

## MDS Alert

### MEDICATION MANAGEMENT: These Tips Help You Match Diagnoses, Conditions To A Resident's Meds

**Identify whether a resident really has a need for a medication.**

Pills are for ills or to prevent them. So check Section I (diagnoses) and other MDS items to see if a resident has an indication for each of his meds -- or has conditions that might benefit from pharmacotherapy.

"The intent of F329 is really about ensuring residents receive appropriate medications, even though the tag says 'unnecessary medications,'" says **Matthew Wayne, MD, CM**, chief medical director, **Eliza Jennings Senior Care Network** in Cleveland, OH.

**For example:** If consultant pharmacist **William Simonson, PharmD**, sees that a resident has osteoporosis (MDS item I1o) and isn't on any treatment for the condition, he alerts the prescriber to that fact.

"But you can't just use the MDS data to make medication recommendations -- you have to consider the real live resident," says Simonson, chairman, **Commission for Certification in Geriatric Pharmacy** in Suffolk, VA.

For example, a resident with a diagnosis of osteoporosis who is nonambulatory may not be a candidate for therapy, notes Simonson.

#### **Dig Deeper Than the Diagnosis**

The F329 guidance says that a diagnosis alone doesn't necessarily warrant a medication, says **Carla Saxton McSpadden, RPh, CGP**, with the **American Society of Consultant Pharmacists**. So make sure the resident has "signs and symptoms of the disease, a past history of the disease and/or tests to indicate that he has the condition," she suggests. You can enlist the physician or consultant pharmacist to provide medical record documentation to that effect, McSpadden adds.

**Example:** A resident comes into the facility still receiving a proton pump inhibitor or H2 antagonist that he received as a prophylactic measure during a hospital stay, says McSpadden.

"The physician may even write a diagnosis of gastroesophageal reflux disease (GERD) to support the meds," she notes. "But if you look closely, you find the resident doesn't have a history of GERD and didn't have symptoms before starting on the meds -- and has no endoscopic testing, etc."