ACP does not support QPP measure 046: "Medication Reconciliation Post-Discharge."
Implementation can help to eliminate medication errors that may occur during transitions of care and will not promote over- or underuse and timely reconciliation of discharge medication lists will likely benefit patient outcomes. Also, the measure ties clinical outcomes to the appropriate unit of analysis (patients who were discharged from an inpatient facility AND seen within 30 days of discharge: individual clinician). While developers cite a significant performance gap at the health plan level, individual clinicians are currently 90% compliant with this measure. However, participation results from the 2013 PQRS reporting year do not necessarily represent performance on a national level. While this is a commendable measure concept, there is insufficient evidence to support this as an accountability measure. Interventions intended to improve medication reconciliation processes at patient discharge have not necessarily resulted in improved quality outcomes. This is a “check the box measure.” Adherence to a medication reconciliation process does not necessarily improve medication management outcomes. A more appropriate measure may incentivize a standardized, methodological approach to reconciliation that would improve the medication management process. Furthermore, the numerator specifications exclude clinicians who are capable of reconciling medication lists (e.g., pharmacy technician) and excluding practitioners could limit the success of this measure from a health plan/integrated delivery system perspective. Finally, clinicians may encounter interoperability barriers to data access. For example, if the prescribing clinician and the outpatient clinician use different EHRs, the outpatient clinician may have limited access to the discharge medication list during the outpatient visit.