So You Think You Know OASIS?

Drug Regimen Review from Assessment through Management

Presented by:
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December 11, 2012

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Whose Job is It?

Patient Safety

- Not just the responsibility of the admitting service
- Involves the entire care team:
  - Nursing
  - Therapy
  - Home Health Aide
  - Medical Social Worker
Medicare COP: Drug Regimen Review
42 CFR 484.55(c)

G337 – The comprehensive assessment must include a review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy and noncompliance with drug therapy.

Jan. 25, 1999

“I will NOT risk my license”

Record Medication(s)
• Prescription
• Over the counter

Assess patient
• Side effects
• Ineffective therapy
• Compliance

Relationships
• Duplicates
• Interactions

CMS Comments

“Medication management and education: Physical therapists are more than capable of completing the drug regimen review item. It is within the scope of the physical therapist to perform a patient screen in which medication issues are assessed even if the physical therapist does not perform the specific care needed to address the medication issue.”
Who is Responsible?

- The discipline completing the comprehensive assessment bears the initial responsibility for DRR.
- Each and every visit should include a degree of medication management within the scope of the discipline.
  - Orders?
  - Education?
  - Communication to the MD? To the team?

Components of the DRR

- Recording the medications
- Assessing the patient
- Interpreting medication relationships

Recording the Medications

- Everything we find in the home on admission:
  - Oral, inhaled, and injectable
  - Prescriptions filled
  - Prescriptions yet to be filled
  - Over the counter
  - Herbals, vitamins, supplements...
- Accurately record the start date, name, dose, frequency, route and if new or changed.
Assessing the Patient

Looking for:
- Ineffective drug therapy
- Significant side effects
- Non-compliance with drug therapy

Required as part of the comprehensive assessment but is NOT where it stops.

Areas to Assess

Patient / Caregiver knowledge

Impact of medication on physical conditions
- Vital signs
- Pain scale
- Depression / anxiety

Side effects / undesirable results
- Consultation with physician

Compliance with regimen

Medication Relationships

Watching for:
- Duplications
- Interactions

Assistance can be provided by an office based clinician and/or computer program.
Policies and Procedures

• Admission completed by nursing?
• Admission completed by therapy?
• Admission completed by nursing AND the case becomes therapy “only”?

M2000 Drug Regimen Review SOC/ROC

(M2000) Drug Regimen Review: Does a complete drug regimen review indicate potential clinically significant medication issues, e.g., drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance?

- 0 - Not assessed/reviewed [do as M0218P]
- 1 - No problems found during review [do as M0219P]
- 2 - Problems found during review
- N/A - Patient is not taking any medications [do as M0218P]

Best Practice review includes all meds, prescribed and over the counter, administered by any route; completed in assessment time frames (SOC 5 days, ROC 2 days) required by Medicare COP 42 CFR 484.55(c).

Potentially clinically significant “problems”:
• Actual/potential threat to safety and well-being based on assessing clinician’s judgment
• As identified in the item description

Alert! Agency clinicians may collaborate. Must communicate findings to the assessor. May change M0090 assessment completed date.

Medication Management
M2020 Management of Oral Meds

Management of Oral Medications: Patent’s current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/hours. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)

☐ 1 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.
☐ 2 - Able to take medication(s) at the correct times if:
  (a) individual dosages are prepared in advance by another person.
  (b) another person administers a drug diary or chart.
☐ 3 - Unable to take medication unless administered by another person.
☐ NA - No oral medications prescribed.

All p.o. meds, Rx and OTC, all the time!
Right patient, Right drug, Right dose, Right route, Right time
At the time of assessment (previous 24 hrs), were any barriers present to keep the patient from taking all medications at the correct time and dose?

You determine the patient is able to set up and prepare his medications correctly and reliably with the use of a multi-day pill planner. He reports remembering to take them, but you notice the Coumadin from yesterday is still in the box. He is alert and oriented and there is no evidence of confusion or noncompliance or a physician’s order to hold the medication. Upon questioning he says, “I didn’t take it.”

M2030 Management of Injectable Medications

Management of Injectable Medications: Patent’s current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/hours. Excludes IV medications.

☐ 1 - Able to independently take the correct medication(s) and proper dosage(s) at the correct times.
☐ 2 - Able to take injectable medication(s) at the correct times if:
  (a) individual syringes are prepared in advance by another person.
  (b) another person administers a drug diary or chart.
☐ 3 - Unable to take injectable medication(s) at the correct times if given reminders by another person based on the frequency of the injection.
☐ NA - No injectable medications prescribed.

Consider administering by injection using a needle and syringe ordered to be given SQ or IM in the home during the episode of care, including a flu shot.

Excludes: Infusion, meds, meds via pump or given outside the home.
M2040 Prior Medication Management

(M244) Prior Medication Management: Indicate the patient’s usual ability with managing oral and injectable medications prior to the current illness, exacerbation, or injury. Check only one box in each row.

<table>
<thead>
<tr>
<th>Functional Area</th>
<th>Independent</th>
<th>Needed Some Help</th>
<th>Dependent</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Oral medications</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>b. Injectable medications</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

M2002 Medication Follow-Up
SOC/ROC

(M2661) Medication Follow-up: Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reevaluation?

- 0 = No
- 1 = Yes

Best Practice conducted within assessment time frame.

Select YES if agency contacts and physician responds to the communication with acknowledgment of receipt of information and/or further advice or instructions by the end of the next calendar day and within assessment timeframe.

Alert! Agency staff may collaborate. Must communicate actions to the assessor. May change MO990 assessment completed date.

M2004 Medication Intervention
TIF/DC

(M2204) Medication Intervention: If there were any clinically significant medication issues since the previous CASSIS assessment, was a physician or the physician-designee contacted within one calendar day of the assessment to resolve clinically significant medication issues identified since the previous CASSIS assessment?

- 0 = No
- 1 = Yes
- NA = No clinically significant medication issues identified since the previous CASSIS assessment

• Select “No” and “NA” carefully.
• Expect more “NA” responses.
**M2010 High Risk Drug Education**

**SOC/ROC**

(M2010) Patient/Caregiver High Risk Drug Education: Has the patient/caregiver received instruction on special precautions for high-risk medications (such as anticoagulants, hypoglycemics, etc.) and how and when to report problems that may occur?

- 0 - No
- 1 - Yes
- N/A - Patient not taking any high risk drugs. DR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications.

High risk medications: Increased risk of causing significant harm when used in error (e.g., anticoagulants, hypoglycemics, etc.)

Best Practice occurs during assessment time frames (SOC 5 days, ROC 2 days).

Instructions include:
- Precautions for taking
  - How to monitor for side effects and adverse effects
  - When, who, and how to contact health care provider

Alert! Agency staff may collaborate. Must communicate actions to the assessor. May change M0090 assessment completed date.

**M2015 Drug Education Intervention**

**TIF/DC**

(M2015) Patient/Caregiver Drug Education Intervention: Since the previous DASG assessment, was the patient/caregiver visited by agency staff or other health care provider to monitor the effectiveness of drug therapy, drug reactions, and side effects, and how and when to report problems that may occur?

- 0 - No
- 1 - Yes
- N/A - Patient not taking any drugs

Captures Best Practice during quality episode for general medication instruction.

Instructions include:
- Precautions for taking
  - How to monitor for side effects and adverse effects.
  - When, who, and how to contact health care provider.

**M2100 Types and Sources of Assistance**

**SOC/ROC/DC**

(M2100) Types and Sources of Assistance: Determine the level of caregiver ability and willingness to provide assistance for the following activities. If assistance is needed, check box for type of assistance.

<table>
<thead>
<tr>
<th>Type of Assistance</th>
<th>Base Category</th>
<th>Assistance needed</th>
<th>Assistance will provide assistance</th>
<th>Types of Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADL assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IADL assistance</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Medication</td>
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</tbody>
</table>

Row a – ADLs include basic self-care activities such as the examples listed.

Row b – IADLs include activities associated with independent living necessary to support the ADLs such as the examples listed.

Row c – Medication administration refers to any type of medication (prescribed or OTC) and any route of administration including oral, inhalant, injectable, topical, or administration via g-tube/j-tube, etc.
### M2100 Types and Sources of Assistance

#### SOC/ROC/DC

<table>
<thead>
<tr>
<th>Type of Assistance</th>
<th>No assistance needed in this area</th>
<th>Can/must provide assistance</th>
<th>Need training or supportive services to provide</th>
<th>Can/must provide assistance</th>
<th>Unlikely it will provide assistance</th>
<th>Assistance needed but can/must provide assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Row f – Supervision and safety (e.g., due to cognitive impairments)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Row g – Advocacy or facilitation of patient's participation in appropriate medical care (includes transportation to or from appointments)</td>
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</tbody>
</table>

**Row f** – Supervision and safety includes needs related to the ability of the patient to safely remain in the home. This category of assistance needs includes a wide range of activities that may be necessary due to cognitive, functional, or other health deficits. Such assistance may range from calls to remind the patient to take medications, to in-person visits to ensure that the home environment is safely maintained, to the need for the physical presence of another person in the home to ensure that the patient doesn’t wander, fall, or for other safety reasons (i.e., leaving the stove burner on).

**Row g** – Advocacy or facilitation of patient's participation in appropriate medical care includes taking patient to medical appointments, following up with filling prescriptions, or making subsequent appointments, etc.