



## **PQA Measure Development Update: August 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 August 7, 2017.

### **MDT 9: Medication Therapy Management: Medication Therapy Problem Resolution**

Measure Development Team (MDT) 9 has nearly 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. Data sources for the measure concept are SNOMED CT and RxNorm. 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 plans to conclude their monthly meetings and vote 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](mailto:LHines@PQAalliance.org).

## **MDT 12: Inappropriate Duplicate Therapy**

Started in 2016, MDT 12 has nearly completed the development of a concept for a 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.

The group will conclude their work after considering expert opinion on selected target medication categories. In August, the MDT plans to vote to approve the measure concept to move forward for initial review by the QMEP. If you are interested in potentially testing this measure concept, please contact Lisa Hines at [LHines@PQAalliance.org](mailto:LHines@PQAalliance.org)

#### **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 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 (eQMs) to assess appropriate treatment and monitoring of disease activity for patients with Multiple Sclerosis (MS). The MS Task Force has developed one draft eQM to address the use of disease modifying therapy (DMT) in patients with relapsing remitting MS (RRMS), and three draft eQMs 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 eQMs 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 eQMs is scheduled to begin in August and continue into 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](mailto: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](mailto: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 vaccines routinely recommended by ACIP. 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.

During the past few months, the task force members have tried to address many of the challenges associated with measuring immunization rates, including the fact that immunization data is found in various locations. The members of the task force have been working to specify the measure so that the data required is inclusive of multiple sources, as well as feasible to access. Feedback from the SAPs has been instrumental in determining the sources that should be considered for inclusion.

Additionally, the members of IZ TF 3 have continued to work through the definition of what it means for a patient to be considered up-to-date and how vaccines administered in a series fit into that definition. The task force recently decided a person should not be considered up-to-date unless all vaccines in a series have been received.

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.
- *Up-to-date:* A patient has a record of vaccination for each of the aforementioned vaccines consistent with the ACIP recommendations for the specific vaccine.

IZ TF 3 will continue to meet over the next several months to finish specifying the draft measure concept. Determining the data sources for the measure will remain a priority as measure development continues.

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