PQA Measure Overview

TYPES OF PQA MEASURES

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. Most PQA measures are for evaluating health plan performance. PQA also has a set of pharmacy measures for evaluating pharmacy performance and quality improvement.

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

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. To assess medication adherence, PQA has one composite adherence measure and 10 adherence measures for individual therapeutic classes that were developed, tested, and endorsed for health plan performance measurement. The composite measure assesses adherence to medications for diabetes, hypertension, and cholesterol.

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.

- *Proportion of Days Covered Composite* (PDC-CMP)
- *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%)(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 or for therapies in which prescription claims may not accurately reflect the days' supply. 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. The *Persistence to Basal Insulin* (PST-INS) measure assesses the percentage of individuals who were treatment persistent to basal insulin during the measurement year.

- *Treatment of Chronic Hepatitis C: Completion of Therapy* (HCV)
- *Persistence to Basal Insulin* (PST-INS)

Four of the above measures evaluate individuals 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)
- *Proportion of Days Covered: Antiretroviral Medications* (PDC-ARV)
- *Adherence to Non-Infused Biologic Medications Used to Treat Rheumatoid Arthritis* (PDC-RA)

Appropriate Medication Use

The appropriate medication use measures focus on diabetes, anticoagulation, and migraine treatment. 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 *Use of Medications to Prevent Major Cardiovascular Events in Persons with Diabetes* measure

assesses the percentage of individuals who have type 2 diabetes and established atherosclerotic cardiovascular disease that are prescribed a GLP-1 receptor agonist or SGLT-2 inhibitor with proven cardiovascular benefit. The *International Normalized Ratio 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. The *Migraine Preventive Therapy* measure assesses the percentage of individuals with frequent use of acute medications that also received preventive medications for the treatment of migraine.

- *Statin Use in Persons with Diabetes* (SUPD)
- *Use of Medications to Prevent Major Cardiovascular Events in Persons with Diabetes* (CVDM)
- *International Normalized Ratio Monitoring for Individuals on Warfarin* (INR) (NQF #0555)
- *Migraine Preventive Therapy* (MPT)

Medication Safety

Patient safety is addressed through several measures. The *Antipsychotic Use in Persons with Dementia* (APD) measure assesses the percentage of individuals with dementia with a prescription claim for an antipsychotic medication without evidence of a psychotic disorder or related condition.

- *Antipsychotic Use in Persons with Dementia* (APD)

Two measures address patient safety in older adults. These measures, which address polypharmacy in older adults, are based on the American Geriatrics 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.

- *Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults* (POLY-ACH)
- *Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults* (POLY-CNS)

PQA has five opioid measures that focus on safety. Three measures focus on opioid prescribing that is associated with an increased risk of opioid overdose, including use at high dosage, use from multiple prescribers and pharmacies, and concurrent use with benzodiazepines. The initial opioid prescribing measure evaluates new prescriptions for long duration (>7 days), which is associated with an increased risk of chronic use, misuse, and in some cases, overdose. The final measure evaluates annual drug monitoring among individuals prescribed long-term opioid therapy.

- *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)
- *Concurrent Use of Opioids and Benzodiazepines* (COB) (NQF #3389)
- *Initial Opioid Prescribing for Long Duration* (IOP-LD) (NQF #3558)
- *Annual Monitoring for Persons on Long-Term Opioid Therapy* (AMO) (NQF #3541)

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

Adherence

PQA has one composite adherence measure and three adherence measures for individual therapeutic classes that were developed, tested, and endorsed for pharmacy performance measurement. The composite measure assesses adherence to medications for diabetes, hypertension, and cholesterol. The three individual medication class adherence measures evaluate adherence to medications for hypertension, cholesterol, and HIV across the Medicare line of business.

- *Proportion of Days Covered Composite [Pharmacy]* (PDC-CMP-PH)
- *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%)

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

- *Primary Medication Nonadherence [Pharmacy]* (PMN-PH)

Medication Management Services

The *Specialty Pharmacy Turnaround Time* measure assesses the average number of days between a specialty pharmacy receiving a new prescription for a specialty medication and the prescription being ready for pick-up or scheduled for delivery.

- *Specialty Pharmacy Turnaround Time [Pharmacy]* (SP-TAT-PH)

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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Please visit the PQA Quality Measures webpage for additional information.
For questions about PQA measures, please use the Technical Assistance Request form.

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