



American Society of
Health-System Pharmacists
7272 Wisconsin Avenue
Bethesda, Maryland 20814
(301) 657-3000
Fax: (301) 664-8877
www.ashp.org

August 26, 2009

The National Quality Forum
601 Thirteenth Street, NW
Suite 500 North
Washington, DC 20005

Re: NQF Member Pre-voting Review for *National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data Performance Measures*

The American Society of Health-System Pharmacists (ASHP) is pleased to submit written comments on the draft “*National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data Performance Measures.*” As the national professional association representing over 35,000 pharmacists who practice in hospitals and health systems, ASHP can offer unique and vital feedback on performance measures for medication management. Pharmacists in hospitals and health systems are experts in medication use who serve on multidisciplinary patient-care teams to ensure that medicines are used safely, effectively, and in a cost-conscious manner.

ASHP applauds the steering committee for encouraging the routine inclusion of nonprescription drug products on medication lists as described in the measure description of EC-272-08. Five of the proposed measures related to the use of aspirin, NSAIDs, and calcium supplements require the tracking of over-the-counter medications (EC-272-08, EC-274-08, EC-029-08, EC-210-08, EC-281-08). The Society is in strong support of accurate and complete medication lists of all medications used by an individual, including prescription drugs, nonprescription drugs, and herbal and dietary supplements, regardless of how they are obtained (e.g., clinician-provided samples, internet, pharmaceutical company assistance program). ASHP encourages patients to carry an accurate medication list; through multidisciplinary efforts, ASHP has developed a medication list tool for patients, My Medication List (available at <http://www.safemedication.com/MedTool.pdf>). The Society recommends that secure online electronic medication lists, such as Google Health (www.google.com/health) or Microsoft’s HealthVault (www.healthvault.com/), to which patients may designate access by their caregivers should be included as an area for future research.

TOGETHER WE MAKE A GREAT TEAM

ASHP supports NQF and the steering committee in identifying and endorsing measures that are aligned with evidence-based guidelines. The Society believes that only measures that are supported by national evidence-based guidelines or, if guidelines are not available, by significant strong published evidence or expert consensus, should be used to assess quality of care provided by health care providers, organizations, health plans, and health care systems. For example, the steering committee expressed concern about the ability of measure EC-106-08 to differentiate the appropriateness of an antibiotic used for acute sinusitis. However, if guidelines recommend a first-line antibiotic, any patient populations or situations for which the antibiotic would be inappropriate should simply be excluded to ensure adherence to guidelines while maintaining accuracy and clinical appropriateness.

ASHP seeks clarification of the steering committee's assessment of non-importance of the following measures with reportedly 'high' compliance: EC-026-08, EC-31-08, EC-035-08, EC-044-08, EC-073-08, EC-084-08, EC-090-08, EC-113-08, EC-235-08, and EC-265-08. These measures relate to areas of clinical importance; for example, areas of overuse of medications such as antibiotics and short-acting asthma inhaler, use of contraindicated medications in heart failure patients, and avoidance of certain medications in the high-risk elderly population. If observed compliance with a measure is high in a sample of health plans, it is not necessarily high in all patient populations or geographic regions. Due to the national scope of NQF's measure endorsement and the broad implementation of these measures, it is critical to maintain an array of measures that may be used across all geographic regions, patient populations, and provider practices. The Society recommends that NQF standardize a set of principles for how measure compliance should or should not be used in the NQF-endorsement process. These principles should provide consistency in the definition of 'high' compliance, guidance on the data that should be considered for a measure to be deemed compliant in a particular setting (e.g., for a provider, health plan, organization), and consideration of the appropriateness of 'retiring' measures after 'high' compliance has been reached. The ramifications of retiring (or not endorsing) a measure due to high compliance should also be addressed as any outliers of non-compliance may be of high clinical importance (i.e., result in serious negative patient outcomes).

ASHP does not support the categorization of measures EC-119-08, EC-076-08, EC-077-08, EC-051-08, EC-204-08, EC-027-08 in the topic area of medication management. This categorization implies that the remaining 66 measures are not medication management measures; however, at least 34 clearly pertain to the safe and effective use of medications. Medication management is an integral part of disease management, especially in the ambulatory care setting. The Society advocates for the leadership of pharmacists in medication therapy management of all disease states, which is defined as a multidisciplinary process for selecting appropriate drug therapies, educating patients, monitoring patients, and continually assessing outcomes of therapy. The Society suggests that NQF re-categorize the listed six measures into disease-specific categories to be consistent with the other 66 measures and reduce misrepresentation of the scope and importance of medication management throughout every disease state.

Clinically Enriched Administrative Data Performance Measures

The National Quality Forum

August 26, 2009

Page 3

Thank you for the opportunity to provide feedback on the proposed National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data Performance Measures. If you have any questions concerning the Society's comments, please contact me by phone at (301) 664-8815 or via e-mail at mandrawis@ashp.org.

Regards,

A handwritten signature in black ink, appearing to read "Mary Andrawis". The signature is fluid and cursive, with a long horizontal stroke at the end.

Mary Andrawis, Pharm.D., M.P.H.
Director, Clinical Guidelines and Quality Improvement
American Society of Health-System Pharmacists