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| **[Link to Mnemonics and Questions](https://secure.wvmi.org/QUESTIONS/Specifications/Mnemonics%20and%20Questions/fy2019q2/MnemonicQuestions2q19.xlsx)** | | | | |
| **Enable if catnum = 50, 51, or 54** | | | | |
| 1 | nexusrx | During the NEXUS clinic visit on (computer to display NEXUSDT), did the provider prescribe or modify medications?  1. Yes  2. No | 1,2  **If 2, go to end**   |  | | --- | | **Warning if 2** | | **The intent of the question is to determine if a provider prescribed or modified the patient’s medication (s) during the most recent NEXUS clinic visit.**  **Review physician orders and clinic notes carefully to be certain the provider did not prescribe or modify any medication.**  **Prescription or modification of medication(s) includes renewal, change to a current medication (e.g., changing dose, frequency, route), and discontinuation of a medication.**  Suggested Data Sources: Progress notes (clinic notes), physician orders | |
| 2 | emlr | During the most recent NEXUS encounter on (computer to display NEXUSDT), is there documentation the Essential Medication List for Review (EMLR) was used for medication reconciliation?  1.  Yes  2.  No | 1,2  If 1, autofill optmed1 – optmed7 =1; go to optmed8  If 2, go to optmed1   |  | | --- | | Warning if 1 | | The intent of the question is to determine if the facility is utilizing the Essential Medication List for Review (EMLR) Data Object which is a health summary component enhancement for CPRS to document the essential medication elements for review. The EMLR is used to pull together the components necessary for medication review in order to generate a complete medication list. The EMLR is an alphabetical list of the patient’s prescriptions. The EMLR Data Object may be imported into any note, e.g. Medication Reconciliation Note, Nursing assessment note, Progress note, etc.   * + - * Use of the EMLR will be recognizable by the codes imbedded: MRT5 - Allergy Health Summary Component; and MRR1 - Medication and Supply Health Summary Components (no glossary version) or MRT1 - Medication and Supply Health Summary Components (glossary version-preferred for patients). * The Medical Record will include the following introductory paragraph regarding what is included (as well as other information about what is not): *Active prescriptions dispensed from this VA (local) and dispensed from another VA or DoD facility (remote) as well as local inpatient and clinic medications (IMOs), locally documented non-VA medications and local prescriptions that have expired or been discontinued in the past 90 days.* * Using the EMLR will result in an auto-fill of “yes” for the essential elements optmed1-optmed7. * In order to select “yes” for optmed8, there must be at least one allergy listed or an indication that the patient has no known drug allergies (NKDA). If the EMLR is used and the Allergy Health Summary Component - MRT5 indicates that there are “No Records Found” or “No Data Found” or a warning that data is not available for “Local Allergies”; allergies must be addressed separately within the same note as the EMLR (e.g., patient states he is allergic to Penicillin or has no known drug allergies, etc.).   **Suggested data sources:**  Progress notes include but are not limited to clinical pharmacy note, ED documentation, EMLR note, H&P, intake note, medication reconciliation note, pre-operative anesthesia note, essential medication list for review note. | |

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| 3 | optmed1  optmed2  optmed3  optmed4  optmed5  optmed6  optmed7  optmed8 | 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?   |  |  |  | | --- | --- | --- | | **Essential Medication List Component** | **1, 2**   |  | | --- | | If all optmed1-optmed8=2 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 | | 7. Clinic (IMO) Medication Orders **(**see D/D rules) | 1. Yes 2. No | | 8. Allergies | 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.   * **If the EMLR Data Object is not used and there are multiple medication list for review notes during the most recent NEXUS encounter, use the following priority order to select the medication list for review note:**  1. **Medication Reconciliation or Medication Review Note** 2. **Essential Medication List for Review Note (EMLR)** 3. **Clinical Pharmacy or Pharmacy Note** 4. **Provider Note** 5. **Nursing Note** 6. **Other**   **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.   + 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) * Clinic (Inpatient Medications for Outpatient - IMOs)Medication Orders **- (**inpatient medications for outpatients; e.g. naltrexone - injectables in clinic) *(Active, Pending, Expired/Discontinued (120 days))* * Allergies (ideally remote and local allergies should be included, but at a minimum, local allergies must be documented to answer “1”). * In order to select “yes” for optmed8, there must be at least one allergy listed or an indication that the patient has no known drug allergies (NKDA). If the EMLR is used and the Allergy Health Summary Component - MRT5 indicates that there are “No Records Found” or “No Data Found” or a warning tha(t data is not available for “Local Allergies”, allergies must be addressed separately within the same note as the EMLR (e.g., patient states he is allergic to Penicillin or has no known drug allergies, etc.). * **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).   Cont’d next page  **Medication list for review cont’d**   * 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**  Review of medications at the time of this encounter included: Patient allergies and active and pending prescriptions dispensed from this VA (local) and dispensed from another VA or DoD facility (remote) as well as local inpatient and clinic medications (IMOs), locally documented non-VA medications and local prescriptions that have expired or been discontinued in the past 90 days. With the exception of Allergies, if a category is not listed below, it means there were no relevant medications for the patient.  --------------------------------------------------------------------------  **Alphabetized list of outpatient Rx's, remote and Non-VA**  **meds**  Legend: OPT = VA issued outpatient prescription, INP = VA issued inpatient  order  Non-VA Meds Last Documented On: Apr 17, 2007  --------------------------------------------------------------------------  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: 3  Non 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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| 4 | optmedloc | Select the location in the medical record where the medication list for review included all of the essential components.   1. Medication Reconciliation or Medication Review Note 2. Essential Medication List for Review Note (EMLR) 3. Clinical Pharmacy or Pharmacy Note 4. Provider Note 5. Nursing Note 6. Other | 1,2,3,4,5,6 | The intent is to select the source where the medication list for review included essential components. This refers to the data source used to answer the optmed question. |
| 5 | 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. Yes  4. No: There is no documentation that the available essential medication list components were reviewed with the patient/caregiver  5. 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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| 6 | opmedlst2 | **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. Yes  4. No: No medication list was given to the patient/caregiver **and** documented that patient maintains own medication list  5. 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) |