



mln call

A MEDICARE LEARNING NETWORK® (MLN) EVENT

**IMPACT Act:
Drug Regimen Review
Quality Measure Overview
– A Focus on Home Health
Quality Reporting Program**

August 17, 2017

Presentation Objectives

Provide an overview of the Drug Regimen Review (DRR) measure, including:

- IMPACT Act and domain of medication reconciliation
- Measure title, description & conditions
- OASIS data items & time points
- Definitions
- Item-specific guidance with patient scenarios
- Calculating the measure
- Applying the measure specifications
- Quality reporting
- Key takeaways for data accuracy
- Questions & Answers



IMPACT Act and Domain of Medication Reconciliation



Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

- **Bipartisan bill passed on September 18, 2014 and signed into law on October 6, 2014**
- **Requires Standardized Patient Assessment Data that will enable:**
 - Quality care and improved outcomes
 - Data Element uniformity
 - Comparison of quality and data across Post-Acute Care (PAC) settings
 - Improved discharge planning
 - Exchangeability of data
 - Coordinated care
 - Inform payment models



Driving Forces of the IMPACT Act

Purposes Include:

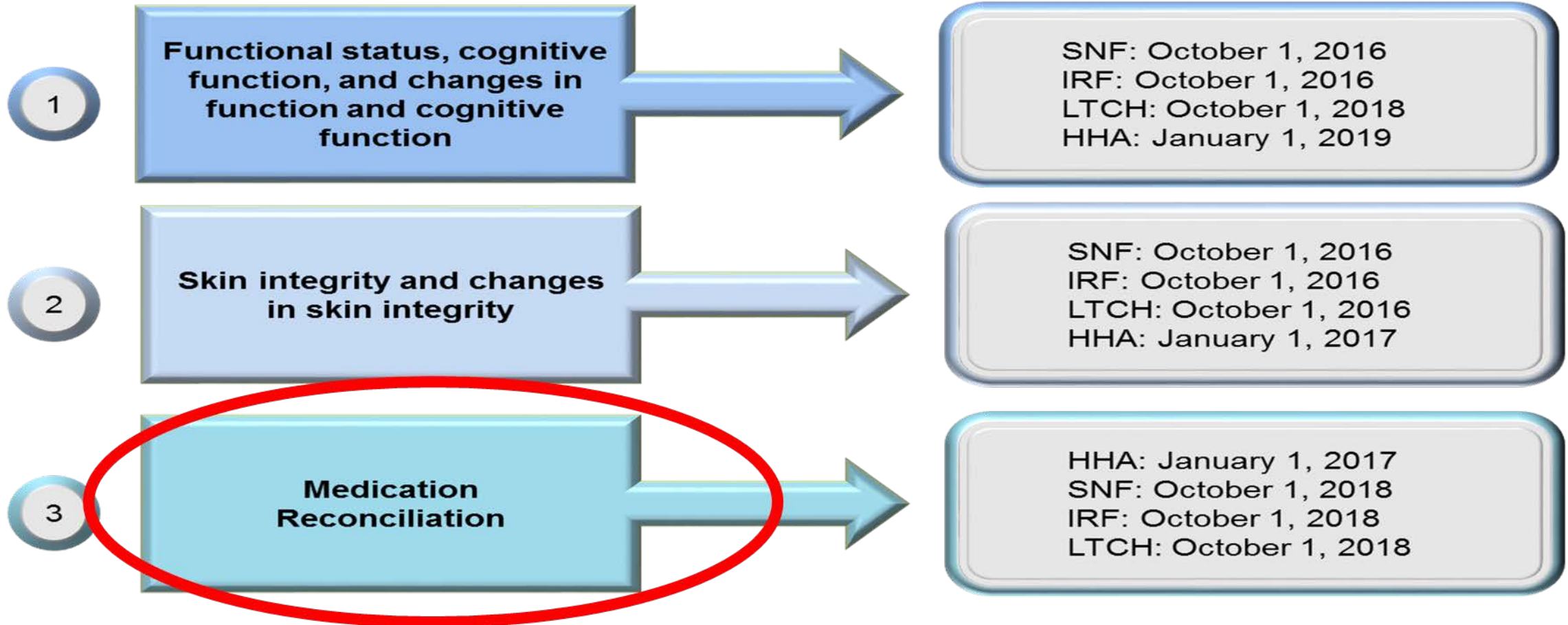
- Improvement of Medicare beneficiary outcomes
- Provider access to longitudinal information to facilitate coordinated care
- Enable comparable data and quality across PAC settings
- Improve hospital discharge planning
- Research

Why the attention on Post-Acute Care:

- Escalating costs associated with PAC
- Lack of data standards/interoperability across PAC settings
- Goal of establishing payment rates according to the individual characteristics of the patient, not the care setting



IMPACT Act: Measure Domains and Timelines



*The IMPACT Act requires reporting on quality measures 'not later than the specified application dates' listed above. In some cases, data collection is scheduled to occur earlier than the specified application dates.

IMPACT Act: Measure Domains and Timelines

Measure Domain	HHA	SNF	IRF	LTCH
Functional status	1/1/2019	10/1/2016	10/1/2016	10/1/2018
Skin integrity	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Medication reconciliation	1/1/2017	10/1/2018	10/1/2018	7/1/2018
Incidence major falls	1/1/2019	10/1/2016	10/1/2016	10/1/2016
Transfer of Health Information	1/1/2019	10/1/2018	10/1/2018	10/1/2018
Resource Use & Other Measures Domain	HHA	SNF	IRF	LTCH
Medicare Spending Per Beneficiary	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Discharge to Community	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Potentially Preventable Hospital Readmissions	1/1/2017	10/1/2016	10/1/2016	10/1/2016



DRR Measure History (Cross-Setting Measure Development)

- Following the passage of the **IMPACT Act of 2014**, CMS contracted with Abt Associates and RTI International to develop a cross-setting DRR measure for PAC providers to fulfill the requirements of the IMPACT Act-mandated quality measure domain, medication reconciliation
 - The HH OASIS-C1 DRR items (M2000, M2002, M2004) were used as the foundation for the cross-setting DRR measure since no other PAC settings had items or measures addressing medication reconciliation
 - Over the course of cross-contractor collaboration, changes to the HH DRR items were made to develop standardized items for use across PAC settings (OASIS items: M2001, M2003, M2005 for HH; N2001, N2003, N2005 for LTCH, IRF, SNF)



Quality Measure: Title & Description

Drug Regimen Review Conducted With Follow-Up for Identified Issues

PROCESS MEASURE –
evaluates the rate of home health
agency use of specific evidence-
based processes of care

Measure Description: Percentage of care episodes in which a drug regimen review was conducted at the Start of Care (SOC)/Resumption of Care (ROC), and timely follow-up with a physician occurred each time potential clinically significant medication issues were identified throughout the care episode.



DRR: Process Measure Conditions

Three conditions must be met for the care episode to have a favorable measure result:

M2001

1. Completion of a drug regimen review at the beginning of the care episode (SOC/ROC)

M2003

2. Physician contact and follow-up if medication issues identified at SOC/ROC

M2005

3. Physician contact and follow-up each time significant medication issues are identified throughout the care episode



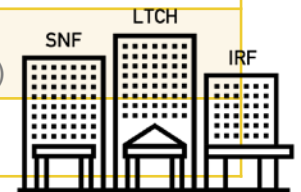
3 Data Collection Items

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No - No issues found during review [<i>Go to M2010</i>] 1 Yes - Issues found during review 9 NA - Patient is not taking any medications [<i>Go to M2040</i>]
(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No 1 Yes
(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications



Data Collection Time Points

Item	Data Collection Time Points by Setting	
M2001 Drug Regimen Review (N2001 for IRF, SNF, LTCH)	HH: 1/1/17	Start of Care, Resumption of Care
	IRF: 10/1/18	Admission
	SNF: 10/1/18	5-day PPS (Part A) scheduled assessment
	LTCH: 7/1/18	Admission
M2003 Medication Follow-up (N2003 for IRF, SNF, LTCH)	HH: 1/1/17	Start of Care, Resumption of Care
	IRF: 10/1/18	Admission
	SNF: 10/1/18	5-day PPS (Part A) scheduled assessment
	LTCH: 7/1/18	Admission
M2005 Medication Intervention (N2005 for IRF, SNF, LTCH)	HH: 1/1/17	Transfer to an inpatient facility, Discharge, <u>Death at home</u>
	IRF: 10/1/18	Discharge
	SNF: 10/1/18	Discharge Assessment – Return anticipated, Discharge Assessment – Return not anticipated, Discharge Assessment— PPS “Part A” Discharge (end of stay) (NPE/SPE)
	LTCH: 7/1/18	Planned Discharge, Unplanned Discharge, Expired Assessment



COMING SOON



Definitions



DEFINED:

“Drug Regimen Review (DRR)”

The **drug regimen review (DRR)** is generally considered to include:

- A review of all medications a patient is currently using
 - prescribed and over the counter (including total parenteral nutrition [TPN] and herbals)
 - administered by any route (for example, oral, topical, inhalant, pump, injection, intravenous and via enteral tube)

“Medication reconciliation”

- The process of comparing the medications a patient is taking (and should be taking) with newly ordered medications.
- Identification of any potential clinically significant medication issues



DEFINED:

“Potential Clinically Significant Medication Issue”

Definition: An issue that in the care provider’s clinical judgment, requires physician/physician-designee notification by midnight of the next calendar day (at the latest)

- In addition to “**potential**” issues, the item also includes the identification of an **existing** clinically significant medication issue that in the care provider’s clinical judgment requires physician/physician-designee notification by midnight of the next calendar day



Potential/Actual Clinically Significant Medication Issues: Applying the Definition

You arrive at the home to admit your patient and find all their medications neatly waiting for you... still in the stapled bag from the pharmacy.

Would YOU consider this a potential clinically significant medication issue?

Vitamin D Supplement

Wellbutrin for Depression

Bactrim for a UTI



Determining if a situation represents a “Potential Clinically Significant Medication Issue”

- To be considered a potential clinically significant medication issue, the clinician’s opinion is such that the issue warrants notification of the physician/physician-designee for orders or recommendations – by midnight of the next calendar day, at the latest

Decision is made using clinical judgement, based on patient-specific circumstances



DEFINED:

“Did the agency contact a physician (or physician-designee)...”

Contact a physician includes communication to the physician or physician-designee (made by telephone, voicemail, electronic means, fax, or any other means) that appropriately conveys the message of patient status.

- Communication can be directly to/from the physician or physician-designee, or indirectly through physician’s office staff on behalf of the physician or physician-designee, in accordance with the legal scope of practice.
- Communication must be two-way.

Physician-designee - Physician office staff communicating on behalf of the physician, in accordance with the legal scope of practice.



DEFINED:

“Did the agency... complete prescribed/recommended actions...”

- In addition to notifying the physician of a potential clinically significant medication issue, the agency must also **complete any prescribed or recommended actions** that are the result of that physician contact.
- If the physician recommends an action that will take longer than the allowed time to complete, the action can be considered “completed” for the purpose of responding to these DRR OASIS items, if within the allotted timeframe (by midnight of the next calendar day) the agency has taken whatever actions are possible to comply with the recommended action.



DEFINED:

“...by midnight of the next calendar day”

	SUN	MON	TUE	WED	THUR	FRI	SAT
12:01							
			Problem identified 10:15 am				
12:00 midnight							



Item-Specific Guidance with Patient Scenarios



M2001 Drug Regimen Review

Collected at SOC & ROC

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code	0 No - No issues found during review
<input type="checkbox"/>	1 Yes - Issues found during review
	9 NA - Patient is not taking any medications

Item Intent: to identify if a review of the patient’s medications indicated any potential clinically significant medication issues.

Potential clinically significant medication issue – Potential/actual medication issue that in your clinical judgment as the care provider requires physician or physician-designee notification by midnight of the next calendar day at the latest.

- **May** include: Adverse reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or nonadherence



M2001 Drug Regimen Review

Response-Specific Instructions

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No - No issues found during review 1 Yes - Issues found during review 9 NA - Patient is not taking any medications

Select “0 – No issues found during review” when:

- a drug review occurred and no potential clinically significant medication issues were identified

May be appropriate when:

- med list from inpatient facility discharge instructions match the medications at the SOC/ROC visit
- diagnoses/symptoms are adequately controlled on current medications
- patient possess all medications that are prescribed
- patient has a plan for taking medications safely at the right time
- no signs/symptoms are present that could be adverse reactions caused by medications



M2001 Drug Regimen Review

Response-Specific Instructions

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?

Enter Code	0 No - No issues found during review
<input type="checkbox"/>	1 Yes - Issues found during review
	9 NA - Patient is not taking any medications

Select **“1 Yes – Issues found during review”** when:

- a drug review occurred and one or more potential or actual clinically significant medication issues were identified

May be appropriate when:

- med list from inpatient facility d/c instructions DOES NOT match the medications at the SOC/ROC visit
- diagnoses/symptoms are NOT adequately controlled with current medications
- signs/symptoms present that could be adverse reactions caused by medications
- patient taking multiple non-prescribed medications that could interact with prescribed medications
- ineffective drug therapy
- nonadherence



M2001 Drug Regimen Review Response-Specific Instructions

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code <input type="text"/>	0 No - No issues found during review 1 Yes - Issues found during review 9 NA - Patient is not taking any medications

Select Response “9 – NA – Patient is not taking any medications” when:

At the SOC or ROC, a patient is not taking any medications

- no prescription medications
- no over-the-counter medications
- by any route of administration



M2001 Drug Regimen Review

Response-Specific Instructions

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?

Enter Code



0 No - No issues found during review

1 Yes - Issues found during review

9 NA - Patient is not taking any medications

Enter a dash (-) when:

- The drug regimen review was not conducted or completed

A dash (-) value indicates that no information is available, and/or the item could not be assessed.

This most often occurs when the patient is unexpectedly transferred, discharged or dies before SOC/ROC assessment of the item could be completed.

CMS expects dash use to be a rare occurrence.

Report the dash if a drug regimen review was not completed as part of the SOC/ROC comprehensive assessment.

-Note that this is out of compliance with the HH Conditions of Participation, which require a DRR to be a mandatory part of the comprehensive assessment at all time points.



M2001 – Patient Scenario A

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?

Enter Code

0 No - No issues found during review

1 Yes - Issues found during review

9 NA - Patient is not taking any medications

- **Scenario A** During the comprehensive assessment visit, the RN reviews all of the patient's medications and identifies that medications have been ordered by several different physicians. These include eye drops and topical ointments.
- The patient also reports that she takes several herbal supplements, but is unsure if her physician is aware that she takes them.
- The RN discusses with the patient the importance of consulting with her physician prior to taking any over-the-counter supplements or medications, and the RN is concerned enough that she contacts the physician from the patient's home for instruction.

What response should be selected for M2001?



M2001 – Patient Scenario A

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?

Enter Code

0 No - No issues found during review

1 Yes - Issues found during review

9 NA - Patient is not taking any medications

Scenario A:

Answer: 1, Yes – Issues found during review.

- **Rationale:** The RN uses clinical judgment to determine that a potential clinically significant issues exists:
 - The patient has medications ordered from more than one physician, increasing the risk of drug interactions.
 - The patient takes herbal supplements that could interact with prescribed medications.



M2001 – Patient Scenario B

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code <input type="text"/>	0 No - No issues found during review 1 Yes - Issues found during review 9 NA - Patient is not taking any medications

Scenario B: During the comprehensive assessment visit, the PT reviews all the patient’s medications and identifies no problems except that the patient’s newly prescribed pain medication is not in the home.

The daughter states they were only going to pick it up from the pharmacy if “the pain got bad enough.”

The PT emphasizes the need to comply with the physician’s instructions for the new medication and prior to the PT leaving the home, the daughter went to the drugstore and returned with the medication.

What response should be selected for M2001?



M2001 – Patient Scenario B

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?

Enter Code

- 0 No - No issues found during review
- 1 Yes - Issues found during review
- 9 NA - Patient is not taking any medications

Scenario B:

Answer: 0 – No issues found during review

Rationale: Because the issue did not require physician/physician-designee contact by midnight of the next calendar day to address, the situation does not meet the criteria for a potential clinically significant medication issue.



M2003 Medication Follow-up

Collected at SOC & ROC

(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No 1 Yes

Item Intent: Identifies if potential clinically significant medication issues identified through medication review were addressed with the physician (or physician-designee) with prescribed/recommended actions completed by midnight of the next calendar day following identification.

Contact with Physician - Two-way Communication to/from the physician/physician-designee

Physician-designee - Physician office staff communicating on behalf of the physician, in accordance with the legal scope of practice.

Next calendar day – By midnight of the day following the identification of the potential clinically significant medication issue

Clinically significant medication issue – Potential/actual medication issue that in the clinician’s judgment requires physician/physician-designee notification by midnight of the next calendar day, (at the latest).

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M2003 Medication Follow-up Response-Specific Instructions

(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No 1 Yes

Select “0 - No” when:

- A potential clinically significant medication issue was identified at the SOC or ROC, but two-way communication AND completion of prescribed/recommended actions did not occur by midnight of the next calendar day after the potential clinically significant medication issue was identified.
 - Agency made no attempt to contact physician
 - Agency attempted to communicate with physician, but did not receive communication back from the physician/physician-designee until after midnight of the next calendar day
 - Two-way communication occurred, but prescribed/recommended actions that could have been completed by midnight of the next calendar day were not completed



M2003 Medication Follow-up Response-Specific Instructions

(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No 1 Yes

Select “1 – Yes” when:

- A potential clinically significant medication issue was identified at the SOC or ROC, and two-way communication AND completion of prescribed/recommended actions occurred by midnight of the next calendar day after the potential clinically significant medication issue was identified.
 - If no new orders or instructions are provided in response to timely reporting of a potential clinically significant medication issue, select “**1-Yes**”, indicating the physician contact and prescribed/recommended actions were completed.
 - If recommended actions will take longer than the allowed time to complete, select “**1-Yes**” as long as by midnight of the next calendar day the agency has taken whatever actions are possible to comply with the recommended action.
 - If multiple clinically significant medication issues are identified, all must be communicated and addressed by midnight of the next calendar day to select “**1-Yes**”



M2003 – Patient Scenario C

(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No 1 Yes

Scenario C: Late Friday afternoon during your ROC visit you identify a potential clinically significant medication issue that you believe needs timely attention. You leave a message with the physician's answering service before you leave the patient's home, and leave a second message on Saturday. The physician returns your call on Monday morning and tells you to have the patient discontinue the medication. You relay the information to your patient by phone and confirm that he understood the direction during a home visit on Monday afternoon.

What responses should be selected for M2001 & M2003?



M2003 – Patient Scenario C

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No – No issues found during review [<i>Go to M2010</i>] 1 Yes – Issues found during review 9 NA – Patient is not taking any medications [<i>Go to M2040</i>]
(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No 1 Yes

Scenario C:

Answer: M2001 1 – Yes, issues found during review M2003 0 - No

Rationale: Because the issue identified by the clinician to be clinically significant, requiring physician contact by midnight of the next calendar day, it meets the criteria for a potential clinically significant medication issue for M2001. As the potential clinically significant medication issue was not resolved by physician notification, and completion of prescribed/recommended actions by midnight of the next calendar day, the criteria for M2003 were not met.



M2003 – Patient Scenario D

(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No 1 Yes

Scenario D: During the comprehensive assessment visit, the RN completes the DRR, identifying that the patient is taking two antihypertensives; one which was newly prescribed during her recent hospital stay, and another that she was taking prior to her hospitalization. During the home visit, the RN contacts the physician's office, and leaves a message with office staff providing notification of the potential duplicative drug therapy and a request for clarification. The RN returns to the home the next day to complete the comprehensive assessment, and again contacts the physician from the patient's home. The physician's office nurse reports to the agency and patient that the physician would like the patient to continue with only the newly prescribed antihypertensive and to discontinue the previous medication.

What response should be selected for M2001 & M2003?



M2003 – Patient Scenario D

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No - No issues found during review 1 Yes - Issues found during review 9 NA - Patient is not taking any medications
(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No 1 Yes

Scenario D:

Answer: M2001 1 – Yes, issues found during review M2003 1 - Yes

Rationale: Because the issue is identified by the clinician to be clinically significant, requiring physician contact by midnight of the next calendar day, it meets the criteria for a potential clinically significant medication issue for M2001. As the potential clinically significant medication issue was resolved by physician notification, and completion of prescribed/recommended actions by midnight of the next calendar day, the criteria for M2003 were met.



M2005 Medication Intervention

Collected at Transfer, Discharge & Death

(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

Item Intent: Reports if all potential clinically significant medication issues identified at at the time of or at any time since the SOC/ROC were addressed with the physician or physician-designee, with prescribed/recommended actions completed by midnight of the next calendar day

Same as for M2003

- “Contact with Physician”
- “Physician-designee”
- “Next calendar day”
- “Clinically significant medication issue”



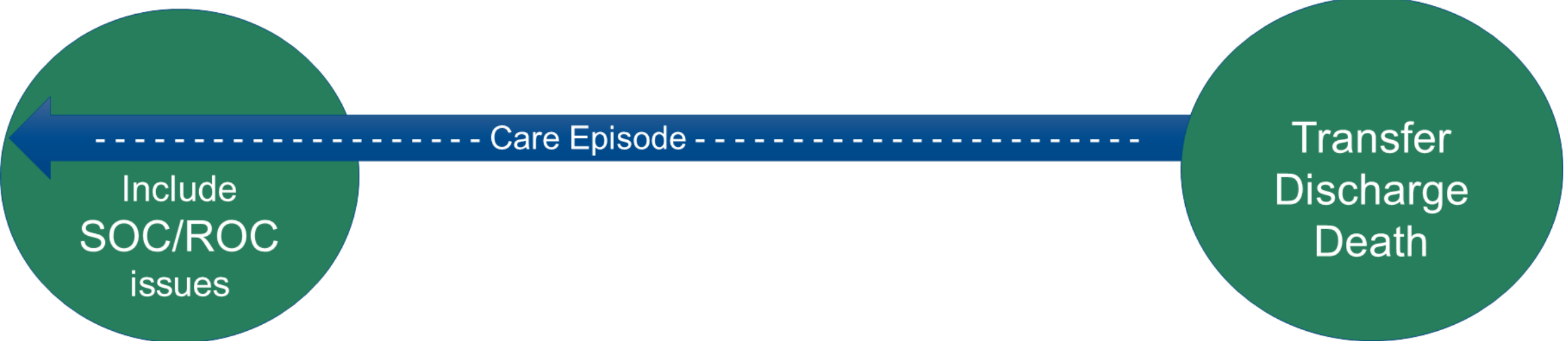
M2005 Medication Intervention

Collected at Transfer, Discharge & Death

(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code	0 No
<input type="checkbox"/>	1 Yes
	9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

Look back time period for M2005

“...each time potential clinically significant medication issues were identified since the SOC/ROC”



M2005 Medication Intervention Response-Specific Instructions

(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

Select “0 – No” when:

- A potential clinically significant medication issues was identified at the time of or at any time since the SOC/ROC and was not BOTH communicated to the physician/physician-designee AND addressed through completion of any prescribed or recommended actions by midnight of the next calendar day.
 - **Includes**, situations where physician contact is attempted, but two-way communication does not occur by midnight of the next calendar day after identification
- Multiple potential clinically significant medication issues were identified at the time of or since the most recent SOC/ROC, and two-way physician communication and completion of prescribed/recommended actions did not occur by midnight of the next calendar day for every identified issue.
- If a potential clinically significant medication issue is identified at SOC, and the agency does not reach out to the physician for two days, then that issue (and lack of timely communication) would be reported at both the SOC (on M2001 and M2003), and again at Transfer/Death or Discharge on M2005.

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M2005 Medication Intervention Response-Specific Instructions

(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

Select “1 – Yes” when:

- One or more potential clinically significant medication issues were identified, and the two-way communication AND completion of prescribed/recommended actions occurred by midnight of the next calendar day after identification.
- The physician recommends an action that will take longer than the allowed time to complete, select **1- Yes** as long as by midnight of the next calendar day the agency has taken whatever actions are possible to comply with the recommended action.
- The physician provided no new orders or instructions based on each notification of a potential clinically significant medication issue, throughout the episode of care.



M2005 Medication Intervention Response-Specific Instructions

(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

Select “9 – NA There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications” when:

- No potential clinically significant medication issues have been identified at any time during the entire episode of care, **including at the SOC/ROC.**
- and/or
- The patient is not taking any medications, includes:
 - prescribed and over the counter
 - by any route
 - including TPN and herbals



M2005 – Patient Scenario E

(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

Scenario E: During the SOC comprehensive assessment, the RN completes the drug regimen review and identifies a potential clinically significant medication issue. On that day of admission, the RN calls and leaves a message with the physician’s office related to the medication issue. The physician does not return her call until after midnight of the next calendar day. No other medication issues arise during the episode, and the patient is discharged from home health.

What responses should be selected for M2001, M2003 & M2005?



M2005 – Patient Scenario E

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No - No issues found during review 1 Yes - Issues found during review 9 NA - Patient is not taking any medications
(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No 1 Yes

(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

Scenario E:

Answer: M2001 1 – Yes, issues found during review M2003 0 – No M2005 0 - No

Rationale: Because the issue identified by the clinician to be clinically significant, requiring physician contact by midnight of the next calendar day, it meets the criteria for a potential clinically significant medication issue for M2001. While the clinician initiated communication with the physician, the required two-way communication did not occur until after midnight of the next calendar day, resulting in “0-No” for M2003 and M2005.



Use of the Dash

- A dash (–) value is a valid response for each of the DRR items: M2001, M2003, M2005.
- A dash (–) value indicates that no information is available, and/or an item could not be assessed.
- This most often occurs when the patient is unexpectedly transferred, discharged or dies before assessment could be completed.
- Providers should complete transfer and discharge assessments to the best of their ability when a care episode ends unexpectedly.
- **Centers for Medicare & Medicaid Services (CMS) expects dash use to be a rare occurrence.**



Calculating the DRR Process Measure

The number of patient episodes where the desired process was provided

Numerator



=

Denominator

The number of patient episodes that are eligible for the desired process

Measure Rate

Percentage of successful patient episodes



Step 1: Calculate the denominator count:

Calculate the number of episodes with a:

- Transfer [M0100 Reason for Assessment (RFA) 6 or 7]
- Death at Home [M0100 RFA 8] or
- Discharge [M0100 RFA 9]

(M0100) This Assessment is Currently Being Completed for the Following Reason:	
Enter Code <input type="checkbox"/>	<u>Start/Resumption of Care</u>
	1 Start of care—further visits planned
	3 Resumption of care (after inpatient stay)
	<u>Follow-Up</u>
	4 Recertification (follow-up) reassessment
	5 Other follow-up
	<u>Transfer to an Inpatient Facility</u>
	6 Transferred to an inpatient facility—patient not discharged from agency
	7 Transferred to an inpatient facility—patient discharged from agency
<u>Discharge from Agency — Not to an Inpatient Facility</u>	
8 Death at home	
9 Discharge from agency	

The DRR Measure has no Denominator Exclusions



Step 2: Calculate the numerator count:

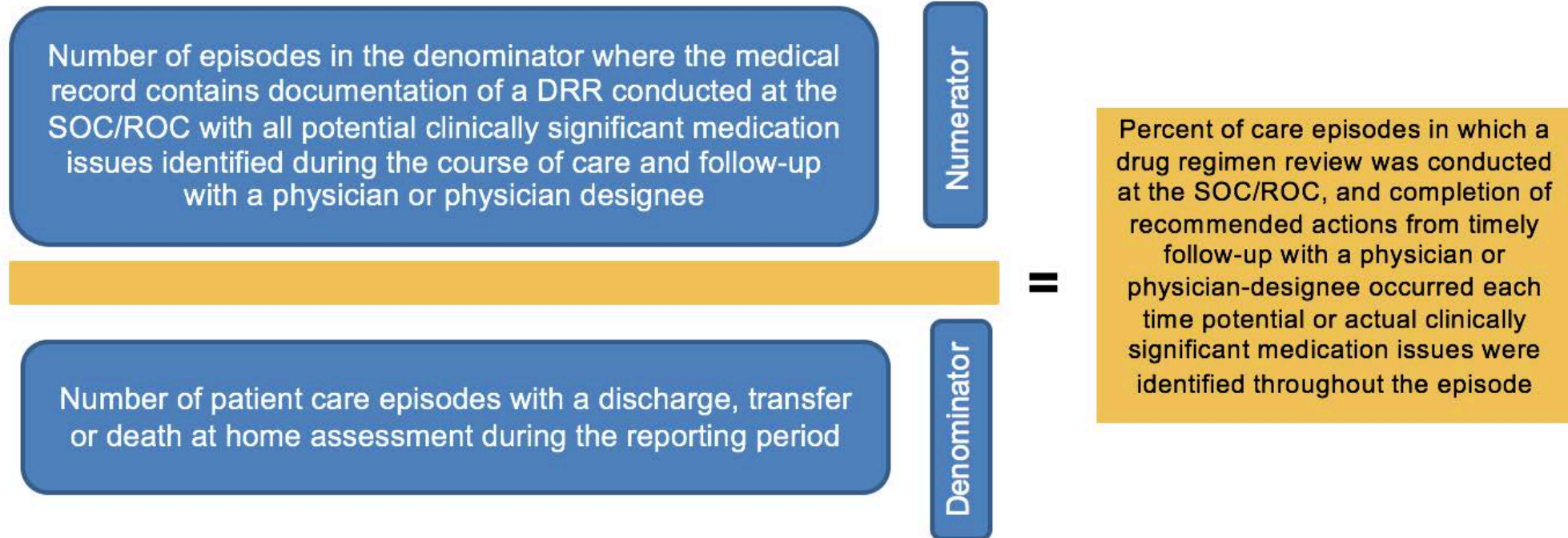
- Calculate the total number of episodes in the denominator where the medical record contains documentation of a drug regimen review conducted at start of care/resumption of care, with all potential clinically significant medication issues identified during the course of care and timely follow up with a physician/physician designee and completion of prescribed/recommended actions.

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No - No issues found during review [Go to M2010] 1 Yes - Issues found during review 9 NA - Patient is not taking any medications [Go to M2040]
(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No 1 Yes <div style="border: 1px solid gray; padding: 5px; display: inline-block; margin-top: 10px;">SKIP M2003 if M2001 = 0 or 9</div>
(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications



Step 3: Calculate the agency's observed rate:

- Divide the Agency's numerator count by its denominator count to obtain the Agency's observed rate.



Applying the Measure Specifications



Applying the Measure Specifications

Responses contributing to numerator

The responses shown here would mean that the measure has been achieved

The responses shown here would mean that the measure has NOT been achieved

Responses NOT contributing to numerator

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code	0 No - No issues found during review [Go to M2010] 1 Yes - Issues found during review 9 NA - Patient is not taking any medications [Go to M2040]
<input type="checkbox"/>	
(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code	0 No 1 Yes
<input type="checkbox"/>	SKIP M2003 if M2001 = 0 or 9
(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code	0 No 1 Yes 9 NA - There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications
<input type="checkbox"/>	

“dash”
(-)

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code	0 No - No issues found during review [Go to M2010] 1 Yes - Issues found during review 9 NA - Patient is not taking any medications [Go to M2040]
<input type="checkbox"/>	
(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code	0 No 1 Yes
<input type="checkbox"/>	
(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code	0 No 1 Yes 9 NA - There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications
<input type="checkbox"/>	



Applying the Measure Specifications

Scenario E:
RN contacted
the physician,
but agency
didn't hear
back timely

The responses shown
here would result in the
measure NOT being
achieved

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No - No issues found during review 1 Yes - Issues found during review 9 NA - Patient is not taking any medications
(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No 1 Yes
(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications



Applying the Measure Specifications

Scenario F:
DRR done at SOC
Potential clinically significant medication issues identified during SOC DRR, and 3 additional times during episode. Each time physician communication and recommended actions were completed by midnight of the next calendar day.

The responses shown here would result in the measure being achieved

(M2001) Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No - No issues found during review [Go to M2010] 1 Yes - Issues found during review 9 NA - Patient is not taking any medications [Go to M2040]
(M2003) Medication Follow-up: Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0 No 1 Yes
(M2005) Medication Intervention: Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0 No 1 Yes 9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications



Quality Reporting

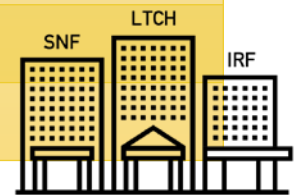


Quality Reporting Timeline

Confidential feedback/CASPER (Certification and Survey Provider Enhanced Reporting) reports = no later than (NLT) one year after data collection begins

Public reporting = no later than two years after data collection begins

	Data Collection Begins	CASPER Reporting	Public Reporting
HOME HEALTH	January 1, 2017	NLT January 2018	NLT January 2019
LTCH	July 1, 2018	NLT July 2019	NLT July 2020
IRF	October 1, 2018	NLT October 2019	NLT October 2020
SNF	October 1, 2018	NLT October 2019	NLT October 2020



COMING SOON



Key Takeaways for Data Accuracy



Key Takeaways

- Understand and apply the definition of “**potential clinically significant medication issue**”
- Identifying a potential clinically significant medication issue can still result in a favorable measure result if timely physician notification and recommended actions are completed.
- When potential clinically significant medication issues are identified at SOC/ROC, don’t forget to consider them again at discharge/transfer/death.
- Make sure that clinicians are assessing for medication issues on an ongoing basis throughout care, and documenting the issue and actions taken
- Only report “patient not taking any medications” if patient is taking NO medications of any kind, by any route of administration
- CMS expects dash use for quality measure items to be a rare occurrence.



Question & Answer Session



For More Information

- [Home Health Quality Reporting Program webpage](#)
- [IMPACT Act of 2014 Data Standardization & Cross Setting Measures webpage](#)
- [Sign up](#) to receive the latest Post-Acute Care information including IMPACT Act updates:



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