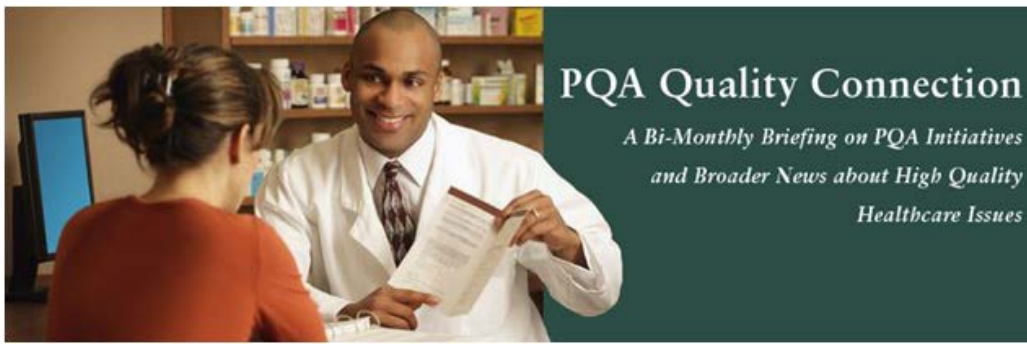

PQA Measure Development Update: October 2017

PQA's Measure Development Teams and Task Forces meet monthly via webinar, and the Stakeholder Advisory Panels meet every two months. Additionally, the Risk Adjustment Advisory Panel, Patient & Caregiver Advisory Panel, Implementation Advisory Panel, and Quality Metrics Expert Panel meet regularly to continue their work.

PQA is pleased to provide a recap of activities completed through October 2, 2017.

Measure Testing Opportunities

In addition to the updates, below, PQA currently is seeking testing partners for the following draft measures, which have been approved by the Quality Metrics Expert Panel (QMEP) to move forward with testing.

1. *Adherence to Antiretrovirals (PDC-ARV)* (proposed, revised specifications)
   - Data source: Prescription claims
2. *Serious Hypoglycemic Events Requiring Hospital Admission or ED Visit Associated with Anti-Hyperglycemic Medications*
   - Data source: Prescription claims, medical claims
3. Two related measures: 1) *Immunization Status Assessment Within MTM and* 2) *ACIP Compliance Following Immunization Status Assessment in MTM*
   - Data source: MTM encounter data reported with SNOMED CT, RxNorm; MTM billing data

4. *Immunization Information System Reporting (IISR)*
    - Data source: Prescription claims, medical claims, immunization information system (registry)

Additionally, the QMEP will review two additional measure concepts in October to determine whether they should move forward to testing. If approved, the following will also require testing:

1. *Inappropriate Duplicate Therapy*
    - Data source: Prescription claims
2. *MTM: Medication Therapy Problem Resolution*
    - Data source: SNOMED CT, RxNorm

If you have access to the data source(s) needed to calculate the measure rate(s) and would like to learn more about these testing opportunities, please contact Lynn Pezzullo at LPezzullo@PQAalliance.org or Irene Nsiah at INsiah@PQAalliance.org.

MDT 9: Medication Therapy Management: Medication Therapy Problem Resolution

Measure Development Team (MDT) 9 completed the multi-year effort to develop the concept for a performance measure to evaluate medication therapy problem resolution. The measure will evaluate the percentage of medication therapy interventions that resolve medication therapy problems among individuals participating in a Medication Therapy Management (MTM) program. The purpose of the performance measure will be to monitor and report medication therapy interventions from MTM providers in a standardized fashion. As such, the measure should not be tied to performance payments.

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 are categorized within measures. The group cross-walked SNOMED CT codes to medication therapy problems, medication therapy interventions, and the status of each intervention to indicate whether the medication therapy problem has been resolved. The measure will use SNOMED CT and RxNorm codes associated with MTM encounters. Verification of

medication therapy problem resolution using prescription claims data is being reserved for future consideration.

Draft specifications are listed below:

- *Denominator*: The number of medication therapy interventions performed. Each medication therapy intervention reported in the denominator has a corresponding medication therapy problem.
- *Numerator*: The number of medication therapy interventions performed from the denominator that resolved the corresponding medication therapy problem within 60 days from the date of the intervention.
- *Denominator Exception*: If there are less than 60 days from the date of a medication therapy intervention and the end of the measurement year (or the end of an individual's participation/enrollment), the medication therapy intervention is excluded from the denominator unless the medication therapy problem is resolved within this timeframe.

In August, the MDT concluded their monthly meetings and voted to approve the measure concept to move forward for initial review by the Quality Metrics Expert Panel (QMEP). If you are interested in potentially testing this measure concept, please contact Lisa Hines at LHines@PQAalliance.org.

MDT 12: Inappropriate Duplicate Therapy

Started in 2016, MDT 12 completed development of a concept for a health plan performance measure 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 the Code of Federal Regulations 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.

Draft specifications are listed below:

- *Denominator*: The number of individuals with 2 or more fills for the same target medication with unique dates of service during the treatment period. Individuals in hospice are excluded.
- *Numerator*: The number of individuals from the denominator with concurrent use of 2 or more unique medications (different active ingredients) from the same target medication category, each with 2 or more fills with unique dates of service during the treatment period.
- *Concurrent Use*: Overlapping covered days for 90 or more (cumulative) days.

In August, the MDT voted to approve the measure concept to move forward for initial review by the QMEP.

MDT 14: Next Generation MTM Measure - Diabetes

Members of MDT 14 are working on a measure concept to evaluate MTM providers' ability to improve clinical outcomes of participating patients with diabetes. 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. This measure concept will evaluate the percentage of patients 18 to 75 years of age with type 1 or type 2 diabetes who achieved the following during the measurement period:

- Hemoglobin A1c (HbA1c) less than 8.0 mg/dL
- Blood pressure less than 140/90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- Patient with ischemic vascular disease is on daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present
- All of the above

The MDT has agreed to explore the feasibility of developing a similar measure for MTM.

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 Consortium of MS Centers (CMSC) Task Force recommendations for Standardized MRI Protocol and Clinical Guidelines for the Diagnosis and Follow-Up of Multiple Sclerosis. The draft eCQMs include:

1. *Use of DMT in Patients 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

Testing for the four draft eCQMs is scheduled to begin in October and continue through the fourth 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 tested and endorsed, used in CMS' Merit-Based Incentive Payment System (MIPS).

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 a state's immunization registry. 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 MTM and ACIP* Compliance Following Immunization Status Assessment in MTM

The *Immunization Status Assessment Within MTM (IA-MTM)* draft measure 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* draft measure calculates the percentage of immunization status assessments that have been completed and are documented as compliant with the ACIP recommendations. The documented outcomes from the *IA-MTM* draft measure serve as the data source for this second measure. These two draft measures were voted to move forward for testing by the QMEP and PQA is currently working to draft the testing plan. Contact Hannah Fish at hfish@PQAalliance.org if your organization is interested in testing these draft measures.

*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 five vaccines routinely recommended by ACIP.

The members of the task force have continued to work to determine which data sources should be included in the measure. The task force wants to ensure that enough data sources are included to provide the information necessary to calculate the measure, while also considering the burden and feasibility of accessing that information. In addition, the task force has been trying to determine whether vaccine contraindications should be specified as denominator exclusions in the measure. However, many of contraindications are not coded in a way to capture and report. The task force has sought feedback from the SAP to provide guidance on whether contraindications should be exclusion criteria as well as the feasibility of using multiple data sources for measure reporting

Draft specifications are listed below:

- *Denominator*: Adult patients aged 19 years or older with at least a 2 year history of diabetes
- *Numerator*: The number of adult patients aged 19 years or older with at least a 2 year history of diabetes who have documented record of vaccine administration for all routinely recommended vaccines.

Quality Metrics Expert Panel

The Quality Metrics Expert Panel (QMEP) reviewed and approved several recommendations for minor measure changes from the Measure Update Panel. The changes include:

1. Completion Rate for CMR
    a. Exclude patients in hospice
    b. Include Denominator Exception when eligibility/enrollment is less than 61 days.
2. PDC: Statins, RASA, Diabetes
    a. Exclude Patients in Hospice
3. PDC Statin
    a. Exclude patients with a diagnosis of ESRD
4. Concurrent Use of Opioids and Benzodiazepines, Use of Opioids at High Dosage, and Use of Opioids at High Dosage and from Multiple Providers
    a. Truncating the days supply to the treatment period

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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.