AUA Comments on Proposed Revisions to Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) Measure

Submitted to the National Committee for Quality Assurance (NCQA) on March 15, 2016

The AUA welcomes the opportunity to submit comments on NCQA’s proposed modifications to DDE.

Geriatric patients make up a significant portion of urology’s patient population. Therefore, both urologists and their patients are impacted by the proposed DDE modifications. The AUA has the utmost respect for the intent of the proposed measure and the 2015 Beers Criteria on which it is based. The original intent of the Beers Criteria was to serve as a resource for clinicians in order to protect the patients they were treating; the list itself was not to be the determining factor on what to prescribe. Rather physicians should use this information as a reference, and after discussion with the patient, the best option for that particular patient can be determined. AGS even stresses this fact in How to Use the American Geriatrics Society 2015 Beers Criteria—A Guide for Patients, Clinicians, Health Systems, and Payors, which accompanied the publication of the 2015 Revised Beers Criteria. The HEDIS measures, on the other hand, tie the use the Beers Criteria to performance and thus make the drugs’ use punitive, hindering a physician’s role to use their judgment to prescribe the appropriate medication and treatment option for their patients. This places an undue burden on physicians who must fight for their patients’ rights with insurance companies and comply with many extraneous administrative tasks that have been established solely because of these measures.

This is a longstanding belief of the AUA. In fact, following the creation of the previous 2013 version of the Beers Criteria, the AUA authored a white paper concerning the impact of the Beers Criteria on urologic practice. Subsequently, and given the importance of physician judgment, the AUA Board of Directors approved a policy statement affirming the AGS’ position that (1) the Beers Criteria should never be used to supersede clinical judgment and individualized patient care, and (2) the AGS does not endorse the use of the Beers Criteria to certify medications as “never appropriate” for an older person. The AUA policy statement also affirmed the AMA policy clarifying that while it is appropriate for the Beers Criteria to be incorporated in quality measures, such measures should not be applied in a punitive or onerous manner to physicians and must recognize the various circumstances where deviation from the measure may be appropriate, and inform health insurers and other payers of this policy.