MM-2, MM-3: Medication Reconciliation

MM-2: Medication Reconciliation for Patients Receiving Care at Dialysis Facilities	
Description	Percentage of patient-months for which medication reconciliation was performed and documented by an eligible professional.
Measure Type	Process.
Data Source	Facility medical record.
Level of Analysis	Dialysis facility.
Numerator	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 of the eligible professional;[1] AND • Include the date of the reconciliation; AND • Address ALL known medications that are not administered intradialytically (prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements, and medical marijuana); AND • Address for EACH medication: Medication name,[2] indication,[3,4] dosage,[12] frequency,[12] route of administration,[12] start and end date (if applicable),[12] discontinuation date (if applicable),[12] reason medication was stopped or discontinued (if applicable),[12] and identification of individual who authorized stoppage or discontinuation of medication (if applicable);[12] AND • List any allergies, intolerances, or adverse drug events experienced by the patient. "Medication reconciliation" is defined as the process of creating the most accurate list of all medications that are not administered intradialytically 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. *For the purposes of medication reconciliation, "eligible professional" is defined as: physician, RN, ARNP, PA, pharmacist, or pharmacy technician.
Denominator	Total number of patient-months for all patients assigned to a dialysis facility during the reporting period.
Exclusions	Transient patients, defined as in-center patients who received <7 hemodialysis treatments in the facility during the month.
Reporting and Stratification	No risk adjustment or risk stratification.

[1] The preliminary feasibility assessment reveals that "name of the eligible professional" may present a feasibility issue for testing purposes. Accordingly, this data element may be removed from the specifications if the measure is advanced for testing.
[2] 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.
[3] The preliminary feasibility assessment reveals that "indication" is not captured or not captured in a manner amenable to testing and so also is a feasibility issue. Accordingly, this data element may be removed from the specifications if the measure is advanced for testing.
[4] "Unknown" is an acceptable response for this field.

MM-3: Medication Reconciliation at Care Transitions for Patients Receiving Care at Dialysis Facilities	
Description	Percentage of high-risk patient-events for which medication reconciliation was performed and documented by an eligible professional.
Measure Type	Process.
Data Source	Facility medical record.
Level of Analysis	Dialysis facility.
Numerator	Number of high-risk patient-events* for which a list of current medications was documented by an eligible professional** within 8 days of a transition event (returning to the dialysis facility due to a transition of care [e.g., discharge from hospital]) or admission for in-center patients and within 30 days for home patients during the reporting period. The medication documentation MUST: • Include the name of the eligible professional;[5] AND • Include the date of the reconciliation; AND • Address ALL known medications that are not administered intradialytically (prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements, and medical marijuana); AND • Record for EACH medication: Medication name,[6] indication,[7,8] dosage,[8] frequency,[8] route of administration,[8] start and end date (if applicable),[8] discontinuation date (if applicable),[8] reason medication was stopped or discontinued (if applicable),[8] and identification of individual who authorized stoppage or discontinuation of medication (if applicable);[8] AND • List any allergies, intolerances, or adverse drug events experienced by the patient. "Medication documentation" is defined as recording in a list the required data elements necessary to conduct the medication reconciliation and medication review processes. *High-risk patient-events are defined as transitions between care settings (e.g., discharge from hospital or other care setting) and new admissions to the dialysis facility. **For the purposes of medication documentation, "eligible professional" is defined as: physician, RN, ARNP, LNP, PA, pharmacist, or pharmacy technician.
Denominator	Total number of high-risk patient-events for all patients assigned to a dialysis facility during the reporting period.
Exclusions	1. Transient patients, defined as in-center patients who received <7 hemodialysis treatments in the facility during the month. 2. In-center patients discharged from hospital or other care setting who are readmitted within 8 days of the discharge. 3. Home patients discharged from hospital or other care setting who are readmitted within 8 days of the discharge.
Reporting and Stratification	No risk adjustment or risk stratification.

[5] The preliminary feasibility assessment reveals that "name of the eligible professional" may present a feasibility issue for testing purposes. Accordingly, this data element may be removed from the specifications if the measure is advanced for testing.
[6] 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.
[7] The preliminary feasibility assessment reveals that "indication" is not captured or not captured in a manner amenable to testing and so also is a feasibility issue. Accordingly, this data element may be removed from the specifications if the measure is advanced for testing.
[8] "Unknown" is an acceptable response for this field.

MM-1, MM-6: Medication Documentation

MM-1: Medication Documentation for Patients Receiving Care at Dialysis Facilities	
Description	Percentage of patient-months for which a list of current medications was documented by an eligible professional.
Measure Type	Process.
Data Source	Facility medical record.
Level of Analysis	Dialysis facility.
Numerator	Number of patient-months for which a list of current medications was documented by an eligible professional* during the reporting period. The medication documentation MUST: • Include the name of the eligible professional;[9] AND • Include the date of the reconciliation; AND • Address ALL known medications that are not administered intradialytically (prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements, and medical marijuana); AND • Record for EACH medication: Medication name,[10] indication,[11,12] dosage,[4] frequency,[4] route of administration,[4] start and end date (if applicable),[4] discontinuation date (if applicable),[4] reason medication was stopped or discontinued (if applicable),[4] and identification of individual who authorized stoppage or discontinuation of medication (if applicable);[4] AND • List any allergies, intolerances, or adverse drug events experienced by the patient. "Medication documentation" is defined as recording in a list the required data elements necessary to conduct the medication reconciliation and medication review processes. *For the purposes of medication documentation, "eligible professional" is defined as: physician, RN, ARNP, LPN, PA, pharmacist, or pharmacy technician.
Denominator	Total number of patient-months for all patients assigned to a dialysis facility during the reporting period.
Exclusions	Transient patients, defined as in-center patients who received <7 hemodialysis treatments in the facility during the month.
Reporting and Stratification	No risk adjustment or risk stratification.

[9] The preliminary feasibility assessment reveals that "name of the eligible professional" may present a feasibility issue for testing purposes. Accordingly, this data element may be removed from the specifications if the measure is advanced for testing.
[10] 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.
[11] The preliminary feasibility assessment reveals that "indication" is not captured or not captured in a manner amenable to testing and so also is a feasibility issue. Accordingly, this data element may be removed from the specifications if the measure is advanced for testing.
[12] "Unknown" is an acceptable response for this field.

MM-6: Medication Documentation at Care Transitions for Patients Receiving Care at Dialysis Facilities	
Description	Percentage of high-risk patient-events for which a list of current medications was documented by an eligible professional.
Measure Type	Process.
Data Source	Facility medical record.
Level of Analysis	Dialysis facility.
Numerator	Number of high-risk patient-events* for which a list of current medications was documented by an eligible professional** within 8 days of a transition event (returning to the dialysis facility due to a transition of care [e.g., discharge from hospital]) or admission for in-center patients and within 30 days for home patients during the reporting period. The medication documentation MUST: • Include the name of the eligible professional;[13] AND • Include the date of the reconciliation; AND • Address ALL known medications that are not administered intradialytically (prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements, and medical marijuana); AND • Record for EACH medication: Medication name,[14] indication,[15,16] dosage,[8] frequency,[8] route of administration,[8] start and end date (if applicable),[8] discontinuation date (if applicable),[8] reason medication was stopped or discontinued (if applicable),[8] and identification of individual who authorized stoppage or discontinuation of medication (if applicable);[8] AND • List any allergies, intolerances, or adverse drug events experienced by the patient. "Medication documentation" is defined as recording in a list the required data elements necessary to conduct the medication reconciliation and medication review processes. *High-risk patient-events are defined as transitions between care settings (e.g., discharge from hospital or other care setting) and new admissions to the dialysis facility. **For the purposes of medication documentation, "eligible professional" is defined as: physician, RN, ARNP, LNP, PA, pharmacist, or pharmacy technician.
Denominator	Total number of high-risk patient-events for all patients assigned to a dialysis facility during the reporting period.
Exclusions	1. In-center patients who received <7 hemodialysis treatments in the facility during the month (i.e., transient patients). 2. In-center patients discharged from hospital or other care setting who are readmitted within 8 days of the discharge. 3. Home patients discharged from hospital or other care setting who are readmitted within 8 days of the discharge.
Reporting and Stratification	No risk adjustment or risk stratification.

[13] The preliminary feasibility assessment reveals that "name of the eligible professional" may present a feasibility issue for testing purposes. Accordingly, this data element may be removed from the specifications if the measure is advanced for testing.
[14] 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.
[15] The preliminary feasibility assessment reveals that "indication" is not captured or not captured in a manner amenable to testing and so also is a feasibility issue. Accordingly, this data element may be removed from the specifications if the measure is advanced for testing.
[16] "Unknown" is an acceptable response for this field.

MM-4, MM5: Medication Review

MM-4: Medication Review for Patients Receiving Care at Dialysis Facilities	
Description	Percentage of patient-months during which a medication review was performed and documented by an eligible professional.
Measure Type	Process.
Data Source	Facility medical record.
Level of Analysis	Dialysis facility.
Numerator	Number of patient-months during which a medication review was performed and documented by an eligible professional* during the reporting period. The medication review MUST: • Include the name of the eligible professional;[17] AND • Include the date of the reconciliation; AND • Address ALL known medications (orders, prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements, and medical marijuana); AND • Address for EACH medication: ○ Medication name,[18] indication,[19,20] dosage,[21] frequency,[21] route of administration,[21] start and end date (if applicable),[21] discontinuation date (if applicable),[21] reason medication was stopped or discontinued (if applicable),[21] and identification of individual who authorized stoppage or discontinuation of medication (if applicable).[21] ○ Is the indication valid for each medication?[20] ○ Are there duplications of therapy? ○ Are there any potential clinically relevant drug-drug, drug-food, or drug-disease interactions? ○ Is the patient experiencing any adverse effect from any drug? If yes, document drug, adverse event, and date. ○ Is the drug dose and frequency appropriate for the patient? Factors that should be considered include, but are not limited to: residual kidney function, method of dialysis, frequency and type of dialysis membrane, presence of other organ dysfunction (e.g., liver), patient weight (overweight, underweight, amputation, muscle wasting), laboratory values, other relevant patient factors such as gender, race/ethnicity, concomitant disease. ○ Can the patient take the medication as prescribed? ○ Is the appropriate monitoring being conducted for each medication? AND • List any allergies, intolerances, or adverse drug events experienced by the patient. "Medication review" is defined as a process of evaluating a patient's medications and confirming them as being appropriate, safe, and convenient for

[17] The preliminary feasibility assessment reveals that "name of the eligible professional" may present a feasibility issue for testing purposes. Accordingly, this data element may be removed from the specifications if the measure is advanced for testing.
[18] 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.
[19] The preliminary feasibility assessment reveals that "indication" is not captured or not captured in a manner amenable to testing and so also is a feasibility issue. Accordingly, this data element may be removed from the specifications if the measure is advanced for testing.
[20] "Unknown" is an acceptable response for this field.

	the patient; a review with the patient may be included. *For the purposes of medication review, "eligible professional" is defined as: physician, ARNP, PA, or pharmacist.
Denominator	Total number of patient-months for all patients assigned to a dialysis facility during the reporting period.
Exclusions	Transient patients, defined as in-center patients who received <7 hemodialysis treatments in the facility during the month.
Reporting and Stratification	No risk adjustment or risk stratification.

MM-5: Medication Review at Care Transitions for Patients Receiving Care at Dialysis Facilities	
Description	Percentage of high-risk patient-events for which a medication review was performed and documented by an eligible professional.
Measure Type	Process.
Data Source	Facility medical record.
Level of Analysis	Dialysis facility.
Numerator	Number of high-risk patient-events* for which a medication review was performed and documented by an eligible professional** within 8 days of a transition event (returning to the dialysis facility due to a transition of care [e.g., discharge from hospital]) or admission for in-center patients and within 30 days for home patients during the reporting period. The review MUST: • Include the name of the eligible professional;[21] AND • Include the date of the reconciliation; AND • Address ALL known orders, prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements, and medical marijuana. AND • Address for EACH medication: ○ Medication name,[22] indication,[23,24] dosage,[25] frequency,[25] route of administration,[25] start and end date (if applicable),[25] discontinuation date (if applicable),[25] reason medication was stopped or discontinued (if applicable),[25] and identification of individual who authorized stoppage or discontinuation of medication (if applicable).[25] ○ Is the indication valid for each medication?[24] ○ Are there duplications of therapy? ○ Are there any potential clinically relevant drug-drug, drug-food, or drug-disease interactions? ○ Is the patient experiencing any adverse effect from any drug? If yes, document drug, adverse event, and date. ○ Is the drug dose and frequency appropriate for the patient? Factors that should be considered include, but are not limited to: residual kidney function, method of dialysis, frequency and type of dialysis membrane, presence of other organ dysfunction (e.g. liver), patient weight (overweight, underweight, amputation, muscle wasting), laboratory values, other relevant patient factors such as gender race/ethnicity, concomitant disease.

[21] The preliminary feasibility assessment reveals that "name of the eligible professional" may present a feasibility issue for testing purposes. Accordingly, this data element may be removed from the specifications if the measure is advanced for testing.
[22] 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.
[23] The preliminary feasibility assessment reveals that "indication" is not captured or not captured in a manner amenable to testing and so also is a feasibility issue. Accordingly, this data element may be removed from the specifications if the measure is advanced for testing.
[24] "Unknown" is an acceptable response for this field.

	○ Can the patient take the medication as prescribed? ○ Is the appropriate monitoring being conducted for each medication? AND • List any allergies, intolerances, or adverse drug events experienced by the patient. "Medication review" is defined as a process of evaluating a patient's medications and confirming them as being appropriate, safe, and convenient for the patient; a review with the patient may be included. *High-risk patient-events are defined as transitions between care settings (e.g., discharge from hospital or other care setting) and new admissions to the dialysis facility. **For the purposes of medication review, "eligible professional" is defined as: physician, ARNP, PA, or pharmacist.
Denominator	Total number of high-risk patient events for all patients assigned to a dialysis facility during the reporting period.
Exclusions	1. In-center patients who received <7 hemodialysis treatments in the facility during the month (i.e., transient patients). 2. In-center patients discharged from hospital or other care setting who are readmitted within 8 days of the discharge. 3. Home patients discharged from hospital or other care setting who are readmitted within 8 days of the discharge.
Reporting and Stratification	No risk adjustment or risk stratification.