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| **[Link to Mnemonics and Questions](https://secure.wvmi.org/QUESTIONS/Specifications/Mnemonics%20and%20Questions/fy2020q4/MnemonicQuestions4q20.xlsx)** | | | | | |
| **Enable if catnum = 50, 51, or 54** | | | | | |
| 1 | emlr | During the most recent NEXUS encounter on (computer to display NEXUSDT), is there evidence in the medical record that the prescribing provider’s note included or referenced the Essential Medication List for Review (EMLR) Data Object (DO) for medication reconciliation?  1.  Yes  2.  No | | 1,2  If 1, autofill optmed1 – optmed6 =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 (DO) which is a health summary component enhancement for CPRS to document the essential medication components for review. The EMLR DO is used to pull together the components necessary for medication review in order to generate a complete medication list. The EMLR DO is an alphabetical list of the patient’s prescriptions.   * + - * Use of the EMLR DO 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 EMLR Data Object must be imported into the prescribing provider’s note **OR** the note in which the EMLR DO resides must be referenced by the prescribing provider during the encounter. An addendum added to the original note containing the EMLR DO on the same date as NEXUSDT is acceptable. * The Medical Record will include the following introductory paragraph regarding what is included (as well as other information about what is not): “INCLUDED IN THIS LIST: Alphabetical list of *active outpatient prescriptions dispensed from this VA (local) and dispensed from another VA or DoD facility (remote) as well as inpatient orders (local, pending and active), local clinic medications, locally documented non-VA medications, and local prescriptions that have expired or been discontinued in the past 90 days.”* * Using the EMLR DO will result in an auto-fill of “yes” for the essential components optmed1-optmed6 if the EMLR DO is included in the prescribing provider’s note or referenced within the prescribing provider’s note if documented elsewhere during the encounter.   **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. | |
| 2 | optmed1  optmed2  optmed3  optmed4  optmed5  optmed6  optmed8 | | During the most recent NEXUS encounter on (computer to display NEXUSDT), is there evidence in the medical record that the prescribing provider’s note included or referenced a medication list for review including 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 | | 8. Allergies (Remote Facility **AND** Local Facility) | 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. Only one note may be considered as the essential medication list for review.**  **An addendum to the original medication list for review note containing a medication list for review on the same date as NEXUSDT is acceptable. An After Visit Summary (AVS) is NOT acceptable to use for this question. A Pre-Visit Summary (PVS) is acceptable for use if it is included in the Medical Record as a progress note or scanned into Joint Legacy Viewer (JLV) and referenced by the prescribing provider as the EMLR.**   * The essential medication list for review must be included in the prescribing provider’s note. The prescribing provider is the primary physician/APN/PA responsible for the ongoing care of the patient in the NEXUS Clinic.   **OR**   * + - * The note in which the essential medication list for review resides must be referenced by the prescribing provider in his/her progress note. If the patient has multiple encounters on the same day, and an essential medication list for review has been generated, subsequent encounters may refer to that list. * If referencing another note, the prescribing provider must also include any modified or newly prescribed patient medications in that note as well.   Examples:   * + The nurse imports the list of essential medication components into her note. The provider states “essential medication list for review contained within Nurse Note dated 03/20/2019 @ 11:00AM was reviewed with the patient/care giver. The patient was instructed to stop taking his OPT AMLODIPINE BESYLATE 5MG TAB BY MOUTH DAILY FOR HEART/BLOOD PRESSURE and to start OPT LOPRESSOR 50MG, ONE TAB MOUTH DAILY FOR HEART/BLOOD PRESSURE as prescribed today”. An updated list of medications was given to the patient/care giver.”   + An addendum to the original note with the essential medications list for review, by the prescribing provider that contains the documentation above (or similar documentation) is also acceptable * The provider generates a separate note solely for medication reconciliation (e.g., Medication Reconciliation Note or Essential List of Medications for Review). The note includes all essential components, as well as any reconciliation of discrepancies, and/or any modifications/prescriptions. * In order to select “yes” for optmed8, both Remote Facility AND Local Facility Patient Allergies must be documented. * If the site is using their own template, there must be at least one allergy listed or an indication that the patient has no known drug allergies (NKDA) for the Remote and Local Facility. At a minimum the documentation should read: **Allergies: Remote Facility - NKDA AND Local Facility – NKDA.** * If the site is using the EMLR Data Object (DO), the Allergy Health Summary Component - MRT5 should include: Local and Remote VA Allergies and Adverse Drug Reactions (ADRs). If the MRT5 indicates “No Records Found” or “No Data Found” or a warning that data is not available for “Local Allergies”; then at least Local allergies must be addressed separately within the same note as the essential medication list for review (e.g., patient states he is allergic to Penicillin or has no known drug allergies, etc.). * The EMLR has specific coding designed to report the reasons for the absence of remote allergies or remote medications data, * WARNING: Remote Data from HDR not available * WARNING: Connection to Remote Data Currently Down * WARNING: Connection to Remote Data Not Available * "No Remote Allergy/ADR Data available for this patient" * If any of these alerts appear, Remote allergies have been addressed. Local allergies must still be addressed separately.   **The medication list for review (may also be named Essential Medication List for Review or its equivalent) includes:**   * Active VA Prescription(s) *from the local VAMC which generates the list.* * Remote Active VA Prescription(s) *from another VAMC or DoD facility (documentation that “Remote Data Down” is acceptable to answer “1” for this component).* * 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) * Patient Allergies (Remote Facility and Local Facility)   **Note to VAMC staff:** It is important that the prescribing provider and/or other qualified staff member who is developing the essential list of medication for review (EMLR) in collaboration with the patient/caregiver also review the orders tab and remote locations to ensure all potential previously prescribed medications are captured (e.g., expired and discontinued clinic medications (IMOs Clinic Medications) and the list of remote medications depicted are also limited even when using the EMLR DO).  **If the medication list for review does not include a component and the component is listed in a statement 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 were: [list of medications documented]. There are no remote medications in the medication list, but you may select “1” for remote medications as it was noted above the medication list.   **Example of Essential Medication List for Review documentation:**  **- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**  **Outpatient Medication Reconciliation**  Review of the essential medication list for review at the time of this encounter included: Remote and local facility 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 medication, 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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| 3 | 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”. * Documentation may be in the same note as the essential medication list for review (EMLR), or in a separate note. * 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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| 4 | 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.” * An After Visit Summary (AVS) given to the patient is ONLY acceptable to use if the documentation clearly indicates a relationship between the AVS and medication list given at the end of the encounter (e.g., updated medication list provided to the patient - per AVS). If the AVS is referenced without mention of medications (e.g. AVS given to patient), a copy of the AVS must be available in the record (e.g., progress note/JLV) so the abstractor can verify the AVS contains a medication list. There is no requirement to validate what is on the medication list, just that it exists. * 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 |