

PQA Measure Overview

Measure Domains. PQA metrics are grouped into five domains: Adherence, Appropriate Medication Use, Medication Safety, Medication Therapy Management, and Quality Improvement Indicators.

Adherence

The adherence measures examine patients' fills of medications for particular therapeutic drug classes. Proportion of Days Covered (PDC) is the preferred method to measure adherence; therefore, PQA uses this methodology for its measures that assess patients' adherence to important chronic drug therapies. Adherence measures assess the percentage of patients covered by prescription claims for the same drug or for another drug 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 *PDC: Antiretroviral Medications* measure requires 90% threshold for at least two antiretroviral medications.

- Diabetes All Class (PDC-DR) (NQF #0541)
- Renin Angiotensin System Antagonists (PDC-RASA) (NQF #0541)
- Statins (PDC-STA) (NQF #0541)
- Beta-blockers (PDC-BB)
- Calcium Channel Blockers (PDC-CCB)
- Biguanides (PDC-BG)
- Dipeptidyl Peptidase (DPP)-4 Inhibitors (PDC-DPP)
- Sulfonylureas (PDC-SFU)
- Thiazolidinediones (PDC-TZD)
- Non-Warfarin Oral Anticoagulants (PDC-NOAC)
- Long-Acting Inhaled Bronchodilator Agents in COPD (PDC-COPD)
- Antiretrovirals (this measure has a threshold of 90% for at least 2 medications) (PDC-ARV)
- Non-infused Biologic Medications Used to Treat Rheumatoid Arthritis (PDC-RA)
- 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 patients have completed their medication regimens. The *Treatment of Chronic Hepatitis C: Completion of Therapy* measure assesses the percentage of patients 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)

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)

Appropriate Medication Use

The diabetes medication measures assess two areas of diabetes medication use: the appropriate dosing of diabetes medications and the use of statin medications for patients with diabetes. The *Diabetes Medication Dosing* measure assesses the percentage of patients who were dispensed a dose higher than the daily recommended dose for diabetes medications. The *Statin Use in Persons with Diabetes* measure assesses the percentage of patients ages 40 to 75 years who were dispensed medications for diabetes and a statin medication.

- Diabetes Medication Dosing (DOS)
- Statin Use in Persons with Diabetes (SUPD) (NQF #2712)

The *Medication Therapy for Persons with Asthma* measure assesses two areas of respiratory medication use. The *suboptimal asthma control* rate assesses the percentage of patients with persistent asthma who were dispensed more than three canisters of a short-acting beta-2 agonist inhaler over any three-month period. The *absence of controller therapy* rate assesses the percentage of patients with persistent asthma who were dispensed more than three canisters of a short-acting beta-2 agonist inhaler over any three-month period and who did not receive the appropriate controller therapy.

- Medication Therapy for Persons with Asthma (MTPA)

Medication Safety

Patient safety is addressed through several measures. The *Drug-Drug Interactions* measure was developed by PQA to identify patients who were concurrently receiving two drugs for which serious adverse effects have been reported or may be expected based on known pharmacology of the drugs involved, and co-prescription has an unfavorable balance of benefits and harms for many, if not most, individuals, particularly in light of available pharmacologic and nonpharmacologic alternatives. The measure, *Antipsychotic Use in Persons with Dementia*, was developed to identify the percentage of individuals with dementia who are receiving 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 (2017 Update) (DDI-2017)
- Antipsychotic Use in Persons with Dementia (APD) (NQF #2111)
- Antipsychotic Use in Persons with Dementia: MDS (APD-MDS)
- Antipsychotic Use in Children under 5 Years (APC)

Four 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. The measure, *Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly*, was developed to address a gap in the HRM measure. Two measures that address polypharmacy in older adults, like the HRM measure, are based on the American Geriatric Society 2015 Updated 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 (2017 Update) (HRM-2017)
- Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly (BSH)
- Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH)
- Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (POLY-CNS)

Four measures address high-risk use of prescription opioids in persons without cancer. Use of opioids with benzodiazepines, at high dosage, or from multiple prescribers and pharmacies are associated with an increased risk of potentially fatal opioid overdose.

- Concurrent Use of Opioids and Benzodiazepines (COB)
- 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)

Medication Therapy Management

Medication Therapy Management (MTM) can be assessed in multiple ways. Currently, one measure is endorsed by PQA. The *Completion Rate for Comprehensive Medication Review* measure assesses the extent to which MTM-eligible patients receive a comprehensive medication review during their MTM-eligibility period.

- Completion Rate for Comprehensive Medication Review (CMR)

Quality Improvement Indicators

These metrics are used by organizations solely for internal quality improvement.

- Provision of Medication Therapy Management Services Post Hospital Discharge
- Readmission of Patients Provided Medication Therapy Management Services Post Hospital Discharge
- Medication Synchronization: Program Acceptance and Initial Synchronization
- Medication Synchronization: Patient Contact Rate
- Medication Synchronization: Completeness
- Medication Synchronization Continuation: 2 Rates

Core Measure Sets. PQA has two core measure sets focused on opioids and specialty medications.

Opioid Core Measure Set

The PQA Opioid Core Measure set provides important and timely tools to address the opioid epidemic. The measures evaluate patients with prescriptions for opioids in combination with benzodiazepines, at high-dosage, or from multiple prescribers and pharmacies. These prescribing patterns are associated with an increased risk of opioid use disorder, overdose, or death. Patients with a cancer diagnosis or those receiving hospice care are excluded.

- Concurrent Use of Opioids and Benzodiazepines (COB)
- 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)

Specialty Core Measure Set

The PQA Specialty Core Measure set includes measures that evaluate patients receiving high-cost or high-touch medications to treat certain chronic or complex disease states. Prescribed medications often are 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)
- Adherence to Antiretrovirals (PDC-ARV)
- Adherence to Non-Infused Biologic Medications Used to Treat Rheumatoid Arthritis (PDC-RA)