The Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009 established the Pediatric Quality Measure Program that develops quality measures for use in public and private programs. The Affordable Care Act (ACA) created the National Quality Strategy further increasing quality improvement efforts in Medicare and Medicaid. The ACA also amended the quality improvement portion of CHIPRA to include a requirement for the development and use of adult quality measures in Medicaid programs. The Centers for Medicare and Medicaid Services (CMS) has developed and maintains adult and child core measurement sets for voluntary reporting by state Medicaid programs. At this time, only a few pharmacy related quality measures are included in the core sets. However, several additional pharmacy related measures have been recommended for future inclusion. Recent CMS notices to Medicaid directors have indicated that drug utilization review (DUR) programs will be expected to take more active roles in future quality improvement initiatives.

### BACKGROUND

The NCQA-HEDIS program includes additional pharmacy related measures used to evaluate Medicare Advantage Programs. As state Medicaid programs become increasingly responsible for accountability of their managed care programs, monitoring of these measures will become increasingly important.

### OBJECTIVES

One major objective of the Mississippi Evidence-Based Drug Utilization Review Program (MS-DUR) during the last few years has been the focus on quality improvement. Systematic measurement of performance of the state Medicaid program (fee-for-service and managed care) on various pharmacy quality measures has been reviewed. When warranted, prospective clinical edits and educational interventions designed to improved performance on quality measures have been implemented.

### METHODS AND RESULTS

MS-DUR has evaluated Mississippi Medicaid performance on several quality measures and the following actions have been taken to improve performance.

**PQA - Percentage of Children Under Five Taking Antipsychotics**
- Mississippi Medicaid performance was slightly higher than the national average for Medicaid programs.
- Review and update of age edits performed.

**HEDIS – Percentage of Children Taking Antipsychotics Having Metabolic Monitoring**
- Mississippi performance was just above the 25th percentile on this measure.
- Educational intervention conducted over 9 month period of time.
- Further actions being considered for improvement on this measure.

**CMS/HEDIS – Percentage of Children Starting ADHD Medication Receiving Follow-up Care During the Initiation Phase**
- Mississippi Medicaid performance was 59% compared to the national average of 46% reported by CMS for states reporting in 2014.
- Educational intervention conducted over 9 month period of time.

**PQA/CMS/HEDIS – Percentage of Children Concurrently Taking Multiple (3+/2+) Antipsychotics**
- The state was higher than average on this measure compared to somewhat similar measures that had benchmark data.
- electronically PA criteria implemented to force manual PA review when a third antipsychotic is initiated. Time to account for dose titration is addressed.
- Manual PA criteria developed assuring dose titration adjustments to transition to fewer antipsychotics and metabolic monitoring.

**PQA – Percentage of Beneficiaries Without Cancer Using Opioids at High Morphine Equivalent Daily Dosages (MEDD) and From Multiple Providers**
- State performance on measures was assessed but comparable benchmark data are not available.
- Quarterly reports are being generated on the combined measure for program integrity to evaluate for potential lock-in program.

Mississippi Medicaid’s DUR Board has been very receptive to the emphasis on quality measures in the retrospective DUR program. The DUR Board has supported recommendations for clinical edits and educational interventions aimed at quality improvement. As the metabolic monitoring educational intervention evaluation showed only a slight increase in overall performance on this measure, further action is needed. Currently the option of requiring a manual PA for all antipsychotics prescribed for children is being explored as a means of achieving greater improvement on the metabolic monitoring and other quality measures related to antipsychotics.

### CONCLUSIONS

Pharmacy quality measures can be used in retrospective DUR as an effective method of identifying prospective and retrospective DUR actions necessary to help improve quality of care in a state Medicaid program.

**ACKNOWLEDGMENTS/DISCLOSURES**

The work reported was conducted by the MS-DUR program in the Center for Pharmaceutical Marketing and Management at the University of Mississippi. The views expressed are those of the authors and do not necessarily reflect those of the Mississippi Division of Medicaid or the University of Mississippi.

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