PQA Update on Development of Pharmacy Measures
The Pharmacy Measure Development Action Plan
July 21, 2020

The Pharmacy Quality Alliance (PQA) is developing a standard set of measures appropriate for assessing pharmacy performance and use in accountability programs.

The focus of PQA’s current work is the creation of a Pharmacy Measure Development Action Plan (Plan). Guided by member and stakeholder input, the Plan will outline next steps for developing measure concepts that have been prioritized based on their feasibility (data source availability) and usability (likely to be adopted in the marketplace).

Following a member comment period on the Plan, PQA will launch Technical Expert Panels (TEPs) beginning in October, with varied development timelines based on the complexity of the measure – with a goal of having some measures endorsed in Q4 2021 to add to the measure set, and additional development to continue for more complex measures to be added to the set over time.

This update is focused on PQA’s 2020 work with stakeholders to prioritize the next set of pharmacy measure concepts for development. The work builds on the first phase, which was completed in January with the endorsement of three pharmacy performance measures. (See inset box for first phase details.)

As with PQA’s continual work to develop health plan performance measures, pharmacy measure development will be ongoing. PQA’s pharmacy measure set will grow over time. PQA will continue to convene additional Measure Concept Advisory Groups (MCAG) periodically to assess new pharmacy measure concepts that then will be prioritized for development, to be added to the set of measures intended for use in plan-pharmacy contracts.

The following pages provide details on the key components of PQA’s pharmacy measure development work, which reflect our consensus-based process and include multiple advisory groups and many opportunities for input from our members and stakeholders involved in plan-pharmacy arrangements.

1. Pharmacy Measure Concept Advisory Group (MCAG)
2. Measure Concepts Assessed
3. Data & Interoperability Advisory Group (DIAG)
4. Stakeholder Outreach Calls
5. Stakeholder Advisory Meeting
6. Public Comment Period
7. Technical Expert Panels
8. Additional PQA Efforts to Advance Pharmacy Performance Measurement

PQA’s Pharmacy Measure Development: First Phase Completed

The first phase of this work included an expedited process to develop pharmacy measures adapted from existing PQA health plan measures. This work resulted in three PQA-endorsed pharmacy performance measures.
The following table summarizes PQA’s work to date in 2020 and our planned next steps, as we aim to bring forward for endorsement consideration by the end of 2021 initial measures developed under this Plan.

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<thead>
<tr>
<th>PQA’s Pharmacy Measure Development Timeline (2020-21)</th>
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<tr>
<td><strong>Pharmacy Measure Concept Advisory Group</strong> (MCAG) launched to assist in identifying, refining and prioritizing measure concepts for pharmacy measure development</td>
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<tr>
<td><strong>Data and Interoperability Advisory Group</strong> (DIAG) launched to provide counsel on data standardization, data sources, and interoperability needed for meaningful, patient-centered, and outcomes-focused measures</td>
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<tr>
<td><strong>MCAG and DIAG meetings</strong> to assess measure concepts and evaluate data standards and sources</td>
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<td>• In-depth MCAG discussions on 22 measure concepts with post-meeting polling to obtain additional quantitative and qualitative input to inform prioritization</td>
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<td>• DIAG meeting to highlight novel uses of interoperable data to improve pharmacy quality (<a href="#">recording available here</a>)</td>
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<tr>
<td><strong>Stakeholder Outreach Calls</strong> with payer and pharmacy representatives to understand which measure concepts are most likely to be included in payer-pharmacy contracts</td>
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<td><strong>Stakeholder Advisory Meeting</strong> (SAM) for PQA members to provide an update on the measure development work and introduce the draft Pharmacy Measure Development Action Plan (Plan)</td>
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<td><strong>PQA Public Comment Period</strong> to obtain feedback on the Plan</td>
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<td><strong>DIAG meeting</strong> to consider data needs for prioritized measures in the Plan</td>
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<tr>
<td><strong>Technical Expert Panels</strong> (TEPs) launch to begin development of prioritized measure concepts aligned with the Plan</td>
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<td><strong>Additional MCAG, DIAG and SAM meetings and TEPs</strong>, as needed, to develop prioritized measures</td>
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<tr>
<td><strong>Updates, Webinars and Comment Periods</strong> on measure concepts developed under the Plan</td>
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<td><strong>Endorsement consideration</strong> of initial measures developed under the Plan</td>
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<tr>
<td><strong>Continuing development of prioritized measures</strong> under the Plan and periodic endorsement consideration, as needed</td>
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*This timeline is subject to change.*

**Pharmacy Measure Concept Advisory Group (MCAG)**

The Pharmacy MCAG launched on March 10 and is charged with:

- Evaluating pharmacy measure concepts using key criteria such as evidence supporting the rationale, patient-centeredness, data source availability (feasibility), anticipated denominator size (influencing reliability), and resource-intensiveness of development.
- Identifying real-world implementation and use opportunities for proposed measure concepts.
- Providing input to PQA staff to assist in prioritizing pharmacy measure concepts for development.
The MCAG held online meetings May 26 and June 30 to discuss and evaluate measure concepts against standard measure assessment criteria, with a particular emphasis on feasibility and usability. The MCAG’s counsel will inform the measure concepts that will be included in the Action Plan and put forward for public comment. See Appendix A for more information on the MCAG and a member roster.

Measure Concepts Assessed
Measure concepts discussed follow. Those supported by the Pharmacy MCAG to move forward for public comment are bolded (concepts 1-12 in the below list). Insights from key stakeholder interviews and public comment also will inform prioritization of measure concepts that ultimately move forward for development. Three key considerations are informing the assessment of measure concepts:

- Measures calculated using non-claims data sources will require a longer development timeline vs. claims-based measures.
- Pharmacy measure rates stratified by individual payer are an important usability consideration for payer adoption.
- A parsimonious list of meaningful measures is desirable to support standardization and to minimize measurement burden for pharmacies and administrative burden for payers.

Twenty-two (22) concepts were assessed and the first 12, which are bolded, will move forward for public comment as part of the Plan.

1. **Clinical/Biomarkers for diabetes and hypertension (i.e., A1c, BP)**
   a. Start with measures focused on reporting to the health plan:
      o % of the pharmacy’s hypertension panel with BP reading reported to the health plan
      o % of the pharmacy’s diabetes panel with A1c value reported to the health plan
   b. Then move to Improvement and Control measures:
      o BP/A1c improvement
      o BP/A1c at goal

2. **Composite Adherence Measure** (e.g., a combination of PDC-Diabetes-PH, PDC-RASA-PH, and PDC-Statins-PH measures to produce a single score)

3. **Flu Vaccine Screening**: Percentage of adults in the pharmacy who received a flu vaccine status assessment during the measurement period

4. **Flu Vaccine Administration**: Percentage of adults in the pharmacy who received a flu vaccine during the measurement period

5. **Primary Medication Nonadherence**: Percentage of prescriptions for chronic medications e-prescribed by a prescriber and not obtained by the patient in the following 30 days

6. **Abandonment Rate**: Percentage of prescriptions not received by patients (for specialty medications) after prior authorization for the prescription was approved

7. **Antidepressant medication management**: Percentage of individuals with major depression who remained on an antidepressant medication for at least 180 days (6 mo.)

8. **Asthma controller therapy**

9. **Patient Experience with Pharmacy Services** (using a validated survey)

10. **Screening for Social Determinants of Health**

11. **Early Persistence to Oral Oncolytics**

12. **Pharmacy-administered Disease Assessment** (e.g., RAPID3 for rheumatoid arthritis)
13. Persons Living with HIV – Viral Load Suppression
14. Persons Living with HIV – Health Questionnaire on Lifestyle
15. Drug-Drug Interaction Consultation
16. Medication Therapy Problem Resolution
17. Depression Screening (e.g., pharmacy-administered PHQ-9)
18. Antidepressant initiation of therapy
19. Naloxone Dispensing
20. Diabetes Education
21. Medication Synchronization
22. Medication Reconciliation Post-Discharge

Data & Interoperability Advisory Group (DIAG)
The DIAG launched on March 26 and is charged with:

- Advising PQA on areas related to data infrastructure and interoperability solutions to enable data sharing and integration of pharmacy quality measures related to value-based pharmacy services.
- Considering interoperable data standards and tools that can be leveraged for the development of prioritized pharmacy quality measures.
- Identifying new data standards needed to support future measure development.

A second DIAG meeting was held June 22 with a focus on novel uses of interoperable data that could be used in pharmacy measures. Once measures have been prioritized in the Action Plan, the DIAG will have additional meetings to explore data needs for specific measure concepts.

The DIAG is a standing committee that will continue to meet quarterly to address data and interoperability needs to support pharmacy measure concepts that require novel data sources. See Appendix B for more information on the DIAG and a member roster.

Stakeholder Outreach Calls
In addition to convening the MCAG, PQA solicited input from payer and pharmacy representatives directly involved in contracting to better understand which measure concepts these stakeholders would be willing to include in payer-pharmacy contracts. Objectives of this outreach include:

- Gaining insights on key attributes payers prioritize in selecting measures to include in plan-pharmacy contracts;
- Obtaining additional stakeholder feedback on measure concepts being discussed by the MCAG; and
- Considering payer-developed/identified measures currently used in contracts that could be standardized for broader adoption.

The calls occurred May-July and included PQA members and non-members.

Stakeholder Advisory Meeting
Stakeholder Advisory Meetings are hosted by PQA staff to inform membership of current and relevant measure development and maintenance updates. PQA’s Performance Measurement Team will host a
Stakeholder Advisory Meeting in August to provide an all-member update on pharmacy measure concept prioritization (informed by insights from the MCAG, stakeholder interviews, and PQA staff expertise and experience) and the opportunity to provide comment on a proposed PQA Pharmacy Measure Development Action Plan. This planned communication is intended to inform members of progress to date and next steps, and to support continued broad stakeholder engagement in this important measure development initiative.

**Public Comment Period**

A draft PQA Pharmacy Measure Development Action Plan, informed by the activities above, will be distributed for public comment in August to obtain broader stakeholder input. The draft Action Plan will include the prioritized measure concepts and associated timelines for development. PQA’s Performance Measurement Team will make necessary refinements to the Action Plan based on comments received, and then communicate the Pharmacy Measure Development Action Plan broadly.

**Technical Expert Panels**

Following the public comment period, PQA will distribute a call for self-nominations, providing PQA members the opportunity to be considered for participation on pharmacy measure development technical expert panels (TEPs). The TEPs then will launch to begin development of prioritized measure concepts, aligned with the PQA Pharmacy Measure Development Action Plan.

**Additional PQA Efforts to Advance Pharmacy Performance Measurement**

*Research Project: Forming Consensus on Metrics that Demonstrate the Value of Community Pharmacy Practice*

For this Community Pharmacy Foundation (CPF)-funded research project, PQA is collaborating with CPF to convene an invitational, multi-stakeholder panel of innovative pharmacy practitioners and payers, among other stakeholders, to discuss, share, and build consensus on metrics that will promote sustained community pharmacy innovative services. The project kicked off in July 2020, with the panel first convening in September and the project ending September 2021.

The output of this work will include: a prioritized set of community pharmacy practice metrics that can be utilized in CPESN pilots, Flip the Pharmacy initiatives, and may be suitable as part of a standard set of measures to be used in Medicare and other VBP programs; recommendations on feasibility; best practice socialization; and dissemination of project findings.

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Questions about PQA’s pharmacy measure development should be directed to PQA’s Performance Measurement Team at MeasureDev@pqaalliance.org.
Appendix A - Pharmacy Measure Concept Advisory Group (MCAG)

PQA convened the Pharmacy Measure Concept Advisory Group (MCAG) to provide input on pharmacy measure concepts. The group helps prioritize areas of interest and refine a list of measure concepts, evaluating key criteria such as evidence supporting the rationale, opportunity for implementation, patient-centeredness, data source availability, resource-intensiveness of development, and other considerations. The MCAG is composed of subject matter experts from PQA’s membership that serve in a time-limited fashion. PQA members were selected for the group through a self-nomination process, based on their expertise, considering the importance of representing a diverse set of stakeholder types.

MCAG Roster

Erik Abel, Ursa Health
Sheila Arquette, National Association of Specialty Pharmacy
Lindsey Aubin, CVS Pharmacy
Maribeth Bettarelli, CVS Caremark
Christie Boutte, National Association of Chain Drug Stores
Anne Burns, American Pharmacists Association
Jennie Chou, Navitus Health Solutions, LLC
Sarah Dean, Humana
Stacey Decembrele, IngenioRx / Anthem, Inc.
Lynn Deguzman, Kaiser Permanente
Jennifer Dingman, Patient Partner
Valentino DiPaola, Healthfirst
Laurin Dixon, Arkansas Blue Cross and Blue Shield
Anna Legreid Dopp, American Society of Health-System Pharmacists
Nicholas Dorich, Pharmacy Quality Solutions
Lisa Freeman, CT Center for Patient Safety
Brandon Gerleman, OutcomesMTM
James Greenough, WellCare Health Plans Inc.
Brooke Griffin, Midwestern University Chicago College of Pharmacy
Flora Harp, Therapeutic Research Center
Ronna Hauser, National Community Pharmacists Association
Justin Heiser, Thrifty White
Katie Herndon, Pfizer, Inc.
Joanne Hilburn, Centers for Medicare & Medicaid Services
Jacob Jolly, Blue Fin Group
Kenett Kelly, Cigna
Summer Williams Kerley, Rite Aid
Wichitah Leng, Novo Nordisk
Tripp Logan, L&S Pharmacy
Dorothy Loy, Walgreens
James Notaro, Clinical Support Services, Inc.
Binal Patel, PerformRx
Trista Pfeiffenberger, CPESN
Karim Prasla, Magellan Rx Management
Susan Rhodus, GeriMed
Micaila Ruiz, Amber Specialty Pharmacy
Tori Rush, RxAnte, Inc.
Zach Russell, ExceleraRx Corp
Jacob Schnackenberg, TabulaRasa/Prescribewellness
Linda Schultz, AllazoHealth
Molly Steen, Indian Health Service
Lori Toenjes, Rite Aid Corporation
Ben Urick, UNC at Chapel Hill Eshelman School of Pharmacy
Keith Widmer, Express Scripts
Autumn Zuckerman, Vanderbilt University Medical Center
Appendix B - Data & Interoperability Advisory Group (DIAG)

PQA convened the Data and Interoperability Advisory Group to provide input to PQA staff to support the data standardization, data sources, and interoperability needed for meaningful, patient-centric, and outcome-focused measures – with an initial focus on pharmacy measures. The group is composed of subject matter experts from PQA’s membership. Through a self-nomination process, PQA staff selected members for the group based on their relevant expertise, considering the importance of representing a diverse set of stakeholder types. The group will meet quarterly or more frequently as needed.

**DIAG Roster**

<table>
<thead>
<tr>
<th>Mohammad Ateya, Pfizer</th>
<th>Chris Lamer, <em>Indian Health Service</em></th>
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<tbody>
<tr>
<td>Amber Baybayan, <em>Cardinal Health / OutcomesMTM</em></td>
<td>Matt Maruska, <em>ExceleraRx Corp</em></td>
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<tr>
<td>Anne Biernacki, <em>ActualMeds</em></td>
<td>Russ Montgomery, <em>Discern Health</em></td>
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<tr>
<td>Cassie Bobbitt, <em>Arkansas Blue Cross and Blue Shield</em></td>
<td>James Murray, <em>CVS Health</em></td>
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<tr>
<td>Cody Clifton, <em>CPESN</em></td>
<td>Karen Phillips, <em>Amgen</em></td>
</tr>
<tr>
<td>Tram Dao, <em>Centers for Medicare &amp; Medicaid Services</em></td>
<td>Joshua Potter, <em>PRS Pharmacy Consulting Services</em></td>
</tr>
<tr>
<td>Kelly DeCanio, <em>Walgreens</em></td>
<td>Christopher Powers, <em>Cigna - HealthSpring, Inc.</em></td>
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<tr>
<td>David Eckwright, <em>Prime Therapeutics</em></td>
<td>Karim Prasla, <em>Magellan Rx Management</em></td>
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<tr>
<td>Zabrina Gonzaga, <em>Lantana Consulting Group</em></td>
<td>Zac Renfro, <em>Pharmacy Quality Solutions</em></td>
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<tr>
<td>Amey Hugg, <em>American Society of Health-System Pharmacists</em></td>
<td>Allie Shipman, <em>National Alliance of State Pharmacy Associations</em></td>
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<tr>
<td>Matthew Johnson, <em>Amplicare</em></td>
<td>Shelly Spiro, <em>Pharmacy HIT Collaborative</em></td>
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<tr>
<td>Skyla Jurado, <em>URAC</em></td>
<td>Beni Turner, <em>Navitus Health Solutions</em></td>
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<tr>
<td>Sameer Kalbag, <em>Tabula Rasa Healthcare</em></td>
<td>Varun Vaidya, <em>University of Toledo</em></td>
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<td>Henry Zeringue, <em>Highmark Health</em></td>
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