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2009 PQA Annual Meeting

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Measure Concepts Up For Vote

Pharmacy Quality Alliance Quality Measure Concepts for Medication Reconciliation

Measure Title	Measure Description/Definition
Medication Reconciliation for High Risk Patients in A Pharmacy	Percent of high risk patients with a new prescription or renewal of a prescription for whom their medications were reconciled.

Description:

The measure will determine the proportion of patients most at risk for medication related problems at transitions of care taking place outside of institutions that have their medications reconciled by a pharmacist in a community pharmacy.

Definitions:

High Risk Patient

Elderly patients identified as Medicare Part D beneficiaries and

- use of 8 or more chronic prescription medications identified by patient records or patient history.

or

- are on a high alert medication identified by the Institute for Safe Medication Practices (ISMP)
 - warfarin or any prescription anti-coagulants
 - narcotics
 - insulin
 - oral hypoglycemics

Transitions of Care

- Transitions of care that take place outside of institutions include transitions from a hospital or extended care facility to the community as well as transitions among community based organizations or practices.

Renewal of a prescription

- Renewal of prescription is a new prescription for a continuing medication and not a refill of a medication.

Medication Reconciliation

- Medication reconciliation is the comprehensive evaluation of a patient's medication regimen any time there is a change in therapy in an effort to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions, as well as to observe compliance and adherence patterns.

This process should include a comparison of the existing and previous medication regimens and should occur at every transition of care in which new medications are ordered, existing orders are rewritten or adjusted, or if the patient has added non-prescription medications to their self-care.

Rationale:

Evidence suggests that elderly patients, in particular those with multiple medications and receiving a high alert medication(s), are most at risk for an adverse drug event. In addition points of transitions of care for this population increase the risk of drug related problems. This measure uses a new or renewed prescription as identification of a transition of care and Medicare Part D beneficiary, number of chronic medications and an accepted list of high alert medications as tools for the pharmacist to identify patients who would gain the greatest benefit from medication reconciliation. The number of chronic medications (number 8) was chosen to be consistent with the proposed Medicare Part D, MTMP multiple medications guideline of 8 medications proposed by CMS for 2010 MTMP programs.

Denominator Description:

Number of high risk patients with a new prescription or renewal of a prescription within a specified period of time**

Numerator Description:

Number of high risk patients with a new prescription or renewal of a prescription for whom their medications were reconciled.

Data Source:

Pharmacy level data initially, however medication reconciliation transmittability and documentation is reported to be high on the agenda of the various entities working on the interoperability of HIT. It is likely that the ability to collect this data at higher levels in the system will be available in the near future.

** Period of time will be defined in Measure Development

Pharmacy Quality Alliance

Quality Measure Concepts for Medication Therapy Management

MTM Measure Concept - Adherence Measures

Measure Title	Measure Description/Definition
Identifying and improving potential medication adherence problems through MTM Services	The percent of patients using <Insert Medication Class/Name> and identified as not reaching the PDC threshold in the pre-measurement period who receive a comprehensive medication review or other MTM service intended to resolve the identified medication problem and met the Proportion of Days Covered (PDC) threshold of 80 percent during the post-measurement period for the particular medication class and/or name

Status: Draft

Three Medication Classes:

- ACE-I or ARB
- Oral Hypoglycemics (includes: biguanides, sulfonylureas, thiazolidinediones and dipeptidyl peptidase-4 (DPP4) inhibitors)
- Statins

Definitions:

Continuous enrollment: 24 months

Pre-measurement period: 180 days prior to the day when the CMR or MTM service was completed.

Post-measurement period: 180 days past the day the CMR or MTM service was completed.

Denominator Description:

MTM members who meet eligibility criteria who filled at least two prescriptions for <Insert Medication Class/Name> on two unique dates of service at any time in the pre-measurement period and whose PDC < 80% and who receive a comprehensive medication review or other MTM service intended to resolve the identified medication problem

Numerator Description:

Members in the denominator who have a PDC \geq 80% in the post measurement period

MTM Measure Concept - High-Risk Medications in the Elderly

Measure Title	Measure Description/Definition
Resolving Medication Related Problems through MTM Services - High-Risk Medications in the Elderly	Percentage of patients with HIGH-RISK MEDICATIONS IN THE ELDERLY who receive a comprehensive medication review or other MTM service intended to resolve the identified medication problem and who do not receive a high-risk medication during the re-measurement period.

NOTE: This measure has been altered to report a POSITIVE change – similar to the other measures.

Definitions:

Pre-measurement period = 120 or 90 days prior to the day when CMR or MTM service was completed

Post-measurement period = 120 or 90 days after the day the CMR or MTM service was completed

(Exact period can be determined through testing and further measure development)

Unique MTM patient –High-risk medication combinations: This measure differs slightly from the PQA/NCQA/HEDIS measures “Drugs to be Potentially Avoided in the Elderly” or “High-Risk Medications in the Elderly” that measures the percentage of elderly patients who received at least one or two high risk medications. The proposed MTM High-Risk Medications measure looks at each unique combination of patient and. The measure intends to measure the number of medication related problems being resolved; therefore, each medication related problem (each high-risk drug to be avoided) counts as one problem to be resolved. The proposed measure provides “credit” for each high-risk medication problem that is resolved through MTM Services.

Denominator Description: Number of unique MTM patient – high-risk medication combinations in the pre-measurement period who receive a comprehensive medication review or other MTM service intended to resolve the identified medication problem

Numerator Description: Number of unique MTM patient - high-risk medication combinations in the denominator that do not occur in the post-measurement period

MTM Measure Concept - Diabetes Suboptimal Treatment

Measure Title	Measure Description/Definition
Resolving Medication Related Problems through MTM Services – Diabetes suboptimal treatment	Percentage of patients identified with DIABETES SUBOPTIMAL TREATMENT and who receive a comprehensive medication review or other MTM service intended to resolve the identified medication problem and whom DIABETES SUBOPTIMAL TREATMENT is resolved or no longer present at re-measurement.

Definitions:

Pre-measurement period = 120 or 90 days prior to the day when CMR or MTM service was completed

Post-measurement period = 120 or 90 days after the day the CMR or MTM service was completed

(Exact period can be determined through testing and further measure development)

DIABETES SUBOPTIMAL TREATMENT: Patients who were dispensed at least one prescription for an oral hypoglycemic agent, insulin, incretin mimetic and at least one prescription for an antihypertensive agent AND who did not receive an ACEI/ARB or ACE/ARB combination during the pre-measurement period.

Denominator Description: Number of patients who meet criteria for DIABETES SUBOPTIMAL TREATMENT in the pre-measurement period and receive a comprehensive medication review or other MTM service intended to resolve the identified medication problem

Numerator Description: Number of patients in the denominator for whom DIABETES SUBOPTIMAL TREATMENT is resolved or no longer present in the post-measurement period

MTM Measure Concept - Absence of a Controller Med

Measure Title	Measure Description/Definition
Resolving Medication Related Problems through MTM Services – Absence of a controller medication for asthma	Percentage of patients identified with ABSENCE OF A CONTROLLER MEDICATION and who receive a comprehensive medication review or other MTM service intended to resolve the identified medication problem and whom ABSENCE OF A CONTROLLER MEDICATION is resolved or no longer present at re-measurement.

Definitions:

Pre-measurement period = 120 or 90 days prior to the day when CMR or MTM service was completed

Post-measurement period = 120 or 90 days after the day the CMR or MTM service was completed

(Exact period can be determined through testing and further measure development)

ABSENCE OF A CONTROLLER MEDICATION: Patients identified with persistent asthma who were dispensed **three or more canisters** of short acting beta 2 agonist inhalers over a 90 day per-measurement period and who did not receive controller therapy during the same 90-day period.

Denominator Description: Number of patients who meet criteria for ABSENCE OF A CONTROLLER MEDICATION in the pre-measurement period and receive a comprehensive medication review or other MTM service intended to resolve the identified medication problem

Numerator Description: Number of patients in the denominator for whom ABSENCE OF A CONTROLLER MEDICATION is resolved or no longer present in the post-measurement period.

MTM Measure Concept - Diabetics with HbA1c \leq 9%

Measure Title	Measure Description/Definition
Resolving Medication Related Problems through MTM Services - Diabetic patients with A1c < 9%	Percentage of Patients with Diabetes with Hemoglobin A1c (HbA1c) at >9% identified through the MTM program who receive a comprehensive medication review or other MTM service intended to resolve the identified medication problem and are now at or below 9% at re-measurement period.

Pre-measurement period = 120 or 90 days prior to the day when CMR or MTM service was completed.

Post-measurement period = 120 or 90 days after the day the CMR or MTM service was completed.

(Exact period can be determined through testing and further measure development)

Denominator Description: Patients enrolled in the MTM program who meet eligibility criteria and who have filled at least two prescriptions for a hypoglycemic agent (see coding of hypoglycemic agents) on two unique dates of service at any time during the pre-measurement period or have a diagnosis for diabetes (see denominator coding for diabetes) AND have a hemoglobin A1c >9% during the pre-measurement period AND who receive a comprehensive medication review or other MTM service intended to resolve the identified medication problem

Numerator Description: Patients in the denominator whose most recent hemoglobin A1c during the post-measurement period is equal or less than 9%.

Pharmacy Quality Alliance Quality Measure Concept for Blood Pressure Screening

Measure Title	Measure Description/Definition
Blood Pressure Screening	Percentage of patients > 18 years with documented blood pressure screening

Description:

This measure will determine the proportion of patients who have a documented blood pressure screening. It is calculated within a population based on age at yearly intervals during the measurement period.

Definitions:

- Blood pressure screening: A blood pressure measurement by mercury sphygmomanometer to measure both systolic and diastolic pressure in both arms.

Rationale:

The priority aim addressed by this measure is to maximize the number of patients appropriately screened for high blood pressure. Good evidence that blood pressure measurement can identify adults at increased risk for cardiovascular disease due to high blood pressure.^{1,2} Early and timely screening for patient with risk factors and problems for high blood pressure will increase the likelihood for timely treatment and intervention. Pharmacists are on the front line and in an ideal position to address priority screening issues.

Denominator Description:

Number of patients > 18 years of age in the pharmacy database.

Numerator Description:

Number of patients > 18 years of age in the pharmacy database with a documented blood pressure screening during a one year observation period.

Data Source:

Pharmacy claims data, pharmacy patient care charts, pharmacy self-report, and patient self-report through survey

References:

1. U.S. Preventive Services Task Force. Screening for high blood pressure: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med* 2007;147:783-786.
2. Wolff T and Miller T. Evidence for the Reaffirmation of the U.S. Preventive Services Task Force Recommendation on Screening for High Blood Pressure. *Ann Intern Med* 2007;147; 787-791.

NQF Endorsed Measures:

NQF # 0013

Blood pressure measurement

Status: Endorsed

Endorsed on: MAY 01, 2006

Steward(s): American Medical Association - Physician Consortium for Performance Improvement

NQF # 0013

Title: Blood pressure measurement

Status: Endorsed

Endorsed on: MAY 01, 2006

Steward(s): American Medical Association - Physician Consortium for Performance Improvement

Description: Percentage of patient visits with blood pressure measurement recorded among all patient visits for patients aged > 18 years with **diagnosed hypertension**.

NQF # 0018

Title: Controlling High Blood Pressure

Status: Endorsed

Endorsed on: MAY 01, 2006

Steward(s): National Committee for Quality Assurance

Description: Percentage of patients with last BP < 140/80 mm Hg.

HEDIS Measures

Controlling High Blood Pressure – Patients 18-56 years with a **diagnosis of hypertension** whose most recent blood pressure was controlled (< 140/90)

**Pharmacy Quality Alliance
Quality Measure Concept for Immunization**

Measure Title	Measure Description/Definition
Preventive measure: Zoster immunization	Percentage of patients 60 years of age and older who have received a zoster vaccine directly from the pharmacy.

Description:

This measure will determine the proportion of patients 60 years of age or over who receive a zoster immunization directly or indirectly as the result of pharmacists' interventions. Outcomes will be calculated within the general pharmacy community during the measurement period, including patients that are Medicare-eligible and those with other third party coverage.

Definitions:

Zoster immunization: administration of the zoster vaccine via subcutaneous route or other FDA-approved route of administration for the purpose of preventing infection with herpes zoster virus.

Rationale: The priority aim addressed by this measure is to minimize the likelihood of infection with herpes zoster virus for individuals. Herpes zoster virus infection contributes to increased patient morbidity and mortality and significant secondary healthcare costs. The United States Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices defines adults 60 years of age or older as the primary group targeted to receive this immunization for the prevention of herpes zoster. Pharmacists have continual patient contact and are in an ideal position to identify patients eligible to receive the zoster vaccine. Pharmacists in all 50 states are licensed to administer vaccinations in pharmacies or at worksites or other locations, and they have been shown to be cost-effective providers of vaccines to healthy adults. Pharmacists also are effective immunization facilitators through their screening and advocacy activities and by providing space in their pharmacies for other providers to administer vaccines.

Denominator Description:

- Number of pharmacy patients who are at least 60 years of age.

Numerator Description:

- Number of pharmacy patients who have received a herpes zoster vaccine in their lifetime.

Data Sources:

- Medicare Part D and private insurer pharmacy claims data
- Pharmacy prescription database
- Pharmacy self-report

References:

1. Centers for Disease Control and Prevention. Prevention of Herpes Zoster. Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Early Release* 2008;57:RR-5:1-30.
2. Prosser LA, O'Brien MA, Molinari NM, Hohman KH et al. Non-traditional settings for influenza vaccination of adults: Costs and cost effectiveness. *Pharmacoeconomics* 2008;26:163-178
3. Grabenstein JD. Pharmacists as vaccine advocates: roles in community pharmacies, nursing homes, and hospitals. *Vaccine* 1998;16:1705-1710

NQF Endorsed Measures:

None

HEDIS Measures:

None