




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:

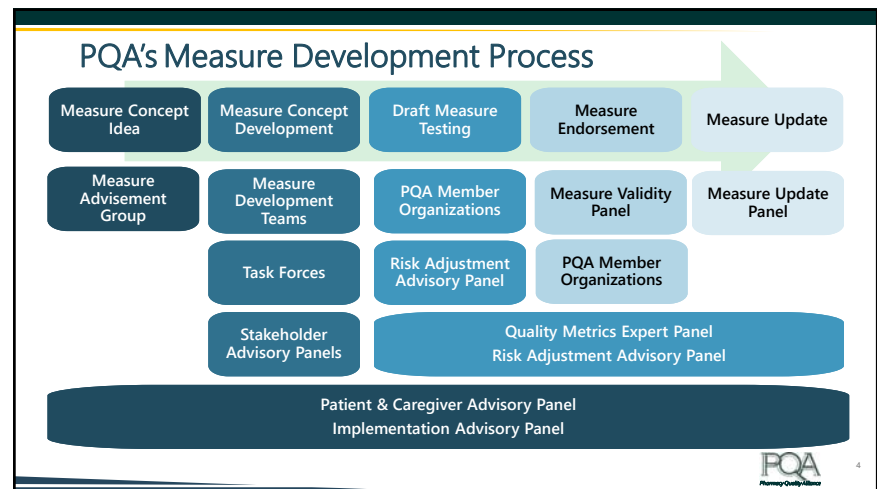
- Discuss PQA's role in the development and utilization of quality measures that pharmacists can impact;
- Challenges with how measures are implemented/used;
- Healthcare Policy Changes now and in the future: where do we see quality measures being utilized; and
- How can JCPP member organizations support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

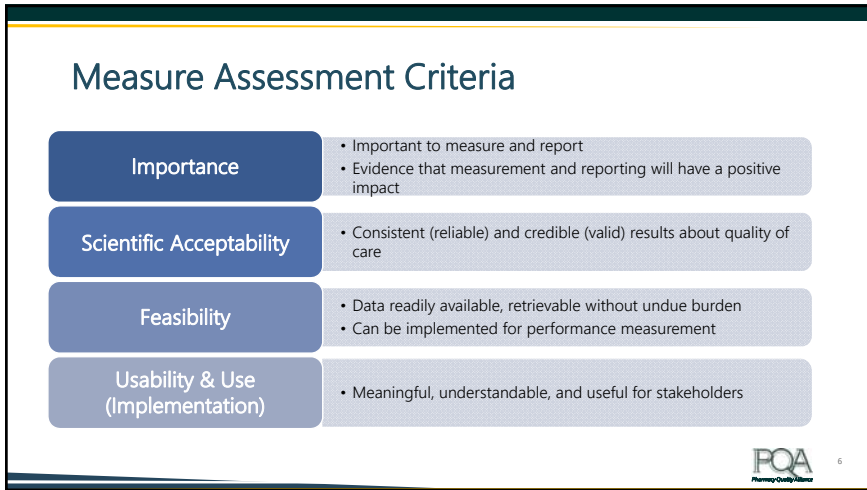
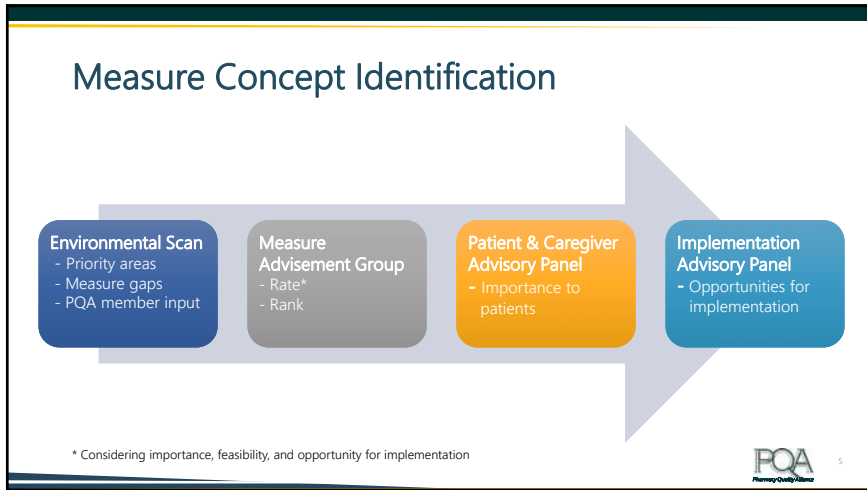


Who is the Pharmacy Quality Alliance?

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

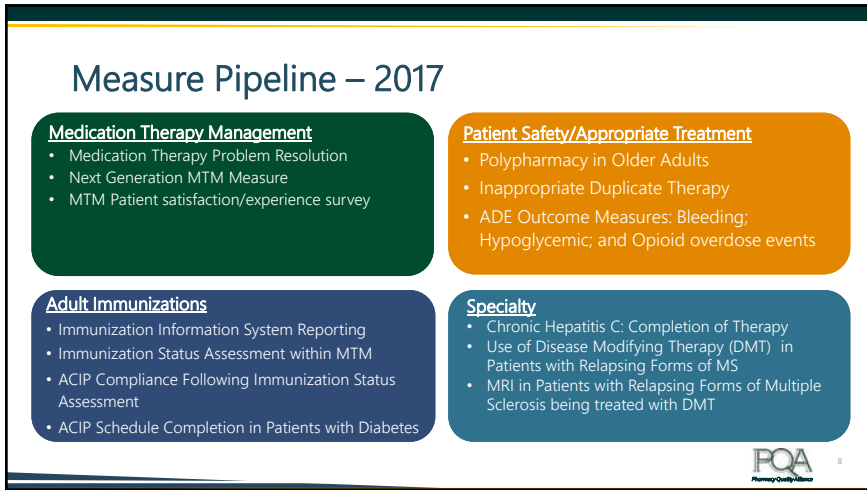


Fulfilling the Vision of CMS: PQA Measures within Medicare Part D Star Ratings

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



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 Mammouth Legislation to Replace the Medicare SGR Gets Implemented

MACRA-NYMS

MACRA: Medicare Access and CHIP Reauthorization Act*

MIPS: Merit-Based Incentive Payment System

APM: Alternative Payment Model

QPP: Quality Payment Program

EC: Eligible Clinician (replaces Eligible Professional)

EPS: Composite Performance Score

MU: Meaningful Use/EHR Incentive Program

PQRS: Physician Quality Reporting System

VPM: Value-based Payment Modifier Program

ACMTM: Another Complex Mandate To Implement Now

CERR: Continually Evolving Reimbursement Requirements

KRW: Keeping Up With Medicare

AHS: Administrative Headache Syndrome

*Risk adjusters for providers implementing head-on, steady and high blood pressure

PQA
Pharmacy Quality Alliance

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?

Anne Burns, APhA and Mel Nelson, PQA

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 and Practice Assessment	Consultation of PDMP prior to the issuance of a C-II opioid prescription that lasts for longer than 3 days	HIGH	-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	-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	-Coagulation clinic team-based care -Patient monitoring, dose adjustment, and education -Management of adverse effects: antibiotic use and dosing, alternative treatment recommendations, monitoring pertinent labs
Population Management	Manage medications to maximize efficacy, effectiveness, and safety	MEDIUM	-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	-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



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



Questions?

Laura Cranston
Executive Director
LCranston@PQAalliance.org