




Quality Measures: *Advancing the Pharmacist's Patient Care Process*

Goal #3 of JCPP's Strategic Plan:

Support the development / implementation of pharmacy quality measures and standards as critical elements to measure outcomes of the patient care process

Objectives:

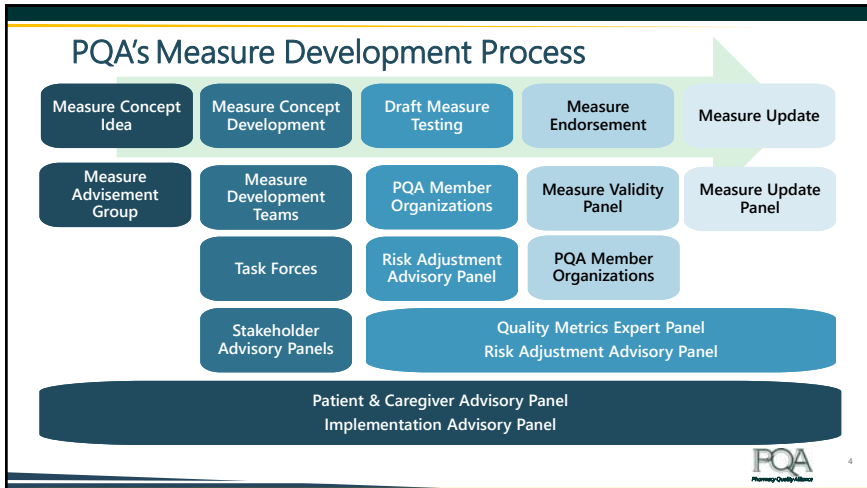
- Discuss PQA's role in the development and utilization of quality measures that pharmacists can impact;
- Identify challenges with how measures are implemented/used;
- Explore healthcare policy changes now and in the future: where do we see quality measures being utilized; and
- How can JCPP member organizations support and implement quality measures?

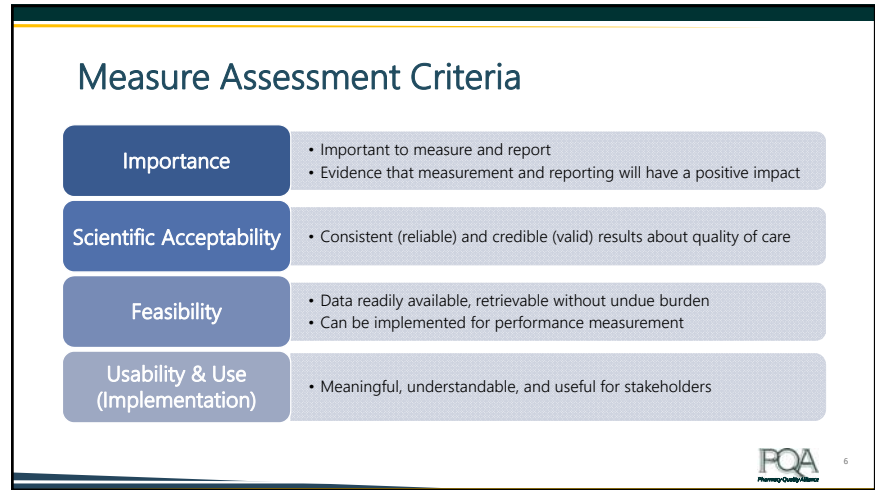
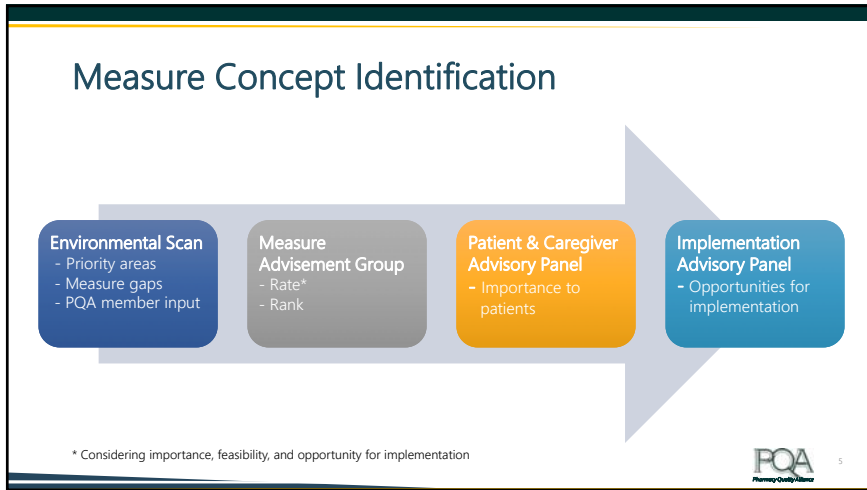


Who is the Pharmacy Quality Alliance?

Mission Statement:
Improve the quality of medication management and use across health care settings with the goal of improving patients' health through a collaborative process to develop and implement performance measures and recognize examples of exceptional pharmacy quality.

- Created in 2006 as a public-private partnership
- **Multi-Stakeholder**, Member-Based (207)
- **Transparent & Consensus-Based** Process
- Nationwide Measure Developer

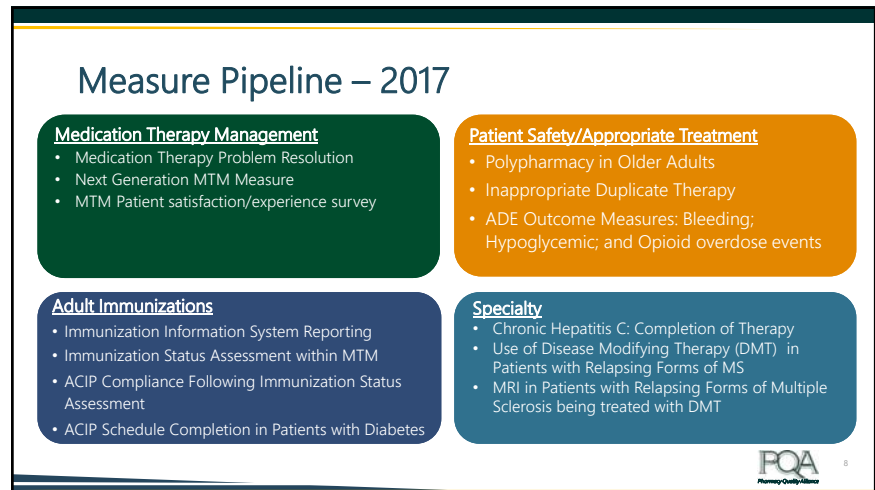


Fulfilling the Vision of CMS: PQA Measures within Medicare Part D Star Ratings

2017 Part D Star Ratings Measures		
Measure ID	Measure	Weight
D11	High Risk Medication	3
D12	Medication Adherence for Diabetes Medications	3
D13	Medication Adherence for Hypertension (RAS antagonists)	3
D14	Medication Adherence for Cholesterol (Statins)	3
D15	MTM Program Completion Rate for CMR	1

Due to heavy weighting by CMS on intermediate outcome measures, PQA measures make up almost half of a plan's Star rating

PQA
Pharmacy Quality Alliance



Challenges & Opportunities for Measure Developers:

- 1) Measurement burden for providers
- 2) Performance measurement for public reporting / P4P without risk adjustment
- 3) Performance measurement: development time, lead time for new measures to be incorporated into programs, or endorsed by NQF
- 4) Attribution: who gets credit, who gets blamed?
- 5) Harmonization / alignment of measures across programs



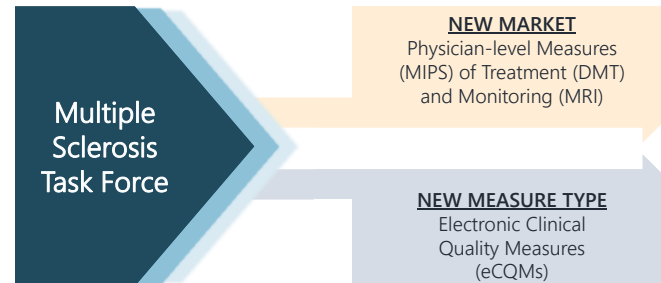
Value-based Networks? Is it really about quality? Or \$?, 50% is GDR

Type	2016	2017
Number of Plans with DIR	19	20
Number with Quality as "some" component	9	8 or 10*
Number with Mixed Quality and GDR	5	5 or 7*
Number with Quality Only	4	3

Measure Uptake & Implementation of PQA Measures



Breaking Ground: New Territory for PQA





Optimizing Patients' Health by Improving the Quality of Medication Use

Healthcare Policy and Implementation:

Holy MACRA!!

All Eyes on How this Mammoth Legislation to Replace the Medicare SGR Gets Implemented

Medicare Access & CHIP Reauthorization Act

- **Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)**, bipartisan legislation signed into law on April 16, 2015
- **Repeals** the Sustainable Growth Rate (SGR) Formula
- **Changes the way that Medicare pays clinicians** and establishes a new framework to reward clinicians for **value** over volume
- **Outlines 2 Different Payment Tracks**
 1. **MIPS** - Streamlines multiple quality reporting programs into 1 new system (*MIPS*)
 2. **APMs** - Provides **bonus payments** for participation in **eligible alternative payment models (APMs)**



14

MACRA-NYMS



Athena Health



Objective 1: Understand the Measures Inside MIPS, What RPhs Can Impact

Which of the more than 200 plus measures can RPhs impact and in conjunction with what medical specialty?

Objective 1: Measurement: Development and Implementation

- Identifying measures that pharmacists can impact by specialty area **(to be completed end of February 2017)**
- Adoption of measures into MIPS and understanding the registry connection for reporting of metrics (will RPhs be able to enter their activities WRT performance measurement into a physician-based registry)
- Understanding the gaps & developing (new) measures to fill the gaps
- e-CQMs versus non eCQMs: most physician-level new measures may be e-CQMs.
- Medication Use Measures: adoption of existing measures used in other Federal programs (PQA's Adherence Measures, Appropriate Use Measures, etc) and new measures



Objective 2: Improvement Activities (IAs)

Are there opportunities for pharmacist engagement through team-based models of care in IAs? How can these models be advanced for the purpose of MACRA implementation?

Objective 2: Improvement Activities

- 15 percent of MIPS Composite Score**
 - Focus: *care coordination, beneficiary engagement, and patient safety*
 - 90 plus available options (see PQA handout)
 - Short on Details from CMS; variable weighting of the activities
- DIALOGUE:**
- Could pharmacy partner with physician providers and would docs get credit for that?
 - What would the model be?**
 - Is this something that should be piloted?
 - Is this easy for clinicians to achieve, such that RPhs should pursue other opportunities inside of MACRA instead?



Objective 2 – Improvement Activities

Sub-category	Description	Priority	Opportunities for Pharmacist Involvement
Patient Safety & Practice Assessment	Consultation of PDMP prior to the issuance of a C-II opioid prescription that lasts for longer than 3 days	HIGH	<ul style="list-style-type: none"> Regular use of PDMP before dispensing any C-II opioid prescription with a days supply exceeding 3 days Identification and reporting of doctor shopping and polypharmacy
Population Management	Management recommendations for MIPS eligible clinicians who prescribe oral Vitamin K antagonist therapy (warfarin)	HIGH	<ul style="list-style-type: none"> Comprehensive patient education Systematic INR testing, tracking, and follow-up Patient communication of results and dose adjustments Management of warfarin dose in patients taking interacting medications, both acutely and chronically Remote monitoring or telehealth communication with rural/remote patients
Population Management	Participation in a systematic anticoagulation program (warfarin or other coagulation cascade inhibitors)	HIGH	<ul style="list-style-type: none"> Coagulation clinic team-based care Patient monitoring, dose adjustment, and education Management of adverse effects; antidote use and dosing; alternative treatment recommendations; monitoring pertinent labs
Population Management	Manage medications to maximize efficacy, effectiveness, and safety	MEDIUM	<ul style="list-style-type: none"> Integrate pharmacists into care teams Conduct periodic, structured medication reviews Reconcile and coordinate medications across transitions of care settings Identify and resolve drug utilization issues Adjust strength, dosage form, or recommend therapeutic substitutions as needed
Patient Safety and Practice Assessment	Implementation of an antibiotic stewardship program	MEDIUM	<ul style="list-style-type: none"> Evaluate the appropriateness of antibiotic use Utilize guideline recommendations for each condition Utilize susceptibilities when available to select the "best" treatment option for each patient and condition Educate patients to increase adherence and completion of antibiotic regimens



How JCPP can Support Measure Development/Uptake

- Serve on Measure Development teams, taskforces, advisory panels or TEPS (through the professional/practitioner based organizations around this table)
- EARS to the GROUND for Implementation Opportunities (primarily in states and regional localities): what states are forming health alliances, states that are selecting core measures, team-based models of care that are functioning and expanding and looking for measures (inside of MIPS, etc).
- Becoming involved in National Quality Forum (committees that endorse measures);
- Identifying gaps in care, gaps in measurement or BOTH.
- Working with us on AdHoc MACRA-related initiatives

Ready to Implement... ideas, connections to state-based efforts, managed Medicaid, LTC, etc

Opioid Use:

- 3 measures that examine multi-prescriber, multi-pharmacy, and high dosage opioid use among individuals 18 years and older without cancer or in hospice care
- Concurrent use of opioids and benzodiazepines among patients 18 years and older without cancer or in hospice

Antipsychotic drug use:

- The percentage of children under age 5 using antipsychotic medications during the measurement period.
- The percentage of individuals 65 years and older with dementia who are receiving an antipsychotic medication without evidence of a psychotic disorder or related condition

Multiple Sclerosis:

- The percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement period for medications treating MS

Serving on Measure Development Teams, Task Forces, and Ad hoc Panels

Measure Development Teams

- Small, technically proficient teams
- PQA members
- Develops 1 concept
- Application process
- Selection based on related knowledge/expertise

Task Forces

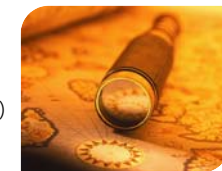
- Small, technically proficient teams
- PQA members & external experts
- May develop multiple concepts
- Invitation or application process
- Selection based on related knowledge/expertise

Ad Hoc Panels

- Small, technically proficient teams
- PQA members & external experts
- May address measure concept ideas, measure concepts, draft measures, or endorsed measures
- Invitation or application process
- Selection based on related knowledge/expertise

Exploring Additional Measure Development

1. Pharmacy-level measures (Q1)
 - Ad hoc panel appointed to explore opportunities
2. Opioids in pediatrics (Q2-3)
 - Evidence evaluation
 - Data analysis
 - Expert input
3. Adherence to Antiretroviral Therapy (Q2)
 - Evidence evaluation
 - Data analysis



The Biggest Opportunities (not all of which are in PQA's sweet spot)

- How can we help influence a business model for quality in pharmacy that achieves our goals?
 - Improving the patient experience of care
 - Improving the health of populations (PQA measures are population health measures)
 - Reducing the per capita cost of health care
- How can we collaborate on patient solutions that help improve behavior change and patient accountability?
 - Improving the patient adherence to medications
 - Improving the education & accountability of patients
 - Reducing the cost of care & access to medications

Questions?

Laura Cranston
Executive Director
LCranston@PQAalliance.org