

# Quality Reporting Program Provider Training



## **Section N: Medications (Drug Regimen Review)**

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# Acronyms in This Presentation

- CMS – Centers for Medicare & Medicaid Services
- DRR – Drug Regimen Review
- HHA – Home Health Agency
- IMPACT – Improving Medicare Post-Acute Care Transformation
- INR – International Normalized Ratio
- IRF – Inpatient Rehabilitation Facility

DRR IRF  
A IMPACT  
HHA INR CMS

# Acronyms in This Presentation (cont.)

- IRF-PAI – Inpatient Rehabilitation Facility-Patient Assessment Instrument
- LTCH – Long-Term Care Hospital
- PAC – Post-Acute Care
- RN – Registered Nurse
- SNF – Skilled Nursing Facility

IRF-PAI SNF RN  
LTCH  
PAC

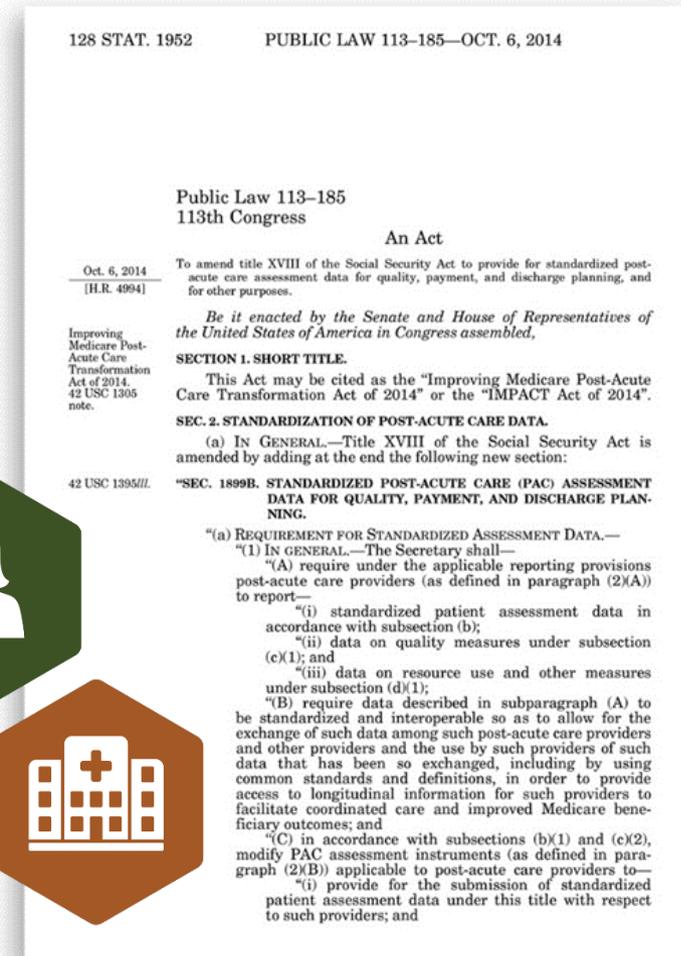
# Objectives

- State the intent of Section N.
- Articulate the purpose of the Drug Regimen Review (DRR) items and coding options.
- Apply coding instructions to accurately code practice scenarios and the case study.
- Describe the DRR quality measure.



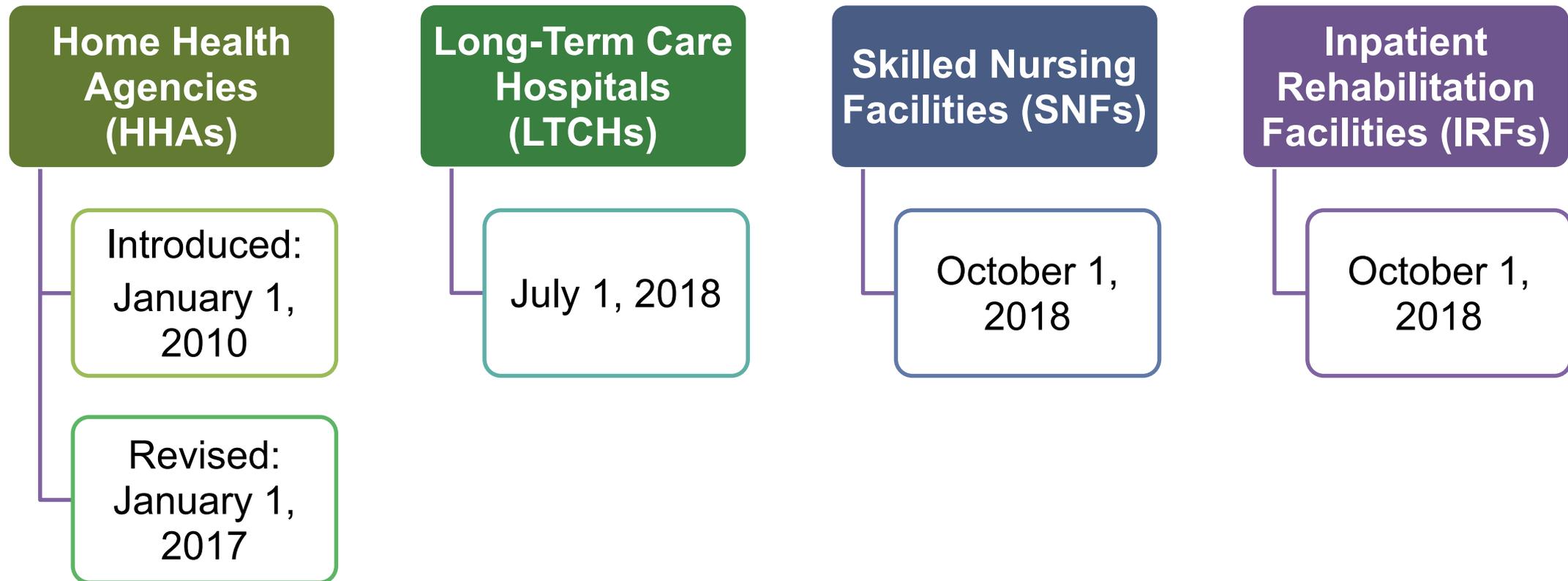
# Drug Regimen Review Conducted With Follow-Up for Identified Issues

- DRR is an assessment-based, cross-setting process quality measure adopted to meet the requirements of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act domain of medication reconciliation.



# DRR Quality Measure Across Post-Acute Care (PAC) Settings

This measure has been uniformly applied across PAC settings.



# N2001. Drug Regimen Review and N2003. Medication Follow-up

## Admission Assessment

### N2001. Drug Regimen Review

Enter Code

**Did a complete drug regimen review identify potential clinically significant medication issues?**

0. **No - No issues found during review** → *Skip to O0100, Special Treatments, Procedures, and Programs*
1. **Yes - Issues found during review** → *Continue to N2003, Medication Follow-up*
9. **NA - Patient is not taking any medications** → *Skip to O0100, Special Treatments, Procedures, and Programs*

### N2003. Medication Follow-up

Enter Code

**Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?**

0. **No**
1. **Yes**

# N2005. Medication Intervention

Discharge  
Assessment

N2005. Medication Intervention	
Enter Code <input type="checkbox"/>	<p><b>Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?</b></p> <ul style="list-style-type: none"><li>0. <b>No</b></li><li>1. <b>Yes</b></li><li>9. <b>NA - There were no potential clinically significant medication issues identified since admission or patient is not taking any medications</b></li></ul>

# Section N

## Definitions

# Drug Regimen Review (DRR)

The DRR in post-acute care is generally considered to include:

## Medication Reconciliation

A review of all medications a patient is currently using.

## Drug Regimen Review

A review of the drug regimen to identify and, if possible, prevent clinically significant medication issues.

# What Does the DRR Include?

## The DRR includes **all** medications:



### Prescribed and over-the-counter

- Including nutritional supplements, vitamins, and homeopathic and herbal products.



### Administered by any route

- Including oral, topical, inhalant, injection, sublingual, parenteral, and by infusion.

**Note:** The DRR also includes total parenteral nutrition and oxygen.

# Potential or Actual Clinically Significant Medication Issues

## Clinically Significant Medication Issue

A potential or actual issue that, in the clinician's professional judgment, warrants physician/physician-designee communication and completion of prescribed/recommended actions by midnight of the next calendar day (at the latest).

# Examples of Potential or Actual Clinically Significant Medication Issues

Medication prescribed despite a medication allergy noted in the patient's medical record.

Adverse reactions to medications.

Ineffective drug therapy.

Drug interactions

- Serious drug–drug, drug–food, and drug–disease interactions.

Duplicate therapy

- For example, generic name and brand name-equivalent drugs are co-prescribed.

Wrong patient, drug, dose, route, and time errors.

Omissions (drugs missing from a prescribed regimen).

Nonadherence (purposeful or accidental).

# Potential or Actual Clinically Significant Medication Issues

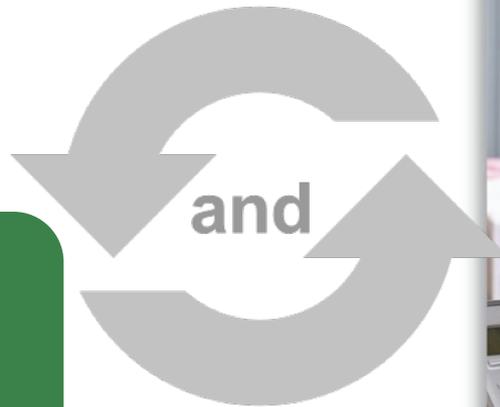
- Any of these issues must reach a level of clinical significance that warrants physician/physician-designee communication and completion of prescribed/recommended actions by midnight of the next calendar day, at the latest.
- Any circumstance that does not require this immediate attention is not considered a potential or actual clinically significant medication issue for the purpose of the DRR items.

Examples of potential or actual clinically significant medication issues can be found in Section N of the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) Manual.

# Two-way Communication With Physician (or Physician-Designee)



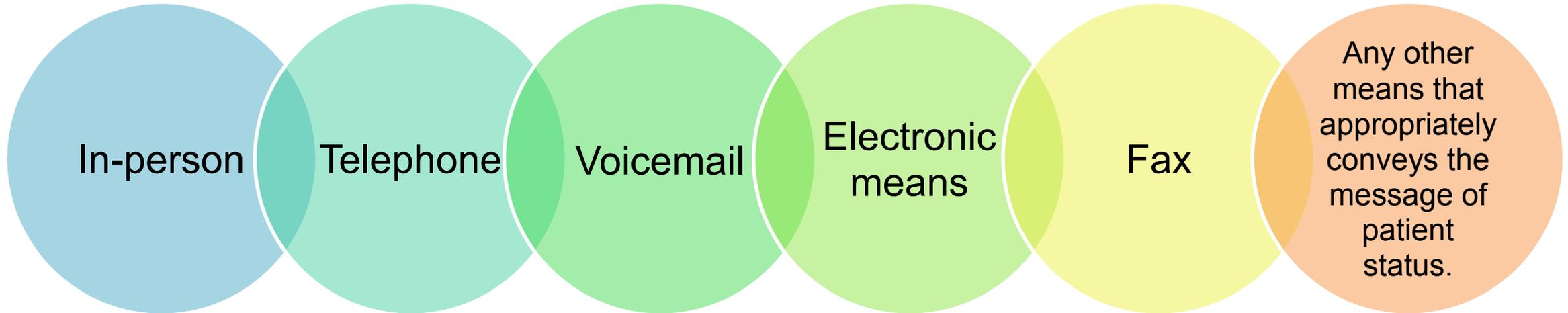
Communication to the physician (or physician-designee) to convey an identified potential or actual clinically significant medication issue(s).



A response from the physician (or physician-designee) to convey prescribed/recommended actions in response to the medication issue(s).

# Two-way Communication With Physician (or Physician-Designee) (cont.)

## Examples of communication methods.



# How is Physician-Designee Defined?



- The role of physician-designee is defined by Federal and State licensure regulations.
- Please refer to these regulations to determine which clinicians are licensed to act as physician-designees.

# Medication Follow-Up

## Medication Follow-Up

The process of contacting a physician (or physician-designee) to communicate the identified medication issue and addressing all physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day at the latest.

# Section N

## Coding Guidance and Practice Coding Scenarios

# Data Sources/Resources for Conducting the DRR

## Medical Record

- Within the electronic health record, and/or paper medical records as transferred from the acute care hospital.

## Medication Lists/Records

- For example, medication administration record, home medication list.

## Clinical Communication Notes

- Including pharmacy, nursing, physician (or physician-designee), and other applicable clinical notes.

## Acute Care Hospital Discharge Summary and Discharge Instructions.

## Discussions, including with:

- The acute care hospital.
- Other staff and clinicians responsible for completing the DRR.
- Patient and patient family/significant other.

# Documentation in the Medical Record

Data reported on the IRF-PAI should be supported by information documented in the patient's medical record.



# Who Can Complete a DRR?



- CMS does not provide guidance on who can or cannot complete a DRR or code the DRR items.
- Please refer to facility, Federal, and State policies and procedures to determine which IRF staff members may complete a DRR.
- Each facility determines its policies and procedures for completing the assessments.
- Each facility provides patient care according to its unique characteristics and standards (e.g., patient population).

# N2001, N2003, N2005. Drug Regimen Review Conducted With Follow-Up for Identified Issues

## Admission Assessment

### N2001

- Identifies if a drug regimen review was conducted upon admission, and if the clinician identified any potential or actual clinically significant medication issues.

### N2003

- Identifies if the facility contacted a physician (or physician-designee) and completed all physician-(or physician-designee)-prescribed/recommended actions by midnight of the next calendar day in response to all potential or actual clinically significant medication issues identified upon admission.

## Discharge Assessment

### N2005

- Identifies if the facility contacted a physician (or physician-designee) and completed all physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential or actual clinically significant medication issues were identified throughout the stay.

# N2001: Drug Regimen Review

Complete only at Admission

- 0. **No - No issues found during review**
- 1. **Yes - Issues found during review**
- 9. **NA - Patient is not taking any medication**

Section N		Medications
<b>N2001. Drug Regimen Review</b>		
Enter Code <input type="checkbox"/>	<b>Did a complete drug regimen review identify potential clinically significant medication issues?</b>	
	0. <b>No - No issues found during review</b> → Skip to O0100, Special Treatments, Procedures, and Programs	
	1. <b>Yes - Issues found during review</b> → Continue to N2003, Medication Follow-up	
	9. <b>NA - Patient is not taking any medications</b> → Skip to O0100, Special Treatments, Procedures, and Programs	

# N2001 Steps for Assessment

1. Complete a drug regimen review upon admission or as close to the actual time of admission as possible to identify any clinically significant medication issues.

2. Review the medical record sources to determine if a drug regimen review was conducted upon admission.

# N2001 Coding Instructions

**Code 0, No –  
No issues found  
during review**

If a drug regimen review was conducted upon admission and no potential or actual clinically significant medication issues were identified.

**Code 1, Yes –  
Issues found  
during review**

If a drug regimen review was conducted upon admission and potential or actual clinically significant medication issues were identified.

**Code 9, NA –  
Patient is not  
taking any  
medications**

If a drug regimen review was conducted upon admission and, per data sources/resources reviewed, there were no medications prescribed for the patient and the patient was not taking any medications at the time of the assessment.

# N2001 Skip Patterns

**Code 0, No –  
No issues found  
during review**



**Skip to O0100. Special  
Treatments, Procedures,  
and Programs.**

**Code 1, Yes –  
Issues found during  
review**



**Continue to N2003.  
Medication Follow-up.**

**Code 9, NA –  
Patient is not taking  
any medications**



**Skip to O0100. Special  
Treatments, Procedures,  
and Programs.**

# N2001 Practice Coding Scenario 1

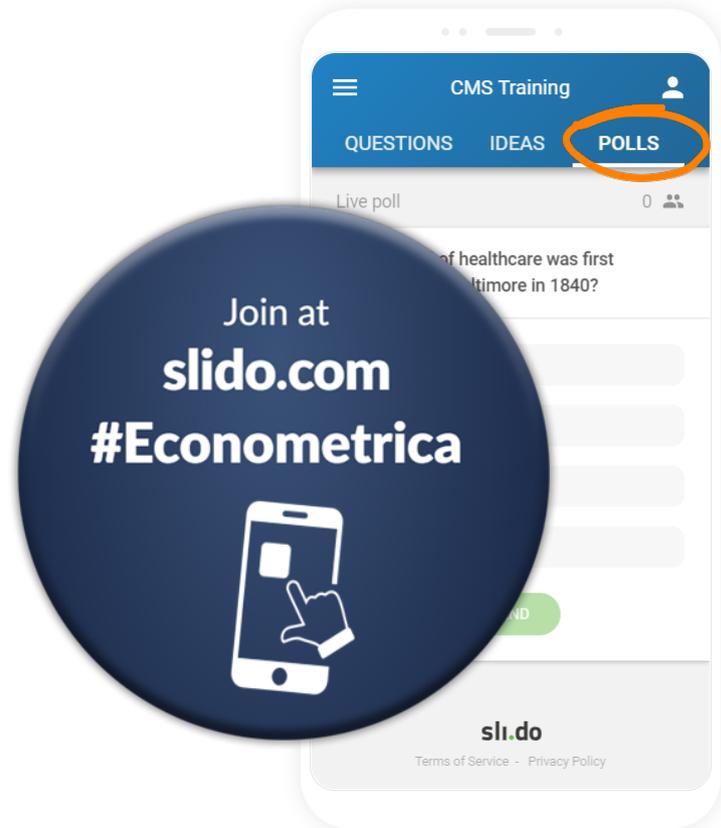
- The admitting IRF nurse reviewed and compared the acute care hospital discharge medication orders and the IRF physician's admission medication orders for Ms. W.
- The nurse interviewed Ms. W, who confirmed the medications she was taking for her current medical conditions. Upon the nurse's request, the pharmacist reviewed and confirmed the medication orders as appropriate for the patient.
- As a result of this collected and communicated information, the registered nurse (RN) determined that there were no identified potential or actual clinically significant medication issues.



Q<sub>1</sub>

# N2001: Did a complete drug regimen review identify potential clinically significant medication issues?

- A. 0, No – No issues found during review.
- B. 1, Yes – Issues found during review.
- C. 9, NA – Patient is not taking any medications.
- D. Enter a dash (–).



# N2001 Practice Coding Scenario 2

- Mr. C was admitted to an IRF after undergoing mitral valve replacement cardiac surgery.
- The acute care hospital discharge information indicated that Mr. C had a mechanical mitral heart valve and was to continue receiving anticoagulant medication.



# N2001 Practice Coding Scenario 2 (cont. 1)

- While completing a review and comparison of the patient's discharge healthcare records from the acute care hospital with the IRF physician's admission medication orders, an RN noted that the admitting physician ordered the patient's anticoagulation medication to be held if the international normalized ratio (INR) was below 1.0.
- However the physician's admission note indicated that the desired therapeutic INR parameters for Mr. C were 2.5 to 3.5.



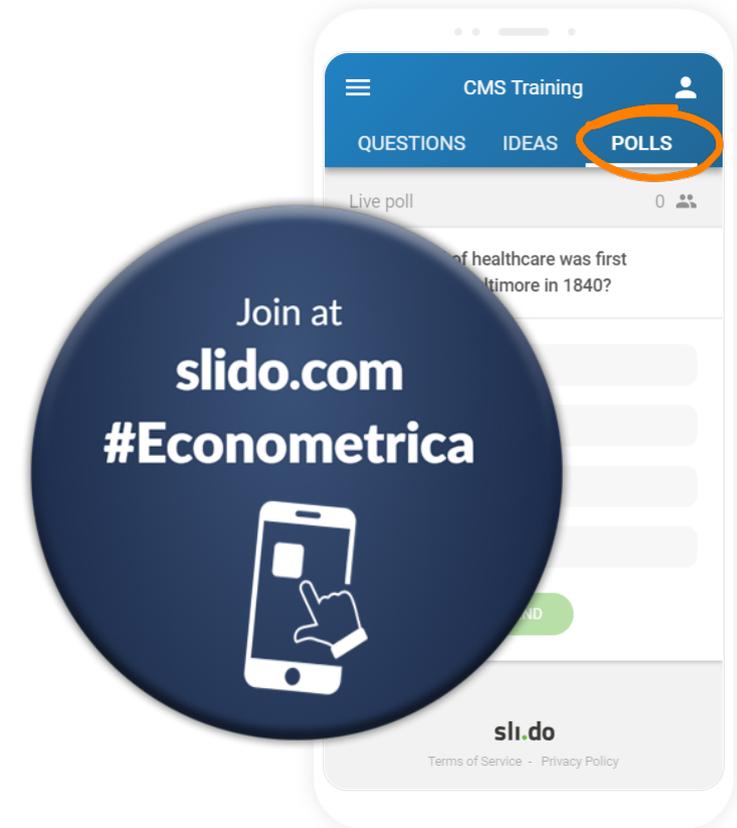
# N2001 Practice Coding Scenario 2 (cont. 2)

- The RN questioned the INR level listed on the admitting physician's order, based on the therapeutic parameters of 2.5 to 3.5 documented in the physician's admission note.
- This prompted the RN to call the physician immediately to address the issue.



# N2001: Did a complete drug regimen review identify potential clinically significant medication issues?

- A. 0, No – No issues found during review.
- B. 1, Yes – Issues found during review.
- C. 9, NA – Patient is not taking any medications.
- D. Enter a dash (–).



# N2003: Medication Follow-Up

Complete  
only at  
Admission

0. No  
1. Yes

## N2003. Medication Follow-up

Enter Code

Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

0. No  
1. Yes

# N2003 Steps for Assessment

- Determine whether the following criteria were met for all potential and actual clinically significant medication issues that were identified upon admission:
  - Two-way communication between the clinician(s) and the physician (or physician-designee) was completed by midnight of the next calendar day; AND
  - All physician (or physician-designee) prescribed/recommended actions were completed by midnight of the next calendar day.



# N2003 Coding Instructions

Code 0, No

If **all** identified potential or actual clinically significant medication issues were **not** addressed **by midnight of the next calendar day**.

Code 1, Yes

If the two-way communication AND completion of the prescribed/recommended actions occurred by midnight of the next calendar day after the potential clinically significant medication issue was identified.

# Examples of “By Midnight of the Next Calendar Day”

## Example 1

- A clinically significant medication issue is identified at 10 a.m. on May 1.
- The physician’s (or physician-designee’s) prescribed/recommended action is completed on or before 11:59 p.m. on May 2.

## Example 2

- A clinically significant medication issue is identified at 11 p.m. on May 1.
- The physician’s (or physician-designee’s) prescribed/recommended action is completed on or before 11:59 p.m. on May 2.

# Coding Tips



If the physician (or physician-designee) recommends an action that will take longer than midnight of the next calendar day to complete, then Code **1, Yes** should still be entered, as long as by midnight of the next calendar day the clinician has taken the necessary measures to comply with the recommended action.

# Coding Tips (cont. 1)



If the physician (or physician-designee) recommends an action that will take longer than midnight of the next calendar day to complete, then Code **1, Yes** should still be entered as long as by midnight of the next calendar day the clinician has taken the necessary measures to comply with the recommended action.

## Example

Physician writes an order instructing the clinician to monitor the medication issue over the weekend and call if the problem persists.

# Coding Tips (cont. 2)



If the physician (or physician-designee) communicates that **no actions** are necessary regarding the reported issues, then Code **1, Yes** should still be entered as long as all communications took place before midnight of the next calendar day.

# Provider Q&A #1

**Question:** If a physician orders medications on admission, and the pharmacist contacts the physician and resolves the question/potential issue on the same day, is this still considered an issue?

**Answer:** If the issue was determined to be clinically significant, then the issue identified by the pharmacist and communicated to the physician and resolved by midnight of the next calendar day meets the requirements for coding N2001 **1, Yes**, Issues Found During Review, and N2003 **1, Yes**, Medication Follow-Up, on the admission assessment.

# Provider Q&A #2

**Question:** If a facility-based physician-designee performed the drug regimen review, identified a medication issue, and addressed it without needing to communicate with another physician/physician designee, how should N2001 and N2003 be coded?

**Answer:** In this scenario, the physician-designee identified and resolved a medication issue and, therefore, it did not require two-way communication with facility staff.

The definition of a clinically significant medication issue requires the identification of a medication issue that warrants contacting a physician (or physician-designee) (i.e., two-way communication) in a timely manner and addressing all physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day at the latest. If no clinically significant medication issues were identified (because two-way communication wasn't warranted) then N2001 would be coded **0, No** and N2003 would be skipped.

# Provider Q&A #3: Change in Patient Condition

**Question:** If a patient complains of pain and requests Tylenol, and the nurse called the physician to receive an order, would this be a potential or actual clinically significant medication issue for the purposes of coding Section N?

**Answer:** As described, this scenario does not meet the intent of the DRR quality measure as it appears this was a change in the patient's condition that warranted a care intervention. Therefore, providers would not be required to code it in the DRR data elements.

# Provider Q&A #4: Change in Patient Condition

**Question:** A patient was not receiving oxygen therapy on admission. During the stay, the patient's oxygen-saturation level measured by pulse oximetry was 88 percent. The RN notified the physician, who ordered oxygen support at 2 liters per minute. Is this considered a potential or actual clinically significant medication issue?

**Answer:** As described, this scenario does not meet the intent of the DRR quality measure as it appears this was a change in the patient's condition that warranted a care intervention. Therefore, providers would not be required to code it in the DRR data elements.

# N2003 Practice Coding Scenario 3

- Mr. B was admitted to the IRF following a hip fracture and with an active diagnosis of pneumonia and atrial fibrillation.
- The acute care facility medication record indicated that Mr. B was on a 7-day course of antibiotics and he had 3 remaining days of this treatment plan.
- The IRF pharmacist reviewed the discharge records from the acute care facility and the IRF admission medication orders.

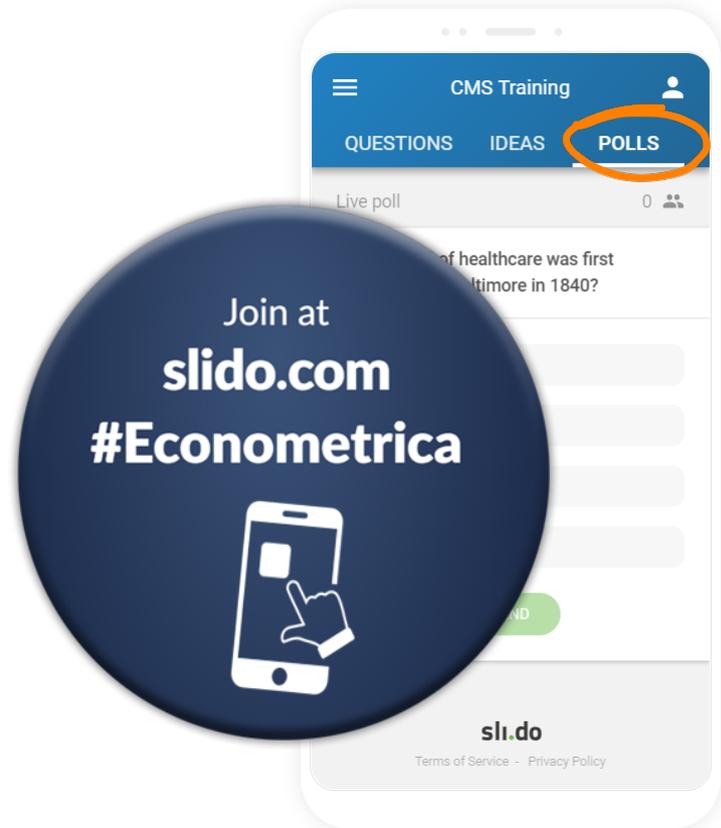


# N2003 Practice Coding Scenario 3 (cont. 1)

- The pharmacist noted that Mr. B had an order for an anticoagulant medication that required INR monitoring as well as the antibiotic.
- On the date of admission, the IRF pharmacist contacted the IRF physician caring for Mr. B and communicated a concern about a potential increase in the patient's INR with this combination of medications, which placed the patient at greater risk for bleeding.
- The IRF physician provided orders for laboratory testing so that the patient's INR levels would be monitored over the next 3 days, starting that day.
- However, the first INR laboratory test did not occur until after midnight of the next calendar day.

# N2001: Did a complete drug regimen review identify potential clinically significant medication issues?

- A. 0, No – No issues found during review.
- B. 1, Yes – Issues found during review.
- C. 9, NA – Patient is not taking any medications.
- D. Enter a dash (–).



Q4

N2003: Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

- A. 0, No.
- B. 1, Yes.
- C. Enter a dash (–).



# N2003 Practice Coding Scenario 4

- Ms. S was admitted to an IRF from an acute care hospital.
- During the admitting nurse's review of the patient's acute care facility discharge records, it was noted that Ms. S had been prescribed metformin.
- However, admission labs indicated she had a serum creatinine of 2.4, consistent with renal insufficiency.

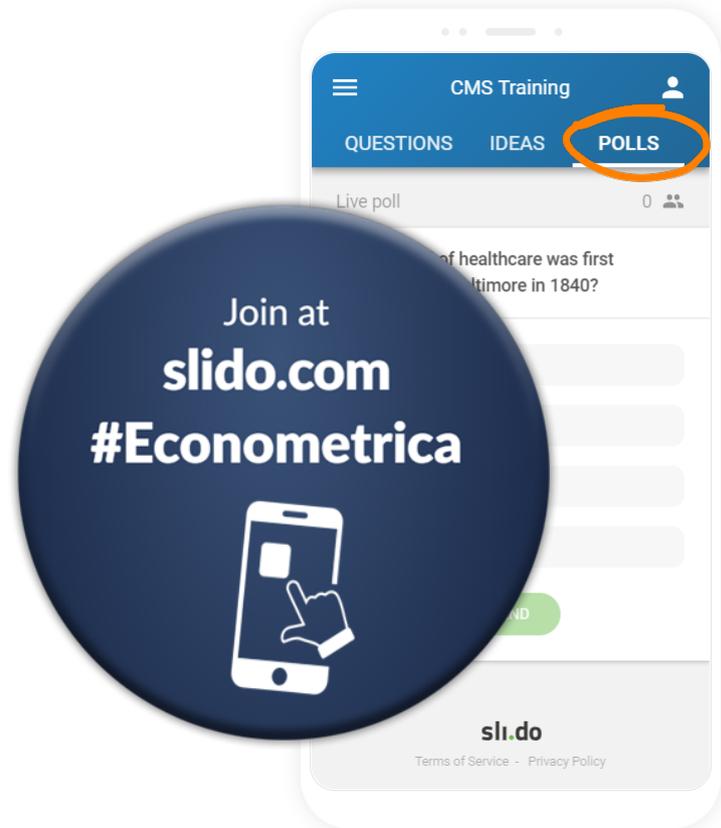


# N2003 Practice Coding Scenario 4 (cont. 1)

- The IRF admitting nurse contacted the IRF physician-designee to ask whether this drug would be contraindicated with the patient's current serum creatinine level.
- Three hours after the patient's admission to the IRF, the IRF physician-designee provided orders to discontinue the metformin and start the patient on a short-acting sulfonylurea for ongoing diabetes management. These medication changes were implemented within the hour.

# N2001: Did a complete drug regimen review identify potential clinically significant medication issues?

- A. 0, No – No issues found during review.
- B. 1, Yes – Issues found during review.
- C. 9, NA – Patient is not taking any medications.
- D. Enter a dash (–).



Q<sub>6</sub>

N2003: Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

- A. 0, No.
- B. 1, Yes.
- C. Enter a dash (–).



# N2005: Medication Intervention

Complete  
only at  
Discharge

- 0. No
- 1. Yes
- 9. NA

Section N		Medications
<b>N2005. Medication Intervention</b>		
Enter Code <input type="checkbox"/>	<b>Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the calendar day each time potential clinically significant medication issues were identified since the admission?</b>	
	0. No	
	1. Yes	
	9. NA - There were no potential clinically significant medication issues identified since admission or patient is not taking any medications	

# N2005 Steps for Assessment



1. Review the patient's medical record documentation and identify all potential and actual clinically significant medication issues that were identified upon admission and throughout the patient's stay.

# N2005 Steps for Assessment (cont.)



2. Determine if both criteria were met for all potential and actual clinically significant medication issues that were identified upon admission or at any time throughout the patient's stay (admission through discharge):
  - Two-way communication between the clinician(s) and the physician (or physician-designee) was completed by midnight of the next calendar day; AND
  - All physician (or physician-designee) prescribed/recommended actions were completed by midnight of the next calendar day.

# N2005 Coding Instructions

## Code 0, No

If the facility did not contact the physician (or physician-designee) and complete prescribed/recommended actions by midnight of the next calendar day each time clinically significant medication issues were identified at admission or at any time throughout the patient stay (admission through discharge).

## Code 1, Yes

If the facility contacted the physician (or physician-designee) and completed prescribed/recommended actions by midnight of the next calendar day each time clinically significant medication issues were identified at admission or at any time throughout the patient stay (admission through discharge).

## Code 9, NA – Not applicable

If there were no potential or actual clinically significant medication issues identified at admission nor throughout the patient's stay, or the patient was not taking any medications at admission or throughout the stay.

# N2005 Coding Clarification

- **Throughout the stay includes admission through and up to the time of the patient's discharge.**
  - Drug regimen review is conducted upon admission; and
  - Clinicians complete actions recommended by a physician (or physician-designee) during a timely follow-up, which are completed each time potential or actual clinically significant medication issues are identified **throughout the stay.**

# Provider Q&A #5

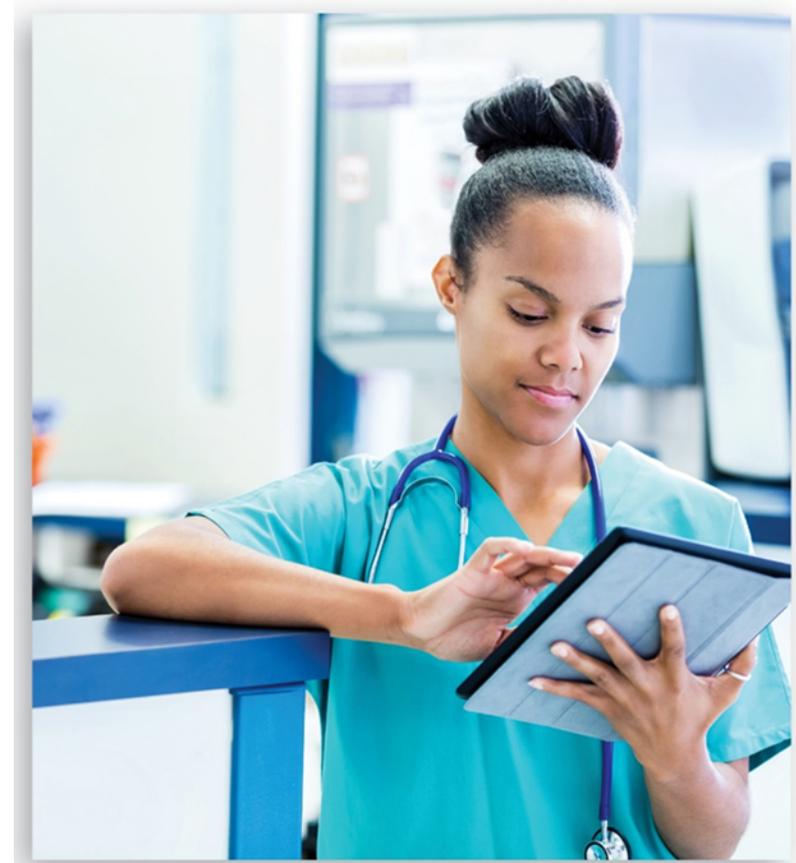
**Question:** If a provider coded item N2003 as **0, No**, on the Admission Assessment indicating that the required follow-up action did not take place, is there a way for the facility to code N2005 as **1, Yes**?

**Answer:** If N2003 is coded as **0, No**, then N2005 must also be coded **0, No**.

**Rationale:** Follow-up for ALL identified potential or actual clinically significant medication issues was not completed by midnight of the next calendar day throughout the stay.

# N2005 Practice Coding Scenario 5

- At discharge from the IRF, the discharging licensed clinician reviewed Ms. T's medical records, which included admission through her entire stay at the IRF.
- The clinician noted that a clinically significant medication issue was documented during the admission assessment.



# N2005 Practice Coding Scenario 5 (cont. 1)

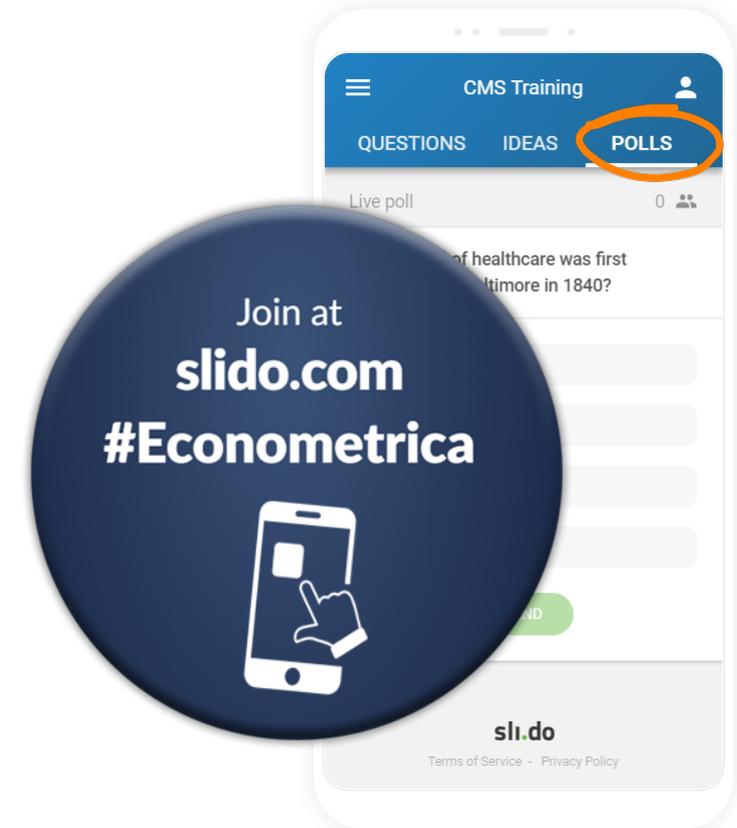
- At admission, Ms. T was taking two antibiotics—an antibiotic prescribed during a recent acute care hospital stay that the IRF physician had included in her IRF medication orders, and a second antibiotic prescribed by the IRF physician upon admission that is known for drug-induced nephrotoxicity. Ms. T has renal disease.
- Ms. T's medical records further indicated that an IRF nurse had attempted to contact the assigned IRF physician several times about this clinically significant medication issue.

# N2005 Practice Coding Scenario 5 (cont. 2)

- After midnight of the second calendar day, the IRF physician communicated to the nurse via a telephone order to administer a newly prescribed antibiotic in addition to the previously prescribed antibiotic. The nurse implemented the physician's order.
- Upon further review of Ms. T's medical records, the discharging nurse determined that no additional clinically significant medication issues had been recorded throughout the remainder of Ms. T's stay.

# N2001: Did a complete drug regimen review identify potential clinically significant medication issues?

- A. 0, No – No issues found during review.
- B. 1, Yes – Issues found during review.
- C. 9, NA – Patient is not taking any medications.
- D. Enter a dash (–).



Q<sub>8</sub>

N2003: Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

- A. 0, No.
- B. 1, Yes.
- C. Enter a dash (–).



Q<sub>9</sub>

N2005: Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

- A. 0, No.
- B. 1, Yes.
- C. 9, NA.
- D. Enter a dash (–).



# N2005 Practice Coding Scenario 6

- At discharge, the licensed clinician completing a review of Ms. K's medical records identified and noted two clinically significant medication issues during the patient's stay.
- The patient's record included an order to hold the medication Ms. K was receiving for deep vein thrombosis prophylaxis for a scheduled procedure.
- The RN noted that this medication had not been restarted 48 hours post-procedure and determined that the physician needed urgent notification.

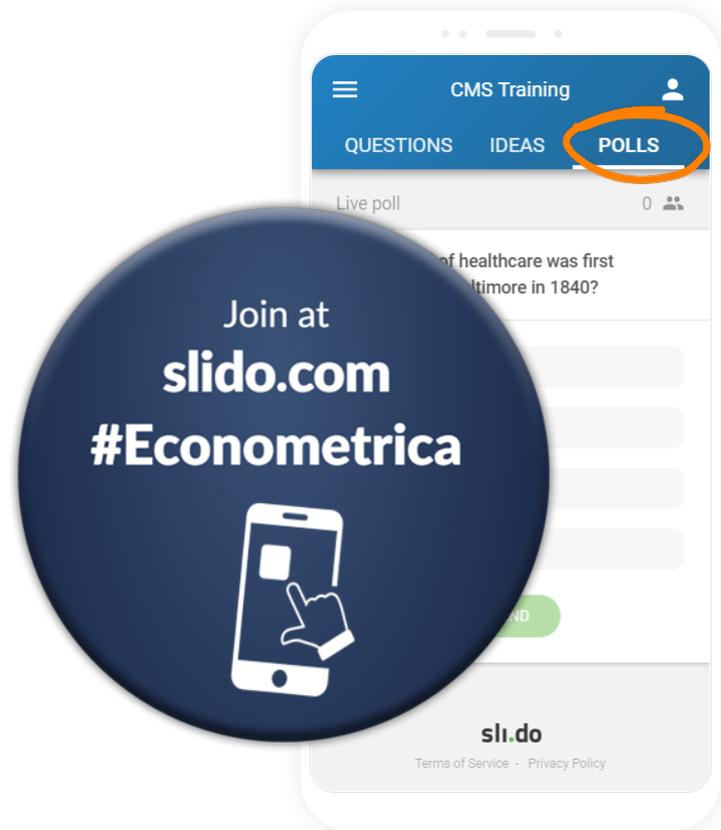


# N2005 Practice Coding Scenario 6 (cont. 1)

- The day after the notification occurred, the IRF physician provided an order to resume the medication, which was carried out by the nursing staff within the hour.
- In addition, a licensed clinician identified a clinically significant medication issue had occurred during the admission assessment period, and the physician had been contacted on the same day.
- Both medication issues identified during the patient's stay were communicated and addressed by midnight of the next calendar day.
- There were no additional clinically significant medication issues identified during the remainder of the IRF stay.

# N2001: Did a complete drug regimen review identify potential clinically significant medication issues?

- A. 0, No – No issues found during review.
- B. 1, Yes – Issues found during review.
- C. 9, NA – Patient is not taking any medications.
- D. Enter a dash (–).



Q<sub>11</sub>

N2003: Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?

- A. 0, No.
- B. 1, Yes.
- C. Enter a dash (–).



Q12

N2005: Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?

- A. 0, No.
- B. 1, Yes.
- C. 9, NA.
- D. Enter a dash (–).



# Drug Regimen Review Conducted With Follow-Up for Identified Issues Quality Measure

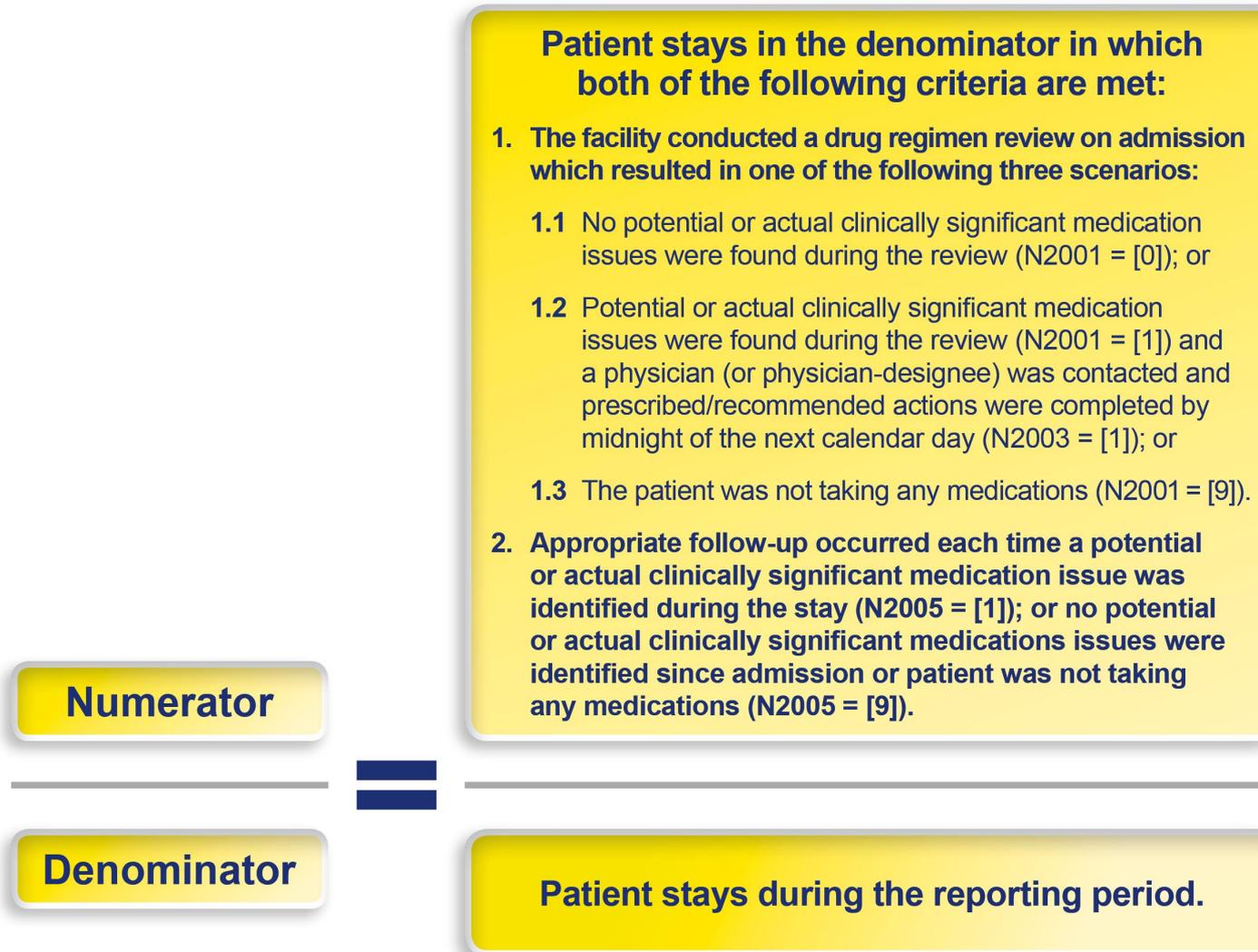
# Drug Regimen Review Conducted With Follow-Up for Identified Issues

## Quality Measure Description:

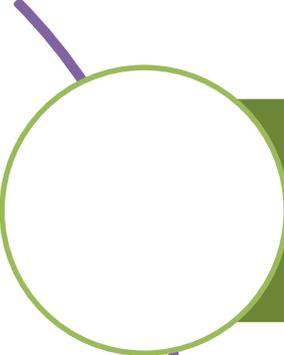
- Reports the percentage of patient stays in which:
  - A drug regimen review was conducted at the time of admission; and
  - Timely follow-up with a physician (or physician-designee) occurred each time potential and actual clinically significant medication issues were identified throughout the patient's stay.



# Drug Regimen Review Conducted With Follow-Up for Identified Issues (cont. 1)



# Drug Regimen Review Conducted With Follow-Up for Identified Issues (cont. 2)



## Denominator Exclusions

- This measure has no denominator exclusions.



## Risk Adjustment

- This measure is not risk-adjusted or stratified.

# Drug Regimen Review Conducted With Follow-Up for Identified Issues (cont. 3)

## Items Included in the Quality Measure:

N2001.  
Drug Regimen  
Review

N2003.  
Medication  
Follow-Up

N2005.  
Medication  
Intervention

# Summary



- The DRR is an assessment-based, cross-setting process quality measure adopted to meet the requirements of the IMPACT Act domain of medication reconciliation.
- The DRR measure includes the following items:
  - N2001. Drug Regimen Review.
  - N2003. Medication Follow-Up.
  - N2005. Medication Intervention.

# Summary (cont.)



- This measure assesses whether a drug regimen review was conducted upon the patient's admission and throughout the patient's stay and whether any potential or actual clinically significant medication issues identified were addressed in a timely manner.

# Record Your Action Plan Ideas



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# Questions?

