NATIONAL QUALITY FORUM

Memo

TO: Behavioral Health Standing Committee

FR: NQF Staff

RE: Post-Comment Call to Discuss Public and Member Comments

DA: May 17, 2017

Purpose of the Call

The Behavioral Health Standing Committee will meet via conference call on Monday, May 22, 2017 from 1:00-3:00 PM ET. The purpose of this call is to:

- Review and discuss comments received during the post-evaluation public and member comment period, and provide input on proposed responses.
- Determine whether reconsideration of any measures or other courses of action are warranted.

Due to time constraints, during this call we will review comments by exception, in the case the Committee disagrees with the proposed responses.

Standing Committee Actions

1. Review this briefing memo and Draft Report
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (see Comment Table)
3. Determine whether to reconsider measure #0108 as requested by the measure steward
4. Provide feedback to developers on other specific measures as needed.
5. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Speaker dial-in #: 877-829-9898 (*NO CONFERENCE CODE REQUIRED)*
Web Link: http://nqf.commpartners.com/se/Rd/Mt.aspx?682757
Registration Link: http://nqf.commpartners.com/se/Rd/Rg.aspx?682757

Background

In this fourth phase of Behavioral Health work, the 27-member Behavioral Health Standing Committee evaluated seven newly submitted measures and six measures undergoing maintenance of endorsement against NQF's standard evaluation criteria. The Committee recommended eight measures for endorsement, did not recommend four measures, and deferred an endorsement decision on one measure. NQF's Behavioral Health portfolio includes 54 measures that address tobacco, alcohol, and substance use; depression, major depressive disorder (MDD), schizophrenia, and bipolar disorders; health screening and assessment for those with serious mental illness; attention deficit hyperactivity disorder (ADHD); safe and appropriate inpatient psychiatric care; and follow up after hospitalization.

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments prior to the evaluation of the measures via an online tool located on the project webpage. Third, NQF opens a 30-day comment period to both members and the public after the measures have been evaluated by the full committee and once a report of the proceedings has been drafted.

Pre-evaluation comments

The pre-evaluation comment period was open from February 2-16, 2017. One pre-evaluation comment was received in support of measure 0008: Experience of Care and Health Outcomes (ECHO) Survey; this comment was provided to the Committee prior to the in-person meeting.

Post-evaluation comments

The Draft Report was out for Public and Member comment April 5-May 4, 2017. NQF received 52 comments from 13 organizations, including nine member organizations:

Health Plans – 1	Health Professionals – 1
QMRI – 3	Providers – 4

Overall, commenters supported the Committee's decisions and deliberations during the in-person meeting. Eighteen comments expressed support for the Committee's decisions to either recommend or not recommend the evaluated measures for endorsement.

We have included all of the comments that we received (both pre- and post-evaluation) in the Comment Table. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses for the Committee's consideration. Please refer to this comment table to view and consider the individual comments received and the proposed responses to each. The remainder of this memo outlines the comments which require discussion during the post-comment call.

Reconsideration Request

0108: Follow-Up Care for Children Prescribed ADHD Medication (NCQA)

During the in-person meeting, the Committee did not reach consensus on the subcriterion of evidence, mainly due to the lack of evidence for a follow-up visit within 30 days. Additionally, the Committee did not pass the measure on the subcriterion of validity, largely based on the lack of evidence for the specification of the initiation rate timeframe as well as the inability for providers to engage with patients in ways other than a face-to-face visit for the initial visit.

NQF received one comment for #0108 from the developer:

> **Developer Comment:** Please see the below memo from the developer.
>
> **Action Item:** Based on comments received and the information provided by the developer, would the Committee like to reconsider this measure?
>
> If a re-vote is desired, we will follow up with a voting survey after the call. The Committee will need to begin the re-vote with the Importance to Measure and Report Criterion, as the previous vote resulted in 'Consensus Not Reached.' Depending on the

results, you will then vote on the remaining endorsement criteria and the overall recommendation for or against continued endorsement (see measure worksheet).

Measure Specific Comments

0576: Follow-Up After Hospitalization for Mental Illness (NCQA)

This measure received five comments, most of which were in support of the Committee's decision to recommend this measure as well as to emphasize the Committee's concerns and recommendations for this measure. Three of the comments focused on the Committee's recommendation to revise the measure to allow for telehealth to count as a visit towards the seven and 30-day follow-up criteria. Two commenters supported the recent decision by NQF's Measures Application Partnership to remove this measure from the Inpatient Psychiatric Facility Quality Reporting Program pending re-specification for the acute care setting. Two commenters raised concerns around the developers' decision to no longer credit organizations for provider visits conducted on the same day of discharge. They noted that given shortages with behavioral health practitioners, patients should take advantage of when appointments are available, even if they are on the same day as their discharge.

Developer Response: We appreciate the challenge related to shortage of mental health providers. NCQA reviewed the same day visit topic with our Behavioral Health Measurement Advisory Panel which supported removing the same day visit. Our panel agreed that an encounter on the date of discharge after hospitalization can be viewed as a quality improvement intervention designed to improve a patient's likelihood of receiving timely clinical follow-up care within 7 and 30-days, it should not be the only visit that patients have within a week of discharge, and does not reflect good quality of clinical care on its own; therefore it does not meet the intent of the measure .In addition, HEDIS auditors have also noticed that some organizations count case management or check list services on the same day toward the measure. Some of these services were being performed in locations such as the hospital cafeteria and thus were billed as an outpatient service. It is challenging to discern whether some services were provided before or after discharge. Because of these practical challenges, NCQA decided to remove the same-day visit to ensure the validity and comparability of the measure and to align with the measure intent.

Regarding telehealth, we are proposing to add video conferencing to the measure for HEDIS 2018 and if approved by our governing Committee and Board of Directors in June 2017, will update the NQF endorsed version accordingly.

Proposed Committee Response: Thank you for your comments. The Committee discussed issues around same-day appointments at length during the in-person meeting. We agree that measure revisions may be warranted in relation to telehealth and the definition of a mental health practitioner, but this does not preclude our decision to recommend the measure for endorsement.

Action Item: Does the Committee agree with this response, or would the Committee like to revisit this discussion based on the comments received?

3205: Medication Continuation Following Inpatient Psychiatric Discharge (HSAG)

This measure received three comments, all of which expressed concerns with the Committee's decision to recommend the measure. All three commenters agreed that adherence to

medication is important, particularly in the psychiatric population where psychotropic medication discontinuation can have a range of adverse effects. However, one commenter agreed that while hospitals should take steps to encourage and help patients obtain and take their medications as directed, assessing whether patients have their prescriptions filled within a certain time period does not necessarily constitute a hospital level measure. Another commenter stated that measuring a patient's access to a medication does nothing to measure whether a patient actually took the medication thus, the measure as it is currently specified measures whether a prescription has been filled, not whether it was taken.

Developer Response: We thank you for your comments on the measure. The measure does not require the inpatient treatment team to monitor patients' medication adherence following discharge. There is evidence that improvements to the quality of care for patients in the IPF setting, including the discharge processes, can help to increase medication continuation rates.

In response to the question about the Committee summary, inpatient pharmacies do not generally dispense prescriptions for ambulatory use. We envision the measure may promote innovative approaches to coordinating care post discharge.

The goal of this measure is to improve medication continuation and reduce the variation in performance across IPFs. Interventions to improve medication continuation should be tailored to meet each patient's needs and circumstances. This measure gives facilities the flexibility to determine which interventions are most appropriate for their patient populations.

For more information on the measure specifications, supporting literature, and measure results, refer to the measure methodology report at the following link by opening the "Inpatient Psychiatric Facility Medication Continuation Measure" zip file: https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/hospitalqualityinits/measure-methodology.html

Proposed Committee Response: The Committee did consider these issues during our in-person meeting, but concluded that hospitals have a role in properly educating patients on the importance of filling prescriptions. Additionally, hospital may be encouraged to increase the use of outpatient hospital pharmacies. The Committee agrees that the issues raised in these comments do not preclude our recommendation for endorsement. Further, NQF's recent work on attribution models noted that "as teams increasingly deliver care and facilities become more integrated, attribution models should reflect what the accountable entities are able to influence rather than directly control."

Action Item: Does the Committee agree with this response, or would the Committee like to revisit this discussion based on the comments received?

3207: Medication Reconciliation on Admission (HSAG)

This measure received three comments, all of which agreed with the Committee's decision not to recommend the measure. Two commenters agreed that it is important to know a patient's medication history; however, they argue that the structure and complexity of the measure make it unacceptably burdensome. Another commenter shared the Committee's concerns that the evidence for the measure focus was weak and that adequate links were not demonstrated between the components of the proposed measure and improved outcomes. The developer for

this measure provided a follow-up memo that includes background on the measure, the feedback that was received during the in-person meeting, and their responses to that feedback.

> **Developer Response:** Thank you for your comments on the measure. We plan to incorporate feedback from the NQF Behavioral Health Standing Committee, the Technical Expert Panel, and other key stakeholders who have provided public comments when we re-specify the measure. To address the concerns related to the complexity of the measure calculation, burden, and evidence for each component, we will restructure the measure to have a single score rather than a composite score and reduce the number of data elements to align with existing measures that evaluate the medication reconciliation process in other settings.
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> **Proposed Committee Response:** Thank you. Your comment was shared with the developer of measure #3207.
>
> **Action Item:** Does Committee have feedback for the developer based on these comments and the developer's memo?

Follow-Up Information

3175: Continuity of Pharmacotherapy for Opioid Use Disorder (RAND Corporation)

During the in-person meeting, the Committee recommended that the developer test this measure in data sources other than commercial claims data. In response to that recommendation, the developer submitted a comment with additional information and testing data based on commercial claims from national databases.

> **Additional Information Provided by the Developer:** As the measure developer, we completed testing in Medicaid claims data for 10-13 states per year. We present the results here for two-year rolling periods for 2010-2015, based on commercial claims and Medicaid claims from national databases. We submitted the measure scores based on commercial claims in January 2017 as part of the Measure Information Form for NQF 3175. We are now submitting the measure scores based on Medicaid claims. The measure denominator is the number of individuals with a diagnosis of opioid use disorder (OUD) and at least one claim for an OUD medication. The measure score is the proportion in the denominator with at least 180 days of continuous pharmacotherapy with an OUD medication without a gap of more than seven days. The testing results are shown in Table 1.
>
> CONCLUSIONS. Testing of the measure in Medicaid claims data was feasible. The results show about a third of Medicaid beneficiaries remained on OUD medication for at least 180 days without a gap of more than seven days. These scores are similar in magnitude to those for commercial coverage. The low scores for Medicaid beneficiaries indicate overall less-than-optimal performance on this measure and ample opportunity for improvement.
>
> Table 1. Measure Scores Based on Commercial and Medicaid Claims, Two-Year Rolling Periods, 2010-2015

Time Period	Commercial Denominator	Commercial Score	Medicaid Denominator	Medicaid Score
2010-2011	17,229	0.245	7,961	0.281
2011-2012	34,879	0.233	17,061	0.352

2012-2013	41,867	0.274	26,949	0.308
2013-2014	43,812	0.283	36,666	0.275
2014-2015	40,379	0.305	35,593	0.296

Proposed Committee Response: Thank you for this additional information.

Action Item: No Committee action is required.

Appendix A

NCQA Request for Reconsideration of the *Follow-Up Care for Children Prescribed ADHD Medication* (NQF #0108) measure

NCQA requests that the NQF Behavioral Health Standing Committee reconsider the *Follow-Up Care for Children Prescribed ADHD Medication* (ADD) measure (NQF# 0108) validity criteria based on the new information that NCQA provided during the recent public comment period.

During the discussion on validity at the in-person meeting of the Committee, members of the panel raised important questions that we felt deserved follow-up on our part. We appreciate the Committee's review and consideration of this additional, and we hope, clarifying information.

Based on the Committee's recommendation, NCQA conducted a second-round evidence review and cited additional randomized control studies showing that children on ADHD medications who received follow up visits (providing medication management and monitoring services) within a few weeks to a year had improved clinical outcomes compared to children who did not have follow-up visits (Arnold et al., 2004, Sallee et al., 2009).

NCQA presented in the NQF form correlation between the *Follow-Up Care for Children Prescribed ADHD Medication* measure and the *Children and Adolescents Access to Primary Care Practitioners* (CAP) measure. This approach to construct validity is recognized as meeting NQF criteria for validity as it examines the relationship between measures that address like concepts. Results showing moderate correlation between the two measures indicates that children in health plans who have primary care visits are also likely to have a visit following newly prescribed ADHD medications. It is often challenging to find existing measures that address similar concepts and the CAP measure is the closest related measure available. We'll continue to explore correlation of ADD with other appropriate child measures when they become available.

Our evidence form submission cites the 2011 American Academy of Pediatrics (AAP) guideline which recommends that children on ADHD medications should have a face-to-face visit within four weeks and two more visits within the year. Following the NQF Behavioral Health Standing Committee in-person meeting, NCQA consulted the AAP chair of the ADHD treatment guideline committee to better understand the clinical rationale and evidence for their recommendation. AAP continued to support its recommendation and considered the timeframe for follow-up in the ADD measure reasonable. NCQA's Behavioral Health Measurement Advisory Panel and Technical Expert Panel, which include pediatricians and psychiatrists, recommended a follow-up visit within 30 days and another two visits within 10 months.

AAP guidelines recommend some visits be in-person to allow the opportunity to check patients' pulse and blood pressure. AAP advised NCQA that it is appropriate to allow video conferencing and telephone visits for one of the continuation phase visits in the ADD measure to address the challenge presented by the shortage of providers. When telehealth's inclusion in the ADD measure is approved by NCQA's Board of Directors, NCQA will update the measure through NQF's annual update process.

Continued NQF endorsement of the measure will shed light on the importance of follow up care for children newly prescribed ADHD medications and offers a national standard, that is consistent with clinical practice guidelines and research, in monitoring quality of care.

Arnold et al. (2004). A double-blind, placebo-controlled withdrawal trial of dexmethylphenidate hydrochloride in children with attention deficit hyperactivity disorder. Journal of Child and Adolescent Psychopharmacology, 14(4):542-54

Sallee et al. (2009). Guanfacine extended release in children and adolescents with attention-deficit/hyperactivity disorder: a placebo-controlled trial. Journal of the American Academy of Child and Adolescent Psychiatry, 48(2):155-65

Appendix B

NQF Behavioral Health Standing Committee (BHSC)
Post-Comment Call Memo: NQF #3207 Medication Reconciliation on Admission

Background

The *Medication Reconciliation on Admission* measure was submitted to NQF for review by the 2017 Behavioral Health Standing Committee (BHSC). Based on the calculation algorithm for the measure, NQF staff advised HSAG to submit the measure as a composite measure. The measure was not recommended for endorsement because the committee vote indicated that the measure did not pass the evidence criterion.

HSAG has considered the committee's feedback and is requesting guidance for re-specifying the measure for NQF endorsement reconsideration.

Measure Details as Originally Submitted December 2016

Measure Description: The average completeness of the medication reconciliation process within 48 hours of admission to an inpatient facility.

Numerator: This measure does not have a traditional numerator. The numerator is a facility-level score of the completeness of the medication reconciliation process within 48 hours of admission. This score is calculated by averaging the scores of the three components of the medication reconciliation process.

The components include:

1) Comprehensive prior to admission (PTA) medication information gathering and documentation
2) Completeness of critical PTA medication information
3) Reconciliation action for each PTA medication

Denominator: Admissions to an inpatient facility from home or a non-acute setting with a length of stay greater than or equal to 48 hours.

Additional measure details can be found in the original submission forms.

Summary of Feedback from the February 28-March 1, 2017 Standing Committee Meeting

The Committee addressed several measure evaluation topics during the evidence portion of the discussion. The feedback is presented below and is organized by topic area.

- Evidence: Several members of the Committee expressed concerns about the overall strength of the evidence in relation to the complexity of the measure. Other members noted that the evidence presented did not provide support for each of the individual data elements as contributing to better patient outcomes.
- Related/Competing Measures: One committee member recommended more detailed comparisons to existing NQF endorsed measures that evaluate the medication

reconciliation process. Such comparisons would clarify potential alignment and harmonization considerations.

- Measure Complexity: Committee members suggested that the composite measure was too complex and difficult to understand. They recommended that the measure be simpler to abstract and to calculate to reduce the burden for facilities to implement. One committee member suggested simplifying the measure to require only the reconciliation process step.

Response to Standing Committee Meeting Feedback

- Evidence:
  - HSAG reviewed the evidence in accordance with the NQF *Guidance for Evaluating the Clinical Evidence*.
  - The evidence presented included a systematic review of 26 studies and a targeted literature review that identified 10 additional publications that supported the measure focus.
  - The level of evidence presented was similar to the evidence presented for four existing NQF-endorsed measures that evaluate the medication reconciliation process (NQF #0097, #0419, #0553, and #2988).
  - The NQF evaluation criteria for evidence indicated that the measure met an overall rating of Moderate based on a High rating for the quantity and Moderate ratings for the quality and consistency of the studies in the systematic review. The initial review conducted by NQF staff and select Steering Committee members rated the quantity, quality, consistency and overall evidence as Moderate.
  - Key findings from the 36 studies included in the systematic review and subsequent review conducted by HSAG:
    - 28 studies looked at outcomes that are sensitive to the direct effect of completed medication reconciliation. (Note: studies could have evaluated more than one outcome)
      - 23 of 28 studies demonstrated a reduction in medication discrepancies
      - 6 of 28 studies demonstrated reduction in potential adverse drug events
      - 3 of 28 studies demonstrated a reduction in adverse drug events (patient injury related to drug use)
- Related/Competing Measures:
  - There are seven endorsed measures related to medication reconciliation. Detailed specifications for each of the related/competing measures are shown in Table 2 in the Appendix.
    - **Measure Type** –
      - 5 process measures (NQF #0097, #0553, #2988, #0293, and #0646)
      - 1 attestation measure (NQF #0419)
      - 1 outcome measure (NQF #2456) that focuses on medication discrepancies during the admission and requires medical record review by a trained clinician which is not feasible for IPFQR program
    - **Measure Scoring** – Among the four measures that evaluate whether the medication reconciliation process was completed, three are scored as

pass/fail at the patient level (NQF #0097, #0419, #0553) and one is scored as the number of patient-months for which medication reconciliation was completed (NQF #2988).

- **Medication Reconciliation Definition** –
  - Three measures had similar to or more extensive definitions of medication reconciliation than the proposed measure. Requirements for each measure are listed.
    - NQF #0419:
      - Designated PTA list of all known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary supplements
      - Medication name, dose, frequency, and route
    - NQF #2988:
      - Most accurate list of home medications by comparing medication list in dialysis medical record to one or more external list(s) obtained from a patient or caregiver, pharmacotherapy information network, hospital, or other provider. Medications include prescriptions, over-the-counters, herbals, vitamin/mineral/dietary supplements, and medical marijuana
      - Medication name, indication, dose, frequency, and route
      - Reconciliation by physician, RN, ARNP, PA, pharmacist, or pharmacy technician. Information should include start and end date, discontinuation date, reason medication was stopped or discontinued, and identification of the individual who authorized stoppage or discontinuation for all that are applicable. Allergies, intolerances, or adverse drug events should be documented
    - NQF #0553:
      - Medication list includes herbal/supplemental therapies
      - Medication review by prescriber or pharmacist
- **Setting** – Three measures are in the hospital setting (NQF #0293, #0464, #2456) and four measures are in the outpatient settings including one measure specific to dialysis centers (NQF #0419, #0553, #2988, #0097).
- **Timing of Reconciliation –** None of the hospital measures addressed the medication reconciliation process at admission.

- <u>Measure Complexity:</u>
  - HSAG proposes to simplify the measure specifications as follows:
    - Create a single process measure scored as pass/fail rather than a composite measure. This change aligns with other endorsed measures and reduces complexity.

        - Remove data elements required for each medication (name, dose, frequency, route, and last time taken) because these are already at a relatively high performance level and have limited variation in performance across facilities tested.
        - Remove the requirement for comparison of the PTA medication list to the History & Physical to eliminate the burden it adds to the abstraction of the measure.
        - Align source requirements with those of related NQF-endorsed measures by changing the specification to require at least one external source rather than separate health system and patient sources.
    - Proposed measure specifications:
        - Numerator: Number of admissions with a designated PTA medication list generated by referencing one or more external sources of medications for which all PTA medications have a documented reconciled action within 48 hours of admission.
        - Denominator: Admissions to an inpatient facility from home or a non-acute setting with a length of stay greater than or equal to 48 hours.

Table **1** shows the scores for the field test sites for the proposed measure specifications indicating a clear quality gap and wide variation in performance.

Table 1. Scores for Field Test Sites Using Proposed Measure Specifications

	IPF 1	IPF 2	IPF 3	IPF 4	IPF 5	IPF 6	IPF 7	IPF 8	IPF 9	Average	Range
Measure Score (%)	62	8	73	86	11	7	39	98	18	44.7	7, 98

Questions for Standing Committee

- Given that the evidence generally remains the same, would the Committee reconsider the evidence supporting the measure based on the additional clarification provided and the proposed revision to the measure?
- Do the proposed changes to the measure specifications and to the score calculation address the Committee's concerns about alignment and harmonization with existing medication reconciliation measures?
- Do the proposed changes to the measure specifications and to the score calculation address the Committee's concerns related to complexity and burden?
- Does the Committee have any additional recommendations or suggestions for refinement of the measure?

Table 2: Existing NQF-Endorsed Measures with a Medication Reconciliation Focus

NQF#	Name/Description	Setting	Numerator	Denominator	Distinction from NQF 3207
0097	Medication Reconciliation Post-Discharge The percentage of discharges for patients 18 years of age and older for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record by a prescribing practitioner, clinical pharmacist or registered nurse.	Clinician Office/Clinic	Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse on or within 30 days of discharge. Medication reconciliation is defined as a type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record.	All discharges from an in-patient setting for patients who are 18 years and older.	• Focuses on the discharge aspect of the medication reconciliation process. • Applies to physician office setting. • Restricts to patients 18 years and older. • Allows reconciliation to be performed by non-prescribers (i.e., pharmacist or registered nurse)
0293	Medication Information Percentage of patients transferred to another healthcare facility whose medical record documentation indicated that medication information was communicated to the receiving facility within 60 minutes of departure	Hospital	"Percentage of patients transferred to another HEALTHCARE FACILITY whose medical record documentation indicated that medication information was communicated to the receiving FACILITY within 60 minutes of departure • Documentation regarding medication history • Allergies • Medications given (MAR)"	All emergency department patients who are transferred to another healthcare facility	• Focuses on the discharge aspect of the medication reconciliation process.
0419	Documentation of Current Medications in the Medical Record Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter.	Clinician Office/Clinic	"The Numerator statement for the most recent versions of the measure is as follows (for both the 2016 Claims and Registry version and the 2017 e Measure version): Eligible professional attests to documenting, updating, or reviewing a patient´s current medications using all immediate resources	"The 2016 Claims and Registry denominator statement is as follows: "All visits for patients aged 18 years and older." The 2017 eMeasure denominator statement is as follows: "All visits occurring during the 12 month reporting period for patients aged 18 years and older before the start of	• Applies to physician office setting. • Restricts to patients 18 years and older. • Includes (OTCs), herbals, vitamin/mineral/ dietary (nutritional) supplements. • Excludes urgent or emergent situations • No completion timeframe requirement.

NQF#	Name/Description	Setting	Numerator	Denominator	Distinction from NQF 3207
			available on the date of the encounter. This list must include ALL prescriptions, over-the counters, herbals, vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosages, frequency, and route of administration"	the measurement period.'""	
0553	Care for Older Adults (COA) – Medication Review Percentage of adults 66 years and older who had a medication review during the measurement year; a review of all a patient's medications, including prescription medications, over-the-counter (OTC) medications and herbal or supplemental therapies by a prescribing practitioner or clinical pharmacist.	Clinician Office/Clinic, Inpatient Rehabilitation Facility, Long Term Acute Care, Nursing Home / SNF	At least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record.	All patients 66 and older as of the end (e.g., December 31) of the measurement year.	• Applies to physician office setting, inpatient rehab, LTC, Nursing Home/SNF • Restricts to patients 66 years and older. • Includes (OTCs), herbals, supplemental therapies. • Allows review to be performed by non-prescriber (i.e., pharmacist)
0646	Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) Percentage of patients, regardless of age, discharged from an inpatient facility (e.g., hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home or any other site of care, or their caregiver(s), who received a reconciled medication list at the time of discharge including, at a minimum, medications in the specified categories.	Ambulatory Surgery Center, Hospital, Inpatient Rehabilitation Facility, Nursing Home / SNF	"Patients or their caregiver(s) who received a reconciled medication list at the time of discharge including, at a minimum, medications in the following categories: Medications to be TAKEN by patient: - Continued* Medications prescribed before inpatient stay that patient should continue to take after discharge, including any change in dosage or directions AND - New* Medications started during inpatient stay that are to be continued after discharge and newly prescribed medications	All patients, regardless of age, discharged from an inpatient facility (eg, hospital inpatient or observation, skilled nursing facility, or rehabilitation facility) to home/self care or any other site of care	• Focuses on the discharge aspect of the medication reconciliation process.

NQF#	Name/Description	Setting	Numerator	Denominator	Distinction from NQF 3207
			that patient should begin taking after discharge * Prescribed dosage, instructions, and intended duration must be included for each continued and new medication listed Medications NOT to be Taken by patient: - Discontinued Medications taken by patient before the inpatient stay that should be discontinued or held after discharge, AND - Allergies and Adverse Reactions Medications administered during the inpatient stay that caused an allergic reaction or adverse event and were therefore discontinued"		
2456	Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient This measure assesses the actual quality of the medication reconciliation process by identifying errors in admission and discharge medication orders due to problems with the medication reconciliation process. The target population is any hospitalized adult patient. The time frame is the hospitalization period.	Hospital	For each sampled inpatient in the denominator, the total number of unintentional medication discrepancies in admission orders plus the total number of unintentional medication discrepancies in discharge orders.	"The patient denominator includes a random sample of all potential adults admitted to the hospital. Our recommendation is that 25 patients are sampled per month, or approximately 1 patient per weekday. So, for example, if among those 25 patients, 75 unintentional discrepancies are identified, the measure outcome would be 3 discrepancies per patient for that hospital for that month."	• Focuses on medication discrepancy outcomes. • Requires clinician to complete the abstraction. • Completion timeframe requirement is entire hospitalization period.

NQF#	Name/Description	Setting	Numerator	Denominator	Distinction from NQF 3207
2988	Medication Reconciliation for Patients Receiving Care at Dialysis Facilities Percentage of patient-months for which medication reconciliation was performed and documented by an eligible professional.	Dialysis Facility	"Number of patient-months for which medication reconciliation was performed and documented by an eligible professional during the reporting period. The medication reconciliation MUST: • Include the name or other unique identifier of the eligible professional; AND • Include the date of the reconciliation; AND • Address ALL known home medications (prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements, and medical marijuana); AND • Address for EACH home medication: Medication name(1), indication(2), dosage(2), frequency(2), route of administration(2), start and end date (if applicable)(2), discontinuation date (if applicable)(2), reason medication was stopped or discontinued (if applicable)(2), and identification of individual who authorized stoppage or discontinuation of medication (if applicable)(2); AND • List any allergies, intolerances, or adverse	Total number of patient-months for all patients permanently assigned to a dialysis facility during the reporting period.	• Applies to dialysis facilities. • Includes (OTCs), herbals, vitamin/mineral/ dietary (nutritional) supplements. • Timeframe for completion is monthly (not with each treatment)

NQF#	Name/Description	Setting	Numerator	Denominator	Distinction from NQF 3207
			drug events experienced by the patient. 1. For patients in a clinical trial, it is acknowledged that it may be unknown as to whether the patient is receiving the therapeutic agent or a placebo. 2. “Unknown” is an acceptable response for this field."		