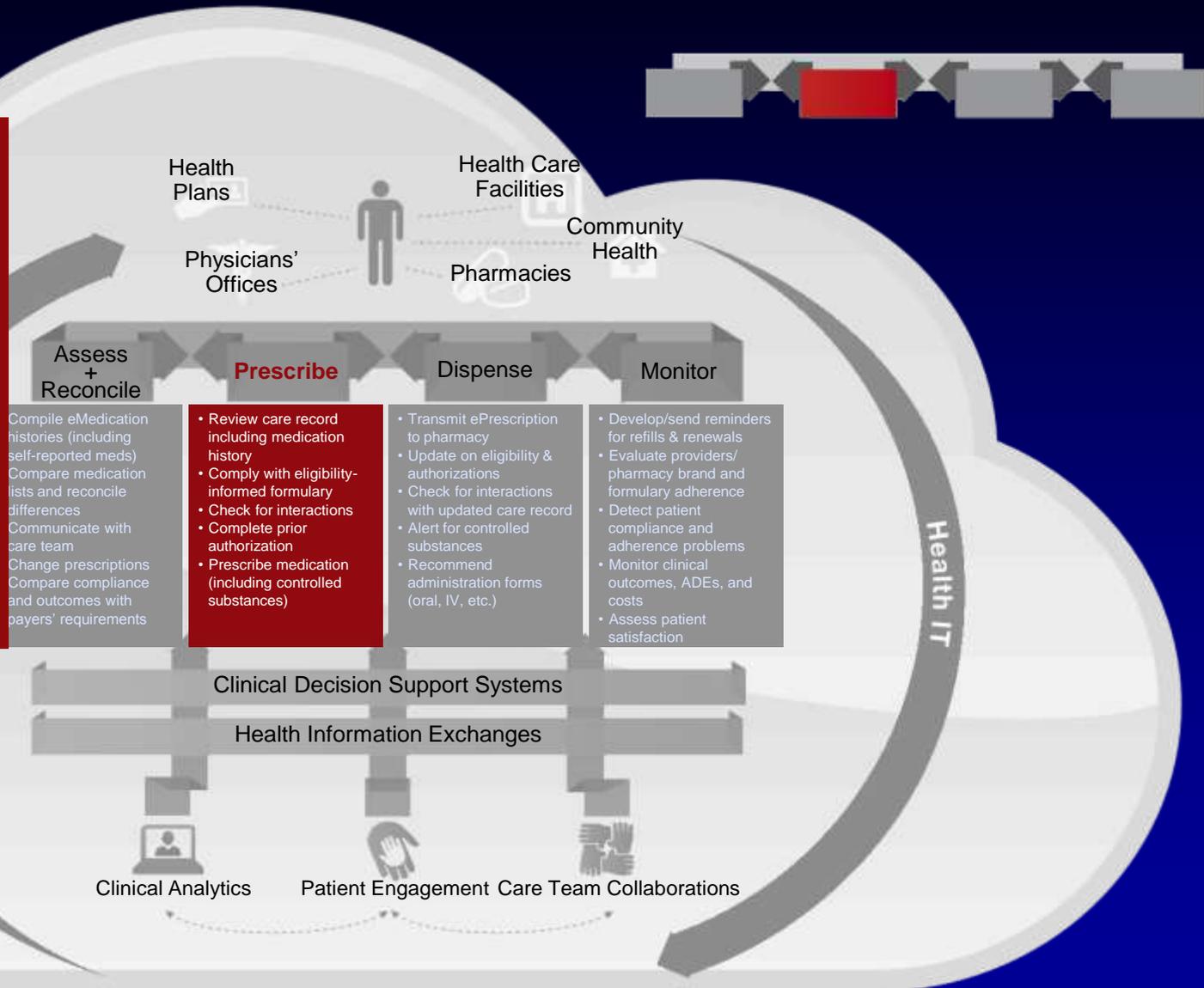
**Hold on Admission**  
- peg 3350-Electrolytes (GOLYTELY) 236-22.74-6.74 gram suspension

**Needs review for Admission**  
- albuterol HFA (PROAIR HFA) 90 mcg/actuation inhaler  
- Bromfenac Sodium 0.09 % ophthalmic solution



# eMedication Management

- Review care record including medication history
- Comply with eligibility-informed formulary
- Check for interactions
- Complete prior authorization
- Prescribe medication (including controlled substances)



# Preference Lists

## ics/laba (Medications : Respiratory)

- |   |  |
|---|--|
| <input type="checkbox"/> ADVAIR DISKUS 100                                      | <input type="checkbox"/> ADVAIR HFA 45 MCG-21 MCG/ACTUATION<br>AEROSOL INHALER |
| <input type="checkbox"/> ADVAIR DISKUS 250                                      | <input type="checkbox"/> SYMBICORT 160   |
| <input type="checkbox"/> ADVAIR DISKUS 500                                      | <input type="checkbox"/> SYMBICORT 80  |
| <input type="checkbox"/> ADVAIR HFA 115 MCG-21 MCG/ACTUATION<br>AEROSOL INHALER | <input type="checkbox"/> DULERA 100  |
| <input type="checkbox"/> ADVAIR HFA 230 MCG-21 MCG/ACTUATION<br>AEROSOL INHALER | <input type="checkbox"/> DULERA 200  |

# Ordersets

## ▼ MEDICATIONS

### ▼ NON-ICU ADMISSIONS

\*\*\* In patients with non-anaphylaxis penicillin allergy, ceftriaxone may be used as first line therapy

cefTRIAxone (ROCEPHIN) 1 G IV once daily AND  
1 g, INTRAVENOUS, DAILY

azithromycin (ZITHROMAX) 500 mg IV once daily  
500 mg, INTRAVENOUS, DAILY

azithromycin (ZITHROMAX) 500 mg PO daily  
500 mg, ORAL, DAILY

FOR ANAPHYLAXIS TO PCN AGENTS - moxifloxacin (AVELOX) 400 mg IV Q 24 Hrs  
400 mg, INTRAVENOUS, EVERY 24 HOURS

In PCN allergic patients - moxifloxacin (AVELOX) 400 mg PO daily  
400 mg, ORAL, DAILY

# Formulary Checking

Preference List Search -

RHINOcort Search

Browse (F4) Preference List (F5) Facility List (F6)

Medications  Procedures  Order Panels  Split

Name	Type	Dose	Route	Frequen	Dispe	End Dal	Re	Copay	Coverage	Formulary	Type
RHIN AQ 1BID		1 Spray	EACH N	2 TIMES	1 Bott		3			Not on Formul	Brand Rx
RHIN AQ 1QD		1 Spray	EACH N	DAILY	1 Bott		3			Not on Formul	Brand Rx
RHIN AQ 2BID		2 Spray	EACH N	2 TIMES	1 Bott		3			Not on Formul	Brand Rx
RHIN AQ 2QD		2 Spray	EACH N	DAILY	1 Bott		3			Not on Formul	Brand Rx

Not on formulary



# Formulary Check with Alternatives

Alternative Selection

RHINOCORT AQUA 32 mcg/actuation nasal spray: has alternatives that could be covered by your plan.

**Not on formulary**

**RHINOCORT AQUA 32 mcg/actuation nasal spray** Pharmacy Coverage Summary

Coverage for current selected plan: (OPTUMRX)

Plan	Formulary	Copay	Coverage
(OPTUMRX)	Not on Formulary	N/A	N/A

Formulary Icon

Alternative	Details	Source	Formulary	Copay	Coverage
FLUNISOLIDE 25 MCG (0.025 %)		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 2		
FLUTICASONE 0.05 % TOPICAL...		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 2		
FLUTICASONE 0.005 % TOPICAL...		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 2		
FLUTICASONE 50 MCG/ACTUATI...		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 2		
FLUTICASONE 0.05 % LOTION		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 2		
AZELASTINE 0.05 % EYE DROPS		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 1		
AZELASTINE 137 MCG NASAL S...		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 1		
TRIAMCINOLONE ACETONIDE 0...		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 2		
TRIAMCINOLONE ACETONIDE 0...		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 2		
TRIAMCINOLONE ACETONIDE 0...		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 2		
TRIAMCINOLONE ACETONIDE 0...		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 2		
TRIAMCINOLONE ACETONIDE 0...		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 2		
TRIAMCINOLONE ACETONIDE 0...		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 2		
TRIAMCINOLONE ACETONIDE 0...		Pharmacy...	<input checked="" type="checkbox"/> Preferred Level 2		

**Formulary alternatives**

Load More...

**FLUNISOLIDE 25 MCG (0.025 %) NASAL SPRAY** Pharmacy Coverage Summary

Coverage for current selected plan: (OPTUMRX)

Plan	Formulary	Copay	Coverage
(OPTUMRX)	Preferred Level 2	N/A	N/A

Formulary Icon

Formulary Level	Description
<input checked="" type="checkbox"/> Preferred Level	The medication is covered by the plan. No coverage restrictions will be applied.
<input type="checkbox"/> On Formulary, Non-Preferred	The medication is covered by the plan with restrictions. Review

Formulary Level

Formulary Level	Description
Preferred Level	Higher preferred level is better.
On Formulary, Non-Preferred	The medication is on the lowest level of the formulary.

Accept Alternative    Continue With Original Order    Cancel



# Allergy Checking Level 1

ADVAIR DISKUS 250-50 mcg/dose DsDv



Remove

**Allergy/Contraindication:** Fluticasone-salmeterol **Reactions:** Hives, Swelling

**Allergy/Contraindication:** Budesonide **Reactions:** Hives, Swelling



Inhale 1 Puff as instructed twice daily. Rinse and gargle mouth with water after each dose.  
Normal, Disp-1 Inhaler, R-3, DAW



# Inpatient MedRec

The screenshot displays the 'New Orders' window in the Inpatient MedRec system. At the top, there are navigation buttons: 'Select/Release Sign and Held Orders', 'Select Pended Orders', '+ New Order', 'Clear All Orders', and 'Next'. Below this is a section for 'Additional Admission Orders' with a search bar and a 'Pref List' button. The main area is titled 'Inpatient' and lists two orders:

- ampicillin 1 g in NaCl 0.9% 50 mL**: 1 g, INTRAVENOUS, at 100 mL/hr, for 30 Minutes, EVERY 6 HOURS, First Dose Today at 1430, Until Discontinued. Includes settings, star, and Remove icons.
- NaCl 0.9% iv infusion**: 5-30 mL/hr, INTRAVENOUS, CONTINUOUS starting Today at 1430 Until Discontinued. Includes settings, star, and Remove icons.

At the bottom of the window, there are navigation buttons: 'Previous', 'Edit Multiple', 'Review and Sign', 'Close F9', 'Previous F7', and 'Next F8'. Below the window, there is an 'Order Sets' section with a 'click to open' link and a partially visible 'Add' button.



# Inpatient MedRec

Previous

This tab displays a summary of all the actions taken in the previous tabs. After you have reviewed this summary, click "Sign" or "Sign & Hold".

Order Mode: Standard Providers Dx Association Next

### Order (New) on Admission

- ampicillin 1 g in NaCl 0.9% 50 mL**  
1 g, INTRAVENOUS, at 100 mL/hr, for 30 Minutes, EVERY 6 HOURS, First Dose Today at 1430, Until Discontinued Remove
- NaCl 0.9% iv infusion**  
5-30 mL/hr, INTRAVENOUS, CONTINUOUS starting Today at 1430 Until Discontinued Remove

### Order on Admission - Meds

- ampicillin 1 g in NaCl 0.9% 50 mL
- diazepam 10 mg tab(s) (VALIUM)
- NaCl 0.9% iv infusion

### Don't Order on Admission

- albuterol HFA (PROAIR HFA) 90 mcg/actuation inhaler
- ALPRAZolam 1 mg/mL Conc
- aspirin, buffered (BUFFERIN) 325 mg buffered tablet
- Bromfenac Sodium 0.09 % ophthalmic solution
- Bromfenac Sodium 0.09 % ophthalmic solution
- Erythromycin-Benzoyl Peroxide (BENZAMYCIN) gel
- FLUoxetine 20 mg capsule
- FLUoxetine 20 mg capsule
- furosemide (LASIX) 20 mg tablet
- peg 3350-Electrolytes (GOLYTELY) 236-22.74-6.74 gram suspension
- sertraline (ZOLOFT) 100 mg tablet
- warfarin 7.5 mg Tab 7.5 mg, warfarin 5 mg Tab 5 mg

Save Sign All Orders Now Cancel

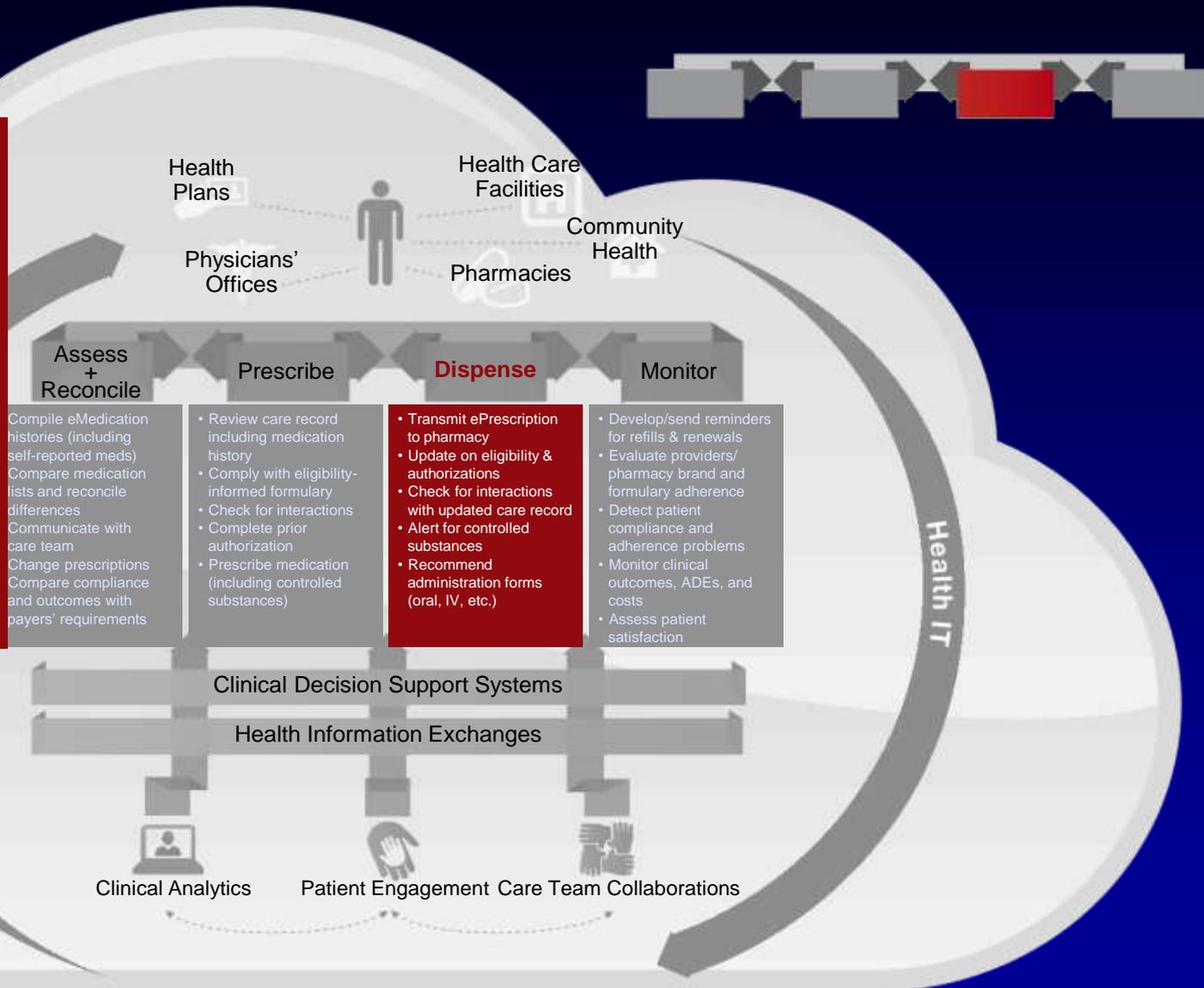


# Gaps

- **Prior authorization**
- **Controlled substances (limited)**
- **Biologics/Specialty pharmacy**
- **Home care/infusion**

# eMedication Management

- Update on eligibility & authorizations
- Check for interactions with updated care record
- Transmit ePrescription to pharmacy
- Alert for controlled substances
- Recommend administration forms (oral, IV, etc.)



# Decision Support Alerts

The screenshot shows a 'Medication Warnings' window with a table of alerts. Three red callout boxes with green arrows point to specific rows:

- Allergy alert** points to the first row: 'Allergy/Cont Level 1' for FLUTICASONE-Swelling.
- Duplicate therapy alert** points to the second row: 'Allergy/Cont Level 3' for BUDESONIDE (No severity specified) Allergy Hives Swelling.
- Drug-drug alert** points to the third row: 'Dup Therapy' for Orally Inhaled Steroids.

The table below summarizes the visible data:

Type/Significance	Description	Override Reason/Comment
<b>Very High</b> Allergy/Cont Level 1	FLUTICASONE-Swelling ADVAIR D	New (2) Filtered (1)
Allergy/Cont Level 3	BUDESONIDE (No severity specified) Allergy Hives Swelling ADVAIR D	
<b>High</b> Dup Therapy	Orally Inhaled Steroids ADVAIR DISKUS 250-50 mcg/dose DsDv, 2 TIMES DAILY budesonide 0.5 mg/2 mL nebulizer solution, 2 TIMES DAILY	New (1)
<b>N/A</b> Drug-Drug Severe Interaction	SALMETEROL / ITRACONAZOLE; KETOCONAZOLE Concurrent use of strong inhibitors of CYP P-450-3A4, such as itraconazole or ketoconazole, may result in systemic effects of salmeterol, including QTc prolongation, palpitations, and sinus tachycardia.(1) ADVAIR DISKUS 250-50 mcg/dose DsDv itraconazole 100 mg capsule	New (1) Filtered (1)



# Gaps in decision Support

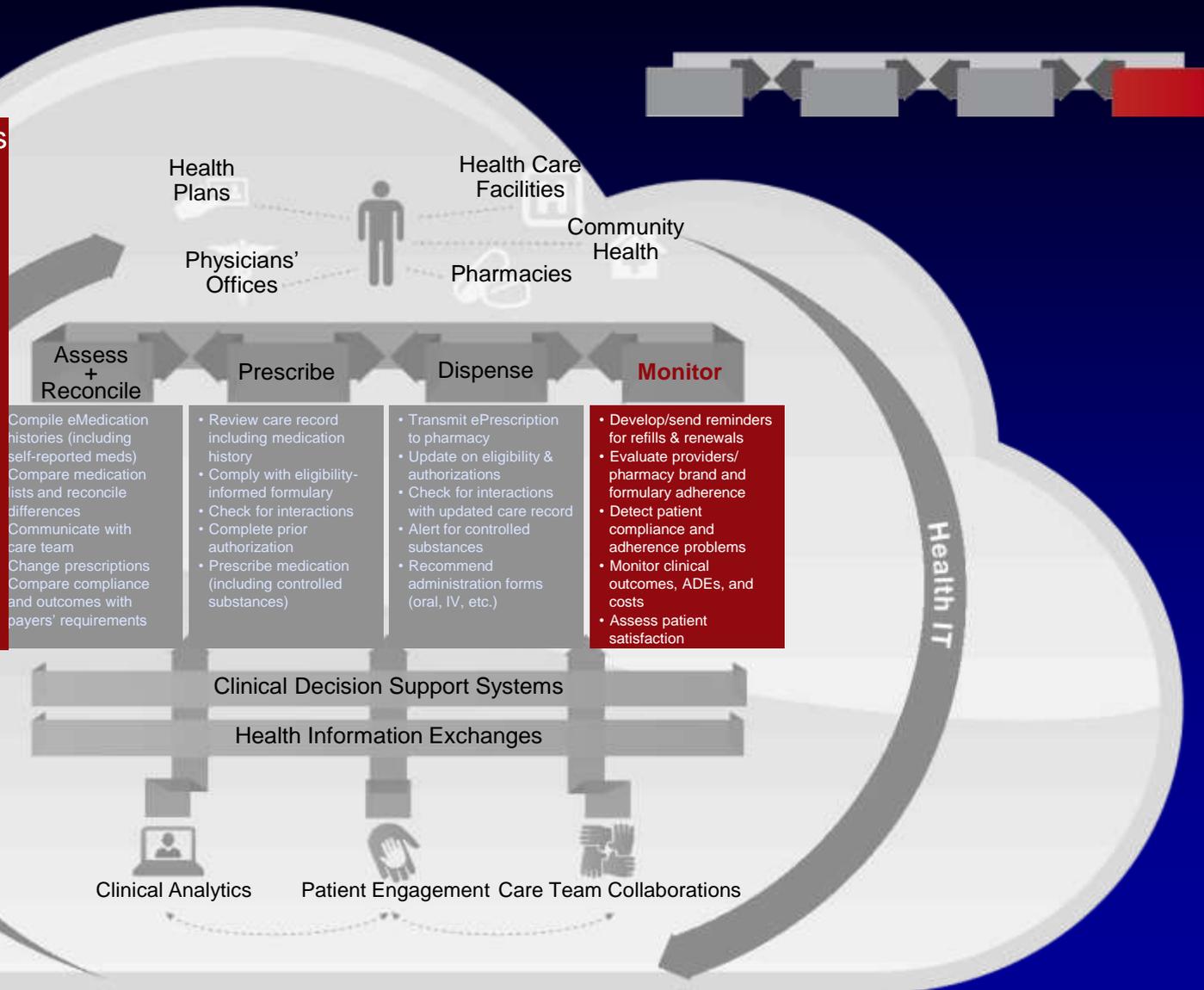
- **Incomplete information**
  - **Patient data missing**
  - **Vendor rules missing/erroneous**
- **Clinically insignificant alerts**
  - **Alert fatigue**

# Opportunities

- **Pharmacogenomics**
  - **Abacavir and HLA B\*57:01**

# eMedication Management

- Develop/send reminders for refills & renewals
- Evaluate providers/ pharmacy brand and formulary adherence
- Detect patient compliance and adherence problems
- Monitor clinical outcomes, ADEs, and costs
- Assess patient satisfaction



# Patient Portal

MyChart ID: | MRN: | PCP: Stephen Avallone, MD

 **Cleveland Clinic**

Technical Support · 1.866.915.3383 · 216.444.1740 · mychartsupport@ccf.org

Welcome, Home FAQs Log Out

**Medication information**

**Renewal request**

## Medications

Click on **About This Medication** to see additional information regarding a medication.

If you have no refills left for a prescription, you may want to [request a renewal](#) of your medication from your physician. You will receive a MyChart message when the renewal request has been processed.

<p><b>R<sub>x</sub> MELOXICAM 7.5 MG TABLET</b></p> <p><a href="#">About This Medication</a></p> <p><i>Instructions: Take 1 tablet by mouth once daily, take for 2 weeks, then as needed</i></p> <p>Prescribed by David N Wester Dahl, MD on 1/10/2013</p> <p><a href="#">Request a renewal</a></p>
<p><b>R<sub>x</sub> RESTASIS 0.05 % OPHTHALMIC EMULSION</b></p> <p><a href="#">About This Medication</a></p> <p><i>Instructions: Use 1 drop in both eyes twice daily. please dispense 3 month supply (6 trays)</i></p> <p>Prescribed by Albert G Caruana, MD on 10/30/2012</p> <p><a href="#">Request a renewal</a></p>

- My Medical Record
  - Test Results
  - Health Summary
  - Current Health Issues
  - Medications & Renewal**
  - Allergies
  - Immunizations
  - Preventive Care
  - Health Trends
  - Hospital Admissions
  - Letters
- My Family's Records
- Appointments
- Message Center
- My Health Resources
- Manage My Health Info
- My Preferences

# Opportunities

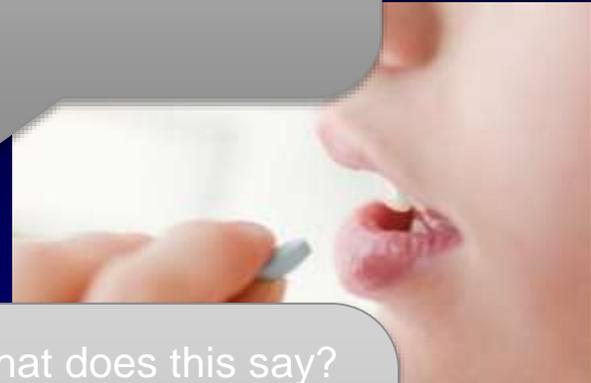
- **Patient engagement**
- **Adherence reminders**
- **Prior authorization**

# with eM Manag

- ✓ Is she taking the medication?
- ✓ Is she on any other medications?



- ✓ What is this medication and why am I taking it?
- ✓ How do I take this medication?



- ✓ Do I really need to take this medication?
- ✓ How much does the medication cost?
- ✓ Is it going to cause me more harm?



- ✓ What does this say?
- ✓ Is this the right dose?
- ✓ Any drug interactions or allergies?
- ✓ Is it on the formulary?



# Summary

- **eMedication Management bridges many of the paper prescription gaps**
  - **Decision support**
  - **Improved accuracy**
  - **Formulary information at the POS**
  - **Engages patient with a patient portal**



**Cleveland Clinic**

**Every life deserves world class care.**