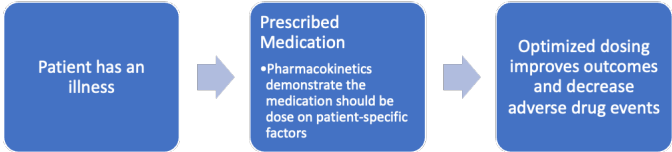


# Assessment of Renal Function in Older Adults

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"> <li>1. All individuals in the pharmacy</li> <li>2. All individuals aged 65 or older at the beginning of the measurement year</li> <li>3. Must have received a medication during the measurement year</li> <li>4. Remove an individual with exclusion criteria</li> </ol>
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"> <li>1. Identify number of individuals with serum creatine recorded</li> <li>2. Identify number of individuals with serum creatine updated during the measurement year</li> </ol>
Seguridad Measure Specification Process	<pre> graph TD     A[Choose a pharmacy] --&gt; B[Determine the measurement year (typically, previous calendar year)]     B --&gt; C[Identify all unique patients that received care in the pharmacy]     C --&gt; D[Identify all patients aged ≥65 years or older at the beginning of the measurement year.]     D --&gt; E[Identify all patients that received at least one prescription from the pharmacy during the measurement year.]     E --&gt; F[Exclusions: • Only IMZ patients • Non-human patients]     F --&gt; G[This is the denominator]     G --&gt; H[Identify number of individuals with a serum creatinine on file]     H --&gt; I[Identify number of individuals with serum creatine on file from the measurement year]     I --&gt; 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 <sup>1</sup>	<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.

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