FOUR NEW HEALTH PLAN MEASURE CONCEPTS UNDER CONSIDERATION FOR POTENTIAL DEVELOPMENT

In the earliest phase of the PQA measure development process, PQA conducts conceptualization activities to prioritize measure concepts for future development. Aligned with this process, measure concepts that meet key gap areas identified through environmental scans are evaluated by PQA staff and PQA's Health Plan Measure Concept Advisory Group (MCAG) to vet their appropriateness and readiness for development.

Measure concepts prioritized through this process are described below, along with a status reflecting PQA staff and the 2021 Health Plan MCAG recommended next steps. For example, measure concepts that are more refined and have a strong evidence base may be candidates to move forward for development, while measure concepts that are less refined may be suitable for pre-development work or be retained for future consideration.

The four measure concepts included for public comment follow:

1. Chronic Obstructive Pulmonary Disease (COPD) Treatment Ratio (CTR)

DESCRIPTION (draft): The percentage of individuals 40 years of age and older with a diagnosis of COPD who had a COPD Treatment Ratio of 0.7 or greater during the measurement year. A higher rate indicates better performance.

- COPD treatment ratio is defined as the ratio of COPD controller medication to all COPD medications during the measurement year.

The CTR concept is supported by existing literature,[1, 2] and the 0.7 threshold was validated by a PQA research study that found a CTR below this threshold is associated with greater risk for exacerbations.

INTENDED USE: Performance measurement for health plans.

KEY POINTS FROM MCAG DISCUSSION:

- MCAG noted that prior research and the PQA validation study position the measure concept well for development.
- MCAG supported the measure concept to advance to measure development as a short-term priority, noting that COPD is an important gap area.

STATUS: ***Recommended to Advance to Measure Development***

2. Adherence to Heart Failure Medications (PDC-HF)

DESCRIPTION (draft): The percentage of individuals 18 years of age and older who met the PDC threshold of 80% for target heart failure medications during the measurement year.

- Target medications considered include: angiotensin-converting enzyme inhibitors (ACEI), angiotensin receptor blockers (ARB), or angiotensin receptor-neprilysin inhibitors (ARNI); guideline-directed beta-blockers; mineralocorticoid receptor antagonists (MRAs); sodium-glucose cotransporter 2 inhibitors (SGLT2i), and hydralazine-nitrate combination products.

INTENDED USE: Performance measurement for health plans.

KEY POINTS FROM MCAG DISCUSSION:

- Measure concept is supported by clinical practice guidelines, including the ACC 2021 Expert Decision Pathway for HFrEF Treatment Optimization[3] and 2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure.[4]
- MCAG noted the high importance of the concept in addressing an impactful disease state. There are an estimated 6.2 million adults in the United States with heart failure[5], and Medicare accounts for an estimated 4 in 5 patients hospitalized for heart failure each year.[6] Heart failure cost the nation an estimated $30.7 billion in 2012, including the cost of health care services and missed productivity.[7]
- MCAG discussed the challenges relating to accuracy of a medication proxy for heart failure, versus using diagnosis claims that may limit usability of the measure in Medicare Part D. MCAG identified tradeoffs between specificity of the proxy and the ability of the measure to keep a large sample of patients in the eligible population.
- MCAG discussed how different medication regimens may apply to different patients, and that dose also plays a critical role.
- MCAG noted that medications in this measure concept may overlap with medications in other PQA adherence measures.
- MCAG supported the measure to advance to pre-development to address how medication proxies can identify heart failure, evaluate appropriate regimens for adherence calculation, and address other key questions needed before beginning full development.

STATUS: ***Recommended to Advance to Pre-Development***

3. Concurrent Use of Opioids and Gabapentinoids (COG)

DESCRIPTION (draft): The percentage of individuals with concurrent use of prescription opioids and gabapentinoids.

INTENDED USE: Performance measurement for health plans.

KEY POINTS FROM MCAG DISCUSSION:

- MCAG shared concerns that importance and usability are limited compared to other concepts, given the existence of several other PQA opioid measures.
- MCAG also cited gaps in evidence required to support decisions related to duration of concurrent use, dose, and other key measure aspects.
- MCAG recommended that the measure concept not advance to development, but that PQA retain the concept for future consideration.

STATUS: ***Not Recommended to Advance to Development, Retain for Future Consideration***

4. Proportion of Days Covered Composite (PDC-CMP)

PQA is aware of interest from members in a composite measure capturing adherence across multiple conditions/medication classes for health plans. This measure concept does not yet have a description, as considerations of what should be included in a composite measure are ongoing.

INTENDED USE: Performance measurement for health plans.

KEY POINTS FROM MCAG DISCUSSION:

- MCAG supported the concept of a patient-centered composite, noting that interventions are often at the patient level rather than the class or medication level.

- MCAG supported a composite combining the current Proportion of Days Covered: Statin, Proportion of Days Covered: Renin-Angiotensin System Antagonists, and Proportion of Days Covered: Diabetes All Class measures, with potential for adding other medication classes as appropriate.
- MCAG discussed the potential benefits of a composite and considered how to make decisions about which conditions should be include. For example, MCAG recommended looking at how generic utilization in different classes can drive cost-sharing and potentially affect adherence.
- MCAG also discussed utility of a separate composite to include specialty therapies, the importance of carefully considering unique aspects of adherence in different classes, and the benefit of a composite at the patient level.
- MCAG and PQA staff noted that this measure concept is not yet mature enough to advance to development, but should seek stakeholder input—including medication classes to include, and continue to be refined by PQA staff

STATUS: ***Recommended to Solicit Comments and Continue to Refine Concept***

References

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3. Maddox TM, Januzzi JL Jr, Allen LA, et al. *2021 Update to the 2017 ACC Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment: Answers to 10 Pivotal Issues About Heart Failure With Reduced Ejection Fraction: A Report of the American College of Cardiology Solution Set Oversight Committee*. J Am Coll Cardiol 2021;Jan 11:[Epub ahead of print].

4. Yancy CW, Jessup M, Bozkurt B, et al. *2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America*. Circulation. 2017 Aug 8;136(6):e137-e161. doi: 10.1161/CIR.0000000000000509. Epub 2017 Apr 28. PMID: 28455343.

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