



NATIONAL
QUALITY FORUM

NQF's Medication Reconciliation Harmonization Initiative

June 5, 2019

Context

- Fall 2017: Behavioral Health Standing Committee (SC) discussion about medication reconciliation
 - *Desire for greater alignment in measure specifications*
- April 2018: CSAC charged the Patient Safety SC to explore issues further
- **Goal: To align measure specifications where possible to reduce burden and promote measurement efficiency**

Work to Date

- September 2018: Patient Safety SC started discussion on Medication Reconciliation Measures
 - *Patient Safety SC was interested in a comparison of attributes across measures*
- October 2018: CSAC discussed Medication Reconciliation Harmonization topic progress
- December 2018: Patient safety SC discussed detailed areas of measure differences
- April 2019: Discussion with developers/stewards, NQF Patient Safety project team, and SC co-chairs
- May 2019: Continued conversation with Patient Safety SC and developers
 - *Shared document of current definitions used by organizations and in the literature*

NQF-Endorsed Medication Reconciliation Measures

- **0097** Medication Reconciliation Post-Discharge
- **2988** Medication Reconciliation for Patients Receiving Care at Dialysis Facilities
- **0419e** Documentation of Current Medications in the Medical Record
- **0553** Care for Older Adults (COA)-Medication Review
- **3317** Medication Reconciliation on Admission
- **2456** Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient

Brief Specifications

	0097 MedRec Post-Discharge	0419e Documentation of Current Medications in the Medical Record	0553 Care for Older Adults (COA) – Medication Review	2456 MedRec: Number of Unintentional Medication Discrepancies per Patient	3317 MedRec on Admission	2988 MedRec for Patients Receiving Care at Dialysis Facilities
Steward	NCQA	CMS	NCQA	Brigham and Women’s Hospital	CMS / HSAG	Kidney Quality Care Alliance
Measure Focus	Reconciliation of discharge medication list with current outpatient medical record medication list	Eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter	Medication review of all a patient’s medications, including prescription medications, OTC medications by a prescribing practitioner or clinical pharmacist	Total number of unintentional medication discrepancies in admission orders + total number of unintentional medication discrepancies in discharge orders	Reconciliation of Prior to Admission medication list (referencing external sources) by end of Day 2 of hospitalization.	Patients receive medication reconciliation upon visit to dialysis facility.
Population	Patients ages 18 +	Patients ages 18 +	Patients ages 66 +	Random sample of adults admitted to the hospital	All inpatient psychiatric admissions	Dialysis patients
Data Source	Claims, Electronic Health Records, Paper Medical Records	Claims, Electronic Health Records, Registry Data	Claims, Electronic Health Records, Paper Medical Records	Electronic Health Data, Electronic Health Records, Instrument-Based Data, Other, Paper Medical Records	Paper Medical Records	Electronic Health Records, Other
Level of Analysis	Clinician: individual Clinician: group Health Plan Integrated Delivery System	Clinician: individual Clinician: group	Health Plan Integrated Delivery System	Facility	Facility	Facility
Setting	Outpatient	Outpatient	Inpatient/Hospital, Outpatient Services, Post-Acute Care	Hospital	Inpatient/Hospital	Post-Acute Care

Patient Safety Committee Discussion Themes

- Important items to consider in standardized specifications:
 - ▣ *Timing and frequency of medication reconciliation;*
 - ▣ *Who is involved in the medication reconciliation process;*
 - ▣ *Location of the medication reconciliation;*
 - ▣ *Consideration of risk factors such as high-risk medications and patient risk factors; and*
 - ▣ *Is it a “checkbox” medication reconciliation, or is there a methodology for how medication reconciliation is documented and reported?*
- Importance of interoperable health information systems
- Importance of moving towards outcome measures
- Some necessary specifications in certain measures cannot be harmonized

Areas of Major Differences in Measure Attributes

Medication
Reconciliation/Review
Setting

Defining Medication
Reconciliation/Review
Requirements

Documenting the
Medication
Reconciliation/Review
Process

Individuals Eligible to
Perform the
Medication
Reconciliation/Review

Frequency of
Medication
Reconciliation/Review

Information Source for
Medication
Reconciliation/Review

Populations and Risk
Factors

Patient SC Meeting: December 2018

- Interested in moving towards measures that evaluate the quality of the medication reconciliation and review
 - ▣ *Agreement that the process of aligning current measures is an important initiative*
- Areas easier to align: individuals eligible to perform the reconciliation or review and information that must be reconciled and included in the medication list
 - ▣ *Other areas for harmonization: review and reconciliation processes (e.g., how they need to be completed and documented) and sources from which to gather information*

Developer/Steward Meeting: April 2019

- **Key first step: Need for standardized definitions for medication reconciliation and review**
- Measures targeting certain populations may require differences in specifications
- Measures use different data sources based on setting/population
- Outcome measures may be optimal but are challenging. There is benefit in process measures focused on medication reconciliation/review.
 - *The process isn't being done as often as one would expect.*

Patient SC Meeting: May 2019

- **Standardized language is essential**
 - ▣ *Reconciliation is the initial step of the more comprehensive review process.*
- **Recommendation:**
 - ▣ *The Patient Safety SC agree on best practices for medication reconciliation and medication review measures (e.g., components that should be included in measures should ideally include and capture, rather than only endorsing a standard definition)*
- **Recommendation:**
 - ▣ *Measure developer “Summit” focused on harmonizing these measures*

CSAC Discussion

- What is a reasonable approach to continuing harmonization?
- Do any of the areas of variation among the measures stand out as priorities?
- What is NQF's role in providing harmonization guidance for measures that involve complex interventions and multiple attributes?
- How should NQF continue to work with developers in this area?
 - *What kind of guidance should NQF ultimately provide developers?*