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## Bag the old excuses

Simple, cheap changes can improve quality

By Sang-ick Chang

Not all great medical innovations involve years of research or millions of dollars. Some, such as the one developed at San Mateo (Calif.) Medical Center, are as simple and inexpensive as a sturdy vinyl lunch bag. This item may hardly seem to qualify as an innovation, especially compared with the latest MRI machine or organ transplant technique. But when this bag is used by patients to carry the myriad medications they've been prescribed, it can save a life.



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Indeed, the concept of the “medication bag” is dramatically improving the safety and efficiency of outpatient medicine at San Mateo Medical Center. And it is an example of the many small, low-tech solutions we must find if we want to achieve higher quality and lower cost in our public hospital system, where resources are extremely limited.

The average older American takes anywhere from eight to 12 different medications for the lifelong treatment of chronic conditions such as diabetes, high-blood pressure, high cholesterol, arthritis, asthma and others. Where once the main focus of a doctor's visit may have been a physical examination and diagnosis, today the focus is often on figuring out which medicines are or are not working, assessing side effects, and then making a series of changes: dropping one, adding another, doubling or halving a dose or changing the timing.

But the way patients and doctors interact has not fully caught up with the new emphasis in healthcare. Most patients come to their doctor's appointments without the actual pill bottles in hand, unprepared to answer questions about their daily use of medications. Unfortunately, unless they have the actual bottles with them, it's nearly impossible to know which pills patients are really taking—and at what frequency, what dose and why. Without these details, it is guesswork to decide which pills to adjust and how.

The thing is, many patients won't tell you this information, unless you specifically ask and unless you have the pills on the table.

Without this process, known as "medication reconciliation," the difference between what the doctor believes the patient is taking and what the patient actually is taking, grows farther apart and, not surprisingly, problems result:

- A patient takes both a generic and brand-name version of the same drug, not realizing they are the same drug, and overdoses.

- A patient gets a pill from one doctor that causes a dangerous cross-reaction with

another pill from another doctor, neither of whom knew about the other's pill.

- Doctors prescribe a more dangerous, more expensive drug for a condition, thinking the cheaper safer ones aren't working, when it was just that the patient never took the original ones, maybe never even picked them up.

- A patient wasn't taking any of the pills from the doctor, but after the latest visit where the doctor seemed really worried, decides abruptly to take them all, and develops a serious reaction.

Fortunately, doctors at San Mateo Medical Center, led by Chief Quality Officer Chester Kunnappilly, have figured out a solution, and now, safer medical care is literally in the bag. Patients of the medical center, especially older patients on multiple medications, are issued a lunch-box sized medication bag, and are asked to put all their pills in this bag, and bring them to every doctor's visit.

When they do, doctor and patient go through pill bottle by pill bottle, and discuss which ones patients are taking or not taking, how they're taking it and why. And the discussions that follow allow the doctor and patient to make the best judgments and decisions together, as an informed team, resulting in higher quality at lower cost: a truly low-tech solution to a previously difficult problem in healthcare.

Now if we could just find such a simple solution to the common cold ...

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