



Piloting PQA Pharmacy Measure Concepts for Blood Pressure and Hemoglobin A1C in Payer-Pharmacy Value-Based Arrangements

*A report from the PQA Quality Innovation
and Research Center (QuIRC)*



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Introduction

Piloting PQA Pharmacy Measure Concepts in Payer-Pharmacy VBAs

As value-based arrangements (VBAs) between payers and pharmacies continue to proliferate, standardized pharmacy quality measures are vital to ensure programs work as intended for payers, pharmacies, and, most importantly, patients. PQA, the Pharmacy Quality Alliance, is committed to advancing standard pharmacy measures that meet this need. In response to preferences identified during a [2021 PQA-convened multi-stakeholder summit](#), PQA partnered with a pair of payers and pharmacy networks to complete proof-of-concept pilots exploring the use of four highly prioritized pharmacy measure concepts in payer-pharmacy VBAs:

1. A1C Control ($\geq 9\%$)
2. A1C Improvement (by $\geq 1\%$ or reaching control)
3. Blood Pressure Control ($<140/90$ mmHg)
4. Blood Pressure Improvement (by ≥ 10 mmHg or reaching control)

The pilot participants were Kroger in collaboration with Kroger Prescription Plans and Arkansas Blue Cross Blue Shield in collaboration with its regional pharmacy networks.

In these proof-of-concept pilots, PQA studied the use of biomarker pharmacy measure concepts in payer-pharmacy VBAs to evaluate feasibility of calculating the measure concepts and exchanging necessary data between payers and pharmacies. Beyond the feasibility, the pilot produced valuable insights on pharmacies' ability to impact biomarker measures and highlighted best practices for engaging in payer-pharmacy VBAs.

Measure Concepts Prioritized by PQA Multi-Stakeholder Summit and Included in Pilots:

A1C Control
($\geq 9\%$)

A1C Improvement
(by $\geq 1\%$ or reaching control)

Blood Pressure Control
($<140/90$ mmHg)

Blood Pressure Improvement
(by ≥ 10 mmHg or reaching control)

This pilot was conducted through the PQA Quality Innovation and Research Center (QuIRC) and leveraged the center's unique approaches and resources to address challenges in developing, testing, and refining complex measure concepts. This work was completed with financial support from the Community Pharmacy Foundation and Kroger Health and in-kind services by PQA.

Pilot Design

The pilot was organized around calculation of the pharmacy measure concepts during three analytic rounds – baseline, midpoint, and endpoint.

Baseline Round	Midpoint Round	Endpoint Round
Jan 2022 – Dec 2022	Jan 2023 – Jun 2023	Jan 2023 – Dec 2023

During each analytic round, participants provided both their measure calculations *and* the underlying raw data to PQA. PQA calculated the measures independently, and then compared PQA-derived results with participant-derived results in a validation process. Where discrepancies existed, PQA worked with participants to reconcile differences to produce final validated rates. This approach allowed PQA maximum visibility into the data available to participants while ensuring that reported rates were as accurate as possible.

The characteristics of participating populations are provided below. Some differences in the number of patients and pharmacies between baseline, midpoint, and endpoint are expected due to data availability, changing network participation or plan eligibility, and other factors. Lines of business included in the pilot spanned commercial, Medicaid, and Medicare Advantage across the two participants.

	Baseline		Midpoint		Endpoint	
Participant	Number of Patients	Number of Pharmacy NPIs	Number of Patients	Number of Pharmacy NPIs	Number of Patients	Number of Pharmacy NPIs
Participant 1	8,109	1,022	7,719	984	9,595	1,076
Participant 2	127,082	1,389	104,967	1,389	104,967	1,389

Findings

Strong, Broad Interest in Payer-Pharmacy VBAs

To recruit for the pilot, PQA developed and released a Request for Interest (RFI) to better understand potential participants' willingness to use PQA's pharmacy measure concepts in VBAs, as well as evaluate their data capabilities, anticipated contracting timelines, and other key areas. The reception to the RFI was extremely strong, with more than 30 interested payers and pharmacies submitting responses for a total of two available participant spots.

Kroger in collaboration with Kroger Prescription Plans and Arkansas Blue Cross Blue Shield in collaboration with its regional pharmacy networks, were ultimately selected. However, the recruitment process underscored the importance of the pilot work itself: there is widespread interest to engage in payer-pharmacy VBAs using standardized measures.

These pilots represent a successful step forward in the path to developing standardized pharmacy measures that reflect the same levels of rigor and scientific acceptability that are commonplace among other measured entities in the healthcare system.

Appropriate Measure Concept Feasibility, With Limitations in Discrete Data Capture

The measure concepts consistently demonstrated improvement over the course of the pilot.

The **A1C Control** and **BP Control** measure concepts were found to be feasible within both pilots. The control measure concepts can be calculated without lab values indicating a specific A1C or BP value; while such lab values can be used to calculate the measure, they are not required. Instead, CPT codes representing ranges of A1C or BP values (e.g., CPT 3046F: *Most recent hemoglobin A1C level greater than 9.0%*) can be used to adequately calculate control measures. These CPT codes are frequently used in related health plan measures, among others. Within the pilots, PQA saw that these codes were available more frequently than specific lab values.

However, the feasibility of the **A1C Improvement** and **BP Improvement** measure concepts presented challenges. In contrast to the control measures, lab values indicating discrete A1C or BP values are *required* to calculate the improvement measures as specified. These discrete values were inconsistently available in participant data for A1C, and not available for blood pressure. As a result, the blood pressure improvement measure was not calculated.

Demonstrated Pharmacy Impact on Critical Biomarker Measures

Aggregated rates across NPIs within both participant pharmacy networks showed improvement from baseline to endpoint across all reportable measures. This improvement highlights the influence of pharmacies on these important measure concepts, which align with biomarker measures included in the Centers for Medicare & Medicaid Services (CMS) Universal Foundation, as well as critical payer programs like the Medicare Star Ratings. While there is still opportunity for improvement across all measure rates in these pilots, the impact that payer-pharmacy VBAs can achieve in improving patient health and measure performance is encouraging.

Participant	Measure	Baseline Mean	Endpoint Mean	Absolute Change
Participant 1	A1C Control	36.94%	47.11%	10.17%
	A1C Improvement	53.68%	54.28%	0.6%
	BP Control	14.96%	21.46%	6.5%
Participant 2	A1C Control	62.84%	65.07%	2.23%
	A1C Improvement	44.74%	46.39%	1.65%
	BP Control	51.84%	58.61%	6.77%

All results are deidentified

Key Learnings and Promising Practices

The pilot generated numerous key learnings for pharmacies and payers interested in engaging in VBAs as well as for pharmacy measurement more broadly. These learnings include:

- Strong demand exists for payer-pharmacy VBAs.
- Extended contracting timelines should be anticipated when establishing VBAs.
- Detailed upfront data exchange and reporting templates and plans are needed.
- Barriers from competing priorities and information technology challenges should be expected, which can impact timelines.
- Project champions and experienced analysts are important.
- Advancements in data capture and interoperability are required for broad use of standardized pharmacy measures.

A learning in this pilot noted by Arkansas Blue Cross Blue Shield was that “measure technical specifications may exclude some opportunities for small payers and rural pharmacies where results would not be included due to low attribution. Also, test value results based upon incomplete data may result in lower measure rates.”

These learnings can be leveraged to support the scale, spread, and success of payer-pharmacy VBAs that, importantly, use multi-stakeholder, consensus-based pharmacy quality measures. PQA looks forward to further discussing key learnings in the future.

Conclusion and Next Steps

These pilots represent a successful step forward in the path to developing standardized pharmacy measures that reflect the same levels of rigor and scientific acceptability that are commonplace among other measured entities in the healthcare system. While there is still work to be done to develop pharmacy and plan data capture and interoperability, especially in capture of discrete biomarker values, the measure concepts consistently demonstrated improvement over the course of the pilot.

To continue PQA's work in advancing pharmacy quality, the 2024 PQA Leadership Summit, November 7-8, in Arlington, Va., will focus on pharmacy measurement. The results of these pilots, as well as next steps for completing development of the included pharmacy measure concepts and supporting their broader use, will be discussed in depth.

About PQA



PQA, the Pharmacy Quality Alliance, is a 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 was established in 2006 as a public-private partnership with the Centers for Medicare & Medicaid Services. PQA was created because prescription drug programs were a major area of health care where there was no organization or national program focused on quality improvement. Today, PQA is an independent, non-profit organization with more than 220 diverse members across health care.



The **PQA Quality Innovation and Research Center (QuIRC)** is 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 pilot, demonstration and research projects and consensus-building events, QuIRC answers the difficult questions needed to develop new, complex measures and effectively implement them.