PQA

2024 PQA **ANNUAL** REPORT

OF PROGRESS TOWARDS BLUEPRINT PQA 2025

September 2023 - August 2024

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Sept. 2023 – Aug. 2024 in Review

$46.6B IN COSTS AVOIDED
with use of PQA Measures in Part D over 6 years

3,000 VIEWS
on the SDOH Resource Guide

200 LEADERSHIP SUMMIT PARTICIPANTS

372 ANNUAL MEETING PARTICIPANTS

134
MTM Convenes Participants/MTM Comments Received

113 WORKGROUP PARTICIPANTS
TEPs, MUP, QMEP, EAC, QuIRC Advisory Committee

15 NEW MEMBERS

8 MTM CALL-TO-ACTION ELEMENTS

Dear PQA members

> ***These accomplishments, and many more featured in this report, are shared and celebrated by us all and would not be possible without the input, engagement, and support of PQA's members and our board of directors.***

What an exciting year it has been for PQA! As we continue progress towards completion of our strategic plan, Blueprint PQA 2025, our team has been hard at work alongside our valued members to deliver meaningful improvements and drive positive change in quality medication use.

We remain committed to the four strategic priorities identified in the plan: quality measure innovation and modernization; improving the quality of pharmacist-provided care; championing health equity and diversity, equity, and inclusion; and ensuring organizational excellence. Reflecting on the last three years of progress toward our shared goals, we are incredibly pleased with our progress thus far, and we're excited to share some of the more notable accomplishments in this report.

Some highlights detailed in this report include:

- Progressing Medication Therapy Management quality measurement through our extensive stakeholder engagement and subsequent report.
- Advancing oral anticancer medication use quality by building towards the next phases of our work.
- Successfully piloting pharmacy measure concepts focused on blood pressure and A1c improvement and control.
- Successfully piloting PQA's endorsed measure focused on specialty pharmacy turnaround time.
- Continuing the PQA quality shadowing program, with the second class of participants beginning in January 2024.
- Receiving national recognition from the American Society of Association Executives (ASAE) for the PQA Diverse Quality Leaders program.
- Revising PQA's bylaws, with approval by PQA members, to modernize our alliance.

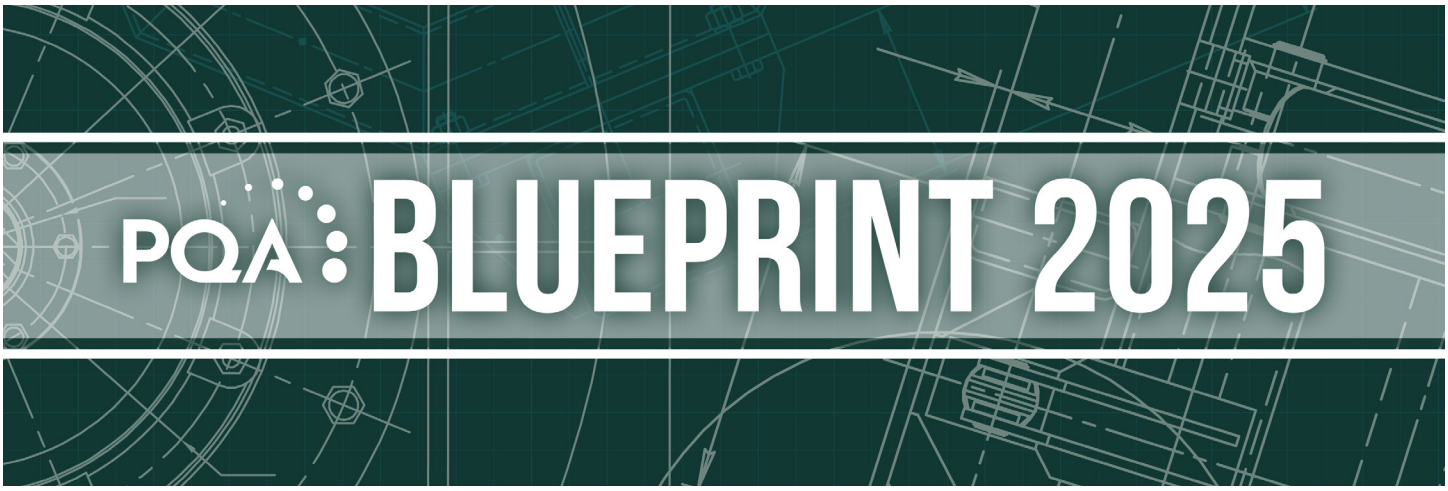
On behalf of our entire team at PQA, I want to extend my sincere appreciation and thanks to you for your engagement, support and contributions in ensuring our continued success. These accomplishments, and many more featured in this report, are shared and celebrated by us all and would not be possible without the input, engagement, and support of PQA's members and our board of directors.

Our progress continues as we look ahead to 2025. We're preparing for a strong finish to Blueprint PQA 2025, and we look forward to engaging you in the development and implementation of our next strategic plan. Together, we will continue to work toward optimizing health by advancing the quality of medication use.

Kind regards,

Micah Cost, PharmD, MS, CAE
Chief Executive Officer
Pharmacy Quality Alliance

Blueprint 2025



Blueprint PQA 2025 is our organization's vision for excellence and strategic plan. It features four goals and associated objectives that have been validated and sharpened by our members, our Board and staff through an iterative process. Together, we have set the course for PQA's work through 2025 to advance medication use quality.

GOAL 1	GOAL 2	GOAL 3	GOAL 4
Lead innovation and modernization of medication use quality to deliver solutions for a person-centered and value-based healthcare system.	**Advance the quality of pharmacist-provided care and services that optimize medication use, adherence and safety.**	**Champion diversity, equity and inclusion and address health disparities in medication use quality.**	**Achieve organizational excellence through structure and processes that deliver exceptional value to our members and stakeholders.**

Goal 1

Lead innovation and modernization of medication use quality to deliver solutions for a person-centered and value-based healthcare system.

Advancing Medication Therapy Management Quality Measurement

July - Sept. 2023

Medication Therapy Management Literature Review

November 2023

PQA Convenes: Advancing Medication Therapy Management Quality Measurement

Dec. 2023 - Jan. 2024

Comment Period: Draft Call to Action

August 2024

Webinar: Advancing Medication Therapy Management Quality Measurement

Ongoing

MTM Advisory Group

Advancing the Quality of Oral Anticancer Medication Use

Oral anticancer medications (OAMs) are a growing and important tool in the fight against cancer. More than 120 FDA-approved OAMs were used in clinical practice in 2022, and OAMs represent more than one-third of cancer medications in the development pipeline.

The quality of OAM use impacts clinical care, care coordination, patient safety and outcomes – including disparities in care, patient and caregiver experience, population health and prevention of cancer recurrence – and total health care costs.

Given the clinical importance, cost and growing use of these medications, there is strong interest among payers, manufacturers, providers, clinicians and patients to advance how we evaluate the quality of their use, especially in value-based care.

Although prior efforts by others have focused on oncology quality measurement gaps, little progress has been made to develop meaningful, standardized OAM quality measures for health plan performance.

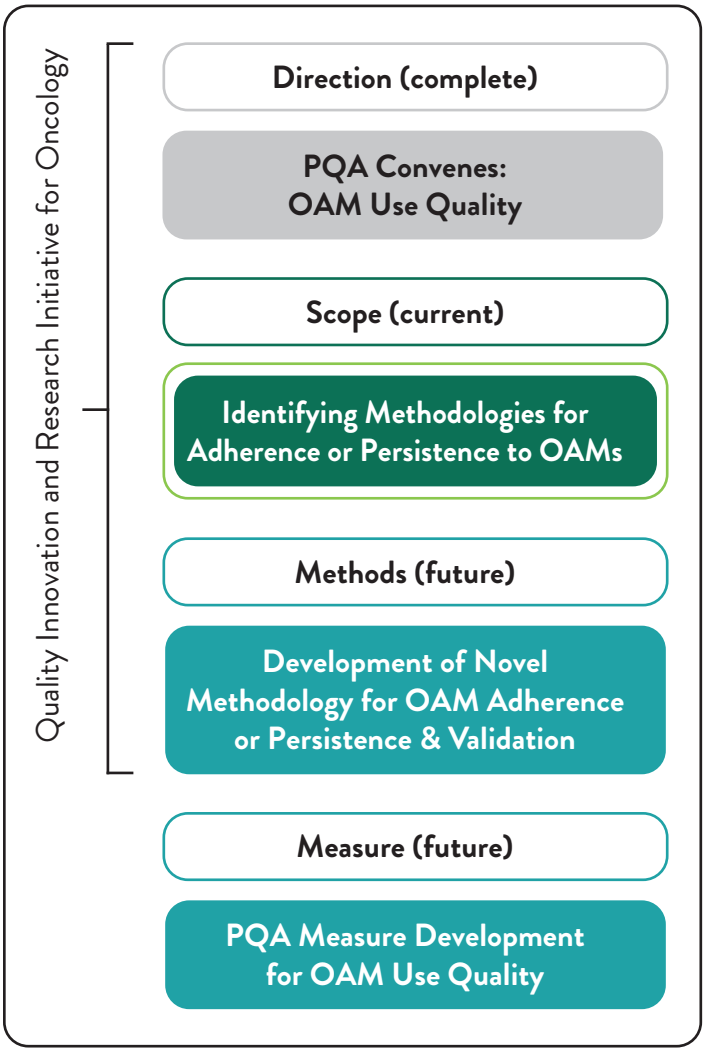
There is no current validated methodology for measuring adherence or persistence to OAMs for potential use in a national quality program.

This is challenging, uncertain and groundbreaking work, and PQA's next step is to build the evidence base and analytic methods for measuring adherence or persistence to OAMs. Our team is steeped in foundational methods, such as the proportion of days covered (PDC) methodology, but those are not well suited for developing a standardized, valid and feasible measure for OAM use.

We need to understand the clinical aspects of OAMs, including indications, real-world use and effectiveness, dosage regimens, and implications of common side effects. We also need to consider potential existing methodologies for assessing adherence or persistence,

how they may need to be modified to incorporate clinical data sources, or whether new methodologies are required. This is essential for moving toward standardized health plan performance measurement assessing the quality of OAM use.

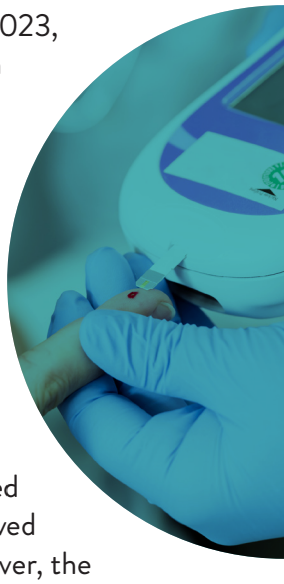
We need the engagement, support and participation of the cancer community and health care professionals with a role in OAM use. Together, we can improve the quality of OAM use, support better outcomes for patients and measure the contributions of providers and clinicians whose care and services support patients.



PQA and Inovalon Evaluating Impact of Medicare Cost Cap for Insulin on Patient Persistence

The Pharmacy Quality Alliance (PQA) in partnership with Inovalon is evaluating the impact of the Medicare out-of-pocket cost cap for insulin on persistence to basal insulin. The analysis will use the PQA-endorsed *Persistence to Basal Insulin* (PST-INS) health plan performance measure to compare measure rates before and after the implementation of the cost cap in a large nationally representative sample of Medicare Advantage beneficiaries.

The Inflation Reduction Act of 2022 includes provisions for people with Medicare to benefit from lower prescription drug costs. As of January 1, 2023, Medicare beneficiaries who receive insulin covered under Medicare Part D pay no more than $35 in out-of-pocket costs for a month's supply.



Diabetes affects approximately one in 10 Americans and can lead to increased rates of heart disease, stroke and other complications. Treatment with basal insulin is recommended for individuals that fail to meet glycemic targets. A large body of evidence has linked improved medication adherence to improved outcomes in patients with diabetes. However, the cost of insulin presents a significant burden to patients, contributing to a decrease in medication-taking behavior.

PST-INS is a health plan performance measure that evaluates the percentage of individuals 18 years and older who were treatment-persistent to basal insulin during a measurement year. Patients are considered persistent if each of their insulin refills during the measurement year occurs within an empirically determined interval.

The PST-INS measure is included in the Medicare Part D Patient Safety Reports, which provide confidential rates to Part D plan sponsors, enabling them to monitor their own progress and to compare their performance to overall averages, as well as on the Medicare Part D display page for public reporting. This is the first measure addressing insulin use in Part D quality programs.

Results from the analysis will be shared in early 2025. This project is supported by Eli Lilly and Company and Novo Nordisk.

Goal 2

Advance the quality of pharmacist-provided care and services that optimize medication use, adherence and safety.

PQA Pilots of Pharmacy Measure Concepts Demonstrate Positive Pharmacy Impact on Blood Pressure and Diabetes Clinical Endpoints

The Pharmacy Quality Alliance (PQA) has completed two proof-of-concept pilots that implemented two blood pressure and two hemoglobin A1C pharmacy measure concepts in value-based payment arrangements (VBAs) between payers and pharmacies. The results are detailed in a report issued by PQA.

The pilot participants were Kroger in collaboration with Kroger Prescription Plans and Arkansas Blue Cross Blue Shield in collaboration with its regional pharmacy networks. More than 100,000 patients and more than 2,000 pharmacists were included in the pilot. Measure improvement from the pilot's baseline through the one-year endpoint was achieved by both pilot participants across all reportable measures. This demonstrates the positive influence of pharmacies on these measure concepts, which align with biomarker measures for diabetes and hypertension included in the Centers for Medicare & Medicaid Services Universal Foundation and the Medicare Star Ratings program.

Participant	Measure	Baseline Mean	Endpoint Mean	Absolute Change
Participant 1	A1C Control	36.94%	47.11%	10.17%
	A1C Improvement	53.68%	54.28%	0.6%
	BP Control	14.96%	21.46%	6.5%
Participant 2	A1C Control	62.84%	65.07%	2.23%
	A1C Improvement	44.74%	46.39%	1.65%
	BP Control	51.84%	58.61%	6.77%

All results are deidentified

Both pilot participants were able to calculate the measure concepts for A1C and blood pressure control and exchange data between payers and pharmacies. However, there were challenges in calculating the measure concepts for A1C and blood pressure improvement because discrete lab values for A1C were not consistently available and not available for blood pressure. As a result, the blood pressure improvement measure was not calculated.

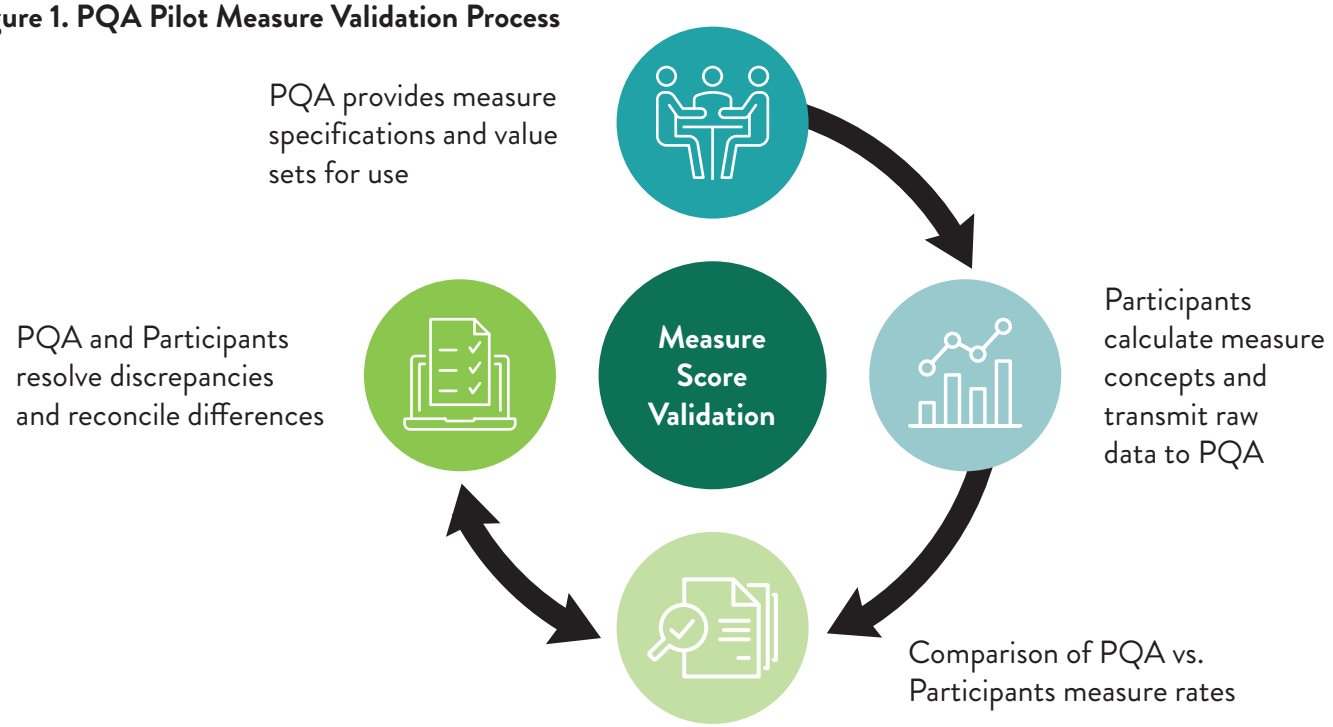
The pilots were conducted through the PQA Quality Innovation and Research Center and leveraged the center's unique approaches and resources to address challenges in developing, testing and refining complex measure concepts. This work was completed with financial support from the Community Pharmacy Foundation and Kroger Health and in-kind services by PQA.

Piloting the PQA Specialty Pharmacy Turnaround Time Quality Measure

In 2022, with funding support from Pfizer, PQA launched the PQA Specialty Pharmacy Turnaround Time Implementation Pilot to advance standardized measurement of TAT. Project aims included implementing the PQA-endorsed *Specialty Pharmacy Turnaround Time [Pharmacy]* (SP-TAT-PH) measure to better understand the data sources used to calculate the measure, evaluate potential refinements to measure specifications, identify opportunities for improvement, and add to the collection of barriers, facilitators and promising practices for optimizing TAT. Five organizations—across the chain, independent, integrated delivery network (IDN) and PBM-owned specialty pharmacy models—participated in the pilot, and included Walgreens, Noble Health Services, Kaiser Permanente, Vanderbilt Specialty Pharmacy, and Accredo by Evernorth.

Pilot participants were provided a technical package containing all resources needed to accurately calculate the SP-TAT-PH measure. Measure rates were calculated

Figure 1. PQA Pilot Measure Validation Process



at baseline (October 2021 – September 2022), midpoint (October 2022 – March 2023) and endpoint (October 2022 – September 2023) for each specialty pharmacy organization's participating pharmacies.

PQA received raw data from participants to independently validate results – a critical step in the process to ensure accurate measure calculations. Wherever discrepancies between PQA's and participants' results were identified, PQA and participants worked iteratively to understand and resolve the differences. Figure 1 (above), illustrates the measure validation process.

Pilot Findings: What Did We Learn?

Data Heterogeneity: A Persistent Challenge in Pharmacy Systems

Throughout the pilot, each SP organization demonstrated how the structure of their own specific systems, configurations and data element terminologies affected measure calculations. Critical data elements required to calculate the measure are not yet standardized across participating SP systems, highlighting how differences in data definitions can impact the generalizability of measure rates. Notably, many organizations had to combine several fields within their existing data to derive measure specific data elements, such as profiled time, which can make direct comparisons of measure rates challenging. However, some participants were able to incorporate technology and workflow improvements to allow for the capture of more consistent and precise data needed to calculate TAT.

Despite the challenging nature of the data, participants universally agreed that it is beneficial to standardize the way SPs measure TAT across the industry.

Barriers, Facilitators and Promising Practices for Measure Use and Improving TAT

Throughout the pilot, PQA gathered feedback from participants on barriers, facilitators and promising practices to improve TAT. Key themes from those discussions include:

<u>Facilitators for Improving TAT</u>

- Staffing levels emerged as an important theme.
- Technology improvements can facilitate TAT by streamlining processes for quicker triage of incoming prescriptions.
- Improved communications between pharmacists and technicians leads to more efficient TAT.

<u>Barriers to Optimizing TAT</u>

- Prior authorizations are often responsible for longer TAT, with many participants expressing the burden of rigorous documentation required by payers.

- Differing patient needs or preferences require different coordinated approaches.
- Navigating patient assistance programs can affect TAT as specialty pharmacies work through benefit challenges with payers and manufacturers.
- Broader education for pharmacists, as well as streamlined and better coordinated benefit investigations, has the potential to alleviate some of the burden associated with this complicated area.
- Medication shortages can impact TAT, with shortages leading to longer TATs for certain types of medications.

Measure Performance: Clusters with Variability
Baseline, midpoint and endpoint SP-TAT-PH measure rates varied across participants, with a pair of observed clusters. Between baseline and endpoint, SPs saw both increases and decreases in TAT, which were generally small in magnitude. Full pilot results, including performance rates and interpretations, will be available in future publications.

PQA QUALITY ESSENTIALS WEBINAR

Quality Essentials Review: Strategies for Reducing Polypharmacy to Improve Medication Safety

The September 14, 2023, PQA Quality Essentials Webinar welcomed members of PQA's Performance Measurement team and speakers from Kaiser Permanente to discuss strategies to improve medication safety through reduction of polypharmacy in older adults.

Razanne Oueini, PharmD, MSc, CPHQ, PQA's Senior Manager of Performance Measurement, discussed the impact and the drivers of polypharmacy in older adults. Additionally, she presented PQA's efforts in improving medication safety through performance measures that specifically aim to reduce polypharmacy.

Oueini described polypharmacy as an area of concern in older adults who are subject to more pronounced adverse drug events due to the natural decline in organ function with aging. The use of multiple medications in older adults is common and can be attributed to patient, provider and system related factors such as fragmentations of care, a culture of prescribing, and knowledge gaps in medication use. A reduction in polypharmacy within this population can potentially decrease healthcare costs while improving patient outcomes.

Oueini went on to review two additional PQA polypharmacy measures that focus on a subset of therapeutic categories for medications outlined in the Beers Criteria: Polypharmacy: *Use of Multiple Anticholinergic Medications in Older Adults* (POLY-ACH) and *Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults* (POLY-CNS). The POLY-ACH and POLY-CNS measures capture the percentage of individuals ≥65 years of age with concurrent use of 2 or more anticholinergic or 3 or more central nervous system (CNS)-active medications, respectively.

Continued support and use of the POLY-ACH and POLY-CNS measures has grown over the years since their endorsement by PQA's membership in 2017. Both measures were subsequently implemented into the Medicare Part D Patient Safety Reports in 2018 before moving to the Part D Display page in 2021. More recently, in the proposed rule published by the Centers for Medicare and Medicaid Services (CMS) finalized the addition of the POLY-ACH to the 2026 Part D Star Ratings.

Continuing the discussion, Daniel Powers, PharmD, MBA, BCPS, Director of Drug Use Management, alongside Eric Anthony Lee, MD, Co-Chair of High Risk Drugs in the Elderly Committee, Southern California (SCAL) at Kaiser Permanente, demonstrated how they address polypharmacy issues in their practice setting.

Powers described initiatives to address polypharmacy in older adults as a "unifying approach to geriatric syndromes." He emphasized polypharmacy as a risk factor that may exacerbate geriatric syndromes or conditions that are common and sometimes specific

to aging. Reducing this sole risk factor will impact numerous geriatric syndromes. Powers presented data derived from a population-based survey to illustrate that deprescribing aligns with patients' goals of care, underscoring the importance of interprofessional collaboration in this process.

Lee discussed ways to reconsider high-risk medications by taking a patient-centered approach and shared the following valuable clinical pearls:

- Patient-clinician conversations on the potential harms of medications should occur before prescribing, as the deprescribing process can be challenging.
- Patients' self-reported experiences with their medications can provide valuable information to address polypharmacy.
- Medications' risk-benefit profiles must be evaluated in the context of the patient at the start of treatment and continuously through the patient's care journey.

Lee concluded by emphasizing that through dedicated effort and focus, and by addressing polypharmacy PQA measures, it is possible to achieve a reduction in the concurrent use of high-risk medications in the older adults.

You can Listen to the full recording of this Quality Essentials Webinar on PQA's YouTube channel. PQA members can access the presentation slides on the Member Resource Library.

PQA Sought Pharmacy and Payer Partners for Adult Immunization Pilots

The Pharmacy Quality Alliance (PQA) sought interested pharmacy and payer partners to participate in proof-of-concept pilots to implement and test high priority immunization pharmacy measure concepts.

PQA issued a request for interest (RFI) to gauge interest and willingness to participate in these pilots.

The RFI and pilot process timeline was:

- **September 12-October 27**
  Interested and qualified organizations submit responses. Priority will be given to responses received by October 13.
- **September 20**
  PQA-hosted informational webinar- pilot overview, RFI requirements, and Q&A.
- **November 17**
  Organizations are notified of their selection status
- **November 2023-March 2024**
  Contracting phase for selected organizations
- **January 2024**
  12-month measurement period scheduled to begin

These pilots are designed to advance pharmacy quality measurement and patient care by evaluating the impact of innovative pharmacy services, gaining a deeper understanding of measure concept feasibility and performance, and assessing value to stakeholders.

This project will pilot the *PQA Immunization Status: Adults [Pharmacy]* (ISA-PH) quality measure concept in the context of payer-pharmacy partnerships (including but not limited to value-based arrangements).

This pilot opportunity is funded in part by Johnson & Johnson, Pfizer, and GlaxoSmithKline.

Goal 3

Champion diversity, equity and inclusion and address health disparities in medication use quality.

Fourteen Individuals Participate in Inaugural PQA Quality Shadowing Program

To build a larger and more diverse quality workforce, the PQA Quality Shadowing Program provides individuals from diverse groups the opportunity to observe certain nomination-based panels to gain knowledge that can support selection for future panels.

This opportunity is designed for early career professionals and individuals who are interested in quality but have not had opportunities to participate in formal PQA measure development and stewardship activities.

The program was launched in 2023 and the first group of shadowing participants began shadowing panels in June. Fourteen individuals shadowed one of three panels this year.

PQA thanks each of these individuals for their participation. We hope the program has been beneficial for them, and with their feedback we will strengthen and grow the program.

The PQA Quality Shadowing Program will continue in 2024, and we look forward to sharing with you the participants and their insights on building a larger and more diverse quality workforce.

The PQA Quality Shadowing Program is part of the PQA Diverse Quality Leaders Program, which provides opportunities for individuals at various career stages to become leaders in quality. PQA believes that diverse leaders and teams make decisions that are more responsive to the needs, perspectives and interests of diverse populations.

PQA's Commitment to Engaging Individuals and Communities as Partners in Quality

Patients, caregivers, family members and advocates have a critical role to play in high-quality medication use. They provide unique and valuable insights about what is important and meaningful in medication use quality, which supports the development of appropriate and useful quality measures, as well as related education, research and tools that support informed health care decisions and better medication use outcomes.

PQA supports person-centered care and is committed to engaging individuals and communities as partners in its work to improve safe, effective and appropriate medication use and address issues that impact a person's ability to access and use medications. Importantly, our commitment is aligned with the CMS National Quality Strategy and the person-centered care principles that are part of CMS' Meaningful Measures 2.0.

PQA is working to expand its engagement with patients, caregivers, family members and advocates. The PQA Patient Engagement in Quality Initiative will provide additional training, education and outreach for individuals and communities to become greater partners in quality.

Our work will build on the foundation PQA has created through projects like the Patient Engagement Rubric, which we created in partnership with the National Health Council and the National Quality Forum. Additionally, our principles for diversity, equity and inclusion will guide us to ensure that we hear and

respond to historically underrepresented voices. This is critical for addressing disparities and closing gaps in care quality.

We also will be informed by resources like the Person and Family Engagement Toolkit, developed for CMS by Rainmakers, as well as the Patient-Centered Outcomes Research Institute's Engagement Rubric. We are excited to take our work to the next level and leverage insights and guidance from our peers and partners across health care.

Our objective is to foster greater engagement and integration of patient, caregiver, family and advocate voices across medication use quality. This objective supports our goal to "deliver solutions for a person-centered and value-based healthcare system," which is outlined in our strategic plan, Blueprint PQA 2025.

We are committed to these engagement strategies as part of our mission. The speed and scale of our work, however, will depend in part on the support we receive. We welcome the support of our members and all stakeholders in the medication use process who recognize the importance of patients, caregivers, family members and advocates in our work towards quality medication use.

Charles Rice shared his perspective as a kidney patient on PQA's November 2, 2023, panel on Patient and Caregiver Priorities for Medicare Part D MTM.

PQA Diverse Quality Leaders Program Receives ASAE Power of Associations Gold Award

The Pharmacy Quality Alliance (PQA) has received a 2024 Power of Associations Gold Award from the American Society of Association Executives (ASAE) for the PQA Diverse Quality Leaders Program.

The PQA Diverse Quality Leaders Program helps individuals at various career stages become leaders in health care quality that is focused on safe, effective and appropriate medication use. Through education, training and mentorship, the program has components for students, early career professionals and emerging leaders that support long-term professional development and advancement towards leadership positions.

Launched in 2023, the program provides scholarships or appointments to attend the PQA Annual Meeting, participate in in-person training workshops, complete online continuing education modules and shadow expert panels. Participants have mentors, including PQA staff, to enhance their experience. Additionally, the program includes a Diverse Voices in Quality education and communications series that showcases the successful career paths and experiences of diverse medication use quality professionals.

"Congratulations to PQA for exemplifying the impact associations have on the industries and professions they represent, and on society at large," ASAE President and CEO Michelle Mason, FASAE, CAE, said. "It's always so incredibly satisfying to see associations going above and beyond their everyday mission to change the world. We're very proud to spotlight this award-winning initiative."

Associations like PQA are involved in activities every day that make a substantial, positive impact on people's lives. The ASAE Power of Associations Awards showcase how associations leverage their unique resources to solve problems, advance industry or professional performance, kick-start innovation and improve conditions around the world.

Goal 4

Achieve organizational excellence through structure and processes that deliver exceptional value to our members and stakeholders.

PQA

QUALITY MEDICATION USE

Quality Professionals Gather at the 2024 PQA Annual Meeting

PQA members and health quality professionals gathered in Baltimore, Md., May 14-16, for the 2024 PQA Annual Meeting.

For these three days, health care executives and quality professionals from pharmacies, health plans, health care providers, pharmacy benefit managers, biopharmaceutical companies, technology vendors, government agencies and more addressed top issues and emerging trends in medication quality, measure development and implementation, care transformation and technology.

Attendees heard from more than 60 speakers across the general sessions, breakout sessions, briefing sessions and innovation theaters. These nationally leading speakers shared expert insights and best practices for improving medication use quality from every angle in the industry. General sessions focused on value-based care, the Inflation Reduction Act, quality programs, and medication therapy management.

Here are some of the top insights from these sessions' presenters.

- Change management is pivotal in value-based care. Investing in change management prepares the entire team to drive the change forward. Change management promotes collaboration and requires thoughtful prioritization. Understanding the trade-offs and the human aspect of change and planning for the losses is crucial to prioritizing change.
- Louise Keogh Weed emphasized the need to balance results, processes and relationships when implementing change. All three aspects are needed, and those leading the change must account for each. The Dimensions of Success, also known as the R-P-R Triangle (Results-Process-Relationship), is a great framework for adapting change that brings success into the organization's culture.
- The Inflation Reduction Act will have substantial beneficial impacts on affordability and likely downstream beneficial impacts on adherence. The rollout, especially patient education, will be challenging for plans, providers, and pharmacies.
- Buy-in across the organization is essential for any change to be made in relation to the quality programs. Think of comprehensive medication review (CMR) interventions as an investment, rather than an expense.
- With the expansion of medication therapy management (MTM) access through the Final Rule, it is essential to build trust and connection between MTM providers and MTM-eligible beneficiaries, including through consideration of language and use of recognizable terms, to inform beneficiaries about the program and how it can impact them.

- There is a need and opportunity for innovation in MTM program design that can introduce new ways to measure the quality of these services and evolve the way measurement is viewed in this space.

Save the date to join us at the 2025 PQA Annual Meeting, May 19-21 in Tampa! Sign up to receive updates on all of PQA's convening events.

Vote on Bylaws Revision
The Pharmacy Quality Alliance (PQA) approved revisions to the PQA bylaws through an all-member vote, which concluded on December 23. Every participating member organization voted to adopt the revisions or abstain. The revised bylaws, as approved by member vote, are available on our website.

Our Board is working now to operationalize the revised bylaws. This work is aligned with our strategic plan, *Blueprint PQA 2025*, which includes the vision of achieving organizational excellence through structure and processes that deliver exceptional value to our members and stakeholders.

These were the steps of this important process:
- The Board's ad hoc Bylaws & Policy Committee worked throughout 2023 to review the bylaws and propose revisions.
- The PQA Board of Directors unanimously approved the revisions recommended by the committee on September 12.
- A member comment period on the proposed revisions was held September 17-October 18.
- The Board and committee did not recommend any changes to the proposed revisions to the bylaws, based on member comments.
- Members voted on the revisions from November 27-December 23.

PQA would like to thank the members of the PQA ad hoc Policy & Bylaws Committee for their efforts: J.W. Hill (chair), Ilisa Bernstein, Susan Cantrell, Laurin Dixon, Jeff Rochon and Michael Taday.

Sale of PQS Shares
The PQA Board of Directors announced on March 12 that it had completed the sale of all of PQA's shares in Pharmacy Quality Solutions (PQS) to Innovaccer, a healthcare technology company with a platform unifying patient data across systems and care settings.

PQA remains steadfast in its commitment to our mission. Our members first came together in 2006 to "optimize health by advancing the quality of medication use." From day one, we have been focused on supporting safe, effective and appropriate medication use and addressing issues that impact a person's ability to access and use medications. The sale of PQS will enable PQA to strengthen its focus on our mission and chart a path towards sustainability and longevity.

The sale of PQS will enable PQA to invest resources in our mission and address our members' top priorities with confidence in a challenging and uncertain environment. The resources from this sale will enhance our work, but they will not replace the critical support we receive from our members and partners each year.

Upcoming Improvements to Member and Stakeholder Engagement
Operation ADAPT, a PQA Board approved initiative, was launched in 2023 to modernize PQA's technology infrastructure, enhance data management, and improve the digital experience for members, all in alignment with the Blueprint PQA 2025 goal of achieving organizational excellence.

PQA staff have been working behind the scenes this past year to modernize PQA's technology ecosystem to enhance our work and optimize our members' experience. Work has begun to develop a new website and member portal, slated to premiere in 2025, and strengthen how we develop and deliver important products like the PQA Measure Manual and Value Sets.

PQA Staff

The PQA team has continued to grow to meet the needs of members and deliver on our mission. Staff expertise is broad, with backgrounds in healthcare, association management, measure development and healthcare quality.

Senior Leadership
Micah Cost, PharmD, MS, CAE | *Chief Executive Officer*
Lisa Hines, PharmD, CPHQ | *Chief Quality and Innovation Officer*
Richard Schmitz, MA | *Chief Engagement Officer*
Melissa Viscovich, CAE, IOM | *Chief Operating Officer*

Performance Measurement and Research
Lynn Pezzullo, RPh, CPEHR, CPHQ | *Vice President, Quality Innovation*
Melissa Castora-Binkley, PhD | *Senior Director, Research*
Carolyn Lockwood, RN, MSN | *Senior Director, Performance Measurement*
Ben Shirley, CPHQ | *Senior Director, Performance Measurement*
Heather Gibson, MSPH | *Director, Performance Measurement*
Jenny Bingham, PharmD, BCACP, FAzPA, FNAP | *Senior Research Associate*
Kim Nguyen, MPH | *Senior Manager, Performance Measurement*
Razanne Oueini, PharmD, MSc | *Senior Manager, Performance Measurement*
Oliver Valdez, PharmD, MSPH | *Senior Manager, Performance Measurement*
Elizabeth Himes, MPH | *Senior Program Manager, Quality Innovation Research Center*
Noel Baham, MPH | *Manager, Performance Measurement*
Brianna DeWitty, MPH | *Research Associate*
Carly Vogel, PhD | *Research Associate*

Engagement, Education and Convening
Loren Kirk, PharmD, CPHQ, CAE, IOM | *Senior Director, Strategic Partnerships*
Virginia Sweeter, CMP | *Director, Convening*
Amanda Ryan, PharmD, BCGP, CPHQ | *Director, Education*
Chris Kotschevar, PharmD, CPHQ | *Director, Stakeholder Engagement*
Rachel Cormier, MA | *Senior Manager, Communications*
Freshta Rosario | *Manager, Stakeholder Engagement*
Melanie Lam, PharmD | *Executive Fellow*

Operations
Christina McCloskey | *Senior Director, Human Resources & Administration*
Mel Nelson, PharmD, CAE, PMP, CPHQ | *Senior Director, Program & Information Management*
Kathi Gollwitzer | *Associate Director, Licensing*
Kelsey Baughman, JD | *Senior Manager, Contracts*
Rachel Moriarity, MBA | *Senior Accounting Manager*

2024 PQA Board of Directors

Thank you to the 2024 PQA Board of Directors for the time and input offered to PQA's mission. The PQA Board represents the broad stakeholders of PQA's membership and includes thought leaders and experts from across the healthcare spectrum. Their guidance shapes PQA's strategy in order to advance the safe and appropriate use of medications.

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