Quality in the Pharmacy Environment

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Healthcare is like a team sport with active participation from a variety of position players, including patients, physicians, nurses, pharmacists, and many others. Although they each have a different responsibility, they would all agree that quality is the foundation for all their activities. The confusion arises when they are asked to define quality.

Toward the end of the past century, a number of organizations put forth measures that defined their position on quality. These included the Centers for Medicaid and Medicare Services (CMS), the American Medical Association, Bridges to Excellence, URAC (formerly Utilization Review Accreditation Commission), the National Committee for Quality Assurance (NCQA), the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), the American Board of Medical Specialties, and Leapfrog. The health plan community was able to decrease some of its confusion about quality through the use of external measurements, such as the Health Plan Employer Data and Information Set measures, and accreditation through organizations such as the NCQA.

Unfortunately, confusion about quality goals and quality improvement still remains across much of the healthcare environment. To reduce this confusion and allow members of the healthcare community to focus their efforts, there is a great need for a single national entity to take a lead in helping to define healthcare quality improvement. This is the role of the National Quality Forum (NQF)—a voluntary, consensus-based standards-setting organization that became operational in 2000.

The mission of the NQF is to improve the quality of American healthcare by:
1. Setting national priorities and goals for performance improvement
2. Endorsing national consensus standards for measuring and publicly reporting on performance
3. Promoting the attainment of national goals through education and outreach programs.

During the past 8 years, the NQF has brought diverse healthcare stakeholders together to endorse more than 200 performance measures.

For a very visible example of diffuse definitions and measurements, one has to look no further than the practice of pharmacy. Until recently, pharmacists did not have measurements of their own to define their quality goals. This has begun to change over the past few years, when a variety of quality initiatives focusing on the pharmacy space began to appear, including URAC, the Pharmacy Quality Alliance, JCAHO, and CMS. But, once again, there is confusion about the various goals. Without agreed on goals, no coordinated process for selecting standardized measures existed. In June 2006, the NQF launched the Therapeutic Drug Management (TDM) project. The goals of the project are to:
1. Achieve consensus on comprehensive framework for TDM
2. Identify and endorse performance standards and measures
3. Identify preferred practices for TDM.

The TDM project was kicked off with a framework paper and a workshop in 2006. This was followed by evaluation of the framework and preferred practice. The framework focused on several areas that were articulated in other pharmacy and medication management quality initiatives, including:
- Therapeutic decision-making: diagnosis, documentation, monitoring
- Medication adherence and education
- Safe medication use: side effects, proper use/handling
- Efficiency: formulary system management, medication options, drug utilization review

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- System coordination and communication.
  The NQF councils and public comment period occurred in 2007, with NQF member organizations voting on the proposed practices late in the spring of 2008.

  So what does this mean for pharmacies and pharmacists? I believe that this is all positive. First, that which is measured matters. This allows pharmacists, who are among the most trusted providers in the healthcare arena and often the most utilized, to be recognized for the work they do. Second, it allows pharmacists to work from a single set of uniform measures and become ambassadors for quality drug management. Third, it focuses quality improvement activities in the pharmacy space so there is no confusion or conflict as to what constitutes quality activity around medication management.

  Regardless of whether one is a healthcare consumer, a payer of healthcare benefits, or a healthcare provider, quality and quality improvement should be healthcare’s essential business strategy. It has been shown many times, as with the appropriate medication management of diabetes and asthma, that quality does not cost more, and, in fact, it often costs less. Embracing these focused efforts to improve quality in the pharmacy setting, which many have found to be the most utilized of the healthcare benefits, helps all of us. By doing so, we can help to decrease the 1.5 million medication errors cited in the Institute of Medicine study, reduce healthcare costs, and save many lives.

References
1. For information on the current National Voluntary Consensus Standards for the Reporting of Therapeutic Drug Management Quality, see http://www.qualityforum.org/projects/ongoing/therapeutic/index.asp.