



Call for Abstracts
Submission Deadline: Monday, January 4th, 2016 at 5:00pm (EST)

A. Main Author Information * required

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C. Abstract Information * required

1. **Category (select one): Completed Project**
2. **Has this abstract been presented at another meeting: No**

Abstract must not exceed 300 words (including purpose/objectives, methods, results/outcomes, Implications for pharmacy practice and/or health care)

Title: Using Pharmacy Quality Measures in Medicaid Drug Utilization Review Programs

Purpose/Objectives: The Affordable Care Act created the National Quality Strategy and increased quality improvement efforts in Medicare and Medicaid. The Centers for Medicare and Medicaid Services (CMS) maintains adult and child core measurement sets for voluntary reporting by state programs. Only a few pharmacy related measures are included in the core sets. The Pharmacy Quality Alliance (PQA) and other organizations have proposed and/or developed additional measures that are appropriate for Medicaid programs. Recent CMS notices indicate that drug utilization review (DUR) programs will be expected to take more active roles in quality improvement in the future. A major objective of the Mississippi Medicaid DUR (MS-DUR) during the last few years has been to use pharmacy quality measures to guide quality improvement in both fee-for-service and managed care.

Methods: 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.

Results: The DUR Board's recommended actions have included review/update of antipsychotic prior authorization (PA) age criteria, implementation of a new prospective 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, results will be reviewed with the Board, and additional quality improvement actions will be taken if appropriate.

Implications for pharmacy practice and/or health care: 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.

Submit completed form to Hannah Fish, academics@pqaalliance.org