

Perception vs. Reality: Communication in Medicine- Putting Patients at Risk

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Financial Disclosures

NONE But open to good paying opportunities ;)



Perspectives

In the Room:

- Type of practice:
 - Primary Care – Family, internal Med, Peds- placing referrals
 - Radiologist- Reading studies
 - Specialist/Subspecialist- accepting consults
 - Pathologist-Reviewing slides
- Time in Practice:
 - 0-5
 - 5-10
 - 10-20 – The last generations to use Paper
 - 30-40
 - 40-50
 - 50+



Perspectives

In each clinic

- Physician or Provider
- MA/LPN
- Patient
- Pharmacy



Medication Reconciliation

- Who does it?
 - Physician or Provider
 - MA/LPN
 - Patient
 - Pharmacy



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- Do they have the knowledge to understand medication names/differences and the importance of their task?



Medication Reconciliation

- Who does it?
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 - **MA/LPN**
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- Do they have the knowledge to understand medication names/differences and the importance of their task?
- Who Should do it?
- Why is it important?



Case Study

- 84yo Male with complex medical hx of HFpEF, PMR, Seronegative RA, CRF, HTN, BPH, CAD, Parox Afib, obesity, DM with neuropathy presents to your office with increased fatigue and a syncopal event last week at home. He had an episode of C. Diff 1 month ago , completed his course of antibiotics and reports symptoms have returned. Your MA rooms the patient and reconciles his meds. He states, “nothing has changed”. She marks all as taking and gets his vitals. His blood pressure is 102/60.



Medications

- Duloxetine 60mg QHS
- Vancomycin 125mg BID
- Allopurinol 100mg 2 pill QHS
- Pregabalin 50mg BID
- Losartan 50mg daily
- Doxazosin 4mg BID
- Metolazone 5mg QAM on T/T/S
- Potassium Chloride 20meq Qday
- Carvedilol 3.125mg BID
- Prednisone 10mg Qday
- Furosemide 80mg QAM
- Leflunomide 20mg Qday
- Pravastatin 80mg QHS
- Glipizide 5mg BID
- Spironolactone 25mg QAM
- Nitro PRN
- ASA
- Eliquis 2.5mg BID



Actions

- You review labs note worsening renal function from baseline and note that his BP usually is in the 130-140/high 80's so is lower than usual; you tell the patient:
 - I want you to decrease your Duloxetine to 20mg
 - Decrease your Pregabalin to just nightly
 - Decrease doxazosin to Nightly only
 - Decrease your losartan to 25 mg – To which he tells you he was already on 25mg not 50 so you say ok ½ the 25mg
 - repeat labs in 2 wks
- You tell your MA to adjust the med list.
 - She documents the dose changes in patient instructions and gives the patient his AVS with the instructions and the med list that reads unchanged from when patient walked in.



Follow up

- 2 week F/U labs are worse. Patient had another episode of syncope at home 3 days prior to appt. FSBS at home 60 given soda and sx resolved rapidly.
- You elect to admit the patient.
- 6 day admission
 - Nephrotoxic meds held
 - renal US- chronic atrophy
 - CT Abd/Pelvis unchanged but not normal- known pancreatic cyst, renal atrophy, obesity, fatty liver infiltration...
 - PVR- normal
 - Chest x-ray- chronic changes.
 - Nephrologist orders: “the panel”
 - Basic Labs slowly normalize without any major intervention you discharge pt on



d/c med list

- **DISCONTINUE**
- Vancomycin 125mg BID- completed- stop
- Metolazone 5mg QAM on T/T/S
- **CHANGE**
- Allopurinol 100mg 2 pill QHS- to Allopurinol 300mg QHS –Rx sent
- Losartan 50mg daily→ decrease to 25mg- Rx sent
- **CONTINUE**
- Duloxetine 20mg QHS
- Pregabalin 50mg QHS
- Doxazosin 4mg QHS
- Potassium Chloride 20meq Qday
- Carvedilol 3.125mg BID
- Prednisone 10mg Qday
- Furosemide 80mg QAM
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- Pravastatin 80mg QHS
- Glipizide 5mg BID
- Spironolactone 25mg QAM
- Nitro PRN
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- Eliquis 2.5mg BID

Side by side

1st office visit

- Duloxetine 60mg QHS- **Told decrease to 20mg**
- Vancomycin 125mg BID
- Allopurinol 100mg 2 pill QHS
- Pregabalin 50mg BID- **told Nightly**
- Losartan 50mg daily- **told to half 25mg pills**
- Doxazosin 4mg BID- **told Nightly**
- Metolazone 5mg QAM on T/T/S
- Potassium Chloride 20meq Qday
- Carvedilol 3.125mg BID
- Prednisone 10mg Qday
- Furosemide 80mg QAM
- Leflunomide 20mg Qday
- Pravastatin 80mg QHS
- Glipizide 5mg BID
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D/C

DISCONTINUE

- Vancomycin 125mg BID-completed- stop
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Patient elects to move to granddaughter's home

- Patient gets home and granddaughter helps him with his pill box. Finding that he actually had been taking all the wrong doses prior to admission. Although the dc paperwork says to decrease the losartan his nephrologist had told him to take half of a 25mg pills so taking a 25mg is actually doubling the dose.
 - Duloxetine- he had 60mg pills only
 - Pregabalin 75mg tablets only
 - Doxazosin- was still in AM and PM boxes
- Granddaughter gets on his Walmart pharmacy portal to find 68 available medications for refill. Multiple of the same medication at different doses. The meds at the top are not the most recent scripts.

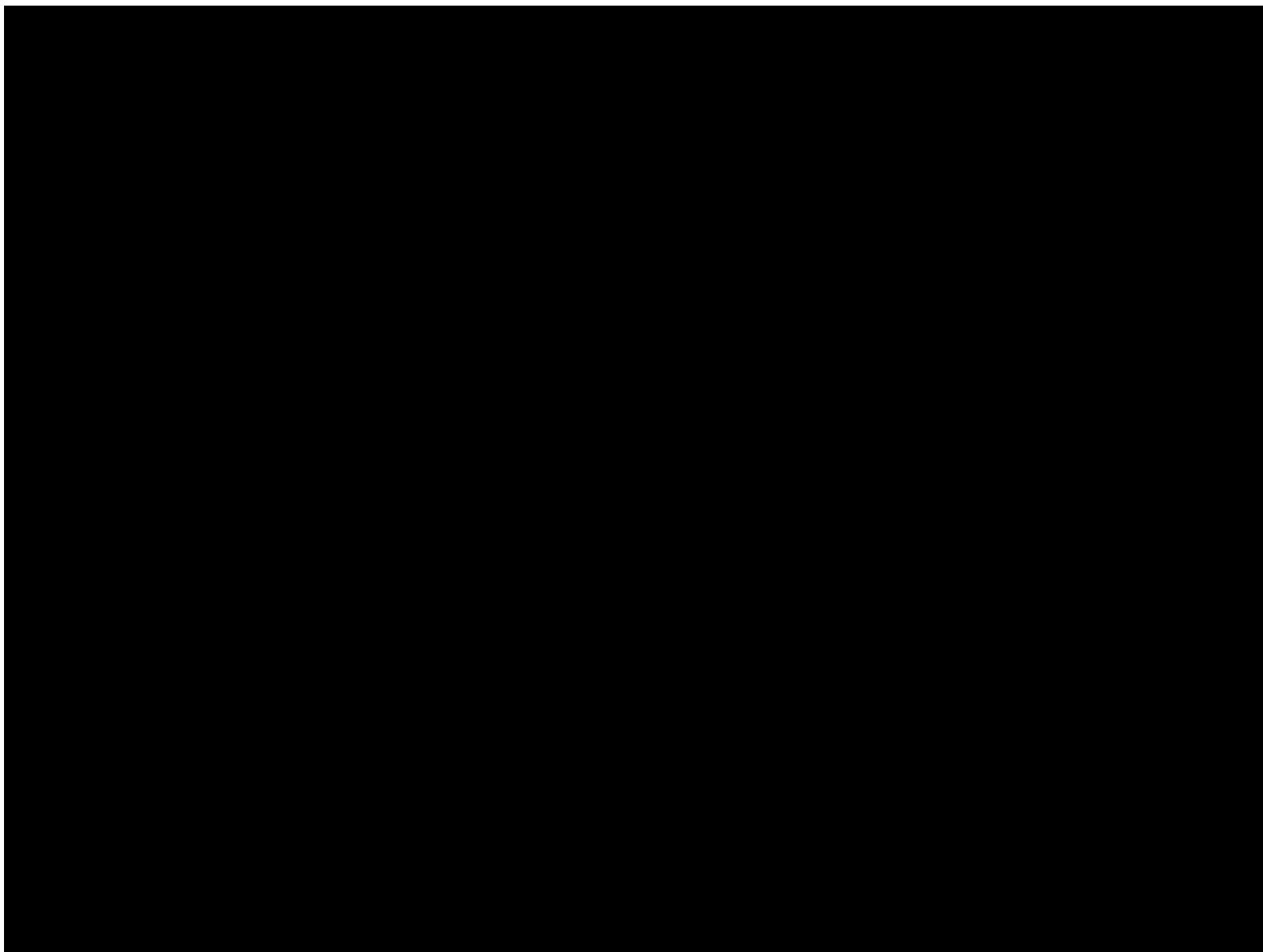
Med Reconciliation and the layers where it can go wrong!

- Are you confused?
- Does an 84yo male have the bandwidth to follow this if you can't?
- Now the patient has to advocate for self and order medications correctly as well.



What the patient sees on Wal-Mart profile





Who does your med Rec?

- MA- understand level of education
 - Do they know that metoprolol succinate is not the same as tartrate?
 - When a patient tells them a name do they chose what is at top on the list?
 - Are they using the “patient reported” section so you are aware of possibility of inaccuracy?
 - When patient says, “It is all the same” what do they do?
- LPN
 - Minimal pharmacology training
- RN

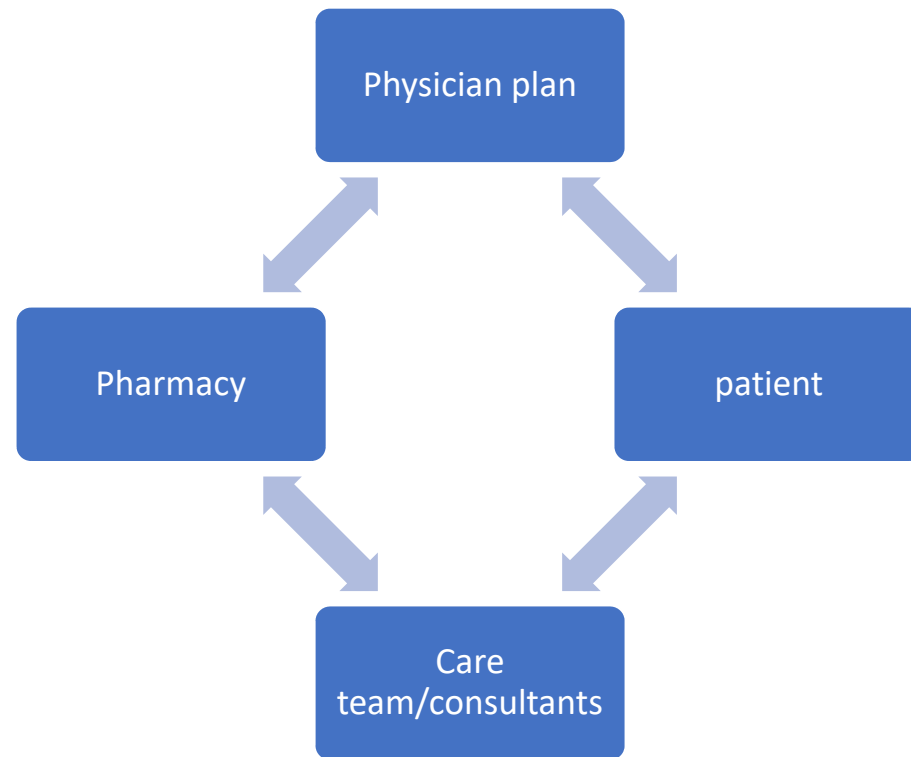


Layers of Health care

- Physicians
 - PCP
 - Consultants
- Pharmacists
 - Pharm Techs
- Therapists
- Patients



Cycle of lost information



Cycle of lost information

- Physicians plan
 - Communicated to the patient
 - Communicated in the EMR
 - How you address med list, did you change it in the EMR or did you send it to the pharmacy.
 - Did you tell the pharmacy to stop the old dose or to discontinue the medication
 - Did you think you did but the EMR doesn't actually send a notice
 - Sent to consultants- is everyone on the same page?
 - When do you have time to do all this????



Discontinuation of medications

- Where does the info go?
 - EMR dependent
 - Type of discontinuation dependent
- Does your EMR allow pharmacy feedback and adjustment of the med list without approval?
 - One of the largest does
 - Pt fills that 50mg losartan at the top of the Walmart list, or auto-fill occurs and the med list is adjusted but not what you intended.



The processes

Blancharddirecthealth
Test
01/01/1990 (35 yrs, 4 mo)
RISK 0.00

No tags

HABITS: add special

Smoking: + Add Smoking Status
> add habits history item

Diet: > add diet history item

Exc: add special
> add exercise history item

Permanent Rx Meds [View Active Meds List](#) [Actions](#)

- 09/2023 Lisinopril 5 mg Tab 0.5 tablet orally daily
- 09/2023 metFORMIN 500 mg Tab 1 tablet orally daily with a meal
- 05/2025 Metoprolol Succinate ER 25 mg Tab 1 tablet orally daily [Actions](#)
- 09/2023 Metoprolol Succinate ER 25 mg Tab 0.5 tablet orally daily

+ Document Med Pt Is On

Permanent OTC Meds

+ Document Med Pt Is On

Scripts Since Last 6 Months

05/06/2025 [eRx New](#) Metoprolol Succinate ER 24hr 1 tablet orally daily

Patient's Provider List

- GSK Samples
- BDH Test
- Spruce Bogle
- + Add Provider

Other Info

[Discontinue](#)
[Document Change](#)
[Document Discontinue](#)
[View History](#)
[Export to Note \(HPI\)](#)
[Export to Note \(Meds\)](#)
[Change Tx Start Date](#)
[Set as Temporary Med](#)
[Move to OTC Meds List](#)
[Merge with Other Med](#)
[View Last Script](#)
[Re-print Last Script](#)
[Write Message](#)
[Remove Medication](#)

No info
exchanged

Discontinue

Metoprolol Succinate ER 25 mg Tab ER 24hr 1 tablet orally daily

Latest activity date: 05/06/2025

- ☒ I want to discontinue this medication
- ☐ Discontinued by another prescriber
- ☐ Patient stopped taking medication

Discontinued by
Misty Bogle, M.D.

Discontinued date*
05/12/2025

Additional reason

Reasons are for internal use only and will not be sent to the pharmacy.

☒ Send a cancellation request to [Blanchard Drug](#)

Metoprolol Succinate ER 25 mg Tab ER 24hr 1 tablet orally daily #90
tablet RfX0

Discontinue and Cancel eRx

Discard



Blancharddirecthealth Test
01/01/1990 (35 yrs, 4 mo)
RISK 0.00

Visit Note Notes Msg Rx Orders Handouts Meds Hx Reports Referral Letter Forms Directory Templates More

Today 12/2024 08/2024 03/2024 10/2023 05/2023

No tags

Permanent Rx Meds View Active Meds List Actions

| | | | |
|---|---------|----------------------------------|---------|
| 1 | 05/2025 | Levothyroxine Sodium 125 MCG Tab | Actions |
| 2 | 09/2023 | Lisinopril 5 mg | |
| 3 | 09/2023 | metFORMIN 500 mg | |
| 4 | 05/2025 | Metoprolol Succinate 50 mg | |
| 5 | 09/2023 | Metoprolol Succinate 50 mg | |

+ Document Med Pt Is On

Permanent OTC Meds

+ Document Med Pt Is On

Scripts Since Last 6 Months

05/06/2025 eRx New Me ER 24hr 1 tabl

Patient's Provider List View All Providers

GSK Samples
BDH Test
Spruce Bogle

+ Add Provider

Other Info Actions

Vacc: add immunization history item

Prescription Form

Change Levvothyroxine Sodium 125 MCG Tab 1 tablet orally daily in the morning on an empty stomach *Incomplete*

Type: Change Rx

Med being changed: 05/2025 - Levvothyroxine Sodium 125 MCG Tab 1 tablet orally daily in the morning on an empty stomach

Medication name and strength*: Levvothyroxine Sodium 125 MCG Tab

Sig*: 1 tablet orally daily in the morning on an empty stomach

Qty* Unit Refills* Days Supply

Check PMP NDC with Packaging

Diagnosis (ICD-10)

Instructions to Pharmacy: Discontinue all other doses of levothyroxine (5/20/25)

Do not fill before ...

☐ Dispense as Written **Permanent** Temporary

No pharmacy selected

+ Add Another Rx

Save as Rx template

Prescribe Print All & Close Sign & Close Save as Draft & Close Discard

INTERACTIONS

Possible moderate interaction with Metoprolol Succinate

No known interactions with 2 meds patient is on

ALLERGIES

Have not asked

INTOLERANCES

Have not asked

COVERAGE

Cannot find coverage information for this patient

Re-check

Dead End



Pharmacy perspective

eScript Transmission Data

Intake Queue

Rx Queue

eScripts

Doc Called/Faxed

Pre-Adjudication Review

Print Rx Labels

Profit Watch

Rx Status

Rx's with IOU

Rx's Not Picked Up

M3P Queue

Start Date

04/05/2025

End Date

05/06/2025

Reload

View

Default

Active eScripts

All eScripts

| | Request Date | Type | Rx (Order) Number | Patient | Drug | Doctor | Facility | Digitally Signed |
|--|-----------------------|--------|-------------------|-------------------------------|---|-------------------------|----------|------------------|
| | | | | Click here to define a filter | | | | |
| | 05/06/2025 2:53:50 PM | NEW RX | 992353948139546 | TEST, BLANCHARDDIRECTHEALTH | METOPROLOL SUCCINATE ER 25 MG TAB ER 24HR | BOGLE M.D., MISTY MARIE | | |



Pharmacy perspective

Patient Look Up

Name

EScripts Patient Name: Test, Blancharddirecthealth

DOB: 01/01/1990

Address: 101 jumpstreet Blanchard, OK 73010

| Name | Address | City | Phone | Age | Birth Date | ID | Insurance | Has Charge Account | Cell Phone |
|----------------------|---------|------|-------|-----|------------|----|-----------|--------------------|------------|
| <No data to display> | | | | | | | | | |

Save Display

OK

+ Add <F10>

Exit

New Rx

Effective: 05/06/2025

Patient: Test, Blancharddirecthealth

101 jumpstreet

Blanchard, OK 73010

Phone: Work: Fax:

DOB:01/01/1990 Gender:M SSNO:

Drug: Metoprolol Succinate ER 25 mg Tab ER 24hr

NDC: 42806072401

Quantity: 90 Tablet

0 - Substitution Allowed

Sig: 1 tablet orally daily

Refills: 0

Prescriber: Bogle M.D., Misty Marie

101 N Jefferson Ave

Blanchard, OK 73010

Phone:4052013381 Fax:4053091763

DEA:FB1603580

SPI:6244258276008 NPI:1740417476 Lic:

Order Number: 992353948139546

Notes:

Testing instruction area- patient with coupon

transmitted: 05/06/2025 2:02:50 PM

Printed: 05/06/2025 3:11:50 PM

eScript Transmitted To: Blanchard Drug 1001 N Council, Blanchard, OK 73010 Store ID:3715761

eScript Notes

View eScript Details

Rx Notes <F3>

Drug

Quantity 0 Disp. Qty 0 ☐ Med Sync

Directions

Day Supply 0

Refills Refills Expire

Doctor

DAW 0 - No DAW Requested

Exp Date Lot

Coverage

Priority 1=Waiting

Filled By KLO Label Msg

Price Price Code <F7> Labels 1

Fill <F12>

Scheduler

Rx Notes <F3>

Patient <F4>

Drug <F5>

Cardholder <F6>

Use Generic <F9>

Price Code

Add/Edit Sig <F8>

DUR <Alt F6>

IOU <Alt F3>

RxQue <Ctrl F12>

Physician Office Use

Hold

Exit



Medication Errors.

- According to the World Health Organization's publication titled *"Medication Errors: Technical Series on Safer Primary Care,"* the following factors have been associated with an increased risk of medication errors in the primary care setting:
 - Lack of therapeutic training or inadequate knowledge
 - Poor communication with patients
 - A language barrier between healthcare professionals and patients
 - Increased workload
 - Interruptions and distractions
 - Lack of accuracy of patient records and a poor interface between prescriber and electronic health records
 - Lack of protocols and standardized procedures in the work environment
 - Inadequate naming, labeling, and packaging of medicines
 - Poor communication with secondary care providers

For the Radiologist

Imaging Requisition Form



*Test: > xray right foot

> tests to be completed...

*Reason: patient with pain at distal 5th MT

Dx: Dx1: M79.671 - Pain in right foot



Show & Print Dual Codes ☐

Copy To: >

*Center: ..Other none

[more...](#)

Reminder: Misty Bogle, M.D.



☐ Keep this confidential ([What does this mean?](#))

Print & Close

Sign & Close

Save as Draft & Close

Discard



For the Radiologist

- I get nothing on the read about the 5th MT. I call my radiology friend who tells me all he got was an image and the dx code not the note of my clinical concern.
- I dig
- The “reason”, though stated and required by EMR, is not put into the health system computer and order isn’t scanned.
- I didn’t know all my extra time and effort to help narrow the read to my concern wasn’t communicated.

Imaging Requisition Form — X

*Test: > xray right foot
> tests to be completed...

*Reason: patient with pain at distal 5th MT

Dx: Dx1: M79.671 - Pain in right foot X
[Yellow highlighted box]

Show & Print Dual Codes ☐

Copy To: >

*Center: ..Other ▼ none ▼
[more...](#)

Reminder: Misty Bogle, M.D. ▼ 📅

☐ Keep this confidential ([What does this mean?](#))

Print & Close Sign & Close Save as Draft & Close Discard



Referrals

- Information exchange
- In system vs Out of system referrals
- Pose a Clinical question/reason for the referral.
- What is most helpful from consultants' perspective?
- What is shared with the Consultant? – did you get my last note?



Goals

- Scare you into thinking about your clinic's practices and increase intellectual curiosity about how things are communicated on your behalf.
 - Med Reconciliation
 - Who, how, when
 - Communication with dose change and with discontinuations.
 - When you change the dose of levothyroxine all the old doses are still available to the patient if you don't discontinue it first or write a note to pharmacist.
 - Referrals
 - What info needs shared, share it. Make sure your staff also knows expectations.
 - Imaging orders
 - Clinical information is helpful.



Discussion

