



PQA Public Comment Period

PQA’s Pharmacy Measure Development Action Plan

Comments Accepted August 6-28, 2020

PQA members and the public may submit comments by Friday, August 28, at 11:59pm ET on PQA’s Action Plan to building out a pharmacy measure set for payer-pharmacy agreements, or on individual measure concepts prioritized within the Plan.

BACKGROUND

The [Pharmacy Quality Alliance](#) (PQA) is developing a standard set of measures appropriate for assessing pharmacy performance and use in accountability programs. Guided by member and other stakeholder input, PQA has drafted a Pharmacy Measure Development Action Plan (Plan). The Plan outlines next steps for developing measure concepts that were prioritized based on their feasibility (data source availability) and usability (likelihood of marketplace adoption).

As with PQA’s continual work to develop health plan performance measures, pharmacy measure development will be ongoing. PQA’s pharmacy measure set will grow over time. PQA will continue to convene additional Measure Concept Advisory Groups periodically to assess and prioritize new pharmacy measure concepts for development and addition to the set of measures intended for use in plan-pharmacy contracts and quality improvement initiatives.

The following table summarizes PQA’s work to date in 2020 and our planned next steps. Initial measures developed under the Plan are targeted for endorsement consideration by the end of 2021.

PQA’s Pharmacy Measure Development Timeline (2020-21)	
Pharmacy Measure Concept Advisory Group (MCAG) launched to assist in identifying, refining, and prioritizing measure concepts for pharmacy measure development	March 10, 2020
Data and Interoperability Advisory Group (DIAG) launched to advise on data standardization, data sources, and interoperability needed for meaningful, patient-centered, and outcomes-focused measures	March 26, 2020
MCAG and DIAG meetings to assess measure concepts and evaluate data standards and sources <ul style="list-style-type: none"> In-depth MCAG discussions on 23 measure concepts with post-meeting polling to obtain additional quantitative and qualitative input to inform prioritization DIAG meeting to highlight novel uses of interoperable data to improve pharmacy quality (recording available here) 	March-July 2020

PQA’s Pharmacy Measure Development Timeline (2020-21)	
Stakeholder Outreach Calls with payer and pharmacy representatives to understand which measure concepts are most likely to be included in payer-pharmacy contracts	May-July 2020
Stakeholder Advisory Meeting (SAM) for PQA members to provide an update on the measure development work and introduce the draft Pharmacy Measure Development Action Plan (Plan)	August 6, 2020
PQA Public Comment Period to obtain feedback on the Plan	August 6-28, 2020
DIAG meeting to consider data needs for prioritized measures in the Plan	September 2020
Technical Expert Panels (TEPs) launch to begin development of prioritized measure concepts aligned with the Plan	October 2020
Additional MCAG, DIAG and SAM meetings and TEPs , as needed, to develop prioritized measures	Ongoing
Updates, Webinars, and Comment Periods on measure concepts developed under the Plan	Ongoing
Endorsement consideration of initial measures developed under the Plan	Q4 2021
Continuing development of prioritized measures under the Plan and periodic endorsement consideration, as needed	Ongoing
<i>This timeline is subject to change.</i>	

ACTION REQUESTED: PQA MEMBER AND PUBLIC COMMENTS

PQA members and the public are invited to submit comments via the [online commenting tool](#) on the elements of PQA’s draft Pharmacy Measure Development Action Plan including:

- Initial measure concepts prioritized for development, beginning Q4 2020.
- Remaining measure concepts prioritized for development.

PQA also welcomes input from stakeholders that currently are capturing and/or reporting data that could be used to calculate any of the prioritized measure concepts. We would like to hear from pharmacies and system vendors that are able to report data, and also from health plans and others that are able to receive data.

Please note that commenting concludes on August 28, 2020 at 11:59 p.m. ET—no exceptions.

PQA's Draft Pharmacy Measure Development Action Plan

August 6, 2020

INTRODUCTION

Guided by member and other stakeholder input, PQA has drafted a Pharmacy Measure Development Action Plan. The Plan outlines next steps for developing measure concepts that were prioritized based on their feasibility (data source availability) and usability (likelihood of marketplace adoption).

- Section I describes the inputs PQA used to inform the Plan.
- Section II includes the list of prioritized measure concepts, draft descriptions, and key insights gleaned from stakeholders.
- Section III highlights timelines to launch pharmacy measure development.
- Section IV provides the vision for implementation opportunities for a pharmacy measure set.

I. INFORMING PQA'S PHARMACY MEASURE DEVELOPMENT ACTION PLAN

PQA's Pharmacy Measure Development Action Plan (Plan) is informed by three primary inputs:

1. Pharmacy Measure Concept Advisory Group (MCAG)
2. Stakeholder Outreach Calls
3. Research Project: Forming Consensus on Metrics that Demonstrate the Value of Community Pharmacy Practice

The first two activities were completed between March and July 2020 and informed the current draft Plan. The third step represents a recently launched project that will be completed in September 2021, to further inform the Plan.

1. Pharmacy Measure Concept Advisory Group (MCAG)

The Pharmacy MCAG launched in March 2020 and was charged with:

- Evaluating pharmacy measure concepts using key criteria such as evidence supporting the rationale, patient-centeredness, data source availability (feasibility), anticipated denominator size (influencing reliability), and resource-intensiveness of development.
- Identifying real-world implementation and use opportunities for proposed measure concepts.
- Providing input to PQA staff to assist in prioritizing pharmacy measure concepts for development.

The MCAG continued to meet via web meetings through July to discuss and evaluate measure concepts against standard measure assessment criteria, with an emphasis on feasibility and usability. The MCAG reviewed a total of 23 measure concepts, 13 of which are included in the Action Plan for public comment. Additional information, including the full list of measure concepts the MCAG assessed, is included in the July 21 [PQA Update on Development of Pharmacy Measures](#).

2. Stakeholder Outreach Calls

In addition to convening the MCAG, PQA solicited input from payer and pharmacy representatives directly involved in contracting to better understand which measure concepts these stakeholders would be willing to include in payer-pharmacy contracts. Objectives of this outreach included:

- Gaining insights on the plan-pharmacy contracting process, including the key attributes payers prioritize in selecting measures to include in contracts and associated timelines;
- Obtaining additional stakeholder feedback on measure concepts being discussed by the MCAG;

- Considering payer-developed/identified measures currently used in contracts that could be standardized for broader adoption; and
- Understanding innovative value-based arrangements where pharmacy measures could be used.

PQA conducted 17 interviews (inclusive of representatives from 19 organizations) in June and July 2020 and included PQA members and non-members. Insights from the interviews were incorporated into key points in section II, below.

3. Research Project: Forming Consensus on Metrics that Demonstrate the Value of Community Pharmacy Practice

For this Community Pharmacy Foundation (CPF)-funded research project, PQA is collaborating with CPF to convene an invitational, multi-stakeholder panel of innovative pharmacy practitioners and payers, among other stakeholders, to discuss, share, and build consensus on metrics that will promote sustained community pharmacy innovative services. The project kicked off in July 2020, with the panel scheduled to first convene in September and the project ending September 2021.

The output of this work will include a prioritized set of community pharmacy practice measure concepts that can be utilized in CPESN pilots, Flip the Pharmacy initiatives, and may be suitable as part of a standard set of measures to be used in value-based arrangements. Additional outputs include recommendations on feasibility, best practice socialization, and dissemination of project findings.

As noted above, findings from this project will further inform the Plan.

II. MEASURE CONCEPTS INCLUDED IN THE ACTION PLAN

PQA’s Pharmacy MCAG prioritized 13 measure concepts to move forward for public comment. Each is listed below, along with a brief draft description and key points or insights gleaned from MCAG discussions and stakeholder outreach calls.

1. Hemoglobin A1c Reporting, Improvement, Control

Draft description:

- Start with a measure focused on reporting to the health plan:
 - a. The percentage of the pharmacy’s diabetes panel with A1c value reported to the health plan
- Then move to Improvement and Control measures:
 - a. A1c control: The percentage of the pharmacy's diabetes panel at A1c control (<9.0%)
 - b. A1c improvement: Of those in the denominator of “A1c control” but not in the numerator, the percentage with improvement from A1c baseline

2. Blood Pressure Reporting, Improvement, Control

Draft description:

- Start with a measure focused on reporting to the health plan:
 - The percentage of the pharmacy’s hypertension panel with BP reading reported to the health plan
- Then move to Improvement and Control measures:

- BP control: The percentage of the pharmacy's hypertension panel with BP adequately controlled (<140/90)
- BP improvement: Of those in the denominator of “BP control” but not in the numerator, the percentage with improvement from BP baseline

Key Points for measure concepts 1 & 2:

- Although there is interest from all stakeholders to move towards outcome measures, there is broad acknowledgment that getting to that point needs to be a stepwise approach. Starting with process measures (i.e., screening and reporting) is more feasible, and then transitioning to improvement and outcome-based measures over time.
- It will be important to identify/define a valid data source for A1c and/or BP values that are provided from the pharmacy to the payer.
- The need for risk adjustment should be assessed for outcome measures.
- Appropriate payment/reimbursement for services is needed for implementation and sustainability.
- There is even stronger interest from plans if NQCA would accept pharmacy-provided data as a supplemental data source for health plan HEDIS measure reporting.

3. Flu Vaccine Screening

Draft description: The percentage of individuals at the pharmacy who were screened to determine whether they received a flu vaccine.

4. Flu Vaccine Administration

Draft description: The percentage of individuals at the pharmacy who received a flu vaccine during the measurement period.

Key Points for measure concepts 3 & 4

- There was general consensus to not limit flu (or other) immunization measures to MTM services due to applicability beyond MTM, although determining an accurate attribution model could be more challenging.
- These measure concepts and others are less applicable to specialty pharmacies.
- Payers generally are supportive of immunization measures but favor a measure concept focused on administration (i.e., care gap closure) over a screening measure concept.
- Some pharmacy stakeholders noted variation in scope of practice by state, and specifically noted that it may be more difficult to capture the child/adolescent population.

5. Antidepressant Medication Management

Draft description: The percentage of individuals at the pharmacy with major depression who were initiated on an antidepressant drug and who completed a period of continuous medication treatment (six months).

Key Points

- Alignment with the existing HEDIS measure was recommended for usability.
- Behavioral health is an important, high-need area, and given shortages of psychiatrists and other behavioral health specialists, allowing pharmacists to help support members’ treatment and therapy would be beneficial.

- The Antidepressant Medication Management concept is of greater interest versus a depression screening measure, as it is more of an area that pharmacists/pharmacies can impact.
- Depression screening is already performed in the physician office, and health plans and pharmacies prefer to not duplicate efforts.

6. Asthma Controller Therapy

Draft description: TBD, as asthma guidelines have recently changed so additional refinement of an asthma measure concept is needed.

Key Points

- Asthma measures are important; they address high-cost high-need populations, and pharmacists are well positioned to be measured on management of their therapy.
- Asthma measures would be applicable across age groups and thus across Medicare, Medicaid, and commercial populations.
- The HEDIS asthma measure was retired and the PQA measure, *Medication Therapy for Persons with Asthma*, is undergoing retirement consideration because they no longer align with evidence-based practice. A review of current guidelines will inform a new asthma measure concept.

7. Composite Adherence Measure

Draft description: The measure concept would be specified to provide one score that is inclusive of the pharmacy's performance on adherence to Renin Angiotensin System (RAS) Antagonists, Statins, and Diabetes medications.

Key points

- Developing the measure as a composite could potentially overcome the small denominator challenge seen with individual pharmacy adherence measures and can increase measure score reliability (versus individual component measures); although, this would need to be determined through testing.
- There are some concerns that composite measures may overshadow differences in performance among component measures and may limit actionability on specific conditions.
- Consideration in how component measures may influence one another will be important for validity.
- It is important that the composite appropriately reflect the pharmacy's patient population (i.e. weighting) in order to be valid.

8. Primary Medication Nonadherence

Draft description: The percentage of prescriptions for chronic medications e-prescribed by a prescriber and not obtained by the patient in the following 30 days.

Key Points

- This PQA-endorsed measure is a pharmacy performance measure, though there has been limited adoption.

- Some stakeholders suggested reviewing and revising the measure specifications, including the chronic medications list to ensure feasibility and capture the most impactful instances of non-adherence.

9. Abandonment Rate

Draft description: The percentage of prescriptions not received by patients for specialty medications after the prior authorization for the prescription was approved.

Key Points

- This measure concept also was prioritized previously by the National Association of Specialty Pharmacy (NASP) Clinical Outcomes Committee.
- Some stakeholders noted that the measure concept could potentially apply to other medications and not be limited to specialty.

10. Early Persistence to Oral Oncolytics

Key points

- Measure concept ideas focused on oral oncolytics have been raised by multiple stakeholders over time as an area of interest for measurement.
- While important, it might be challenging to accurately assess persistence to oral oncolytics due to possible intolerances, titration, off-label use, etc.
- Drawing in the appropriate clinical data to calculate this type of measure may present challenges.

11. Patient Experience with Pharmacy Services

Key Points

- A patient experience with pharmacy services performance measure would require a validated, psychometrically tested survey tool.
- It will be important to consider how to properly incentivize consumers to complete the surveys.
- The measure concept aligns with recent changes to Medicare Stars methodology, increasing the weighting of patient experience.
- Consideration was suggested for this type of measure to be a supplemental CAHPS item.
- The measure needs to focus on care provided, versus whether they personally like their pharmacist.

12. Pharmacy-Administered Disease Assessment (e.g., RAPID3 [Routine Assessment of Patient Index Data 3] for rheumatoid arthritis)

Key Points

- The questionnaire should integrate with pharmacy workflow.
- For some stakeholders, clinical outcomes are preferable in this area.
- Information from the survey must be actionable, and flow back to the plan to connect patients to resources.
- Specialty pharmacies may be well situated to administer the survey and track patient progress, given high number of touches.

13. Screening for Social Determinants of Health (SDOH)

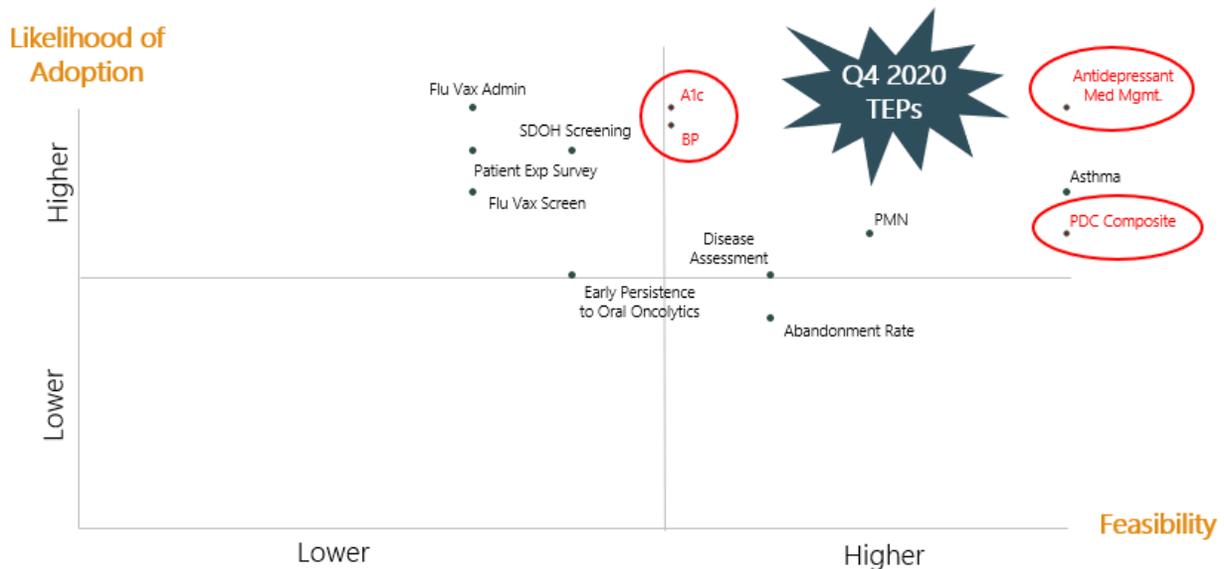
Key Points

- SDOH screening is of considerable interest among stakeholders.
- Training will be needed to equip pharmacists to triage concerns raised from SDOH screening.
- Some pharmacy stakeholders noted liability concerns.
- Each patient has unique needs and each community has unique resources to consider; to be impactful, screening must lead to action.
- There are several existing SDOH screening tools available that could be considered for use in a measure.

III. TIMELINE FOR NEW PHARMACY MEASURE DEVELOPMENT

After considering input from the Pharmacy MCAG and stakeholder interviews, PQA staff plotted the 13 prioritized measure concepts on a graph based on their feasibility (whether the data source is readily available) and usability (likelihood of adoption). See Figure 1.

Figure 1.



We then mapped out technical expert panel (TEP) launch dates and initial estimates of measure development timelines for prioritized measure concepts that also are most feasible (currently and/or near future) and have a high likelihood of adoption once developed.

PQA plans to launch three TEPs in the 4th quarter of this year, beginning in October, to begin development of the following measure concepts:

1. **Clinical/Biomarkers for diabetes and hypertension** (i.e., A1c, BP), starting with reporting to the health plan and then progressing to improvement and control measures
2. **Composite Adherence** measure that would provide one score inclusive of the pharmacy's performance on adherence to RAS Antagonists, Statins, and Diabetes medications
3. **Antidepressant medication management** (aligned with the HEDIS measure)

PQA aims to complete development of these concepts to have the measures available for use in the 4th quarter of 2021.

PQA’s Data & Interoperability Advisory Group (DIAG)

The DIAG is a standing committee that will continue to meet quarterly (or more frequently, as needed) to address data and interoperability needs to support the first three new measure concepts planned for development, as well as the remaining prioritized pharmacy measure concepts that will follow.

Additional Next Steps

As data and interoperability challenges are addressed, PQA will map out additional timelines and launch new TEPs for additional pharmacy measure development. As with PQA’s continued work to develop health plan performance measures, pharmacy measure development will be ongoing, and the pharmacy measure set will grow over time. PQA will continue to convene additional MCAGs periodically to assess and prioritize new pharmacy measure concepts for development and addition to the measure set.

IV. CREATING THE VISION FOR THE USE OF PHARMACY MEASURES

When PQA began meeting with stakeholders in early 2019 and planned to build out a pharmacy measure set, we initially considered a set of standardized measures that could be applicable to all. As we continued with the effort, it became apparent that a strategy that seeks to create a “one size fits all” measure set would be too constrained and not allow for innovation and the development of forward thinking measures that truly can demonstrate the value of pharmacy services.

We now envision the measure set as a “pick list” where payers and pharmacies can select the most appropriate measures that align with the populations the pharmacy serves, the pharmacy’s ability to deliver clinical services and document necessary data, and the needs the health plan (or other stakeholder) has identified for their members/populations (e.g., gap closures for flu immunizations).

This implementation approach is depicted in **Figures 2-5**, below.

Figure 2. Pharmacy Measure Set – as a Pick List

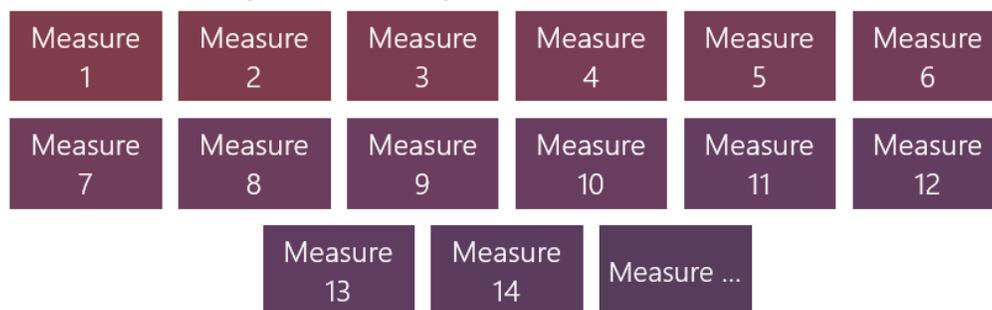
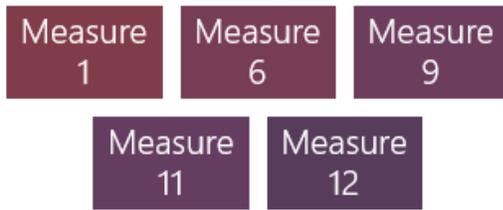


Figure 3. Measure Selection – Example 1

Figure 4. Measure Selection – Example 2

Plan-Pharmacy Contract A



Plan-Pharmacy Contract B



Figure 5. Measure Selection – Example 3

Pharmacy – Dept of Health Contract

