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CATEGORY: PRACTICE POSTER

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USING PHARMACY QUALITY MEASURES IN MEDICAID DUR PROGRAMS

Background: The Affordable Care Act created the National Quality Strategy and increased quality improvement efforts in Medicare and Medicaid. CMS maintains adult and child core measurement sets for voluntary reporting by state programs. At this time, only a few pharmacy related quality measures are included in the core sets; however, the Pharmacy Quality Alliance (PQA) and other organizations have developed additional measures that are appropriate for Medicaid programs. Recent CMS notices indicate that DUR programs will be expected to take more active roles in quality improvement in the future.

Objectives: A major objective of the MS-DUR during the last few years has been to systematically measure performance on pharmacy quality measures and when warranted, to implement prospective clinical edits and educational interventions to improve performance on these measures.

Practice Description: MS-DUR has evaluated performance on a variety of quality measures and has taken four measures to the DUR Board for review and approval of recommendations for actions: PQA - percentage of children under five taking antipsychotics; HEDIS – percentage of children taking antipsychotics having metabolic monitoring; PQA/HEDIS – percentage of children concurrently taking multiple (3+/2+) antipsychotics; and HEDIS/Medicaid Child Core Set – percentage of children starting ADHD medication receiving follow-up care during the initiation phase.

Outcomes: The DUR Board’s recommended actions have included review/update of antipsychotic prior authorization (PA) age criteria, implementation of a new PA criteria for use of a third antipsychotic medication, and educational interventions related to metabolic monitoring and follow-up care when initiating stimulants. Educational intervention programs are being evaluated and changes in performance measures will be reviewed at the next DUR Board meeting.

Conclusions: Pharmacy quality measures can be used in retrospective DUR as an effective method of identifying prospective and retrospective DUR actions to help improve the quality of care in Medicaid programs.