



Tips for Documenting Your Quality Care

CMS has chosen to bring back this measure for year 2017. The measure was part of the 2013 and 2014 ACO measurement years, but changed in 2015 to reconciling the medications with every visit. By continuing to reconcile medications at every visit, reporting your quality will be much easier.

Medication Reconciliation within 30 Days

Following discharge from any inpatient facility (*hospital, skilled nursing, rehabilitation facility*)

ACO #12

Percentage of patients discharged from an inpatient facility (hospital, skilled nursing, rehabilitation) and who were seen by their doctor for follow-up within 30 days of the discharge date.

Two components to satisfy measure:

1. Patients must be seen by primary care provider within 30 days post inpatient discharge.
2. Medications must be reconciled within 30 days following every inpatient discharge, regardless of number of admissions the patient may have across the measurement year.

The intent of this measure is to **reduce complications resulting from drug interactions, omissions, or duplications in elderly patients after discharge from an inpatient facility.** Communication between the inpatient facility and the patient's primary caregiver is often delayed and incomplete, which may result in duplication of medications or administration of medications with potentially harmful interactions (*Williams 1990*).

Documenting your quality care:

Using paper, other electronic health records or Allscripts AEHR:

- Be sure to see patients who are discharged from an inpatient facility within 30 days. Develop a process for identifying those patients if one does not exist. When those patients call for an appointment, be sure your office staff knows to schedule them within the 30 day period.
- Review and document medications:
 - the patient was taking prior to admission
 - the patient was given at discharge
 - the patient should take now.
- Document within your electronic record or paper record that the medications were reconciled this visit.

Reporting requirements to meet the measure:

Please see below to better understand how **ACO measure #12, Medication Reconciliation within 30 days following discharge from any inpatient facility** should be reported:

Date(s) given by CMS of patient discharge(s) May give up to 6 separate discharges during the measurement year. All dates will be verified for reconciliation of meds within 30 days of discharge.	Can you verify that the patient was discharged on Date (one at a time)? YES or NO	Was the patient seen in the office within 30 days of inpatient discharge? YES or NO	Were meds reconciled and reconciliation documented in the record? YES or NO
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Rationale for development of this measure:

- Medication reconciliation post-discharge is an important step to catch potentially harmful omissions or changes in prescribed medications, particularly in elderly patients that are prescribed a greater quantity and variety of medications (Leape, 1991).
- Measurement of medication reconciliation post-discharge has been cited by the National Quality Forum and the National Priorities Partnership as a measurement priority area (NQF, 2010) No trials of the effects of physician acknowledgment of medications post-discharge were found. However, individual studies have shown a decrease in medication errors when medication reconciliation among other transition interventions are implemented (Bayoumi 2009; Coleman 2003; Gillespie 2009; Nassaralla 2007; Geurts 2012; Midlov 2012).

Thank you for completing the required Medication Reconciliation documentation to show that we are providing our patients with the most appropriate care. We hope this tool will provide tips for how you can better document your quality.

For more information on the MSSP measures, contact:

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