

Title: Antipsychotic Use in Persons with Dementia

CMS ID: ARCO3

NQF #: N/A

Source(s)

Pharmacy Quality Alliance (PQA). Technical specifications for PQA approved measures. Springfield (VA): Pharmacy Quality Alliance (PQA); 2015 Jul. 66 p.

Measure Domain

Clinical Quality Measures: Process

Brief Abstract

Description

This measure is used to assess the percentage of individuals 65 years and older with dementia who are receiving an antipsychotic medication without evidence of a psychotic disorder or related condition.

Rationale

There is growing public concern about psychotropic use in elderly patients. Recent studies have identified higher rates of morbidity and mortality when patients with dementia are treated with antipsychotic agents.

Serious safety concerns related to anti-psychotic use in the elderly are increasing. In particular, the health consequences of prescribing antipsychotic drugs for elderly patients with dementia are quite large, with side effects related to both increased morbidity (cardiovascular events such as heart attack and stroke) and risk of death. In 2005, the FDA issued an advisory requiring manufactures of atypical antipsychotic drugs to include a black-box warning. (Chen et al., 2010) The intent was to warn prescribers and consumers that the use of these drugs is not indicated in patients with dementia given the increased risk of mortality. A follow-up 2007 Agency for Healthcare Research and Quality (AHRQ) report which assessed off-label use of atypical antipsychotic drugs also found that all atypical antipsychotic drugs increase risk of death for elderly persons with dementia. (Department of Health and Human Services [DHHS], 2011)

Evidence for Rationale

1. Chen Y, Briesacher BA, Field TS, Tjia J, Lau DT, Gurwitz JH. Unexplained variation across US nursing homes in antipsychotic prescribing rates. *Arch Intern Med.* 2010 Jan 11;170(1):89-95.
2. Department of Health and Human Services (DHHS). Office of Inspector General, Medicare Atypical Antipsychotic Drug Claims for Elderly Nursing Home Residents. [internet]. 2011 [accessed 2012 Aug 07].
3. Kuhle J. (Senior Director Performance Measurement, Pharmacy Quality Alliance). Personal communication. 2013 Oct 29. 3 p.

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Primary Health Components

Antipsychotic medication; dementia; psychotic disorders; older adults

Denominator Description

Patients 65 years and older with either a diagnosis of dementia and/or two or more prescription claims and greater than 60 days supply for a cholinesterase inhibitor or an N-methyl-D-aspartate (NMDA) receptor antagonist.

See the related "Denominator Inclusions/Exclusions" field.

Numerator Description

The number of patients in the denominator who had at least one prescription AND greater than 30 days supply for any antipsychotic medication during the measurement period and do not have a diagnosis for schizophrenia, bipolar disorder, Huntington's disease or Tourette's syndrome.

See the related "Numerator Inclusions/Exclusions" field.

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Extent of Measure Testing

This measure was pilot tested during measure development (see process below), which included reliability and validity testing.

Process for Development and Testing of Performance Measures

Step 1: Pharmacy Quality Alliance (PQA) workgroups identify measure concepts that may be appropriate for development into fully specified performance measures. The workgroups focus on specific aspects of the medication-use system and/or specific therapeutic areas. The workgroups are open to all members of PQA and use a consensus-based approach to identify, prioritize and recommend the measure concepts that are deemed to be highly important for supporting quality improvement related to medications.

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Step 2: The measure concepts that are recommended for further development through a vote by the PQA workgroups are forwarded to the PQA Quality Metrics Expert Panel (QMEP) for evaluation and refinement. The QMEP reviews the measure concepts to provide an initial assessment of the key properties of performance measures (i.e., feasibility, usability and scientific validity). The measure concepts that are rated highly on these key properties will then undergo technical specification.

Step 3: The draft measure is provided to PQA member organizations for their comments prior to preparing technical specifications for pilot testing. The QMEP reviews member comments, edits the draft measure accordingly and poses testing questions based on this all-member feedback.

Step 4: PQA selects partners to test the draft measure. These partners are often PQA member health plans or academic institutions with expertise in quality and performance measure testing. The testing partner implements the draft technical specifications with their existing datasets and provides a report to PQA that details testing results and recommendations for modifications of the technical specifications.

Step 5: The workgroup that developed the measure reviews the testing results and provides comment. The QMEP reviews the workgroup comments, testing results, recommendations and potential modifications and provides a final assessment of the feasibility and scientific validity of the draft performance measures.

Step 6: Measures that are recommended by the QMEP for endorsement are posted on the PQA web site for member review, written comments are requested, and a conference call for member organizations is scheduled to address any questions. This process allows members to discuss their views on the measures in advance of the voting period.

Step 7: PQA member organizations vote on the performance measure(s) considered for endorsement.

Evidence for Extent of Measure Testing

Pharmacy Quality Alliance (PQA). Process for development and testing of performance measures [available at <http://www.pqaalliance.org>]. Springfield (VA): Pharmacy Quality Alliance (PQA); 2014. 1 p.

Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Patients associated with provider

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Denominator (Index) Event or Characteristic

Clinical Condition

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

Denominator Inclusions/Exclusions/Exceptions

Inclusions

Patients 65 years and older as of the last day of the measurement year with either:

1. A diagnosis of dementia; and/or
2. Two or more prescription claims and greater than 60 days supply for a cholinesterase inhibitor or an N-methyl-D-aspartate (NMDA) receptor antagonist

Exclusions

None

Exceptions

N/A

Numerator Inclusions/Exclusions

Inclusions

The number of patients in the denominator who had at least one prescription AND greater than 30 days supply for any antipsychotic medication during the measurement period and do not have a diagnosis for schizophrenia, bipolar disorder, Huntington's disease or Tourette's syndrome.

Exclusions

None

Computation of the Measure

Scoring

Rate/Proportion

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Interpretation of Score

Desired value is a lower score

Risk Adjustment

No