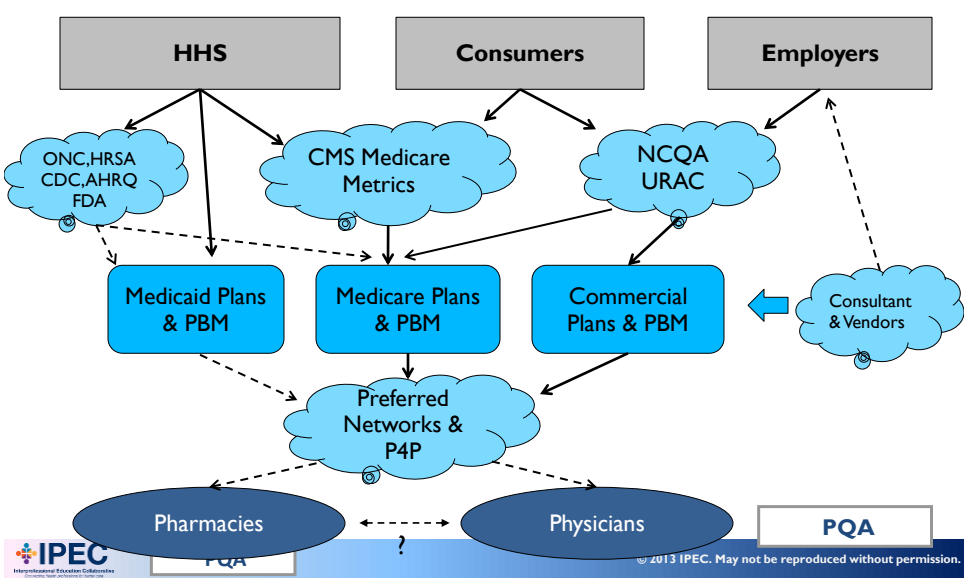


The Need for an Interdisciplinary Approach to QI of Medication Use

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President
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Market Drivers: Medication-Use Quality in Ambulatory Care



Pharmacy Quality Alliance (PQA)

- Established in April 2006, as a public-private partnership
- Consensus-based, non-profit, alliance with >100 member organizations, including:
 - Health Plans & PBMs
 - Pharmacies & professional associations
 - Federal agencies (CMS, FDA)
 - Pharmaceutical mfrs
 - Consumer advocates
 - Technology & consulting groups
 - Universities
- Mission: Improve the **quality of medication management and use** across health care settings with the goal of improving patients' health through a collaborative process to develop and implement performance measures and recognize examples of exceptional pharmacy quality.



PQA

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Adoption of PQA Measures

- **Medicare Part D Plan Ratings**
 - Star measures:
 - medication adherence (diabetes, BP, cholesterol)
 - medication safety (HRM, Diabetes/RASA)
 - Display measures:
 - 2 safety measures and 1 MTM measure
- **URAC accreditation programs**
 - Health plan, PBM, mail/specialty pharmacy
- **National Business Coalition on Health (NBCH)**
 - eValue8 (health plan evaluation)
- **Federal/State Insurance Marketplaces (Exchanges) ?**



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Medicare Plan Ratings

- Annual ratings of Medicare plans that are made available on Medicare Plan Finder and CMS website
- Ratings are displayed as 1 to 5 stars
- Stars are calculated for each measure, as well as each domain, summary, and overall (applies to MA-PDs) level
- Ratings of all Medicare plans can be found at:
<http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>

Medicare Plan Ratings – Part C

- Medicare Advantage plans (Part C) often include a prescription drug benefit (Part D) and are known as MA-PDs. The MA-PDs are evaluated on both the Part C and Part D measures.
- Part C ratings are based on 37 quality measures that encompass member experiences, processes of care and clinical outcomes (outcomes measures are weighted heavier)
- Several measures may be affected by medication adherence:
 - Diabetes Care: Blood sugar controlled
 - Diabetes Care: Cholesterol controlled
 - Blood pressure controlled
 - CAHPS (physical/mental health domains)?

Medicare Plan Ratings – Part D

- Medicare drug plans receive a summary rating on quality as well as four domain, and individual measure, scores (18 individual measures in total)
- Five measures are from PQA:
 - 2 measures of medication safety
 - High risk medications in the elderly
 - Appropriate treatment of blood pressure in persons with diabetes
 - 3 measures of medication adherence
 - Oral diabetes medications
 - Cholesterol medication (statins)
 - Blood pressure (renin-angiotensin system antagonists)
- *Due to the higher weighting of clinically-relevant measures, the PQA measures account for 45% of Part D summary ratings in 2013*

Medicare Part D: display measures

- Display measures are not a part of the Star Ratings, but are used to provide benchmarks and feedback to plans
- CMS also monitors display measures to assess plan performance; poor performance can lead to compliance actions by CMS
- Display measures (from PQA):
 - Drug-Drug Interactions
 - Excessive doses of oral diabetes medications
 - Comprehensive Medication Review (CMR) Completion Rate
 - HIV antiretroviral medication adherence (*only in safety reports*)
- New Display measure (*NOT from PQA*)
 - Use of atypical antipsychotics

Part D – National Averages 2013

2012 Benchmarks - Medicare

	MA-PD	PDP
PDC – Diabetes	73.7 %	75.8 %
PDC – Hypertension (RASA)	73.9 %	76.8 %
PDC – Statins	69.0 %	71.0 %
Diabetes – ACEI/ARB Use	84.3 %	82.3 %
High-Risk Medications	7.8 %	8.8 %



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Building Consumer Awareness of Stars

Symbols

When you see this symbol near a plan name, it means that Medicare Program gave the plan a 5-star (the highest rating). If a plan has a 5-star rating, people with Medicare can switch into that plan at any time during the year, even if it's not during an enrollment period.

Where you see this icon next to a plan, it means that Medicare has given the plan a low health or drug plan summary rating (or both) for 3 years in a row. If you are considering enrolling in such a plan, look closely at the plan's ratings for specific topics.

Sample PDP (S1234-001-0)

Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/> Retail Annual: \$394.80 Rest of 2011: \$131.60*	\$32.90 Drug: \$32.90 Health:N/A	Annual Drug Deductible: \$310 Health Plan Deductible: N/A Drug Copay/ Coinsurance: 25%	All Your Drugs on Formulary: N/A Drug Restrictions: N/A No Gap Coverage	This plan got Medicare's highest rating (5 stars)	<input type="button" value="Enroll"/>

Icon to identify 5-Star plans



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Higher-rated plans attract more enrollees

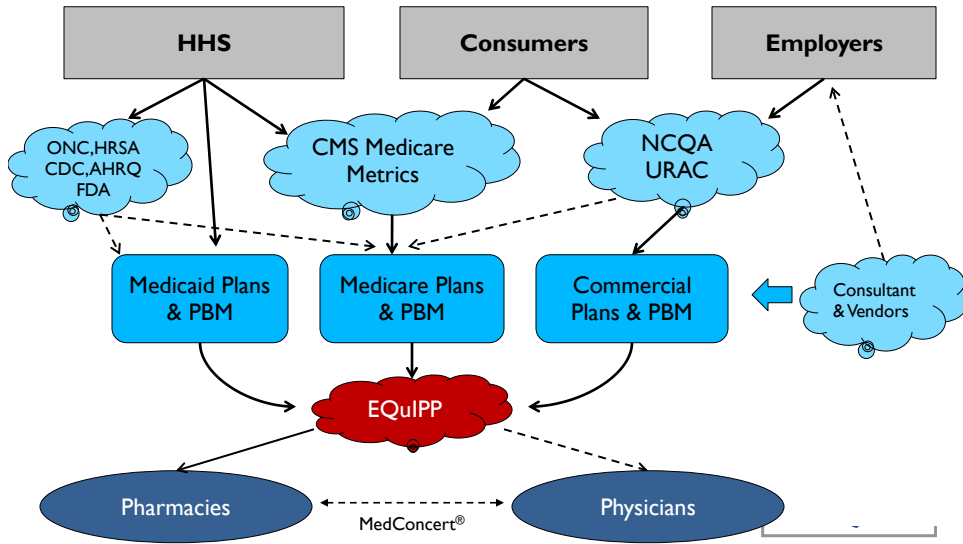
- A study published in JAMA on January 16, 2013, concluded that “Medicare's 5-star rating program for Medicare Advantage is associated with beneficiaries' enrollment decisions.”
- Among first-time enrollees, a 1-star higher rating was associated with a 9.5 (95% CI, 9.3-9.6) percentage-point increase in likelihood to enroll.
- Among enrollees switching plans, a 1-star higher rating was associated with a 4.4 (95% CI, 4.2-4.7) percentage-point increase in likelihood to enroll.
- Star ratings were less strongly associated with enrollment for black, rural, low-income, and the youngest beneficiaries.

Citation: Ried, Partha, Howell & Shrank. JAMA 2013;309(3):267-274

Medicare Advantage Payments

- The star ratings now affect payment to Medicare Advantage plans wherein higher-rated plans get higher payment
- Quality Bonus Payments (QBPs) are being awarded on a sliding scale according to star ratings
- QBPs were created by PPACA but have been “phased in” via a demonstration project
- 2015 payments will be based on 2014 ratings which were based on 2012 and 2013 data
- For large MA-PDs, the QBPs can be > \$100 million
- As a result, the MA-PDs are placing greater accountability on physicians and pharmacies

EQiPP for Collaboration on Medication-Use Quality



What is EQiPP ?

- EQiPP is a multi-plan, multi-pharmacy, collaborative to:
 - Enhance engagement of retail pharmacies for stars improvement in regions where participating plans have significant opportunities for stars improvement
 - Enable faster, more-refined, benchmarking of Part D stars performance in key market areas
- EQiPP provides a neutral assessment of quality for trusted performance assessment and benchmarking by all parties.
- EQiPP lays the foundation for performance-based contracts and payment systems for pharmacy networks
- Is being expanded to provide medication-related quality data to physicians, and to enable communities of care across providers via MedConcert®



Why include pharmacists in Stars Improvement strategies?

- **PQA-supported demonstrations in Pennsylvania showed:**
 - Rite Aid's pharmacies were able to achieve significant improvement in PDC rates over 1 year while remaining efficient
 - Highmark PDC measures increased by 1 star during demo period
- **Economies of Scale:**
 - Thousands of pharmacists in a plan's network with frequent visits of Medicare patients to pharmacies (i.e., many touch points)
 - Most Medicare Part D plans could move from 3 stars to 4 stars on each PDC measure if every pharmacy in its network helped just 1 more ACEI/ARB patient, 1 more diabetes patient, and 1 more statin patient become highly adherent



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The screenshot shows the EquIPP website interface. At the top, the logo reads "EquIPP Electronic Quality Improvement Platform for Plans & Pharmacies" with a "Login" link. A navigation menu includes "Home", "Performance Reports", "Improvement Strategies", "Profile", and "FAQ". The main content area features a "Welcome to the Quality Improvement Platform for Plans and Pharmacies" message. Below this, a section titled "I am a..." offers three selection buttons: "Pharmacy Professional", "Pharmacy Organization", and "Health & Drug Plan". The background of this section shows two healthcare professionals in white coats looking at a computer monitor displaying a "Target 18%" and a "Set" button. To the right, a vertical list of percentages (75%, 88%, 57%, 85%, 20%) is visible. At the bottom, there are three columns: "News" with a link to a JAMA article, "Learn About EquIPP" with descriptive text, and a "Login" form with fields for "Username:" and "Password:", a "Forgot password?" link, and a "LOGIN" button.

Health Plan Organization Report

September 2012

Print this Report

Change Time Period

Data last updated on 07/01/2012

View as: Medicare Advantage Medicare PDP

Measure	Trend	Medicare Advantage		Versus Goal	
		Name	# of Patients	Performance Score	Goal
ACEI/ARB in Diabetes	---	3026	78.8% <small>ANALYZE PERFORMANCE</small>	84% ↑ HIGHER IS BETTER	5.2%
ACEI/ARB PDC	---	8311	79.4% <small>ANALYZE PERFORMANCE</small>	79% ↑ HIGHER IS BETTER	✓
Cholesterol PDC	---	8154	75.4% <small>ANALYZE PERFORMANCE</small>	76% ↑ HIGHER IS BETTER	0.6%
Diabetes PDC	---	3259	78.1% <small>ANALYZE PERFORMANCE</small>	79% ↑ HIGHER IS BETTER	0.9%
Drug-Drug Interactions	---	4734	3.7% <small>ANALYZE PERFORMANCE</small>	5.5% ↓ LOWER IS BETTER	✓
High-risk Medications	---	13141	14.6% <small>ANALYZE PERFORMANCE</small>	18% ↓ LOWER IS BETTER	✓



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EquIPP™ Electronic Quality Improvement Platform for Plans & Pharmacies

Logged in as James Smith | Logout | Support

Home

Performance Reports

Improvement Strategies

Profile

FAQ

Improvement Strategies and Resources

While we tend to think of quality improvement activities as targeted interventions, there are a wide variety of skills, tactics, and resources that are broadly applicable when seeking to engage patients and encourage therapeutic or behavioral changes.



Quality Improvement Concepts & Resources

The topics in this section will help you better understand the drivers of pharmacy-based quality improvement efforts, develop your patient engagement skills, and gain insight into the development of quality improvement strategies.

READ MORE



Medication Adherence

Medication adherence is an essential health behavior. It taps into patients' most closely held values and beliefs about their health and wellbeing. Pharmacists' knowledge and accessibility position them well for working with patients through such complex issues.

Further hone your patient engagement skills, access targeted patient education resources and more in this section.

READ MORE



Patient Safety

Getting the right drug to the right person at the right time has long been the mantra of practicing pharmacists everywhere. Both safe dispensing and safe use are critical to the best outcomes for your patients.

This section links you to specific resources that support you in addressing the patient safety measures housed within the EquIPP platform.

READ MORE

Education Resources

- **EPIQ – Educating Pharmacists in Quality**
 - Turn-key course in QI and Safety for Pharmacy Students
 - Includes Powerpoint lectures, quizzes, exercises, cases
 - CD of course materials available from Terri Warholak at the University of Arizona (Warholak@pharmacy.arizona.edu)
 - Companion text by Warholak & Nau available from McGraw-Hill (*Quality & Safety in Pharmacy Practice*)
 - Development was sponsored by PQA
 - Materials can be used for interdisciplinary courses too

Exemplar for Education

- The University of Arizona has pilot-tested an interdisciplinary course for Quality & Safety that moves beyond the classroom
 - Coordinators: Terri Warholak (Pharmacy) & Ken Schachter (Public Health)
- Two interdisciplinary teams (1 expert, 1 novice) comprised of students from pharmacy, nursing and public health
- Self-guided readings based on EPIQ and IHI modules
- Focus was on QI projects to test collaboration in the real-world
- Results:
 - All students seemed to love the course and felt it improved collegiality and communication across disciplines; reinforced principles of QI
 - Expert team of students were frustrated with preceptors
 - Suggested adding other disciplines
 - Integrate with experiential rotations across multiple semesters to allow longitudinal data collection and followup

Summary

- Medicare is driving greater attention to medication-related quality via the Medicare Star Ratings and through tying financial consequences to the ratings. Accountable care organizations (ACOs) and accreditation programs are also driving the demand for info on medication-use quality.
- These changes are driving pressure on physicians, pharmacists and others to optimize drug therapy and promote ongoing adherence to medications by our patients. P4P is moving into the pharmacy realm.
- The marketplace is adapting rapidly to these new drivers for medication-use quality. Can academia keep up?