



COMPLETED GRANT SYNOPSIS

Piloting PQA A1C and Blood Pressure Pharmacy Measure Concepts in Payer-Pharmacy Value-Based Arrangements

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Objectives	
<ol style="list-style-type: none"> 1. Pilot four pharmacy measure concepts in payer-pharmacy value-based payment arrangements. 2. Assess measure feasibility and value to stakeholders, including evaluating improvement in measure rates. 3. Refine draft measure specifications, as needed, to support standardized and accurate implementation. 4. Collaborate to disseminate findings to support scale, spread and sustainability of innovative pharmacy services supported by value-based payment models. 	
Methods	
Design	<ul style="list-style-type: none"> • Draft measure specifications and value sets for A1C Control, A1C Improvement, Blood Pressure Control, and Blood Pressure Improvement pharmacy measure concepts. • Recruit payer-pharmacy partners to participate in the pilot through a Request for Interest. • Conduct technical education webinars with each of the participant organizations and their partners to review the project aims, data exchange processes, timelines, and the four sets of draft measure specifications, including value sets. • Provide participants with a technical implementation package, which included draft measure specifications, draft value sets, and a results template. Pilot participants used the technical implementation package to calculate and submit measure results. • Validate the participant-calculated results. Participants provided PQA with raw data that PQA used to independently calculate measure concepts and compare results. • Discuss and synthesize lessons learned with pilot participants throughout the project. • Disseminate findings via a conference presentation, a webinar, and a report published on the PQA website.
Study endpoints	<ul style="list-style-type: none"> • Assessment of feasibility for the four measure concepts. • Comparison of baseline and endpoint measure rates. • A list of key learnings and promising practices.
Results	
<ul style="list-style-type: none"> • The reception to the RFI was extremely strong, with more than 30 interested payers and pharmacies submitting responses for a total of two available participant spots. Kroger in collaboration with Kroger Prescription Plans and Arkansas Blue Cross Blue Shield in collaboration with its regional pharmacy networks, were ultimately selected. • The A1C Control and Blood Pressure Control measure concepts were found to be feasible within both pilots. • The feasibility of the A1C Improvement and Blood Pressure Improvement measure concepts presented challenges. In contrast to the control measures, lab values indicating discrete A1C or blood pressure values are required to calculate the improvement measures as specified. These discrete values were inconsistently available in participant data for A1C, and were not available for blood pressure. • Aggregated rates across NPIs within both participant pharmacy networks showed improvement from baseline to endpoint across all reportable measures. • The pilot generated numerous key learnings for pharmacies and payers interested in engaging in VBAs as well as for pharmacy measurement more broadly. These learnings include: <ol style="list-style-type: none"> 1. Strong demand exists for payer-pharmacy VBAs. 2. Extended contracting timelines should be anticipated when establishing VBAs. 3. Detailed upfront data exchange and reporting templates and plans are needed. 	

4. Barriers from competing priorities and information technology challenges should be expected, which can impact timelines.
5. Project champions and experienced analysts are important.
6. Advancements in data capture and interoperability are required for broad use of standardized pharmacy measures.

Conclusion

These pilots represent a successful step forward in the path to developing standardized pharmacy measures that reflect the same levels of rigor and scientific acceptability that are commonplace among other measured entities in the healthcare system. While there is still work to be done to develop pharmacy and plan data capture and interoperability, especially in capture of discrete biomarker values, the measure concepts consistently demonstrated improvement over the course of the pilot.

Additional information on this pilot can be found in a [report](#) published on the PQA website.

This pilot was conducted through the PQA Quality Innovation and Research Center (QuIRC) and leveraged the center's unique approaches and resources to address challenges in developing, testing, and refining complex measure concepts. This work was completed with financial support from the Community Pharmacy Foundation and Kroger Health and in-kind services by PQA.