

## Introduction

### Quality Measures and Health-system Pharmacist: The Era of Accountability

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The speaker has no conflict of interest to disclose.

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### Learning Objectives Pharmacists

- Discuss current efforts by PQA and ASHP PSAM Workgroup to develop and identify pharmacy sensitive measures.
- Explain the current challenges associated with developing and using pharmacy sensitive quality measures.
- Identify sources for selecting appropriate quality measures based on practice setting, payer mix and other organizational pressures.
- Describe three characteristics pharmacists should consider when selecting quality measures.
- Using information presented, choose 4 appropriate measures for your practice.

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### Learning Objectives Technicians

- Define pharmacy sensitive measures.
- Identify sources for quality measures used by health care organizations.
- Explain why certain measures may be chosen by an organization for use as a quality measure.
- Describe three characteristics pharmacists should consider when selecting quality measures.
- Assist pharmacists in screening appropriate sources for quality measures appropriate for the practice site.

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### Belief and Assumption:

A7. In the next 5–10 years, required quality measures related to medication use in hospitals and health systems will increase.




<p><b>Recommendation:</b> B7. Hospital and health-system pharmacists must be responsible and accountable for patients' medication-related outcomes</p>	<p><b>Recommendation:</b> B24f. Play a critical role in ensuring that the hospital or health system adheres to medication-related national quality indicators</p>
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The consensus of the Pharmacy Practice Model Summit Am J Health-Syst Pharm. 2011; 68:e110-4

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### Quality of Care: Dawn of a New Era



- Reimbursement Based on Quality
- Business Models
- Pharmacist Engagement
- Practice Models

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### Quality of Care: Dawn of a New Era

STRATEGIC RECOMMENDATIONS FOR PRACTICE LEADERS

1. Identify medication-related quality-of care measures within your institution and develop an action plan for the pharmacy department to improve performance on those measures.
  - ❖ Develop a pharmacy department dashboard of indicators that document pharmacists' contribution to improving the quality of care.
2. Develop a strategy for the pharmacy department to gain authority to manage all medication-related issues upon patient discharge.

Pheps PK, Pharmacy Forecast 2014-2018: Strategic Planning Advice For Pharmacies and Health-systems

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### Quality of Care: Dawn of a New Era

STRATEGIC RECOMMENDATIONS FOR PRACTICE LEADERS

4. Develop discharge hand-off plans for high-risk patients who may benefit from pharmacy follow-up. Develop a plan to refer such patients to medication therapy management programs after discharge
5. Develop a plan to interact with every patient in the hospital for medication histories, first-dose education, and discharge planning and follow-up.
6. Study the patient-care and financial implications associated with outsourced care-transition services and help your organization's executive leaders assess whether such services are in the best interests of patients and the institution.

Phelps PK, Pharmacy Forecast 2014-2018: Strategic Planning Advice For Pharmacies and Health-systems

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### Case Study: Pennsylvania Hospital

#### Pharmacists Help With CMS Core Measure Adherence

Program Details:

- Clinical Pharmacists screened patients for Core Measure diagnoses while doing their daily rounds.
- Patient-specific worksheets to keep track of medication-related core measure compliance.
  - Manual paper then transitioned to electronic.
- Clinical pharmacists document in the patient's permanent medical record
  - a contraindication if the patient was noncompliant with a medication due to contraindication
  - consult with the provider and recommend compliance if the patient was noncompliant and no contraindication was indicated.

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### Case Study: Pennsylvania Hospital

#### Pharmacists Help With CMS Core Measure Adherence

Results:

- Within 17 months of the core measure initiative 2742 patients were reviewed,
  - 218 documentations in patient charts
  - 224 recommendations (96% acceptance rate)
- The hospital improved its compliance in 9 targeted medication-related core measures and achieved 100% compliance in most of these measures.

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### Starting with the familiar

**Medication-Related Core Measures**

- Venous Thromboembolism
- Inpatient Immunization
- Surgical Care Improvement Plan
- Heart Failure
- Acute Myocardial Infarction
- Pneumonia
- Stroke

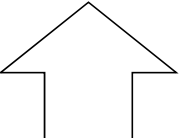
**Medication Related HCAHPS questions**

- Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
- When I left the hospital, I clearly understood the purpose for taking each of my medications.

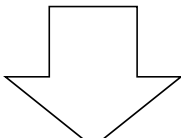
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### Time to rethink?

#### Clinical Intervention Report



Quality Measure Dashboards  
(Accountability)




Clinical Intervention Reporting  
(Productivity)

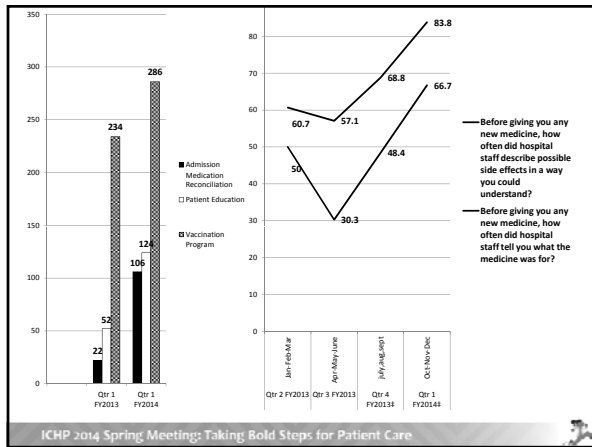
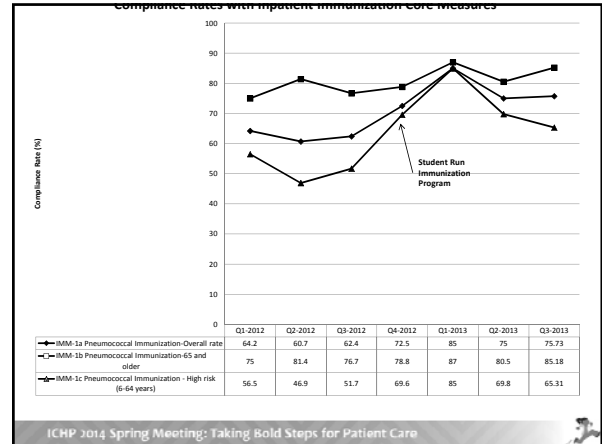
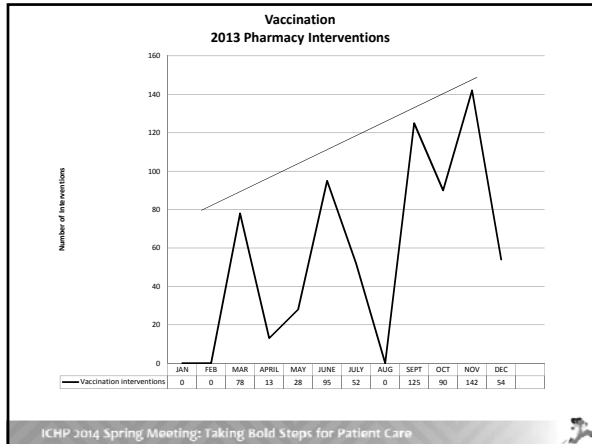
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Quality Measure Dashboards

Clinical Intervention Reports



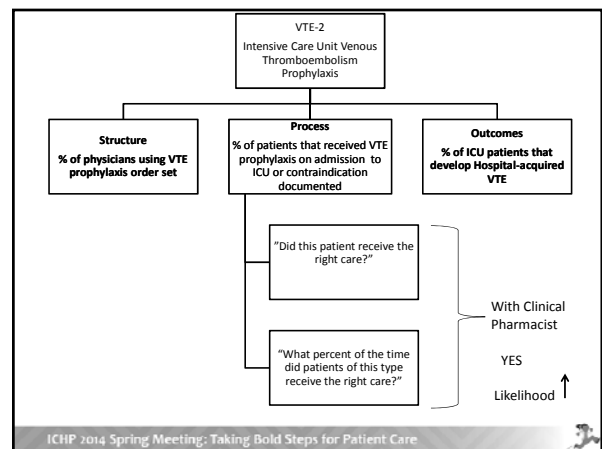
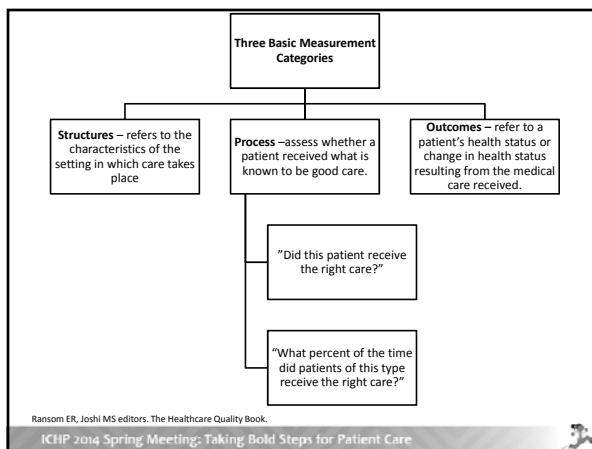
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## Quality Measurement Journey

1. Develop a measurement philosophy
2. Identify concepts to be measured
  - Types and categories of measures
3. Select specific measures
4. Develop operational definitions for each measure
5. Develop a data collection plan and gather the data
6. Analyze the data
7. Use the analytic results (data) to take action (implement cycles of change, test theories, and make improvements)

Ransom ER, Joshi MS editors. The Healthcare Quality Book.  
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### Selecting Measures - Sources

PharmQMC  
 Center for Practice Accreditation (CPA)  
 National Physicians Consortium for Quality Improvement (NPCI)  
 Healthcare Effectiveness Data and Information System (HEDIS)  
 Patient Safety and Clinical Pharmacy Services Collaborative (PSPC)  
 H-Cap  
 ACO measures  
 Quality Measures Clearinghouse  
 National Quality Forum (NQF)  
 Physician Quality Reporting System (PQRS)  
 National Quality Alliance (PQA)  
 Priority Measures  
 National Quality Forum (NQF)  
 Performance (PCOR)  
 Quality Assurance (QA)  
 National Committee for Quality Improvement (NCQA)  
 Joint Commission  
 National Quality Reporting System (NQRS)  
 Physician Quality Reporting System (PQRS)  
 HEDIS  
 DRAC  
 meaningful use  
 H-Cap

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### Pharmacy Quality Alliance

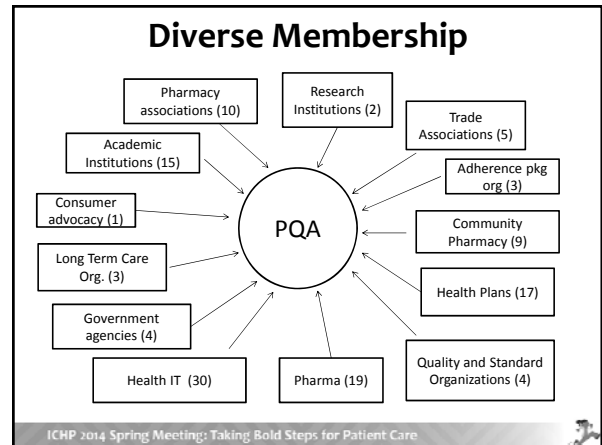
Pharmacy Quality Alliance  
 Home ABOUT US ISSUES Member Organizations GOVERNANCE SERVICES  
 PQA Measure  
 PQA Measure Development

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### Other Quality Alliances

- Hospital Quality Alliance  
 Hospital Compare Program  
<http://www.qualitynet.org>  
<http://www.medicare.gov/hospitalcompare>
- Ambulatory Quality Alliance  
 Physician Quality Reporting System  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/pqrs/>
- Long Term Quality Alliance

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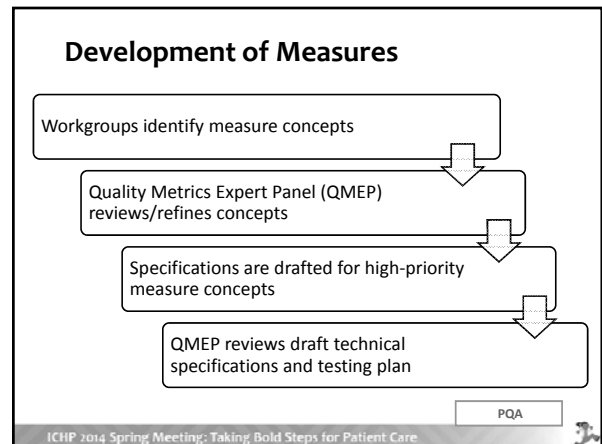


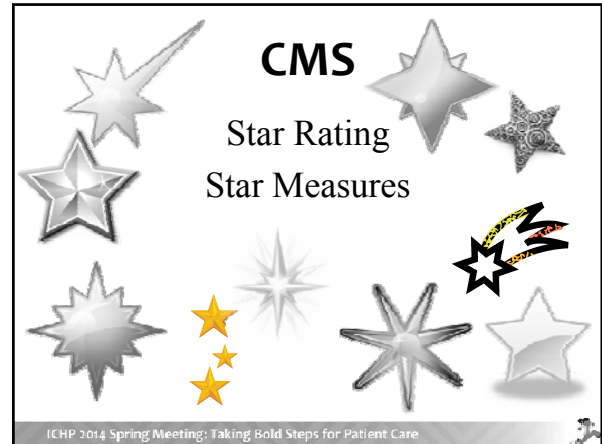
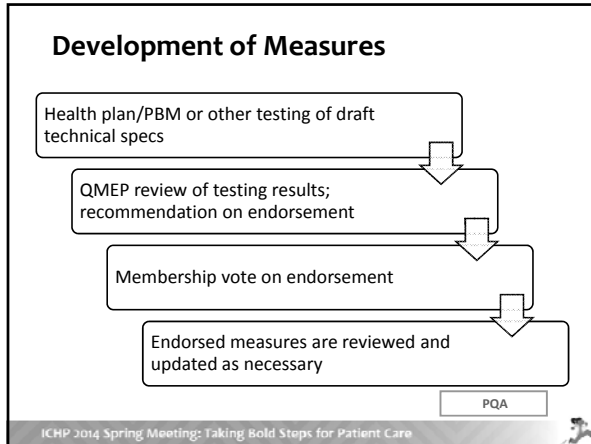
### PQA's Mission Statement

Improve the quality of medication management and use across health care settings with the goal of improving patients' health through a collaborative process to develop and implement performance measures and recognize examples of exceptional pharmacy quality.

PQA

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### Star PQA Measures: 2013 Average Rates

Part D Plan Rating	MA-PD	PDP
PDC – Diabetes	73.7 %	75.8 %
PDC - Hypertension	73.9 %	76.8 %
PDC – Cholesterol	69.0 %	71.0 %
Diabetes – RASA Use	84.3 %	82.3 %
High-Risk Medications	7.8 %	8.8 %

PDC = Proportion of Days Covered: the rate indicates the percent of persons on the target drugs who are highly adherent to the drug regimen.

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### Star PQA Measure Performance

Measure	2012		2013	
	MA-PD Average Star	PDP Average Star	MA-PD Average Star	PDP Average Star
High Risk Medication	2.7	3.1	3.1	3.1
Diabetes Treatment Medication Adherence for Oral Diabetes Medications	3.1	3.1	3.1	3.3
Medication Adherence for Hypertension (ACEI or ARB)	3.1	3.0	3.0	3.2
Medication Adherence for Cholesterol (Statins)	3.0	3.2	3.1	3.2

[http://regional.nacds.org/presentations/Using\\_Star\\_Ratings.pdf](http://regional.nacds.org/presentations/Using_Star_Ratings.pdf)

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### Importance of Ratings?

Stars Rating	QBP Percentage for 2012/2013	QBP Percentage for 2014
Less than 3 stars	0%	0%
3 stars	3%	3%
3.5 stars	3.5%	3.5%
4 stars	4%	5%
4.5 stars	4%	5%
5 stars	5%	5%

\*QBP is a percentage increase in payment to the plan above the standard rate. For plans with less than 5 stars, the standard rate may be capped at pre-ACA rates. For more details, <https://www.cms.gov/Medicare/Advocacy/SpecRateStats/>

<http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Announcement2012final.pdf>

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- ### Example of PQA Work 2013
- Measures developed to move forward in process
    - Persons in a PCMH or other integrated care team model receiving a timely comprehensive medication review
    - Drug therapy problem resolution in a MTM part D program
    - Rate of drug therapy problem recommendations per MTMP enrollee (MTM Part D focus)
    - Therapy initiation post MTM – treatment of hypertension for patients with diabetes (MTM Part D focus)
    - Use of sedative hypnotic medications in the elderly
    - Serious hypoglycemic events requiring hospital admission or ED visit associated with anti-diabetic medications
    - Adherence to antihypertensive agents –RAS antagonists and therapeutic alternatives
  - Measure submitted to the National Quality Forum (NQF)
    - Antipsychotic use in children under 5 years old.
    - 3 year review of adherence measures
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## 2014 PQA Work

### Task Forces and Panels

- Quality Metrics Expert Panel (QMEP)
- Measure Update Panel
- Measures for ACOs/Advanced Payment Models Task Force
- Specialty Pharmacy Measures Task Force

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## 2014 PQA Work

### Workgroups

- Adherence
  - Medication synchronization measure
- Long-term Care
  - Measures related to recommendation by the consultant RPH
- Medication Management for integrated care teams
  - Hypertension measure set
- Medication Use Safety
  - Severe hypoglycemic events, opioid utilization
- Mental Health
  - Use of multiple antipsychotic medications
- MTM Part D
  - CMS CMR action plan, SNOWMED codes

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## Example of a Measure concept

### Adherence to Non-Warfarin Oral Anticoagulants

**Description**  
The percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement period for Non-warfarin oral anticoagulants.

**Definitions**  
Non-warfarin anticoagulant medications: Dabigatran, rivaroxaban, apixaban\*  
\*not to be included unless approved by PPA

**Rationale**  
Adherence to all anticoagulants is important to ensure optimal patient outcomes. Warfarin was not included in this adherence measure due to frequent dosing adjustments to therapy, which makes an accurate evaluation of adherence based on prescription claims infeasible. Adherence to non-warfarin oral anticoagulants may be more critical to monitor, since there isn't a surrogate lab value such as INR.

**Eligible Population**  
Ages: 18 years and older

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## Measure continued

**Administrative Specification**

**Data Source:** Prescription Claims Data

**Denominator:** Patients who filled at least two prescriptions for a non-warfarin oral anticoagulant (see medications under Definitions section) on two unique dates of service at least 6 months apart during the measurement period AND who received greater than 60 days supply of these medications during the measurement period.

**Numerator:**  
The number of patients who met the PDC threshold during the measurement period

**Exclusions:**  
Patients with one or more fills for warfarin, low molecular weight heparin (LMWH) or heparin during the measurement period

**References**

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## ASHP Pharmacy-Sensitive Accountability Measures Workgroup

Institutional	Ambulatory
<ul style="list-style-type: none"> <li>• VTE: prophylaxis, therapy and education</li> <li>• Glycemic control: hypoglycemia</li> <li>• Ab utilization: surgery and CAP</li> <li>• Pain Management: Naloxone reversal, high risk opioids</li> </ul>	<ul style="list-style-type: none"> <li>• Ab utilization: TTR, management, PRN</li> <li>• Glycemic control: HgA1c process and outcome</li> <li>• Ab utilization: Ab for bronchitis</li> <li>• Pain Management: high dose APAP, PRN long-acting opioids</li> </ul>

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## Health Care is A Team Sport



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### National Quality Strategy

Priority	Measure Focus	Measure Name/Description	Baseline Rate	Most Recent Rate	Aspirational Target
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease	Aspirin Use	Outpatient visits at which adults with cardiovascular disease are prescribed/aspirin on aspirin	47%	53%	Increase to 65% by 2017
	Blood Pressure Control	Adults with hypertension who have adequately controlled blood pressure	46%	53%	Increase to 65% by 2017
	Cholesterol Management	Adults with high cholesterol who have adequate control	33%	32%	Increase to 65% by 2017
	Smoking Cessation	Outpatient visits at which current tobacco users received tobacco cessation counseling or cessation medication	23%	22%	Increase to 65% by 2017
5. Working with communities to promote best practices for healthy living	Depression	Percentage of adults who reported symptoms of a major depressive episode in the last 12 months who received treatment for depression in the last 12 months	68.2%	68.1% for 2011	Increase to 78.2% by 2016
	Obesity	Prevalence of adults who are obese	35.7%	Update available in 2014	Reduce to 30.6% by 2020

2013 Annual Progress Report to Congress: National Strategy for Quality Improvement in Health Care <http://www.aHRQ.gov/workingforquality/nqs2013annual.htm>

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<http://www.qualitymeasures.aHRQ.gov/browse/by-topic.aspx>

The screenshot shows the AHRQ National Quality Measures Clearinghouse interface. It features a search bar and a navigation menu. The main content area displays a hierarchical tree of measures organized by topic, such as 'Diseases/Conditions', 'Treatment/Interventions', and 'Health Services/Activities'. A red arrow points to the 'Diseases/Conditions' section, and another red arrow points to the 'Obesity' measure under the 'Diseases/Conditions' section.

The screenshot shows the AHRQ National Quality Measures Clearinghouse search results page. The search query is 'pharmacist and heart failure'. The results list several measures related to heart failure management, including aspirin use, blood pressure control, cholesterol management, and smoking cessation. A red arrow points to the search bar, and another red arrow points to the search results.

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

The screenshot shows the CMS.gov website page for the Physician Quality Reporting System (PQRS). It provides information about the program, including how to report quality data and the benefits of participating. A red arrow points to the 'Physician Quality Reporting System' section, and another red arrow points to the 'How to Report' section.

### PQRS example measures

NQF #	PQRS #	National Quality Strategy Domain	Measure Description	Measure Developer	Reporting Options
009	1 (PQRS) (IA7)	Clinical Process/Effectiveness	Diabetes Mellitus: Hemoglobin A1c Control: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%	NQDA	Claims, Registry, EHR, GP2RADOP, DM Measures Group (CR)
004	2	Clinical Process/Effectiveness	Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (see box 100 mg/dL)	NQDA	Claims, Registry, EHR, DM Measures Group (CR), Cardiovascular Preventive Measures Group (CR)
001	3	Clinical Process/Effectiveness	Diabetes Mellitus: High Blood Pressure Control: Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/90 mmHg)	NQDA	Claims, Registry, EHR, DM Measures Group (CR)
001	6	Clinical Process/Effectiveness	Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD): Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) <40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when sick in the outpatient setting OR at each hospital discharge	AMA, PCPIACOT, AIA	Registry, EHR, HF Measures Group (R)

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>

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The screenshot shows the HRSA website page for the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC). It provides information about the collaborative, including its mission and the services it offers. A red arrow points to the 'Patient Safety and Clinical Pharmacy Services Collaborative' section, and another red arrow points to the 'About PSPC 5.0' section.



## PCPS Sample Results

	Measures for Signaling Improvement		
	Health Status Condition	Marker For Improvement	Time To See Improvement
Health Outcome Signal	Anticoagulation	INR in Range	1-2 wk
	Diabetes	A1c < 7%; A1c < 9%	3 mo.
	Dyslipidemia	LDL at goal	3 mo.
	Hypertension	BP < 140/90 mm Hg DM: BP < 130/80 mm Hg	3 mo.
	Depression	Status (accepted scale)	6 mo.
Clinical Process Signal	Asthma	On Controller Therapy	1-2 wks
	HIV/AIDS	On HAART	1-2 wks

<http://pspcnationalperformancereport.files.wordpress.com/2012/03/pspc-national-performance-report-2011.pdf>  
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## NCQA PCMH Recognition

<http://www.ncqa.org/Programs/Recognition/PatientCenteredMedicalHomePCMH.aspx>

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### NCQA 2011 Measures

Domain	Element
Enhance Access and Continuity	<ul style="list-style-type: none"> <li>Access during office hours</li> <li>Continuity</li> </ul>
Identify and Manage Populations	<ul style="list-style-type: none"> <li>Use data for population management</li> </ul>
Plan and Manage Care Management	<ul style="list-style-type: none"> <li>Care management</li> <li>Identify high risk patients, Medication management</li> </ul>
Provide Self-Care Support and Community Resources	<ul style="list-style-type: none"> <li>Support self care process</li> </ul>
Track and Coordinate Care	<ul style="list-style-type: none"> <li>Referral tracking and follow up</li> <li>Coordinate with facilities and care transitions</li> </ul>
Measure and Improve performance	<ul style="list-style-type: none"> <li>Implement continuous quality improvement</li> <li>Demonstrate continuous quality improvement</li> <li>Measure patient/family experience</li> <li>Measure performance</li> </ul>

[http://www.lafp.org/connect2014/images/content/NCQA/NCQA\\_Standards/2\\_NCOA\\_PCMH\\_2011\\_Standards\\_11.21.2011.pdf](http://www.lafp.org/connect2014/images/content/NCQA/NCQA_Standards/2_NCOA_PCMH_2011_Standards_11.21.2011.pdf)

<http://usnik.aahr.gov/MeaningfulUseMeasures>

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### Meaningful Use Measures: CQMs for EPs

CMS Measure ID	ICD-9	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Source	Domain
CMS14v1	0001	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Dysfunction (LVD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular dysfunction (LVD) who were prescribed ACE inhibitor or ARB therapy either within a 12-month period when seen in the outpatient setting or at each hospital discharge	Patients who were prescribed ACE inhibitor or ARB therapy either within a 12-month period when seen in the outpatient setting or at hospital discharge	All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%	American Medical Association, National Physician Consortium for Performance Improvement (AMA/NCPFI)	Clinical Process Effectiveness
CMS14v1	0003	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Dysfunction (LVD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular dysfunction (LVD) who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting or at each hospital discharge	Patients who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting or at hospital discharge	All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%	American Medical Association, National Physician Consortium for Performance Improvement (AMA/NCPFI)	Clinical Process Effectiveness

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>  
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**Medicare Shared Savings Program**  
**ACO – 33 Quality Measures**

- Patient Satisfaction - 7 measures CAHPS
  - Education
- Care Coordination and Patient Safety - 6 measures
  - Hospital readmissions for COPD, HF and all conditions
  - Med reconciliation
- Preventive Health – 8 measures
  - Pneumococcal and Influenza vaccination
  - Obesity, Smoking
  - Depression, BP
- At Risk Populations – 12 measures
  - DM: HgA1c, LDL, BP, ASA, smoking
  - HTN: BP
  - Ischemic Vascular Dx: LDL, ASA or anti-thrombotic
  - HF: beta-blocker
  - CAD: LDL, ACE/ARB

<http://www.scribd.com/doc/151412882/2013-ACO-Quality-Measures>

**Whose expectations do you meet?**

The pharmacist listened to me

The medication was titrated correctly

Patient has improved adherence

90% visit slots filled

High generic utilization

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**Not easy!**

“Measure tsunami”	Lack of alignment or harmonization	Poor IT utilization
Scientific merit or the strength of accuracy, reliability and validity	Different focus between clinicians, payers, patients	Lack of consensus –core measure sets?
Inconsistent data sources and specifications	Data transfer issues of privacy and ability to merge	

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**Measure Commandments**

- Measures must be meaningful
- Measures must be feasible
- Measures must be actionable

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**Choosing Measures: balanced scorecard**

**BALANCED SCORECARD**

**Financial**  
 Clinic growth –patient referrals  
 Return on Investment  
 Cost avoidance or savings  
 Value/cost ratio  
 Funding/billing

**Patients**  
 Clinical outcomes  
 Satisfaction  
 Care experiences

**Mission Vision Values**

**Structure**  
 Trained staff  
 Technological tools  
 Communication systems  
 Workload  
 Employee satisfaction/retention

**Processes**  
 Error rate  
 Documentation  
 Care processes/task performance  
 Timeliness

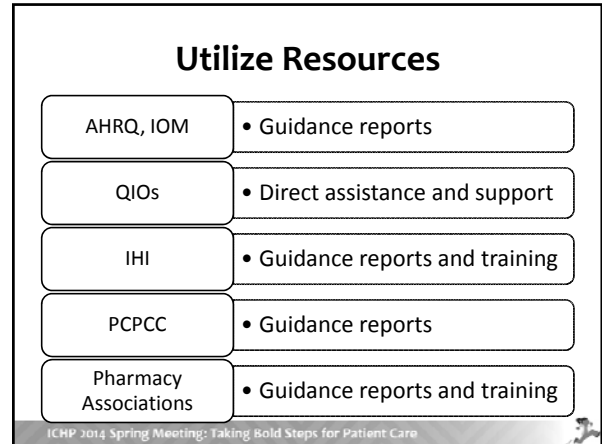
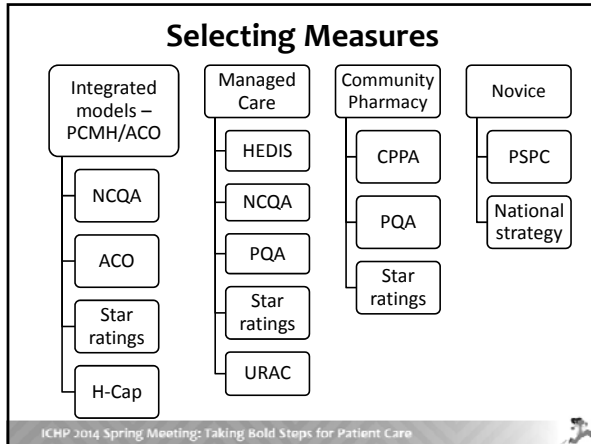
Adapted from Kaplan RS, Norton DP. *Balanced Scorecard: Translating Strategy into Action*. Boston, MA: Harvard Business School Press, 1996.

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**Selecting Measures**

General NQMC – 8000 measures NQF National Priority Measures	Hospital based ambulatory clinic Readmissions JC Meaningful use HCAP PQRS	Clinic with Fee for Service based payment PQRS Meaningful use HEDIS 5 star ratings
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### Tips for Successful Measure Collection

#### Availability of data

- Does it fit well into your process
- Will it disrupt care
- Use a % of the population
- Electronic versus manual if possible
- Use the least amount of resources and time

#### Accuracy of data

- Confidence in accuracy

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### Tips for Successful Measure Collection

#### Affordability

- Can you afford to collect this data

#### Actionable

- Can you interpret what you collect?
- Can you control or influence change based on what you collect?
- Do norms and benchmarks exist?

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### Integration Process

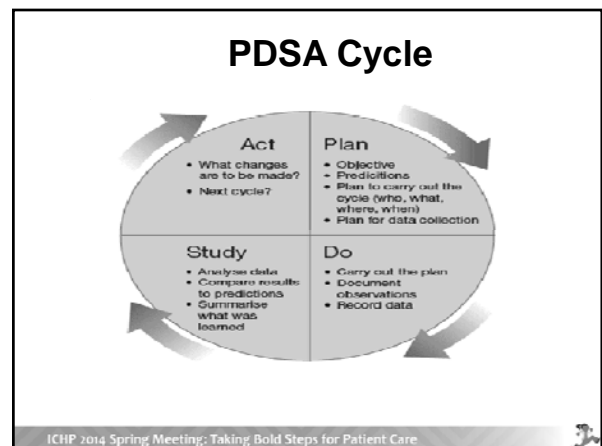
#### Lean

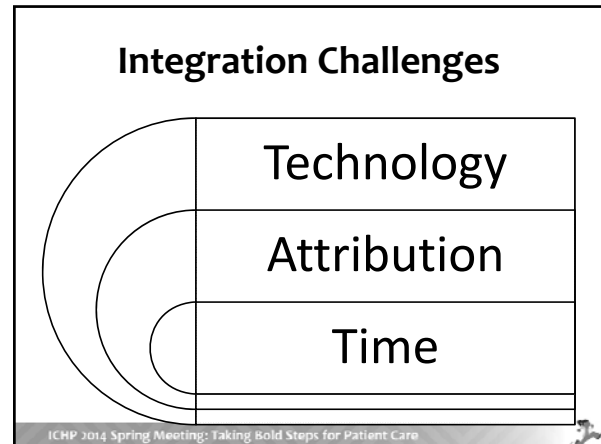
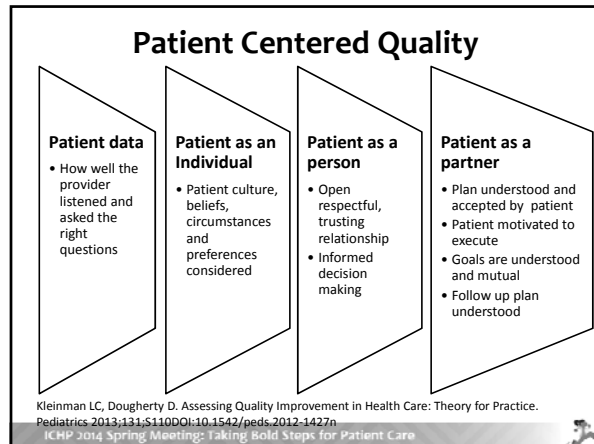
- Start with patient outcomes as a goal
- Focuses on processes to eliminate waste, non-value added activities
- Develop best sequence of services for efficiency and quality
- Structure and process measurement are the core

#### Six-sigma

- focused on reducing variation and defects within processes
- Series of steps
  - Identify and define what needs to be improved
  - Measure by collecting data
  - Analyze the results
  - Create solutions to improve
  - Control the process with policies, guidelines and strategies

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The quality of your work, in the long run, is the deciding factor on how much your services are valued by the world.

Orison Swett Marden  
 (1850 - 1924) was an American inspirational author who wrote on success in life and how to achieve it

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### Active Learning (10 minutes)

- Using the balanced score card:
  - Structure
  - Process
  - Patient Outcomes
  - Financial Outcomes
- Using measurement commandments
  - Meaningful
  - Feasible
  - Actionable
- Using your specific setting
- Find the an optimal measure from the sources provided.

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