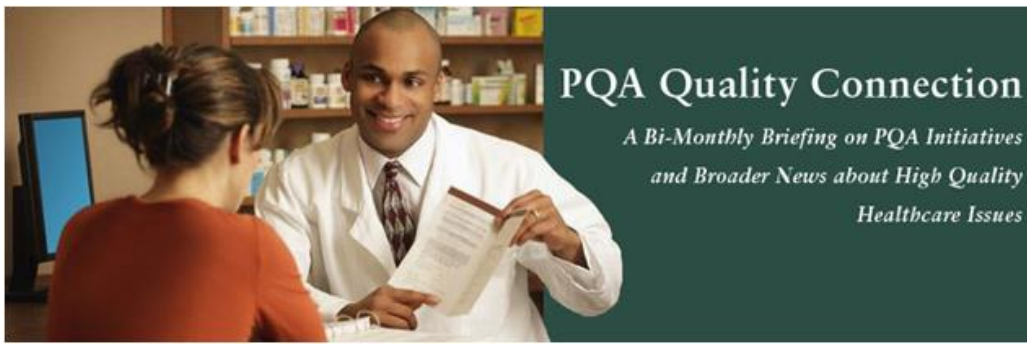

PQA Measure Development Update: April 2017

The Measure Development Teams and Task Forces have been meeting monthly via webinar, and the Stakeholder Advisory Panels had their first meetings in March. Additionally, the Risk Adjustment Advisory Panel, Patient & Caregiver Advisory Panel, Implementation Advisory Panel, Measure Update Panel and Quality Metrics Expert Panel have been meeting regularly to continue their work.

PQA is pleased to provide a recap of activities completed year to date (through April 4, 2017):

MDT 9: Medication Therapy Management: Medication Therapy Problem Resolution

Measure Development Team 9 was first convened in 2015 and is continuing to work on a measure concept to evaluate the percentage of medication therapy recommendations or medication therapy interventions that resolve medication therapy problems among beneficiaries enrolled in a Medication Therapy Management (MTM) program. A medication therapy problem is defined as any undesirable event experienced by a patient that involves, or is suspected to involve, medication therapy, and that interferes with achieving the desired goals of therapy and requires professional judgement to resolve. A medication therapy recommendation is a suggestion made to take a specific course of action to prevent or resolve a medication therapy problem, while a medication therapy intervention is an action taken to prevent or resolve a medication therapy problem. These consensus definitions are from the *Standardized Framework for Cross-Walking MTM Services to SNOMED CT Codes* that was produced by pharmacy professional organizations

and other stakeholders for documenting MTM services. The measure concept is based on the *PQA Medication Therapy Problem Categories Framework* that was developed by MDT 9 to standardize how medication therapy problems identified during MTM encounters are categorized within measures. The data source for the concept will be SNOMED CT codes, and Part D claims, when applicable and available.

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

MDT 10 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, and who completed the minimum intended duration of therapy 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 is prescription claims data. To be included in the eligible population for the measure:

- Individuals whose index date occurs within 99 days of the end of the measurement year must be continuously enrolled for the 12-month measurement year and the 108 days after the end of the measurement year; *and*
- Individuals whose index date does NOT occur within 99 days of the end of the measurement year must be continuously enrolled for the 12-month measurement year and the 108 days before the measurement year.

PQA staff and the MDT 10 co-chairs conducted interviews of hepatologists specializing in the treatment of chronic hepatitis C to seek expert opinion on the draft measure concept. Overall, the experts believe this is a valuable measure to pursue.

Testing was completed by 3 organizations; the draft measure was tested using Medicare, Medicaid and Commercial data. The QMEP reviewed the testing results in March and voted to recommend this measure to the PQA membership for endorsement consideration. PQA members will vote on this measure at the May Annual Meeting.

MDT 11: Polypharmacy: Use of Multiple CNS-Active or Anticholinergic Medications in Older Adults

In 2016, MDT 11 completed development of two related measure concepts based on recommendations in the American Geriatrics Society (AGS) 2015 Updated Beers Criteria. The first concept, *Polypharmacy: Use of Multiple CNS-Active Medications in the Older*

Adults, evaluates the percentage of older adults with concurrent use of 3 or more central nervous system (CNS)-active medications, which is associated with an increased risk for falls (and fractures). Concurrent use is defined as overlapping days supply for 30 or more (cumulative) days. The denominator includes individuals 65 years of age and older with 2 or more fills for the same CNS-active medication. Individuals receiving hospice care are excluded. The numerator includes individuals from the denominator with concurrent use of 3 or more unique CNS-active medications, each with 2 or more fills.

The second concept, *Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults,* evaluates the percentage older adults with concurrent use of 2 or more anticholinergic medications, which is associated with an increased risk for cognitive decline. Concurrent use is defined as overlapping days supply for 30 or more (cumulative) days. The denominator includes individuals 65 years of age and older with 2 or more fills for the same anticholinergic medication. Individuals receiving hospice care are excluded. The numerator includes individuals from the denominator with concurrent use of 2 or more unique anticholinergic medications, each with 2 or more fills.

Following initial review by the Quality Metrics Expert Panel (QMEP) in early 2017, these concepts moved forward as draft measures for testing by two organizations. The QMEP will review the testing results and vote for approval of the draft measures for endorsement consideration by the PQA membership.

MDT 12: Inappropriate Duplicate Therapy

MDT 12 was first convened in 2016 and is continuing to develop a measure concept to evaluate the percentage of adults with prescriptions for one or more inappropriate duplicate therapies. *Inappropriate duplicate therapy* is defined as the prescribing and dispensing of two or more medications from the same pharmacologic or therapeutic class such that the combined use puts the patient at risk of an adverse medical result or incurs additional costs without additional therapeutic benefit (adapted from *therapeutic duplication* definition in 42 CFR 456.705). Inappropriate duplicate therapy is distinguished from drug-drug interactions (e.g., additive pharmacodynamic effects). The group decided to generally focus on medications used chronically that are from the same pharmacologic class. The MDT is finalizing the targeted medication categories, and will wrap up its work by finalizing draft specifications for the denominator and numerator.

MDT 14: Next Generation MTM Measure

First convened in February 2017, members of MDT 14 are working on a new measure concept to evaluate MTM providers' ability to improve clinical outcomes of participating patients. The group agreed to focus on diabetes because it is the most common condition used by MTM programs to target patients for enrollment. Example measures could include:

- Percentage of diabetes patients engaged in an MTM program who achieve an HbA1c <8%
- Percentage of diabetes patients engaged in an MTM program who achieve BP <140/90
- Percentage of diabetes patients engaged in an MTM program who are taking a statin medication
- Percentage of diabetes patients engaged in an MTM program who are taking an aspirin when indicated
- Percentage of diabetes patients engaged in an MTM program who are not smoking
- Percentage of diabetic patients engaged in an MTM program who have met all 5 of the above goals (Defined as Optimal Diabetes Control)

The group is currently reviewing published studies and existing measures to inform their measure development efforts.

MS TF: Multiple Sclerosis Treatment and Monitoring Task Force

The MS Task Force has been developing physician-level electronic clinical quality measures (eCQMs) to assess appropriate treatment and monitoring of disease activity for patients with Multiple Sclerosis (MS). The MS Task Force has developed one draft eCQM to address the use of disease modifying therapy (DMT) in patients with relapsing remitting MS (RRMS), and three draft eCQMs aligned with the "2015 Revised Recommendations of the Consortium of MS Centers Task Force for a Standardized MRI Protocol and Clinical Guidelines for the Diagnosis and Follow-Up of Multiple Sclerosis." The draft eCQMs include:

1. *Use of DMT in Persons with Relapsing Forms of Multiple Sclerosis:* The percentage of adults with relapsing forms of MS being treated with DMT

2. *Magnetic Resonance Imaging (MRI) Prior to Initiating or Switching DMT in Patients with Relapsing Forms of Multiple Sclerosis:* The percentage of patients with relapsing forms of MS for whom a brain MRI was ordered within the 12 months prior to initiating or switching DMT
3. *MRI to Establish a New Baseline After Initiating or Switching DMT in Patients with Relapsing Forms of Multiple Sclerosis:* The percentage of patients with relapsing forms of MS for whom a brain MRI was ordered to establish a new baseline within the 12 months after initiating or switching DMT
4. *MRI for Follow-Up in Patients with Relapsing Forms of Multiple Sclerosis Being Treated with DMT:* The percentage of patients with relapsing forms of MS being treated with DMT who had a brain MRI performed within 12 months after starting or switching DMT for whom a follow-up brain MRI was ordered within the following 12 months to evaluate subclinical disease activity

All four draft eCQMs were approved by the QMEP to move forward for comment and testing. The comment period for the first eCQM ended in January, and the comment period for the three MRI-related draft eCQMs will take place in April/May. Testing for all four draft eCQMs is scheduled to begin in the second quarter of this year.

The measures will be used to assess physician (i.e., neurologist) performance. PQA's goal is to have the measures, once developed and endorsed, used in CMS' Merit-Based Incentive Payment System (MIPS). PQA currently is seeking neurology practices to test the four measure concepts being developed by the MS TF, using an electronic health record as the data source. Contact Lynn Pezzullo at lpezzullo@PQAalliance.org if you are aware of potential testing sites.

Adult Immunization Task Force 1: Immunization Information System Reporting

The *Immunization Information System Reporting (IISR)* draft measure will identify the percentage of health plan immunization pharmacy and medical claims that have a corresponding documentation record within the immunization registry. It is intended to be used at the state level, rather than at the national level, as states' immunization registries differ. The draft measure has been voted by the QMEP to move forward for testing and PQA is currently seeking potential testers. Contact Hannah Fish at hfish@PQAalliance.org if your organization is interested in testing this draft measure.

Adult Immunization Task Force 2: Immunization Status Assessment in Medication Therapy Management and ACIP Compliance Following Immunization Status Assessment in MTM

The members of Immunization Task Force 2 (IZ TF 2) completed the development of two measure concepts and voted to send them to QMEP for review to move forward for testing. 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. The data source for these concepts will be SNOMED CT codes. The *ACIP Compliance Following Immunization Status Assessment* measure concept calculates the percentage of immunization status assessments that have been completed and are documented as ACIP compliant. The documented outcomes from the *IA-MTM* measure concept serve as the data source for this second measure.

*ACIP – Advisory Committee for Immunization Practices

Adult Immunization Task Force 3: ACIP Schedule Completion in Patients with Diabetes

In December 2016, the Adult Immunization Task Force was relaunched to continue addressing immunization-related measurement gaps. The relaunch meeting resulted in the *ACIP Schedule Completion in Patients with Diabetes* measure concept.

Members of Immunization Task Force 3 (IZ TF 3) are developing this measure concept to evaluate the percentage of patients with diabetes who are up-to-date on routinely recommended Advisory Committee on Immunization Practices (ACIP) vaccines. Initial development began during the relaunch meeting and now IZ TF 3 members are working to fully specify the measure concept. Much of the discussion to date has centered around capturing the intent of the measure through the description statement, as well as determining which vaccines should be included. The five vaccines that will be included are influenza, pneumococcal (both PCV 13 and PPSV 23), herpes zoster, tetanus/diphtheria/pertussis (Td/Tdap) and Hepatitis B vaccines.

During the last IZ TF 3 call, there was significant discussion about aligning this measure concept with language similar to the measure concepts under development by IZ TF 2 (*Immunization Status Assessment within Medication Therapy Management* and *ACIP Compliance following IZ Status Assessment*). A small subset of IZ TF 3 will be evaluating the IZ TF 2 measures to see where alignment can occur.

Implementation Advisory Panel

The recent Implementation Advisory Panel (IAP) meeting focused on strategies to gain implementation of PQA measures into existing core measure sets and programs. Panel members were provided a list of programs in which PQA measures currently are included, an additional list of programs where PQA measures could potentially be adopted, and were asked to think even more broadly about other programs in which PQA measures could be implemented.

Panel members were then engaged in a discussion of four strategies that might be used for implementation efforts:

1. Measure development cycle: Bringing measure concepts to end users early in the development cycle to gain feedback to guide further development.
2. Systems of Care: Thorough knowledge of quality care systems and the currently recognized measure gaps. For example, there are 18 CMS Medicare programs that annually solicit for new measures.
3. CMS Call for Measures: Annual call for submission to the Measures Under Consideration (MUC) List; new call for measures for the Merit-based Incentive Program (MIPS).
4. Working with partners: PQA has been collaborating with NCQA, Mathematica, IMPAQ, the Lewin Group, and others to harmonize current and developing measure efforts.

PQA staff is currently engaged in working on certain of these items in preparation for the next IAP meeting that will take place at the PQA Annual Meeting in May.

Measure Update Panel

In January, the Measure Update Panel re-evaluated the diagnosis codes used in the *Antipsychotic Use in Persons with Dementia (APD)* measure. The group considered expert opinion to ensure the accuracy and consistency of the ICD-9 and ICD-10 codes used to identify dementia, schizophrenia, and related diagnoses. The group voted to add and delete some ICD-9 and ICD-10 codes. These recommendations were also reviewed by the Quality Metrics Expert Panel (QMEP). The group also approved non-material changes to the measure specification language to improve clarity and consistency with other PQA measures.

In February, the panel reviewed the recently PQA-endorsed measure, *Concurrent Use of Opioids and Benzodiazepines.* The group voted to approve a minimum treatment period of 30 days or more, and measure calculations steps to provide explicit instructions for calculating the measure rate. These recommendations were also reviewed by the Quality Metrics Expert Panel (QMEP).

In March, the panel reviewed the *Completion Rate for Comprehensive Medication Review* measure and approved non-material changes to the specifications to improve clarity. The panel also voted to exclude patients that were in hospice at any point during the measurement year. This exclusion recommendation will be reviewed next by the QMEP. The group also reviewed the MTM enrollment requirement of more than 60 days. The group discussed longer and shorter enrollment periods and voted to make no changes to the MTM enrollment period. The panel also reviewed the *Cholesterol Management in Coronary Artery Disease* measure to consider it for possible retirement. The group voted to recommend the measure be retired because it does not align with current guidelines, is not currently in use, and has very limited opportunity for future implementation. The retirement recommendation will be reviewed next by the QMEP.

Measure Validity Panel

In the fourth quarter of 2016, PQA formed the Measure Validity Panel (MVP) to provide PQA with an independent body of measure experts to determine whether PQA measures have been developed through a systematic and transparent process and whether the performance scores resulting from the measure can be used to distinguish good from poor quality clinical care (i.e., validity and reliability). Panelists currently serve a one-year term. To date, the MVP reviewed two of PQA's newest measures, *Adherence to Non-Infused Disease Modifying Agents Used to Treat Multiple Sclerosis* and *Concurrent Use of Opioids and Benzodiazepines* and found both to be valid measures.

Patient & Caregiver Advisory Panel

The Patient & Caregiver Advisory Panel (PCAP) met in March to provide input on two draft measure concepts being developed by Adult Immunization Task Force 2: *Immunization Status Assessment Within Medication Therapy Management* and *ACIP* Compliance Following Immunization Status Assessment*.

The group discussed whether patients would remember if they previously received a vaccination, if pharmacists would have access to that information, and if there would be any harm if a vaccine was received more than once. The panel acknowledged the importance of improving vaccination rates, but also highlighted the importance of avoiding harm (e.g., not providing a vaccine to patients who are immunocompromised and should not receive certain immunizations).

*ACIP – Advisory Committee for Immunization Practices

Quality Metrics Expert Panel

The Quality Metrics Expert Panel (QMEP) reviewed the measure concept: *Polypharmacy: Use of Multiple CNS-Active or Anticholinergic Medications in Older Adults*, which was developed by Measure Development Team 11. The QMEP provided input on testing considerations and voted to move this concept forward to testing.

The QMEP also reviewed the Measure Update Panel's three recommendations for changes to the PQA measure, *Use of Opioids at High Dose or from Multiple Providers in Persons Without Cancer.* The changes include:

- High dose measure: minimum of 90 days in treatment period, so that everyone in denominator has an opportunity to be in the numerator.
- ICD code updates: same as *Concurrent Use of Opioids and Benzodiazepines* measure, using the AMA-PCPI values set minus non-melanoma skin cancer.
- Exclude buprenorphine products that are indicated for medication assisted treatment because high dose thresholds are quickly exceeded and this may also prevent unintended consequences.

Three electronic clinical quality measure (eCQM) concepts were reviewed and considered for advancement to testing. The QMEP voted to move the following eCQMs forward to testing:

1. *Magnetic Resonance Imaging (MRI) Prior to Initiating or Switching Disease Modifying Therapy (DMT) in Patients with Relapsing Forms of Multiple Sclerosis*
2. *Magnetic Resonance Imaging to Establish a New Baseline After Initiating or Switching DMT in Patients with Relapsing Forms of Multiple Sclerosis*
3. *Magnetic Resonance Imaging for Follow-Up in Patients with Relapsing Forms of Multiple Sclerosis Being Treated with DMT*

Additionally, The QMEP reviewed testing results for the draft measure, *Treatment of Chronic Hepatitis C: Completion of Therapy.* The Panel voted to recommend this measure to the PQA membership for endorsement consideration. PQA members will vote on this measure at the May Annual Meeting.

Risk Adjustment Advisory Panel

The Risk Adjustment Advisory Panel (RAAP) has been meeting monthly to discuss the appropriateness of sociodemographic risk adjustment for the three draft PQA Proportion of Days Covered measures that are used in the CMS Star Ratings program. Over the last few months, the RAAP has been presented with data from three testing organizations. This data describes how demographic and socioeconomic factors are associated with medication adherence, and shows how measure rates would change for contracts if their scores were risk adjusted for these factors. The RAAP reviewed all the data, and are in the process of discussing overall recommendations for risk adjustment of these measures based on the findings from the analyses.

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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.