TO: Consensus Standards Approval Committee (CSAC)

FR: NQF Staff

RE: Voting Results: Medication Review and Medication Documentation Measures

DA: July 7, 2012

The CSAC will review the recommendations and comments from two competing measures: Care for Older Adults – Medication Review (#0553) and Documentation of Current Medications in the Medical Record (0419). These measures were recently evaluated in the Care Coordination project and the Patient Safety Complications Phase I project, respectively. This memo includes a summary of the measures, an overview of the public and member comments regarding these measures, and NQF member voting results. Individual measure evaluation summary tables from the draft reports are included in Appendix A.

CSAC ACTION REQUIRED

Pursuant to the Consensus Development Process (CDP), the CSAC may consider approval of two candidate consensus standards:

- **0553: Care for Older Adults – Medication Review**
- **0419: Documentation of Current Medications in the Medical Record**

Specifically, the CSAC will be asked to determine whether one of these two measures is "best in class." Additional background information on these measures is included below.

BACKGROUND

Measure #0419 was recently recommended for continued endorsement by the Patient Safety—Complications Steering Committee. That Committee also reviewed three additional medication reconciliation measures (#0097, #0554, and #0646) as a part of their evaluation of measure #0419, and in general, perceived these measures as related but not competing. This Committee agreed that, in the future, they would like to see a single medication reconciliation measure that applies across populations, settings, and care transitions. The Committee, however, did not consider measure #0553 in their evaluation of measures that are related/competing with measure #0419.

In contrast, the Care Coordination Steering Committee deemed measure #0553 as competing with measure #0419. However, in their deliberations, the Care Coordination Steering Committee could not determine which (if either) measure was superior and instead recommended that the measures be combined or completely harmonized.

On a conceptual level, both of these measures address documentation of medications in the medical record, and both target ambulatory care/post-acute care patients. The major differences in the measures are shown below (a comparison of the complete measure specifications is included in Appendix B).

0553 Care for Older Adults – Medication Review (NCQA)	0419 Documentation of Current Medications in the Medical Record (CMS)
Includes medication review and documentation of a medication list in the medical record	Includes documenting of medications, including all prescriptions, over-the-counters, herbals, vitamin/mineral/dietary supplements and must contain the name, dosages, frequency, and route
Includes patients 66 years and older	Includes patients age 18 years and older
Measured at least once in the measurement period—but an outpatient visit is not required	Measured at each outpatient encounter
Can be fulfilled by a provider with proscribing privileges or a clinical pharmacist	Can be fulfilled by an "eligible professional"

STEERING COMMITTEE DISCUSSION

Summaries of the Steering Committee discussions for these measures and the Committee evaluation ratings are shown below.

	0553 Care for Older Adults – Medication Review (NCQA)	0419 Documentation of Current Medications in the Medical Record (CMS)
Steering Committee	Care Coordination	Patient Safety—Complications
Importance*	Impact: **H-19; M-7; L-0; I-0** Performance Gap: **H-14; M-12; L-0; I-0** Evidence: **Y-18; N-5; I-3** The Committee expressed some concern about the mixed results from the body of evidence. Developers explained these mixed results by noting that the cited studies used varying definitions of medication review and examined medication review as only one of a bundle of interventions (with the "bundle" differering across studies). The Committee also commented on the statistics presented by the developer, noting the indication of improvement in performance from 2008 to 2010.	Importance: **Y-19; N-2** The Committee affirmed the importance of the measure's goals: to prompt discussions between physicians and patients, to increase knowledge of patients' medical histories, and to reduce adverse drug events. The Committee also discussed the importance of medication reconciliation in general. Since reporting on this measure is voluntary, the Committee noted that it is not possible to clearly define the performance gap but current rates demonstrate a gap for just documentation of current medications in the medical record.
Scientific Acceptability*	Reliability: **H-9; M-14; L-2; I-1** Validity: **H-5; M-17; L-2; I-2** Committee members noted the lack of specificity in the definition of a medication review and a concern that this might be a "checkbox" measure. Developers clarified that this measure includes both a medication	Scientific Acceptability: **Y-15; N-5** The Committee had several concerns related to whether the specifications were precise and understandable and whether the results would be valid. The Committee was concerned that it would be difficult to effectively document a patient's vitamin and over-the-counter

	list as well as a discussion about the medications. Committee members also questioned the optional exclusions allowed for health plans; developers noted that this was a mistake in the original submission materials and clarified that there are no exclusions for this measure.	medication use. The Committee requested that the developer clarify language in the measure to focus on whether a medical history was taken and a patient's medications were documented rather than the creation of a current and complete medication list. Committee members suggested that the measure should be rewritten to more clearly reflect that providers are being measured on whether patients were asked about their medications on each visit. Concerns regarding the validity of the data were discussed. The measure currently asks the provider to report on whether they have current medications documented in the medical record but it is not known whether what is documented actually is what the patient is taking and if any were missed.
Usability	**H-7; M-17; L-2; I-0** This is a HEDIS measure and is publicly reported.	**H-7; M-7; L-5; I-1** Recognizing that the measure is currently being used in both public reporting and quality improvement programs, the Steering Committee agreed that the measure meets the usability criterion.
Feasibility	**H-3; M-19; L-4; I-0** Committee members noted that medical record abstraction likely would be necessary to compute this measure. The developer clarified that they have specified this measure at the health plan level, but noted that plans may compute the measure at the clinician level.	**H-2; M-11; L-6; I-1** The measure is currently being collected and no concerns with feasibility were raised.
Overall Suitablity for Endorsement	***Pending decisions on related/competing measure:*** **Y-25; N-1** Despite concerns about the lack of specificity in the definition of medication review, the Committee found this measure to be suitable for endorsement.	**Y-14; N-6** The Committee agreed that documentation of patients' current medications is an area where there is a great need and opportunity for improvement. Many Committee members stated that they would prefer an outcome measure in this area but acknowledged that no such measure existed, and agreed that in the absence of an outcome measure that correlates with reconciliation, this measure was a good starting point.
Related/ Competing Discussion	Most of the Care Coordination Steering Committee members favored challenging the developers to combine measures #0553 and #0419, noting that medication review is a best practice that should be encouraged for all age groups. One member also noted that	The Steering Committee also reviewed a number of medication reconciliation measures (#0097, #0554, and #0646) that had been identified as related and potentially competing with measure #0419. Generally, the Committee saw measure #0419 as

	medication review is something needed at each encounter, although another suggested that the measure also should gauge the occurrence of medication review when prescriptions are filled by phone. Another member also suggested that developers consider the possibility of stratifying the combined measure (e.g., for certain high risk groups, such as older patients or those with cognitive impairment).	different and distinct from the other measures and did not think that harmonization was necessary, although a number of Committee members did acknowledge that harmonization efforts of some kind might still be beneficial. For example, there was interest in standardizing the required actions needed for medication reconciliation, and in ensuring that reconciliation is measured at every care transition. The Committee agreed that in the future they would like to see a single medication reconciliation measure that applies across populations, settings, and care transitions.
Post-comment	Because measure #0419 was identified as a competing measure, the Committee was asked to vote on whether they could recommend either #0553 or #0419 as the superior measure. Recommend #0553 as superior-5 Recommend #0419 as superior-4 Neither #0553 or #0419 is superior-12 **Final SC Recommendation for Endorsement: Yes-12, No-9**	The Committee did not re-vote on this measure.

*NOTE: The Care Coordination Steering Committee voted on each of the subcriterion under Importance to Measure and Report and Scientific Acceptability but did not vote on overall Importance or on overall Scientific Acceptability. In contract, the Patient Safety—Complications Steering Committee voted on overall Importance and Scientific Acceptability, but did not vote on the individual subcriteria.

PUBLIC AND MEMBER COMMENTS

Comments on #0553 and #0419 from the Care Coordination project

Four comments related to these two measures were received in the Care Coordination project. Those comments supported either combining conceptually similar measures (2 general comments) or aligning/harmonizing the measures (1 general comment and one specifically targeted to #0553). One additional comment regarding the feasibility of measure #0553 was received (pertaining to the potential need for chart audits by most practices to compute this measure).

- *Developer responses regarding measure #0553:* NCQA has proposed to modify measure #0553, pending approval of their advisory panels and subsequent approval by their membership organizations. Specifically, they propose converting the measure to a composite measure, which would include the activities under measure #0419, in addition to documenting that the medication list was reviewed for appropriateness by a prescribing practitioner. They also propose changing the age range to all ages, using similar language to define "documentation of medication list in medical record", using similar codes to define "documentation of medication

list in medical record", and adding a denominator subset to align with the denominator for #0419. NCQA will propose these changes to the measure in the Summer/Fall of 2012. If approved, these changes will go to public comment in February of 2013 and be voted on for final approval in Spring of 2013. If approved, NCQA will update this measure with these changes during the NQF annual update.

- *Developer responses regarding measure #0419:* CMS feels that both measures are important but are very different in the populations that are targeted. In order to harmonize the measures, CMS proposes to combine the codes from #0553 (CPT 90862, 99605, 99606, CPT-II 1160F) into #0419. While CMS will explore this possibility, it cannot guarantee the change will be made.

- *Care Coordination Steering Committee action taken*: Because measures #0553 or #0419 were deemed competing measures, the Committee was asked to vote on whether they could recommend either #0553 or #0419 as the superior measure. Those who favored #0419 as the superior measure cited its broader age range and the broader array of "eligible professionals" who could satisfy the measure. Those who favored #0553 as the superior measure noted their satisfaction with plans by the developer to modify the measure. Several of those who could not recommend either measure as superior reiterated their desire for greater harmonization between the measures; however, one noted a belief that both are "check-box" measures, one noted the difference in measure frequency (annual versus at each patient encounter), and one stated that neither includes all of the important parameters associated with medication review. The majority of the Committee members did not recommend one over the other as the superior measure. Committee members reiterated their desire for greater harmonization between the measures and acknowledged the commitment from the developer to modify #0553 in the near future. Thus, measure #0553 will go forward from the Committee as recommended for endorsement and the CSAC will then review measures #0553 and #0419 at the same time.

Comments on #0419 from the Patient Safety—Complications project

One commenter requested clarification on whether this measure applies to hospitals, while another suggested that the measure include patient acknowledgement of the medication list's accuracy. Other comments were supportive of the Steering Committee's recommendation for endorsement.

- *Developer responses regarding measure #0419:* The developer clarified that measure #0419 does not include the acute care (hospital) setting in the denominator and therefore, does not apply to hospitals. They also agreed to consider adding this language regarding patient acknowledgement of the accuracy of the medication list to the measure's description.
- *Patient Safety Complications Steering Committee action taken*: The Steering Committee considered the commenters' suggestions, but believed that the measure already implies confirmation of the medication list's accuracy with the patient. Moreover, Committee members agreed with the developer that requiring documentation of patient acknowledgement of the medication list's accuracy would reduce the measure's reliability. The Steering Committee agreed to maintain its recommendation of the measure as currently written.

VOTING RESULTS

Voting results for measures #0553 #0419 are provided below. (The full measure summary evaluation tables are included in Appendix A.)

Measure #0553 Care for Older Adults - Medication Review

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	2	0	0	2	100%
Health Plan	4	0	0	4	100%
Health Professional	5	0	0	5	100%
Provider Organizations	1	1	0	2	50%
Public/Community Health Agency	0	0	0	0	
Purchaser	2	0	0	2	100%
QMRI	2	0	0	2	100%
Supplier/Industry	0	0	0	0	
All Councils	**16**	**1**	**0**	**17**	**94%**
Percentage of councils approving (>50%)					83%
Average council percentage approval					92%

*equation: Yes/ (Total - Abstain)

Measure #0419 Documentation of current medications

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	2	1	0	3	67%
Health Plan	4	0	0	4	100%
Health Professional	3	0	0	3	100%
Provider Organizations	2	1	0	3	67%
Public/Community Health Agency	0	0	0	0	
Purchaser	7	0	0	7	100%
QMRI	2	0	1	3	100%
Supplier/Industry	0	1	0	1	0%
All Councils	**20**	**3**	**1**	**24**	**76%**
Percentage of councils approving (>50%)					86%
Average council percentage approval					76%

*equation: Yes/ (Total - Abstain)

APPENDIX A: MEASURE EVALUATION SUMMARY TABLES

0419 Documentation of Current Medications in the Medical Record
Measure Submission Form Description: Percentage of patients aged 18 years and older with a list of current medications (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) documented by the provider, including drug name, dosage, frequency and route Numerator Statement: Current medications including name, dosage, frequency and route documented by the provider Denominator Statement: All patients aged 18 years and older on date of patient encounter Exclusions: Not Eligible – A patient is not eligible if one or more of the following condition(s) exist: Patient refuses to participate Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status Patient cognitively impaired and no authorized representative available Adjustment/Stratification: No risk adjustment or risk stratification. N/A No stratification. All eligible patients are subject to the same numerator criteria. Level of Analysis: Clinician : Individual, Population : National Type of Measure: Process Data Source: Administrative claims, Electronic Clinical Data : Registry Medicare Part B claims data Measure Steward: Centers for Medicare & Medicaid
STEERING COMMITTEE MEETING 12/15-16/2011 1. Importance to Measure and Report: Y-19; N-2 (1a. High Impact: 1b. Performance Gap, 1c. Evidence) 1a. Impact: H-6; M-0; L2-; I-0; 1b. Performance Gap: H-6; M-0; L-2; I-0 1c. Evidence Quantity: H-1; M-3; L-3; I-1; Quality: H-1; M-3; L-3; I-1; Consistency: H-1; M-4; L-2; I-1 Rationale: The Committee affirmed the importance of the measure's goals: to prompt discussions between physicians and patients, to increase knowledge of patients' medical histories, and to reduce adverse drug events. The Committee also discussed the importance of medication reconciliation in general. Since reporting on this measure is voluntary, the Committee noted that it is not possible to clearly define the performance gap but current rates demonstrate a gap for just documentation of current medications in the medical record.
2. Scientific Acceptability of Measure Properties: Y-15; N-5 (2a. Reliability – precise specifications, testing; 2b. Validity – testing, threats to validity) 2a. Reliability: H-0; M-4; L-4; I-0; 2b. Validity: H-0; M-5; L-3; I-0 Rationale: The Committee had several concerns related to whether the specifications were precise and understandable and whether the results would be valid. The Committee was concerned that it would be difficult to effectively document a patient's vitamin and over-the-counter medication use. The Committee requested that the developer clarify language in the measure to focus on whether a medical history was taken and a patient's medications were documented rather than the creation of a current and complete medication list. Committee members suggested that the measure should be rewritten to more clearly reflect that providers are being measured on whether patients were asked about their medications on each visit. Concerns regarding the validity of the data were discussed. The measure currently asks the provider to report on whether they have current medications documented in the medical record but it is not known whether what is documented actually is what the patient is taking and if any were missed.
3. Usability: H-7; M-7; L-5; I-1 (*Meaningful, understandable, and useful to the intended audiences for 3a. Public Reporting/Accountability and 3b. Quality Improvement)* 3a. Public Reporting: H-1; M-4; L-3; I-0 3b. QI: H-1; M-4; L-2; I-0 Rationale: Recognizing that the measure is currently being used in both public reporting and quality improvement programs, the Steering Committee agreed that the measure meets the usability criterion.
4. Feasibility: H-2; M-11; L-6; I-1 *(4a. Clinical data generated during care delivery; 4b. Electronic sources; 4c.Susceptibility to inaccuracies/ unintended consequences identified 4d. Data collection strategy can be implemented)* 4a. Byproduct of Care Processes: H-3; M-3; L-2; I-0 4b. Electronic data sources: H-1; M-3; L-4; I-0 4c. Suscep inaccuracies, consequences: H-0; M-5; L-2; I-1 4d. Data collection strategy: H-1; M-4; L-2; I-0 Rationale: The measure is currently being collected and no concerns with feasibility were raised.
Steering Committee Recommendation for Endorsement: Y-14; N-6 Rationale: The Steering Committee agreed that documentation of patients' current medications is an area where there is a great need

0419 Documentation of Current Medications in the Medical Record
and opportunity for improvement. Many Committee members stated that they would prefer an outcome measure in this area but acknowledged that no such measure existed, and agreed that in the absence of an outcome measure that correlates with reconciliation, this measure was a good starting point. The Steering Committee also reviewed a number of medication reconciliation measures (0097, 0554, and 0646) that had been identified as related and potentially competing with measure 0419. In general, the Committee saw the measures as related but not competing, and agreed that in the future they would like to see a single medication reconciliation measure that applies across populations, settings, and care transitions.
Public and Member Comment Comments included: • A request for clarification on the measure's applicability to hospital • A suggestion that the measure include patient acknowledgement of the medication list's accuracy The Steering Committee considered the commenters' suggestions, but believed that the measure already implies confirmation of the medication list's accuracy with the patient. Moreover, Committee members agreed with the developer that requiring documentation of patient acknowledgement of the medication list's accuracy would reduce the measure's reliability. The Steering Committee agreed to maintain its recommendation of the measure as currently written. Developer response: NQF Measure #0419 does not include the acute care (hospital) setting in the denominator and therefore, does not apply to hospitals. Quality Insights appreciates the suggestion made by the commenter regarding patient acknowledgement as a means to engage and empower the patient in developing a partnership with their health care provider. We will consider adding this language to

0553 Care for Older Adults – Medication Review **Submission**

Status: Maintenance, Original Endorsement: Aug 05, 2009 , Most Recent Endorsement: Jan 25, 2012
Description: Percentage of adults 66 years and older who had a medication review; a review of all a member's medications, including prescription medications, over-the-counter (OTC) medications and herbal or supplemental therapies by a prescribing practitioner or clinical pharmacist.
Numerator Statement: At least one medication review (Table COA-B)conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record (Table COA-C)
Table COA-B Codes to identify medication review: Medication review (CPT 90862, 99605, 99606), (CPT-II 1160F)
Table COA-C Codes to Identify Medication List (CPT-II 1159F)
Denominator Statement: All patients 66 and older as of December 31 of the measurement year
Exclusions: N/A
Adjustment/Stratification: No risk adjustment or risk stratification N/A N/A
Level of Analysis: Clinician : Group/Practice, Clinician : Individual, Health Plan, Integrated Delivery System, Population : National, Population : Regional, Population : State
Type of Measure: Process
Data Source: Administrative claims, Electronic Clinical Data, Paper Records
Measure Steward: National Committee for Quality Assurance **Other Organizations:**

STEERING COMMITTEE MEETING 2/28/12 – 2/29/12
1. Importance to Measure and Report *(based on decision logic):* **Yes**
(1a. High Impact: 1b. Performance Gap 1c. Evidence)
1a. Impact: **H-19; M-7; L-0; I-0 1b.** Performance Gap: **H-14; M-12; L-0; I-0 1c.** Evidence: **Y-18; N-5; I-3**
Rationale: The Committee expressed some concern about the mixed results from the body of evidence. Developers explained these mixed results by noting that the cited studies used varying definitions of medication review and examined medication review as only one of a bundle of interventions (with the "bundle" differering across studies). The Committee also commented on the statistics presented by the developer, noting the indication of improvement in performance from 2008 to 2010.

2. Scientific Acceptability of Measure Properties *(based on decision logic):* **Yes**
(2a. Reliability – precise specifications, testing; 2b. Validity – testing, threats to validity)
2a. Reliability: **H-9; M-14; L-2; I-1 2b.** Validity: **H-5; M-17; L-2; I-2**
Rationale: Committee members noted the lack of specificity in the definition of a medication review and a concern that this might be a "checkbox" measure. Developers clarified that this measure includes both a medication list as well as a discussion about the medications. Committee members also questioned the optional exclusions allowed for health plans; developers noted that this was a mistake in the original submission materials and clarified that there are no exclusions for this measure.

3. Usability: H-7; M-17; L-2; I-0
(*Meaningful, understandable, and useful to the intended audiences for 3a. Public Reporting/Accountability and 3b. Quality Improvement)*
Rationale: This is a HEDIS measure and is publicly reported.

4. Feasibility: H-3; M-19; L-4; I-0
(4a. Clinical data generated during care delivery; 4b. Electronic sources; 4c.Susceptibility to inaccuracies/ unintended consequences identified 4d. Data collection strategy can be implemented)
Rationale: Committee members noted that medical record abstraction likely would be necessary to compute this measure. The developer clarified that they have specified this measure at the health plan level, but noted that plans may compute the measure at the clinician level.

5. Related and Competing Measures (*5a. Harmonization; 5b. Superior to competing measures*)
0419: Documentation of Current Medications in the Medical Record (*NOTE: This measure was not evaluated in the Care Coordination project but was recently reviewed in the Patient Safety Complications project*).

Steering Committee Recommendation on Overall Suitability for Endorsement *(pending decisions on related/competing measures)***: Y-25; N-1**
Rationale: Despite concerns about the lack of specificity in the definition of medication review, the Committee found this measure to be suitable for endorsement.

0553 Care for Older Adults – Medication Review **Submission**

Public & Member Comment and Evaluation of Related and Competing Measures

Comments include:

- Commenters suggested that #0553 and #0419 be further aligned.
- Comments suggested that the measure could require chart audit for most practices unless they had a compatible EHR with the correct data elements and HIE agreement with the health plan. The cost of chart audits could be prohibitively expensive to practices and health plans
- One commenter clarified that this measure includes both a medication list as well as a discussion about the medications
- One commenter noted that #0553 includes age 66 and older, not 65 and older

Steering Committee Response:

Regarding the comment on the need for chart audits: Committee members agree that medical record abstraction likely would be necessary for this measure. However, 19 of the 26 Committee members rated this measure as having moderate feasibility.

The Committee asked the developer a series of questions about the potential for combining and/or harmonizing measures.

Developer Response:

NCQA appreciates the overlap between these measures and NCQA sees measure #0419 as a subset of #0553. An individual meeting the numerator for 0419 is necessary but not sufficient to fulfill the numerator for #0553. NCQA proposes modifying #0553 to become a composite measure which includes 0419 in addition to documentation that the medication list was reviewed for appropriateness by a prescribing practitioner. If this change is approved by the NCQA's measurement advisory panels, #0419 would become one factor in a larger composite measure. To facilitate this alignment, NCQA will propose the following changes to #0553.

- Change the age range to all ages. NCQA will continue to report performance and testing data only on the age 65+ population, but agrees this measure can apply to a broader population.
- Use similar language to define "documentation of medication list in medical record." NCQA will propose revising the language for updating the medication list to align with the language from measure #0419 (i.e. "All prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosages, frequency and route")
- Use similar codes to define "documentation of medication list in medical record." NCQA will propose revising the codes to include the codes used in the numerator of measure #0419 (G8427). NCQA will continue to report only cases where both elements of the composite (documentation of medication list in medical record and review of medication for appropriateness by a prescribing practitioner) are met.
- Add a denominator subset to align with the denominator for #0419. Currently the denominator for #0419 is more narrowly defined (patients with ambulatory visits) than the denominator for #0553 (all patients).

NCQA will propose these changes to their measurement advisory panels in the Summer/Fall of 2012. If approved, these changes will go to public comment in February of 2013 and be voted on for final approval in Spring of 2013. If approved, NCQA will update measure #0553 during the NQF annual update with these changes.

Steering Committee Recommendation for Endorsement: Yes-12, No-9

Because measure #0419 was identified as competing measures, the Committee was asked to vote on whether they could recommend either #0553 or #0419 as the superior measure.

Voting results: Recommend #0553 as superior-5; Recommend #0419 as superior-4; Neither #0553 or #0419 is superior-12

Rationale: The majority of the Committee members could not recommend either #0419 or #0553 as the superior measure. They reiterated their desire for greater harmonization between the measures and acknowledged the commitment from the developer to modify #0553 in the near future. Thus, measure #0553 will go forward from

0553 Care for Older Adults – Medication Review **Submission**
the Committee as recommended for endorsement and the CSAC will review measures #0553 and #0419 as the same time.

APPENDIX B: COMPARISON TABLES FOR MEASURES #0553 AND #0419

	0553 Care for Older Adults – Medication Review	0419 Documentation of Current Medications in the Medical Record
Steward	National Committee for Quality Assurance	Centers for Medicare & Medicaid Services
Description	Percentage of adults 66 years and older who had a medication review; a review of all a member's medications, including prescription medications, over-the-counter (OTC) medications and herbal or supplemental therapies by a prescribing practitioner or clinical pharmacist.	Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route
Type	Process	Process
Data Source	Administrative claims, Electronic Clinical Data, Paper Records NCQA collects HEDIS data directly from Health Management Organizations and Preferred Provider Organizations via a data submission portal - the Interactive Data Submission System (IDSS). URL http://www.ncqa.org/tabid/370/default.aspx	Administrative claims, Electronic Clinical Data : Registry Medicare Part B claims data URL NQF 0419 Endorsement Summary 012312 zip file of supporting docuementation sent to H. Bossley & A. Lyzenga via email on 01/23/12 due to path submission error Attachment m130_attachment_partb_detail_line_item_format.pdf
Level	Clinician : Group/Practice, Clinician : Individual, Health Plan, Integrated Delivery System, Population : National, Population : Regional, Population : State	Clinician : Individual, Population : National
Setting	Ambulatory Care : Clinician Office, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility	Ambulatory Care : Clinician Office, Behavioral Health/Psychiatric : Outpatient, Dialysis Facility, Home Health, Other, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility, Post Acute/Long Term Care Facility : Rehabilitation Clinic, Hospital outpatient
Numerator Statement	At least one medication review (Table COA-B)conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record (Table COA-C) Table COA-B Codes to identify medication review: Medication review (CPT 90862, 99605, 99606), (CPT-II 1160F) Table COA-C Codes to Identify Medication List (CPT-II 1159F)	ALL MEASURE SPECIFICATION DETAILS REFERENCE THE 2012 PHYSICIAN QUALITY REPORTING SYSTEM MEASURE SPECIFICATION. Eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. 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 NUMERATOR NOTE: By reporting G8427, the eligible professional is attesting the documented current medication information is accurate and complete to the best of his/her knowledge and ability at the time of the patient encounter. This code may also be reported if there is documentation that no medications are currently being taken.
Numerator Details	Time Window: The measurement year 1) Administrative Specification (if available): 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, as documented through administrative data. The claim/encounter for a member's medication review and medication list must be on the same date of service. Codes to identify medication review: Medication review (CPT 90862, 99605, 99606), (CPT-II 1160F) Codes to Identify Medication List (CPT-II 1159F) 2) Medical Record Specification (if necessary):	Time Window: This measure is to be reported at each visit during the 12 month reporting period. Eligible professionals meet the intent of this measure by making a best effort to document a current, complete and accurate medication list during each encounter. There is no diagnosis associated with this measure. This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. For the purposes of calculating performance, the Numerator(A) is defined by providers reporting the clinical quality action was performed. For this measure, performing the clinical quality action is numerator HCPCS G8427. Current Medications with Name, Dosage, Frequency and Route Documented G8427: List of current medications (includes prescription, over-the-counter, herbals,

	0553 Care for Older Adults – Medication Review	0419 Documentation of Current Medications in the Medical Record
	Documentation must come from the same medical record and must include the following. • A medication list in the medical record, and evidence of a medication review by a prescribing practitioner or clinical pharmacist and the date when it was performed • Notation that the member is not taking any medication and the date when it was noted A review of side effects for a single medication at the time of prescription alone is not sufficient. An outpatient visit is not required to meet criteria. Prescribing practitioner is defined as a practitioner with prescribing privileges, including nurse practitioners, physician assistants and other non-MDs who have the authority to prescribe medications.	vitamin/mineral/dietary [nutritional] supplements) documented by the provider, including drug name, dosage, frequency and route
Denominator Statement	All patients 66 and older as of December 31 of the measurement year	ALL MEASURE SPECIFICATION DETAILS REFERENCE THE 2012 PHYSICIAN QUALITY REPORTING SYSTEM MEASURE SPECIFICATION. All visits occurring during the 12 month reporting period for patients aged 18 years and older at the time of the encounter where one or more denominator CPT or HCPCS codes AND any of the 3 numerator HCPCS codes are reported on the claims submission for the encounter. All discussed coding is listed in "2a1.7. Denominator Details" section below.
Denominator Details	Time Window: The measurement year Use administrative data and medical records for of members 66 years and older as of December 31 of the measurement year.	Time Window: All visits occurring during the 12 month reporting period for patients aged 18 years and older at the time of the encounter. For the purposes of defining the denominator, the Performance Denominator(PD) is defined by the patient´s age, encounter date, denominator CPT or HCPCS codes and the provider reported numerator HCPCS codes described below (G8427, G8430 & G8428). Patients aged greater than or equal to 18 years on date of encounter AND Patient encounter during the reporting period (CPT or HCPCS): 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90816, 90817, 90818, 90819, 90821, 90822, 90957, 90958, 90959, 90960, 90962, 90965, 90966, 92002, 92004, 92012, 92014, 92541, 92542, 92543, 92544, 92545, 92547, 92548, 92557, 92567, 92568, 92570, 92585, 92588, 92626, 96116, 96150, 96152, 97001, 97002, 97003, 97004, 97802, 97803, 97804, 98960, 98961, 98962, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0101, G0108, G0270, G0402, G0438, G0439 AND Patient encounters with the following numerator HCPCS Code G8427, G8430, G8428. Current Medications with Name, Dosage, Frequency and Route Documented G8427: List of current medications (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) documented by the provider, including drug name, dosage, frequency and route Current Medications with Dosage not Documented, Patient not Eligible G8430: Provider documentation that patient is not eligible for medication assessment

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		Current Medications with Name, Dosage, Frequency, Route not Documented, Reason not Specified G8428: Current medications (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) with drug name, dosage, frequency and route not documented by the provider, reason not specified
Exclusions	N/A	ALL MEASURE SPECIFICATION DETAILS REFERENCE THE 2012 PHYSICIAN QUALITY REPORTING SYSTEM MEASURE SPECIFICATION. A patient is not eligible or excluded (B) from the performance denominator (PD) if one or more of the following reason(s) exist: 1. Patient refuses to participate 2. Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status 3. Patient cognitively impaired and no authorized representative(s), caregiver(s), and or other healthcare resources are available
Exclusion Details	N/A	For the purposes of identifying performance exclusions, Denominator Exclusions (B) are defined by providers reporting the exclusion clinical quality action. For this measure, the clinical exclusion code is numerator HCPCS G8430. Current Medications with Dosages not Documented, Patient not Eligible G8430: Provider documentation that patient is not eligible for medication assessment
Risk Adjustment	No risk adjustment or risk stratification N/A	No risk adjustment or risk stratification N/A
Stratification	N/A	This measure is not stratified. All eligible patients are subject to the same numerator criteria.
Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score
Algorithm	Step 1. Determine the eligible population. The eligible population is all members who satisfy all specified criteria, including any age, continuous enrollment, benefit, event, or anchor date enrollment requirement. Step 2. Search administrative systems to identify numerator events for all members in the eligible population. Step 3. If applicable, for members for whom administrative data do not show a positive numerator event, search administrative data for an exclusion to the service/procedure being measured. Note: This step applies only to measures for which optional exclusions are specified and for which the organization has chosen to search for exclusions. The organization is not required to search for optional exclusions. Step 4. Exclude from the eligible population members from step 3 for whom administrative system data identified an exclusion to the service/procedure being measured. Step 5. Calculate the rate.	This section provides details and formulas to calculate Performance and Denominator Exclusions. PERFORMANCE CALCULATION To calculate provider performance, complete a fraction with the following measure components: Numerator (A), Performance Denominator (PD) and Denominator Exclusions (B). Numerator (A): Number of patients meeting numerator criteria Performance Denominator (PD): Number of patients meeting criteria for denominator inclusion Denominator Exclusions (B): Number of patients with valid exclusions The method of performance calculation is determined by the following: 1) identify the patients who meet the eligibility criteria for the denominator (PD) which includes patients who are 18 years and older with encounters during the reporting period with any of denominator CPT or HCPCS codes and numerator HCPCS codes as listed in "2a1.7. Denominator Details". 2) identify which of those patients meet the numerator criteria (G8427) (A)

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		3) for those patients who do not meet the numerator criteria, determine whether an appropriate exclusion applies (G8430) (B) and subtract those patients from the denominator with the following calculation: Numerator (A)/[Performance Denominator (PD) - Denominator Exclusions (B)] DENOMINATOR EXCLUSIONS The Exclusion Calculation is: Denominator Exclusions (B)/Performance Denominator (PD) Attachment Calculation for Performance.docx
Submission items	5.1 Identified measures: 0097 : Medication Reconciliation 0554 : Medication Reconciliation Post-Discharge 0646 : Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) 5a.1 Are specs completely harmonized? No 5a.2 If not completely harmonized, identify difference, rationale, impact: See answer 5b.1 for more details. 5b.1 If competing, why superior or rationale for additive value: Measure 0553 is conducted at health plan level. This measure assesses annual outpatient medication review by a prescribing practitioner and is not driven by a hospital discharge. The denominator for this measure is all patients aged 65+. Related Measures: Measure 0554 is conducted at the health plan level. This measure assesses medication reconciliation by a RN or prescribing practitioner within 30 days of hospital discharge. The denominator for this measure is all patients 65+ discharged from the hospital. All patients regardless of ambulatory care visit are included in the denominator. Measure 0097 is conducted at the physician level. This measure assesses medication reconciliation post hospital discharge which occurs during an outpatient visit with a physician. The denominator for this measure is all patients 65+ discharged from the hospital with an ambulatory care visit within 60 days of discharge. Patients without a visit to an ambulatory care visit are not included in the denominator. Measure 0646 is conducted at the facility level. This measure assesses whether the patient received a reconciled medication list at the time of discharge. The denominator for this measure is all patients, regardless of age, discharged from the hospital. This measure is not dependent on an ambulatory care provider reconciling the medication list. Additive value of related measures: The AMA and NCQA have worked together to assess how the three medication reconciliation measures can be harmonized and continue to address performance gaps at different levels of care. Care-coordination measures by nature must address care across levels of accountability. The three medication reconciliation measures submitted to NQF	5.1 Identified measures: 0553 : Care for Older Adults – Medication Review 0554 : Medication Reconciliation Post-Discharge 0097 : Medication Reconciliation 5a.1 Are specs completely harmonized? No 5a.2 If not completely harmonized, identify difference, rationale, impact: NQF 0553 focuses on the elderly population (66 years and older) requesting evidence of at least one medication review during the measurement period; NQF 0554 relates to the elderly population (66 years and older) requiring medication reconciliation within 30 days for patients discharged from the hospital; and NQF 0097 refers to elder patients (65 years and older) discharged and medication reconciliation completed if seen within 60 days of discharge from an inpatient hospitalization. Differences include population of those 18 years and older; medication list is documented at each visit; and documentation of medication list is not related to discharge from another facility 5b.1 If competing, why superior or rationale for additive value: N/A

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	for re-endorsement address measure reconciliation at three levels of accountability and across three points of care. Together all three measures represent shared accountability for medication reconciliation across facilities, health plans and physicians. Defining the process of medication reconciliation (this will determine the numerator) • Patients should be educated about changes to medication list (Measure #646) • Outpatient record should be updated as appropriate with the discharge medication list and reviewed for potential harm (Measure #0554) • The physician responsible for patient care should review the discharge medication list for appropriateness over the long-term treatment of the patient and their multiple conditions (Measure #0097) What is the point of care for medication reconciliation (this will determine the denominator)? • At discharge (Measure #646) • Within 30 days of discharge (Measure #0554) • At outpatient follow-up visit within 60 days of discharge (Measure #0097) Evidence of performance gap and relation to risk of adverse events • Many medication errors occur during times of transition, when patients receive medications from different prescribers who lack access to patients' comprehensive medication list. Providing patients with a comprehensive, reconciled medication list at each care transition (eg, inpatient discharge) may improve patients' ability to manage their medication regimen properly and reduce the number of medication errors. (Measure #0646). • Geriatric patients in particular are more likely to have multiple comorbid conditions and be receiving multiple medications, making them more at risk of having and adverse medication event. Therefore there is a need to have a higher level of reconciliation for these patients. (Measures #0554 and #0097).	
SC Evaluation	**Importance** **Impact** H-19; M-7; L-0; I-0 **Gap** H-14; M-12; L-0; I-0 **Evidence** Y-18; N-5; I-3 **Scientific acceptability** **Reliability** H-9; M-14; L-2; I-1 **Validity** H-5; M-17; L-2; I-2 **Usability** H-7; M-17; L-2; I-0 **Feasibility** H-3; M-19; L-4; I-0 **OVERALL** Y-25; N-1	**Importance** Y-19; N-2 **Scientific acceptability** Y-15; N-5 **Usability** H-7; M-7; L-5; I-1 **Feasibility** H-2; M-11; L-6; I-1 **OVERALL** Y-14; N-6