

HEDIS Measure Links Medications for Older Adults to Diagnosis

The more medications a person takes, the higher the chances are for adverse reactions, negative side effects and even life-threatening conditions. Overall, polypharmacy in older adults is a major contributor to disability, frailty, falls, long-term care placement and a decreased quality of life.

It is important to improve medication safety and efficacy in the elderly, and to decrease the use of potentially harmful medications without an appropriate diagnosis. The National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS^{®1}) measure addresses older patients receiving potentially harmful medications without an appropriate diagnosis.

This HEDIS measure is called **Use of High-Risk Medications in Older Adults (DAE)**.

The measure calculates three rates based on the following criteria:

- High-Risk medication use in adults age 67 and older, with:
 - Two dispensing events for medications where any use is inappropriate (Rate 1), and
 - Medications where use under all but the specific indications is potentially inappropriate (Rate 2)

The total of both Rate 1 and Rate 2 is reported as Rate 3.

An example of **Rate 2** is when a patient is prescribed:

- An antipsychotic and **did not** have a diagnosis of schizophrenia or bipolar disorder, **or**
- A benzodiazepine and **did not** have a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement year.

The American Geriatrics Society (AGS) Beers Pocket Card is a clinical tool that can assist with improving medication safety in older adults. You can find a copy at elderconsult.com/wp-content/uploads/PrintableBeersPocketCard.pdf

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