

FOUR PQA-ENDORSED HEALTH PLAN PERFORMANCE MEASURES RECOMMENDED FOR RETIREMENT

- *Antipsychotic Use in Persons with Dementia: MDS (APD-MDS)*
- *Initial Opioid Prescribing at High Dosage (IOP-HD)*
- *Initial Opioid Prescribing for Long-Acting or Extended-Release Opioids (IOP-LA)*
- *Use of Opioids at High Dosage and from Multiple Providers in Persons without Cancer (OHDMP)*

Four HEALTH PLAN Performance Measures – for RETIREMENT

1. *Antipsychotic Use in Persons with Dementia: MDS (APD-MDS)*

DESCRIPTION: The percentage of long-stay nursing home residents with dementia who are persistently receiving an antipsychotic medication without evidence of a psychotic disorder or related condition.

The denominator includes individuals ≥ 18 years of age, with cumulative days of >100 days in a skilled nursing facility, with an active diagnosis of Alzheimer's Disease or Non-Alzheimer Dementia on either the prior or target assessment and/or a cognitive impairment is indicated.

Facilities reporting must have ≥ 30 long-stay residents in the denominator.

The numerator includes the individuals in the denominator with use of an antipsychotic medication verified in Section N (N0410A) equal to ≥ 12 (days) when combining both assessments.

Excluded from the denominator are individuals in the measurement quarter that do not have a prior assessment and any individual where N0410A is missing on either the prior or target assessment, or individuals with any of the following Active Diagnoses from Section I in either the prior or the target assessment:

- I5250 Huntington's Disease
- I5350 Tourette's Syndrome
- I5900 Manic Depression (bipolar disease)
- I6000 Schizophrenia (e.g., schizoaffective and schizophreniform disorders)

INTENDED USE: Performance measurement for nursing homes.

DATA SOURCE: Minimum Data Set (MDS) 3.0.

KEY POINTS:

- The APD-MDS measure was PQA endorsed in 2013.
- The APD-MDS measure is intended for use in a nursing home facility, which is not in alignment with PQA's focus on outpatient health plan and pharmacy measures.

- Competing priorities exceed the level of effort necessary to seek subject matter input for measure update using MDS as a data source. Retirement of this measure would allow resources to be allocated to areas with more meaningful impact.
- PQA will continue to maintain the *Antipsychotic Use in Persons with Dementia* (APD) health plan measure that was PQA endorsed in 2012.
- The Quality Metrics Expert Panel (QMEP) voted (27 yes; 0 no; 0 abstain) to recommend the APD-MDS measure for PQA membership retirement consideration.
- Licensees who noted use of the APD-MDS measure in 2021 reported no potential disruptions if the measure were to be retired and were aligned with the measure's proposed retirement in 2023 (pending PQA membership vote).

2. *Initial Opioid Prescribing at High Dosage (IOP-HD)*

DESCRIPTION: The percentage of individuals ≥18 years of age with ≥1 initial opioid prescriptions with an average daily morphine milligram equivalent (MME) of ≥50.

The denominator includes individuals ≥18 years of age, with ≥1 prescription claims for an opioid, continuously enrolled during the measurement year and 90 days prior to the index prescription start date (IPSD) and a negative opioid medication history during the lookback period.

Individuals in hospice care, with cancer, or with sickle cell disease during the measurement year or 90 days prior to the IPSD, and individuals in palliative care during the measurement year, are excluded.

The numerator includes individuals from the denominator with an average daily MME of ≥50 within any opioid initiation period.

INTENDED USE: Performance measurement for health plans.

DATA SOURCE: Prescription claims, medical claims.

KEY POINTS:

- The IOP-HD measure was PQA endorsed in 2019.
- The IOP-HD measure was considered for use in CMS quality programs in 2019 and was not selected for implementation. In contrast, the *Initial Opioid Prescribing for Long Duration* (IOP-LD) measure is currently implemented in the Medicare Part D Patient Safety Reports and is planned for addition to the 2023 Display Page.
- PQA currently has eight opioid measures available for use, with three being recommended for retirement. Retiring the IOP-HD measure would allow PQA to reallocate resources to maintain the remaining opioid measures that are more broadly adopted.
- Licensees who noted use of the IOP-HD measure in 2021 reported no potential disruptions if the measure were to be retired and were aligned with the measure's proposed retirement in 2023 (pending PQA membership vote).
- The QMEP voted (25 yes; 1 no; 1 abstain) to recommend the IOP-HD measure for PQA membership retirement consideration.

3. *Initial Opioid Prescribing for Long-Acting or Extended-Release Opioids (IOP-LA)*

DESCRIPTION: The percentage of individuals ≥18 years of age with ≥1 initial opioid prescriptions for long-acting or extended-release opioids.

The denominator includes individuals ≥18 years of age, ≥1 prescription claims for an opioid, continuously enrolled during the measurement year and 90 days prior to the IPSD, and a negative opioid medication history during the lookback period.

The numerator includes individuals from the denominator with ≥1 prescription claims for a long-acting or extended-release (LA/ER) opioid during any opioid initiation period.

Individuals in hospice care, with cancer, or with sickle cell disease during the measurement year or 90 days prior to the IPSD, and individuals in palliative care during the measurement year, are excluded.

INTENDED USE: Performance measurement for health plans.

DATA SOURCE: Prescription claims, medical claims.

KEY POINTS:

- The IOP-LA measure was PQA endorsed in 2019.
- The IOP-LA measure was considered for use in CMS quality programs in 2019 and was not selected for implementation. In contrast, the *Initial Opioid Prescribing for Long Duration* (IOP-LD) measure is currently in the Medicare Part D Patient Safety Reports and is planned for addition to the 2023 Display Page.
 - CMS' testing of the IOP-LA measure showed Medicare measure rates (mean: 1.1%) and variation (standard deviation: 0.1%) were very low.
 - Given the low rates and lack of variation, the measure provides little opportunity for improvement and does not effectively differentiate good performance from bad performance.
- PQA currently has eight opioid measures available for use, with three being recommended for retirement. Retiring the IOP-LA measure would allow PQA to allocate resources to the remaining opioid measures that are more broadly adopted.
- Licensees who noted use of the IOP-LA measure in 2021 reported no potential disruptions if the measure were to be retired and were aligned with the measure's proposed retirement in 2023 (pending PQA membership vote).
- The QMEP voted (25 yes; 0 no; 2 abstain) to recommend the IOP-LA measure for PQA membership retirement consideration.

4. *Use of Opioids at High Dosage and from Multiple Providers in Persons without Cancer (OHDMP)*

DESCRIPTION: The percentage of individuals ≥ 18 years of age who received prescriptions for opioids with an average daily dosage of ≥ 90 morphine milligram equivalents (MME) AND who received prescriptions for opioids from ≥ 4 prescribers AND ≥ 4 pharmacies.

The denominator includes individuals ≥ 18 years of age, with ≥ 2 prescription claims for opioid medications on different dates of service, with an IPSD from January 1 – October 3 of the measurement year with a cumulative days' supply ≥ 15 , and with an opioid episode of ≥ 90 days during the measurement year.

The numerator includes individuals from the denominator with an average daily dosage ≥ 90 MME during the opioid episode AND with opioid prescription claims from ≥ 4 prescribers AND ≥ 4 pharmacies within ≤ 180 days during the opioid episode.

Individuals in hospice care, with cancer, with sickle cell disease, or in palliative care during the measurement year are excluded.

INTENDED USE: Performance measurement for health plans.

DATA SOURCE: Prescription claims, medical claims.

KEY POINTS:

- The OHDMP measure was PQA endorsed in 2015 and updated in 2019 (NQF #2951).
- PQA does not intend to maintain NQF endorsement of OHDMP.
- The measure rates are very low ($< 1\%$). As a result, the measure does not effectively discern good performance from bad performance and may no longer provide value commensurate with the cost of maintenance. Moreover, the measure provides little opportunity for improvement among health plans.
 - From 2017 to 2019, measure rates have decreased from 0.0672% to 0.0432% for MAPDs and from 0.0569% to 0.033% for PDPs.
 - The standard deviations have also decreased from 0.1299% to 0.1072% for MAPDs and from 0.0628% to 0.0359% for PDPs.
- The measure is a composite of two existing PQA measures that evaluate use of opioids at high dosage (*Use of Opioids at High Dosage in Persons Without Cancer* [OHD]) and use of opioids from multiple providers (*Use of Opioids from Multiple Providers in Persons Without Cancer* [OMP]). The individual measures, OHD and OMP, will continue to be endorsed and maintained by PQA.
- PQA currently has eight opioid related measures available for use, with three measures being recommended for retirement. Retiring the OHDMP measure allows PQA to allocate resources to the remaining opioid measures that are more broadly in use.
- CMS retired the OHDMP measure for 2022 and no longer reports the measure on the Display Page or in the Patient Safety reports for the 2020 measurement year.
- Licensees who noted use of the OHDMP measure in 2021 reported no potential disruptions if the measure were to be retired and were aligned with the measure's proposed retirement in 2023 (pending PQA membership vote).
- The QMEP voted (26 yes; 0 no; 1 abstain) to recommend the OHDMP measure for PQA membership retirement consideration.