AUA Comments on Proposed Revisions to Use of High-Risk Medications in the Elderly (DAE) Measure

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

The American Urological Association (AUA) welcomes the opportunity to submit comments on the National Committee for Quality Assurance’s (NCQA) proposed modifications to the Use of High-Risk Medications in the Elderly (DAE). Your attention to the concerns of America’s urologists is appreciated.

Of specific note in the proposed measure modifications, the AUA has several concerns. First, in DAE, there is a change from two different high-risk medications to a measure of two prescription fills for the same high-risk medication within the same year. The AUA believes the intent of this measure is valid, but it fails to capture a nuanced clinical decision for the patient for whom the benefits outweigh the risks by the use of an otherwise precluded medication. The clinician should be encouraged to acknowledge the Beers Criteria and note his or her decision-making rationale to the contrary in the patient record.

An additional concern is that the DAE measure appears to preclude a patient from getting a refill of a prescription that is working for that patient in an appropriate context. While the utilization of any medication considered ineffective is not appropriate, the AUA believes that continued utilization requiring a refill may be reasonable in nuanced situations, and the provider should not be negatively impacted for such careful and documented rationalization.

In general, the AUA is concerned about its members’ experiences regarding the Beers Criteria being operationalized and applied to specific quality performance since the measures do not allow for clinical judgment. The Beers Criteria should not be used in a punitive manner which is what these measures do. The AUA has offered not only its comments on the measures but also an easily adoptable alternative to the measures. The AUA would welcome the opportunity to speak with NCQA about these alternatives as well as the AUA’s white paper and the member experience that led to its development. In addition, the AUA would be honored to work with NCQA on this and other measures of mutual interest.