



Optimizing Patients' Health by Advancing the Quality of Medication Use

Pharmacy Measure Development Action Plan

May 2022 Update

Overview

The Pharmacy Quality Alliance (PQA) is developing a set of standard pharmacy performance measures that would be appropriate for assessing pharmacy performance and for use in value-based arrangements (VBAs).

Pharmacists and pharmacy teams are an essential part of the health care delivery system. As pharmacies expand patient services, they need tools to demonstrate their value. Quality measures are essential for this purpose, allowing pharmacies to monitor progress and drive improvement, while quantifying their impact on patient health. However, there is a dearth of standard pharmacy measures to support this need.

PQA's work to develop pharmacy performance measures accelerated in 2019 at the request of community and specialty pharmacies and in response to growing interest from Congress and the Administration. Through a consensus-based and iterative process, PQA has identified and prioritized measure concepts for development. This action plan provides an update on PQA's work to develop a pharmacy measure set, which currently includes 20 measures or concepts:

- Five (5) PQA-Endorsed Pharmacy Measures;
- Ten (10) PQA Pharmacy Measure Concepts in Development; and
- Five (5) PQA Pharmacy Measure Concepts Prioritized for Future Development.

This is a multi-year initiative that requires extensive testing to evaluate and refine measure concepts, using novel data sources to assess pharmacy services for which measures have not previously existed. Distinct from health plan measures, which generally use standardized and easily available claims data, pharmacy measures depend on more complex and variable data that is captured, organized and transmitted in different ways. The speed and scale at which PQA can test, evaluate and endorse pharmacy measure concepts depends on the broad participation and support of health plans, pharmacies and other stakeholders in the medication use process.

PQA's Vision and Process

PQA aims to develop standard pharmacy performance measures that can support effective and sustainable VBAs between pharmacies and payers (primarily health plans). VBAs focused on pharmacist-provided care and pharmacy services can improve care and outcomes for patients, support better performance in public accountability programs (including the Medicare Part D Star Ratings program) and lower overall health care costs. High-impact pharmacy measures that have the potential for broad implementation will reflect shared interests of pharmacies and payers, be aligned with payer incentives, and meet rigorous measurement science standards.

Given the nascent status of pharmacy measures, PQA expanded its standard process for generating and prioritizing measure concepts by convening multiple, diverse groups of stakeholders to identify concepts that meet established criteria for performance measures. This has included in-person workshops, a [virtual summit](#) to identify and prioritize measure concepts aligned with innovative pharmacy services, convening [PQA Measure Concept Advisory Groups](#) and establishing [Technical Expert Panels](#) (TEPs) to address key questions identified during measure concept specification and feasibility assessment. These activities are described in detail in our webpage on [PQA Pharmacy Performance Measures in Development](#).

Not all measures developed will be appropriate for all pharmacies in every situation or VBA. As a result, PQA envisions the set of standardized measures serving as a “pick list” or a set of options, where payers and pharmacies can select the most appropriate measures that align with the populations the pharmacy serves, the pharmacy’s ability to provide clinical and other patient-focused services and document necessary data, and the needs the payer or other VBA sponsor has identified for their members or populations.

PQA Pharmacy Performance Measures and Measure Concepts

PQA has endorsed five pharmacy measures, is currently developing 10 more, and has prioritized an additional five for future development. This is a multi-year endeavor, and the timing of measure development depends on feasibility issues around the standardization of pharmacy practice and the availability of data to effectively test and eventually implement measures. The following sections provide details on:

- Measure titles;
- Measure descriptions;
- Development status; and
- Calls to action to support measure development or implementation.

Because of the complexity and unique requirements of pharmacy measures, measure specification for some concepts is being supported by proof-of-concept pilot projects. How pilots help address pharmacy measure development challenges is addressed in detail below in the section on “Pharmacy Measures in Pilot Stage.”

PQA-Endorsed Pharmacy Measures

PQA has developed and endorsed five pharmacy performance measures: three (3) individual adherence measures, one (1) composite adherence measure, and one (1) specialty pharmacy measure. These were the first pharmacy performance measures developed because they rely on readily available claims data, are based on well-established approaches to measurement and address some of the most common areas of service where pharmacies currently partner with payers in VBAs. Each is described in Table 1, below.

Table 1. PQA-Endorsed Pharmacy Measures

Measure Title	Description
1. Proportion of Days’ Covered: Renin Angiotensin System Antagonists (Pharmacy) [endorsed Dec. 2020]	<ul style="list-style-type: none"> The three individual pharmacy PDC measures are aligned with PDC measures used in Medicare Part D quality programs but have been specified and tested for pharmacy performance assessment and include a consensus-based pharmacy-patient attribution model.
2. Proportion of Days’ Covered: Statins (Pharmacy) [endorsed Dec. 2020]	<ul style="list-style-type: none"> As with most quality measures, a minimum denominator size of 30 is required.
3. Proportion of Days’ Covered: Antiretroviral Medications (Pharmacy) [endorsed Dec. 2020]	<ul style="list-style-type: none"> To account for small sample sizes at the pharmacy level of attribution, these 3 measures are specified for calculation across the entire Medicare line of business at a pharmacy (i.e., not payer-specific).
4. Proportion of Days Covered: Composite (Pharmacy) [endorsed Dec. 2021]	<ul style="list-style-type: none"> This composite pharmacy PDC measure includes three component measures that assess the percentage of individuals attributed to a pharmacy that meet the PDC threshold for diabetes medications, renin-angiotensin system antagonists, and statins. This measure was created in response to stakeholder desire for a pharmacy PDC measure that is reliable at the pharmacy-payer level (i.e., calculated for a given payer’s panel of patients at a pharmacy). The composite denominator creates a larger sample size, which increases reliability, and the measure aligns with the individual pharmacy PDC measure attribution methodology.

Measure Title	Description
5. Specialty Pharmacy Turnaround Time (Pharmacy) [endorsed Dec. 2021]	<ul style="list-style-type: none"> This specialty pharmacy 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. This measure provides crucial standardization and was developed through a broad stakeholder-driven consensus-based process.

Call to Action: Each of the five PQA-endorsed pharmacy measures are appropriate for use in VBAs and quality improvement initiatives. PQA encourages health plans, PBMs, and pharmacies to use these measures in current and planned VBAs. Contact PQA at MeasureUse@PQAalliance.org for more information, including accessing the pharmacy measure specifications and value sets.

PQA Pharmacy Measure Concepts in Development

PQA has 10 pharmacy performance measure concepts in development. The measures are in various stages of development and represent the concepts most feasible for implementation. TEPs and pilot projects are being used to specify and test the concepts depending on their complexity and the state of pharmacy practice and data infrastructure for the area of service being addressed.

Pharmacy Measures in Specification or Testing Phase

Table 2 lists pharmacy measure concepts that have advanced to the specification or measure testing phase.

Table 2. PQA Pharmacy Measures in Development

Measure Title	Description	Status
1. Hemoglobin A1c Reporting (Pharmacy)	<ul style="list-style-type: none"> This measure concept assesses the percentage of individuals 18-75 years of age with diabetes, who are attributed to the pharmacy, and had a hemoglobin A1c value reported to the health plan. This reporting measure concept is intended to serve as a starting point for pharmacies to begin documenting and sharing data, to better understand and establish dataflows necessary to support related improvement and control measures. 	<ul style="list-style-type: none"> Testing phase

Measure Title	Description	Status
2. Blood Pressure Reporting (Pharmacy)	<ul style="list-style-type: none"> This measure concept assesses the percentage of individuals 18-85 years of age with hypertension, who are attributed to the pharmacy, and had a blood pressure value reported to the health plan. As with the A1c Reporting measure concept, this concept serves as a starting point for pharmacies to begin documenting and sharing data, to establish dataflows necessary to support related improvement and control measures. 	<ul style="list-style-type: none"> Testing phase
3. Continuous Antidepressant Medication Therapy (Pharmacy)	<ul style="list-style-type: none"> This measure concept assesses the percentage of individuals attributed to the pharmacy with major depression who were initiated on an antidepressant medication and who completed a period of continuous medication treatment. This measure concept aligns with health plan incentives and was identified as a high priority focus area within the behavioral health domain. 	<ul style="list-style-type: none"> Testing phase
4. Specialty Pharmacy Prescription Abandonment Rate (Pharmacy)	<ul style="list-style-type: none"> [Draft description] The percentage of prescriptions received by the specialty pharmacy, but not dispensed to patients after the prior authorizations for the prescriptions were approved. Based upon interest from multistakeholder groups for a standardized specialty pharmacy prescription abandonment rate measure, PQA plans to begin development on this concept in 2022. 	<ul style="list-style-type: none"> PQA will conduct analyses in 2022 to identify medication categories most prone to abandonment, to focus the measure concept in areas where there is greatest opportunity for improvement.

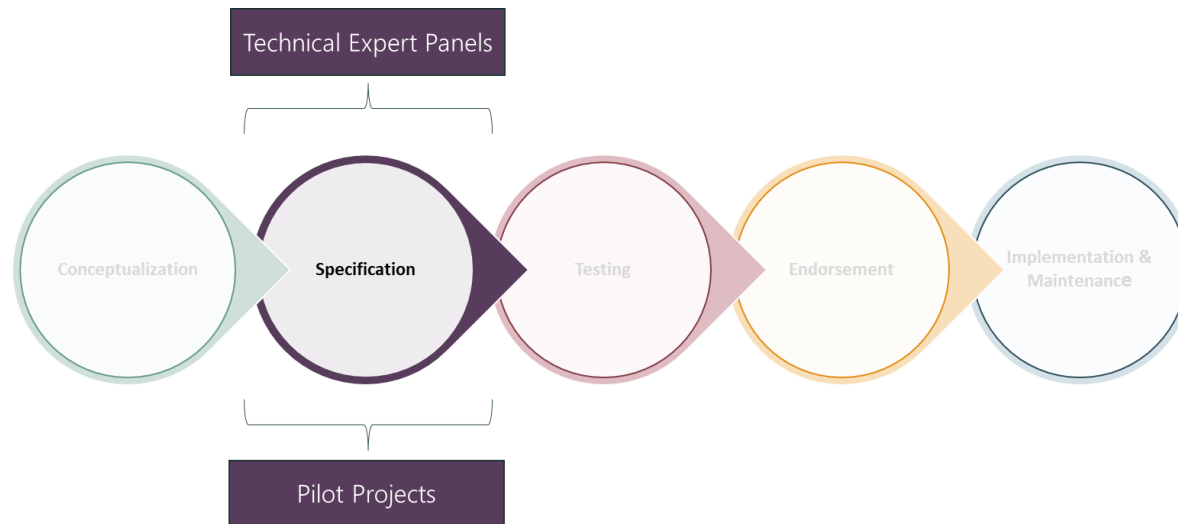
Call to Action:

- PQA is seeking testing partners for measure concepts 1-3 in Table 2. [Measure testing](#) will be completed in collaboration with health plans and pharmacies using their data to apply the draft specifications and execute a testing plan. Participation in this phase of development allows testers to gain early insights into how their organization would perform on the measures.
- Organizations interested in learning more about testing opportunities, or ways to collaborate to conduct analyses to refine measure concepts, should contact PQA's Performance Measurement Team at measuredev@pqaalliance.org.

Pharmacy Measure Concepts in Proof-of-Concept Pilots

During development of **health plan** measures, the process of determining measure feasibility is often relatively straightforward because health plan measures generally use administrative claims data, a standardized and readily available data source. Even non-claims data sources, such as clinical data (e.g., LOINC, SNOMED CT), are typically stored in a standardized terminology and are available to health plans. As a result, health plan measure development generally involves convening a TEP at the beginning of the specification phase to answer key questions about measure design and to guide the creation of specifications.

However, **pharmacy** measure development poses additional challenges. For example, pharmacy system data is not standardized. Different pharmacy systems capture, organize, and transmit data in different ways, which raises substantial barriers to creating standardized measure specifications that can be applied consistently across pharmacies.



Even when pharmacy measures rely on administrative claims data, there is a high degree of variation in how data elements are exchanged between payers and pharmacies that can influence measure feasibility. Some pharmacies may regularly receive medical claims from payers, while others may not. As a result, some pharmacies may be able to identify certain members based on diagnoses, while others are only able to use prescription claims to identify members based on a medication proxy. Even the timeliness of data reporting can have impacts on measure design, as exchange of data between pharmacies and plans must allow sufficient time for pharmacy (or payer) intervention.

To address these challenges, PQA has taken the approach of ***piloting*** measure concepts to further assess their feasibility (i.e., data access and sharing/interoperability) and usability within VBAs. These pilots are intended to gain critical real-world information on data capture, storage, and exchange in pharmacy-payer VBAs. They also provide an opportunity to highlight the importance of standardized pharmacy measures to stakeholders by demonstrating pharmacies’ impact on key areas of quality.

PQA-led pilot projects will include the pharmacy measure concepts described in Table 3, below.

Table 3. PQA Pharmacy Measure Concepts in VBA Pilots

Measure Title	Description	Status
1. Hemoglobin A1c Control (Pharmacy)	<ul style="list-style-type: none"> The Hemoglobin A1c Control and Improvement and Blood Pressure Control and Improvement pharmacy measure concepts assess critical outcomes prioritized by stakeholders from across the healthcare system. The control measure concepts assess the percentage of a payer’s panel of patients attributed to a pharmacy that are at blood pressure control or A1c control, while improvement measure concepts focus on the percentage of a payer’s panel of patients at a pharmacy that showed improvement in A1c or blood pressure between the first and last values during the measurement period. As these measure concepts align with payer incentives in Medicare and other lines of business and represent critical outcomes for patients with diabetes or hypertension, each received broad stakeholder support during PQA prioritization efforts. 	<ul style="list-style-type: none"> PQA is finalizing selection of pharmacy and payer partners to participate in a VBA pilot that will begin in 2022 and will include these four measure concepts. PQA also seeks additional health plan, pharmacy, and funding partners to expand the scale of these pilots.
2. Hemoglobin A1c Improvement (Pharmacy)		
3. Blood Pressure Control (Pharmacy)		
4. Blood Pressure Improvement (Pharmacy)		
5. Immunization Assessment (Pharmacy)	<ul style="list-style-type: none"> The Immunization Assessment pharmacy measure concept assesses the percentage 	<ul style="list-style-type: none"> PQA is recruiting health plan, pharmacy, and funding partners for

Measure Title	Description	Status
6. Immunization Gap Closure (Pharmacy)	<p>of patients at a pharmacy who had their immunization history assessed for gaps in ACIP compliance, while the Immunization Gap Closure pharmacy measure concept assesses the pharmacy team’s ability to close identified gaps.</p> <ul style="list-style-type: none"> • With the heightened focus on immunizations and the critical role that pharmacy teams play in supporting immunization efforts, these measure concepts also received strong support during PQA prioritization efforts. 	<p>pilots that will include these two immunization measure concepts.</p>

PQA is in the final stages of recruitment and selection of pharmacy and payer partners to participate in proof-of-concept pilots to implement the above noted high priority blood pressure and hemoglobin A1c measure concepts in VBAs. These pilots will launch later this year and will include a 12-month measurement period.

PQA is seeking payer and pharmacy partners to participate in immunization assessment and gap closure VBA pilots. In addition to increasing immunization rates, these pilots will further assess the feasibility of standardized documentation and exchange of immunization data between payers and pharmacies.

The pilots described above 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 assessing value to stakeholders.

PQA Pharmacy Measure Concepts Prioritized for Future Development

PQA is focusing resources on development of the measure concepts noted above to add feasible and impactful measures to the measure set over the next couple of years. However, additional priorities have been identified by stakeholders for longer-term efforts. These additional measure concepts are described in Table 4, below.

Table 4. Future PQA Pharmacy Measure Development

Measure Title	Description
1. Social Determinants of Health Screening (Pharmacy)	<ul style="list-style-type: none"> • Social Determinants of Health (SDOH) Screening and SDOH Referral measure concepts reflect an area of extremely high priority throughout the healthcare system. • Given the high number of touchpoints and the strong relationships many pharmacists have with patients, pharmacies are well-positioned to identify and address unmet social needs. • Related performance measurement requires standardized screening tools and standardized codes for associated data, as well as the need to build out a structured approach to referrals that acknowledges real world challenges to connecting individuals with local resources.
2. Social Determinants of Health Referral (Pharmacy)	
3. Asthma / COPD Management Confidence Assessment (Pharmacy)	<ul style="list-style-type: none"> • These additional 3 measure concepts have been identified as future priorities by stakeholders throughout PQA measure pharmacy development efforts. These concepts have not yet been refined but represent important areas that PQA may focus on in the future.
4. Medication Reconciliation Post-Discharge (Pharmacy)	
5. Medication Therapy Problem Resolution (Pharmacy)	

The measure concepts listed in Table 4 will require additional refinement, and in some cases, advancements in data access and interoperability before they can move forward for development.

Additional Next Steps for PQA’s Pharmacy Measure Development Action Plan

Pharmacy measure development will be ongoing, and the pharmacy measure set will expand over time. PQA plans to convene stakeholders in November 2022, prior to the [PQA Leadership Summit](#), to seek additional input on high priority pharmacy measure concepts. Those concepts then will be vetted through public comment and will be used to update this plan that is responsive to rapid changes in pharmacy practice, health care delivery and trends in VBAs. Ongoing stakeholder input is critical, to ensure our plan remains focused on current, relevant priorities and addresses stakeholder needs.

For summaries of PQA's earlier work to develop pharmacy measures, please see:

- [PQA Endorses Pharmacy Performance Measures for Medication Adherence and Specialty Turnaround Time](#) (December 2021)
- [PQA and CPF Lead National Initiative to Prioritize Pharmacy Measure Concepts](#) (November 2021)
- [PQA's Pharmacy Measure Development Action Plan](#) (November 2020 update)
- [PQA Endorses Three New Pharmacy Performance Measures](#) (February 6, 2020)

For historical information on PQA's work to develop standard pharmacy performance measures, please visit our dedicated webpage, which includes current information and historical documents detailing PQA's work: [PQA Pharmacy Performance Measures in Development](#).

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