



Pharmacy Quality Measures

An FAQ Explaining the Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly

by Natalie Bari

WHERE DOES THIS MEASURE FIT INTO THE OVERALL MEDI- CARE PART D STAR RATINGS?

This measure was endorsed by the Pharmacy Quality Alliance (PQA) in May 2014. But to date, it has not been adopted by the Medicare Part D Star Ratings program. The measure is often described as an extension of the PQA measure on the use of high-risk medications in the elderly (HRM), which was used in the calculation of the CMS 2015 Star Ratings using 2013 claims data. Both mea-

asures feature medications from the American Geriatrics Society's Beers Criteria for potentially inappropriate medication use in older adults. The original HRM measure discussed the use of non-benzodiazepine sedative hypnotics, but it did not include benzodiazepines as they were listed as "avoid only for treatment of insomnia, agitation or delirium." The additional measure was created to address the concern that an unintended consequence of the HRM measure would be increased use of benzodiazepines for

the diagnoses (such as insomnia, agitation, delirium) that the Beers Criteria state should be avoided.

WHAT DOES THIS MEASURE ANALYZE?

This measure calculates the percent of patients 65 years of age and older who have received two or more prescription fills for any benzodiazepine sedative hypnotic for a cumulative period of more than 90 days. The benzodiazepine sedative hypnotic medications are defined to include estazolam,

temazepam, triazolam, flurazepam, and quazepam. A PQA pilot testing of the measure utilizing populations from Medicare Advantage Plans (MA-PD) and prescription drug plans (PDP) established baseline averages of 1.81 percent for the MA-PD populations and 1.14 percent for the PDP populations.

WHAT IMPACT CAN THIS HAVE ON MY PHARMACY?

Pharmacies have a stake in monitoring their performance against endorsed quality measures. By taking an early interest in this measure, pharmacies have time to develop a system to improve intervention strategy with patients, caregivers, and prescribers. If the time comes that the pharmacy is in a network that begins tracking this measure, the pharmacy will be in a good position to request preferred status or pay-for-performance incentives. Pharmacies can boost performance using medication review, recognizing cognitive impairment and counseling on good sleep hygiene and fall prevention.

WHAT IMPACT DOES THIS HAVE ON PATIENT SAFETY?

The use of benzodiazepine sedative hypnotic medications in the elderly is directly related to patient safety. Research has suggested that more than 25 percent of hospital ED visits are related to adverse drug events that occur in elderly patients. This measure is developed around the American Geriatrics Society's Beers Criteria in an effort to combat this growing statistic. The Beers Criteria was developed to address the age-related physiological changes (such as decreased renal function, reduced muscle mass) that put elderly patients at an increased for drug-related adverse effects.

Retrospective studies revealed that benzodiazepine use may have caused up to 10 percent of drug-associated hospital admissions among the elderly, especially among patients who use

them frequently over a prolonged period of time. The use of these drugs has been associated with intellectual and cognitive impairment, including diminished short-term recall and increased forgetfulness. These effects are often mistaken as part of the normal aging process or early onset dementia, but for many patients on benzodiazepine sedative hypnotics, cognitive function improves when these agents are discontinued. Benzodiazepines also contribute to psychomotor impairment, which increases the risk of falls and automobile accidents in elderly patients. Several studies have also revealed an increased incidence of hip fracture and recurrent falls among elderly patients using benzodiazepines chronically.

As such, the Beers Criteria recommends that for improved elderly patient safety all benzodiazepines be avoided for treatment of insomnia, agitation or delirium. This quality measure seeks to further improve elderly patient safety by dramatically decreasing the

use of the benzodiazepine agents specifically labeled as sedative hypnotics.

WHAT CAN I DO TO IMPROVE PERFORMANCE?

Adopting this measure will help you improve patient safety in your pharmacy and prepare for its inclusion in quality measurement programs. You can manage it much in the same way you would manage the HRM measure, by analyzing your records to identify elderly patients who take these medications. Use your pharmacy software to develop reports of patients on these medications and analyze the frequency of their prescription fills. Utilize MTM services to evaluate patients' use of these drugs and consult patients' physicians when appropriate for therapy changes.

**See additional resources for more information.* ■

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*Additional Resources:

- Pharmacy Quality Alliance Performance Measures: <http://pqaalliance.org/measures/cms.asp>
- Performance Measure: Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly: http://pqaalliance.org/images/uploads/files/Approved%20Measure_May2014.pdf
- PQA Quality Connection bi-monthly briefing: PQA Endorses New Performance Measure...
- Use of High-Risk Medications in the Elderly: <http://pqaalliance.org/images/uploads/files/HRM%20Measure%202013website.pdf>
- AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults: <http://www.americangeriatrics.org/files/documents/beers/PrintableBeersPocketCard.pdf>
- Bogunovic, Olivera J. and Shelly F. Greenfield. "Use of Benzodiazepines Among Elderly Patients." *Psychiatric Services*. March 2004. <http://ps.psychiatryonline.org/article.aspx?articleID=88327>
- "Optimizing Medication Use in the Elderly." *Pharmacist's Letter*. Volume 2012. <http://pharmacistsletter.therapeuticresearch.com/ce/cecourse.aspx?pc=12-206&AspxAutoDetectCookieSupport=1>

Editor's Note: This is another in a continuing series of articles covering treatment of various health issues and how they relate to the Medicare Part D Star Ratings program.