

CMS Announces the Development of the Pharmacy Quality Alliance

PSW participates in the quality metrics and reporting workgroups

by Kari Trapskin, PharmD, PSW Director of Health Care Quality Initiatives

A newly-formed group of stakeholders has been convened by the Centers for Medicare & Medicaid Services (CMS) to develop quality metrics (measures) and reporting methods for pharmacists and pharmacy performance. The group is termed the Pharmacy Quality Alliance (PQA) and was officially formed in April of this year. Laura Cranston, RPh, is the executive director of the group. Previously, Cranston served as the executive director for the Institute for the Advancement of Community Pharmacy and prior to that as vice president of pharmacy affairs for the National Association of Chain Drug Stores. She will be speaking in Wisconsin at the upcoming PSW Annual Meeting in Milwaukee.

During an April 24 conference call, CMS administrator Mark McClellan announced that the PQA's activities may lead to increased payments to pharmacies. "While the goal of the PQA will be to develop strategies for defining and measuring pharmacy performance, I also expect that this will lead to new pharmacy payment models to help us optimize patient outcomes at a lower cost," McClellan said. The PQA was created in the likeness of the Hospital Quality Initiative and the Ambulatory Care Quality Alliance, both of which were supported by CMS in order to measure and compare performance in the health care setting and provide incentives for improved patient care. In the initial conference call, McClellan alluded to the fact that quality health care does not result from decreasing payment rates in health care or pharmacy. He further stated that paying for higher quality care may in fact decrease costs in the future. He recognized that pharmacists want to provide quality services to patients, are able to

recommend less costly but equivalent generic medications, can increase patient adherence to medications and can decrease medication complications by providing specialized consultations.

Overall, the mission of the PQA is to use a collaborative process to improve health care quality.

The first step toward accomplishing this task is for stakeholders to agree on a strategy for measuring performance at the pharmacy and pharmacist levels. The PQA mission statement stresses that this process will require collection of pharmacy data in the least burdensome way and reporting of meaningful information to consumers, pharmacists, employers, payers and other health care decision makers.

The PQA steering committee includes representatives from CMS, the Academy of Managed Care Pharmacy, American Pharmacist's Association, National Association of Chain Drug Stores, American Society of Health-System Pharmacists, National Community Pharmacists Association, National Alliance of State Pharmacy Associations (NASPA), Agency for Healthcare Research and Quality, National Consumers League, America's Health Insurance Plans, Pitney Bowes, Express Scripts, and National Association of State Medicaid Directors. Each of these groups has elect-

ed to join the PQA and has paid dues to support the group.

The group consists of two workgroups, one focusing on quality metrics and the other on reporting. Each workgroup is chaired by two individuals from among the members of the steering committee.

The workgroups will meet via teleconference, and each steering committee member is allowed to appoint a number of additional individuals to participate in the calls. NASPA requested volunteers from state associations, and PSW is providing representation on the conference calls via NASPA. Conference calls occur approximately every month, and the entire membership of PQA will meet twice a year to discuss and reach consensus on the activities and recommen-

dations of the workgroups. The process is expected to take between 12 and 18 months.

The Quality Metrics Workgroup is responsible for identifying areas of measurement development and working with organizations that have demonstrated expertise in the design and specifications of performance measures. Once measures are defined, implementation and adoption

Pharmacy Quality Alliance Mission:

Improve health care quality and patient safety through a collaborative process in which key stakeholders agree on a strategy for measuring performance at the pharmacy and pharmacist-levels; collecting data in the least burdensome way; and reporting meaningful information to consumers, pharmacists, employers, health insurance plans, and other health care decision-makers to help make informed choices, improve outcomes and stimulate the development of new payment models.

plans will be developed for the measures to be utilized both in the public and private sectors. Thus far, process, clinical and product-related measures have been proposed. Recently, a subcommittee of the Metrics Workgroup was developed to focus specifically on long-term care metrics identification.

The Workgroup on Reporting will recommend principles and methods for reporting meaningful information to consumers, pharmacists, health insurance plans, purchasers and other interested stakeholders. Methods used for reporting differ depending upon the audience in question. The Reporting Workgroup will address which sorts of reporting methods work for different types of groups.

PSW will keep members updated regarding outcomes of the PQA and its workgroups. It is hoped that the work of the PQA will be another driving force behind the vision of true medication therapy management services becoming a reality in both the public and private sectors of health care. ●



PHARMACY QUALITY ALLIANCE
WWW.PQAALLIANCE.ORG



American Pharmacists Month

Help Promote the Pharmacy Profession in October

October is a time to celebrate our nation's pharmacy professionals. It provides three opportunities to recognize the vital role these professionals serve in health care and to increase awareness by promoting the profession to the public. Not only is October American Pharmacists Month, it also contains National Hospital & Health-System Pharmacy Week from Oct. 22-28, 2006, as well as National Pharmacy Technician Day on October 24.

Please help promote pharmacy professionals in your workplaces and communities during the month of October. Many resources are available online to help. Both the American Society of Health-System Pharmacists, located online at WWW.ASHP.ORG, and the American Pharmacists Association, accessible at WWW.APHANET.ORG, provide resources to help you and your pharmacy business publicize and celebrate pharmacy professionals across Wisconsin.

Join PSW in paying tribute to Wisconsin's pharmacists and pharmacy technicians this October.

Gatifloxacin Removed from Market

by Denise L. Walbrandt Pigarelli, PharmD

Bristol-Myers Squibb announced on May 1, 2006 that it would stop manufacturing and selling gatifloxacin (Tequin®) as of June 2, 2006 and return rights of the drug to Kyorin Pharmaceutical Company in Japan¹ due to concerns of gatifloxacin's association with dysglycemia. The removal of gatifloxacin from the United States market was preceded by a "Dear Health Care Provider" letter dated February 15, 2006 in which the company revised the drug's prescribing information to include a contraindication in patients with diabetes as well as updated warnings and precautions sections related to risk factors for dysglycemia.² Additionally, gatifloxacin product labeling had changed three previous times since the drug's approval on December 17, 1999 due to dysglycemia concerns.

Dysglycemia associated with gatifloxacin use in humans was reported as early as November 2002³ and as recently as March 2006.⁴ Although both hyperglycemia and hypoglycemia occurred rarely with gatifloxacin therapy, hyperglycemia occurred more frequently than did hypoglycemia. Hyperglycemia generally occurred later in a course of therapy. Dysglycemia was more common in patients with diabetes, older patients and patients with compromised kidney function.

Reports of dysglycemia associated with levofloxacin, moxifloxacin, and ciprofloxacin are published, and some of these articles describe concomitant therapy with a diabetic hypoglycemic agent. Of the three quinolones which remain on the market in the United States, more evidence is published of dysglycemia associated with levofloxacin than for the other two agents. ●

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