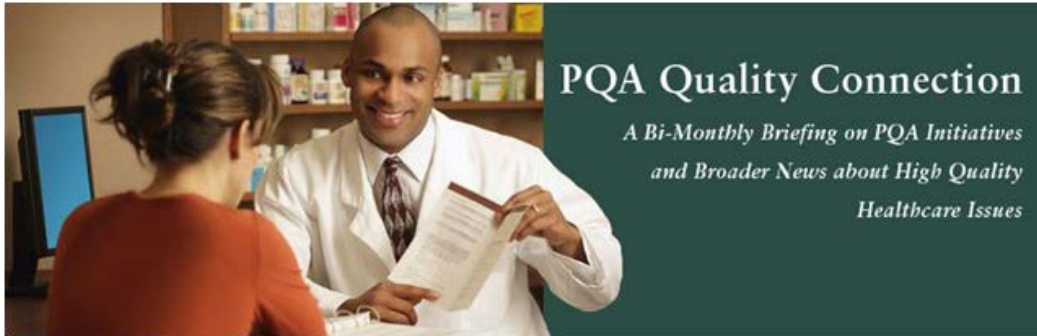




PQA Measure Development Update: June 2015

The new PQA measure development process for 2015 is working well and the progress being made by the Measure Development Teams (MDTs) and the Stakeholder Advisory Panels (SAPs) on new measure concepts is significant. The MDTs have been meeting monthly via conference call since March, and the SAPs have met twice this year, including an in-person working session on May 13th, just prior to the start of the PQA Annual Meeting.

PQA is pleased to provide a recap of activities completed year to date (through June 1, 2015):

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

Members of MDT 1 are developing a measure concept focused on hospital admissions and/or ED visits that occur as a result of an adverse drug event (ADE) associated with anticoagulant medications. The group considered whether the concept should focus on ADEs due to under-and/or over-coagulation, but agreed to focus specifically on bleeding events. The group is in the process of determining the level of analysis and is considering health system or health plan level. Additional elements of the measure concept currently being discussed include: age criteria for the eligible population; whether or not any populations would be excluded from the measure; and the ICD9/10 codes that will be used to identify bleeding events.

MDT 2: Adherence to Immunosuppressants Post-Transplant

Members of MDT 2 are developing a measure concept to assess adherence to immunosuppressants post transplant. The group agreed to focus on solid organ transplants only, and is discussing narrowing the focus further to certain organs (e.g., kidney, liver). There also was consensus to use the Proportion of Days Covered (PDC) methodology. The group is researching the literature to determine if the standard 80% PDC threshold is appropriate, or if there is evidence to support a higher threshold. Additional elements of the measure concept currently being discussed include: age criteria for the eligible population; the medications/classes to include; and whether the concept will use prescription claims data only or if diagnosis data also will be needed.

MDT 3: Patient Satisfaction Survey following Comprehensive Medication Review

Members of MDT 3 are developing a measure concept related to patient experience with Comprehensive Medication Review (CMR). The group is in the process of identifying a validated survey instrument and determining standardized methods for fielding the survey and then analyzing and reporting survey results. The group agreed to not limit the measure concept to participants in Part D Medication Therapy Management (MTM) programs. This concept is still in the preliminary planning stages, as a published instrument that has been shown to be valid and reliable is essential. The concept would be complementary to the PQA measure, *Completion Rate for Comprehensive Medication Review*. The unit of measurement will be the health plan. The MDT is considering defining the eligible population as patients with a completed CMR, the denominator as the number of completed surveys, and the numerator as a summary score that represents patient satisfaction/experience with CMR.

MDT 4: Transitions of Care – Medication Reconciliation in the Long-Term Care Setting

Members of MDT 4 are developing a measure concept related to the high-priority patient safety process of medication reconciliation across transitions of care. Although the group strongly recommends that medication reconciliation occur during all transitions of care in the long-term care (LTC) setting, the initial focus will be on admission from an acute care facility to the LTC setting. The group would like to address discharge from the LTC setting after the initial measure addressing admission is developed. Key definitions to be developed include acute care setting, LTC setting, and medication reconciliation. Measure

specifications such as the numerator and denominator also need to be defined, as well as data requirements for documentation that medication reconciliation took place.

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

Members of MDT 5 met twice to review the measure concept, *Primary Medication Non-Adherence for Health Plans*. The Adherence Workgroup developed the concept in 2014. MDT 5 members reviewed the concept and provided clarifying language to definitions, denominator and numerator. The team discussed concerns and recommended questions that should be answered in preliminary testing of the measure concept. The next steps are to test the concept and get input from the measure testers regarding feasibility of calculating the measure. Preliminary testing is also intended to answer whether the specifications of the measure, using claim reversals, accurately reflect primary medication non-adherence. MDT 5 will reconvene once preliminary testing of the measure concept is complete.

MDT 6: Hospital and/or ED Utilization Related to Opioid ADEs

Members of MDT 6 agreed to focus the measure concept on hospital admissions and/or emergency department (ED) visits related to opioid adverse drug events (ADEs). The rationale for focusing on opioids is that this is a national priority, as outlined in the U.S. Department of Health and Human Service's National Action Plan for ADE Prevention (<http://www.health.gov/hcq/ade.asp>), and based on the fact that opioid-related ADEs are common, measureable, and largely preventable. The level of analysis is the health plan; and the measure will use pharmacy claims and medical claims data. The MDT is considering that the denominator include patients with one or more prescriptions for opioids; and that the numerator be the number of hospital admissions and/or ED visits related to unintentional (accidental) opioid ADEs. However, the MDT is still in the early phases of defining the measure specifications.

MDT 7: Triple Threat – Concomitant Use of Opioids, Benzodiazepines and Muscle Relaxants

Members of MDT 7 are developing a measure concept related to concomitant use of opioids, benzodiazepines/non-benzodiazepine sedative hypnotic agents, and muscle relaxants. This is an important patient safety measure as evidence indicates the co-

prescription of opioids and central nervous system (CNS) depressants, particularly benzodiazepines, is a prominent risk factor for fatal opioid overdose. The data source for this measure will be pharmacy claims data. The level of analysis is the health plan. Much of the MDT's time over the past several months has involved reviewing available evidence to guide decisions for specific medications to include in the measure concept. The group will continue to work on definitions related to concomitant use and other measure specifications, including the eligible population, exclusion criteria, and the denominator and numerator. This measure will complement the recently endorsed PQA *Opioid Overutilization Measures*.

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

Measure Development Team 8 met twice to review the measure concept, *Significant Gap in Therapy for Topical Intraocular Pressure Lowering Medications Affecting Adherence and Persistence*. The Adherence Workgroup developed the concept in 2014. MDT 8 members reviewed the measure concept under development and provided input on a process to estimate days supply using bottle size for each medication in the measure. The MDT also recommended questions that should be answered in preliminary testing of the measure concept. The next step is to develop the list of medications and corresponding days supply, and then test the concept to see if it is feasible to determine adherence to a topical ophthalmic solution. MDT 8 will convene again once preliminary testing of the measure concept is complete.

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

Members of MDT 9 have discussed the best approach to a measure concept focused on DTP resolution, and considered identifying specific DTPs/resolution for inclusion vs. broadly identifying DTPs. The group agreed that a broader approach is important to support a comprehensive review of patients' medication regimens. Members of the group currently are in the process of sharing the DTP categories they are using in their MTM programs, the process used to track resolutions and the criteria used to define resolution. The group will consider this input and the feasibility of a common framework for DTPs and their resolution. The group also reviewed related measure concepts developed previously that focused on DTP resolution, and will consider opportunities to refine those concepts.

MDT 10: Hepatitis C – Persistence and Outcomes

Members of MDT 10 first considered the 2014 PQA Specialty Pharmacy Measures Task Force's initial approaches to a measure concept to assess adherence and persistence to therapies used to treat Hepatitis C. The goal of the concept is to address therapy completion and clinical outcomes. The group has been discussing which concepts would be most meaningful and feasible to develop, and recently considered two potential concepts: (1) *Hepatitis C — Early discontinuation of therapy: Patient receives initial fill, but no other fills after that;* and (2) *Hepatitis C — Treatment failure/restart: Prescription initially filled, then followed by a significant gap (gap TBD, e.g., 12 weeks), and then a restart of therapy following the gap.* Next steps include preliminary testing to look at variables such as number of fills, number of days between fills, and days supply – and how each should be considered within the measure concept(s).

PQA has convened three Panels and one Task Force for 2015. They include the Quality Metrics Expert Panel, Measure Update Panel, Patient Advisory Panel and Adult Immunization Task Force. Members of these Panels and Task Forces were contacted individually by PQA to participate on these groups, through an application and/or selection process.

Quality Metrics Expert Panel

The 2015 QMEP met in February to consider four Quality Improvement Indicator (QII) concepts developed by the 2014 Medication Management for Integrated Care Teams Workgroup and one QII developed by the 2014 Long Term Care Workgroup. The QMEP voted to advance the following QIIs for testing.

- a. MMICT Concept 1: Hypertensive Patients Identified for Comprehensive Medication Management: The percentage of patients with hypertension in an integrated care team-based setting that were **identified for Comprehensive Medication Management**.
- b. MMICT Concept 2: Provision of Comprehensive Medication Management for Patients with Hypertension: The percentage of patients with hypertension in an integrated care team-based setting that **received Comprehensive Medication Management**.

- c. MMICT Concept 3: Patients with Improved Blood Pressure Post Comprehensive Medication Management: The percentage of patients in an integrated care team-based setting whose follow-up blood pressure is **adequately controlled or is at least 10mmHg less than their baseline systolic blood pressure** after receiving Comprehensive Medication Management.
- d. MMICT Concept 4: Patients with Controlled Blood Pressure Post Comprehensive Medication Management: The percentage of patients in an integrated care team-based setting with **controlled blood pressure** after receiving Comprehensive Medication Management.
- e. LTC Concept 1: Consultant Pharmacist: High Risk Medications: The percentage of skilled nursing facility residents prescribed a high-risk medication and who had a change in therapy as a result of a consultant pharmacist's recommendation.

Second Round Testing

The QMEP met again in April to review and discuss the second round of testing results for the draft measure, *Adherence to Long-acting Inhaled Bronchodilator Agents in COPD Patients*. There was considerable discussion about why the measure rates are low and the QMEP requested more testing of the measure with specific questions to address their concerns.

Third Round Testing

The QMEP met in May to review the test questions for the third round test questions for the measure, *Adherence to Long-acting Inhaled Bronchodilator Agents in COPD Patients*. The Panel also considered the following four Medication Synchronization QIIs developed by the 2014 Adherence Workgroup. The QMEP will meet in June to vote whether to recommend these QIIs for testing.

- i. Program Acceptance and Initial Synchronization Rate: The percentage of patients or their caregivers who have met the pharmacy criteria for medication synchronization who are contacted by the program, agree to participate and whose medications are initially synchronized.
- ii. Patient Contact Rate: The percentage of patients or their caregivers participating in the medication synchronization program who are scheduled for contact and who are contacted prior to the patient's appointment date (usually five to seven days prior).

- iii. Medication Synchronization Completeness: The percentage of patients in the medication synchronization program who have all of their chronic medications included in the synchronization.
- iv. Medication Synchronization Continuation – 2 rates: The percentage of patients enrolled in the medication synchronization program who have their chronic (and/or oral solid dosage form) medications synchronized after 6 months (after 12 months).

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 be included in the measure. The group has considered questions received on the *Medication Therapy for Persons with Asthma* measure, the *PDC – Diabetes All Class* measure, the *Antipsychotic Use in Persons with Dementia* measure, and the exclusion of dietary supplements that also include a medication in the target class for the *PDC* measures. The group also received an update on the American Geriatrics Society's review of the Beers Criteria and potential considerations for the *High Risk Medications in the Elderly (HRM)* measure. During an upcoming call, the Panel will consider potential changes to the *HRM* measure based on changes to the Beers Criteria, and also will consider adding a hospice exclusion to the measure.

Adult Immunization Task Force

Continuing into its second year of operation, the PQA Adult Immunization Task Force (IZ TF) has been convened to address gaps in measurement for adult immunization. The group has identified two key priority areas for work in 2015 where they are currently focusing parallel efforts. The first is on a new measure concept, *Immunization Information System Reporting*. This measure will identify the percentage of health plan immunization claims that have a corresponding documentation record within the immunization registry. The IZ TF is also developing a metric for immunization assessment by a pharmacist for patients within a medication therapy management service.

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