

# THE NATIONAL QUALITY FORUM

## Medication Management Measures

Measure ID/Title	Measure Description	Measure Steward
<b>MM-001-08:</b>  <b>Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category</b>	The percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80% during the measurement year. A performance rate is calculated separately for the following medication categories: Beta-Blockers (BB), Angiotensin-Converting Enzyme Inhibitor/Angiotensin-Receptor Blocker (ACEI/ARB), Calcium-Channel Blockers (CCB), Diabetes Medication, Statins.	NCQA
<b>MM-003-08</b>  <b>Adherence to Chronic Medications</b>	Medication Possession Ratio (MPR) for chronic medications for individuals over 18 years of age	Centers for Medicare & Medicaid Services
<b>MM-004-08</b>  <b>Coronary Artery Disease and Medication Possession Ratio for Statin Therapy.</b>	Medication Possession Ratio (MPR) for statin therapy for individuals over 18 years of age with coronary artery disease.	Centers for Medicare & Medicaid Services
<b>MM-005-08</b>  <b>Use and Adherence to Antipsychotics among members with Schizophrenia</b>	Assess the use of and the adherence of antipsychotics among members with schizophrenia during the measurement year.	Health Benchmarks, Inc.
<b>MM-006-08</b>  <b>Diabetes Mellitus and Medication Possession Ratio (MPR) for Chronic Medications</b>	Medication Possession Ratio (MPR) for Chronic Medications in diabetic individuals over 18 years of age  -Oral Hypoglycemics  - Statins  - ACE-I/ARBS	Centers for Medicare & Medicaid Services
<b>MM-008-08</b>	The percentage of patients who were dispensed a medication for diabetes and hypertension who are not	National Committee for

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<b>Diabetes Suboptimal Treatment Regimen (SUB)</b>	receiving an ACEI/ ARB medication.	Quality Assurance
<b>MM-010-08</b> <b>Diabetes and Medication Possession Ratio for Statin Therapy</b>	Medication Possession Ratio (MPR) for statin therapy in diabetic individuals over 18 years of age	Centers for Medicare & Medicaid Services
<b>MM-011-08</b> <b>Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT)</b>	<p>Rate 1: The percentage of patients with persistent asthma who were dispensed more than 5 canisters of a short-acting beta2 agonist inhaler during the same three-month period.</p> <p>Rate 2: The percentage of patients with persistent asthma during the measurement year who were dispensed more than five canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.</p>	National Committee for Quality Assurance
<b>MM-013-08</b> <b>Pharmacotherapy Management of COPD Exacerbation (PCE): Two rates are reported</b>	<p>Percentage of members 40 years of age and older who had an acute inpatient discharge or ER encounter between January 1- November 30 of the measurement year with a principal diagnosis of chronic obstructive pulmonary disease (COPD) and who were dispensed appropriate medications.</p> <p>-Two rates reported: dispensed a systemic corticosteroid within 14 days of the event and dispensed a bronchodilator within 30 days of the event.</p>	National Committee for Quality Assurance
<b>MM-014-08</b> <b>Chronic Kidney Disease, Diabetes Mellitus, Hypertension and Medication Possession Ratio for ACEI/ARB Therapy</b>	Medication Possession Ratio (MPR) for ACEI/ARB therapy for individuals with Chronic Kidney Disease (CKD) and/or diabetes mellitus and hypertension.	Centers for Medicare & Medicaid Services
<b>MM-017-08</b> <b>Ace Inhibitor/ Angiotensin Receptor Blocker Use and Persistence Among Members with Coronary Artery Disease at High Risk for Coronary</b>	To assess the use of and persistence to ACE inhibitors or Angiotensin receptor blockers (ARB) among members with CAD or other atherosclerotic vascular disease (i.e., peripheral arterial disease, atherosclerotic aortic disease and carotid artery disease) who are at high risk for coronary events during a one year period. High-risk comorbidities are defined as heart failure, hypertension, diabetes, or chronic kidney disease (excluding stage V and patients	Health Benchmarks, Inc.

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Events	on dialysis).	
<b>MM-022-08</b> <b>HBIPS-4: Patients discharged on multiple antipsychotic medications and</b> <b>MM-023-08 combined in this measure</b> <b>HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification.</b>	Rate 1: Patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications  Rate 2: Patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications with appropriate justification	The Joint Commission
<b>MM-026-08</b> <b>Care for Older Adults - Medication Review (COA).</b>	Percentage of adults 65 years and older who had a medication review.	National Committee for Quality Assurance
<b>MM-028-08</b> <b>Medication Reconciliation Post-Discharge (MRP).</b>	Percentage of discharges from January 1 to December 1 of the measurement year for patients 65 years of age and older for whom medications were reconciled on or within 30 days of discharge.	National Committee for Quality Assurance
<b>MM-030-08</b> <b>Monthly INR Monitoring for Beneficiaries on Warfarin.</b>	Average percentage of monthly intervals in which Part D beneficiaries with claims for warfarin do not receive an INR test during the measurement period.	Centers for Medicare & Medicaid Services
<b>MM-031-08</b> <b>INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications</b>	Percentage of episodes with an INR test performed 3 to 7 days after a newly-started interacting anti-infective medication for Part D beneficiaries receiving Warfarin-	Centers for Medicare & Medicaid Services
<b>MM-034-08</b> <b>HBIPS-6 Post discharge continuing care plan created</b>	Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan created.	The Joint Commission

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<b>MM-035-08</b> <b>HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge.</b>	Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan provided to the next level of care clinician or entity.	The Joint Commission