



PQA Member Spotlight: Jeff Newell

Meet Jeff Newell, PQA Board Member-At-Large, Chief Executive Officer for Pharmacy Quality Solutions (PQS).

Tell us a little about yourself, your background, and how you came into your current position.

Besides serving on the PQA board, I have been involved in metrics for a long time. I have deep roots in pharmacy. My father, wife, and daughter are all pharmacists. I started as a partner in a single pharmacy my family owned in upstate New York that expanded to three locations. When I left the family pharmacy, I was recruited by CVS and stayed with them for 24 years, where I eventually served as Director of Pharmacy Operations. I was part of the team that guided CVS in growing from 250 to over 6,000 locations. I led many projects while at CVS related to how pharmaceutical companies look at quality metrics. One project, HealthConnections, was a partnership with Pfizer. We created a program where advanced practice nurses and pharmacists reached out to patients about adherence and medical issues. This project was the precursor to the CVS MinuteClinics. I also served as the Chief Operating Officer of Quality Partners of Rhode Island (QPRI), which held the Medicare Quality Improvement Organization (QIO) contract for Rhode Island. While there, I worked on integrating quality measures across all healthcare domains. I have known Laura Cranston, PQA's Executive Director for quite some time as we've advanced throughout our careers and I believe my longstanding work

in quality lead to being invited to serve on the PQA Board of Directors.

During your early service on the PQA Board, you transitioned to working for Kmart. What led the organization to become part of PQA?

Kmart became a member while I was serving as of Vice President of Pharmacy Administration and Compliance, but it was a group decision. In the retail pharmacy industry, it can be difficult to compete from a price standpoint. To be able to compete on price, you need large volume of prescriptions filled in order to receive bulk discounts from distributors. As a result, we decided to try another approach and to compete from a value standpoint. If Kmart Pharmacy could show third party payers they could provide value in terms of patient outcomes, it would attract more payers to contract with Kmart as a preferred provider. As 96% of prescriptions in the US involve third party payers, this drove more patients into Kmart stores. Since Kmart pharmacies were not at capacity, the pharmacists had more time to work with patients and focus on quality. We had great improvements in quality metrics. Since our strategy was to drive value, becoming part of the PQA family was an easy decision.

In your new role at PQS, as a joint venture company, what do you get out of engagement with PQA?

The relationship between PQS and PQA is a two-way conversation. PQS is boots on the ground for quality measures. PQA creates well-developed quality measures designed for improvement and PQS works on how measures are implemented. If quality measures are left on the shelf they don't help patients. After seeing them in use, we can provide feedback and information to PQA from pharmacies and health plans. PQS provides reliable and consistent quality feedback to PQA on how the quality measures they create are impacting the front lines of healthcare.

Specialty pharmacy is a good example of how PQS and PQA work together. When PQA was working on their Specialty Pharmacy Core measures set, PQS was talking to many segments of healthcare where specialty pharmaceuticals are a concern. Accreditation organizations are interested in specialty pharmacy measures for a variety of reasons. Due to the potential patient harm and cost associated with these

medications, they want to be sure they are used appropriately. Specialty pharmacies want to show value with measures that are more closely related to the medications they dispense. Specialty Pharmacies that achieve the highest values on the PQA Specialty core set, for example, can gain the attention of health plans, PBM's and pharmaceutical manufactures during the contracting process.

For your current position, how does your work influence the changing healthcare system as we continue to transition from volume to value?

In my opinion, we are not transitioning from volume to value, we are improving value within the current volume. Prescribers generate volume, then patients decide to fill a prescription or not. The pharmacy field is not going to swap value for volume. So, we need to focus on value within the volume of prescriptions presented. PQS contributes to building value in volume by providing data in a meaningful, usable, digestible way that front line providers can use to help patients. An example is the recent emphasis on polypharmacy. Taking patients off medications they don't need is good, but we also need to emphasis adherence and appropriate dosing for patients.

You became CEO of PQS in May of this year. Where do you envision leading PQS in the next three years?

PQS already does an excellent job in shepherding the implementation of quality measures in ways that are meaningful and actionable. PQS will continue to collaborate with our extensive network of health plans, PBM's and pharmacies to gather and analyze data to identify the opportunities to improve patients' health and increase value within healthcare. We will be expanding the use of additional healthcare data beyond medication data to identify opportunity to drive value. An example would be exploring outcomes in flu shot availability in pharmacies. This would be meaningful to both employer sponsored health plans and patients. If more employees and dependents on a health plan receive flu shots, what are the outcomes in the number of lost days of work during influenza season? How does this impact the cost of absenteeism for an employer? For employees, what does this look like in quality of life and lost wages?

What changes would you like to see in the quality landscape?

Access and sharing of data, but the accuracy of data is important. We need to keep in mind that we need to examine how the data is collected to determine its validity and reliability as we build new measures. This is a progressive process, and we need to be continually looking at where we need to be in the future.