

ONE NEW HEALTH PLAN PERFORMANCE MEASURE AND TWO NEW PHARMACY MEASURES RECOMMENDED FOR ENDORSEMENT

One HEALTH PLAN Performance Measure – for ENDORSEMENT

1. Migraine Preventive Therapy (MPT)

DESCRIPTION: The percentage of individuals ≥ 18 years of age with frequent use of acute migraine treatment medications that also received preventive migraine treatment medications. A higher rate indicates better performance.

The denominator includes individuals ≥ 18 years of age who filled at least one prescription for any acute migraine treatment medication during the measurement year and with ≥ 12 headaches within any denominator evaluation period.

The numerator includes individuals from the denominator with ≥ 1 prescription claims for a preventive migraine treatment medication during the measurement year.

Individuals a diagnosis of cluster headache during the measurement year, or diagnosis of tension-type headache and no diagnosis of migraine during the measurement year, are excluded.

INTENDED USE: Performance measurement for health plans.

DATA SOURCE: Prescription claims, medical claims.

KEY POINTS:

- Aligned with clinical practice guidelines, informed by pre-development analyses, and guided by technical expert panel input, the measure defines individuals with chronic migraine headache as patients with four or more headaches per month. These individuals are recommended to receive migraine preventive therapy.^{1,2}
- A large proportion of patients do not receive the necessary preventive therapy, leading to more headache days, increased morbidity, and higher societal cost.³ Although approximately 38% of patients who have episodic migraines would benefit from preventive therapy, only 3-13% receive it.⁴⁻⁶
- The measure was tested by three PQA member organizations and across all lines of business (LOB), using data ranging from 2015-2020.
- Rates were low for this measure, highlighting opportunity for improvement.
 - Measure rates for the Commercial LOB ranged from 45%-56%.
 - Measure rates for the Medicaid LOB were similar to commercial (range: 53%-54%).
 - Measure rates for the Medicare LOB were slightly higher (range: 61%-65%).
- Low Income Subsidy (LIS) status: Tested in the Medicare LOB, rates were higher for LIS.
 - Tester 1: 69% vs 56% (2020 data)
 - Tester 2: 70% vs 59% (2015 data) and 71% vs 59% (2018 data)
 - Tester 3: 69% vs 56% (2016 data)

- Reliability testing conducted as a ratio of signal-to-noise using the Adams beta binomial reliability methodology⁷ showed the measure is reliable across all lines of business, meeting or exceeding the reliability threshold of 0.6 provided in recent NQF guidance.
 - The Medicare reliability score was 0.67
 - The Medicaid reliability score was 0.76
 - The Commercial reliability score was 0.55
- The Measure Validity Panel (MVP) voted (1 strongly agree; 6 agree; 0 disagree; 0 strongly disagree; 2 abstain) that the MPT performance measure has face validity.
- The Quality Metrics Expert Panel (QMEP) voted (27 yes; 1 no; 0 abstain) to recommend the MPT performance measure to the PQA membership for endorsement consideration.
- If endorsed by PQA membership, this measure will be added to the 2022 PQA Measure Manual.

Two PHARMACY Performance Measures – for ENDORSEMENT

- *Specialty Pharmacy Turnaround Time (SP-TAT)*
- *Proportion of Days Covered Composite (Pharmacy) (PDC-CMP-PH)*

1. Specialty Pharmacy Turnaround Time (SP-TAT)

DESCRIPTION: 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. A lower average turnaround time indicates better performance.

The denominator includes the total number of new prescriptions for medications for each specialty pharmacy.

The numerator includes the sum of the turnaround times, in whole days, for all prescriptions included in the denominator for each specialty pharmacy.

Prescriptions that received a “Refill too soon” error upon adjudication are excluded.

INTENDED USE: Performance measurement for specialty pharmacies.

DATA SOURCE: Dispensing system data; clinical or care management system data.

KEY POINTS:

- The use of specialty medicine has grown rapidly in recent decades, fueling parallel growth in the number of specialty pharmacies that serve patients who are prescribed specialty medications.^{8,9} Patients receiving specialty medications are often complex, high-cost, and high-need, necessitating close management from care teams, including pharmacies. Evidence supports integrating pharmacists into the care process.^{10,11}
- World Health Organization guidelines recommend that “rapid antiretroviral therapy initiation should be offered to all people living with HIV following a confirmed HIV diagnosis and clinical assessment,” citing high-quality evidence for adults and adolescents and low-quality evidence for children.¹²
- A review of several studies, including multiple meta-analyses, found that early initiation of treatment in early rheumatoid arthritis with disease-modifying antirheumatic drugs, ideally within three months of symptom onset, is linked to higher remission rates and reduced joint damage and disability.¹³

- For many types of cancer, recent studies have demonstrated an association between increased time to treatment initiation and worsened outcomes, including increased risk of mortality.^{14, 15}
- The measure was tested by five PQA member organizations using data from 2019.
- Measure rates varied (range: 1.95 days/prescription to 5.65 days/prescription), indicating differences in performance and opportunity for improvement.
- Turnaround time varied across clinical areas among testers. There was no clear pattern regarding longer or shorter turnaround times and clinical areas.
- Reliability testing conducted using a well-established formula for calculating reliability for continuous quality measures¹⁶ showed the measure is reliable, exceeding the updated NQF threshold for reliability of 0.6.
 - The reliability score was 0.93
- Findings from a 2021 PQA research survey supported the need for and importance of a standardized SP-TAT measure.
 - Survey respondents indicated that specialty pharmacy prescription turnaround time is inconsistently measured, needs to be standardized, and is important for patient care and satisfaction.
 - Barriers and facilitators influencing turnaround time varied, pointing to the need to align quality improvement initiatives with specific barriers encountered by the specialty pharmacy.
- The MVP voted (0 strongly agree; 9 agree; 0 disagree; 0 strongly disagree; 0 abstain) that the SP-TAT performance measure has face validity.
- The QMEP voted (26 yes; 2 no; 0 abstain) to recommend the SP-TAT performance measure to the PQA membership for endorsement consideration.
- If endorsed by PQA membership, this measure will be added to the 2022 PQA Measure Manual.

2. Proportion of Days Covered Composite (Pharmacy) (PDC-CMP-PH)

DESCRIPTION: The composite percentage of individuals attributed to the pharmacy ≥18 years of age who met the Proportion of Days Covered (PDC) threshold of 80% for diabetes medications, renin angiotensin system antagonists, and statins. A higher rate indicates better performance.

This is a composite pharmacy performance measure that combines rates from the following component measures:

- Component 1: Proportion of Days Covered: Diabetes All-Class (PDC-DR-CMP-PH)
 - The denominator includes individuals attributed to the pharmacy ≥18 years of age who filled ≥2 prescriptions for diabetes medications on different dates of service in the treatment period.
 - The numerator includes individuals who met the PDC threshold of 80% during the measurement year.
 - Individuals in hospice care, those with an end stage renal disease (ESRD), or with ≥1 prescription claims for insulin during the treatment period are excluded.
- Component 2: Proportion of Days Covered: Renin Angiotensin System Antagonist (PDC-RASA-CMP-PH)
 - The denominator includes individuals attributed to the pharmacy ≥18 years of age who filled ≥2 prescriptions for any RAS antagonist on different dates of service in the treatment period.

- The numerator includes individuals who met the PDC threshold of 80% during the measurement year.
- Individuals in hospice care, those with an end stage renal disease (ESRD), or with ≥1 prescription claims for sacubitril/valsartan during the treatment period are excluded.
- Component 3: Proportion of Days Covered: Statins (PDC-STA-CMP-PH)
 - The denominator includes individuals attributed to the pharmacy ≥18 years of age who filled ≥2 prescriptions for any statin or statin combination product on different dates of service in the treatment period.
 - The numerator includes individuals who met the PDC threshold of 80% during the measurement year.
 - Individuals in hospice care and those with a diagnosis of end stage renal disease (ESRD) during the treatment period are excluded.

INTENDED USE: Performance measurement for pharmacies.

DATA SOURCE: Prescription claims, medical claims.

KEY POINTS:

- PQA developed this composite measure to address stakeholder interests and needs for a reliable measure to assess pharmacy quality at the pharmacy-payer level and aligned with Medicare Part D measurement.
 - Because pharmacies are a smaller unit of analysis (vs. health plans, for example), denominators for individual PDC measures can be small, often below the standard threshold of 30 commonly used for reliability estimates. Compositing individual component measures is an approach that can be used to address challenges with small denominators.
 - Previous PQA-endorsed individual pharmacy PDC measures required calculation at the aggregate Medicare line of business (i.e., not payer specific) which limited their usability.
- The PDC-CMP-PH measure combines three individual component pharmacy measures to create a single measure to reflect medication adherence quality at the pharmacy-payer level.
- The measure was tested by two PQA member organizations and across all lines of business (LOB), using data from 2020.
- Rates varied by LOB, ranging from 84%-87% for Medicare, 63%-65% for Medicaid, and 72%-77% for commercial, indicating room for improvement.
- Reliability testing conducted as a ratio of signal-to-noise using the Adams beta binomial reliability methodology showed the measure is reliable,⁷ generally meeting or exceeding the updated NQF threshold for reliability of 0.6.
 - The Medicare reliability score was 0.59 in Tester 1 and 0.62 in Tester 2
 - The Medicaid reliability score was 0.50 in Tester 1 and 0.67 in Tester 2
 - The Commercial reliability score was 0.46 in Tester 1 and 0.59 in Tester 2
- The MVP voted (2 strongly agree; 7 agree; 0 disagree; 0 strongly disagree; 0 abstain) that the PDC-CMP-PH performance measure has face validity.
- The QMEP voted (23 yes; 5 no; 0 abstain) to recommend the PDC-CMP-PH performance measure to the PQA membership for endorsement consideration.
- If endorsed by PQA membership, this measure will be added to the 2022 PQA Measure Manual.

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