NATIONAL QUALITY FORUM

Meeting Summary

Patient Safety Standing Committee Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Patient Safety Standing Committee on September 12, 2018.

Welcome, Introductions, and Review of Web Meeting Objectives

Co-chair Iona Thraen welcomed participants to the web meeting. Hiral Dudhwala, NQF project manager, explained the objective of the meeting: to discuss potential harmonization of medication reconciliation specifications with the Committee, expert reviewers, and developers. The web meeting also included one participant from the Behavioral Health Committee.

Harmonization of Medication Reconciliation Measures

Andrew Lyzenga, NQF senior director, introduced the harmonization of medication reconciliation measures topic and provided background that NQF's Consensus Standards Committee was looking to the Patient Safety Committee to discuss the potential to standardize specifications across these measures. Mr. Lyzenga noted that in 2008, an NQF Steering Committee recommended standardized specifications for influenza and pneumococcal immunization measures, which has led to greater harmonization across measures in this area.

NQF provided a brief overview of the evidence cited for the current NQF-endorsed measures that address medication reconciliation and/or medication review. Several measures of medication reconciliation and medication review currently exist; however, specifications differ across measures with respect to the setting, numerators, and denominators, as well as requirements for what constitutes medication reconciliation. In addition, currently, there is limited evidence regarding best practices in medication reconciliation. Most evidence addresses adverse events from medication errors in various care settings. Therefore, there is limited literature to guide specifications. However, for many reasons, it would be beneficial to have harmonized measures. In order to initiate a discussion of harmonization of medication reconciliation measures, NQF shared with participants six NQF-endorsed measures regarding medication reconciliation/medication review:

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

NQF initiated discussion with participants on potential items that could be included in standardized specifications for medication reconciliation measures:

- What type of medications should be reconciled (all prescriptions, over-the-counter medications, herbals, vitamins, etc.)?

- How often should medication reconciliation be done?
- Who needs medication reconciliation done?
- What would trigger a medication reconciliation ("visit", phone refill, etc.)?
- Where should medication reconciliation be done?
- What terminology coding should be used (SNOMED, LOINC, RXNorm)?
- Is there evidence to inform any of items that could be standardized in the specifications of medication reconciliation measures?
- What might differ in medication reconciliation measure specification depending on care setting, data source, and level of analysis?

Committee members expressed the following as important items to consider in standardized specifications:

- What is the timing and frequency of medication reconciliation?
- Who is involved in the medication reconciliation process?
- What is the location of the medication reconciliation?
    - Emphasis of risk in any transition of care (e.g., transfer to another hospital unit, transfer to rehab facilities/skilled nursing facilities)
    - Care settings have different capabilities (e.g., primary care versus inpatient hospital)
- Consideration of risk factors such as high-risk medications and patient risk factors (e.g., age, weight, gender comorbidities)
- Is it a "checkbox" medication reconciliation or is there a methodology for how medication reconciliation is documented and reported?

Participants discussed the importance of interoperable health information systems across settings in improving the accuracy of medication reconciliations, as well as communication barriers between various settings/specialties (e.g., between behavioral health and internal medicine). Participants expressed the importance of moving towards outcome measures in this topic area, but also noted the value of process and structure measures in assessing medication reconciliation more holistically. Specifically, Committee members felt that it is important to continue with existing process measures for medication reconciliation, but that future work should focus on identifying and measuring outcomes, such as adverse events related to the lack of medication reconciliation, or medication errors identified during the reconciliation process.

Developers of the medication review/medication reconciliation measures also participated in discussion and supported harmonization, but developers also recognized that there are specific, necessary specifications in certain measures that cannot be harmonized. One developer noted the importance of medication reconciliation in critical care and acute care settings.

Committee members recommended that NQF staff provide a comparison of attributes across each of the medication reconciliation measures. This will allow the Committee and developers to clearly understand where variations occur and provide a basis for continued discussion regarding medication reconciliation measure harmonization.

Additional Patient Safety Topics for Harmonization

The Patient Safety Committee briefly discussed other topics in the Patient Safety portfolio, which could be looked at in the future for potential harmonization and standardization of the measure specifications. One Committee member suggested measures addressing falls and pressure ulcers. A second Committee member suggested measures looking at drug interactions and ability to monitor side effects, particularly from antipsychotics.

Public Comment

Mr. Lyzenga opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Ms. Quinnonez reviewed the next steps for the Patient Safety project with the Standing Committee and expert reviewers. For the fall 2017 cycle, Ms. Quinnonez noted that the Patient Safety Final Technical Report for the fall 2017 cycle is posted on the NQF public page.

Ms. Quinnonez reviewed the fall 2018 cycle timeline, including the measure submission deadline on November 1, 2018. Finally, Ms. Quinnonez noted that there are seven maintenance measures slated for review in the upcoming fall 2018 cycle.