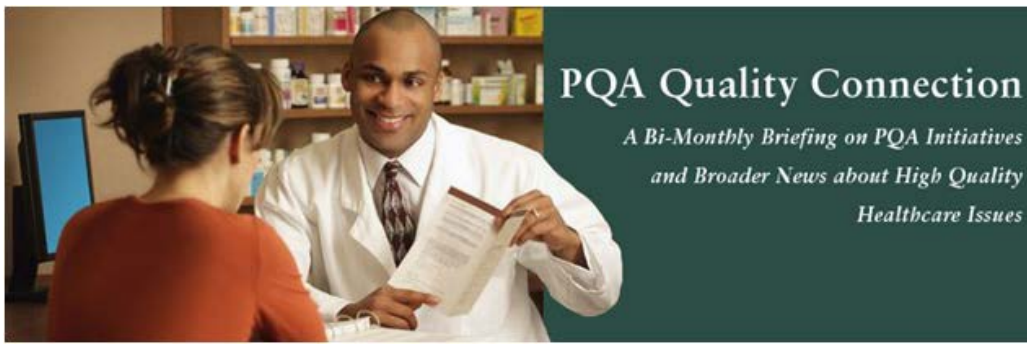

PQA Measure Development Update: June 2017

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 June 12, 2017).

MDT 9: Medication Therapy Management: Medication Therapy Problem Resolution

Measure Development Team (MDT) 9 is developing a measure concept to evaluate the percentage of medication therapy interventions that resolve medication therapy problems among individuals enrolled in a Medication Therapy Management (MTM) program. The measure concept is based on the PQA Medication Therapy Problem Categories Framework to standardize how medication therapy problems identified during MTM encounters are categorized within measures. The group has cross-walked SNOMED CT codes to medication therapy problems, medication therapy interventions, and to the status of each intervention to indicate whether the medication therapy problem has been resolved. The group is working to finalize the measure concept specifications.

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

MDT 10 developed a measure 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.

At the PQA Annual Meeting in May, PQA membership voted in favor of endorsing this measure. The measure is now available for use.

MDT 12: Inappropriate Duplicate Therapy

MDT 12 is developing 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). The targeted medication categories primarily consist of medications from the same pharmacologic class that are used chronically. The group is finalizing the draft specifications and will conclude their work after considering expert opinion on selected medication categories.

MDT 14: Next Generation MTM Measure

Members of MDT 14 are working on a new measure concept to evaluate MTM providers' ability to improve clinical outcomes of participating patients with diabetes. The measure focus is diabetes because it is the most common condition used by MTM programs to target patients for enrollment. The idea for the measure concept is based on an existing measure, Optimal Diabetes Care, stewarded by Minnesota Community Measurement and endorsed by the National Quality Forum. The MDT is considering the appropriateness and feasibility of developing a similar measure for MTM. The group will continue to review 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 June/July. Testing for all four draft eCQMs is scheduled to begin in the third 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 electronic health record data 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. 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 *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. These two measure concepts have been reviewed by the QMEP and were voted to move forward for testing.

*Advisory Committee on Immunization Practices

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

Members of Immunization Task Force 3 (IZ TF 3) are developing the measure concept *ACIP Schedule Completion in Patients with Diabetes* to evaluate the percentage of patients with diabetes who are up-to-date on routinely recommended Advisory Committee on Immunization Practices (ACIP) vaccines. Five vaccines are included in the measure: influenza, pneumococcal (both PCV 13 and PPSV 23), herpes zoster, tetanus/diphtheria/pertussis (Td/Tdap) and Hepatitis B vaccines.

Over the past few months, IZ TF 3 members have been working to determine the eligibility criteria and measurement period. The group reached consensus on a method that determines patient eligibility based on two years of continuous enrollment. A patient would be eligible for the measure if they have a diagnosis for diabetes during the

measurement year and the year prior. The measurement period would end on December 31st annually.

Further, IZ TF 3 is exploring potential definitions for what it means for a patient to be considered up-to-date, especially for the vaccinations that are part of a series. The group has walked through several patient examples, which helped tease out many nuances of the ACIP recommendations and issues that will need to be addressed as the measure continues to develop. Feedback from the SAP meetings in March and May has been helpful in guiding this discussion. Additionally, the members of IZ TF 3 have begun conversations about the potential data sources and level of measurement.

Measure Update Panel

In May, the Measure Update Panel recommended a clarification to the denominator of the *Concurrent Use of Opioids and Benzodiazepines* measure regarding truncating the days supply of opioid prescriptions to the treatment period end date if the days supply extends past the treatment period.

In June, the panel approved non-material updates to the *Concurrent Use of Opioids and Benzodiazepines* measure. In addition to approving several non-material updates to the three opioid overutilization measures, *Use of Opioids at High Dosage and/or From Multiple Providers in Patients Without Cancer,* the panel recommended a clarification to the denominators regarding truncating the days supply to the treatment period end date if the days supply extends past the treatment period. The group also discussed issues with the current high-dose numerator calculation method of 90 or more consecutive days of opioid use exceeding 120 morphine milligram equivalents (MME) per day. The panel recommended evaluating an average MME calculation method for the numerator that uses the sum of the total MME dose taken during the treatment period, divided by the number of days between the first and last day of the treatment period.

Measure Validity Panel

In April, the Measure Validity Panel voted on the face validity of three PQA measures: *1) Treatment of Chronic Hepatitis C – Completion of Therapy, 2) Polypharmacy – Use of Multiple CNS Active Medications, and 3) Polypharmacy – Use of Multiple Anticholinergic Medications*. The panel found all three measures to be valid. At PQA's Annual Meeting in May, all three were endorsed by PQA's membership.

Quality Metrics Expert Panel

In April, the QMEP met to review the testing results for two draft measures developed by MDT 11:

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

The QMEP discussed various aspects of the testing and asked that a guidance statement be added to the measure. The Panel voted 18 yes; 4 no to recommend both measures to the PQA membership for voting consideration. These two polypharmacy measures along with the measure, *Treatment of Chronic Hepatitis C: Completion of Therapy*, were endorsed by the PQA membership during the Annual Meeting.

In May, the QMEP reviewed two measure concepts developed by the PQA Adult Immunization Task Force to address gaps in measurement for adult immunization:

- Immunization Assessment within Medication Therapy Management
- ACIP Compliance following Immunization Assessment within Medication Therapy Management

The QMEP discussed aspects of the measures, such as data source, denominator and specifications and voted to test both measures to better understand their feasibility and usefulness.

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. The Panel met in April to discuss overall recommendations for their findings. The RAAP will meet in June to review the Draft PQA SDS Risk Adjustment Report.

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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.