



IMPROVING HEALTH CARE QUALITY

Potentially Harmful Drug-Disease Interactions in the Elderly

Blue Cross and Blue Shield of Texas (BCBSTX) collects quality data from our providers to measure and improve the quality of care our members receive. Potentially Harmful Drug-Disease Interactions in the Elderly (DDE) is just one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We review the percentage of Medicare members age 65 and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication concurrent with or after the diagnosis.

This includes rates for each of the following and a total rate:

- A history of falls and a prescription for antiepileptics, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics or antidepressants (SSRIs, tricyclic antidepressants and SNRIs).
- Dementia and a prescription for antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants or anticholinergic agents.
- Chronic kidney disease and a prescription for Cox-2 selective NSAIDs or non-aspirin NSAIDs.

Lower rates represent better performance.

DDE is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the **National Committee for Quality Assurance (NCQA) website** for more details.

Why It Matters

Older adults are more likely to be prescribed multiple drugs for multiple conditions for long periods of time. They are more vulnerable to drug-disease interactions and at risk of physical and mental harm as well as hospitalizations. Avoiding simultaneous use of high-risk drugs is an important, simple and effective strategy to reduce medication-related problems and adverse drug events in older adults.



Eligible Population

Members ages 67 and older during the measurement year are included in this measure.

Exclusions:

- Members with a diagnosis of psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder or seizure disorder on or between January 1 of the year prior to the measurement year and December 1 of the measurement year
- Members receiving hospice or palliative care during the measurement year

Tips to Consider

- Evaluate pros and cons of prescribing multiple drugs for members with a history of physical harm and mental illness.
- Monitor members for signs of adverse drug effects.
- Regularly re-evaluate continuation of drug therapy and stopping therapy if drugs are no longer necessary.
- Document follow-up care of older adults prescribed multiple drugs.
- Communicate with a member's providers to ensure health information is up-to-date prior to new prescriptions.

How to Document

Data for this measure is collected through claims data.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your BCBSTX Network Representative.

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