Optimizing Health by Advancing the Quality of Medication Use

PQA's Pharmacy Measure Development Action Plan

November 2020 Update

PQA thanks all who provided input into the Pharmacy Measure Development Action Plan, including those who submitted comments on the draft, and looks forward to forging ahead in this important work. The dynamic Action Plan will guide our continued work to build out a pharmacy measure set suitable for payer-pharmacy arrangements.

BACKGROUND

The Pharmacy Quality Alliance (PQA) is developing a standard set of measures appropriate for assessing pharmacy performance and use in accountability programs. Guided by stakeholder input, PQA drafted a Pharmacy Measure Development Action Plan (Plan). The Plan outlines next steps for developing measure concepts that were prioritized based on their feasibility (data source availability) and usability (likelihood of marketplace adoption). The Plan then was vetted through a public comment period, August 6-28.

As with PQA's continual work to develop health plan performance measures, pharmacy measure development will be ongoing, and the pharmacy measure set will grow over time. PQA will continue to convene additional Measure Concept Advisory Groups periodically to assess and prioritize new pharmacy measure concepts for development and addition to the set of measures intended for use in plan-pharmacy contracts and quality improvement initiatives.

The following table summarizes PQA's work to date in 2020 and our planned next steps. Initial measures developed under the Plan are targeted for endorsement consideration as of the end of 2021.

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-July 2020
Data and Interoperability Advisory Group (DIAG) launched to advise on data standardization, data sources, and interoperability needed for meaningful, patient-centered, and outcomes-focused measures	March-September 2020; ongoing quarterly meetings
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) to provide an update to PQA members on the measure development work and introduce the draft Plan	August 6, 2020
PQA Public Comment Period to obtain feedback on the Plan	August 6-28, 2020
Stakeholder Advisory Meeting to provide a PQA Performance Measurement update to PQA members, including plans to launch three new Technical Expert	October 20, 2020

PQA's Pharmacy Measure Development Timeline (2020-21)	
Panels (TEPs) for additional pharmacy measure development	
Technical Expert Panels launch to begin development of prioritized measure concepts aligned with the Plan 1. **Hemoglobin A1c Reporting and Blood Pressure Reporting** 2. **Proportion of Days Covered (PDC) Composite: Renin Angiotensin System Antagonists, Statins, and Diabetes Medications** 3. **Antidepressant Medication Management**	 November 2020 November 2020 January 2021
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-Q1 2022
Continuing development of prioritized measures under the Plan and periodic endorsement consideration, as needed	Ongoing
This timeline is subject to change.	

PQA's Pharmacy Measure Development Action Plan

November 10, 2020

INTRODUCTION

PQA is pleased to share its Pharmacy Measure Development Action Plan (Plan), which was informed by broad stakeholder (both member and non-member) input and vetting. The Plan outlines next steps for developing measure concepts that were prioritized based on their feasibility (data source availability) and usability (likelihood of marketplace adoption).

- Section I describes the inputs PQA used to inform the Plan.
- Section II includes the list of prioritized measure concepts, draft descriptions, and key insights gleaned from stakeholders.
- Section III highlights timelines to launch pharmacy measure development.
- Section IV provides the vision for implementation opportunities for a pharmacy measure set.

I. INFORMING PQA'S PHARMACY MEASURE DEVELOPMENT ACTION PLAN

PQA's Pharmacy Measure Development Action Plan (Plan) is informed by four primary inputs:

1. Pharmacy Measure Concept Advisory Group
2. Stakeholder Outreach Calls
3. Public Comment
4. Research Project: Forming Consensus on Metrics that Demonstrate the Value of Community Pharmacy Practice

The first two activities were completed between March and July 2020 and informed the draft Plan. The third step was completed in August and provided both members and the public the opportunity to provide feedback on the Plan, promoting transparency and broader stakeholder vetting. The fourth step represents a recently launched project that aims to build consensus on metrics that will promote sustained community pharmacy innovative services. That project will be completed in September 2021 and will further inform the Plan.

1. Pharmacy Measure Concept Advisory Group (MCAG)

The Pharmacy MCAG launched in March 2020 and was 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 met via web meetings, March-July, to discuss and evaluate measure concepts against standard measure assessment criteria, with an emphasis on feasibility and usability. The MCAG reviewed a total of 23 measure concepts, 13 of which are included in the Action Plan. Additional information, including the full list of measure concepts the MCAG assessed, is included in the July 21 PQA Update on Development of Pharmacy Measures.

3. 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 included:

- Gaining insights on the plan-pharmacy contracting process, including the key attributes payers prioritize in selecting measures to include in contracts and associated timelines;
- Obtaining additional stakeholder feedback on measure concepts being discussed by the MCAG;
- Considering payer-developed/identified measures currently used in contracts that could be standardized for broader adoption; and
- Understanding innovative value-based arrangements where pharmacy measures could be used.

PQA conducted 17 interviews (inclusive of representatives from 19 organizations) in June and July 2020 and included PQA members and non-members. Insights from the interviews were incorporated into key points in section II, below.

4. Public Comment

PQA's draft Pharmacy Measure Development Action Plan was released on August 6, 2020 and was followed by a three-week public comment period. From August 6-28, PQA received a total of 24 comments from a diverse group of stakeholders. **Appendix A** provides an overview of broad themes and measure specific feedback that emerged from these comments.

PQA is appreciative of commenters sharing their insights on the proposed measure concepts, which in many cases were aligned with input received in early stages of the pharmacy measure conceptualization and development process. *Based on the content of comments received, PQA will continue to move forward with launching three Technical Expert Panels to begin development of prioritized pharmacy measure concepts*, including blood pressure and hemoglobin A1c reporting, antidepressant medication management, and a composite adherence measure.

5. 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 Summit of innovative pharmacy practitioners and payers, among other stakeholders, to discuss, share, and build consensus on metrics that will promote sustained innovation in community pharmacy services. The year-long project kicked off in July 2020. The first Summit meeting was held on September 21, and the PQA team is preparing to convene the group for its second of five meetings on December 1, where the group will work towards consensus on a refined list of prioritized measure concepts aligned with innovative pharmacy services to move forward for initial feasibility assessment.

The output of this work will include a prioritized set of community pharmacy practice measure concepts 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 value-based arrangements. Additional outputs include recommendations on feasibility, best practice socialization, and dissemination of project findings.

As noted above, findings from this project will further inform the Plan.

II. Measure Concepts Included in the Action Plan

PQA's Pharmacy MCAG prioritized 13 measure concepts to move forward for public comment. Each is listed below, along with a brief draft description and key points or insights gleaned from MCAG discussions and stakeholder outreach calls.

1. Hemoglobin A1c Reporting, Improvement, Control

Draft description:

- Start with a measure focused on reporting to the health plan:
    a. The percentage of the pharmacy's diabetes panel with A1c value reported to the health plan
- Then move to Improvement and Control measures:
    a. A1c control: The percentage of the pharmacy's diabetes panel at A1c control (<9.0%)
    b. A1c improvement: Of those in the denominator of "A1c control" but not in the numerator, the percentage with improvement from A1c baseline

2. Blood Pressure Reporting, Improvement, Control

Draft description:

- Start with a measure focused on reporting to the health plan:
    - The percentage of the pharmacy's hypertension panel with BP reading reported to the health plan
- Then move to Improvement and Control measures:
    - BP control: The percentage of the pharmacy's hypertension panel with BP adequately controlled (<140/90)
    - BP improvement: Of those in the denominator of "BP control" but not in the numerator, the percentage with improvement from BP baseline

Key Points for measure concepts 1 & 2:

- Although there is interest from all stakeholders to move towards outcome measures, there is broad acknowledgment that getting to that point needs to be a stepwise approach. Starting with process measures (i.e., screening and reporting) is more feasible, and then transitioning to improvement and outcome-based measures over time.
- It will be important to identify/define a valid data source for A1c and/or BP values that are provided from the pharmacy to the payer.
- The need for risk adjustment should be assessed for outcome measures.
- Appropriate payment/reimbursement for services is needed for implementation and sustainability.
- There is even stronger interest from plans if NQCA would accept pharmacy-provided data as a supplemental data source for health plan HEDIS measure reporting.

3. Flu Vaccine Screening

Draft description: The percentage of individuals at the pharmacy who were screened to determine whether they received a flu vaccine.

4. Flu Vaccine Administration

Draft description: The percentage of individuals at the pharmacy who received a flu vaccine during the measurement period.

Key Points for measure concepts 3 & 4

- There was general consensus to not limit flu (or other) immunization measures to MTM services due to applicability beyond MTM, although determining an accurate attribution model could be more challenging.
- These measure concepts and others are less applicable to specialty pharmacies.
- Payers generally are supportive of immunization measures but favor a measure concept focused on administration (i.e., care gap closure) over a screening measure concept.
- Some pharmacy stakeholders noted variation in scope of practice by state, and specifically noted that it may be more difficult to capture the child/adolescent population.

5. Antidepressant Medication Management

Draft description: The percentage of individuals at the pharmacy with major depression who were initiated on an antidepressant drug and who completed a period of continuous medication treatment (six months).

Key Points

- Alignment with the existing HEDIS measure was recommended for usability.
- Behavioral health is an important, high-need area, and given shortages of psychiatrists and other behavioral health specialists, allowing pharmacists to help support members' treatment and therapy would be beneficial.
- The Antidepressant Medication Management concept is of greater interest versus a depression screening measure, as it is more of an area that pharmacists/pharmacies can impact.
- Depression screening is already performed in the physician office, and health plans and pharmacies prefer to not duplicate efforts.

6. Asthma Controller Therapy

Draft description: TBD, as asthma guidelines have recently changed so additional refinement of an asthma measure concept is needed.

Key Points

- Asthma measures are important; they address high-cost high-need populations, and pharmacists are well positioned to be measured on management of their therapy.
- Asthma measures would be applicable across age groups and thus across Medicare, Medicaid, and commercial populations.
- The HEDIS asthma measure was retired and the PQA measure, *Medication Therapy for Persons with Asthma*, is undergoing retirement consideration because they no longer align with evidence-based practice. A review of current guidelines will inform a new asthma measure concept**.**

7. Composite Adherence Measure

Draft description: The measure concept would be specified to provide one score that is inclusive of the pharmacy's performance on adherence to Renin Angiotensin System (RAS) Antagonists, Statins, and Diabetes medications.

Key points

- Developing the measure as a composite could potentially overcome the small denominator challenge seen with individual pharmacy adherence measures and can increase measure score reliability (versus individual component measures), although this would need to be determined through testing.
- There are some concerns that composite measures may overshadow differences in performance among component measures and may limit actionability on specific conditions.
- Consideration in how component measures may influence one another will be important for validity.
- It is important that the composite appropriately reflect the pharmacy's patient population (i.e. weighting) in order to be valid.

8. Primary Medication Nonadherence

Draft description: The percentage of prescriptions for chronic medications e-prescribed by a prescriber and not obtained by the patient in the following 30 days.

Key Points

- This PQA-endorsed measure is a pharmacy performance measure, though there has been limited adoption.
- Some stakeholders suggested reviewing and revising the measure specifications, including the chronic medications list to ensure feasibility and capture the most impactful instances of non-adherence.

9. Abandonment Rate

Draft description: The percentage of prescriptions not received by patients for specialty medications after the prior authorization for the prescription was approved.

Key Points

- This measure concept also was prioritized previously by the National Association of Specialty Pharmacy (NASP) Clinical Outcomes Committee.
- Some stakeholders noted that the measure concept could potentially apply to other medications and not be limited to specialty.

10. Early Persistence to Oral Oncolytics

Draft description: The percentage of individuals who were persistent to oral oncolytics during the treatment period.

Key points

- Measure concept ideas focused on oral oncolytics have been raised by multiple stakeholders over time as an area of interest for measurement.
- While important, it might be challenging to accurately assess persistence to oral oncolytics due to possible intolerances, titration, off-label use, etc.
- Drawing in the appropriate clinical data to calculate this type of measure may present challenges.

11. Patient Experience with Pharmacy Services

Draft description: TBD

Key Points

- A patient experience with pharmacy services performance measure would require a validated, psychometrically tested survey tool.
- It will be important to consider how to properly incentivize consumers to complete the surveys.
- The measure concept aligns with recent changes to Medicare Stars methodology, increasing the weighting of patient experience.
- Consideration was suggested for this type of measure to be a supplemental CAHPS item.
- The measure needs to focus on care provided, versus whether they personally like their pharmacist.

12. **Pharmacy-Administered Disease Assessment** (e.g., RAPID3 [Routine Assessment of Patient Index Data 3] for rheumatoid arthritis)

    Draft description: TBD

    Key Points

    - The questionnaire should integrate with pharmacy workflow.
    - For some stakeholders, clinical outcomes are preferable in this area.
    - Information from the survey must be actionable, and flow back to the plan to connect patients to resources.
    - Specialty pharmacies may be well situated to administer the survey and track patient progress, given high number of touches.

13. **Screening for Social Determinants of Health (SDOH)**

    Draft description: TBD

    Key Points

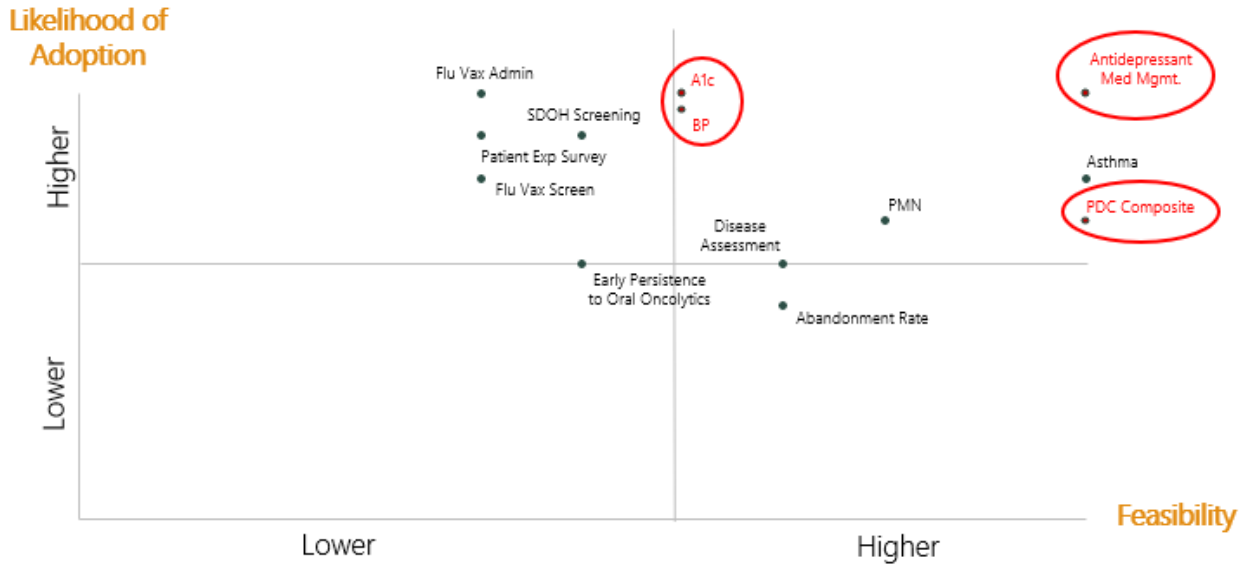
    - SDOH screening is of considerable interest among stakeholders.
    - Training will be needed to equip pharmacists to triage concerns raised from SDOH screening.
    - Some pharmacy stakeholders noted liability concerns.
    - Each patient has unique needs, and each community has unique resources to consider; to be impactful, screening must lead to action.
    - There are several existing SDOH screening tools available that could be considered for use in a measure.

Please see **Appendix A** for additional stakeholder input, which was received through public comment, along with PQA staff responses.

III. Timeline for New Pharmacy Measure Development

After considering input from the Pharmacy MCAG and stakeholder interviews, PQA staff plotted the 13 prioritized measure concepts on a graph based on their feasibility (whether the data source is readily available) and usability (likelihood of adoption). **See Figure 1**.

Figure 1.



PQA will launch pharmacy measure development TEPs as follows:

Hemoglobin A1c Reporting and Blood Pressure Reporting • View roster	November 10, 2020
Proportion of Days Covered (PDC) Composite: Renin Angiotensin System Antagonists, Statins, and Diabetes medications • View roster	November 18, 2020
Antidepressant Medication Management • View roster	January 2021

PQA aims to complete development of these concepts to have the measures available for use in early 2022.

PQA's Data & Interoperability Advisory Group (DIAG)

The DIAG is a standing committee that will continue to meet quarterly (or more frequently, as needed) to address data and interoperability needs to support the first three new measure concepts, as well as the remaining prioritized pharmacy measure concepts that will follow.

Additional Next Steps for PQA's Dynamic Pharmacy Measure Development Action Plan

As data and interoperability challenges are addressed, PQA will map out additional timelines and launch new TEPs for additional pharmacy measure development. As with PQA's continued work to develop health plan performance measures, pharmacy measure development will be ongoing, and the pharmacy measure set will grow over time. As such, this Action Plan is dynamic and will be reviewed and revised to respond to the evolving data environment and to continue to align with stakeholder needs and priorities.

IV. Creating the Vision for the Use of Pharmacy Measures

When PQA began meeting with stakeholders in early 2019 and planned to build out a pharmacy measure set, we initially considered a set of standardized measures that could be applicable to all. As we continued with the effort, it became apparent that a strategy that seeks to create a "one size fits all" measure set would be too constrained and not allow for innovation and the development of forward thinking measures that truly can demonstrate the value of pharmacy services.

We now envision the measure set as a "pick list" where payers and pharmacies can select the most appropriate measures that align with the populations the pharmacy serves, the pharmacy's ability to deliver clinical services and document necessary data, and the needs the health plan (or other stakeholder) has identified for their members/populations (e.g., gap closures for flu immunizations).

This implementation approach is depicted in **Figures 2-4**, below.

Figure 2. Pharmacy Measure Set – as a Pick List

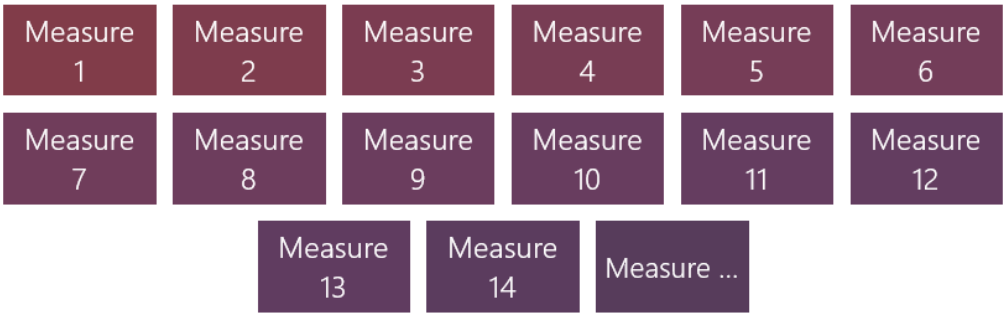


Figure 3. Measure Selection – Example 1

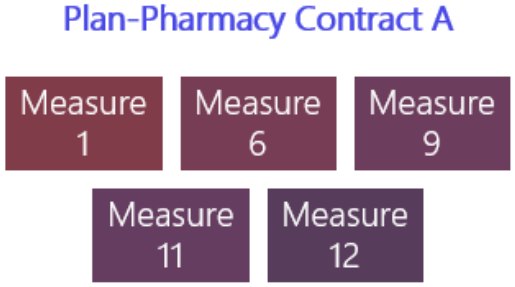
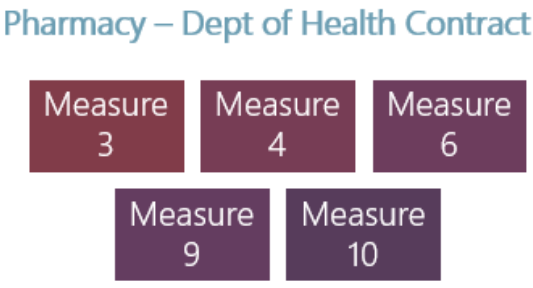


Figure 4. Measure Selection – Example 2



Appendix A: Public Comments Received on PQA's Pharmacy Measure Development Action Plan

On August 6, 2020, PQA released its draft Pharmacy Measure Development Action Plan to highlight work completed to date and to lay out next steps for the development of a standard set of pharmacy measure concepts suitable for use in accountability and value-based programs and contracts. From August 6-28, PQA received a total of 24 public comments from a diverse group of stakeholders. This appendix provides an overview of broad themes and measure specific feedback that emerged from these comments.

PQA is appreciative of commenters sharing their insights on the proposed measure concepts, which in many cases were aligned with input received in early stages of the pharmacy measure conceptualization and development process. *Based on the content of comments received, PQA will continue to move forward with launching three Technical Expert Panels to begin development of prioritized pharmacy measure concepts*, including blood pressure and hemoglobin A1c reporting, antidepressant medication management, and a composite adherence measure.

I. Broad Themes

Support for Prioritized Measure Concepts
Many commenters voiced support for the concepts identified for immediate prioritization in the fourth quarter of this year, including measures related to blood pressure and hemoglobin A1c reporting/improvement/control, antidepressant medication management, and a composite adherence measure.

PQA Response:
PQA is appreciative of commenters noting their support for prioritized pharmacy measure concepts and is pleased to launch three new TEPs to advance this work.

Alignment of Measures Across Programs
Many commenters noted the importance of alignment of measure specifications across programs. Commenters suggested that pharmacy measure concepts with related HEDIS measures should be specified to align across programs, including harmonized thresholds, definitions, etc. They also asked whether PQA pharmacy measures could potentially meet HEDIS reporting requirements in some areas. More broadly, the alignment of pharmacy measures with health plan quality programs, such as the Medicare Part C and D Stars, was noted as important to ensure alignment of incentives.

PQA Response:
PQA agrees that alignment of measures across programs and levels of specification is key. Alignment across programs is also listed as a priority in the Centers for Medicare & Medicaid Services Meaningful Measures Framework. PQA plans to carefully consider how measures can be harmonized with Medicare, HEDIS and other quality programs to minimize burden and maximize alignment of incentives to properly drive improvements in measure performance.

Importance of Implementation
Many commenters noted that, in addition to measure specifications, the ways in which measures are implemented are of great importance. For example, some pharmacy measures will only apply to certain pharmacies, and implementation should allow flexibility to account for these differences. Some

commenters recommended that any implementation should allow health plans the flexibility to choose what measures are included in contracting. Other commenters stated that transparent scoring methodologies are critical to allow pharmacies to understand their performance and make improvements, with some expressing preference for incentive-based implementation rather than penalty-based implementation. Several commenters directly voiced concern for the current direct and indirect remuneration (DIR) arrangements and how connecting pharmacy measures to the current DIR structure may not be beneficial.

PQA Response:
PQA agrees that proper implementation of measures is critical to successful quality measurement and equitable comparisons across measured entities. As a measure developer, PQA plays an important role in the quality landscape, and emphasizes that implementation of quality measures is ultimately driven by the administrators of specific programs and parties involved in contracting. As a measure steward, PQA expects measure users to implement measures aligned with their intended use and specifications. PQA looks forward to collaborative work with stakeholders to ensure that pharmacy quality measurement is fair, transparent, and drives improved care for patients. PQA measure specifications include the intended use and implementation parameters such as minimum denominators and level of analysis.

Pharmacy Reimbursement and Costs
Several pharmacy commenters noted that developing infrastructure for certain measure concepts, along with performing new services, are associated with costs, and raised questions about how they might be reimbursed for these activities.

PQA Response:
Implementation of PQA pharmacy measures may require investments in new data reporting infrastructure and potential development of new pharmacy services, both of which are associated with costs. PQA supports reimbursement systems that fairly and sustainably compensate pharmacies for investments required to drive improved quality.

Geographic Variation in Regulations
Several commenters stated that regulations relevant to many measures—such as scope-of-practice, point-of-care testing, or vaccine administration—may influence measure adoption and complicate comparisons across states and geographic areas.

PQA Response:
Geographic variation is important to consider. Measure scores should be applied on an "even playing field" in order to make fair comparisons and to drive quality. Even when comparisons across states and geographic areas is challenging, measures that can be used to demonstrate improvement compared to baseline performance would be useful.

Reporting and Interoperability
Commenters recognized the exchange of data between payers and pharmacies as a barrier, as well as the pharmacy's ability to capture and report required data elements. The data sources for pharmacy measures must be valid and reliable. Additionally, some measure concepts may require diagnosis codes from medical data or claims, raising questions about what the data sources for this information should be, and how it should flow to pharmacies.

PQA Response:

PQA agrees that data challenges are one of the primary barriers to pharmacy quality measurement. Reliably capturing valid data and exchanging it between health plans and pharmacies is paramount, and PQA looks to our Data and Interoperability Advisory Group (DIAG) to continue to advise our technical expert panels on what data sources and methods of reporting are most feasible. While many PQA measures use prescription claims as a proxy for diagnosis codes, many measure concepts may require medical diagnosis codes to accurately capture an eligible population, and PQA agrees that determine how this information is obtained by a pharmacy is essential.

Attribution

Commenters continued to emphasize that fair attribution models are critical to successful pharmacy measures. Commenters recommended for PQA to consider situations like patients switching pharmacies, patients receiving prescriptions for the same medication or therapeutic equivalent from multiple pharmacies, and patients dying or moving to a different area during the measurement year.

PQA Response:

PQA is committed to development of pharmacy measures that meet PQA's standard measure criteria including evidence, scientific acceptability, feasibility, and usability. Appropriate attribution models are critical for measure validity. PQA looks forward to discussion with technical expert panels to develop attribution models that fairly assign patients to pharmacies accountable for their care and account for the unique circumstances that occur at the pharmacy-level.

II. Measure Specific Feedback: Measure Concepts Prioritized for Development Beginning Q4 of 2020

PQA appreciates the thoughtful and insightful comments and questions provided on measure concepts prioritized for development beginning Q4 of 2020. Many of these questions are technical in nature, and PQA has not provided specific responses as these topics will be provided to and discussed in depth by the technical expert panels during the specification phase of development. For transparency, PQA provides a summary of these questions and comments below. Please note that these comments are in addition to the main themes discussed above, which commenters frequently tied directly into the measures discussed below.

Blood Pressure and Hemoglobin A1c Reporting/Improvement/Control

Commenters generally agreed that measures based on clinical biomarkers are important, although a few felt that these measures are better suited to assess physician performance. Some suggested that the measures should be careful not to incentivize duplication of services at the pharmacy and at physician offices. Commenters sought clarity on whether the pharmacies would be performing A1c/BP testing, or if it would be patient-reported data, noting that patient-reported values may not be reliable.

While some commenters agreed with a progression from reporting to outcomes, other commenters felt that there is less value in reporting and outcomes are of greater priority. The costs associated with performing point-of-care testing were raised, as well as questions on how laboratory tests would fit into the measures. Finally, some indicated that BP screenings may already be occurring more frequently in pharmacies than A1c screenings. Exemptions for long-term care pharmacies were suggested.

Antidepressant Medication Management
Commenters recognized the importance of behavioral health and generally agreed that pharmacists are well-situated to drive quality in this area. Access to data, particularly diagnosis codes, was raised as a key issue. Commenters suggested that an antidepressant medication management measure would need to be able to account for patients discontinuing medication use (e.g., worsening depression) without penalizing a pharmacy. Commenters also noted that PQA should be aware of off-label use of many antidepressants. Commenters suggested that the thresholds involved in the measure be carefully considered.

Composite PDC
Many commenters supported the composite PDC measure, although some felt that it may be duplicative or lack granularity to drive improvement or accountability in specific medication classes. Commenters frequently asked for clarification on the technical and scientific aspects of the measure's construction and weighting. Commenters noted that a composite may be helpful in increasing the number of pharmacies that can be measured reliably, and that pharmacists are well-positioned to improve adherence.

III. Measure Specific Feedback: Measure Concepts Prioritized for Future Development

PQA appreciates the thoughtful and insightful comments and questions provided on measures prioritized for future development. Many of these comments are technical in nature, and PQA's responses to these comments reflect current thinking on these concepts and may change during future measure development.

Asthma Controller Therapy
Commenters generally agreed that asthma medication measures are an important opportunity for pharmacies to drive meaningful impact. Some added that updated asthma guidelines may be in development and suggested waiting until the most recent evidence is available to begin work on an asthma measure. Some commenters strongly encouraged PQA to consider alignment with NCQA asthma efforts, while other commenters expressed concerns that an asthma controller therapy measure may not properly capture respiratory ailments in the long-term care (LTC) population, where COPD is more prevalent.

PQA Response:
PQA appreciates commenters' input, and notes that all concepts will align with the most current available evidence and clinical guidelines. PQA plans to carefully consider harmonization with other measures and programs, including HEDIS, during development, and will carefully consider which populations (e.g., LTC) may be appropriate for measure inclusion and exclusion.

Pharmacy-Administered Disease Assessment
Commenters expressed concern with the measure concept, including: variability by disease type; accountability for patients that may seek treatment at a pharmacy different from the one that provided the assessment; and difficulty in developing precise specifications that are clinically meaningful and impactful. Commenters suggested that assessment measures should focus on diseases with high prevalence and that this effort be aimed at specialty pharmacies, who have frequent touchpoints with patients.

PQA Response:
PQA appreciates commenters' input on the challenges associated with development of this measure concept. Regarding patients receiving treatment from a different pharmacy from the pharmacy that administered the assessment, this measure concept is envisioned to focus initially on completion of the assessment and transmission of information to the health plan, rather than the results of the screening or improvement over time. PQA agrees that this concept may be most appropriate for specialty pharmacies.

Primary Medication Non-Adherence
Commenters provided mixed feedback on the measure concept. While some commenters supported the measure concept with additional recommendations for refinement, others voiced concern that the concept could unfairly hold pharmacists accountable for patient barriers outside of the control of the pharmacist. Recommendations for refinement included: adding a provider feedback loop to identify that prescriptions are given with the intent for patients to start therapy; limiting the measure concept to focus on key maintenance medications, including chronic medications; and accounting for alternative, lower cost medications that patients may fill instead of the prescribed medication. One commenter suggested that the measure concept would not be appropriate for LTC pharmacies as all prescribed medications are delivered to facilities by the pharmacies that dispense the medications.

PQA Response:
PQA appreciates commenter input and agrees that accounting for the impact of factors outside of the pharmacists' control will be crucial in developing a measure appropriate for use in accountability programs. Regarding accounting for alternative medications, PQA notes that the current pharmacy measure, *Primary Medication Nonadherence* (PMN), is structured to allow for appropriate therapeutic alternatives for numerator compliance, and does focus on a specific set of chronic medications. Notably, the TEP would also re-evaluate the current list of conditions and medications in the PMN measure to ensure an updated pharmacy measure is as meaningful as possible.

Patient Experience with Pharmacy Services
Commenters generally expressed concern with the measure concept, noting that clarity is needed around how pharmacy services would be defined to ensure that performance on the measure concept is under direct control of the pharmacy. Others called out that these tools generally capture a small proportion of patients whose experiences may not be representative of care provided, and that dissatisfaction with pharmacy services would be represented in claims activity. Commenters also noted that there is currently a mechanism used to capture patient satisfaction and experience within pharmacies under the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, and developing an additional tool or data element would be cost prohibitive. It was also pointed out that a new pharmacy patient experience survey would likely face similar challenges as CAHPS, such as the inability to identify unique patient responses and improve patient experience. One commenter suggested that the measure concept is not appropriate for LTC pharmacies since the medications are ordered and administered by the LTC facility staff. Some commenters indicated that they would be supportive of the measure concept if it focused on patient understanding of their medications and health as a result of pharmacy services, rather than satisfaction with how quickly patients received care or whether patients liked their pharmacist.

PQA Response:
PQA notes that any survey-based measure would require a robust sampling and survey methodology that can provide a valid and reliable indication of pharmacy performance and quality of care provided, rather than simply whether or not the patient received care quickly or liked their pharmacist. PQA

appreciates feedback on current issues with CAHPS measurement and will take recommendations, such as allowing pharmacies or plans to identify respondents for outreach and improvement efforts, into account. PQA will carefully consider which populations (e.g., LTC) may be appropriate for measure exclusions. While claims activity may help a plan to understand if a patient is visiting other pharmacies, it is not granular enough to understand if this is due to quality of care provided or other external factors (e.g., geography).

Screening for Social Determinants of Health (SDOH)

Commenters generally supported the importance of the measure concept and the assessment of what tools and data elements would be needed for feasible SDOH screening in pharmacies. However, while commenters acknowledged that SDOH is important, they expressed the need to understand how data will be captured and transmitted since some systems have a limited ability to document or submit codes representative of SDOH. Concern was also raised as to what pharmacies would do with the information, as applying the measure concept without regard to interventions or outcomes would not be beneficial to patients. Commenters also expressed consideration of patient willingness to participate and the impact the measure concept would have to pharmacy workflow.

PQA Response:

PQA agrees that development of a robust reporting infrastructure around SDOH-related data will be a prerequisite for SDOH-related measure development. Additionally, as with any screening measure, results must be actionable and translate to interventions that close gaps, link patients with resources, and improve patient outcomes. Patient willingness to participate in SDOH screening is an important question that will need to be explored during development.

Abandonment Rate

Similar to the primary medication non-adherence measure concept, commenters were generally concerned that the concept could unfairly hold pharmacists accountable for patient barriers outside of the pharmacist's control. Commenters noted that there are several valid reasons why a patient may discontinue filling their prescriptions, including finding lower cost alternatives or switching therapies. Commenters also suggested the need for development of a standard definition for specialty drugs, and consideration of state regulations that prohibit prior authorization processing requests without prior approval. One commenter noted that the measure concept would not be appropriate for LTC pharmacies, as all prescribed medications are delivered to facilities by the pharmacies that dispense the medications.

PQA Response:

PQA appreciates commenter input and agrees that accounting for the impact of factors outside of the pharmacists' control will be crucial in developing a measure appropriate for use in accountability programs. Regarding accounting for alternative medications, PQA notes that the current pharmacy measure, *Primary Medication Nonadherence* (PMN),is structured to allow for appropriate therapeutic alternatives for numerator compliance, and an abandonment rate measure concept could potentially be structured in a similar way. Geographical variation in regulations will be important to consider to ensure measure results are able to make fair comparisons between pharmacies. PQA will carefully consider which populations (e.g., LTC) may be appropriate for measure exclusions.

Flu Vaccine Screening and Administration

Commenters supported the measure concept and recognized the important role of community pharmacy in administering vaccines, noting that development of the measure concept could position PQA for expedited development of a COVID-19 vaccine administration measure. Commenters voiced preference for a flu vaccine administration measure over a screening measure, mentioning that the data sources are more prevalent for administrations, and noting that administration is a more robust and meaningful measurement. Commenters expressed concern with how the information will be captured and reported to plans, with one commenter noting that registries could be an unreliable data source as some contain inaccurate or incomplete information. One commenter suggested that the measure concept include pharmacy claims as well as state immunization registries as data sources.

Some commenters noted that they would need more information regarding the measure specifications to provide robust feedback, particularly around considerations for patients who receive vaccinations in a physician office and those who refuse vaccination. Another commenter noted that there is currently low interest in this measure concept from health plans as they have other ways to incentivize vaccine administration through programs within a payer-pharmacy contract. It was also noted that pharmacies should not be held accountable when plans do not cover flu vaccination as a pharmacy benefit. One commenter suggested that the measure concept is not appropriate for LTC pharmacies, as flu vaccine screening and administration is performed by the LTC facility staff.

PQA Response:

PQA appreciates commenters' responses and agrees that given the current situation with COVID-19, vaccine-related measurement is especially relevant and timely. Data source selection will be an important part of development for this concept, and PQA will consider the robustness of state vaccination registries and whether there is a role for other data sources, such as pharmacy claims or other supplemental data. The measure will need to be developed to account for gaps that are closed in the physicians' office and for patients that refuse vaccination. PQA will carefully consider which populations (e.g., LTC) may be appropriate for measure exclusions.

Early Persistence to Oral Oncolytics

Commenters expressed concerns with the measure concept and suggested that this concept is more applicable to an integrated system, suggesting that PQA focus on establishing other metrics prior to attempting development of this measure concept. Commenters noted that early persistence to oral oncolytics would be difficult to measure due to a variety of issues, such as: initial titration, dosage changes, off-label use, and regimen cycling. Commenters also brought up the consideration that patients may have an initial fill at their local pharmacy and subsequent fills with a specialty or mail order pharmacy, and that further understanding on the measure intent would be needed. One commenter suggested that the measure concept was not applicable to LTC pharmacies as these medications are rarely used in that population.

PQA Response:

PQA agrees that this concept will be highly complex to develop for the reasons described above. PQA appreciates commenter input and will continue to explore whether this measure concept may be feasible in the future. PQA will carefully consider which populations (e.g., LTC) may be appropriate for measure exclusions.