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TO: PQA Members

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SUBJECT: **Endorsement Consideration by PQA Members of New & Revised PQA Measures**

At the PQA Annual Meeting on June 1-2, 2011, the membership of PQA will have the opportunity to consider several performance measures for endorsement by PQA. This list of measures includes newly-developed measures as well as existing measures that underwent major revisions/updates. A description of the measure development and testing process is described below and is followed by the recommendations of the PQA staff regarding endorsement of the measures.

Process for Development and Testing of Performance Measures

Step 1: PQA workgroups identify measure concepts that may be appropriate for development into fully-specified performance measures. The workgroups focus on specific aspects of the medication-use system and/or specific therapeutic areas. The workgroups are open to all members of PQA and use a consensus-based approach to identify, prioritize and recommend the measure concepts.

Step 2: The measure concepts that are selected by the PQA workgroups are open for comment by the PQA membership. If there is no significant objection to the measure concepts, the concepts are then forwarded to the PQA Quality Metrics Expert Panel (QMEP) for evaluation and refinement.

Step 3: The QMEP reviews the measure concepts to provide an initial assessment of the key properties of performance measures (i.e., feasibility, usability and potential scientific validity). The measure concepts that are rated highly on the key properties will then undergo technical specification. The PQA staff develops the draft technical specifications and the QMEP reviews and edits the specifications until consensus is reached that the specifications are ready for testing.

Step 4: PQA selects a partner for testing of the draft technical specifications with “real-world” data. In 2010, PQA selected two partners through issuance of a Request for Proposal (RFP) and a review of proposals by an independent review panel. Competitive Health Analytics (a subsidiary of Humana) was selected for testing of MTM-related measures, while Advanced Pharmacy Concepts was selected for testing of all other measures. The testing partner implements the draft technical specifications with existing datasets and provides a report to PQA that details testing results and recommendations.

Step 5: The QMEP reviews the testing results, recommendations and potential modifications to provide a final assessment of the feasibility and scientific validity of the draft performance measures. The QMEP assessment allows the PQA staff to formulate an explicit recommendation to the PQA Board of Directors and PQA membership for endorsement consideration.

New Measures Recommended for Endorsement by PQA

Measure 1: Proportion of Days Covered (PDC): Antiretroviral Agents

Description: The proportion of patients who used antiretroviral medications for the treatment of HIV/AIDS and who exceeded the PDC threshold of 90% for at least two antiretroviral drugs.

Key Points:

- The standard PDC threshold for categorization of patients as “adherent” is 80%; however, there is clinical evidence regarding adherence to anti-retroviral medications that a PDC of 90% is critical to the sustained effectiveness of these medications. Therefore, the threshold for this measure was adjusted from 80% to 90%.
- Because multi-drug therapy for HIV/AIDS is a standard of care, we chose to assess the patients’ adherence to a minimum of two drugs. Thus, a patient needs to exhibit a PDC of at least 90% to at least 2 antiretroviral drugs to be considered adherent.
- The testing results indicated that the measure is feasible for implementation and provides potentially useful information on adherence patterns for a health/drug plan. There is room for improvement (average adherence rate = 71.4%) and variation in performance between health plans (range = 69.9% to 75.3%). However, most pharmacies had a low number of eligible patients (i.e., small denominator) thus the measure may have limited usefulness for evaluation of individual pharmacies.
- The QMEP considered the measure to be feasible and useful for health/drug plans and believed that the measure could be valuable in Medicaid as well as commercial plans. Thus, the QMEP rated the measure as **high priority** for PQA endorsement.
- There was some discussion about whether the measure should reflect specific regimens treating AIDS/HIV. This could be considered in the future, but the Panel felt the adherence rate for two drugs was a good proxy for overall adherence.

Measure 2: Use of Statins in Patients with Coronary Artery Disease (CAD)

Description: The percentage of adult patients diagnosed with coronary artery disease that received at least one prescription for a HMG-CoA reductase inhibitor (i.e., statin) medication during the measurement period.

Key Points:

- This measure requires data to confirm a diagnosis of coronary artery disease (CAD) and the technical specifications identify the ICD-9-CM codes that need to be present in medical claims to identify CAD.
- Because the diagnosis data are necessary, the measure is not easily implemented by pharmacies or stand-alone prescription drug plans
- Results of testing with data from one health plan showed that only 45.2% of patients with CAD received a statin medication. This rate is similar to rates reported in the literature.
- The QMEP indicated that this measure would be useful and important for health plans in that the measure identifies potential under-treatment of CAD. Thus, the QMEP rated the measure as **high priority** for PQA endorsement.

Measure 3: Proportion of MTM-eligible members who received a Comprehensive Medication Review (CMR)

Description: The percentage of prescription drug plan members who met eligibility criteria for medication therapy management (MTM) services and who received a comprehensive medication review (CMR) during the eligibility period.

Key Points:

- This measure requires MTM eligibility data and MTM encounter data to assess whether a patient was both eligible for MTM services and received an MTM service that qualified as a comprehensive medication review (CMR).
- The measure is only appropriate for comparisons of plans that use an opt-out policy for MTM eligibility. The opt-out approach is now required by CMS for Medicare Part D plans, thus this measure may be appropriate within the Medicare Part D program.
- The testing results with data from 2009 for one large Medicare plan indicated that 5.9% of MTM-eligible members received a person-to-person CMR from a pharmacist.
- The QMEP determined that this measure is feasible for implementation by MTM programs and may be useful for assessment and improvement of MTM programs. Thus, the QMEP recommended this measure be a high priority for endorsement.

Existing PQA Measures Recommended for Continued Endorsement Based on Major Revision

Measure 4: Medication Therapy for Persons with Asthma

Description: The percentage of patients with asthma who were dispensed more than 3 canisters of a short-acting beta2-agonist inhaler over a 90-day period and who did not receive controller therapy during the same 90-day period. Two rates are reported.

- Suboptimal Asthma Control (SAC): The percentage of patients with persistent asthma who were dispensed more than 3 canisters of a short-acting beta2-agonist inhaler during a 90-day period.
- Absence of Controller Therapy (ACT): The percentage of patients with asthma during the measurement period who were dispensed more than 3 canisters of short acting beta2-agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.

Key Points:

- This measure was updated to align it with current clinical guidelines. Specifically, the criterion for identification of sub-optimal asthma control was changed from “greater than 5 more canisters” of short-acting beta2-agonist to “greater than 3 canisters”. The change in this criterion led to more patients being identified with sub-optimal control.
- The measure uses a medication proxy for identification of respiratory illness and limits the eligible population to patients aged 5-50 years to increase the specificity of the measure for diagnosis of asthma and to exclude patients who are likely to have chronic obstructive pulmonary disease.
- The testing with data from commercial health/drug plans found that 14.7% of asthma patients used more than 3 canisters of a short-acting beta2-agonist in a 90-day period. This rate varied across plans from 8.5% to 17.8%.
- Of the patients who were identified as having sub-optimal control, 47.2% received an asthma controller medication. This rate varied across plans from 45.7% to 58.7%.
- The results show that this measure identifies room for improvement in performance and variation in performance across plans. This measure may be highly useful in Medicaid and commercially-insured populations.
- The QMEP supported the continued endorsement of this measure.

Measure 5: Drug-Drug Interactions

Description: The percentage of patients who received a prescription for a target medication during the measurement period and who were dispensed a concurrent prescription for a precipitant medication.

Key Points:

- The list of interacting drugs was updated in 2010 to reflect new evidence, and to limit the list to interacting pairs to high-severity interactions wherein a safer therapeutic alternative to the precipitant drug was likely to be available.
- The University of Arizona provided assistance with the evidence synthesis, and the PQA Patient Safety workgroup refined the list based on evidence and expert opinion.
- When tested with Medicare and commercial health/drug plans, the DDI measure showed an average rate of 2.3% (i.e., 2.3% of the prescriptions dispensed for the target medications had a days-supply that overlapped with a precipitant medication). This rate varied across plans from 1.6% to 5.4%. This represents considerable variation in performance.
- The QMEP supported the continued endorsement of this measure.

Measures that should undergo further refinement and testing before consideration for endorsement

Measure 6: Proportion of members receiving a MTM intervention who discontinue use of a high-risk medication (HRM) that had been present before the intervention

Description: Of patients that received a MTM intervention and who had received a high-risk medication in the 120 day period before the intervention, what percentage discontinued use of the high-risk medication within the 120 day period after the intervention? In other words, did the MTM intervention lead to discontinuation of a high-risk medication?

Key Points:

- The measure is more complex than most performance measures in that it examines change in the utilization of a drug after a MTM intervention was provided.
- The measure requires MTM encounter data in addition to drug claims data.
- Testing showed that the measure is feasible
- It is not clear whether this measure should be applied to all MTM interventions, or a subset of interventions that were targeted towards discontinuation of the HRM.

- Testing showed that 49% of intervention patients discontinued use of a HRM following the intervention.
- Considerable discussion in the QMEP about whether this measure will mis-attribute the cause of discontinuation to the MTM program. It was noted that more than 50% of high-risk medication (HRM) utilization in the pre-intervention period was for a single dispensing of the HRM. It is possible that the 1 fill of the HRM would have been discontinued regardless of the MTM intervention.
- The QMEP thought it was good that this measure aligns with the existing PQA measure for HRM, but it was suggested that further work be done to refine the measure.
- Further testing is underway

Measure 7: Proportion of diabetes members receiving a MTM intervention who initiated use of an ACEI/ARB medication after the intervention

Description: Of diabetes patients that received a MTM intervention and who had not received an ACEI/ARB medication in the 120 day period before the intervention, what percentage initiated use of an ACEI/ARB medication within the 120 day period after the intervention? In other words, did the MTM intervention lead to initiation of an ACEI/ARB medication?

Key Points:

- The measure is more complex than most performance measures in that it examines change in the utilization of a drug after a MTM intervention was provided.
- The measure requires MTM encounter data in addition to drug claims data.
- Testing showed that the measure is feasible.
- It is not clear whether this measure should be applied to all MTM interventions, or a subset of interventions that were targeted towards addition of an ACEI/ARB, and whether the diabetes patient should be required to have received a non-ACEI/ARB blood pressure medication in the pre-intervention period.
- Testing showed that 15% of intervention patients initiated use of an ACEI/ARB following the intervention.
- Considerable discussion in the QMEP about whether this measure will mis-attribute the cause of ACEI/ARB initiation to the MTM program. It is possible that the physician would have initiated an ACEI/ARB regardless of the MTM intervention.
- The QMEP thought it was good that this measure aligns with the existing PQA measure for appropriate blood pressure treatment in patients with diabetes but it was suggested that further work be done to refine the measure.
- Further testing is underway.

Measure 8: Proportion of members with uncontrolled asthma who received a MTM intervention and initiated use of an asthma-controller medication after the intervention

Description: Of patients with uncontrolled asthma who received a MTM intervention and who had not received a controller medication in the 120 day period before the intervention, what percentage initiated use of an asthma controller medication within the 120 day period after the intervention? In other words, did the MTM intervention lead to initiation of an asthma controller medication?

Key Point: This measure was unable to be adequately tested by the vendor due to a low rate of Medicare patients who met the eligibility criteria for this asthma measure. Further testing of the measure is underway.

Measures that were tested but NOT recommended for endorsement

Measure 9: Proportion of Days Covered (PDC)- Anticonvulsants

Description: The percentage of patients 18 years and older with a diagnosis of epilepsy who were dispensed an anticonvulsant medication during the measurement period and met the Proportion of Days Covered (PDC) threshold of 80 percent.

Key Points:

- This measure requires medical claims data to confirm the diagnosis of epilepsy. This is necessary since some anticonvulsant medications have significant off-label use.
- Since the measure is limited to health plan patients with epilepsy, the sample size for a plan may be small. Additionally, it would not be feasible for a stand-alone drug plan or pharmacy to implement this measure.
- Given the need for medical data to confirm a diagnosis of epilepsy and the small number of patients with this diagnosis, the QMEP felt this measure had limited utility and was a low priority for endorsement.

Measure 10: Long-Acting Beta2-Agonists (LABAs) in Asthma

Description: The percent of asthma patients with an active long-acting beta2-agonist (LABA) prescription who also received an inhaled corticosteroid.

Key Points:

- The measure uses a medication proxy for identification of respiratory illness and limits the eligible population to patients aged 5-50 years to increase the specificity of the measure for diagnosis of asthma and to exclude patients who are likely to have chronic obstructive pulmonary disease.
- Testing revealed a very high rate of appropriate use of LABA medications in that 98.8% of patients who were using a LABA had also received an inhaled corticosteroid. This high rate may be due to the large number of patients on combination products.
- Testing also showed that only 4.1% of the pharmacies in the health plan networks would have at least 10 patients for this measure.
- The QMEP felt that this measure would not be useful for performance improvement.