NATIONAL QUALITY FORUM

Medication Reconciliation and Review Measure Comparison

There are six medication reconciliation and review measures currently endorsed by the National Quality Forum (NQF):

- 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, and
- 2456 Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient.

Summary of Specification Differences

All measures are conceptually related in that they involve creating an accurate and updated list of a patient's medications; however, definitions, processes, settings, data sources, and level of measurement differ among the measures.

Medication Reconciliation/Review Setting

Two measures look at reconciliation in the inpatient/hospital setting: 3317 involves reconciliation on admission, and 2456 identifies errors at admission and discharge. Two measures focus on reconciliation or reviewing medications in an outpatient setting: 0097 involves reconciliation in the outpatient record 30 days after hospitalization, and 0419e requires documentation of current medications in the outpatient medical record at every outpatient encounter. Measure 2988 focuses on reconciliation at the dialysis facility level. Measure 0553 involves a medication review across many settings: clinician office/clinic, inpatient rehabilitation facility, long term acute care, nursing home/SNF.

Defining Medication Reconciliation/Review Requirements

Components that constitute a reconciliation or review and details that should be included in the medication list differ among measures. Major differences include whether allergies and reconciliation action should be documented. Measures 0553 and 0097 are less specific about how the medication reconciliation process should be done and which details should be included.

Documenting the Mediation Reconciliation/Review Process

There are differences in the documentation process and which data elements are needed to calculate the measure. Two measures, 0097 and 0553, include options to calculate the measure using medical record data or administrative coding. The eMeasure, 0419e, uses CPT and HCPCs codes as well as SNOMEDCT codes. Three measures—2456, 3317, and 2988—require abstraction of data elements from the medical record. Most measures are calculated as a percent of those eligible, although 2988 uses a patient-month calculation and 2456 calculates the number of discrepancies per patient using a sampling method. Data elements are not

consistent across measures. Required details about the process often have to be attested to by the facility or individual who performed the reconciliation.

Individuals Eligible to Perform the Medication Reconciliation/Review

The individual eligible to perform a medication reconciliation or medication review varies. Some measures allow various clinicians (e.g., prescriber, clinical pharmacist, registered nurse) to perform the medication reconciliation. Measure 2456 requires a trained pharmacist to perform the medication reconciliation to identify discrepancies. For measure 3317, the only individual eligible is a licensed prescriber. One criterion of this measure requires that each medication on this list be continued, discontinued, or modified. Measure 2988 aims to report the most accurate list of home medications. For this measure, the list of eligible professionals is broader: physician, RN, ARNP, PA, pharmacist, or pharmacy technician. Whether a clinical decision needs to be made as part of the measure-specific, reconciliation process influences which individuals need to be involved.

Frequency of Medication Reconciliation/Review

The timing and frequency of medication reconciliation or medication review differ based on setting. The frequency of three similar measures—0553, 0419e, and 2988—varies. Measure 0419e requires a documentation of medication review at every outpatient encounter. Measure 0053 requires a review once during the measurement year. Measure 2988 requires reconciliation once per month.

Information Source for Medication Reconciliation/Review

Measures 3317 and 2988 require the use of at least one external source to gather medication information. Measure 3317 lists possible sources as interview of the patient or patient proxy such as a caregiver, medication container brought in by patient or patient proxy, medication list brought by patient or patient proxy, patient support network, such as a group home, nursing home, outpatient prescriber or emergency department, retail pharmacy, Prescription Drug Monitoring Program (PDMP), and electronic prescribing network system. Measure 2988 lists possible sources as external medication lists obtained from the patient/caregiver, pharmacotherapy information network, hospital, or other provider. Measures 2456 and 0419e require the use of all available/immediate resources. Measure 2456 requires using all information including subject and family/caregiver interviews, prescription pill bottles, outpatient electronic medical records, hard copies of forms/patient lists, previous hospital discharge orders, outpatient providers, and outpatient pharmacies. For 0097 and 0553, information about sources is not specified.

Populations and Risk Factors

None of the measures consider risk factors to select patients for medication reconciliation or medication review. Medication reconciliation should be completed in all patients in each of the measure populations. Measure 0553 targets older adults, 2998 targets patients on dialysis, and 0097 is stratified by age group.

Individual Measure Definitions and Attributes

0097 Medication Reconciliation Post-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.
- Process for reconciliation is less detailed.

2988 Medication Reconciliation for Patients Receiving Care at Dialysis Facilities

- Medication reconciliation is defined as the process of creating the most accurate list of all home medications that the patient is taking, including name, indication, dosage, frequency, and route, by comparing the most recent medication list in the dialysis medical record to one or more external list(s) of medications obtained from a patient or caregiver (including patient-/caregiver-provided "brown bag" information), pharmacotherapy information network (e.g., Surescripts), hospital, or other provider.
- The level of analysis is the dialysis facility.
- Moves beyond a single "checkbox", specifying multiple components that must be met to be counted as a "success." Assesses attestation that medical reconciliation occurred, rather than actual medication reconciliation.
- Looks at number of patient-months for which medication reconciliation was performed and documented.

0419e Documentation of Current Medications in the Medical Record

- Documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications´ name, dosage, frequency, and route of administration.
- Requires a medication review at every outpatient encounter. More frequent medication reviews allow for more rapid identification of medication discrepancies.
- Documents current medications rather than reconciling lists.
- eMeasure

0553 Care for Older Adults (COA)-Medication Review

- 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.
- This measure looks at adults 66 years and older who had a medication review during the measurement year by a prescribing practitioner or clinical pharmacist.
- The process for review is less detailed.

3317 Medication Reconciliation on Admission

- A designated Prior to Admission (PTA) medication list is generated by referencing one or more external sources of PTA medications and for which all PTA medications have a documented reconciliation action by the end of day 2 of the hospitalization.
- Operationalized designated PTA Medication List data element requirement.

- Reconciliation must be completed by a prescriber.
- This measure requires documentation of whether each medication was continued, modified, or discontinued.

2456 Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient

- Assesses the quality of the medication reconciliation process by identifying errors in admission and discharge medication orders due to problems with the medication reconciliation process.
- This measure looks at the accuracy of the medication reconciliation process.
- This measure requires a trained study pharmacist.