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 May 23, 2019.

Welcome, Introductions, and Review of Web Meeting Objectives

Co-chairs Iona Thraen and Ed Septimus welcomed participants to the web meeting. Nicolette Mehas, NQF director, explained the objective of the meeting to continue the discussion of potential harmonization of medication reconciliation measure specifications.

Harmonization of Medication Reconciliation/Medication Review Measures Discussion

NQF staff and co-chairs summarized progress thus far, specifically focusing on a discussion with the developer/stewards of these measures in April 2019. Developers agreed that as a key first step there is a need for standardized definitions for medication reconciliation and review that each developer could use. Developers expressed willingness to engage in conversations and noted that harmonization is a worthy goal; however, they did note challenges with complete alignment. They shared that measures targeting certain populations require specification differences, and data sources used vary based on setting and/or population. The group also acknowledged that outcome measures for medication reconciliation/review may be optimal but are challenging; there is benefit in having process measures in this area.

Based on previous guidance from both the Standing Committee and developers/stewards of these measures, NQF shared a compilation of definitions used both nationally and internationally for medication reconciliation and medication review. The goal was to assess the possibility of the Committee recommending standardized definitions that could be operationalized for use in measurement.

The Committee acknowledged differences between “review” and “reconciliation.” Most members agreed that a comprehensive review of the medication list for potential safety concerns and appropriateness of therapy is more impactful than reconciling lists, although reconciliation serves as the foundation for an accurate, thorough review. Members noted that there is value in both processes and highlighted that reconciliation focuses on transitions of care.

Members discussed that a focus on capturing de-prescribing may limit the clinicians who are able to perform reconciliation or review. Another member was not convinced that the current reconciliation process or the way the data are captured is effective (e.g., does “checking the box” that reconciliation was done improve outcomes?).

Another member felt that physicians and physician extenders should take on greater responsibility for these important aspects of care. There was also discussion that people in the community are often not adherent to their medications, which is essential to understand and

capture. There was conversation that specialists and providers in one setting are reluctant to make decisions related to medications prescribed by other prescribers in other settings. One committee member shared that the high-impact area of opioid monitoring is an example of medication safety progress. Members also telehealth as an option for performing reconciliation or review.

Three developers were on the call. They weighed in that using standardized language is essential and highlighted differences in the care locations of the reconciliation measures. A developer shared that the process of reconciliation is not being done as often as one would expect. Another developer of the measure that focuses on unintentional discrepancies (2456) stressed that these measures do not compete with one another and supported the goal of reducing burden by aligning specifications. The developer shared that increased adoption of its measure has led to additional data about outcomes and the impact of various interventions.

Overall, the Committee expressed that this is a significant initiative to continue. The Committee was interested in better understanding the data around what makes medication reconciliation and medication review successful (e.g., certain clinicians performing it, certain way in which it is completed or communicated).

The Committee agreed that they should go beyond solely endorsing standard definitions, but should agree on best practices or a framework for these measures (e.g., who should perform reconciliation/review, what is ideal to capture by these measures, which components should be included). The Committee recommended that a measure developer summit or similar event be held to harmonize these measures. The three developers in the meeting expressed interest in taking part in such an event.

Next Steps

Ms. Hiral Dudhwala, NQF project manager, reviewed the next steps for the Patient Safety project with the Standing Committee and expert reviewers. For the fall 2018 cycle, Ms. Dudhwala noted that the CSAC would be reviewing six maintenance measures during the upcoming CSAC in-person meeting, on June 5, 2019. In addition, the Patient Safety project team and the Patient Safety co-chairs will provide CSAC with a medication reconciliation harmonization update on June 5, 2019.

For the spring 2019 cycle, the Patient Safety Committee will review 11 measures during the upcoming in-person meeting on June 17, 2019. In addition, a post-measure evaluation web meeting is scheduled on June 24, 2019.