

Medical Coordination & Medication Reconciliation

Resident Profile

Name: Cynthia P.

Age: 66

Health/Communication Needs: Hearing loss + mild expressive aphasia post-stroke; prefers written instructions

Chronic Conditions: COPD/asthma overlap, hypertension, type 2 diabetes, stroke history

Supports Needed: Appointment accompaniment, medication reconciliation, pharmacy coordination

Presenting Issue

Cynthia had difficulty communicating with providers and managing her medication list. During a pulmonology visit, her specialist noticed that a necessary controller inhaler was missing from the pharmacy profile. Confusion between providers, pharmacies, and medication records created risk for respiratory instability.



Service Coordinator Intervention

With signed releases in place, the Service Coordinator:

- Accompanied Cynthia to medical appointments, taking written notes she could later reference.
- Identified a missing medication during a pulmonology visit and contacted the pharmacy for a refill.
- Coordinated authorization between pharmacy and pulmonologist to restore medication access.
- Informed Cynthia's primary care physician of the discrepancy so the medication list could be corrected.
- Ensured the medication would now be delivered with her regular refills, preventing future lapses.
- Updated a shared medication list in CareAxis to reduce fragmentation across providers.

Outcome & Financial Impact

- The missing controller inhaler was refilled and reinstated on her active medication list.
- All providers now have a consistent, accurate record of her medications.
- Cynthia reported increased confidence and reduced anxiety in managing her health.
- CareAxis outcome: improved medication safety and continuity.

Service Plan Summary

Identified Need: Medication reconciliation; communication barriers; care coordination across providers.

30-60 Day Goals: Complete an accurate, unified medication list. Ensure all refills occur on time with synchronized delivery.

Key Interventions:

- Attend appointments to capture key instructions.
- Maintain a written, resident-friendly medication list.
- Coordinate prior authorizations and pharmacy refills.
- Use "teach-back" method with written summaries to support understanding.
- Schedule monthly medication review.

Case Significance

Cynthia's case demonstrates how communication barriers can lead to dangerous medication gaps, especially for residents with chronic respiratory conditions. Consistent advocacy and structured coordination restored medication safety, strengthened provider communication, and empowered Cynthia to manage her health with greater independence.

Follow-Up:

Confirm refill synchronization and verify list accuracy at next appointments.