The Quality Payment Program and Medication Safety
• How Medication Safety Can Help You Meet QPP Requirements •

Learn how you can be successful with reporting to the Merit-based Incentive Payment System (MIPS) by reviewing two key Performance Categories on which eligible clinicians (ECs) will be scored: **Quality** and **Improvement Activities** and how they relate to Medication Safety.

For more information, visit the Centers for Medicare & Medicaid Services (CMS) website: *https://qpp.cms.*

Quality (60% of Final MIPS Score)

As part of MIPS, ECs will need to report six quality measures, including an outcome measure. Here are 16 Quality Measures of the 271 that align with Telligen's Medication Safety Initiative.

Communication and Care Coordination Measures

Quality ID 458 -
All-cause Hospital Readmission

Quality ID 46 -
Medication Reconciliation Post-Discharge

Patient Safety Measures

Quality ID 238 -
Use of High-Risk Medications in the Elderly

Quality ID 154 -
Falls: Risk Assessment

Effective Clinical Care Measures

Quality ID 407 -
Appropriate Treatment of Methicillin-Sensitive Staphylococcus Aureus (MSSA) Bacteremia

Quality ID 408 -
Opioid Therapy Follow-up Evaluation

Improvement Activities (15% of Final MIPS Score)

As part of MIPS, ECs will need to attest to four (most participants) or two (small, rural practices) Improvement Activities for a minimum of 90 days. There are over 90 Improvement Activities from which to choose; below are the ones that align with Telligen's Medication Safety Initiative.

Anticoagulant Management Improvements   **(Weight: High)**

MIPS eligible clinicians and groups who prescribe oral Vitamin K antagonist therapy (warfarin) must attest that, in the first performance year, 60 percent or more of their ambulatory care patients receiving warfarin are being managed by certain clinical practice improvement activities.

Consultation of the Prescription Drug Monitoring Program   **(Weight: High)**

Clinicians would attest that, 60 percent for first year, or 75 percent for the second year, of consultation of prescription drug monitoring program prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription that lasts for longer than 3 days.

Glycemic Management Services   **(Weight: High)**

For outpatient Medicare beneficiaries with diabetes and who are prescribed antidiabetic agents (e.g., insulin, sulfonylureas), MIPS eligible clinicians and groups must attest to having: for the first performance year, at least 60 percent of medical records with documentation of an individualized glycemic treatment goal.

Implementation of Medication Management Practice Improvements (Weight: Medium)

Manage medications to maximize efficiency, effectiveness and safety that could include one or more of the following: reconcile and coordinate medications and provide medication management across transitions of care settings and eligible clinicians or groups; integrate a pharmacist into the care team; and/or conduct periodic, structured medication reviews.

Annual Registration in the Prescription Drug Monitoring Program (Weight: Medium)

Annual PDMP registration in the state where they practice – activities that simply involve registration are not sufficient.

Chronic Care and Preventative Care Management for Empaneled Patients (Weight: Medium)

Proactively manage chronic and preventive care for empaneled patients that could include providing patients annually with an opportunity for development and/or adjustment of an individualized plan of care, such as routine medication reconciliation.

Tobacco Use (Weight: Medium)

Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including tobacco use screening and cessation interventions (refer to NQF #0028) for patients with co-occurring conditions of behavioral or mental health and at risk factors for tobacco dependence.

Diabetes Screening (Weight: Medium)

Diabetes screening for people with schizophrenia or bipolar disease who are using antipsychotic medication.

Implementation of Fall Screening and Assessment Programs (Weight: Medium)

Implementation of fall screening and assessment programs to identify patients at risk for falls and address modifiable risk factors (e.g., clinical decision support/prompts in the electronic health record that help manage the use of medications, such as benzodiazepines, that increase fall risk).

Participation in an AHRQ-listed Patient Safety Organization (Weight: Medium)

AHRQ has tools to improve medication safety including the Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families.

Practice Improvements for Bilateral Exchange of Patient Information (Weight: Medium)

Ensure that there is bilateral exchange of necessary patient information to guide patient care that could include one or more of the following: participate in a Health Information Exchange if available; and/or use structured referral notes.

Additional QPP Improvement Activities we support:
- Implementation of Antibiotic Stewardship Program (Medium)
- Participation in CMMI Models Such as Million Hearts Campaign (Medium)
- Implementation of Condition-Specific Chronic Disease Self-Management Support Programs (Medium)

For questions and more information, visit: HealthCareForNewEngland.org/initiatives/med-safety/ade

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