Paving the way for high-quality health care

PQA charts an ambitious course for 2008

Interested in knowing how your pharmacy stacks up against others in your community in quality of asthma services provided? Sometime in the not-too-distant future, you will be able to log on to a Web site created by PQA (a pharmacy quality alliance), enter your ZIP Code, select “asthma services” from the drop-down menu, and, in no time flat, you’ll know which pharmacy tops the list.

Although the actual launch of such a Web site is still in the planning phase, PQA, in its brief 20-month history, has made considerable progress toward achieving one of its key objectives: providing patients, pharmacists, employers, health insurance plans, and other health care decision makers with the information required to make informed choices. “Here’s a huge opportunity for pharmacy to talk about quality—quality of care,” said Julie Kuhle, BPharm, of the Iowa Foundation for Medical Care. Kuhle’s excitement was shared by many of the approximately 140 other attendees of the November 30 meeting in Washington, D.C.—excitement regarding a paradigm shift that places quality of pharmacist-provided patient care services, not merely cost and convenience, at the forefront of consumers’ minds.

Ambitious plans for 2008

Laura Cranston, BPharm, Director of PQA, prioritized PQA’s ambitious plan of action for 2008 as follows.

(1) Continue to move PQA’s approved quality measures for pharmacy services forward for eventual introduction into the marketplace. Over the past year, 37 proposed quality measures were tested by the National Committee for Quality Assurance (NCQA), and the 14 measures that passed the technical specification and field-testing phases were presented at the meeting (for more information, see www.pharmacist.com/NQFmeasures). Examples of the approved measures include adherence, medication duplication, and high-risk medications in the elderly. Within the next 45 days, the 14 measures discussed at the meeting will be forwarded to the National Quality Forum (NQF) for endorsement. NQF is a private, nonprofit organization that promotes standardization of quality measures and makes comparable data available at a national level. In the PQA-conducted field tests, both pharmacies and drug plans showed enough variation and potential for improvement (e.g., opportunity to improve adherence) that the 14 measures could move forward for endorsement by NQF.

(2) Within the first quarter of 2008, finalize a consumer satisfaction survey for pharmacist/pharmacy services that can be used by pharmacies, drug plans, or employers. The PQA-developed consumer satisfaction survey is undergoing the rigorous process needed to become a survey within the family of assessment tools known as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) instruments. Steven Garfinkel, PhD, of the American Institutes for Research, explained that CAHPS, a program of the Agency for Healthcare Research and Quality (AHRQ), is “arguably the most widely used method to assess quality of care from the patient’s perspective” and that CAHPS surveys are recognized as industry standards. In addition to assessing patient-centered care, CAHPS results facilitate consumer choice and, ultimately, improve quality of care. CAHPS surveys promote standardization because users can access the instrument and other related components online and have access to AHRQ-funded technical support. CAHPS surveys are currently available to assess health care provider and facility services such as physicians, dentists, home health, hospitals, and nursing homes.

(3) Refine the concepts needed for conducting demonstration projects and begin the process of rolling out the projects on a limited basis.

(4) Develop educational programs and the speakers for the programs, in order to disseminate PQA’s message effectively, with particular focus on identifying potential sites for demonstration projects and educating the projects’ caretakers.

(5) Restart the quality metrics effort, define the new cluster groups for 2008, appoint individuals to serve in these various cluster groups, and use input from NCQA and Advanced Pharmacy Concepts (APC) to efficiently develop a second set of measures. Donna Dugan, MS, of NCQA indicated that pilot test results showed promise regarding the readiness of some (e.g., high-risk medication use in the elderly, suboptimal treatment of hypertension in patients with diabetes) but not other (e.g., drug-drug interactions, potentially contraindicated calcium channel blockers in heart failure patients) quality measures. Dugan also indicated that another potential next step is for PQA to consider submitting a subset of measures for inclusion in NCQA’s Healthcare Effectiveness Data
and Information Set (HEDIS), although she said NCQA is “just on the brink of going through our internal committees with the results of the field tests, to make decisions on whether any of the measures make sense on the health plan level.”

(6) Continue to develop the template for the above-mentioned pharmacy quality Web site.

**Medicare Part D update: Additional details**

CMS hosted a Pharmacy Open Door Forum in December focused on Medicare Part D preparations of keen interest to pharmacists in 2008. Much of the information presented at the forum was covered in the December issue of *Pharmacy Today* (page 55). Additional relevant details mentioned during the forum are as follows.

- As of December, nearly 25 million beneficiaries were enrolled in a Part D plan.
- CMS surveys indicate that about 8 of 10 seniors remain satisfied with their coverage.
- In 2008, formularies, on average, will cover 2% more distinct drug entities than they did in 2007.
- More than 90% of beneficiaries in a prescription drug plan (PDP) will have access to at least one plan in 2008 with premiums lower than their 2007 PDP.
- As of December 31, 2007, the transition phase of Part D vaccine administration cost being covered under Medicare Part B ended. Vaccines covered under Part B—influenza, pneumococcal, and hepatitis B for intermediate- and high-risk beneficiaries—and their associated administration will continue to be covered under Part B in 2008. As of January 1, Part D vaccines and their associated administration fees are covered under Part D. For Part D pharmacies (both in network and out of network) that dispense and administer vaccines, vaccine ingredients and administration fees should be billed under a single claim. Pharmacists should contact their vendor or the National Council for Prescription Drug Programs (NCPDP) for guidance on billing of single claims. A more detailed Medicare Learning Network article on 2008 vaccine administration and claims processing is available at www.cms.hhs.gov/ContractorLearningResources/downloads/JA0727.pdf.
- CMS enacted measures to ensure that systems have timely, accurate, and complete Part D enrollment information in 2008. Early processing dates were scheduled for all reassignees and plans were required to submit all billing information for new enrollees into the plans in initial enrollment transactions to CMS. This requirement is expected to result in considerably fewer E1 query responses that do not include accurate enrollment information at the point of sale (POS). CMS believes these enhancements, coupled with the accelerated processing schedules, should result in 2008 information for most reassigned beneficiaries being available in the enhanced E1. (Note: Only pharmacists with the enhanced E1 can query for future enrollment; pharmacists with the original E1 can only query for current-month enrollment.) CMS encourages pharmacists to run an E1 query in January to ensure that dual eligibles or otherwise reassigned individuals have not changed plans subsequent to their reassignment. This will ensure that enrollment information is correct at POS.
- The toll-free 24/7 pharmacy line remains the same: 866-835-7595. Pharmacists can call this number to find out the name of the plan in which a beneficiary is enrolled, check for Medicare eligibility, obtain limited-income subsidy (LIS) status information, and get assistance on the POS process.
- CMS’s goal is to make POS unnecessary but, while it is being phased out, CMS is attempting to make the POS process as easy as possible for beneficiaries and pharmacists. The agency renewed its contract with WellPoint to conduct POS operations in 2008. The payer sheet, therefore, will not change.
- For all individuals who qualify for LIS, Part D plans are required to accept and use best available evidence to document beneficiaries’ LIS status and to change the beneficiaries’ cost-sharing level in the sponsor system.
- Visit www.cms.hhs.gov/Pharmacy/ for more information.

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**Bringing MTM into the fold**

In providing CMS’s perspective on the use of PQA’s starter set of measures for comparing Medicare Part D plans, Jeffrey Kelman, MD, said, “We strongly favor quality assessment, quality feedback, quality transparency, and value-based purchasing. We’re interested in expanding the quality measures of Part D plans on an aggressive basis.” Kelman also indicated that CMS is interested in “continuing the conversation” regarding medication therapy management (MTM), a point of considerable interest to Anne Burns, BPharm, APhA Vice President of Professional Affairs, who commended CMS on this stance and highlighted the challenges that PQA has faced in determining the data sources needed to develop quality measures for MTM services.

“Right now, the services are not really being reflected in pharmacy claims data and they’re being collected from plans, in our understanding, in a variety of different ways,” said Burns. She asked Kelman whether CMS was analyzing how the data for MTM services are being collected at the plan level over and above those measures that are reported to CMS on beneficiary enrollment, cost of drugs, etc.

“We’re still working out the best approach to MTM,” said Kelman. Kelman indicated that CMS will eventually be able to construct a tool that will capture the information needed to create a measure centered on quality of MTM services.

**Necessary for health care’s progress**

Former FDA Commissioner and CMS Administrator Mark McClellan, MD, PhD, now affiliated with the Brookings Institution, emphasized the critical importance of effective medication management to a high-value health care system in his lively keynote address. McClellan, whom Cranston cited as instrumental in PQA’s launch, told the PQA members, “You have the opportunity in 2008, as you move forward with these measures, to really educate the public about what we need to get high-quality, affordable health care for all Americans, and we’re not going to get there unless outfits like yours succeed.”

—Joe Sheffer