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| **Enable if catnum = 50, 51, or 54** |
| 1 | optmed1optmed2optmed3optmed4optmed5optmed6 | During the most recent NEXUS encounter on (computer to display NEXUSDT), is there evidence in the medical record that a medication list for review included all of the following components?

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| **Essential Medication List Component** | **1, 2****If any optmed1 – optmed6 = 1, go to opmedrev; else go to opmedlst2** |
| 1. Active VA Prescriptions | 1. Yes 2. No |
| 2. Remote Active VA Prescriptions | 1. Yes 2. No |
| 3. Non-VA Medications | 1. Yes 2. No |
| 4. Expired VA Prescriptions (see D/D rules) | 1. Yes 2. No |
| 5 Discontinued VA Prescriptions (see D/D rules)  | 1. Yes 2. No |
| 6. Pending Medication Orders  | 1. Yes 2. No |

 | **The intent of the question is to determine if the components of the essential medication list for review were presented in a note to the health care team to review the patient’s medications.** **An addendum added to the original medication list for review note containing a medication list for review on the same date as NEXUSDT is acceptable.*** If the medication list for review does not include a component and the component is listed in a header **preceding** the medication list for review, select “1” for the component.

**Example**: The patient’s active, pending, non-VA, and remote medications as well as prescriptions that have been expired or discontinued in the past 6 months was: [list of medications documented]. There are no remote medications in the medication list; select “1” for remote medications. **The medication list for review (may also be named Essential Medication List for Review or its equivalent) includes:*** Active VA Prescription(s) *from the VAMC which generates the EMLR*
* Remote Active VA Prescription(s) *from another VAMC or DoD facility*
* Non-VA medication(s) -  *not dispensed/administered by the VA and documented in non-VA medication list*
* Expired VA Prescription(s):
	+ Must include prescriptions that have expired in the last 90 days.
	+ May include prescriptions that have expired in the last 180 days.
	+ MUST NOT include prescriptions that expired greater than 180 days (e.g., expired VA prescriptions in the last 210 days). \*Sites using objects pulling “MRP – Medication Reconciliation” or “Other meds dispensed in last year” are exempt from this rule.
* Discontinued VA Prescription(s):
	+ Must include prescriptions that have been discontinued in the last 90 days.

Cont’d next page**Medication list for review cont’d*** + May include prescriptions that have been discontinued in the last 180 days.
	+ MUST NOT include prescriptions that were discontinued greater than 180 days (e.g., discontinued VA prescriptions in the last 210 days).

\*Sites using objects pulling “MRP – Medication Reconciliation” or “Other meds dispensed in last year” are exempt from this rule.* Pending Medication Order(s)
* **Concerning the order in which the medication information is displayed:**
	+ The best practice is to alphabetize the EMLR by drug name regardless of source, but it is acceptable to list drug names under each source.
	+ The description of each source must be sufficient to map to the component (e.g., Active VA Prescriptions at other VAMCs is sufficient for Remote Active VA Prescriptions).
* For Remote Active VA Prescriptions, documentation that “Remote Data Down” is acceptable to answer “1”.

**Example of Essential Medication List for Review documentation:** **Outpatient Medication Reconciliation**The patient's Active, Pending, Non-VA, and Remote medications as well as prescriptions previously dispensed that have been expired or discontinuedin the past year, if any, at the time of this encounter was:--------------------------------------------------------------------------**Alphabetized list of outpatient Rx's, remote and Non-VA****meds**Legend: OPT = VA issued outpatient prescription, INP = VA issued inpatientorderNon-VA Meds Last Documented On: Apr 17, 2007--------------------------------------------------------------------------**Cont’d next page****Medication list for review cont’d**OPT ALLOPURINOL 100MG TAB (Status = ACTIVE)     TAKE ONE TABLET BY MOUTH DAILY FOR GOUT          Last Released: 12/22/16                      Days Supply: 90          Rx Expiration Date: 12/17/17                 Refills Remaining: 3Non VA ASPIRIN 81MG CHEW TAB     CHEW ONE TABLET BY MOUTH DAILY Patient wants to buy from Non-VA pharmacy. **Other medications previously dispensed in the last year:**OPT AMLODIPINE BESYLATE 5MG TAB (DISCONTINUED BY PROVIDER/90 Days Supply Last Released: 4/26/16)TAKE ONE TABLET BY MOUTH DAILY FOR HEART/BLOOD PRESSURE**Suggested data sources:**  progress notes (clinic notes), clinical pharmacy notes, medication reconciliation notes, EMLR note |

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| 2 | opmedrev | During the most recent NEXUS encounter on (computer to display NEXUSDT), is there documentation the available essential medication list components were reviewed with the patient/caregiver?3. Yes4. No: There is no documentation that the available essential medication list components were reviewed with the patient/caregiver5. Documented the patient/caregiver refused or was unable to participate in review of essential medication list components | 3,4,5 | * If there is documentation that the health care team member reviewed the available essential medication list components **with the patient/caregiver**, select “3”.
* If the documentation does NOT indicate that the patient/caregiver was involved in the review of the medication list, select “4.” For example, physician noted, “Medication list reviewed. No changes noted.”
* If there is documentation that the patient and/or caregiver refused or was unable to participate in review of the essential medication list components, select “5.” For example, physician notes, “Patient is obtunded and cannot confirm medications.”

**Suggested data sources:**  Progress notes (clinic notes), may include but not limited to clinical pharmacy notes, EMLR note, medication reconciliation notes, telephone encounter notes |

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| 3 | opmedlst2mrec43 | **At the end of the outpatient clinic visit on** (computer to display NEXUSDT), is there documentation that a written list of the reconciled medications was provided to the patient/caregiver?3. Yes4. No: No medication list was given to the patient/caregiver **and** documented that patient maintains own medication list5. No medication list was given to the patient/caregiver 98. Patient refused list of reconciled medications | 3,4,5,98 | * Documentation that a copy of the list of reconciled medications was given to the patient/caregiver is acceptable. When medication changes are noted, the medication list should reflect the changes or documentation should indicate that the reconciled medication list was provided to the patient after the changes were made.   For example, APN notes, “Increase Lisinopril to 20 mg daily. Copy of reconciled med list given to patient.”
* If there is documentation a copy of patient education/instructions note was given to the patient AND the patient education/instructions note included the list of the patient’s reconciled medications, select “3.”
* If there is documentation that a reconciled medication list was not given to the patient/caregiver due to patient maintaining own medication list, select “4”.
* If the patient refused the written list of reconciled medications, select “98.”
* Values “4” and “98” are exclusions.

**Note**: As some patients may have more than one acceptable NEXUS or outpatient clinic encounter on the same date, a reconciled medication list may not be given to the patient until the last encounter is completed. For example, the patient sees a primary care provider in the morning and cardiology in the afternoon. Both providers make changes to the patient’s medications. The reconciled list of medications should be provided following the last encounter. **Suggested data sources:** Progress notes (clinic notes, clinical pharmacy notes, patient education/instructions notes, medication reconciliation notes, medication treatment plan (i.e. After Visit Summary) |