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| **[Link to Mnemonics and Questions](https://secure.wvmi.org/QUESTIONS/Specifications/Mnemonics%20and%20Questions/fy2021q3/MnemonicQuestions3q21.xlsx)** |
| **Enable if cohort = 50, 51, or 54** |
| 1 | nexuspp | Was the NEXUS clinic encounter on (if valnexus =1 then display pnexusdt, if 2 display nexusdt2) 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 is with a healthcare 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 responsible for the ongoing care of the patient in the NEXUS Clinic and must be one of the following: * a physician (MD/DO/psychiatrist)
* APN or PA

**Exclude:** * **psychologist as a prescribing provider**
* **Group encounters (e.g., PTSD group, MH clinic group, Substance use disorder group)**

If the NEXUS encounter that occurred on the date displayed in the question was NOT with a prescribing provider (physician/APN/PA) or occurred in a group setting, select value “2” or “No”.**Suggested Data Sources:** Progress notes |

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| 2 | optmed1optmed2optmed3optmed4optmed5optmed6optmed8 | During the most recent NEXUS encounter on (if valnexus =1 display pnexusdt; if 2 display nexusdt2), is there evidence in the medical record that the prescribing provider’s note included or referenced a medication list 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 |

 | **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.** * **A prescribing provider is the physician (MD/DO/psychiatrist)/APN/PA responsible for the ongoing care of the patient during the encounter.**
* **Only one note may be considered as the medication list for review.**

**Acceptable Documentation:*** A medication list contained within a prescribing provider’s encounter progress note.
* Essential Medication List for Review (EMLR) Data Object (DO) within the prescribing providers note; an alphabetical list of the patient’s prescriptions often found with MRT1 or MRT5 prior to the list.
* A Pre-Visit Summary (PVS) that is included in a progress note or scanned into Joint Legacy Viewer (JLV) and referenced by the prescribing provider as the medication list reviewed.
* A medication list located in another note, but referenced by the prescribing provider as being the medication list reviewed.
* An addendum by the prescribing provider to a note containing a medication list on the same date as displayed in the question.

**Example:** * 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.

**Unacceptable Documentation:** * A medication list not documented or referenced by the prescribing provider
* An After Visit Summary (AVS)

**The medication list 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. \*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 \*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)**
	+ In order to select “yes” for optmed8, both Remote Facility AND Local Facility Patient Allergies must be documented.
	+ To select value “1” or “yes” for No known Drug Allergies (NKDA), minimum documentation should read: Allergies: Remote Facility - NKDA AND Local Facility – NKDA.
	+ If the site is using the EMLR DO, and the MRT5 indicates “No Records Found” or “No Data Found” or a WARNING (e.g., Remote Data from HDR not available; Connection to Remote Data Currently Down/Data Not Available; No Remote Allergy/ADR Data available for this patient), Remote Allergies have been addressed. Local Allergies must still be addressed separately.

**Additional Guidance:*** If the facility has developed a template/logic to capture the components of the medication list to be automatically generated in a progress note, a paragraph preceding the list may be used to identify which medication components were included in the review.
* **If the medication list does not include a component and the component is listed in a statement preceding the medication list, select “1” for the component.**
	+ **Example of preceding paragraph:** *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.*

**All relevant medications reviewed must be documented in the medical record on the day of the encounter.*** **Example:** The patient’s active, pending, non-VA, and remote medications are presented in the prescribing providers note, select value “1” for active, pending, non-VA, and remote and value “2” for those not documented in the note.

**Suggested data sources:** Progress notes (clinic notes), clinical pharmacy notes, medication reconciliation notes, EMLR DO note |

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| 3 | opmedrev | During the most recent NEXUS encounter on (if valnexus = 1 display pnexusdt; if 2 display nexusdt2), 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 DO note, medication reconciliation notes, telephone encounter notes |

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| 4 | opmedlst2 | **At the end of the outpatient clinic visit on** (if valnexus = 1 display pnexusdt; if 2 display nexusdt2), 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  |