



Optimizing Health by Advancing the Quality of Medication Use

## PQA Measures Overview

### INTRODUCTION

There are three types of PQA measures: Performance Measures, Monitoring Measures, and Quality Improvement Indicators. Only PQA performance measures can be used in accountability programs and only for the intended level of attribution. PQA measures are grouped into four domains: Adherence, Appropriate Medication Use, Medication Safety, and Medication Management Services. PQA has two measure sets focused on opioids and specialty medications. Most PQA measures are for evaluating health plan performance and quality improvement. PQA also has a set pharmacy measures for evaluating pharmacy performance and quality improvement.

### TYPES OF PQA MEASURES

**Performance measures** are intended to evaluate the quality of healthcare processes, intermediate outcomes, or outcomes. PQA performance measures may be used in accountability programs (e.g., public reporting, benchmarking, external comparisons, performance payments). Examples include the PQA-endorsed performance measures, *Proportion of Days Covered: Statins* and *Statin Use in Persons with Diabetes*.

**Monitoring measures** are intended to promote standardized documentation and reporting of healthcare processes, intermediate outcomes, or outcomes. The monitoring measures may be used for standardized reporting requirements for monitoring or surveillance purposes but not for accountability programs. An example is the monitoring measure, *Medication Therapy Problem Resolution*.

**Quality improvement indicators (QIIs)** are intended to assess improvement of healthcare processes, intermediate outcomes, or outcomes from baseline within a population/organization. PQA QIIs may be used for self-assessment (e.g., internal quality improvement), and do not require the use of standardized reporting. Examples include the PQA-approved QIIs, *Provision of MTM Services Post-Hospital Discharge* and *Readmission of Patients Provided MTM Services Post Hospital Discharge*.

### HEALTH PLAN MEASURES

#### Adherence

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The adherence measures examine individuals' prescription claims for specific classes of medication therapy. Proportion of Days Covered (PDC) is the preferred method to measure medication adherence; therefore, PQA uses this methodology for its measures that assess patients' adherence to important chronic medication therapies.

Adherence measures assess the percentage of individuals covered by prescription claims for the same medication or for another medication in the same therapeutic class within the measurement year. The PDC threshold is the level above which the medication has a reasonable likelihood of achieving the most clinical benefit. Clinical evidence provides support for a standard PDC threshold of 80%. However, the *Proportion of Days Covered: Antiretroviral Medications* measure requires a 90% threshold for  $\geq 3$  antiretroviral medications.

- *Proportion of Days Covered: Diabetes All Class* (PDC-DR) (NQF #0541)
- *Proportion of Days Covered: Renin Angiotensin System Antagonists* (PDC-RASA) (NQF #0541)
- *Proportion of Days Covered: Statins* (PDC-STA) (NQF #0541)
- *Proportion of Days Covered: Beta-Blockers* (PDC-BB)
- *Proportion of Days Covered: Calcium Channel Blockers* (PDC-CCB)
- *Adherence to Direct-Acting Oral Anticoagulants* (PDC-DOAC)
- *Adherence to Long-Acting Inhaled Bronchodilator Agents in COPD* (PDC-COPD)
- *Proportion of Days Covered: Antiretroviral Medications* (this measure has a threshold of 90% for  $\geq 3$  medications) (PDC-ARV)
- *Adherence to Non-infused Biologic Medications Used to Treat Rheumatoid Arthritis* (PDC-RA)
- *Adherence to Non-infused Disease Modifying Agents Used to Treat Multiple Sclerosis* (PDC-MS)

The PDC method, although preferred for chronic therapies, may not be the most appropriate method to assess adherence and persistence for acute therapies of shorter duration. Rather, a different method may be used to better assess whether individuals have completed their medication regimens. The *Treatment of Chronic Hepatitis C: Completion of Therapy* measure assesses the percentage of individuals who initiated antiviral therapy for treatment of chronic hepatitis C, and who completed the minimum intended duration of therapy with no significant gap(s) in therapy.

- *Treatment of Chronic Hepatitis C: Completion of Therapy* (HCV)

Four of the above measures are included in the **PQA Specialty Measure Set** because they evaluate individuals receiving high-cost or high-touch medications to treat certain chronic or complex disease states. Prescribed medications are often the backbone of treatment for specialty conditions, and ensuring adherence to those vital therapies is a key component of a comprehensive care strategy.

- *Treatment of Chronic Hepatitis C: Completion of Therapy* (HCV)
- *Adherence to Non-Infused Disease Modifying Agents Used to Treat Multiple Sclerosis* (PDC-MS)
- *Proportion of Days Covered: Antiretroviral Medications* (PDC-ARV-2019)
- *Adherence to Non-Infused Biologic Medications Used to Treat Rheumatoid Arthritis* (PDC-RA)

### Appropriate Medication Use

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The appropriate medication use measures focus on diabetes, asthma, and anticoagulation. The *Statin Use in Persons with Diabetes* measure assesses the percentage of individuals ages 40 to 75 years with prescription claims for diabetes medications and a statin medication. The *Medication Therapy for Persons with Asthma* measure assesses two areas of respiratory medication use, suboptimal asthma control and absence of controller therapy. The *International Normalized Ratio (INR) Monitoring for Individuals on Warfarin* measure assesses the percentage of individuals who had at least one INR monitoring test during each 56-day interval with active warfarin therapy.

- *Statin Use in Persons with Diabetes* (SUPD)
- *Medication Therapy for Persons with Asthma* (MTPA)
- *International Normalized Ratio Monitoring for Individuals on Warfarin* (INR) (NQF #0555)

### Medication Safety

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Patient safety is addressed through several measures. The *Drug-Drug Interactions* measure identifies individuals with concurrent prescriptions for two medications for which serious adverse effects have been reported or may be expected based on known pharmacology of the medications involved, and co-prescription has an unfavorable balance of benefits and harms for many, if not most, individuals, particularly considering available pharmacologic and nonpharmacologic alternatives. The measure, *Antipsychotic Use in Persons with Dementia*, evaluates the percentage of individuals with dementia with a prescription claim for an antipsychotic medication without evidence of a psychotic disorder or related condition. This measure was also adapted for the long-term care setting using MDS data. The *Antipsychotic Use in Children under 5 Years* measure addresses the use of antipsychotic medications in a population where there are no approved indications for their use.

- *Drug-Drug Interactions* (DDI-2017)
- *Antipsychotic Use in Persons with Dementia* (APD)
- *Antipsychotic Use in Persons with Dementia: MDS* (APD-MDS)
- *Antipsychotic Use in Children under 5 Years* (APC)

Three measures address patient safety in older adults. The *Use of High-Risk Medications in the Elderly* (HRM) measure is adapted from a Healthcare Effectiveness Data and Information Set (HEDIS®) measure, which assesses medication management in the elderly to prevent the harms associated with certain medications for this population. Two measures that address polypharmacy in older adults, like the HRM measure, are based on the American Geriatric Society Beers Criteria. Use of multiple anticholinergics in older adults is associated with an increased risk of cognitive decline and use of multiple CNS-active medications in older adults is associated with an increased risk of falls.

- *Use of High-Risk Medications in the Elderly* (HRM)
- *Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults* (POLY-ACH)
- *Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults* (POLY-CNS)

Seven measures in the **PQA Opioid Measure Set** provide important tools to address the opioid epidemic. Four measures evaluate use of opioids at high dosage ( $\geq 90$  MME/day), from multiple prescribers and pharmacies, and concurrently with benzodiazepines, which are associated with an increased risk of potentially fatal opioid overdose. Three initial opioid prescribing measures evaluate new prescriptions at high dosage ( $\geq 50$  morphine milligram equivalents per day), for long duration ( $> 7$  cumulative days' supply), or for long-acting or extended release opioids, which are associated with an increased risk of chronic use, misuse, and in some cases, overdose. Individuals with a cancer diagnosis, sickle cell disease, or those receiving hospice care are excluded.

- *Use of Opioids at High Dosage in Persons Without Cancer (OHD) (NQF #2940)*
- *Use of Opioids from Multiple Providers in Persons Without Cancer (OMP) (NQF #2950)*
- *Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP) (NQF #2951)*
- *Concurrent Use of Opioids and Benzodiazepines (COB) (NQF #3389)*
- *Initial Opioid Prescribing at High Dosage (IOP-HD)*
- *Initial Opioid Prescribing for Long Duration (IOP-LD)*
- *Initial Opioid Prescribing for Long-Acting or Extended-Release Opioids (IOP-LA)*

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### Medication Management Services

The *Completion Rate for Comprehensive Medication Review* measure assesses the extent to which Medication Therapy Management (MTM)-eligible patients receive a comprehensive medication review during their MTM-eligibility period. The *Medication Therapy Problem Resolution* monitoring measure is based on the [PQA Medication Therapy Problem Categories Framework](#) and evaluates the percentage of interventions that resolve medication therapy problems among individuals participating in an MTM program. There are two MTM quality improvement indicators (QIIs), one that evaluates the provision of MTM services after hospital discharge, and one that evaluates hospital readmission following MTM services provided post discharge.

- *Completion Rate for Comprehensive Medication Review (CMR)*
- *Medication Therapy Problem Resolution (MTPR) (Monitoring Measure)*
- *Provision of Medication Therapy Management Services Post Hospital Discharge (QII)*
- *Readmission of Patients Provided Medication Therapy Management Services Post Hospital Discharge (QII)*

### PHARMACY MEASURES

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#### Adherence

PQA has three adherence measures using the PDC methodology that were developed, tested, and endorsed for pharmacy performance measurement. The measures evaluate adherence to medications for hypertension, cholesterol, and HIV across the Medicare line of business.

- *Proportion of Days Covered: Renin Angiotensin System Antagonists (Pharmacy) (PDC-RASA-PH)*
- *Proportion of Days Covered: Statins (Pharmacy) (PDC-STA-PH)*
- *Proportion of Days Covered: Antiretroviral Medications (Pharmacy) (PDC-ARV-PH) (this measure has a PDC threshold of 90% for  $\geq 3$  medications)*

Primary Medication Nonadherence (PMN) assesses when a new medication is prescribed for a patient, but the patient does not obtain the medication, or appropriate alternative, within an acceptable period of time after it was prescribed.

- *Primary Medication Nonadherence (PMN)*

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#### Medication Management Services

PQA has four medication synchronization QIIs that evaluate program acceptance and initial synchronization, patient contact rate, completeness of synchronization for chronic medications, and continuation of synchronization after 6 months and after 12 months.

- *Medication Synchronization: Program Acceptance and Initial Synchronization (QII)*
- *Medication Synchronization: Patient Contact Rate (QII)*
- *Medication Synchronization: Completeness (QII)*
- *Medication Synchronization: Continuation: 2 Rates (QII)*

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