

Re: Consultant Pharmacists Performing Remote Medication Regimen Reviews During COVID-19 Outbreak

The American Society of Consultant Pharmacists (ASCP) represents our nation's long term care pharmacies and consultant pharmacists who serve medically complex and older adult patients living in congregate care environments who are most vulnerable to COVID-19. ASCP has been in constant communication with the Centers for Medicare and Medicaid Services (CMS) to help provide guidance and resources for pharmacists and LTCFs as they navigate through this difficult time.

On March 17th, 2020, ASCP offered guidance to consultant pharmacists and long-term care facilities (LTCFs) on essential pharmacist services (medication regimen reviews (MRRs), medication restocking and delivery procedures, etc.). **On March 30, 2020, ASCP received written correspondence from the Division of Nursing Homes at CMS confirming our original guidance.**

Consultant pharmacists and pharmacy personnel are required to provide certain services to LTCFs and fall under the most recent Centers for Disease Control and Prevention's (CDC) interim guidance as essential healthcare personnel.¹ That stated, facilities should follow CDC guidelines for restricting access to non-essential health care workers and/or contact their local health department for questions.²

Nursing facilities should work with their pharmacies and pharmacists to ensure appropriate access to the facilities and to medical records so that pharmacists and pharmacy personnel can continue to provide essential services to their residents.

There is currently **no waiver** in the conditions of participation for skilled nursing facilities in Medicare/Medicaid. This means that a pharmacy, pharmacist, or facility cannot restrict or disregard mandated requirements like **drug replenishment, security and storage, use of products beyond the expiration dates, or medication regimen review**. Relinquishing access or control to controlled substances or security procedures cannot be done. Those fulfillment procedures and security procedures are still critical as we address this crisis.

Medication Regimen Review (MRR)

Medication Regimen Review (MRR), which includes antibiotic stewardship and infection control, is still part of the conditions of participation for skilled nursing homes. This function, along with other essential pharmacist and pharmacy services, must still be fulfilled. Nursing facilities should work with their pharmacies and pharmacists to ensure appropriate **access** so that pharmacists and pharmacy personnel may continue to provide these required services to their residents.

In an effort to mitigate the spread of COVID-19 during a facility outbreak and during mitigation, pharmacists with **complete** access to patient's electronic health records (EHRs) should perform remote MRR(s). In the situation that the EHR does not contain all necessary information (lab information,

¹ Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19); available at: [cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

² CDC Information for Healthcare Professionals; available at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

medication administration records) or if the facility is on a paper system, the facility should work to grant access to the pharmacist for remote access, allow the pharmacist to receive printed documents (medication administration records (MARs) and/or lab results) or allow the pharmacist to work in a room away from patient care areas to perform the review(s).

Protecting Patient-Identifiable Information

CMS guidance at F756 states that “electronic health, medication records, and other available technology may permit the pharmacist to conduct some components of the review outside the facility.” While transmitting patient-related information electronically is a convenient means to perform MRRs outside of the facility, it is critical that electronic communication remains secure to protect patient-identifiable information as mandated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The guidance at F756 also specifies that “brief communication via secure devices to address or prevent immediate or potential problems does not constitute a complete MRR.”

Medication Restocking and Delivery Procedures

Facilities should work with their contracted pharmacy to review how medications and supplies are received and take necessary actions to prevent any potential transmission. Pharmacies have varied delivery procedures, varying methods to restocking electronic medication cabinets and eKits, and varying return procedures. Several states require pharmacists or pharmacy staff to restock automated dispensing systems. These pharmacists and pharmacy staff also audit automated dispensing systems to ensure medications are not expired.

There are many cases where pharmacists are the only personnel that can load dispensing or emergency medication cabinets. In these cases, pharmacists are essential health professionals and need to enter nursing facilities after following appropriate screening and PPE procedures.³

Other emergency procedures for pharmacists and pharmacy personnel include making deliveries dropped off at a dedicated location such as a loading dock or outside in an area of the parking lot. Facilities can allow the entry of deliveries if needed, as long as they are following the appropriate guidelines for Transmission-Based Precautions. Appropriate procedures and infection control must be put in place to ensure patient care continues in light of this pandemic.⁴

Working together, we can make appropriate plans for prevention and mitigate the spread during a facility outbreak.

Sincerely,



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American Society of Consultant Pharmacists

³ Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States; available at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>

⁴ Relevant CMS Guidance: *Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes, March 13, 2020*; available at: <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>