

## BI-MONTHLY TIP ON MEANINGFUL USE

### MEDICATION RECONCILIATION

#### **What Does Meaningful Use require for Medication Reconciliation?**

Modified Stage 2 of Meaningful use requires Eligible Providers who receive a patient from another setting of care or provider of care or believes an encounter is relevant to perform medication reconciliation.

**Measure:** More than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

**Exclusion:** Any EP who was not the recipient of any transitions of care during the EHR reporting period.

**DENOMINATOR:** The number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

**NUMERATOR:** The number of transitions of care in the denominator where medication reconciliation was performed.

#### **CMS 2017 EP Specification Sheet- Medication Reconciliation**

[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage2\\_Obj7.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MedicaidEPStage2_Obj7.pdf)



### **Common Errors:**

- The electronic exchange of information is not a requirement for medication reconciliation.
- The measure of this objective does not dictate what information must be included in medication reconciliation. Information included in the process of medication reconciliation is appropriately determined by the provider and patient.
- CMS defines a “new patient” as a patient never before seen by the provider. A provider may use an expanded definition of “new patient” for the denominator that includes a greater number of patients for whom the action may be relevant within their practice, such as inclusion of patients not seen in 2 years.
- Medication Reconciliation must also be performed in cases where one provider refers a patient to another, even if the referring provider maintains his or her care of the patient as well.

### **Best Practices:**

- To identify the most accurate list of all medications that the patient is taking, (including name, dosage, frequency, and route) compare the medical record to an external list of medications obtained from the patient, hospital or other provider.
- Remember that a Transition of Care is the movement of a patient from one setting of care (for example, a hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another and Medication Reconciliation must be performed each time.
- The denominator for this measure must include transitions of care and referrals when the EP is the recipient of the transition or referral, first encounters a new patient, and encounters an existing patients where a summary of care record (of any type) is provided to the receiving EP.
- Only patients whose records are maintained using certified EHR technology must be included in the denominator for transitions of care.
- In the case of reconciliation following transition of care, the receiving EP should conduct the medication reconciliation