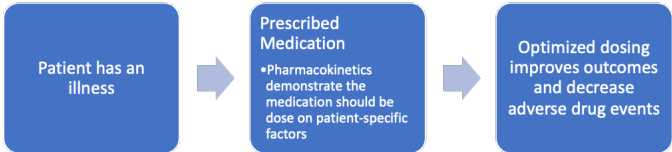


Chapter 4: Choose My Pharmacy® Measure Specifications

- Assessment of Renal Function in Older Adults
- Assessment of Weights in Pediatrics
- Known Allergy Status
- Medication Indication
- Electronic Care Plan Accessibility
- Point of Care Testing Structure
- Employee Vaccination Rate
- Advanced Pharmacy Technicians
- Improving Pain Management Safety
- Improving Diabetes Safety
- Identifying Social Determinants of Health

Assessment of Renal Function in Older Adults

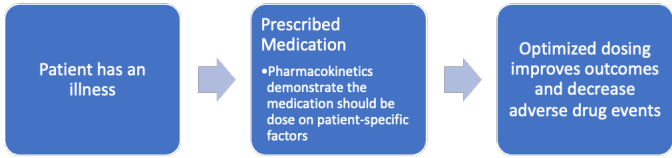
Title	Assessment of Renal Function in Older Adults
Description	<p>Percent of patients aged 65 years and older with a serum creatine on file at the pharmacy during the measurement year</p> <p>A higher score is better</p>
Rationale	Older adults have diminished renal function and many medications need to be adjusted based on renal excretion. This measure assesses whether the pharmacy has collected the laboratory information required to assess renal function.
Logic Model	 <p>This measure ensures the pharmacy has the salient information (serum creatine) to ensure patient specific dosing.</p>
Level of Analysis	Pharmacy (Patient)
Data Source	Pharmacy Data
Denominator Statement	All patients aged 65 years or older that received a medication during the measurement year.
Denominator Calculation	<ol style="list-style-type: none"> 1. All individuals in the pharmacy 2. All individuals aged 65 or older at the beginning of the measurement year 3. Must have received a medication during the measurement year 4. Remove an individual with exclusion criteria
Denominator Exclusions	<p>Any patient only receiving an immunization at the pharmacy</p> <p>Any non-human patients (e.g., cats, dogs, clinics, office-use, etc)</p>

Denominator Exclusion Rationale	<p>Many pharmacies may host immunization clinics and only interact with a patient during these visits. As immunizations do not need to be renally adjusted, assessment of renal function is not a required (valid) assessment.</p> <p>Pharmacies may provide care to pets or other veterinarian needs, or for office-use. This patient profiles should be excluded from the measure calculation.</p>
Numerator Statement	Individuals from the denominator with a serum creatine drawn during the measurement year
Numerator Calculation	<ol style="list-style-type: none"> 1. Identify number of individuals with serum creatine recorded 2. Identify number of individuals with serum creatine updated during the measurement year
Seguridad Measure Specification Process	<pre> graph TD A[Choose a pharmacy] --> B[Determine the measurement year (typically, previous calendar year)] B --> C[Identify all unique patients that received care in the pharmacy] C --> D[Identify all patients aged ≥65 years or older at the beginning of the measurement year.] D --> E[Identify all patients that received at least one prescription from the pharmacy during the measurement year.] E --> F[Exclusions: • Only IMZ patients • Non-human patients] F --> G[This is the denominator] G --> H[Identify number of individuals with a serum creatinine on file] H --> I[Identify number of individuals with serum creatinine on file from the measurement year] I --> J[This is the numerator] </pre>
Data Stratification	<p>The measure rate will be reported as a percent of patients within a single pharmacy.</p> <p>If available and feasible, measure rate will be reported by type of pharmacy (e.g., health-system, community, specialty, mail-order, long-term care).</p> <p>If available and feasible, measure rate will be reported by line of business (pharmacy Medicare rate, pharmacy Medicaid rate, pharmacy Commercial rate, and pharmacy uninsured rate).</p> <p>Risk adjustment will be applied when available.</p>
Value Sets	The value set <i>Seguridad - CMP Immunizations</i> will be used to support the exclusion criteria.
Future Iterations	Many pharmacy measures are designed as structure or process. Future goals of this concept include measures focused on appropriate dosing based on renal function and assessment of all patients.
Harmonization ¹	<p>Payors: N/A</p> <p>Providers: N/A</p>

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extent possible, recognizing different levels of analysis have different data elements, and instead the focus will be to vertically integrate the Choose My Pharmacy measures with other measurement systems and measures.

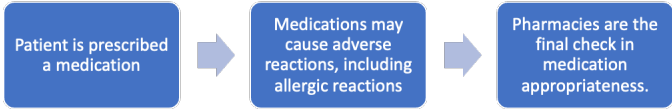
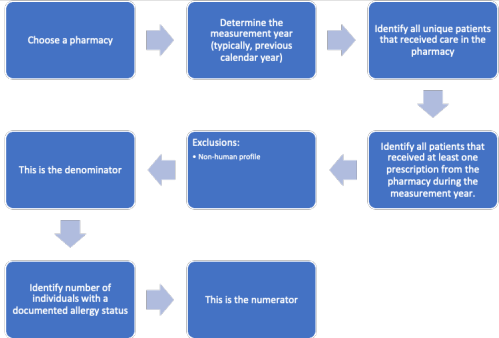
Assessment of Weights in Pediatrics

Title	Assessment of Weights in Pediatrics
Description	<p>Percent of pediatric patients (17 years and less) with an updated weight during the measurement year</p> <p>A higher score is better</p>
Rationale	Most pediatric prescriptions are weight-based and the pharmacy should be checking the dose prior to dispensing.
Logic Model	 <p>This measure ensures the pharmacy has the salient information (weight) to ensure patient specific dosing.</p>
Level of Analysis	Pharmacy (Patient)
Data Source	Pharmacy Data
Denominator Statement	All patients 17 years and less that received a medication at the pharmacy during the measurement year
Denominator Calculation	<ol style="list-style-type: none"> 1. All patients in the pharmacy 2. All patients age 17 or less during the measurement year 3. Apply exclusion criteria
Denominator Exclusions	<p>Any patient only receiving an immunization at the pharmacy</p> <p>Any non-human patients (e.g., cats, dogs, clinics, office-use, etc)</p>
Denominator Exclusion Rationale	<p>Many pharmacies may host immunization clinics and only interact with a patient during these visits. As immunizations do not need to be weight-based, assessment of weight is not a required (valid) assessment.</p> <p>Pharmacies may provide care to pets or other veterinarian needs, or for office-use. This patient profiles should be excluded from the measure calculation.</p>

Numerator Statement	Individuals from the denominator with a weight (pounds) during the measurement year
Numerator Calculation	1. Identify number of individuals with a weight recorded in the pharmacy record.
Seguridad Measure Specification Process	<pre> graph TD A[Choose a pharmacy] --> B[Determine the measurement year (typically, previous calendar year)] B --> C[Identify all unique patients that received care in the pharmacy] C --> D[Identify all patients aged ≤17 years or less at the beginning of the measurement year] C --> E[Identify all patients that received at least one prescription from the pharmacy during the measurement year.] D --> F[Exclusions: • Only IMZ patients • Non-human patients] E --> F F --> G[This is the denominator] G --> H[Identify number of individuals with a weight on file] H --> I[This is the numerator] </pre>
Data Stratification	<p>The measure rate will be reported as percent of patients within a single pharmacy.</p> <p>If available and feasible, measure rate will be reported by type of pharmacy (e.g., health-system, community, specialty, mail-order, long-term care).</p> <p>If available and feasible, measure rate will be reported by line of business (pharmacy Medicare rate, pharmacy Medicaid rate, pharmacy Commercial rate, and pharmacy uninsured rate).</p> <p>Risk adjustment will be applied when available.</p>
Value Sets	The value set <i>Seguridad - CMP Immunizations</i> will be used to support the exclusion criteria.
Future Iterations	Many pharmacy measures are designed as structure or process. Future goals of this concept include measures focused on appropriate dosing based on weight and assessment of all patients.
Harmonization ¹	Payors: N/A Providers: N/A

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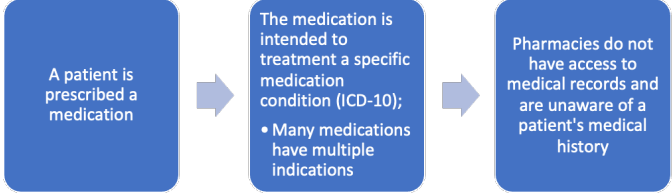
Known Allergy Status

Title	Known Allergy Status	
Description	Percent of patient records with documented allergy status, including 'no known drug allergies'.	
	A higher rate is better.	
Rationale	Community pharmacies are the last step prior to a patient receiving a medication and last chance to verify drug allergies.	
Logic Model	 <p>This measure ensures the pharmacy has the salient information (allergy history) to ensure patient specific dosing.</p>	
Level of Analysis	Pharmacy (Patient)	
Data Source	Pharmacy Data	
Denominator Statement	All individuals dispensed a prescription from the pharmacy during a measurement year	
Denominator Calculation	1.	1. Identify all prescriptions in a measurement year
	2.	2. Identify all unique patients from the prescriptions
	3.	3. Apply exclusions
Denominator Exclusions	Any non-human patients (e.g., cats, dogs, clinics, office-use, etc)	
Denominator Exclusion Rationale	Pharmacies may provide care to pets or other veterinarian needs, or for office-use. This patient profiles should be excluded from the measure calculation.	
Numerator Statement	Individuals from the denominator with documented allergy status on record	
Numerator Calculation	1.	Number of individuals from the denominator with documented allergy
Seguridad Measure Specification Process		

Data Stratification	<p>The measure rate will be reported as percent of patients within a single pharmacy.</p> <p>If available and feasible, measure rate will be reported by type of pharmacy (e.g., health-system, community, specialty, mail-order, long-term care).</p> <p>If available and feasible, measure rate will be reported by line of business (pharmacy Medicare rate, pharmacy Medicaid rate, pharmacy Commercial rate, and pharmacy uninsured rate).</p> <p>Risk adjustment will be applied when available.</p>
Value Sets	No value set is required for the calculation of this measure.
Future Iterations	Many pharmacy measures are designed as structure or process. Future goals of this concept include measures focused on updating the allergy status on an annual basis.
Harmonization ¹	<p>Payors: N/A</p> <p>Providers: N/A</p>

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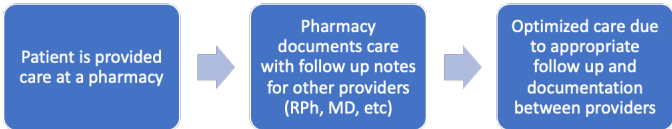
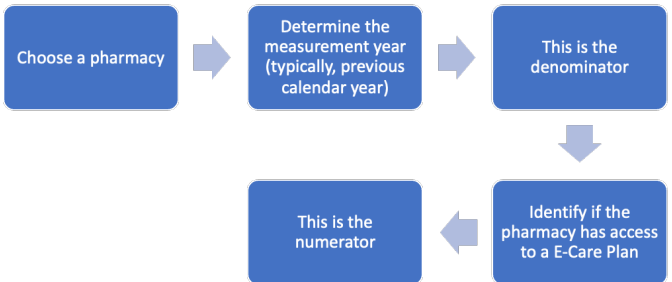
Medication Indication

Title	Medication Indication
Description	<p>Percent of electronic prescriptions with <i>prescriber-reported</i> indication based on International Classification of Disease – 10</p> <p>This is a reporting measure only</p>
Rationale	<p>Pharmacies ensure the right patient gets the right drug at the right time for the right reason. This measure will help to evaluate the right reason.</p> <p>Caveats: This measure is not for performance evaluation. Pharmacists may not diagnosis patients (by entering patient-reported diagnosis in the pharmacy system). This measure will evolve over time to ensure every prescription has an indication and said indication is correct.</p>
Logic Model	 <pre> graph LR A[A patient is prescribed a medication] --> B[The medication is intended to treatment a specific medication condition (ICD-10); • Many medications have multiple indications] B --> C[Pharmacies do not have access to medical records and are unaware of a patient's medical history] </pre> <p>This measure is establishing the need pharmacies have for an indication on every prescription. Currently, regulatory barriers exist that prevents the measure from being ‘Every Medication Has an Indication’ however, this measure is headed in that direction.</p>
Level of Analysis	Pharmacy (Prescription)
Data Source	Pharmacy Data
Denominator Statement	All prescriptions electronically submitted to the pharmacy during a measurement year
Denominator Calculation	<ol style="list-style-type: none"> 1. Identify all prescriptions in a pharmacy 2. Identify all new prescriptions denoted as refill number 0 3. Identify all new prescriptions with source field (NCPDP = electronic) 4. Apply exclusion criteria
Denominator Exclusions	<p>Any electronic prescription that was canceled by the prescriber.</p> <p>Any non-human patients (e.g., cats, dogs, clinics, office-use, etc)</p>
Denominator Exclusion Rationale	<p>Canceled prescriptions were never filled and confirmed to not be valid prescriptions</p> <p>Pharmacies may provide care to pets or other veterinarian needs, or for office-use. This patient profiles should be excluded from the measure calculation.</p>
Numerator Statement	Percent of electronic prescriptions with prescriber reported ICD-10

Numerator Calculation	1. Number of prescriptions with supplied ICD-10
Seguridad Measure Specification Process	<pre> graph TD A[Choose a pharmacy] --> B[Determine the measurement year (typically, previous calendar year)] B --> C[Identify all unique prescriptions (refill number 0)] C --> D[Identify all new prescriptions transmitted electronically] D --> E[Exclusions: • Prescription canceled by the prescriber • Non-human patients] E --> F[This is the denominator] F --> G[Identify number of prescriptions that were transmitted with a ICD-10] G --> H[This is the numerator] </pre>
Data Stratification	<p>The measure rate will be reported as pharmacy.</p> <p>If available and feasible, measure rate will be reported by type of pharmacy (e.g., health-system, community, specialty, mail-order, long-term care).</p> <p>If available and feasible, measure rate will be reported by line of business (pharmacy Medicare rate, pharmacy Medicaid rate, pharmacy Commercial rate, and pharmacy uninsured rate).</p> <p>Risk adjustment will be applied when available.</p>
Value Sets	No value set is required for the calculation of this measure.
Future Iterations	Many pharmacy measures are designed as structure or process. Future goals of this concept include measures focused ensuring all prescriptions have an indication and that the indication and medication are appropriate.
Harmonization ¹	<p>Payors: N/A</p> <p>Providers: This measure is similar to the CMS SNF measure ensuring all medications have an indication.</p>

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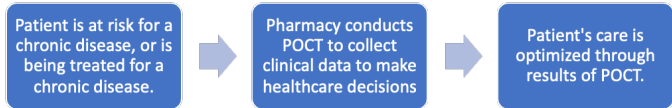
Electronic Care Plan Accessibility

Title	Electronic Care Plan Accessibility
Description	<p>Possession of e-care plan with appropriate training</p> <p>A higher score is better</p>
Rationale	Clinical documentation is required to validate actions occurred and provide patient care notes from one provider to another.
Logic Model	 <p>This measure ensures clinical documentation of patient encounters at the pharmacy. If it isn't document, it didn't happen. The E-Care Plan Accessibility measure creates the structure for future process, outcome, and patient-reported measures.</p>
Level of Analysis	Pharmacy (Nominal and Structure)
Data Source	Survey
Denominator Statement	This measure is a structure-based measure evaluate a nominal endpoint. The denominator is the pharmacy.
Denominator Calculation	1. The pharmacy
Denominator Exclusions	No exclusions
Denominator Exclusion Rationale	N/A
Numerator Statement	Accessibility of e-care plan by all members of the pharmacy
Numerator Calculation	Nominal endpoint determined by survey results
Seguridad Measure Specification Process	

Data Stratification	<p>The measure rate will be reported as pharmacy.</p> <p>If available and feasible, measure rate will be reported by type of pharmacy (e.g., health-system, community, specialty, mail-order, long-term care).</p> <p>If available and feasible, measure rate will be reported by line of business (pharmacy Medicare rate, pharmacy Medicaid rate, pharmacy Commercial rate, and pharmacy uninsured rate).</p> <p>Risk adjustment will be applied when available.</p>
Value Sets	No value set is required for the calculation of this measure.
Future Iterations	Many pharmacy measures are designed as structure or process. Future goals of this concept include evaluating the outcomes from E-Care Plan submissions, type of data within E-Care Plans, and other aspects of safety/quality.
Harmonization ¹	<p>Payors: N/A</p> <p>Providers: N/A</p>

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Point of Care Testing Structure

Title	Point of Care Testing Structure
Description	<p>Possess of a CLIA-waiver in the pharmacy.</p> <p>A higher score is better</p>
Rationale	<p>Point-of-care testing (POCT) requires a CLIA-waiver. Pharmacies that offer point-of-care testing may be able to optimize care through patient monitoring (blood glucose, HbA1c, HIV, influenza, COVID-19, pharmacogenomics, lipids, and others).</p>
Logic Model	 <p>This measure evaluates the pharmacy's readiness to provide advance services and address gaps in care, healthcare accessibility, and monitoring.</p>
Level of Analysis	Pharmacy (Nominal and Structure)
Data Source	Survey
Denominator Statement	This measure is a structure-based measure evaluate a nominal endpoint. The denominator is the pharmacy.
Denominator Calculation	1. The pharmacy
Denominator Exclusions	No exclusions
Denominator Exclusion Rationale	N/A
Numerator Statement	Possession of a CLIA-waiver at the pharmacy
Numerator Calculation	Nominal endpoint determined by survey results

Seguridad Measure Specification Process	<pre> graph LR A[Choose a pharmacy] --> B[Determine the measurement year (typically, previous calendar year)] B --> C[This is the denominator] C --> D[Identify if the pharmacy has a CLIA-waiver] D --> E[This is the numerator] </pre>
Data Stratification	<p>The measure rate will be reported as pharmacy.</p> <p>If available and feasible, measure rate will be reported by type of pharmacy (e.g., health-system, community, specialty, mail-order, long-term care).</p> <p>If available and feasible, measure rate will be reported by line of business (pharmacy Medicare rate, pharmacy Medicaid rate, pharmacy Commercial rate, and pharmacy uninsured rate).</p> <p>Risk adjustment will be applied when available.</p>
Value Sets	No value set is required for the calculation of this measure.
Future Iterations	Many pharmacy measures are designed as structure or process. Future goals of this concept include evaluating the outcomes from CLIA-waived tests, the types of tests, patient-reported outcomes, and other aspects of the quality and safety of POCT.
Harmonization ¹	<p>Payors: Some payors are evaluated on collection of clinical data, like hemoglobin A1c. This measure will help pharmacies align with those measures.</p> <p>Providers: N/A</p>

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Employee Vaccination Rate

Title	Employee Vaccination Rate	
Description	<p>Percent of employees in a pharmacy that are vaccinated for influenza and COVID-19.</p> <p>A higher rate is better.</p>	
Rationale	<p>Similar to health systems, pharmacies are frontline workers during pandemics. Ensuring pharmacies are not hot spots of disease will help prevent pandemics.</p>	
Logic Model	 <pre> graph LR A[Viral outbreaks can cause pandemics] --> B[Patients with infections will visit pharmacies to receive healthcare services] B --> C[Pharmacies may be hotspot vectors for disease spread] </pre> <p>This measure evaluates the pharmacy's role in public health and mitigated infectious diseases. As healthcare providers, pharmacy teams should be immunized as soon as possible to protect themselves, their families, and the public.</p>	
Level of Analysis	Pharmacy (Employee)	
Data Source	Survey	
Denominator Statement	Number of employees (full or part time) at the pharmacy during a measurement year	
Denominator Calculation	1. 2.	1. Number of part-time employees 2. Number of full-time employees
Denominator Exclusions	Exclude any employee <18 years old; any employee that works ≤6 months.	
Denominator Exclusion Rationale	<p>Minors may need parental permission. All employees are encouraged to receive immunizations. Data show that to reach herd immunity (often defined as 70% immunized), individuals 17 years old and younger will need to be vaccinated. However, most pharmacies will not have ≥30% of staff ≤17 years old.</p> <p>Employees working ≤6 months may not be employed during the annual influenza immunization period.</p>	
Numerator Statement	Number of employees vaccinated with influenza and COVID-19 immunizations	
Numerator Calculation	1.	Count the number of individuals that have received the COVID-19 and influenza vaccines

Seguridad Measure Specification Process	<pre> graph TD A[Choose a pharmacy] --> B[Determine the measurement year (typically, previous calendar year)] B --> C[Identify number of unique pharmacy full-time employees] C --> D[Identify number of unique pharmacy part-time employees] D --> E[Exclude any individual <= 17 years old, or employee for <= 6 months] E --> F[This is the denominator] F --> G[Count the number of individuals that have received the COVID-19 and influenza vaccines] G --> H[This is the numerator] </pre>
Data Stratification	<p>The measure rate will be reported as pharmacy.</p> <p>If available and feasible, measure rate will be reported by type of pharmacy (e.g., health-system, community, specialty, mail-order, long-term care).</p> <p>If available and feasible, measure rate will be reported by line of business (pharmacy Medicare rate, pharmacy Medicaid rate, pharmacy Commercial rate, and pharmacy uninsured rate).</p> <p>Risk adjustment will be applied when available.</p>
Value Sets	No value set is required for the calculation of this measure.
Future Iterations	If other pandemics or required vaccines are authorized/approved, this measure would be updated.
Harmonization ¹	<p>Payors: N/A</p> <p>Providers: This measure is similar to the CMS Hospital Compare Employee Vaccination rate measure.</p>

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Advanced Pharmacy Technicians

Title	Advanced Pharmacy Technicians
Description	Percent of pharmacy technicians with advance training
Rationale	Pharmacy technicians are able to expand scope of practice through certifications and credentials. The elevated pharmacy technician provides higher quality care and allows the pharmacy staff to focus on non-dispensing clinical activities.
Logic Model	<div> <div>State differences exist for the training and credentiality of pharmacy technicians.</div> <div>➔</div> <div> Pharmacy technicians may become certified <ul style="list-style-type: none"> Examples include immunization administration, product verification, and sterile product compounding </div> <div>➔</div> <div>Elevating the role of the pharmacy technician in turns allows the pharmacist to elevate their role, providing non-dispensing clinical services to patients and optimizing care</div> </div> <p>This measure evaluates the training and credentialing of a pharmacy technician. When pharmacy technicians are able to advance scope of practice, like product verification, pharmacists are able to advance their role towards medication optimization.</p>
Level of Analysis	Pharmacy (Employee)
Data Source	Survey
Denominator Statement	Number of pharmacy technicians (full or part time) at the pharmacy during a measurement year
Denominator Calculation	1. 1. Number of part-time pharmacy technicians 2. 2. Number of full-time pharmacy technicians
Denominator Exclusions	Exclude any employee ≤ 17 years old, less than 6 months employment, or ≤ 1 year as a pharmacy technician
Denominator Exclusion Rationale	Minors may need parental permission, other technicians may not be eligible for technician exam
Numerator Statement	Number of pharmacy technicians with advance credentials and training
Numerator Calculation	<ul style="list-style-type: none"> Count the number of individuals that have advanced training.

Seguridad Measure Specification Process	<pre> graph TD A[Choose a pharmacy] --> B[Determine the measurement year (typically, previous calendar year)] B --> C[Identify number of unique pharmacy full-time employees] C --> D[Identify number of unique pharmacy part-time employees] D --> E[Identify number of unique pharmacy employees registered as a pharmacy technician] E --> F[Exclude any individual <17 years old, employed for <6 months, or <1 year as a pharmacy technician] F --> G[This is the denominator] G --> H[Count the number of individuals that have advanced training] H --> I[This is the numerator] </pre>
Data Stratification	<p>The measure rate will be reported as pharmacy.</p> <p>If available and feasible, measure rate will be reported by type of pharmacy (e.g., health-system, community, specialty, mail-order, long-term care).</p> <p>If available and feasible, measure rate will be reported by line of business (pharmacy Medicare rate, pharmacy Medicaid rate, pharmacy Commercial rate, and pharmacy uninsured rate).</p> <p>Risk adjustment will be applied when available.</p>
Value Sets	No value set is required for the calculation of this measure.
Future Iterations	As additional training programs and certificates are authorized for pharmacy technicians, the numerator will be updated.
Harmonization ¹	Payors: N/A Providers: N/A

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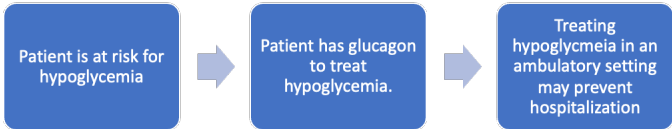
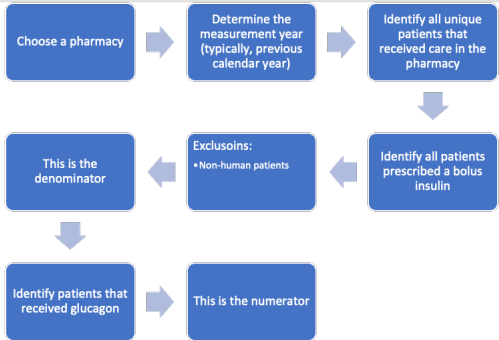
Improving Pain Management Safety

Title	Improving Pain Management Safety
Description	<p>Percent of households where at least one individual is at risk for adverse opioid event, like overdose or respiratory depression, with naloxone available.</p> <p>A higher score is better</p>
Rationale	<p>Many individuals are at increased risk for adverse events associated with opioid use. Additionally, many states have implemented standing protocols for naloxone dispensing without prescription to patients or caregivers of patients at risk for adverse opioid events. This measure ensures, at a household level, naloxone is available to any patient.</p>
Logic Model	<pre> graph LR A[Patient is at risk for adverse opioid event.] --> B[Patients or caregivers may receive naloxone for at risk patients] B --> C[Naloxone is a reversal agent and mitigates outcomes, like death, when available.] </pre> <p>This measure ensures any household at risk for adverse opioid events is evaluated and provided treatment.</p>
Level of Analysis	Pharmacy (Patient)
Data Source	Pharmacy Data
Denominator Statement	<p>Any household with a patient at risk for adverse opioid event defined as patients prescribed opioids and any of the following:</p> <ul style="list-style-type: none"> • ≥ 50 morphine milligram equivalents per day • Concomitant use of sedating medications, like benzodiazepines
Denominator Calculation	<ol style="list-style-type: none"> 1. All individuals in the pharmacy 2. All individuals prescribed an opioid 3. All individuals with risk factor (≥ 50 MME or benzodiazepine) 4. Exclude non-human patients 5. Identify each unique household
Denominator Exclusions	Any non-human patients (e.g., cats, dogs, clinics, office-use, etc)

Denominator Exclusion Rationale	Pharmacies may provide care to pets or other veterinarian needs, or for office-use. This patient profiles should be excluded from the measure calculation.
Numerator Statement	Household from the denominator with a naloxone dispensed during the measurement year
Numerator Calculation	<ol style="list-style-type: none"> 1. Identify all naloxone prescriptions dispensed from the pharmacy 2. Identify each household with a naloxone prescription 3. Households that have a match in the denominator are in the numerator.
Seguridad Measure Specification Process	<pre> graph TD A[Choose a pharmacy] --> B[Determine the measurement year (typically, previous calendar year)] B --> C[Identify all unique patients that received care in the pharmacy] C --> D[Identify all patients prescribed an opioid] D --> E[Identify all patients prescribed an opioid with at least one risk factor.] E --> F[Exclusions: •Non-human patients] F --> G[This is the denominator] G --> H[Identify all naloxone prescriptions in the pharmacy] H --> I[Identify the unique households that recieved naloxone] I --> J[Match households with naloxone with any household in the denominator] J --> K[This is the numerator] </pre>
Data Stratification	<p>The measure rate will be reported as a percent of patients within a single pharmacy.</p> <p>If available and feasible, measure rate will be reported by type of pharmacy (e.g., health-system, community, specialty, mail-order, long-term care).</p> <p>If available and feasible, measure rate will be reported by line of business (pharmacy Medicare rate, pharmacy Medicaid rate, pharmacy Commercial rate, and pharmacy uninsured rate).</p> <p>Risk adjustment will be applied when available.</p>
Value Sets	The value set <i>Seguridad – Opioids</i> and <i>Seguridad – Opioid Risk Medications</i> will be used to support the exclusion criteria.
Future Iterations	Many pharmacy measures are designed as structure or process. Future goals of this concept include measures focused on appropriate dosing based on renal function and assessment of all patients.
Harmonization ¹	<p>Payors: PQA's Opioid Measure Set</p> <p>Providers: PQA's Opioid Measure Set</p>

1. Measures that have either the same target populations (denominator) or the same measure focus (numerators) may be considered related, whereas measures that have the same targeted population (denominator) and same measure focus (numerator), are considered competing measures. Measures being developed should be harmonized, where feasible, to previously established measures to decrease measure burden. Choose My Pharmacy measures are developed for pharmacy evaluation, which is a novel area for measurement science, no current measure evaluates this level of analysis. Choose My Pharmacy measures will be harmonized to the extent possible, recognizing different levels of analysis have different data elements, and instead the focus will be to vertically integrate the Choose My Pharmacy measures with other measurement systems and measures.


Improving Diabetes Safety

Title	Improving Diabetes Safety	
Description	Percent of patients at risk for glycemia receiving bolus insulin receive glucagon.	
	A higher score is better	
Rationale	Many patients with diabetes are at risk for hypoglycemia, which can cause hospitalizations or death. Individuals using insulin, particularly meal-time, or bolus, are at increased risk for hypoglycemia.	
Logic Model	 <p>This measure ensures patients at increased risk for hypoglycemia have appropriate treatment available.</p>	
Level of Analysis	Pharmacy (Patient)	
Data Source	Pharmacy Data	
Denominator Statement	Patient at risk for hypoglycemia due to bolus insulin use.	
Denominator Calculation	1.	1. All individuals in the pharmacy
	2.	2. All individuals prescribed a bolus insulin
	3.	3. Exclude non-human patients.
Denominator Exclusions	Any non-human patients (e.g., cats, dogs, clinics, office-use, etc)	
Denominator Exclusion Rationale	Pharmacies may provide care to pets or other veterinarian needs, or for office-use. This patient profiles should be excluded from the measure calculation.	
Numerator Statement	Patients from the denominator with glucagon.	
Numerator Calculation	1.	Identify individuals from the denominator with a prescription for glucagon
Seguridad Measure Specification Process		

Data Stratification	<p>The measure rate will be reported as a percent of patients within a single pharmacy.</p> <p>If available and feasible, measure rate will be reported by type of pharmacy (e.g., health-system, community, specialty, mail-order, long-term care).</p> <p>If available and feasible, measure rate will be reported by line of business (pharmacy Medicare rate, pharmacy Medicaid rate, pharmacy Commercial rate, and pharmacy uninsured rate).</p> <p>Risk adjustment will be applied when available.</p>
Value Sets	The value set <i>Seguridad – Basal Insulin</i> will be used to support the exclusion criteria.
Future Iterations	Many pharmacy measures are designed as structure or process. Future goals of this concept include measures will include other high-risk diabetes medications.
Harmonization ¹	<p>Payors: N/A</p> <p>Providers: N/A</p>

1. Measures that have either the same target populations (denominator) or the same measure focus (numerators) may be considered related, whereas measures that have the same targeted population (denominator) and same measure focus (numerator), are considered competing measures. Measures being developed should be harmonized, where feasible, to previously established measures to decrease measure burden. Choose My Pharmacy measures are developed for pharmacy evaluation, which is a novel area for measurement science, no current measure evaluates this level of analysis. Choose My Pharmacy measures will be harmonized to the extent possible, recognizing different levels of analysis have different data elements, and instead the focus will be to vertically integrate the Choose My Pharmacy measures with other measurement systems and measures.

Identifying Social Determinants of Health

Title	Identifying Social Determinants of Health	
Description	Percent of patients in the pharmacy that have documented SDOH data elements.	
	A higher score is better	
Rationale	Pharmacies are often identifying and resolving social determinant of health barriers for patients. However, documentation is vital to showing progress on care. This measure evaluates if a pharmacy is collecting SDOH identifiers at the pharmacy. Once patients are identified, pharmacies will be able to make interventions and bill for these services.	
Logic Model	 <pre> graph LR A[Pharmacies record and document SDOH data elements] --> B[Patient is at risk for poor health outcomes] B --> C[Pharmacies can identify patients that require intervention to resolve SDOH barriers] </pre> <p>This measure ensures pharmacies are documenting and collecting the data required for SDOH clinical services.</p>	
Level of Analysis	Pharmacy (Patient)	
Data Source	Pharmacy Data	
Denominator Statement	All patients within a pharmacy	
Denominator Calculation	1. 2. 3.	1. Identify all prescriptions in a measurement year 2. Identify all unique patients from the prescriptions 3. Apply exclusions
Denominator Exclusions	Any non-human patients (e.g., cats, dogs, clinics, office-use, etc)	
Denominator Exclusion Rationale	Pharmacies may provide care to pets or other veterinarian needs, or for office-use. This patient profiles should be excluded from the measure calculation.	
Numerator Statement	Patients from the denominator with documented SDOH data elements, including: Insurance Status, Education level, Race, Ethnicity, Zip Code	
Numerator Calculation	1.	Identify individuals from the denominator with a documented SDOH data element (composite)

Seguridad Measure Specification Process	<pre> graph TD A[Choose a pharmacy] --> B[Determine the measurement year (typically, previous calendar year)] B --> C[Identify all prescriptions] C --> D[Identify all unique patients that received care in the pharmacy] D --> E[Exclusions: Non-human patients] E --> F[This is the denominator] F --> G[Identify patients that have documented: Insurance status, Education level, Race, Ethnicity, Zip Code] G --> H[This is the numerator] </pre>
Data Stratification	<p>The measure rate will be reported as a percent of patients within a single pharmacy.</p> <p>If available and feasible, measure rate will be reported by type of pharmacy (e.g., health-system, community, specialty, mail-order, long-term care).</p> <p>If available and feasible, measure rate will be reported by line of business (pharmacy Medicare rate, pharmacy Medicaid rate, pharmacy Commercial rate, and pharmacy uninsured rate).</p> <p>Risk adjustment will be applied when available.</p>
Value Sets	No value set is required for this measure.
Future Iterations	Many pharmacy measures are designed as structure or process. Future goals of this measure will be to track additional SDOH data elements, like housing or food insecurity, for eventual Z-code billing and interventions.
Harmonization ¹	<p>Payors: N/A</p> <p>Providers: N/A</p>

1. Measures that have either the same target populations (denominator) or the same measure focus (numerators) may be considered related, whereas measures that have the same targeted population (denominator) and same measure focus (numerator), are considered competing measures. Measures being developed should be harmonized, where feasible, to previously established measures to decrease measure burden. Choose My Pharmacy measures are developed for pharmacy evaluation, which is a novel area for measurement science, no current measure evaluates this level of analysis. Choose My Pharmacy measures will be harmonized to the extent possible, recognizing different levels of analysis have different data elements, and instead the focus will be to vertically integrate the Choose My Pharmacy measures with other measurement systems and measures.