Pharmacy Quality Alliance

Medication Use Performance Measures in Value-based Systems

Presented to ACHP, July 20, 2016
Woody Eisenberg
Agenda

- Introduction to PQA
- PQA Medication Use Measures
  - Currently endorsed measures
  - Measure concepts under development
- Implementation of PQA measures in value-based systems of care
What is the Pharmacy Quality Alliance?

Mission Statement:
Improve the quality of medication management and use across health care settings with the goal of improving patients’ health through a collaborative process to develop and implement performance measures and recognize examples of exceptional pharmacy quality.

- Created in 2006 as a public-private partnership
- Consensus-based, Multi-Stakeholder Membership, Non-Profit
- Nation-wide Measure Developer
PQA’s Quality Industry Cross-Cutting Roles

**Member & Stakeholder Educator on Quality**
- EPIQ, Workshops, Quality Connections, Quality Forum, Annual Meetings

**Multi-Stakeholder Convener**
- Roundtables, Collaborations, Sharing of Best Practices

**Measure Developer**
- Stakeholder Advisory Panels, Measure Development Teams, Task Forces, QMEP, MUP, IAP, RAAP

**Best Practices Promoter**
- MedSync, ImmuSmart, PQA generated RFPs, Task Forces
Member Organizations

- Health Plans, LTC, & Health Systems: 24
- Pharmacies & Wholesalers: 25
- Life Sciences Companies: 25
- Academia: 39
- Health Technology & Data Analytics: 44
- All Other Sectors: 29

PQA
PQA Measurement Development Process

Measure Concept Idea
Measure Concept Development
Draft Measure Testing
Measure Endorsement
Measure Update

Stakeholder Advisory Panels
Measure Development Teams & Task Forces
Quality Metrics Expert Panel (QMEP)

General Membership Votes

Measure Update Panel

Implementation Advisory Panel (IAP)
Risk Adjustment Advisory Panel (RAAP)
Patient & Caregiver Advisory Panel (PCAP)
PQA’s Medication Use Measures: Domains – Endorsed or in Development

Medication Safety
- Use of High-Risk Medications in the Elderly*
- Use of Benzodiazepine Sedative Hypnotics in the Elderly
- Drug-drug Interactions*
- Antipsychotic Use in Persons with Dementia*
- Antipsychotic Use in Children Under 5 Years
- Antipsychotic Use in Persons with Dementia using MDS data

Medication Therapy Management
- Completion Rate for Comprehensive Medication Reviews*

Specialty Pharmacy (in development)

Adult Immunizations (in development)

*Included in CMS Part D, Medicaid Core Set or HIM QRS
PQA’s Medication Use Measures:
Domains – Endorsed or in Development

Adherence and Persistence
- Proportion of Days Covered (PDC): Beta Blockers; Renin Angiotensin System Antagonists*; Calcium Channel Blockers; Diabetes Medications*, Non-warfarin oral anticoagulants
- Primary Medication Non-Adherence

Appropriate Medication Use
- Opioid overuse*
- Diabetes Medication Dosing*
- Asthma Absence of Controller Therapy
- Suboptimal Asthma Control
- COPD appropriate use of controller therapy
- Cholesterol Management in Coronary Artery Disease
- Statin Use in Persons with Diabetes*

*Included in CMS Part D, Medicaid Core Set or HIM QRS
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<td>Glaucoma Gaps in Therapy Discontinued</td>
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Payment Reform
Quality Focus within PPACA (2010)

- Created National Quality Strategy
- Established the Patient-Centered Outcomes Research Institute (PCORI)
- Created the Center for Medicare and Medicaid Innovation (CMMI)
- Established a mandatory physician quality reporting system
- Requires public reporting on the quality of health insurance plans
  - Medicare C & D
  - Health Insurance Markets
- Authorized numerous new payment and delivery models
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<td>eValue8 (NBCH plan evaluation tool)</td>
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PQA
- Medicare drug plans receive an overall rating on quality as well as four domain scores (15 individual measures in total in 2016)

- Domain on *pricing & safety* contains six measures:
  - 1 measure of price accuracy and stability
  - 2 measures of medication safety
    - High risk medications in the elderly
    - Comprehensive medication review completion rate
  - 3 measures of medication adherence
    - Oral diabetes medications
    - Cholesterol medication (statins)
    - Blood pressure (renin-angiotensin-aldosterone inhibitors)
Quality Bonus Payments

- The star ratings now affect payment to Medicare Advantage plans wherein higher-rated plans get higher payment
- Quality Bonus Payments (QBPs) are being awarded on a sliding scale according to star ratings
- 2016 payments will be based on 2015 ratings which are based on 2013 and 2014 data
- QBP opportunity for many large MA-PDs (Humana, United Healthcare, Aetna/Coventry, CIGNA/HealthSpring) exceed $100 million
- Plans ranked BEST tended to stay ranked best and plans ranked WORST tended to stay ranked worst.

- There was most movement of plans in the 3rd and 4th (bottom) quartiles.
  - For example, Plan B ranks higher when *not* considering the demographic and socioeconomic risk factors of the population they serve.
  - In other words, we would expect Plan B to provide a higher quality of care than they actually are providing based on the population they serve!
  - In contrast, Plan A’s rank improved significantly from 50th percentile to 32nd percentile.
  - Plan A appears as though they are providing a lower quality of care than they are providing given the higher risk factors among the population they serve.
Measure Changes for 2017

- **High Risk Medications (HRM) in the Elderly**
  - AGS 2015 update
  - Move to Part D Display for 2017

- **Drug-Drug Interactions (DDI) update to replace existing measure**
  - DDI TEP*

- **Statin use in Patients with Diabetes**
  - Likely be a Part D Star Measure for 2019 (2017 data)

- **Part D Display measures will include all three opioid measures in 2018 (2016 data) - and the measures will NOT move to Star measures**

*Am J Health-Syst Pharm. 73, No8. 2016; DOI 10.2146/ajhp150565
30 Quality Measures in the beta set (currently being evaluated)

Includes 3 PQA measures
- The percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement period.
  - Renin Angiotensin System (RAS) Antagonists
  - Diabetes All Class
  - Statins
Pharmacy Value-based Networks

- **Quality and value now criteria for selection of preferred pharmacies**
  - Minimum quality expectations spelled out in preferred contracts
  - May lead to adjustment of DIR rates
  - Quality scores could be used to identify pharmacies that can fill geographic gaps in existing networks

- **Some PBMs are creating Quality-Based Networks or Value-Based Networks**
  - May be a subset of preferred pharmacy network
  - May include requirements / incentives related to quality

- **Examples**
  - Silverscript
  - HealthFirst
  - Inland Empire Health Plan
  - Michigan BCBS
Incorporating PQA Measures into Value-based Pharmacy Models

- **EQuIPP** is a multi-plan, multi-pharmacy, collaborative to:
  - Support collaboration of health plans, PBMs and pharmacies for Quality Improvement related to medication use
  - Allow consistent, standardized assessment of community pharmacy performance on Part D stars and other quality measures
  - Enable faster, more-refined, benchmarking of Part D stars performance in key market areas

- **EQuIPP** provides a neutral assessment of quality for trusted performance assessment and benchmarking by all parties.

- **EQuIPP** lays the foundation for performance-based contracts and payment systems for pharmacy networks
PQS is a Joint Venture (for profit) between CECity and Pharmacy Quality Alliance (non-profit), trusted licensor of medication-use quality measures.

- CECity platform leveraged to present unbiased performance at provider, organization, state, national and payor network level.
- Includes core “measures that matter” – Medicare Stars (Part D).
- Major health plans and Chain Pharmacies are all in.
**EQuIPP Core Measures**

- **EQuIPP core measures are from PQA:**
  - 3 measures of medication safety
    - High risk medications in the elderly
    - Statin Use in Persons with Diabetes
    - Drug-drug interactions
  - 3 measures of medication adherence
    - Non-Insulin diabetes medications
    - Cholesterol medication (statins)
    - Blood pressure (renin-angiotensin system antagonists)

- Additional quality measures can be added to align with CMS, NCQA, URAC or other initiatives
ACO Framework for Pharmaceuticals:

- Proactively consider medications an essential part of the full spectrum of condition management, and not just an expense or care silo.
- Pharmacists play an expanded role in advising prescribers regarding the relative effectiveness and value of their drug treatment options in an ACO.
- Pharmacists and other health care professionals accept greater responsibility for the ongoing management of medication therapy and outcomes measurement.
- Ensuring efficient and consistent pharmacotherapy as patients move across the health care continuum is critical to help ACOs achieve quality benchmarks and financial targets.

Joint Recommendations from the American Medical Group Association, Premier Health Alliance, and the National Pharmaceutical Council
# ACO Clinical Composite Support Metrics

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<tr>
<th>Measure Subtype</th>
<th>ACO-Required (SS program) Quality Measure</th>
<th>PQA-Endorsed Supporting Measure</th>
<th>Systems Alignment</th>
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<tr>
<td>Appropriate Use</td>
<td>CAD-LVEF – ACE/ARB (ACO 33)</td>
<td>Adherence-ACE/ARB (NQF 0541)</td>
<td>CMS Stars, eValue8, HIM QRS, WSHA</td>
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<tr>
<td>Clinical/Intermediate Outcomes</td>
<td>Diabetes Composite (ACO 22)</td>
<td>Adherence-all oral diabetes drugs (NQF 0541)</td>
<td>CMS Stars, eValue8, HIM QRS, WSHA</td>
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<tr>
<td>Medication Adherence</td>
<td>ASC Admissions: COPD in older adults (ACO 9)</td>
<td>Adherence to Long-acting inhaled bronchodilators</td>
<td>NEW-endorsed May ‘16</td>
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<tr>
<td>Population/Community Health</td>
<td>Future Falls (ACO 13)</td>
<td>High Risk Medications in Elderly (NQF 0022)</td>
<td>CMS Stars, NCQA DAE</td>
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Where is the world of performance measurement moving?

eCQMs

- From administrative data to clinical data: administrative data has limited applicability to clinical situations, and can be misleading
  - Clinical data sources include medical charts, EHRs, registries

- IT advances allow for tapping of electronic clinical records, and communicating standardized information to other providers, payers, and patients, interoperatively

- Federal efforts (ONC) and mandates (MACRA specifies eCQMs for MIPS)
Care of Patients with Multiple Sclerosis

- *Initiation of Disease Modifying Therapies in Persons with Relapsing Forms of Multiple Sclerosis*

- Use of MRI testing to monitor disease progression and establish efficacy of MS DMT
Physicians spend a lot of time treating numbers — blood pressure, cholesterol levels, glycated hemoglobin levels. Professional guidelines, pharmaceutical marketing, and public health campaigns teach physicians and patients that better numbers mean success. Unfortunately, better numbers don't reliably translate into what really matters: patients who feel better and live longer. Often the health benefit gained by reaching a goal depends on how it is reached. When physicians strive for numerical goals without prioritizing the possible treatment strategies, patients may get less effective, less safe, or even unnecessary medications.

Many quality measures reinforce a focus on numerical goals. For example, performance-measure targets for hypertension control, as defined by the Healthcare Effectiveness Data and Information Set (HEDIS) and the Physician Quality Reporting System (PQRS), are met if a blood pressure below 140/90 mm Hg is reached after treatment with any antihypertensive medication, without a trial of dietary and exercise interventions (see table). Medications are the quickest and easiest way to reach the goal. Targets for cholesterol-control measures are met if a low-density lipoprotein (LDL) cholesterol level below 100 mg per deciliter is achieved in patients with coronary artery disease using ezetimibe before trying simvastatin, even though only the latter has been shown to reduce myocardial infarction risk. Simi-
Questions?

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