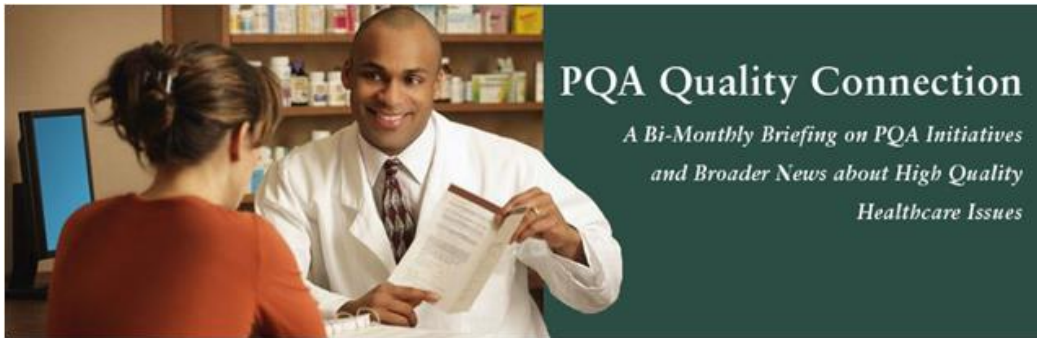




PQA Measure Development Update: November 2015

The Measure Development Teams (MDTs) and Task Forces have been meeting monthly via conference call, and the Stakeholder Advisory Panels (SAPs) for the fourth time in October.

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

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

Members of MDT 1 are developing a measure concept, intended for use at the health plan level, which focuses on hospital admissions and/or emergency department (ED) visits that occur as a result of a bleeding event 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).

At this point, 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 provide input on risk factors/variables to consider in a risk adjustment model. 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. Other elements where there was consensus: the measure will include patients 18 years and older with one or more prescription claims for an anticoagulant; the rate will be reported as the number of events per 10,000 member months; and unique event will be defined as, hospitalizations or emergency department visits due to bleeding events associated with anticoagulant medications occurring within three (3) days of each other. The MDT currently is working through the diagnosis codes to include in the measure and will continue to meet on an *ad hoc* basis in 2016.

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 kidney transplants only. In the absence of evidence/rationale supporting a different threshold, the measure will use an 80% PDC threshold. There was consensus amongst the MDT to include only the adult population, 18 years and older. The data source will be prescription claims, medical claims (diagnosis code to identify transplant), and Transaction Reply Report codes. The group continues to discuss the list of medications to include in the measure and the appropriate transplant ICD-9/10 codes to use. The MDT has engaged a transplant pharmacist to support these discussions. The group aims to finish specifying the draft measure concept in the next couple of months, followed by a vote of the MDT members on whether or not to move the draft measure concept forward for Quality Metrics Expert Panel (QMEP) review.

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). Although the survey will ask patients to report on their experience with a specific Medication Therapy Management (MTM) provider, the goal is to combine survey results to measure the health plan's overall performance. The MDT selected the HAIMM instrument for the measure concept, which is a 10-question survey that evaluates a patient's experience of care related to MTM services. The MDT is consulting with survey experts to determine what additional development and validation is needed for this to be a scientifically acceptable and usable measure for evaluating health plan performance. The MDT will continue to meet on an *ad hoc* basis in 2016.

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

Members of MDT 4 are developing a concept to evaluate the percentage of admissions to the long-term care (LTC) setting for which medications were reconciled on or within 3 days of admission. LTC was defined as skilled nursing facilities or intermediate-care facilities and the data source will be medical claims or medical records. The group decided to move forward with this concept as a quality improvement indicator (QII) due to the lack of a consistent method to document that medication reconciliation has occurred in this setting.

The MDT specified that any healthcare provider—with access to information needed to ensure the most accurate list of all medications that the patient is taking—should conduct the reconciliation. Although not required for the metric, the MDT will include language that a pharmacist should conduct the medication reconciliation, and the patient or their representative should be included in the process, when possible. The group will next vote for approval to move the draft measure concept forward for QMEP review.

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

The 2014 Adherence Workgroup developed the concept, *Primary Medication Non-Adherence for Health Plans*. The MDT 5 recommended preliminary testing of the concept to answer two important questions. First, is it feasible to use prescription claims to calculate the measure concept? And second, does a claim reversal in the numerator correlate with prescription information at the pharmacy level that the reversal was primary medication non-adherence? The MDT met in October to review the testing results.

Testing showed that it was feasible to calculate the measure concept with prescription claims data. However, the two testing organizations were concerned a standard claims database, that has matured even just two weeks, will not include all appropriate claim reversals for the PMN measure. Additionally, a small number of prescription claims reversals from the numerator were provided to the dispensing pharmacy to verify whether the pharmacist considered the reversal to be PMN. The pharmacist only verified approximately 50% of this small sample as PMN.

The MDT voted (nearly unanimous) to not recommend the measure concept for QMEP review. The measure concept will be logged in the Measure Concept Inventory maintained on the PQA website.

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

Members of MDT 6 are developing a measure concept intended for use at the health plan level, which focuses on hospital admissions, emergency department visits, or urgent care visits related to prescription opioids. The influence of including urgent care visits will be assessed in testing. The group does not plan to exclude any populations from the measure concept, but will consider appropriateness of clinical and/or socio-demographic risk adjustment, and will provide input on risk factors/variables to consider in a risk adjustment model.

The denominator for this measure concept will include individuals with one or more prescription claims for an opioid; the rate will be reported as the number of events per member months (e.g., events per 10,000 member months). Opioid-related hospitalizations, emergency department visits, or urgent care visits occurring within two (2) days of each other will be counted as a single event. The numerator will exclude individuals with heroin-related diagnosis codes, or opioid poisoning codes that indicate intentional self-harm. The group decided on specific opioid poisoning and adverse effect diagnosis codes. The MDT will continue to meet on an *ad hoc* basis in 2016.

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

Members of MDT 7 are developing a measure concept to examine the percentage of adults with concurrent use of opioids, benzodiazepines or nonbenzodiazepine sedative hypnotics, and muscle relaxants. The level of analysis will be the health plan and the data source will be pharmacy claims data.

The group decided to move forward with the same denominator as in the PQA Measure, *Use of Opioids from Multiple Providers or at High Dosage in Persons Without Cancer*, defined as “any member from the eligible population 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.” The numerator will include individuals in the denominator with:

- 1) One or more claims for an opioid, for which the days supply is seven or more,
- 2) One or more claims for a benzodiazepine or nonbenzodiazepine sedative/hypnotic, for which the days supply is seven or more;
- 3) One or more claims for a muscle relaxant, for which the days supply is seven or more; **AND**
- 4) Seven or more days of overlapping days supply for all three classes of medications.

The threshold for the number of overlapping days supply for all three classes of medications was decided based on preliminary testing data that indicated a clear cutoff at this threshold. The final decision to be made by the MDT will be whether the overlapping days supply of all three classes of medications will be consecutive (days in a row) or cumulative (sum of days with overlapping supply). After this decision, the group will vote in December 2015 regarding the recommendation to approve the measure concept for review by the QMEP.

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

This MDT has completed its work on the measure concept and they have agreed that the measure concept will not be further developed.

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 Drug Therapy Problem (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 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. The MDT next will review a SNOMED-Resolution crosswalk and will continue to define resolution for the DTPs included in the measure concept. This MDT will continue to meet on a monthly basis in 2016.

MDT 10: Hepatitis C – Persistence and Outcomes

Members of MDT 10 have been discussing 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 continue to refine the concept, and will continue to meet in 2016 on an *ad hoc* basis.

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. The task force recently voted in favor of the *IISR* measure concept being forwarded to the QMEP for review and consideration, scheduled for late November.

The IZ TF is also developing 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. The group will continue working on the *IA-MTM* measure concept through the remainder of 2015.

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 Panel recommended changes to the *Drug-Drug Interactions (DDI)* measure. PQA recently collaborated with researchers at the University of Arizona College of Pharmacy to comprehensively review and update the DDI performance measure. Thirty-four individuals with expertise in DDIs, clinical pharmacology, drug information, healthcare quality, and health information technology participated in the expert panel. The proposed revised DDI measure was recommended for QMEP review followed by testing and subsequent QMEP review.

The panel reviewed several criteria within the *High Risk Medications in the Elderly (HRM)* measure. Recommendations to exclude hospice patients from the measure and revised calculation of dosing for four medications were sent to the QMEP. During the November meeting, the panel considered the updated American Geriatrics Society's updated Beers Criteria and discussed how this new criteria should change the HRM list of medications. The panel used several guiding principles to determine what changes should be made to the measure. The panel is currently voting to finalize its recommendations to the QMEP.

Quality Metrics Expert Panel

The QMEP met twice in October to discuss the draft measure, *Adherence to Long-acting Inhaled Bronchodilator Agents in COPD Patients*. The panel reviewed testing information, made recommendations about certain criteria within the draft measure, and ultimately recommended the measure to the PQA membership for consideration of endorsement.

The QMEP reviewed material from the Measure Update Panel and voted to approve the following Measure Update Panel's recommendations:

- Exclude the medication sacubitril/valsartan from the denominator of the Proportion of Days Covered (PDC) measure for Renin-angiotensin System (RAS) Antagonists;
- Modify the dosing specification used in the HRM measure (only applies to reserpine, digoxin and doxepin);
- Exclude patients with a hospice indicator from the denominator of the HRM measure; *and*
- Test a revised and updated drug-drug interaction list for the DDI measure.

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