



More Than ePrescribing: Deploying Effective Medication Management

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Disclosures

Cleveland Clinic

Point of Care Partners

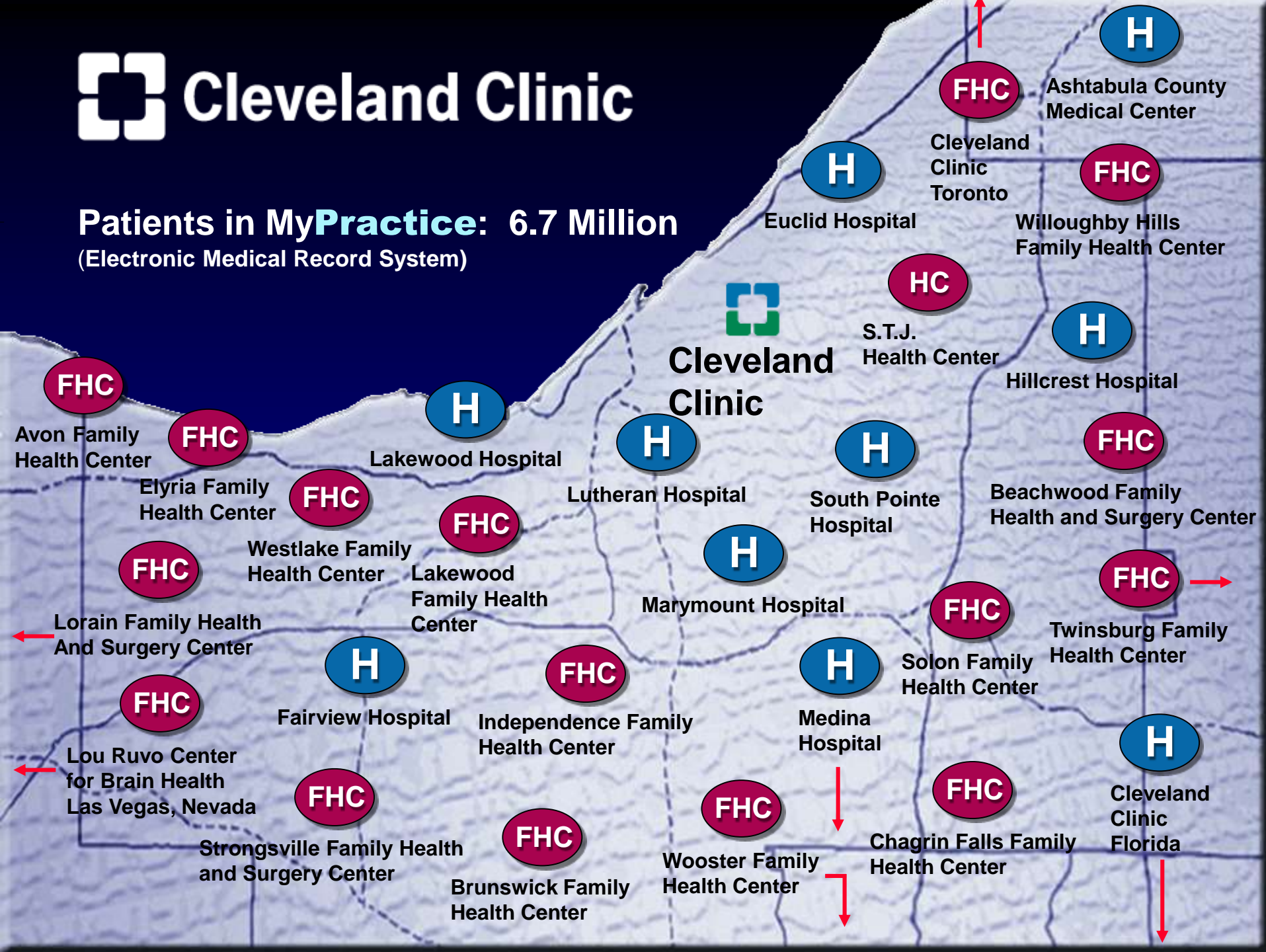
Outline

- **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**



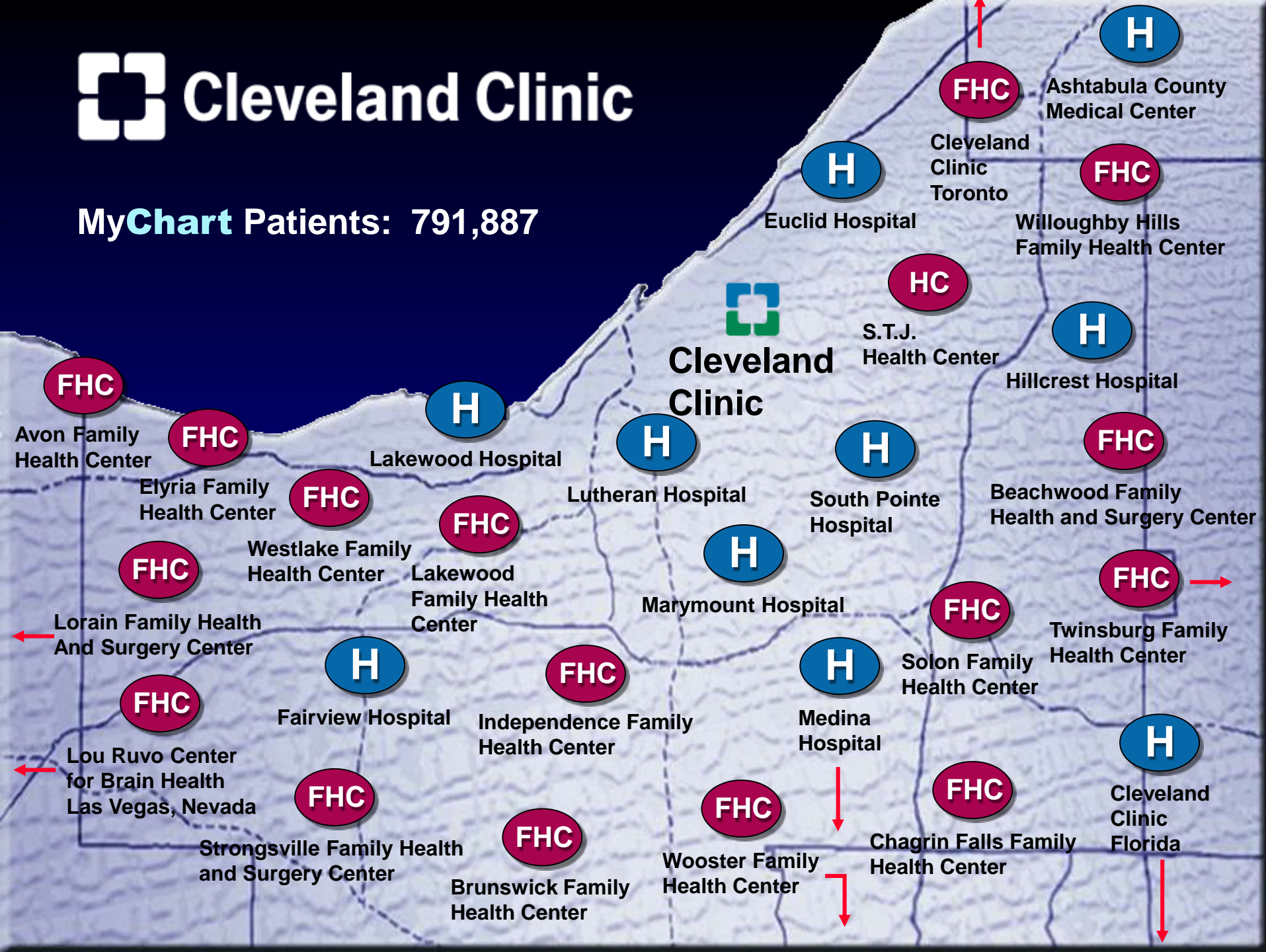


Patients in MyPractice: 6.7 Million
(Electronic Medical Record System)





MyChart Patients: 791,887



MyPractice Electronic Medical Record

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

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

Rx before

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



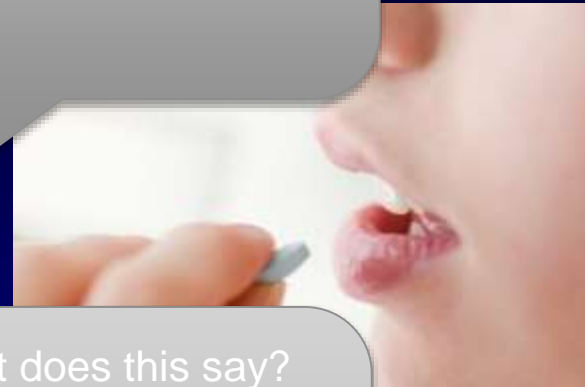
Do I really need to take this medication?

How much does the medication cost?

Is it going to cause me more harm?



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



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

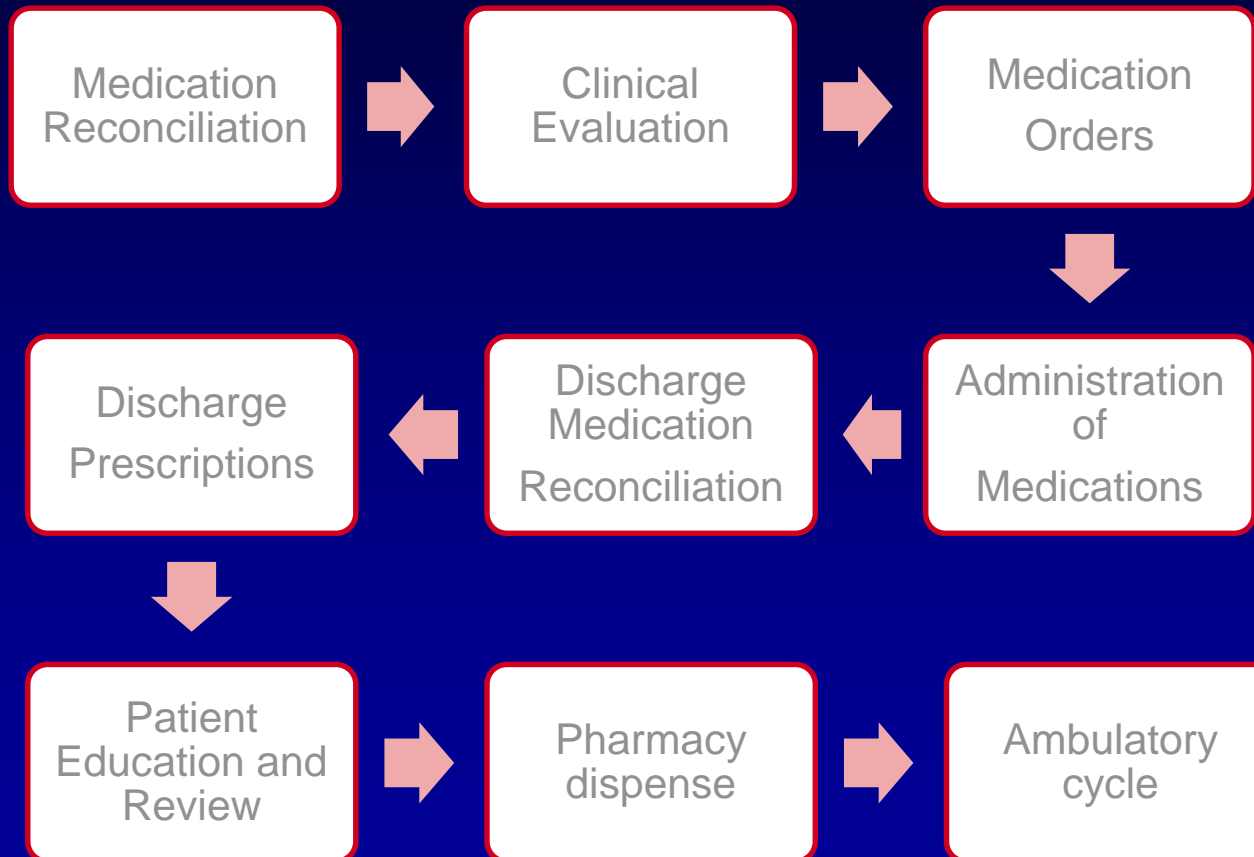
Stakeholder	Role	Benefit to Stakeholder
Patients	Consumers	Outcomes; Quality of Life; Less Time Spent on Health Management, Lower OOP costs
Physicians: Primary Care & Specialists	Provider of primary or specialty care	Medication List; Enhanced Collaboration Between Providers; Better Patient Care/Communication; 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

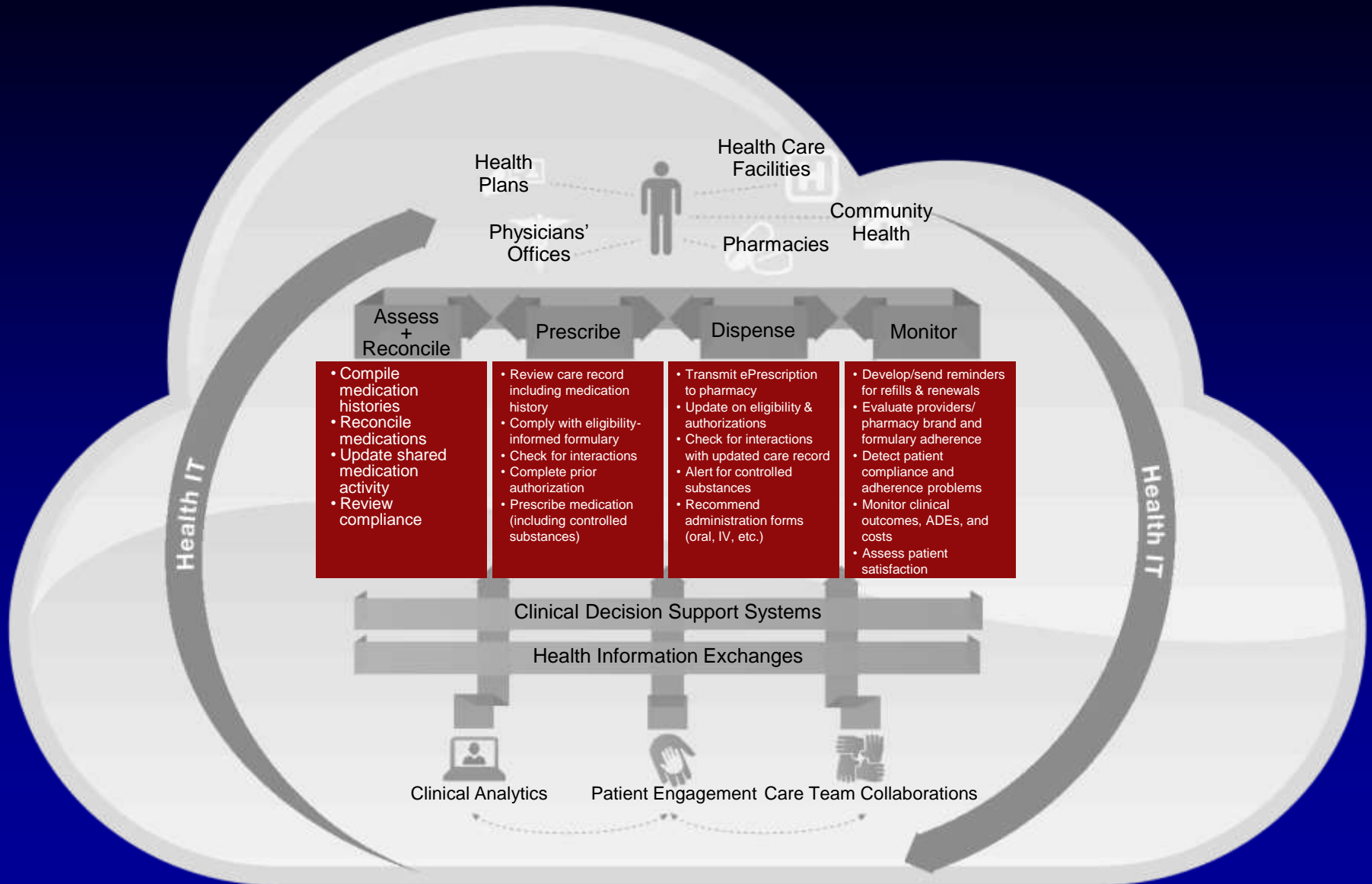




Inpatient Cycle

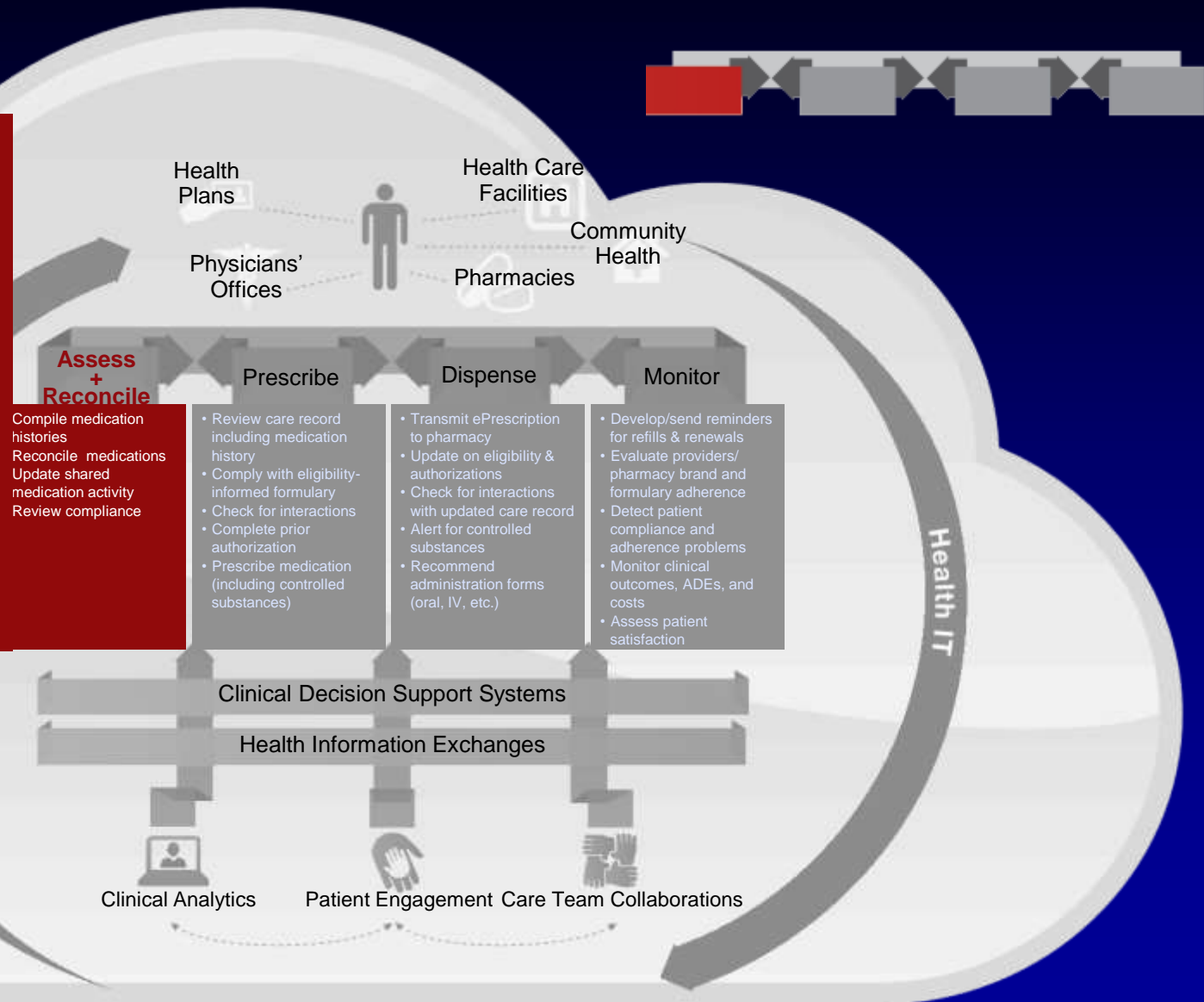


eMedication Management




eMedication Management

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



Pharmacy Benefit

Coverage found

 **Verify Pharmacy Benefits**



Only 1 coverage found for this patient.
Verify the listed coverage is correct.



- UGT "Y" RETAIL

Covered: **Retail, Mail Order** Not Covered: Specialty, Long-Term Care

Member ID: 8401 1987 - F

Group ID: 10131 DAVIS, FL 33324

 **Use This Coverage**  **Incorrect (Remove)**

 Restore  Close F9



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: ☒ 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>
atenolol 50 mg tablet Take 1 tablet by mouth once daily. Print RX, ORAL, Disp-30 tablet, R-0 DAILY Starting 1/11/2013, Until Discontinued Refills: 0 ordered	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
atorvastatin 10 mg tablet Take 1 tablet by mouth daily at bedtime. Normal, ORAL, Disp-90 tablet, R-3 AT BEDTIME Starting 4/22/2013, Until Discontinued Refills: 3 ordered Pharmacy: E- CVS/PHARMACY #5083 - WESTON, FL 33326 - 324 INDIAN TRACE RD - 954-349-3579 WESTON LAKES PLAZA 5083	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Azelastine 0.15 % (205.5 mcg) Spray 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 Refills: 3 ordered Pharmacy: E- CVS/PHARMACY #3609 - WESTON, FL 33326 - 1120 WESTON RD - 954-384-7669 CORNER OF INDIAN TRACE 3609	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" 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?
<div> 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 </div>	Today Yesterday Last Week Other	at	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<div> ALPRazolam 1 mg/mL Conc 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 patein was never on it. Or wrong dose now takes ... (Edit Note) </div>	Today Yesterday Last Week Other	at	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<div> aspirin, buffered (BUFFERIN) 325 mg buffered tablet 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 </div>	Today Yesterday Last Week Other	at	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<div> 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 </div>	Today Yesterday Last Week Other	at	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<div> 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 </div>	Today Yesterday Last Week Other	at	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<div> diazepam 10 mg tablet 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 </div>	Today Yesterday Last Week Other	at	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<div> Erythromycin-Benzoyl Peroxide (BENZAMYCIN) gel 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) </div>	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

Order Substitute Hold

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

Order Substitute Hold Delete

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

Order Substitute Hold Delete

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

Order Substitute Hold Delete

Orders Need Reconciliation

Order on Admission
- warfarin 12.5 mg (COUMADIN)

Discontinue on Admission
- Bromfenac Sodium 0.09 % ophthalmic solution

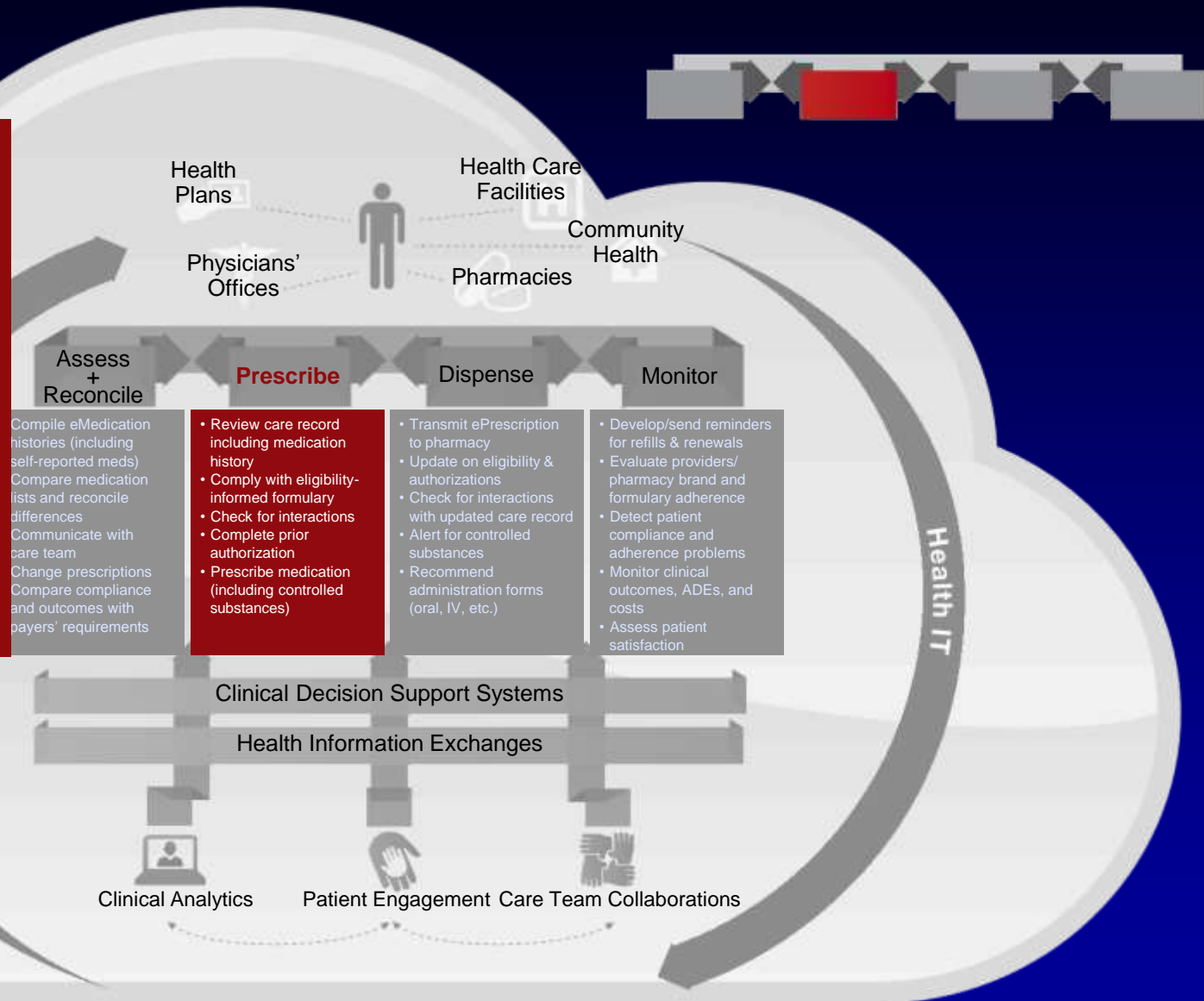
Hold on Admission
- peg 3350-Electrolytes (GOLYTELY) 236-22.74-6.74 gram suspension

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

lcs/lab (Medications : Respiratory)

- | | |
|---|--|
| <input type="checkbox"/> ADVAIR DISKUS 100 | <input type="checkbox"/> ADVAIR HFA 45 MCG-21 MCG/ACTUATION
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
AEROSOL INHALER | <input type="checkbox"/> DULERA 100 |
| <input type="checkbox"/> ADVAIR HFA 230 MCG-21 MCG/ACTUATION
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.

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

Alternative Selection Table:

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

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 Legend:

Formulary Icon	Formulary Level
✓	Preferred Level
!	On Formulary, Non-Preferred

The medication is covered by the plan. No coverage restrictions will be applied.

The medication is covered by the plan with restrictions. Review

Higher preferred level is better.

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

New Orders

Select/Release Sign and Held Orders Select Pended Orders New Order Clear All Orders Next

Additional Admission Orders

Search Pref List

Inpatient

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

NaCl 0.9% iv infusion Remove
5-30 mL/hr, INTRAVENOUS, CONTINUOUS starting Today at 1430 Until Discontinued

Previous Edit Multiple Review and Sign

Close F9 Previous F7 Next F8

Order Sets Add Advanced click to open



Inpatient MedRec



Review and Sign

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

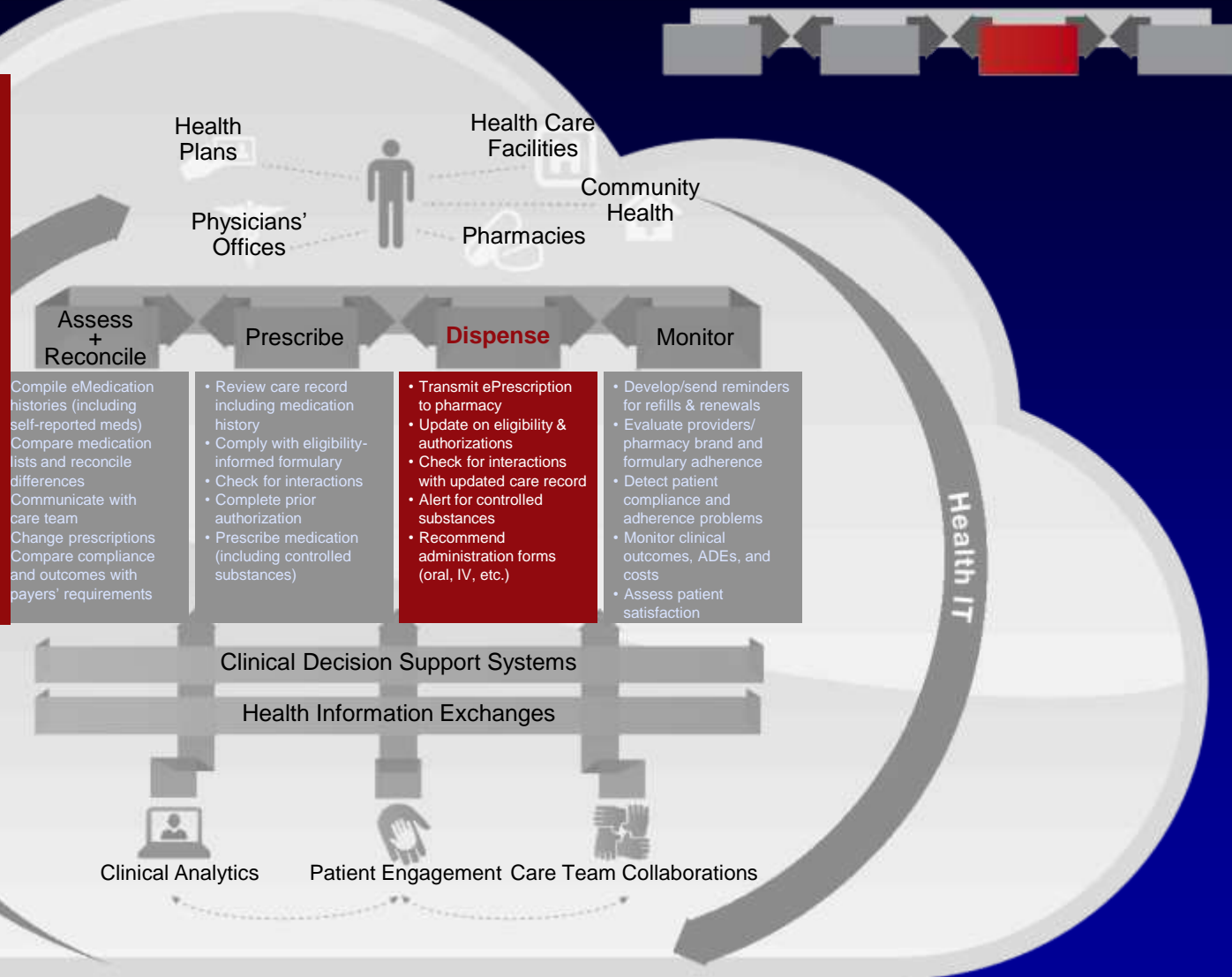


Gaps

- **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

Medication Warnings

Current Warnings

Group by: Importance Type Orders Collapse All Show Summary Show Legend

Type/Significance	Description	Override Reason/Comment
Very High		New (2) Filtered (1)
Allergy/Cont Level 1	FLUTICASONE-Swelling ADVAIR D	Hives, ove
Allergy/Cont Level 3	BUDESONIDE (No severity specified) Allergy Hives, Swelling ADVAIR D	Remove
High		New (1)
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	Remove Discontinue
N/A		New (1) Filtered (1)
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	Remove Discontinue

Override Reason

Override Warnings Cancel

Alerts identified:

- Allergy alert (pointing to Allergy/Cont Level 1)
- Duplicate therapy alert (pointing to Dup Therapy)
- Drug-drug alert (pointing to Drug-Drug Severe Interaction)



Gaps in decision Support

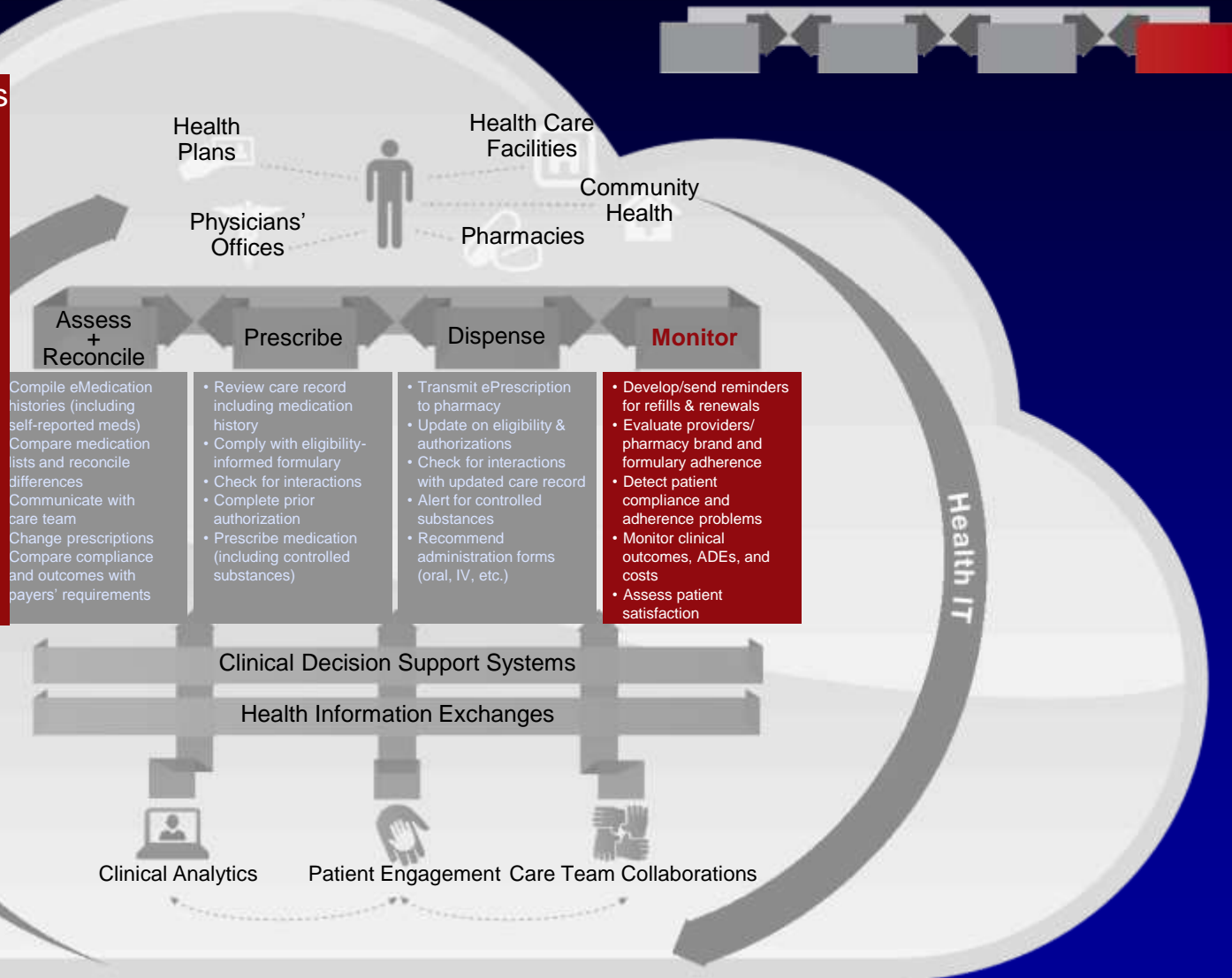
- **Incomplete information**
 - Patient data missing
 - Vendor rules missing/erroneous
- **Clinically insignificant alerts**
 - Alert fatigue

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

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.

R_x MELOXICAM 7.5 MG TABLET

[About This Medication](#)

Instructions: Take 1 tablet by mouth once daily. take for 2 weeks, then as needed

Prescribed by David N Westerdahl, MD on 1/10/2013

[Request a renewal](#)

R_x RESTASIS 0.05 % OPHTHALMIC EMULSION

[About This Medication](#)

Instructions: Use 1 drop in both eyes twice daily. please dispense 3 month supply (6 trays)

Prescribed by Albert G Caruana, MD on 10/30/2012

[Request a renewal](#)

Renewal request

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

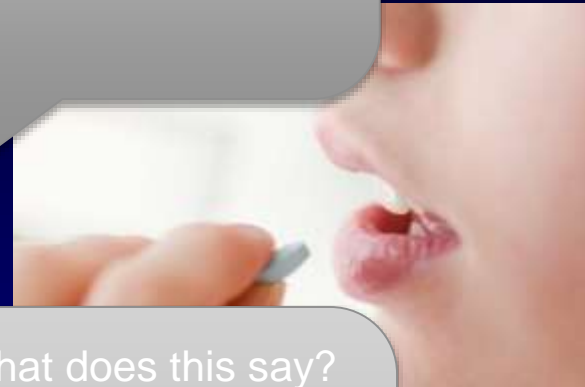
- ✓ Is she taking the medication?
- ✓ Is she on any other medications?



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



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



- ✓ 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**



Every life deserves world class care.