

OASIS Alert

Item Focus: M2002 and M2004: Meet Three Requirements with Medication Follow-Up and Intervention

Warning: Your time is limited with these items.

Medication related issues are a major cause of hospitalization for elderly patients. The OASIS-C's expansion of the medication management items underscores the important role home health agencies have in finding and addressing medication issues.

Mastering the OASIS medication management items is one step toward improving process-based and end-result outcomes. But the OASIS gives you an extremely short turn-around time to get credit for resolving clinically significant medication issues. Try these expert tips to improve your scores.

OASIS items M2002 and M2004 both ask you to track whether you were able to resolve medication issues within one calendar day. Meeting this time frame isn't easy, says **Judy Adams, RN, BSN, HCS-D, HCS-O** with **Adams Home Care Consulting** in Chapel Hill, N.C.

Establish the Basics

OASIS item M2002 -- Medication Follow-up asks whether you contacted a physician or the physician-designee within one calendar day to resolve clinically significant medication issues, including reconciliation. You'll complete this item at start of care and resumption of care.

OASIS item M2004 -- Medication Intervention asks whether there were any clinically significant medication issues since the previous OASIS assessment, and whether you contacted a physician or the physician-designee within one calendar day of the assessment to resolve the issues, including reconciliation. You'll complete this item at transfer and discharge.

Note: For these items, "one calendar day" begins with the date of identification of the clinically significant medication issue(s) and extends until the end of the next day.

Key: Before you can select an answer for this item, you'll need to understand what the **Centers for Medicare & Medicaid Services** considers a clinically significant medication issue. In short, it's up to your clinical judgment to determine whether a medication issue poses an actual or potential threat to the patient's health or safety. (See the box on page 135 for more on this topic.)

Establish Good Communication Systems

The timeframe is important for both M2002 and M2004, Adams says. You must not only notify the physician about the issue, but also get a response and plan to correct it all by midnight the day after you identify the problem, she says.

In other words, these items give you just one day to do three things:

1. Communicate to the doctor that the patient has a medication issue;
2. Receive the physician's response; and
3. Establish a plan to resolve the issue with the doctor.

But you may communicate indirectly with the physician, provided state law and agency policy allow you to do so, Adams says. In other words, you may be able to communicate with office staff on behalf of the physician. And potentially your office staff may be able to receive orders from the physician in return.

You also have some flexibility in the methods you use to communicate with the physician. You can speak with him by phone directly, communicate via voicemail, send information by e-mail or fax, or come up with another method that works best.

Tip: Talk with the physician early on to see how he would like to receive medication issue information, Adams says. Find out whether he prefers a phone call, fax, e-mail, written communication dropped off at the office, or a message sent through his staff. Also find out how the physician prefers to respond.

Planning ahead regarding how you'll handle medication issue follow-up will help streamline your processes. Your agency policy should determine the following steps in the process, Adams says:

4. How notification of clinically significant medication issues are communicated to the physician.
5. What actions should be taken for follow-up and who should take those actions
6. Your back-up communication plan in case the physician doesn't respond to critical issues.

Close the Communication Loop

When medication issues arise after the SOC or ROC assessment, you'll track them in M2004. Unfortunately, many agencies wind up answering "No" for this item because the cycle of physician contact, response, and reconciliation doesn't take place within the one-day timeframe, Adams says.

Why? Often, the patient may speak directly with the physician regarding the medication issue and the physician never notifies the HHA, Adams says. Or, the agency may identify the issue and call the physician, but the physician may contact the patient directly, leaving the agency out of the loop. When you're forced to answer "No" for M2004 be sure to document the reason why, Adams advises.

Better yet, try these strategies for tracking medication issues to prevent "No" responses in M2004, Adams suggests:

- Have everyone who visits the patient ask if there have been any medication changes and notify the case manager so the medication profile can be updated and education provided.
- At each visit, look at medication bottles and the medi-planner if the patient is using one. Look for new prescriptions and review them for reactions and possible complications. Check to see whether the patient is taking all medication as directed. Is there anything left in the medi-planner? Investigate why.
- Provide a current medication list to the patient with information on medication use, dosage and any symptoms of reaction. Encourage the patient to take the list with her on each physician visit and update as needed.