



A Novel Deprescribing Quality Metric for Health Plans: Deprescribing of Benzodiazepines in Older Adults

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Disclosures

Rachel Harrington is an employee of the National Committee for Quality Assurance. Dr. Harrington's research funders include: Centers for Medicare and Medicaid Services, California Health Care Foundation.

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Developing a Quality Measure for Deprescribing

What is a quality measure?

“Quality measures are **tools that help measure or quantify** healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.”

- Centers for Medicare & Medicaid Services



Over 200 million
61% of population
enrolled in plans that report
HEDIS results.

HEDIS Measurement Year (MY) 2022

93 measures across 6 domains

- Effectiveness of Care (60)
- Access/Availability of Care (5)
- Experience of Care (3 CAHPS Surveys)
- Utilization (6) and Risk Adjusted Utilization (5)
- Health Plan Descriptive Information (3)
- Measures Collected Using Electronic Clinical Data Systems (8 unique/14 total)
- Digital Measures - including ECDS reported (22)

Use in *Programs*

- CMS ACO: 10 measures
- CMS Quality Payment Program: 33 measures
- CMS Quality Rating System: 24 measures
- CMS Part C Star Ratings: 14 measures | CMS Part C Display: 10 measures
- Medicaid Adult Core Set: 17 measures
- Medicaid Child Core Set: 12 measures
- Private Sector Value-Based Contracting Programs: (multiple measures)

HEDIS Measure Development Process



 *Continuous Stakeholder Engagement*

Benzodiazepine Deprescribing



Existing Quality Measures

Balance and Gaps

HEDIS

Use of High-Risk Medications in Older Adults

- AGS Beers Criteria Table 2 (Potentially Inappropriate Medications)
- Benzodiazepines added in HEDIS MY 2020
- Lower rates are better

Potentially Harmful Drug-Disease Interactions in Older Adults

- AGS Beers Criteria Table 3 (Drug-Disease / Drug-Syndrome Interactions)
- Includes benzodiazepines in history of fall & dementia rates
- Lower rates are better

Measures of concurrent opioid & benzodiazepine use

- CDC & clinical guidelines
- Lower rates are better

Review of Evidence

Risks and Recommendations for Benzodiazepines in Older Adults



Risks include dependence and withdrawal, sedation leading to falls and fractures, impaired cognition and dementia



Consensus: Deprescribe benzodiazepines for older adults



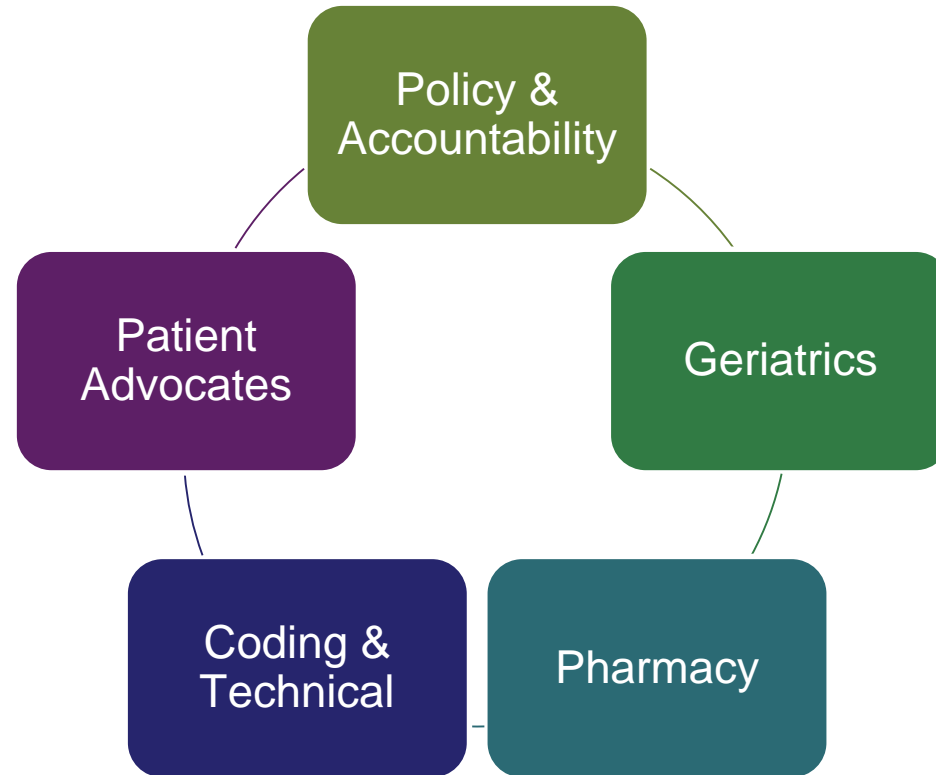
Deprescribing guidelines recommend:

- Start with larger taper (20-25%), hold 2-4 weeks, then decrease taper (to 5-12.5%)
- Slower taper considered preferable, can last 6-8 months

Ongoing Stakeholder Engagement

Revise & Adjust

At every stage of process, stakeholders are engaged through advisory panels to inform conceptual, clinical and technical development.



Opportunity



Balance downward pressure on utilization with positive recognition for implementing patient-centered, safe, clinical practices.

Benzodiazepine Deprescribing



Measure Development

Desirable Attributes for Measures

Relevance



- Meaningful to stakeholders
- Important to enhanced health
- Addresses Equity
- Financial impact of improvement
- Controllable
- Potential for improvement
- Substantial variation

Scientific Soundness



- Based on best available evidence
- Process or structural measures are linked to outcomes
- Accurate-reliable
- Valid

Feasibility



- Precisely specified
- Needed data available
- Cost of data collection is reasonable
- Auditable

Measure Testing

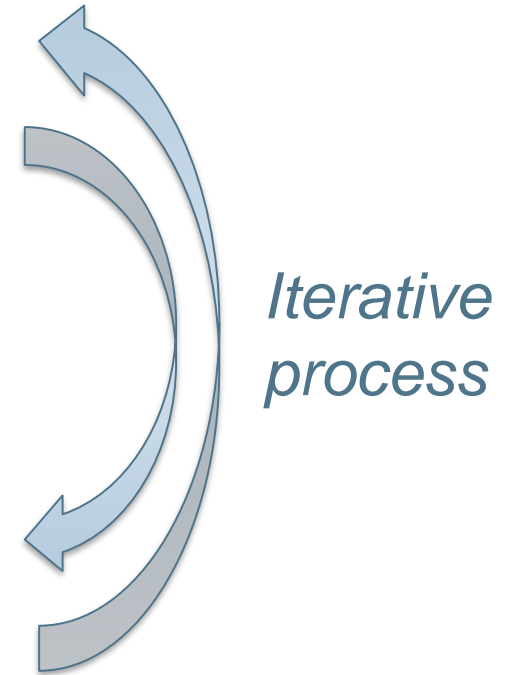
Targeted Evaluation

Qualitative

- Current state of clinical practice and policy
- Quality improvement efforts
- Opportunities and challenges of a measures

Quantitative

- Impact of different population and outcome definitions
- Cohort characteristics
- Outcome prevalence
- Variation in denominator (cohort) size and outcome performance across health plans



Measure Description

Deprescribing of Benzodiazepines in Older Adults (DBO)

Percentage of Medicare members 65+ dispensed benzodiazepines who experienced a **20% reduction or greater in average daily benzodiazepine dose*** during the measurement year.

**Minimum 3-month taper period to observe dose decrease*

Product Lines

Medicare

Data Source

Administrative

Stratification

- Diagnosis of Generalized Anxiety Disorder
- Without a diagnosis of GAD
- Total

Denominator (Target Population)

Deep Dive

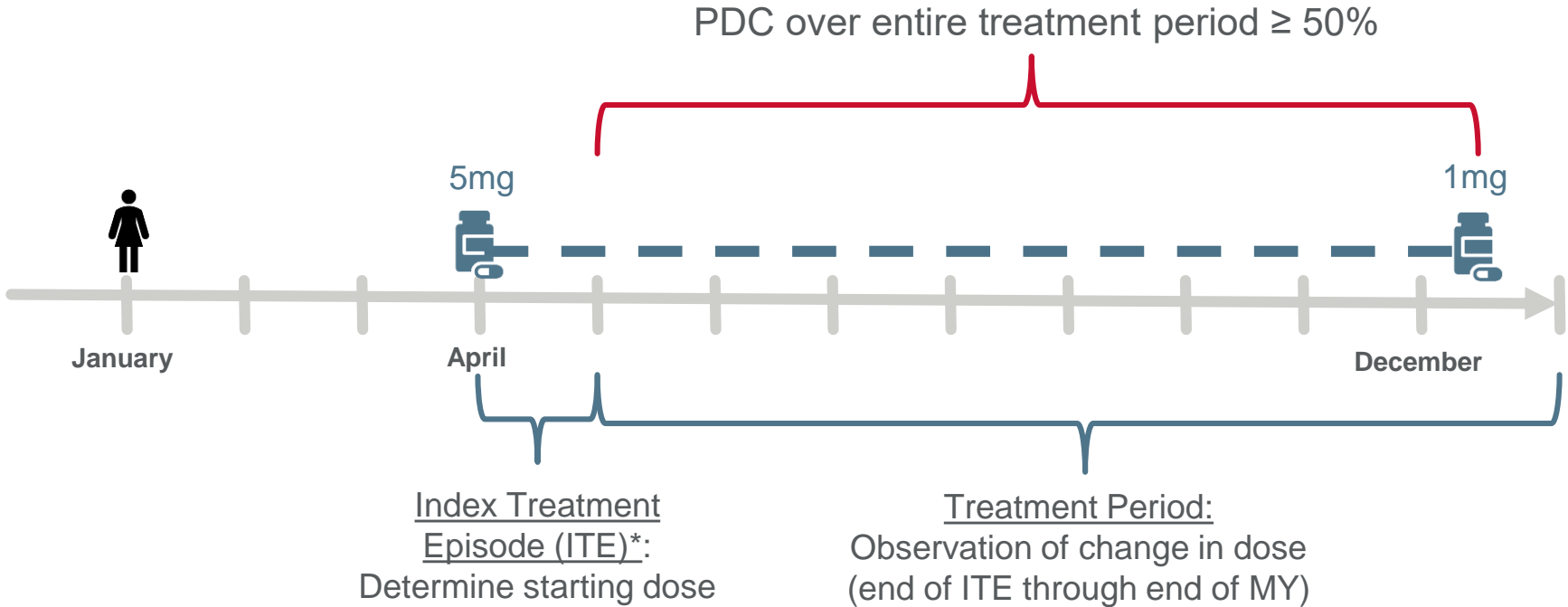


- 2+ benzodiazepine dispensing events on different dates of service
- Qualifying index treatment episode (ITE): ≥ 30 total contiguous days covered by benzodiazepines starting on or before September 1 of the measurement year
- Routine use requirement
- Exclusions:
 - Appropriate diagnoses for benzodiazepine use (Seizure, REM Sleep Disorder, Alcohol withdrawal, Benzodiazepine withdrawal)
 - Hospice
 - Palliative care

Defining Routine Use

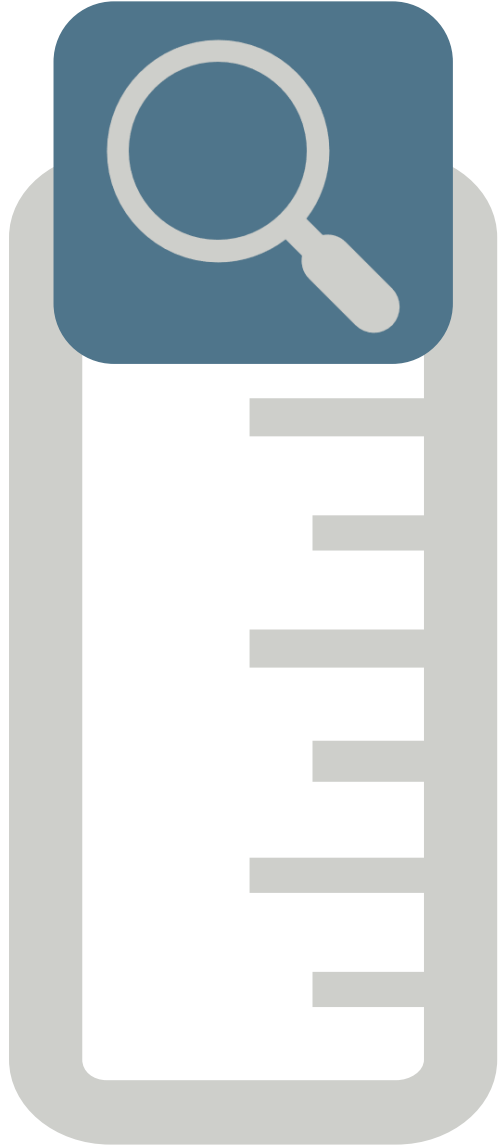
Sample Patient

Proportion of Days Covered (PDC)



Numerator (Outcome)

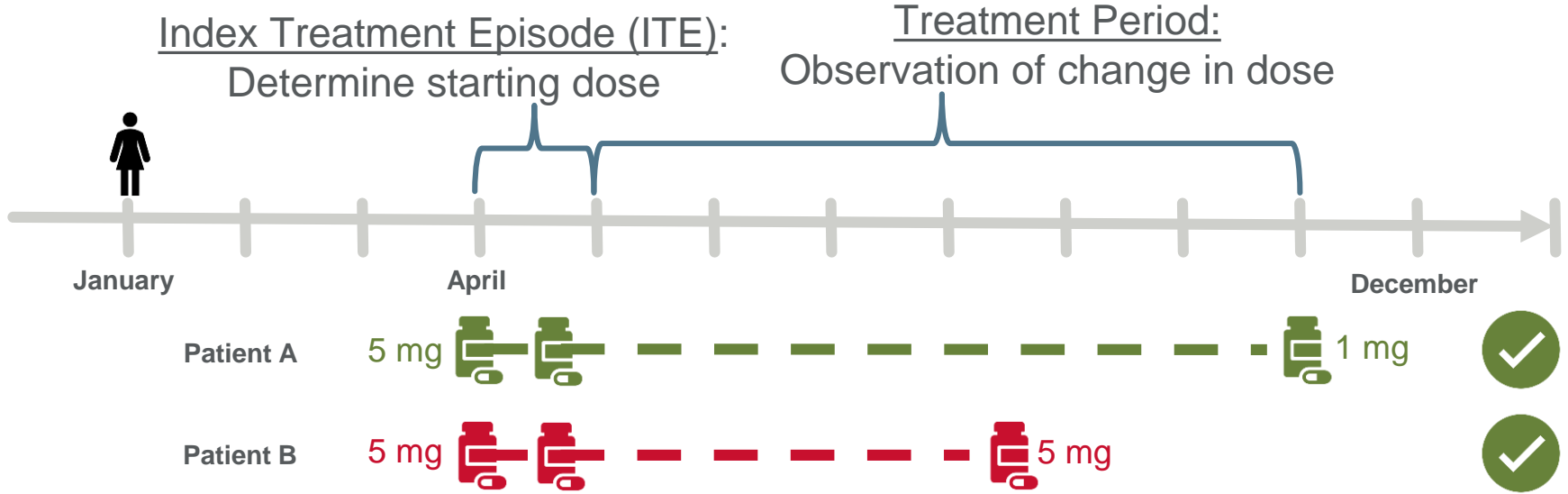
Deep Dive



- A dose reduction of 20% or greater, calculated as:
$$\left[\frac{\text{Starting Dose} - \text{Ending Dose}}{\text{Starting Dose}} \right] \times 100$$
- Includes members who achieve 100% discontinuation with an ending dose set to 0.
- Detailed instructions on handling dispensing sequence (same or different drug, same or different dispense dates)

Numerator Success

Evolution based on stakeholder feedback



Original Measure Proposal: Only Patient A meets numerator.

Stakeholder Feedback: Consider adding logic to account for 100% discontinuation

Final Measure: Patient B also meets numerator.

Benzodiazepine Deprescribing



Public Comment Summary

Two Cycles of Review: Spring 2021, Spring 2022



125 total comments

- Perspectives such as health plans, clinicians, vendors, provider organizations, federal and state policymakers.
- Majority support or support with modifications

Themes

- Level of accountability
- Denominator considerations
- Numerator considerations
- Risks and unintended consequences

New Measure in HEDIS MY 2023

First Year Status

HEDIS® MEASUREMENT YEAR 2023 VOLUME 2:

TECHNICAL SPECIFICATIONS FOR HEALTH PLANS

386 *Deprescribing of Benzodiazepines in Older Adults*

Deprescribing of Benzodiazepines in Older Adults (DBO)

SUMMARY OF CHANGES TO HEDIS MY 2023

- This is a first-year measure.

Description

The percentage of members 67 years of age and older who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose (diazepam milligram equivalent [DME] dose) during the measurement year.

Looking Ahead



Evaluate suitability for public reporting

Works as Designed

Reporting Feasibility

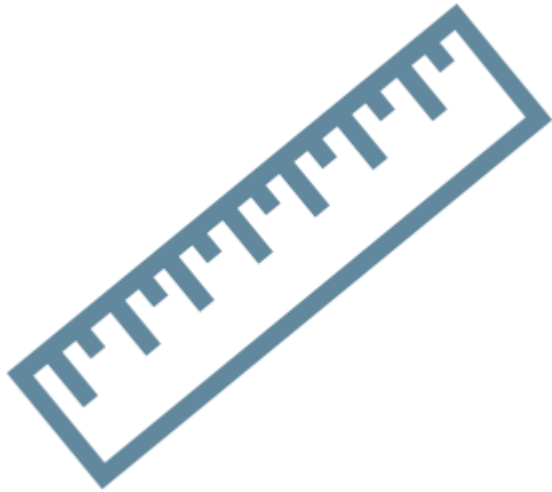
Variation in Performance

Analysis and decision in summer, 2024

Preliminary Findings

Objective: Examine current rates of benzodiazepine deprescribing across a national sample of Medicare Advantage plans in 2019....the “pre” of a future pre/post study.

Study Design



Data Source: OptumLabs® Data Warehouse de-identified administrative claims, which includes medical & pharmacy claims & enrollment records from Medicare Advantage (MA) enrollees.

Population: MA beneficiaries ≥ 67 years of age

- **Inclusion:** Two years of continuous enrollment, routine benzodiazepine use, initial fill start date on or before September 1 of measurement year.

- **Exclusion:** Hospice or palliative care use, indications for appropriate benzodiazepine use

Statistical Analyses



**Outcome = $\geq 20\%$ decrease in benzodiazepine dose
OR discontinuation**

- Outcome calculated from index treatment episode (initial 30 continuous days) to dose of last observed fill in observation period

Analysis

1. Descriptive characteristics
2. Outcome prevalence (measure performance) overall & by subgroups
3. Variation across health plans

Study Population



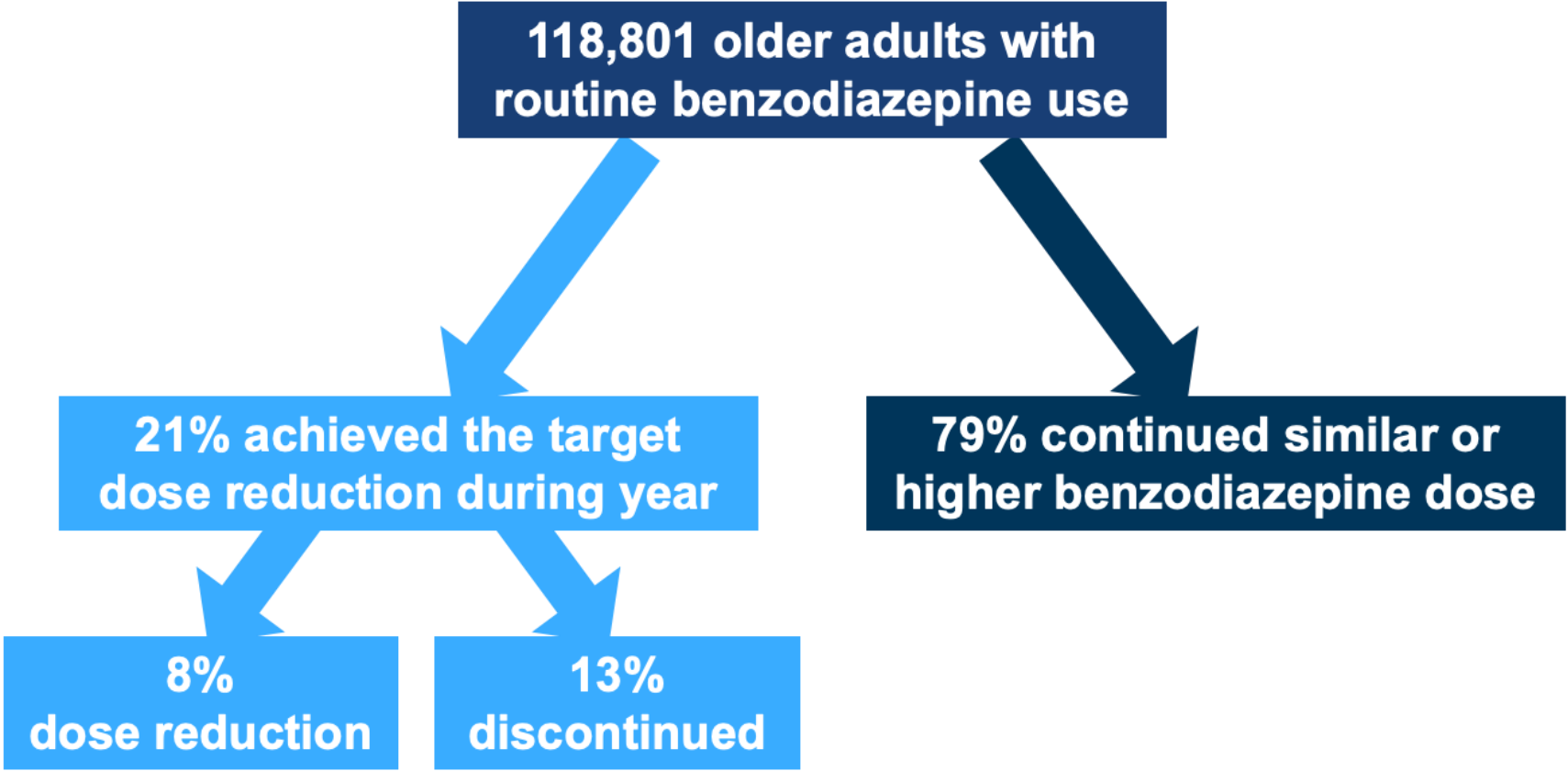
Cohort: 118,801 older adults with routine benzodiazepine use

- 70% female
- 50% age ≥ 75
- 29% Medicaid dual-eligible

Baseline Benzodiazepine Use:

- Median 0.15 diazepam MG eqv (DME); IQR 0.1-0.4
- 10% DME >30
- 12% on multiple benzodiazepines
- 30% on opioids

Primary Results



Subgroups

	# Study Population	# (%) Deprescribed
Overall	118,801	24,966 (21)
Gender		
Male	35,650	17,348 (21)
Female	83,151	7,437 (21)
Age		
65-74	59,503	11,623 (20)
75-84	42,592	8,914 (21)
85+	16,706	4,429 (27)
Medicare Eligibility		
Aged, Non-Dual Eligible	73,687	11,640 (16)
Aged, Dual Eligible	32,637	7,697 (24)
Disabled	2,704	486 (18)
Dual Eligible and Disabled	2,909	592 (20)
Other/Unknown	6,864	4,552 (66)
Generalized Anxiety Disorder		
GAD Diagnosis	67,718	14,663 (22)
No GAD Diagnosis	51,083	10,303 (20)

Plan-Level Analyses



Plans Examined:

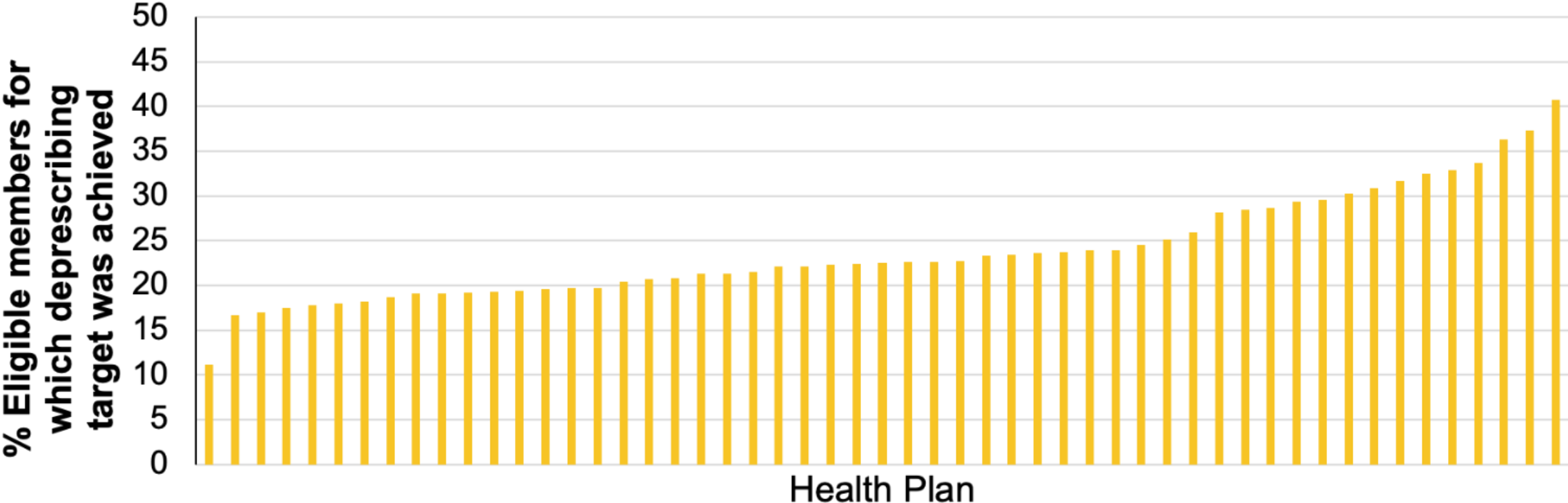
- 53 Medicare Advantage plan “units”
- 14 excluded for measure denominator < 30

Plan Characteristics:

- **Overall members in plan:** 29,196 (IQR 6,773 to 78,651)
- **Members eligible for metric:** 354 (IQR 147-1,966)
 - 5.5% (IQR 4.6%-7.2%) excluded

Plan-Level Performance:

Average performance rate of 24%, range 11%-41%



Research, Practice and Policy Implications

Deprescribing Research

Utility of Quality Measures



- Impact of the HEDIS measure
 - Year after year effect
 - Unanticipated effects – coding, alternative medications, equity
 - Patient response to measure
- Candidates for future quality measures
- Developing user-friendly materials to support high-quality deprescribing conversations

Implications for Clinical Practice

Risks and Opportunities



- Developing user-friendly materials to support high-quality deprescribing conversations
- Disseminating high quality clinical resources (deprescribing.org)
- Non-pharmacologic treatment approaches
- Team-based care (pharmacist-led deprescribing models)

Deprescribing Policy

Utility of Quality Measures



Policy Implications

- Plan uptake
- CMS uptake

- Measurement of deprescribing vs dose reduction

- Successful deprescribing requires investment
 - Pharmacist-led care models
 - Clinician training
 - What is the role of the health plan?

Why does quality measurement matter?

TRANSPARENCY

Determine payment incentives, penalties, reimbursement levels

- CMS Part D and Part C Stars (plans)
- State Medicaid Managed Care
- Hospital reimbursement (HRRP)
- Clinician reimbursement (QPP MIPs)
- Employer contracting with insurers
- Private Insurer Value Based Payment Contracts

ACCOUNTABILITY

Inform consumer choice

- Medicare Part C and D plan selection
- Nursing Home Compare
- Hospital Compare
- Physician Compare
- Insurer website

Define priorities

- Reflect and promote what is important and valuable
- Shape policy and improvement targets

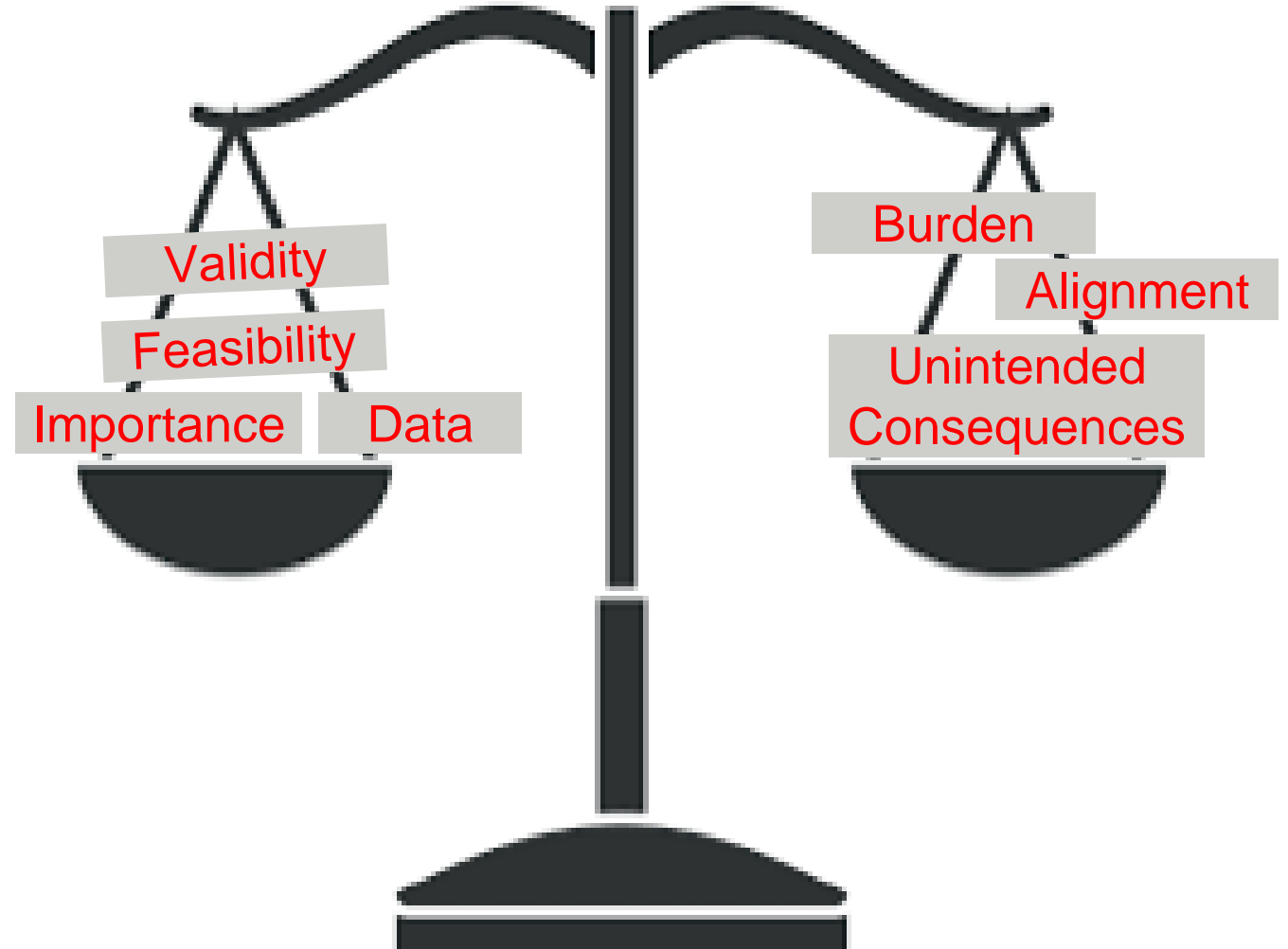
OUTCOMES

Implications for Quality Environment

Where do deprescribing measures fit?

Quality measurement promotes optimal health care through transparency and accountability.

All about striking the best possible balance





Get in touch

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