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| [**Link to Mnemonics and Questions**](https://secure.wvmi.org/QUESTIONS/Specifications/Mnemonics%20and%20Questions/fy2021q1/MnemonicQuestions1q21.xlsx) |
| **Enable if catnum = 50, 51, or 54** |
| 1 | nexuspp | Was the NEXUS clinic encounter on (computer to display NEXUSDT) with a physician/APN/PA in a non-group setting?1. Yes2. No | 1,2If 2, go to end

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| Warning if 2 |

 | **The intent of the question is to determine if the encounter includes a provider with the legal authority to modify/prescribe medications (a.k.a. “prescribing provider”).** **For purposes of the medication reconciliation measures, a prescribing provider is defined as a physician (MD/DO/psychiatrist)/APN/PA responsible for the ongoing care of the patient in the NEXUS Clinic.  Group encounters (e.g., PTSD group, MH clinic group, Substance use disorder group) are excluded from the Medication Reconciliation measures.** If the NEXUS encounter that occurred on NEXUSDT was NOT with a prescribing provider (physician/APN/PA) or occurred in a group setting, select “No”.**Suggested Data Sources:** Progress notes |
| 2 | 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.  Yes2.  No | 1,2If 1, autofill optmed1 – optmed6 =1; go to optmed8If 2, go to optmed1

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| 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 used to pull together the components necessary for medication review. The EMLR DO is a complete 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).

**NOTE:** Documentation of “Tool 1” or “Tool 5” is NOT acceptable as identifying codes for the EMLR DO. Select “2” (No).* **A prescribing provider is defined as a physician (MD/DO/psychiatrist)/APN/PA responsible for the ongoing care of the patient in the NEXUS Clinic.**
* 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 to the original note containing the EMLR DO on the same date as NEXUSDT is acceptable.
* If the EMLR DO is used the Medical Record will include the following introductory paragraph “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.”*
* Use of the EMLR DO by the prescribing provider will result in an auto-fill of “Yes” for the components optmed1-optmed6.

**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. |
| 3 | optmed1optmed2optmed3optmed4optmed5optmed6optmed8 | 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?

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| **Medication List Component** | **1, 2**

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| If all optmed1-optmed8=2 go to opmedlst2 |

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| 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 |

 | **If the facility is not using the EMLR DO, this question is intended to determine if the components of the medication list were presented in the prescribing provider’s note for the NEXUS encounter.** * + - * **Only one note may be considered as the medication list for review.**
			* **An addendum to the original medication 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 medication list for review.**

**Acceptable Documentation:** A medication list contained within the prescribing provider’s note; a medication list within another note with documentation by the prescribing provider that it was used for review or reviewed with the patient.**Unacceptable Documentation:** A medication list not included in the prescribing provider’s note and **without** documentation that it was used for review* The medication list for review must be included in the prescribing provider’s note. **OR**
	+ - * The note in which the 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 a 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 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.”
* The provider generates a separate note solely for medication reconciliation (e.g., Medication Reconciliation Note or Medications for Review Note). The note includes all 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 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 medication list for review (e.g., patient states he is allergic to Penicillin or has no known drug allergies, etc.).
* The EMLR DO 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 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)**

**If the facility has developed a template/logic that allows the essential components of the medication list for review to be automatically generated in a progress note, a paragraph preceding the list (similar to the EMLR DO introductory paragraph above) may be used to identify which medication components were included for review.** * **Example:** *A list of active outpatient prescriptions dispensed from this local VA and dispensed remotely from another VA or DoD facility as well as local, pending and active inpatient orders, local clinic medications, locally documented non-VA medications, and local prescriptions that have expired or been discontinued in the past 90 days has been generated below. If the list for review does not include a component, then it was not applicable to this patient.*

**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.

**Suggested data sources:**  progress notes (clinic notes), clinical pharmacy notes, medication reconciliation notes, EMLR note |
| 4 | opmedrev | During the most recent NEXUS encounter on (computer to display NEXUSDT), is there documentation the available 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. Documentation 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 medication list components **with the patient/caregiver**, select “3”.
* Documentation may be in the same note as the medication list for review or the EMLR DO, 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 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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| 5 | 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. 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 | * If the visit is an actual “face to face” encounter, documentation that a copy of the list of reconciled medications was given to the patient/caregiver is acceptable. The medication list should reflect any changes made. **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 the visit is conducted by Clinical Video Telehealth (CVT), documentation MUST indicate the medication list was sent by secure messaging or traditional mail on the day of the visit.
* Documentation the list was only “given” to the patient/caregiver is **NOT** acceptable.
* 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  |