

A mixed methods evaluation of medication reconciliation in the primary care setting.

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<u>Medication reconciliation</u> is a widely used strategy to reduce medication adverse events in acute care; however, its use in <u>primary care</u> is less studied. The aims of this study were to identify behaviors indicative of obtaining a best possible medication history, barriers to medication reconciliation, and what improvements could be made. Numerous <u>inconsistencies</u> related to medication reconciliation were identified (i.e. standardization, knowledge, importance, and inadequate integration).