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| **[Link to Mnemonics and Questions](https://secure.wvmi.org/QUESTIONS/Specifications/Mnemonics%20and%20Questions/fy2023q3/MnemonicQuestions3q23.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. Yes  2. No | 1,2  If 2, go to end   |  | | --- | | 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 | optmed1  optmed2  optmed3  optmed4  optmed5  optmed6  optmed8 | During the most recent NEXUS encounter on (if valnexus =1 display pnexusdt; if 2 display nexusdt2), is there evidence in the medical record of a medication list documented as reviewed in the encounter note that included all of the following components?   |  |  |  | | --- | --- | --- | | **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. Any 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 all of the components of the medication list, including remote and local facility allergies, were presented in one note for the NEXUS encounter.**   * **Only one note may be considered as the medication list for review.** * Any health care team member can document the note containing the medication list and document that the list was reviewed. If multiple notes contain medication lists, look for the list that is most complete (i.e., contains the greatest number of medication list components).   **Examples of Acceptable Documentation:**   * A provider or other team member’s progress note, or separate progress note solely generated for medication reconciliation (e.g., any medication list developed by the facility that contains all of the components for review). * A Pre-Visit Summary (PVS) that is included in the progress notes section. * Essential Medication List for Review (EMLR) Data Object (DO); an alphabetical list of the patient’s prescriptions often found with MRT1, MRR1, or tool 1 and MRT5 or tool 5 (allergy health summary component) prior to the list. * An addendum to a note containing a medication list on the same date as displayed in the question.   . **Unacceptable Documentation:**   * 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, but MUST not include prescriptions expired more than 180 days. * **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, but MUST not include prescriptions discontinued more than 180 days. * **Any 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 or tool 5 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:**   * **All relevant medications reviewed must be documented in the medical record on the day of the encounter.** * 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. * Medications from each component must be listed within the progress note either directly or via notation in a preceding paragraph. * **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, any pending medication 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 there is not a proceeding statement or paragraph, each component must be included to select value “1”**   + **Example** **of no preceding paragraph:** The most complete list presented in a progress note with no preceding paragraph documented liststhe patient’s active prescriptions, remote VA medications, non-VA medications, and pending medication orders. Based on this documentation, select value “1” for active and remote VA prescriptions, pending medication orders, non-VA medications. Select value “2” for those not documented in the note (i.e., allergies (Remote Facility AND Local Facility), expired and discontinued prescriptions).   **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. Yes  4. No: There is no documentation that the available essential medication list components were reviewed with the patient/caregiver  5. 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 available medication list components were reviewed **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 |
| 4 | opmedlst2 | During the timeframe from (if valnexus = 1 display pnexusdt to pnexusdt + 1 day; else if valnexus = 2 display nexusdt2 to nexusdt2 + 1 day), is there documentation that a written list of 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 | * If the visit is an actual “face to face” encounter, documentation that a copy of the list of medications was given to, sent by secure message or mailed to the patient/caregiver on the same day or following day as the visit is acceptable. The medication list should reflect any changes made and the list must be provided (or sent) to the patient/caregiver on the same day or following day as the visit. **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.   + Documentation that the list was “given” via My HealtheVet (MHV) is NOT acceptable unless the patient had a Premium MHV Account and there is an AVS “stub note” on the day of the encounter. In addition to the AVS “stub note”, there must also be documentation (a) the patient was informed to check their **Premium MHV Account Portal** to obtain a copy of their reconciled medication list; and (b) acknowledged they know how to/can retrieve information from their Premium MHV Account Portal. * If the visit is conducted by Clinical Video Telehealth (CVT), VA Video Connect (VVC), or telephone encounter, documentation MUST indicate the medication list was sent by secure messaging or traditional mail on the same day or following day of the visit. * Documentation the list was only “given” to the patient/caregiver is **NOT** acceptable. * Documentation that the list was “given” via MHV is NOT acceptable unless it meets the other documentation requirements detailed above. * 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, “stub note” indicating AVS was printed and/or sent |