Measure #238 (NQF 0022): Use of High-Risk Medications in the Elderly – National Quality Strategy
Domain: Patient Safety

2016 PHYSICIAN QUALITY REPORTING OPTIONS FOR INDIVIDUAL MEASURES
REGISTRY ONLY

DESCRIPTION:
Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.

1) Percentage of patients who were ordered at least one high-risk medication.
2) Percentage of patients who were ordered at least two different high-risk medications

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. There is no diagnosis associated with this measure. This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

This measure will be calculated with 2 performance rates:

1) Percentage of patients who were ordered at least one high-risk medication
2) Percentage of patients who were ordered at least two different high-risk medications

Eligible professionals should continue to report the measure as specified, with no additional steps needed to account for multiple performance rates.

Measure Reporting via Registry:
CPT or HCPCS codes and patient demographics are used to identify visits that are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

THERE ARE TWO REPORTING CRITERIA FOR THIS MEASURE:
1) Percentage of patients who were ordered at least one high-risk medication

OR

2) Percentage of patients who were ordered at least two different high-risk medications

REPORTING CRITERIA 1: PERCENTAGE OF PATIENTS WHO WERE ORDERED AT LEAST ONE HIGH-RISK MEDICATION

DENOMINATOR (REPORTING CRITERIA 1):
Patients 66 years and older who had a visit during the measurement period

Denominator Criteria (Eligible Cases) 1:
Patients aged ≥ 66 years on date of encounter
AND
Patient encounter during reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0438, G0439
NUMERATOR (REPORTING CRITERIA 1):
Percentage of patients who were ordered at least one high-risk medication during the measurement period

Numerator Instructions:
INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or control. The “Performance Not Met” numerator option for this measure is the representation of the better clinical quality or control. Reporting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control, and therefore an inverse measure at 100% does not qualify for reporting purposes, however any reporting rate less than 100% does qualify.

A high-risk medication is identified by either of the following:
- A prescription for medications classified as high risk at any dose and for any duration listed in Table 1
- Prescriptions for medications classified as high risk at any dose with greater than a 90 day cumulative medication duration listed in Table 2

Definitions:
Cumulative Medication Duration - an individual’s total number of medication days over a specific period; the period counts multiple prescriptions with gaps in between, but does not count the gaps during which a medication was not dispensed.

To determine the cumulative medication duration, determine first the number of the Medication Days for each prescription in the period: the number of doses divided by the dose frequency per day. Then add the Medication Days for each prescription without counting any days between the prescriptions.

Table 1 – High-Risk Medications at any dose or duration

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticholinergics (excludes TCAs), first-generation antihistamines</td>
<td>Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine, Dexampheniramine</td>
</tr>
<tr>
<td>Anticholinergics (excludes TCAs), anti-Parkinson agents</td>
<td>Benztropine (oral)</td>
</tr>
<tr>
<td>Antithrombotics</td>
<td>Dipyridamole, oral short-acting (does not apply to the extended-release combination with aspirin)</td>
</tr>
<tr>
<td>Cardiovascular, alpha agonists, central</td>
<td>Guanabenz, Guanfacine</td>
</tr>
<tr>
<td>Cardiovascular, other</td>
<td>Disopyramide</td>
</tr>
<tr>
<td>Description</td>
<td>Prescription</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Anti-Infectives, other</td>
<td>Nitrofurantoin</td>
</tr>
<tr>
<td></td>
<td>Nitrofurantoin macrocrystals</td>
</tr>
<tr>
<td></td>
<td>Nitrofurantoin macrocrystals-monohydrate</td>
</tr>
<tr>
<td>Nonbenzodiazepine hypnotics</td>
<td>Eszopiclone</td>
</tr>
<tr>
<td></td>
<td>Zaleplon</td>
</tr>
<tr>
<td></td>
<td>Zolpidem</td>
</tr>
</tbody>
</table>
**NUMERATOR NOTE:** Some high-risk medications are not included in this specific measure but should be avoided above a specified average daily dose. These medications are listed in table DAE-C. To calculate an average daily dose multiply the quantity of pills ordered by the dose of each pill and divide by the days supply. For example, a prescription for a 30-days supply of digoxin containing 15 pills, 0.250 mg each pill, has an average daily dose of 0.125 mg.

Table 4 - DAE-C: High-Risk Medications With Average Daily Dose Criteria

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
<th>Average Daily Dose Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha agonists, central</td>
<td>• Reserpine</td>
<td>&gt;0.1 mg/day</td>
</tr>
<tr>
<td>Cardiovascular, other</td>
<td>• Digoxin</td>
<td>&gt;0.125 mg/day</td>
</tr>
<tr>
<td>Tertiary TCAs (as single agent or as part of combination products)</td>
<td>• Doexpin</td>
<td>&gt;6 mg/day</td>
</tr>
</tbody>
</table>

**Numerator Options:**
- **Performance Met:** One high-risk medication ordered (G9365)
- **Performance Not Met:** One high-risk medication not ordered (G9366)

**REPORTING CRITERIA 2: PERCENTAGE OF PATIENTS WHO WERE ORDERED AT LEAST TWO DIFFERENT HIGH-RISK MEDICATIONS**

**DENOMINATOR (REPORTING CRITERIA 2):**
Patients 66 years and older who had a visit during the measurement period

**Denominator Criteria (Eligible Cases):**
- Patients aged ≥ 66 years on date of encounter
- Patient encounter during reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0438, G0439

**NUMERATOR (REPORTING CRITERIA 2):**
Percentage of patients who were ordered at least two different high-risk medications during the measurement period

**Numerator Instructions:**
- **INVERSE MEASURE** - A lower calculated performance rate for this measure indicates better clinical care or control. The “Performance Not Met” numerator option for this measure is the representation of the better clinical quality or control. Reporting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control, and therefore an inverse measure at 100% does not qualify for reporting purposes, however any reporting rate less than 100% does qualify

A high-risk medication is identified by either of the following:
- A prescription for medications classified as high risk at any dose and for any duration listed in Table 1
- Prescriptions for medications classified as high risk at any dose with greater than a 90 day cumulative medication duration listed in Table 2
**Definitions:**

**Cumulative Medication Duration** – an individual’s total number of medication days over a specific period; the period counts multiple prescriptions with gaps in between, but does not count the gaps during which a medication was not dispensed.

To determine the cumulative medication duration, determine first the number of the Medication Days for each prescription in the period: the number of doses divided by the dose frequency per day. Then add the Medication Days for each prescription without counting any days between the prescriptions.

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticholinergics (excludes TCAs), first-generation antihistamines</td>
<td>Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cypreproheptadine, Dexampheniramine, Dextrompheniramine, Diphenhydramine (oral), Doxylamine, Hydroxyzine, Promethazine, Triprolidine</td>
<td></td>
</tr>
<tr>
<td>Anticholinergics (excludes TCAs), anti-Parkinson agents</td>
<td>Benztropine (oral)</td>
<td>Trihexyphenidyl</td>
</tr>
<tr>
<td>Antithrombotics</td>
<td>Dipyridamole, oral short-acting</td>
<td>Ticlopidine</td>
</tr>
<tr>
<td></td>
<td>(does not apply to the extended-release combination with aspirin)</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular, alpha agonists, central</td>
<td>Guanabenz, Guanfacine</td>
<td>Methylodopa</td>
</tr>
<tr>
<td>Cardiovascular, other</td>
<td>Disopyramide</td>
<td>Nifedipine, immediate release</td>
</tr>
<tr>
<td>Central nervous system, tertiary TCAs</td>
<td>Amitriptyline, Clomipramine</td>
<td>Imipramine, Trimipramine</td>
</tr>
<tr>
<td>Central nervous system, barbiturates</td>
<td>Amobarbital, Butabarbital, Butalbital, Mepobarbital</td>
<td>Pentobarbital, Phenobarbital, Secobarbital</td>
</tr>
<tr>
<td>Central nervous system, vasodilators</td>
<td>Ergot mesylates</td>
<td>Isoxsuprime</td>
</tr>
<tr>
<td>Central nervous system, other</td>
<td>Thioridazine, Chlora Hydrate</td>
<td>Meprobamate</td>
</tr>
<tr>
<td>Endocrine system, estrogens with or without progestins; include only oral</td>
<td>Conjugated estrogen, Esterified estrogen</td>
<td>Estradiol, Estropiape</td>
</tr>
<tr>
<td>and topical patch products</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 6 - High-Risk Medications With Days Supply Criteria

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
<th>Days Supply Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Infectives, other</td>
<td>Nitrofurantoin</td>
<td>&gt;90 days</td>
</tr>
<tr>
<td></td>
<td>Nitrofurantoin macrocrystals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nitrofurantoin macrocrystals-mono hydrate</td>
<td></td>
</tr>
<tr>
<td>Nonbenzodiazepine hypnotics</td>
<td>Eszopiclone</td>
<td>&gt;90 days</td>
</tr>
<tr>
<td></td>
<td>Zaleplon</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zolpidem</td>
<td></td>
</tr>
</tbody>
</table>

**NUMERATOR NOTE:** Some high-risk medications are not included in this specific measure but should be avoided above a specified average daily dose. These medications are listed in table DAE-C. To calculate an average daily dose multiply the quantity of pills ordered by the dose of each pill and divide by the days supply. For example, a prescription for a 30-days supply of digoxin containing 15 pills, 0.250 mg each pill, has an average daily dose of 0.125 mg.

### Table 7 - DAE-C: High-Risk Medications With Average Daily Dose Criteria

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
<th>Average Daily Dose Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha agonists, central</td>
<td>Reserpine</td>
<td>&gt;0.1 mg/day</td>
</tr>
<tr>
<td>Cardiovascular, other</td>
<td>Digoxin</td>
<td>&gt;0.125 mg/day</td>
</tr>
<tr>
<td>Tertiary TCAs (as single agent or as part of combination products)</td>
<td>Doxepin</td>
<td>&gt;6 mg/day</td>
</tr>
</tbody>
</table>

**Numerator Options:**

**Performance Met:** At least two different high-risk medications ordered (G9367)

**OR**

**Performance Not Met:** At least two different high-risk medications not ordered (G9368)

**Rationale:**

Seniors receiving inappropriate medications are more likely to report poorer health status at follow-up, compared to seniors who receive appropriate medications (Fu, Liu, and Christensen 2004). In 2005, rates of potentially inappropriate medication use in the elderly were as large or larger than in a 1996 national sample, highlighting the need for progress in this area (Simon et al. 2005). While some adverse drug events are not preventable, studies...
estimate that between 30 and 80 percent of adverse drug events in the elderly are preventable (MacKinnon and Hepler 2003).

Reducing the number of inappropriate prescriptions can lead to improved patient safety and significant cost savings. Conservative estimates of extra costs due to potentially inappropriate medications in the elderly average $7.2 billion a year (Fu, Liu, and Christensen 2004). Medication use by older adults will likely increase further as the U.S. population ages, new drugs are developed, and new therapeutic and preventive uses for medications are discovered (Rothberg et al. 2008). By the year 2030, nearly one in five U.S. residents is expected to be aged 65 years or older; this age group is projected to more than double in number from 38.7 million in 2008 to more than 88.5 million in 2050. Likewise, the population aged 85 years or older is expected to increase almost four-fold, from 5.4 million to 19 million between 2008 and 2050. As the elderly population continues to grow, the number of older adults who present with multiple medical conditions for which several medications are prescribed continues to increase, resulting in polypharmacy (Gray and Gardner 2009).

**CLINICAL RECOMMENDATION STATEMENTS:**
The measure is based on the literature and key clinical expert consensus processes by Beers in 1997, Zahn in 2001 and an updated process by Fick in 2003, which identified drugs of concern in the elderly based on various high-risk criteria. NCQA's Medication Management expert panel selected a subset of drugs that should be used with caution in the elderly for inclusion in the proposed measure based upon these two lists. NCQA analyzed the prevalence of drugs prescribed according to the Beers and Zhan classifications and determined that drugs identified by Zhan that are classified as never or rarely appropriate would form the basis for the list (Fick 2003).

Certain medications (MacKinnon 2003) are associated with increased risk of harms from drug side-effects and drug toxicity and pose a concern for patient safety. There is clinical consensus that these drugs pose increased risks in the elderly (Kaufman 2005). Studies link prescription drug use by the elderly with adverse drug events that contribute to hospitalization, increased length of hospital stay, increased duration of illness, nursing home placement and falls and fractures that are further associated with physical, functional and social decline in the elderly (AHRQ 2009).

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2016 Registry Individual Measure Flow

PQRS #238 NQF #0022: Use of High-Risk Medications in the Elderly
Reporting Option One

This Measure Requires the Reporting of Two Performance Rates

Start

Denominator

Patient Age at Date of Service ≥ 86 Years

No

Not Included in Eligible Population/Denominator

Encounter Codes as Listed in Denominator*
(1/1/2015 thru 12/31/2015)

No

Yes

Include in Eligible Population/Denominator
(8 patients)\[\text{[1]}\]

Yes

Numerator

One High-Risk Medication Ordered

Yes

Reporting Met + Performance Met
G9365 or equivalent (4 patients)
\[\text{[2]}\]

No

One High-Risk Medication Not Ordered

Yes

Reporting Met + Performance Not Met
G9366 or equivalent (3 patients)
\[\text{[3]}\]

No

Reporting Not Met
Quality-Data Code or equivalent not reported
(1 patient)

* See the posted Measure Specification for specific coding and instructions to report this measure.
This measure should be calculated with 2 Performance Rates. Review the Sample Calculation to ensure the reporting and performance rates are calculated accurately.
NOTE: Reporting Frequency: Patient-process

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2016 Registry Individual Measure Flow
PQRS #238 NQF #0022: Use of High-Risk Medications in the Elderly
Reporting Option Two

This Measure Requires the Reporting of Two Performance Rates

Start

Patient Age at Date of Service ≥ 66 Years

No

Not Included in Eligible Population/Denominator

Yes

Encounter Codes as Listed in Denominator* (1/1/2015 thru 12/31/2015)

No

Include in Eligible Population/Denominator (8 patients)

Yes

At Least Two Different High-Risk Medications Ordered

No

At Least Two Different High-Risk Medications Not Ordered

Yes

Reporting Met + Performance Met G6367 or equivalent (4 patients)

No

Reporting Met + Performance Not Met G6368 or equivalent (3 patients)

Yes

Reporting Not Met Quality-Data Code or equivalent not reported (1 patient)

* See the posted Measure Specification for specific coding and instructions to report this measure.
This measure should be calculated with 2 Performance Rates. Review the Sample Calculation to ensure the reporting and performance rates are calculated accurately.
NOTE: Reporting Frequency: Patient-process
2016 Registry Individual Measure Flow
PQRS #238 NQF #0022: Use of High-Risk Medications in the Elderly

This Measure Requires the Reporting of Two Performance Rates

SAMPLE CALCULATIONS: Reporting and Performance Rate One: At Least One High-Risk Medication

Reporting Rate:
Performance Met (a³<4 patients) + Performance Not Met (c³≥3 patients) = 7 patients = 87.50%
Eligible Population / Denominator (d³=8 patients) = 8 patients

Performance Rate=
__________________________ = 4 patients = 57.14%
Performance Met (a³<4 patients) Reporting Numerator (7 patients) = 7 patients

SAMPLE CALCULATIONS: Reporting and Performance Rate Two: At Least Two Different High-Risk Medications

Reporting Rate:
Performance Met (a³<4 patients) + Performance Not Met (c³≥3 patients) = 7 patients = 87.50%
Eligible Population / Denominator (d³=8 patients) = 8 patients

Performance Rate=
__________________________ = 4 patients = 57.14%
Performance Met (a³<4 patients) Reporting Numerator (7 patients) = 7 patients

* See the posted Measure Specification for specific coding and instructions to report this measure.
** It is anticipated for registry reporting that for every performance rate, a reporting rate will be submitted. CMS will determine or use the overall reporting and performance rate.
This measure should be calculated with 2 Performance Rates. Review the Sample Calculation to ensure the reporting and performance rates are calculated accurately.
NOTE: Reporting Frequency: Patient-process
2016 Registry Individual Measure Flow
PQRS #238 NQF #0022: Use of High-Risk Medications in the Elderly
This Measure Requires the Reporting of Two Performance Rates

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure. This measure will be calculated with 2 Performance Rates and has 2 Reporting Options.

Reporting Criteria One:

1. Start with Denominator

2. Check Patient Age:
   a. If the Age is greater than or equal to 66 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Age is greater than or equal to 66 years of age on Date of Service and equals Yes during the measurement period, proceed to check Encounter Performed.

3. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.

4. Denominator Population:
   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.

5. Start Numerator

6. Check One High-Risk Medication Ordered:
   a. If One High-Risk Medication Ordered equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a1 equals 4 patients in Sample Calculation.
   c. If One High-Risk Medication Ordered equals No, proceed to One High-Risk Medication Not Ordered.

7. Check One High-Risk Medication Not Ordered:
   a. If One High-Risk Medication Not Ordered equals Yes, include in reporting met and performance not met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c1 equals 3 patients in the Sample Calculation.
   c. If One High-Risk Medication Not Ordered equals No, proceed to Reporting Not Met.

8. Check Reporting Not Met:
a. If Reporting Not Met equals No, Quality Data Code or equivalent was not reported. 1 patient has been subtracted from reporting numerator in the sample calculation.
2016 Registry Individual Measure Flow
PQRS #238 NQF #0022: Use of High-Risk Medications in the Elderly

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

**Reporting Criteria Two:**

1. Start with Denominator

2. Check Patient Age:
   a. If the Age is greater than or equal to 66 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Age is greater than or equal to 66 years of age on Date of Service and equals Yes during the measurement period, proceed to check Encounter Performed.

3. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.

4. Denominator Population:
   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d1 equals 8 patients in the sample calculation.

5. Start Numerator

6. Check At Least Two High-Risk Medications Ordered:
   a. If At Least Two High-Risk Medications Ordered equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a2 equals 4 patients in Sample Calculation.
   c. If At Least Two High-Risk Medications Ordered equals No, proceed to At Least Two High-Risk Medications Not Ordered.

7. Check At Least Two High-Risk Medications Not Ordered:
   a. If At Least Two High-Risk Medications Not Ordered equals Yes, include in Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c2 equals 3 patients in the Sample Calculation.
   c. If At Least Two High-Risk Medications Not Ordered equals No, proceed to Reporting Not Met.
8. Check Reporting Not Met:

   a. If Reporting Not Met equals No, Quality Data Code or equivalent was not reported. 1 patient has been subtracted from reporting numerator in the sample calculation.

   **SAMPLE CALCULATIONS: Reporting and Performance Rate One: At Least One High-Risk Medication**

   Reporting Rate=
   \[
   \frac{\text{Performance Met (a=4 patients) + Performance Not Met (c=3 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = 7 \text{ patients} = 87.50% \\
   \]

   Performance Rate=
   \[
   \frac{\text{Performance Met (a=4 patients) \text{ numerator)}}}{\text{Reporting Numerator (7 patients)}} = 4 \text{ patients} = 57.14% \\
   \]

   **SAMPLE CALCULATIONS: Reporting and Performance Rate Two: At Least Two Different High-Risk Medications**

   Reporting Rate=
   \[
   \frac{\text{Performance Met (a=4 patients) + Performance Not Met (c=3 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = 7 \text{ patients} = 87.50% \\
   \]

   Performance Rate=
   \[
   \frac{\text{Performance Met (a=4 patients) \text{ numerator)}}}{\text{Reporting Numerator (7 patients)}} = 4 \text{ patients} = 57.14% \\
   \]