AMCP | Academy of Managed Care Pharmacy®

May 3, 2017

Woody Eisenberg, MD, FACP
Senior Vice President, Performance Measurement and Strategic Alliances
Pharmacy Quality Alliance
5911 Kingstowne Village Parkway, Suite 130
Alexandria, VA 22315

Re: Endorsement Consideration by PQA Members of Three New Performance Measures

Dear Dr. Eisenberg;

The Academy of Managed Care Pharmacy (AMCP) thanks the Pharmacy Quality Alliance (PQA) for the opportunity to provide comments in response to the memo titled *Endorsement Consideration by PQA Members of Three New Performance Measures*.

AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes and ensuring the wise use of health care dollars. Through evidence- and value-based strategies and practices, the Academy's 8,000 pharmacists, physicians, nurses and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models and government.

As the United States' health care system begins the evolution from quantity and process-orientated payments to payment policies focused on rewarding higher quality and improved patient outcomes, AMCP urges PQA to support the shift towards outcomes-based measurements. Currently, most measurements used to assess quality are process measurements, which according to the Agency for Healthcare Research and Quality "indicate what a health care provider does to maintain or improve health and typically reflect generally accepted recommendations for clinical practice."[1] To align with the shift towards payment for value, however, measurements used to assess quality will need to shift to outcomes measurements which reflect the impact of the health care service or intervention on the health status of patients.

[1] Agency for Health Care Research and Quality: Types of Quality Measures. https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/types.html. Accessed May 2, 2017.

To move toward outcomes-based measurements, AMCP urges PQA to:

- Consider how data interoperability can aid in the shift towards outcomes-based measures. While the adoption of SNOMED CT codes may be the gold standard for documenting diagnoses, interventions, and other clinical information to provide the data needed to study and demonstrate value, broad adoption and implementation of SNOMED CT codes is not a reality at this time. While AMCP appreciates the work of PQA to begin developing measures using SNOMED CT codes, AMCP recognizes that implementation of these measures may be several years away. In the interim, however, there are opportunities for PQA to drive clinical integration in programs and begin the shift towards outcomes-based measures. For example, if a patient is adherent on their diabetes medications based upon one measure, the patient should theoretically have an at-goal A1C level based upon another measure. If the patient is adherent to their medications but does not have an at-goal A1C, there is opportunity to determine the causation such as perhaps the patient is adherent to the wrong medication regimen or the medication regimen was never optimized (i.e. appropriate titrated dosing) to achieve an at-goal A1C. Therefore, PQA has an opportunity to evaluate how current measurements can be integrated to begin to evaluate the impact of the health care service or intervention on the health status of patients.

- Consider the cost-effectiveness associated with new or revised measures before endorsement. AMCP believes measures should be utilized to demonstrate an improvement in patient outcomes and an overall reduction in health care costs to measure all three sectors of the "Triple Aim." Therefore, AMCP urges PQA to ensure new or revised measures meet these goals and are assessed for cost-effectiveness prior to endorsement.

- Work with other measure developers and quality organizations to evaluate currently endorsed measures for duplication and remove any overlapping measures. In addition, evaluate measures that are currently in the development process for duplication and that may compete with existent measures. AMCP believes measures should align and avoid duplication to minimize confusion and disruption for plans, providers, and patients.

AMCP offers the following comments on the three measures under consideration for endorsement:

Treatment of Chronic Hepatitis C: Completion of Therapy - *The percentage of patients 18 years and older who initiated antiviral therapy during the measurement year for treatment of chronic Hepatitis C, and who completed the minimum intended duration of therapy with no significant gap(s) in therapy.*

AMCP Comments:

- AMCP is concerned that this measure is a process-based measure focused on claims data versus an outcomes-based measure focused on a sustained virologic response (SVR). As proposed, the measure utilizes pharmacy claims data to determine whether a patient successfully completed treatment for Hepatitis C Virus (HCV) infection to determine success. Unfortunately, a patient's

refill history is insufficient to determine successful treatment for HCV as a patient may have refilled a medication but failed to take it as prescribed, thereby resulting in a treatment failure. Unlike other adherence measures where there are surrogate markers only, such as A1C or blood pressure, SVR for HCV is the marker utilized to determine successful treatment and cure of the disease. Furthermore, due to the cost impact of these medications, AMCP encourages the effective use of the medications to cure disease based upon SVR and does not promote continual refilling of the medications to meet a measure absent positive patient outcomes. Therefore, AMCP strongly encourages PQA to reconsider this measure and to develop an outcomes-based measure that utilizes SVR as the marker for successful completion of HCV therapy.

Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults - *This measure evaluates the percentage of older adults with concurrent use of 3 or more unique central nervous system (CNS)-active medications.*

AMCP Comments:

- AMCP is concerned that this measure does not align with the sentiment of the Centers of Medicare and Medicaid Services (CMS) in the 2017 Final Call Letter where CMS recognized that the American Geriatrics Society Beers Criteria should not be applied in a punitive manner and is not a contraindication to use, but rather an encouragement to avoid use without first considering the clinical risks and benefits to the individual patient. AMCP is concerned that this measure does not take into consideration that in certain situations, the benefit of using multiple CNS-active medications in older adults outweighs the clinical risk. In addition, AMCP is concerned that this measure seems duplicative with the High Risk Medication (HRM) measure and may result in confusion and disruption for plans, providers, and patients. Therefore, AMCP encourages PQA to reconsider this measure to account for situations where the benefit to the patient outweighs the risk and to streamline the measure with the existing HRM measure.

Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults - *This measure evaluates the percentage of older adults with concurrent use of 2 or more unique anticholinergic medications.*

AMCP Comments:

- AMCP is concerned that this measure does not align with the sentiment of the Centers of Medicare and Medicaid Services (CMS) in the 2017 Final Call Letter where CMS recognized that the American Geriatrics Society Beers Criteria should not be applied in a punitive manner and is not a contraindication to use, but rather an encouragement to avoid use without first considering the clinical risks and benefits to the individual patient. AMCP is concerned that this measure does not take into consideration that in certain situations, such as patients with Parkinson's disease, the benefit of using multiple anticholinergic medications in older adults outweighs the clinical risk. In addition, AMCP is concerned that this measure seems duplicative with the High Risk Medication (HRM) measure and may result in confusion and disruption for plans, providers, and patients.

Therefore, AMCP encourages PQA to reconsider this measure to account for situations where the benefit to the patient outweighs the risk and to streamline the measure with the existing HRM measure.

Thank you for the opportunity to provide feedback and for your consideration of our comments. AMCP looks forward to continuing work on these measures with PQA. If you have any questions regarding AMCP's comments or would like further information, please contact me at 703-683-8416 or scantrell@amcp.org.

Sincerely,

Susan A. Cantrell. RPh, CAE
Chief Executive Officer