

# Stage 2

## Eligible Hospital and Critical Access Hospital Meaningful Use Core Measures Measure 11 of 16

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Medication Reconciliation	
Objective	The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.
Measure	The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).
Exclusion	No exclusion.

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### Definition of Terms

**Admitted to the Emergency Department** – There are two methods for calculating ED admissions for the denominators for measures associated with Stage 2 of Meaningful Use objectives. [Find out more in this FAQ.](#)

**Medication Reconciliation** – The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.

**Relevant Encounter** – An encounter during which the eligible hospital or CAH performs a medication reconciliation due to new medication or long gaps in time between patient encounters or for other reasons determined appropriate by the eligible hospital or CAH. Essentially an encounter is relevant if the eligible hospital or CAH judges it to be so. (Note: Relevant encounters are not included in the numerator and denominator of the measure for this objective.)

**Transition of Care** – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum, transitions of care include all admissions to the inpatient and emergency department.



## Attestation Requirements

### DENOMINATOR/NUMERATOR/ THRESHOLD

- DENOMINATOR: Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.
- NUMERATOR: The number of transitions of care in the denominator where medication reconciliation was performed.
- THRESHOLD: The resulting percentage must be more than 50 percent in order for eligible hospital or CAH to meet this measure.

### Additional Information

- 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 eligible hospital or CAH should conduct the medication reconciliation.
- 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.
- A provider who institutes a policy for medication reconciliation at encounters encompassing more than just the minimum actions defined by the transitions of care denominator can include those encounters in their denominator and if medication reconciliation is conducted at the encounter in the numerator as well.
- In order to meet this objective and measure, an eligible hospital or CAH must use the capabilities and standards of CEHRT at 45 CFR 170.314(b)(4).

## Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria	
<b>§ 170.314(b)(4) Clinical Information Reconciliation</b>	<p>Enable a user to electronically reconcile the data that represent a patient's active medication, problem, and medication allergy list as follows. For each list type:</p> <ul style="list-style-type: none"><li>(i) Electronically and simultaneously display (i.e., in a single view) the data from at least two list sources in a manner that allows a user to view the data and their attributes, which must include, at a minimum, the source and last modification date.</li><li>(ii) Enable a user to create a single reconciled list of medications, medication allergies, or problems. <p style="margin-left: 40px;">Enable a user to review and validate the accuracy of a final set of data and, upon a user's confirmation, automatically update the list.</p></li></ul>
<p><i>*Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.314 (g)(1), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.</i></p>	
Standards Criteria	
N/A	