

## BACKGROUND

The Children's Health Insurance Program Reauthorization Act (CHIRPA) of 2009 established the Pediatric Quality Measure Program that develops quality measures for use in public and private programs. The Affordable Care Act (ACA) of 2010 created the National Quality Strategy further increasing quality improvement efforts in Medicare and Medicaid. The ACA also amended the quality improvement portion of CHIRPA 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<sup>1,2</sup> 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..

2016 Pharmacy Related Measures in the Child Core Set for Medicaid and CHIP		
NQF #	Measure Steward	Measure Name
<b>Behavioral Health</b>		
0108	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)
NA	AHRQ-CMS CHIPRA NCINQ	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)
<b>Care of Acute and Chronic Conditions</b>		
1799	NCQA	Medication Management for People with Asthma (MMA)

2016 Pharmacy Related Measures in the Adult Core Set for Medicaid		
NQF #	Measure Steward	Measure Name
<b>Behavioral Health and Substance Use</b>		
0105	NCQA	Antidepressant Medication Management (AMM)
NA	NCQA	Adherence to Antipsychotics for Individuals with Schizophrenia (SAA)
NA	PQA	Use of Opioids from Multiple Providers at High Dosage in Persons Without Cancer: Opioid High Dosage (OHD)
<b>Care of Acute and Chronic Conditions</b>		
2371	NCQA	Annual Monitoring for Patients on Persistent Medications (MPM)

AHRQ = Agency for Healthcare Research and Quality; CHIPRA = Children's Health Insurance Program Reauthorization Act; CMS = Centers for Medicare & Medicaid Services; NA = Measure is not NQF endorsed; NCINQ = National Collaborative for Innovation in Quality Measurement; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum

1. <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/adult-health-care-quality-measures.html>

2. <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/chipra-initial-core-set-of-childrens-health-care-quality-measures.html>

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 .

2016 New HEDIS Measures	
NCQA-HEDIS	Metabolic Monitoring for Children and Adolescents Newly on Antipsychotics
NCQA-HEDIS	Metabolic Monitoring for Children and Adolescents on Antipsychotics
NCQA-HEDIS	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics:

<http://www.ncqa.org/Portals/0/HomePage/Antipsychotics.pdf>

## 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 25<sup>th</sup> 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 or 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.
- Electronic 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.
- Educational interventions are being initiated addressing high MEDD and use of multiple providers.
- 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 as part of the retrospective drug use analysis activities conducted under contract with the Mississippi Division of Medicaid. 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.

