

OASIS ITEM	
<p>(M2002) Medication Follow-up: Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?</p> <p><input type="checkbox"/> 0 - No</p> <p><input type="checkbox"/> 1 - Yes</p>	
ITEM INTENT	
<p>Identifies if potential clinically significant problems identified through a medication review were addressed with the physician within one calendar day following identification of medication issue(s).</p> <p>This item is used to calculate process measures to capture the agency's use of best practices following the completion of the comprehensive assessment. The best practices stated in the item are not necessarily required in the Conditions of Participation.</p>	
TIME POINTS ITEM(S) COMPLETED	
<p>Start of Care</p> <p>Resumption of Care</p>	
RESPONSE—SPECIFIC INSTRUCTIONS	
<ul style="list-style-type: none"> • Complete if Response 2 for M2000 is selected. • Clinically significant medication issues are those that, in the care provider's clinical judgment, pose an actual or potential threat to patient health and safety, such as drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, medication omissions, dosage errors, or nonadherence to prescribed medication regimen. • Contact with physician is defined as communication to the physician made by telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status. • Select Response 1 – Yes, only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions. <ul style="list-style-type: none"> - In order to select Response 1, the two-way communication AND reconciliation (or plan to resolve the problem) must be completed by the end of the next calendar day after the problem was identified and before the end of the allowed time frame (i.e., within five days of SOC, within two days of discharge from the inpatient facility at ROC). • If the interventions are not completed as outlined in this item, select Response 0 – No. However, in this case, the care provider should document rationale in the clinical record. • If a medication related problem is identified and resolved by the agency staff by the time the assessment is completed, the problem does not need to be reported as an existing clinically significant problem. • If agency staff other than the clinician responsible for completing the SOC/ROC OASIS contacted the physician to follow up on clinically significant medication issues, this information must be communicated to the clinician responsible for the SOC/ROC OASIS assessment so that the appropriate response for M2002 may be selected. This collaboration does not violate the requirement that the comprehensive patient assessment is the responsibility of, and must ultimately be completed by one clinician. 	
DATA SOURCES / RESOURCES	
<ul style="list-style-type: none"> • Clinical record • Communication notes • Plan of care 	<ul style="list-style-type: none"> • Medication list • Discussions with other agency staff responsible for completing drug regimen review