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.)

> **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.

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

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.

PQA's Pharmacy Measure Development Timeline (2020-21)	
Pharmacy Measure Concept Advisory Group (MCAG) launched to assist in identifying, refining and prioritizing measure concepts for pharmacy measure development	March 10, 2020
Data and Interoperability Advisory Group (DIAG) launched to provide counsel on data standardization, data sources, and interoperability needed for meaningful, patient-centered, and outcomes-focused measures	March 26, 2020
MCAG and DIAG meetings to assess measure concepts and evaluate data standards and sources - In-depth MCAG discussions on 22 measure concepts with post-meeting polling to obtain additional quantitative and qualitative input to inform prioritization - DIAG meeting to highlight novel uses of interoperable data to improve pharmacy quality (recording available here)	March-July 2020
Stakeholder Outreach Calls with payer and pharmacy representatives to understand which measure concepts are most likely to be included in payer-pharmacy contracts	May-July 2020
Stakeholder Advisory Meeting (SAM) for PQA members to provide an update on the measure development work and introduce the draft Pharmacy Measure Development Action Plan (Plan)	August 6, 2020
PQA Public Comment Period to obtain feedback on the Plan	August 6-28, 2020
DIAG meeting to consider data needs for prioritized measures in the Plan	September 2020
Technical Expert Panels (TEPs) launch to begin development of prioritized measure concepts aligned with the Plan	October 2020
Additional MCAG, DIAG and SAM meetings and TEPs, as needed, to develop prioritized measures	Ongoing
Updates, Webinars and Comment Periods on measure concepts developed under the Plan	Ongoing
Endorsement consideration of initial measures developed under the Plan	Q4 2021
Continuing development of prioritized measures under the Plan and periodic endorsement consideration, as needed	Ongoing
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:
      - % of the pharmacy's hypertension panel with BP reading reported to the health plan
      - % of the pharmacy's diabetes panel with A1c value reported to the health plan
   b. Then move to Improvement and Control measures:
      - BP/A1c improvement
      - 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

Mohammad Ateya, *Pfizer*

Amber Baybayan, *Cardinal Health / OutcomesMTM*

Anne Biernacki, *ActualMeds*

Cassie Bobbitt, *Arkansas Blue Cross and Blue Shield*

Cody Clifton, *CPESN*

Tram Dao, *Centers for Medicare & Medicaid Services*

Kelly DeCanio, *Walgreens*

David Eckwright, *Prime Therapeutics*

Zabrina Gonzaga, *Lantana Consulting Group*

Josh Howland, *PioneerRx*

Amey Hugg, *American Society of Health-System Pharmacists*

Matthew Johnson, *Amplicare*

Clifford Jones, *AllazoHealth*

Skyla Jurado, *URAC*

Sameer Kalbag, *Tabula Rasa Healthcare*

David Koon, *Village MD*

Chris Lamer, *Indian Health Service*

Matt Maruska, *ExceleraRx Corp*

Russ Montgomery, *Discern Health*

James Murray, *CVS Health*

Karen Phillips, *Amgen*

Joshua Potter, *PRS Pharmacy Consulting Services*

Christopher Powers, *Cigna - HealthSpring, Inc.*

Karim Prasla, *Magellan Rx Management*

Zac Renfro, *Pharmacy Quality Solutions*

Lisa Schwartz, *National Community Pharmacists Association*

Allie Shipman, *National Alliance of State Pharmacy Associations*

Shelly Spiro, *Pharmacy HIT Collaborative*

Luke Tso, *Optum*

Beni Turner, *Navitus Health Solutions*

Varun Vaidya, *University of Toledo*

Adam Weinstein, *PillPack, Inc.*

Henry Zeringue, *Highmark Health*