

FREE WEBINAR

TUE, FEB 20 | 12 PM CT



Mastering M2020 Oral Medications

*The impact of M2020 accuracy
on quality & outcomes*

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HOME HEALTH

Your speakers



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Mastering Management of Oral Meds

Management of Oral Meds--> Why it matters!

- 82% of American adults take at least one medication and 29% take five or more
- ADEs cause approximately 1.3 million emergency department visits and 350,000 hospitalizations each year
- 7-9000 deaths in US each year as a result of a med error
- \$3.5 billion is spent on excess medical costs related to ADEs annually
- More than 40% of costs related to ambulatory (non-hospital) ADEs might be preventable
- Improving management of oral meds can improve the quality measure in Star ratings and VBP, but also ACH, ED use, HHCAHPs



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Which OASIS Items?

Star

(Outcome/Process)

- M0102/M0104
- M1860
- M1850
- M1830
- M1400
- **M2020**



PDGM

(Payment)

- M1033
- M1800
- M1810
- M1820
- M1830
- M1840
- M1850
- M1860



VBP

(Outcomes)

- M1800, M1810, M1820, M1830, M1845, M1870
- M1840, M1850, M1860
- M1400
- **M2020 → 5.83%**
- M2420

+/- 5%

2025 VBP

(Outcomes)

- M1400
- **M2020 - 9%**
- GG0130A
- GG0130B
- GG0130C
- GG0170A
- GG0170C
- GG0170D
- GG0170E
- GG0170F
- GG0170I
- GG0170J
- GG0170R

+/- 5%

Improvement in Management of Oral Meds

Measure Description:

Percentage of home health *quality episodes* during which the patient improved in their ability to take their medicines correctly (by mouth).

Numerator:

Home health *quality episodes* where the value recorded on the discharge assessment indicates **less impairment** in taking oral medications correctly at discharge than at the start (or resumption) of care.

Denominator:

Home health *quality episodes* ending with a discharge (M0100=9) during the reporting period, except those meeting exclusion criteria.

Exclusions: Home health quality episodes for which the patient

- Scored 0 independent or N/A on M2020 at SOC or ROC
- Episode ending with transfer or death (M0100 = 6, 7, 8)
- Is nonresponsive (M1700=4, M1710=NA, M1720=NA)
- Is discharged to a non-institutional hospice (M2420=3)

Exclusions = Nonresponsive

If at the SOC/ROC:

- **M1700** Cognitive Functioning = **04** Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state or delirium
or
- **M1710** When Confused = **NA** Patient nonresponsive
or
- **M1720** When Anxious = **NA** Patient nonresponsive



HHVBP – OASIS-based - Exclusions

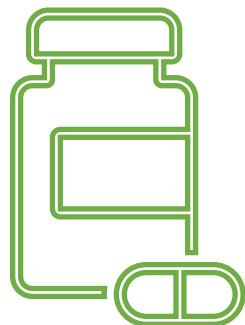
Measure Title	Data Source	Non-Responsive	Answered Zero	M2420 =3	Death at Home	Transfer
Improvement in Dyspnea	OASIS (M1400)	---	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Improvement in Management of Oral Medications	OASIS (M2020)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Discharged to Community	OASIS (M2420)	---	---	M2420= 3 or unknown and TRF Hospice	<input checked="" type="checkbox"/>	---
Total Normalized Composite Change in Self-Care	OASIS (M1800) (M1810) (M1820) (M1830) (M1845) (M1870)	<input checked="" type="checkbox"/>	---	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Total Normalized Composite Change in Mobility	OASIS (M1840) (M1850)(M1860)	<input checked="" type="checkbox"/>	---	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Management of Oral Meds

<p>M2020. Management of Oral Medications</p> <p>Patient's <u>current ability</u> to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)</p>	
<p>Enter Code</p> <input type="checkbox"/>	<p>0. Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.</p> <p>1. Able to take medication(s) at the correct times if:</p> <ul style="list-style-type: none"> a. individual dosages are prepared in advance by another person; <u>OR</u> b. another person develops a drug diary or chart. <p>2. Able to take medication(s) at the correct times if given reminders by another person at the appropriate times</p> <p>3. <u>Unable</u> to take medication unless administered by another person.</p> <p>NA No oral medications prescribed.</p>

Used in Calculations:

- Outcome Measure in HHVBP and Star
- Risk Adjustment
- Potentially Avoidable Event



Poll #1

Improvement in Management of Oral Meds is an outcome measure used in Star Ratings and HHVBP because:



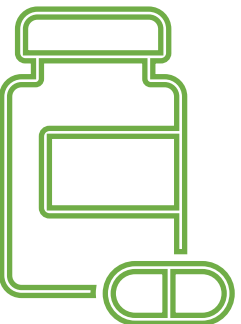
Management of Oral Meds

Item Intent:

- This item is intended to identify the patient's ability to **PREPARE** and **TAKE all oral (p.o.) medications reliably and safely**, including administration of **correct dosage**, at **correct times and intervals**, on the day of assessment.
- Refers to **ABILITY**, not compliance or willingness

Choosing a Response:

- **Day of Assessment:** time spent in the home by the clinician and preceding 24h
- Response choice is **PRIOR** to any teaching or intervention by the agency
- Consider **limitations and barriers:** Physical, Mental/emotional, SDOH, activity restrictions, environment, sensory

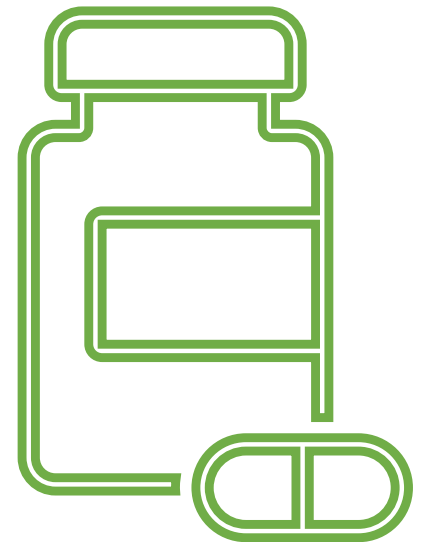


M2020 Management of Oral Meds

Includes: all prescribed, and OTC oral meds included on the POC swallowed and absorbed through GI system!!

Excludes:

- Topical, injectable and IV meds
- Inhalation meds and sublingual meds (Oct 2012)
- Swish and expectorate meds (Jan 2013)
- Meds given per gastrostomy or other tube 4b-Q167.8
- Does not include filling/reordering 4b-Q166

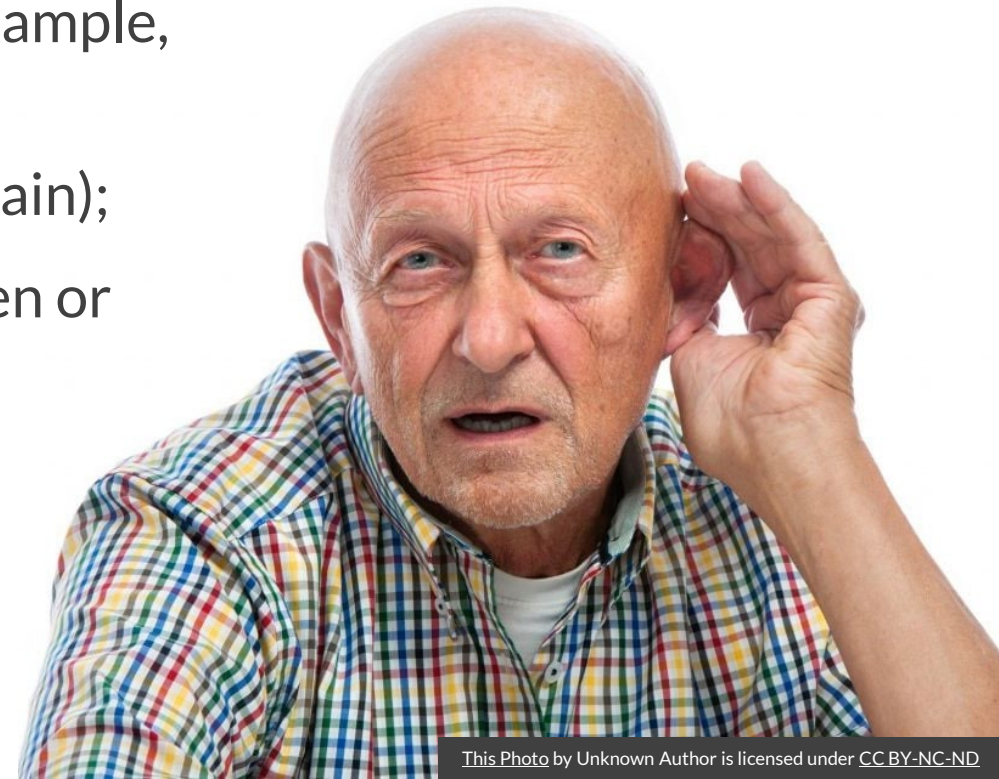


M2020 Management of Oral Meds

The patient must be viewed from a holistic perspective in assessing ability to perform medication management.

Ability can be temporarily or permanently limited by:

- **Physical impairments** (for example, limited manual dexterity);
- **Emotional/cognitive/behavioral impairments** (for example, memory deficits, impaired judgment, fear);
- **Sensory impairments** (for example, impaired vision, pain);
- **Environmental barriers** (for example, access to kitchen or medication storage area, stairs, narrow doorways).



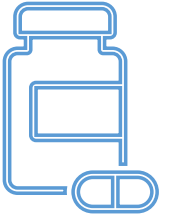
M2020 Management of Oral Meds

Includes assessment of the patient's ability to:

- Obtain the medication from where it is routinely stored
- Read the label (or otherwise identify the medication correctly, for example patients unable to read and/or write may place a special mark or character on the label to distinguish between medications)
- Open the container
- Select the pill/tablet or milliliters of liquid
- Orally ingest it at the correct times.



M2020 Management of Oral Meds



Response 0: Able to take independently all oral meds and proper doses at correct times

- Patient takes every med correctly from bottles, And/or
- Sets up her/his own 'planner device' and is able to take the correct med in the correct dosage at the correct time, every time
- Able to access usual medication location without assist



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M2020 Management of Oral Meds

Response 1: Patient is able to take meds at correct time, but requires:

- Another person to prepare individual doses in advance (e.g., sets up a planner device, and does NOT need reminders)
- Another person must modify original med container for access
- And/or another person to develop a drug diary/chart which the patient relies on to take meds appropriately



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M2020 Management of Oral Meds

Response 2: Able to take med at correct times if given reminders

- Patient requires another person to provide reminders at the time the med is taken, regardless of whether meds taken from bottles or planner or whether he needs help preparing the doses, AND all oral meds have been taken correctly day of assessment
- Reminders to take PRN meds
- Reminders from a device that the patient can set up independently are not considered “assist” or “reminders”



M2020 Management of Oral Meds

Response 3: Unable to take meds unless administered by another person

- Unable to take unless administered by another person
- Patient who didn't understand how to take med
- Patient who wasn't able to take med at correct time even though reminded
- Patient who was unable to safely swallow oral med on day of assessment
- ~~If medication not in the home, you cannot make assumptions about patient's ability to take the med~~
- Patient requires someone to assist them to **walk to the location** where meds are *routinely stored*, or someone must retrieve the medications and bring them to the patient, or bring a beverage to swallow pills
- Planner filled **incorrectly, missed doses**



Poll #2

When a patient needs reminders to take an oral med, the best response for M2020 is:



M2020 Assessment Techniques

- Ask the patient to gather all medications. Is the patient able to access the medications **where they are kept in the home? Can they get there?**
- **Verify** all ordered medications are in the home.
- Ask the patient to explain how he/she takes each medication: time of day, number of pills/tabs, relative to food or other medications
- **Ask** the patient to demonstrate how to take a pill out of a med bottle (can he/she get the lid off, remove a small pill from the bottle, etc.). If patient uses a med planner, observe if he/she can open compartments and remove pills. Check compartments from day before to see if any pills remain that should have been taken.



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M2020 Assessment Techniques

- If the patient has sensory deficits (impaired vision, pain, neuropathy), manual dexterity deficits, or cognitive/memory deficits, **assess** how patient takes medications safely.
- **Assess** environmental barriers or ask if the patient is able to access a beverage to swallow oral meds.
- **Ask** if the patient has difficulty swallowing large pills or other problems with ingesting medications.
- For patients that live in an ALF, assess vision, strength, manual dexterity and cognitive status, and use clinical judgement to determine ability to take correct dosage at the right time.



M2020 Oral Meds and M2030 Injectable Medications

Special Considerations

- ALF keeps med in med room & nurse administers
- Family keeps meds out of reach for children's safety
- Medications not in the home

Use clinical judgment to determine patient's ability

- Assess complexity of drug regimen
- Assess cognitive status, vision, strength, manual dexterity and general mobility
- Information gathered by report, including details about when and how the patient accesses and administers their meds

More on ALF

Assessment includes consideration of whether a patient:

- Can get to location of where the meds are routinely stored at the correct times
- Can recognize the correct meds, recognizing someone would need to make the medication available to the patient once they are at the location.

Patient has the ability to get to where meds are kept, recognize the med, take it from the bottle/draw the medication up and swallow the medication/inject the medication.

A patient in an ALF can be response 0, 1, 2 or 3 depending on the level and timing of assistance required on the day of assessment to allow the patient to take the correct dose(s) of all oral medications reliably and safely at the correct times. *OASIS Cat 4 [Q164.2](#)*

Mrs. Gray in the ALF at SOC

You are admitting Mrs. Gray to home care after abdominal surgery. She and her husband George live in the ALF because George is wheelchair bound and it just got too much for them physically to live alone.

Mrs. Gray has quite a bit of pain and can only walk about 10 feet with her walker. You ask her about her medications and she says the ALF provides someone to assist them with the medications. She knows the doctor changed up some of them and is not sure what they bring her. Medications are kept in a locked closet down the hall.

Plan includes teaching all her medications, pain management, improving gait and endurance.

M2020. Management of Oral Medications	
<u>Patient's current ability</u> to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)	
Enter Code <input type="text"/>	<ul style="list-style-type: none">0. Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.1. Able to take medication(s) at the correct times if:<ul style="list-style-type: none">a. individual dosages are prepared in advance by another person; <u>OR</u>b. another person develops a drug diary or chart.2. Able to take medication(s) at the correct times if given reminders by another person at the appropriate times3. <u>Unable</u> to take medication unless administered by another person.NA No oral medications prescribed.

Mrs. Gray in the ALF at SOC

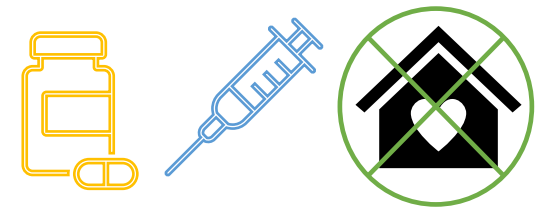


You are completing the DC on Mrs. Gray. You ask her about her medications and she says it is about time to take them. She walks down the hall, using her walker, to the med closet and tells the med tech she is there to take her medicines. The med tech hands her a cup with a few pills in it.

The patient looks at them and says “I have a new purple one. Where is the blue one?” The med tech consults the list and says that is levothyroxine. Mrs. Gray says “That’s right. The doctor increased my dosage.” She then picks out the HCTZ and says, “My daughter is taking us out to dinner tonight, so I don’t want to take the water pill.”

You ask Mrs. Gray if that is what she usually does to take her medicines and she says “I do if I have something else to do, because sometimes once they pass all the meds out to everyone, mine are late. I don’t like to be late.”

M2020/M2030 – Meds not in the Home



Questions:

- In situations where a patient cannot demonstrate their ability to take oral or injectable medications, (ex: **medications are not in the home**) how are codes for M2020 - Management of Oral Medications, and M2030 - Management of Injectable Medications determined?
- **167.5.2.1:** Chooses not to fill. Cognitively intact
- **167.5.2:** Can't afford meds
- **167.101:** Unreliable transportation
- **168.1.01:** No insulin due to problem w/pharmacy

Answer:

In situations where **one or more medications** that the patient is currently taking and are listed on the Plan of Care are **not available to the patient, preventing the patient from being able to demonstrate** their ability to manage **oral or injectable medications**, the assessing clinician could **code using assessment strategies other than direct observation**. The assessing clinician would rely on their assessment of the **complexity of the patient's overall drug regimen, as well as patient characteristics, including cognitive status, vision, strength, manual dexterity and general mobility, along with any other relevant barriers, and use clinical judgment** to determine the patient's current ability. In selecting a code, the clinician may use information gathered by report and/or observation, including details about when and how the patient accesses and administers their medications.

Where Are Those Meds Stored?

(M2020)	Management of Oral Medications: Patient's current ability to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)
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In late March Mr. F suffered a fall with a right hip fracture. He had a total hip replacement and transferred to rehab. He began homecare on April 1st. He was previously independent with all of his medications. He is now on 2 anti-hypertensives, oral pain medications prn, and Aspirin.

At the SOC, he is able to ambulate with a rolling walker on level surfaces but is unable to do stairs without assistance. He has two stairs separating his living area from his kitchen where his medications are stored. His son brings his meds to him at his chair.

Poll #3

When a patient needs help to get to the location where the medications are routinely stored, the best response for M2020 is:



Where Are Those Meds Stored?

Q&A167.5.3 ... If the medications were routinely stored in the kitchen and/or the water was not available for the patient to self-administer and the patient required someone to assist them to the location where the meds were stored and or to water, the appropriate score would be a "3".

(M2020)	Management of Oral Medications: <u>Patient's current ability</u> to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)
Enter Code 3	<p>0 Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.</p> <p>1 Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; <u>OR</u> (b) another person develops a drug diary or chart.</p> <p>2 Able to take medication(s) at the correct times if given reminders by another person at the appropriate times</p> <p>3 <u>Unable</u> to take medication unless administered by another person.</p> <p>NA No oral medications prescribed.</p>

Where Are Those Meds Stored?

During the episode, the location of the medications was changed to near the patient's chair and a beverage is set up for him every morning. What is his score on M2020 at Discharge? Cat4 Q167.5.3

(M2020)	Management of Oral Medications: <u>Patient's current ability</u> to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)
Enter Code 0	<p>0 Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.</p> <p>1 Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; <u>OR</u> (b) another person develops a drug diary or chart.</p> <p>2 Able to take medication(s) at the correct times if given reminders by another person at the appropriate times</p> <p>3 <u>Unable</u> to take medication unless administered by another person.</p> <p>NA No oral medications prescribed.</p>

Response choices

0 – Independent

- 100% independent
- Zero human assist
- Access, prepare and take safely, all the time, every time

1 – Able if

- Someone else prepares
- Individual doses
 - Drug diary or chart

2 – Reminders

- Able to take if:
- given reminders

3 – Unable to

- Unable to take unless administered by another
- Missed doses (even if set up or reminded)
 - Pill minder incorrect
 - Can't swallow safely
 - Doesn't understand instruction
 - Can not access the location

Poll #4

When a patient's daughter sets up their pill reminder and then they can take the pills with no further human assist the best response for M2020 is:



Bubble Paks

- At SOC, the patient has his medications set up for him every Sunday evening by his daughter and he takes them reliably and safely on time.
- Score a 1 because he needs individual doses prepared.
- During the episode the agency arranges to have the patient's medications delivered from the pharmacy in packs for am and pm. At DC, the patient demonstrates that he can take his medications when he is supposed to by picking up the right pack, opening it, and swallowing the pills with a beverage.
- Score?

Med Management and HHCAHPS

Composite 3: Specific Care Issues

Specific Care Issues Composite ("Patients who reported that their home health team discussed medicines, pain and home safety with them.")	Response Categories
Q3. When you first started getting home health care from this agency, did someone from the agency talk with you about how to set up your home so you can move around safely?	Yes, No
Q4. When you started getting home health care from this agency, did someone from the agency talk with you about all the prescription and over-the-counter medicines you were taking?	Yes, No
Q5. When you started getting home health care from this agency, did someone from the agency ask to see all the prescription and over-the-counter medicines you were taking?	Yes, No
Q10. In the last 2 months of care, did you and a home health provider from this agency talk about pain?	Yes, No
Q12. In the last 2 months of care, did home health providers from this agency talk with you about the purpose for taking your new or changed prescription medicines?	Yes, No
Q13. In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines?	Yes, No
Q14. In the last 2 months of care, did home health providers from this agency talk with you about the side effects of these medicines?	Yes, No

STAWPS

- See all the meds
- Talk about all the meds
- ALL the meds-- prescription and OTC
- When to take Rx meds
- Purpose of Rx meds
- Side effects of Rx meds

Drug Regimen Review & Medication Reconciliation

- 80% of medication errors occur during handoffs between settings
- Med errors are usually related to the transmission of inaccurate discharge medication lists
- Med errors make up of one-fifth of all adverse events
- One study showed 90% of patients experience at least one discrepancy in transition from hospital to home health
- Upon discharge to home, patients are often faced with numerous medication changes, new med regimens, and follow-up details



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Best Practices to Improve Oral Med Mgt

Drug Regimen Review & Medication Reconciliation

Accurate medication assessment protocol for M2020

- Does staff understand how to answer OASIS items
- Does staff understand how to do a drug regimen review and medication reconciliation?

Medication reconciliation

- At SOC/ROC
- At each visit
- Update orders throughout episode
- Ensure patient ALWAYS has a current med list

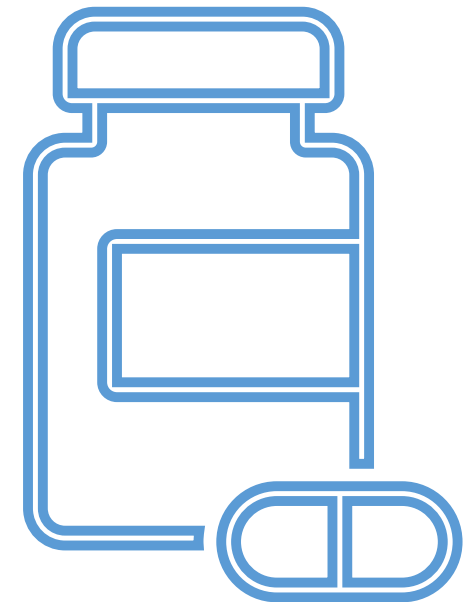


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Best Practices to Improve Oral Med Mgt

Identify barriers to improvement in med management

- Knowledge deficit
- Financial
- Transportation
- Physical
- Cognitive
- Distinguish non-compliance vs knowledge deficit or other reasons (financial)
- Health Literacy—“this med is for the edema in your lower extremities and will make you urinate a lot”



Best Practices to Improve Oral Med Mgt

Interdisciplinary referrals

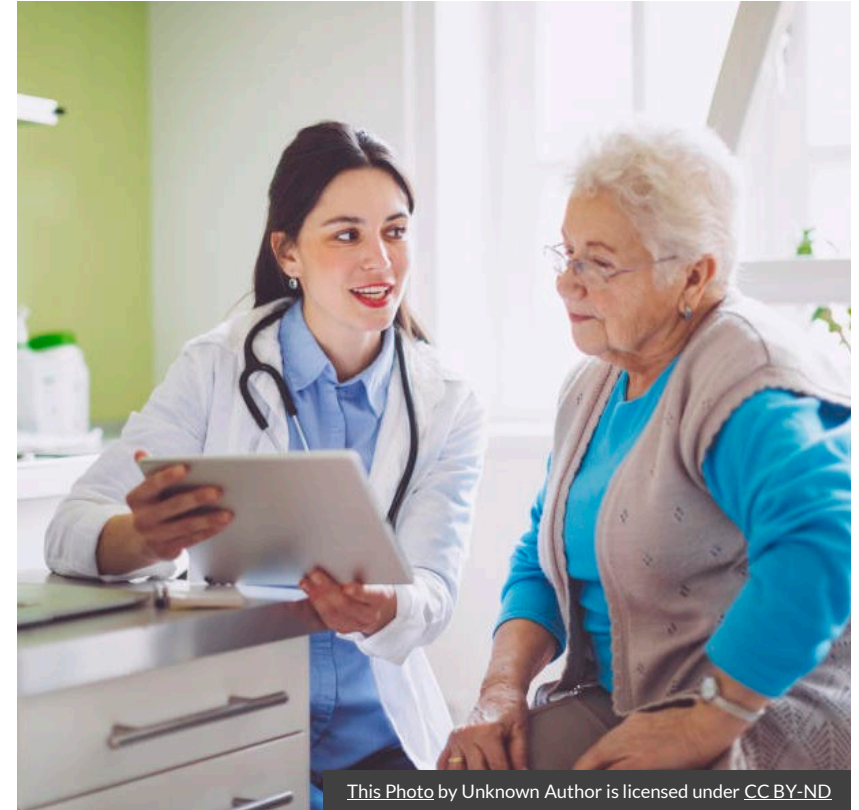
- PT for ambulation, transfers
- OT for opening bottles, upper body strength
- ST improved swallowing & cognitive focus
- MSW for caregiver or payment issues



Best Practices to Improve Oral Med Mgt

Medication education:

- Educate patient & caregivers on all meds
- Who is doing teaching?
- Are materials appropriate for patient?
Language, font, reading level
- Assess – Teach – Evaluate – Revise
throughout the episode
- TAKE YOUR TIME!



Best Practices to Improve Oral Med Mgt

- Include med management in case conferences, all disciplines
- Do NOT discharge until goals are met!
- Therapy only patients: criteria to ask for SN referral r/t med issues and/or med teaching per telephone effectively
- Help set up pill minder, med system and/or delivery services if appropriate
- Engage family/cg involvement



Medication Management

What Happens Between SOC/ROC and Discharge?

Med Access

- How do they physically get meds?
- Can they afford meds?
- Planning with cg/family
- MSW consult

Med Management

- Can they access the location?
- How much assistance is needed?
- Interventions to improve?

Med Teaching

- High-Risk Meds at SOC/ROC
- All Meds
- Teach family/cg
- Identify Barriers

Improve Outcomes and Patient Satisfaction

Email us with Questions or to set up a time to talk about your Interim Performance Reports!

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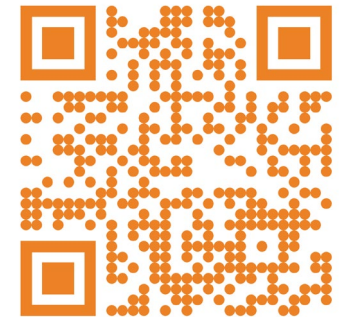


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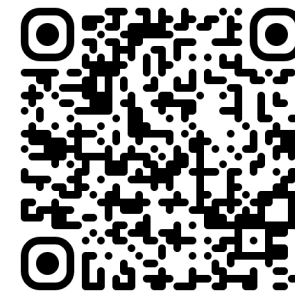


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Questions



Thanks for joining!

Webinar recording and slides available at:
www.simpleltc.com/m2020-webinar

