PQA

2025 PQA **ANNUAL** REPORT

PROGRESS TOWARDS BLUEPRINT PQA 2025

September 2024 – August 2025

Table of Contents

02 **PQA by the Numbers — Year in Review**
(September 2024 – August 2025)

03 **A Year of Progress**
A letter from PQA CEO Micah Cost

04 **Blueprint PQA 2025**

05 **Goal 1**
Lead innovation and modernization of medication use quality to deliver solutions for a person-centered and value-based healthcare system.

08 **Goal 2**
Advance the quality of pharmacist-provided care and services that optimize medication use, adherence and safety.

12 **Goal 3**
Champion diversity, equity and inclusion and address health disparities in medication use quality.

15 **Goal 4**
Achieve organizational excellence through structure and processes that deliver exceptional value to our members and stakeholders.

18 **PQA Board of Directors**

19 **PQA Staff**

Copyright © 2025 by the Pharmacy Quality Alliance. All rights reserved.

5911 Kingstowne Village Pkwy
Suite 130
Alexandria, VA 22315
703.347.7963 • www.pqaalliance.org

PQA by the Numbers — Year in Review

(September 2024 – August 2025)

$29.2B IN COSTS AVOIDED
with use of PQA Measures in Part D over 6 years

15 PQA MEASURES
in CMS Programs

360+ ANNUAL MEETING PARTICIPANTS

180+ LEADERSHIP SUMMIT PARTICIPANTS

100+ RARE DISEASE CONVENES PARTICIPANTS

200+ WORKGROUP/ VOLUNTEER PARTICIPANTS

27 PQA QUALITY LEADERSHIP PROGRAM PARTICIPANTS

9 NEW PQA MEMBER ORGANIZATIONS

A Year of Progress

> ***Together, we are innovating and expanding capacity to enable quality medication use in a digital, value-based health system."***

PQA is in the final year of *Blueprint PQA 2025*, our five-year strategic plan. With just four months remaining in the year, we are excited to share with you our progress in pursuit of quality medication use.

Alongside our members and stakeholders, our team continues to advance a series of important, enduring and mutually supporting goals. Together, we are innovating and expanding capacity to enable quality medication use in a digital, value-based health system.

All too often, strategic plans get placed in a desk drawer and gather dust as the years go by. Our plan and strategic goals, however, have served PQA well and successfully guided our work each year. We have learned by experience and fine-tuned our approach, making continual and positive progress in support of our overall plan and PQA's mission.

Some of the highlights featured in this report include:

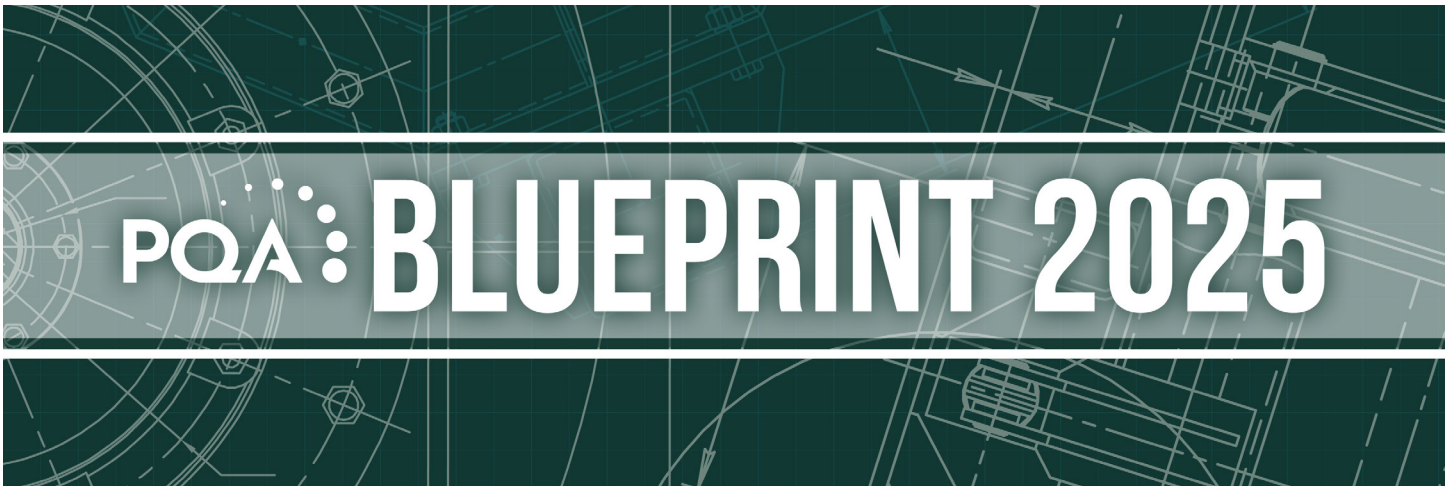
- Launching phase two of PQA's groundbreaking work related to oral anticancer medications;
- Advancing strategies to improve medication therapy management quality;
- Piloting pharmacy-based immunization measure concepts in value-based arrangements;
- Hosting the PQA Annual Meeting, Leadership Summit, and a special forum on rare disease;
- Expanding education and training for professionals and students, including the Diverse Quality Leaders Program; and
- Modernizing PQA's technology ecosystem to improve user experience and maximize stakeholder participation and engagement with PQA.

On behalf of our entire team and the PQA Board of Directors, thank you for your engagement, contributions and support in ensuring our success. The accomplishments detailed in this report are shared and celebrated by us all. They would not be possible without your collaboration with PQA and our multi-stakeholder member organizations, all of whom are committed to improving medication use quality outcomes for patients.

We are looking forward to 2026, in which we will celebrate PQA's 20th anniversary. Meanwhile, our work on the current blueprint continues as we plan for the next five years and *Blueprint PQA 2030*. I am confident that together we will chart the right path in our quest to optimize health by advancing the quality of medication use.

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

Blueprint PQA 2025



Blueprint PQA 2025 represented our organization's vision for excellence and strategic plan. It featured four goals and associated objectives that were validated and sharpened by our members, Board, and staff through an iterative process. Together, we set the course for PQA's work through 2025 to advance medication use quality, and we made substantial progress towards achieving these goals.

Four Goals 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.**

Preview of *Blueprint PQA 2030*

What's Next: Developing PQA's Strategic Plan for the Next Five Years

PQA is developing its next strategic plan, *Blueprint PQA 2030*, which will guide the organization's work from 2026 through 2030. PQA has developed three proposed goals that are focused on the largest and most timely opportunities facing PQA and its multi-stakeholder member organizations, who are working across the industry to improve the quality of medication use and outcomes. The proposed goals build on and continue key elements of PQA's current strategic plan, *Blueprint PQA 2025*.

Under the current plan, PQA has been working to develop innovative solutions and build capacity to enable quality medication use in a digital health system that is moving towards value-based care. This work is an enormous, long-term effort. While tremendous progress has been made, continued work is required. The proposed goals recognize that PQA is on the right path, and they are informed and updated based on the progress and lessons learned over the last five years.

Goal 1

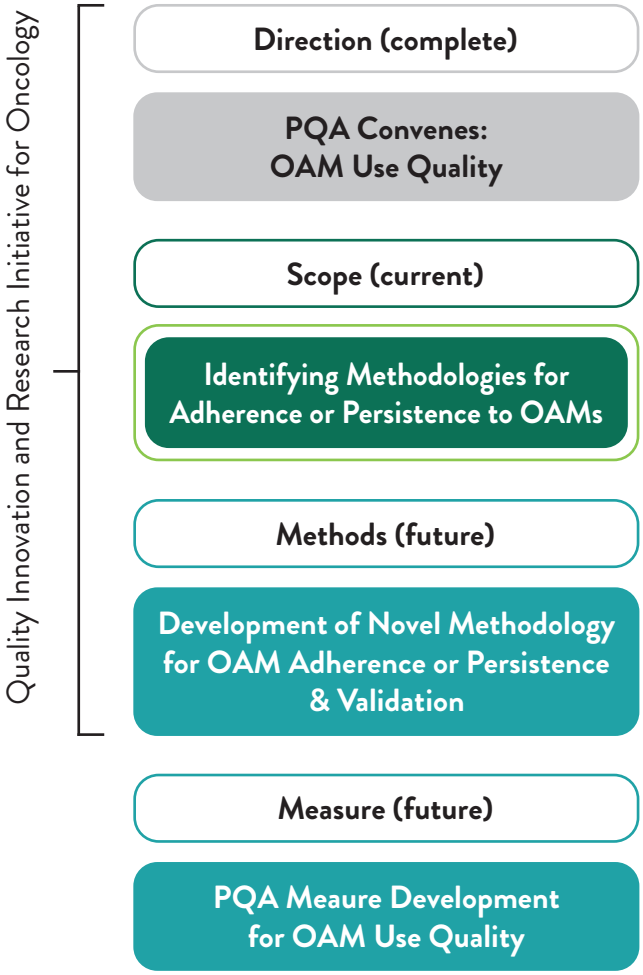
Lead innovation and modernization of medication use quality to deliver solutions for a person-centered and value-based healthcare system.

Identifying Methods for Adherence to OAMs
PQA began efforts to identify methodologies for evaluating adherence and persistence to oral anticancer medications (OAMs) for quality measurement. Current methods, like the proportion of days covered (PDC), lack validated methodologies specific to OAMs for national quality programs. Through the PQA Quality Innovation and Research Center, this project aims to establish a uniform approach for measuring adherence and persistence to OAMs.

Given the complexities of OAMs, including diverse types, complex treatment regimens, drug holidays, and therapy changes, a phased approach is essential for valid measurement. Methodological inconsistencies and data limitations could lead to misinterpretation, emphasizing the need for a standardized method. The project will create an evidence base and analytic methods for measuring OAM adherence and persistence, focusing on categorizing OAMs based on clinical attributes. Key objectives include:

1. Developing a database of OAMs and clinical attributes.
2. Establishing a framework for methodological considerations in measuring adherence.
3. Incorporating subject matter expert input throughout the project.
4. Utilizing a data-driven approach to identify OAM groupings.
5. Recommending methodologies for measuring adherence and persistence for specific OAM groupings.

Figure 1. Overview of the Path to an OAM Quality Measure



PQA Brings the Industry Together to Advance MTM Quality

The evolution of PQA's continued involvement in medication therapy management (MTM) spans over a decade. Milestones include endorsement of the *Completion Rate for Comprehensive Medication Review* (CMR) performance measure in 2011 and development of the foundational PQA Medication Therapy Problem Categories Framework™ in 2017.

In 2023, PQA launched a multiphase national MTM initiative to address stakeholder needs and advance MTM quality measurement. A draft call to action was created using findings from an environmental scan and a PQA Convenes event. Then, in August 2024, PQA released the Advancing Medication Therapy Management Quality Measurement report, informed by public comments solicited from PQA members and MTM stakeholders. The report issued an eight-point call to action with elements needed to advance the quality of MTM services within the Medicare Part D program.

PQA launched the MTM Advisory Group in September 2024 to gain stakeholder feedback, consensus, and momentum to address short- and long-term objectives outlined in the report to advance MTM service quality and measurement.

As a first step, *Blueprint PQA 2025* was leveraged to shape objectives, strategies, and tactics to support the success of the MTM initiative. The goal of the MTM Advisory Group is to identify opportunities to improve the quality of medication management services, focused on Medicare Part D MTM program goals and services. The activities will be within the scope of PQA's mission, strategic plan, expertise, and influence.

PQA has identified six objectives that can advance MTM quality and measurement, and the MTM Advisory Group is serving as a forum providing expert feedback on how to approach these. The objectives are detailed in the table below and more information is provided in PQA's April 17, 2025, blog.

Education Needed on Use of PQA Medication Therapy Problem Categories Framework

The Pharmacists' Patient Care Process (PPCP), created by the Joint Commission of Pharmacy Practitioners, is used by pharmacists to deliver medication management services to patients. The steps of the PPCP require the pharmacist to collect, assess, plan, implement, and conduct follow-ups on the patient through monitoring and evaluation.

Shortly after the launch of the PPCP, PQA developed the PQA Medication Therapy Problem (MTP) Categories

PQA's Six Objectives to Advance MTM Quality		
Objectives	**Strategies**	**Scope**
1. Promote a standard of care for MTM	• Educate MTM providers on use of PQA MTP Categories Framework in Pharmacists' Patient Care Process	Actionable strategies that PQA plans to execute in the near term (e.g., 1-2 years)
2. Increase standardized HIT for documentation of MTM services	• Re-establish consensus on standards for clinical documentation for MTM services (e.g., SNOMED CT)	
3. Increase patient-centeredness of MTM programs, services, and quality measures	• Conduct patient-centered research on MTM services • Develop MTM patient-reported outcome/experience measures • Engage patients in MTM research and measure development	Ongoing or potential future strategies for PQA
4. Conceptualize new MTM quality measures	• Advance data sources for MTM quality measurement • Establish evidence of MTM process-outcome linkage	
5. Optimize access to MTM services	• Conduct research on equitable access to services • Educate patients on the benefits of services	PQA can play an indirect or supportive role
6. Promote team-based care	• Educate prescribers and patients about MTM services • Leverage HIT/interoperability to promote coordination of care	

PQA has outlined six key objectives to enhance MTM quality and measurement

Framework™ through a consensus-based process. It was created to support consistent categorization of MTPs in practice. The PQA MTP Categories Framework is widely used and complements the PPCP, given its specific guidance on how to assess each medication for indication, effectiveness, safety, and adherence.

Driven to promote a standard of care for MTM, PQA has identified an opportunity to educate providers on the integration of the PQA MTP Categories Framework into the practice. As such, PQA will develop continuing education for learners to achieve the following objectives:

1. Collect patient-specific data.
2. Assess data to identify and document medication therapy problems.
3. Develop a plan to establish goals of therapy and resolve medication therapy problems.
4. Implement medication therapy interventions.
5. Follow-up on medication therapy problem resolution with proper documentation.

This educational program will address the needs and interests of CMS and MTM stakeholders and promote a standard of care for MTM, including standardized documentation and reporting of MTM services.

Advancing a Health Plan Measure Concept: Chronic Obstructive Pulmonary Disease Treatment Ratio

PQA's health plan measure, *Chronic Obstructive Pulmonary Disease Treatment Ratio* (CTR), is advancing through PQA's measure endorsement process. A public comment period was held for the measure June 2-24, 2025. Following a September 18 PQA Measure Endorsement and Retirement Meeting, an endorsement consideration vote by PQA members will take place September 18-October 3, 2025. Members also will vote on proposed retirement of three PQA measures:

- *Use of Medications to Prevent Major Cardiovascular Events in Persons with Diabetes* (CVDM)
- *Medication Therapy Problem Resolution* (MTPR)
- *Primary Medication Nonadherence [Pharmacy]* (PMN-PH)

By the time a measure moves forward for endorsement consideration, it has gone through PQA's rigorous consensus-based development process, undergone systematic review by multiple PQA expert panels, and has been found to meet PQA's measure evaluation criteria.

As a new complex measure concept, CTR received extensive testing, including through an independent validation project. Results from that project, published in the *American Journal of Managed Care Pharmacy* in September 2024, demonstrated that CTR values of at least 0.7 were significantly associated with reduced risk of any, moderate, and severe COPD exacerbation when compared with CTR values of less than 0.7. This supports the validity of CTR as a predictor of COPD exacerbation risk within Medicare Advantage and commercial lines of business.

PQA Launches MCAG to Provide Input on Health Plan Measure Concepts

PQA has appointed 23 individuals to serve on a Measure Concept Advisory Group (MCAG) to help the organization to review and provide input on health plan measure concepts for future development. The group will provide guidance to prioritize areas of interest and potential measure concepts, evaluating key criteria such as:

- evidence supporting the measure rationale,
- opportunity for implementation,
- feasibility,
- patient-centeredness, and
- resource-intensiveness of development.

This work will help shape PQA's health plan quality measure development efforts and pipeline in 2026 and beyond.

The MCAG is composed of 20 individuals selected from PQA member organizations and three individuals representing patients, caregivers and patient advocates. The MCAG is representative of PQA's multi-stakeholder membership, and group members were selected to participate based on their clinical, measurement and implementation expertise or lived experience that is applicable to the concepts considered.

The MCAG met three times between July and September. Following the group's deliberations, PQA provides a public comment period on health plan measure concepts that may be developed in the future.

Measure conceptualization and prioritization are critical early steps in the measure life cycle. They help ensure that PQA devotes resources to developing measures that are high-impact and address areas of need.

Goal 2

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

PQA Evaluating Pharmacy Impact on Immunization Assessment and Gap Closure
PQA has launched a proof-of-concept pilot using several PQA pharmacy measure concepts to evaluate the effectiveness of pharmacies in improving adult immunization rates through value-based arrangements (VBA) with payers.

Kroger and CPESN USA pharmacies, in collaboration with CareSource to establish VBAs, will assess patients for gaps in the CDC Advisory Committee on Immunization Practices' (ACIP) recommended immunizations and provide referrals or administer needed immunizations. The pilot will focus on Ohio patients enrolled in a CareSource health plan.

Participants will report on their approaches and lessons learned from payer-pharmacy data exchange and real-world measure use. Results from this two-year project will be shared in 2026.

> ***PQA is leading the way in developing a standardized, national approach to evaluating and rewarding high-quality pharmacy services, including the delivery of immunization care and services.***
>
> – Micah Cost, PQA CEO

"Payers are eager to engage pharmacies in driving better patient care and outcomes, but for this effort to be successful, consistent and reliable methods are needed to measure pharmacists' contributions to care. Through these pilots, we are addressing the measurement opportunities and complex data exchange issues that must be solved to scale pharmacist-provided care in value-based arrangements," PQA Chief Executive Officer Micah Cost, PharmD, MS, CAE, said.

Currently, there are no standardized, immunization-focused pharmacy quality measures and no standardized approach for sharing immunization-related data between plans and pharmacies. This limits the frequency and scale of payer-pharmacy VBAs.

"PQA is developing a set of standard pharmacy performance measures that would be appropriate for pharmacy quality assessment," PQA Vice President of Quality Innovation Lynn Pezzullo, RPh, CPEHR, CPHQ, said. "This pilot is an important piece of the puzzle. Working with four leading national organizations, we are testing the feasibility of novel measure concepts and generating much-needed evidence on the effectiveness of payer-pharmacy arrangements as a tool to assess gaps and improve immunization rates."

Pilot participants were selected by PQA following a 2023 Request for Information to identify interested and capable pharmacy and payer collaborators.

Patients' Experience with Comprehensive Medication Reviews

PQA and research partners at the University of Arizona, the University of Health Sciences and Pharmacy in St. Louis, and Merck & Co., Inc., conducted patient interviews to explore patients' perceptions of their experience with comprehensive medication reviews (CMR).

This work was published in the December 2024 issue of the *Journal of Managed Care & Specialty Pharmacy*.

A total of 42 patients from diverse backgrounds were interviewed, which led to the creation of a conceptual framework intended to amplify the patient's voice and enable patient-centered quality improvement for CMR delivery.

The framework represents aspects of the CMR service that were most meaningful to patients, including:

1. CMR content (e.g., reviewing the medication list).
2. Characteristics of the pharmacy professional (e.g., professionalism).
3. The interaction (e.g., telephonic experience).

These findings are illustrated in the article using the quality improvement constructs of structure-process-outcome to depict how CMR providers can apply this information to real-world quality improvement efforts.

This work built upon previous CMR-focused research by the same research team, which focused on real-world CMR delivery and quality including a scoping review, analysis of CMR transcripts, interviews with key stakeholders, and the production of a checklist to improve the consistency of CMRs.

PQA and its research partners have leveraged these efforts to create a patient-reported outcome tool to assess patients' medication knowledge, ability to self-manage their medication regimen, and address their questions and concerns.

A CMR-focused Patient-Reported Outcome Measure for MTM

PQA aims to enhance the patient-centeredness of medication therapy management (MTM) services in the Medicare Part D MTM program and develop new quality measures. A central strategy is creating a patient-reported outcome measure (PROM) aligned with the program's goals for comprehensive medication reviews (CMR), which focus on improving medication knowledge, addressing health concerns, and empowering patients in self-management.

Stakeholders are advocating for outcome-focused quality measures, but the current reportable data elements from Part D plan sponsors are inadequate for clinical measurement. Utilizing patient-reported information for CMRs can yield valuable insights that surpass the existing completion rate metrics. A CMR-focused PROM would provide MTM providers with actionable insights before the CMR service and enhance the patient experience.

Extensive research, including literature reviews, transcript analyses, and patient interviews, has led to the creation of a CMR Patient Experience Framework and a draft CMR PROM. While the PROM itself won't serve as a quality measure, it will enable MTM providers to tailor CMR services. If used before and after CMRs to track change scores, it may lead to a patient-reported outcome performance measure (PRO-PM), signaling quality from a patient-centered perspective.

Next steps involve integrating feedback from payers and providers, collecting patient input on the PROM tool, and piloting it in vendor platforms to enhance the CMR service's patient-centeredness and lay the foundation for a potential PRO-PM in the MTM program.

Quality Professionals Gathered at the 2024 PQA Leadership Summit

PQA members gathered in Arlington, Va., November 7-8, 2024, for the 2024 PQA Leadership Summit. The summit focused on PQA's recent and ongoing work to develop standard pharmacy quality measures.

Chief Executive Officer Micah Cost opened the summit with an update on the state of the alliance. Cost highlighted progress towards completion of PQA's strategic plan, *Blueprint PQA 2025*.

> ***Goal two of our strategic plan is to advance the quality of pharmacist-provided care and services that optimize medication use, adherence and safety. These accomplishments would not be possible without the input, engagement, and support of PQA's members and our board of directors.***
>
> – Micah Cost, PQA CEO

Lynn Pezzullo, PQA Vice President of Quality Innovation, provided an overview of pharmacy measures before kicking off the panel sessions, which centered on three key PQA efforts: blood pressure and hemoglobin A1C improvement and control, specialty pharmacy turnaround time, and immunization assessment and gap closure. Each panel session featured PQA staff and pilot project participants or other industry leaders, who detailed their approach, experience and outcomes.

See top takeaways from these sessions on the following page.

Here are some of the top takeaways from the panel sessions.

PQA stakeholders are heavily engaged in pharmacy measure development, particularly their willingness to participate in pilots. Substantial progress is still needed to improve payer-pharmacy data exchange, data standardization, and consistent use of pharmacy quality measures.

A critical component of these pilots has been measure validation, ensuring that the draft measure specifications are calculated accurately and provide greater transparency into the pilot data. Additionally, it identifies areas of potential confusion or misinterpretation, fostering improvement in the clarity of measure concept draft specifications.

Pharmacists and their pharmacy teams bring substantial value to patient care, but the industry needs a way to quantify that value. Standardized pharmacy measures address that need and can support pharmacies, payers, manufacturers, and other stakeholders when considering network, value-based care, and quality improvement opportunities. By participating in PQA pilots, some organizations have been able to identify successful pharmacy interventions and make plans for 2025 and beyond.

The need for standardization isn't just for pharmacy quality measures. It also includes pharmacy data itself and the related pharmacy systems, pathways for data exchange, and the incentives driving use of pharmacy quality measures. Pharmacy is the most-used health care benefit and pharmacies could become a go-to source for relevant patient information that could help fill gaps in administrative data. However, the current data landscape makes collecting and leveraging that data challenging. Panelists highlighted the opportunity to integrate existing standards into their workflows.

There is a need for practice transformation and technology improvements throughout the pharmacy industry. While aligning technology with the needs of quality measurement and intervention programs requires a significant investment in resources, panelists highlighted that the investment is worth it. Collecting and reporting data becomes easier over time and programs become more scalable and sustainable. Some panelists noted that participation in PQA pilots helped their organizations drive innovation and build out their pharmacy systems and data warehouses.

Establishing relationships is critical for successful collaborations and value-based arrangements (VBA), especially from a contracting and data security perspective. Some organizations have seen that participation in PQA pilots has helped drive momentum and improvement in relationships, setting up future collaborations. Panelists shared that having VBA champions on both the payer and pharmacy side is the cornerstone to a successful arrangement. "Candor and courageous conversations" can drive change and improvement by centering back on the mission goal.

Goal 3

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

Recommendations for Advancing Health Equity with PQA Quality Measures Detailed in New Report
PQA published in December 2024 a new report detailing technical recommendations for advancing health equity with PQA quality measures. Developed by the PQA Health Equity Technical Expert Panel (TEP), the key recommendations for PQA measure testing and use in quality programs are:

- Age, sex, and race and ethnicity are the top recommended variables for stratifying PQA measure testing results, based on feasibility and importance.
- Age, sex, and geography are the most highly recommended variables for stratified reporting of PQA measures used in quality programs, based on immediate feasibility and readiness.

For PQA risk adjustment models, the key recommendations are:

- The current risk adjustment model for PQA adherence measures is meaningful and impactful, and future iterations should consider race and ethnicity among other variables, pending data quality and availability.
- A risk adjustment model for the *Proportion of Days Covered: Composite* (PDC-CMP) health plan measure could be feasible, and race and ethnicity in addition to existing adherence risk adjustment model variables should be prioritized.

"The TEP provided valuable health equity recommendations for PQA measure testing and use in quality programs, while also providing useful direction for future iterations of risk adjustment models," PQA Senior Director of Performance Measurement Ben Shirley, said. "Health plans and quality programs can apply these recommendations to identify disparities in their performance and build interventions to enhance medication use quality and equity.

"Other users of PQA measures, such as researchers and educators, can also use these recommendations in their work. Furthermore, this information is a valuable resource for other quality measure developers exploring measure stratification."

The TEP met six times between June 2023 and March 2024 to develop its recommendations. Twenty-one individuals served on the TEP, including representatives from PQA member organizations and nonmember organizations. Collectively, TEP members provided diverse perspectives from a wide variety of stakeholders, including health plans, pharmacies, life sciences organizations, pharmacy benefit managers, health systems, professional associations, universities, and health technology organizations, among others. The TEP also included patient representatives.

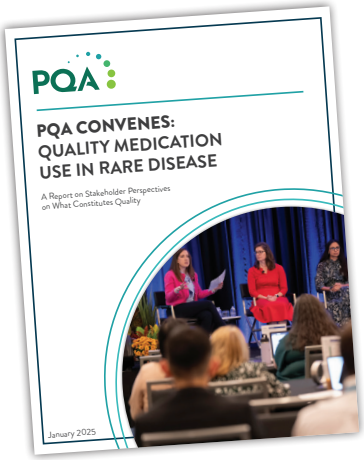
Health equity has grown as a critical area of focus in the United States health care system. Numerous groups have been convened to advance health equity in health care quality measurement. However, limited information has been available that is specific and immediately actionable for PQA measures. The TEP's recommendations address this gap.

Quality and Rare Disease Community Discuss Quality Medication Use in Rare Disease

PQA members and health quality professionals gathered in Arlington, Va., on November 7 for PQA Convenes: Quality Medication Use in Rare Disease. This half-day event brought together health care quality experts, rare disease leaders and individuals with lived experience to discuss what constitutes high-quality rare disease medication use.

Attendees heard from patients, caregivers and patient advocates, specialty pharmacies, pharmaceutical industry organizations, and public and private payers.

See top insights from these sessions at right.



PQA published a report from this convening with additional insights: PQA Convenes: Quality Medication Use in Rare Disease.

PQA's Richard Schmitz and Jocelyn Cooper from the Black Women's Health Imperative focused on addressing inequities in care and improving quality in rare disease. You can listen to the full recording of this Quality Forum Webinar on PQA's YouTube channel. PQA members can access the presentation slides on the Member Resources Library.

Here are some of the top insights from these sessions.

Care coordination among providers is critical for rare disease patients, as the burden often falls on the patient to find providers that address individual needs. Finding providers who will partner with and champion the patient is critical to quality outcomes.

Health literacy is a barrier for patients. Education about the disease and the confidence to ask questions are essential, but the sense of community in rare disease is key. Having a rare disease can be isolating.

The care process — from the diagnostic odyssey to treatment — for patients with rare disease is difficult. Patients need assistance to manage the process, insurance, and providers.

Focus first on access to specialty pharmacies and then on ongoing engagement. High-quality care is individualizing the care of the patient. Specialty pharmacy is a high-touch model, but even it needs to go above and beyond for those with rare disease.

Data insights are a challenge, but data collection is very important. Patient registries ensure long-term data and provide the ability to ask questions or follow up on outcomes. Collaborating with patient registries can help data insights. It's vital to break down data silos.

It is important for payers to work holistically with patients, especially as it relates to health equity.

Use of PQA's SDOH Resource Guide to Address Barriers in Patients' Medication Access Journey

Barriers to medication access are a public health issue that affect adherence and patient outcomes. PQA emphasizes the pharmacist's role in medication access and developed the Medication Access Patient Journey (MAPJ) conceptual framework that defines a patient's medication access journey and characterizes barriers frequently encountered while seeking medication access. This framework highlights seven steps, or nodes, of the patient's journey to medication access: perceived need, help seeking, encounter, prescribing, prescription adjudication, prescription dispensing, and adherence.

The MAPJ framework can be used to highlight both barriers and opportunities to improve medication access. For example, opportunities exist to leverage PQA's Social Determinants of Health (SDOH) Resource Guide to address barriers and increase pharmacy services and medication access. The Resource Guide documents 40 real-world SDOH screening and referral services for medication safety and quality.

Awareness is needed to spotlight pharmacy access in the United States. PQA's Medication Access Patient Journey framework outlines seven nodes and identifies potential barriers a patient faces in medication access. At the same time, PQA's SDOH Resource Guide addresses barriers to accessing prescriptions and solutions to impact patient outcomes. By prioritizing potential opportunities, pharmacies can reach greater populations and positively impact healthcare utilization.

Developing Future Leaders in Quality

The PQA Diverse Quality Leaders Program expanded in 2025 to increase opportunities for all professionals at PQA member organizations and students to hone their skills in medication use quality and gain valuable knowledge about PQA's measure development process and the measure lifecycle.

Eleven individuals were selected to shadow the Quality Metrics Expert Panel or the Measure Update Panel. As part of the program's expansion, these individuals also received scholarships to attend the PQA Annual Meeting, providing additional learning and networking opportunities. The opportunity to attend the PQA Annual Meeting was also provided to the 2024 shadowing program participants. In total, 13 individuals from the 2024 and 2025 shadowing programs were able to attend the 2025 PQA Annual Meeting in Tampa.

Over three years, 31 individuals have shadowed a PQA measure panel and several have been selected to serve on a panel following their shadowing experience. Eleven students were selected for scholarships to attend the 2025 PQA Annual Meeting, surpassing the three scholarships that were awarded in 2024. Beyond the annual meeting, students can apply for a scholarship to take Medication Use Quality, a PQA online educational program, starting in August 2025.

Through mentorship, training and education, PQA's Diverse Quality Leaders Program supports PQA's commitment to cultivating an inclusive health care quality workforce where all interested and qualified professionals have meaningful opportunities to participate in our work. This program is aligned with PQA's Policy on Inclusion.

Goal 4

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

Patient Perspectives Inform PQA's Prioritization of Health Plan Measure Concepts

PQA launched a Health Plan Measure Concept Advisory Group (MCAG) to review and provide input on measure concepts for development in 2026 and beyond. The group provides guidance to prioritize health plan measure concepts, evaluating key criteria such as:

- Evidence supporting the rationale,
- Opportunity for implementation,
- Patient-centeredness,
- Feasibility,
- The resource-intensiveness of development.

The MCAG is composed of subject matter experts from PQA member organizations. Three individuals representing patients, caregivers and patient advocates were selected to participate.

PQA is committed to engaging individuals and communities as partners in its work to support safe, effective and appropriate medication use. PQA includes patient partners in all nomination-based panels throughout the measure lifecycle.

Patients, caregivers and patient advocates provide unique and valuable insights about what is important and meaningful in medication use, which supports the development of appropriate and useful quality measures.

To support the patients, caregivers and advocates selected to participate, PQA provides:

- Access to Medication Use Quality, PQA's online education program about quality measurement and quality improvement.
- An orientation meeting about PQA and its measure concept prioritization process.
- A staff liaison to answer questions throughout the process.
- Honoraria, aligned with fair-market value, for participation in the MCAG outside of their professional role.

PQA thoroughly reviewed all nominations received. PQA staff selected MCAG members based on their experience, background and ability to contribute to the MCAG's objectives, while considering the importance of representing a diverse set of stakeholder types.

Quality Professionals Gather in Tampa at the 2025 PQA Annual Meeting

PQA members and health care quality professionals gathered in Tampa, Fla., May 19-21, for the 2025 PQA Annual Meeting.

Over those three days, health care executives and quality professionals from pharmacies, health plans, health care providers, pharmacy benefit managers, life sciences companies, technology vendors, research institutions, academia and more addressed top issues and emerging trends in medication quality, measure development and implementation, care transformation and technology.

Here are some top insights from our sessions' speakers.

Health Information Quality

- Some of the most powerful pieces of health information are user-generated content. Patients seek health care information from sources that are most accessible and relatable to them. Often, those sources are not licensed health care providers.
- Garth Graham recommends health care professionals and health care organizations not resist how patients access health care information. Instead, they need to understand it and use it to meet patients where they are.

Value-Based Arrangements

- There is significant value in finding the right partner to tackle a value-based care initiative. Partners that communicate, collaborate and evolve with the process are instrumental to success.
- Positive patient outcomes are important but so is acknowledging progress and improvement in patient health and value-based care delivery.

Obesity Treatment and Care

- Integrated and holistic approaches to obesity management are critical to outcomes. Obesity is a multifaceted disease, and effective care requires a multifaceted approach, including lifestyle modifications, the use of medications and other interventions.
- Anti-obesity medications (AOM) are intended to be used with lifestyle modifications, and patients need to have wraparound services to support that. Registered dieticians have a critical role to play, but most individuals taking an AOM are not on a nutrition plan.

Medicare Part D

- There are several changes underway or forthcoming to the Medicare Part D program, affecting patient access and affordability, while impacting the strategies that health plans, pharmacies and other health care stakeholders take to deliver care.
- Engaging and educating patients on these changes will be critical. Health care organizations must ensure that communications materials and information are available in formats that are easily understood and relatable.

Technology Improvements for the PQA Stakeholder Experience

Enhancing Engagement for Members and Stakeholders

Operation ADAPT, a PQA Board approved initiative, launched in 2023 to modernize PQA's technology infrastructure, improve data management, and enhance the digital experience for members. This initiative aligns with the *Blueprint PQA 2025* goal of achieving organizational excellence. Over the past year, PQA staff have been working diligently behind the scenes to update our technology ecosystem, aiming to ensure PQA's future-readiness, enhance our operations and optimize the experience for our members and stakeholders.

A Redesigned Website Informed by Stakeholder Input

PQA is preparing to launch a redesigned website in 2025 to enhance the online experience for members and stakeholders. The updated site will offer streamlined navigation, improved search functionality, a modern design and access to key resources and information relevant to members and stakeholders.

Over the past year, PQA engaged members and stakeholders in the redesign process through structured navigation testing. This input has played an important role in shaping the site's structure and ensuring the new platform meets user needs and supports engagement.

A key feature of the new website is an enhanced member portal. This new system will enable users to manage their profiles, access PQA engagement opportunities and track participation, among other enhancements. Enabling users to easily access relevant opportunities, events, and offerings from PQA will enhance the value to our members, licensees, sponsors and other stakeholders.

The updated website reflects PQA's commitment to continuous improvement and stakeholder engagement. PQA will share additional details ahead of the launch to help users navigate the new site.

Enhancing Value Set Management: Leveraging Apelon Distributed Terminology System

PQA sought a more efficient, accurate, and sustainable method for creating and maintaining value sets. The Apelon Distributed Terminology System (DTS) is a terminology server that enables PQA to manage standard and local terminologies (e.g., National Drug Codes [NDCs], ICD-10) for PQA measure value sets in one application. Since mid-2024, PQA has collaborated with Apelon to create a tool for developing these value sets.

Key benefits of Apelon for PQA include centralized access to standard terminologies (eliminating manual searches), built-in code validation, rule-based value sets (with clearly defined and documented rules), and versioning of value sets when changes occur.

PQA has worked with Apelon to produce value sets alongside our comparison and review process, identifying areas for improvement. Key tasks completed this year include:

- Reviewing and updating all data elements for PQA value sets to ensure accurate source data incorporation.
- Reviewing and updating business rules for value set development as needed.
- Developing processes to ingest all source data (e.g., FDA SPL, MS, FDB) for identifying NDCs essential for PQA value sets.
- Developing and testing the necessary modules for DTS.
- Training staff on using DTS to create and publish value sets.

PQA is on track to publish the 2026 Value Sets using Apelon DTS.

PQA Board of Directors

Thank you to the 2025 PQA Board of Directors for its strategic vision and leadership. 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.

EXECUTIVE COMMITTEE

- **James Kirby, PharmD, BCPS, FAPhA**
  Chair
  Kroger Health
- **Jeff Rochon, PharmD, FAPhA, FWSPA**
  Vice-Chair
  Pharmacy HIT Collaborative
- **J.W. Hill, MBAHCM, CNED**
  Secretary
  National Council for Prescription Drug Programs
- **Christopher Powers, PharmD**
  Treasurer
  Health Care Service Corporation
- **Amina Abubakar, PharmD, AAHIVP**
  Member At Large
  Avant Pharmacy & Wellness Center
- **Susan Cantrell, RPh, CAE**
  Immediate Past Chair
  AMCP
- **Micah Cost, PharmD, MS, CAE**
  Ex Officio Member
  Pharmacy Quality Alliance

BOARD MEMBERS

- **Parmjit Agarwal, PharmD, MBA**
  Pfizer, Inc.
- **Shantanu Agrawal, MD, MPhil**
  Elevance Health
- **Sheila Arquette, RPh**
  National Association of Specialty Pharmacy
- **Justin Bioc, PharmD, BCPS, BCGP**
  Devoted Health
- **Ceci Connolly**
  Alliance of Community Health Plans
- **Scott Dell, MBA**
  Eli Lilly and Company
- **Laurin Dixon, PharmD**
  Centene Corporation
- **Lauren Esterly, PharmD, BCPS**
  Humana
- **James Gartner, RPh, MBA**
  PerformRx, LLC.
- **Deanna Horner, PharmD, BCPS**
  Waltz Health
- **Michael Johnsrud, PhD, RPh**
  University of Texas at Austin College of Pharmacy
- **Michelle Ketcham, PharmD, MBA**
  Centers for Medicare & Medicaid Services
- **Crystal Lennartz, PharmD, MBA**
  McKesson
- **Lauren Lyles-Stolz, PharmD**
  Amazon Pharmacy
- **Brian Nightengale, RPh, PhD**
  Inmar Intelligence
- **Anita Patel, PharmD, MS**
  Walgreens
- **Tricia Lee Rolle, PharmD, MS, PhD**
  Assistant Secretary for Technology Policy/
  Office of the National Coordinator for Health IT
- **Theresa Tolle, BSPharm, FAPhA**
  Bay Street Pharmacy

Board member affiliations as of August 25, 2025

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, 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, Senior Director, Performance Measurement
Heather Gibson, MSPH, Director, Performance Measurement
Jenny Bingham, PharmD, BCACP, FAzPA, FNAP, Senior Research Associate
Elizabeth Dowdy, MPH, Senior Program Manager, Performance Measurement and Research
Logane Kiehnau, PharmD, BCACP, Senior Program Analyst, Performance Measurement
Kim Nguyen, MPH, Senior Manager, Performance Measurement
Razanne Oueini, PharmD, MSc, Senior Manager, Performance Measurement
Oliver Valdez, PharmD, MSPH, Senior Manager, Performance Measurement
Jason Tennant, MPH, Project Manager, Performance Measurement and Research
Noel Baham, MPH, Manager, Performance Measurement
Brianna DeWitty, MPH, Manger, Performance Measurement and Research
Carly Vogel, PhD, Research Associate
Lauren Moy, PharmD, Executive Fellow

Engagement, Education and Convening
Loren Kirk, PharmD, CPHQ, CAE, IOM, Senior Director, Strategic Partnerships
Chris Kotschevar, PharmD, Director, Stakeholder Engagement
Tammy Malm, PharmD, MPH, BCPS, Director, Education
Christa Hagelberger, CMP, Associate Director, Meetings and Events
Rachel Cormier, MA, Senior Manager, Communications
Amenia Army, CAE, CPC, Manager, Member and Stakeholder Engagement
Melody Evans, 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
Leah Harrington, PMP, Senior Manager, Digital Operations & Enablement
Rachel Moriarity, MBA, Senior Accounting Manager

As of August 25, 2025