

## Pharmacy Quality Alliance

### Quality Measure Concepts for Medication Therapy Management

#### 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

#### Medication Class/Name:

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

#### Type of Measure:

Drug plan evaluation of pharmacy networks (claims data)  
 Health plan evaluation of pharmacy networks (claims data)  
 Pharmacy, drug plan, health plan and MTM vendor self-assessment (internal data)

#### Eligible:

Age: 18 years and older as the last day of measurement year.

Continuous enrollment: 24 months. Two or more prescriptions, with 150 days between the first fill and the last fill, in the first 12-month period

Allowable gap: no more than one gap in enrollment of up to 45 days during each year of continuous enrollment.

**Pharmacy/Plan attribution:** Direct

#### Definitions-

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.

PDC (proportion of days covered): The number of days in the measurement period “covered” by prescription claims for the same medication or another in its therapeutic category.

PDC threshold: The level of PDC above which the medication has a reasonable likelihood of achieving most of the potential clinical benefit (80%).

CMR: A comprehensive medication review is a review of a patient’s medications, including prescriptions, over-the-counter (OTC) medications, herbal therapies and dietary supplements intended to aid in assessing medication therapy and optimizing patient outcomes.

**Rationale:** Improving patient adherence with chronic medications is a reasonable goal of MTM programs. This measure applies NQF endorsed adherence measures to a subset of patients who are non-adherent and receive a comprehensive medication review. The measure can be used as one indicator of the success of the CMR to improve patient adherence.

**Medication Adherence Calculation Disclaimer:**

Claims analysis methods attempting to determine medication adherence based solely on prescription claims data are subject to misinterpretation due to the limitations of details from point-of-care, medical information, diversity of medication access. Prescription claims data should best be applied as a component of a quality or performance measurement process as a filter or flag patients who may be experiencing potential medication adherence problems.

**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

**PDC calculation:**

Use the following steps to determine the number of patients who met the PDC threshold during the measurement pre/post period.

Step 1: Count the total days supply (covered days) within the measurement year for all <Insert Medication Class/Name> dispensed during the measurement year

Step 2: Count the total number of days from the first day of the first fill of <Insert Medication Class/Name> in the measurement year to the last day of the measurement year.

Step 3: Divide the total days supply (covered days) of <Insert Medication Class/Name> dispensed within the measurement year (Step1) over the total number of days from the first fill of <Insert Medication Class/Name> in the measurement year to the last day of the measurement year (Step 2).

Step 4: Count the number of patients who met a PDC threshold of 80% or higher (calculated in Step 3).

**Data Source:** MTM programs/health plans/PBMs/intermediaries and pharmacies that track participation in MTM programs either through self-reporting or established tracking sources

## MTM - High-Risk Medications in the Elderly

Measure Title	Measure Description/Definition
Resolving Medication Related Problems through MTM Services - <b>High-Risk Medications in the Elderly</b>	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 drug during the re-measurement period.

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

**Status:** Draft

### Type of Measure:

Drug plan evaluation of pharmacy networks (claims data)  
 Health plan evaluation of pharmacy networks (claims data)  
 Health plan, drug plan and MTM vendor self-assessment (internal data)  
 Pharmacy/pharmacist self-assessment

### Eligible:

Age: 65 years and older as of the last day of measurement year.

**Pharmacy/Plan attribution:** Indirect. This is an indirect measure because the pharmacist does not have unilateral control of the patient’s medications. Therefore, although the goal is 100%, quantifiable benchmarks should be established during field testing.

### 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.

Medication List of High Risk Medications in the Elderly: Current PQA/NCQA/HEDIS medication list for the measures “Drugs to be Avoided in the Elderly” or “High-Risk Medications in the Elderly”.

**Medication Related Problem:**

High Risk Medications in the Elderly

**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

**Rationale:** The Use of High Risk Drugs in the Elderly measure addresses medication management to prevent the potential harms associated with certain medications in the elderly.

Certain medications are associated with increased risk of harms from drug side-effects and drug toxicity and pose a concern for patient safety. There is clinical consensus that these drugs pose increased risks in the elderly. Studies link prescription drug use by the elderly with adverse drug events that contribute to hospitalization, increased length of hospital stay, increased duration of illness, nursing home placement and falls and fractures that are further associated with physical, functional and social decline in the elderly.

Reducing prescriptions of high-risk drugs in the elderly also represents an opportunity to reduce the costs associated with the harm from medications (e.g., hospitalizations from drug toxicity) and encourage clinicians to consider safer, alternative medications. Reducing unnecessary prescribing will also help to reduce cost, given that the elderly population represent one third of all prescription drug expenditures in the U.S. but comprises only 13 percent of the population.<sup>1</sup> This measure targets the MTM visit as a mechanism for identifying and resolving cases of high-risk medications in the elderly.

**Data Source:**

Health plan data

Pharmacy data

**Evidence Base<sup>1</sup>:****EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal
- National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

<sup>1</sup>[http://www.qualitymeasures.ahrq.gov/summary/summary.aspx?ss=1&doc\\_id=13083](http://www.qualitymeasures.ahrq.gov/summary/summary.aspx?ss=1&doc_id=13083)

## MTM – Diabetes Suboptimal Treatment

Measure Title	Measure Description/Definition
Resolving Medication Related Problems through MTM Services – <b>Diabetes suboptimal treatment</b>	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.

**Status:** Draft

### **Type of Measure:**

Drug plan evaluation of pharmacy networks (claims data)  
Health plan evaluation of pharmacy networks (claims data)  
Health plan, drug plan and MTM vendor self-assessment (internal data)  
Pharmacy/pharmacist self-assessment

### **Eligible:**

Age: 18 years and older as the last day of measurement year.

**Pharmacy/Plan attribution:** Indirect

### **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.

**Medication Related Problems:** Diabetes suboptimal treatment (PQA measure)

**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.

**Data Source:** Prescription claims data, MTM administrative data

## MTM - Absence of a Controller Med

Measure Title	Measure Description/Definition
Resolving Medication Related Problems through MTM Services – <b>Absence of a controller medication for asthma</b>	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.

**Status:** Draft

### **Type of Measure:**

Drug plan evaluation of pharmacy networks (claims data)  
Health plan evaluation of pharmacy networks (claims data)  
Health plan, drug plan and MTM vendor self-assessment (internal data)  
Pharmacy/pharmacist self-assessment

**Eligible:** Age: 18 years and older as the last day of measurement year.

**Pharmacy/Plan attribution:** Indirect

### **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.

**Medication Related Problems:** Adapted from Absence of Controller Therapy (PQA Measure)

**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.

**Data Source:** Prescription claims data, MTM administrative data

**MTM - Diabetics with HbA1c < 9%**

<b>Measure Title</b>	<b>Measure Description/Definition</b>
Resolving Medication Related Problems through MTM Services - <b>Diabetic patients with A1c &lt; 9%</b>	Percentage of <b>Patients with Diabetes with Hemoglobin A1c (HbA1c) at &gt;9%</b> 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.

**Status:** Draft

**Type of Measure:**

- Drug plan evaluation of pharmacy MTM networks (claims data)
- Health plan evaluation of pharmacy networks (claims data)
- Health plan, drug plan and MTM vendor self-assessment (internal data)
- Pharmacy/pharmacist self-assessment

**Eligible:**

Age: 18 years and older as of the last day of measurement year.

**Pharmacy/Plan attribution:** Indirect.

**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)*

**Medication Related Problem:**

Poor Glycemic control of diabetic patients

**Rationale:** Intensive therapy of diabetic patients that is intended to lower glycosylated hemoglobin reduces the risk of microvascular complications.

**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%.

The HbA1c used for the numerator and denominator can be determined by:

CPT II code 3046F: Most recent hemoglobin A1c level > 9.0%

CPT II code 3045F: Most recent HbA1c level 7.0 to 9%.

CPT II code 3044F: Most recent hemoglobin A1c level < 7.0%

MTM documentation including source of information

**Exclusions:**

Patients in the denominator who have not had an HbA1c performed in the post-measurement period.

Patients with gestational diabetes or steroid induced diabetes.

**Data Source:**

Health plan data

Pharmacy claims data

Laboratory claims data