PHARMACY NEWSCAPSULE

SEPTEMBER OCTOBER 20 18

DEPARTMENT OF HEALTH SERVICES/DIVISION OF QUALITY ASSURANCE

Douglas Englebert, R. PH.   608-266-5388   douglas.englebert@dhs.wisconsin.gov

APP FOR THAT

"Calm" is a meditation and sleep app. It offers guided meditation for 3-25 minutes on a wide range of topics. Check it out!

MINIMUM DATA SET (MDS) AND DRUG REGIMEN REVIEW (DRR)

As of October 1, 2018, there are new items on the Minimum Data Set (MDS) that need to be coded. Three of those items are related to a drug regimen review (DRR).

N2001. Drug Regimen Review - Complete only if A0310B = 01	
Enter Code ☐	**Did a complete drug regimen review identify potential clinically significant medication issues?** 1. **No** - No issues found during review 2. **Yes** - Issues found during review 9. **NA** - Resident is not taking any medications
N2003. Medication Follow-up - Complete only if N2001 = 1	
Enter Code ☐	**Did the facility 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?** 1. **No** 2. **Yes**
N2005. Medication Intervention - Complete only if A0310H = 1	
Enter Code ☐	Did the facility 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 admission? 1. **No** 2. **Yes** 9. **NA** - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications

MDS and DRR - Requirements

- The MDS DRR is only required on Medicare Part A PPS five-day MDS assessments and when discharging from Medicare. **If a resident is not on Medicare, it is not required.**

  For N2001 (DRR) and N2003 (Follow-up), the instructions state, *"Complete only if A0310B = 01."* A0310B is PPS (Prospective Payment System) Assessment; 01 is the five-day scheduled assessment.

  For N2005, (Medication Intervention), the instructions state, *"Complete only if A0310H = 01."* Section A0310H asks, *"Is this an SNF Part A discharge assessment?"* Of course, for all residents, staff would want to review their medications for potential issues, but they only have to complete these new MDS sections on the PPS five-day and discharge (from Medicare stay, not necessarily from the facility).

- This MDS-required DRR does not have to be coded by a pharmacist. CMS guidance states, *"The Centers for Medicare & Medicaid Services (CMS) does not provide guidance on who can or cannot code the DRR items. Please refer to facility, federal and state policies and procedures to determine which SNF staff members may complete a DRR. Each facility determines its policies and procedures for completing the assessments."* During in-person MDS training, CMS representatives said the DRR does not have to be done by a pharmacist, but must be done by someone with the requisite knowledge and education.

- At time of discharge, facility staff need to look at the resident's entire PPS stay and determine if every time a potential clinically significant medication issue was identified, did they contact the prescriber and carry out prescribed and recommended actions by midnight of the next calendar day. N2005, completed at discharge, covers the resident's whole Medicare stay since admission, not just a review at discharge.

  If staff did not complete prescribed and recommended actions by midnight of the next calendar day for a potential clinically significant medication issue on admission, and they answered "No" for N2003 Follow-up (follow-up not done on time), they would have to also answer "No," all prescribed and recommended actions were not completed by midnight of the next calendar day since admission because the admission DRR and Follow-up is included in N2005.

- The CMS training slide #14 has the following definition: "Clinically Significant Medication Issue—A potential or actual issue that, in the clinician's professional judgment, warrants physician communication and completion of the prescribed/recommended actions by midnight of the next calendar day, at the latest."

MDS and DRR – Resources for MDS Coding

CMS PowerPoint presentation for Section N updates can be downloaded from the following site (Scroll to the bottom 'Downloads' section.): https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/August_2018_SNF_QRP_Follow-Up_Webinar_Section_N_without_answers.pdf.

This CMS page is also accessible from our DHS web page "RAI MDS 3.0 Information" (about a third of the way down the page, the third bullet under "RAI/MDS Items" ("Training material for MDS 3.0...")): https://www.dhs.wisconsin.gov/regulations/nh/rai-mds.htm.

MDS and DRR – Surveyor Questions

- **Is the MDS DRR the same as the monthly DRR completed by consultant pharmacists?**

  MDS coding requirements are different than a drug regimen review conducted under F756 requirements. However, F756 requirements include the following:

  483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug

regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.

The definition of "clinically significant" at F756 states, "*Clinically significant means effects, results, or consequences that materially affect or are likely to affect an individual's mental, physical, or psychosocial well-being either positively by preventing, stabilizing, or improving a condition, or reducing a risk, or negatively by exacerbating, causing, or contributing to a symptom, illness, or decline in status.*"

Pharmacist-completed DRR that identifies clinically significant issues for a Medicare resident who is having a PPS Medicare discharge assessment would be looked at for the MDS coding.

- **When the pharmacist does the DRR, does the MDS DRR rule of "by midnight of the next calendar day" apply for any clinically significant issues found?**

  The rule of "by midnight of the next calendar day" is for this MDS DRR. However, F756 indicates facilities need to define the DRR process, including timeframes. F756 also defines "clinically significant." In most cases, clinically significant issues are typically addressed immediately. These interventions just need to be formally documented to assist those individuals completing the required MDS assessments.

- **What other changes in MDS should surveyors review?**

  In the October 2017 MDS updates, Section N now collects opioids information. Section N450 also collects antipsychotic information, including gradual dose reductions. This information can be an area that surveyors can check antipsychotic use.

N0450: Antipsychotic Medication Review

N0450. Antipsychotic Medication Review	
Enter Code	**A. Did the resident receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever is more recent?** 0. **No** - Antipsychotics were not received → Skip N0450B, N0450C, N0450D, and N0450E 1. **Yes** - Antipsychotics were received on a routine basis only → Continue to N0450B, Has a GDR been attempted? 2. **Yes** - Antipsychotics were received on a PRN basis only → Continue to N0450B, Has a GDR been attempted? 3. **Yes** - Antipsychotics were received on a routine and PRN basis → Continue to N0450B, Has a GDR been attempted?
Enter Code	**B. Has a gradual dose reduction (GDR) been attempted?** 0. **No** → Skip to N0450D, Physician documented GDR as clinically contraindicated 1. **Yes** → Continue to N0450C, Date of last attempted GDR
	C. Date of last attempted GDR: Month – Day – Year
Enter Code	**D. Physician documented GDR as clinically contraindicated** 0. **No** - GDR has not been documented by a physician as clinically contraindicated → Skip N0450E Date physician documented GDR as clinically contraindicated 1. **Yes** - GDR has been documented by a physician as clinically contraindicated → Continue to N0450E, Date physician documented GDR as clinically contraindicated
	E. Date physician documented GDR as clinically contraindicated: Month – Day – Year