POLICY STATEMENT
REMOTE CONSULTING IN LONG-TERM AND POST-ACUTE CARE (LTPAC)

**Policy Statement:**

The American Society of Consultant Pharmacists recognizes that the monthly Medication Regimen Review (MRR) may be completed remotely using electronic means provided all necessary information is accessible. A comprehensive MRR performed to provide resident-centric, value-based care might require the on-site presence of the consultant pharmacist to consult with the care team, resident and/or family members to acquire additional necessary information, evaluate responses to medications, or make recommendations for therapy adjustments to improve quality of life. The consultant pharmacist must be present in the LTPAC facility on a regular basis to assess and maintain the integrity of the medication distribution system of the facility and monitor pharmacy services processes.

**Preamble/Background:**

Several portions of the Reform of Requirements for Long-Term Care Facilities Participation (i.e. Mega Rule or Final Rule), published in the Federal Register on October 4, 2016, affect a Consultant Pharmacist’s review of the medication regimen. The Mega Rule or Final Rule is the most comprehensive revision of the Centers for Medicare and Medicaid Services (CMS) requirements for nursing homes since 1991.¹ When the proposed rules were released for comment, CMS initially required the MRR be completed while on-site in the facility as part of the requirement for a complete chart review. Based on comments and the infeasibility of completing the admission or change of condition MRR in a timely, cost effective manner, the section requiring the pharmacist to be on-site in the facility was deleted.

The CMS State Operations Manual (SOM) is a comprehensive guide for surveyors to use as they evaluate the nursing facilities’ compliance with the regulations. Appendix PP § 483.45, Guidance F756 states¹:

*While conducting the MRR in the facility is not required for compliance, important information about indications for use, actual or potential medication irregularities or adverse consequences (such as symptoms of tardive dyskinesia, dizziness, anorexia, or falls) may be attainable only by talking to the staff, reviewing the medical record, and observing and speaking with the resident,*
the resident’s family and/or representative. However, electronic health and medication records and other available technology may permit the pharmacist to conduct some components of the review outside the facility.

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 the Health Insurance Portability and Accountability Act (HIPAA) of 1996. 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.

**Arguments and Research:**

The provision of pharmacy services in a facility is regulated by **F755 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17) §483.45 Pharmacy Services.** These regulations detail all pharmacy services provided either by the dispensing pharmacy or the consultant pharmacist. Time spent in the facility is necessary to complete elements of required pharmacy services in evaluating and monitoring the MRR and pharmacy services processes. This visit reinforces an effective and necessary multidisciplinary approach to medication management. Used in tandem, electronic means and on-site visits are effective ways to provide resident-centric value-based medication management. The regulation also addresses basic standards of practice for consultants.

Basic Standards of Practice are specified in the regulations:

- The Consultant Pharmacist meets all Federal and State rules and regulations
- The Consultant Pharmacist conducting remote and/or on-site reviews is in a contractual relationship with the LTPAC facility
- The Consultant Pharmacist is licensed in the state where the review is conducted
- The Consultant Pharmacist conducting remote consulting is the pharmacist providing on-site consulting or affiliated with the pharmacist providing on-site consulting

MRR for each resident is required at least once a month or more frequently, as indicated by the resident’s condition and must be completed on all patients regardless of length of stay. At minimum, MRRs must be completed on admission/readmission, with a change in condition, and following an adverse drug reaction or sentinel event, but are not limited to these events. Data transmission of resident related information must be HIPAA compliant and secure.

The Reform of Requirements for Long-Term Care Facilities Participation added a new section to the regulations, **§483.21 Comprehensive Person-Centered Care Planning,** that instructs the facility to: “Develop and implement a baseline care plan for each resident, within 48 hours of
his or her admission, that includes the instructions needed to provide effective, person-centered care that meets professional standards of quality care.”

Further requirements from Section N of the Minimum Data Set (MDS), effective 10-1-18, require that:

- N2003. Medication Follow-Up has been added to the Admission (Start of Prospective Payment System (PPS) Stay) Assessment if there are irregularities noted in the admission MRR
- N2005. Medication Intervention has been added to the Part A PPS Discharge Assessment

**Note:** Medication Regimen Review (MRR) and Drug Regimen Review (DRR) are interchangeable terms.

More information regarding Section N can be found in the Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual (MDS-RAI Manual):

Other regulations that provide guidance for conducting MRR are as follows:

**F755 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)**

§483.45 Pharmacy Services

§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who—

§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.

**INTENT §483.45(a) and (b) (1), (2), and (3) The intent of this requirement is that:**

- In order to meet the needs of each resident, the facility accurately and safely provides or obtains pharmaceutical services, including the provision of routine and emergency medications and biologicals, and the services of a licensed pharmacist;

**C. SERVICES OF A LICENSED PHARMACIST**

The pharmacist is responsible for helping the facility obtain and maintain timely and appropriate pharmaceutical services that support residents’ healthcare needs, goals, and quality of life that are consistent with current standards of practice, and that meet state and federal requirements.

**F756 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)**

§483.45(c) Drug Regimen Review

§483.45(c) Drug Regimen Review.
§483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.
§483.45(c)(2) This review must include a review of the resident’s medical chart.

**Summation:**

Pursuant to excerpts of PP §483.45 and F756, a consultant pharmacist may conduct aspects of the medication regimen review remotely via electronic means as long as the consultant pharmacist has access to the full medical record. However, the consultant pharmacist should work on-site in the facility on a routine basis to monitor all aspects of pharmacy services with regards to the medication distribution system of the facility and to assure optimum medication therapy for its residents.

**Note:** In the event of disasters, such as hurricanes, fires and pandemics, consideration for visiting Healthcare facilities should be made with respect to CMS guidelines and in consultation with public health authorities, using clinical judgement as well as the principles outlined in CMS, FEMA or CDC guidance during disasters to assign risk and determine need for work restrictions.

**References:**


2. CMS Training Webinar- Skilled Nursing Facility Quality Reporting Program Provider Training; Skilled Nursing Facility (SNF) Follow-Up Webinar on Section N, Terry Kahlert Eng, PhD, RN, August 27, 2018


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