

THE QUARTERLY CONNECTION

Quarterly Report from Pharma-Care, Inc. / Creative Care Consulting

Fourth Quarter 2017

P: (732) 574-9015 (PCI) / (732) 574-9434 (CCC)

136 Central Ave., Clark, New Jersey 07066

F: (732) 499-6778

F756: Updates to Medication Regimen Review

On June 30, 2017, CMS released revisions to regulations that affect medication management practices (F756) to be effective beginning November 28, 2017. The intent of the revisions is to ensure that facilities maintain residents' highest level of physical, mental, and psychosocial well-being and to prevent or minimize adverse consequences by providing oversight by the healthcare team - licensed pharmacist, attending physician, medical director, and Director of Nursing (DON).

Below are some highlights of the changes to be incorporated into each resident's monthly Medication Regimen Review (MRR):

- The required monthly medication review of each resident by a licensed pharmacist must include a review of resident's medical chart.
 - MRR should also address but not be limited to residents who are anticipated to stay less than 30 days.
 - MRRs for residents who experience an acute change of condition and for whom an immediate MRR is requested after appropriate staff have notified the resident's physician, the medical director, and the DON about the acute change.
- Pharmacist must report any irregularities to the attending physician, the facility's medical director, and the DON. Irregularities noted by pharmacist during this review must be documented on a separate, written report sent to the attending physician, medical director and DON and lists resident's name, relevant drug, and cited irregularity. Attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what action has been taken. If there is no change, rationale must be documented.

(Irregularity refers to use of medication that is inconsistent with accepted standards of practice for providing pharmaceutical services not supported by medical evidence, and/or that impedes or interferes with achieving the intended outcomes of pharmaceutical services. An irregularity also includes, but is not limited to, use of medications without adequate indication, without adequate monitoring, in excessive doses, and/or in the presence of adverse consequences, as well as the identification of conditions that may warrant initiation of medication therapy.)

Facility must develop and maintain policies and procedures for the monthly drug regimen review. They must specifically address:



What Do You Think? Let Us Know!

Pharma-Care, Inc. has begun the process of assessing its Psychoactive Monitoring program as well as the information it provides at your quarterly Pharmaceutical & Therapeutic Meetings. In order to be responsive to your needs, we would appreciate your answers to the following two questions.

1. Do you still find our Psychoactive Monitoring to be of value?
2. What alternative or additional information would you like to see included in our Quarterly Reporting?

Please let your Consultant Pharmacist know what you think and she or he will forward your answers to me.

Ed Curtin, President

- Appropriate time frames for the different steps in the MRR process and
- Steps the pharmacist must follow when he or she identifies an irregularity that requires immediate action to protect the resident and prevent the occurrence of an adverse drug event.
- How to resolve situations where (1) the attending physician does not concur with or take action on identified irregularities, and (2) the attending physician is also the medical director.

CMS also notes that electronic transmission of information may enable facilities to quickly communicate resident-specific information to an off-site pharmacy or pharmacist, however, electronic communication must remain secure to protect individually identifiable information as mandated by HIPAA. With secure electronic communication, the pharmacist may promptly identify actual or potential medication-related problems before a medication is initiated or soon afterwards. However, brief communication via secure devices to address or prevent immediate or potential problems does not constitute a complete MRR. All information that is needed to perform an MRR may not be available electronically, for example, flow sheets that monitor a resident's pain or that document other observations or symptoms.

(For more complete information and links to CMS, see Pharma-Care Inc.'s website at: www.pharmacareinc.com)



Pharma-Care, Inc.
Health Care Consultation Specialists
WWW.PHARMACAREINC.COM



Creative Care Consulting, LLC

Therapeutic Uses of Marijuana

Although still a Schedule I controlled substance under federal law, New Jersey is among the many states that allow marijuana for medical use. Evidence-based efficacy for its use is difficult to determine. Because of legal issues, studies have tended to be small and short-term. Additionally, there has been much variability in the different strains, forms, and doses of product used in studies.



Currently, the quality of health research on marijuana and its components (other than two FDA-approved medications) varies widely by disease. Studies show that some patients find it modestly effective for spasticity in conditions such as multiple sclerosis, neuropathic pain, chemo-induced vomiting and nausea. However, the hard evidence is not yet there for conditions such as acute pain, PTSD, glaucoma, or Parkinson's disease.

In January 2017, the National Academies of Sciences, Engineering, and Medicine published a report on the health effects of marijuana and products derived from it. The report summarizes the current evidence on both therapeutic effects and harmful effects, recommends that research be done to develop a comprehensive understanding of the health effects of marijuana, and recommends that steps be taken to overcome regulatory barriers that may make it difficult to do research on marijuana's health effects.

The FDA has approved two prescription drugs, dronabinol and nabilone, based on a component of marijuana. These medications may be helpful for treating the symptoms associated with cancer or for the side effects of cancer therapies. In Europe, the United Kingdom, and Canada, a mouth and throat spray called nabiximols, which is derived directly from the marijuana plant and contains two of the plant's components, has been licensed and approved for the relief of pain and spasticity associated with multiple sclerosis and as an addition to pain treatment for cancer patients. Studies of nabiximols are in progress in the United States.

(Information from: <https://nccih.nih.gov/health/marijuana>)

EPIC Corner

ELECTRONIC PHARMACIST INFORMATION CONSULTANT
(MEDICATION REVIEWS WITHIN 48 BUSINESS HOURS)

EPIC Phone: 732-943-3573

EPIC Fax: 732-574-3469 or 3926

Email: epic@pharmacareinc.com

When requesting an EPIC review, please:

Remember to use an EPIC cover sheet for each resident.

Do not send multiple residents under one cover sheet. There is a chance the requests in such a package may be overlooked. Clearly indicate on the cover sheet if requesting a change of status review and indicate what is occurring, e.g. falls, anorexia, etc.

Remember to include resident information as well as the cover sheet. If only a cover sheet is sent, the EPIC review will notify you that information is missing. Submit the requested information in a timely manner. Waiting more than 24 hours to resubmit the information delays the process and may put your resident in jeopardy.

Please make sure the information you send is legible.

Black smudges or lines on the sheets transmitted make it extremely difficult if not impossible to read. Remember to include a fax back number on the cover sheet and that the CSID number is being posted on the transmission.

As in the past, EPIC will continue to alert your facility about possible medication issues including anti-coagulants, antipsychotic medications and anti-diabetic medications.

WELCOME TO OUR NEWEST CLIENTS

Alliance Health Care 1 & 2
Arbor Terrace, Morris Plains
Ridgeview Healthcare & Rehab
Caring for Life Adult Medical Day Care
Bronx-Lebanon Highbridge Woodcrest Center
Doylestown Health & Rehab
Exeter Green
Lancaster Health & Rehab
Lansdale Health & Rehab
Phoenixville Health & Rehab
Stenton Health & Rehab
Rosemont Health & Rehab
Williamsbridge Home

NJ Long-Term Care Leaders Coalition, 19th Annual Conference **Person-Centered Care, 2017: A Bird's Eye View**



Thursday, October 19, 2017
8:00 am - 4:30 pm
Holiday Inn East Windsor
\$125 Admission
(732) 574-9434 ext 105
www.NJLTCLC.org

For: physicians, medical directors, nurses, administrators, social workers, pharmacists, case managers, dietitians, and others involved in long-term care. (5 credits for most disciplines)



Pharma-Care, Inc.
Health Care Consultation Specialists
WWW.PHARMACAREINC.COM



Creative Care Consulting, LLC