Clinical Quality Measures for CMS's 2014 EHR Incentive Program for Eligible Professionals: Release Notes

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CLINICAL QUALITY MEASURES FOR CMS'S 2014 EHR INCENTIVE PROGRAM FOR ELIGIBLE PROFESSIONALS RELEASE NOTES

In August 2012, the Centers for Medicare & Medicaid Services (CMS) finalized the clinical quality measures (CQMs) for the 2014 Medicare and Medicaid Electronic Health Record (EHR) Incentive Program for Eligible Professionals, also known as Meaningful Use Stage 2 (MU2) for Eligible Professionals.[1] This list of CQMs for MU2 includes measures retained from Meaningful Use Stage 1 (MU1) for use in MU2. All retained MU1 measures have been updated based on advances in technology and tools for eMeasure development, comments from stakeholders, changes initiated by measure developers, and CMS's standards as defined in the agency's Measures Management System Blueprint, Version 8 (Blueprint).[2]

CMS recognizes the importance of providing support, training, and information to MU stakeholders, particularly as the EHR Incentive Programs transition to MU2. The purpose of this document is to inform eligible providers and the vendor community about updated program requirements related to the CQMs. This update includes information about global changes incorporated across all measures as well as specific changes to the measures retained in MU2. Global changes are listed first and include structural modifications; updates to value sets; and data elements and standards revised in accordance with the Blueprint. Specific changes to measures include changes to measure components, such as initial patient populations,

[1] CMS. "Medicare and Medicaid Programs; Electronic Health Record Incentive Program—Stage 2." 2012. Available at [http://www.ofr.gov/(X(1)S(uzclbwrx5fwqm2w2mipkysrh))/OFRUpload/OFRData/2012-21050_PI.pdf]. Accessed August 28, 2012.

[2] CMS. "CMS Measure Management System Blueprint, Version 8." Available at [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MeasuresManagementSystemBlueprint.html]. Accessed August 28, 2012.

denominators, numerators, exclusions, and exceptions, as well as logic changes that affect how data elements interrelate during the measurement period.

This document is intended for readers who are familiar with eMeasure components and the current standards for constructing an eMeasure. For more information on eMeasures, please visit the CMS website (http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/QMGuideForReadingEHR.pdf) and download the *Guide for Reading the EHR Incentive Program EP Measures*.

Global Edits

- Introduced a new measure-identification scheme that combines the eMeasure identifier, National Quality Forum (NQF) number (if applicable), and eMeasure version number.
- Updated the rationale, clinical recommendation statements, and references to include the latest clinical guidance related to the measures.
- Provided additional guidance to help implementers interpret the calculation requirements for the measures.
- Updated the eMeasure header to reflect Blueprint requirements (such as using the initial patient population to define the denominator and including stratification variables in the header) and modified other fields, such as population criteria, to reflect these changes.
- Changed the standardization of the measurement period from "year" to "period."
- Updated the measure logic to reflect the changes to the Quality Data Model (QDM), to reflect consistent use of relative timing across measures (including age calculation), occurencing, and denominator exclusions.
- Assigned data elements based on version 2.1.1.1 of the QDM[3] to each clinical concept, adding attributes as needed to precisely define QDM elements.
- For measures using the QDM of "Medication, Active," added the AND / AND NOT construct to compensate for varying interpretations of the relative timing "during." The '"Medication, Active" period can start at any time but cannot end before "Occurrence A of Encounter, Performed."

[3] For more on the Quality Data Model, visit the NQF website at http://www.qualityforum.org/Projects/h/QDS_Model/QDS_Version_2_1.aspx.

- Incorporated supplemental data elements (race, ethnicity, sex, and payer) as required by the Blueprint.

- Reorganized and retitled the encounter value sets to standardize them across developers. Also incorporated encounter value sets using SNOMED-CT to align with the Health Information Technology Standards Committee's (HITSC's) vocabulary recommendations for the QDM data type "Encounter."

- Updated existing value sets and added new value sets to align with the transitional and final vocabularies, based on the HITSC recommendations and required by the Blueprint.

- Fully specified ICD-9-CM and ICD-10-CM codes and, as applicable, ensured consistency with the 2012 Physician Quality Reporting Program (PQRS) measures.

- Provided grouping object identifiers for each data element.

NQF 0002: Appropriate Testing for Children with Pharyngitis

- Clarified the initial patient population to only include the review the first episode of tonsillitis or pharyngitis per patient.

- Included only ordered medications as a criteria for the initial patient population.

- Modified the denominator exclusions to only include active antibiotic medications

- Added the restriction that antibiotic medication in the denominator exclusions must be active 30 days before the diagnosis because the encounter is linked to the diagnosis through the initial patient population criteria.

- Required the laboratory test to have a result present to ensure that the test has been completed.

- Updated the numerator criteria to require the laboratory test for Streptococcus to occur within three days of the episode.

NQF 0004: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

- Updated the measure title for consistency with the measure titles used in other programs, such as the PQRS.

- Updated the measure description to define "adolescent and adult patients" as patients age 13 or older.

- Modified the structure of the measure so that it is a single measure with reporting stratified by age group.

- Changed the time window for the first diagnosis of alcohol or drug dependency in the initial patient population to the first 11 months of the measurement period.

- Updated the specifications to require use of diagnosis criteria to determine if the patient has the condition, and to require use of encounter criteria to identify the beginning of the episode by requiring the diagnosis to start during the encounter.
- Removed acute and nonacute inpatient encounters for numerator 1.
- Clarified that, to be compliant for numerator 2, the patient must meet the criteria for both numerator 1 and 2.

NQF 0018: Controlling High Blood Pressure

- Clarified that the diagnosis of hypertension could occur any time between the first part of the measurement period to before the measurement period.
- Changed the age range from age 17–84 to age 18–85.
- Clarified that the denominator exclusion of pregnancy had to be in the measurement period.
- Clarified that the systolic and diastolic blood pressure reading must come from the most recent visit.

NQF 0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

- Modified the structure of the measure so it is a single measure with reporting stratified by age groups.
- Changed the age criteria of the initial patient population from patients age 2–17 to age 3–17.
- Clarified that the eligible encounter in the initial patient population should be with a primary care physician or obstetrician/gynecologist.
- Changed the denominator exclusion to only include a diagnosis of pregnancy.
- Added the patient's height and weight to numerator criteria, in addition to body mass index.

NQF 0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

- Combined the measure pair a and b into one measure, and updated the title to reflect this modification.
- Expanded the definition of "eligible encounters" in the initial patient population.
- Combined the numerator criteria from the previously paired measures.
- Updated the QDM data type for "Procedure, Performed: Tobacco Use Cessation Counseling to "Intervention, Performed: Tobacco Use Cessation Counseling."

- Added denominator exceptions for medical reasons.

NQF 0031: Breast Cancer Screening

- Added "female" sex criteria to the initial patient population.
- Changed the age criteria of the initial patient population from age 41–68 to age 42–69.
- Changed the eligible time period for an encounter in the initial patient population from two years to during the one-year measurement period.
- Clarified that because we are only looking for complete mastectomies, a patient that had two unilateral mastectomies should be excluded.
- Changed the numerator criterion from "performed" to requiring a "result" to be present.

NQF 0032: Cervical Cancer Screening

- Added "female" sex criteria to the initial patient population.
- Changed the eligible time period for an encounter in the initial patient population from three years to during the one-year measurement period.
- Changed the age criteria of the initial patient population from age 23–63 to age 24–63.

NQF 0033: Chlamydia Screening for Women

- Modified the structure of the measure so it is a single measure with reporting stratified by age group.
- Changed the age criteria of the initial patient population from age 15–24 to age 16–24.
- Added "female" sex criteria to the initial patient population.
- Updated the categories of events that identify women as sexually active.
- Removed active and dispensed medications and performed procedures from the list of exclusions, requiring only that the procedure or medication be ordered.

NQF 0034: Colorectal Cancer Screening

- Changed the eligible time period for an encounter in the initial patient population from two years to during the one-year measurement period.
- Changed the age criteria of the initial patient population from age 50–74 to age 51–75.
- Added an exclusion for malignant neoplasm of the colon.

NQF 0036: Use of Appropriate Medications for Asthma

- Changed the age criteria of the initial patient population from age 5–50 to age 5–64.
- Modified the structure of the measure so it is a single measure with reporting stratified by age groups.
- Clarified the eligible time window for a diagnosis of persistent asthma to any time before or during the measurement period, with a requirement of only one encounter.
- Modified the criteria for the initial patient population to require a diagnosis of asthma (medication alone will not suffice).
- Removed active and dispensed medications from the list of numerator criteria, requiring only that the medication be ordered.

NQF 0038: Childhood Immunization Status

- Modified the measure to report only one combined rate; separate rates for each vaccine or a combination of vaccines will no longer be calculated.
- Clarified that the encounter criteria for the initial patient population does not need to be with a primary care or OB/GYN provider.
- Expanded the numerator criteria to include both medication administered and the procedure for administering the vaccine.
- Changed the exclusion for "medication allergy" to be defined by an anaphylactic reaction to the vaccine and allowed this reaction to count as numerator compliance for each vaccine.
- Combined the separate measles, mumps, and rubella (MMR) administered vaccines into one numerator criterion. Also updated the time window for MMR vaccine administration to occur any time before the patient's second birthday in the numerator.
- Allowed past diagnoses of disease to count for the appropriate vaccine.
- Added a laboratory test for the hepatitis A antigen to the numerator criteria for the hepatitis A vaccine. Also updated hepatitis A medication criteria to allow only one vaccination to count for numerator compliance.
- Updated the HiB vaccine medication criteria to require three vaccinations for compliance.
- Separated two- and three-dose rotavirus vaccines to ensure the proper number of doses is administered.

NQF 0041: Preventive Care and Screening: Influenza Immunization

- Updated the measure title to reflect the updated measure specifications.
- Expanded the age group to include all patients age 6 months or older in the initial patient population.
- Changed the time window of the denominator for which the encounters must occur to reflect the new time period for the flu season recommended by the Centers for Disease Control and Prevention.
- Added "peritoneal dialysis procedure" and "hemodialysis procedure" to the denominator criteria.
- Added to the numerator any communication from patient to provider regarding the previous receipt of a vaccine.

NQF 0043: Pneumonia Vaccination Status for Older Adults

- Restricted the time window for an encounter in the initial patient population to only during the measurement period.
- Changed the age criteria of the initial patient population from age 64 and older to age 65 and older.
- Added pneumococcal vaccine administered and history of a pneumococcal vaccine to the numerator criteria.

NQF 0052: Use of Imaging Studies for Low-Back Pain

- Rephrased the measure title.
- Changed the age criteria of the initial patient population from age 18–49 to age 18–50.
- Added the eligible age of patients (18–50) to the measure description.
- Specified that the low-back pain diagnosis must occur during an office or emergency-department visit no more than 337 days after the start of the measurement period.
- Moved the exclusion criteria for the denominator to the denominator-exclusion section, including a low-back pain diagnosis less than 180 days before occurrence A of a low-back pain diagnosis or a diagnosis of cancer, trauma, IV drug abuse, or neurologic impairment during the year before the measurement period.
- Changed the measure to calculate the number of patients with a diagnosis of low-back pain who did have an imaging study (e.g., X-ray, MRI, CT scan) within 28 days of the diagnosis; a lower rate is thus a better score for this measure.

NQF 0055: Eye Exam

- Changed the age criteria of the initial patient population from age 18–74 to age 18–75.
- Removed from the denominator criteria any dispensed, ordered, or active medications indicative of diabetes.
- Updated the time window for an active diabetes diagnosis to any time before or during the measurement period.
- Modified the encounter criteria in the initial patient population, including limiting the time window to the measurement period.
- Modified the exclusion criteria for the denominator, including removing polycystic ovaries diagnosis and medications indicative of diabetes as well as restricting the time window for an active gestational-diabetes diagnosis to the measurement period.
- Limited the eye-exam procedures in the numerator to either a negative retinal exam during the year before the measurement period or a retinal or dilated eye exam during the measurement period.

NQF 0056: Diabetes: Foot Exam

- Removed details about the type of diabetes (type 1 or 2) and type of foot exam (visual inspection, sensory exam with monofilament, or pulse exam) from the measure description.
- Changed the age criteria of the initial patient population from age 18–74 to age 18–75.
- Removed from the denominator criteria any dispensed, ordered, or active medications indicative of diabetes.
- Updated the time window for an active diabetes diagnosis to any time before or during the measurement period.
- Modified the encounter criteria in the initial patient population, including limiting the time window to the measurement period.
- Modified the exclusion criteria for the denominator, including removing polycystic ovaries and medications indicative of diabetes as well as restricting the time window for an active gestational-diabetes diagnosis to the measurement period.
- Modified the foot-exam criteria to include the specific components of the foot exam, including a visual exam and either a sensory or pulse exam during the measurement period.

NQF 0059: Diabetes: Hemoglobin A1c Poor Control

- Changed the age criteria of the initial patient population from age 18–74 to age 18–75.
- Removed from the denominator criteria any dispensed, ordered, or active medications indicative of diabetes.
- Updated the time window for a diagnosis of active diabetes to any time before or during the measurement period.
- Modified the encounter criteria in the initial patient population, including limiting the time window to the measurement period.
- Modified the exclusion criteria for the denominator, including removing polycystic ovaries and medications indicative of diabetes as well as restricting the time window for an active gestational-diabetes diagnosis to the measurement period.
- Added the absence of an HbA1c laboratory test results during the measurement period for eligible patients as a numerator criterion.

NQF 0062: Diabetes: Urine Protein Screening

- Updated the measure title to specify protein screening.
- Removed the details about the type of diabetes (type 1 or 2) from the measure description.
- Changed the age criteria of the initial patient population from age 18–74 to age 18–75.
- Removed from the denominator criteria any dispensed, ordered, or active medications indicative of diabetes.
- Updated the time window for a diagnosis of active diabetes to any time before or during the measurement period.
- Modified the encounter criteria in the initial patient population, including limiting the time window to the measurement period.
- Modified the exclusion criteria for the denominator, including removing polycystic ovaries and medications indicative of diabetes as well as restricting the time window for an active gestational-diabetes diagnosis to the measurement period.

NQF 0064: Diabetes: Low-Density Lipoprotein (LDL) Management and Control

- Removed "and Control" from the measure title.
- Specified in the measure description that LDL-C under 100 mg/dL is considered adequately controlled.
- Changed the age criteria of the initial patient population from age 18–74 to age 18–75.
- Removed from the denominator criteria any dispensed, ordered, or active medications indicative of diabetes.
- Updated the time window for an active diabetes diagnosis to any time before or during the measurement period.
- Modified the encounter criteria in the initial patient population, including limiting the time window to the measurement period.
- Modified the exclusion criteria for the denominator, including removing polycystic ovaries and medications indicative of diabetes as well as restricting the time window for an active gestational-diabetes diagnosis to the measurement period.
- Removed the screening indicator.

NQF 0068: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

- Updated the measure description to reflect the change in the look-back period and active-medication requirement.
- Changed the age criteria of the initial patient population from age 17 and older to age 18 and older.
- Changed the "percutaneous transluminal cardiac angioplasty" category to the broader category of "percutaneous coronary interventions" for the initial patient population.
- Changed the eligible time period for diagnoses and procedures for the initial patient population from 2 to 12 months before the measurement period to the year before the measurement period.
- Removed the requirement from the initial patient population that the diagnosis and procedures of interest needed to occur during an encounter.
- Limited the numerator criteria to "medication active" (not ordered or dispensed), and required that the medication be active at some time during the measurement period.

NQF 0070: Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left-Ventricular Systolic Dysfunction (LVEF) < 40%

- Revised the measure title and description to reflect the most up-to-date information from the measure developer/steward.
- Divided the calculation of the measure into two rates to reflect the two distinct denominator populations. It is expected that the implementer will report each population score separately and a total score.
- Expanded the definition of eligible encounter in initial patient populations 1 and 2.
- Added a denominator population; denominator 1 includes patients with a prior (resolved) myocardial infarction, and denominator 2 includes patients with LVEF < 40%.
- Clarified the recommended type of beta-blocker therapy for each denominator population in the guidance statement and logic, in accordance with updated clinical recommendations.
- Added to the denominator exceptions additional methods of capturing allergies and intolerances, based on HITSC recommendations

NQF 0075: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control

- Changed the measure title from "LDL" to "LDL-C."
- Specified in the measure description that LDL-C under 100 mg/dL is considered adequately controlled.
- Changed the age criteria of the initial patient population from age 17 and older to age 18 and older.
- Changed "percutaneous transluminal cardiac angioplasty" to the broader category of "percutaneous coronary interventions" for the initial patient population.
- Changed the eligible time period for diagnoses and procedures for the initial patient population from 2 to 12 months before the measurement period to the year before the measurement period.
- Removed the requirement from the initial patient population that the diagnosis and procedures of interest needed to occur during an encounter.
- Included a requirement in the numerator 1 criteria that a complete lipid-panel test result is present or all the separate components of a complete lipid panel must be performed and have a result.
- Changed numerator 2 criteria to include only a LDL-C lab test result < 100 mg/dL; removed the other components needed to calculate the LDL-C for high triglycerides.

NQF 0081: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin-Receptor Blocker (ARB) Therapy for Left-Ventricular Systolic Dysfunction (LVSD)

- Revised the measure description to reflect the most up-to-date information from the measure developer/steward.
- Removed one denominator option used to capture a patient with LVSD—"LVF ASSMT."
- Changed all denominator options for capturing a patient with LVSD from a "starts before start of…" timing to "starts before or during…."
- Added to the denominator exception additional methods of capturing allergies and intolerances, based on HITSC recommendations.
- Refined the value sets for the denominator exception.
- Changed the QDM data type for "Patient reason for ACE inhibitor or ARB decline" value set.

NQF 0083: Heart Failure (HF): Beta-Blocker Therapy for Left-Ventricular Systolic Dysfunction (LVSD)

- Revised the measure description to reflect the most up-to-date information from the measure developer/steward.
- Removed one denominator option used to capture a patient with LVSD—"LVF ASSMT."
- Changed all denominator options for capturing a patient with LVSD from a "starts before start of…" timing to "starts before or during…."
- Refined the value sets for the denominator exception.

NQF 0086: Primary Open-Angle Glaucoma (POAG): Optic-Nerve Evaluation

- Revised the measure description to reflect the most up-to-date information from the measure developer/steward.
- Expanded the "optic-nerve head evaluation" to capture its two components: cup-to-disc ratio and optic-disc exam for structural abnormalities.

NQF 0088: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

- Revised the measure logic of the numerator based on the updated QDM for type and category of the numerator criteria.

NQF 0089: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

- Updated the denominator criteria from performing a macular or fundus exam to identifying the results of the diagnostic study.
- Further defined the results of the macular exam in the numerator by separating the findings into "present" or "absent."

NQF 0105: Antidepressant Medication Management

- Shortened the measure title.
- Updated the measure description to specify the two calculated rates.
- Changed the age criteria of the initial patient population from patients age 18 and older 245 days into the measurement period to age 18 and older at the start of the measurement period.
- Changed the eligible time period for a diagnosis of major depression in the initial patient population. The original time period was less than 245 days before the measurement period starts to no more than 245 days before the measurement period ends. The revised time period is less than 180 days before the measurement period starts to no more than 180 days after the measurement period ends.
- Removed the criterion that the depression diagnosis must occur during an encounter.
- Limited the criteria for the initial patient population to "antidepressant medication active" (not ordered or dispensed).
- Removed a denominator criterion that another diagnosis of depression not occur sooner than 120 days before the diagnosis of depression for the episode of interest.
- Added a denominator exclusion that another antidepressant medication not be active less than 90 days before the antidepressant medication of interest.
- Changed the numerator criteria for numerator 1 and 2 to focus on the cumulative amount of medication dispensed.

NQF 0385: Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

- Revised the measure title and description to reflect the most up-to-date information from the measure developer/steward.
- Added "AJCC" to the measure title.
- Revised the measure description to include an upper limit of 80 years of age. Also revised the initial patient population to include all patients age 18 through 80 with colon cancer.

- Removed an inactive diagnosis of colon cancer (history of colon cancer) from the criteria for the initial patient population, as the measure is limited to patients with a first-recorded diagnosis of colon cancer during the 12-month reporting period (that is, during an eligible encounter between the patient and provider).
- Excluded patients whose clinical-staging procedure started before the active diagnosis of colon cancer.
- Excluded patients whose diagnosis of colon cancer was more than two years before the measurement end date.
- Specified that the patient's clinical-staging procedure resulting in "colon distant metastasis status MO" started before the eligible encounter.
- Specified the tumor sizes and lymph-node statuses following the clinical-staging procedure that are eligible for inclusion in the denominator.
- Specified the timing of ordering or administering chemotherapy eligible for inclusion in the numerator.
- Alternate methods of capturing allergies and intolerances added to denominator exceptions to align with HITSC recommendations.

NQF 0387: Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR)-Positive Breast Cancer

- Revised the measure title by deleting the term "oncology" to reflect the most up-to-date information from the measure developer/steward.
- Specified that an active diagnosis of breast cancer took place less than five years before the patient-provider encounter for the initial patient population.
- Removed an inactive diagnosis of breast cancer (history of breast cancer) from the criteria for the initial patient population, as the measure is limited to patients with a first-recorded diagnosis of breast cancer within the past five years.
- Excluded patients whose clinical-staging procedure started before the active diagnosis of breast cancer.
- Specified that the patient's clinical-staging procedure resulting in "breast distant metastasis status MO" started before the eligible encounter.
- Removed the breast cancer Stage IC-IIIC procedure from the denominator criteria and added the clinical-staging procedure.
- Specified the tumor sizes and lymph-node statuses following the clinical-staging procedure that are eligible for inclusion in the denominator.
- Specified the eligible timing of the ordering and dispensing of tamoxifen or aromatase inhibitor therapy for numerator inclusion.

- Revised the denominator exceptions to capture clinical-trial participants and removed adverse medication events to align with HITSC recommendations.

NQF 0389: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients

- Corrected prostate-specific criterion for antigen test results from <= 10 mg/dL to <= 10 ng/mL.
- Removed "Procedure result: AJCC cancer stage low-risk recurrence prostate cancer" from denominator criteria.
- Added performance of a "clinical staging procedure" with result of prostate cancer primary tumor size T1c or T2a to denominator criteria.
- Added "Diagnostic Study, Order: Bone Scan (Source: 'Other provider')" to list of denominator exceptions (note: MU1 denominator exclusions are now considered denominator exceptions in MU2).

NQF 0421: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

- Updated the description and numerator to include timing guidance for follow-up of "BMI outside of normal parameters" to include "in the past six months or during the current visit."
- Added definitions for Body Mass Index (BMI), Calculated BMI, and Follow-Up Plan.
- Revised Denominator Exclusion by deleting "terminal illness" and system reasons for not calculating BMI, added "patients receiving palliative care," and moved patient and medical reason for not calculating BMI to Denominator Exceptions.
- Clarified patient reason for not calculating BMI to include "The patient refuses BMI measurement."
- Clarified medical or other reason for not calculating BMI to include "If there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate" OR "If the patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status."
- Added Care Goal and Communication follow-up to applicable above and below normal BMI follow-up interventions.
- Added BMI interventions for "Above Normal Follow-up," "Above Normal Referrals," "Above Normal Medications," "Below Normal Follow-up," "Below Normal Referrals," and "Below Normal Medications."