



# State Medical Board of Ohio

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Executive Director

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May 16, 2012

[REDACTED], D.P.M.

Dear Dr. [REDACTED]:

This letter is in response to your March 13, 2012 letter to Marchelle Suppan, D.P.M. a member of the State Medical Board of Ohio [Medical Board], concerning whether the actions required for post-surgical medication reconciliation might be considered as exceeding the scope of practice of a podiatric physician. Your specific concern is whether a podiatrist will be considered to be exceeding the podiatric scope of practice by virtue of continuing a previously prescribed medication for a medical condition that is not within the podiatric scope of practice.

At its meeting on May 10, 2012, the Medical Board approved the following response:

Medication reconciliation does not equate to prescribing or ordering medication. According to the Centers for Medicare and Medicaid Services [CMS], medication reconciliation is the “process for identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.”<sup>1</sup> Medication reconciliation occurs at each care transition point. There must be a documented explanation for any differences between the external list of medications and the list at each transition point.

Whether the surgery is inpatient or outpatient, medication reconciliation ensures that all medications previously prescribed for the patient are carried through to the next transition point. For an outpatient who has comorbid conditions, the treating M.D. or D.O. should recommend whether prescribed medications should be continued after surgery as part of the pre-surgical consultation. If the recommendation is that one or more medications should not be continued following the surgery, the M.D.’s or D.O.’s recommendation should be cited in the explanation of the differences between external list of medications and the list post-surgery. The same process would apply for the inpatient. The medication reconciliation post-surgery ensures that all medications on the admitting order or written by the physician managing the patient’s other medical conditions are carried through to the next step in the patient’s care.

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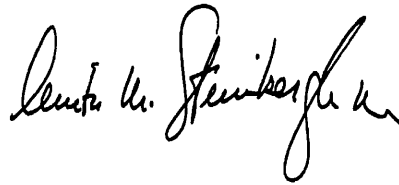
<sup>1</sup>[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads//7\\_Medication\\_Reconciliation.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads//7_Medication_Reconciliation.pdf)

In summary, a podiatric physician who, as part of medication reconciliation, continues a medication prescribed by an M.D. or D.O. for a condition not within the podiatric scope of practice is not considered to have prescribed the medication. Medication reconciliation ensures that the patient continues to receive all previously prescribed medications unless there is a documented explanation for any change.

When performing medication reconciliation, a podiatric physician does not exceed the podiatric scope of practice merely by continuing previously prescribed medications for conditions that are not within the podiatric scope of practice.

If you have questions about this response, please contact Sallie Debolt, General Counsel, at (614) 644-7021 or [Sallie.Debolt@med.state.oh.us](mailto:Sallie.Debolt@med.state.oh.us).

Sincerely,



Anita M. Steinbergh, D.O.  
Chair, Group 2 Committees