

Medication Measures Project

Background

Medication use is increasing rapidly in the United States, with total spending estimated at \$234.1 billion in 2008 and predicted to increase to \$457.8 billion annually by 2019.¹ In the Medicare population, prescription medication use is common, with approximately 92% of Medicare Part D enrollees filling at least one prescription.² In addition to increased cost, there are clearly identified quality gaps with the use of medications. The cost of treating morbidity related to misuse and underuse of medications (including poor medication adherence) is estimated at \$290 billion per year in the United States.³ Quality measures that address these gaps in care have the potential to improve the quality of care for Medicare beneficiaries in addition to widespread application across the healthcare system.

The Centers for Medicare & Medicaid Services (CMS) has contracted with FMQAI* to develop and maintain medication-related quality measures. A set of seven new medication measures has been developed using Medicare administrative claims data. These measures are based on the Institute of Medicine (IOM) domains of safety and effectiveness and specifically focus on improving medication adherence, appropriateness of therapy, and patient outcomes. The medication measures were developed for state and/or plan-level measurement, but are currently under evaluation for use in other settings of care (e.g., physician offices).

At this time, CMS is requesting stakeholder review and public comment of these measures. Comments on the measures must be **received by 11:59 p.m. ET, May 11, 2011.**

These new medication measures were developed to meet the following objective:

- Identify and develop new medication measures with a primary focus on the topics of patient safety, appropriateness of therapy, avoidable hospitalizations, healthcare disparities, and prevention.

The measure development process included:

- Selection of a multidisciplinary technical expert panel (TEP) to guide the measure development process (please refer to the Technical Expert Panel Charter document located online at http://www.fmqai.com/MedFiles/TEP_Charter_REV_093010.pdf)
- Development of a conceptual framework, including an environmental scan, gap analysis, and literature review to identify and prioritize a list of candidate measures for further development

¹Kaiser Family Foundation. *Prescription Drug Trends*. Washington, DC: Kaiser Family Foundation; May 2010. Publication #3057-08. Available at: <http://www.kff.org/rxdrugs/upload/3057-08.pdf>. Accessed December 20, 2010.

²Medicare Payment Advisory Commission. *Report to the Congress: Medicare Payment Policy*. Washington, DC: Medicare Payment Advisory Commission; March 2011. Available at: http://medpac.gov/documents/Mar11_EntireReport.pdf. Accessed April 12, 2011.

³New England Healthcare Institute. *Thinking Outside the Pillbox: A System-wide Approach to Improving Patient Medication Adherence for Chronic Disease*. Cambridge, MA: NEHI; August 2009. Available at: http://www.nehi.net/publications/44/thinking_outside_the_pillbox_a_systemwide_approach_to_improving_patient_medication_adherence_for_chronic_disease. Accessed December 20, 2010.

- Development of detailed technical specifications for each candidate measure for TEP consideration
- Evaluation by the TEP of each candidate measure on importance/relevance and potential usability of different levels of the healthcare system (e.g., Medicare Advantage-Prescription Drug [MA-PD] Plan, Prescription Drug Plan [PDP], and physician group)
- Formative (alpha) testing of the candidate measures using data from two states, to determine the feasibility of calculating the measure results
- Field (beta) testing of the candidate measures using data from eight states, to assess the scientific acceptability of measure properties

The following seven draft quality measures are available for public comment until May 11, 2011:

- Adherence to Antipsychotics for Individuals with Schizophrenia
- Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder
- Adherence to Antiplatelet Treatment after Stent Implantation
- Polytherapy with Oral Antipsychotics
- Avoiding Acetaminophen Toxicity
- Short-Acting Opioid Formulation for Breakthrough Pain in Individuals with Cancer
- Bleeding Outcomes Related to Oral Anticoagulants

Instructions and Information for the Public

To submit comments on the above-mentioned medication measures, please go to:

<http://www.surveymonkey.com/s/med-measures-public-comment>.

A summary of all comments received will be posted approximately four weeks after the public comment period closes at http://www.cms.gov/MMS/17_CallforPublicComment.asp.

We thank you in advance for your time, expertise, and contribution, which will assist CMS to improve the quality of care for all Americans.

* The RAND Corporation, the University of Florida College of Pharmacy, and Health Services Advisory Group (HSAG) are subcontracted with Florida Medical Quality Assurance, Inc. (dba FMQAI) to support this effort.

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