



## REQUEST FOR INTEREST:

### Piloting PQA Adult Immunization Pharmacy Measure Concepts in Payer-Pharmacy Partnerships

#### 1. Overview

The Pharmacy Quality Alliance (PQA) is seeking interested pharmacy and payer partners to participate in pilots to implement and test high priority immunization pharmacy measure concepts. These pilots, in the context of payer-pharmacy partnerships (including but not limited to value-based arrangements [VBAs]), are designed to advance pharmacy quality measurement and patient care by evaluating the impact of innovative pharmacy services, gaining a deeper understanding of measure concept feasibility and performance, and assessing value to stakeholders.

Participating pharmacies will have the opportunity to demonstrate the quality of clinical services provided to patients and strengthen business opportunities (e.g., demonstrating value, potential to enter into VBAs). Payers will gain the opportunity to partner with pharmacies to improve care delivered to their members, which can also enhance the payer’s performance on related immunization metrics for which they are accountable. Additionally, pilot participants will be highlighted as leaders in advancing pharmacy quality in project-related communications. Anticipated value to the various stakeholders is outlined in the table below.

Stakeholder	Value
<b>Community pharmacies</b>	<ul style="list-style-type: none"> <li>• Opportunity to be visible quality leaders in the country by engaging in pilots using novel pharmacy measures assessing patient care services.</li> <li>• Early access to draft specifications of pharmacy measures intended for use in payer-pharmacy partnerships to assess immunization quality.</li> <li>• Potential payment through payer-pharmacy VBAs, aligned with achieving performance targets depending on the nature of the payer-pharmacy partnership.</li> </ul>

Stakeholder	Value
	<ul style="list-style-type: none"> <li>• Ability to improve patient health and access to high-quality care by providing immunization services.</li> <li>• Demonstration of the importance of payer-pharmacy partnerships to support scale, spread and sustainability of innovative pharmacy services.</li> </ul>
<b>Payers</b>	<ul style="list-style-type: none"> <li>• Early access to draft specifications of pharmacy measures intended for use in payer-pharmacy partnerships to assess immunization quality.</li> <li>• Opportunities to partner with pharmacies to improve performance and close gaps in care, aligned with related health plan quality measures.</li> <li>• Increase members' access to community-based immunization services through pharmacist-provided care.</li> <li>• Opportunity for accurate and timely access to immunization data.</li> </ul>
<b>Patients</b>	<ul style="list-style-type: none"> <li>• Increased immunity and reduced risks of acquiring diseases by receiving recommended adult immunizations.</li> <li>• Access to enhanced pharmacist-provided care and services provided by pharmacists at local community pharmacies.</li> <li>• Better coordination of care between health care providers and health plan.</li> </ul>
<b>PQA</b>	<ul style="list-style-type: none"> <li>• Deeper understanding of pharmacists' ability to collect and report immunization data in the community pharmacy setting.</li> <li>• Critical insights regarding the current community pharmacy landscape to inform and support current and future pharmacy measure development.</li> <li>• Evaluation of immunization pharmacy measure concepts to improve and refine draft measure specifications and support broad adoption and accurate implementation.</li> </ul>

## 2. Disclaimer

PQA is issuing this request for interest (RFI) to gauge interest and willingness to participate in these pharmacy measure pilots. Response to this RFI does not guarantee acceptance or participation in this pilot program. Nothing in this RFI constitutes a legally binding contract of any kind between PQA and the responding entity, nor does the submission of a response to this RFI guarantee any entity the opportunity to participate in a value-based agreement or other arrangement of any kind in the future. Not responding to this RFI does not preclude participation in any future partnerships, and respondents to any previous PQA RFIs are not precluded from responding to this RFI.

Please refer to section 6 for the information to include in your response. **Responses must be received by 11:59 p.m. ET on Friday, October 27, 2023. Priority will be given to responses received by 11:59 p.m. ET on Friday, October 13, 2023.**

### 3. Background

As PQA continues to build out a set of standardized pharmacy performance measures, our focus is on measure concepts prioritized most highly by stakeholders—including pharmacy and health plan representatives. PQA A1C and Blood Pressure Improvement and Control pharmacy measures currently are being piloted in payer-pharmacy VBAs. With adult immunization assessments and gap closure being the next most highly rated concepts, we are pleased to launch additional pilots focused in this area.

For decades, pharmacists and pharmacy teams have played an integral role in providing preventive healthcare services. In particular, the recent COVID-19 pandemic demonstrated the importance and value of pharmacy-provided immunizations. Pharmacists are experts in medication use, including immunizations, and patients may visit their pharmacies much more frequently than they visit primary care providers. As a result, pharmacists are uniquely positioned to assess patients for immunization gaps and administer needed immunizations in the pharmacy or provide a referral to another setting.

Currently, there are no standardized immunization pharmacy performance measures available for use. Additionally, pharmacies and payers lack a standardized infrastructure or approach to sharing immunization-related data, which can make calculation of quality measures for improvement or value-based reimbursement challenging. The next step towards standardized pharmacy performance measurement is to evaluate proof-of-concept pilots that use these high priority measure concepts in payer-pharmacy partnerships.

#### *About PQA*

PQA, the Pharmacy Quality Alliance, is the national quality organization dedicated to improving medication safety, adherence, and appropriate use. A measure developer, researcher, educator and convener, PQA's quality initiatives support better medication use and high-quality care. PQA members include community and specialty pharmacy

organizations, pharmacists and other healthcare providers, pharmacies, health plans, pharmacy benefit managers, life sciences, technology vendors, government agencies, health information technology partners, researchers, accrediting organizations, and academia.

This project is led by PQA's Quality Innovation and Research Center (QuIRC), a strategic initiative to accelerate progress in medication use quality and focus on clinical outcomes and provider contributions to care. Developing accurate and responsive outcomes-focused measures requires innovative approaches to measure development and research to ensure that measures are valid and useable in real-world settings. Through pilots, demonstration and research projects and consensus-building events, QuIRC answers the difficult questions needed to develop new, complex measures and effectively implement them.

This pilot opportunity is funded in part by Johnson & Johnson, Pfizer, and GlaxoSmithKline.

#### 4. Project Description

This project will pilot the PQA *Immunization Status: Adults [Pharmacy]* (ISA-PH) quality measure concept in the context of payer-pharmacy partnerships. This PQA pharmacy measure's draft specifications capture a patient's ACIP-recommended immunization status, and aligns with similar measures across other units of attribution (e.g., health plan) in the healthcare system. Alignment of related measures across different levels of the healthcare system is a stated priority in the [Centers for Medicare & Medicaid Services \(CMS\) National Quality Strategy](#), and PQA is committed to helping achieve greater measurement synergies with other programs and types of providers.

A description of the pharmacy measure concept, which includes 4 rates (one for each ACIP-recommended vaccine), is below.

##### ***Immunization Status: Adults [Pharmacy] (ISA-PH)***

**Description:** The percentage of individuals attributed to the pharmacy who are current on vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, and pneumococcal, as recommended by the Advisory Committee on Immunization Practices (ACIP).

Rate 1: *Influenza Immunization Status*. The percentage of individuals attributed to the pharmacy ≥19 years of age who are current on a recommended vaccination for influenza.

Rate 2: *Td/Tdap Immunization Status*. The percentage of individuals attributed to the pharmacy ≥19 years of age who are current on a recommended vaccination for tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap).

Rate 3: *Zoster Immunization Status*. The percentage of individuals attributed to the pharmacy ≥50 years of age who are current on a recommended vaccination for herpes zoster.

Rate 4: *Pneumococcal Immunization Status*. The percentage of individuals attributed to the pharmacy ≥66 years of age who are current on a recommended vaccination for pneumonia.

Participants in this pilot must incorporate all components of this pharmacy measure concept. However, the terms of any contracting related to VBAs, if applicable (e.g., performance targets, payment structure), will be left to the discretion of participating pharmacy and payer partners. As such, PQA and other entities not directly participating in the VBA process shall not be privy to the terms of contracting.

During the initial phase of the pilot, PQA will work with partners to execute a memorandum of understanding (MOU) that will describe the commitments of PQA and pilot participants. These commitments include but are not limited to:

- Secure data transfer, storage, and use
- Provision of draft measure specifications and related value sets
- Technical assistance related to measure calculation.

PQA has experience conducting similar pilots that include the storage, transfer, and analysis of sensitive data (though no protected health information [PHI] will be shared as part of these pilots).

The measurement phase of this pilot will last 12 months to simulate a standard measurement year. Partners will calculate each measure concept as specified by PQA and report data to PQA at baseline, midpoint, and endpoint. If preferred, technology vendors

may assist in data collection, reporting, and measure calculation. PQA will validate measure rates by receiving deidentified raw data from pilot participants and calculating the measure rates. PQA then will work with participants to reconcile any discrepancies between their results and PQA-calculated rates, to support accurate implementation.

PQA will seek input from participants regarding the measure concepts' feasibility, promising practices associated with collecting and reporting required data and calculating measure rates, and interventions shown to be successful in improving measure rates. This information may inform future refinements to measure specifications. The results of this pilot, including lessons learned and promising practices, will be disseminated to support scale, spread and sustainability of innovative pharmacy services.

## 5. Timeline

The 12-month measurement period for this pilot is scheduled to begin **January 2024**, following participant selection, and aligned with payer-pharmacy contracting phases. Prior to baseline data collection, PQA will onboard pilot participants and execute MOUs that outline the commitments and roles and responsibilities of all parties.

Activity	Pilot Month																			
	2023				2024												2025			
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Recruitment																				
Selection																				
Contracting																				
Measurement																				
Final Analyses																				
Project Close																				

## 6. Requested Information and Qualifications for Participants

Specific information is requested for *pharmacy* and *payer* submissions. Submitting pharmacies should provide all information outlined in 6.a and submitting payers should

provide all information outlined in 6.b. Please answer each question in as much detail as possible to help PQA better understand your organization's attributes and ability to deliver on the project.

PQA is seeking participants that anticipate the capability to capture and report data elements required to calculate the draft measure specifications, as described in Appendix A & B. Beyond data capabilities, participants are expected to bring sufficient scale for a representative pilot. For example, individual pharmacies submitting as a single location or payers representing only a small number of patients are unlikely to be selected. However, a network of individually owned pharmacies submitting as a coordinated group (e.g., clinically integrated network) could be positioned well for selection.

We recognize that technology vendors often play an important role in data collection, aggregation, and reporting of quality measures. Vendors interested in participating in these pilots should contact their pharmacy or payer partners to discuss opportunities to be included in their submission in response to this RFI.

#### *6.a. PHARMACY*

1. Submitter contact information including submitter name, organization, work address, phone, and email.
2. Type(s) (e.g., national chain, regional chain, independent) of pharmacy locations that would participate in the pilot, along with state(s) covered.
3. Number of pharmacy locations that would participate in the pilot, along with state(s) covered.
4. Name of payer organization(s) you plan to partner with for this pilot.
5. Describe your organization's experience with payer partnerships (including but not limited to VBAs) and your existing or potential relationship with the payer partner(s).
6. Optional: Upload letter(s) of support from your payer partner(s).
7. Description of currently used technology solutions and system capabilities for data collection, transfer, and reporting of all data needed for this pilot (please see Appendix A & B for payer and pharmacy data requirements), including data format (e.g., NDC, CVX, free text).

- Does your organization conduct these activities independently or with support from a technology vendor (e.g., clinical platform, Pharmacist eCare Plan vendor)? If supported by a technology vendor, will that support continue for this pilot?
  - Is your organization currently capable of receiving or querying immunization registries to capture longitudinal immunization data?
  - If yes, please provide additional details that you feel would be helpful for reviewers to understand your organization's readiness to collect and report pilot-related data.
8. Indicate your organization's confidence in adhering to the timelines described in section 4, with emphasis on your ability to execute a contract or MOU by the end of March 2024.
  9. Do you currently have an existing partnership with an executed contract (including but not limited to a VBA) or MOU with your identified payer partner(s)?
    - If yes, will the contract or MOU for this pilot be an addendum to your current contract or MOU, or will it require a new, separate contract or MOU?
  10. Please provide the estimated time required from notification of selection for participation to executing a payer-pharmacy contract/MOU/addendum that reflects the requirements for this pilot.
  11. Indicate your organization's willingness to share data required to validate measure calculations, including deidentified patient-level data, with PQA.
    - Data will be transferred and stored using secure processes; no PHI will be exchanged as part of this pilot.
  12. Affirmation that the submitter has their organization's support and commitment to participate in the pilot, if selected.
  13. Open ended: Please provide any additional information that will help PQA to understand your organization and determine a fit for the pilot.

*6.b. PAYER*

1. Submitter contact information including submitter name, organization, work address, phone, and email.



2. Number of covered lives that would be included in the pilot and geographic region(s) covered.
3. Name(s) of pharmacy organization(s) you plan to partner with for this pilot.
4. Type(s) (e.g., national chain, regional chain, independent) of pharmacies you plan to partner with for this pilot.
5. Number of pharmacies you plan to partner with for this pilot, along with state(s) covered.
6. Describe your organization's experience with pharmacy partnerships (including but not limited to VBAs) and your existing or potential relationship with the pharmacy partner(s).
7. Optional: Upload letter(s) of support from your pharmacy partner(s).
8. Description of currently used technology solutions and system capabilities for data collection, transfer, and reporting of all data needed for this pilot (please see Appendix A & B for payer and pharmacy data requirements), including data format (e.g., NDC, CVX, free text).
  - Does your organization conduct these activities independently or with support from a technology vendor? If supported by a technology vendor, will that support continue for this pilot?
  - Is your organization currently capable of receiving or querying immunization registries to capture longitudinal immunization data?
  - If yes, please provide additional details that you feel would be helpful for reviewers to understand your organization's readiness to collect and report pilot-related data.
9. Indicate your organization's confidence in adhering to the timelines described in section 4, with emphasis on your ability to execute a contract or MOU by the end of March 2024.
10. Do you currently have an existing partnership with an executed contract (including but not limited to a VBA) or MOU with your identified pharmacy partner(s)?
  - If yes, will the contract or MOU for this pilot be an addendum to your current contract or MOU, or will it require a new, separate contract or MOU?
11. Please provide the estimated time required from notification of selection for participation to completing a payer-pharmacy contract/MOU/addendum that reflects the requirements for this pilot.

12. Indicate your organization's willingness to share data required to validate measure calculations, including deidentified patient-level data, with PQA.
  - Data will be transferred and stored using secure processes; no PHI will be exchanged as part of this pilot.
13. Affirmation that the submitter has their organization's support and commitment to participate in the pilot, if selected.
14. Open ended: Please provide any additional information that will help PQA to understand your organization and determine a fit for the pilot.

## 7. Submission Process

Please submit your response to this RFI via the online form:

- Interested PAYERS: Please submit your information [here](#).
- Interested PHARMACIES: Please submit your information [here](#).
- Interested VENDORS: Please contact either your PHARMACY or PAYER partners to request that they include you in their submission.

### Response Deadline

To be considered, responses to this RFI must be received by 11:59 p.m. ET on October 27, 2023. Priority will be given to responses received by 11:59 p.m. ET on Friday, October 13, 2023.

## 8. Informational Call to Address Questions

PQA will host an informational webinar on September 20, 12:00-1:00 p.m. ET, to review submission requirements and address questions. Please send questions in advance to [QulRC@PQAalliance.org](mailto:QulRC@PQAalliance.org). Questions will be compiled and addressed by the PQA team during the September 20 call. Please register for the webinar [here](#).

## Appendix A: Data Elements Required for Measure Calculation

Focus Area	Data Element	Description
<b>Administrative / Patient Data</b>	Patient ID	Unique, consistent identifier used to link claims and records to patient (may be deidentified)
	Patient Age	Date of birth field or numerical age
	Pharmacy NPI	Unique, consistent pharmacy identifier (may be deidentified)
<b>Pharmacy Prescription Claims Data (Attribution, Immunization)</b>	Patient ID	Unique, consistent identifier associated with the prescription claim (may be deidentified)
	Pharmacy NPI	NPI associated with the prescription claim (may be deidentified)
	Payer ID	Dependent on inclusion of multiple payers in pilot. Field to designate the ID for the patient's prescription coverage. May also include plan ID, line of business, or other related enrollment information (may be deidentified)
	NDC	If applicable, NDC code associated with a prescription claim for an immunization
	Days' Supply	Days' supply of medication associated with the prescription claim
<b>Medical Claims Data (Exclusion, Immunization)</b>	Patient ID	Unique, consistent identifier associated with the medical claim (may be deidentified)
	Provider NPI	NPI associated with the medical claim (may be deidentified)
	Payer ID	Dependent on inclusion of multiple payers in pilot. Field to designate the ID for the patient's medical coverage. May also include plan ID, line of business, or other related enrollment information (may be deidentified)
	Procedure Codes	All procedure codes associated with the medical claim (e.g., HCPCS, CPT)
	Diagnosis Codes	All diagnosis codes associated with the medical claim (e.g., ICD)
<b>Immunization Data (non-claims)</b>	Patient ID	Unique, consistent identifier associated with the immunization data (may be deidentified)

Focus Area	Data Element	Description
	Pharmacy/Provider NPI	NPI associated with the provision of the immunization, if available (may be deidentified)
	Date of Service	Date of service associated with the administration of the immunization
	CVX code	If applicable, CVX code associated with the immunization administered
	SNOMED code	If applicable, SNOMED code associated with the administration of or contraindication to the immunization
	RxNorm code	If applicable, RxNorm code associated with the immunization administered

## Appendix B: Immunization-Specific Lookback Periods

Immunization	Data Lookback Period
Influenza	6 months prior to the measurement year (Influenza immunization period is July 1 of the year prior to the measurement year through June 30 of the measurement year)
Td/Tdap	Numerator requires at least one Td or Tdap vaccine within the measurement year or nine years prior to the start of the measurement year
Zoster	Variable; numerator requires receipt of at least one dose of a live zoster vaccine or two doses of recombinant zoster vaccine at least 28 days apart following an individual's 50 <sup>th</sup> birthday through the end of the measurement year
Pneumococcal	Variable; numerator requires receipt of at least one dose of an adult pneumococcal vaccine on or following an individual's 19 <sup>th</sup> birthday through the end of the measurement year