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OASIS Alert

Compliance: Tackle Drug Regimen Review With This Expert Advice

Don't let lax policies -- or physicians -- leave your patients in medication limbo.

If you've ever tried to add up the amount of medications -- and the potential interactions between each one -- your patients take each day, you've likely been a little overwhelmed at the total sum. Now imagine your patient having to keep track of those details.

Fortunately, OASIS C asks you to review patients' drug regimens (M2000) so patients have some help managing all the medications their providers prescribe, notes **Lynda Laff** with Laff Associates in Hilton Head, S.C.

The item requires you to indicate "potential clinically significant medication issues, e.g., drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance" at the start of care (SOC) and resumption of care (ROC).

However, knowing what to do and getting it done correctly are two very different things. Use this guidance to take some of the frustration out of the regimen review process:

Make Drug Review Automatic

Many home health agencies attempt to manually monitor patients' medications, but unless the clinician is trained to know everything about every drug that comes through, "real or potential drug interactions, duplicate therapy, or adverse reactions could be missed," Laff worries. And it's not just for prescription medications, points out **Rebecca Friedman Zuber,** a regulatory consultant based in Chicago. M2000 wants you to take into account all the medications a patient takes, including oral, injectable, topical, inhalant, over the counter, and pumpadministered drugs. Unfortunately, patients don't always remember to alert either providers or aides about drugs they use rarely or that they don't think are a big deal, Zuber notes.

Scenario: For example, a provider prescribes Coumadin for a patient with venous thrombosis. During the SOC assessment, the clinician asks the patient for a list of the current medications he's taking. The list seems fine, but then the clinician notices a bottle of Bufferin on the kitchen counter. When asked about the bottle, the patient says he takes the Bufferin on occasion to help with arthritis.

Because Coumadin is a commonly used medication, the clinician is aware that it is an anti-coagulant that thins the blood. She also knows that taking an aspirin product like Bufferin while taking a blood thinner is a big no-no.

Problem: Even if clinicians learn about the usual medications, physicians often throw a wrench in the works by prescribing generics in combination with namebrand drugs, making regimen review even more complex.

Best solution: Use an automated pharmacy program that automatically categorizes patients' medications by both their brand and generic names, and then alerts you to the drugs those medications should never be combined with, Laff suggests.

As you add more medications to your system, your regimen review will be more concise and clinicians will be able to better remember the more common medication no-nos. This system will also quickly point out issues that pose less obvious actual or potential threats, including ineffective drug therapy, medication omissions, dosage errors, and noncompliance.

Create A Notification System

Any problems clinicians find during the regimen review could save a patient's life -- but only if they alert the patient's physician to the concern. OASIS C gives your agency 24 hours to resolve or reconcile any "clinically significant medication issues" (M2002) you find at SOC or ROC.

Problem: "There is still confusion about how to notify physicians about clinically significant medication issues," Laff notes. Some agencies will fax medication concerns to the physician's office or contact the office to report the problems.

However, these solutions only work if the agency has mapped out a process for the physician to respond to its concerns. A fax might sit on a physician's desk or in her inbox, or a staffer might forget to notify the physician about your call.

Best solution: Find out how your patient's physician prefers to be notified about medication concerns. The physician may have a certain form or hotline for these types of problems that demand immediate attention. Knowing this upfront will ensure you waste no time resolving your patients' medication issues. But you aren't done yet. Once the physician knows about the problem, she must act on it. Otherwise, the problem remains. Create a policy and procedure for notification that includes a system that tracks medication concerns from the first discovery all the way through to resolution.

Your system could be a simple checklist attached to the patient's chart, or you could go more high-tech with electronic deadline and reminders.

Attack All Time Points

You must follow your notification procedures at every time point to truly manage and monitor your patients' drug regimens and protect them from making fatal mistakes. While M2002 asks you to home in on problems found at SOC and ROC, M2004 demands that you examine potential medication issues at transfer or discharge, as well. This way, you'll spot any new concerns that arise over time, Zuber says -- such as a routinely forgetful patient being prescribed a mild anesthetic agent that could potentially be abused, such as propofol or ketamine.

And clinicians should encourage patients to ask their own questions -- especially during transition in care, advises **Dennee Frey,** pharmacy expert with Collaboration for Homecare Advances in Management and Practice (CHAMP) in New York. This open conversation about medication concerns could bring significant problems to light, she says.

The bottom line: When working out your review and notification procedure, Laff suggests you ask, "if this was my mother, how would I resolve the problem?" By personalizing your response, you'll do a better job of getting those medication problems fixed, she says.

Editor's note: See next month's issue to learn strategies for educating patients and their family caregivers on potential medication problems.