

Engaging patients in medication reconciliation via a patient portal following hospital discharge.

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<https://psnet.ahrq.gov/issue/engaging-patients-medication-reconciliation-patient-portal-following-hospital-discharge>

[Medication errors](#) are a major cause of [adverse events after hospital discharge](#), and as a result, [medication reconciliation](#) is a critical part of care transitions programs. This study, conducted at a Veterans Affairs hospital, evaluated a novel method of accomplishing medication reconciliation and identifying potentially dangerous medication errors through patient engagement. Within 72 hours after discharge, patients received a secure e-mail message from a pharmacist asking them to confirm their discharge medication list, indicate whether they had discontinued any prescribed medications, and report any questions. The intervention was well received by patients, and pharmacists detected 108 medication discrepancies in the 51 medication lists sent. Other methods of leveraging information technology to engage patients in medication safety efforts have shown promise, including kiosks for [outpatient medication reconciliation](#) and [secure messaging](#) to identify adverse drug events after starting new medications.