Medication Reconciliation Myth #3: It's not the priority

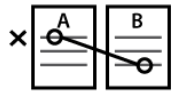
Video Script, 3.4

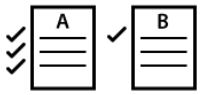
Purpose: Outline the importance of Medication Reconciliation, and explain why it should take priority at the visit.

Audience: Providers

Distribution: Internet, DVD

Running Time: Approximately 4-5 minutes

	Video	Audio
	FADE IN	Fade in main music
1	MOTION GRAPHIC Video Title with VA Seal	
2	Close up of Blake ID of Blake superimposed	LET'S TALK ABOUT MEDICATION RECONCILIATION.
3	Cut to long shot of Blake. Blake is to the left and simple animation of list with check marks.	BY NOW, YOU'VE PROBABLY HEARD THE MESSAGE THAT WE NEED A STANDARDIZED PROCESS FOR REVIEWING MEDICATIONS AND ALLERGIES.
4	List of references without motion pills or hospital. No Star Wars Style. Is there a way to incorporate this style into the list? Entire list transitions at once to the right of Blake 1. Lazarou, JAMA, 1998 2. Classen, JAMA, 1997 3. IOM, To Err is Human, 1999 4. Nebeker, Arch IM, 2005 5. Gleason, JGIM, 2010 Mueller, Arch IM, 2012 6. Budnitz, NEJM, 2011 7. Michels, AJHP, 2003 8. Tam, CMAJ, 2005	THERE IS ENOUGH LITERATURE OUT THERE TO SUGGEST THAT MEDICATION DISCREPANCIES ARE COMMON IN HEALTHCARE, AND IF UNCHECKED – CAN RESULT IN ADVERSE OUTCOMES.
5	Cut to long shot of Blake. Blake is to the left and there is a simple animation of a discrepancy. 	THE SAME LITERATURE STATES THAT MEDICATION RECONCILIATION CAN IDENTIFY DATA DISCREPANCIES AND REDUCE THE PROBABILITY OF ERROR. AND YET, FEW HEALTHCARE SYSTEMS HAVE RELIABLE PROCESSES IN PLACE TO RECONCILE MEDICATIONS
6	Close up of Blake	WE KNOW IT'S IMPORTANT. SO WHY ISN'T IT A PRIORITY?
7	Could we re-use footage from MR1 here? Blake at computer (or icons animated) Interview with Tony (or icons animated) Medium shot of Blake (or icons animated)	SOME PEOPLE WOULD ARGUE THAT THE AVERAGE MEDICATION HISTORY TAKES TOO MUCH TIME. THERE'S THE PREP, THEN THERE'S THE INTERVIEW, AND THEN THERE'S THE TIME SPENT ACTUALLY DOING SOMETHING WITH THE INFORMATION.
8	Long shot of Blake. Blake is to the left, chart with arrow(?) appears to the right when he says "Really, really low."	WHEN WE LOOK AT THAT ON BALANCE WITH THE FACT THAT THE PROBABILITY OF A BAD OUTCOME CAUSED BY A DISCREPANCY IS ACTUALLY REALLY, REALLY LOW…
9	Close up of Blake	…WE MAY ASK OURSELVES, "IS IT

		WORTHWHILE?"
10	Simple animation of patient icon. (Maybe long shot of Blake to left with patient popping up next to him?)  Simple animation of two lists icon.	WHEN A PATIENT IS STANDING THERE ASKING FOR HELP, THE PRIORITY IS CLEAR. IT IS OUR RESPONSIBILITY TO MANAGE A DISEASE, ADDRESS A SYMPTOM, REQUEST A CONSULT, OR SOMETHING ELSE… …AND MEDICATION RECONCILIATION BECOMES THE SECOND OR THIRD PRIORITY.
11	Medium shot of Blake	WHILE IT MAY NOT SEEM WORTHWHILE ON AN INDIVIDUAL LEVEL, LET'S LOOK AT HOW IT COULD AFFECT OUR PATIENT POPULATION IN GENERAL.
12	Cut to photo of Ken Boockvar, then of the Bronx VA.	A STUDY BY DR. KENNETH BOOCKVAR OUT OF THE BRONX VA
13	Long shot of Blake First gesture... **.048** Second gesture... .048 ***.48** = .023 Third gesture… .023 * **.13** = .003 Boockvar, QSHC, 2009	SHOWS THAT ANY GIVEN DISCREPANCY HAS A POSTITIVE PREDICTIVE PROBABILITY OF.048 FOR CAUSING AN ADVERSE DRUG EVENT… ABOUT HALF OF THOSE DISCREPANCIES ARE UNINTENTIONAL… …AND ONLY AN ESTIMATED 13% OF THOSE UNINTENTIONAL DISCREPANCIES RESULT IN SIGNIFICANT HARM.
14	References: Boockvar, QSHC, 2009 Gleason JGIM, 2010 Orrico, JMCP, 2008 Pippins, JGIM 2008 Tam, JAMC, 2005 Boockvar, AJGP, 2006	IT'S A SMALL NUMBER, BUT THERE COULD BE MULTIPLE DISCREPANCIES IN ANY GIVEN CLINICAL ENCOUNTER. SOME STUDIES SAY BETWEEN 2 AND 4. DEPENDING ON HOW ILL THE PATIENT MAY BE, WE'VE SEEN THEM AS HIGH AS 8 OR 12.
15	Long shot of Blake. Simple animation of the math: 2 * .003 = .006 ADE/encounter	FOR THE SAKE OF ARGUMENT, LET'S TAKE THE CONSERVATIVE AVERAGE AND SAY 2 DISCREPANCIES AT A POSITIVE PREDICTIVE VALUE OF 0.003.
16	Long shot of Blake	THE PROBABILITY OF AN ADVERSE DRUG EVENT PER CLINICAL ENCOUNTER IS STILL CLOSE TO ZERO. IT MEANS A LOT OF DISCREPANCIES WILL GO UNNOTICED…
17	stock photo of patient	…BUT THERE IS A SMALL - VERY SMALL – PROBABILITY THAT SOME OF THOSE DISCREPANCIES WILL LIMIT A PATIENT'S

		QUALITY OF LIFE.
18	Close up of Blake	SO HOW MANY CLINICAL ENCOUNTERS ARE THERE IN AN OUTPATIENT SETTING PER YEAR?
19	Blurred picture of PVAMC 500,000 encounters per year	NATIONWIDE, TERTIARY CARE FACILITIES LIKE MINE COMPLETE ABOUT 500,000 CLINICAL ENCOUNTERS ANNUALLY .
20	500,000 * .006 = 3,000 Boockvar et al., Qual Saf Heath Car, 2009	WHEN WE FACTOR THAT IN, SUDDENLY WE'RE AT 3,000 VERY REAL EVENTS.
21	Close up of Blake	TAKING THE INPATIENT SETTING INTO ACCOUNT, THAT NUMBER JUMPS TO NEARLY 3,500. WE'RE TALKING MORBIDITY, MORTALITY, OR A SIGNIFICANT DECREASE IN THE QUALITY OF LIFE.
22	Animation of icons repeating. 	THAT'S A LOT. 3,500 EVENTS PER YEAR… …PER INSTITUTION.
23	Close up of Blake	SO I GUESS THE REAL QUESTION IS HOW BAD MUST THE SITUATION GET BEFORE WE START INVESTING REAL TIME AND RESOURCES INTO A RECONCILIATION STRATEGY?
24	Medium (?) shot of Blake	LET'S LOOK OUTSIDE OF HEALTHCARE FOR A MOMENT.
25	Visual: stills of something to do with a plane, something to do with a car.	WOULD THIS CONSISTENTLY HIGH NUMBER OF ACCIDENTS OR DEATHS BE ACCEPTIBLE IN THE AVIATION OR AUTOMOBILE INDUSTRIES?
26	Visual: videos of pre-flight check, crash test dummy	THINK ABOUT THE AMOUNT OF TIME SPENT ON SAFETY CHECKS AND EQUIPMENT, THE METICULOUS STEPS TAKEN TO IMPROVE SAFETY AND TRAVEL…
27	Close up of Blake	ONE DAY I HOPE TO SEE THE SAME AMOUNT OF TIME, RESOURCES, AND THOUGHT INVESTED INTO STANDARDIZING AND IMPROVING OUR MEDICATION PROCESSES.
28		BECAUSE IF WE WERE TO DO SO, WE COULD AVOID 3,500 BAD OUTCOMES PER HOSPITAL… PER YEAR.
29		WHEN YOU SCALE THAT UP, IS IT WORTHWHILE?

Commented [SLT1]: Different wording?

	Blake nods head.	(PAUSE) I GUESS THAT JUST LEAVES US WITH ONE LAST QUESTION: "WHERE IS MEDICATION RECONCILIATION IN YOUR LIST OF PRIORITIES?"
30		IF YOU ASK CLINICIANS WHETHER MEDICATION RECONCILIATION SHOULD BE A PRIORITY, THEY WOULD PROBABLY HESITATE.
31		BUT THINKINKG ABOUT IT IN TERMS OF OUR ENTIRE HEALTHCARE SYSTEM, SHOULD WE MAKE IT A PRIORITY? YES, WITHOUT A DOUBT. AND IT HAS TO START AT THE CLINIC ENCOUNTER WITH THE MEDICATION INTERVIEW.
32		AT THE END OF THE DAY, PATIENTS ARE LIKE PASSENGERS TRAVELING THROUGH OUR POINTS OF CARE, AND MEDICATION RECONCILIATION IS LIKE OUR CROSSCHECK TO ENSURE THEY DO SO SAFELY... AGAIN AND AGAIN AND AGAIN.
33	MOTION GRAPHIC: VHA Logo & Mission Statement. **"Honor America's Veterans by providing exceptional health care that improves their health and well-being."**	

Commented [LBJ(2]: PERHAPS THEY DESERVE A CROSSCHECK (PAUSE) WITH EVERY VISIT?