PQA Measure Overview

Measure Domains. PQA measures are grouped into six domains: Adherence, Appropriate Medication Use, Medication Safety, Medication Therapy Management, Monitoring Measures, and Quality Improvement Indicators.

Adherence

The adherence measures examine individuals' prescription claims for specific classes of medication therapy. Proportion of Days Covered (PDC) is the preferred method to measure medication adherence; therefore, PQA uses this methodology for its measures that assess patients' adherence to important chronic medication therapies.

Adherence measures assess the percentage of individuals covered by prescription claims for the same medication or for another medication in the same therapeutic class within the measurement year. The PDC threshold is the level above which the medication has a reasonable likelihood of achieving the most clinical benefit. Clinical evidence provides support for a standard PDC threshold of 80%. However, the *PDC: Antiretroviral Medications* measure requires a 90% threshold for ≥3 antiretroviral medications.

- Diabetes All Class (PDC-DR) (NQF #0541)
- Renin Angiotensin System Antagonists (PDC-RASA) (NQF #0541)
- Statins (PDC-STA) (NQF #0541)
- Beta-Blockers (PDC-BB)
- Calcium Channel Blockers (PDC-CCB)
- Biguanides (PDC-BG)
- Dipeptidyl Peptidase (DPP)-4 Inhibitors (PDC-DPP)
- Sulfonylureas (PDC-SFU)
- Thiazolidinediones (PDC-TZD)
- Non-Warfarin Oral Anticoagulants (PDC-NOAC)
- Long-Acting Inhaled Bronchodilator Agents in COPD (PDC-COPD)
- Antiretroviral Medications (this measure has a threshold of 90% for ≥3 medications) (PDC-ARV-2019)
- Non-infused Biologic Medications Used to Treat Rheumatoid Arthritis (PDC-RA)
- Non-infused Disease Modifying Agents Used to Treat Multiple Sclerosis (PDC-MS)

The PDC method, although preferred for chronic therapies, may not be the most appropriate method to assess adherence and persistence for acute therapies of shorter duration. Rather, a different method may be used to better assess whether individuals have completed their medication regimens. The *Treatment of Chronic Hepatitis C: Completion of Therapy* measure assesses the percentage of individuals who initiated antiviral therapy for treatment of chronic hepatitis C, and who completed the minimum intended duration of therapy with no significant gap(s) in therapy.

- Treatment of Chronic Hepatitis C: Completion of Therapy (HCV)

Primary Medication Nonadherence (PMN) assesses when a new medication is prescribed for a patient, but the patient does not obtain the medication, or appropriate alternative, within an acceptable period of time after it was prescribed.

- Primary Medication Nonadherence (PMN)

Appropriate Medication Use

The diabetes medication measures assess two areas of diabetes medication use: the appropriate dosing of diabetes medications and the use of statin medications for patients with diabetes. The *Diabetes Medication Dosing* measure assesses the percentage of individuals who were dispensed a dose higher than the daily

recommended dose for diabetes medications. The *Statin Use in Persons with Diabetes* measure assesses the percentage of individuals ages 40 to 75 years with prescription claims for diabetes medications and a statin medication.

- Diabetes Medication Dosing (DOS)
- Statin Use in Persons with Diabetes (SUPD) (NQF #2712)

The *Medication Therapy for Persons with Asthma* measure assesses two areas of respiratory medication use. The *suboptimal asthma control* rate assesses the percentage of individuals with prescription claims for >3 canisters of a short-acting beta$_2$ agonist inhaler over any 3-month period. The *absence of controller therapy* rate assesses the percentage of individuals with prescription claims for >3 canisters of a short-acting beta$_2$ agonist inhaler over any 3-month period and did not have a prescription claim for an asthma controller therapy.

- Medication Therapy for Persons with Asthma (MTPA)

Medication Safety

Patient safety is addressed through several measures. The *Drug-Drug Interactions* measure identifies individuals with concurrent prescriptions two medications for which serious adverse effects have been reported or may be expected based on known pharmacology of the medications involved, and co-prescription has an unfavorable balance of benefits and harms for many, if not most, individuals, particularly considering available pharmacologic and nonpharmacologic alternatives. The measure, *Antipsychotic Use in Persons with Dementia,* evaluates the percentage of individuals with dementia with a prescription claims for an antipsychotic medication without evidence of a psychotic disorder or related condition. This measure was also adapted for the long-term care setting using MDS data. The *Antipsychotic Use in Children under 5 Years* measure addresses the use of antipsychotic medications in a population where there are no approved indications for their use.

- Drug-Drug Interactions (DDI-2017)
- Antipsychotic Use in Persons with Dementia (APD) (NQF #2111)
- Antipsychotic Use in Persons with Dementia: MDS (APD-MDS)
- Antipsychotic Use in Children under 5 Years (APC)

Four measures address patient safety in older adults. The *Use of High-Risk Medications in the Elderly (HRM)* measure is adapted from a Healthcare Effectiveness Data and Information Set (HEDIS®) measure, which assesses medication management in the elderly to prevent the harms associated with certain medications for this population. The measure, *Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly*, was developed to address a gap in the HRM measure. Two measures that address polypharmacy in older adults, like the *HRM* measure, are based on the American Geriatric Society 2015 Updated Beers Criteria. Use of multiple anticholinergics in older adults is associated with an increased risk of cognitive decline and use of multiple CNS-active medications in older adults is associated with an increased risk of falls.

- Use of High-Risk Medications in the Elderly (2017 Update) (HRM-2017)
- Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly (BSH)
- Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (POLY-ACH)
- Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (POLY-CNS)

Seven measures address high-risk use of prescription opioids in persons without cancer. Four measures evaluate use of opioids with benzodiazepines, at high dosage (≥90 MME/day), or from multiple prescribers and pharmacies, which is associated with an increased risk of potentially fatal opioid overdose. Three initial opioid prescribing measures evaluate new prescriptions at high dosage (≥50 morphine milligram equivalents per day), for long duration (>7 cumulative days' supply), or for long-acting or extended release opioids, which is associated with an increased risk of chronic use, misuse, and in some cases, overdose.

- Concurrent Use of Opioids and Benzodiazepines (COB) (NQF #3389)
- Use of Opioids at High Dosage in Persons Without Cancer (OHD) (NQF #2940)
- Use of Opioids from Multiple Providers in Persons Without Cancer (OMP) (NQF #2950)
- Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP) (NQF #2951)
- Initial Opioid Prescribing at High Dosage (IOP-HD)
- Initial Opioid Prescribing for Long Duration (IOP-LD)
- Initial Opioid Prescribing for Long-Acting or Extended-Release Opioids (IOP-LA)

Medication Therapy Management

Medication Therapy Management (MTM) can be assessed in multiple ways. The *Completion Rate for Comprehensive Medication Review* measure assesses the extent to which MTM-eligible patients receive a comprehensive medication review during their MTM-eligibility period. The *Medication Therapy Problem Resolution* monitoring measure is based on the PQA Medication Therapy Problem Categories Framework and evaluates the percentage of interventions that resolve medication therapy problems among individuals participating in an MTM program. PQA also has two quality improvement indicators that focus on MTM.

- Completion Rate for Comprehensive Medication Review (CMR)
- Medication Therapy Problem Resolution (MTPR) monitoring measure

Monitoring Measures

Monitoring measures are intended to promote standardized documentation and reporting of healthcare processes, intermediate outcomes, or outcomes and may be used for standardized reporting requirements for monitoring or surveillance purposes but not for accountability programs. PQA currently has one monitoring measure.

- Medication Therapy Problem Resolution (MTPR) monitoring measure

Quality Improvement Indicators

These metrics are used by organizations solely for internal quality improvement.

- Provision of Medication Therapy Management Services Post Hospital Discharge
- Readmission of Patients Provided Medication Therapy Management Services Post Hospital Discharge
- Medication Synchronization: Program Acceptance and Initial Synchronization
- Medication Synchronization: Patient Contact Rate
- Medication Synchronization: Completeness
- Medication Synchronization Continuation: 2 Rates

Core Measure Sets. PQA also has two core measure sets focused on opioids and specialty medications.

Opioid Core Measure Set

The PQA Opioid Core Measure set provides important and timely tools to address the opioid epidemic. Four measures evaluate use of opioids with benzodiazepines, at high dosage (≥90 MME/day), or from multiple prescribers and pharmacies, which is associated with an increased risk of opioid use disorder and potentially fatal opioid overdose. Three initial opioid prescribing measures evaluate new prescriptions at high dosage (≥50 morphine milligram equivalents per day), for long duration (>7 cumulative days' supply), or for long-acting or extended release opioids, which is associated with an increased risk of chronic use, misuse, and in some cases, overdose. Individuals with a cancer diagnosis or those receiving hospice care are excluded.

- Concurrent Use of Opioids and Benzodiazepines (COB) (NQF #3389)
- Use of Opioids at High Dosage in Persons Without Cancer (OHD) (NQF #2940)
- Use of Opioids from Multiple Providers in Persons Without Cancer (OMP) (NQF #2950)
- Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer (OHDMP) (NQF #2951)
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Specialty Core Measure Set

The PQA Specialty Core Measure set includes measures that evaluate individuals receiving high-cost or high-touch medications to treat certain chronic or complex disease states. Prescribed medications often are the backbone of treatment for specialty conditions and ensuring adherence to those vital therapies is a key component of a comprehensive care strategy.

- Treatment of Chronic Hepatitis C: Completion of Therapy (HCV)
- Adherence to Non-Infused Disease Modifying Agents Used to Treat Multiple Sclerosis (PDC-MS)
- Proportion of Days Covered: Antiretroviral Medications (PDC-ARV-2019)
- Adherence to Non-Infused Biologic Medications Used to Treat Rheumatoid Arthritis (PDC-RA)