HOW IS THE IMPACT ACT IMPACTING YOU?

Presented by:
Deborah Milito, Pharm D, BCGP, FASCP
Director of Clinical and Consultant Services – Skilled Division
Chief Antimicrobial Stewardship Officer
Diamond Pharmacy Services

“I have no actual or potential conflict of interest related to this presentation. I have no financial relationships with regard to this presentation to disclose”.

IMPROVING MEDICARE POST-ACUTE CARE TRANSFORMATION (IMPACT ACT OF 2014)

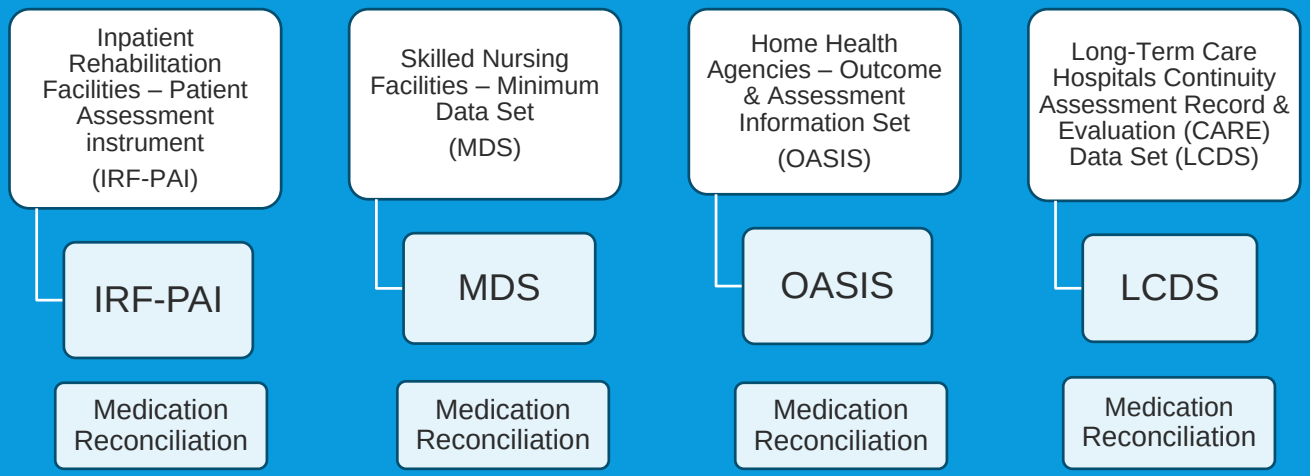
Objectives:

- Define the IMPACT Act
- Describe the Intent of Section “N” Items on the Minimum Data Set (MDS)
- List Examples of Clinically Significant Medication Issues
- Discuss the Quality Measure (QM) – Performance Improvement Project (PIP)
- Interpret specific scenarios
- Introduce the Patient Driven Payment Model (PDPM)

IMPACT ACT 2014 HISTORY

- Bipartisan bill passed on September 18, 2014 and signed into law October 6, 2014
- Requires standardized patient assessment data across Post-Acute Care (PAC) settings to enable:
  - Improvements in quality of care and outcomes
  - Comparisons of quality across PAC settings
  - Information exchange across PAC settings
  - Enhanced care transitions and coordinated care
  - Person-centered and goals-driven care planning and discharge planning
  - Research

Post-Acute Care Settings:



MDS SECTION N

NEW Requirements in MDS Section N: Drug Regimen Review

Effective October 1, 2018

CMS announced in 2016, that over the next three years they would be rolling out more key points to the MDS 3.0 program and relate many of the functionalities to the IMPACT Act of 2014. The new MDS Section N reporting requirements on Drug Regimen Review are scheduled to go into effect on October 1, 2018, and final details were released in May of this year. These represent a change in the reporting requirements and the prompt performance and follow up on Drug Regimen Review findings for newly admitted and readmitted Medicare Part A residents.

Overview:

The questions in Section N2001, N2003 and N2005 appear as follows:

N2001.Drug Regimen Review – Complete only if A0310B=01	
Enter Code ☐	**Did a complete drug regimen review identify potential clinically significant medication issues?** **A. No –** No issues found during review → Skip to O0100, Special Treatments, Procedures, and Programs **B. Yes** – Issues found during review → Continue to N2003, Medication Follow-up **9. NA** – Resident is not taking any medications → Skip to O0100, Special Treatments, Procedures and Programs
N2003. Medication Follow-up	
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?** **0. No** **1. 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?** **0. No** **1. Yes** 9. **NA** – Resident is not taking

Look carefully at the language in the very first line of the N2001, which reads: “Complete only if A0310B = 01”. Section A0310B reads as follows:

A0310. Type of Assessment	
Enter Code 	**A. Federal OBRA Reason for Assessment** 01. **Admission** assessment (required by day 14) **02. Quarterly** review assessment **03. Annual** assessment **04. Significant change in status** assessment **05. Significant correction** to **prior comprehensive** assessment **06. Significant correction** to **prior quarterly** assessment 99. **None of the above**
Enter Code 	**A. PPS Assessment** **PPS Scheduled Assessments for a Medicare Part A Stay** 01. **5-day** scheduled assessment **02. 14-day** scheduled assessment **03. 30-day** scheduled assessment

Section **A0310, B. 01** indicates that the new sections N2001 and N2003 are to be completed as part of the “5-day scheduled assessment” of newly admitted and readmitted Medicare Part A residents, requiring that Drug Regimen Review be completed as close to the time of admission as reasonably possible. This review begins with the medication reconciliation performed by the nurse when doing admission orders and continues throughout the residents stay under Medicare Part A.

Further, section N2003 required that any **“clinically significant,”** finding be promptly communicated to the prescriber, to be facilitate obtaining an answer by midnight of the next day. Section N2005, to be completed on discharge assessment, essentially requires the same.

DRUG REGIMEN REVIEW (DRR)
vs
MEDICATION REGIMEN REVIEW (MRR)

DRUG REGIMEN REVIEW FOR NEW ADMITS (DRR)
OR
ADMISSION DRUG REGIMEN REVIEW (ADRR)

What Does the DRR Include?

- The DRR includes all medications:
  - Prescribed and/or over the counter, including nutritional supplements, vitamins, and homeopathic and herbal products
  - Administered by any route

- The DRR also includes total parenteral nutrition (TPN) and oxygen

What does the DRR Include (cont.)

- A DRR includes:
  - Medication reconciliation
  - A review of all medications a resident is currently using
  - A review of the drug regimen to identify, and, if possible, prevent potential clinically significant medication adverse consequences

EXAMPLES

Skilled Nursing Department
645 Kolter Drive ♦ Indiana, PA 15701-3570

Ph. 800.882.6337 ♦ Fax 888.284.3784
www.diamondpharmacy.com

Skilled Resident Drug Regimen Review Interim

Resident Name: _____ Facility: _____

Provider: _____ D.O.B.: _____ Room: _____ NS: _____

Allergies: _____

A diagnosis is needed for the following medications: ☐ None Needed ☐ Clarification Needed ☐ All routine meds. need a Diagnoses

_____ _____ _____ _____

Labs/Monitoring that are recommended to be drawn and to be within the corresponding parameters to ensure the safety and efficacy of the medication therapy (if not already ordered):

☐ A1C/FBS	_____	☐ Dig level	_____
☐ TSH	_____	☐ BMP	_____
☐ VPA	_____	☐ Pulse	_____
☐ Phenytoin	_____	☐ GFR/SrCr	_____
☐ LFT's	_____	☐ Fe Panel & Ferritin	_____
☐ Lipid Panel	_____	☐ CBC	_____
☐ BP	_____	☐ Mg	_____
☐ INR	_____	☐ Other	_____
☐ 25-OH Vit D.	_____	☐ No Labs needed	

The following medication(s) is/are potentially inappropriate as per the Beer's List. Please re-evaluate the necessity of the medication(s).

_____

Psychoactive Medications/Concerns:	
Pain Management Concerns: (Monitor for use and correct documentation)	
Antimicrobial Stewardship:	
Other Pharmacologic Concerns:	

_____ _____
Pharmacist Date

_____ _____
Facility Staff Date

Revised: 10/2018

***** Please direct any discrepancies to the resident's physician or physician designee*****
***** PLEASE KEEP AS PART OF PERMANENT RECORD – DO NOT PURGE *****

~DO NOT WRITE BELOW THIS LINE~

Skilled Nursing Department
645 Kolter Drive ♦ Indiana, PA 15701-3570
Ph. 800.882.6337 ♦ Fax 888.284.3784
www.diamondpharmacy.com

Skilled Resident Drug Regimen Review Interim

Resident Name: _____ Facility: _____

Provider: _____ D.O.B.: _____ Room: _____ NS: _____

Allergies: Indomethacin

A diagnosis is needed for the following medications: ☐ None Needed ☐ Clarification Needed ☐ All routine meds. need a Diagnoses

_____ _____ _____ _____

Labs/Monitoring that are recommended to be drawn and to be within the corresponding parameters to ensure the safety and efficacy of the medication therapy (if not already ordered):

☐ A1C/FBS		☐ Dig level	
☐ TSH		☐ BMP	
☐ VPA		☐ Pulse	
☐ Phenytoin		☐ GFR/SrCr	Gabapentin Duloxetine
☐ LFT's		☐ Fe Panel & Ferritin	
☐ Lipid Panel		☐ CBC	
☐ BP		☐ Mg	
☐ INR		☐ Other	
☐ 25-OH Vit D.		☐ No Labs needed	

The following medication(s) is/are potentially inappropriate as per the Beer's List. Please re-evaluate the necessity of the medication(s).

Psychoactive Medications/Concerns:	Duloxetine
Pain Management Concerns: (Monitor for use and correct documentation)	PRN Ibuprofen - Allergy to Indomethacin
Antimicrobial Stewardship:	Appropriate dx Ciprofloxacin eye drops - says irritation
Other Pharmacologic Concerns:	Steroid Inhaler

Pharmacist _____ Date _____

Facility Staff _____ Date _____

Revised: 10/2018

***** Please direct any discrepancies to the resident's physician or physician designee*****
***** PLEASE KEEP AS PART OF PERMANENT RECORD – DO NOT PURGE *****

"DO NOT WRITE BELOW THIS LINE"

Skilled Nursing Department
645 Kolter Drive ♦ Indiana, PA 15701-3570

Ph. 800.882.6337 ♦ Fax 888.284.3784
www.diamondpharmacy.com

Skilled Resident Drug Regimen Review Interim

Resident Name: _____ Facility: _____

Provider: _____ D.O.B.: _____ Room: _____ NS: _____

Allergies: _____

A diagnosis is needed for the following medications: ☐ None Needed ☐ Clarification Needed ☐ All routine meds. need a Diagnoses

_____ _____ _____ _____

Labs/Monitoring that are recommended to be drawn and to be within the corresponding parameters to ensure the safety and efficacy of the medication therapy (if not already ordered):

☐ A1C/FBS		☐ Dig level	
☐ TSH	Levothyroxine/Amiodarone	☐ BMP	Lisinopril
☐ VPA		☐ Pulse	
☐ Phenytoin		☐ GFR/SrCr	Eliquis/Metformin
☐ LFT's	Amiodarone	☐ Fe Panel & Ferritin	
☐ Lipid Panel	Atorvastatin/Pravastatin	☐ CBC	
☐ BP		☐ Mg	Mag Ox
☐ INR		☐ Other	
☐ 25-OH Vit D.		☐ No Labs needed	

The following medication(s) is/are potentially inappropriate as per the Beer's List. Please re-evaluate the necessity of the medication(s).

_____

Psychoactive Medications/Concerns:	
Pain Management Concerns: (Monitor for use and correct documentation)	Diclofenac gel - need amount to be applied in gm
Antimicrobial Stewardship:	
Other Pharmacologic Concerns:	Montelukast

_____ _____
Pharmacist Date

_____ _____
Facility Staff Date

Revised: 10/2018

***** Please direct any discrepancies to the resident's physician or physician designee*****
***** PLEASE KEEP AS PART OF PERMANENT RECORD – DO NOT PURGE *****

~DO NOT WRITE BELOW THIS LINE~

DIAMOND
Skilled Nursing Department
645 Kolter Drive ♦ Indiana, PA 15701-3570
Ph. 800.882.6337 ♦ Fax 888.284.3784
www.diamondpharmacy.com

Skilled Resident Drug Regimen Review Interim

Resident Name: _____ Facility: _____

Provider: _____ D.O.B.: _____ Room: _____ NS: _____

Allergies: _____

A diagnosis is needed for the following medications: ☐ None Needed ☐ Clarification Needed ☐ All routine meds. need a Diagnoses

_____ _____ _____ _____

Labs/Monitoring that are recommended to be drawn and to be within the corresponding parameters to ensure the safety and efficacy of the medication therapy (if not already ordered):

☐ A1C/FBS	Januvia/Glimepiride	☐ Dig level	
☐ TSH		☐ BMP	Lisinopril/TMP-SMX
☐ VPA	Divalproex	☐ Pulse	
☐ Phenytoin		☐ GFR/SrCr	Januvia/Allopurinol/Xarelto
☐ LFT's		☐ Fe Panel & Ferritin	Epoetin alfa
☐ Lipid Panel		☐ CBC	
☐ BP		☐ Mg	
☐ INR		☐ Other	Uric Acid-Allopurinol
☐ 25-OH Vit D.		☐ No Labs needed	

The following medication(s) is/are potentially inappropriate as per the Beer's List. Please re-evaluate the necessity of the medication(s).

Psychoactive Medications/Concerns:	Mirtazapine
Pain Management Concerns: (Monitor for use and correct documentation)	
Antimicrobial Stewardship:	TMP-SMX for prophylaxis
Other Pharmacologic Concerns:	Xarelto

_____ _____
Pharmacist Date

_____ _____
Facility Staff Date

Revised: 10/2018

***** Please direct any discrepancies to the resident's physician or physician designee*****
***** PLEASE KEEP AS PART OF PERMANENT RECORD – DO NOT PURGE *****

"DO NOT WRITE BELOW THIS LINE"

Skilled Nursing Department
645 Kolter Drive ♦ Indiana, PA 15701-3570
Ph. 800.882.6337 ♦ Fax 888.284.3784
www.diamondpharmacy.com

Skilled Resident Drug Regimen Review Interim

Resident Name: _____ Facility: _____

Provider: _____ D.O.B.: _____ Room: _____ NS: _____

Allergies: _____

A diagnosis is needed for the following medications: ☐ None Needed ☐ Clarification Needed ☐ All routine meds. need a Diagnoses

_____ Your examples _____ _____

Labs/Monitoring that are recommended to be drawn and to be within the corresponding parameters to ensure the safety and efficacy of the medication therapy (if not already ordered):

☐ A1C/FBS	_____	☐ Dig level	_____
☐ TSH	_____	☐ BMP	_____
☐ VPA	_____	☐ Pulse	_____
☐ Phenytoin	_____	☐ GFR/SrCr	_____
☐ LFT's	_____	☐ Fe Panel & Ferritin	_____
☐ Lipid Panel	_____	☐ CBC	_____
☐ BP	_____	☐ Mg	_____
☐ INR	_____	☐ Other	_____
☐ 25-OH Vit D.	_____	☐ No Labs needed	

The following medication(s) is/are potentially inappropriate as per the Beer's List. Please re-evaluate the necessity of the medication(s).

_____

Psychoactive Medications/Concerns:	
Pain Management Concerns: (Monitor for use and correct documentation)	
Antimicrobial Stewardship:	
Other Pharmacologic Concerns:	

_____ _____
Pharmacist Date

_____ _____
Facility Staff Date

Revised: 10/2018

***** Please direct any discrepancies to the resident's physician or physician designee*****
***** PLEASE KEEP AS PART OF PERMANENT RECORD – DO NOT PURGE *****

~DO NOT WRITE BELOW THIS LINE~

Skilled Nursing Department
645 Kolter Drive ♦ Indiana, PA 15701-3570
Ph. 800.882.6337 ♦ Fax 888.284.3784
www.diamondpharmacy.com

Skilled Resident Medication Reconciliation

Resident Name: _____ Facility: _____

Provider: _____ D.O.B.: _____ Room: _____ NS: _____

☒ No irregularities found	☐ Hospital (or other area) discharge medication list not sent. Medication reconciliation could not be completed. DO NOT RESEND

1	
2	
3	
4	
5	
6	
7	
8	

Pharmacist	Date
Facility Staff	Date

DIAMOND'S assessments, analysis and recommendations are based off of information supplied by the Facility. The end-user of this Document has an independent obligation to independently verify all information and recommendations provided herein. DIAMOND bears no liability for harm or injury caused by any action or inaction taken by any third-party in conjunction with this Reconciliation.

Revised:3/19

***** Please direct any discrepancies to the resident's physician or physician designee. *****

***** PLEASE KEEP AS PART OF PERMANENT RECORD – DO NOT PURGE *****

~DO NOT SEND BACK TO DIAMOND~

Skilled Nursing Department
645 Kolter Drive ♦ Indiana, PA 15701-3570
Ph. 800.882.6337 ♦ Fax 888.284.3784
www.diamondpharmacy.com

Skilled Resident Medication Reconciliation

Resident Name: _____ Facility: _____

Provider: _____ D.O.B.: _____ Room: _____ NS: _____

☐ No irregularities found	☒ Hospital (or other area) discharge medication list not sent. Medication reconciliation could not be completed. DO NOT RESEND

1	
2	
3	
4	
5	
6	
7	
8	

Pharmacist	Date
Facility Staff	Date

DIAMOND'S assessments, analysis and recommendations are based off of information supplied by the Facility. The end-user of this Document has an independent obligation to independently verify all information and recommendations provided herein. DIAMOND bears no liability for harm or injury caused by any action or inaction taken by any third-party in conjunction with this Reconciliation.

Revised:3/19

***** Please direct any discrepancies to the resident's physician or physician designee. *****

***** PLEASE KEEP AS PART OF PERMANENT RECORD – DO NOT PURGE *****

~DO NOT SEND BACK TO DIAMOND~

Skilled Nursing Department
645 Kolter Drive ♦ Indiana, PA 15701-3570

Ph. 800.882.6337 ♦ Fax 888.284.3784
www.diamondpharmacy.com

Skilled Resident Medication Reconciliation

Resident Name: _____ Facility: _____

Provider: _____ D.O.B.: _____ Room: _____ NS: _____

☐ No irregularities found	☒ Hospital (or other area) discharge medication list not sent. Medication reconciliation could not be completed. DO NOT RESEND

1	Hosp D/C states ASA 81mg EC PCC states ASA 81 Clinically significant?
2	
3	
4	
5	
6	
7	
8	

Pharmacist	Date
Facility Staff	Date

DIAMOND'S assessments, analysis and recommendations are based off of information supplied by the Facility. The end-user of this Document has an independent obligation to independently verify all information and recommendations provided herein. DIAMOND bears no liability for harm or injury caused by any action or inaction taken by any third-party in conjunction with this Reconciliation.

Revised:3/19

***** Please direct any discrepancies to the resident's physician or physician designee. *****

***** PLEASE KEEP AS PART OF PERMANENT RECORD – DO NOT PURGE *****

~DO NOT SEND BACK TO DIAMOND~

Skilled Nursing Department
645 Kolter Drive ♦ Indiana, PA 15701-3570
Ph. 800.882.6337 ♦ Fax 888.284.3784
www.diamondpharmacy.com

Skilled Resident Medication Reconciliation

Resident Name: _____ Facility: _____

Provider: _____ D.O.B.: _____ Room: _____ NS: _____

☐ No irregularities found	☒ Hospital (or other area) discharge medication list not sent. Medication reconciliation could not be completed. DO NOT RESEND

1	Hosp D/C states Diltiazem CD 120 mg po daily PCC states Diltizem 120mg po daily
2	
3	
4	
5	
6	
7	
8	

Pharmacist	Date
Facility Staff	Date

DIAMOND'S assessments, analysis and recommendations are based off of information supplied by the Facility. The end-user of this Document has an independent obligation to independently verify all information and recommendations provided herein. DIAMOND bears no liability for harm or injury caused by any action or inaction taken by any third-party in conjunction with this Reconciliation.

Revised:3/19

***** Please direct any discrepancies to the resident's physician or physician designee. *****

***** PLEASE KEEP AS PART OF PERMANENT RECORD – DO NOT PURGE *****

~DO NOT SEND BACK TO DIAMOND~

Skilled Nursing Department
645 Kolter Drive ♦ Indiana, PA 15701-3570
Ph. 800.882.6337 ♦ Fax 888.284.3784
www.diamondpharmacy.com

Skilled Resident Medication Reconciliation

Resident Name: _____ Facility: _____

Provider: _____ D.O.B.: _____ Room: _____ NS: _____

☐ No irregularities found	☒ Hospital (or other area) discharge medication list not sent. Medication reconciliation could not be completed. DO NOT RESEND

1	Hosp D/C states Prandin 0.5 mg po tid before meals PCC states Prandin 0.5 mg po (0800,1800,2000)
2	
3	
4	
5	
6	
7	
8	

Pharmacist	Date
Facility Staff	Date

DIAMOND'S assessments, analysis and recommendations are based off of information supplied by the Facility. The end-user of this Document has an independent obligation to independently verify all information and recommendations provided herein. DIAMOND bears no liability for harm or injury caused by any action or inaction taken by any third-party in conjunction with this Reconciliation.

Revised:3/19

***** Please direct any discrepancies to the resident's physician or physician designee. *****

***** PLEASE KEEP AS PART OF PERMANENT RECORD – DO NOT PURGE *****

~DO NOT SEND BACK TO DIAMOND~

Skilled Nursing Department
645 Kolter Drive ♦ Indiana, PA 15701-3570

Ph. 800.882.6337 ♦ Fax 888.284.3784
www.diamondpharmacy.com

Skilled Resident Medication Reconciliation

Resident Name: _____ Facility: _____

Provider: _____ D.O.B.: _____ Room: _____ NS: _____

☐ No irregularities found	☒ Hospital (or other area) discharge medication list not sent. Medication reconciliation could not be completed. DO NOT RESEND

1	Hosp DC states Baclofen 20 mg po bid PCC states Baclofen 10 mg po tid
2	Hosp DC states Senna po daily prn PCC states Senna po daily
3	Hosp DC states MVI PCC states MVI with M
4	
5	
6	
7	
8	

Pharmacist	Date
Facility Staff	Date

Revised3/19

***** Please direct any discrepancies to the resident's physician or physician designee. *****

***** PLEASE KEEP AS PART OF PERMANENT RECORD – DO NOT PURGE *****

~DO NOT SEND BACK TO DIAMOND~

Skilled Nursing Department
645 Kolter Drive ♦ Indiana, PA 15701-3570

Ph. 800.882.6337 ♦ Fax 888.284.3784
www.diamondpharmacy.com

Skilled Resident Medication Reconciliation

Resident Name: _____ Facility: _____

Provider: _____ D.O.B.: _____ Room: _____ NS: _____

☐ No irregularities found	☒ Hospital (or other area) discharge medication list not sent. Medication reconciliation could not be completed. DO NOT RESEND

1	Your Examples?
2	
3	
4	
5	
6	
7	
8	

Pharmacist	Date
Facility Staff	Date

DIAMOND'S assessments, analysis and recommendations are based off of information supplied by the Facility. The end-user of this Document has an independent obligation to independently verify all information and recommendations provided herein. DIAMOND bears no liability for harm or injury caused by any action or inaction taken by any third-party in conjunction with this Reconciliation.

Revised:3/19

***** Please direct any discrepancies to the resident's physician or physician designee. *****

***** PLEASE KEEP AS PART OF PERMANENT RECORD – DO NOT PURGE *****

~DO NOT SEND BACK TO DIAMOND~

CLINICALLY SIGNIFICANT MEDICATION ISSUES

Potential or Actual Clinically Significant Medication Issues

- A clinically significant medication issue is a potential or actual issue that, in the clinician's professional judgment, warrants:
  - Physician (or physician-designee) communication

    and
  - Completion of recommended actions by midnight of the next calendar day (at the latest)

Potential or Actual Clinically Significant Medication Issues (cont.)

- Clinically significant means effects, results, or consequences that may affect or are likely to affect an individual's mental, physical, or psychosocial well-being either:
  - Positively by preventing a condition or reducing a risk

  or

  - Negatively by exacerbating, causing, or contributing to a symptom, illness, or a decline in status.

Potential or Actual Clinically Significant Medication Issues (cont.)

- Any circumstance that does not require this immediate attention is ***not considered a potential or actual clinically significant medication issue*** for the purpose of the DRR items

Clinically Significant Medication Issues

- Clinically significant medication issues include, but are not limited to:
  - Medication prescribed despite documented medication allergy or prior adverse reaction
  - Excessive or inadequate dose
  - Adverse reactions to medication
  - Ineffective drug therapy
  - Drug interactions
  - Duplicate therapy
  - Wrong resident, drug, dose, route, and time errors
  - Omissions
  - Non-adherence

SPECIFIC EXAMPLES OF CLINICALLY SIGNIFICANT MEDICATION ISSUES

According to The Resident Assessment Instrument, Clinically Significant Medication Issues (SECTION N. 2001, 2003, 2005 of the MDS) May Include, But Are Not Limited To:

MDS/RAI Criteria	Examples
Medication prescribed despite documented medication allergy or prior adverse reaction	• Sulfamethoxazole/Trimethoprim DS ordered in presence of sulfa allergy • Amoxicillin is ordered in presence of penicillin allergy
Excessive or inadequate dose	• Vancomycin Infusion continued in presence of trough > 20 for a soft tissue infection • Levofloxacin 500 mg ordered three times a day
Adverse reactions to medication	• Resident using levofloxacin is exhibiting confusion • Vancomycin infusion causing Red Man Syndrome • Resident using an antibiotic has C. difficile
Ineffective drug therapy	• Antibiotic used without relief of infection
Drug interactions (serious drug-drug, drug-food, and drug-disease interactions)	• Warfarin used with ciprofloxacin • Linezolid ordered in the presence of a SSRI antidepressant
Duplicate therapy (for example, generic-name and brand-name equivalent drugs are coprescribed)	• Amoxicillin and Augmentin used together • Daptomycin and Cubicin ordered concurrently
Wrong resident, drug, dose, route, and time errors	• Antibiotic for Lillian Jones filled for William Jones • Sulfamethoxazole ordered, Sulfadiazine dispensed • Ciprofloxacin ordered BID at 9am and 5pm • Tamiflu ordered 3 days after exposure to influenza • Vancomycin to treat C. difficile administered via infusion

According to The Resident Assessment Instrument, Clinically Significant Medication Issues (SECTION N. 2001, 2003, 2005 of the MDS) May Include, But Are Not Limited To…(cont)

MDS/RAI Criteria	Examples
Medication dose, frequency, route, or duration not consistent with resident's condition, manufacturer's instructions, or applicable standards of practice	• Antibiotic ophthalmic drops used greater than 6 weeks after cataract surgery • Antibiotic ordered to treat influenza
Use of medication without evidence of adequate indication for use	• Polysporin powder applied under collagenase to a wound that is not infected • Antibiotic ordered for a urinary tract infection without appropriate resident assessment for the criteria to treat with an antibiotic
Presence of a medical condition that may warrant medication therapy	• Resident's symptoms of a UTI meets the criteria of an antibiotic order, but no physician's order • Infected arterial ulcer treated with a debriding agent only • Purulent skin discharge not addressed
Omissions (medications missing from a prescribed regimen)	• Antibiotic therapy dropped on admission orders • Infusion antibiotic order not entered into the electronic health record
Non-adherence (purposeful or accidental)	• Resident refuses medication • Medication ordered routinely transcribed as PRN

Distribution Pharmacist

- Warfarin/Medication Interactions
- Non formulary Medication requests
- Prior Authorization required
- Renal Dosing of Medications
- Pharmacokinectic Dosing
- Antimicrobial Diagnosis and Discontinuation Dates

PATIENT DRIVEN PAYMENT MODEL (PDPM)

SELF-ASSESSMENT QUESTION #1

What does PDPM stand for?

A. Prescription Drug Payment Model

B. Prescription Driven Pharmacy Model

C. Patient Driven Payment Model

D. Patient Deciding Prescription Model

SELF-ASSESSMENT QUESTION #2

When will PDPM be implemented?

A. September 15th, 2019

B. October 1st, 2019

C. December 15th, 2019

D. January 1st, 2020

SELF-ASSESSMENT QUESTION #3

How prepared do you feel for PDPM?

A. I have no idea what's going on

B. I know a little but still confused

C. Confident but want to learn more

D. Very prepared. Bring on October 1st!

MEDICATION MANAGEMENT AND PDPM

- Replaces RUG IV
  - Removes therapy minutes as basis for payment
  - PDPM focus is on specific resident needs, not volume of therapy
- Five Patient Mix Classifications versus Two
  - Physical Therapy
  - Occupational Therapy
  - Speech Language Pathology
  - Nursing
  - Non-Therapy Ancillary Comorbidity Score

MEDICATION MANAGEMENT AND PDPM (CONT.)

- Hospital outlook
- Strategy
  - Over vs Underutilization
  - Team effort approach starting with the hospital to the SNF care team
- Conditions/Extensive service points system
- Get it right the first time
- Right drug right now

NTA CLASSIFICATION/ DISEASE STATES

- What is NTA
- Highest scores
  - HIV/AIDS
  - TPN
  - IV therapy
  - Respirator/Ventilator
- SNF's to take more complex, acute residents
- Variable Per Diem Adjustment
- Generic vs Brand

PHARMACY COLLABORATION

- Areas to focus-ties to the Mega Rule/ IMPACT Act
  1. Formulary/Therapeutic Interchange
  2. Limited supply
  3. IV $\longrightarrow$ PO
  4. Antibiotic Stewardship Program
  5. Deprescribing
  6. Medication Reconciliation

IV-PO ANTIBIOTIC THERAPY

- Benefits
  - Reducing the risk of intravascular catheter or line infection
  - Improved patient comfort and mobility
  - Decreased length of stay
  - Reduced nursing preparation and administration time
  - Reduced medication and supply costs
- Consultant Pharmacist Involvement

ANTIBIOTIC STEWARDSHIP

- F-881
  - Establish Program
  - Use Protocols
  - System to Monitor
- Pharmacist Assistance
  - Appropriate
  - Black Box Warnings
  - Dosing
  - Allergy
  - Duration

DEPRESCRIBING

- Deprescribing is good prescribing
  - Challenges
  - Benefits
- Reduction of unnecessary medications
- Not just prescription medications
- Tools to use
  - Beers Criteria; START/STOPP Criteria; CMS Adverse Event Trigger Control

DEPRESCRIBING (CONT.)

- Polypharmacy consequences:
  - Increased healthcare costs
  - Adverse drug events
  - Drug interactions
  - Medication non-adherence
  - Functional status
  - Cognitive impairment
  - Falls
  - Urinary incontinence
  - Nutrition
  - Regulatory risk

MEDICATION RECONCILIATION

- IMPACT Act
  - Clinically significant medication related issues
  - Admission Drug Regimen Review
- Transitions in Care
  - Problems most often cited:
    - New medications started
    - Home medications missed
    - Not on institution's formulary
    - Old medications re-started
    - Doses changed

CONSULTANT PHARMACIST COLLABORATION

- High Cost Drivers
  - Type of resident admitted
  - High cost individual medications
  - Specialty Medications/ IVs
  - Overutilization of medications
  - Lack of formulary program

CONSULTANT PHARMACIST COLLABORATION (CONT.)

Clinical

- Indication for use
- Dose/Duration appropriate
- Drug interactions, allergies
- Efficacy
- Adverse Effects
- Monitoring
- Change in Condition

Nursing

- Administration times
- Frequency
- Stop dates
- Manufacturer's guidelines

Administrative

- Medication selection
- Formulary
- Therapeutic Interchange
- Policy/Procedures
- Regulatory guidance
- Non-pharmacological Interventions

EXAMPLE

84 year old woman with a history of COPD and diabetes transferred to SNF after a hospitalization for a severe anemia status post EGD showing esophagitis and duodenal AVMs.

- Esophageal biopsies taken- histology showed numerous fungal yeast and pseudohyphae consistent with Candida species
- GI diagnosed patient with candidal esophagitis and recommended treatment with fluconazole but his note did not make it in the transfer paperwork
- Nursing staff report: "I think she had yeast in urine"
- SNF LOS: 24 days NTA base rate: $78.05

EXAMPLE (CONT.)

COPD: 2 points

Diabetes: 2 points

Opportunistic infections: 2 points

Candidal UTI

- NTA score: 4 points
- NTA case mix group: ND
- Multiplier: 1.34
- Base rate: 78.05 x 1.34=$104.59
- Payment Days 1-3: $313.77/day
- Payment Days 4-24: $104.59/day

Total NTA Payment: $3,137.70

Candidal Esophagitis

- NTA score: 6 points
- NTA case mix group: NC
- Multiplier: 1.85
- Base rate: 78.05 x 1.85=$144.39
- Payment Days 1-3: $433.17/day
- Payment Days 4-24: $144.39/day

Total NTA Payment: $4,331.70

MEDICATION REGIMEN REVIEW (MRR)

Medication Regimen Review Definition:

This is a monthly review that is conducted by the Consultant Pharmacist. A thorough evaluation of the medication regimen of a resident with the goal of promoting positive outcomes and minimizing adverse consequences associated with medication. The review includes preventing, identifying, reporting, resolving medication related problems, medication errors or other irregularities, and collaborating with other members of the interdisciplinary team

SCENARIO EXAMPLES

Scenario 1

- The admitting nurse reviewed and compared the acute care hospital discharge medication orders and the physician's admission medication orders for Ms. D
- The nurse interviewed Ms. D, who confirmed the medications she was taking for her current medical conditions
- The nurse found no discrepancies between the acute care hospital discharge medications and the admitting physician's medication orders
- After the nurse contacted the pharmacy to request the medication, the pharmacist reviewed and confirmed the medication orders as appropriate for Ms. D
- As a result of this collected and communicated information, the nurse determined that there were no identified potential or actual clinically significant medication issues

Scenario 2

- Mr. H was admitted to the SNF after undergoing cardiac surgery for a mitral valve replacement
- The acute care hospital discharge information indicated that Mr. H had a mechanical mitral heart valve and was to continue receiving anticoagulant medication

Scenario 2 (cont.)

- While completing a review and comparison of Mr. H's discharge records from the hospital with the physician's admission medication orders and admission note, the pharmacist noted that the admitting physician had ordered to discontinue Enoxaparin when the International Normalized Ratio (INR) was greater than or equal to 2

  * Resident also on Warfarin 2mg orally daily

- However, the pharmacist noted that the resident's INR was 3

Scenario 2 (cont.)

- The pharmacist questioned why the Enoxaparin was not discontinued
- This prompted the nurse to call the physician immediately to address the issue
- The Enoxaparin was discontinued

Scenario 3

- Mr. P was admitted to the SNF with active diagnosis of pneumonia
- The acute care facility medication record indicated that the resident was on a 7-day course of antibiotics and the resident had 3 remaining days of this treatment plan
- No end date for the antibiotics was entered into the MAR. Resident received 10 day course and developed symptoms of c. difficile

Scenario 3 (cont.)

- The nurse contacted the provider who then ordered stool for c. difficile. PCR was positive for c. difficile. Oral Vancomycin was started.

Scenario 4

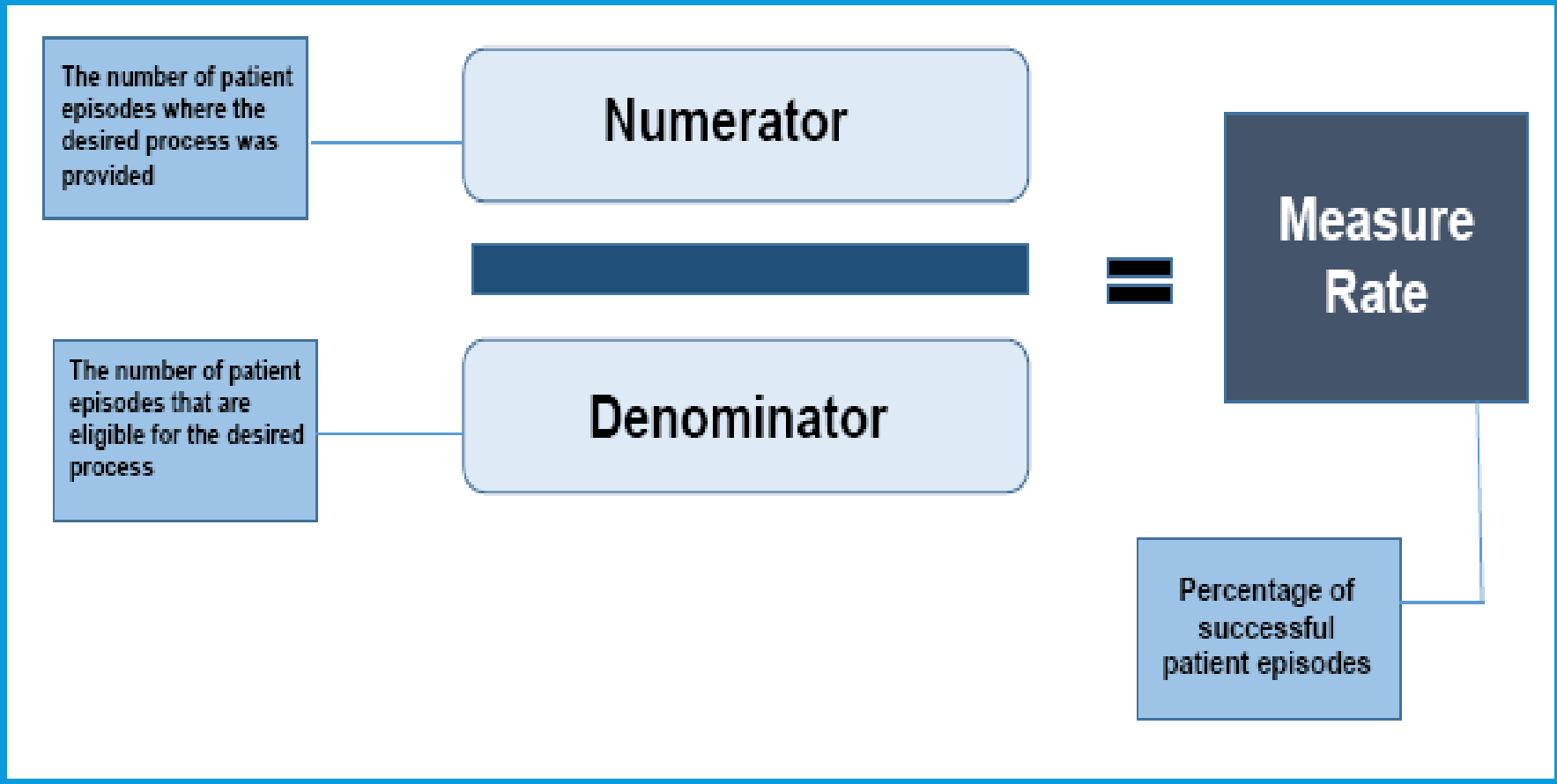
- Ms. S was admitted to the SNF from an acute care hospital
- During the admitting pharmacist's review of the Ms. S's acute care hospital discharge records, it was noted that the resident had been prescribed Metformin
- However, admission labs indicated that Ms. S had a GFR of 25ml/minute consistent with renal insufficiency
- The pharmacist recommended to discontinue the Metformin
- Metformin is contraindicated if GFR is less than 30ml/minute

QUALITY MEASURE (QM)

Quality Measure (QM)

- **QM Description:**
- Reports the percentage of resident stays in which:
  - A DRR was conducted at the time of admission AND
  - Timely follow-up with a physician occurred each time potential and actual clinically significant medication issues were identified throughout the resident's stay
- Completion of Performance Improvement Project (PIP)

CALCULATING THE DRR PROCESS MEASURE



PIP EXAMPLE

Plan #

Quality Assessment & Performance Improvement Plan # 1st qtr 2019

Region:		Quarter:	
DATE Started:	10/1/18		TEAM MEMBERS
Date Completed:	on going		Facility
PROBLEM STATEMENT:	Medication reconciliation for new/readmits not always possible due to discharge med list not being sent to Diamond		1.
			2.
GOAL:	All discharged hospital (home) med lists faxed to Diamond 724 349 2304		3.
BASELINE DATA:	No irregularites identified 85 Hosp dc med list not sent 27 Irregularities found 10		4.
			5.
ROOT CAUSE(S):			6.
No trends identified Total 122 27 (22%) unable to be completed			7.
			8.
			9.
BARRIER(S):			External Members::
New staff? Re- training needed on process?			1. consultant pharmacist
			2.
			3.

TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)

Plan# Medication Reconciliation

1

Quality Assessment & Performance Improvement Plan

Region:	**Quarter:** 4th Quarter 2018	
DATE Started:	October 1, 2018 to December 31, 2018	**TEAM MEMBERS**
Date Completed:	On-going	Facility
PROBLEM STATEMENT:	Hospital discharge medication list does not always reconcile with electronic MAR entries.	1. 2.
GOAL:	For medication reconciliation to be correct from different areas of transition.	3.
BASELINE DATA:	# of medication reconciliations completed a. 20 with irregularities b. 28 with no irregularities c. 22 could not be completed	4. 5.
ROOT CAUSE(S):		6.
1. ASA - EC or Chew 2. Calcium with Vitamin D - Wrong dosage form or interval	3. Diltiazem CD or IR 4. With meals vs. daily (0900)	7. 8.
		9.
BARRIER(S):		External Members:
Not always receiving the hospital discharge medication list.		1.
		2.
		3.

TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)

Plan #

Quality Assessment & Performance Improvement Plan #

Region:		Quarter:	4th quarter 2018

TASKS	RESPONSIBLE TEAM MEMBER	START DATE	ESTIMATED COMPLETION DATE	ACTUAL COMPLETION DATE	COMMENTS (STATUS, OUTCOMES, EVALUATION, ETC.)

Plan #

Quality Assessment & Performance Improvement Plan #

Region:		Quarter:	4th quarter 2018
COMMENTS: For all QAPI projects a metric or measurement should be established as the baseline and the process should be re-measured periodically to track progress in achieving the pre-determined improvement goal or target. The top three root causes of the barriers to improvement are determined by the committee after a thorough assessment of the problem. Develop strategies to overcome barriers & then implement a plan of improvement.			

IMPACTFUL TAKEAWAYS

Impactful 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 admission, 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.

References:

- MDS 3.0 vl.16.0 / Section N / July / August 2018
- American Society of Consultant Pharmacists (ASCP) Webinar September 20, 2018

Questions


Thank You!