

## NPP Evaluation Case Study Report: Pharmacy Quality Alliance

Established in 2006 by a broad range of stakeholders, the Pharmacy Quality Alliance (PQA) is a multi-stakeholder, consensus-based membership organization that collaboratively promotes appropriate medication use and develops strategies for measuring and reporting performance information related to medications. It is often referred to as a public-private partnership because the Centers for Medicare & Medicaid Services (CMS) had a primary interest in establishing such an entity as the Medicare Prescription Drug Benefit was taking effect and continues to strongly engage with PQA. PQA represents the interests of pharmacists and pharmacy-related organizations, which aligns with the National Quality Forum's (NQF) practitioner and industry/supplier stakeholder groups. In 2009, PQA decided to align its workgroups with the National Priorities Partnership's (NPP) workgroups in terms of both focus and deliverables. This case study describes how PQA strove to increase awareness and promote adoption of the priorities framework in its workgroups, and details the results of this effort, particularly in regard to its population health workgroup.

### Project Story

PQA was established by a broad range of key stakeholders, through the vision and leadership of Dr. Mark McClellan, then the CMS Administrator. PQA's membership represents pharmacy providers, health plans, pharmacy practitioner-based organizations, employers, pharmacy benefit managers, academicians, outcomes researchers, senior advocacy groups, health IT vendors, state and national healthcare associations and agencies, and members of the pharmaceutical industry. PQA accomplishes much of its work through workgroups made up of representatives of PQA member organizations. While PQA has offices in Fairfax, Virginia, as a collaborative membership-based alliance, much of its business is conducted remotely.

Between 2006 and 2008, PQA's relationship with NPP was solidified. PQA had been invited to participate in a medication management project and had submitted measures for NQF to review and consider for endorsement. When it raised the concern that pharmacists were not significantly represented in NPP's 2008 signature report, *National Priorities & Goals: Aligning Our Efforts to Transform America's Healthcare*, PQA was invited to become an NPP partner.

By 2009, PQA had broadened its mission statement, and specifically cited NPP in its strategic plan. In addition, PQA consciously decided to align some of its own structures and processes with NPP's: "NPP had become the central convener for multi-stakeholder input on healthcare priorities. We felt it was important for us to align with their efforts. Then we set up the workgroups" to mirror NPP's. This was accomplished by feeding the workgroups information meant to support them in this alignment.

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PQA organizes a number of workgroups every year. Application of the NPP Framework was evident in the overt alignment of four of PQA’s six 2010 Quality Metrics Workgroups (Population Health, Care Coordination,<sup>22</sup> Misuse/Overuse, and Palliative Care and Pain Management). Workgroup charges were constructed to mirror the charges of the parallel workgroups within NPP.

### One Workgroup’s Example

The Prevention & Wellness Workgroup was renamed in 2010 to mirror the name and to align with the objectives within NPP’s Population Health Workgroup. Its directive was to identify and share population health-related best practices of pharmacists, and to review measures of population health used by NPP and the U.S. Department of Health and Human Services to track progress in the nation’s health, with an eye to identifying those that may be positively affected by pharmacists.

The Population Health Workgroup took very seriously the charge of identifying a national ‘best practices’ example within population health in general, which they understood to come directly from the NPP Population Health Workgroup’s Action Plan. As immunization was a priority for the NPP Population Health Workgroup and had been a long-time priority for pharmacists, PQA’s Population Health Workgroup decided to promote an immunization initiative that had been (and continues to be) conducted through the American Pharmacists Association (APhA). The immunization initiative involved community pharmacists providing immunizations to the public.

Highlighting this initiative by PQA led to two key accomplishments: (a) it made visible to NPP the value that pharmacists bring to the table in population health, and (b) it raised awareness within and eventually beyond PQA regarding population health performance measurement data needs, most specifically in regard to population level immunization rates. Previously, the American Pharmacists Association had been measuring only the number of pharmacists who had been trained in immunization. Working with the priorities raised awareness that health information technology and the dearth of available, comparable, sharable data are issues for the area of prevention and wellness.

The Population Health Workgroup has been “sunsetting” as its work in identifying measurement needs was complete. However, PQA intends to continue to have some NPP-priority focused workgroups in the future and for its workgroups to consider NPP priorities that are oriented to appropriate medication use. According to a case study participant, using the priorities “keeps those workgroups focused.” It also ensures that “any of the workgroup deliverables that we have [are] useful... If our members don’t see that... what they’re working on relates to higher priorities, bigger needs, things that are useful to patients and to pharmacists and to other providers, then we aren’t relevant anymore. So absolutely: PQA looks at the priorities put forth by NPP as relevant to our members and therefore we want to work on those.”

The Population Health Workgroup’s efforts to align health information data collection systems with identified needs and to encourage collaboration and data sharing will continue. As a workgroup participant said, “You could hear the snowball... This program, it’s going. Yes, we will

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<sup>22</sup> PQA refers to their group as Medication Reconciliation, which is one component of care coordination.

need measures... Yes, we will need better data exchange... but this program, it's moving." Indeed, it has been taken on by the Pharmacy HIT Collaborative,<sup>23</sup> many members of which also are members of PQA.

Beyond this, the knowledge gained by the Population Health Workgroup members that can catalyze NPP priorities will continue to percolate both inside and outside of PQA. PQA workgroup participants will bring their knowledge of NPP with them to other endeavors, including within their own organizations.

## Deciding to Engage with NPP and the Framework

Two major factors drove PQA to engage with NPP and the priorities: (1) Relationships with credible experts in healthcare quality and measurement, and (2) NPP's reputation and influence on the national healthcare scene.

### Relationships among PQA, NQF and NPP

PQA's emergence piqued the interest of NQF's CEO. In April of 2006, just after she learned that the pharmacy/pharmacist community was set to convene the quality alliance that would become PQA, NQF's CEO sent staff to a CMS Open Door Forum where the formation of PQA would be launched.<sup>24</sup> A short while later, NQF's CEO and the new PQA's leader met to familiarize each other with their organizations' agendas. PQA and NQF have since enjoyed reciprocal involvement in one another's organizations.

Shortly after PQA's formation, the organization was invited to work on an NQF medication management project. By the time that project ended, eighteen months later, PQA had completed its first cycle of measure development, and responded to an NQF call for review of medication measures for endorsement. In addition, due to PQA's interest in NQF initiatives, PQA's leadership spoke up when pharmacists' absence from the original NPP Steering Committee was noted. In 2009, PQA was given the opportunity to become a partner.

Links between NPP and PQA that support PQA's knowledge of the priorities continues to proliferate. PQA interacts with key players in the quality arena, inviting and securing prominent healthcare experts who were NPP members to be featured speakers at PQA's annual meetings. PQA understands that NPP and NQF will be influential as the healthcare system undergoes major changes as the Affordable Care Act is implemented and that NPP's priorities would inform the National Quality Strategy now recently released. PQA saw this as proof that NPP's initiatives should be a high priority within PQA and receive full attention.

Alignment with NPP was fostered in 2008 by the presence of Dr. George Isham, Chair of the NPP's Population Health Workgroup, at the first PQA workgroup meeting. PQA staff reported that Isham shared the NPP workgroup's objectives with PQA's workgroup members "to assure [that PQA's] would be aligned with the national priorities for quality measures in the area of prevention."<sup>25</sup> PQA's workgroup members were free to reject his suggestions but, according to one workgroup insider, "If you look at where they were going it was very much in line with a lot of the things that we were looking at already and where we were going." Moreover, "Having an understanding of how everything fits into the big picture is really what sells you on how you fit it together. There's just so much information out there and

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<sup>23</sup> See <http://pharmacy-hit.org/home>.

<sup>24</sup> See: [http://pharmacycredentialing.org/vpha/Legislation/Medicare\\_Updates/MedicareRxUpdate4-7-06.pdf](http://pharmacycredentialing.org/vpha/Legislation/Medicare_Updates/MedicareRxUpdate4-7-06.pdf)

<sup>25</sup> See <http://www.pqaalliance.org/QCArchive/PQA-Quality-Connection-July-2009.htm>.

you've gotta process it... A lot of what we'd already done was based on National Quality Forum and what their measures were... if you're going to be in quality it was the right direction to go."

Isham was perceived as a thought leader and this helped reinforce his message: "He took the time out of his busy schedule to have a conference call with PQA to explain what was going on, giving our workgroup members opportunities to ask questions.... when you think about initiatives and somebody sharing time to help your initiative it brings some credibility that they would take time out of busy schedules to do that."

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The relationships among PQA, NPP, and NQF are mutually satisfying. On the one hand, NPP's focus on identification of healthcare priorities provided a framework for PQA to complement those priorities from the perspective of pharmacy. PQA's broad view of quality healthcare as something requiring a multi-disciplinary and inclusive approach made it necessary to find opportunities for sharing its knowledge and experience in the world of pharmacy with other stakeholders in healthcare. On the other hand NQF and NPP needed organizations like PQA to adopt their recommendations: they needed endorsers and implementers. Through PQA's participation, NPP will be well informed regarding what pharmacists can bring to the table in terms of working towards safe, effective and appropriate medication use.

PQA's relationship with NPP will continue to strengthen. For example, in 2010 a key PQA staff member was invited to serve on NQF's Measure Use Evaluation Advisory Panel, Steering Committee of National Voluntary Consensus Standards for Patient Safety, and the Technical Advisory Panel reporting to the Patient Safety Committee. These appointments ensure that PQA will continue to integrate the national priorities into the work it is pursuing.

PQA will continue to reference NPP in seeking to convince others to collaborate with them in their efforts, population health and otherwise. For instance, in discussing how the NPP priorities were invoked to convince some stakeholders to work together with him, one APhA respondent said "NPP was another tool for them to see some writing on the wall in terms of where the healthcare system was heading, and they needed to get on that bandwagon or be left off or miss out on an opportunity, I think that drove it. They [didn't] want to be left behind." A PQA staff member summed up the reason for continuing to reference NPP in this way: "Our connection to NPP helps us have greater impact, and certainly that's in our best interest."

### **NQF's and NPP's Reputation and Influence on the Healthcare Scene**

PQA workgroups always kept abreast of various priorities lists, such as from the Institute of Medicine (IOM), Centers for Disease Control and Prevention (CDC), Healthy People 2010, etc., so as not to "reinvent the wheel" and to ensure that PQA's work aligned with other key healthcare providers' initiatives. What one PQA staff member said of other NPP priorities adopters applies equally well to PQA in this regard: They could "see some writing on the wall in terms of where the healthcare system was heading, and they needed to get on that bandwagon."

As another PQA staff member said, “When NPP began to take on a more permanent life, if you will, and now that HHS turns to NPP for input into the National Quality Strategy Plan... PQA began to talk about it at our meetings and also said we should map the infrastructure of PQA as closely as we can to this... When you see the thought leaders from the various segments come together [and you see NPP being] incorporated into the legislation that was being called the Accountable Care Act at the time [you know] it was definitely not something that was going to go away... It made sense to adopt the priorities and align with them.”

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One workgroup member explained, “We look at where we have an opportunity to make a difference. We look at key organizations impacting the healthcare landscape... If it’s a highly relevant organization like NQF, that will continue to have an impact on healthcare reform and delivery, then it will remain important to PQA to stay engaged with them because it gives us an opportunity to ensure that pharmacists – the work pharmacists *do* – can be considered as a part of their agenda.”

### Value of NPP and the Framework

One outcome of aligning with NPP priorities was the traction PQA achieved in motivating multi-stakeholder work by mentioning NPP as a “third party or outside, objective voice;” or just by mentioning “the priorities of our nation.” Pharmacists, themselves, could be motivated to engage with quality-related questions through reference to NPP. Workgroups benefitted from the self-assurance they received, upon learning about NPP, that their work was “in synch” with the mainstream of US healthcare. PQA and its workgroups also garnered a strong sense of focus, both in terms of their immediate deliverables and of the bigger picture.

The NPP’s framework was invoked within PQA to keep members and, through them pharmacists and others in the pharmacy field, informed regarding important new developments in healthcare quality and medication use measurement. The Population Health Workgroup’s adoption of the priorities helped PQA complete its strategic goal of aligning to NPP’s framework and helped to validate previous and present undertakings. Workgroups avoided “mission creep” and were reminded along the way to keep the patient in mind and to give preference to interdisciplinary approaches, as per NPP’s priorities.

More concretely, working with the priorities raised awareness, particularly in the Population Health Workgroup, regarding data needs that otherwise might not have been noted. If this knowledge is acted upon, better aligned systems of performance measurement and meaningful, valid, and standardized public reporting could result.

As noted above, another added value of PQA’s involvement with NPP is the ability to keep pharmacists in view and involved when important healthcare quality decisions are made.

PQA will continue to leverage NPP in these ways as well as to seek other value from its relationship with NPP.

## Room for Improvement

There were no real barriers to uptake of the NPP priorities among PQA members. However, PQA perceives a need for an environment more hospitable to multi-stakeholder solutions. NPP clearly endorses a silo-free future for healthcare. However, as one key informant noted, “NPP needs to figure out how to get [healthcare stakeholder] groups to be more collaborative.... Someone needs to do something to encourage more strong cross-collaboration.... Can there be some national push to help that out a little?”

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## Summary of Key Findings

**Key findings from the case study** were that:

- Concrete proof of NPP priorities adoption was seen in (a) the inclusion of NPP representatives in PQA workgroup meetings and annual meetings as featured speakers, (b) the renaming of workgroups to align with the NPP priorities, (c) the broadening of PQA’s mission statement, and (d) the fact that NPP was referenced by name in PQA’s strategic plan where the broadened mission statement was justified.
- PQA’s pre-existing relation with NQF/NPP promoted PQA’s initial awareness regarding the priorities and increased PQA’s readiness to adopt.
- The use of NPP members as speakers was extremely productive in raising awareness and promoting adoption at PQA. While the priorities were seen as already “in synch” with PQA work, the fact that such a well-recognized person would take time to speak with the group and was endorsing NPP seemed to seal the deal.
- NPP’s framework was used to gain leverage for an initiative by validating it with reference to national and now federally endorsed priorities.
- PQA referred to the NPP priorities not only to validate their own measures-related work but also to motivate other stakeholder groups as well as their members and some on-the-ground pharmacists to take action related to the priorities (e.g., help make immunizations more available to communities).
- PQA’s highly supported workgroup processes facilitated uptake of the priorities and follow-through on action plans.
- Application of an NPP-influenced approach led to the identification of data gaps which a pharmacy health information technology collaborative is now helping to address.

**Issues that merit further consideration** include whether and how:

- A priorities-related approach may be spread by workgroup members who go on to participate in other workgroups and activities both within and beyond PQA.
- Reaching the ideal of eliminating “silos” and increasing collaboration between healthcare stakeholder groups, particularly in regard to creating solutions for healthcare’s current challenges, can receive more active encouragement and support from NPP.

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