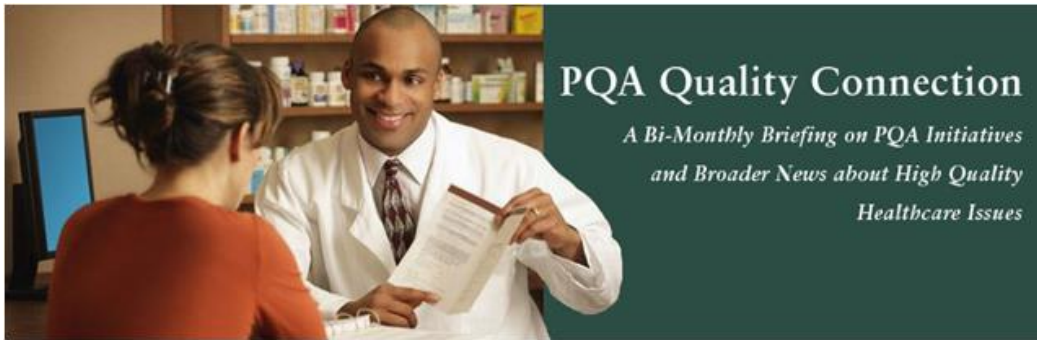




2015 Measure Development Wrap-Up

The PQA Performance Measurement Team, along with the entire PQA staff would like to thank all PQA Measure Development Teams (MDTs), Task Forces (TFs), and Stakeholder Advisory Panels (SAPs) that contributed to the measure development process. The MDTs and Task Forces met monthly, and the SAPs met quarterly via conference calls to support measure development activities during 2015. We also would like to thank the members of the Quality Metrics Expert Panel (QMEP), Measure Update Panel (MUP) and Patient Advisory Panel (PAP) for their reviews and input into measure concepts under development and PQA-endorsed measures.

PQA is pleased to provide a recap of activities completed in 2015.

MDT 1: Hospital Admission or Emergency Department Visit for Bleeding Events Associated with Anticoagulant Medications

Measure Development Team (MDT) 1 has been developing a measure concept intended for use at the health plan level to evaluate hospitalizations and emergency department visits related to bleeding events associated with anticoagulant medications. This measure is intended to address ADEs associated with exposure to anticoagulants and does not address adverse outcomes resulting from lack of treatment or under treatment with anticoagulants (i.e., thromboembolic events, such as stroke or venous thromboembolism). The group does not plan to exclude any populations from the measure, but will consider appropriateness of clinical and/or socio-demographic risk adjustment, and will review a risk adjustment model once developed. MDT members considered whether the measure should include oral anticoagulants only, or if self-injectable formulations also should be included. The group was split on this; and therefore, we will evaluate in testing.

The measurement period, denominator, and numerator will correlate with the days supply of a target anticoagulant medication. The denominator will be the number of member months and the numerator will be the number of anticoagulant-related bleeding event hospitalizations and ED visits. During testing, we will evaluate the distribution of time to additional events that may occur within 7 or 14 days beyond the days supply. Hospitalizations or emergency department visits occurring within three days of each other will be counted as a single event.

The MDT currently is reviewing the list of proposed diagnosis codes that would be used to identify bleeding events to be included in the numerator, and will reconvene in 2016 to complete its work on this measure concept.

MDT 2: Adherence to Immunosuppressants Post-Transplant

Members of MDT 2 have been developing a measure concept intended for use at the health plan level to evaluate adherence to immunosuppressants post kidney transplant. The measure will use the standard 80% PDC threshold, and will exclude individuals under the age of 18 or in hospice. The data source will be prescription claims, and medical claims (diagnosis code) and Medicare Transaction Reply Report (TRR) codes to identify transplant and transplant failure. The group discussed the list of medications to include in the measure, the appropriate diagnosis codes and TRR codes to use, and how the complexity of dosing (i.e., dynamic medication regimens, variable dosing, increased or decreased medication levels due to antibiotics prescribed concurrently to treat opportunistic infections, etc.) could impact the measure.

As next steps, PQA staff and MDT 2 co-chairs will convene a small expert panel of transplant physicians and pharmacists to review the current draft measure concept specifications. That panel's recommendation then will be shared with the MDT to inform how to proceed with the measure concept.

MDT 3: Patient Experience Survey Following Comprehensive Medication Review

Members of MDT 3 have been developing a performance measure concept related to patient experience with Comprehensive Medication Review (CMR), a common component of Medication Therapy Management (MTM) services. The goal of the measure concept has been to aggregate scores from a survey tool administered after completion of CMRs to measure patient satisfaction and experience at the health plan level. The survey instrument selected for the measure (HAIMM) is undergoing additional

development, validation, and psychometric testing in order to establish domains and a scoring method to assess quality of care related to MTM services. In December, the MDT discussed suggestions to broaden the scope of the measure concept beyond CMR to encompass other MTM services. The group also discussed the advantages of moving the concept forward as a quality improvement indicator. The MDT will continue meeting in 2016 to continue this development work.

MDT 4: Medication Reconciliation Upon Admission to the Long-Term Care Setting

Members of MDT 4 developed a quality improvement indicator (QII) concept to evaluate the percentage of admissions (among individuals at least 18 years of age) to the long-term care (LTC) setting for which medications were reconciled on or within 3 days from the date of admission. The denominator is based on admissions occurring between January 1 and December 28 of the measurement year (individuals may appear more than once in the denominator). The numerator is medication reconciliation conducted on or within 3 days from the date of admission (i.e., date of admission plus 3 days). The reconciliation must be conducted by a pharmacist, prescriber, or other qualified healthcare provider, with access to information needed to ensure the most accurate list of all medications that the patient is taking. In December, the MDT completed its work by voting to recommend that the concept move forward for review by the Quality Metrics Expert Panel (QMEP).

MDT 5: Primary Medication Non-Adherence (PMN) – for health plans

MDT 5 met to review the draft measure concept, *Primary Medication Non-Adherence (PMN) for Health Plans*, which was started by the Adherence Workgroup in 2014. Following the October meeting, the MDT voted unanimously to not continue development of the measure concept. This decision was based on preliminary testing results and concerns that a standard prescription claims database would not include all appropriate claim reversals for the measure.

MDT 6: Hospital, Emergency Department, and/or Urgent Care Utilization Related to Prescription Opioids

Members of MDT 6 developed a measure concept intended for use at the health plan level using prescription and medical claims data to evaluate hospitalizations, emergency department visits, and urgent care visits related to prescription opioids reported as the number of unique events per member months. The measurement period, denominator,

and numerator will correlate with the days supply of a target opioid medication. The denominator will be the number of member months and the numerator will be the number of prescription opioid-related hospitalizations, ED visits, or urgent care visits. Individuals with diagnoses for opioid poisoning that is intentional (self harm) or heroin poisoning will be excluded from the numerator. The MDT completed its work in December by voting to recommend that the concept move forward for review by the QMEP. The group will meet on an *ad hoc* basis in 2016 to answer any questions posed by the QMEP and to provide input regarding the plans for testing and risk adjustment.

MDT 7: Triple Threat: Concurrent Use of Opioids, Benzodiazepines or Nonbenzodiazepine Sedative/Hypnotics, and Muscle Relaxants

Members of MDT 7 developed a measure concept intended for use at the health plan level using prescription claims data to evaluate concurrent use of opioids, benzodiazepines or nonbenzodiazepine sedative/hypnotics, and muscle relaxants. The measure concept includes individuals 19 years of age by the end of the measurement period, and excludes those receiving hospice care. The denominator includes individuals with 2 or more prescription claims for opioids filled on 2 or more separate days, for which the sum of the days supply is 15 or more days during the measurement period. The numerator includes those individuals identified in the denominator with:

- 1 or more claims for an opioid for which the days supply is 7 or more; AND
- 1 or more claims for a benzodiazepine or nonbenzodiazepine sedative/hypnotic for which the days supply is 7 or more; AND
- 1 or more claims for a muscle relaxant for which the days supply is 7 or more; AND
- 7 or more cumulative overlapping days supply for all three classes of medications.

In December 2015, the MDT completed its work by voting to recommend that the concept move forward for QMEP review.

MDT 8: Significant Gap in Therapy for Topical Intraocular Pressure Lowering Medications Affecting Adherence and Persistence

MDT 8 met three times in 2015 to review the draft measure concept, *Significant Gap in Therapy for Topical Intraocular Pressure Lowering Medications Affecting Adherence and Persistence*, which was started by the Adherence Workgroup in 2014. Following the September 2015 meeting, the MDT voted unanimously to not continue development of the measure concept. This decision was based on the variability in estimated days supply for the different medications and bottle sizes, and how variability would affect

the validity of a measure.

MDT 9: MTM-Part D: Specific Drug Therapy Problem (DTP) Resolution

Members of MDT 9 discussed the best approach to a measure concept focused on Drug Therapy Problem (DTP) Resolution, and agreed that a broader approach is important to support a comprehensive review of patients' medication regimens. Members of the group shared the DTP categories they are using in their MTM programs, the processes used to track resolutions, and the criteria used to define resolution. The group has gained consensus on a common DTP categories framework. The MDT also has begun discussions on DTP resolution and ways to validate resolution, including via claims data as well as pharmacist reported resolution. This MDT will continue to meet on a monthly basis in 2016 to define and develop a measure concept that will use SNOMED codes as a data source.

MDT 10: Hepatitis C – Persistence and Outcomes

Members of MDT 10 discussed various measure concepts to determine which would be most meaningful and feasible to develop – to assess adherence and completion of therapy. The group has landed on a measure concept that will consider patients on FDA-approved HCV antiviral therapy regimens, and of that population, will assess the percentage that either (a) did not complete the minimum duration of therapy; or (b) had an individual gap of greater than 15 days between any two consecutive fills of the direct acting anti-viral medication. This MDT will meet monthly in 2016 to review additional feasibility testing, further refine the concept, and complete its development work.

Adult Immunization Task Force

The PQA Adult Immunization Task Force (IZ TF) was convened to address gaps in measurement for adult immunization. The group identified two key priority areas for work in 2015 where they have focused parallel efforts through the year.

- The first is on a new measure concept, *Immunization Information System Reporting (IISR)*. This measure concept will identify the percentage of health plan immunization pharmacy and medical claims that have a corresponding documentation record within the immunization registry. In November 2015, the PQA Quality Metrics Expert Panel (QMEP) met to review the IISR concept, and

identified a few areas of refinement for the measure. It has since been returned to the IZ TF for additional work.

- The second is a metric for immunization assessment by a pharmacist for patients within a medication therapy management (MTM) service, *Immunization Assessment Within Medication Therapy Management (IA-MTM)*. This measure concept examines the percentage of patients enrolled within an MTM service who receive an immunization status assessment either within a comprehensive or targeted medication review.

In 2016, these two measure concepts will continue to be refined through a restructured IZ TF with two separate groups—IZ TF1 will continue work on the IISR metric, while IZ TF2 will continue on IA-MTM.

Multiple Sclerosis Treatment and Monitoring Task Force (MS Task Force)

In November 2015, PQA launched its *Multiple Sclerosis Treatment and Monitoring Task Force (MS Task Force)* to explore the feasibility and appropriateness of developing performance measures for the care of individuals with Multiple Sclerosis, including measures that assess appropriate monitoring of disease activity and treatment. Measure concepts that initially will be considered are those that would be appropriate for adoption within CMS's Physician Quality Reporting System (PQRS). Developing quality measures for physician performance takes PQA into new territory. As such, the Task Force – consisting of both PQA members and selected external experts – was formed to carry out this work.

PQA project staff engaged the American Academy of Neurology (AAN), the Multiple Sclerosis Coalition, the National Multiple Sclerosis Society, PQA member organizations, and others to identify key thought leaders, subject matter experts, and patients with MS to serve on the Task Force.

The Task Force launched with a one-day, in-person meeting in November, and continues to meet monthly via webinar. The TF to date has identified priority areas where measure concepts could align, and began to prioritize a list of measure concept ideas. Next steps include ranking the list and then beginning development on the top two concepts that are ranked the highest based on importance, feasibility and performance gap.

Patient Advisory Panel

The Patient Advisory Panel met five times in 2015 and provided feedback regarding the measure concepts under development. Examples of input provided by the Panel include recommendations on whether or not to exclude specific populations from measure concepts, and the preferred methods for distributing patient surveys. In late November, the Panel also provided input to PQA staff on priorities for measure concept development in 2016.

Measure Update Panel

The Measure Update Panel reviews all existing PQA-endorsed measures and considers whether there are any new clinical data or new medications that might affect the measures. The Panel also considers questions received by PQA about the measures and may recommend clarifying language to be included in the measure. Amongst the review of a number of measures throughout the year, we'd like to highlight a few areas where a more extensive review and update was required:

- ICD-9 to ICD-10 conversion for the PQA-endorsed measures that include diagnosis data in their specifications [*PDC – RAS Antagonists*, *PDC – Diabetes* (individual classes and all class rates), *Diabetes: Appropriate Treatment of Hypertension* (retired), *Antipsychotic Use in Persons with Dementia*, and *Cholesterol Management in Coronary Artery Disease*].
- Substantial changes to the object-precipitant drug list for the *Drug-Drug Interactions (DDI)* measure, based on expert panel review and recommendations.
- Review of the *High Risk Medications in the Elderly (HRM)* measure, based on the American Geriatrics Society's changes to the Beers criteria.

Quality Metrics Expert Panel

The QMEP met most recently in November and December. The Panel reviewed the measure concept, *Immunization Information System Reporting (IISR)*. This measure was developed by the PQA Adult Immunization Task Force, which recommended that the concept move forward for QMEP review. The QMEP questioned the feasibility and burden of the concept if used by health plans and reported nationally. The QMEP was also concerned with the variability of state IIS registries. Accountability for the measure was also discussed as the measure is calculated at the health plan level. The QMEP suggested that the Task Force address some of these concerns.

The QMEP reviewed recommendations from the Measure Update Panel and voted to:

- Modify the *HRM* measure to align with the 2015 updated American Geriatrics Society Beers Criteria.
- Modify the ICD list from ICD-9 to ICD-10 for PQA-endorsed measures that include diagnosis data.

For additional information about the MDTs, SAPs, Task Forces or Panels, please contact Lynn Pezzullo at lpezzullo@PQAalliance.org or Lisa Hines at lhines@PQAalliance.org.