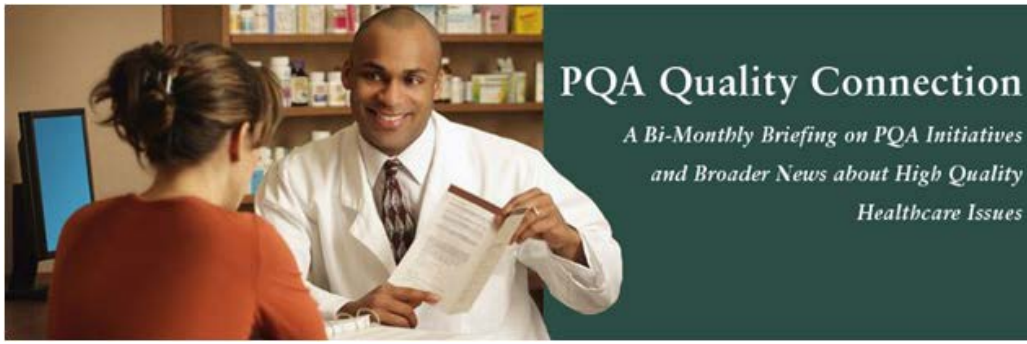

PQA Measure Development Update: December 2017

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 December 4, 2017.

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.

The Quality Metrics Expert Panel (QMEP) approved the draft measure to move forward for testing.

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 group agreed to move forward with a measure intended for monitoring purposes and not to be tied to performance-based payments. The current measure concept is to 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 will continue their development work into 2018.

Pharmacy-Level Measures Task Force

In response to requests for PQA to develop pharmacy-level measures, and to determine next steps, PQA staff sought additional input to better understand the need, level of interest, and opportunities for implementation – and completed this information gathering through individual and small group interviews, feedback from

Board members, input from Stakeholder Advisory Panel members, and through a multi-stakeholder ad hoc panel that was convened in August.

Key points learned through this outreach included:

- Different types of measures (i.e., structure, process, outcomes) along the quality continuum are needed.
- Alignment with existing value-based programs and stakeholders' (health plans', physicians', etc.) needs will be critical to support implementation.
- Need to identify a common area of focus: (1) what is important to plans that they are willing to pay for; and (2) what pharmacists feel they can impact.

The Pharmacy-Level Measures Task Force then was convened in October and met again in November. The TF is charged with:

- Adapting health plan-level measures to be appropriate for pharmacy comparisons
- Preparing for future outcome measures

The TF discussed goals that could be achieved through pharmacy-level measures – looking forward to a future state that is different than the current. Ideas that were shared include:

- Standardized measures to consistently and reliably assess individual pharmacy performance – which could be used by patients, payers, accreditation organizations, other stakeholders.
- Assessing improvement over time, beyond a calendar/measurement year.
- Including the pharmacy's whole patient panel in the measures, regardless of health plan.

The group also weighed in on the PQA-endorsed measures they would recommend the task force adapt for pharmacy-level use. The strongest interest was in adapting the PDC measures currently included in the Part D Star ratings program, followed by Statin Use in Persons with Diabetes and the polypharmacy measures.

The Task Force will meet again in December, and then monthly in 2018 to continue its work.

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.

Over the past couple months, the Task Force has been seeking information to provide insight into the feasibility and burden of collecting and reporting data needed to satisfy the measure. The feedback provided by members of the SAP has been valuable to help understand the complexity of using several data sources to calculate a measure. For this measure concept, multiple data sources (administrative claims, immunization information systems [i.e., registry], EHR, etc.) are needed to meaningfully and accurately capture the true rate of compliance with the ACIP schedule. However, at this time, these data sources are not universally available or easily accessible to aggregate and report. The Task Force will meet in December to discuss how to address the feasibility and burden challenges associated with this measure concept.

Quality Metrics Expert Panel

The Quality Metrics Expert Panel (QMEP) unanimously voted to retire the measure Cholesterol Management in Coronary Artery Disease. The measure was developed in 2008 and endorsed by PQA in 2011 and is very similar to a HEDIS measure. The measure is not NQF endorsed and to PQA's knowledge, it is not being used. PQA membership will vote to retire the measure in 2018.

The Panel voted to recommend moving forward for testing the measure concept, Medication Therapy Management: Medication Therapy Problem Resolution. This measure uses SNOMED CT codes as a data source and is intended to compliment the current MTM measure, Completion Rate for Comprehensive Medication Review. Several PQA member organizations are interested in testing this novel and exciting draft measure.

QMEP members reviewed the measure concept, Inappropriate Duplicate Therapy, and voted to recommend testing of the measure. This draft measure assesses the percentage of adults with concurrent prescriptions for one or more inappropriate duplicate therapies.

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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.