



PQA Workgroup, Panel, and Task Force Update: August 2014

The PQA workgroups have been meeting monthly via conference call since February. Each workgroup is making progress towards their objectives for the year. Below is a summary of activities completed in June/July 2014:

Summary of Workgroup Activities to Date (through August 1, 2014)

Adherence

This workgroup voted to recommend to the Quality Metrics Expert Panel a new measure concept, *Statin Use in Persons with Diabetes*. The QMEP recommended the draft measure for testing (see the Newsletter article, PQA Tests Six Draft Metrics).

Two subgroups met to advance work related to Primary Medication Non-Adherence for health plans and Medication Synchronization. The Med Synch subgroup has completed their work and is recommending four quality improvement indicator ideas for further development by the full adherence workgroup. The subgroup on PMN for health plans continues to discuss and recommend content for the PMN measure concept under development. The full workgroup has discussed definitions for “Newly Prescribed Therapy”.

Two new subgroups are being formed and volunteers have been requested. The new subgroups will begin meeting in August. They will consider:

1. Revision of the Proportion of Days Covered: Anti-retroviral medications measure
2. An adherence or persistency measure concept for glaucoma medications

Long-Term Care

Members of the LTC workgroup are nearly completed developing the measure concept, *Consultant Pharmacist: Dose Reduction of Antipsychotic Medications*. This concept would calculate the percentage of long-term care residents who had an antipsychotic medication dose reduction as a result of a consultant pharmacist's recommendation. Workgroup members have defined the measurement period, the eligible population, and considered what constitutes a dose reduction. The workgroup will consider several scenarios to finalize the denominator and numerator. Currently exclusions to the measure include those residents with Huntington's, Tourettes and Schizophrenia. The workgroup is considering whether or not to add Bipolar Disease to the denominator exclusion.

Medication Use Safety

The measure concept, *Use of Opioids from Multiple Providers or at High Dosage in Persons Without Cancer*, which was developed by the Medication Use Safety workgroup, is moving forward with testing. The workgroup identified a new measure concept, *Bleeding Events Related to Anticoagulant or Antiplatelet Medication Use Requiring Hospital Admission or ED Visit*, and will continue to discuss the detail of this concept during the upcoming calls. This measure concept will use prescription claims data as well as medical claims data as its data source.

Mental Health

The Mental Health workgroup is finalizing the measure concept, *Use of Multiple Antipsychotic Medications*. The measure calculates the percentage of patients with concurrent therapy of three or more distinct antipsychotic medications. The workgroup reviewed a second round of preliminary test data to help specify the possession gap criteria used in the denominator. Testing also showed that inclusion of long acting injectable medications increased the denominator, but not significantly. The workgroup slightly revised the measure's rationale. Finally, the workgroup considered the advantages and disadvantages of including medications claims data for injectable antipsychotic medications if it was available. The workgroup decided that the measure would only use prescription claims data. The workgroup will vote in August whether or not to recommend this measure concept to QMEP.

Medication Management for Integrated Care Teams

Workgroup members have identified four Quality Improvement Indicators (QIIs) for development, which focus on comprehensive medication management for patients with hypertension.

1. Uncontrolled Hypertensive Patients Identified for Comprehensive Medication Management
2. Provision of Comprehensive Medication Management for Patients with Uncontrolled Hypertension
3. Patients with Controlled Blood Pressure Post Comprehensive Medication Management
4. Patients with Improved Blood Pressure Post Comprehensive Medication Management

The concepts are specified for use by integrated care teams that include a pharmacist or other member of the clinical care team with medication management expertise. Two subgroups have formed and each will specify the elements for two QIIs. The subgroups will meet between the regularly scheduled workgroup calls and then will report back to the full workgroup for additional discussion during the monthly full workgroup calls.

MTM-Part D

An MTM-Part D subgroup was formed following the May Annual Meeting workgroup call to start development of the Diabetes Management measure concept. The subgroup spent time discussing what measures should be included for evaluation and how the score should be determined. Suggestions included a single composite score where the numerator reflected that all the appropriate care was received OR a set of measures that would be reported individually. The difficulty with a composite measure is that a single person may only qualify for one of several measure denominators. This may require weighting of the individual measures and additional complexity. The workgroup discussed a concern that the measures are used in the Star Rating program and therefore would be double counted for the health plan. Following the full workgroup meeting, the subgroup met and discussed how the differences in MTM enrollment criteria would adversely affect this measure concept. The recommendations of the subgroup will be presented to the full workgroup in August.

Summary of Panel and Task Force Activities

PQA has convened two panels and two task forces for 2014. They are the Quality Metrics Expert Panel, the Measure Update Panel, the Advanced Payment Models Task Force and the Specialty Pharmacy Measures Task Force. Members of these panels and task forces were contacted individually by PQA.

Quality Metrics Expert Panel

The QMEP met in July to review the measure concept, *Statin Use in Persons with Diabetes*. The Adherence workgroup recommended the concept by a vote of 34-Yes, 2-No and 2-Abstaining. The QMEP discussed the new ACC/AHA guidelines the measure is based on vs. the ADA guidelines that are slightly different as well as the newness and adoption of the guideline. Most of the discussion centered on decreasing false positives in the denominator. The QMEP recommended that testing use diagnosis data to best specify criteria in the denominator that can identify a diabetic patient using only prescription claims data.

Measure Update Panel

The Measure Update Panel reviews all existing PQA-endorsed measures and considers whether there are any new clinical data or new medications that might affect the measures. The Panel also considers questions received by PQA about the measures and may recommend clarifying language be included in the measure. The group reviewed the *Adherence to Non-Warfarin Oral Anticoagulants* measure and continued its discussions on the *Drug-Drug Interactions (DDI)* and *Completion Rate for Comprehensive Medication Review* measures.

Advanced Payment Models Task Force

This Task Force is considering unique aspects of medication use clinical care provided by an integrated delivery team in an accountable care setting. Initial discussions have focused on the role of the pharmacist as a care team member. Currently this role is not defined consistently nor has medication use been included among the responsibilities or strategies of most ACOs. Future efforts will be determined by our appreciation of new CMS proposed performance measures for ACOs (released July, 2014), discussion of a new document, Pharmacists Patient Care Process (released May, 2014 by the JCPP), a white paper from the National Pharmaceutical Council on measures for high cost

specialty care and innovative treatments (due October, 2014), and activities of the Integrated Care Teams Work Group.

Specialty Pharmacy Measures Task Force

The Task Force currently is discussing the best approach to impact adherence to the critical, costly medications used to treat Hepatitis C – and would also like to consider measures related to outcomes (i.e., SVR) and processes (e.g., patient outreach efforts to improve adherence). Volunteers from the Task Force will form a subgroup to continue development of the measure concept, *Adherence to Medications Used to Treat Multiple Sclerosis*, which was started by the 2013 Specialty Pharmacy workgroup. The subgroup will meet in early August and then report back to the full Task Force during the monthly call scheduled at the end of the month.

For any information about the workgroups, panels or task forces, please contact Julie Kuhle at jkuhle@PQAalliance.org, Lynn Pezzullo at lpezzullo@PQAalliance.org, or Woody Eisenberg at weisenberg@PQAalliance.org.
