Harmony Healthcare INTERNATIONAL

[Date]

[Name]
[Title]
[Company]
[Address]
[City], [State] [Zip Code]

Dear (Physician/NPP),

Re: Mandatory Drug Regimen Review

The IMPACT Act of 2014 required that CMS develop and implement quality measures and reporting of these measures for the SNF Quality Reporting Program (SNF QRP). Effective October 1, 2018, the new Drug Regimen Review (DRR) must be completed for all Medicare Part A patients at admission and throughout the stay as reported via the Minimum Data Set (MDS).

This initiative requires identification and reconciliation of potential clinically significant medication issues. Potential and actual medication adverse consequences and errors are prevalent in health care settings and often occur during transitions in care. Adverse consequences related to medications may result in serious harm or death, emergency department visits, and rehospitalizations and affect the resident's health, safety, and quality of life.

The Drug Regimen Review includes all prescribed medication, over the counter (OTC), nutritional supplements, vitamins, and homeopathic and herbal products, administered by any route. It also includes total parenteral nutrition (TPN) and oxygen.

Two-way communication with the physician is required to convey any identified potential or actual clinically significant medication issue. A response from the physician with prescribed or recommended actions in response to the medication issue is required by midnight of the next calendar day. You will likely receive more communication by nursing staff to discuss potential clinically significant medication issues, per this new requirement.

Clinically significant medication issues may include, but are not limited to:

- Medication prescribed despite documented medication allergy or prior adverse reaction.
- Excessive or inadequate dose.
- Adverse reactions to medication.
- 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 resident, drug, dose, route, and time errors.
- Medication dose, frequency, route, or duration not consistent with resident's condition, manufacturer's instructions, or applicable standards of practice.
- Use of a medication without evidence of adequate indication for use.
- Presence of a medical condition that may warrant medication therapy (e.g., a resident with primary hypertension does not have an antihypertensive medication prescribed).
- Omissions (medications missing from a prescribed regimen).
- Nonadherence (purposeful or accidental).

This requirement makes it imperative that two-way communication occurs timely and issues are addressed expeditiously. Please feel free to discuss your preferred method of communication or any questions you may have regarding this new CMS initiative.

Sincerely,

[Facility Representative Name]
[Title]
[Company]