



PQA “On The Road”

The PQA staff members participate in a number of formal committees and panels and also attend and present at a diverse array of healthcare conferences. Information on some of the more notable staff activities is presented below for your review.

Pharmacy Quality Alliance Teams Up with the Pharmacy Quality Solutions to Attend All Three Wholesaler Shows

PQA and PQS sent their senior leaders to attend all three recent wholesaler trade conferences: AmerisourceBergen, Cardinal Health and McKesson shows.

PQA and PQS actively led sessions on the CMS Star Ratings System, Medication Synchronization and best practices to improve adherence, and the team of Pharmacy Quality Solutions also exhibited at two of the meetings.

Standing room only crowds demonstrated pharmacy’s commitment to being an engaged partner. Pharmacy owners, corporate pharmacy management and colleagues in the PSAO community are ready, willing and able to collaborate with health plans and PBMs to achieve better patient outcomes through improved performance on medication-based metrics.

The Pharmacy Quality Solutions team has now exceed 50,000 pharmacies connected to EQuIPP. This milestone for a company that is barely 18 months off the ground exceeds the forecasts for this joint venture company between the Pharmacy Quality Alliance and CECity.

Pharmacies want to know and understand their performance-based scores. They recognize the new and evolving performance-based payment models in the marketplace, and they stand ready to be a partner in these changing models.

For more information about how your pharmacy can subscribe to the EQuIPP platform, visit www.pharmacyqualitysolutions.com.

PQA's Executive Director and PQS' President Visit Sanofi-Aventis' Headquarters to Discuss Adherence Strategies

PQA's Executive Director, Laura Cranston and PQS' President, David Nau recently travelled to Paris, France in mid-July to serve on an Advisory Panel for Sanofi-Aventis to discuss adherence measures, how they are used in the United States, and how performance metrics surrounding medication adherence are communicated to pharmacies, health plans, PBMs and others. This meeting brought together health services researchers from Duke University, US-based health plans, pharma consultants, and others for an interactive dialogue with the senior leadership at Sanofi-Aventis.

Parata Community Pharmacist Success Summit

Lynn Pezzullo presented, "Five Star Partner in 2016: Critical Quality Measures You Must Implement Today" at the *Parata Community Pharmacist Success Summit* on June 17th in St. Louis, MO. The meeting included invited community pharmacists, many of whom were owners of pharmacies who exemplify innovation in their practices. The presentation included an overview of the Medicare Star Ratings Program, PQA measures, and collaboration opportunities for pharmacies and health plans.

Other presenters shared case studies on adherence and disease management, and the use of technology to engage patients in their care – strategies that attendees can incorporate into their practice.

For additional information, contact Lynn Pezzullo at lpezzullo@PQAalliance.org.

Fifth National ACO Summit

The Brookings-Dartmouth ACO Learning Network convenes this annual forum for organizations that have assumed accountability for the costs and quality of care for a population of individuals.

The gurus of accountable care, Mark McClellan and Elliot Fisher brought us up to date on the maturation of the industry. There are now hundreds of Medicare and commercial ACOs, and Medicaid ACOs have been established in 19 states. The Medicare ACOs have shown a consistent improvement in quality and most have shown at least some savings. Increasingly, ACOs are physician led, though most of the 7 million or so members still participate in hospital based entities. In some markets, ACOs could become the dominant model.

The Summit Keynote was provided by Sean Cavanaugh, the individual at CMS responsible for the Medicare ACO programs overall. Sean emphasized the consistent decrease in Medicare spending

trend, which preceded ACOs, and is multifactorial. Some decrease is clearly due to new regulations and payment models as evidenced by a steep decrease in hospital readmissions and complications such as infections. ACOs are outperforming the Medicare FFS system in both quality and costs. CMMI is developing new models including those that include drug costs.

Discussing Performance Measurement for ACOs, Tom Valuck emphasized the need for measure alignment and described the efforts, both federal and non-profit devoted to developing standardized measures for pay-for-performance and public reporting including the NQF MAP's role in developing a framework of Families of Measures (targeting a specific condition) and Core Measure Sets (across settings and models of care). He described a Discern project called the Commercial ACO Innovation Exchange, which is attempting to align measure set criteria. One domain of measures in this project includes PQA's PDC adherence measures.

Presently, ACOs have little interest in medication use measures: drug costs are not included in Medicare ACOs and generally not in commercial ones either. Most have no access to pharmacy claims data. However, the Summit did offer a panel entitled Optimizing the Value of Pharmaceuticals in New Care Models, on which Woody Eisenberg participated. This engendered a lively discussion emphasizing the value of pharmaceutical care and the importance of integrating drug therapy into ACO processes and measurement. Drug use measures can support existing ACO performance measures, such as A1c control in patients with diabetes. Woody described how PQA Quality Improvement Indicators could be included into ACO Quality Improvement and Measurement Systems (QIMS). Multiple efforts are underway in retail pharmacy settings, infusion centers, and specialty management pharmacies to support new care models, and to overcoming the limitations in drug claims data sharing with ACOs. We anticipate that some new CMS ACO models, due out later this year will include drug therapy.

For additional information, contact Woody Eisenberg, weisenberg@PQAalliance.org.

NPC Roundtable: New Approaches to Accountable Care Measures for High-Cost Specialty Care and Innovative Treatment

The National Pharmaceutical Council recently kicked off a Roundtable to better support the need for quality measures for specialty care and innovative treatment in accountable care systems, with an eye toward balancing incentives to control cost.

Today, the measure sets for existing accountable care programs tend to focus on a limited set of highly prevalent clinical conditions, and less so on specialty care. Incentives to control costs may influence priorities and care delivery to the possible detriment of innovative treatments. Accountable care measure sets need more breadth (e.g., inclusion of specialty conditions), more

depth (e.g., capture of innovative aspects of treatment), and new approaches (e.g., applicability to a patient with multiple chronic conditions).

The Roundtable has developed a logic model including:

1. defining patient outcome goals for a given condition,
2. identifying MSSP (Medicare ACO) measures that promote achievement of outcomes or serve as protection against inappropriate use,
3. assessing how accountable care financial incentives might inhibit achievement of patient outcomes,
4. taking an inventory of existing measures that could mitigate concerns in Step 3, and
5. identifying gaps in existing quality measures needed to assess critical patient outcomes and prevent inappropriate use.

With a focus on patient outcomes, three concepts of measure development have been embraced to provide the needed increase in breadth and depth for measures:

1. Cross-cutting measures: outcomes measures that are applied across conditions and across sites of care, such as quality of pain management for patients with cancer or back pain.
2. Layered measures: apply one set of measures for providers internal quality improvement, another related set for internal organization management, and a top layer for public reporting and payment. For example, for care of patients with diabetes, the internal improvement measure might be HbA1c control, the management measure might be comprehensive diabetes care, and the external accountability measure might be hospitalizations and ER visits for complications of diabetes.
3. Modular measures: for specific sub-populations, such as condition specific for oncology. Though still in early phases of discussion, the project will explore these concepts of cross-cutting and layered measurement and modular approaches to address particular segments of populations that need specialty care, to inform future development of performance measurement systems. With NPC staff collecting and evaluating ideas from roundtable members, a second meeting is scheduled this fall.

For additional information, contact Woody Eisenberg, weisenberg@PQAalliance.org.