TO: All KCQA Members

FR: Robyn Nishimi
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RE: Update on Work of Medication Management Feasibility/Testing Workgroup

DA: 15 December 2015

Since November 13, the KCQA Feasibility/Testing Workgroup[1] has held twice (generally) weekly, 1.5-hour conference calls to identify the top 4-5 measure concepts, and from there specifications, from which KCQA can select the 1-2 related measures for testing for the purpose of submitting to NQF for endorsement consideration. This memorandum summarizes the Workgroup's deliberations through December 14.

Scope of Consideration

Because *Medication Management* is of wide-ranging scope, we identified five subdomains around which to organize the Workgroup's discussions:

- Medication Documentation;
- Medication Reconciliation;
- Medication Adherence;
- Medication Safety; and
- Therapeutic Appropriateness.

As with *Fluid Management*, we performed an environmental scan (public databases [NQF, AHRQ], literature, Avalere proprietary database), surveyed KCQA member dialysis organizations for applicable internal quality improvement measures, and conducted a Call for Concepts from KCQA members. Through these mechanisms, we identified 57 measures/measure concepts for the Workgroup's review. **Over the two initials calls, the Workgroup agreed to focus on the Medication Documentation and Medication Reconciliation subdomains,[2] setting aside the other three subdomains, because:**

- Medication Adherence. Workgroup members noted that the measures identified through the environmental scan focused on medication availability rather than adherence—i.e., whether the patient is actually taking the prescribed medication. Members felt monitoring labs and/or medication levels would provide a more meaningful assessment in this regard. The Workgroup also agreed that, given that there are no existing medication management measures developed specifically for dialysis facilities, there were more important areas that should be addressed prior to adherence. It also was noted that the data for these types of measures generally reside in pharmacies and are not readily available to all dialysis facilities.

[1] Mike Guffey (DPC); Richard Faris, PhD, MSs, RPh (DVA); Jeffrey Hymes, MD (FMC RTG); Don Molony, MD (Forum of ESRD Networks); Harold Manley, PharmD (DCI); Paul Miller, MD (RPA); Glenda Payne, MS, RN, CNN (ANNA); Sharon Perlman, MD (ASPN); Wendy St. Peter, PharmD (NKF); Len Usvyat, PhD (FMC); Gail Wick, MHSA, BSN, RN, CNN (AKF and Steering Committee Liaison)

[2] The Workgroup has ultimately identified three sets of measures that address medication documentation, medication reconciliation, and medication review.

- Medication Safety. Workgroup members noted that the more narrow types of safety measures identified through the environmental scan (e.g., percentage of dangerous drug-drug interactions identified; medication review specifically by pharmacists; avoidance of specific high-risk drugs) were not candidates for further consideration because of small numbers considerations, lack of pharmacists for all facilities, facilities should not be penalized for identifying potential drug-drug interactions, difficulty of identifying specific medications that should *never* be prescribed for *any* patient etc. Workgroup members also noted that medication documentation and medication reconciliation can be considered safety measures.
- Therapeutic Appropriateness. Existing measures identified through the environmental scan were largely of similar construct—i.e., the percentage of patients with a given clinical condition who were prescribed a particular clinically appropriate medication. Workgroup members felt that some medications that could be candidates likely would be prescribed by other physicians and not attributable to the dialysis facility. Similarly, by its very nature, "appropriateness measures" apply to a subset of patients and KCQA should pursue measures applicable to as large a number of patients as is possible

Current Status

The Workgroup has identified three sets of measures: Medication Documentation, Medication Reconciliation, and Medication Review:

> **"Medication documentation"** is defined as recording in a list the required data elements necessary to conduct the medication reconciliation and medication review processes.
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> "**Medication reconciliation**" is defined as the process of creating the most accurate list of all 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.
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> **"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.

For each area, two measures have been identified—one for the general population and one for "high-risk" patients, defined as patients who have undergone a care transition or newly admitted patients. The general population measures require the action within 30 days, but the specifications for the "high-risk" patients require the action within 8 days for in-center patients or 30 days for home patients. Attachment A sets forth the current specifications, as of the Workgroup's call on December 15.

Next Steps/KCQA Member Input

We will review the measure specifications on the call and are seeking KCQA member questions and comments that can be reported to the Workgroup and Steering Committee. Additionally, the Workgroup is still formulating its recommendation to the Steering Committee of the 1-2 measures (of the 6 currently under consideration) that should be tested, so comments in this regard also are sought.

The Steering Committee will review the Workgroup's recommendation and also seek KCQA member input through an All-KCQA conference call that we are in the process of scheduling for just after the new year. Additionally, the specifications will be circulated so that your organization has the opportunity to comment on them prior to the testing phase.

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[1] and date of the documentation; AND • Address ALL known medications (orders, prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements, and medical marijuana); AND • Record for EACH medication: Medication name, indication,[2,3] dosage,[2] frequency,[2] route of administration,[2] start and end date (if applicable),[2] discontinuation date (if applicable),[2] reason medication was stopped or discontinued (if applicable),[2] and identification of individual who authorized stoppage or discontinuation of medication (if applicable).[2] "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.

[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] "Unknown" is an acceptable response for this field.

[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.

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[4] and date of the documentation; AND • Address ALL known medications (orders, prescriptions, over-the-counters, herbals, vitamin/mineral/dietary (nutritional) supplements, and medical marijuana); AND • Record for EACH medication: Medication name, indication,[5,6] dosage,[5] frequency,[5] route of administration,[5] start and end date (if applicable),[5] discontinuation date (if applicable),[5] reason medication was stopped or discontinued (if applicable),[5] and identification of individual who authorized stoppage or discontinuation of medication (if applicable).[5] "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.

[4] 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.

[5] "Unknown" is an acceptable response for this field.

[6] 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.

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 has been 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[7] and 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, indication,[8,9] 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] "Medication reconciliation" is defined as the process of creating the most accurate list of all 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. *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.

[7] 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.

[8] "Unknown" is an acceptable response for this field.

[9] 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.

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 medication reconciliation 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 medication reconciliation MUST: • Include the name of the eligible professional[10] and 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, indication,[11,12] dosage,[11] frequency,[11] route of administration,[11] start and end date (if applicable),[11] discontinuation date (if applicable),[11] reason medication was stopped or discontinued (if applicable),[11] and identification of individual who authorized stoppage or discontinuation of medication (if applicable).[11] If a facility has been unable to procure the discharge medications list from the discharging facility within the defined 8 days of the applicable event for in-center patients or 30 days for home patients, the facility must indicate the following to receive credit for the measure:[13] ☐ Attempted but unable to obtain discharge medications list from discharging facility within 8 days of discharge for in-center patient or 30 days for home patient. • Date of attempt to obtain discharge medications list: • Name of person who attempted to obtain discharge medications list: • Name of discharging facility: "Medication reconciliation" is defined as the process of creating the most accurate list of all 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 discharge, care transition, or admission medications (as applicable) obtained from a patient or caregiver (including patient-

[10] 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.

[11] "Unknown" is an acceptable response for this field.

[12] 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.

[13] The preliminary feasibility assessment reveals that data elements required for this "failed attempt" attestation may not be captured or not captured in a manner amenable to testing and so is a feasibility issue. Accordingly, these data elements may be removed from the specifications if the measure is advanced for testing.

	/caregiver-provided “brown-bag” information), pharmacotherapy information network (e.g., Surescripts®), hospital, or other provider. *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 reconciliation, “eligible professional” is defined as: physician, RN, ARNP, 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.

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 name of eligible professional[14] and date of the review; 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, indication[15,16] dosage,[15] frequency,[15] route of administration,[15] start and end date (if applicable),[15] discontinuation date (if applicable),[15] reason medication was stopped or discontinued (if applicable),[15] and identification of individual who authorized stoppage or discontinuation of medication (if applicable).[15] ○ Is the indication valid for each medication?[16] ○ 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.

[14] 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.

[15] "Unknown" is an acceptable response for this field.

[16] 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.

	"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. *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 name of eligible professional[17] and date of the review. 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, indication,[18,19] dosage,[18] frequency,[18] route of administration,[18] start and end date (if applicable),[18] discontinuation date (if applicable),[18] reason medication was stopped or discontinued (if applicable),[18] and identification of individual who authorized stoppage or discontinuation of medication (if applicable).[18] ○ Is the indication valid for each medication?[19] ○ 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

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	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 30 days of the discharge.
Reporting and Stratification	No risk adjustment or risk stratification.