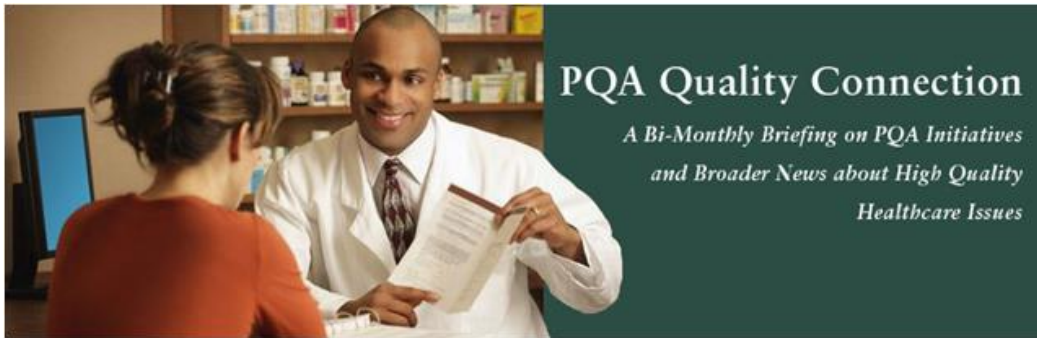




PQA Measure Development Update: June 2016

The Measure Development Teams (MDTs) and Task Forces have been meeting monthly via webinar, and the Stakeholder Advisory Panels (SAPs) have been meeting every other month since March.

PQA is pleased to provide a recap of activities completed year to date (through June 1, 2016):

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

Throughout 2015, members of Measure Development Team (MDT) 1 developed a measure concept intended for use at the health plan level to evaluate hospitalizations and emergency department (ED) visits related to bleeding events associated with anticoagulant medications. This measure is intended to address adverse drug events 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).

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 ED visits occurring within three days of each other will be counted as a single event.

The PQA Quality Metrics Expert Panel (QMEP) has approved this draft measure to move forward with testing. PQA currently is seeking testing partners who have access to prescription claims and medical claims data to calculate the measure rate.

The Risk Adjustment Advisory Panel will assess the draft measure to consider appropriateness of clinical and/or socio-demographic risk adjustment.

MDT 2: Adherence to Immunosuppressants Post Kidney Transplant

Throughout 2015, members of MDT 2 developed 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.

MDT 2 currently is in hiatus. As next steps, PQA staff and MDT 2 co-chairs will convene a small expert panel of transplant physicians, pharmacists and nurses to review the current draft measure concept specifications. Following that process, we will re-convene MDT 2 to consider the expert panel's recommendations and then determine how best to proceed with the measure concept.

MDT 3: Patient Survey following Medication Therapy Management Services

MDT 3 was convened in 2015 to develop a metric related to patient satisfaction and experience with Comprehensive Medication Review (CMR), a common component of Medication Therapy Management (MTM) services. The goal of the concept is for organizations to use a patient survey tool administered some time after a CMR is

completed to evaluate patient satisfaction and experience of care. The eligible population will include individuals 18 years and older who receive a CMR. The MDT selected the HAIMM instrument, a 10-question survey designed to evaluate patients' satisfaction and experience with MTM services. In order to strengthen the tool to align with standards for patient-reported outcome/experience-based-performance measures, additional survey development, validation, and psychometric testing will be conducted. This will establish a method for scoring the survey to assess quality of care related to MTM services. After the April 2016 meeting, the MDT went on hiatus and will meet on an *ad hoc* basis. Once HAIMM 2.0 is developed and tested, the MDT will reconvene to finalize the metric's specifications.

MDT 9: Medication Therapy Management Drug Therapy Problem Resolution

MDT 9 was convened in 2015 to develop a measure concept related to drug therapy problems (DTPs) identified during MTM encounters. The group identified the need for a strategy to standardize how DTPs are categorized within the measure concept. Therefore, the MDT developed a *DTP Categories Framework* for use within MTM-related measures to promote consistent categorization and coding of DTPs and the related actions/recommended actions to resolve the DTPs. While developing the framework, the group incorporated input from numerous MTM providers and practices, and referred to DTP categories established in the literature.

Current work for MDT 9 involves opportunities within the Centers for Medicare & Medicaid Services' Center for Medicare & Medicaid Innovation (CMMI) [Part D Enhanced MTM Model](#) (EMTM). The EMTM includes a requirement for reporting MTM-related activities to CMS using SNOMED CT. Members of the MDT are developing a crosswalk of SNOMED CT (Systematized Nomenclature of Medicine – Clinical Terms) codes with the *DTP Categories Framework*. This work is also part of a larger effort, in collaboration with the Academy of Managed Care Pharmacy and the Pharmacy Health Information Technology Collaborative (PHIT), to develop a consensus-based standardized framework to crosswalk MTM services to SNOMED CT codes.

MDT 9 also plans to develop three concepts identified as potential metrics for the EMTM. These concepts are: 1) *Beneficiaries Discharged from The Hospital Who Received MTM Services*, 2) *Targeted Beneficiaries with at Least One DTP*, and 3) *MTM Recommendations*

That Were Implemented. Each of these concepts will include specifications using SNOMED CT codes as a data source.

MDT 10: Treatment of Chronic Hepatitis C – Completion of Therapy

MDT 10 has developed a measure concept intended for use at the health plan level to assess the percentage of patients 18 years and older who initiated antiviral therapy for treatment of chronic Hepatitis C to obtain a sustained virologic response (SVR), and who completed the minimum intended duration of therapy (regimen specific) AND did not have a cumulative gap of >15 days between the first and last fill of the direct-acting antiviral medication.

The data source will be prescription claims data. In addition to data from the measurement year, the measure will require a 108-day look back period (to determine if therapy was initiated in the prior year) and either: (a) a 108-day look forward period (to determine if those that initiated therapy later in the measurement year completed their therapy in the following year); or (b) that the index date occur at least 108 days prior to the end of the measurement year (to allow sufficient time to complete therapy).

MDT 10 members will vote in early June to determine whether or not the measure concept should move forward for QMEP review.

MDT 11: Use of High-Risk Medication Combinations in the Elderly

MDT 11 was convened in March 2016 to develop a measure concept to evaluate the percentage of older adults with prescriptions for concurrent therapies that are potential safety concerns. The concept was originally called Polypharmacy/Inappropriate/Unnecessary Therapy. The MDT decided to focus on concurrent prescriptions for: 1) three or more central nervous system (CNS)-active medications; or 2) two or more strong anticholinergic medications. According to the American Geriatrics Society 2015 Updated Beers Criteria, these concurrent therapies should be avoided in older adults because they are associated with falls/fracture and cognitive decline, respectively. The group will continue reviewing the primary literature. Next steps are to formulate the initial measure concept specifications, including the denominator, numerator, and exclusions. The denominator will likely include older adults with one or

more claims for a target medication and individuals receiving hospice care will likely be excluded.

MDT 12: Duplicate Therapy

MDT 12 was convened in March 2016 to develop a new measure concept to evaluate the percentage of individuals with prescriptions for duplicate therapies that are: 1) generally clinically inappropriate; and 2) related to overutilization/cost; and/or 3) possibly unsafe. The group still needs to define duplicate therapy; however, they have decided to generally focus on medications in the same pharmacologic class in order to distinguish duplicate therapy from drug-drug interactions (e.g., additive pharmacodynamics effects). Duplicate therapies to include in the measure may be identified from the primary literature, clinical decision support alerting systems, retrospective drug utilization reviews (DURs), or prescription claims analyses. Next steps for the group are to formulate the initial measure concept specifications, including: definitions (e.g., duplicate therapy), targeted medications, denominator, numerator, and exclusions. The denominator will likely include adults with one or more claims for a target medication and individuals receiving hospice care will likely be excluded.

MDT 13: Concurrent Use of Opioids and Benzodiazepines

MDT 13 was convened in March 2016 to begin expedited development of a measure concept to evaluate the percentage of adults with concurrent prescriptions for opioids and benzodiazepines ("Double Threat"). The group decided to use the same denominator as the "Triple Threat" measure concept and the PQA-endorsed opioid overutilization measures: 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 year. Individuals receiving hospice care will be excluded. The MDT may seek additional expert opinion regarding whether to exclude patients with a cancer diagnosis, and will also consider including patients with sickle cell disease. The group is considering different scenarios for the numerator, and specification of the measure concept is nearly complete. The next step will be to vote regarding approval of the concept to move forward for review by the Quality Metrics Expert Panel (QMEP).

MS TF: Multiple Sclerosis Treatment and Monitoring 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. The measures developed through the task force will be electronic clinical quality measures (eCQMs) to assess physician-level performance. Our goal is that once developed, the measures would be appropriate for adoption within CMS's Physician Quality Reporting System (PQRS) and the Merit-Based Incentive Payment System (MIPS).

The Task Force has begun development on its highest priority measure concept, *Use of Disease Modifying Therapy in Persons with Relapsing Forms of Multiple Sclerosis*, which will assess the percentage of adults with relapsing forms of multiple sclerosis (MS) being treated with disease modifying therapy (DMT). The measure concept will use a 12-month measurement period and will include patients in the EMR who are 18 years and older with relapsing forms of MS, and who have had two or more visits with the neurologist within the measurement year or the three months prior. Individuals who: are pregnant or actively trying to become pregnant; are breast feeding; refuse or decline treatment for any reason; have cancer, either actively being treated or with history of cancer; are on immunosuppressive therapy; or have primary progressive or secondary progressive MS will be excluded from the denominator. The data sources being considered include EMR data, registry data, and could possibly also include claims data.

The Task Force will continue to work on the specifications for the DMT concept and once complete, will move on to specifying one additional measure.

Adult Immunization Task Forces 1 & 2

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 focused parallel efforts through the year. In 2016, the IZ TF was split into two separate groups to most efficiently continue to refine the two measure concepts. IZ TF 1 is working on an *Immunization Information System Reporting (IISR)* metric, and IZ TF 2 is working on an *Immunization Status Assessment in Medication Therapy Management* metric.

IZ TF 1

The *Immunization Information System Reporting (IISR)* 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 members of IZ TF 1 have been working diligently to respond to the feedback received from the Quality Metrics Expert Panel in November 2015 and refine the measure concept for testing in Fall 2016.

IZ TF 2

The *Immunization Status Assessment Within Medication Therapy Management (IA-MTM)* 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. Potential data sources have been identified to serve as documentation of an assessment of immunization status. IZ TF 2 has defined the core specifications, and the group currently is getting to consensus on how MTM platforms can use either SNOMED CT codes or other methods to gather data to inform the metric.

Once these two measure concepts have been approved by the QMEP for testing, the TFs will identify and prioritize additional immunization measure concepts to pursue for development.

Implementation Advisory Panel

The Implementation Advisory Panel (IAP) meets monthly to identify potential programs for implementation of PQA-endorsed measures and to understand and provide input into implementation strategies for measure concepts under development. At a recent meeting, particular attention was paid to a crosswalk of PQA measures that may be suitable for supporting ACOs as they strive to achieve mandated performance measures for the Shared Savings program. Although ACOs are not responsible for the drug spend, and though none of their required measures are specifically for medication use, about a dozen of the required measures cannot be met without a firm handle on drug use. ACOs are now recognizing this and appear to have some appetite for reconsidering the PQA measures. At the PQA Annual Meeting, Bill Grambley of CVS Health joined Woody Eisenberg to lead a Round Table breakout event focusing on implementation. Follow up on measures for specialty medications is on-going.

Measure Update Panel

In April, the Measure Update Panel discussed whether or not the *Proportion of Days Covered (PDC) - Statins* measure should be revised to add an upper age limit of 75 years. This revision was considered based on comments received by PQA that data are lacking regarding the initiation of statin therapy in this age group for primary prevention of atherosclerotic cardiovascular disease. There was consensus amongst the Panel to not add an upper age threshold to the measure because the focus of the measure is on adherence to existing statin therapy, rather than initiation of therapy. The group also discussed increasing the lower age threshold from 18 years to 40 years but agreed to not change the measure.

In May, the Panel discussed whether or not to revise the *Statin Use in Persons with Diabetes (SUPD)* measure to exclude individuals with end-stage renal disease or those on maintenance dialysis therapy. This revision was considered based on comments received by PQA that data are lacking regarding the effectiveness of statin therapy in this patient population. The Panel recommended revising the *SUPD* measure to exclude patients with diagnoses of ESRD or maintenance dialysis.

Patient & Caregiver Advisory Panel

In April, the Patient & Caregiver Advisory Panel (PCAP) discussed whether or not the *PDC - Statins* measure should be revised to add an upper age limit and/or to increase the lower age limit. The Panel agreed that there should not be an upper age limit and that the lower age limit should remain unchanged; adherence should be monitored in all adults.

Quality Metrics Expert Panel

The Quality Metrics Expert Panel (QMEP) met in April to review the following two related measure concepts:

- Hospital Admission or Emergency Department Visits for Bleeding Events Associated with Anticoagulant Medications
- Hospital, Emergency Department, and/or Urgent Care Utilization Related to Prescription Opioids.

Both concepts were developed by MDTs in 2015 focusing on adverse events related to two specific medication groups – opioids and anticoagulants. The QMEP voted unanimously to advance these two measure concepts for testing. Once drafted, the Panel members will review the testing plans for each of these draft measures.

Risk Adjustment Advisory Panel

The Risk Adjustment Advisory Panel (RAAP) has been meeting monthly to discuss the appropriateness of sociodemographic status risk adjustment for the three PQA medication adherence measures used in the CMS Star Ratings program. These measures include: *Adherence to Statins*, *Adherence to Hypertension Medications*, and *Adherence to Diabetic Medications*. In May, the RAAP members finalized an analytic plan to empirically assess the impact of sociodemographic status risk adjustment on the measures' scores at the health plan level. This plan includes both the variables that should be included, based on evidence and a conceptual basis, as well as the statistical techniques that will be employed. In June, two PQA member organizations will implement these analyses with their data.

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.