

# Home Health

## Quality Reporting Program Provider Training

### Drug Regimen Review Conducted with Follow-Up for Identified Issues

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# Objectives

- Upon completion of the training, participants will be able to:
- Define the following terminology associated with the quality measure (QM):
  - Numerator.
  - Denominator.
  - Denominator Exclusions.
  - QM Calculation Algorithm.

# Objectives

Demonstrate a working knowledge of Items M2001. Drug Regimen Review, M2003. Medication Follow-up, and M2005. Medication Intervention.

- Describe the intent of M2001, M2003, and M2005.
- Interpret the response options for M2001, M2003, and M2005.
- Apply instructions in order to accurately respond to practice scenarios.

# Terminology

- The terms “**Code**” or “**Coding**” used during this training refer to responding or scoring the OASIS assessment items.
  - Not to be confused with ICD-10 coding.

# **Drug Regimen Review Conducted with Follow-Up for Identified Issues**

# Drug Regimen Review Conducted with Follow-Up for Identified Issues

- Adopted as a patient assessment-based, cross-setting quality measure to meet the IMPACT Act requirements, with data collection beginning January 1, 2017.
- This measure assesses whether home health agencies (HHAs) are responsive to potential or actual clinically significant medication issue(s) when such issues are identified.
- This measure will be applied uniformly across the PAC settings.

# Drug Regimen Review Conducted with Follow-Up for Identified Issues

## Quality Measure Description

- Reports the percentage of patient care episodes in which a drug regimen review was conducted at the time of SOC or ROC and timely follow-up with a physician occurred each time potential clinically significant medication issues were identified throughout that care episode.

# Drug Regimen Review Conducted with Follow-Up for Identified Issues

**Numerator**

The number of episodes in the denominator where the medical record contains documentation of a drug regimen review conducted at start of care or resumption of care with all potential clinically significant medication issues identified during the course of care and followed-up with a physician or physician designee.

**Denominator**

The number of patient care episodes with a discharge, transfer or death at home assessment during the reporting period.



# Drug Regimen Review Conducted with Follow-Up for Identified Issues

- **Denominator Exclusions**
  - This measure has no denominator exclusions.
- **Risk Adjustment**
  - This measure is not risk-adjusted or stratified.

# Drug Regimen Review Conducted with Follow-Up for Identified Issues

- **OASIS-C2 Items Included in the QM:**
  - M2001. Drug Regimen Review Item.
  - M2003. Medication Follow-up Item.
  - M2005. Medication Intervention Item.
- If data are missing on any of these three items used to calculate the numerator, the patient will not be included in the numerator count.
- The patient will continue to be counted in the denominator, assuming all denominator criteria for that patient have been met.

# Quality Measure Calculation Algorithm

## **Step 1:** Calculate the denominator count:

- In the HH setting, calculate the number of episodes with a discharge, transfer, or death at home assessment.

# Quality Measure Calculation Algorithm

## **Step 2:** Calculate the numerator count:

- In the HH setting, calculate the total number of episodes in the denominator where the medical record contains documentation of a drug regimen review conducted at: (1) start of care/resumption of care, and (2) discharge with a look back through the entire episode with all potential clinically significant medication issues identified during the course of care and followed up with a physician or physician-designee by midnight of the next calendar day.

# Quality Measure Calculation Algorithm

## **Step 3:** Calculate the HHA observed score:

- Divide the HHA's numerator count by its denominator count to obtain the HHA's observed score; that is, divide the result of Step 2 by the result of Step 1.

# M2001

## Drug Regimen Review

Did a complete drug regimen review  
identify potential clinically significant  
medication issues?

# OASIS-C2 Revisions

OASIS-C1 Item:	OASIS-C2 Item:
<b>M2000. Drug Regimen Review:</b> Does a complete drug regimen review indicate potential clinically significant medication issues (for example, adverse drug reactions, ineffective drug therapy, significant side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance [non-adherence])?	<b>M2001. Drug Regimen Review:</b> Did a complete drug regimen review identify potential clinically significant medication issues?

# OASIS-C1: M2000

**(M2000) Drug Regimen Review:** Does a complete drug regimen review indicate potential clinically significant medication issues (for example, adverse drug reactions, ineffective drug therapy, significant side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance [non-adherence])?

- ☐ 0 - Not assessed/reviewed [*Go to M2010*]
- ☐ 1 - No problems found during review [*Go to M2010*]
- ☐ 2 - Problems found during review
- ☐ NA - Patient is not taking any medications [*Go to M2040*]



# OASIS-C2: M2001

**(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*]

# OASIS-C2 Changes Overview

- Examples taken out of item stem.
- “Not Assessed/Not Reviewed” is no longer a response option.
- Slight wording changes to response options (e.g., “problems” changed to “issues”).
- “NA” Response is now Response “**9**, NA.”

# Item M2001

- **Item Intent:** Identifies if review of the patient's medications indicated any potential clinically significant medication issues.
- **Time Points Completed:**
  - Start of Care.
  - Resumption of Care.

# Medication Interaction

- **Medication interaction** is the impact of another substance (such as another medication, nutritional supplement including herbal products, food, or substances used in diagnostic studies) upon a medication.
- The interactions may:
  - Alter absorption, distribution, metabolism, or elimination.
  - Decrease the effectiveness of the medication or increase the potential for adverse consequences.

# Adverse Drug Reaction

- **Adverse drug reaction (ADR)** is a form of adverse consequences.
  - It may be either a secondary effect of a medication that is usually undesirable and different from the therapeutic effect of the medication.

OR

- Any response to a medication that is noxious and unintended and occurs in doses for prophylaxis, diagnosis, or treatment.

# Side Effects

- A side effect is an expected, well-known reaction that occurs with a predictable frequency and may or may not constitute an adverse consequence.
- The term “side effect” is often used interchangeably with ADR.
- Side effects are one of five ADR categories:
  1. Side effects.
  2. Hypersensitivity.
  3. Idiosyncratic response.
  4. Toxic reactions.
  5. Adverse medication interactions.

# Drug Regimen Review

- The drug regimen review in post-acute care is generally considered to include:
  - Medication reconciliation.
  - A review of all medications a patient is currently using.
  - A review of the drug regimen to identify, and if possible, prevent potential clinically significant medication issues.

# Drug Regimen Review

- Drug regimen review includes:
  - All medications, prescribed and over the counter.
    - Including TPN and herbals.
  - Medications administered by any route.
    - For example, oral, topical, inhalant, pump, injection, intravenous, and via enteral tube.



# Drug Regimen Review

- A potential clinically significant medication issue is 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)**.

# Drug Regimen Review

- 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.

# Drug Regimen Review

Potential or actual clinically significant medication issues may include but are not limited to:

- Adverse reactions to medications (such as a rash).
- Ineffective drug therapy (analgesic that does not reduce pain).
- Side effects (potential bleeding from an anticoagulant).
- Drug interactions (serious drug-drug, drug-food, and drug-disease interactions).

# Drug Regimen Review

Potential or actual clinically significant medication issues may include but are not limited to:

- Duplicate therapy (generic name and brand name equivalent drugs are both prescribed).
- Omissions (missing drugs from an ordered regimen).
- Dosage errors (either too high or too low).
- Nonadherence (regardless of whether the nonadherence is purposeful or accidental).

# Drug Regimen Review

- The clinician responsible for completing the SOC/ROC OASIS assessment must verify and enter information on drug regimen review findings if portions of the document are delegated to other agency staff.
- Collaboration (in which the assessing clinician evaluates patient status and another agency clinician assists with review of the medication list) does not violate the requirement that the comprehensive patient assessment is the responsibility of and must ultimately be completed by one clinician.
- Agency policy and practice will determine this process and how it is documented. The M0090 date—the date the assessment is completed—would be the date the two clinicians collaborated and the assessment was completed.

# M2001 Response-Specific Instructions

0	No
1	Yes
9	NA

**(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 [ <i>Go to M2010</i> ]
1	Yes - Issues found during review
9	NA - Patient is not taking any medications [ <i>Go to M2040</i> ]

# M2001 Response-Specific Instructions

Based on clinical judgment during the drug regimen review, the clinician may determine in the following situations that Response **0**, No – No issues found during review should be entered:

- Patient's list of medications from the inpatient facility discharge instructions matches the medications that the patient shows the clinician at the SOC/ROC assessment visit.
- Assessment shows that diagnoses/symptoms for which the patient is taking medications are adequately controlled (as able to be assessed within the clinician's scope of practice).

# M2001 Response-Specific Instructions

Based on clinical judgment during the drug regimen review, the clinician may determine in the following situations that Response **0**, No – No issues found during review should be entered:

- Patient possesses all medications prescribed.
- Patient has a plan for taking medications safely at the right time.
- Patient is not showing signs/symptoms that could be adverse reactions caused by medications.



# M2001 Response-Specific Instructions

Based on clinical judgment during the drug regimen review, the clinician may determine that a potential clinically significant issue exists, and Response 1, Yes – Issues found during review should be entered:

- Patient's list of medications from the inpatient facility discharge instructions DO NOT match the medications that the patient shows the clinician at the SOC/ROC assessment visit.
- Assessment shows that diagnoses/symptoms for which the patient is taking medications are NOT adequately controlled (as able to be assessed within the clinician's scope of practice).

# M2001 Response-Specific Instructions

Based on clinical judgment during the drug regimen review, the clinician may determine that a potential clinically significant issue exists, and Response 1, Yes – Issues found during review should be entered:

- Patient seems confused about when/how to take medications, indicating a high risk for medication errors.
- Patient has not obtained medications or indicates that he/she will probably not take prescribed medications because of financial, access, cultural, or other issues with medications.
- Patient has signs/symptoms that could be adverse reactions from medications.

# M2001 Response-Specific Instructions

Based on clinical judgment during the drug regimen review, the clinician may determine that a potential clinically significant issue exists, and Response 1, Yes – Issues found during review should be entered:

- Patient takes multiple non-prescribed medications (OTCs, herbals) that could interact with prescribed medications.
- Patient has a complex medication plan with medications prescribed by multiple physicians and/or obtained from multiple pharmacies so that the risk of drug interactions is high.

# M2001 Response-Specific Instructions

- Any of these circumstances listed above must reach a level of clinical significance that warrants notification of the physician/physician-designee for orders or recommendations—by midnight of the next calendar day, at the latest.
- Any circumstance that does not require this immediate attention is not considered a potential or actual clinically significant medication issue.

# M2001 Use of a Dash

- A dash (–) value is a valid response for this item.
- 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 of the item could be completed. However, providers should complete transfer and discharge assessments to the best of their ability when a care episode ends unexpectedly.
- CMS expects dash use to be a rare occurrence.

# Data Sources/Resources

- Patient assessment, specifically the drug regimen review as required by Conditions of Participation (§484.55).
- Clinical record.
- Communication notes.
- Medication list.
- Discussions with other agency staff responsible for completing drug regimen review.

# Data Sources/Resources

- Since medication issues continue to evolve and new medications are being approved regularly, it is important to refer to a current authoritative source for detailed medication information such as indications and precautions, dosage, monitoring, or adverse consequences.
- Physician's Drug Reference (PDR) or other clinical medication handbook or software intended to provide warning of severity levels of risk for medication review.
- CMS OASIS Q&As can be accessed through the CMS OASIS web page.
- Several online resources for evaluating drug reactions, side effects, interactions, etc., can be found in Chapter 5 of this manual.

# M2001 Practice Scenario (1)

- 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.



# M2001 Practice Scenario (2)

- 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 determines this to be a potential clinically significant medication issue. She discusses with the patient the importance of consulting with her physician prior to taking any over-the-counter supplements or medications.

# M2001 Practice Scenario (3)

- As part of the comprehensive assessment visit, the RN conducts the drug regimen review.
- He finds that the patient's list of medications from the inpatient facility matches the medications that the patient has in her home. He determines that no potential clinically significant medication issues exist.
- The patient states that she does not take any over-the-counter or herbal medications.
- The patient is able to take her medications independently.

# 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?

# OASIS-C2 Revisions

OASIS-C1 Item:	OASIS-C2 Item:
<b>M2002. Medication Follow-up:</b> Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?	<b>M2003. Medication Follow-up:</b> 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?

# OASIS-C1: M2002

**(M2002) Medication Follow-up:** Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?

- ☐ 0 - No
- ☐ 1 - Yes

# OASIS-C2: M2003

**(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

# OASIS-C2 Changes Overview

- “Within one calendar day” clarified as “by midnight of the next calendar day.”
- All issues are labeled “potential clinically significant medication issues” for consistency.
- Physician contact AND completion of prescribed/recommended actions are required.

# M2003 Item Intent

- Identifies if potential clinically significant medication issues, identified through a medication review, were addressed with the physician (or physician-designee) by midnight of the next calendar day following their identification.
- A complete drug regimen review and identification of actual or potential clinically significant medication issues are medication management best practices in health care settings.
  - These best practices are not necessarily required in the Conditions of Participation.



# M2003 Time Points Completed

- Start of Care.
- Resumption of Care.

# Contact with Physician

Contact with physician is defined as communication to the physician or physician-designee made by:

- Telephone.
- Voicemail.
- Electronic means.
- Fax.
- Any other means that appropriately conveys the message of patient status.

# Contact with Physician

- 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.

# M2003 Response-Specific Instructions

- Complete if Response 1, Yes is entered for M2001.

0	No
1	Yes

<b>(M2003) Medication Follow-up:</b> 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	

# M2003 Response-Specific Instructions

- To enter Response **1**, Yes, the two-way communication **AND** completion of the prescribed/recommended actions must have occurred by midnight of the next calendar day after the potential clinically significant medication issue was identified.

<b>(M2003) Medication Follow-up:</b> 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
<div style="border: 1px solid black; background-color: yellow; padding: 2px; display: inline-block;">1</div>	1	Yes

# M2003 Response-Specific Instructions

- If the physician/physician-designee recommends an action that will take longer than the allowed time to complete, then Response 1, Yes should be entered as long as by midnight of the next calendar day the agency has taken whatever actions are possible to comply with the recommended action.

**(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

1

# M2003 Response-Specific Instructions

- Examples of recommended actions that would take longer than the allowed time to complete might include:
  - Physician instruction to agency staff to continue to monitor the issue over the weekend and call if problem persists.
  - The physician instructs the patient to address the concern with his PCP on a visit that is scheduled in two days.
- The actual type of actions recommended should be considered in determining if the agency has taken whatever actions are possible by midnight of the next calendar day.

# M2003 Response-Specific Instructions

- If the physician/physician-designee provides no new orders or instruction in response to timely reported potential clinically significant medication issue(s), enter Response **1**, Yes, indicating that the physician/physician-designee was contacted and prescribed/recommended actions were completed.

<b>(M2003) Medication Follow-up:</b> 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
<b>1</b>	1	Yes



# M2003 Response-Specific Instructions

- When multiple potential clinically significant medication issues are identified at the SOC/ROC, **all** must be communicated to the physician/physician-designee, with completion of **all** prescribed/recommended actions occurring by midnight of the next calendar day in order to enter Response 1, Yes.

# M2003 Response-Specific Instructions

- If two potential clinically significant medication issues are identified at the SOC/ROC, both are communicated to the physician/physician-designee timely, and the physician/physician-designee provides a recommended action for each issue, enter Response **1**, Yes if **both** recommended actions are completed by midnight of the next calendar day.
- If both recommended actions could have been addressed by midnight of the next calendar day, but only one was addressed, enter Response **0**, No.

# M2003 Response-Specific Instructions

- If a potential clinically significant medication issue was identified, and the clinician attempted to communicate with the physician, but did not receive communication back from the physician/physician-designee until after midnight of the next calendar day, enter Response **0**, No.

<b>(M2003) Medication Follow-up:</b> 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
<input type="text" value="0"/>	1 Yes

# M2003 Response-Specific Instructions

- If agency staff other than the clinician responsible for completing the SOC/ROC OASIS contacted the physician/physician-designee to follow up on clinically significant medication issues, this information must be communicated to the clinician responsible for the SOC/ROC OASIS assessment so that the appropriate response for M2003 may be entered.
- This collaboration does not violate the requirement that the comprehensive patient assessment is the responsibility of, and must ultimately be completed by one clinician.

# M2003 Use of a Dash

- A dash (–) value is a valid response for this item.
- 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.
- However, providers should complete transfer and discharge assessments to the best of their ability when a care episode ends unexpectedly.
- CMS expects dash use to be a rare occurrence.

# Data Sources/Resources

- Clinical record.
- Communication notes.
- Plan of Care.
- Medication list.
- Discussions with other agency staff responsible for completing drug regimen review.

# M2003 Practice Scenario (1)

- During the SOC comprehensive assessment visit, the RN completes a drug review and identifies that the patient is taking two antihypertensives; one that 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 next day, the RN returns to the home 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 discontinue the previous medication.

# M2003 Practice Scenario (2)

- During the comprehensive assessment visit, the RN completes the drug review and identifies that the patient is taking an anticoagulant and low dose aspirin.
- During the visit, the RN calls the physician's office and leaves a message with the office staff providing notification of the potential drug interaction with these two medications and requests clarification on the medication regimen.
- The physician does not return her phone call until after midnight of the next calendar day.



# M2003 Practice Scenario (3)

- During the comprehensive assessment visit, the RN identifies that the patient's medication regimen review includes an antihypertensive medication. His current BP = 136/78.
- The patient reports that he sometimes feels dizzy when he stands up. The RN calls the physician's office to report the patient's symptoms.
- The physician instructs the RN to monitor the patient's symptoms for 2 days and call if the dizziness continues.
- The RN makes the two additional visits ordered. The patient's symptoms have resolved and BP remains stable.

# 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?

# OASIS-C2 Revisions

OASIS-C1 Item:	OASIS-C2 Item:
<b>M2004. Medication Intervention:</b> If there were any clinically significant medication issues at the time of, or at any time since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day to resolve any identified clinically significant medication issues, including reconciliation?	<b>M2005. Medication Intervention:</b> 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?

# OASIS-C1: M2004

**(M2004) Medication Intervention:** If there were any clinically significant medication issues at the time of, or at any time since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day to resolve any identified clinically significant medication issues, including reconciliation?

- ☐ 0 - No
- ☐ 1 - Yes
- ☐ NA - No clinically significant medication issues identified at the time of or at any time since the previous OASIS assessment

# OASIS-C2: M2005

**(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

# OASIS-C2 Overview of Changes

- Physician contact AND completion of prescribed/recommended actions are required.
- “Each time issues were identified” was added.
- “Within one calendar day” was changed to “by midnight of the next calendar day.”
- “Since previous OASIS” was changed to “Since the SOC/ROC.”
- A response was included for patients not taking medications.

# M2005 Intent

- Identifies if potential clinically significant medication issues such as adverse effects or drug reactions identified at the time of or at any time since the SOC/ROC were addressed with the physician or physician-designee.
- The best practices stated in the item are not necessarily required in the Conditions of Participation.

# M2005 Time Points Completed

- Transfer to inpatient facility.
- Death at home.
- Discharge from agency—not to an inpatient facility.



# M2005 Response-Specific Instructions

0	No
1	Yes
9	NA -

**(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

# M2005 Response-Specific Instructions

- To enter Response 1, Yes, the two-way communication **AND** completion of the prescribed/recommended actions must have occurred by midnight of the next calendar day each time a potential clinically significant issue was identified.

# M2005 Response-Specific Instructions

- If the physician/physician-designee recommends an action that will take longer than the allowed time to complete, then Response 1, Yes should be entered as long as by midnight of the next calendar day the agency has taken whatever actions are possible to comply with the recommended action.

(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
<div>1</div>	9	NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

# M2005 Response-Specific Instructions

- If, when a potential clinically significant issue was identified, the physician/physician-designee provided no new orders or instruction in response to the timely reported concern, Response 1, Yes should be reported, indicating that the physician/physician-designee was contacted and prescribed/recommended actions were completed.

**(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

1

# M2005 Response-Specific Instructions

- When multiple potential clinically significant medication issues were identified since the SOC/ROC, **all** must have been communicated to the physician/physician-designee, with completion of **all** prescribed/recommended actions occurring by midnight of the next calendar day in order to enter Response **1**, Yes.

# M2005 Response-Specific Instructions

- If any potential clinically significant medication issue 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 physician/physician-designee recommended action, enter Response **0**, No.

(M2005) <b>Medication Intervention:</b> 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
<div>0</div>	9 NA – There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications

# M2005 Response-Specific Instructions

- If the last OASIS assessment completed was the SOC or ROC, and a clinically significant medication issue was identified at that SOC or ROC visit, the issue would be reported at both the SOC/ROC (on M2003) and again at Transfer, Death, or Discharge (on M2005), since the time frame under consideration for M2005 is at the time of or at any time since SOC/ROC.

# M2005 Use of a Dash

- A dash (–) value is a valid response for this item.
- 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.
- However, providers should complete transfer and discharge assessments to the best of their ability when a care episode ends unexpectedly.
- CMS expects dash use to be a rare occurrence.



# Data Sources/Resources

- Clinical record.
- Communication notes.
- Medication list.
- Plan of Care.
- Discussions with other agency staff responsible for completing drug regimen review.

# M2005 Practice Scenario (1)

- 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.

# M2005 Practice Scenario (2)

- During the Discharge assessment visit, the RN reviews the patient's medication list and confirms that no potential clinically significant medication issues are present.
- In reviewing the clinical record, there is documentation that a drug regimen review was conducted earlier in the episode, and no potential clinically significant medication issues were identified.
- There is no other documentation to indicate that potential clinically significant medication issues occurred during the episode of care.

# M2005 Practice Scenario (3)

- During the SOC comprehensive assessment, the RN completing the drug regimen review, identified a clinically significant issue, contacted the physician, and resolved the issue by midnight of the next calendar day.
- During the discharge assessment visit, the RN reviewing the patient's medication list finds no potentially clinically significant medication issues.
- A review of the patient's clinical record notes that a drug regimen review was done during the episode of care, but no potential clinically significant medication issues were identified.

# Summary

- M2001, M2003, and M2005 are included in the calculation of the “Drug Regimen Review Conducted with Follow-Up for Identified Issues” Quality Measure.
- A Drug Regimen Review (M2001) is completed at SOC/ROC to identify potential or actual clinically significant medication issues.
- Medication Follow-up (M2003) is completed at SOC/ROC to determine if issues identified in M2001 were addressed with the physician (or physician-designee) by midnight of the next calendar day.
- Medication Intervention (M2005) is completed at transfer, death at home, or discharge to identify if medication issues identified at the time of or any time since the SOC/ROC were addressed with the physician or physician-designee.

# Action Plan

- Review/revise policies and procedures for items M2001. Drug Regimen Review, M2003. Medication Follow-up, and M2005. Medication Intervention.
- Develop an education plan for clinicians.
  - Practice coding a variety of scenarios with staff.
- Annual Performance Improvement Plan
  - Consider a review of items to ensure accuracy in data collection.

# Resources

- OASIS Educational Coordinators:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/downloads/OASISeducationalcoordinators.pdf>
- Home Health Quality Reporting:  
[HomeHealthQualityQuestions@cms.hhs.gov](mailto:HomeHealthQualityQuestions@cms.hhs.gov).
- QTSO Help Desk
  - Telephone: (800) 339-9313
  - Email: [help@qtso.com](mailto:help@qtso.com)
  - Web site: <https://www.qtso.com/index.php>

# Questions?